Q&As

**Q: Will this outbreak cause WHO to put Nigeria back on endemic country list?**

A: Nigeria was taken off the list of polio endemic countries in September 2015 because a year had passed with no reported cases of WPV1. However, this recent case is has a close genetic match with a case in Borno in 2011, indicating it has been transmitting somewhere (either in Nigeria or neighbouring countries) undetected since that time. A more thorough analysis is being undertaken to clearly ascertain extent and location of circulation.

However, it is important to note that WHO is well aware of the risk posed by low-level transmission, particularly in hard-to-reach or inaccessible areas. That is why even though countries are eligible to be removed from endemic country lists after one year without detection, this does not mean that they are ‘certified’ polio-free. Certification only occurs 3 years after last detection, for precisely this risk.

**Q: What will the outbreak response be?**

A: An in-depth risk assessment will take place to assess the situation and inform the outbreak response. This will include assessing population immunity and vulnerability. Surveillance will be strengthened. According to the GPEI’s Standard Operating Procedures for outbreak response, a vaccination round will be held within 14 days, followed by two more short-interval rounds spaced two to three weeks apart to boost immunity as fast as possible in the affected area.

**Q: Following the case in Nigeria, how can you be sure other polio-free countries such as India are indeed polio-free and no longer endemic?**

A: This outbreak in Nigeria in a strong reminder that every country in the world needs to remain vigilant against polio, by strengthening their disease surveillance systems and vaccinating every last child. Strong disease surveillance to detect all strains of polio is the only tool with which we can be sure that the virus is gone for good. India’s National Polio Surveillance Programme continues to operate in a highly sensitive manner and find no strains of wild polio. It is essential that India and all other countries must keep immunity levels at the highest possible and report every AFP case in order to be sure they are indeed polio-free.

**Q: Can polio in fact be eradicated?**

A: Yes. While this outbreak is a setback, it does not change the fact that we have seen remarkable progress against the virus in Nigeria, across Africa and globally. By vaccinating every last child and continuing to strengthen disease surveillance globally, even in countries that have not reported cases of polio in a long time, we can ensure that there is no remaining home for the virus and it will be eradicated.

**Q: Where has this virus been since 2011? How has it been missed for so long?**

A: Investigations are currently ongoing to determine more clearly the extent of circulation of this particular strain, but the fact is that it has –been circulating undetected for this period of time. This outbreak seems to be related to a virus strain last seen in Borno in 2011. WPV1 only shows symptoms in about one of every 200 people infected, meaning that it can transmit ‘silently’ without showing signs of its presence. Borno has been affected by insecurity in recent years, meaning that pockets of children may have been unreached by vaccines and that localised gaps in surveillance may exist, allowing the virus to continue to circulate. The Government of Nigeria supported by the GPEI and other partners will be working to rapidly strengthen surveillance and vaccinate children in all accessible areas.

**Q: How does insecurity feature into ability to conduct disease surveillance? Should we be worried about other conflict affected areas?**

A: Acute flaccid paralysis surveillance depends on networks of thousands of well-informed hospitals, health care workers, volunteers, traditional healers, community leaders and parents to report any possible case of polio to surveillance focal points, who ensure stool samples are carefully transported to polio laboratories for testing. When conflict and insecurity put these human networks at risk, the quality of disease surveillance is threatened. However, no area is inaccessible to everyone; in many conflict affected areas, many individuals go above and beyond to ensure that surveillance continues. Strong indicators are in place to show which areas are likely to be unable to detect poliovirus transmission, so that innovative approaches can be put in place to protect children despite insecurity.

**Q: Given that the disease surveillance indicators in Borno seem to be strong, how can you claim that this system is valid?**

A: Surveillance indicators in Borno at the state level are strong, and so across most of the state the system would be able to detect virus transmission. However, this case implies that at a local level, there are likely to be gaps, most likely due to insecurity and inaccessibility. Strengthening surveillance across Borno in every area possible will be an important part of the outbreak response.

**Q: How does this link to the cVDPV2 detected in Borno in May?**

A: The cVDPV2 in May and this WPV1 from July are different viruses, and so are not related. However, they have both been able to occur because levels of vaccination in some areas of Borno are not high enough to protect children from polio paralysis. Immunity levels against type 1 and 2 polioviruses need to be increased in order to stop both strains.

**Q: Nigeria has conducted many vaccination campaigns in Borno since 2011 and has been unable to stop circulation of this virus strain. What makes you believe that you will now be able to stop it with an outbreak response?**

A: Nigeria has the capacity to stop or contain polio outbreaks. The key will be to urgently improve vaccination coverage during the outbreak response. The quality of the outbreak response is what will be critical to achieve success rapidly. Together with our partners, we will do everything we can to support national and local authorities in their efforts to rapidly address this public health risk.

**Q: How difficult will outbreak response be in this area, given security and access issues?**

A: Outbreak response in insecure areas or areas with hampered access is of course more complex and more dangerous. However, special tactics for such areas continue to be implemented to ensure as many children are reached as possible. This includes vaccinating populations as they move in/out of inaccessible areas, using local-level access negotiations like utilizing the traditional & religious institutions, community based organizations and local groups for enhanced access and securing safe passage by vaccination teams. Such tactics have succeeded in stopping outbreaks in similar settings.

**Q: Could Nigeria put the rest of Africa at risk of WPV1, similar to when poliovirus spread from Nigeria to more than 20 countries in 2003-2005 following suspension of immunization activities in the northern states?**

A: Any poliovirus anywhere in the world is a risk to populations everywhere, until all strains of the virus have been eradicated. That is why the aim of the polio Endgame is to interrupt circulation of all strains. There is the risk of international spread to any country with any population movements from Borno of an infected individual. The temporary recommendations of the International Health Regulations remain in place in Nigeria to stop international spread of polioviruses, but all other countries with vaccination and surveillance gaps particularly in surrounding countries must work to rapidly reduce the risk of the spread of the virus.

**Q: Polio is considered a Public Health Emergency of International Concern (PHEIC), as it is a disease targeted for eradication. What are the implications of this case on the temporary recommendations issued by the IHR?**

A: Nigeria is already subject to the temporary recommendations of the IHR as a state infected by wild poliovirus or cVDPVs but not currently exporting. The emergency committee of the IHR is meeting on August 11 to discuss the possible extension of the temporary recommendations and will take this case into account.