



Epidemiological Alert:

Measles

(2 September 2010)

In 2002, endemic transmission of measles was interrupted in the Americas, and in 2009, interruption of rubella's endemic transmission was achieved. Since 2003, historically low numbers of measles cases – both imported and imported-related – have been registered: 119 in 2008, 108 in 2004, 85 in 2005, 237 in 2006, 167 in 2007, 207 in 2008, and 81 in 2009.

In the 2008-2009 period, 199 secondary cases were registered as a result of a total of 69 importations, while the source for 24 cases were unknown. The notified measles cases reported in the Americas have been isolated or sporadic, and the outbreaks have resulted in limited secondary cases due to importation.

During this year, measles cases, imported and imported related, have been registered in Argentina, Brazil, Canada, the United States, and French Guyana. From January to 21 August, 2010, 143 confirmed measles cases have been registered, 40 of which were imported, 37 imported-related, and 66 which are still under investigation or whose source of infection is unknown.

In order to prevent the re-introduction of measles and rubella viruses in the region, the Pan American Health Organization (PAHO) encourages countries to continue observing the Technical Advisory Group's (TAG)¹ recommendations concerning surveillance, vaccination strategies, and laboratory-related issues. Moreover, PAHO recommends the countries of the region to adopt the following measures:

Surveillance:

- Achieve an adequate level of preparedness through the elaboration of national preparedness and rapid response plans in the event of an importation.
- Actively involve the private sector in the surveillance of measles, rubella and congenital rubella syndrome (CRS) to support the rapid detection of importations and response to outbreaks, as well as vaccination activities.
- Guarantee the total integration of measles and rubella surveillance systems, in order to achieve high quality surveillance – placing emphasis on high risk and “silent” zones.

Vaccination Strategies:

- Maintain regular, high, and homogenous (>95%) vaccination coverage in every municipality, through the administration of the first routine dose. Also, monitor the

¹ For more information about TAG visit [this link](#).

accumulation of susceptible people and continue the execution of national tracing campaigns.

- Following TAG's recommendations, any resident of the Americas who travels to areas, where measles or rubella cases have been reported, must be immune to these viruses prior to his/her departure.

Travelers can be considered immune to measles and rubella if:

- They possess written evidence that shows that they have received anti-measles and anti-rubella vaccines. However, countries can establish a higher age limit, which does not require the vaccination requirement. This age limit must be based on the year of introduction of the measles and rubella vaccines, the anti-measles and anti-rubella coverage from the time of introduction of the vaccine, and the emergence of measles and rubella epidemic outbreaks.
- They possess a laboratory confirmation document, which shows immunity against measles and rubella (specific IgG antibodies of measles and rubella).

Laboratory:

- Establish priorities to obtain samples for viral detection, putting emphasis on suspect cases with a high exposure probability (patients with a travel history, or people who have received visits received from individuals with a travel history, and workers or their relatives who have a link to the tourism sector), or that come from high risk localities (inter alia, areas where the virus is circulating, areas of frequent tourism, high traffic bordering areas, and industrial areas).
- Use or adapt, according to each country's needs, WHO laboratory testing algorithms for the classification of measles and rubella cases. Cases must be classified only after the laboratory and epidemiological teams have examined all the analyses and epidemiological data results.
- The laboratories must try to determine the initial genetic composition of measles and rubella viruses through typification of cases.