“To establish the regional goal of elimination of measles by the year 2000 and urge the Member Governments to make every effort to achieve this goal as soon as possible.”

RESOLUTION CSP24.R16/ September 1994

“Urge Member States to eliminate rubella and congenital rubella syndrome (CRS) from their countries by the year 2010.”

RESOLUTION CD44.R1, 2003

Challenges in maintaining measles, rubella and CRS elimination in the Americas

1. Maintain high and homogeneous vaccination coverage with the first and second dose of the MMR vaccine among all of the Region’s municipalities.
2. Increase the quality and timeliness of measles, rubella and congenital rubella syndrome (CRS) surveillance systems.
3. Increase capacity for both vaccination coverage data analyses and epidemiological surveillance at the local level, for timely decision making.
4. Maintain the ability to immediately respond to risks and outbreaks from imported cases and rubella virus strains.
5. Maintain quality in the implementation of follow-up vaccination campaigns.
6. Promote the goal of global measles and rubella elimination.

Foreword

The Region of the Americas has made historic strides in the area of vaccine-preventable diseases since 1994, when our countries first committed to eliminating measles by the turn of the 20th century. In 2003, our countries took another bold step, when they pledged to eliminate rubella and congenital rubella syndrome (CRS) by 2010. Now, after 22 years of unwavering dedication and tireless work, the dream of elimination has become a reality. The Region of the Americas has now been declared free of endemic measles transmission, one year after a similar declaration regarding the end of endemic transmission of rubella and congenital rubella syndrome.

The countries of the Americas have again led the way, and indeed the world, in eliminating vaccine-preventable diseases, following the elimination of smallpox in 1971, poliomyelitis in 1994, and rubella and CRS in 2015.

While we fully recognize that these achievements were not easily won, we have absolutely no doubt that these goals were realized due to a combination of the strong and resolute political commitment of governments demonstrated by their steadfast efforts to mobilize the resources required for achieving elimination; the ceaseless efforts of health care workers in ensuring that vaccination reached all people, including those living under conditions of vulnerability and in hard-to-reach communities; and those synergistic partnerships across multiple agencies and organizations that facilitated the assiduous work that was essential for achieving this lofty goal.

We can now offer the proof that elimination is not an abstract, out-of-reach idea, but rather a reachable goal, the benefits of which can now be enjoyed by each of us in the Americas.

Our efforts do not end here, however, as in order to sustain this monumental achievement, we must continue to maintain optimal population immunity against measles and rubella through high-vaccination coverage rates, and simultaneously strengthen our surveillance systems to ensure the capacity for early detection and rapid and effective response to imported cases.

Going forward, we must protect these elimination achievements by continuing to provide visionary technical leadership and guidance as well as effective coordination of joint efforts with our Member States and partners.

Carissa F. Etienne
Director
PAHO/WHO
September 2016

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Bye bye, measles and rubella! Measles and rubella elimination in the Americas 1960 to 2016
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Measles and rubella elimination in the Americas 1960 to 2016

In 1994, the countries of the Americas made the commitment to stop endemic measles transmission. Now, the goal has been achieved. The Americas region is the first in the world to interrupt endemic transmission of measles, which is the fifth disease to be eliminated from the Americas, following smallpox in 1971, polio in 1994, and rubella and CRS in 2015.

1960-1977
The introduction of the measles vaccine in the 1960s results in a marked decrease in the number of reported cases. The creation of the Expanded Program on Immunization (EPI) in 1977 increases vaccination coverage, and reduces the number of cases in later years.

1994
During PAHO’s 24th Directing Council, the ministries of health establish the measles elimination goal in the Americas for the year 2000.

1995
The Regional Laboratory Network is established to support measles diagnosis, followed later with the incorporation of rubella diagnosis.

1998-2003
Rubella surveillance is integrated into measles surveillance, due to the similarities in signs and symptoms. Surveillance for congenital rubella syndrome (CRS) begins, mainly in primary health care.

2002
The last endemic measles case is confirmed in the Americas.

2003
During PAHO’s 44th Directing Council, the ministries of health establish a goal to eliminate rubella and congenital rubella syndrome (CRS) by 2010.

2005
Public health experts participating in the National Consensus Conference for Vaccine-Preventable Diseases in Canada adopt PAHO’s regional goal of rubella elimination by 2010.

2010
An International Expert Committee (IEC) to Document and Verify Measles, Rubella and CRS Elimination is formed.

2011
All countries establish their national commissions to verify measles and rubella elimination in their territories. In March 2011, the IEC has its first meeting with the national commissions, to begin the process of documentation and verification.

2016
The IEC declares measles as eliminated in the Region of the Americas.