Measles and rubella elimination country profile Latvia



Measles elimination status



Source: Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report (www.euro.who.int/6thRVC)

National plan of action



Source: Rubella Elimination Annual Status Update report, 2016 NA= Not applicable

Measles and rubella immunization schedule, 2016

	Vaccine	Schedule	Year of introduction		
MCV1	MMR	12-15 Months	MCV2	1987	
MCV2	MMR	7 years	RCV	1993	
Me	No				

 $Source: Immunization schedule, WHO, Data and Statistics, Immunization Monitoring and Surveillance \\ [http://www.who.int/immunization/monitoring_surveillance/data/en/]$

MMR = measles-mumps-rubella-containing vaccine; MCV1 = first dose measles-containing vaccine; MCV2 = second dose measles-containing vaccine; RCV = rubella-containing vaccine

Definition used for an outbreak

At least two measles or rubella cases including cases with epidemiological links



Source: Measles and rubella elimination Annual Status Update report, 2016

Rubella elimination status

2015 eliminated 2016 eliminated

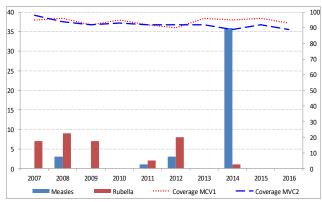
Source: Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report (www.euro.who.int/6thRVC)

Demographic information, 2016

Total population	1 955 742
< 1 year old	19 754
< 5 years old	90 293

Source: World Population Prospects: The 2015 Revision, New York, United Nations

Measles and rubella cases and immunization coverage, 2007–2016



Source: Disease incidence and immunization coverage, WHO, Data and Statistics,

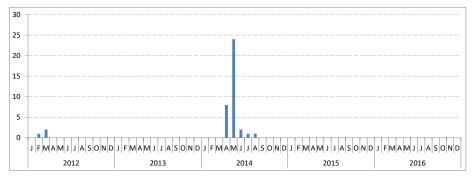
Immunization Monitoring and Surveilance

(http://www.who.int/immunization/monitoring_surveillance/data/en/)
MCV1 = first dose of measles-containing vaccine

MCV2= second dose of measles-containing vaccine

Confirmed measles cases by month of onset, 2012-2016





Source: CISID2 2016

Measles and rubella elimination country profile Latvia



Measles incidence, epidemiologic and virologic characteristics, 2012-2016

Suspected measles			Confirmed m	easles cases	Discarded as	Measles	Genotypes	
	cases	Laboratory	Epi- linked	Clincally	Total	non- measles	incidence	detected
2012	7	3	0	0	3	4	1	D4
2013	1	0	0	0	0	1	0	NA
2014	77	35	0	1	36	41	18	B3
2015	8	0	0	0	0	8	0	NA
2016	4	0	0	0	0	4	0	NA

Source: Measles and rubella elimination Annual Status Update report, 2012-2016, and internal communication from country

Rubella incidence, epidemiologic and virologic characteristics, 2012-2016

Suspected rubella			Confirmed m	easles cases	Discarded as	Rubella	Genotypes	
	cases	Laboratory	Epi- linked	Clincally	Total	non- rubella	incidence	detected
2012	39	7	0	1	8	31	2	2B
2013	23	0	0	0	0	23	0	NA
2014	22	1	0	0	1	21	0.5	ND
2015	11	0	0	0	0	11	0	NA
2016	8	0	0	0	0	8	0	NA

Source: Measles and rubella elimination Annual Status Update report, 2012-2016, and internal communication from country Incidence calculated per 1 million population ND = Data not available; NA= Not applicable

Measles surveillance and laboratory performance indicators, 2012-2016

	Discarded non- measles rate	% 1st sub- national unit with ≥ 2 discarded cases	% cases with adequate laboratory investiga- tion	% origin of infection known	# specimen tested for measles	% positive for measles	Rate of viral detection	% WHO and proficient labs
2012	0.2	17%	100%	67%	6	50%	100%	ND
2013	0.1	0%	100%	NA	1	0%	NA	ND
2014	2.1	67%	99%	92%	76	46%	57%	ND
2015	0.4	50%	88%	NA	7	0%	NA	100%
2016	0.2	17%	100%	NA	4	0%	NA	100%

Source: ASU 2012-2016, MeaNS 2012-2016 and laboratory accreditation results 2012-2016, and internal communication from country ND = Data not available; NA= Not applicable

A proficient laboratory is WHO accredited and/or has an established quality assurance programme with oversight

Rubella surveillance and laboratory performance indicators, 2012-2016

	Discarded non- rubella rate	% 1st sub- national unit with \$ 2 discarded cases	% cases with adequate laboratory investiga- tion	% origin of infection known	# specimen tested for rubella	% positive for rubella	Rate of viral detection	% WHO and proficient labs
2012	1.3	50%	87%	75%	34	24%	ND	ND
2013	1.1	67%	96%	NA	22	0%	NA	ND
2014	1	0%	100%	100%	22	4.5%	ND	ND
2015	0.6	50%	91%	NA	10	0%	NA	100%
2016	0.4	50%	75%	NA	5	0%	NA	100%

Source: ASU 2012-2016, RubeNS 2012-2016 and laboratory accreditation results 2012-2016, and internal communication from country ND = Data not available; NA= Not applicable A proficient laboratory is WHO accredited and/or has an established quality assurance programme with oversight

RVC comments, based on 2016 reporting

The Regional Verification Commission for Measles and Rubella Elimination (RVC) concluded that endemic transmission of both measles and rubella remained interrupted in Latvia in 2016, and confirmed that measles and rubella elimination has been sustained. The RVC commends the National Verificatio Commission (NVC), national health authorities and public health system on this achievement, but emphasizes its concerns over the suboptimal quality of surveillance and the declining vaccination coverage. The RVC urges the national health authorities to take additional steps to address these issues in line with WHO recommendations.

Source: Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report (www.euro.who.int/6thRVC)

Surveillance performance indicators and targets

- a. Rate of discarded cases: at least 2 discarded measles or rubella cases per 100 000 population
- b. % cases with adequate laboratory investigation: ≥ 80%
- c. % origin of infection known: ≥ 80%
- d. Rate of viral detection: ≥ 80%

Information on CRS, 2016



ND = Data not available: NA= Not applicable

by a WHO accredited laboratory