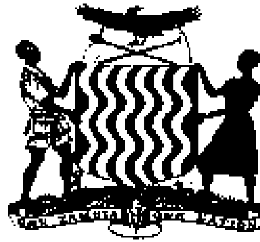

MINISTRY OF HEALTH

MINISTERIAL STATEMENT ON ELEPHANTIASIS AND MASS DRUG ADMINISTRATION IN ZAMBIA

Presented to the National Assembly

by

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Hon. Minister of Health

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Pre-amble

Mr. Speaker, thank you for granting me this opportunity to present a Ministerial Statement on this topical issue of Elephantiasis and through you to inform the nation on this disease and the measures that are being implemented to stop its spread.

Background

Mr. Speaker, Elephantiasis is the common term used to refer to a complication of a disease called Lymphatic Filariasis. Lymphatic Filariasis falls in a group of diseases referred to as Neglected Tropical Diseases. Neglected tropical diseases place an unacceptable burden on the health of the poorest people in Zambia. The main Neglected Tropical Diseases that are common in the country include schistosomiasis, lymphatic filariasis, human African trypanosomiasis, soil transmitted helminthes and trachoma.

Mr. Speaker, infection with Lymphatic Filariasis occurs when a mosquito that has the filarial parasite bites a person, the parasites enters the body and affect the lymphatic system. Infection is usually acquired in childhood, but the symptoms of the disease may occur later in life, resulting in large amounts of swelling of the arms, legs, or genitals.

Problem and Global Response

Mr. Speaker, globally, Lymphatic Filariasis affects over 25 million people worldwide. Currently, more than 1 billion people in 73 countries around the world are at risk of infection by the parasite. In Zambia Lymphatic Filariasis is wide spread and in some regions the prevalence is as high as 25%.

Mr. Speaker, considering the magnitude of the problem, the World Health organization (WHO) launched the Global Programme to Eliminate Lymphatic Filariasis (GPELF) in 2000. The goal of this programme is to eliminate Lymphatic Filariasis as a public-health problem by 2020.

The strategy is based on two key components:

1. Mass drug administration which interrupts transmission through annual large-scale treatment programmes.
2. Morbidity management and disability prevention which alleviates the suffering caused by the elephantiasis.

Mapping Exercise for LP

Mr. Speaker, to achieve interruption of transmission through Mass Drug Administration first the disease is mapped to know where to conduct the drug administration. In Zambia, a mapping exercise for Lymphatic Filariasis was carried out between 2003 and 2011. The survey indicated that Lymphatic Filariasis was widely distributed in the country, with 78% of sites having positive cases. In many of the sites prevalences were rather low, but a few

identified foci had prevalences above 25%. The highest prevalences (above 50%)were recorded from Kalabo District in Western Province. The results from the survey, in particular the identification of the high endemicity foci, provided an important background for planning and initial implementation of Lymphatic Filariasis control measures in Zambia.

Mass Drug Administration

Mr. Speaker, following this mapping exercise Government commenced annual Mass Drug Administration which consists of giving single doses, each year, of the drugs Albendazole plus DEC (Diethylcarbamazine) is carried out. This Mass Drug Administration exercise will continue for a period of 5 years to fully interrupt transmission of infection in the population. This year, with the help of cooperating partners, we have started the control and elimination activities for Lymphatic Filariasis, with the aim that all the people at risk of getting the disease receive the two drugs.

Mr. Speaker, the drugs are administered to people living in communities where the mapping exercise revealed that the parasite exists. All persons aged 2 years and above in Zambia, who live in areas where the parasite is found and are not either pregnant or chronically ill should receive the drugs. The mapping exercise revealed that the parasite is found in 85 districts in the country and the population at risk is approximately 10 million (list of districts is attached).

Mr. Speaker, this year we are implementing the Mass Drug Administration exercise in 2 phases. During the current first phase, Eastern, Lusaka, North Western and Copperbelt Provinces are being treated. However it is important to note that it is not all the districts that are conducting this exercise because their populations are not at risk. Lusaka district is one of the districts that will not be implementing the Mass Drug Administration exercise because it is not at risk.

Like all other drugs, the drugs being used for the Mass Drug Administration exercise have side effects. The most common side effects are vomiting and dizziness. To avoid the dizziness, clients are advised to eat before ingesting the drugs. May I mention that the side effects are transient and not life-threatening. However the health worker and the community drug distributors who are administering the drugs have been trained in how to identify any side effects and how to manage them.

Mr. Speaker, the Mass Drug Administration exercise will run from the 8th of June to the 2nd of July 2015. However each implementing district will only conduct the Mass Drug Administration exercise for a period of 10 days. Some districts have already started the Mass Drug Administration exercise. Other districts, however, are yet to start. So far the response has been overwhelming from the public and a number of districts have already exceeded their targets. In districts where the demand has exceeded the available drugs, arrangements are being made to redistribute and relocate drugs to these areas to ensure that the populations at risk are catered for.

Conclusion

Mr. Speaker, it is worth noting that Lymphatic filariasis is both preventable and curable. It may require several treatment rounds, but ultimately cure is achievable. However, the unfortunate pathology associated with elephantiasis can present real challenges, with generally non-reversible tissue damage requiring corrective surgery in the most severe and debilitating cases.

Finally, I would encourage any Zambian who seeks further details to go to their respective District Community Medical Office, or their respective Provincial Health Office, or indeed, the Department of Mother and Child Health at the Ministry of Community Development Mother and Child Health.

Mr. Speaker, I thank you.

LF MDA Districts by Province

Luapula Province

1. Chipili
2. Mwansabombwe
3. Milenge
4. Kawambwa
5. Nchelenge
6. Mwense

Central Province

7. Chibombo
8. Itezhi-Tezhi
9. Kabwe
10. Kapiri Mposhi
11. Mkushi
12. Mumbwa
13. Serenje
14. Chisamba
15. Ngabwe
16. Luano
17. Chitambo

Lusaka Province

18. Chilanga
19. Chirundu
20. Chongwe
21. Kafue
22. Luangwa

23. Rufunsa
24. Shibuyunji

Munchinga Province

25. Nakonde
26. Isoka
27. Mpika
28. Mafinga

Northern Western Province

29. Chavuma
30. Ikelenge
31. Kabompo
32. Kasempa
33. Mufumbwe
34. Mwinilunga
35. Solwezi
36. Zambezi
37. Manyinga

Eastern Province

38. Chipata
39. Lundazi
40. Mambwe

Western Province

41. Kalabo
42. Kaoma
43. Limulunga
44. Luampa

45. Lukulu
46. Mitete
47. Mongu
48. Mulobezi
49. Mwandi
50. Nalolo
51. Nkeyema
52. Senanga
53. Sesheke
54. Shangombo
55. Sikongo
56. Sioma

Northern Province

57. Chilubi
58. Kaputa
59. Kasama
60. Luwingu
61. Mbala
62. Mporokoso
63. Mpulungu
64. Mungwi
65. Nsama

Southern Province

66. Choma
67. Gwembe
68. Kalomo
69. Kazungula

70. Namwala
71. Monze
72. Pemba
73. Siavonga
74. Sinazongwe
75. Livingstone
76. Zimba

Copperbelt Province

77. Chililabombwe
78. Chingola
79. Kalulushi
80. Kitwe
81. Luanshya
82. Lufwanyama
83. Masaiti
84. Ndola
85. Mufulira