

STATEMENT TO PARLIAMENT

BY

MINISTER OF HEALTH

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TUESDAY, JUNE 7, 2016

Introduction

Mr. Speaker, allow me to update this Honourable House on the present Zika virus situation, the expected effects on the population and some of the activities being undertaken by the Ministry of Health and its partners as part of the response.

Global Situation

Mr. Speaker, the latest World Health Organization (WHO) situation report indicates that as of June 1, 2016, 60 countries and territories have reported Zika transmission; Forty six (46) countries are experiencing a first outbreak of Zika virus since 2015, with no previous evidence of circulation, and with ongoing transmission by mosquitos. As of June 1, 2016, microcephaly and other central nervous system malformations potentially associated with Zika virus infection or suggestive of congenital infection have been reported by eleven countries or territories.

Thirteen countries and territories worldwide have reported an increased incidence of Guillain-Barré syndrome (GBS) and/or laboratory confirmation of a Zika virus infection among GBS cases. Based on research to date, there is scientific consensus that Zika virus is a cause of microcephaly and GBS. Given the foregoing, the WHO has advised that vigilance in countries remain high for Zika.

Mr. Speaker, you may recall that on February 1, 2016 the World Health Organization (WHO) declared Zika virus a Public Health Emergency of International Concern. This designation is reserved for public health crises which will have global reach. Mr. Speaker, to demonstrate the significance of this, there has been only four other such designations in recent times: Influenza

A(H1N1) in 2009, the resurgence of polio in 2014 after its near global eradication, Ebola in 2014 and now Zika in 2016 because of the lasting and impactful effects it can have especially on newborns.

Zika Virus in Jamaica

Mr. Speaker, of note is that the breeding of the *Aedes aegypti* mosquito responsible for the transmission of the Zika, chikungunya and dengue viruses is at high levels across the island. As at May 29, 2016 the Ministry of Health received reports of two thousand one hundred and sixty six (2,166) notifications for Zika. One thousand five hundred and nineteen (1,519) of these fit the case definition for Zika and were classified as “Suspected Zika fever”. We have received the highest number of notifications from Kingston and St. Andrew (653) followed by St. Catherine (620).

Of the seven hundred and eighty seven (787) which were tested, four hundred and eight (408) results have been received of which twenty-one (21) were positive for Zika virus. Two of the 21 confirmed positive are pregnant women who will be continuously monitored.

As we have been pointing out Mr. Speaker, we estimate that the number of confirmed cases is just a small portion of what is actually the reality in terms of the persons who could possibly be infected. The WHO indicates that as much as 70% of the population of a country may be infected over-time. However:

- ✓ Only one out of four of the infected persons will have symptoms.
- ✓ Up to fifty percent (50%) of symptomatic persons may be sick enough to need to see the doctor.
- ✓ Fewer still of those infected who visit the doctor will have their blood taken in order to confirm Zika virus infection.
- ✓ Of the persons who are ill only about 1 in 1,000 may have severe symptoms.

Mr. Speaker, I have been personally hearing reports of several Jamaicans presenting with a rash suspected to be Zika and I am sure my Parliamentary colleagues know of constituents who have been affected – especially those in Kingston, St. Catherine, Westmoreland and Clarendon. I

assure you that we are investigating and urge doctors to continue to ensure that we get the reports on suspicion.

Complications

Mr. Speaker, the two (2) main possible outcomes of Zika that are of concern at this time are microcephaly and Acute Flaccid Paralysis - under which GBS falls. So far we have had no confirmed case of Microcephaly or GBS linked to Zika virus. We have had one (1) case of microcephaly reported which was investigated and found to be negative for Zika. We are currently managing seven (7) cases of GBS; three (3) at Spanish Town Hospital, three (3) at KPH and one (1) at UHWI. Results as at June 1, 2016 showed that the patient at UHWI and two of the patients at Spanish Town Hospital are Zika negative.

Since the start of the year we have been actively searching for cases of GBS and we have so far investigated thirteen (13), six (6) of which also tested negative for Zika virus infection. I must point out however, that a negative Zika test does not absolutely rule out Zika association due to the short window of 3 to 5 days for testing.

Preparation of the Health Sector

Mr. Speaker, we have been preparing the sector for any increase in these severe forms of the illness:

- The health practitioners in the public and private sector have been informed and we have been working very closely with them.
- Clinical guidelines have been provided and are available on our website.
- We have in stock adequate supplies of the requisite medication to appropriately treat all forms of Zika manifestation.
- We are preparing our Intensive Care Units and High Dependency areas at hospitals
- We will be getting additional ventilators, will procure more and make repairs to others that are not presently functioning.
- We are using our existing systems under the very successful Prevention of Mother to Child Transmission Programme to monitor pregnant women and their babies in our clinics. This model has worked well over the years and the staff is already trained in this regard.

Public Health Response – Phase 2

Mr. Speaker, we will continue our drive for the full participation of every segment of the society as we seek to reduce the impact of the Zika virus on individuals, communities, health and other sectors, productivity and the workplace as well as the economy. In the second phase of our response we will focus on several measures which will emphasize partnerships to increase community based interventions and individual responsibility.

As part of this we will be:

- Providing 20,000 bed nets over six months to all pregnant women who visit our antenatal clinics. These have been provided by Food for the Poor. Food for the Poor has also provided paracetamol and fogging machines to the Zika response.
- Carrying out Vector Control activities through ‘fogging’ and larvicidal activities
- Working with the Ministry of Agriculture and Fisheries to re-institute environmental control strategies through the use of tiki tiki fish in large containers that store water such as tanks to prevent mosquito breeding. These will be made available through the Rural Agricultural Development Authority (RADA).
- Conducting Heightened House to House Surveillance in sections of the population where the infection has been notified and/or confirmed.
- Working with international partners such as PAHO/WHO, CARPHA and CDC to ensure that our actions are aligned with international standards and best practices.
- Working closely with the private sector and charitable organisations.

Participation of Members of Parliament

Mr. Speaker, I have already written to my colleague Members of Parliament to request their participation in the Zika response programme. In this regard, the Ministry of Health through the National Health Fund will be providing one million dollars to each MP to support Zika activities at the constituency level. The funding will be channeled through the Ministry of Local Government and Community Development and will be available as at July 1, 2016. The money is to support interventions through to the end of August 2016 and activities are to focus on high risk areas. Mr. Speaker a breakdown of how the funds will be used is as follows:

- ✓ Training of one thousand (1000) community workers through the HEART Trust/NTA under the guidance of the local Medical Officer of Health. This training will utilize some modules from the existing Community Health Aides Manual. We expect that this formal training will allow us to have a core group of persons that we can call upon for similar activities in future. These workers will be employed for six weeks beginning July 1, 2016.
- ✓ Facilitate community and town hall meetings working through agencies such as the Social Development Commission, Neighbourhood Watch and other community based organisations. This will begin in two weeks. We will be partnering with the private sector on this initiative.
- ✓ Undertake vector control activities at the community level with the aim of reducing mosquito breeding sites.
- ✓ Disseminate education material.

Mr. Speaker, I have asked each Parliamentarian to equally match our support by allocating one million dollars from their CDF to ensure a more robust and intense intervention to control this outbreak.

Public Education & Health Promotion Activities

Mr. Speaker, as you know, the unborn child is at risk of developing microcephaly once the woman has been infected with Zika virus while pregnant. As part of the second phase of our public education activities we will be placing more emphasis on pregnant women, their partners and those who develop severe disease such as GBS while we continue to engage the population and stress the importance of taking personal responsibility. In this regard will:

- Host island-wide education sessions.
- Disseminate prevention messages from our Zika ambassadors.
- Use the winners of our zika jingle competition to spread the message to school children and communities.
- Continue working with Health and Family Life Education (HFLE) teachers to institutionalise environmental health practices through the schools' curriculum.

- Mr. Speaker, as part of our focus on schools we will also be launching another competition to encourage primary age students to observe proper environmental health practices through the development of a poster and a journal that records their efforts at reducing mosquito breeding around their homes. We expect that this will be done as a summer project.
- Enhance Risk Communication/Public Education through various media and fora including town hall meetings in high risk and other communities.
- We have already started another phase of our mass media campaign.
- Develop and print additional Information, Communication and Education material.
- Continue our online interventions through social media and our website.

Given the fact that 45 to 55 gallon drums used to store water for domestic use are among the main breeding sites, we will be focusing on how persons can deal with these containers. With the assistance of Food for the Poor, we will provide 50,000 drum covers which will be distributed to high risk communities. We will also have dialogue with the private sector to see how we can have these drum covers manufactured and made available through hardware stores.

Mr. Speaker, we seek to promote the following behaviours and will target householders in particular:

- a. Ensure that drums used for storing water are tightly covered with plastic or mesh.
- b. Ensure that your open drums that are used to collect water are treated once per week with three drops of cooking oil to form a film over the water to kill mosquito larvae.
- c. Look around your home, school, workplaces, church once per week for at least ten minutes at a time for any container that can hold water and dispose of it, punch holes in it or keep it dry.

Conclusion

Mr. Speaker, everyone must understand that we are all at risk of Zika infection. The *Aedes aegypti* mosquito that spreads the virus lives here with us. This means that we all have to take action not only to reduce breeding but also to protect ourselves from mosquito bites. June 1,

2016 marked the official start of the hurricane season which is also the rainy season. Already we have been getting increased rainfall which has resulted in an increase in the mosquito population.

We must all therefore take responsibility for safeguarding our health by protecting ourselves from mosquito bites and really focusing on reducing mosquito breeding sites in our surroundings.

I thank all the public and private sector partners who have come onboard with us as we all work together to secure the health of our families and this nation.

Thank you.