

English-Speaking Caribbean Rubella Policy

A survey was conducted in 1992 to determine the status of rubella immunization in the English-speaking Caribbean and obtain an impression of its impact on rubella and congenital rubella syndrome. Questionnaires were sent to each of the 19 EPI National Program Managers, all of whom responded. The following report outlines the results of the survey and ensuing recommendations.

Policy

Ten of the 19 countries stated that they did have an agreed national policy on rubella immunization. Seventeen of them were using some form of rubella vaccine. Four countries were using MMR vaccine administered to children aged one to two years and four others were also using some other vaccine containing rubella, the extent of which was difficult to establish.

Recommendation: All countries should establish an agreed national rubella immunization policy.

Strategy

The ideal rubella strategy aims to interrupt virus transmission among young children and to ensure that any adult women who might be exposed to rubella are already immune.

The second objective involves either screening adult women and immunizing susceptibles, or routine immunization of women of child-bearing age. Both options can be linked to pregnancy (prenatal screening, post-partum immunization). Additionally, rubella vaccine can be given to all girls at puberty. Bermuda and BVI had the best developed rubella policies, involving routine immunization with two doses of rubella vaccine, prenatal screening for rubella susceptibility, and post-partum immunization. A similar program had almost been achieved in Saint Lucia; although rubella serology was not available, immunization was provided according to previous history. In some circumstances, rubella immunization is cheaper than screening and immunizing a woman who is already immune does not involve any risk.

Recommendation: National policies should aim to interrupt rubella transmission and to ensure that women of child-bearing age are immune to rubella.

The Extent of Rubella Infection During Pregnancy

Only nine of the 19 replies considered that women were aware of the risks of rubella infection during pregnancy. In only one country was it routine for a pregnant woman with a rash to be tested properly for rubella infection, although such testing may be carried out in eight other countries. It would not be undertaken in 10 countries. Barbados was able

to identify 19 laboratory-confirmed rubella infections during pregnancy and two rubella-associated terminations in the 1986-1991 period. Over the same period, there were 24 known cases of congenital rubella syndrome reported from 12 countries.

Recommendation: Health education should be directed toward alerting women to the importance of rashes during pregnancy and mechanisms should be set in place so that any pregnant women with rashes can be appropriately investigated.

The Extent of Rubella in the English-Speaking Caribbean

Rubella is a notifiable disease in 15 of the 19 countries. Between 1986 and 1991, 2,321 cases were reported by 12 countries. The number of cases per country ranged from 2 to 1,162 cases. Seven countries did not report any cases of rubella. Of all the cases reported, 307 were confirmed by laboratory testing. There can be little doubt that rubella continues to circulate in the English-speaking Caribbean and it is likely that there is considerable under-reporting.

Recommendation: Present strategies need to be examined to investigate why transmission has not been interrupted when MMR vaccine coverage has been high. Rubella may be circulating among older individuals and age-stratified serology might well be helpful. Efforts should be made to identify any age-specific susceptible cohorts toward whom rubella immunization may need to be targeted.

Conclusions

Rubella is still present in much of the Caribbean.

There are and will continue to be outbreaks until susceptible groups are identified and immunized.

There are cases of congenital rubella syndrome. The lifetime costs of children that suffer multiple handicaps as a result far exceed the costs of preventing congenital rubella syndrome.

Surveillance of rubella and its effects is not strong and could be improved.

Although many countries are pursuing a policy to interrupt rubella transmission among young children, they have not made efforts to protect all susceptible adult women.

Women did not appear to be sufficiently aware of the risks of rubella during pregnancy, nor was there adequate investigation of cases of pregnant women with rashes.

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