LETTER TO THE EDITOR

Why are measles and rubella returning in Brazil?


Since their discovery, rubella and measles have been treated with concern due to the infectivity and mortality of these diseases in non-immunized or immunocompromised individuals (Kaplan et al. 1992). These vaccines are still part of the vaccination schedule of the Brazilian population. Since 2019 the Brazilian Ministry of Health has reported the increase of rubella and measles cases in the country (Makarenko et al. 2022). From 2017 to 2019, DataSUS indicated a 99.8% increase in confirmed measles cases. Rubella, last reported in Brazil in an imported case in 2014, was suspected of at least 660 cases in the country in 2022. Despite 23 years of a vigorous vaccination schedule, the return of these infections is occurring and the main reason involves individuals who have not adhered or had no access to vaccination.

According to the results of Godin et al. (2023) the vaccination coverage of the triple viral vaccine between 2006 to 2020 dropped by about 1.2% per year. Segatto et al. (2011) identified that a large part of the individuals not immunized with the triple viral vaccine in Brazil were adolescents and young adults, a socially active age group. In the same perspective, the study by Oliveira et al. (2022a) pointed out low vaccination coverage for rubella and measles and a concern about the possible resurgence of this disease in a population in southeastern Brazil. The results found in these studies expose the population to public health risks, such as immunosuppression caused by measles capable of increasing mortality from other infections (Xia et al. 2022). The main question is: what may be causing the low adherence to immunization and the increase in cases of these preventable diseases?

Immigration may be one of the reasons that hinder immunization control in the Brazilian population. In their countries, migrants can be exposed to infectious agents and the migration process becomes a global route of disease transmission (McCarthy et al. 2013). In the country, although Latin American migrants are required to show proof of measles vaccination, there are migrants with delayed vaccination or an incomplete vaccination schedule, and migrant health care may be affected by the language and social barrier between subjects (Kuan et al. 2020). Therefore, it is necessary to create a vaccination control program for migrants in situations of vulnerability and vaccine pendency.
The health emergency caused by the COVID-19 pandemic may also have affected vaccination coverage for these preventable diseases. Benedetti et al. (2022) indicated that between 2019 and 2020, the triple viral vaccine suffered a 22.01% reduction in vaccination coverage compared to previous years. The hypothesis for this reduction is that the mitigation and social distancing measures caused by the pandemic prevented or reduced access to vaccination centers or to complete the immunization schedule.

Another hypothesis is the increase in anti-vaccination initiatives. Among the vaccination coverage rates, there are overwhelming figures that propose non-vaccination as an optional social task (Oliveira et al. 2022b). But it is already known that vaccination does not necessarily prevent infection by the etiological agents, but significantly reduces the intensity of infection and mortality from these diseases (Shukla & Shah 2018). Therefore, effective vaccination coverage against diseases that already have vaccine intervention is of utmost importance, and to this end, the formulation of vaccination campaigns that target anti-vaccine groups in order to argue the importance of immunization.

REFERENCES

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