



Ministry of Health

Statement to Parliament on Measles from The Minister of Health, Dr. the Hon. Christopher Tufton, MP Tuesday, April 23, 2019

Mr. Speaker, I wish to advise this honourable house and the people of Jamaica that the Ministry of Health is monitoring the island for imported cases of measles given the recent increase in cases in the United States and across the Region.

As at 30 March 2019, there were 3,674 suspected cases and 596 confirmed cases in the Region of the Americas with over 300 of the confirmed cases from the USA. In Europe, in January 2019, there were 881 cases of measles reported from 19 countries.



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Mr. Speaker, Measles is a highly contagious illness caused by a virus that replicates in the nose and throat of an infected child or adult. The virus circulates worldwide and approximately 90% of susceptible people (persons not vaccinated) who are exposed to someone with the virus will be infected. The last case of indigenous measles in the Caribbean and in Jamaica occurred in 1991.

Mr. Speaker, in order to stop the disease from spreading, 95% of children in Jamaica need to be fully vaccinated with the two doses- MMR1 at 12 months and MMR2 at 18 months.

There has been a decrease in uptake of the vaccines over the last few years, Mr. Speaker, and in 2018, Jamaica had 89% coverage of MMR1 and 82% coverage of MMR2.



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We are therefore appealing to all parents to visit the nearest health centre to ensure that their children are fully vaccinated as measles kills more children than any other vaccine-preventable disease. The vaccines can be had at all public health centres across the island free of cost.

Mr. Speaker, most cases of Measles are mild and symptoms usually appear 10-12 days after exposure to an infected person but may appear as early as seven days and as late as 21 days after exposure. Measles typically begins with a high fever, cough, runny nose and red, watery eyes.

Two or three days after symptoms begin, Mr. Speaker, tiny white spots may appear inside the mouth. Three to five days after symptoms begin, a rash breaks out, usually as flat red spots that appear on the face at the



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hairline and spread downward to the neck, trunk, arms, legs, and feet.

Small raised bumps may also appear on top of the flat red spots.

Mr. Speaker, I wish to advise this house, that the complications from measles include ear infection and diarrhea, while severe complications include pneumonia, swelling of the brain and death. Pregnant women may give birth prematurely or have a low-birth-weight baby.

In response to the increase in cases worldwide, Mr. Speaker, the Ministry, since the beginning of the year enhanced its response, including sensitization and training of approximately 60 healthcare professionals in the health regions in measles outbreak response, with mandatory training of rapid response teams across the island. Information relating to the revised target groups and parish coverage for



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MMR1 and MMR2 vaccines has been communicated to all parish health teams.

Additionally, Mr. Speaker, the Ministry is recirculating communication to sensitize doctors and other health professionals about the increased risk of measles importation and to heighten the index of suspicion for measles.

The communication is also a reminder to doctors and nurses regarding the surveillance protocol for fever and rash, including the importance of immediate Class I notification and sampling on first contact and prioritize vaccination of all children in the target group with two doses of MMR vaccine.



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Mr. Speaker, Vaccination Week in the Americas (VWA) will be celebrated in Jamaica from 27 April to 3 May 2019, which represents a great opportunity for Jamaica to protect its communities against measles transmission and to do its part to end the current outbreaks in neighbouring countries.

Mr. Speaker, this opportunity will be used to increase public awareness about measles prevention, promote vaccination and administer MMR vaccines to vulnerable groups.

In the event of an outbreak, Mr. Speaker, the Ministry of Health stands ready to:

- Activate the emergency protocol so there is continued coordination between the national and local levels



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- Identify migratory flows from abroad (arrival of foreign persons) and internal flows (movements of population groups), to facilitate access to vaccination services
- Increase vaccination coverage and strengthen epidemiological surveillance in border areas as is necessary
- Vaccinate at-risk populations (without proof of vaccination or immunity against measles and rubella)

Thank you.