

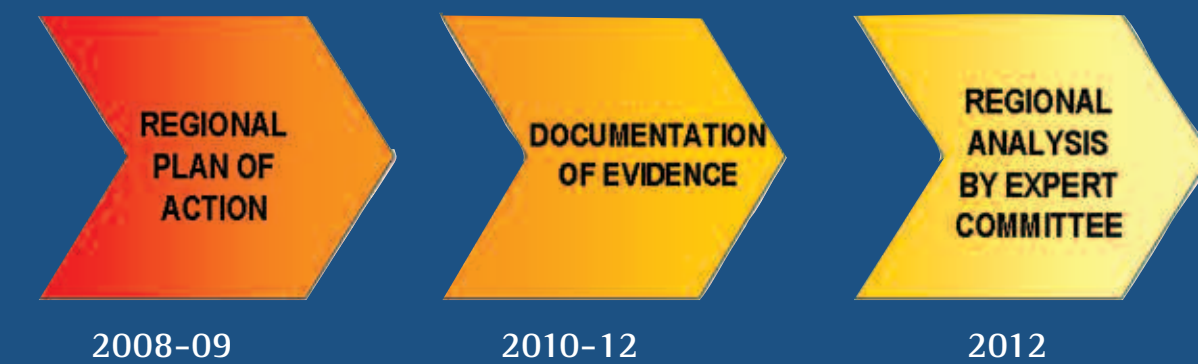


"TO URGE MEMBER STATES TO ELIMINATE RUBELLA AND CONGENITAL RUBELLA SYNDROME (CRS) FROM THEIR COUNTRIES BY THE YEAR 2010

*RESOLUTION CD44.RI, 2003*

"TO URGE ALL MEMBER STATES TO ESTABLISH NATIONAL COMMISSIONS TO COMPILE AND ANALYZE DATA TO DOCUMENT AND VERIFY MEASLES, RUBELLA AND CRS ELIMINATION"

*RESOLUTION CSP27.R2, 2007*



## CHARACTERISTICS OF VACCINATION CAMPAIGNS FOR RUBELLA AND CRS ELIMINATION

1. Non-traditional groups vaccinated
  - Adolescents and adults: men and women
2. Large proportion of population to be vaccinated
  - Between 40-70% of the total population
3. Broad and timely social mobilization
  - Political commitment and partner participation at all levels
4. Detailed plans of action with follow-up in the field
  - Requires ≥ 95% coverage
5. Short time period
  - Intense: 6 weeks

## KEYS TO SUCCESS IN VACCINATION CAMPAIGNS

1. Political commitment and participation at the highest level.
2. Establish alliances with scientific societies, churches, the media, and other social actors.
3. Strong presence in the mass media and intense social mobilization.
4. Microprogramming at the local level according to local realities.
5. Organization, planning, and available resources.
6. Practical and timely information system.
7. Vaccination safety plan.
8. Coverage monitoring and verification.

## CHALLENGES FOR MAINTAINING MEASLES, RUBELLA, AND CRS ELIMINATION IN THE AMERICAS

1. Risk of virus importations from other regions.
2. Appearance of cases secondary to importation.
3. Prevention and rapid response to outbreaks.
4. Reach susceptibles through a second opportunity (high-quality follow-up campaigns).
5. Strengthening integrated measles/rubella surveillance and CRS surveillance.
6. Strengthening the role of the private sector.
7. False positive/negative results and limited specimens for virus detection/isolation.

T I M E L I N E

# CHRONOLOGICAL HISTORY OF RUBELLA ELIMINATION IN THE REGION OF THE AMERICAS

“Blindness separates us from things, but deafness separates us from people.”

*Helen Keller*

“Whatever measles vaccination campaign that does not include the rubella vaccine is a missed opportunity”

*Ciro de Quadros*



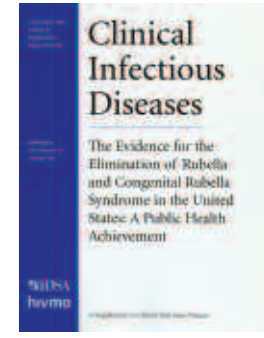




Ecuador and El Salvador carry out adolescent and adult (men and women) rubella vaccination campaigns reaching >95% coverage. \*\*



Colombia, Nicaragua, Paraguay and Venezuela (first phase) implement national rubella campaigns in men and women.



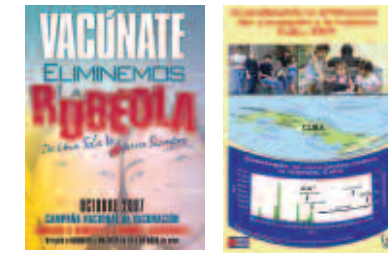
An independent panel comprised of internationally recognized authorities assesses progress toward rubella and CRS elimination and declares rubella eliminated in the United States.



The Sabin Vaccine Institute (SVI) and PAHO sign an agreement for a second year of partnership to eliminate rubella and CRS from the Americas.



The Meeting of Experts on Congenital Rubella Syndrome takes place in Washington, D.C. to highlight lessons learned and define best practices in public health to improve CRS surveillance in the Region.



Vaccination campaigns for rubella and CRS elimination are implemented in Bolivia (second phase), Chile (men only), Cuba, Guatemala, Haiti and Venezuela.



The 27th Pan American Sanitary Conference adopts Resolution CSP27.R2 for the documentation and verification of measles, rubella and CRS elimination, which will be analyzed by an expert committee.



With the completion of mass campaigns in Argentina (men only), Brazil, Haiti and Mexico, all countries have implemented interventions to maintain measles elimination and eliminate rubella. More than 250 million adult men and women have been vaccinated with measles-rubella (MR) vaccine, leading to a reduction of 97% in the number of rubella cases since 1998. A Technical Cooperation among Countries (TCC) was signed between 10 South American countries for vaccination in border areas.



Rubella cases: 3 (2009) The Americas, 2009



Costa Rica is the first country in the Region to establish a national commission for the documentation and verification of measles, rubella and CRS elimination. President Arias signs the executive decree.



Endemic rubella virus circulation is limited to a single country in the Region of the Americas (rash onset date of last case: EW 4).

2005

2006

2007

2008\*

2008-2009

Forty-three of 44 countries and territories in the Americas have introduced the MMR vaccine in their national immunization programs.

A group of international experts meet at WHO to standardize rubella virus nomenclature, which consists of 2 clades (1 and 2) and 7 genotypes.

Regional workshops on rubella and CRS elimination are held in Bogota, Colombia and Santa Cruz, Bolivia to implement elimination strategies.

Public health experts that participated in the National Consensus Conference for Vaccine-Preventable Diseases in Canada adopt PAHO's regional rubella elimination goal by 2010.

Argentina (women only), Bolivia, the Dominican Republic, and Peru carry out mass vaccination campaigns in adolescents and adults (men and women).

The 47th PAHO Directing Council adopts Resolution CD47.R10, reaffirming that rubella elimination is a priority in the Region.

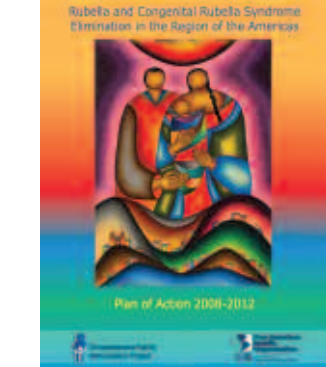
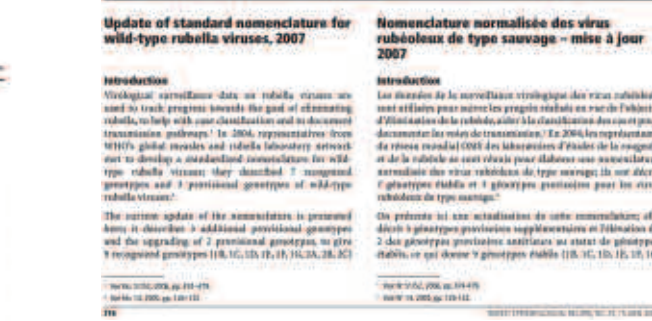
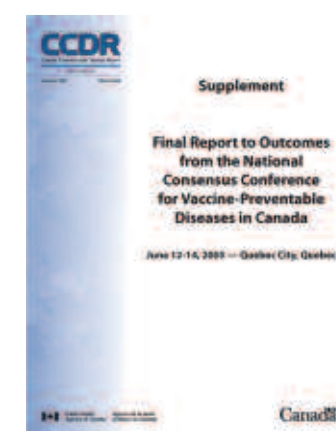
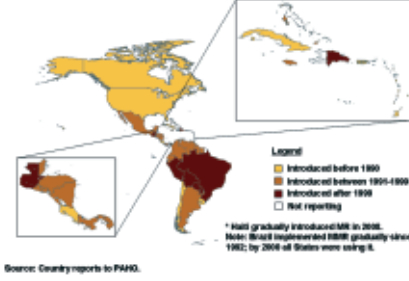
WHO updates rubella virus nomenclature, which consists of 2 clades (1 and 2) and 9 genotypes (and 4 provisional genotypes). For the countries of the Americas, training workshops on rubella virus detection are held in FIOCRUZ laboratory in Brazil and INDRÉ laboratory in Mexico.

A group of experts meets to discuss the essential elements to be included in a regional plan of action to document and verify measles, rubella and CRS elimination in the Americas.

PAHO develops a strategic plan of action for 2008-2012 to support additional elimination efforts and maintain the achievements gained to date.

PAHO develops a Plan of Action for the documentation and verification of measles, rubella and CRS elimination in the countries of the Americas.

MMR vaccine introduction in the Americas\*



Essential Components of Plan of Action to Document and Verify Measles and Rubella Elimination in the Americas



\*\*Beginning with 2004 campaigns, national professionals with vast experience and who excelled in the implementation of rubella elimination campaigns were invited to provide technical cooperation in subsequent campaigns in order to share best practices from the field. 2004-2009

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