

Measles hits 35 districts

By John Agaba

Measles, a highly contagious infection that mainly targets children causing fever, a dry cough, running nose and the very irritable reddish-brown rash in toddlers, has broken out in several regions across Uganda.

The health ministry said yesterday the infection – first reported in Kampala and Wakiso at the end of last year – had spread to as many as 35 districts.

The central region is the most hit, with cases reported in Kampala, Wakiso, Luwero, Lwengo, Kayunga, Butambala, Gomba, Mpigi, Mityana, Nakaseke, Lyantonde, Buvuma and Masaka.

In Busoga, it is Jinja, Kamuli, Iganga, Namutumba, Bugiri, Busia, Buyende, Luuka, and Kaliro.

The outbreak has also spread to Mbale, Butebo and Kibuku districts in the Bugisu region plus Kamwenge, Isingiro, Ibanda, and Hoima in western Uganda.

In northern Uganda, significant numbers of children in Arua, Adjumani, Amuru, Oyam, Kole and Lira districts have been hospitalised.

Dr Bernard Opar, the programme manager Uganda National Extended Programme on Immunisation, said the outbreak seemed to have started in Kampala and Wakiso before spreading to the rest of the country.

But in the districts closest to DR Congo and South Sudan, the UNEPI programme manager suggested the “lots of movement” in the areas, triggered mainly by refugees, was responsible for the outbreak.

“Kamwenge, Isingiro, and Hoima – most of these districts have refugee resettlements. It is the same thing with Arua and Adjumani,” the programme manager said.

Dr Oscar Kaliisa, the co-ordinator of the immunisation programme in western Uganda, said they registered a number of cases in the last two months but had contingencies and other supplies to control the situation.

Samuel Muhindo, the surveillance focal person for Kasese district, said they registered five positive cases in February this year. All were children. “We treated them,” he said.

He said they had heightened surveillance because of outbreaks in neighbouring districts.

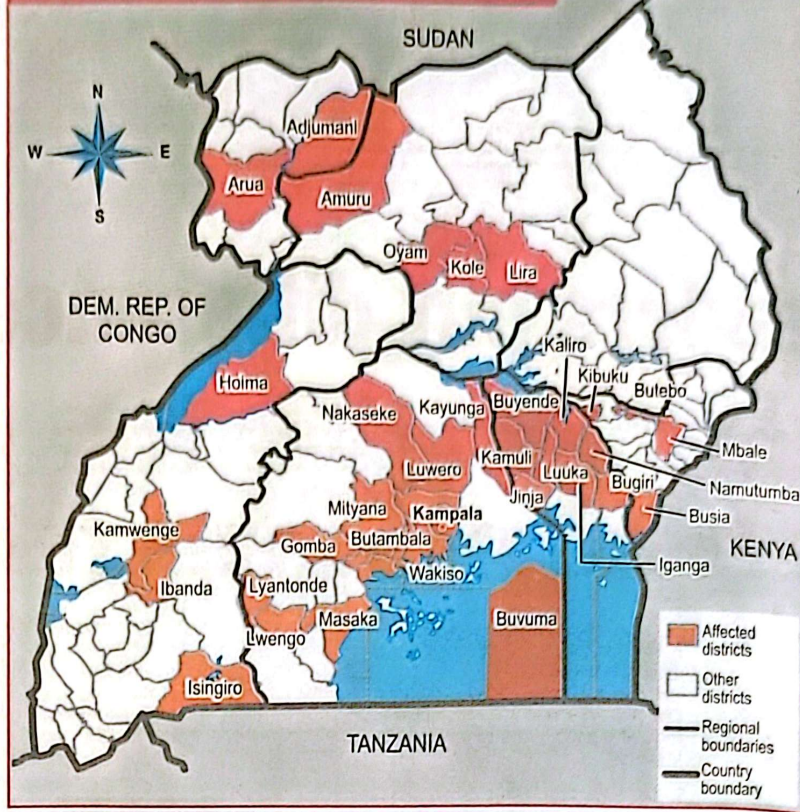
Measles is caused by the rubeola virus.

Symptoms may include a runny nose, dry cough, swollen eyelids and/or inflamed eyes which are also watery.

In other cases, the patient becomes sensitive to light. They start sneezing and may develop a reddish-brown rash.

Dr Opar said the disease is contagious for four days

Districts with Measles outbreak in Uganda



before the rash appears and it continues to be contagious for about five days after.

The infection spreads through physical contact with an infected person. Or being near them (infected people) when they cough or sneeze.

Touching of surfaces that have infected droplets of mucus and then putting fingers into the mouth or rubbing one's nose or the eyes can also spread the infection.

It can be treated using antibiotics and the eating of foodstuffs rich in vitamin A such as carrots, sweet potatoes, lettuce, etc.

ON THE GROUND

Dr Bernard Opar, the programme manager Uganda National Extended Programme on Immunisation, said the outbreak seemed to have started in Kampala and Wakiso before spreading to the rest of the country.

Patients suffering from measles tend to lose appetite, thus must feed well and so often, said the doctor.

But the best way (to stop infection) is prevention, through immunisation.

Dr Opar said the ministry planned to conduct a mass



Dr Diana Atwine

vaccination campaign (against measles). They are still lobbying for the “seven to 11 billion” they would need to execute the exercise.

He said the country last carried out a massive campaign against measles in 2015, the exercise they needed another country-wide exercise as soon as possible.

“The problem is that some parents are reluctant to take their children for immunisation. Despite our continuous sensitisation about the importance of immunisation. This makes us lag behind. We have the vaccine. Why don't they bring their children?” asked the programme manager.

“We need to vaccinate everybody so that we induce hard immunity to it.”

“Even if you have 100% coverage, there is a chance 5 to 15 cases will fail to get immunised.

Over a period, these numbers can accumulate and be enough to cause an epidemic” Dr Opar said, highlighting the importance for every mother taking their children to immunisation.

Health ministry reports show immunisation coverage against measles stands at 80%, of the desired 100%.

On refugees, he said they had started screening immigrant at entry points and they were immunising infants suspected to not have been protected.

Meanwhile, the ministry said it was frustrated by the young girls who took the first HPV vaccine shot to protect them against cervical cancer and didn't return for the second dose.

“They need to return and complete the dosage,” Dr Diana Atwine, permanent secretary at the health ministry, said.

“Partial protection is not enough. The idea is the body amasses enough defence to protect itself against these infections, not partial defence.” It is the same thing she said about the Hepatitis B vaccine.

The dosage is supposed to be taken in three phases: The first time, then at four and six weeks.