

MEASLES EPIDEMICS: CALL FOR AN ALL OUT EFFORT

Background information, September 2011

2001 – 2007: Many Successful Aid Efforts

During the first decade of this century the temptation to believe that measles had been eradicated began to grow. Vaccination programs had been stepped-up internationally, and had yielded results. In 2007, only 32,000 cases were registered, the lowest number ever reported.¹

The campaign against measles was launched in 2001. The product of a collaboration among various organizations, led by the WHO and UNICEF, it aimed to achieve a 98% reduction in mortality associated with measles by 2012. The reduction strategy focused on four points: 1) improve the so-called “standard” vaccine in national programs, 2) make a second vaccination available to every child, either by means of supplemental vaccination campaigns, or 3) by administering second doses of the vaccine as part of national programs to increase vaccination effectiveness, and 4) foster progress in treatment and in monitoring systems.

The impact of these health care policies is unquestionable. The coverage rate of vaccination programs increased significantly. The supplemental vaccination campaigns gave millions of children the chance for second vaccinations.

2008 – 2011: Disconcerting Resurgence of Measles

A resurgence of measles cases over the past three years, however, is revealing flaws in efforts to fight the disease. In 2009, more than thirty countries had to cope with measles epidemics that led to more than 1,000 deaths and nearly 60,000 cases reported. And, in 2010, 28 countries declared epidemics with 223,000 cases and 1,200 deaths reported. 2011 has been equally disastrous, with large-scale epidemics in many African countries, particularly in the Democratic Republic of Congo (DRC).

As alarming as they are, these figures no doubt understate the true reality. When weaknesses in systems for reporting cases are factored in, the true number of deaths associated with measles is certainly far higher.

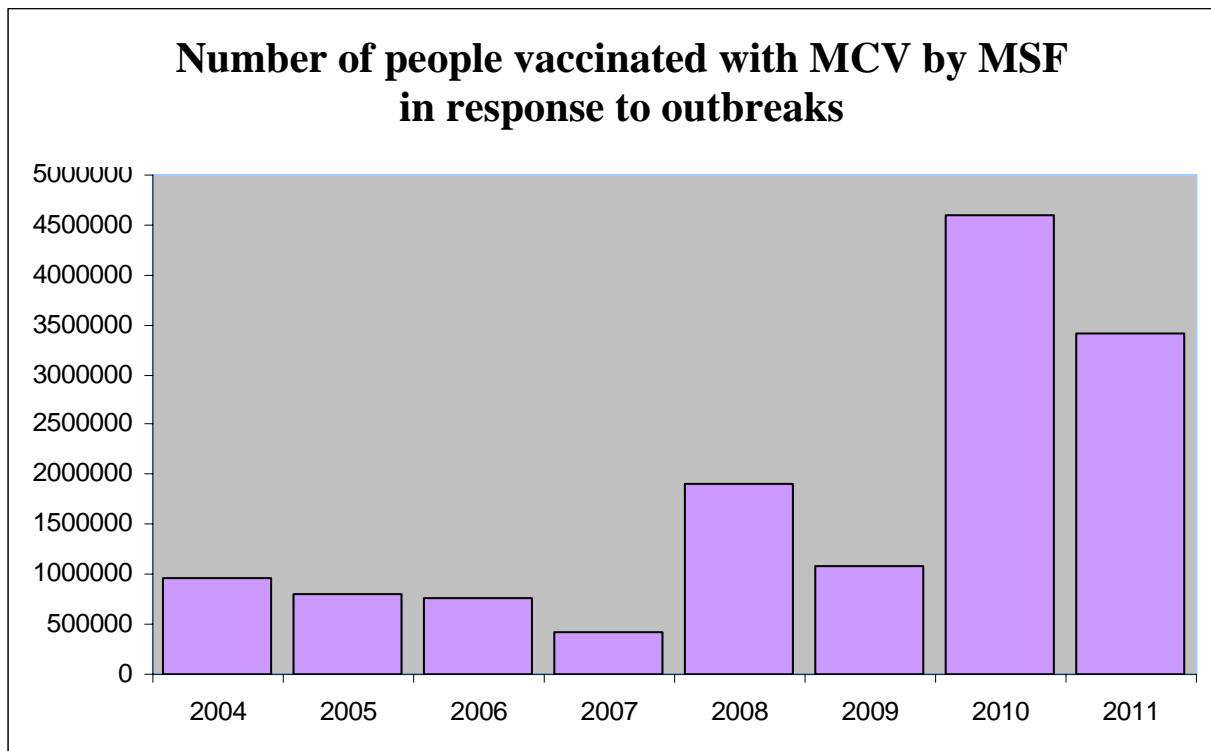
Overview of MSF’s emergency responses against measles

MSF’s emergency vaccination efforts have tracked with trends at the international level. Up until 2007, the number of children vaccinated during epidemics was falling; it then rose again in 2008.

Year	Programs	Children vaccinated
2009	Chad, Ethiopia, DRC, Pakistan, Bangladesh, Nigeria, Sudan, Burkina Faso	1.4 million
2010	Malawi, Chad, DRC, Ethiopia, Yemen, Zimbabwe, Mozambique, Burundi, South Africa, Somalia, Zambia	4.5 million
2011	DRC, Bangladesh, Burundi, Chad, Ethiopia, Kenya, Niger, Somalia, Zambia, Nigeria	In progress

In 2011, in the DRC alone, MSF has already vaccinated nearly 3 million children for measles. The epidemic, which began in that country in September 2010, has lasted almost a year.

¹ Source: World Health Organization (WHO)



MCV=Measles-Containing Vaccine

Measles--a not-so-harmless disease

A viral disease, measles is spread via infected droplets produced by the sneezing and coughing of infected persons, or by contact with their oropharyngeal or nasal secretions. Measles primarily affects children, causing fever, respiratory infection and rashes. There are significant risks of complications: ear-infections, pneumonia, diarrhea, malnutrition and encephalitis (brain inflammation). Complications can lead to convulsions, blindness, impaired mental development, and even death.

Although reported deaths often make up less than 1% to 2% of all cases, studies conducted between 2003 and 2005 indicate that 2.8% to 7% of cases actually die, but are not officially reported. The death rate may be even higher in situations where there is very limited access to medical treatment. In the absence of treatment, and in certain unstable environments, measles can cause death in 5% to 20% of patients. Those treated are nevertheless subject to a higher risk of death for the following 12 months because measles lowers the immune system's effectiveness. But those who recover are no longer at risk: the disease makes them immune for life.