Measles, Rubella and Congenital Rubella Syndrome (CRS) Country Profile Guatemala

Pan American Health Organization

Introduction

The measles and rubella country profile aims to facilitate the analysis of data compiled in the last five years. This profile was only developed for those countries who officially reported vaccination coverage and case by case surveillance and laboratory data to the Pan American Health Organization (PAHO). There may be minor differences in the country profile if the country has updated data that was not reported to PAHO. The country profile will be automatically updated twice per year: at the end of April (surveillance data) and at the end of September (vaccination coverage data).

General Information

Table 1: Demographic data, 20

Demographic group	Population
1 year of age	367,279
Total population	$17,\!843,\!934$

Table 2: Last endemic cases by year and disease.

Measles	Rubella	CRS
1997	2007	2008

Table 3: Vaccination schedule.

Vaccine	1st Dose	2nd Dose	MMR2 Year Introduced
MMR	12 mo	18 mo	2016

Table 4: Accumulation of susceptibles for measles and rubella.

Year of the	Vaccine	Age	Number	Coverage of the	Number of	Year of
last	used (M,	group	vaccinated	follow-up	susceptibles	next
follow-up	MR,	vacci-	(numera-	$\operatorname{campaign}$	1-4 years of	cam-
$\operatorname{campaign}$	MMR)	nated	$\operatorname{tor})$	(B/C)*100	age	paign
2019	MMR	de 1-6 years	2,120,324	91.5	NA	NA

Epidemiology and Quality of Surveillance



Figure 1: Distribution of suspected MR cases and notification rate at the national level, 2018-2022.

Table 5: Distribution of suspected MR cases and notification rate at the national level, 2018-2022.

	2018	2019	2020	2021	2022
Suspected MR cases	519	369	73	89	164
Suspected MR notification rate per 100,000 population	3.01	2.1	0.41	0.51	0.92

Figure 2: Distribution of suspected CRS cases and notification rate at the national level, 2018-2022.



Table 6: Distribution of suspected CRS cases and notification rate at the national level, 2018-2022.

	2018	2019	2020	2021	2022
Suspected CRS cases	5	2	1	1	0
Suspected CRS notification rate per 10,000 live births	0.12	0.05	0.02	0.03	0







Figure 4: Number of measles and rubella cases by epidemiological year pending final classification, 2018-2022.

Table 7: Reported cases of measles and rubella by epidemiological year and final classification, 2018-2022.

Classification	2018	2019	2020	2021	2022
Confirmed (Measles)	1	0	0	0	0
Confirmed (Rubella)	0	0	0	0	0
Pending	0	0	1	0	0
Discarded	518	369	72	89	164
Total	519	369	73	89	164



Suspected measles and rubella cases

Figure 5: Distribution of reported measles and rubella cases and incidence rate by age group, 2018-2022.



Figure 6: Performance indicators of measles and rubella surveillance by year, 2018-2022.



Figure 7: Proportion of the 11 variables reported for adequate investigation indicator, 2022.

Table 8: Municipalities reporting measles and rubella suspected cases by year, 2018-2022.

	No. of municipalities	Total municipalities in	% of municipalities reporting
Year	reporting suspected cases	the country	suspected cases
2018	153	338	45
2019	138	338	41
2020	52	338	15
2021	49	340	14
2022	77	340	23

Laboratory Surveillance

			Criteria	a for discard	ling	No. of cases discarded by other diff			ther differe	ferential diagnosis		
Year	No. of suspected cases reported	No. of discarded cases	IgM Negative	No data	Others	Vaccine reaction	Dengue	Parvo virus	Herpes 6	Allergic reaction	Others	
2018	519	518	466	1	51	8	28	0	0	0	15	
2019	369	369	339	0	30	4	2	0	0	0	24	
2020	73	72	63	8	1	0	1	0	0	0	0	
2021	89	89	87	0	2	1	1	0	0	0	0	
2022	164	164	162	0	2	0	0	0	0	0	2	

Table 9: Criteria used to discard suspected measles and rubella cases by year, 2018-2022.

Figure 8: Distribution of discarded measles and rubella suspected cases by other differential diagnosis, 2018-2022.



Analysis of Vaccination Coverage and Population Cohorts









Table 10: Vaccination coverage with first and second dose of measles-mumps-rubella (MMR1 and MMR2) vaccines by target population and administered doses, 2018-2022.

		MMR1			MMR2	
Year	Administered doses	Target population	Coverage	Administered doses	Target population	Coverage
2018	340,314	381,396	89	$296{,}519$	381,396	78
2019	$343,\!180$	$382,\!841$	90	$298,\!270$	$382,\!841$	78
2020	$323,\!963$	$366,\!448$	88	$288,\!877$	$366,\!448$	79
2021	$295,\!192$	$366,\!448$	81	$263,\!609$	$366,\!448$	72
2022	287,329	344,746	83	$238,\!493$	344,746	69

Figure 11: Subnational coverage of the first dose of measles-mumps-rubella (MMR1) vaccine and proportion of children aged 1 year, 2021







Figure 12: Proportion of municipalities by MMR1 vaccination coverage ranges, 2018-2022.



Figure 13: Proportion of children living in those municipalities for MMR1 vaccination coverage ranges, 2018-2022.



Figure 14: Proportion of municipalities by MMR2 vaccination coverage ranges, 2018-2022.



Figure 15: Proportion of children living in those municipalities for MMR2 vaccination coverage ranges, 2018-2022.

Table 11: Proportion of municipalities with MMR1 and MMR2 coverage ranges and proportion of children living in those municipalities, 2018-2022.

		MMR1		MN	IR2
Year	Coverage range $(\%)$	MMR1	MMR2	MMR1	MMR2
2022	<80	21.5	58.2	34.5	71.0
2022	80-89	32.4	25.0	29.7	18.9
2022	90-94	17.9	9.1	13.5	6.9
2022	95-100	13.5	2.6	13.7	1.7
2022	>100	14.7	5.0	8.7	1.5
2021	<80	34.0	51.0	48.0	67.0
2021	80-89	30.0	28.0	27.0	21.0
2021	90-94	14.0	10.0	12.0	7.0

2021	95-100	7.0	6.0	7.0	3.0
2021	>100	14.0	6.0	7.0	2.0
2020	<80	13.0	30.0	22.0	46.0
2020	80-89	23.0	25.0	27.0	25.0
2020	90-94	24.0	16.0	22.0	12.0
2020	95-100	17.0	11.0	13.0	7.0
2020	>100	23.0	18.0	15.0	10.0
2019	<80	11.2	33.5	23.1	48.5
2019	80-89	20.9	28.5	22.1	27.7
2019	90-94	20.0	15.3	18.0	12.3
2019	95-100	25.3	10.9	20.6	6.2
2019	>100	22.6	11.8	16.1	5.2
2018	<80	10.7	31.7	22.1	49.5
2018	80-89	22.2	28.4	25.4	26.2
2018	90-94	23.7	15.4	22.5	11.0
2018	95-100	20.7	10.4	17.6	7.2
2018	>100	22.8	14.2	12.5	6.1

References

Section	Sources		
General Information	 [1] United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition. [2] Country reports through the electronic PAHO-WHO/UNICEF Joint Beporting Form (eJBF) 		
Epidemiology and Quality of Surveillance	 [3] Integrated Surveillance Information System (ISIS) and country reports to CIM/PAHO. [2] Country reports through the electronic PAHO-WHO/UNICEF Joint Beporting Form (eJBF) 		
Laboratory Surveillance	[3] Integrated Surveillance Information System (ISIS) and country reports to CIM/PAHO.		
Analysis of Vaccination Coverage and Population Cohorts	[2] Country reports through the electronic PAHO-WHO/UNICEF Joint Reporting Form (eJRF).		