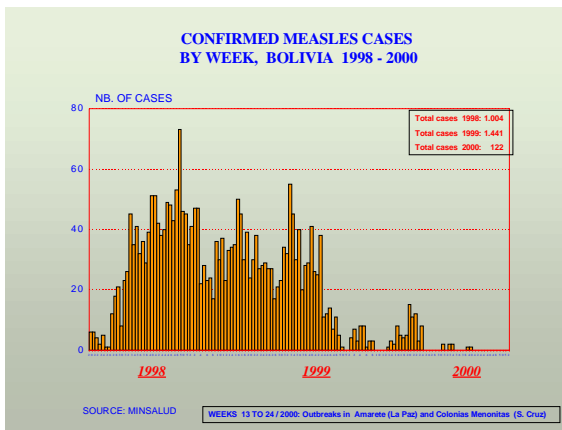
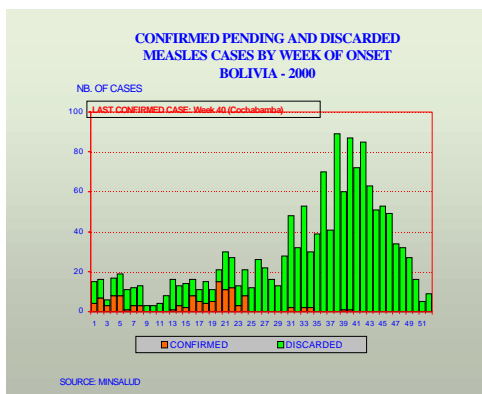


## MEASLES SITUATION BOLIVIA – 2000

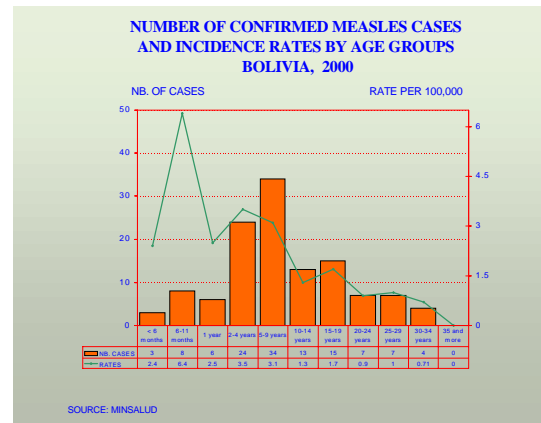
In the year 2000, 1,513 suspected cases were reported in the country, 122 of them confirmed as measles. This number represents a sharp drop compared to years 1998 and 1999, with 1,004 and 1,441 confirmed cases respectively. In 1999, 51% of the cases in the Region of the Americas were found in Bolivia.



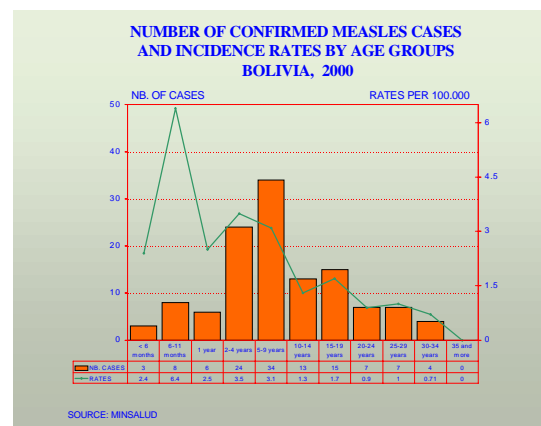
The one hundred and twenty two cases of the diseases were related to 11 outbreaks in different regions of the country. Sixty four percent of them (68 cases in total) correspond to two major outbreaks occurring in the period between weeks 20 and 34 in the Amarete locality (12 cases), Department of La Paz, and in two Mennonite colonies (66 cases), located in the Santa Cruz Department, that were opposed to immunization for religious reasons.



The most affected Departments were Santa Cruz with 77 cases, Beni with 21 and La Paz with 16 cases. The remaining cases were distributed among Cochabamba (4), Pando (3) and Potosí (1). The Beni Department had the higher incidence rate with 5.7 per 1,000 inhabitants, followed by the Pando Department with a rate of 5.2.

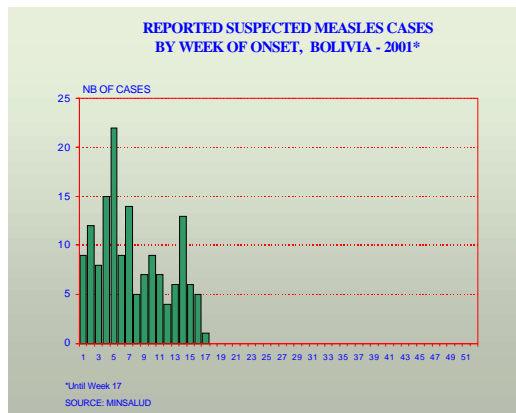


In general, the outbreaks affected children and young non-vaccinated adults, in many cases migrating from rural communities, and the highest rates were observed among the 6 to 11 month age group, with a rate of 6.4, and the 1 to 4 years age group, with a rate of 3.5.

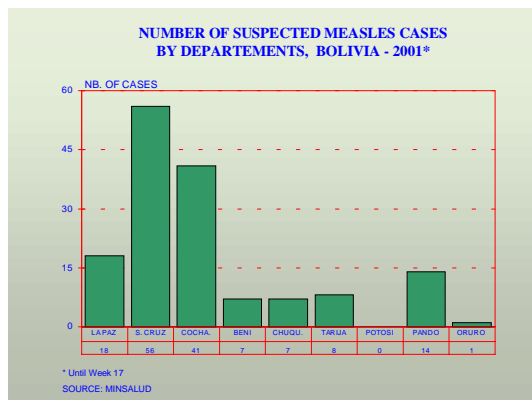


The last confirmed case in the country was reported in week 40 of 2000 in the city of Cochabamba.

Up to week 17, there were no confirmed measles cases in Bolivia, while 152 suspected measles cases were reported to date, 21 of which classified as rubella.



All Departments have reported suspected cases, in particular Santa Cruz with 56 cases and Cochabamba with 41.



Taking into consideration that the last measles case was reported in week 40 of 2000, Bolivia has 19 weeks without confirmed measles cases, even though the surveillance system was strengthened and, in essence, an active search at all levels was performed.

In order to ensure measles vaccine coverage, fast monitoring of coverage has been permanently implemented at local levels.