

# Weekly epidemiological record

## Relevé épidémiologique hebdomadaire

14 FEBRUARY 2020, 95th YEAR / 14 FÉVRIER 2020, 95<sup>e</sup> ANNÉE

, , 61-68





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The economic benefits of investing in vaccines, particularly measles–rubella vaccines, are well established.<sup>22–25</sup> Broadly, vaccines give an estimated overall 44-fold return on investment (uncertainty range: 27–67);<sup>21</sup> the highest return on investment is for the measles vaccine (58-fold uncertainty range: 28–105) after provision of 2 routine immunization doses and outreach campaigns.<sup>21</sup>

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Strengthening routine vaccination services in low performing countries is a requirement for achieving measles and rubella eradication. A lesson learnt from polio eradication is the importance of close linkage of measles–rubella activities with overall improvement of the performance of immunization programmes. Several tactical approaches, collectively called “the diagonal approach”, can be used to link strategies for measles–rubella eradication with strategies to strengthen immunization programmes.<sup>29, 31, 33</sup>

**The diagonal approach:** The approach moves beyond the stereotypical vertical vs horizontal approach to implementing health initiatives. This third way builds national immunization programmes and on achieves targeted disease objectives simultaneously, as recently described.<sup>33</sup> Measles is particularly amenable to this approach, as its contagiousness makes close attention to both aspects of the “diagonal” construct necessary for successful eradication. Four tactics, summarized in the recommendations below, are proposed to link measles and rubella eradication with strengthening immunization programmes to reach their respective GVAP goals (*Figure 1*):

1. Catch-up and keep up: Use the second dose of measles-containing vaccine (MCV2) introduction to create opportunities to receive vaccines and other child health interventions in the second year of life and beyond.
2. Use measles as an indicator of health sys738 BDC B o700H.4U(sys738mrh(2.)T(meas)7 (les(t)(e)-8n8 (s8-8 008EMCa515g(

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2 Rubella is the leading infectious cause of congenital birth defects. Remarkable progress has been made in introducing rubella vaccine in developing countries, reducing global inequity in its use and reducing the numbers of reported cases of rubella and of CRS, although approximately 105 000 infants are born each year with preventable CRS.<sup>3</sup> Rubella vaccine use in routine childhood immunization increased from 99 (51%) countries in 2000 to 168 (87%) countries in July 2019 and the Region of the Americas has interrupted endemic rubella transmission since 2009.

2 La rubéole est la première cause d'anomalies congénitales d'origine infectieuse. La mise en place du vaccin antirubéoleux a progressé de façon remarquable dans les pays en développement, réduisant les disparités d'utilisation du vaccin dans le monde et le nombre de cas déclarés de rubéole et de syndrome de rubéole congénitale, mais quelque 105 000 enfants atteints de ce syndrome évitable naissent chaque année.<sup>3</sup> Inclus dans le programme de vaccination systématique des enfants de 99 (51%) pays en 2000, le vaccin antirubéoleux figurait dans le programme

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3. Despite measles outbreaks in all WHO regions and with global incidence increased from 18 reported cases/million population in 2016 to 50 reported cases/million in 2018, the ITFDE continues firmly to consider that eradication of both measles and rubella is technically feasible and that both should be eradicated. The ITFDE considers that more can and should be done by global health and donor organizations to ensure adequate support by WHO regions and Member States, all of which had committed by 2013 to regional measles elimination targets.
  4. The literature on the economics and the measles-rubella investment case confirm that measles-rubella eradication is more cost-effective than indefinite control, and the ITFDE strongly encourages all partners to make this case to decision-makers as often as possible.
  5. As noted at the 2015 ITFDE meeting, the impending completion of polio eradication opens an opportunity to improve integration and linkage of the Global Polio Eradication Initiative with measles and rubella eradication and its essential requirement for a strong immunization programme platform. Increased country and regional work against the continued high burden of measles, rubella and CRS must not, however, jeopardize achievement of polio eradication.
  6. A lesson learnt

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bien moins contagieuse que la rougeole. L'ITFDE considère que la rubéole peut être éradiquée au cours des 10 prochaines années. La vaccination systématique universelle des enfants au moyen du vaccin antirougeoleux-antirubéoleux doit devenir la norme partout dans le monde au cours des 3 prochaines années. L'ITFDE encourage à examiner, à l'Assemblée mondiale de la Santé en 2020, la faisabilité de cet engagement mondial et à quel moment le prendre.

- 9 Pour mettre fin aux épidémies de rougeole dans de nombreux pays et améliorer la sécurité sanitaire mondiale, l'ITFDE est favorable au principe d'exiger la vaccination antirougeoleuse pour les voyages internationaux, à la fois des voyageurs qui quittent