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### RUBELLA AND CONGENITAL RUBELLA SYNDROME IN THE AMERICAS

Désinor et al. (1) reported serologic data on the rubella virus immunoglobulin G (IgG) antibody status of 495 pregnant women reporting at the Obstetrics and Gynecology Department of the State University Hospital in the city of Port-au-Prince, Haiti. Those researchers mentioned that they had decided to study the problem of rubella and congenital rubella syndrome (CRS) in Haiti because of a confirmed case of CRS at the State University Hospital.

When they are managing CRS cases, susceptible health care workers have a risk of acquiring and subsequently transmitting the potentially teratogenic rubella infection to their patients. Although rubella susceptibility status among health personnel has been periodically evaluated in hospitals around the world, males have often received inadequate attention in both antibody prevalence investigations and the vaccination of susceptible persons.

Consider the case of Australia, as reported in research carried out by Kelly et al. (2). Before rubella vaccine was introduced in the country in 1970, rubella was mainly a disease of children of primary school age. Vaccination programs changed both rubella age and sex susceptibility. Between

July 2001 and June 2002, 29 of the 32 laboratory-confirmed cases of rubella ascertained from enhanced surveillance in the state of Victoria were males aged 20–42 years. When rubella IgG concentrations were determined for 934 residual diagnostic sera stored at the Victorian Infectious Diseases Reference Laboratory, among all subjects aged 1–55 years, males were more susceptible to rubella infection than were females (10.2% vs. 2.6%,  $P < 0.0001$ ). Australia's past rubella immunization policies have resulted in a susceptible cohort of adult males, and a rubella vaccination program targeting men 17–44 years old should be considered, those investigators concluded.

A rubella IgG serosurvey was conducted recently among 1 000 female employees at three ophthalmic hospitals in the state of Tamil Nadu, India (3). The survey found that 15.0% of the women were seronegative. Susceptibility increased with age, from 13.0% in those aged 18–19 years old to 23.9% in those 30–40 years old. Among 89 medical residents in a pediatric hospital in Mexico City who were screened for rubella antibody, 58 were females (4). Of those 89 residents, 12 of them (10 women and 2 men) were seronegative.

In 2003 the Directing Council of the Pan American Health Organization passed a resolution calling for the elimination of rubella and CRS from

the Americas by the year 2010 (5). As that resolution is implemented, it is obvious that male staff employed in health care establishments should not be ignored during any screening for rubella-susceptible persons. Immunizing both males and females who are rubella-susceptible would be cost-effective. Clearly there is a need to screen and immunize all susceptible males who work in hospitals and thus prevent those individuals from amplifying and propagating rubella virus in the health facilities.

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## Observatorio de Políticas Públicas y Salud

El Observatorio de Políticas Públicas y Salud (OPPS) es un proyecto creado en el año 2000 para fomentar la investigación, formar profesionales y brindar asesoramiento en el ámbito de las políticas públicas y la salud. Participan en él la Universidad de Alicante (España), la Universidad de Antioquia (Colombia), la Universidad del Atlántico (Colombia), la Universidad de El Salvador (El Salvador) y la Facultad de Ciencias Médicas de Porto Alegre (Brazil). El proyecto cuenta, además, con el apoyo de la Organización Panamericana de la Salud y de otros organismos internacionales.

En general los objetivos del OPPS son: 1) generar conocimientos útiles para el análisis de las políticas que inciden sobre la salud por medio de la investigación; 2) formar investigadores y profesionales vinculados a universidades y agencias de salud pública en América Latina y España; 3) difundir los nuevos conocimientos generados por las investigaciones entre las agencias, instituciones y comunidades de ambas regiones; 4) formular propuestas y recomendaciones de políticas que contribuyan a mejorar la salud en España y América Latina, y 6) fomentar y evaluar el desarrollo de tecnologías que faciliten la investigación y la gestión de políticas públicas relacionadas con la salud.

La formación de personal se lleva a cabo principalmente mediante cursos, seminarios y becas para la investigación. El proyecto cuenta con su propia página web, donde se proporciona información más detallada para los interesados. La página se encuentra en la siguiente dirección: <http://www.ua.es/dsp/observatorio/opps.htm>