

**NIGERIA**

| Immunization                       |          |        |                          | Surveillance                        |                      |          |                          |
|------------------------------------|----------|--------|--------------------------|-------------------------------------|----------------------|----------|--------------------------|
| 12-month immunization indicator ** | National |        | Immunization Performance | Percent of states / provinces with: |                      | Virology | Surveillance Performance |
|                                    | POL3     | 0-dose |                          | NPAFPR >= 2*                        | Adeq. Stools >= 80%* |          |                          |
| % children with ≥3 OPV doses       | 54       | 3      | Intermediate             | 100                                 | 100                  | Some *** | Intermediate             |

\* based on the upper 90% confidence limit

\*\* 12-month immunization indicator: Based upon Nigeria’s 2011 MPI for immunization but using OPV dose information within NPAFP surveillance data from the previous 12 months (9 March 2010 – 8 March 2011). Additional details in the 1st Quarter 2011 Progress Report of the GPEI Process Indicators for 2010 and 2011 and Methods Supplement.

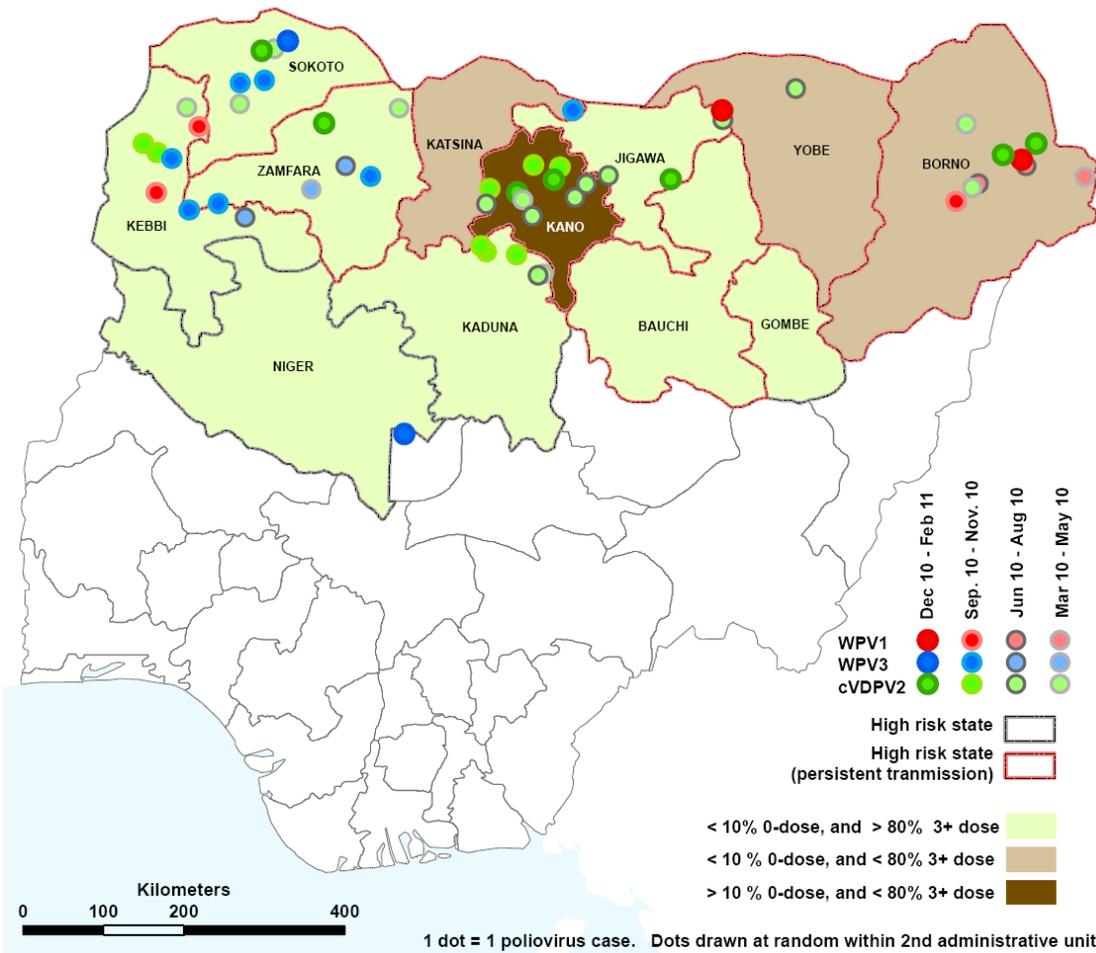
\*\*\* significantly higher proportion of viruses without close genetic linkage in 2010

Nigeria has a moderate risk of failure to detect and interrupt WPV transmission by the end of 2011. The assessed risk of failure in Nigeria decreased from high in the prior assessment report to moderated due to an altered immunization MPI for 2011, and introduction of intermediate achievement evaluations in CDC assessments. Although there were continued reductions in the number of identified WPV1 and WPV3 cases and affected districts during January–March 2011 compared with the same period in 2010, a high proportion of children remain at risk within the high-risk northern states as a result of focal areas with low routine immunization coverage, low SIA coverage and high birth rates. Immunization performance is intermediate over the previous 12 months. The high number of cVDPV2 cases despite trivalent OPV rounds indicates remaining challenges in reaching children. Although surveillance indicators are meeting targets, performance is intermediate with apparent gaps in AFP surveillance as indicated by the virologic evidence, with an even higher proportion of WPV and VDPV isolates not having close linkages within the last 6 months. Surveillance gaps discovered by virologic evidence of missed chains of transmission could be due to lapses in AFP detection in geographic areas (below the state level) or among population subgroups (e.g., migrants), in AFP case investigation, or in specimen collection and/or transport. The current programmatic support from all levels of government is vulnerable to change following upcoming state and federal elections.

| Current Quarter  | Nov.'10 Report   |
|--|--|
| Overall risk of failure to detect and interrupt WPV transmission | Overall risk of failure to detect and interrupt WPV transmission |
| <b>Moderate</b>  | <b>High</b>  |

|             |            |          |   |
|-------------|------------|----------|---|
| <b>GPEI</b> | end-2010   |          | <10% 0-dose children (per NPAFP data) in each of the 12 high-risk states (including the 8 persistent transmission states) |
|             | <b>MPI</b> | end-2011 |   |

**Nigeria: immunization indicators with wild poliovirus (WPV) cases and circulating vaccine-derived polioviruses (cVDPV), onset during March 2010 - February 2011.**



The Strategic Plan Major Process Indicator for 2010 was based on <10% of children with NPAFP with 0-dose; the MPI for 2011 is based on >80% of children with NPAFP with  $\geq 3$ -OPV doses, using parental recall histories, in the high risk states. Neither MPI at the state level has indicated underimmunization in Kebi, Sokoto and Zamfara, parts of which together have served as a major center of protracted WPV transmission by analysis of virologic genetic data. The 0-dose indicator was not sensitive to the protracted WPV transmission in Borno. Consideration should be given to analysis of independent monitoring data of SIAs as in other countries, and to adding MPI criteria based on monitoring data, to supplement the indicators based on recall history for NPAFP cases.