

The global resurgence of measles and the abdication of prioritizing public health

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The US Centers for Disease Control and Prevention (CDC) issued an alert on January 25, 2024, to clinicians that between December 1, 2023, and January 23, 2024, the public health agency was notified of 23 confirmed cases of measles across the states of Georgia, Missouri, New Jersey, and Pennsylvania. Seven were imported by international travelers and two local outbreaks included more than five cases each, the agency said. These cases involved mostly children and adolescents who were not vaccinated although they were age-eligible.

The alert is being issued amid a worldwide resurgence of the disease during the ongoing COVID-19 pandemic and the accompanying demise of public health infrastructures with the prioritization of profits over lives. Globally, over 61 million doses of measles-containing vaccines were postponed or missed from 2020 to 2022.

Low-income countries, where the risk of death from measles is highest, are also the countries that have seen their vaccination rates plummet. This means the disease's resurgence is not just a result of vaccine hesitancy or political opposition among a reactionary petty bourgeois layer, but a starvation of critical resources to these destitute regions.

Countries with the highest measles outbreak based on provisional data provided to the World Health Organization (WHO) as of early December 2023 include Yemen with 23,000 cases, India with 14,000, Kazakhstan with almost 13,000, Ethiopia with 11,000, and Russia with over 7,000. Of the 22 million children who missed their first measles vaccine in 2022, more than half lived in just ten countries: Angola, Brazil, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Madagascar, Nigeria, Pakistan, and the Philippines.

Given the highly integrated nature of global commerce and the ending of all emergency measures associated with the COVID pandemic, an outbreak of measles in any part of the world threatens every other region of the globe.

Global cases of measles increased by 18 percent in 2022 over 2021, to 9 million, and deaths from the disease were up 43 percent, with 136,000 recorded fatalities, mostly among children from the impoverished countries. In 2023, the number of cases jumped 64 percent compared to the previous year. Death estimates have yet to be provided.

Kate O'Brien, WHO Director for Immunization, Vaccines

and Biologicals, said in November 2023 on the global measles threat, "The lack of recovery in measles vaccine coverage in low-income countries following the pandemic is an alarm bell for action. Measles is called the inequity virus for good reason. It is the disease that will find and attack those who aren't protected. Children everywhere have the right to be protected by the lifesaving measles vaccine, no matter where they live."

However, for western countries too, the public health crisis with this previously "eliminated" pathogen is becoming a rapidly growing concern.

The WHO regional office for Europe warned that urgent measures were needed to prevent the further spread of measles across the continent, which has risen by an alarming 45-fold, with some 42,200 people infected in 2023, up from only 941 in the whole of 2022.

Most recently, the UK has been experiencing a sudden and exponentially rising number of measles infections that threaten to spread across the country. Since October 1, 2023, there were 347 laboratory-confirmed measles cases in England, with 127 of these just in January 2024. Seventy-five percent of these cases have been in the West Midlands and two-thirds of the infected were in children under the age of 10.

Consultant epidemiologist Dr. Vanessa Saliba of the UK Health Security Agency (UKHSA) warned, "The ongoing measles outbreak in the West Midlands remains a concern. MMR vaccine coverage has been falling for the last decade with one out of 10 children starting school in England not protected and so there is a real risk that this outbreak could spread to other towns and cities."

On January 30, the Pan American Health Organization (PAHO) published an epidemiological alert urging countries in the Americas to intensify vaccination activities, conduct surveillance and prepare health systems for possible measles outbreaks. Only a quarter of the 40 countries in the region have given at least one of two doses of the MMR (Measles, Mumps and Rubella) vaccine to at least 95 percent of the population. Only seven countries in the Americas have a "very high" level of coverage with the second dose, meaning the entire region stands poised for an epidemic.

At least two doses of the measles vaccines (the first at 12 months and the second at age four through six) are required to

interrupt transmission of the disease and achieve the herd immunity level set by the WHO at 95 percent. (The established public health concept of herd immunity through mass vaccination is at odds with the perversion of “herd immunity” through mass infection, embraced by capitalist governments around the world.)

In the US, although vaccination rates with two doses stood at around 93 percent for the 2021-2022 school year (down from 95 percent in previous years), there was considerable variation by state, with Wisconsin, Kentucky, Georgia, New Hampshire, Ohio, Colorado, and Idaho having rates under 90 percent. Alaska has the lowest rate with only 78 percent vaccinated against measles.

A CBS News investigation revealed that at least 8,500 schools had measles vaccination rates under 95 percent among kindergartners. Penn State University biologist and infectious disease researcher Matt Ferrari told CBS News on the findings, “I think it’s concerning to me as a human being. It also has a population-level consequence. The more individuals that are around who are unvaccinated, the more potential there is for disease to spread and to establish transmission that will give rise to outbreaks that will stick around for a long time.”

A respiratory/airborne virus, measles is highly communicable, with estimates that 90 percent of non-immune people exposed to an infected individual will contract the disease. Mathematical modeling estimates that the number of secondary infections can be as high as 12 to 18. The takeaway point here is that a high vaccination rate (greater than 95 percent) is required to ensure that herd immunity prevents onward transmission to vulnerable people.

A person contracting the virus is considered contagious from four days before a rash starts through four days after, a period that can encompass ten to 14 days. The prodromal phase (before the infection is manifested in the rash) is considered the most contagious phase due to symptoms of intense coughing that occur. For those exposed and not immunized, there should be a quarantine period of at least five days.

The US CDC, in its alert on the latest outbreak, urged healthcare providers and health systems to be vigilant for patients presenting with rash and high fevers, head colds that include runny noses and red eyes and coughs, especially those with travel abroad to areas where there is ongoing measles outbreak. However, given the downplaying of infections so prevalent in health systems following the lifting of all COVID restrictions, measles cases could quickly ignite, especially in pediatric hospitals and emergency departments. The other unknown is how previous COVID infections will impact children not vaccinated against measles, given the damage it is known to cause to the immune system.

Once someone infected by measles, the disease must take its course. There are no antivirals currently available. Early use of the vaccine after exposure (within 72 hours) or immune globulin (usually reserved for infants less than 12 months of

age, pregnant women, or immune compromised people or unable to get the vaccine) that contain antibodies against measles, given within six days of exposure, may help prevent the disease or minimize severity.

Mortality from measles is predominately a byproduct of superimposed bacterial infections, with rates of complications climbing if the fever does not abate in a day or two. Case fatality rate is somewhere from one to three per 1,000 in a best-case scenario with access to proper healthcare. In the real-world figures mentioned above, that rate reached 1.5 percent, comparable to rates seen a century ago.

A 2004 report published in the *Journal of Infectious Disease*, reviewing the clinical significance of measles and the impact of vaccinations, noted, “Without the vaccine, five million children would die each year from measles, assuming an estimated case-fatality rate of two to three percent.” Between 1855 and 2005, measles killed nearly 200 million people worldwide.

Given the virus that causes measles has only one host, humans, and a readily available, highly effective and safe vaccine at hand, the reemergence of measles on the world stage rather than its complete eradication is a result of the irrational character of the capitalist system. In particular, the response to the COVID pandemic is not simply a policy of forever COVID, but an abdication of making public health a priority, in pursuit of ever greater profits, no matter the impact on the broader population.

Indeed, as the war in Ukraine, Gaza and the Middle East is proving, every cent is being directed to address in the most reactionary and barbaric manner the crisis of capitalism and the contradictions of the nation-state system with a resort to authoritarian forms of rule and direct military conflict to address. The resurgence of measles, syphilis and monkeypox alongside the continued deadly spread of COVID-19 is the material manifestation of the virulent disease known as capitalism.



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