CAMEROON USING IPV IN CAMPAIGN:
An opportunity before the official introduction of IPV in Routine Immunization.
Following a recommendation from the 2nd Independent Evaluation of the polio outbreak in Cameroon in 2013, the country led a local IPV immunization campaign. The IPV immunization campaign (Dec. 17-21 2014) targeted 11 districts in the 3 regions hosting refugees (East, Adamaoua, Far-North Cameroon). The IPV vaccine was administered at Health Centers and at temporary venues.

As part of the initiative to strengthen the response to the polio outbreak the country has been facing since October 2013, a second Independent Evaluation was carried out September 16-25, 2014. The evaluation concluded that « compared to the first evaluation, Cameroon has made considerable positive progress in its response to the polio outbreak, but a residual gap remains as seen in the weak performance of its surveillance and the large influx of refugees in the country ». In order to address this gap, several recommendations were made, among which the launch of an inactivated Poliovirus immunization campaign (IPV) before the end of December 2014.

Lessons learnt from this exceptional situation are opportunity to optimize IPV introduction in the Routine Immunization in 2015.

IPV CAMPAIGN RESULTS
- Vaccination coverage among children aged 14 weeks to 59 month: 109.30%
- Overall administrative campaign coverage for children aged 14 week to 59 month was: 97.24%
- 101,986 households were visited by mobilizers
- 239,047 people were reached by mobilizers raising awareness, out of a population of 1,417,288

SPECIFICITIES OF THE IPV CAMPAIGN ZONE
- Three (3) regions in Cameroon: Far-North, Adamaoua and East, covering eleven (11) Health Districts encompassing fifty five (55) Health Centers
- Zones hosting large populations of refugees from the CAR, Chad, and Nigeria, refugees staying either in camps or with local residing families (especially in the far North and the East regions).
- Normal OPV campaign across the country two (2) weeks before the IPV campaign in the country’s three (3) administrative regions
- The IPV was administered at Health Centers or at temporary sites in the refugee camps/neighborhoods.

MAIN COMMUNICATION ACTIVITIES IMPLEMENTED
- Campaign micro-planning at district level with the participation of members of communities (communication)
- National communication plan developed for the local IPV immunization days
- Supply and communication materials dispatched on time (leaflets, brochures and posters)
- Briefing of communication staff (STOP Team/CDC consultants, national and UNICEF consultants, national supervisors and districts communication focal points) on collection and analysis of IPV communication data
- Household awareness using door-to-door in cities, villages and in refugee camps by social mobilizers
- Advocacy activities targeting political, religious and traditional leaders (Ados and Lamidos)
- Negotiations and management of reported refusal cases
- 10 local radios were used to diffuse messages on benefits of vaccination in general and IPV in particular
- Presentation and validation of the campaign’s administrative results, including communication results at the district, regional and national levels.
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- The Central Technical Group for the Expanded Program on Immunization (CTG-EPI) received technical and financial support from partners: WHO, UNICEF, CDC and ROTARY
- The CTG-EPI deployed a maximum of staff to this initial campaign for the IPV introduction in campaign, in 11 health districts
- NGOs involved in the humanitarian response provided a great support to the IPV immunization campaign both logistically and in human resources.

SOME CONCERNS RAISED REGARDING REFUSALS

- Some health agents do not like the repetitive oral vaccination campaigns against polio and question the use of the injectable polio vaccine during campaigns
- Too many vaccines, and now addition of the injectable polio vaccine, while other severe diseases do not get the same exposure (Eg. measles...)
- Some religious beliefs: « God offers protection, not vaccines »
- A sick child should not be vaccinated
- Injections trigger fever and swelling on the child’s thigh.

LESSONS LEARNED

- Communication strategies used before, during and after the campaign contributed to the good vaccination coverage (97.24%)
- Door-to-door awareness did not reach half of the targeted households due to the geographic extent of the health areas and the number of villages to reach.
- Parents are away during the social mobilizers visit, because of farm work. Social mobilizers do not see them during their visits
- Mobilizers and vaccinators are the first information source on vaccination for parents
- There are too few mobilizers/volunteers to cover all households
- The continuous influx of refugees toward food distribution sites during the campaign did not allow for the vaccination of all the children initially targeted, including during awareness sessions
- Of the 99 refusal cases reported during the local immunization days, 32 were resolved during the campaign; the remaining were positively dealt with after the campaign.

<table>
<thead>
<tr>
<th># Mobilizers used = 467</th>
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<tbody>
<tr>
<td>Sensitized households</td>
</tr>
<tr>
<td>101,986</td>
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<tr>
<td>Sensitized Individuals</td>
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<tr>
<td>239,047</td>
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Source: GTC-PEV, March 2015

Dr. Flaubert DANBE’s testimony, CUR-EPI/Far-North region « In the wake of the governors’ forum convened with the support of UNICEF in December 2014, we saw all the authorities (administrative, traditional, religious and political) get actively involved in the implementation of immunization activities. They led efficient field visits. Something never seen before! ».