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Uganda conducts preventative Polio immunization campaign

The Ministry of Health with support from the World Health Organization (WHO) and United Na Children's Fund (UNICEF) conducted a three-day preventative house-to-house polio immunization campreaching 5,570,000 children below the age of five in the 73 selected high-risk districts in Uganda.

The campaign was done to vaccinate all children under five years of age whether previously immunizent, with Oral Polio Vaccine (OPV) drops in the mouth, and achieve at least 95% coverage for vaccinati the selected districts.

The campaign covered 73 high-risk districts including Adjumani, Agago, Alebtong, Amolatar, Amuru, *A* Arua,Budaka, Bududa, Bugiri, Bukwo, Bulambuli, Buliisa, Bundibugyo, Busia, Butaleja, Buyende,Dokolo, Hoima, Iganga, Isingiro, Jinja, Kaabong, Kabale, Kabarole, Kaliro, Kampala, Kamuli, Kamwenge, Kanı Kapchorwa, Kasese, Kibaale, Kibuku, Kiryandongo, Kisoro, Kitgum, Koboko, Kole, Kween, Kyegegwa, Kyeı Lamwo, Lira, Luuka, Manafwa, Maracha, Masindi, Mayuge, Mbale, Moyo, Namayingo, Namatumba, N Ntoroko, Ntungamo, Nwoya, Otuke, Oyam, Pader, Pallisa, Rakai, Rukungiri, Sironko, Tororo, Wakiso, Yu Zombo, Kagadi, Kakumiro, Omoro and Rubanda. The districts were selected based on the low ro immunization uptake, suboptimal polio surveillance indicators and areas hosting refugees. The cam_i also provided an opportunity to sensitize communities on Acute Flaccid Paralysis surveillance and a same time identify and investigate any unreported suspected cases of polio.

The National Professional Officer/ Routine immunization at WHO, Dr Emannuel Tenywa highlighted importance of the immunization exercise and said it was important to prevent the occurrence of a outbreak in the country. He also added that extra focus was put on the hard to reach populations to er they were not left out. "Previously, there was low immunization coverage on the lake shore areas and isla

but we are ensuring that this is addressed and no one is left out", he said.

Dr Tenywa added that this was a supplemental campaign, and did not replace the routine immuniz schedule.

During the house-to-house campaign, the vaccination team comprising of one health worker, one I Council (LC1) or Village Health Team member moved door to door to administer the Polio vaccine v was given by putting two drops in the child's mouth.

During the support supervision exercise, WHO staff observed that some districts had fewer vacual allocated than the district population. This was as a result of providing vaccines to homes that were ou their boundaries, an issue the Ministry of Health committed to addressing.

Further to this, there were pockets of resistance to the campaign due to cultural and religious belie some districts, but with the assistance from the local council leadership and police as well as sensitizathe resistance was resolved and children were vaccinated. This was a result of sub optimal s mobilization prior to the exercise more so in the urban centres.

This preventive vaccination campaign was worth 7,357 billion Uganda shillings and was supported funds from Government of Uganda, World Health Organization and UNICEF.

The effort to eradicate polio internationally is spearheaded by the Global Polio Eradication Initiative, a piprivate partnership led by national governments with five partners – the World Health Organization (W Rotary International, the US Centers for Disease Control and Prevention (CDC), the United Nations Chilc Fund (UNICEF) and the Bill & Melinda Gates Foundation. Since its formation in 1988, the partnership prevented over 16 million cases of polio paralysis. The last imported polio case in Uganda was in Nove 2010 in eastern Uganda.



(http://www.afro.who.int/sites/default/files/2017-09/WHO_2179_0.JPG)





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For Additional Information or to Request Interviews, Please contact:

Mwebembezi Edmond Public Information Officer Tel. : +256 414 335569 Cell: +256 782 962674 Email: mwebembezie@who.int (mailto:mwebembezie@who.int)

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