



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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ELIMINATION OF RUBELLA AND CONGENITAL RUBELLA SYNDROME IN THE AMERICAS: PROGRESS REPORT

Background

1. The rubella elimination initiative in the Americas was developed after surveillance for measles elimination clearly highlighted how significant rubella and congenital rubella syndrome (CRS) were as public health problems for the Western Hemisphere.

2. The availability of a safe, affordable, and efficacious vaccine, the lessons learned from vaccinating large and heterogeneous population groups with measles-rubella (MR) vaccine, and the existing cost-benefit and cost-effectiveness data, prompted PAHO's Directing Council (2003) to adopt Resolution CD44.R1, calling for rubella and CRS elimination in the Americas by 2010. Countries were urged to develop plans of action to reach the elimination goal and PASB's Director was asked to elaborate a regional plan of action to mobilize the necessary resources to support rubella and CRS elimination and to ensure its sustainability. In 2006, PAHO's Directing Council adopted Resolution CD47.R10 reaffirming the rubella elimination initiative as a Regional priority. The Council acknowledged that sustained efforts by Member States and their development partners were required to achieve the elimination goal. In June 2007 the 140th Session of the Executive Committee, having considered the progress made towards rubella and CRS elimination in the Americas, recommended to the 27th Pan American Sanitary Conference the adoption of a resolution on this subject, contained in Resolution CE140.R10, which is attached.

Strategy for Rubella and CRS Elimination

3. PAHO's rubella and CRS elimination strategy includes using rubella-containing vaccines as measles-mumps-rubella vaccine (MMR) in the routine childhood program and aiming to reach >95% coverage in all municipalities; conducting periodic follow-up

campaigns with MR vaccine; conducting a one-time mass campaign targeting adolescents and adults (men and women); integrating measles and rubella surveillance; and implementing CRS surveillance.

4. Reaching high coverage with rubella-containing vaccines in the routine program, coupled with periodic measles-rubella follow-up campaigns, ensures high levels of immunity in the population. A one-time mass vaccination campaign targeting adolescents and adults (men and women) aims to rapidly reduce susceptible populations, while preventing a shift of disease burden to susceptible young adults, particularly to women of childbearing age.

5. Quality integrated measles-rubella epidemiological surveillance, including laboratory confirmation of cases, is a critical element to documenting rubella and measles elimination in the Americas. Furthermore, molecular epidemiological data can be used to support rubella elimination. Finally, surveillance is recommended to identify infants with suspected CRS.

Advances towards Rubella Elimination

6. Countries of the Region have demonstrated remarkable progress in effectively interrupting endemic rubella virus transmission. This has been possible through the sustained efforts of Member States and the continued dedication of the international community. Health workers and volunteers have further contributed to this success. PAHO sincerely thanks these individuals and collaborating organizations for their invaluable contributions to the significant advances towards achieving the rubella elimination goal.

7. Before 1990, only 6 of the 44 countries and territories in the Region included rubella vaccine in their routine childhood vaccination programs. Today, around 99% of new birth cohorts in the Americas have access to MMR vaccine. All countries but Haiti have introduced MMR vaccine into their routine immunization programs. It is anticipated that Haiti will incorporate MMR vaccine into its regular program for children aged 1 year after its 2007 campaign.

8. At the beginning of rubella elimination, protected adult population cohorts in the countries in the Americas varied as a result of different stages of rubella control. Six countries (Canada, Costa Rica, Cuba, Panama, the United States, and Uruguay) had introduced the MMR vaccine in their childhood programs more than 20 years before. Cuba was the first country to implement a combined strategy of vaccinating adult women and children with rubella-containing vaccine, leading the way for other countries and regions to undertake mass campaigns in adults. The rubella elimination initiative of the English-speaking Caribbean also provided vital information on the successful implementation of adult mass vaccination campaigns.

9. By December 2006, 40 (91%) countries and territories (accounting for 90% of the population of the Region) had implemented vaccination strategies, obtaining $\geq 95\%$ coverage. From 1998 to 2006, Argentina, Bolivia, Brazil (women only), Chile (women only), Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, the English-speaking Caribbean, Honduras, Mexico (subnational), Nicaragua, Paraguay, Peru, and Venezuela (young cohorts only) conducted mass vaccination campaigns among adult men and women to quickly interrupt rubella virus transmission and prevent CRS. Four countries have yet to conduct or finalize mass rubella elimination campaigns in 2007: Bolivia (children), Chile (susceptible male cohorts), Haiti, and Venezuela (adults). Brazil (males and remaining susceptible cohorts) and Mexico (rest of the country) will conduct campaigns in 2008. Collectively, over 116 million men and women (children and adolescents) have been vaccinated against measles and rubella in the context of rubella and CRS elimination efforts. At the culmination of the campaigns programmed for 2008, an additional 80 million individuals will be protected against rubella and measles.

10. Today, all countries of the Americas have firmly committed to rubella and CRS elimination as part of a regional strategy by implementing supplementary immunization activities to complement routine vaccination programs and the interventions previously implemented by the countries of the Region.

11. Critical elements making high-quality mass vaccination campaigns possible include strong political commitment and participation; intense social communication, social mobilization and local micro-planning to ensure full community participation; and the involvement of scientific societies, other social actors, and the media. PAHO's timely and sustained technical support has been instrumental in conducting quality campaigns in the Region.

12. High immunization coverage obtained through routine vaccination and the implementation of complementary vaccination campaigns have dramatically decreased the incidence of rubella. The number of confirmed rubella cases decreased by 98.3% between 1998 and 2006 (from 135,947 to 2,289¹), and the number of confirmed CRS cases from 23 in 2002 to 5 in 2006.² The impact on rubella incidence reduction has been greater in countries that vaccinated men and women in their campaigns.

13. In addition to interrupting rubella transmission, mass vaccination campaigns have greatly contributed to consolidating measles elimination. All 345 measles cases, except one case, reported in the Americas since 2005² have occurred in countries that had not yet implemented or completed a mass MR vaccination campaign among adolescents and adults.

¹ Preliminary data as of Epidemiological Week 52, 2006

² Preliminary data as of Epidemiological Week 15, 2007

14. Currently, Latin American and Caribbean countries are using the seven performance indicators recommended by PAHO to monitor the integrated measles/rubella surveillance. In 2006, 99% of suspect cases reported were discarded following laboratory testing. Prior to implementing the elimination strategy, less than 20% of rubella cases were confirmed by laboratory or epidemiological link. Regional performance on two of the recommended indicators was weak in 2006. The percentage of cases with adequate investigation was only 79%, and only 59% of samples reached the laboratory within five days.

15. Twenty-one national and 124 subnational laboratories are part of the Measles/Rubella Laboratory Network, providing quality testing for measles/rubella serology. In 2005-2006, 75,000 samples were tested throughout the network. Improved viral detection has increased knowledge regarding the rubella genotypes endemic to the Region. The most frequent genotype is 1C, followed by 1E. Genotypes 1g and 2b have been linked to imported cases in epidemiologic investigations. However, the collection of specimens for virus detection must be accelerated to obtain samples for a regional rubella genetic baseline.

16. The number of countries and territories reporting suspect CRS cases increased from 18 (41%) during 1998 to all countries (100%) by 2003. In 2005, countries started reporting suspect CRS cases weekly. In 2006, 617 suspect CRS cases were reported, 5 of them confirmed,¹ a reduction from 1,952 suspect CRS cases and 20 confirmed cases reported in 2005. Best public health practices are currently being identified to improve CRS surveillance at the primary care level, aiming to strengthen the capacity to diagnose congenital anomalies in health services and ensure expert reviewing of suspect CRS cases. Interprogrammatic collaboration with regional networks such as the Latin American Center for Perinatology, Women and Reproductive Health (CLAP/WR) and the Latin-American Collaborative Study of Congenital Malformations (ECLAMC) for CRS surveillance has been emphasized.

Budgetary Implications, Partnerships, and Resource Mobilization

17. Following the 2003 Directing Council resolution it was estimated that the implementation of the rubella and CRS elimination initiative would cost US\$ 210 million (2003-2010). This included the provision of approximately \$35 million (17% of the total) from PAHO and WHO regular budgets combined with extrabudgetary funds. These resources would supplement the estimated \$175 million (83%) that national immunization programs invest in activities related to surveillance, laboratory, supplemental vaccination (follow-up and one-time adult mass campaigns), supervision, social mobilization, training, research, program evaluation, and documenting rubella elimination.

18. It is important to highlight that during the pre-elimination era (accelerated rubella and CRS control), between 1998 and 2003 pioneer countries such as the English-speaking Caribbean, Chile, Costa Rica, Brazil, and Mexico invested \$110 million.

19. From 2003 to December 2006, \$100.4 million have been invested in the regional initiative. This includes \$76.5 million from countries and an additional \$1.3 million from PAHO and WHO regular budgets. PAHO partners, vaccine suppliers, and non-governmental organizations have contributed over \$22.6 million. These funds have covered surveillance, campaigns, training, evaluation and research costs associated with elimination activities.

20. For the period 2007-2010, an additional \$112.5 million will be required to complete rubella vaccination campaigns, including campaigns in Brazil and Mexico, and to maintain and strengthen integrated measles/rubella and CRS surveillance in the Region. It is expected that a total \$95.5 million (85%) will be covered by government funding and the remaining \$17 million (15%) will be mobilized by PAHO and its partners.

21. Intense resource mobilization efforts have been directed at diversifying the sources of funding to ensure the sustainability of the initiative. To this end, intersectoral coordination with PAHO partners, external governmental agencies, nongovernmental organizations, and community-based groups, has been essential to mobilize the necessary resources, additional to government funding, to sustain rubella initiative activities.

22. PAHO's partners have contributed to the overwhelming success of the rubella vaccination campaigns and the progress to date. Partners include the American Red Cross (ARC), the US Department of Health and Human Services Centers for Disease Control and Prevention (CDC), the Canadian International Development Agency (CIDA), the Global Alliance for Vaccines and Immunization (GAVI), the Inter-American Development Bank (IDB), the International Federation of Red Cross and Red Crescent Societies (IFRC), the Japanese International Cooperation Agency (JICA), the March of Dimes (MOD), the Sabin Vaccine Institute (SVI), the United Nations Children's Fund (UNICEF), the United States Agency for International Development (USAID), and the Church of Jesus Christ of Latter-day Saints (LDS). Each partner has played a strategic role in implementing and/or evaluating one-time mass vaccination campaigns throughout the Region. Large vaccine suppliers have also contributed to campaign successes by donating high-quality vaccines to overcome country shortfalls and financing gaps.

23. PAHO's Revolving Fund for vaccine procurement (RF) has successfully provided an uninterrupted supply of high-quality vaccines and syringes at affordable prices for countries of the Region. Country vaccine shortfalls not addressed by the RF have often been overcome by timely contributions from international vaccine manufacturers, such as the Serum Institute of India, and inter-country collaboration. For example, vaccine

donations from Chile, Peru, and Venezuela helped sustain campaign activities in Bolivia in 2006, and vaccine donations from Venezuela and El Salvador helped sustain campaign activities in Guatemala in 2007.

24. Sustained political commitment of Member States for immunization programs and rubella elimination activities has been critical in the intense resource mobilization efforts, at the national and local levels. At the local level, the elimination initiative has harnessed invaluable support by engaging community leaders, local associations, and faith-based groups. An outstanding example is Paraguay, where a third of the funds for the national rubella campaign were procured through local efforts.

25. Strong partnerships with professional societies and academic institutions have been cultivated and sustained to steadily advance towards rubella elimination. Cooperation with professional associations has led to training opportunities for health care professionals and secured vaccination campaign credibility. Finally, collaboration with the news media has not only increased visibility for the rubella initiative, but also for the regular national immunization programs.

Lessons Learned

26. Immunization in the Americas is rapidly moving from a child to a family program. The many lessons learned from vaccinating adolescents and adults, as part of the rubella elimination initiative, will serve as a model for other regions of the world seeking to vaccinate beyond childhood. These lessons also provide valuable insights for developing immunization strategies aimed at groups not traditionally targeted and for the effective introduction of new vaccines. Promoting men's roles as partners and fathers in social communication messages during rubella campaigns has been essential for enlisting their participation in vaccination activities.

27. Collaboration between ministries of health and other sectors (armed forces, tourism, transportation, and news media) has been invaluable to attaining high coverage during campaigns. These intersectoral relations will facilitate rapid and efficient responses to potential complex health emergencies such as a pandemic.

28. PAHO has sustained and expanded its efforts to integrate rubella elimination activities with the basic principles of primary health care, thereby improving primary health services. Improvements achieved during the campaigns in the areas of health infrastructure and collaboration will remain, and lead to improved health outcomes for all. Such improvements are the enhanced coordination with blood banks, increased awareness of safe vaccination practices, and improved services for newborns and infants.

29. One of the main objectives of the rubella initiative is improving women's health, consistent with the Millennium Development Goals (MDGs). A major challenge in women's health is ensuring universal access. Vaccination campaign efforts are aimed at

equitably reaching 100% of the target population. Inequities based on sex, ethnicity, social class, race, and geographic distribution are reduced. The initiative also contributes to the reduction of inequities in maternal health outcomes by empowering women with the knowledge of prevention and their rights to access quality health care.

Challenges and Call to Action (Next Steps)

30. The rubella and CRS elimination initiative in the Region of the Americas will prove to be one of the most successful and cost-effective interventions of the 21st century. Countries are urged to strive to reach and maintain routine program coverage levels of >95% with rubella-containing vaccines (and all other childhood vaccines) in every municipality. Countries that continue to have endemic rubella transmission are encouraged to implement a one-time mass vaccination campaign targeting both men and women and aiming to achieve >95% coverage. Additionally, countries that did not vaccinate all susceptible groups need to analyze their epidemiological data to identify these susceptible populations, particularly among men, and vaccinate them.

31. Emphasis should be placed on ensuring a high performing surveillance system (as measured by the seven recommended surveillance indicators), implementing active surveillance activities, investigating clusters of suspect cases, and periodically evaluating “silent areas.” This will strengthen and fully integrate existing rubella and CRS surveillance systems. The number of specimens for rubella virus isolation is still limited. The collection of samples for viral detection should be substantially increased to better document endemic rubella genotypes, and facilitate documenting the interruption of endemic rubella transmission in the Americas.

32. Regional experience has proven that CRS surveillance presents many challenges, as CRS clinical manifestations during the first year of life are not specific, vary significantly, and may be difficult to suspect and diagnose. CRS underdiagnosis and underreporting is widespread. To confront these challenges, creative avenues should be explored to improve the identification of suspect CRS cases in the Region.

33. Member States are encouraged to document and disseminate their experiences, successes, and lessons learned from developing and implementing rubella and CRS elimination strategies. These experiences will serve as model for other Regions of the world embarking on rubella elimination, or targeting populations traditionally not covered by childhood immunization. Lessons learned will provide valuable insights for strengthening health services, increasing access to health care, heightening awareness about preventative care, informing vaccination strategies to reach untraditional groups, introducing new vaccines, and, ultimately, for improving infant and maternal health outcomes.

34. The roadmap for achieving the rubella and CRS elimination goal includes developing and implementing a practical protocol to verify the interruption of endemic rubella virus transmission. The following data components have been considered: rubella and CRS epidemiological data; information on population immunity, including vaccination coverage for routine immunization, follow-up campaigns, and adolescent and adult campaigns including postpartum vaccination; evaluation of rubella (and measles) and CRS surveillance systems; and molecular epidemiology. Country-specific situations will be considered in order to provide a “big picture” perspective when reviewing the information needed to substantiate rubella elimination in the Region.

35. It will be necessary to appoint an international expert committee to independently verify that endemic rubella virus transmission has been interrupted in the Western Hemisphere. The verification process will be completed in two phases. During the first phase, the situation in groups of countries will be verified by special national commissions, advised by the international expert committee. The first phase will include visits by members of the committees to corresponding sites. The national commissions should prepare the required documentation for review in order to obtain definitive verification. During the second phase, the international expert committee will complete a final analysis of all available data to determine definitive verification, to report the findings to the PAHO Directing Council in 2010.

36. PAHO efforts to mobilize the remaining \$17 million required to finalize the rubella and CRS elimination initiative and ensure its sustainability will remain critical until the elimination goal is achieved.

Action by the Pan American Sanitary Conference

37. The Conference is invited to review the progress made towards the elimination of rubella and congenital rubella syndrome in the Americas, the actions necessary to achieve the elimination goal by 2010, and consider adopting the resolution proposed by the Executive Committee at its 140th Session (see CE140.R10, attached).



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140th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 25-29 June 2007

CSP27/7 (Eng.)
Annex I

RESOLUTION

CE140.R10

ELIMINATION OF RUBELLA AND CONGENITAL RUBELLA SYNDROME IN THE AMERICAS

THE 140th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the progress report presented by the Director on the elimination of rubella and congenital rubella syndrome (CRS) in the Americas (Document CE140/8);

Noting with satisfaction that tremendous progress has been achieved in obtaining the interruption of endemic rubella virus transmission, thus reducing the number of rubella cases in the Region by 98%, and that incidence is at its lowest to date in the Americas; and

Recognizing that considerable efforts will be needed to support and reach the elimination goal by 2010, requiring further commitment on the part of governments and the partner organizations that are collaborating on the elimination initiative, and the strengthening of ties between public and private sectors,

RESOLVES:

To recommend to the 27th Pan American Sanitary Conference the adoption of a resolution along the following lines:

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having considered the progress report presented by the Director on the elimination of rubella and congenital rubella syndrome (CRS) in the Americas (Document CSP27/7);

Noting with satisfaction that tremendous progress has been achieved in obtaining the interruption of endemic rubella virus transmission, thus reducing the number of rubella cases in the Region by 98%, and that incidence is at its lowest to date in the Americas; and

Recognizing that considerable efforts will be needed to support and reach the elimination goal by 2010, requiring further commitment on the part of governments and the partner organizations that are collaborating on the elimination initiative, and the strengthening of ties between public and private sectors,

RESOLVES:

1. To congratulate all Member States and their health workers on the progress achieved to date in the elimination of rubella and congenital rubella syndrome (CRS) in the Americas, which demonstrates their level of commitment to the health of the population of the Western Hemisphere.
2. To express appreciation and request continued support from the various organizations that, together with PAHO, have offered crucial support to national immunization programs and national endeavors to eliminate rubella and CRS, including the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, the Canadian International Development Agency, the Global Alliance for Vaccines and Immunization, the Inter-American Development Bank, the International Federation of Red Cross and Red Crescent Societies, the Japanese International Cooperation Agency, the March of Dimes, the Sabin Vaccine Institute, the United Nations Children's Fund, the United States Agency for International Development, and the Church of Jesus Christ of Latter-day Saints.
3. To urge all Member States to:
 - (a) Achieve the elimination of rubella and CRS in the Americas by finalizing the implementation of vaccination strategies, intensifying integrated measles/rubella surveillance, and strengthening CRS surveillance;
 - (b) Establish national commissions to compile and analyze data to document and verify measles, rubella and CRS elimination, for review by an expert committee.

4. To request the Director to:
 - (a) Continue efforts to mobilize additional resources necessary to surmount the challenges described in the progress report;
 - (b) Form an Expert Committee responsible for documenting and verifying the interruption of transmission of endemic measles virus and rubella virus.

(Seventh meeting, 28 June 2007)



PAN AMERICAN HEALTH ORGANIZATION
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140th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 25-29 June 2007

CSP27/7 (Eng.)
Annex II

Report on the Financial and Administrative Implications for the Secretariat of the Resolutions Proposed for Adoption by the Pan American Sanitary Conference

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| 1. Resolution: ELIMINATION OF RUBELLA AND CONGENITAL RUBELLA SYNDROME IN THE AMERICAS | |
| 2. Linkage to program budget | |
| Area of work | Expected result |
| Expanded Program on Immunization (FCH/IM) | Improving maternal health by strengthening plans and policies for eliminating rubella/CRS MDG#5) (ER 02) |
| <p>The elimination of rubella and congenital rubella syndrome (CRS) from the Region of the Americas by 2010 will be achieved by ensuring that all 40 countries of the Region will have integrated measles/rubella surveillance and strengthened CRS surveillance by 2009 (compared to 35 countries by the end of 2007) and that all 40 countries of the Region will have implemented effective immunization interventions, including the strengthening of routine vaccination services and the implementation of follow-up campaigns, by 2009 (compared to 37 countries by the end of 2007).</p> <p>By ensuring that the rubella and CRS elimination goal has been reached by the predetermined goal, maternal health outcomes will be improved by strengthening and increasing access to quality health services available to women, reducing inequities in health, and empowering women with the knowledge of prevention.</p> | |
| 3. Financial implications | |
| a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000; including staff and activities): The resolution which will be presented to the Pan American Sanitary Conference complements the | |

rubella and CRS elimination initiative by focusing on the process to verify the interruption of endemic rubella and measles virus transmission in the Region of the Americas. The estimated costs are described in the table below.

| Year | Activity | Estimated Cost |
|--------------|---|-----------------------|
| 2008 | Meeting of International Expert Committee to document and verify the interruption of endemic measles and rubella virus transmission in the Region | US\$ 75,000 |
| 2009 | Meeting of International Expert Committee to document and verify the interruption of endemic measles and rubella virus transmission in the Region | US\$ 75,000 |
| 2009/2010 | National meetings in all PAHO Member States to prepare the required documentation for review to verify elimination | US\$ 100,000 |
| 2010 | Meeting of International Expert Committee to prepare and present final report to Directing Council | US\$ 150,000 |
| | Short Term Consultant to support elimination verification process | US\$ 100,000 |
| TOTAL | | US\$ 500,000 |

- b) **Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10,000; including staff and activities):** Following the 2003 Directing Council resolution (CD44.R1) it was estimated that the implementation of the rubella and CRS elimination initiative would cost \$210 million (2003-2010). From 2003 to December 2006, \$100.4 million have been invested in the regional initiative. This includes \$76.5 million from countries and an additional \$1.3 million from PAHO and WHO regular budgets. PAHO partners, vaccine suppliers, and nongovernmental organizations have contributed over \$22.6 million.
- c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?** The resources mobilized during the period 2003-2006 have been fully utilized to strengthen integrated measles/rubella and CRS surveillance, to implement mass rubella vaccination campaign and supplementary immunization activities, to conduct vaccine safety trainings among health workers, to evaluate rubella elimination related interventions, and to conduct research associated with elimination activities. The implementation of the process to verify the interruption of the endemic measles and rubella virus transmission, as described by the new resolution, has been incorporated into the activities supported by the CDC-PAHO Cooperative Agreement for sustaining measles, rubella, and CRS elimination in the Americas. If necessary, additional funds to support the documentation and verification process will be mobilized through the collaborative efforts of PAHO partners.

4. Administrative implications

- a) **Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions, where relevant):** The rubella and CRS elimination initiative has steadily advanced towards the elimination goal in 2010 by providing sustained technical and administrative support at the Regional and country level for the successful implementation of effective strategies, such as mass vaccination campaigns among adolescent and adult populations and the strengthening of high-quality integrated measles/rubella surveillance and CRS surveillance. The rubella elimination verification process (highlighted in the new resolution) will also be implemented at the Regional and national level. The verification process will be completed in two phases. During the first phase, all countries will be verified by special national commissions, advised by the international expert committee, and will include visits by committee members to corresponding sites in order to prepare the required documentation for review to obtain definitive verification. During the second phase, the international expert committee will complete a final analysis of all available regional data to determine definitive verification and report findings to the PAHO Directing Council in 2010.
- b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** A field-based short term consultant (STC) will be required to support the final stage of rubella elimination in the Region by aiding country and Regional efforts to verify the interruption of endemic transmission of rubella and measles virus. This consultant will provide measles/rubella technical support by strengthening routine services, monitoring the implementation of measles/rubella strategies, and assisting in the collection and preparation of the required data to substantiate rubella, CRS, and measles elimination. The duration of the field-based assignment will be 11 months.
- c) **Timeframes (indicate broad timeframes for the implementation and evaluation):** The roadmap for achieving the rubella and CRS elimination goal includes developing and implementing a practical protocol to verify the interruption of endemic measles and rubella virus transmission. It will be necessary to appoint an international expert committee to advise national commissions on the collection of the necessary documentation for review and to independently verify that endemic transmission has been interrupted in the Western Hemisphere. Based upon the adoption of the new resolution by the Pan American Sanitary Conference in October 2007, the process to verify the elimination of rubella, CRS, and measles will begin to collect country and regional information which will be analyzed and presented to the Directing Council in 2010.