

14 July 2010

MEASLES OUTBREAK SITUATION AND RESPONSE

MR SPEAKER, SIR,

Zambia is currently experiencing a measles outbreak. Measles is among the world's most contagious diseases affecting children and can cause severe complication such as pneumonia and diarrhoea, and can lead to death. It can easily spread by droplets through coughing and sneezing.

Within the African Regional several countries are experiencing measles outbreaks. According to WHO/UNICEF, as of mid-June 2010, about 14 countries have reported measles cases totaling more than 47,000 cases and more than 700 deaths. Recent confirmed measles outbreaks have been documented in Zimbabwe, Malawi and Zambia.

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Zambia recorded the last major measles epidemic in the year 2003. Since then the measles significantly reduced from more 30,000 measles per year to very low figures of 200 cases per year and virtually no deaths from the disease. This was as a result of the first measles **catch-up** vaccination campaign that was conducted in June 2003 and targeted children under 15 years of age. It follows that such major campaign like the catch-up vaccination campaign be supplemented periodically by under 5 years follow-up measles vaccination campaigns.

The country is experiencing this outbreak due to the following factors:

- An accumulation of susceptible or vulnerable children since the last measles vaccination campaign in the year 2007:
 - From missed opportunities during routine immunisation
 - Children that do not get protection even after being vaccinated; about 15% (this is expected)

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To date, Zambia reported 2,832 measles cases and 78 deaths countrywide. Lusaka District alone has recorded 2,453 cases, 86% of the country measles cases, with 76 deaths. Other districts reporting measles outbreaks include Lundazi (282 cases and 1 death), Chibombo (53 cases and 1 death), Nyimba (18 cases and no deaths), and Chama (26 cases and no deaths).

Zambia has adapted a WHO recommended strategy to conduct **follow-up** measles vaccination campaign every 3 to 4 years, and the last measles campaign was conducted in the year 2007. The country is due to conduct a **follow-up** measles vaccination campaign in 2010. This is supplemental to the routine immunisation services provided at all public health institutions at no cost. Ministry of Health has procured all required vaccines and logistics for routine immunisation services.

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This year's countrywide measles vaccination campaign is planned to take place from 19 to 24 July 2010 targeting children aged 9 to 47 months. However, the

target for the Lusaka District will be 6 to 59 months. The implementation of the vaccination campaign has been postponed from 14 to 19 June 2010 to 19 to 24 July 2010 to allow for mobilisation of resources.

The objectives of the measles vaccination campaign are:

1. To immunize, at least, 95% of all children aged 9 – 47 months (**1,620,914 children**) with **measles vaccine** children regardless of immunization status.
2. To immunize, at least, 95% of all children aged 0 – 59 months (**1,199,2454 children**) children with **polio vaccine** regardless of immunization status **in 30-polio-high risk districts**
3. To provide Vitamin A supplementation to, at least, 90% of children 6 - 59 months of age (**2,345,713 children**) in Zambia
4. To provide mebendazole to, at least, 90% of children aged 12 – 59 months (**2,055,793 children**)

Preparation for the 2010 measles vaccination started in the year 2009, the progress made so far is:

1. Vaccines and other logistics are in-country in readiness for the measles vaccination campaign
2. Communication materials; supervision and monitoring or data tools have been printed and ready for distribution
3. Orientation of National Coordinators and Supervisors has been conducted and beginning the week 5th July 2010, the provinces and districts will be oriented
4. Distribution of vaccines and other Logistics directly to all the 72 districts has commenced

5. Funding available has been remitted from the Ministry to all health institutions

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Recognising that Lusaka District has been worst affected by the outbreak, specific measures have been undertaken:

1. Zoning of Lusaka District into 8 clusters for easier implementation of vaccination activities
2. Re-enforcing of routine immunisation by conducting daily measles vaccinations; and active measles surveillance.
3. Opening of two measles isolation wards at University Teaching Hospital (UTH) and Chawama Clinic for management of measles patients
4. Ministry of Health has planned to sensitise the Civic Leadership at the next Lusaka City full Council meeting.

Despite all these preparations, the Ministry still faces some funding gap to successfully implement this measles vaccination campaign. The success of a measles vaccination campaign lies in:

1. Mobilisation of additional personnel to assure all eligible children are reached through setting up of outreach sites or posts in the communities. Trained staff will administer the measles injections safely.
2. Mobilisation of transport to distribute required logistics to the vaccine outreach posts in the communities; programme coordinators, supervisors and vaccination team members require transport to reach the outreach sites.

3. Effective community mobilisation to create demand so that the communities are informed of the dates, sites and target age groups for the campaign.

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The budget for the Measles Vaccination Campaign is 16 billion kwacha. The Ministry of Health and partners has mobilised K10,114,950,800. These funds are inadequate and the quality of the measles vaccination campaign will be compromised and may not guarantee interruption of the measles outbreak. The Ministry of Health requires an additional of K5,885,049,200 to effectively support District Health Offices implement the campaign.

MR SPEAKER, SIR,

Our role as parliamentarians is to ensure that all stakeholders are mobilised to support this noble cause and that all caretakers in our constituencies to take the children to vaccination sites.

I THANK YOU, MR SPEAKER, SIR.