

Increased incidence of measles in vaccinated population of Pakistan

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Madam, It is a matter of great concern that measles has become one of the major contributor to the mortality and morbidity of children all over the world including Pakistan.¹ Measles is caused by RNA virus called as paramyxovirus. It is a highly contagious disease spread mainly through airborne particles in cough and sneeze. The incubation period is 10 -14 days.² The symptoms are usually followed by a typical maculopapular rash starting from face spreading downwards.

Unfortunately due to lack of proper surveillance infrastructure, the demographic statistics of measles including age of the patient are unknown. According to World Health Organization, 4386 cases in 2011 8046 in 2012 and 8749 cases were reported in 2013 from Pakistan.³

Even though the risk of contracting measles is high in unvaccinated population, the increased outbreaks in vaccinated populations raises a big question on our vaccination programme. The cause of measles outbreaks despite extensive immunization demands serious attention. According to a senior doctor in Pakistan Institute Of Medical Sciences, Islamabad, out of 550 reported cases of measles, 305 cases were from Urban areas and more than 50 % were vaccinated.⁴ This is further supported by a study conducted in Lasbella Karachi which showed the rate of vaccination failure to be over 50%.⁵ Another study conducted in Karachi showed the coverage of measles to be 90 % but measles antibodies were only found in 55 % of children.⁶

According to another study poor immunization, corruption in health system, destabilized immunization programmes, negligence among parents and

malnutrition are some major causes of immunization failure in Pakistan.⁷

The causes of vaccination failure should be sorted out. Seminars and awareness workshops should be organized to increase awareness about measles. CME and Training programmes should be introduced for health care personnels responsible for vaccinations in order to make immunization more effective. Isolation units should be present in all centres to cut down the spread of measles in close contacts. The EPI programme should be reviewed according to the international standards set by World Health Organization. The cold chain maintenance should be given pivotal importance. The corruption in health system should be highlighted and fixed. New techniques to test the specimen should be introduced and access to vaccination be made easy for everyone including those in rural areas. All these measures can help eradicate measles from Pakistan and decrease the mortality associated with measles epidemics.

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