

MEASLES IMMUNISATION COVERAGE: A SURVEY OF ABAQULUSI SUB- DISTRICT OF KWAZULU-NATAL

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Background

- ❑ Measles is a highly contagious vaccine-preventable disease
 - ❑ Responsible for about 2 million deaths annually.
 - ❑ Sub-Saharan Africa: 500 000 deaths.
 - ❑ SA: 720 confirmed cases in 2004, 564 confirmed cases during first 5 months of 2005 (NICD,2005)
- ❑ Abaqulusi sub-district reported 100% vaccination coverage rate in 2004, yet experienced a measles outbreak

Aim

- ❑ To investigate coverage of measles vaccination (1st & 2nd doses), and
- ❑ to compare findings with official coverage data (District Health Information System), in the Abaqulusi sub-district.

Methods

- ❑ WHO "30 by 7 cluster survey" (7 mothers in 30 clusters)
- ❑ 210 mothers of children 35-45 months old
- ❑ Structured questionnaire:
 - Access to immunisation centres.
 - Vaccination status (1st & 2nd doses).
 - Distance covered to immunisation sites.
 - Possession of RTHC.
- ❑ Questionnaires administered by trained Community Health Workers.

Methods cont....

- Permission:
 - KZN Provincial Health Authorities.
 - REPC of NSPH.
- Informed consent:
 - Participants.

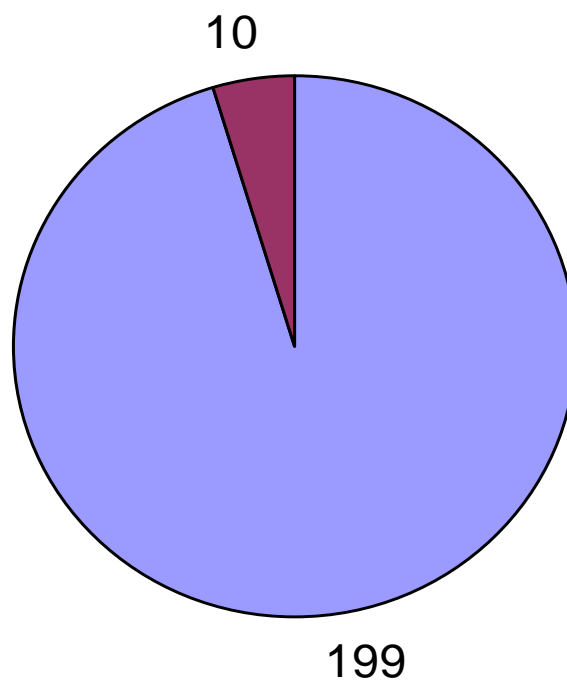
RESULTS: AGE OF CHILDREN AT FIRST IMMUNISATION (n=185)

Age (Months)	Frequency	Percentage
9	179	96.8%
18	5	2.7%
24	1	0.5%
Total	185	100.0%

RESULTS: AGE OF CHILDREN AT 2ND IMMUNISATION (n=125)

Age (months)	Frequency	Percentage
18	122	97.6%
24	3	2.4%
Total	125	100.0%

CHILDREN IN POSSESSION OF RTHCs



■ Yes ■ No



RESULTS: DISTANCE COVERED BY RESPONDENTS.

Distance	Frequency	Percentage
0-5km	84	40.0%
6-10km	88	41.9%
11-15km	34	16.2%
16-20	2	1.0%
> 20km	2	1.0%
Total	210	100%

COVERAGE

- ❑ 87.3% (179/205) of the children received the first dose of vaccination at 9 months
- ❑ At 18 months 69.7% (122/175) had been administered with the second dose.
- ❑ These data were confirmed using the RTHCs
- ❑ Official coverage (DHIS) rate stood at 96.2%(4381/4553) & 74.2%(3699/4983) for the 1st and 2nd respectively.
- ❑ Comparison of DHIS to this study: Statistically significant difference between the first dose ($p=0.000000$), but not the second dose.

CONCLUSIONS

- Outbreak in the sub-district in 2004 may have been due to lower immunization coverage for the first dose than reported by DHIS.

SIYABONGA

- I salute all health care professionals in the fight against communicable diseases.
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