"AN OUTBREAK OF MEASLES IN THE CAMPO DE GIBRALTAR AREA, ALGECIRAS, SPAIN, FEBRUARY – JULY 2008: POPULATION CONTROL MEASURES"

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BACKGROUND AND AIMS:

Several European countries have notified measles outbreaks in specific population groups. The Andalusia Vaccination Calendar includes two doses of measles, mumps and rubella (MMR) at the ages of 15 months and three years.

On the 4th of February 2008, two cases of measles from "Campo de Gibraltar", a sanitary area in the south of Spain were notified to the Andalusian Epidemiological Surveillance Network ("SVEA"). The aims are to characterise the outbreak and the population control measures.

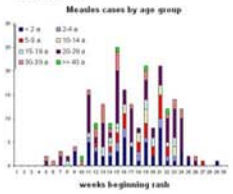
METHODS:

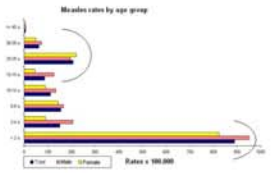
The following steps have been taken to control the outbreak: respiratory isolation of the cases; vaccination (**Priorix**GSK) or immunoglobulin to susceptible contacts, with close surveillance at work, schools, nurseries, and health centres; vaccination of infants aged between 6 and 15 months and catch-up to 3 years old and health workers.

RESULTS:

A higher incidence has occurred in the city of Algeciras with a rate of 157.9 x 105 inhabitants (112.3 x 105 if we consider only the cases confirmed) and in La Línea with 31.4 x 105 inhabitants (20.4 x 105 if we consider only confirmed cases). Higher incidence in depressed areas. 13 cases were admitted, not having to highlight deaths or complications. Highest incidence in the group younger than 2 years and in the group of 20 - 29 years.

Age: Median 17.9, 16.6 Average, Minimum 2 months, maximum 46.9 years. 56.2% are male.





Age group	Male	Rates	Female	Rates
<2 years	28	951,41	23	824,00
2-4 years	10	206,34	4	89,57
5-9 years	12	165,08	10	143,12
10-14 years	9	132,84	6	88,98
15-19 years	9	124,53	3	44,49
20-29 years	35	193,61	36	219,34
30-39 years	15	72,88	11	49,55
40 > years	4	7,93	2	3,57

During the outbreak a total of 313 cases of suspected measles were reported, 155 cases (71.4%) are confirmed, 137 by laboratory (88.4%) and 18 (11.6%) by epidemiological link. The 65.2% were not vaccinated (the cultures of all cases correspond to isolates of measles virus genotype D4 imported).

Interventions: Vaccination 90% age 6-11 months, 100% age 11-15 months, Cath-up 50%, and 273 health workers. Contact studied 3223: 35.5% family, 14.6% and 49.9% working contacts. 29% of the contacts were vaccinated.

CONCLUSIONS:

The disease mainly affected the adult population with low immunization coverage, as well as children under 15 months and still unvaccinated. Since it was not a strain previously isolated in indigenous cases, it would be presupposed as imported although it has not been possible to locate the index case. Pockets of family members not vaccinated at social risk were detected that indicates the need for a more comprehensive immunization coverage.