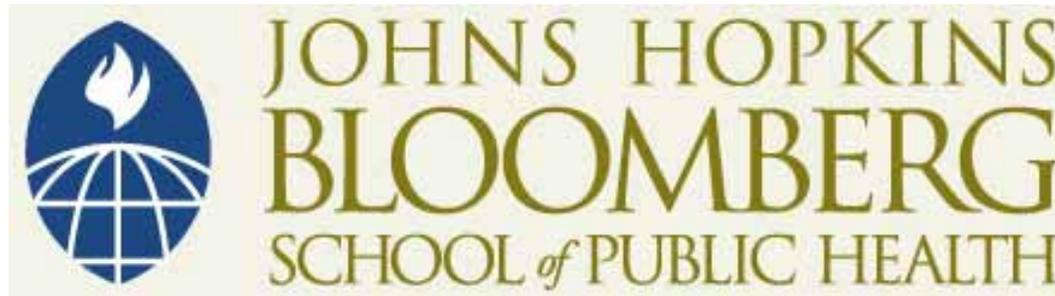


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Eradication, Part 2: Measles

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Section C

Measles Update

Measles Progress Report: Americas Region

- Supplemental Immunization Activities (“catch-up”/“keep-up”/follow-up”) reached:
 - 10.4 million children in 2000
 - 10.6 million children in 2001
 - 9.9 million children in 2002
- Routine measles vaccine coverage was:
 - 94% in 2000
 - 96% in 2001
 - 92% in 2002
- Active measles surveillance indicators improved over the period

Measles Progress Report: Americas Region

Measles Surveillance Performance, Americas Region			
<i>Indicator</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>
Suspected cases reported	56,136	46,629	30,118
% visited within 24 hours	61	65	85
% sites reporting weekly	85	85	91
% persons with adequate samples	71	74	81
% labs receiving samples \leq 5 days	54	58	63
% labs with results \leq 4 days	74	74	—

Source: MMWR April 16, 2004 / 53(14): 305.

- As with polio, virological surveillance becomes more important as cases diminish
- Two serotypes (H1, D9) were found to have transmitted in 2002–2003
 - H1 (Mexico, U.S.) from East Asia
 - D9 (Venezuela, Colombia) from Europe
- In the U.S., other imported serotypes did not transmit (D4, D6, D7)

Measles Progress Report: Americas Region

- In 2002, there were 2,584 confirmed measles cases in five countries
 - Large outbreak in Venezuela due to importation from Europe, low coverage
- In 2003, there were 105 confirmed measles cases in six countries
 - Most cases were imported
 - Only Mexico, U.S. reported transmission

Measles in the United States

- During 2001–2003, there were 216 confirmed measles cases in 31 U.S. states
 - 96 (44%) imported, 120 indigenous
 - The 96 imported cases generated 42 chains of indigenous transmission
 - Of 120 indigenous cases
 - ▶ 59 (49%) import-linked
 - ▶ 18 (15%) imported virus
 - ▶ 43 (36%) unknown source

Measles in the United States

- Measles incidence has been less than one case per million inhabitants since 1997
- Most cases are imported and are from multiple sources
- Small outbreaks with limited transmission occurs, but immunity levels are high enough to prevent endemic transmission

Goal May Be Achieved

- There has been no indigenous measles transmission for two years or more in 38/47 AMRO countries and territories
- Importations will continue as long as measles persists in other regions
- If countries follow the PAHO strategies, imported cases will not transmit
- The goal of regional measles elimination may have been achieved

- Range of regional coverage levels
 - AMRO, EURO, WPRO: 82–94%
 - EMRO: 67–73%
 - SEARO: 50–72%
 - AFRO: 51–60%
- Since 2000, WHO/UNICEF have been recommending two opportunities for children to receive a first dose of measles vaccine (second opportunity schedule)
 - Either through routine EPI
 - Or through periodic campaigns

- During 1997–2001, 156/191 (82%) of WHO Member Countries provided second opportunities through Supplementary Immunization Activities
- Conclusion
 - Other regions still have a long way to go before global measles eradication can be undertaken