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!

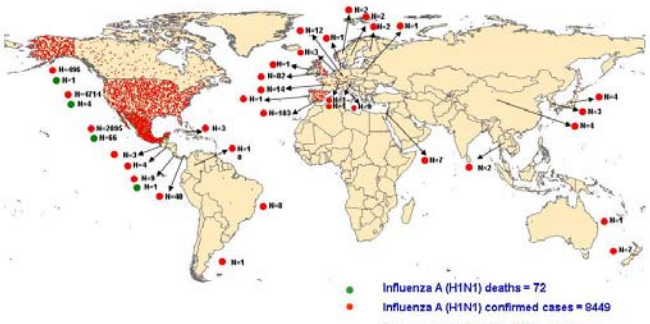
News from March-April 2009

Call to Measles-Rubella Surveillance Networks to Strengthen Influenza A(H1N1) Surveillance

With the objective of strengthening surveillance for the timely detection of influenza A(H1NI) cases, the Region calls on the measles-rubella surveillance networks of the Americas to actively look for any unusual clusters of influenza-like illness.

Up to 15 May 2009, a total of 8,449 confirmed influenza A(H1N1) cases have been recorded, including 72 deaths. Of the 36 countries reporting cases, 13 are from the Americas (Argentina, Brazil, Canada, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Mexico, Panama, Peru and the United States), 16 are from Europe and 7 are from other regions [(1)]. However, this figure could be greater given that several countries are still pending laboratory confirmation from samples collected during previous weeks.

Number of Confirmed Influenza A (H1N1) Cases and Deaths, 2009*



Sources: World Health Organization (WHO), CDC, Public Health Agency of Canada, Secretary of Health of Mexico, Ministry of Health of Peru, Ministry of Health of Ecuador, Ministry of Health and Social Policy of Spain and Department of Health of United Kingdom

***Data as of May 15 2009, 18:00pm EST (WDC)**

Note: Dots are randomly located in country of outbreak.

Development of a vaccine against this virus has already begun and is expected to be available in the next four to six months, following the identification of the pandemic strain. Considering that vaccine production capability is limited, countries should establish criteria for the prioritization of groups to vaccinate. The prioritization process should take into account the vaccine's impact in reducing mortality, its importance for maintaining the response of health services, and the protection of high-risk groups. On the other hand, optimizing the use and coverage of the seasonal influenza vaccine will diminish the burden of disease of annual influenza epidemics. In addition, it will diminish the genetic risk of the recombination of animal and human strains, further preventing human influenza infection.

[(1)] Source: World Health Organization (WHO), Pan American Health Organization (PAHO), Centers for Disease Control and Prevention (CDC), Public Health Agency of Canada (PHAC), Ministry of Health of Panama, Secretary of Health of Mexico.

In this edition:

President Lugo Chairs Launching of Measles-Rubella Campaign in El Chaco, South America

President of Paraguay Fernando Lugo (center) accompanied by the Minister of Health of Bolivia, Dr. Ramiro Tapia Sáenz (left), Dr. Mirta Roses (left), and other national authorities (right). Photo: National Immunization Program/ Minister of Health of Paraguay

During Vaccination Week in the Americas (VWA) activities, the president of Paraguay, Fernando Lugo, accompanied by Dr. Mirta Roses, Director, Pan American Health Organization/World Health Organization (PAHO/WHO), ministers and vice ministers, as well as several national authorities, presided over the measles-rubella follow-up campaign launching event in Paraguay in El Chaco, South America (border between Argentina, Bolivia and Paraguay). The campaign aims to vaccinate nearly 1.1 million children aged < 8 years.

With the slogan, "**Red light to red spots**" the campaign, recognized as a national priority through Presidential Decree No. 1878, strives to maintain measles and rubella elimination as well as strengthen the regular vaccination program and improve equity in access to vaccination. In this regard, Dr. Mirta Roses stated that "these types of vaccination campaigns specifically target the most vulnerable populations that are generally excluded and lack vaccination coverage."

President Lugo recognized the silent and anonymous efforts of health workers, which have been fundamental in maintaining the country rubella and measles-free over so many years. "We've accomplished 11 years without measles and 3 years without rubella in Paraguay. Our health team, and those from previous years, deserve the recognition of the national community," declared Lugo.

The vaccination campaign will continue until the end of May in health centers and schools, and through door-to-door visits. Between 1,500 and 2,000 health workers and nursing students or Red Cross volunteers will be mobilized to support the effort. During the campaign, 1.3 million children aged <9 years will also be vaccinated indiscriminately against polio. Rapid coverage monitoring (RCM) will be implemented to verify the achievement of the ≥95% homogeneous coverage goal in all municipalities of the country. Finally, Events Supposedly Attributable to Vaccination or Immunization (ESAVIs) related to the measles-mumps-rubella (MMR) vaccine used in the campaign will be monitored.

Argentina Makes Every Effort to Eliminate Rubella and CRS: Complementary Campaign in "Machos" aged 16 to 39 Years

Young people approach a vaccination post in a craft fair. Quilmes / Argentina.

Argentina hit the ground running at the beginning of May with its complementary vaccination campaign targeting men aged 16-39 years to eliminate rubella and congenital rubella syndrome (CRS). The country achieved a coverage of 80.3% by the end of December 2008 with its campaign "**If you're a man, get vaccinated,**" and it is expected that with the intensification of complementary vaccination activities and surveillance the country will finally interrupt endemic circulation.

In 2008, Argentina reported 2,216 rubella cases, observing a decline in the number of cases in November (n=112) and December (n=31). In 2009, only three confirmed cases have been reported in the Chaco province (municipalities Liberador San Martin and Bermejo) with the rash onset date of the last case occurring during epidemiological week (EW) 4. Although it is certain that the 2008 vaccination campaign contributed to the decline in the number of cases, it is possible that the dengue epidemic (cases with rash) is masking rubella cases, mainly in the northern part of the country [(1)] , where the 2009 cases have been reported. In addition, an epidemiological

silence may exist in some municipalities and/or provinces with cases in 2008. Considering that the measles and rubella viruses continue circulating in other regions of the world, the Region remains vulnerable to importations. According to the analysis of protected cohorts, the total population to vaccinate is 1,300,417, of which 54% corresponds to the group aged 20-29 years and 46% to the group aged 30-39 years.

The complementary campaign includes the following strategies to achieve uniform vaccination coverage of ≥95% in all age groups and municipalities:

- Vaccinating the personnel of institutions linked to the tourism sector, which will require dialogue with trade associations;
- Targeting vaccination activities in provinces where there is still virus circulation;
- Complementing the vaccination of captive and transient populations in places of high population concentration;
- Printing materials for dissemination and the CRS awareness sheet of local campaign promoters (photos of CRS cases);
- Confirming coverage through RCM once the goal of 95% is reached in each municipality;
- Intensifying epidemiological rubella surveillance and institutional and community active case-finding, prioritizing silent municipalities and those with low vaccination coverage with measles-rubella (MR) vaccine;
- At the end, conducting retrospective rubella case-finding in the last three months to ensure that transmission has been interrupted.

Finally, it is important to strengthen coordination with other sectors, such as the tourism sector, for the rapid implementation of control responses to importations (for example, tourist mop-up or vaccination of people with frequent contact with tourists).

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(1) Until EW17, a total of 2,404 laboratory confirmed indigenous dengue cases and 615 imported cases were reported. All reported cases correspond to genotype DEN-1. Source: Ministry of Health/Argentina. Available at: http://www.msal.gov.ar/htm/Site/sala_situacion/pdf/3-situacion-actual.pdf

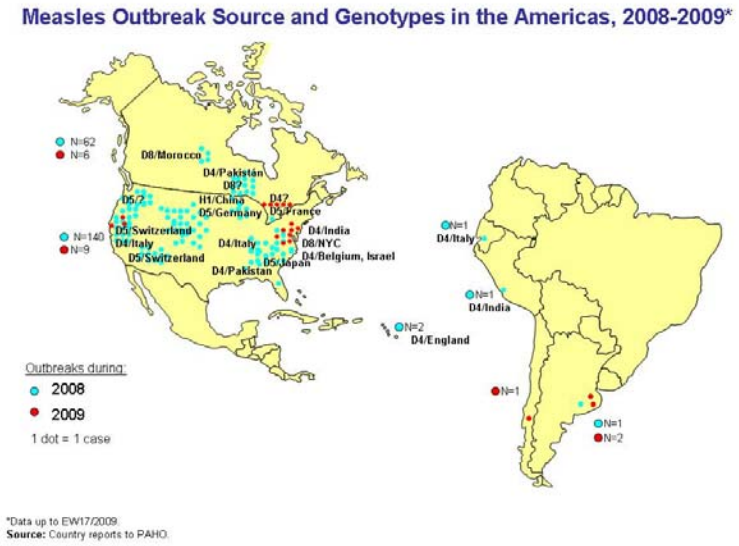
City of Buenos Aires Initiates Complementary Rubella Vaccination Campaign

With the slogan "**Putting yourself in her place is easier than you think,**" the city of Buenos Aires initiated its complementary vaccination campaign with the objective of vaccinating nearly 248,000 men aged 16-39 years, both residents and nonresidents that travel within the capital city and were not vaccinated in the previous campaign.

Vaccination activities will take place in the 91 vaccination posts in the city as well as in mobile vaccination posts located in places of high population concentration (fairs, stadiums, bus stops, etc). The main campaign vaccination strategy will be the vaccination of all staff working in the tourism sector (hotels, airports, transportation companies, tourism operators, etc.). A group of volunteers will visit communities and institutions to vaccinate captive and transient populations. The campaign will conclude with RCMs in order to confirm homogeneous coverage ≥95% and to reach unvaccinated people.

Vaccination posts were located in book fairs in coordination with nurses from the University of Buenos Aires
Photo: Aideé Ramírez – PAHO/Argentina

Measles Virus Importations: A Constant Fight for the Americas



Several imported measles outbreaks have occurred in the Region in recent years, leading to a limited number of cases secondary to importation. During the period 2008-2009, 174 secondary cases resulted from a total of 50 importations [1], while the infection source of 23 cases was unknown. Sixty percent of the measles importations to the Americas for the same period were from Europe; these outbreaks ocurredin Argentina, Canada, Chile, Ecuador, Jamaica, Peru, and the United States. The number of import-related cases by outbreak was rather limited: in 2009, there were two cases in Argentina resulting from an importation from the United Kingdom and zero cases from another importation, also from the United Kingdom; Canada had 5 cases resulting from an importation from Belgium and/or France; and zero cases occurred in Chile as a result of an imported case from France.

The implementation of a rapid response to limit these outbreaks has meant that countries conducted an intense mobilization of human and financial resources. Recent experiences from Chile and Peru indicate that the estimated cost to contain an outbreak was USD $12,400 [2] and $40,000 [3], respectively. In both countries, no secondary case was reported.

In this regard, **the private sector** plays an essential role in the detection and rapid response to outbreaks. During the 2008-2009 period, 77% [4] of measles cases in Latin America and the Caribbean were detected in the private sector. As a result, the involvement of this sector in surveillance activities should be strengthened, including the creation of partnerships with medical associations and scientific societies. Chambers of tourism should also be included because tourists have generally been the cases importing the viruses to the Region.

Given the large investment that countries are making to contain these outbreaks, the efforts to eliminate measles in other regions of the world should intensify. These types of initiatives would serve as a step towards the global eradication of the disease. The World Health Organization is conducting a feasibility analysis of measles eradication. The final report will be submitted to the WHO Directing Council in 2011.

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[1] Data until EW 17/2009
[2] Ministry of Health– Chile
[3] Ministry of Health – Peru
[4] Country reports to PAHO/WHO

South American Technical Cooperation among Countries (TCC) Meeting: South American Borders Measles- and Rubella-Free

Convened in Asunción, Paraguay, from 1-2 April 2009, representatives of the National Immunization Program of the countries that share borders with Argentina and Brazil restated their commitment to maintain the borders of South America free from measles and rubella by intensifying vaccination and surveillance activities during 2009.

At the South American TCC meeting–co-organized by MERCOSUR and the Andean Health Organization (ORAS)--delegates from the Ministries of Health of Argentina, Bolivia, Brazil, Colombia, Chile, Paraguay, Peru, and Uruguay presented progress achieved through vaccination in border areas. Overall, nearly 20,000 people were vaccinated primarily in formal border crossings during August-December 2008.

Among the important outcomes from the meeting was the commitment to hold transborder meetings to discuss the programming and evaluation of complementary activities. Each country will send a general directive to all the border municipalities to authorize these meetings. The expected results of the meetings will be outlined in the directive. Furthermore, the southern border of Brazil, the northern border of Uruguay, and the eastern border of Argentina were identified as the main risk areas. Bolivia, in turn, will support the vaccination of the Brazilian students of the universities of Benín, Santa Cruz, and La Paz, due to the high migration flow of this population at formal and informal border crossings shared by both countries.

Vaccination in *Puente de la Amistad*—Argentina, Brazil, and Paraguay border

Among the main recommendations agreed upon by the delegates was the suggestion that a permanent working group on immunization be formed within MERCOSUR and the Andean Community of Nations (CAN) to address subjects of mutual interest and jointly implement solutions. These subjects include an intercultural approach to vaccination in border areas, mechanisms to address vaccination in informal border crossings, and the process and flow of epidemiological surveillance data in border areas. In addition, discussion may involve establishing regional recommendations for international travelers arriving to the Americas with regard to their measles-rubella immunity, within the framework of the 2005 International Health Regulations (IHR).

Reasons for Vaccination in Border Areas

1. In order to achieve rubella and congenital rubella syndrome elimination and maintain measles elimination in the Americas, the identification of groups that for socio-cultural reasons and access problems have a greater probability of being excluded from regular vaccination is crucial.
2. Since border populations move from country to country, due to involvement in productive processes, agriculture, tourism, and other sectors, they have a greater probability of exclusion by remaining in neighboring countries during adolescent and adult vaccination campaigns (*speed-up* campaigns) conducted in their native countries. Furthermore, adult measles-rubella vaccination is not included in routine immunization programs.
3. The exclusion of border populations can lead to pockets of measles and rubella susceptibles. Since these populations move from country to country, they have the potential to expose the Western hemisphere to a greater risk of importations and cases secondary to these importations, thus threatening the achievements gained to date in measles and rubella elimination.
4. The implementation of an integrated vaccination strategy in border areas during the 2008 mass vaccination campaigns in Argentina and Brazil offered a valuable opportunity to reach these vulnerable populations. This led to the development of a differentiated vaccination strategy that can be used in other regions with elimination goals.
5. Finally, the health improvements among border populations through vaccination and other health services that are commonly integrated with these activities (for example, vitamin A supplementation) contributes to reducing health inequities in the Region.

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

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