

# INFORMATION BULLETIN



International Federation of Red Cross and Red Crescent Societies  
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## KENYA: MEASLES OUTBREAK

30 April 2006

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries.*

### In Brief

**This Bulletin (no. 1/2006) is being issued for information only, and reflects the situation and the information available at this time. The Federation is not seeking funding or other assistance from donors for this operation at this time.**

Activities undertaken are aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

#### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross/Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

### The Situation

One and a half million children are at risk of contracting measles after an upsurge of confirmed measles outbreaks in 39 districts in Kenya. Health institutions in the country are on high alert since the sudden increase in measles cases. The disease has been reported in North Eastern, Nyanza, Rift Valley and Nairobi provinces and there are fears that it could spread quickly to other parts of the country. [Click here to view the map of the affected areas.](#)

<sup>1</sup> Kenya Red Cross Society- refer to <http://www.ifrc.org/where/country/cn6.asp?countryid=93>

## **Kenya: Measles Outbreak; Information Bulletin no. 1/2006**

According to the Kenya Red Cross Society's (KRCS) head of Health and Social Services, Dr. James Kisia, the outbreaks can be attributed to the ongoing severe drought, low immunization coverage, a high rate of malnutrition among children, illiteracy and laxity among parents to take their children for immunization against the disease. The outbreaks have also been partly blamed on an increase in the number of unvaccinated visitors from neighbouring countries.

The national goal for accelerated control of measles in Kenya was to reduce related morbidity by 90% and case mortality by 95% by 2005. The country has put a lot of effort to achieve this goal by immunizing all children with one dose of measles vaccine before their first birthday through the routine Kenya Expanded Programme on Immunization (KEPI). Ensuring that children receive two doses of measles through both routine and supplemental activities has also reduced the number of confirmed measles cases. However, with an under-one-year population of 3.9 million, 1.75 million children have not been protected against measles and thus are susceptible to the virus. A national mass measles vaccination campaign scheduled for 2005 did not take place, thereby limiting the effort to combat the disease.

According to the Director of Medical Services, Dr. James Nyikal, as many as 35% of newborns are not being immunized, translating into 0.5 million unvaccinated children. It is reported that 20% of deaths among children under five are caused by measles. The measles vaccine is among the last to be given when a child is around nine months old. Despite free services and accessible facilities, many children have not been taken for vaccination, which puts them at risk of dying from preventable diseases. Dr. Nyikal noted that since October 2005, over 40 people, mostly children, had died from measles. Another 1,600 people (60% of them children) have been infected in the same period.

The situation per district is as follows:

- Nairobi: 16 children have died of measles since early April 2006 in the Kenyatta National Hospital (KNH). The hospital receives an average of 250 cases of measles every week. Measles cases were reported in Kayole, Kariobangi, Kibera and Komarock estates in Nairobi.
- Rachuonyo: In March 2006, measles claimed the lives of 7 children in Kakelo, Rachuonyo District. An unknown number fell ill.
- Mandera, Wajir, Garissa and Ijara: At least 25 people have died of measles in North Eastern Province with more than 400 others admitted to local hospitals. Cases of measles were reported in Lafey, Wargadud, Fino, Arabia and Umar Jilo in Mandera District. 5 people were reported to have died of measles in Wajir District, with Wajir South and Wajir West the worst affected. Other areas with measles cases include Garissa and Ijara districts.
- Other areas: Measles was also reported in Meru, Mombasa, Kakamega and Kangundo. Current statistics show that 30% of children have been immunized in these areas, far below the WHO standard of at least 95% coverage in any district.

### **Red Cross and Red Crescent action**

The KRCS will participate in the government-organized immunization campaigns in seven of the affected districts; Marsabit, Garissa, Wajir, Mandera, Tana River, Isiolo and Nairobi (Kibera). This first phase will act as an emergency response while the second phase, commencing in June 2006, will target children across the whole country.

More than 5,000 children aged between nine months to five years will be immunized in the first phase of a measles vaccination campaign from 29 April to 5 May 2006. According to the Government of Kenya, the two phases of the measles countrywide campaign are expected to cost CHF 9.54 million, with the first phase estimated to cost CHF 1.386 million.

Apart from measles, Kenya is facing a serious threat of polio as outbreaks have been confirmed in neighbouring countries, including Sudan, Ethiopia, Somalia and Eritrea. Polio immunization will be given to newborns and children under five years, alongside the measles vaccination. As part of the campaign, children undergoing the vaccination will also receive vitamin A supplements to strengthen their resistance against diseases. Residents of Isiolo District will, in addition to the measles and polio jabs, also receive long lasting insecticides treated mosquito nets (LLITN).

## **Kenya: Measles Outbreak; Information Bulletin no. 1/2006**

More than 500 KRCS volunteers from the affected areas, as well as programme officers from the national society's headquarters, will assist in social mobilization and other tasks assigned at the vaccination posts. The volunteers are 105 in Wajir, 38 in Marsabit, 89 in Garissa, 74 in Mandera, 107 in Tana River, 40 in Kibera and 61 in Isiolo. The social mobilization will be done through:

- Registering all children below five years in each household.
- Conducting house-to-house campaigns, advocacy meetings and awareness creation through local chiefs' meetings (barazas) as well as in churches and mosques.
- Distributing information, education and communication (IEC) materials.
- Disseminating ARCHI toolkit messages on measles, malaria and community disease prevention activities.
- Integrating social mobilization with food distribution.

In addition to available land cruiser vehicles, 16 trucks donated by the Norwegian Red Cross to the KRCS in response to the ongoing drought operation will be used during the pre-campaign social mobilization and during the actual campaign period. The national society will further participate in the second phase of a mass measles vaccination campaign in 18 districts countrywide in June 2006. This will be done through the active participation of the following KRCS branches: Baringo, Bureti, Busia, Kajiado, Kericho, Kilifi, Kisumu, Kwale, Lamu, Malindi, Mombasa, Mpeketoni, Nandi South, Nyeri, Rachuonyo, Siaya, Tana River and West Pokot.

### **Coordination**

The Kenya Red Cross Society is not new to the effort to reduce and/or control vaccine-preventable childhood illnesses. The Society has previously participated in National Immunization Days (NIDs) for polio eradication as well as in a mass measles campaign in six districts (Tana River, Nyeri, Nairobi (Kibera), Machakos, Garissa and Rachuonyo) in 2002. The 2002 campaign, which was the largest in Kenya, successfully reached 13 million children (97.9%) between the age of 9 months and 14 years with measles vaccines and vitamin A supplements. The national society has the ability to reach districts through its well-developed community-based volunteer network in 56 branches. The KRCS role in social mobilization is widely recognised and has several documented success stories. This is largely due to the involvement of a large number of volunteers who visit individual homes, usually speaking the local language.

The KRCS has participated in a similar exercise in collaboration with other partners such as the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the Ministry of Health. The national society is represented in the current National Steering Committee and in the Monitoring and Evaluation, Technical and Social Mobilization sub-committee of the Integrated Mass Measles Campaign— comprising of the UNICEF, WHO, KEPI, Centres for Disease Control (CDC) and other stakeholders. The role of the National Steering Committee is to decide on the general orientation, to adopt plans and to mobilize resources. The planning process allows for the elaboration of plans to be implemented by each district and estimates the needs for each district or region based on a frame elaborated at the national level.

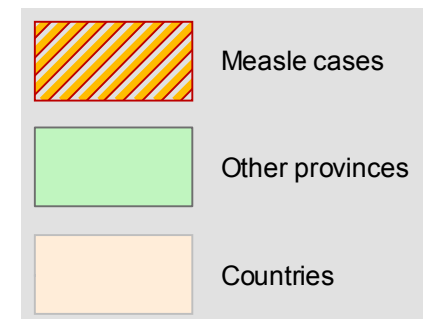
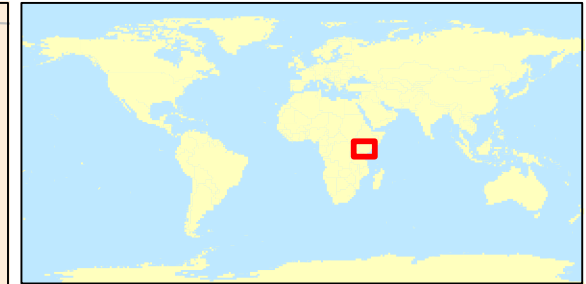
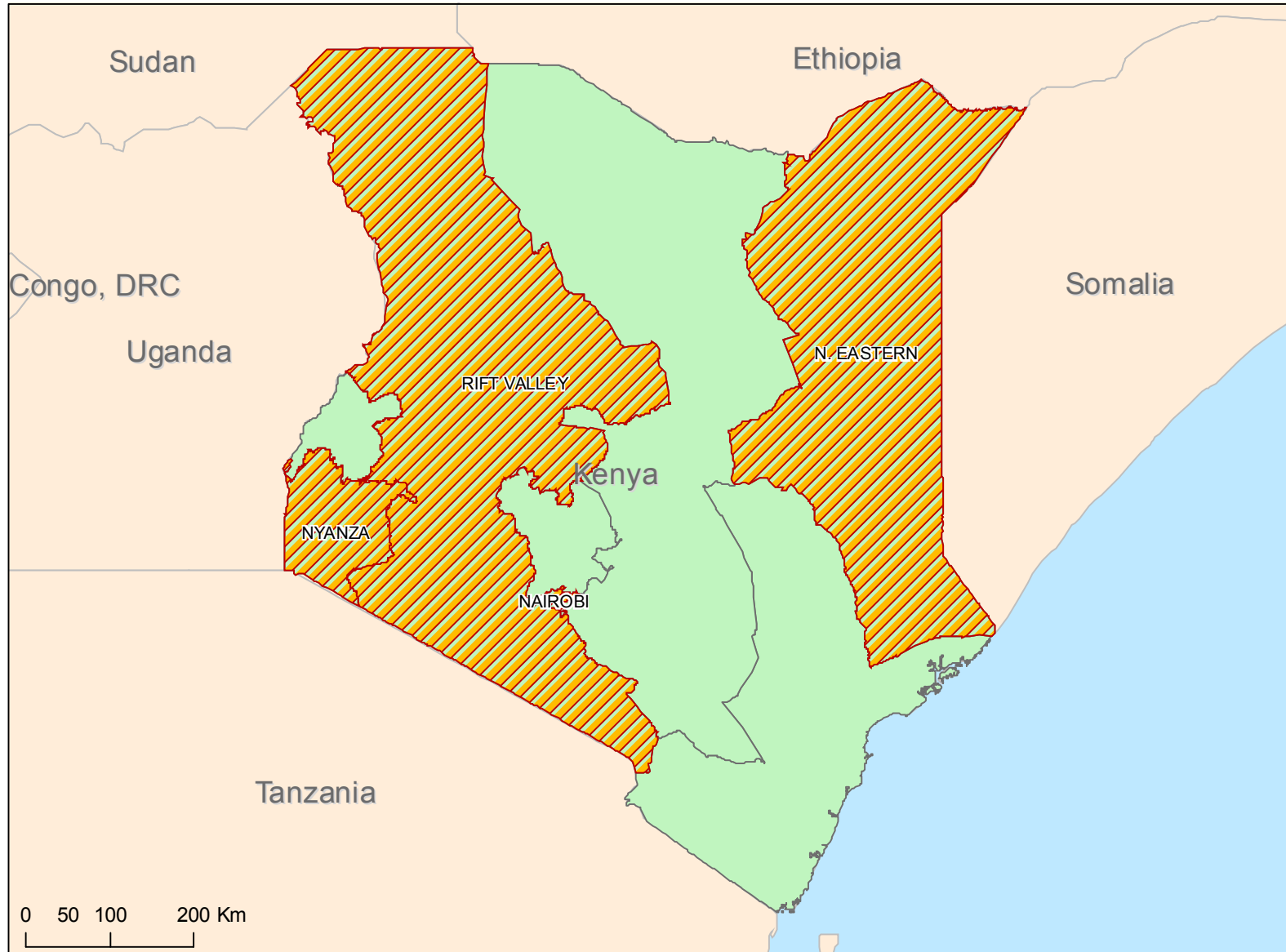
The KRCS has formulated administrative structures headed by a co-ordinator, based at the headquarters, with corresponding structures at the district level to plan and actualize the process. At the district level, the campaigns will be coordinated by the immunization's focal persons. The campaign will be implemented through a network of trained Red Cross volunteers assigned to the communities they come from.

UNICEF and WHO have pledged to provide technical support during the exercise with USD 3.3 million and CHF 720,000 respectively worth of materials and surveillance funds. The Kenyatta National Hospital has set aside a ward specifically to tackle all measles cases. The measles and polio vaccines, as well as the vitamin A supplement, will be made available in all government, missions and private health facilities. Several temporary vaccination points will be established, especially for communities living in hard-to-reach areas. Apart from the immunization programme, public health officials and hospitals shall also educate and reinforce the measles message, which is aimed at ensuring that all children, irrespective of age, receive all necessary vaccines to protect them against vaccine-preventable diseases.

*[Map below; click here to return to the title page or contact information.](#)*



# Kenya: Measles outbreak



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, Federation