

Rubella Watch is an electronic publication disseminated bimonthly by the Immunization Project of the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO). Rubella Watch is a supplement to the Immunization Newsletter published by PAHO. The purpose is to provide you with the most up-to-date information on the measles, rubella and congenital rubella syndrome (CRS) elimination initiative currently underway in the Americas.

The goal: maintain measles, rubella and CRS elimination in the Americas!

News from March-May 2010

PAHO Alerts Countries to the Risks of Importations in the Context of the 2010 World Cup

The International Federation of Association Football (FIFA for the French acronym) 2010 World Cup is scheduled to take place in South Africa from 11 June to 11 July 2010. In light of an ongoing measles outbreak that has resulted in the confirmation of 15,520 measles cases¹ in South Africa, PAHO has implemented numerous measures in an effort to get ahead of virus transmission and prevent importations of measles and rubella viruses to the Americas from overseas.

Recent measles outbreaks have been reported in several countries from Southern Africa including Botswana, Namibia, South Africa, Swaziland, and Zimbabwe. Since January 2009, South Africa alone has reported more than 15,000 confirmed measles cases and the ongoing outbreak has reached all 9 provinces. The age group most affected by the outbreak is the 6-11 months followed by the group 1-4 years. A mass immunization campaign began in April 2010 in South Africa targeting over 14 million children aged 9 months-15 years (with measles-containing vaccine) in order to control the outbreak.

Large international events, which draw visitors from different nations, regions and cultures, increase the risk of importations and international spread of infectious disease. The recent experience following the 2010

ENJOY THE 2010 FIFA WORLD CUP
TRAVEL COMFORTABLY WITHOUT MEASLES AND RUBELLA

In the Region of the Americas, including participating teams in the World Cup
and burnists traveling to the event, should be protected against measles
and rubella prior to departure.

Travelers who cannot demonstrate
protection against measles or rubella
should be advised to receive the
combined vacrine at least two
weeks before departure.

During your trip and upon your
return please look for these
symptoms:

• Fever
• Rash
• Cough or cory2a (runny nose)
or conjunctivitis.

IF UPON YOUR BETURN YOU
BELIEVE YOU HAVE MEASLES OR
RUBELIA:

• Stay at home or in your hotel moon
if traveling, except to seek medical care.
Do not travel and do not go to
school or work.

• Avoid close contact with others
for 7 days after your rash begins.

The health alert poster provides critical information to travelers on measles and rubella in an effort to prevent disease transmission.

Winter Games in Vancouver, British Columbia, Canada underscores this risk. As of epidemiological week 21/2010 Canada has reported a total of 88 measles cases, 80 (91%) of which were reported by the province of British Columbia and are suspected to be related to the Winter Games in February 2010.

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¹ Data as of 2 June 2010.

For this reason, it is crucial that countries take preventative measures to avert the importation of measles and rubella viruses to the Region. Countries should maintain high vaccination coverage against these diseases and remain vigilant to rapidly detect and respond to importations to prevent the reintroduction of endemic measles and rubella viruses in the Americas.

In the context of the 2010 World Cup, PAHO developed a travel advisory recommending that every country of the Americas adopts the following measures to prevent the importation of measles and rubella viruses:

- 1. Any resident of the Americas, including participating teams in the World Cup and tourists traveling to the event, traveling outside the Western Hemisphere should be immune to measles and rubella before departure; and
- 2. Health care workers in the public and private sectors should be alerted to the possibility of measles and rubella importations.

In addition, PAHO has used the weekly measles/rubella bulletin as a platform to alert countries of the impending risk posed by ongoing outbreaks and potential importations. A poster was also created for adaptation by each country to disseminate in international airports to alert travelers headed to the World Cup of the potential risk of measles and rubella. More importantly, the poster will alert travelers returning to the Americas of symptoms associated with measles and rubella and what measures to take if they feel they may have these diseases. The poster is available on the PAHO Immunization website and has been posted on the PAHO/WHO Facebook and twitter social networking sites.²

1) National Institute for Communicable Diseases (NICD) website: http://www.nicd.ac.za/. Last accessed on 9 June 2010.



Reference:

from 12-20 September targeting 96 million children.

Sharing Experiences in Measles, Rubella, and CRS Elimination

The Member States of the World Health Organization Western Pacific Region (WPRO/WHO), including China, have been accelerating efforts to eliminate measles and to strengthen their national immunization programs. In light of the success in achieving and maintaining measles, rubella, and CRS elimination in the Western Hemisphere, a "study tour to the Americas" was requested by WPRO where a high level delegation from China visited both PAHO Headquarters and the immunization team in Brazil. The goal was to share experiences in elimination efforts between the two regions. The timing of the study tour was particularly important given that China will initiate a nationwide measles vaccination campaign

The meeting took place in PAHO on 20-21 May. The objectives were as follows:

- 1. Understand how PAHO works with countries and partners to develop and execute health policies.
- 2. Identify key lessons learned from the implementation of measles and rubella elimination strategies in the Americas.
- 3. Discuss preparations for and response to events supposedly attributable to vaccination or immunization in the Region.
- 4. Highlight the processes for making evidence-based decisions for the introduction of new vaccines.
- 5. Recognize the principal role of advocacy in uniting countries, communities, and partners behind the Expanded Program on Immunization (EPI) and sustaining immunization programs.
- 6. Identify how EPI has been strengthened through the success of regional initiatives.

Additional areas of interest for discussion identified by the Chinese participants included new vaccine introduction, social communication, and alliances with the media, as well as ensuring high vaccination coverage among vulnerable populations.

Dr. Jon Andrus, PAHO Deputy Director, and Dr. Socorro Gross, PAHO Assistant Director, were very much involved in the meeting.

² www.paho.org/immunization, www.facebook.com/pahowho, www.twitter.com/pahowho.

The delegation then traveled to Brazil for meetings on 24-26 May. In São Paulo the participants met with the State's immunization and surveillance teams to discuss, among other topics, lessons learned from the 1997 measles outbreak and the city's innovative methods for reaching the large urban population during the mass rubella-measles vaccination campaign in 2008. The delegation also had an opportunity to visit a local health center and observe firsthand the operation of the vaccination post. In Brasilia, representatives of the Ministry of Health discussed measles and rubella elimination activities, thus providing the delegation with a country perspective from the Americas.

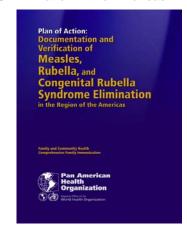
One of the desired outcomes of the meeting was that the delegation share the lessons learned from the Americas in their country to support efforts to strengthen immunization programs and improve disease control measures. As presented by the delegation, takehome messages included the importance of political commitment, preparedness and rapid response to crisis, and inventive measures for reaching at-risk populations.

Overall, the visit was very successful opening the door to future collaboration between the Americas and WPRO, including China. In addition, the delegation felt inspired from their visit to the Americas. The Director General of China's Communicable Diseases Department (MOH/CHN), Dr. Chen, expressed the willingness of China to eliminate measles and rubella and stated, "If Brazil can eliminate measles and rubella then so can China!"

Formation of the International Expert Committee to Verify Measles, Rubella, and CRS Elimination in the Americas

The PAHO Member States have a long-standing commitment to the eradication and elimination of vaccine-preventable diseases. This pledge began with the eradication of smallpox and polio, and more recently targeted the elimination of measles by 2000, and rubella and congenital rubella syndrome (CRS) by 2010. The Americas have achieved significant public health milestones by successfully eliminating endemic measles in 2002 and celebrating the first anniversary of the interruption of endemic rubella virus transmission in February 2010.

Resolution CSP27.R2 (2007) requested the formation of an International Expert Committee (IEC) responsible for documenting and verifying the interruption of endemic measles and rubella virus in the Region of the Americas. The overarching function of the IEC is to evaluate the documentation submitted by national health authorities, in collaboration with national

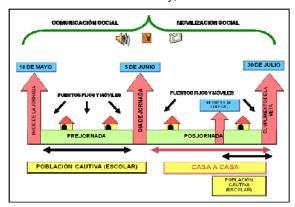


commissions, to determine if the data provided demonstrates that endemic measles and rubella virus transmission has been interrupted in at least three continuous years. Additional functions of the IEC include advising national commissions on the process for collecting and analyzing the required data in each country and conducting field visits to those countries under their responsibility to oversee the process.

The members of the IEC were approved by the PAHO Director in April 2010, with special care taken to ensure that the members are representative of the Region. The first meeting of the International Expert Committee to Verify Measles, Rubella, and CRS Elimination in the Americas is tentatively scheduled for 10-11 August 2010. During this meeting, the IEC members will review the regional Plan of Action and will develop a plan to provide oversight to the process, including the grouping of countries under each member responsibility, developing a timetable for holding at least two annual meetings, as well as an agenda for country visits and meetings with national commissions.

The documentation of the interruption of endemic virus transmission should be concluded by countries by the first quarter of 2012. The IEC, as the entity responsible for preparing the report on the verification of elimination in the Region of the Americas, will present its findings and conclusions to the Pan American Sanitary Conference in 2012.

Figure 1. Operational phases for supplementary immunization activity, Columbia





National Measles and Rubella Supplementary Immunization Activity in Colombia 2010

From 18 May-31 July Colombia will implement a National Measles and Rubella Supplementary Immunization Activity (SIA) to provide children aged 1-8 years with an additional dose of measles-rubella containing vaccine, regardless of vaccination status.

In order to meet the proposed objectives it is necessary to implement various strategies for the intensification of vaccination activities to reach the target population. These strategies include vaccination in institutions, house-to-house, and in places of high population concentration. They also involve strengthening of activities at the local level, the extension of work hours to reach populations at convenient hours, and mobile teams of health workers.

Columbia has proposed three operational phases for the intensification of measles/rubella vaccination: pre-SIA, SIA day, and post—SIA (Figure 1). The pre-SIA phase was carried out from 18 May-3 June. The objective of this phase was to reach a large percentage (85%) of the population through vaccination activities by implementing the principal strategies aimed at achieving the SIA goal. The second phase, SIA day, was held on 5 June. Vaccination posts were strategically placed in order to reach at least 10% of the SIA goal. The post-SIA phase will be implemented from 6 June-18 July with a goal of reaching the remaining 5% of the target population that was not vaccinated during the other SIA phases.

The National Measles and Rubella Supplementary Immunization Activity will conclude with rapid coverage monitoring activities at the municipality level to assess coverage and vaccinate those not previously vaccinated.

Special Recognition of Rubella Watch

During a poster session at the Ninth International Symposium on Positive Strand RNA Viruses at the US Centers for Disease Control and Prevention in Atlanta in May, Dr. Joe Icenogle presented a poster dedicated to the Rubella Watch newsletter created by PAHO in March 2006. The Rubella Watch newsletter is disseminated bimonthly to share the latest developments in the regional initiatives to achieve and maintain measles, rubella, and congenital rubella syndrome elimination in the Americas.



Upcoming Events

Global Technical Consultation to Assess the Feasibility of Measles Eradication 28-30 July – Washington, D.C.

International Expert Committee to Verify Measles, Rubella, and CRS Elimination in the Americas 10-11 August – Washington, D.C.

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