



# Measles, Rubella & CRS Rubella Watch

*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 January-February 2009

### “Brazil Rubella-free”

In the presence of President Luiz Inácio Lula da Silva, the Minister of Health, Dr. José Gomes Temporao, presented the “Final Report of the National Vaccination Campaign for Rubella Elimination” to the representative of the Pan American Health Organization/World Health Organization (PAHO/WHO) in Brazil, Eng. Diego Victoria. “This is a triumph that should be celebrated and shared with the entire population. It is a historic event that takes Brazil one step closer to the process of documenting and verifying rubella elimination,” proclaimed Minister Temporao.

During a ceremony of historical importance for public health in Brazil, which included the participation of Secretaries of Health from the 26 states and Federal District, Eng. Victoria underscored the leadership and innovation exhibited by the country, as well as the active participation of Brazilian society. “Through the vaccination of 67.2 million people in what is considered the world’s largest adolescent and adult campaign [“Speed-up”], Brazil demonstrated high political and economic commitment, dedication and flexibility as required to eliminate rubella.”

The “mega” vaccination campaign not only signifies success but also challenges and hard work of health workers. For this reason Minister Temporao presented a certificate to the Representative of Vaccination Teams, Raimundo Costa, and the President of the National Confederation of Community Health Workers, Tereza Ramos, in recognition of vaccination teams and community health workers from the municipality, state, and national levels for their determination and invaluable efforts to achieve this historic milestone in immunization in achieving 96% coverage. “To vaccinate adolescents and adults who are not traditionally targeted by vaccination services, it was necessary to go to the streets, work places, stadiums, and to vaccinate during the night and weekends... Although the report is voluminous, it does not recount the whole history—there are many stories left to tell that are not covered in this report,” declared Temporao.



President Lula da Silva celebrates the success of the “mega” vaccination campaign. To his left, Dr. José Gomes Temporao, Minister of Health, and to his right, Eng. Diego Victoria, Representative of PAHO/WHO in Brazil.

Photo: Tatiana Stuckert/ Ministry of Health of Brazil

In addition, Eng. Diego Victoria presented a certificate to Minister Temporao in recognition of Brazil's sustained efforts and outstanding coverage achieved during the campaign, which was homogeneous throughout the 5,563 municipalities.



Eng. Victoria, representing PAHO Director Mirta Roses, presented a certificate of recognition to Minister Temporao  
Photo: Tatiana Stuckert/ Ministry of Health of Brazil

In order to achieve this goal, campaign teams at all the levels vaccinated in factories, companies, schools, streets, bus stations, metro areas, stores, soccer stadiums, bars, samba schools, beaches, slums, ships, etc., vaccinating in all locations at any hour of the day or night. National advisors and supervisors, as well as international consultants from PAHO/WHO, provided technical support for campaign teams in developing these intense vaccination activities. The objective was to reach the largest number of unvaccinated individuals possible to ensure that the country would be rubella-free. This mega campaign underscores the commitment of Brazilian society, who through its most influential representatives from the public and private sectors and civil and scientific societies, successfully fostered a lasting, favorable opinion of vaccination.

### **The Importance of Strengthening the Role of the Private Sector in Measles and Rubella Surveillance**

Recent measles outbreaks due to importations reported in the Americas demonstrate the need to establish and strengthen surveillance networks with the private sector. In outbreaks reported in recent years (2006-2009), in general tourists have been the carriers of measles virus and have sought attention in health establishments in the private, rather than public sector. Delays in the notification of these outbreaks to the national surveillance system--as has occurred in some cases--results in interruptions and deficiencies in the epidemiological investigation and in the implementation of outbreak response measures. This would lead to continued measles virus transmission in existing susceptible populations in the countries of the Region, and as a result, the possibility of cases secondary to the importation.

The reemergence of measles in some areas of the world, namely in Europe (104,480 cases and 25 deaths reported between 2005-2008\*) may increase the occurrence of outbreaks in the Americas (64.4% of outbreaks reported in 2008-2009 came from Europe\*\*), requiring rapid and efficient response by the countries of the Americas to limit the appearance of cases secondary to importation. According to current figures from the World Tourism Organization, more than 152 million tourists arrived to the Region of the Americas between January and August 2008. In light of continued measles and rubella virus circulation in other regions of the world, the countries of the Americas remain vulnerable to importations. For this reason, it is of paramount importance that coordination with other sectors, such as the tourism sector, is strengthened to ensure rapid outbreak response to importations (for example, "tourist mop-up" or the vaccination of people in frequent contact with tourists).

Finally, aligned with the new International Health Regulations (IHR) which took effect in June 2007, measles became a disease that requires timely and mandatory notification by the PAHO/WHO Member States since it has been eliminated from the Region of the Americas. In this regard, every reported measles outbreak is discussed daily with the Epidemic Alert and Response Team, PAHO/WHO IHR Regional Contact Point. These meetings count on the participation of professionals from technical areas of PAHO/WHO, such as the Immunization Program.

\*Source: Progress Towards Measles Elimination—European Region, 2005-2008. MMWR, February 20, 2009

\*\*Country report to PAHO/WHO until EW 7/2009.

### Use of Rapid Coverage Monitoring in the Follow-up Campaign in Paraguay

On 25 April, Paraguay will launch a follow-up campaign targeting children aged 1-7 years (age group determined by a cohort analysis) with the objective of providing a second opportunity with the measles-rubella (MR) vaccine. The campaign will ensure that all cohorts are protected, particularly those that were excluded from routine vaccination services for various reasons.

As with all high-quality campaigns, Paraguay will use rapid coverage monitoring (RCM) for final verification of homogeneous coverage in all municipalities ( $\geq 95\%$ ). Through RCM, Paraguay's National Immunization Program (NIP) will determine the number of first MMR doses administered during the follow-up campaign and the areas where these doses were administered, in order to streamline effective strategies to strengthen routine services, particularly in those municipalities with low coverage.

In this campaign, the MMR vaccine will be used to vaccinate children aged 1-4 years, allowing for the monitoring of infrequent adverse events related to this vaccine such as aseptic meningitis.

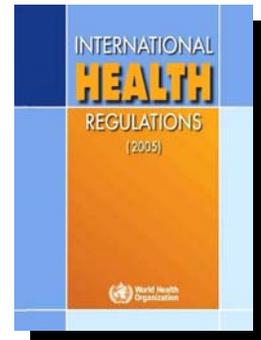


**Photo:** Health workers verify that a child has been vaccinated during a measles-rubella vaccination campaign, Venezuela 2007

### Follow-up of International Contacts: Beyond the Borders of the Americas

In the post-measles elimination era, the follow-up of international contacts is one of the response measures that continually challenges the countries of the Americas. In recent outbreaks recorded in the Region (2008-2009), foreign citizens have been identified and/or contacted given that they were exposed to the measles virus and remained in the Americas. The purpose of this follow-up was to monitor the appearance of secondary cases among the few remaining susceptibles, and identify new contacts emerging during the infectious period. The most common places of exposure were airplanes, lodgings, conferences, and airports.

The follow-up of international contacts requires intense coordinated efforts and rapid communication with immunization focal points from the countries of the Americas and from other regions of the world, as well as with International Health Regulations (IHR) National Focal Points. In addition, it entails thorough work and extreme patience considering that only limited contact information may be provided (e-mail addresses) to initiate follow-up activities. These follow-up activities have limited cases secondary to importations and ensured the rapid interruption of transmission.



The International Health Regulations (IHR) came in effect in June 2007

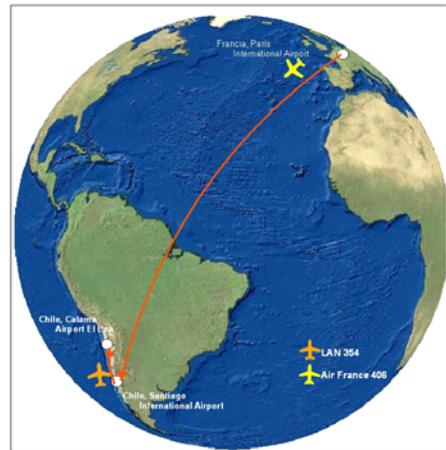
### Measles in Argentina and Chile: Virus Importations from Europe

At the beginning of February, **Argentina** reported a measles outbreak in 10-month old twins, related to an imported case from England. In fact, the primary case is an English tourist aged 19 years with no vaccination history who arrived at the emergency room of a private clinic in Buenos Aires on 22 December 2008. In the waiting room she encountered the twins who consequently became infected following exposure to the measles virus.

Currently, Argentina is intensifying outbreak control measures, including the follow-up of contacts in and out of the countries, i.e., foreigners traveling on the same flight to Buenos Aires as the case and those staying in the same accommodations as the primary case during the infectious period. More than 250 people have been contacted to date, including citizens of Australia, Brazil, Canada, Chile, the Dominican Republic, France, Italy, and the United States; however, no additional secondary cases have been reported.

In addition, during epidemiological week 8/2009, **Chile** reported to PAHO/WHO a measles case in a 7-year-old child French national that arrived to Santiago from Paris on 12 February 2009. Chilean health authorities immediately proceeded with the identification, vaccination, and follow-up of contacts in the cities of Santiago, Valparaíso and Calama (Antofagasta Region), places visited by the patient during the infectious period (12-16 February). The follow-up also implied the identification and contacting of foreign passengers, the majority of whom came from France. The country has issued a national alert to the entire epidemiological surveillance system, including the private sector, thus increasing the sensitivity to capture any suspected measles and/or rubella case. Up to 4 March, close to 320 contacts have been vaccinated with the measles-rubella (MR) vaccine and no cases secondary to importation have been reported. The investigation, rapid response measures, and follow-up of contacts continue.

Route of Importation of a Measles Case to Chile



Source: Ministry of Health, Chile

### Upcoming Events

#### Official visit of a Chinese delegation from the Ministry of Health to the Americas

15-23 April 2009 – Washington, D.C. and Brazil

#### Work session for the implementation of the protocol to monitor aseptic meningitis in follow-up campaigns

30-31 March 2009 - Paraguay

#### Evaluation Meeting: Vaccination along Borders of South America

26-27 March 2009 – Paraguay

If you would like to share meeting dates, other news, or make suggestions as to topics you would like us to discuss in this newsletter, please contact [FCH-IM@paho.org](mailto:FCH-IM@paho.org)

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