

Measles: New efforts needed to stop an old disease

April 25 2013, by David Durrhiem



Parents who choose not to vaccinate their children put the whole community at risk. Credit: Dave Haygarth

New diseases grab headlines. The latest influenza scare – [H7N9](#) – has prompted much speculation about the direction the virus might take. And rightly so, as vaccines to fight new viruses can take some time to be produced. But there is an old virus that deserves our attention, too: measles, which causes a distinctive rash and fever.

Measles may not immediately strike fear into your heart, but in many countries it does. [Children](#) who contract the virus are at risk of serious complications such as [pneumonia](#) and [encephalitis \(brain inflammation\)](#), which can be fatal. The virus, one of the most infectious ever known, still kills more than 400 children every day – mostly in poorer countries with weaker immunisation systems.

These deaths are needless because we have an effective and inexpensive [measles vaccine](#). In fact we have had it for almost half a century. Readers who are a bit older will remember the pre-vaccine measles outbreaks here in Australia, and the illness, deaths and long-term [neurological disability](#) they left in their wake.

Since we have had the vaccine, Australia has done fairly well against measles. In most parts of the country, our immunisation rates are high, giving most children protection against the virus.

However, as the latest immunisation coverage report from the [National Health Performance Authority](#) shows, there are several places in Australia – richer and poorer – where immunisation coverage is simply still too low, below the 93% to 95% coverage required to prevent measles outbreaks, putting children at unnecessary risk. It is in some of these places that we saw measles outbreaks in 2011 and again in 2012 with almost 400 cases.

The measles virus can move incredibly quickly around the world and when introduced into Australia by travellers – including unvaccinated [Australians](#) who have travelled to places where measles still persists – outbreaks can occur with rapid spread.

These outbreaks are costly. They cause illness, absenteeism at work and school, and the diversion of our health resources. Nurses and doctors spend time following up hundreds of people who may have been in

contact with someone infected with measles, or caring for measles patients in hospital.



International immunisation programs have reduced measles deaths globally by more than 70% since 2001. Credit: Julien Harneis

Australian children should be immunised against measles at 12 months of age with a vaccine that protects against measles, mumps and rubella. To provide life-long protection a second measles dose should be provided before the child goes to school and from June 2013 this will be recommended at 18 months of age.

Unfortunately a small number of children cannot be vaccinated against measles because of pre-existing health conditions such as some cancers or because they are receiving chemotherapy. They are at particular risk

and it is for their sake, and that of our own children, that we must ensure very high immunisation coverage everywhere in Australia.

Parents who do not have their children vaccinated due to ideological reasons, not only place their own children at risk, but also threaten the most vulnerable children in Australia.

Still, we have plenty of good news about measles control. The Western Pacific Region of the World Health Organization, to which Australia belongs, reduced measles cases by 93% between 2008 and 2012. The region includes countries like China, Japan, Cambodia and Papua New Guinea and is on track to eliminate measles. This would be an historic public health achievement.

So what is left to do to stop measles?

First, Australia should lead by example. The latest immunisation coverage figures must be used to target services in areas where immunisation coverage is low, and raise coverage to levels that will protect all Australian communities.

Second, Australia should continue to contribute to the Western Pacific regional goal to eliminate measles. The region can benefit from our financial and technical support and we can probably do even more to help poorer countries keep measles and other vaccine-preventable diseases at bay.

Third, Australia can contribute to the broader global effort to eliminate measles and rubella, which can be stopped with an inexpensive combined vaccine.

Partnerships including the Measles & Rubella Initiative (led by the American Red Cross) are raising funds and providing support to

countries in sub-Saharan Africa and the Middle East to conduct measles campaigns and strengthen their regular immunisation services. These efforts can have a huge impact and have already reduced measles deaths globally by more than 70% since 2001.

The global goal is to reduce measles deaths by 95% by 2015, and to eliminate measles in most countries of the world by 2020.

Measles moves fast, and [measles](#) anywhere is a costly risk to unprotected communities everywhere. We can banish this old disease with a highly effective and safe "old" [vaccine](#).

More information: [H7N9](#)

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