



Press Conference

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Update on the State of Measles Outbreaks and Control Strategies in Zimbabwe

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In Partnership with:



This press conference is intended to provide an update on the status of measles outbreaks in the country. I will take you through the outbreaks response measures My Ministry has put in place, the identified gaps and challenges, and the strategies to deal with them. Finally I intend to appeal to all leaders and the population at large to support public health interventions that allow us to maintain health and prevent the spread of infectious conditions, and therefore reduce unnecessary suffering, disability and deaths from totally preventable disease.

Measles is a highly contagious viral illness spread by contact with an infected person through coughing and sneezing. An estimated 90 percent of people that come into contact with a measles case will become infected if they are not immunized. Of the measles cases, about 30 per cent will develop one or more complications, especially those under the age of five and above twenty years old. Malnourished children are more prone to developing severe complications due to measles.

Before the advent of vaccines, almost everyone got the measles, it was an expected life event. However, after the measles vaccine became available, the number of measles cases dropped by 99 percent, and the occurrence of measles outbreaks diminished drastically.

Zimbabwe, like other countries in the African region, introduced the Expanded Program on Immunization, (EPI) in the early 1980's. The success of this program in reaching all children had virtually eliminated such vaccine preventable diseases as measles, polio and neonatal tetanus. For these three diseases, Zimbabwe had achieved full control through sustained high vaccination coverages well above 80% and outbreaks of these had become very rare. The country has been implementing the case based surveillance system whereby each suspected case has to be actively followed up and reported. When decline in the vaccination coverage persisted due to the economic challenges that also resulted in weakening of the health delivery system and was worsened by outward migration of experienced health workers, the EPI program also suffered, as vaccination coverages dropped from the 90% of the mid 1990's to 70% and below as from 2006. Among the factors responsible for the decline in immunization coverage are the massive loss of health care workers who administer the vaccines, transport and fuel shortages to conduct outreach activities, cold chain failures due to erratic electricity supply, refrigerator breakdowns, and gas shortage. There has also been avoidance of the use of health services by the communities for several reasons, including religious groups that refuse children and women to be treated and allow just the men or leaders to be seen when sick.

Supplementary Immunization Activities (SIAs) were introduced in order to catch up on children who have been missed by the routine EPI program, and have been sustained as a way of reducing the accumulating pool of unvaccinated and therefore susceptible children. These SIAs include the Child Health Days, (CHDs), conducted twice every year, and the measles specific National Immunization Days, (NIDs) done every four years. The latter aim to mop up the estimated 15% of vaccinated children who fail to sero-convert (develop antibodies) to the measles. The SIAs therefore ensure these children are immunized before their numbers have accumulated to reach outbreaks threshold. In addition, the Reach Every District, (RED), approach

has been introduced in six districts in order to try and reach the hard to reach areas, and ensure every child in those districts is reached.

Despite all these strategies the country has back-slided from complete measles control, and the move to elimination, to a situation of experiencing persistent outbreaks of measles. Starting in early September 2009 to date, there have been reports of measles cases from all 8 provinces and major cities. As of 14 March 2010, a total of 1884 suspected cases, 329 laboratory confirmed cases, and 183 deaths had been reported from 45 of the country's 62 districts. The major cause of these outbreaks have been as I mentioned before, the increasing pool of unimmunized /measles susceptible children. The major contributor to this has been the open rejection to health interventions by Apostolics of the Johane Marange and Masowe Saturday Sects.

Response activities were instituted in all the affected areas by the Ministry staff with the support of partners. Among the emergency response activities were immediate treatment of sick children to alleviate symptoms and reduce the risk of blindness and death; active searches for sick children and vaccination to cover affected households/villages within each of the affected districts. At national level the response has been coordinated through a multi-sectoral National Measles Taskforce that was activated in January and will continue to operate till the outbreaks abate. A Rapid Assessment has been conducted by the Ministry of Health and Child Welfare and Health Cluster partners in all 62 districts with the aim of finding out more about the causes of the sustained outbreaks in order to inform the national strategy to address the problem. Findings from the rapid assessment point to the sad reality that some children in Zimbabwe have never been vaccinated or presented for growth monitoring. This has not only caused them to fall ill with measles, become blind or deaf or die from it, but has also affected their playmates or school mates who were vaccinated already and either fall ill or are subjected to extra vaccinations. It is therefore disheartening to note that some children have been denied the benefits of treatment when ill, and been prevented from receiving vaccination even when teams of health care workers visited the villages where burials were taking place and sick children had been reported. For this reason we have lost 183 children, and of the 1 701 cases who recovered we do not know how many may have complications and disability for life.

Because of the difficulties so far faced in dealing with outbreaks of measles, My Ministry has continued to work with our partners and communities since the beginning of the outbreaks in September. At this stage I am happy to say that we now have in place a measles control strategy that will address the problem of the outbreaks and strengthen the national program of immunization. I wish to take this opportunity to sincerely thank the WHO, UNICEF and all partners the hard work and support in conducting the assessment that now informs our national strategy to effectively contain the measles outbreaks and strengthen the routine program of immunization in order to reduce blindness and deaths among our children. The implementation of this strategy has necessitated the procurement of more vaccine and injection safety equipments to conduct a full mass immunization campaign in all 62 districts. This is a large scale program that even calls for more resources, and I appeal to all Zimbabweans to contribute to its success. We all have a role to play in saving our children the discomfort of illness and disability, and stop measles deaths.

I therefore call upon my fellow political leaders and all other community leaders to ensure their constituencies are involved in supporting and upholding the health of children, the communities to bring their children and encourage their neighbors to vaccinate their children. We must make sure that all eligible children are brought for the vaccination program. All our health partners are invited to support the strategy technically and financially, both in this campaign as well as in strengthening the national program of immunization.

My Ministry is mandated to keep the population of Zimbabwe in good health, and as custodians of child health and welfare, my heart bleeds when children die of preventable causes. For this reason from the 10th to 19th of May 2010, I need all children aged 6 months to 14 years to be presented at their nearest health facility or other designated vaccination point, with their record of previous vaccination if available, so that they catch up on their vaccinations and be counted among the healthy. These children are our future so let's make decisions that are in their best interest. We need to move forward and start gaining back on our health and development indicators which had greatly improved compared to other countries in Africa. I thank you.