**Measles & rubella supplementary immunization campaigns**  
**October and November 2019**

In Myanmar, measles and rubella supplementary immunization campaigns are held in several phases.

- **phase one (completed):** 96 high priority townships conducted 25-29 Oct 2019 (together with polio)
- **phase two:** remaining 234 townships to be conducted 26-28 Nov 2019
- **overall,** 4.7 million children aged 9 months to 5 ½ years are targeted

**Focus on high priority townships**

Careful analysis suggested special focus on 96 townships across Myanmar. These are especially those where urban poor and hard-to-reach populations reside.

Analysis showed that people can be both geographically and socially hard to reach, causing difficulty in service delivery. This includes areas affected by security issues.

**Why measles matter**

- Measles is a highly contagious disease. It causes disabilities and can even kill. Children below 5 years are most at risk.
- Measles can easily be prevented by vaccination, which is safe and in common use throughout the world since 1968.
- Recently, there has been a global increase in measles cases and deaths due to a combination of vaccine hesitancy and gaps in delivery. Vaccination fears are unfounded, and gaps in delivery can be addressed.
- Vaccination can cut transmission of cases drastically. The better the coverage the more effective the protection from disease.

**Why rubella matters**

- Rubella infection in early pregnancy can lead to serious consequences. These include possible abortion or still birth. They can further lead to multi-organ disorders of the newborn, with eye sight, hearing, heart or brain defects possible.
- Rubella originates from the Latin word for ‘red’. It was first suggested to be different from measles by German physician Dr George de Maton in 1814. Hence, rubella is sometimes called German measles, although it has nothing to do with measles.
Measles situation in Myanmar

- About 3,965 cases of measles were reported in the country during 2019 to date. While most sufferers were below 15 years of age, children under 5 years represented a majority.

- Throughout 2019, Myanmar has been responding strongly with supplementary measles immunization. Our newsletter special during February 2019 refers https://bit.ly/2CI4Bk0. In addition, routine immunization services are improving.

Measles & rubella vaccine...

- ...is safe and effective*
- ...is single-dose for both diseases
- ...mostly provides lifelong immunity for both measles and rubella.


Measles and rubella vaccine is usually well tolerated. At the same time, some children may experience mild fever and (or) slight pain at the site of vaccination. Caregivers should contact health care workers if symptoms persist.

Polio eradication: global situation

- Our world is very close now to achieving the eradication of polio.
- There are three types of wild polio virus. Types 2 & 3 have been certified as eradicated globally, with type 1 still to be eradicated.
- Presently, wild polio virus type 1 is circulating in Afghanistan and Pakistan, with 72 and 16 cases reported during 2019 (up to 31 October), respectively.
- In addition, vaccine-derived polio viruses of types 1, 2 & 3 are in circulation, especially in areas of low immunization coverage globally.
- Hence, efforts need to continue in every country until global eradication is achieved.

Myanmar’s polio response:

The country is presently experiencing an outbreak of vaccine derived polio virus (type 1) in Hpa-pun township, Kayin State. This is a security-compromised area where immunization coverage has been low. Our newsletter special of 5 August 2019 refers https://bit.ly/33JbygO. To date, 6 cases have been detected, the last one reported on 9 August 2019.

Measures taken:

- four rounds of supplementary vaccination with oral polio vaccine have been conducted during July-October 2019. These centred on the 12 townships adjacent to Hpa-pun, across two states and one region.
- regular immunization services are being improved, in closer cooperation with Ethnic Health Organizations in hard-to-reach areas.
- surveillance is enhanced to high standard in the country, in order to detect cases of acute flaccid paralysis* - considered as ‘gold standard’ for surveillance of polio eradication
- in addition, crossborder collaboration between Myanmar and Thailand is taking place.

* sudden onset of floppy (non rigid) paralysis

WHO Myanmar newsletter special ‘preventing measles, rubella, polio,’ 25 November 2019