

MEASLES IN BOLIVIA A HONEYMOON PERIOD

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BACKGROUND



Although measles is a highly infectious disease, the live measles vaccines provides protection for ever 20 year, and immunity may be lifelong this study assessed measles seroprevalence in schoolchildren in the Cochabamba region of Bolivia

INTRODUCTION

has had one of the highest mortality rates for children younger than 5 years old

BOLIVIA



1979 All children aged 12-23 months are given a single dose of live attenu- ated vaccine

1979 the first vaccination campaign was conducted against measles MMR1

INTRODUCTION



There were only 122 cases of confirmed Measles in 2000

1980 there was a Dramatic decrease in measles incidence 4-69/100,000 people

BOLIVIA

1999 EPI second genera tion introduced some new vaccines the MMR 2

1994 to 2000-Were vaccinated 96% of children under 15 years

There was a nationwide epidemic in 1998-2000 that involved 2567 people

INTRODUCTION



BOLIVIA

with the last confirmed case of indigenous measles occurring in October

Since 2000, Bolivia has Not reported any cases of measles to the W H O

even though the official immunization coverage rate has dramatically decreased from 99% in 2000 to 79% in 2010

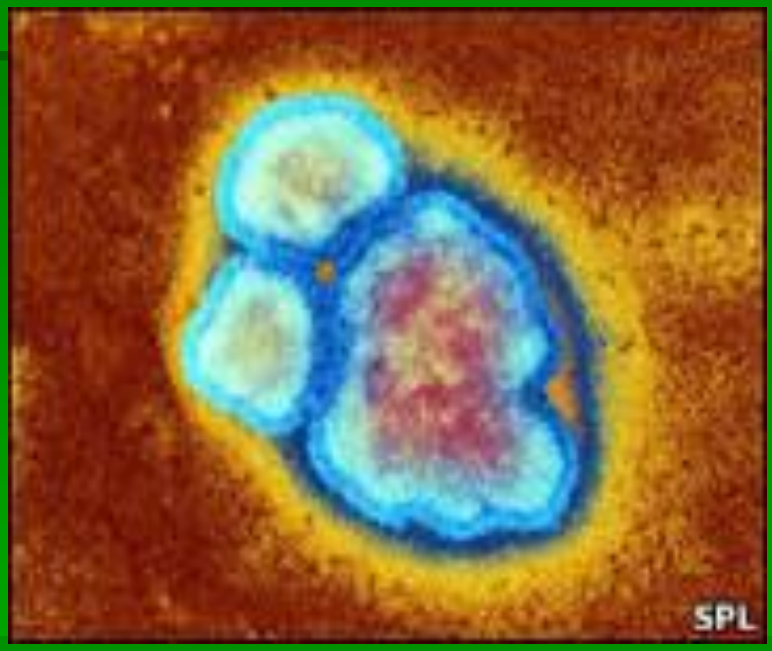
% of districts that did not reach the herd inmunity threshold increased from 69% in 2009 to 77% in 2010

INTRODUCTION

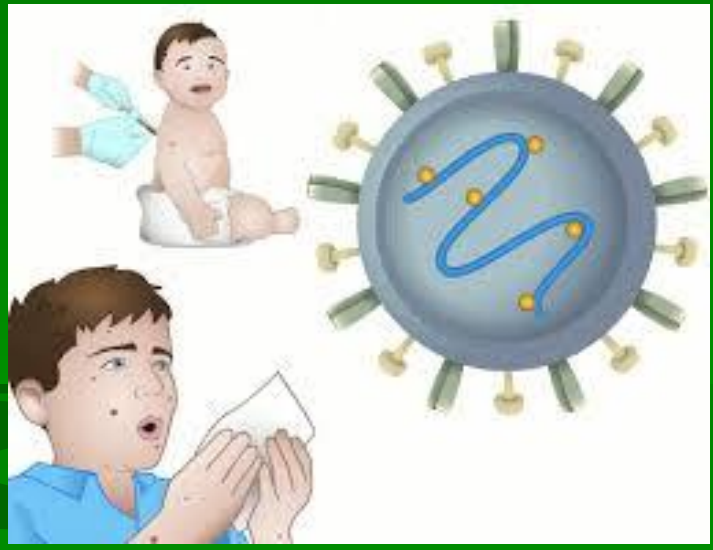
immunity to measles

To maintain herd immunity and prevent measles outbreaks, the immunization coverage rate should be at or above 83-95%

Bolivian children may have received a single vaccine dose (MCV1) or two doses (MCV2), depending on which campaign they were part of (i.e. catch-up, keep-up, or follow-up campaign).



INTRODUCTION



INMUNIZATION AND SUSCEPTIBILITY

Bolivia only have data of rates of immunization Coverage and it does not report the susceptibility

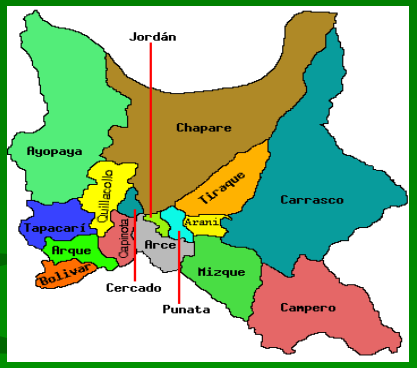
Immunization for measles can be for 20 years or lifelong

Given the paucity of data about measles susceptibility in child- hood in the Cochabamba region of Bolivia,

THE ESTUDY WAS DONE

METHODS

SEROEPI. SURVEY



performed in march and april of 2010

5-16 year old schoolchildren

LIVING IN COCHABAMBA

n=441 CHILDREN

METHODS

SAMPLES



E. LINKED FLUORECENT ANTIBODY TEST

SCHOOLCHILDREN

COLLECTED SOCIODEMOGRAPHIC

14 SCHOOLS BLOOD WERE OBTAINED

PARENT ADMINISTERED QUESTIONARE (BOLKID)

METHODS



Questionnaire BOLKID

and then did the analysis of measles in Barcelona

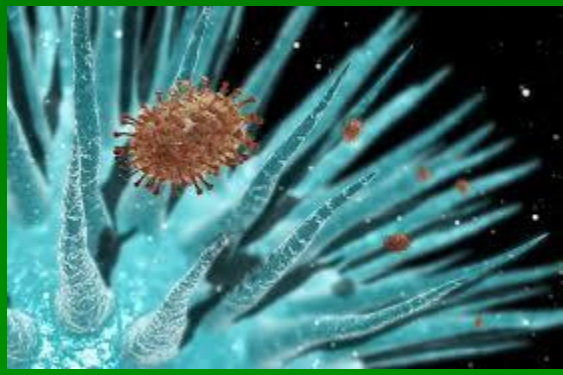
with socio-demographic variables, parental education levels, and housing conditions

And was made a blood draw

A physical examination

Ask were completed on the same day

METHODS



MEASLES PREVALENCE

- CHI SQUARE TEST OF FISHERS
- CORRESPONDING THE ANOVA
- KOLMOGOROV SMIRNOV TEST < 0.005
- THE KRUSKAL WALLIS TEST

RESULTS



GLOBAL SEROPREVALENCE WAS 69.61%

LIVING AREA O NUMBER OF FAMILY

WAS HIGHER IN ADOLESCENTS 84.16%

NO DIFFER ACCORDING TO SOCIOECONOMIC STATUS

SPANISH SPEAKERS 74.74%

CONCLUSIONS

FOUND

HIGH PREVALENCE OF MEASLES SUCEPTIBILITY IN BOLIVIA CHILDREN THUS

AND SOME OUTBREAK COULD OCCUR

HERD INMUNITY MAY NOT HAVE BEEN ESTABLISHED

RECOMENDATIONS



AUTHORITIES SHOULD REDRESS

THIS SITUATION BEFORE ENDEMIC MEASLES

TRANSMISION OCCURS NATIONALLY AND REGIONALLY

AND THERE IS AN URGENT

NEED CONDUCT MORE

SEROPREVALENCE STUDIES IN THE REGION


Thanks!