



Elimination of measles and rubella in the Americas

Measles

- Globally measles remains a leading cause of death in young children, claiming an estimated 380 lives every day, or 15 every hour (WHO data, 2010)
- In 2002, the Americas became the first WHO region to interrupt endemic measles transmission
- Between 2003 and 2010, annual notified measles cases averaged 156 per year, virtually all imported or related to importations
- In 2011, the number of measles cases in the region jumped to 1,324, due to importation of viruses from several large outbreaks occurring in Europe and Africa
- 93 percent of all cases in the Americas in 2011 were reported from three countries: Canada, Ecuador and the United States

Rubella and CRS

- Between 1998 and 2006, the number of confirmed rubella cases in the Americas declined by 98 percent—from 135,947 to 3,005
- In 2007, the region saw a resurgence of cases—13,187 in three countries—due to importations of rubella virus into countries that had targeted only females during mass vaccination campaigns
- In 2008–2009, 27 cases of congenital rubella syndrome (CRS) were reported in two countries: Argentina (13) and Brazil (14)
- In response to these outbreaks, countries intensified surveillance and carried out supplementary immunization activities among adolescents and adults
- The last confirmed cases of endemic rubella and CRS were reported in 2009
- Since 2009, between 7 and 15 importation-associated cases have been reported each year in the region

Key actions

To prevent the re-introduction of endemic measles and rubella, PAHO is working with member countries to maintain high immunization coverage against measles and rubella ($\geq 95\%$) as well as high-quality surveillance to ensure effective response to any virus importations. Key recommended actions include:

1. *Implement immediate vaccination activities in areas where monitoring finds coverage to be under 95% and implement high-quality follow-up vaccination campaigns*
2. *Conduct “rapid monitoring” of vaccine coverage to identify populations susceptible to measles and rubella, with a focus on high-risk populations*
3. *Implement external rapid assessments of surveillance systems for measles, rubella and CRS and strengthen registries of congenital anomalies*
4. *Conduct active case searches and review the sensitivity of surveillance in epidemiologically silent areas*
5. *Issue health alerts for mass-gathering events (such as the World Cup)*
6. *Involve the private sector in disease surveillance, with a focus on including private laboratories in the Regional Measles and Rubella Laboratory Network*
7. *Enhance collaboration between epidemiological and laboratory teams and improve molecular genotyping.*

