Rubella Watch is an electronic publication disseminated every two months by the Immunization Unit of the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO). Rubella Watch is a supplement to the Immunization Newsletter published by PAHO. The purpose is to provide you with the most up-to-date information on all aspects of the rubella and congenital rubella syndrome (CRS) elimination initiative currently underway in the Americas. The goal: eliminate rubella and CRS in the Region by 2010!

**News from July 2007**

**PAHO Executive Committee Recommends New Rubella Resolution to the Pan American Sanitary Conference**

On 28 June 2007 PAHO’s 140th Executive Committee recommended the adoption of Resolution CE140.R10, Elimination of Rubella and Congenital Rubella Syndrome in the Americas. The Resolution highlights the invaluable contribution of PAHO Member States, their health workers, and the multitude of partners who are dedicated to reaching rubella elimination by 2010. The Resolution encourages Member States to finalize the implementation of vaccination strategies while strengthening integrated measles/rubella surveillance and CRS surveillance. Another fundamental component of the Resolution is the recommendation to form national commissions to compile and analyze data to document and verify measles, rubella, and CRS elimination under the supervision of an international Expert Committee. The Expert Committee would ultimately be responsible for documenting and verifying the interruption of endemic measles virus and rubella virus transmission. In October 2007, the Resolution will be reviewed by the 27th Pan American Sanitary Conference, the supreme governing authority of the Organization comprised of representatives from all Member States.

**Guatemala Contributes to the Regional Elimination of Rubella and CRS**

Guatemala launched a National Rubella and Measles Vaccination Campaign on 13 April 2007 aiming to vaccinate 7.3 million women and men aged 9-39 years with the measles-rubella (MR) vaccine. According to preliminary data¹, a total of 7,172,847 vaccine doses were administered to over 3.7 million women and 3.4 million men, the majority (43.6%) of who were aged 10-19 years. Local health workers, with the support of international vaccination experts, implemented rapid coverage monitoring (RCM) throughout the communities to confirm coverage rates in every municipality. During the coverage verification process, health workers visited homes to interview residents and determine people’s vaccination status by checking their completed vaccination cards. As of 9 July 2007, 2,025 RCMs were implemented, 60,750 households were visited, and 151,875 interviews were conducted. Out of the country’s 332 municipalities, 327 have been recognized for their achievements in reaching the immunization coverage goal of ≥95%. The municipalities will continue vaccinating to ensure homogeneous coverage. The National Association of Municipalities, in coordination with the Guatemalan Ministry of Public Health and Social Welfare and PAHO/WHO, presented recognition certificates to the first 180 municipalities that successfully met the coverage goal. Once the coverage certification process has been completed, campaign activities will target women who, because they were pregnant during the campaign, will need to receive the MR vaccine postpartum.

¹ Data as of 30 May 2007.
Ongoing Rubella Outbreaks in Brazil and Chile

Rubella transmission and outbreaks continue to occur in Brazil despite efforts to maintain high routine immunization coverage and the implementation of a mass rubella campaign in 2001 and 2002 vaccinating over 28 million women of childbearing age. In 2006, three of the country’s 27 States reported outbreaks. As of EW² 31/2007, a total of 1,665 confirmed rubella cases have been reported by eleven states. The eleven states reporting outbreaks in 2007 are: Rio de Janeiro (918 cases), Minas Gerais (91 cases), Distrito Federal (48 cases), Ceará (167 cases), Espírito Santo (29 cases), Rio Grande do Sul (236 cases), Paraíba (28 cases), Goiás (17 cases), São Paulo (117 cases), Santa Catarina (6 cases), and Paraná (8 cases). The group most affected by the outbreak in all states are males aged 20-29 years (80%) and non-vaccinated individuals. Brazil is planning a mass rubella vaccination campaign in September 2008, targeting men and women aged 20-39 years (12-39 years in 3 states). A susceptibility cohort analysis of vaccination status was recently completed which helped define an effective vaccination strategy for the national campaign to eliminate rubella and CRS, and sustain measles elimination.

Between 13 April 2007 and 22 August 2007, The Ministry of Health of Chile has reported a total of 596 confirmed rubella cases. The majority of cases (63%) reside in the Metropolitan Region and in the nearby Valparaíso Region (34%). The ages range from 19 to 54 years, with an average age of 23 years. Currently only 24 of the confirmed cases are females. None of the women were captured during the national rubella campaign in 1999 due to special circumstances. The rubella genotype isolated from the outbreak is 2B, the same genotype circulating in Europe and Brazil in 2006. Chile’s Ministry of Health has implemented a series of control measures to contain the outbreak, including intensified surveillance, active case searches, and heightened communication with international surveillance networks. Chile will implement a complementary campaign to vaccinate males aged 19-29 years beginning on 5 November 2007. This campaign will complement the successful rubella mass vaccination campaign which targeted women of childbearing age in 1999.

Latin American Collaborative Study on Congenital Malformations Holds Annual Meeting in Brazil, June 2007

Since 1994 the Latin American Collaborative Study on Congenital Malformations (ECLAMC) has been a WHO Collaborating Center for the Prevention of Congenital Malformations. The program uses a case-control methodological approach for the clinical and epidemiological investigation of risk factors for congenital anomalies in Latin American hospitals. On 22 June 2007, ECLAMC held its annual meeting in Brazil. Representatives from ECLAMC updated participants on current activities and recent changes in the program, including network expansion to include additional hospitals, the majority of which are concentrated in the northeast and central-west regions of Brazil. An important discussion topic was the collaboration of ECLAMC hospitals towards improving CRS surveillance in Latin America. Dr. Eduardo Castilla, Professor from the Department of Genetics at Fiocruz University in Rio de Janeiro, proposed a two-fold approach for this collaboration: 1) ECLAMC would provide summary data from the routine collection of information from their network hospitals on the number of children born with a dyad of possible CRS-related defects (congenital cataracts and congenital heart defects); and 2) ECLAMC network hospitals would provide information on children born with these malformations to local health departments for adequate investigation. Participants were receptive to the idea of improving CRS surveillance. However, the proposal must be discussed in more detail to address challenges that may arise, including how CRS suspect cases would be investigated by local health departments and how investigation results would be promptly reported back to the hospital that identified the suspect case.

² Epidemiological week
Second Workshop on Laboratory Techniques for the Detection and Isolation of Rubella and Measles Viruses Held in Mexico City, July 2007

From 2-6 July 2007, representatives from national laboratories from Costa Rica, Cuba, El Salvador, English-speaking Caribbean, Guatemala, Honduras, Mexico, Nicaragua, and Panama attended a regional workshop on laboratory techniques for the detection and isolation of rubella and measles viruses at the National Institute of Epidemiological Diagnosis and Reference (InDRE). A variety of themes were discussed during the meeting including strengthening of countries’ capacity to isolate and detect rubella and measles viruses; progress, challenges, and limitations of laboratory diagnosis and virological surveillance; standardization of criteria to confirm or discard IgM results for measles/rubella; and Regional Measles/Rubella Laboratory Network guidelines and future activities. During the practical portion of the workshop, participants received training in updated methods related to cell culture, virus isolation, colorimetric assay for the detection of measles and rubella viruses, and reverse transcriptase PCR (RT-PCR).

The new rubella nomenclature and molecular epidemiology were also highlighted. On 15 June 2007, WHO updated new nomenclature for wild-type rubella viruses. New nucleotide sequences obtained through increased virologic surveillance since 2004 enabled the further classification of viruses into 13 genotypes (recognized genotypes: 1B, 1C, 1D, 1E, 1F, 1G, 2A, 2B, and 2C and provisional genotypes: 1a, 1h, 1i, and 1j)\(^3\). Previous reports from 2005 described only seven recognized genotypes (1B, 1C, 1D, 1E, 1F, 2A, and 2B).

Final recommendations from the regional workshop included the following (but are not limited to):

- During the final stage of rubella elimination, a second serological sample should be collected, particularly in situations where laboratory results and the epidemiological analysis of the case are inconclusive;
- The isolation and genotyping of the rubella virus is invaluable to the process of rubella elimination verification, allowing for the distinction between endemic and imported virus strains. Therefore adequate samples should be collected for viral isolation from all suspect cases and not only during outbreaks;
- Samples from 5-10 cases from a transmission chain are required at the onset of an outbreak, with subsequent samples collected at periodic intervals until the end of the outbreak; and
- For special situations, such as in the case of pregnant women, if a serological sample has been collected within the first 5 days since illness onset, rubella-specific IgM analysis should be conducted for a second serum sample, regardless of initial test results. This is also true for IgG serological testing.

Upcoming Events

Launching of Rubella Vaccination Campaign (2\(^{nd}\) Stage), Bolivia
1 October 2007 – La Paz, Bolivia

Launching of Rubella Vaccination Campaign, Haiti
October 2007 – Port-au-Prince, Haiti

Launching of Rubella Vaccination Campaign (2\(^{nd}\) Stage), Venezuela
October 2007 – Caracas, Venezuela

If you would like to share meeting dates, other news, or make suggestions as to topics you would like us to discuss in this newsletter, please contact FCH-IM@paho.org