

MINISTERIAL STATEMENT ON
MEASURES BEING TAKEN TO CONTROL MEASLES OUTBREAK IN MUSHINDAMO
DISTRICT

Madam Speaker, I want to start by thanking you, once again, for the opportunity to update this august House and the nation at large on the measles outbreak in Mushindamo District of the North-Western Province.

Madam Speaker, following a matter of urgent public importance raised by Mr Alex Katakwe, hon. Member of Parliament for Solwezi East Parliamentary Constituency, on the outbreak of measles in Mushindamo District, who wanted to know what measures were being taken by the Ministry of Health to control the outbreak. A follow up was made on that matter and the update to the House is as follows:

For the House to have a clear picture of the situation, may I start by informing it that Mushindamo District is one of the eleven districts of the North-Western Province. It borders Solwezi, Kasempa and the Copperbelt internally and also has an international border post at Kipushi with the Democratic Republic of Congo (DRC). Kipushi is about 135 km from the provincial health office and 205 km from Mushindamo District Health Office. The border of the DRC is porous and both Zambians and Congolese freely cross over from one side to the other. Kipushi Border Post has many people crossing between the two countries, especially during the open market days on Tuesdays and Thursdays. In this regard, Mushindamo District is one of the hot spot districts for measles outbreaks and is epidemic prone to other diseases in general.

Madam Speaker, in the last few years, Mushindamo District has been on record as having reported measles outbreaks and nearly around the same areas, that is, Mushindamo Health Centre Mututubanya Health Post and Kipushi Health Post catchment areas. Last year in November, for example, the district had a measles outbreak in Mututubanya Health Post catchment area where we had nine people testing positive out of twelve samples that were collected showing a positivity of 75 per cent. In March 2022, the district, again, recorded another measles outbreak

where three out of four cases were positive. Out of the three samples that came out positive, one was positive for both measles and rubella.

Madam Speaker, the current outbreak of measles in Mushindamo District is somewhat linked to the outbreak that started in March 2022. In April 2022, four samples were collected from Mushindamo Health Centre catchment area, in particular, and from Kashiba community near the border with the DRC. These were taken to the laboratory and this time, one sample tested positive for measles. The alert in the current outbreak was also from Kashiba community under Mushindamo Health Centre. This time around, on 9th May, 2022, seven samples were taken to the laboratory. Of the seven, two were not tested, five were tested and three of the five tested positive to measles only and none tested positive to rubella.

Madam Speaker, a clinical case of measles was defined as a generalised characteristic rash lasting three or more days, fever and, at least, one of either a cough or flu like symptom and what is known as conjunctivitis or red eyes. With the current alerts coming from Kashiba, a combined rapid response team lead by the provincial clinical care specialist comprising officers from the provincial health office and Mushindamo District Health Office and Mushindamo Rural Health Centre visited the site to investigate the rumour of forty suspected measles deaths in the community of Kashiba and surrounding areas. The team was joined and given technical support by the national rapid response team based at the Zambia National Public Health Institute (ZNPFI). The rapid response team aimed to achieve the following:

- (a) to alert door to door investigations;
- (b) health promotion and education on preventive measures;
- (c) contact tracing and monitoring of the contacts;
- (d) risk assessment and mapping of the nearby communities;
- (e) active search case in the two affected communities;

- (f) collection of samples of other suspected cases;
- (g) meeting the standard case definition of suspected measles;
- (h) meeting with community volunteers to teach them on basics OF clinical case definition of measles; and
- (i) in Kashiba community where measles was reported earlier in March, there was one case that was suspected and the sample was collected from there. Two samples were also collected from Yowela which is 12km from Mushindamo Rural Health Centre a long Kipushi Boarder Road and another four samples were collected from Kafulubunga community along Mushindamo/Kilumba Road.

Madam Speaker, the findings of the investigations which were undertaken on Saturday, 4th June, 2022, were as follows:

- (a) there was no evidence of forty suspected measles deaths in the area. The source of this rumour was a community leader trying to advocate for the opening of the incomplete Kashiba Rural Health Centre. The said structure only has the out-patient building completed without any other major supporting infrastructure, such as water toilet. However, he was engaged and he committed to stop issuing false alarms;
- (b) there were three deaths from the measles; one was a confirmed measles death were as two were classified as probable measles deaths;
- (c) the community also reported two deaths that happened from the Congolese side, but these were buried on the Zambian side, bringing the total to five deaths;

- (d) in Kiziba, there was only child who had clinical features of measles and specimen was collected for immunological studies;
- (e) there were three communities around Mushindamo Rural Health Centre with multiple cases meeting the clinical criterion for measles. These were in Mushindamo Rural Health Centre neighbourhood, Kafulabunga neighbourhood, which is 5 km towards Solwezi and Yowela neighbourhood, which is some 12 km towards Kipushi Border Post;
- (f) it was very difficult to verify vaccination status, as most children had no under-five cards;
- (g) some of the children were frequently taken across the border making them miss public health interventions on the Zambian side;
- (h) the community based volunteers did not know their respective catchment populations and, therefore, it was difficult for them to account for every child and to quantify the needs;
- (i) a total of thirty-one samples were tested at the University Teaching Hospital (UTH) laboratory on Monday, 6th June, 2022. Fourteen tested positive for measles and two for rubella;
- (j) the rest of the samples were not in good quality by the time they reached the laboratory and, therefore, could not be analysed; and
- (k) another fifteen samples have been collected and tests are yet to be conducted. The samples will also be subjected to genomic sequencing.

Madam Speaker, the team had earlier on conducted a localised supplementary immunisation activity in Kashiba and this halted the spread of the disease there. Planning for primary health

care activities has been a challenge, considering that most supporting organisations prefer Zambia Statistics Agency rather than the headcounts.

This status, then, undermines under-five interventions in Mushindamo, the province and the country at large. Furthermore, Mushindamo Rural Health Centre catchment area is also very vast and without adequate outreach services due to limited resources. Among the positive outcomes of the exercise, community-based volunteers were oriented in event based surveillance and made to be more proactive and a fund has been established under the Constituency Development Fund (CDF) for the completion of Kashiba. Partners and other stakeholders were engaged and under-five cards were printed.

Madam Speaker, results for the samples which were submitted on 6th June, 2022, were received on 20th June, 2022. Fourteen out of thirty-one samples were positive for measles and two also tested positive for rubella. This means that we have a dual outbreak of measles and rubella, hence the current available measles/rubella vaccine that we use in routine immunisation is appropriate.

The target population for the vaccination campaign is children between six months to fifteen years, who are also in the age range of those who have been infected. So far, out of a target population estimated at 16,010, a total of 14,739 have been vaccinated giving 92 per cent coverage. I am happy to report that as of 20th June, 2022, no new cases were recorded in Mushindamo.

Madam Speaker, as I conclude, may I urge hon. Members of this august House to urge their communities to be taking the children for vaccinations so that we can avoid waiting for outbreaks like the one in Mushindamo to happen before mothers take their children for vaccination. As of yesterday, 20th June, 2022, up to 25th June, 2022, we, as a Government, are again, vaccinating our children, through the Ministry of Health. I wish to use this opportunity to appeal once more to the parents out there to, please, take their children for vaccination because this is an opportunity as more centres are opened specifically to help our children get vaccinated.

Madam Speaker, it is worth noting that apart from vaccinating children, we want to use this opportunity to also administer other vaccinations like the Human Papilloma Virus (HPV)

vaccination. We also want to carryout testing for Tuberculosis (TB), Human Immuno Virus (HIV) apart from the usual Coronavirus Disease 2019 (COVID-19) vaccination. So, once again, I urge hon. Members of Parliament to get their officers in their constituency offices to inform all councilors to inform members of their communities and wards to take their children for vaccination.

Madam Speaker, I thank you.