

# Measles 2010

## MEASLES SURVEILLANCE:

### Findings:

A total of 239 suspect measles cases were reported and investigated from January-December 2010 in the different sentinel sites and reporting units in the region. Ages ranged from 2 months to 55 yrs old. Seventy-eight (78) of the cases were positive for IgM antibodies for measles. One case died. (CFR 0.41)

"Disease surveillance produces information for action."

### Discussion:

Thorough investigation of cases in these areas were conducted with the coordination of LGUs, City Health Office, District Health Office, CESU and RESU DOH XI. All cases that manifest measles like symptoms were investigated and collected with blood specimen, adequate case management of suspected cases was done to prevent active transmission and noted because of the low case fatality rate. There is a significant risk of having clustering of measles in some areas of the region for the following reasons. 1) accumulation of susceptible children, 2) pockets of areas with low immunization coverage, and 3) inadequate surveillance.

**RECOMMENDATIONS** Provincial EPI Coordinator/ DOH Representative AFP cases seen in the community must be advised hospitalization for complete Work up. Proper and prompt reporting to CHDSM/RESU at Tel No. (082) 305-1909 For cases not admitted: assist in filling-up of investigation form and adequate stool specimen collection. Intensify IEC on AFP, and other EPI diseases in the barangays. For Private and Public Hospital Physicians/Authorities Timely reporting of AFP and other EPI disease suspect case to RESU XI Adequate isolation measures for in-patients with measles cases. Prompt immunization of all pregnant women with TT during routine check-up All mothers of neonatal tetanus (case/deaths) should be immunized with TT prior to discharge with instruction to get the next dose in the nearest health facility. Continue supporting the DOH AFP and other EPI diseases surveillance system. Polio importations will remain a risk until polio is eradicated everywhere and should be treated as an urgent public health threat!

For the Local Government/Local Health Units Achieved and maintain high immunization level of AMV (>95% of those under 5 years old full immunized). Early detection of new cases of measles with immunization of probable contacts as soon as possible. Update the list of all traditional birth attendants and monitor their deliveries. Intensify campaigns in breastfeeding and the importance of good nutrition in infants. Increase and maintain at least 90% Tetanus Toxoid coverage in all areas For Regional Epidemiology Surveillance Unit1. Retrospective review of hospital records for missed AFP, measles and NT cases.2. Continue active EPI surveillance (AFP, Measles and NT cases): prompt reporting, investigation and stool collection and serum collection. "We Found them because we looked for them" – RESU XI