LIBERIA:

A MEASLES VACCINATION CAMPAIGN IN THE CONTEXT OF AN EBOLA OUTBREAK

DR. FRANCIS N. KATEH
Deputy Minister/Chief Medical Officer-RL

M & RI Meeting, Washington DC
September, 2015

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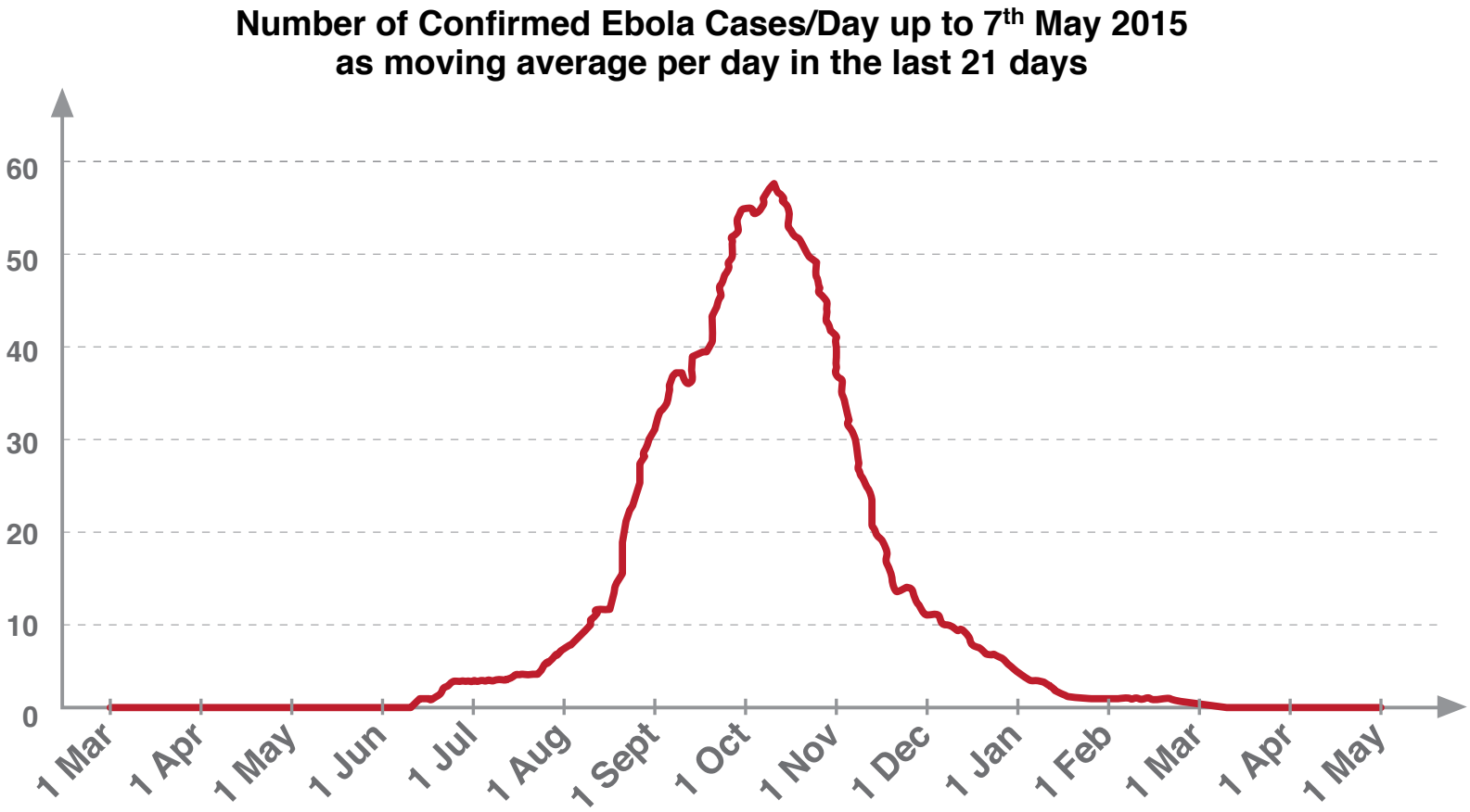
EBOLA EPIDEMIC CURVE- LIBERIA 2014-2015



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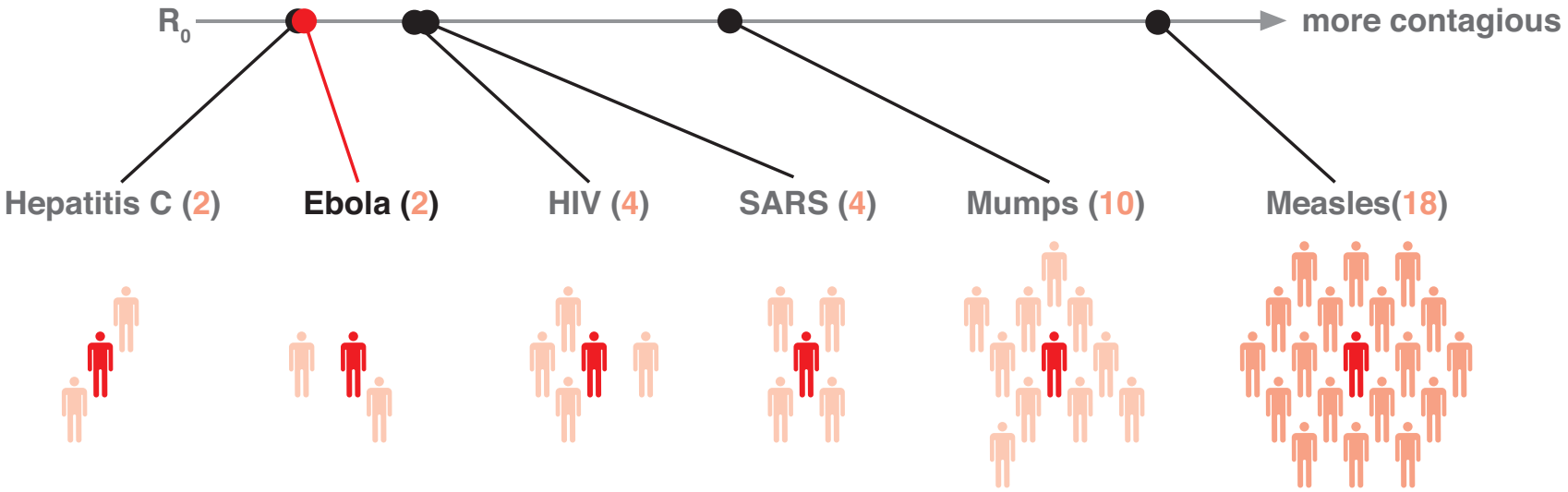
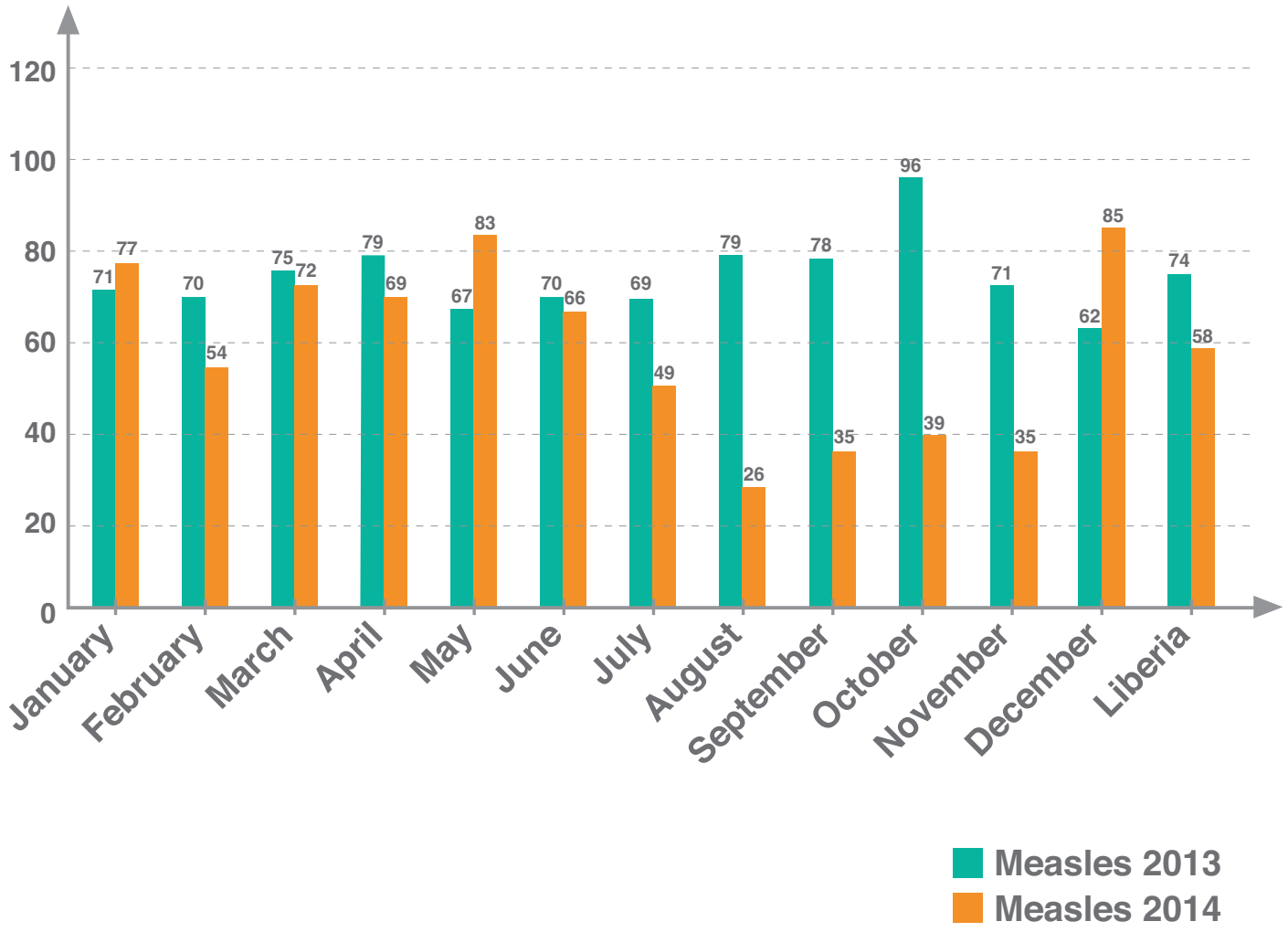
MEASLES IS MORE CONTAGIOUS THAN EBOLA

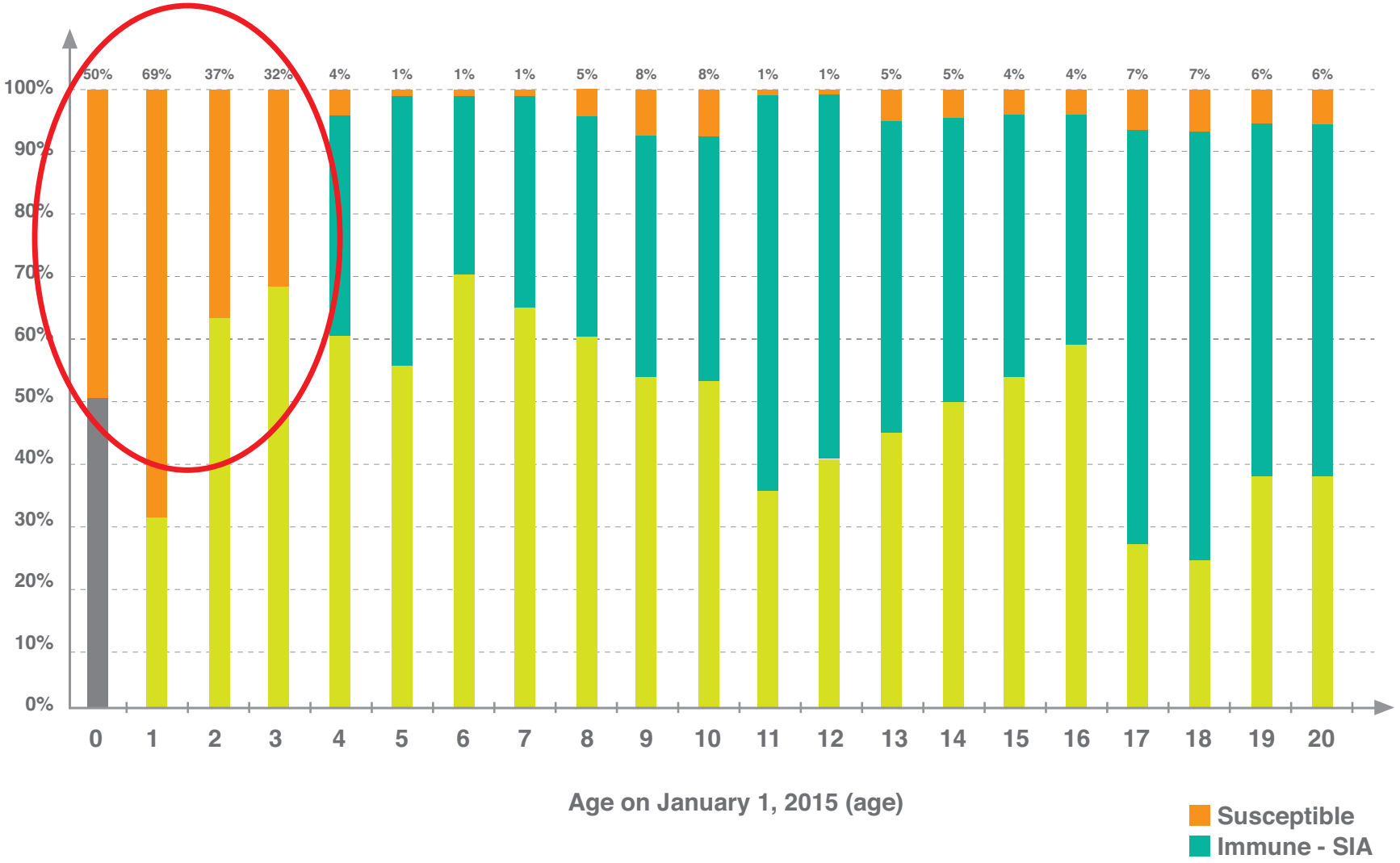
**The number of people that one sick person will infect (on average) is called R_0.
Here are the maximum R_0 values for a few viruses.**

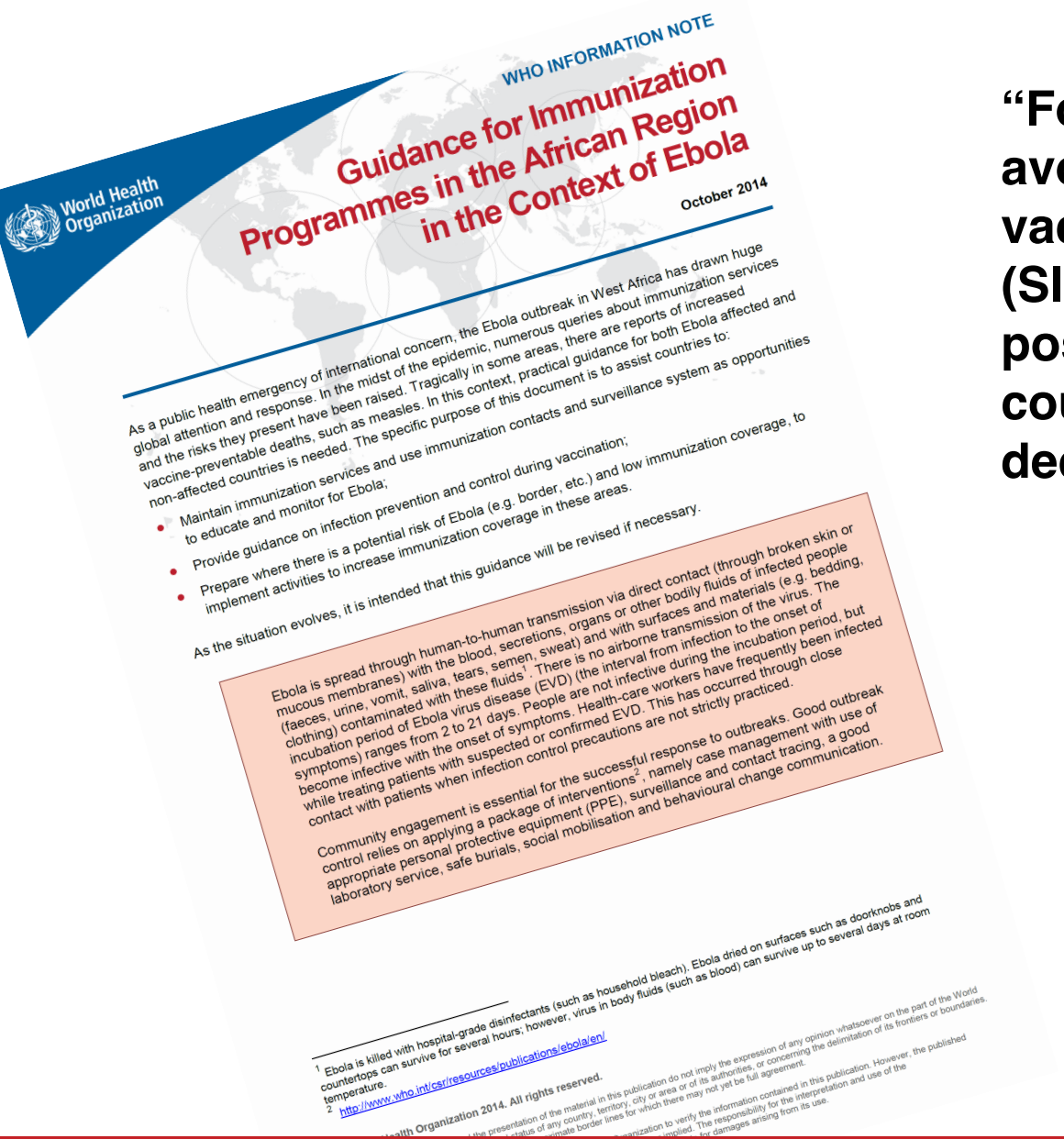


LIBERIA, MEASLES COVERAGE 2013-2014



MODELLING THE IMMUNITY GAP





WHO INFORMATION NOTE

World Health Organization

Guidance for Immunization Programmes in the African Region in the Context of Ebola

October 2014

As a public health emergency of international concern, the Ebola outbreak in West Africa has drawn huge global attention and response. In the midst of the epidemic, numerous queries about immunization services and the risks they present have been raised. Tragically in some areas, there are reports of increased vaccine-preventable deaths, such as measles. In this context, practical guidance for both Ebola affected and non-affected countries is needed. The specific purpose of this document is to assist countries to:

- Maintain immunization services and use immunization contacts and surveillance system as opportunities to educate and monitor for Ebola;
- Provide guidance on infection prevention and control during vaccination;
- Prepare where there is a potential risk of Ebola (e.g. border, etc.) and low immunization coverage, to implement activities to increase immunization coverage in these areas.

As the situation evolves, it is intended that this guidance will be revised if necessary.

Ebola is spread through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people (faeces, urine, vomit, saliva, tears, semen, sweat) and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids[1]. There is no airborne transmission of the virus. The incubation period of Ebola virus disease (EVD) (the interval from infection to the onset of symptoms) ranges from 2 to 21 days. People are not infective during the incubation period, but become infective with the onset of symptoms. Health-care workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

Community engagement is essential for the successful response to outbreaks. Good outbreak control relies on applying a package of interventions[2], namely case management with use of appropriate personal protective equipment (PPE), surveillance and contact tracing, a good laboratory service, safe burials, social mobilisation and behavioural change communication.

[1] Ebola is killed with hospital-grade disinfectants (such as household bleach). Ebola dried on surfaces such as doorknobs and countertops can survive for several hours; however, virus in body fluids (such as blood) can survive up to several days at room temperature.

[2] http://www.who.int/csr/resources/publications/ebola/en/

“For the time being, to avoid mass gatherings, vaccination campaigns (SIAs) are advised to be postponed until the country has been declared Ebola free”

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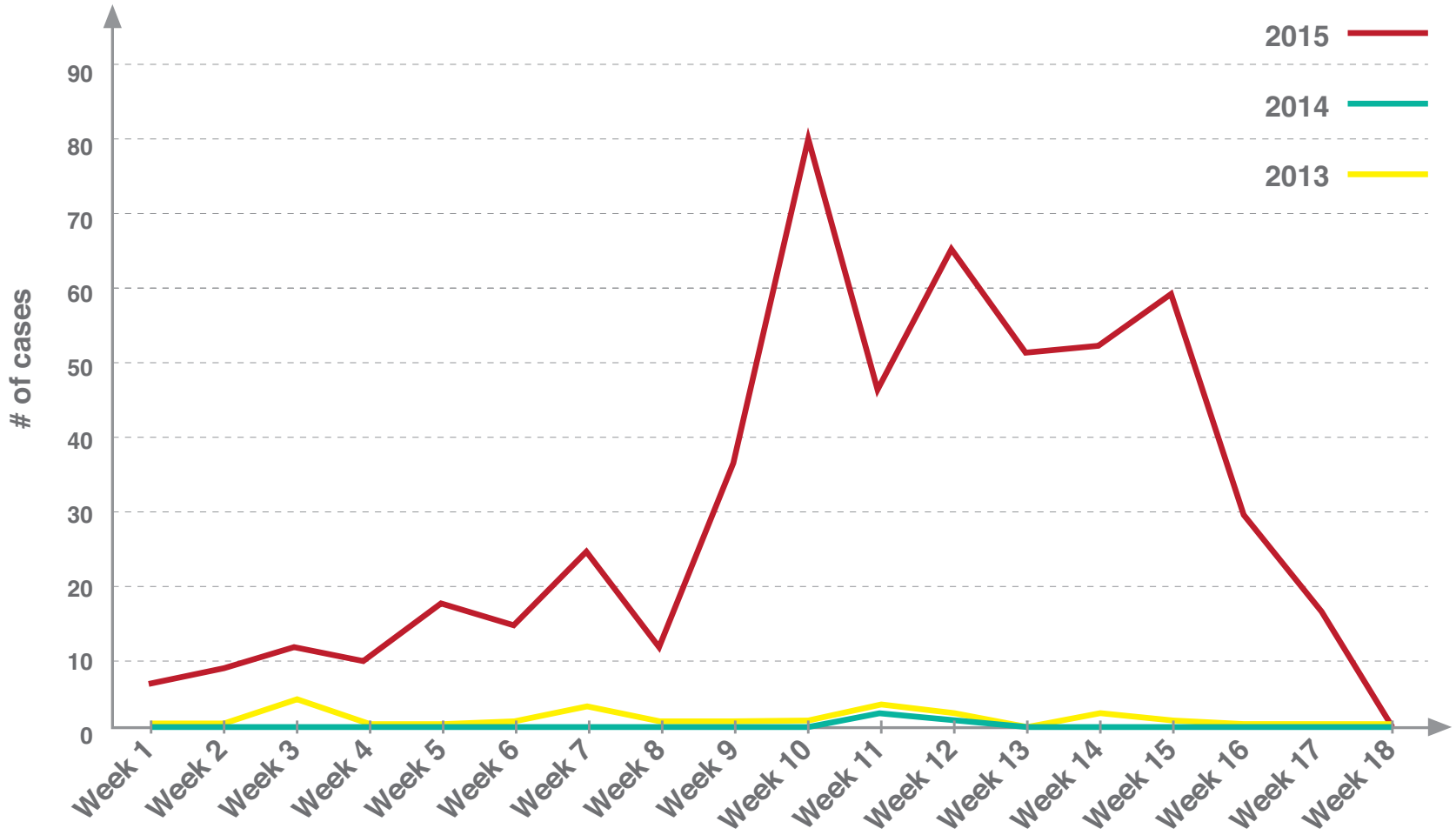
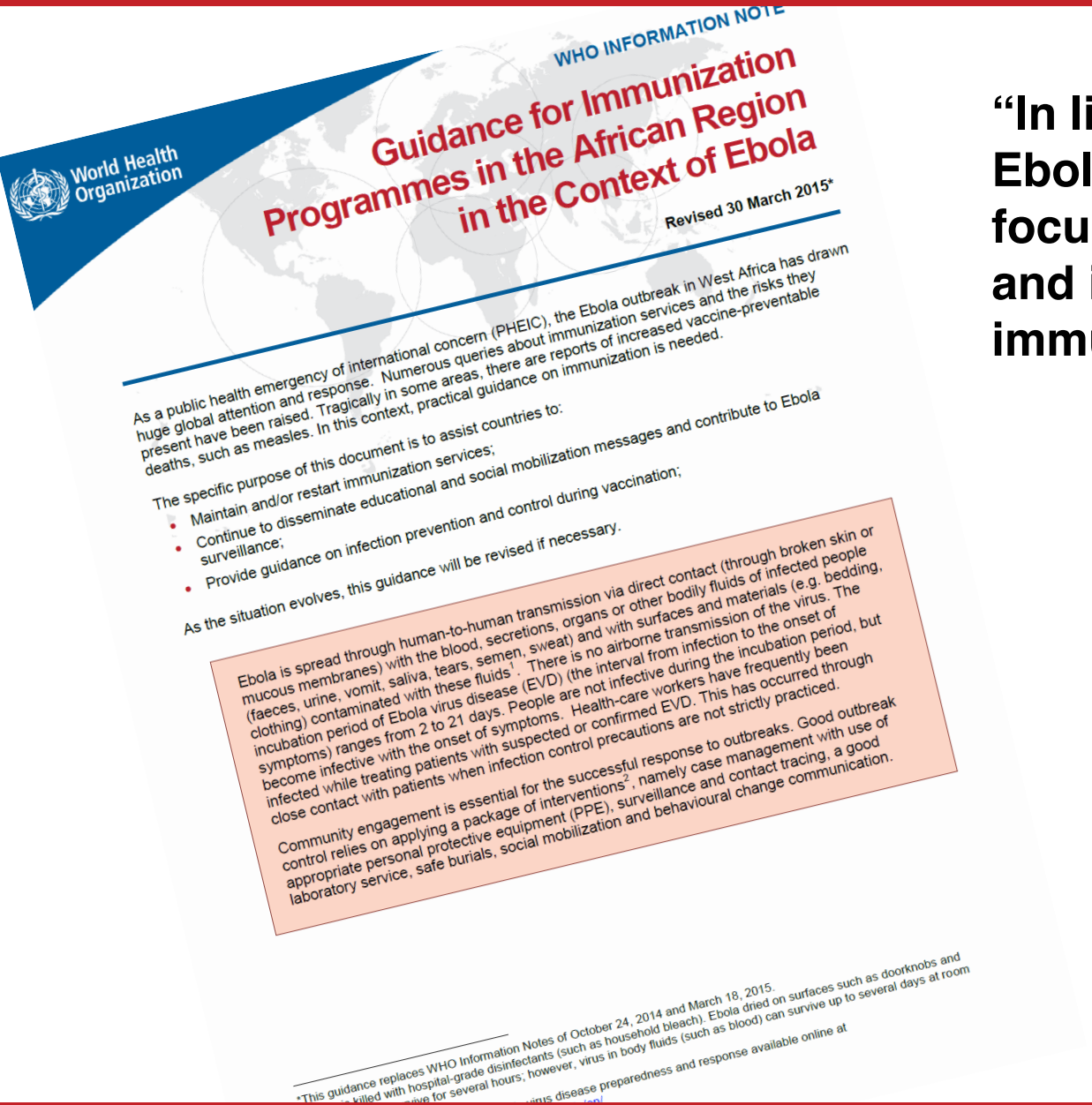
REPORTED MEASLES CASES BY WEEK OF ONSET 2013-2015




WHO INFORMATION NOTE

World Health Organization

Guidance for Immunization Programmes in the African Region in the Context of Ebola

Revised 30 March 2015*

As a public health emergency of international concern (PHEIC), the Ebola outbreak in West Africa has drawn huge global attention and response. Numerous queries about immunization services and the risks they present have been raised. Tragically in some areas, there are reports of increased vaccine-preventable deaths, such as measles. In this context, practical guidance on immunization is needed.

The specific purpose of this document is to assist countries to:

- Maintain and/or restart immunization services;
- Continue to disseminate educational and social mobilization messages and contribute to Ebola surveillance;
- Provide guidance on infection prevention and control during vaccination;

As the situation evolves, this guidance will be revised if necessary.

Ebola is spread through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people (faeces, urine, vomit, saliva, tears, semen, sweat) and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids[1]. There is no airborne transmission of the virus. The incubation period of Ebola virus disease (EVD) (the interval from infection to the onset of symptoms) ranges from 2 to 21 days. People are not infective during the incubation period, but become infective with the onset of symptoms. Health-care workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

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*This guidance replaces WHO Information Notes of October 24, 2014 and March 18, 2015.

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virus disease preparedness and response available online at

“In light of the decline in Ebola cases, it is urgent to focus efforts on restarting and intensifying immunization activities.”

TheScientist
EXPLORING LIFE, INSPIRING INNOVATION

Elevated Measles Risk in Ebola-Stricken Regions

Decreased vaccination rates could lead to a deadlier measles outbreak, according to a study.

By Jenny Rood | March 13, 2015

DFID, PETE LEWIS

Nearly all of the limited healthcare resources of Liberia, Guinea, and Sierra Leone were diverted last year to cope with the Ebola crisis, leading to a drop in vaccination rates that could portend bigger measles outbreaks in the future, according to a study published this week (March 12) in *Science*.

Each measles patient can transmit the disease to an estimated 12 to 18 people. To understand how a reduced vaccination rate might affect future measles outbreaks, researchers from the Johns Hopkins Bloomberg School of Public Health, Princeton University, Penn State University, and the University of Southampton modeled the impact of a 75 percent decrease in vaccination rate over 18 months of the Ebola epidemic.

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American Red Cross

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

UNITED NATIONS FOUNDATION

World Health Organization

unicef

Gavi
The Vaccine Alliance

THE WORLD BANK

MEDECINS SANS FRONTIERES

THE CARTER CENTER

USAID
FROM THE AMERICAN PEOPLE

COMMUNITY CONFIDENCE BUILDING

- 229, 031 house to house visits conducted by volunteers and town criers
- 5992 community leaders and 5840 religious and traditional leaders trained and engaged
- 2760 community meetings held
- Print: 35,000+ flyers distributed as well as 5678 posters and 60 banners
- 3 radio spots and jingles produced and aired repeatedly on 67 radio stations
- Orientation and training sessions were held for civil society organizations, media houses, community health workers and other stakeholders

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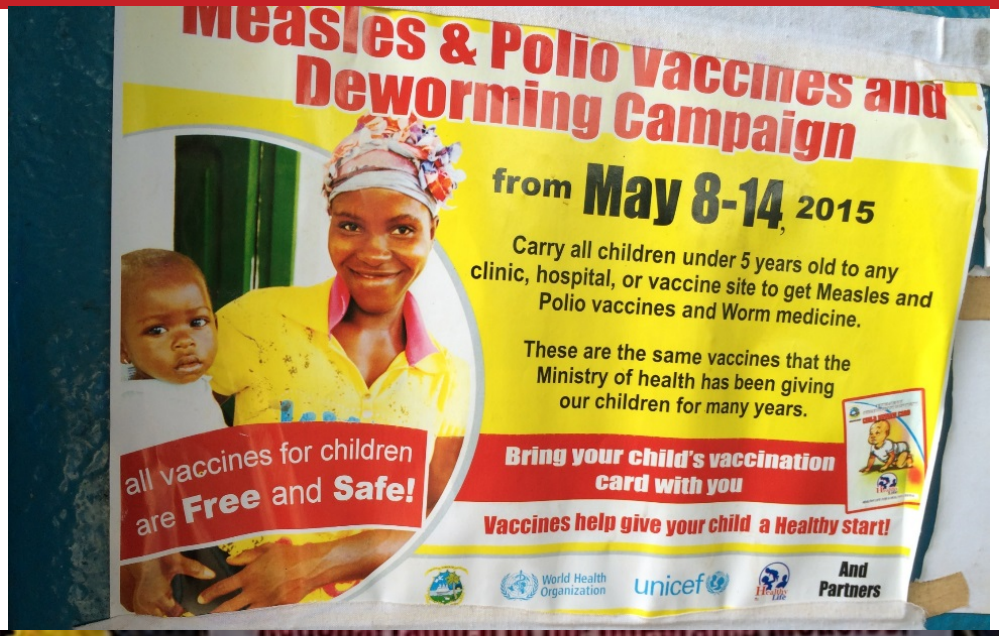
RESPONSE TO MEASLES OUTBREAK

CAMPAIGN ELEMENT	KEY ACTORS
General coordination & program management	Ministry of Health (EPI, HP/CHS, Nutrition
Policy guidance	WHO & CDC
Social mob and communication	UNICEF, Carter Center, Red Cross
Bundle vaccines (measles) and cold chain	UNICEF/World Bank & M&RI
Supplies orders & distribution	e-Health, UNICEF and CDC
Operational costs	UNICEF/World Bank
Technical support	WHO, UNICEF, CDC, USAID, Red Cross, CSOs, Carter Center, MSF France



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RESULTS – LIBERIA MAY 2015 MEASLES SIAS ADMINISTRATIVE AND SURVEY COVERAGE