

Measles situation in the French Overseas Territories of the Americas

May 12th, 2011



INSTITUT
DE VEILLE SANITAIRE

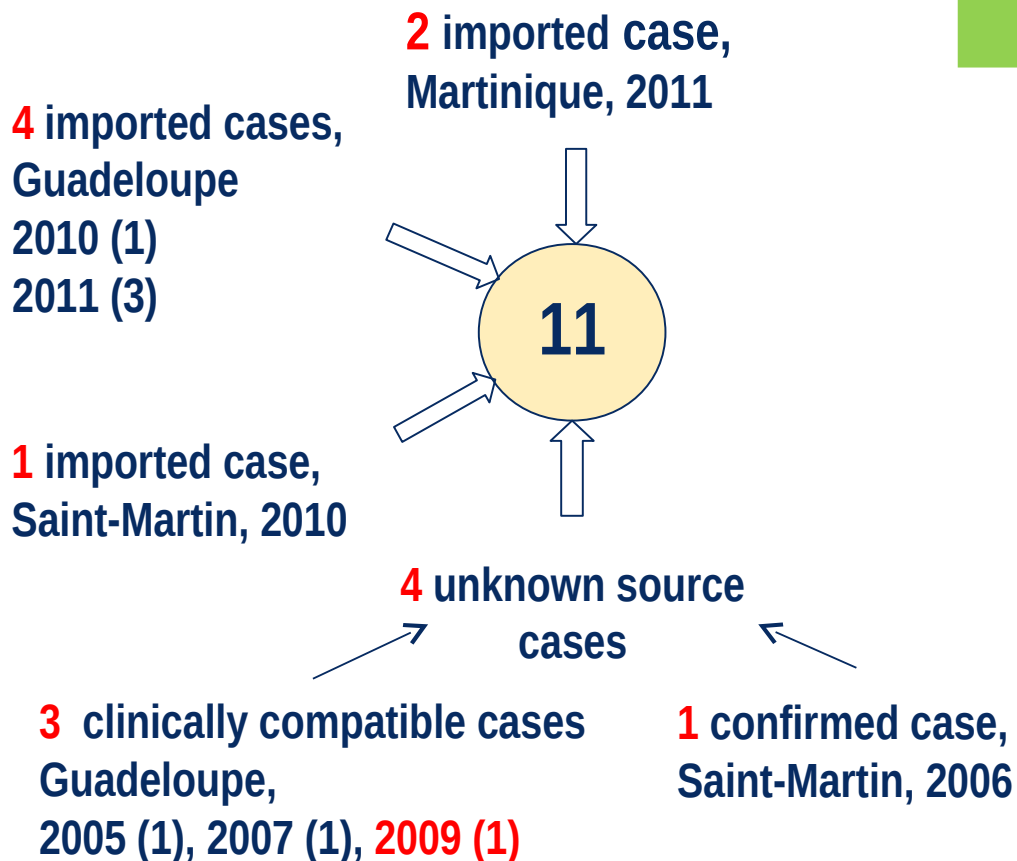


- Current situation in the French territories
- Current situation in France
- Case investigation process
 - Saint-Martin
 - Guadeloupe
- Recommendations

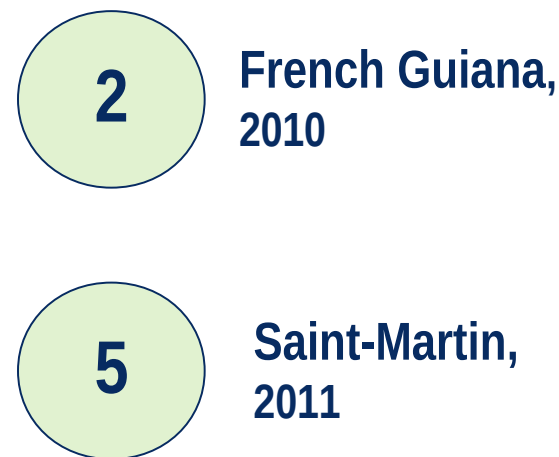
Measles cases 2005 - 2011

222 case notifications, 18 cases of measles
(10 in 2011)

Sporadic cases



Clusters related to imported cases



Updated data May 9th 2011

Measles cases 2011

	Notifications	Discarded	Clinically compatible	Confirmed		Status	
				Biologically	Epidemiologically	Imported	Import linked
Guadeloupe	4	1	0	2	1	3	0
Martinique	6	4	1	1	0	2	0
F Guiana	1*	<i>Under current investigation</i>					
Saint-Martin	7	2	0	4	1	1	4
Saint-Barthélemy	0	0	0	0	0	0	0
TOTAL	18	7	1	7	2	6	4

* This notified case, under current investigation, is not mentioned in the previous slide

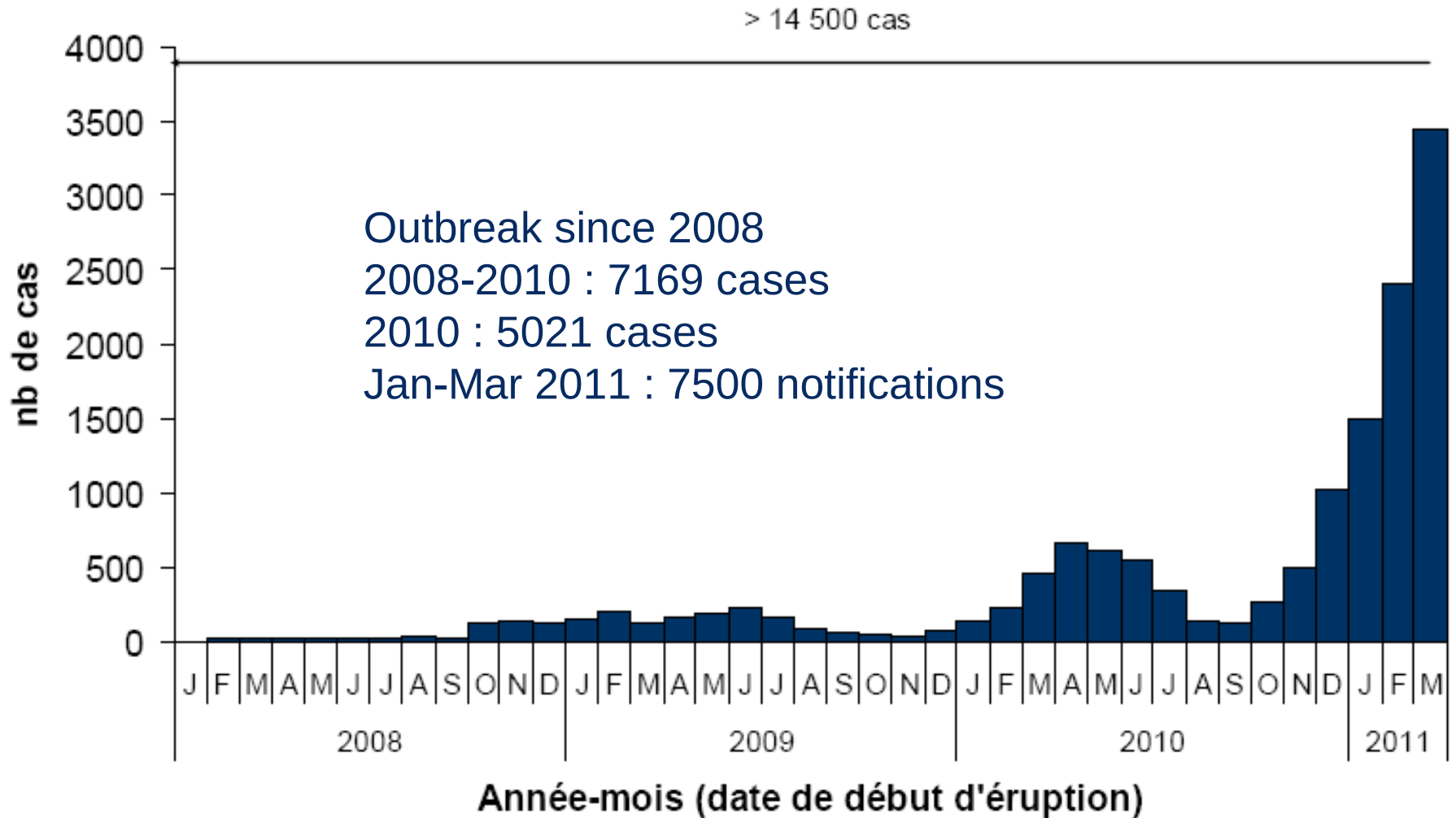
Updated data May 9th 2011



Measles cases 2005 - 2011

- This situation corresponds:
 - To measles elimination:
 - Martinique
 - Guadeloupe
 - F Guiana
 - Saint-Martin and Saint-Barthélemy
 - Preliminary results
 - Based on available data
 - Slight uncertainty in Guadeloupe
 - French overseas territories commission

Current situation in France



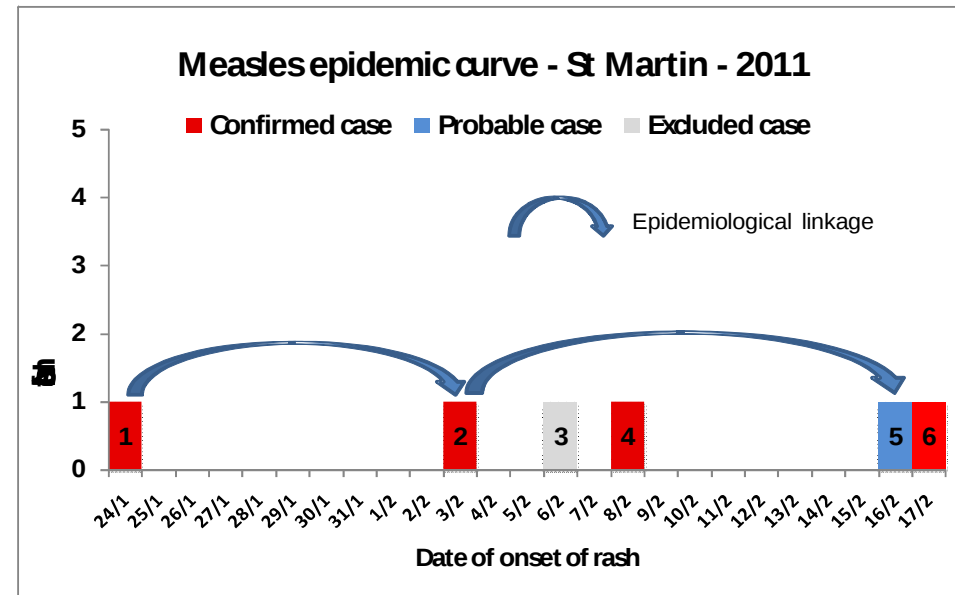


Risk of epidemic

- Given :
 - Major current outbreak in France
 - High infectiousness
 - Insufficient vaccine coverage
- Occurrence of local chains of transmission is likely
 - As illustrates the recent outbreak in Saint-Martin

Saint-Martin, 2011

- 1 imported case in January
- 4 cases:
 - 2 were epidemiologically linked
 - 2 had no travel history and no epidemiological link
 - RT-PCR pos (N° 1,4 and 6)
 - Virus sequencing in process
- Evaluation of epidemic risk
 - No evidence of sustainable transmission
 - No additional case since Feb 18th



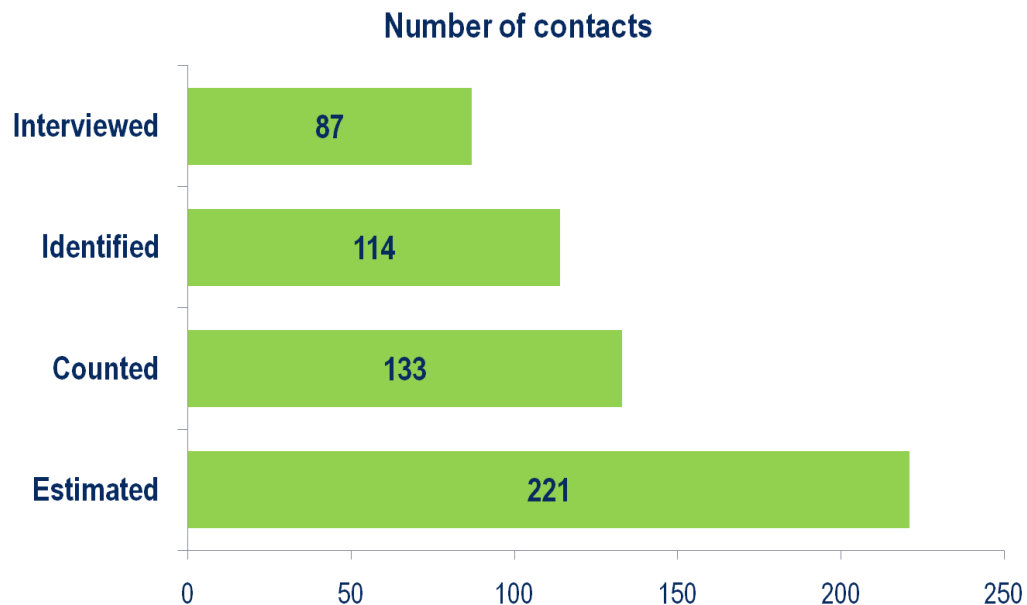


Case investigation process

1. To establish a diagnosis of measles
2. To obtain accurate and complete immunization histories on all confirmed and clinical cases
3. To identify the source of infection
4. To obtain specimens for viral isolation
5. To assess potential for transmission and identify contacts

Contact identification process

- Contacts:
 - Could not be accurately counted :
 - Estimate
 - Could not be identified
 - Unknown identity
 - Could not be traced
 - No address, no phone number
 - False address
 - Poor adherence of GP's
 - 40 % estimated contacts were interviewed



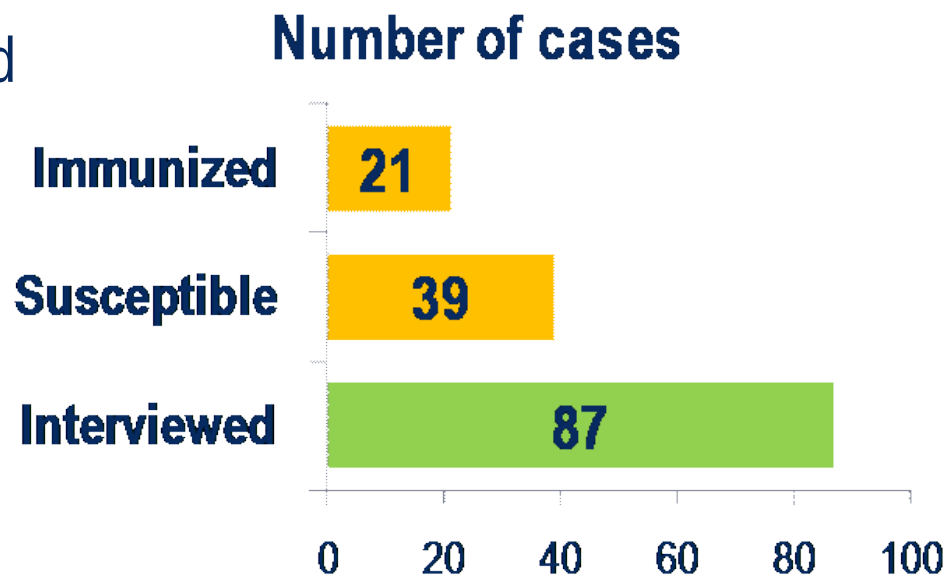
Follow up of susceptible contacts

After investigation:

- 39 (45%) susceptible
- Susceptible contacts advised to get immunized by their GP's

Follow up:

- 21 immunized
- 2 explicit refusals
- 3 did not consult
- 15 missing data





Guadeloupe, 2011

- Case investigation : 2 imported cases involving an aircraft when infectious
- Each case developed rash the day after the flight
- ECDC criteria were met for contact tracing
- Full implementation proved to be difficult:
 - Only the crew and passengers ≤ 2 years old were contacted
 - Whereas ECDC considers all passengers as contacts
- Clear opportunity to define a procedure
- Specially as this situation is likely to occur frequently



Recommendations

Given the current situation

To prevent the establishment of endemic chains of transmission:

→ Strongly need to:

- Pursue the general recommendation to increase vaccination coverage
- Design additional communication strategies for contact identification (large use of media...)
- Rise awareness of health professionals about PH importance of measles and improve their adherence to contact tracing
- Provide easier access to immunization to susceptible contacts
- Clearly define a procedure for contact tracing when it involves an aircraft