# Measles and rubella elimination country profile
# France

World Health Organization
REGIONAL OFFICE FOR Europe

## Measles elimination status

2015 endemic
2016 endemic

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

## Rubella elimination status

2015 endemic
2016 endemic

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?
Yes
Is it updated? Yes

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

## Demographic information, 2016

| | |
|---|---|
| Total population | 64 668 129 |
| < 1 year old | 780 017 |
| < 5 years old | 3 921 704 |

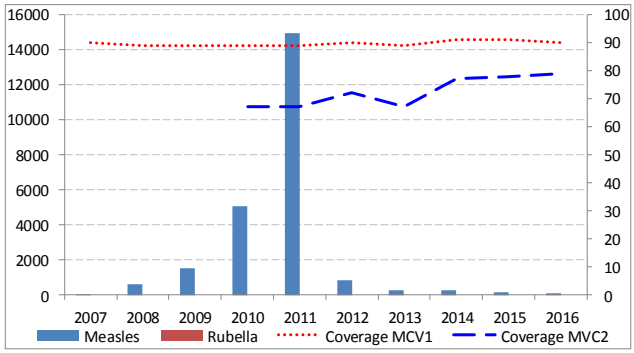
Source: World Population Prospects: The 2015 Revision, New York, United Nations

## Measles and rubella immunization schedule, 2016

| | Vaccine | Schedule | Year of introduction | |
|---|---|---|---|---|
| MCV1 | MMR | 12 months | MCV2 | 1996 |
| MCV2 | MMR | 18 months | RCV | 1970 |
| 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 vacccine; MCV2 = second dose measles-containing vaccine; RCV = rubella-containing vaccine

## Measles and rubella cases and immunization coverage, 2007–2016



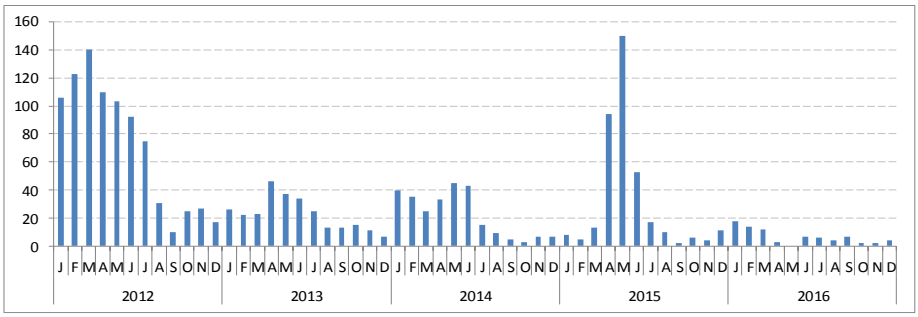

Source: Disease incidence and immunization coverage, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
MCV1 = first dose of measles-containing vaccine
MCV2= second dose of measles-containing vaccine

## Definition used for an outbreak

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

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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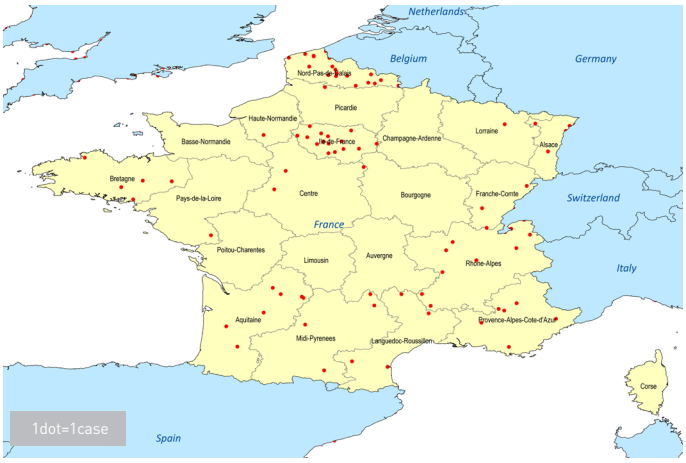
## Measles cases by first subnational level, 2016



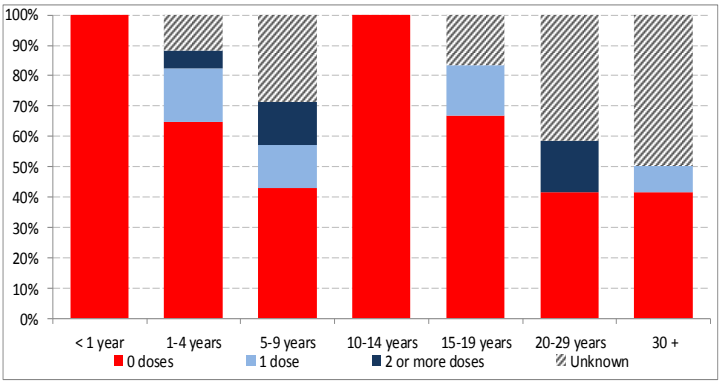

Source: Measles and rubella elimination Annual Status Update report, 2016

## 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 first subnational level, 2016




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

## Sources of infection, 2016

| | Measles | Rubella* |
|---|---|---|
| Imported | 20 | 2 |
| Import-related | 0 | 0 |
| Unknown/ Not reported | 8 | 0 |
| Endemic | 51 | 1 |

Source: Measles and rubella elimination Annual Status Update report, 2016
* only in pregnant women

## Supplementary immunization activities

| Year | Target age | Vaccine used | % Coverage |
|---|---|---|---|
| 2016 | Refugees ≥ 1 and ≤ 35 | MMR | 63% |
| NA | | | |
| 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

## Information on CRS, 2016

2 imported cases, laboratory confirmed

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 | 395 | 69 | 392 | 856 | ND | 13 | B3,D4,D8,H1 |
| 2013 | 326 | 132 | 8 | 119 | 259 | 67 | 4 | B3,D4,D8,D9 |
| 2014 | 313 | 137 | 52 | 78 | 267 | 46 | 4.1 | B3, D8 |
| 2015 | 401 | 157 | 136 | 71 | 364 | 36 | 5.7 | B3,D4,D8 |
| 2016 | 112 | 50 | 3 | 26 | 79 | 33 | 1.2 | B3, D8 |

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 investigation | % origin of infection known | # specimen tested for measles | % positive for measles | Rate of viral detection | % WHO and proficient labs |
|---|---|---|---|---|---|---|---|---|
| 2012 | 0.1 | ND | 41% | ND | ND | ND | ND | ND |
| 2013 | ND | ND | ND | ND | ND | ND | ND | ND |
| 2014 | ND | ND | 100% | 100% | 506 | 0.6% | 100% | ND |
| 2015 | ND | ND | 42.6% | 89.8% | 330 | 19.1% | ND | ND |
| 2016 | ND | ND | 83% | 91% | 225 | 14.2% | ND | 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 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 | ND | ND | ND | ND | ND | ND | ND |
| 2013 | 427 | 8 | 0 | 0 | 8 | 383 | ND | ND |
| 2014 | 506 | 3 | 0 | 0 | 3 | 491 | ND | ND |
| 2015 | 410 | ND | ND | ND | 2 | 376 | ND | 1E |
| 2016 | 608 | 3 | 0 | 0 | 3 | 538 | ND | 1E |

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 | ND | ND | ND | ND | ND | ND |
| 2013 | ND | ND | ND | ND | ND | ND | ND | ND |
| 2014 | ND | ND | ND | ND | 14 | 21.4% | ND | ND |
| 2015 | ND | ND | ND | ND | 410 | 0.5% | ND | 100% |
| 2016 | ND | ND | ND | ND | 594 | 0.6% | ND | 100% |

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) is pleased to learn about recent developments in France and would appreciate further information and clarification of the National Verification Committee (NVC) statement on the "mandatory registration of rubella", particularly whether this will make rubella a notifiable disease in France. The RVC would also appreciate information on steps being taken, if any, to implement case-based measles and rubella surveillance in France to make it possible for RVC to monitor standard surveillance indicators.

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%