

Polio Eradication; Update on Situation in Cameroon

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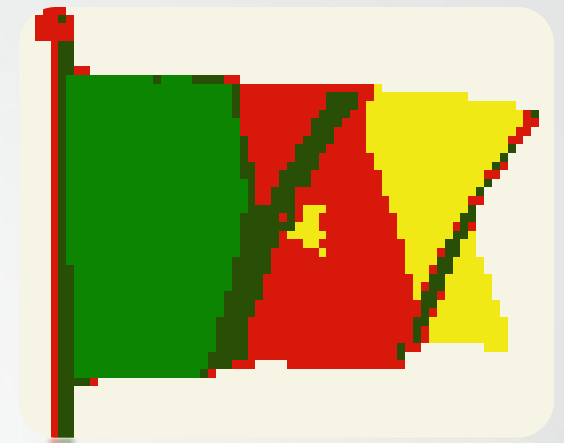
Director of Family Health

Ministry of Public Health

Yaounde, Cameroon

Outline of presentation

- Background
- 2013 & 2014 outbreak confirmation response
- Coordination of response
- Programmatic response
- 3-month post-outbreak assessment
- Priority actions
- Issues/challenges



Background



- Cameroon has been polio free for three consecutive years (2010 – 2012)
- In 2013, 4 wild polio viruses type 1 (WPV1) were detected in Cameroon, linked to WPV1 last detected in Chad in 2011:
 - 3 in Malantuen
 - 1 in Foubot
- Start 2014; three (3) cases were detected: (cVDPV type 2 cases linked to circulation in Chad)

Background (2): WILD POLIOVIRUS CASES NOTIFIED IN CAMEROON 2000-2014

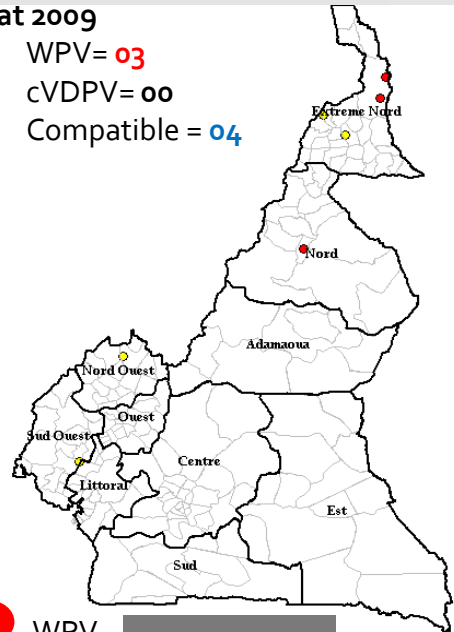
Pays	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Date de paralysie du dernier PVS
Cameroun	0	0	0	2	13	1	2	0	0	3	0	0	0	4	3	31-janv-14
Guinée Eq.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	28-janv-14
Tchad	4	0	0	25	24	2	1	21	37	64	26	132	5	0	0	14-juin-12
Angola	55	1	0	0	0	10	2	8	29	29	33	5	0	0	0	07-juil-11
RDC	28	0	0	0	0	0	13	41	5	3	100	93	0	0	0	20-déc-11
RCA	3	0	0	1	30	0	0	0	3	14	0	4	0	0	0	08-déc-11
Congo	22	0	0	0	0	0	0	0	0	0	441	1	0	0	0	22-janv-11
Gabon	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	15-janv-11
Burundi	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	12-sept-09
TOTAL	112	1	0	28	67	13	18	70	74	115	600	236	5	4	4	

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Background (3): Reported Wild Poliovirus and VDPV Cases in CAMEROUN (2009-2014)

Stat 2009

- WPV= **03**
- cVDPV= **00**
- Compatible = **04**

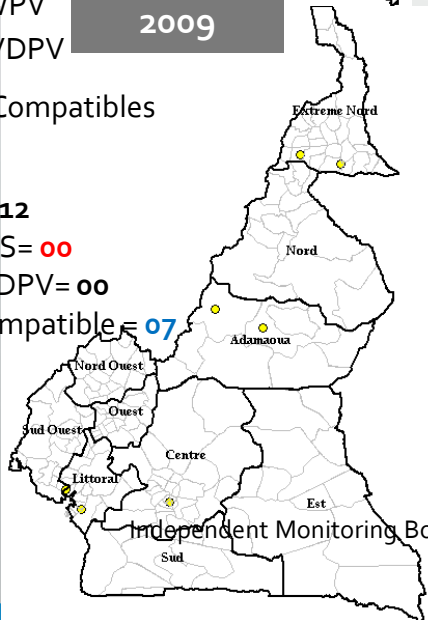


- WPV
- VDPV
- Compatibles

2009

Stat 2012

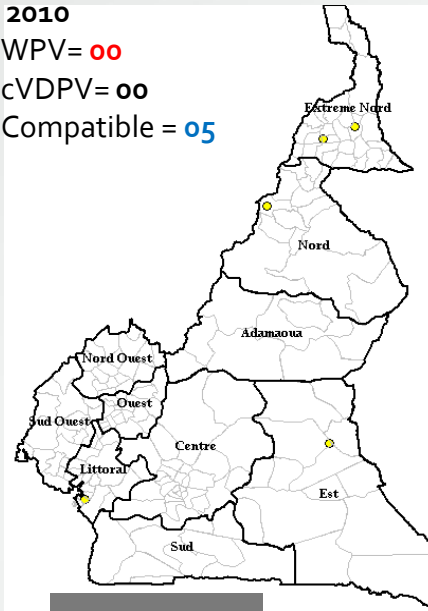
- PVS= **00**
- cVDPV= **00**
- Compatible = **07**



2012

Stat 2010

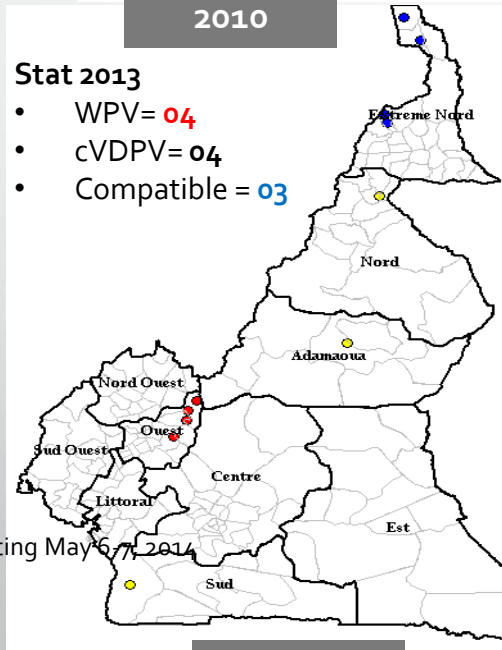
- WPV= **00**
- cVDPV= **00**
- Compatible = **05**



2010

Stat 2013

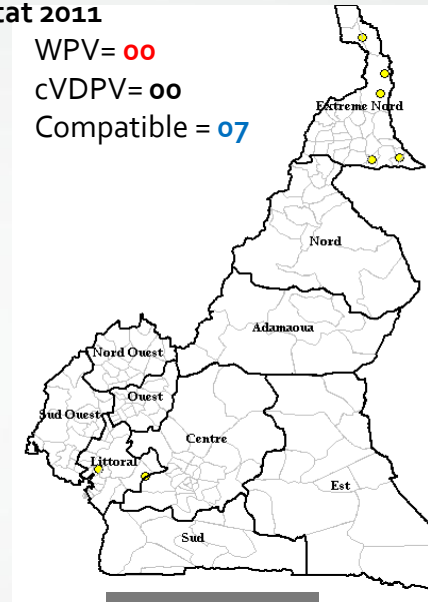
- WPV= **04**
- cVDPV= **04**
- Compatible = **03**



2013

Stat 2011

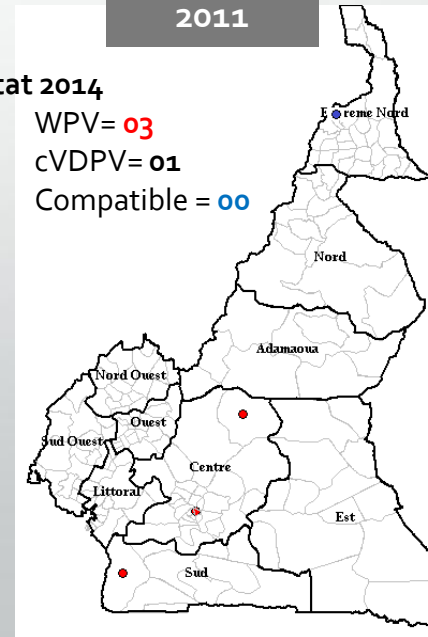
- WPV= **00**
- cVDPV= **00**
- Compatible = **07**



2011

Stat 2014

- WPV= **03**
- cVDPV= **01**
- Compatible = **00**



2014



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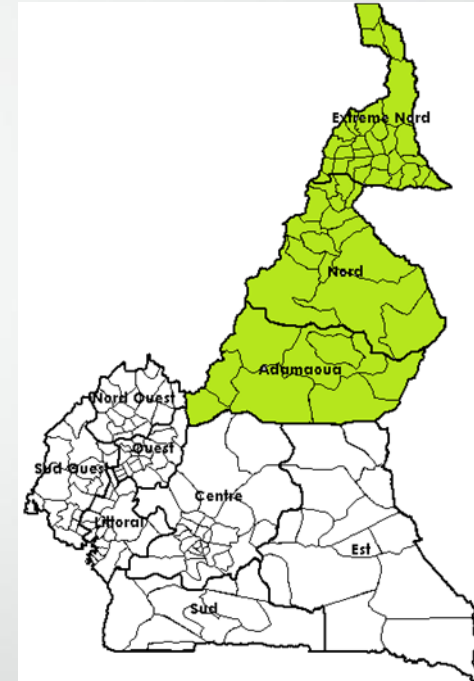
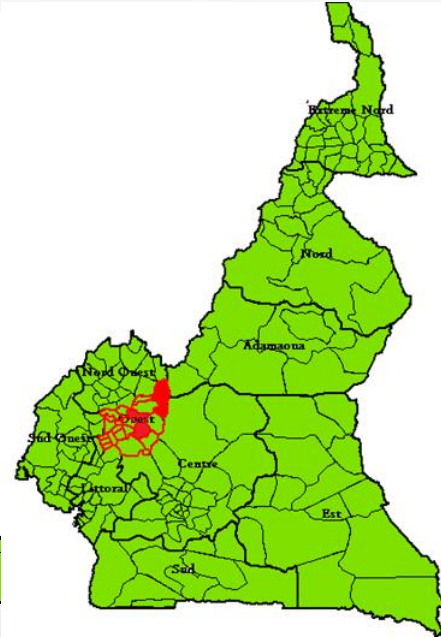
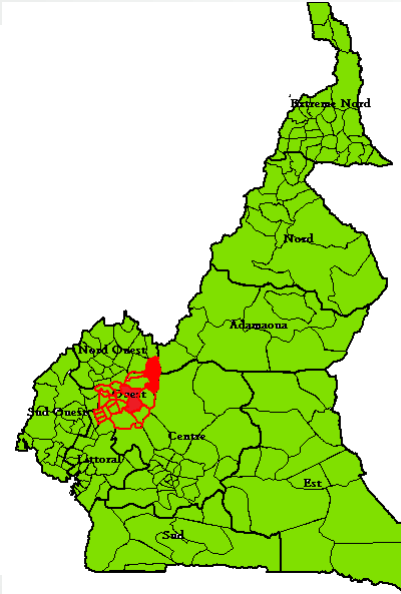
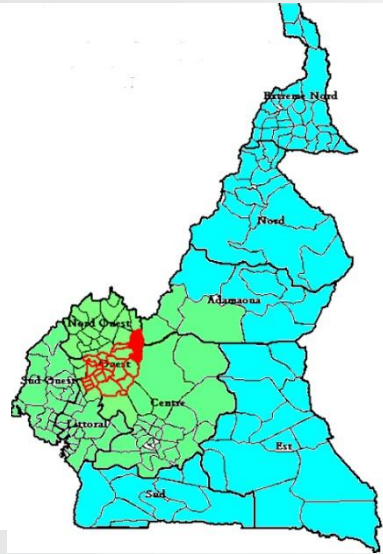
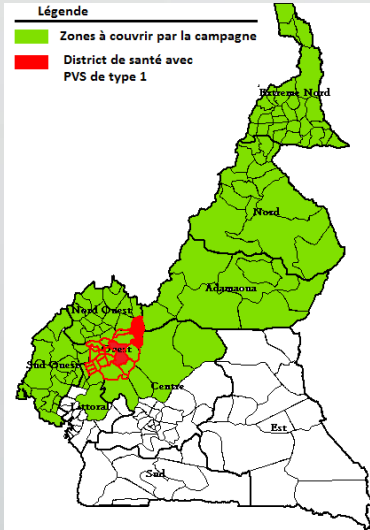
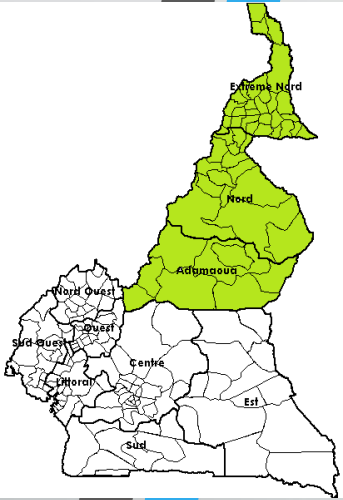


2013 & 2014 outbreak confirmation Response

(2): 2013 and 2014 outbreak

- Index case:
 - Onset: 01 October 2013;
 - Confirmation: 20 October 2013;
 - Detailed field investigation: 22 October 2013
- 1st large scale SIA with immediate vaccination around the case: 25-27 October 2013 NID;
- National response plan adopted: IACC 10 December 2013;

Aggressive SIAs timetable: 6 Polio SIAs have been Implemented, 2 in 2013 and 4 in 2014; other SIAs planned in May, June and July 2014



LID April, May, July, August 2013
response to cVDPV with t OPV; target: 0-59 months old

SNID December 2014 response to WPV & cVDPV with tOPV and bOPV target: 0-59 months old in 8 regions

NID January and February 2014 with b OPV target: 0-59 months and 0-10 years old.

NID October 2013, March and April 2014 (b OPV) target: 0-59 months old.

NID May and June 2014 (tOPV and b OPV) target: 0-59 months old.

LID July 2014 response to cVDPV with t OPV; target: 0-59 months old

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Coordination of Response (1)



Government Coordination and Leadership

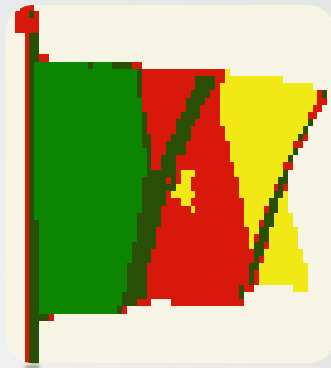
- Government leads coordination of outbreak response with participation of financial technical partners based on the directives of the Head of State;
 - National Steering Committee (weekly meetings);
 - Partners outbreak Response coordination Group (2 meetings/week);

Coordination of response 2



- > Instructions from the Head of State to the Minister of health and other relevant ministers to put all the mechanisms in place to redress the epidemic
- > Campaigns launch: MOH, Governors (regions), SDO and DO (health districts).

Activities to maintain polio free status



- Quarterly Risk Assessments;
- Surveillance Gap analysis/Surveillance review;
- Preventive SIAs Rounds regularly conducted (2 in 2012; 2 in 2013)
- AFP Surveillance (Detection rate = 4 ; but <2 in 2 regions)

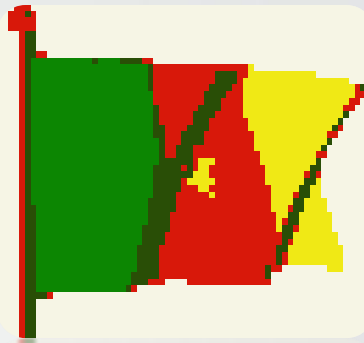
EPI external review, cold chain assessment and inventory conducted in 2013

Routine immunization data:

- 2013: Penta3: 88.59% OPV3: 87%;
- 2012: Penta3: 85.19% OPV3: 84.95%.

Coordination of Response (2)

Minister and vice Minister of Health vaccinating children in Douala, Cameroun
7 décembre 2014



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Programmatic response



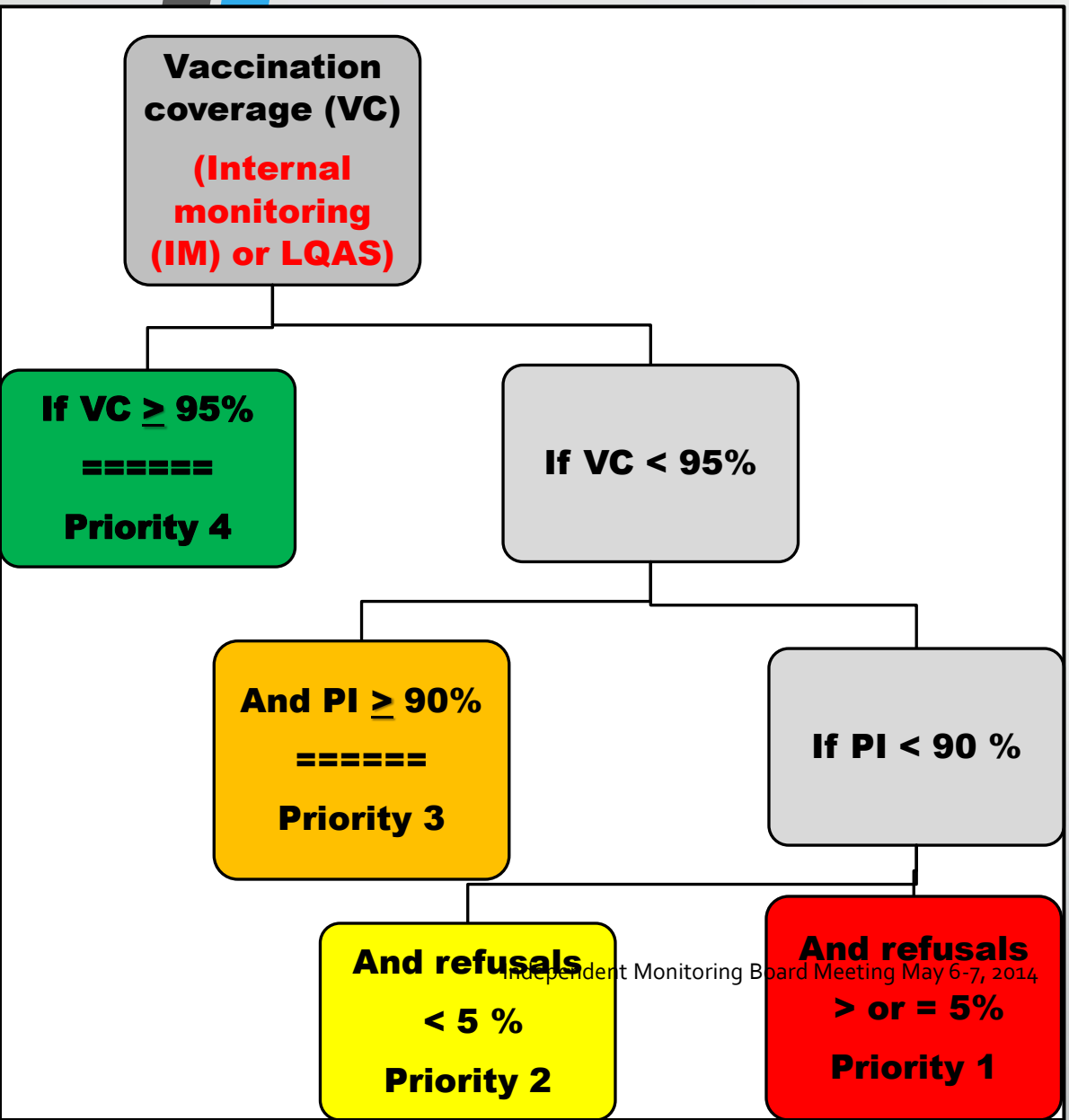
- **Advocacy, Communication & Social Mobilization (ACSM)**
 - Communication plan with main strategies based on data analysed from previous rounds;
 - Social mobilisation sub-committee revitalized;
 - Contextualised communication strategies for special groups;
 - Trans-border communication activities;
 - Communication tools updated;
 - Advocacy activities and social mobilisation through caravans involving administrative, religious and traditional leaders;

Programmatic response 2



- **Advocacy, Communication & Social Mobilization (ACSM) cont'd**
 - Collaboration with other departments and political, religious authorities strengthened;
 - Close supervision of communication activities reinforced;
 - Community groups identified and mapped;
 - Social mobilisers' itineraries designed;
 - Involvement of local medias.

Programmatic Response (3): Risk analysis algorithm for communication = Prioritisation of Health Districts



Level	Region	District	% missed children HM	% missed children SM	LQAS Coverage	LQAS PA	% informed parents	House not (re)visited	Absence of children	Refusal	Others
3	CENTRE	NKOLBISSON	17%	18%			97%	56%	42%	1%	1%
1		NKOLNDONGO	20%	25%			77%	62%	17%	16%	5%
4	EST	ABONG MBANG									
2		BATOURI	14%	9%			57%	18%	17%	3%	62%
2		BERTOUA	0%	0%			49%				
2		BETARE OYA	1%	1%			72%	93%	7%	0%	0%

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Programmatic Response (4): Prioritisation of Health Districts

REGION	DISTRICT	JAN	FEB	MAR
ADAMAOUA	TIGNERE	Yellow	Yellow	Orange
NORD	FIGUIL	Orange	Green	Green
CENTRE	AYOS	Red	White	White
CENTRE	BIYEM ASSI	Red	Yellow	Red
CENTRE	CITE VERTE	Yellow	Yellow	Red
CENTRE	DJONGOLO	Red	Red	Yellow
CENTRE	EFOULAN	Orange	Green	Green
CENTRE	MBALMAYO	Red	White	White
CENTRE	NKOLBISSON	Orange	Orange	Yellow
CENTRE	NKOLNDONGO	Yellow	Red	Yellow
CENTRE	YOKO	Orange	White	Green
LITTORAL	BONASSAMA	Red	Orange	Red
LITTORAL	CITE PALMIERS	Yellow	Orange	Red
LITTORAL	DEIDO	Green	Green	Red
LITTORAL	EDEA	Yellow	Orange	Green
LITTORAL	LOGBABA	Yellow	Yellow	Red
LITTORAL	NEW BELL	Yellow	Red	Yellow
LITTORAL	NKONGSAMBA	Red	Yellow	Red
LITTORAL	NYLON	Yellow	Yellow	Yellow

REGION	DISTRICT	JAN	FEB	MAR
EST	BERTOUA	Red	Green	Green
EST	BETARE OYA	Yellow	Yellow	Yellow
EST	GAROUA BOULAI	Orange	Yellow	Yellow
EST	MOLOUNDOU	Yellow	Yellow	Red
EST	YOKADOUMA	Red	Yellow	Red
OUEST	BAFANG	Yellow	Yellow	Orange
OUEST	BANDJOUN	Yellow	Yellow	Orange
OUEST	BANGANGTE	Yellow	Yellow	Yellow
OUEST	BATCHAM	Orange	Yellow	Orange
OUEST	GALIM	Orange	Red	Orange
OUEST	DSCHANG	Yellow	Yellow	Yellow
OUEST	FOUMBOT	Green	Green	Yellow
OUEST	MALENTOUEN	Green	Green	Red
OUEST	MIFI	Yellow	Yellow	Yellow
SUD OUEST	BUEA	Yellow	Yellow	Red
SUD OUEST	KUMBA	Green	Yellow	Yellow
SUD OUEST	LIMBE	Red	Red	Green
SUD OUEST	MUYUKA	Yellow	Green	Yellow

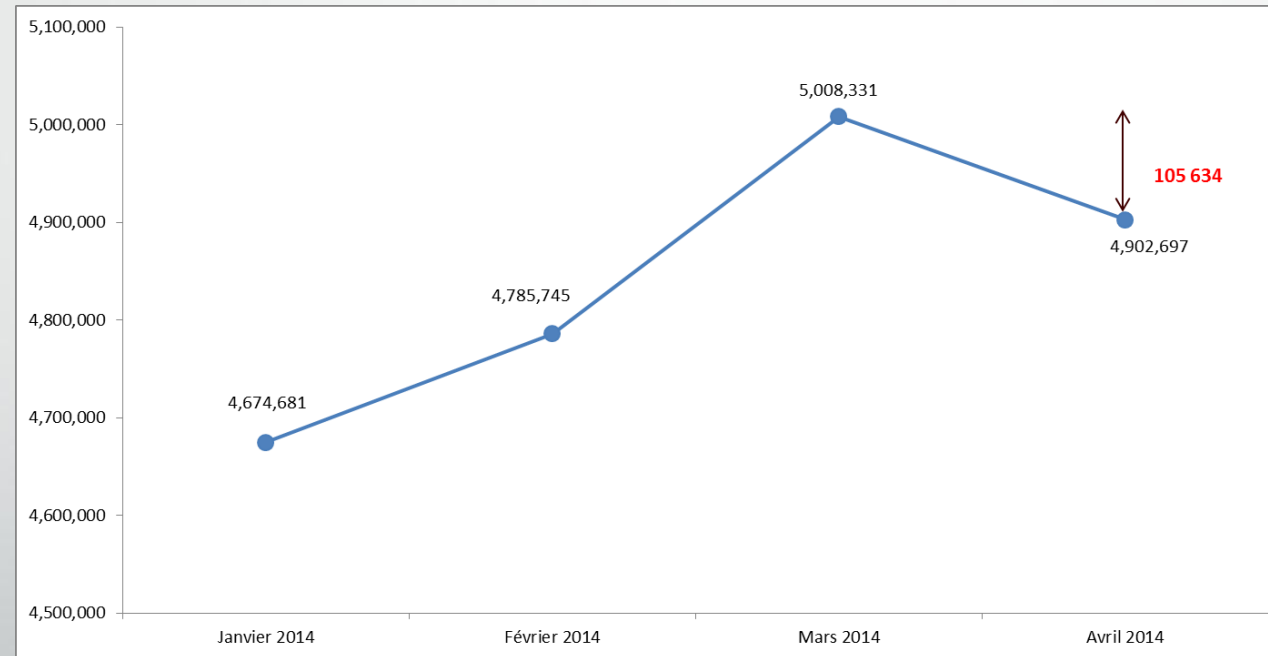
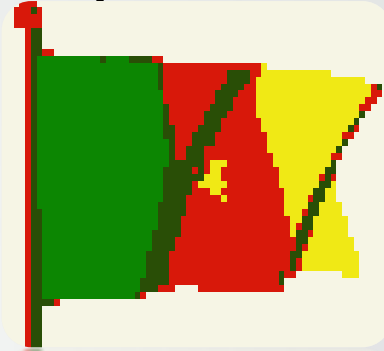
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Programmatic Response (5)

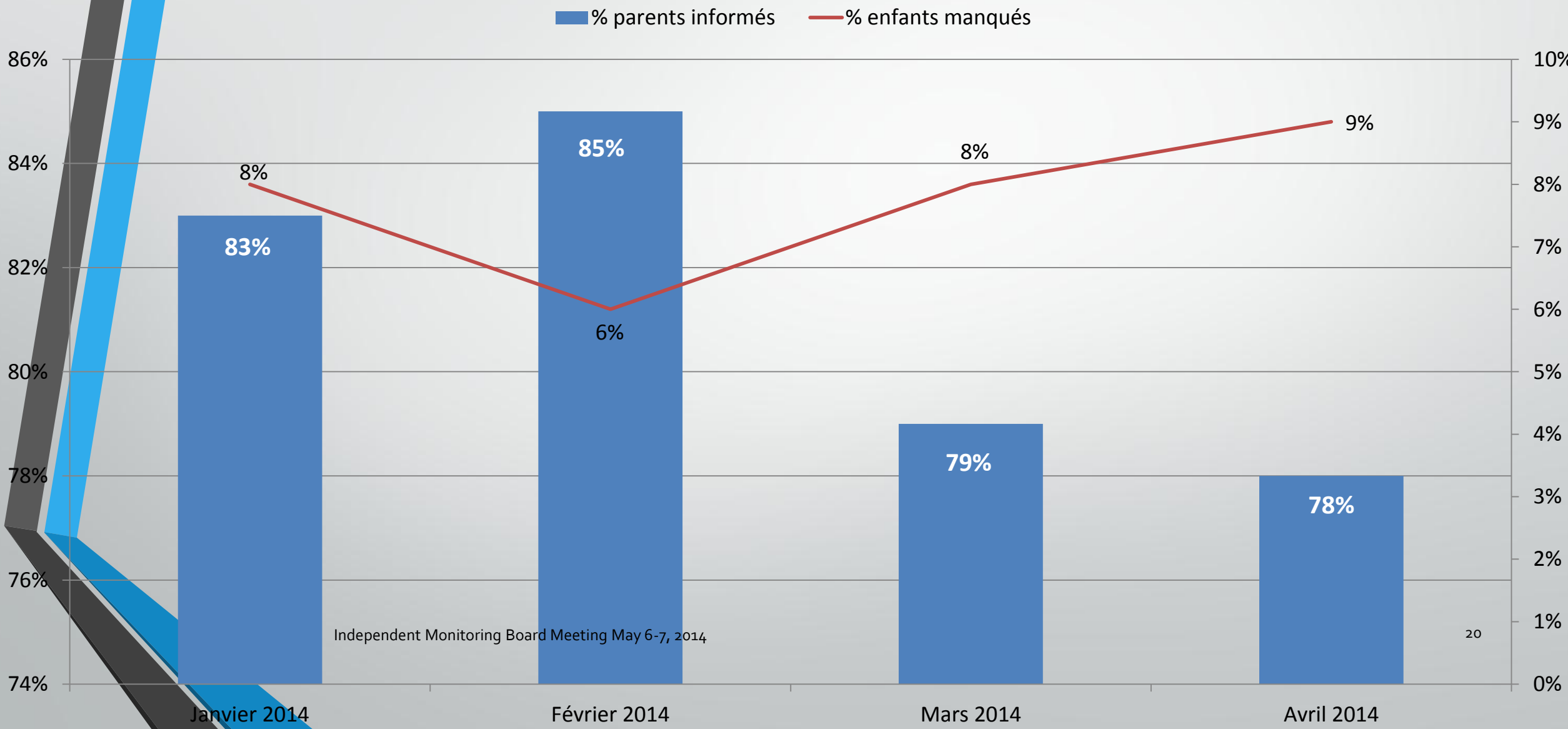


- Other innovative actions taken:
- Vaccination at **Cross border points and Transit** points;
- Using **community health workers** for door to door social mobilization for SIAs and AFP detection;
- **Expanded age groups** in the highest risk areas (Less than 10 years around the cases > 5 years old);....
- Use of LQAS, Out of House Survey results for Campaign quality and population immunity;
- Mobile telephone network and teleconferences at zero cost
- Vaccination of refugees from the CAR, Nigerian and Chad

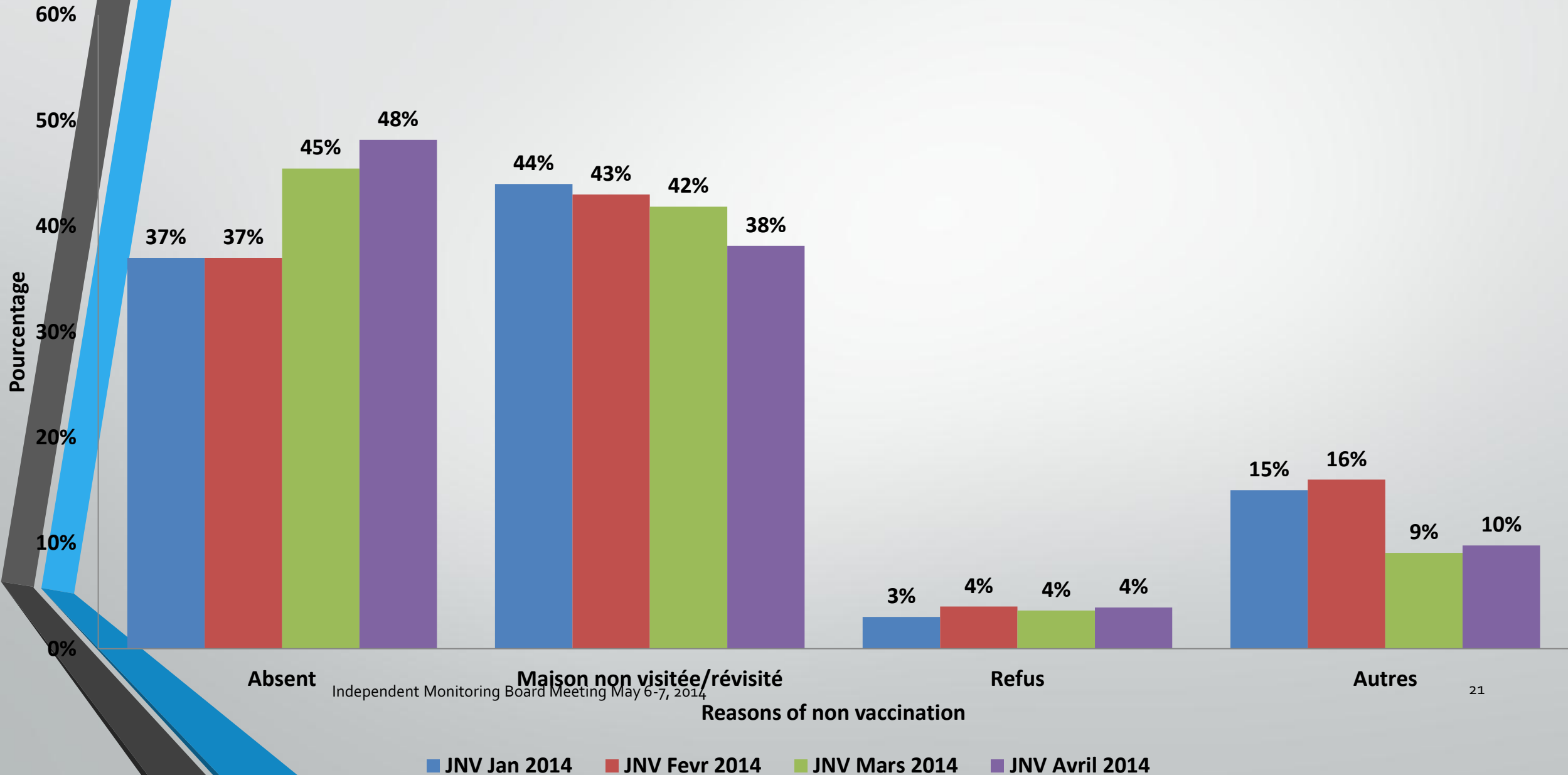
Programmatic Response (6): Vaccination Response (2014)



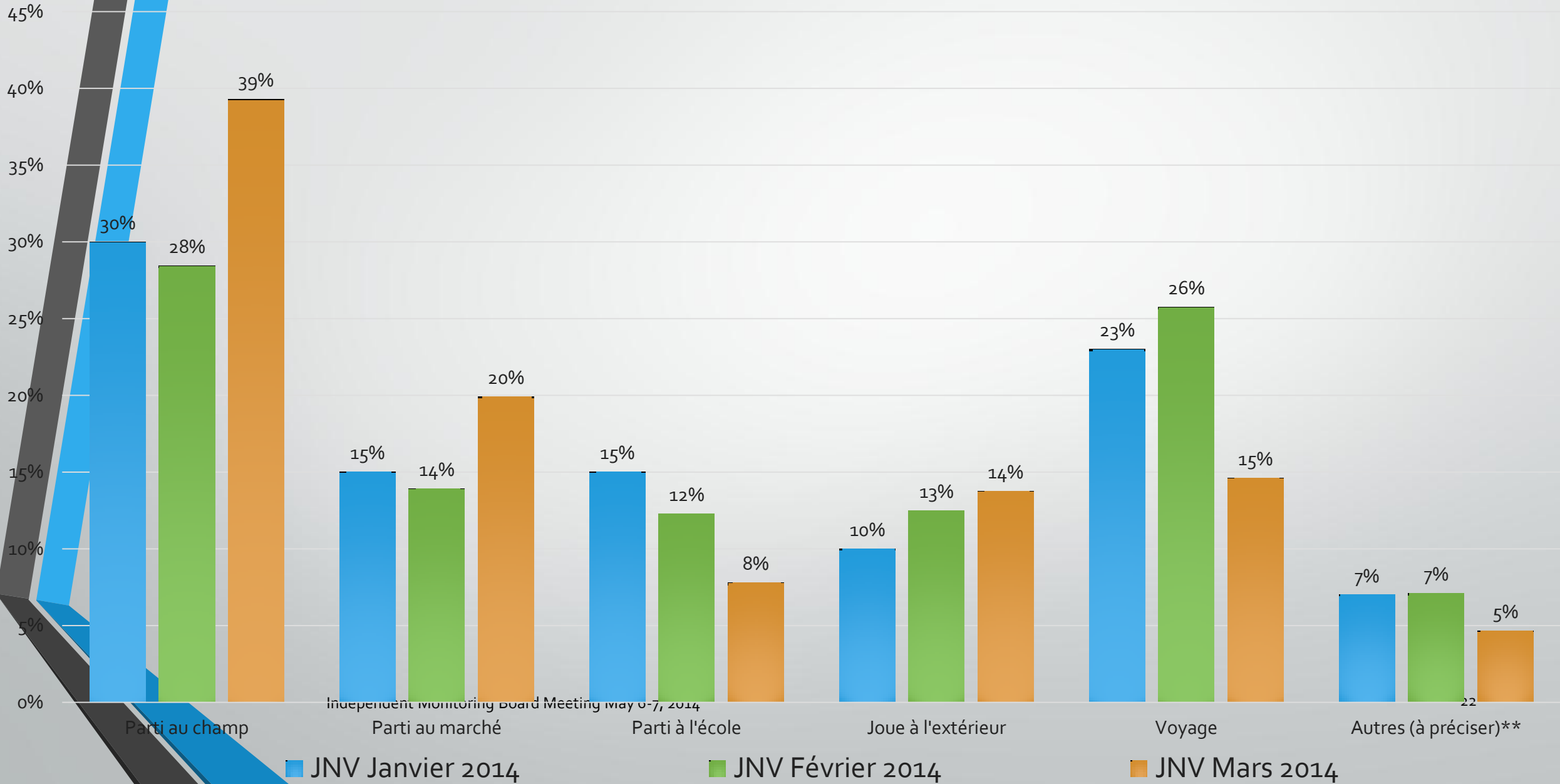
Programmatic Response (7): Many targets missed during SIAs (IM results); Parents' information < 95%.



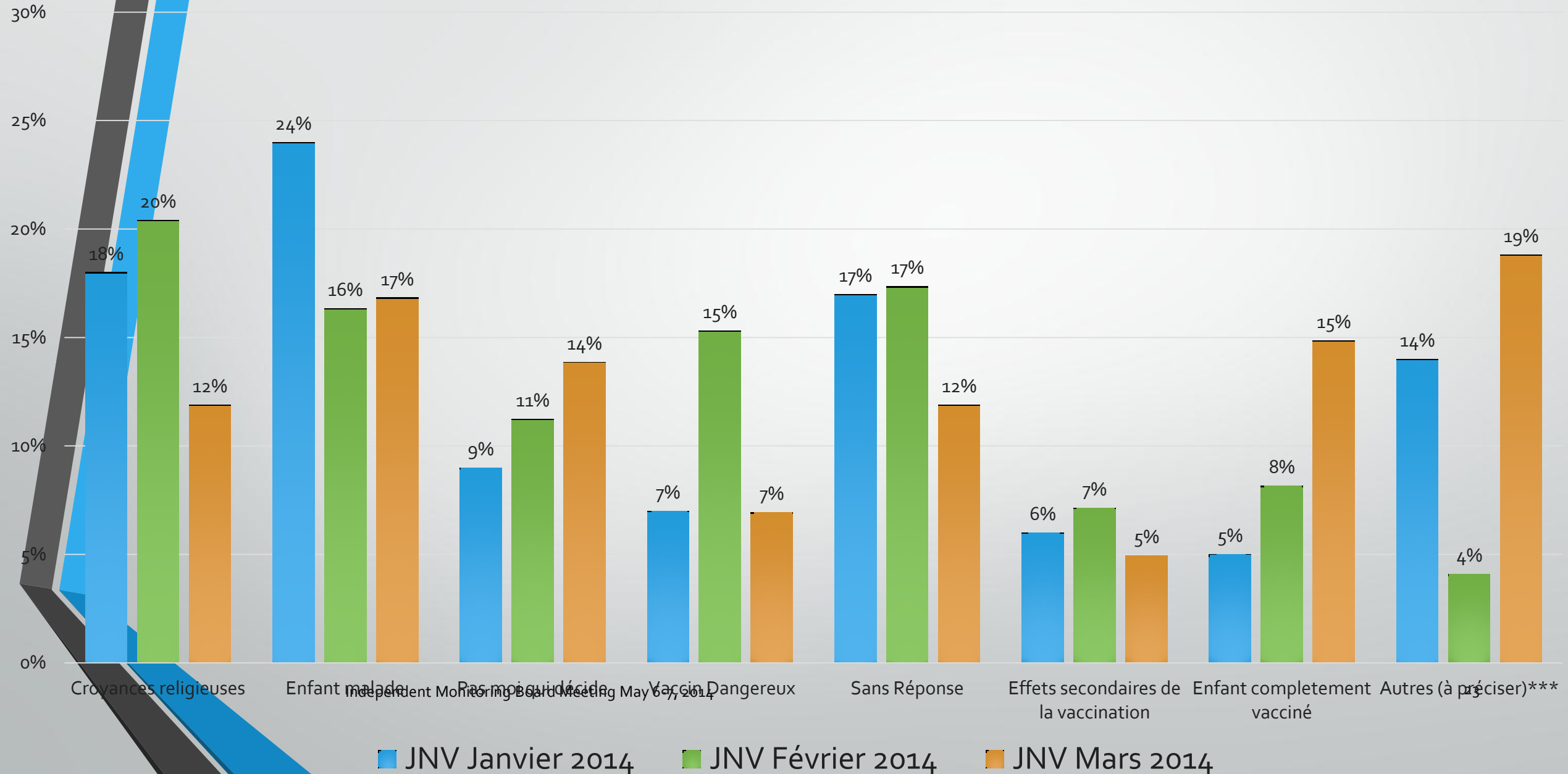
Programmatic Response (8): Reasons for non vaccination Jan, Feb and March 2014 NIDs



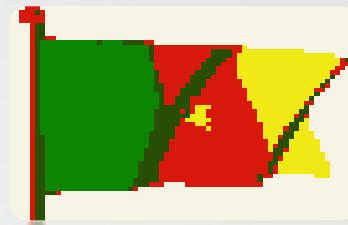
Programmatic Response (9): Reasons for absence



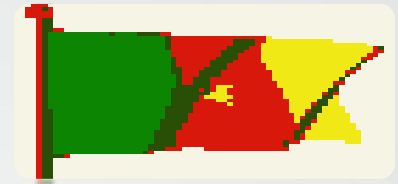
Programmatic Response (10): Reasons for refusal



3-month post-outbreak assessment (1)



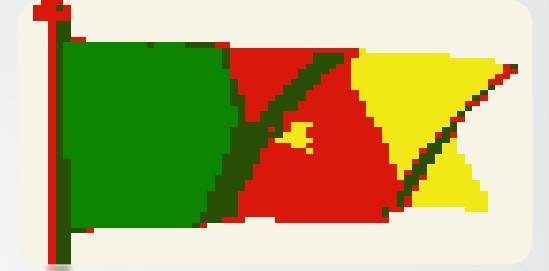
- MoH and partners partially implement 2006 WHA 59.1 resolution:
- Delay > 4 weeks between October – December rounds (preparation, availability of vaccines and resources in time);
- Independent monitoring non effective in all health districts (resources);
- Incomplete implementation of technical support recommendations (subnational surveillance gaps, SIA quality, etc...)
- surveillance gaps



3-month post-outbreak assessment (2)

- The quality of preparation and SIAs implementation does not guarantee the stop of WPV transmission>>>> risk of international spread of polio across Central Africa (Equatorial Guinea);
 - Communication plans available at national level, regions and some health districts-not really implemented-;
- Need of additional resources (human (national and international staffs), financial and logistic (transport, cold chain and logistics).

Priority Actions



- Review the national steering committee- chaired by PM? President of the Republic?;
- Ongoing planification workshops at all levels of the national pyramid;
- Strengthening communication, surveillance, RI activities (Specific directives given to districts from MOH to use RED/REC strategy); under-Immunized children have been mapped out and the plan to strengthen Routine immunization available)
- Vaccine management;
- Vaccination coverage survey;

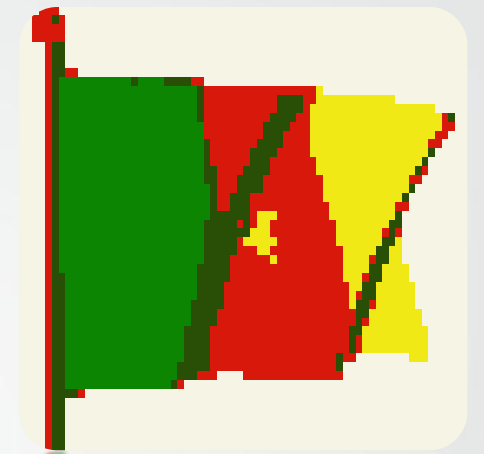
Priority actions

- Supervision and coordination;
- Involvement of transport owners/conductors for immunization of transit population;
- Tracing and vaccination of Nomadic population;
- SIAs with focus to improve the quality
- Operational contextualized plans to be developed

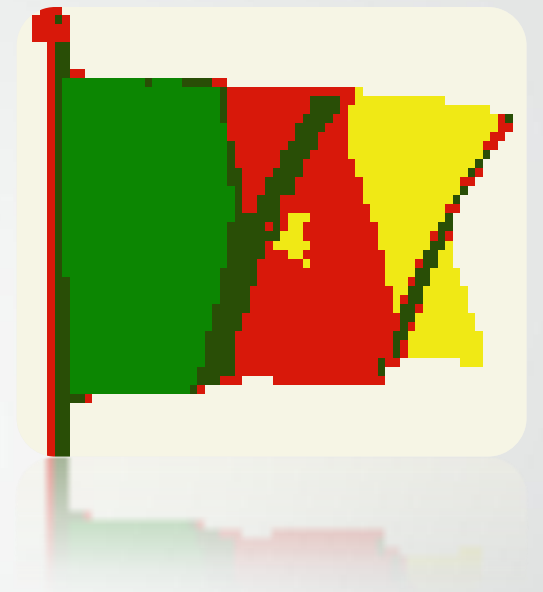


Issues/challenges

- Gap in population immunity (sub-optimal RI);
- Massive population movements;
- Suboptimal SIA quality;
- Social mobilization (especially in Yaounde, Douala);
- Surveillance gaps
- Timely case detection
- Incomplete and poorly filled case investigations
- High number of unknown vaccination history
- Silent districts



Issues/challenges cont'd



- Management & Accountability;
- IPC and M&E training modules for frontline workers preparations ongoing;
- Implement ALL the recommendations issued by the 3-month post-outbreak assessment
- ***STOP WPV and cVDPV circulation by July 2014.***

Conclusion

The government of Cameroon has recognized the polio epidemic as a 'Global Health Issue'

Making 'in-roads' to make Cameroon polio free

Our effort is based on the hypothesis that the polio curve shall be 'BENT' downwards by July this year and the number of unvaccinated children shall drop to below 5%

This benchmark 'MUST' be achieved



MERCI/THANKS