

Measles and rubella elimination country profile

Luxembourg

Measles elimination status


2015 eliminated
2016 eliminated



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

Rubella elimination status

2015 eliminated
2016 eliminated



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

National plan of action

Does the country have a national plan of action?
ND

Is it updated? ND



Source: Rubella Elimination Annual Status Update report, 2016
ND = Data not available

Demographic information, 2016

Total population	576 243
< 1 year old	6 430
< 5 years old	32 824

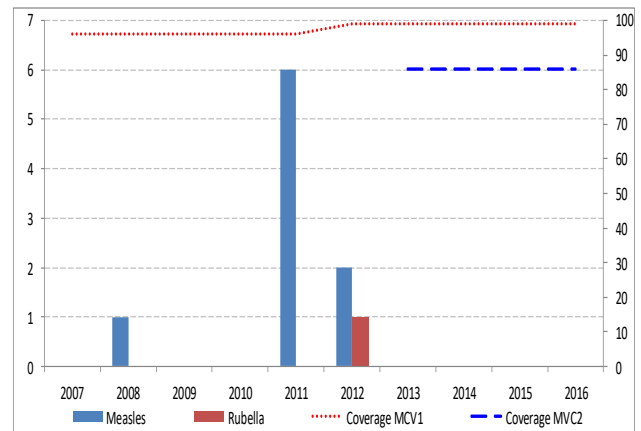
Source: World Population Prospects: The 2015 Revision, New York, United Nations

Measles and rubella immunization schedule, 2016

	Vaccine	Schedule	Year of introduction
MCV1	MMR	12 months	MCV2 1994
MCV2	MMR	15-23 months	RCV 1986
Measles vaccination in school			ND

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


Measles and rubella cases and immunization coverage, 2007–2016



Source: Disease incidence and immunization coverage, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
MCV1 = first dose of measles-containing vaccine
MCV2 = second dose of measles-containing vaccine

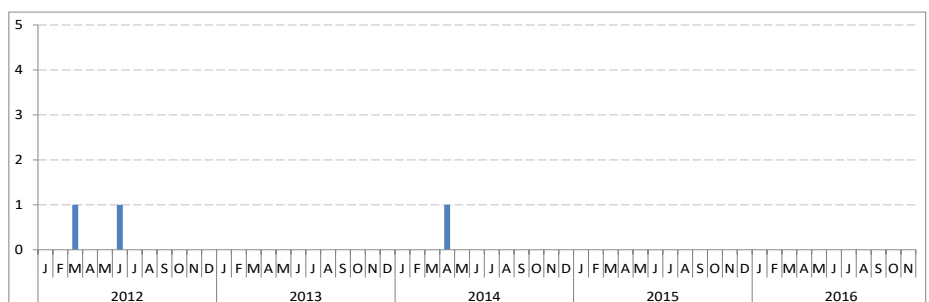
Definition used for an outbreak

2 or more laboratory confirmed cases which are temporally related and epidemiologically or virologically linked or both



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

Confirmed measles cases by month of onset, 2012-2016



Source: CISID2 2016



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Measles incidence, epidemiologic and virologic characteristics, 2012-2016

	Suspected measles cases	Confirmed measles cases				Discarded as non-measles	Measles incidence	Genotypes detected
		Laboratory	Epi- linked	Clinically	Total			
2012	ND	1	0	0	2	ND	1.9	ND
2013	2	0	0	0	0	2	0	NA
2014	5	2	0	0	2	3	0	B3
2015	2	0	0	0	0	2	0	NA
2016	0	0	0	0	0	0	0	NA

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

Rubella incidence, epidemiologic and virologic characteristics, 2012-2016

	Suspected rubella cases	Confirmed measles cases				Discarded as non-rubella	Rubella incidence	Genotypes detected
		Laboratory	Epi- linked	Clinically	Total			
2012	ND	1	0	0	1	ND	1.9	ND
2013	0	0	0	0	0	0	0	NA
2014	1	0	0	0	0	1	0	NA
2015	0	0	0	0	0	0	0	NA
2016	0	0	0	0	0	0	0	NA

Source: Measles and rubella elimination Annual Status Update report, 2012-2016
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 investigation	% origin of infection known	# specimen tested for measles	% positive for measles	Rate of viral detection	% WHO and proficient labs
2012	80%	ND	100%	100%	ND	ND	ND	ND
2013	100%	0%	100%	NA	ND	ND	NA	ND
2014	60%	0%	100%	100%	5	40%	100%	ND
2015	100%	0%	100%	NA	2	0%	NA	100%
2016	NA	NA	100%	NA	1	100%	100%	100%

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

Rubella surveillance and laboratory performance indicators, 2012-2016

	Discarded non-rubella rate	% 1st sub-national unit with > 2 discarded cases	% cases with adequate laboratory investigation	% origin of infection known	# specimen tested for rubella	% positive for rubella	Rate of viral detection	% WHO and proficient labs
2012	88.8%	ND	100%	100%	ND	ND	ND	ND
2013	NA	NA	NA	NA	ND	ND	NA	ND
2014	100%	NA	NA	NA	1	0%	NA	ND
2015	NA	NA	NA	NA	0	0%	NA	ND
2016	NA	NA	NA	NA	0	0%	NA	ND

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

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 Luxembourg in 2016, and confirmed that measles and rubella elimination has been sustained. The RVC commends the National Verification Committee (NVC) and national health authorities on this achievement, and anticipates improvements in the immunization programme and surveillance and a more detailed ASU next year.

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

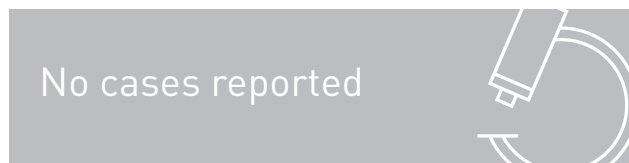
Surveillance performance indicators and targets

- Rate of discarded cases: at least 2 discarded measles or rubella cases per 100 000 population
- % cases with adequate laboratory investigation: \geq 80%
- % origin of infection known: \geq 80%
- Rate of viral detection: \geq 80%

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Information on CRS, 2016



Source: Measles and rubella elimination Annual Status Update report, 2016
CRS = congenital rubella syndrome

Supplementary immunization activities

Year	Target age	Vaccine used	% Coverage
2016	14-36 Y	MMR	100%
2016	> 18 Y	MMR	100%
NA			

Source: Supplementary immunization activities, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
NA= Not applicable; MMR = measles-mumps-rubella vaccine