PREVENTION OF CONGENITAL RUBELLA AND CONGENITAL VARICELLA IN EUROPE

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To the editor: The World Health Organization Regional Office for Europe would like to express our appreciation to the authors of the Eurosurveillance article "Prevention of congenital rubella and congenital varicella in Europe" [1]. We agree with the authors on the importance of identifying congenital rubella syndrome (CRS) cases and the importance of increasing rubella immunity among women of childbearing age through the use of rubella-containing vaccines. In 2005, the World Health Organization (WHO) Regional Committee for Europe adopted the 2010 goal of regional elimination of measles and rubella and prevention of congenital rubella infection (using CRS as an indicator) [2].

Pandolfi et al. stated in their article that to reach these goals the WHO Regional Office for Europe advocates strategies including strengthening surveillance for CRS and achieving and maintaining high immunisation coverage with measles and rubella-containing vaccines. The article does not mention, however, that the key strategies also include establishing and strengthening rubella surveillance activities in all Member States of the WHO European Region. Rubella surveillance relies on identification and investigation of suspected cases, including laboratory testing; and monthly case-based reporting (i.e. reporting of individual case information) of rubella to the central government (national public health and surveillance institutions) and to the WHO Regional Office for Europe. These activities are crucial in reaching the goal of preventing congenital rubella infection and monitoring and verifying such achievements in the Region.

Two key indicators in reaching the 2010 rubella elimination and congenital rubella infection prevention goals are annual rubella incidence of <1 indigenous case per 1,000,000 population and CRS incidence of <1 per 100,000 live births. Pandolfi et al. accurately point out the difficulties in obtaining reliable data on the incidence of CRS for various reasons, including the asymptomatic nature of rubella infection, the time lapse before infants with CRS may display symptoms (such as hearing impairment), and weaknesses in surveillance systems. At a national level, well-established rubella surveillance provides better information on the extent of rubella virus transmission and associated morbidity, allows for the identification of groups in which additional disease control efforts are needed, and augments information on population susceptibility from serosurvey results like the ones described by the authors. Prompt disease reporting to local and national authorities is crucial for case investigation and implementation of control measures to prevent additional cases of rubella and CRS.

We believe that high-quality rubella surveillance and disease reporting needs to be emphasised more strongly than is done in the Pandolfi article. Although the authors state that rubella surveillance is in place in all of the WHO European Region countries, the WHO and EUVAC.NET surveillance systems assessment suggests this is not the case [WHO unpublished data 2008; 3]. While most countries have systems for rubella surveillance, there are large, highly-populated countries in the WHO European Region without national rubella surveillance, and many others that do not report rubella cases to national levels. Many others are not in a position to report rubella cases on a monthly basis [3]. Because of the continued circulation of rubella virus in many parts of the world, even with high routine coverage of rubella-containing vaccine among children, there may still be cases of congenital rubella infection given the potential for rubella susceptibility in cohorts of women of childbearing age. We agree with the authors that supplemental immunisation programmes that include susceptible cohorts, who may not have been vaccinated through routine use or supplemental immunisation activities, must be maintained. It is estimated that without rubella immunity among women of childbearing age, even with high routine-use coverage, it could take up to 35 years to eliminate congenital rubella infection [4].

The WHO Regional Office for Europe is committed to eliminate rubella and prevent congenital rubella infection, and encourages its Member States to continue establishing and strengthening rubella and CRS surveillance systems and activities. Without this, reaching the regional goals for elimination of rubella and prevention of congenital rubella infection by 2010 will be endangered.

References

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