Mass Measles Vaccination

Dear Editor,

I read the paper "mass measles vaccination campaign in Aila Cyclone-affected areas of West Bengal, India" by Malik and colleagues published in the December, 2011 issue of IJMS. The paper described a program of mass measles vaccination that was a good experience for health authorities.¹ However, some issues should be considered in health policies for the prevention of measles. Measles is a highly contagious respiratory viral infection, and despite available vaccine, it causes a high mortality in developing countries.^{1,2} There was an outbreak of measles in Iran in 2003, and more than 11,000 measles patients, some of whom were adult with threatening infection, were located.² More than 33 million of people with an age range of 5-25 years were vaccinated. The vaccination led to protection against measles in 98.6% of subjects. This led to reduction of the prevalence of the disease to zero except for few cases of immigrants from neighboring countries.³ After the mass vaccination, children have been vaccinated routinely against measles, and there has been no need for vaccination outside of Expanded Program on Immunization (EPI) program.⁴

The principal reasons for outbreak of measles even in disasters include inadequate vaccination coverage, which leads to inadequate immunity against the disease,⁵⁻⁷ loose adherence to the vaccine cold chain,⁶ vaccination in the early age (less than 6 months),⁷ and type of vaccine.⁷

The ineffectiveness of mass vaccination program against measles in India reported by Mallik and colleagues ¹ might be related to early age of the participants (less than six months), shortage of funds and financial support, inadequate coverage (they had 70% coverage, whereas it should be more than 95%), destruction of public infrastructure by disaster (cyclone), and lack of pilot study to establish immunity against measles.

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