



PAN AMERICAN HEALTH ORGANIZATION
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RESOLUTION

CSP28.R14

PLAN OF ACTION FOR MAINTAINING MEASLES, RUBELLA, AND CONGENITAL RUBELLA SYNDROME ELIMINATION IN THE REGION OF THE AMERICAS

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report presented by the Director, *Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas* (Document CSP28/16), which reviews progress toward documenting and verifying the absence of endemic measles and rubella viruses in the Region;

Having reviewed the recommendations of the International Expert Committee for maintaining the Region of the Americas free of endemic measles, rubella, and congenital rubella syndrome (CRS);

Recognizing the tremendous amount of work that Member States have done to monitor the progress in documenting and verifying the interruption of endemic measles and rubella transmission in the Americas, as requested in Resolution CSP27.R2;

Noting the remarkable progress that has been achieved in the interruption of transmission of endemic measles and rubella viruses;

Observing with concern that continuing measles and rubella virus transmission anywhere in the world will continue to pose a risk to the Region of the Americas and

cause possible virus importations and outbreaks until transmission of both viruses is interrupted globally;

Taking into account that, while documenting and verifying the elimination of the viruses in the Region, several PAHO Member States identified challenges in their immunization programs, such as weak surveillance and heterogeneous coverage, that put at risk the elimination of measles and rubella;

Mindful that considerable efforts are still needed to sustain the elimination goals and that these will require collaboration between governments and partner organizations, with stronger ties between the public and private sectors;

Acknowledging the need to develop an emergency plan of action for maintaining the Region free of measles and rubella, as well as the need to manage the long-term risk of reintroducing of viruses through importations that could lead to the reemergence of measles and rubella,

RESOLVES:

1. To congratulate all Member States and their health personnel on the progress to date in achieving and maintaining the elimination of measles, rubella and CRS in the Americas and in documenting and verifying the interruption of endemic transmission of these diseases in the Region.
2. To express appreciation to and request continued support from the various organizations that, together with PAHO, have offered crucial support to national immunization programs and national efforts to eliminate rubella and CRS. These organizations include the United States Department of Health and Human Services, United States Centers for Disease Control and Prevention, United States Agency for International Development, Canadian International Development Agency, Global Alliance for Vaccines and Immunization, Inter-American Development Bank, International Federation of Red Cross and Red Crescent Societies, Japanese International Cooperation Agency, Spanish Agency for International Development Cooperation, Sabin Vaccine Institute, United Nations Children's Fund, Measles and Rubella Initiative, Lions Clubs International Foundation, March of Dimes, and Church of Jesus Christ of Latter-day Saints.
3. To urge Member States to:
 - (a) maintain high-quality, elimination-standard surveillance and ensure timely and effective outbreak response measures to any wild virus importation and, to ensure

high-quality surveillance, the following activities should be conducted, as required:

- i. implement external rapid assessments of measles, rubella, and CRS surveillance systems to increase robustness and quality of case detection and reporting, and strengthen registries of congenital anomalies,
 - ii. conduct active case searches and review the sensitivity of surveillance systems in epidemiologically silent areas,
 - iii. issue health alerts for mass-gathering events (such as the Olympic Games and the FIFA World Cup),
 - iv. involve the private sector in disease surveillance, with a special focus on inclusion of private laboratories in the Regional Measles and Rubella Laboratory Network,
 - v. enhance collaboration between epidemiological and laboratory teams to improve measles and rubella surveillance and the final classification of suspected cases,
 - vi. improve molecular genotyping of the confirmed cases throughout outbreaks,
 - vii. address gaps and failures in surveillance systems, as identified by the National Commissions;
- (b) maintain high population immunization coverage against measles and rubella ($\geq 95\%$), if possible, in more than 95% of the municipalities, and toward this end, the following activities are recommended:
- i. implement rapid coverage monitoring to identify populations susceptible to measles and rubella, focusing particularly on persons of high-risk populations who:
 - live in high-traffic border areas,
 - live in densely populated areas such as urban fringe settlements,
 - live in areas with low vaccination coverage or high vaccination dropout rates,
 - live in areas not reporting suspected cases (epidemiologically silent),
 - live in areas of high population density that also receive a large influx of tourists and other visitors, especially workers related to the tourism industry (such as those who work in airports, seaports, hotels, the hospitality sector, or as tour guides) as well as those in low density or isolated areas (ecotourism destinations),

- are geographically, culturally, or socioeconomically difficult to reach, including indigenous populations,
 - are engaged in commerce/trade (such as through fairs and markets) or live in highly industrialized areas,
 - ii. implement immediate vaccination activities in the areas where rapid coverage monitoring finds coverage to be under the recommended threshold of 95%,
 - iii. implement high-quality follow-up vaccination campaigns to ensure high levels of immunity while the Region is in the process of verifying its status as free of endemic transmission of measles and rubella,
 - iv. maintain high quality education/information at the community level to increase the awareness of the benefit of vaccination;
- (c) integrate the proposed activities for maintaining measles, rubella, and CRS elimination in their annual plans of action for national immunization programs;
- (d) share best practice experiences in strengthening surveillance and improving immunization coverage as well as outbreak response.
4. To request the Director to:
- (a) continue providing technical support to Member States to strengthen national capacity within the framework of routine immunizations, using strategies that focus on improving surveillance and reporting as well as increasing immunization coverage among vulnerable and hard-to-reach populations;
 - (b) provide technical guidance to develop materials and provide technical support for building capacity in surveillance in the private sector;
 - (c) continue to support strong advocacy and promotion to maintain population confidence in the immunization programs, particularly in vaccines against measles and rubella;
 - (d) continue to support strong advocacy and resource mobilization to maintain the regional elimination of measles and rubella in light of continuous virus importations from abroad that continue to challenge the goals achieved;
 - (e) continue to advocate with other WHO Regions and their development cooperation partners to step up their efforts to increase measles and rubella coverage, with a view to achieving elimination worldwide.

(Seventh meeting, 20 September 2012)