

HIGHLIGHTS

- Weekly Outbreak Monitoring
- MSIs Post-Campaign Survey Report Released
- UN Day Celebrated Colourfully

Weekly Outbreak Monitoring – Week 44 (30th October to 5th November, 2006)

There is no updated report from the Ministry of Health this week. The latest data is from week 41 of the year (9th to 15th October), this section has therefore not changed from previous week.

Report Completeness/Timeliness

The average health facility to Zoba report timeliness as at the end of week 41 (9th to 15th October, 2006) was maintained at almost the same level as week 40. The main reason for the lack of getting the report on time still remains difficult terrain that makes accessibility very hard. The report completeness was also maintained at the same level.

Table 1: Average Health facility to Zoba weekly report completeness and timeliness as at week 41 (9th to 15th October, 2006)

Zoba	Total Population	Number of HFs	Timeliness	Completeness
Anseba	539,447	33	97.7	100
Debub	891,505	59	94.5	100
Gash Barka	666,315	59	66.0	89.5
Maekel	635,836	31	100	100
NRS	541,782	37	77.9	87.5
SRS	78,289	16	26.0	95.5
Total	3,353,171	235	77.0	95.4

Cerebro-Spinal Meningitis (CSM)

No new cases were reported in week 41. The last report was in week 15 of the year (10-16 April, 2006). Total cases reported this year were 22 and 3 deaths from 6 districts.

Malaria

Malaria reported cases are still below the 3rd quartile threshold level at national level at all Zobas that reported as at week 41.

Diarrhoea and Bloody Diarrhoea:

The outbreak was due to shigellosis in Zoba Anseba is being controlled. The number of cases continued to drop in week 41 (Figure 1) due to control measures by the Zoba.

No outbreaks of other diarrhoeal diseases were reported.

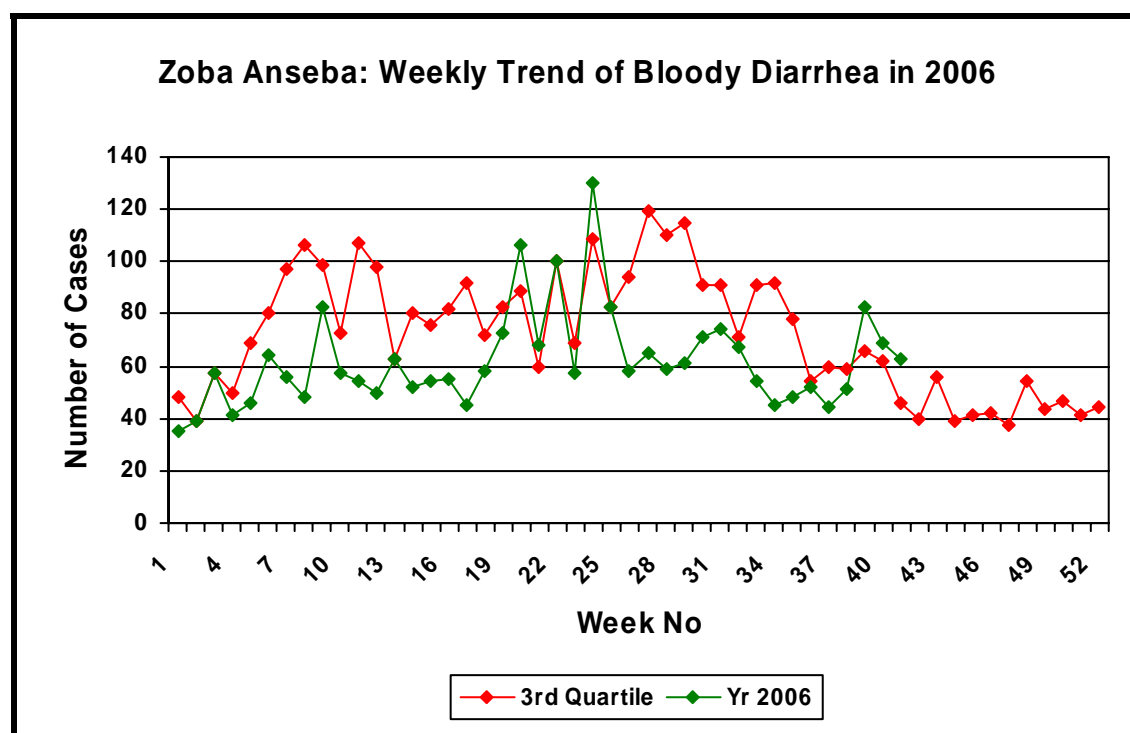
Other Outbreaks:

No outbreaks of other diseases have been reported during the week.

Measles Situation:

The total number of suspected measles cases reported so far in the year as at week 41 from all Zobas is 114. Out of these, two cases tested positive for measles in Zoba Gash Barka, 1 was compatible from Northern Red Sea and 111 were discarded. Of the discarded, 58% tested positive for Rubella.

Figure 1



Measles Supplemental Immunizations Post-Campaign Survey Report Released

Measles still remains one of the leading causes of deaths especially among young children. As part of its measles elimination program Eritrea conducted a nation wide Vitamin A plus measles campaign in June and July 2006 targeting children at the age of 9 to 59 months. In order to assess the quality of the campaign, a survey was carried out and data for the post-campaign evaluation was collected on August 08-22, 2006.

In one of our previous issues we promised that we would publish post-campaign evaluation coverage survey of the measles supplementary immunization activities (MSIs) once they are released. The survey was conducted in order to assess the reported administrative measles coverage results and identify reasons for not immunizing a child. These would enable the program to plan strategies and interventions that will enhance the achievement and sustainability of EPI activities. The following are the results of the survey.

Methodology

For the post-campaign evaluation survey, the country was divided into three study areas based on the administrative coverage achieved during the campaign. In each of the three study areas, 30 clusters of 10 household with children 6-59 months were selected. This resulted in 895 households being included in the survey with a total of 1275 children. Data collection was carried out between 08-22 and August 2006.

All the Interviewers, students from the Orotta School of Medicine, were all properly trained and supervised by the instructors of Nursing School. After the collection the data was entered using the software package CSPro and was analyzed by SPSS and EPI info. To supplement the results of the questionnaire 46 health officials, 60 health workers and 84 village administrators were also interviewed.

Demographic Characteristics

According to the survey report almost all the respondents were mothers accounting for 98.2%, and a little more than half (52.8%) were Muslims and 41.6% were Orthodox Christians. Regarding their educational characteristics, about 33% of the respondents did not have formal education where as 35.9% of the respondents reported they have primary education. Only 13.3% of the respondents reported to have completed secondary education and 9.8% have adult education.

On the occupational status of the heads of the household, 30.9% of them are in the military or national service whereas 28.9% live by subsistence farming. Furthermore, the heads of the households who work as civil servant, local merchant or pastoralist amount to only 18.8%, and 13.5% are unemployed.

Social Mobilization

In order to carry out a successful campaign having a coordinated social mobilization was one of the key factors. In the survey respondents were asked about their satisfaction on the social mobilization they received, and **the majority of them (94.5%) reported that they are satisfied with the information they received about the campaign.**

About 20 respondent, however, were not happy of whom about half explained that they needed more information about the vaccination.

Coverage Survey Results

On the national vaccination coverage, the survey found out that **98.3% of the children studied were vaccinated with no statistically significant difference in coverage among the three study areas.**

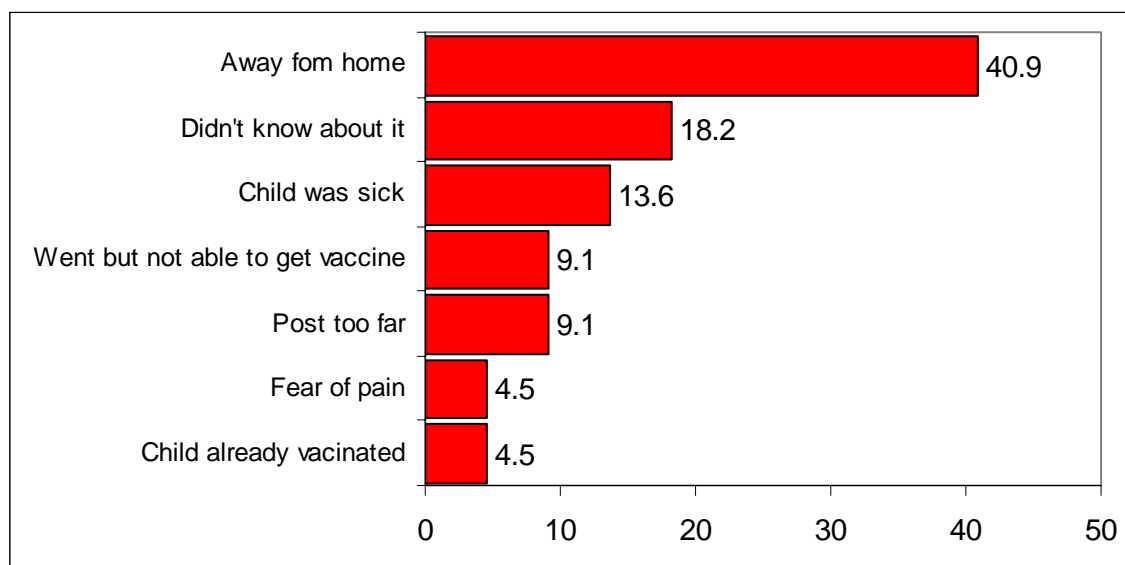
Figure 1: Household measles SIAs coverage by study area.

Study area	Vaccinated (n)	Vaccinated (%)	Total	95% C.I.
SA1	434	96.4%	450	[92.7-98.3]
SA2	422	99.8%	423	[97.4-100.0]
SA3	397	98.8%	402	[95.7-99.8]
Total	1253	98.3%	1275	[96.8-99.1]

Regarding the place of vaccination, **46.3% of the children received their vaccination at health facilities and 40.4% were vaccinated at outreach posts, while schools accounted for only 13.3%.**

Those respondents who did not have their children vaccinated were asked to provide reasons for not doing so. One of the main reasons was that the mother and the child were away during the campaign. The second main reason was that the respondents did not now about the campaign. Moreover, the child being sick was sited as the third main reason. Another reason which could be linked with the lack of social mobilization was that the child did not receive the vaccine because the respondents felt that the vaccines that the child took before the 2006 campaign was enough.

Figure 2: Reasons for not being vaccinated during the campaign.



Respondents were also asked if they have observed any adverse reaction following immunization. They reported that there was not that serious adverse event following immunization. Overall, 12.9% of the vaccinated children developed an adverse event with fever (75.2%) being the most frequent reaction followed by rash (15.8%). The survey discovered that two children had abscesses after vaccination with measles vaccine but none of the cases resided in the same study area.

Vitamin A supplementation, which is an important component of the measles SIAs was also given to children during the vaccination campaign. About 98% of the children aged 9-59 months that were included in the survey received Vitamin A supplementation and no marked difference in coverage among the three study areas were observed. Furthermore, the survey found out that there was no gender difference for immunization coverage during the campaign: 98.4% were males while 98.1% females.

Vaccination History

Other questions posed to the respondents were related to the vaccination history of the children. The survey revealed that only 2.8% of the children surveyed had not received measles vaccine prior to the last campaign. When comparing the study areas, study area 1 had the highest percentage of zero-dose children (4.5%), followed by study area 3 (3.7%). Several reasons were forwarded by the respondents on why children were not vaccinated ever. The primary reasons given were that the mother was sick or was too busy or else unaware of the need. For some others the post was too far. In the other hand, the survey uncovered that out of those who had been vaccinated prior the campaign 80.8% had received one dose of measles vaccine, 18.8% had received two doses and only 2.4% had received three or more doses. The aforementioned reasons provided for not getting a child vaccinated call for more aggressive awareness and increase of outreach vaccination posts, the report of the survey noted.

The report finally recommended that routine services for immunization should be strengthened and reliable estimate of the target population and age-sex structure for the EPI program made. In addition, social mobilization should be scaled up in order to effectively use it to aware every household the importance of the immunization and conduct a follow-up campaign in the year 2008.

The report further noted that when conducting the campaign micro planning was conducted at levels with the involvement of local administrations and community leaders in which training was also part of the planning. Supervision activities were also reported to have been effective during the campaign, according to the report of the survey. Out of the 44 health workers interviewed 97.8% said that supervisory plans existed for the campaign and 100% reported that checklists for monitoring the activities at the vaccination posts were used.

Regarding the impact of the campaign on the routine immunization services, out of the 60 health workers asked 76% believe that the campaign would not have long term effect on routine EPI, while 6% expressed their concerns that communities may consider the campaign as a replacement for the routine.

About 19% of the health workers said that the campaign would have a positive effect as it increases public awareness on the advantages of immunization. On the contrary, 60% of the health workers interviewed felt that the campaign will have a short term negative impact in routine EPI. The staff shortage has forced the workers to reduce or totally close the service they used to render, including EPI.

United Nations' 61st Anniversary Celebrated in Eritrea

United Nations' 61st anniversary was commemorated colourfully on Tuesday 24 October, 2006 in Asmara, Eritrea at UN compound.

In his message, as read by Assistant Special Representative of Secretary General Ambassador Azouz Ennifar, the Secretary-General pointed out that some big steps have been made in development, security and human rights but there remains so much that still needs doing. Furthermore, the SG called for nations to stand and work together to fight and eradicate the problems of the world and urged the leaders to work with his successor "to make the UN ever stronger and more effective."

Mr. Macleod Nyirongo, UN Resident and Humanitarian Coordinator, after welcoming the participants reminded everyone that as a UN family all need to work together to help Eritrea.

To glorify the celebration several activities were staged. The ceremony started with a walk by a procession led by Ambassador Ennifar from UNMEE headquarters to the UN compound. The attendees were then entertained by performances by Jordanian battalion, Indian battalion pipe band, students from Asmara International and Sembel Junior and Secondary Schools, and Kenyan Guard and Admin Company.



UN Day Celebration in Pictures