Dear Editor,

Under the global mission to leave no one behind and attain universal health coverage, the policy makers and other stakeholders from the South-East Asia Region have focused their attention toward attaining elimination of measles and control of rubella by the year 2020.[1,3] To achieve a four-pronged strategy has been adopted comprising of accomplishing and sustaining a minimum of 95% coverage with couple of doses of measles-rubella vaccine, establishing an effective case-based surveillance to attain the set performance indicators, developing an accredited network of laboratories for diagnosing both the infections, and strengthening supportive services to ensure the success of the above-proposed interventions.[1,3]

It is a matter of great pride that Bhutan and Maldives have successfully eliminated measles, much prior to the proposed regional target of 2020.[1] The expanded immunization program was initiated in both the nations before 1980s and since then constant efforts have been taken to improve the reach of immunization services.[1,3] Maldives and Bhutan have not reported any indigenous case of measles for the last 8 years and 5 years, respectively, and it is predominantly due to the strong political commitment, well supported by the concerted efforts of health workers and stakeholders at all levels.[1,3]

In addition, the nations have established strong laboratory networks for surveillance, and extensive case investigation and tracking activities have been performed for each and every case, regardless of the geographical constraints.[1,3] Furthermore, to sustain their gains, both nations have been organizing mass vaccination campaigns to cover vulnerable population groups.[3] Moreover, all nations in the region have incorporated two doses of measles in their immunization schedule, and it is supplemented with surveillance activities for both the infections.[1,2] In fact, in the year 2016 alone, due to the intensive immunization activities, close to 0.62 million measles-attributed deaths have been averted in the entire region.[1]

However, the available estimates from the region clearly indicate that >4.5 million children are devoid of immunization against measles each year, which in itself is a great risk for reemergence of the disease in Bhutan and Maldives for starting a new chain of transmission.[1,3] Thus, both the nations should continue the good work against measles and rubella and take appropriate measures to respond timely with any importations.[1,2]

To conclude, elimination of measles from Bhutan and Maldives is a major public health accomplishment, but then it is just the start of better public health outcome, and a lot needs to be done to accomplish the elimination of measles and control of rubella in the entire region.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Saurabh RamBihariLal Shrivastava, Prateek Saurabh Shrivastava, Jegadeesh Ramasamy

Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Kancheepuram, Tamil Nadu, India

Address for correspondence:
Dr. Saurabh RamBihariLal Shrivastava, 3rd Floor, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Ammapettai Village, Thiruporur - Guduvancherry Main Road, Sembakkam Post, Kancheepuram - 603108, Tamil Nadu, India.
E-mail: drshrishri2008@gmail.com

Received: 26 Jun 17 Accepted: 19 Sep 17
Published: 07 Nov 17

References


This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 license, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code:  
Website: www.ijpvmjournal.net/www.ijpm.ir
DOI: 10.4103/ijpvm.IJPVM_276_17

How to cite this article: Shrivastava SR, Shrivastava PS, Ramasamy J. Bhutan and Maldives eliminate measles: World health organization. Int J Prev Med 2017;8:91.