

Tuesday, 12th November, 2019

MINISTERIAL STATEMENT

ON

CASES OF POLIOMYELITIS IN CHIENGI DISTRICT

BY

THE HON. MINISTER OF HEALTH DR CHILUFYA, MP

Mr Speaker, thank you for this opportunity to apprise the House and, through the House, the nation on the polio outbreak in Chiengi District of Luapula Province. However, before I do that, I seek your indulgence to permit me on behalf of my colleagues in the House to wish His Excellency the President of the Republic of Zambia Dr Edgar Chagwa Lungu a happy and hearty sixty-third birthday.

Hon. Government Members: Hear, hear!

Dr Chilufya: Mr Speaker, on 13th September, 2019, the World Health Organisation (WHO) notified the Zambian Government through the Ministry of Health of a laboratory-confirmed case of poliomyelitis. The case involved a two-year-old boy of Kalima Village in Chiengi District, who developed weakness of both limbs on 16th July, 2019. The case was notified to the WHO by Katabe Private Hospital in Pweto District of Katanga Province in the Democratic Republic of Congo where the boy's parents had sought initial medical attention.

Sir, on further investigation in the community, two out the thirty-four stool samples collected randomly from the community where the affected boy resides indicated the presence of the polio virus. Although the two from whom the virus was isolated are not considered as cases, the isolation of the virus in the stool of these persons without the disease was an indication that the virus was circulating in the community and that those with no immunity were at risk of contracting poliomyelitis.

Mr Speaker, Poliomyelitis is a highly infectious viral disease a caused by a virus called Polio Virus (PV) and mainly affects young children. The virus is transmitted from person-to-person

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mainly through the faecal-oral route and multiplies in the intestines before invading in the central nervous system and causing paralysis.

Sir, the paralysis that poliomyelitis causes is irreversible. Although there is no definitive treatment for polio, two effective vaccines are currently available for preventing poliomyelitis. These are the Inactivated Polio Vaccine (IPV) and the Oral Polio Vaccine (OPV). The OPV has been widely used in much country including Zambia and has been essential to the global polio eradication efforts.

Mr Speaker, the world has in the recent past seen reoccurrence of sporadic outbreaks of polio due to the polio virus circulation. Since 2018, three countries within the Southern African Development Community (SADC), the southern region have reported outbreaks of polio.

Sir, Zambia conducts active surveillance for polio and the last recorded case of indigenous poliomyelitis was in 1995 in Lusaka Province. However, in 2002, imported cases of polio were indentified in the North Western Province amongst the Angolan refugees. In 2005, Zambia was formerly recognised as being polio free by the African Region Certification Commission (ARCC).

Mr Speaker, in response to the reported case of poliomyelitis in Chienge, the Government of the Republic of Zambia through the Ministry of Health and working through one transformational wing of the Ministry of Health under the Broad Transformational Agenda that President Lungu has embarked on in the health sector, that is the Zambia National Public Health Institute (ZNPHI) set in motion the following response actions;

- (a) activation of the national public health emergency operations centre at ZNPHI to coordinate a multi-sectoral response, and the commander for the response is a Zambian public health specialist and pediatrician, Dr Patricia Bobo;
- (b) Chienge District Health Office initiated preliminary investigations and the child in question was traced. The tracing of the thirty-four child's contacts has been

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concluded and it was out of those cases that two were found to be shading the polio virus;

- (c) regular consultations with our counterparts from the Democratic Republic of Congo (DRC) have been instituted in the true spirit of cross boarder collaboration under health diplomacy;
- (d) The recent 24th ARCC held meeting held in Lusaka equally provided technical impetus to these efforts. A technical team consisting of staff from Ministry of Health Headquarters and the ZNPHI, partners such as the World Health Organization (WHO) the American Centre for Disease Control (CDC) and the United Nations International Children's Emergency Fund (UNICEF), did visit Chienge to conduct a comprehensive field investigation that included the following:
 - (1) clinical assessment of the case;
 - (2) review of registers and active case filing in health facilities and communities;
 - (3) sensitisation of health workers and the community;
 - (4) assessment of the boarder, and all other aspects of health security along the border;
 - (5) inspections of vaccine inventories and cold chain facilities;
 - (6) immunization coverage survey;
 - (7) community engagement through traditional leaders, religious leaders and other opinion formers in the community; and
 - (8) water, sanitation and hygiene assessment.

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Mr Speaker, I was commissioned by his Excellence, the President Dr Edgar Chagwa Lungu, to lead a team of stakeholders to Chienge and we did have a series of meetings within Chienge and with our counterparts.

Sir, capacity at the National Polio Laboratory based at the University Teaching Hospital (UTH) has been enhanced, to ensure that we can quickly confirm any cases of polio. Like I alluded to earlier on, the thirty-four samples tested so far revealed two case that were shading the virus but not clinically active.

Mr Speaker, as required by the International Health Regulations of 2005. The Zambian Government has transparently notified the WHO. In addition to the response interventions made above the Government has since commenced a mass campaign to immunize children in Chienge, Nsama, Kaputa and Nchelenge.

Sir, we received 980,000 doses through the collaborative efforts of our counterparts the WHO. So far, we have reached 75 per cent coverage.

Mr Speaker, beyond round zero, we will vaccinate all the children in surrounding districts in Luapula Province.

Sir, my ministry has continued to reinforce the Reach Every District (RED) and Reach Every Child (REC) strategies in order to maintain our routine immunization coverage at optimal levels. Further, social mobilisation and community engagement has been enhanced to increase vaccine acceptability. We recognise the importance of mobile vaccine services and we are investing in strengthening he integrated outreach service.

Mr Speaker, in conclusion, I would like to emphasize that that one case that has been confirmed constitutes a polio outbreak. I therefore, request hon. Members of this august House to be advocates of immunization in their respective constituencies. Hon. Members should give support to parents in their respective constituencies and ensure that all children are immunized against

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polio in the routine vaccination programme help in campaign in the affected areas. I therefore, urge hon. Members of Parliament to also support the public in ensuring personal hygiene to ensure that we can disrupt any possibility of faecal oral transmission of not only polio but any other water borne diseases. Together we must reach every child.

I thank you, Sir.