Measles and rubella elimination country profile
The Netherlands

World Health Organization
REGIONAL OFFICE FOR Europe

Measles elimination status

2015 eliminated
2016 eliminated

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

Rubella elimination status

2015 eliminated
2016 eliminated

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

Demographic information, 2016

Total population	16 979 729
< 1 year old	176 844
< 5 years old	889 360

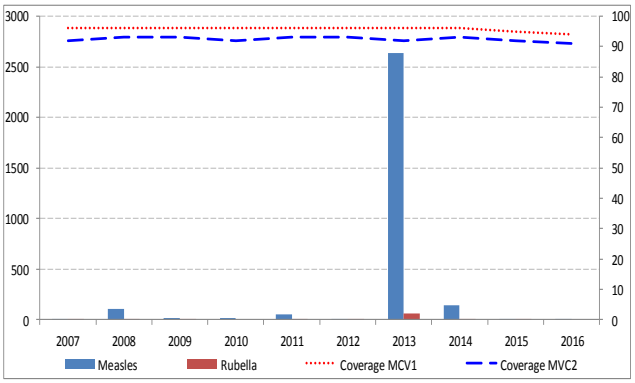
Source: World Population Prospects: The 2015 Revision, New York, United Nations

Measles and rubella immunization schedule, 2016

	Vaccine	Schedule	Year of introduction	
MCV1	MMR	14 months	MCV2	1987
MCV2	MMR	9 years	RCV	1974
Measles vaccination in school				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 vacccine; MCV2 = second dose measles-containing vaccine; RCV = rubella-containing vaccine

Measles and rubella cases and immunization coverage, 2007–2016



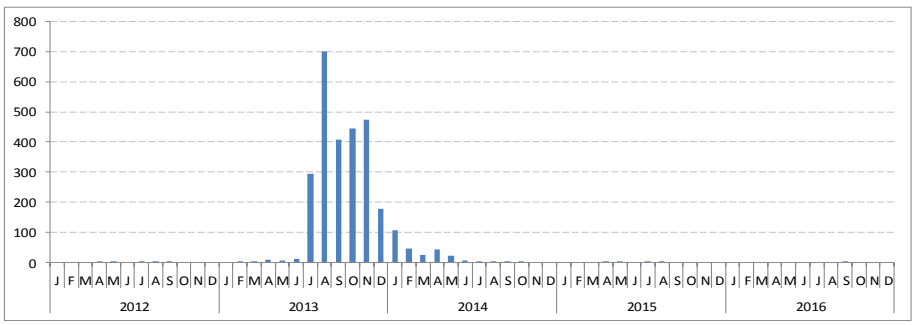
Source: Disease incidence and immunization coverage, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
MCV1 = first dose of measles-containing vaccine
MCV2= second dose of measles-containing vaccine

Definition used for an outbreak

2 or more molecularly/epidemiologically linked cases

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 cases by first subnational level, 2016

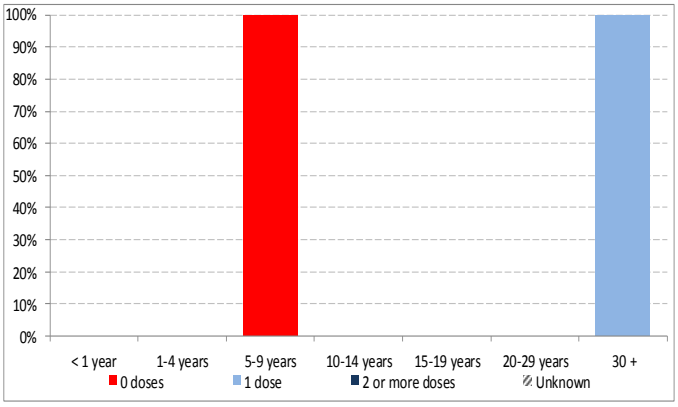
Source: Measles and rubella elimination Annual Status Update report, 2016

Measles genotypes by first subnational level, 2016

Source: MeaNS 2016

Note: The dots in the maps are placed randomly within the administrative regions.
Map disclaimer: The boundaries and names shown and the designations used on the maps do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Measles cases by age group and vaccination status, 2016



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

Sources of infection, 2016

	Measles	Rubella
Imported	4	0
Import-related	1	0
Unknown/ Not reported	1	0
Endemic	0	0

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

Information on CRS, 2016

No cases reported

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

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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	Clincally	Total			
2012	ND	10	0	0	10	ND	0.1	B3,D4,D8
2013	4 881	882	1 749	ND	2 631	270	155	D8
2014	153	109	31	ND	140	116	7.7	B3,D8,H1
2015	65	7	0	ND	7	60	0.4	B3, D8
2016	59	5	1	ND	6	53	0.4	D8

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	ND	ND	100%	100%	ND	ND	ND	ND
2013	45.5%	ND	ND	1.5%	ND	ND	56.7%	ND
2014	75.8%	ND	ND	17%	ND	42	32%	ND
2015	92%	ND	ND	71%	ND	7	71%	ND
2016	ND	ND	ND	83.3%	ND	ND	ND	ND

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 incidence, epidemiologic and virologic characteristics, 2012-2016

	Suspected rubella cases	Confirmed measles cases				Discarded as non-rubella	Rubella incidence	Genotypes detected
		Laboratory	Epi- linked	Clincally	Total			
2012	ND	1	0	0	1	ND	0.1	ND
2013	196	19	38	ND	57	190	3.4	ND
2014	2	2	0	ND	0	2	0.1	1E
2015	7	1	0	0	1	6	0.1	ND
2016	51	0	0	ND	0	51	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 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	ND	ND	0%	100%	ND	ND	ND	ND
2013	1.6	ND	37%	5.3%	ND	ND	1.5%	ND
2014	99.7%	ND	ND	50%	ND	1	0.4%	ND
2015	100%	ND	ND	100%	ND	1	ND	ND
2016	ND	ND	ND	NA	ND	0	NA	ND

Source: ASU 2012-2016, RubeNS 2012-2016 and laboratory accreditation results 2012-2016
ND = Data not available; NA= Not applicable
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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 the Netherlands in 2016, and confirmed that measles and rubella elimination has been sustained. The RVC commends the National Verification Committee (NVC), national health authorities and public health system on this achievement, but is concerned about the quality of surveillance, based on information provided in the ASU. The RVC urges the national health authorities to make further efforts to strengthen measles and rubella surveillance to the level considered adequate (with a rate of measles and rubella discarded cases ≥2/100 000) and to improve the way in which surveillance performance is presented in the ASU to facilitate better documentation of the elimination status.

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%