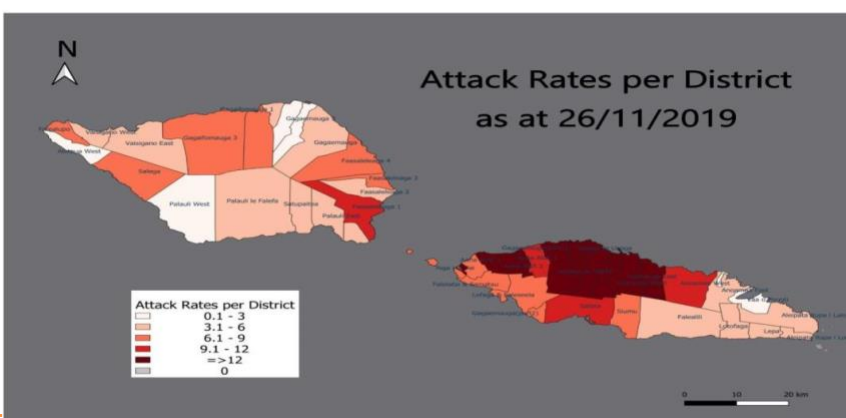
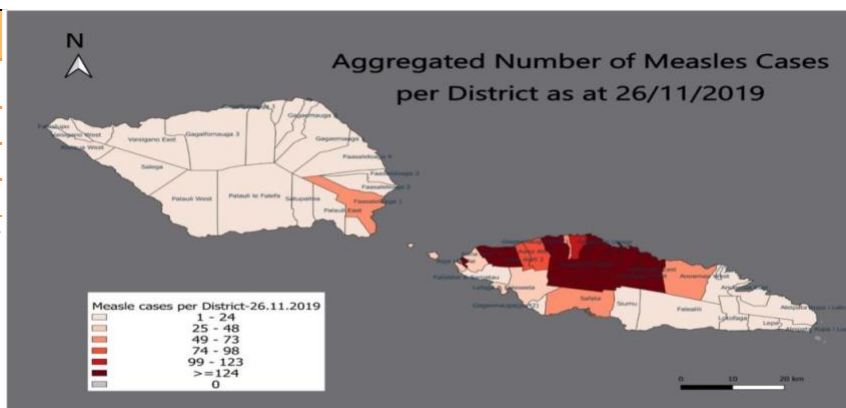


Country:	Samoa
Crisis:	Measles outbreak
Covering period:	16 Oct – 28 Nov 2019
Crisis Location:	Upolu and Savaii islands
Date issued:	28 November 2019
Contact Name(s):	Saira Shameem, Deputy Director shameem@unfpa.org Ana-Maria Leal, Humanitarian Specialist leal@unfpa.org



1 Situation overview

Since 2017, a global resurgence of measles cases has been affecting all regions of the world. In the Asia Pacific region, outbreaks and clusters of measles cases are being reported from countries where measles has been eliminated, including Australia, Japan, New Zealand, Republic of Korea, as well as higher incidence in endemic countries such as Lao PDR, Malaysia, the Philippines, Thailand and Vietnam. As of early 2019, Samoa, Tonga and Fiji have started reporting measles cases.

The Samoa Ministry of Health declared a measles outbreak on 16 October, following which a state of emergency was declared on 15 November. As of 28 November there are 2,936 confirmed cases with 250 new cases in the last 24 hours. To date, 41 patients with measles have died, and most were young children. Hospital admissions for confirmed cases are increasing on a daily basis, including critically ill children in the ICU and pregnant women, and additional beds are urgently needed to manage the overflow. The population of Samoa is approximately 197,000 and this level of morbidity and mortality is therefore critical.

The outbreak is affecting most parts of the country, which at the onset of the outbreak had an overall measles vaccine coverage of around 30% (compared to 84% four years ago). After the deaths of 2 infants in July 2018 shortly after receiving the measles vaccine, which was attributed to incorrect administration by medical personnel, vaccination rates drastically dropped across the country.

A country-wide measles vaccination campaign began on 20 November, targeting children aged 6 months to 19 years, and non-pregnant women 20 to 35 years. To date 24,000 individuals in both Upolu and Savai'i islands have been vaccinated, with mobile outreach teams and vaccine tents continuing these efforts.

Shortages in institutional capacities to respond to the outbreak persist. Management of the vaccination process, medical records and existing health infrastructure remain challenging. Proper planning, including procurement as well as outreach and post-outbreak monitoring, is immediately needed due to persisting limited capacities in the health system of Samoa.

There is a major increase in demand on equipment, consumables, facilities and staff. Additional spaces have been created to meet the growing demand for intensive care and isolation wards.

2 Humanitarian Needs (Population/ Vulnerable Population/ Displaced Population)

Based on estimates from the Census and other government data, there are 44,286 women in Samoa that are currently of reproductive age, of whom 9,067 are estimated to be pregnant and require medical assistance for safe delivery of an estimated 2,148 babies over the next three months. Approximately 15% of women delivering may likely face obstetric complications that may include C-sections.

The government has prioritised non-pregnant women aged 20-35 years old for vaccination and these women will need access to condoms and other family planning methods to prevent pregnancy within the four-week contraindicated period. There is increased need for antenatal management and psychosocial support to women who are pregnant and test positive for measles.

Health systems resources have been stretched to their limit in many sites and is negatively impacting reproductive and maternal health care, including capacity to offer safe deliveries.

The strain on health services to respond to the epidemic risks also crowds out essential maternal and reproductive health services for women of reproductive age without measles, impacting on access to care and increasing potential risks of morbidity and mortality.

Sexual and Reproductive related Health Indicators



44, 286

women of reproductive age
(15-49 years old)



9,067

Pregnant women



2,148

Babies anticipated to be born
in the 3 months period since
onset of the measles out-
break

3 Government, UN and other Stakeholders' response

Samoa activated its Health Emergency Operations Centre which meets daily for health sector coordination and provides updates on the situation.

Under the new orders of the State of Emergency, the Government has made vaccination mandatory for priority groups. Under the national orders, other restrictions have been implemented including the restriction on inter-island travel for children under 19 years of age; all schools are temporarily closed; and children under 18 are strongly advised not to attend public gatherings or attending any medical facility, unless they require medical attention. Unimmunized pregnant women are further restricted from attending their place of employment (public and private sector).

In total, 32,743 people (including 4,222 children under the age of 5 years) were vaccinated prior to the initiation of the mass vaccination campaign that targets all boys and girls aged 6 months to 19 years and non-pregnant women aged 20 to 35 years. Since the activation of the Mass Vaccination Campaign on 20 November 2019, the Ministry has vaccinated 24,000 individuals in both Upolu and Savaii islands.

	<p>Approximately 5,000 Measles Rubella vaccinations are being delivered per day. Isolation facilities have been established for measles positive patients and temporary intensive care facilities have been established. Additional vaccines have been flown in from partner countries.</p> <p>The response is being supported by the Samoa Red Cross, the Samoa Family Health Association, other local NGOs as well as UN agencies and donor governments, some of which have deployed technical staff. The UNCT is coordinating a One UN joint statement and joint response to support the Government of Samoa, with the Samoa-based RC taking a lead role.</p>
<p>4</p>	<p>UNFPA’s Role in the response</p> <p>UNFPA is working closely with the Samoa Ministry of Health, WHO and UNICEF, Samoa Red Cross, and Samoa Family Health Association to provide life-saving SRH services, information and referral support to women of reproductive age, including women who are pregnant and with new-borns.</p> <p>Following a request from the Ministry of Health, supplies worth a total of USD 7,284.87 regionally prepositioned in Suva and Brisbane, as part of the Regional Prepositioning Initiative funded by DFAT, have been mobilised and will arrive to Samoa within the next few days.</p> <p>Suva prepositioned items include: RH Kit 6A (1), RH 6B (1), RH 8 (1) and RH 10 (2). Brisbane prepositioned supplies include: RH Kit 2A (2), Kit 2B (2) and Tents (2) and will be transported by the Australian Defence Force free of charge to UNFPA. RH Kits 11A (1) and 11B (1) are currently being sourced from PSB.</p> <p>Selected health facilities will be supported through the provision of RH supplies, medical equipment and drugs to enhance their capacity to provide emergency obstetric care, new-born health services and family planning. UNFPA will conduct an orientation session to Samoan health care workers on the UNFPA Reproductive Health Kits that will be used to address the increasing demand for maternity services including Basic and Comprehensive Emergency Obstetric Care.</p> <p>Multipurpose RH/ maternity tents will be set up to provide temporary spaces for measles free women to access antenatal care and FP services. Family planning counselling, access to condoms and other contraceptives will be integrated in the community awareness raising campaign to ensure that newly vaccinated women are protected from pregnancy during the four-week period. UNFPA has supported the Samoa Ministry of Health to develop IEC materials in both English and Samoan.</p> <p><i>Human resources</i></p> <p>The UNFPA Humanitarian Specialist from PSRO arrived in Samoa to support the three person in-country team consisting of a SRH Specialist, Programme Analyst and Program/Finance Assistant.</p> <p>The SRH Technical Advisor from PSRO will be arriving on December 1 to work with national clinicians and nurses to support SRH service delivery, and to address the anticipated increase in spontaneous abortions, premature deliveries and low birthweight neonates.</p> <p>As of now there are no anticipated surge needs.</p>
<p>5</p>	<p>Other Issues- Resource Mobilization</p> <p>As part of the Minimum Preparedness Action, UNFPA PSRO has funds set aside for the response and has re-programmed additional funds from core resources to cover initial response activities, including transportation and logistics.</p>

	<p>UNFPA has successfully mobilised USD 7,284.87 through the DFAT supported Regional Prepositioning Initiative and has additionally mobilised in-kind support from the Australian Defence Force for transportation of prepositioned supplies from the Brisbane warehouse to Apia.</p> <p>Under the lead of OCHA, UN agencies including UNFPA will seek funding for life-saving activities through the CERF rapid response window.</p>
7	<p>Security</p> <p>A Travel Advice release was issued by the Authority on 19 November to inform potential travellers to Samoa of the situation with recommendations to ensure that vaccinations are up to date before travel.</p> <p>All staff, particularly those in the priority age groups, have been advised and encouraged to visit one of the vaccination sites if they have yet to be vaccinated.</p> <p>All UNFPA staff working in Samoa and those being deployed to Samoa have been confirmed to have received measles vaccinations in the past.</p>
8	<p>UNFPA actions required from APRO and HQ</p> <p>APRO has been supporting PSRO in mobilizing regionally prepositioned supplies through the DFAT Regional Prepositioning Initiative, and will continue to support ongoing response, CERF development and implementation, communications activities /strategies and donor reporting.</p> <p>The Humanitarian Office has approved the order for Kit 11, and PSB is currently supporting the procurement and delivery process. Additional guidance and support from the Humanitarian Office may be needed when the CERF is submitted and approved, and if the current situation escalates.</p>