

Measles and rubella elimination country profile

Belgium

Measles elimination status



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

Rubella elimination status



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

National plan of action



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

Demographic information, 2016

Total population	11 371 928
< 1 year old	129 743
< 5 years old	651 167

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

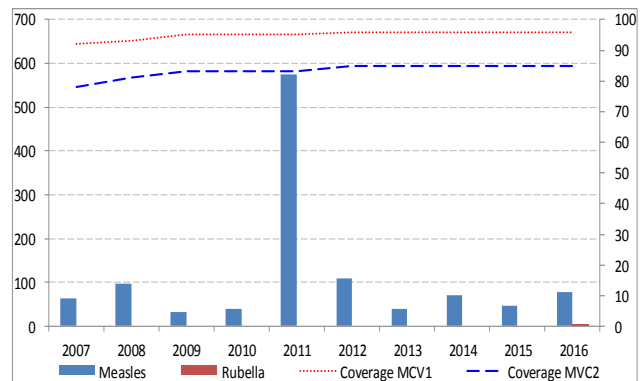
Measles and rubella immunization schedule, 2016

	Vaccine	Schedule	Year of introduction	
MCV1	MMR	1 year	MCV2	1994
MCV2	MMR	11-12 years, 10 in Flanders	RCV	1985
Measles vaccination in school				Yes

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

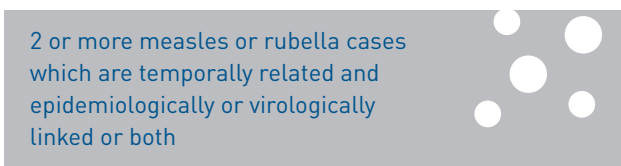


Source: Disease incidence and immunization coverage, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)

MCV1 = first dose of measles-containing vaccine

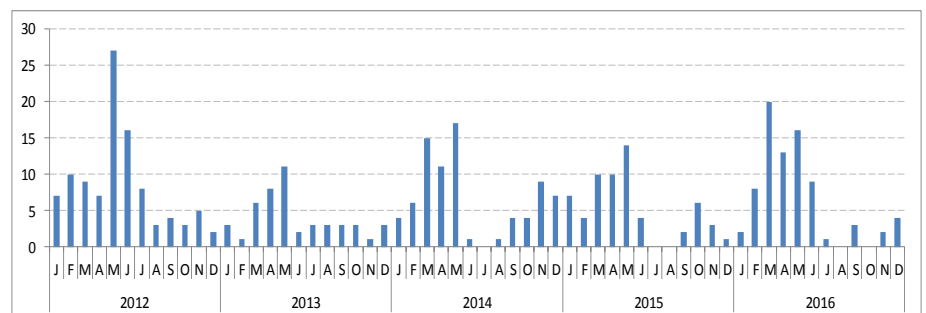
MCV2 = second dose of measles-containing vaccine

Definition used for an outbreak



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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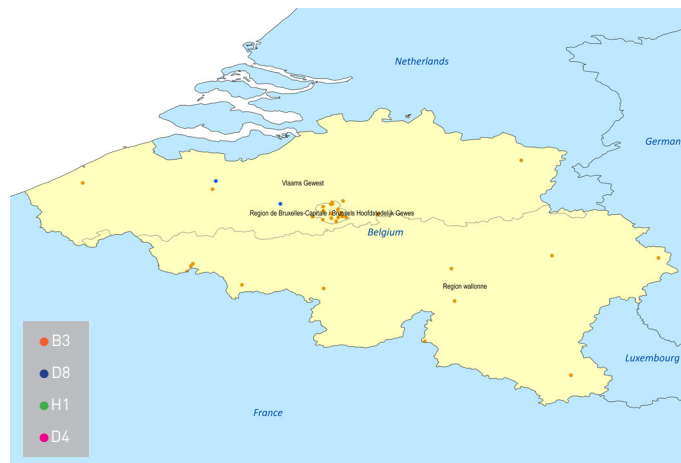
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Measles cases by first subnational level, 2016



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

Measles genotypes by first subnational level, 2016

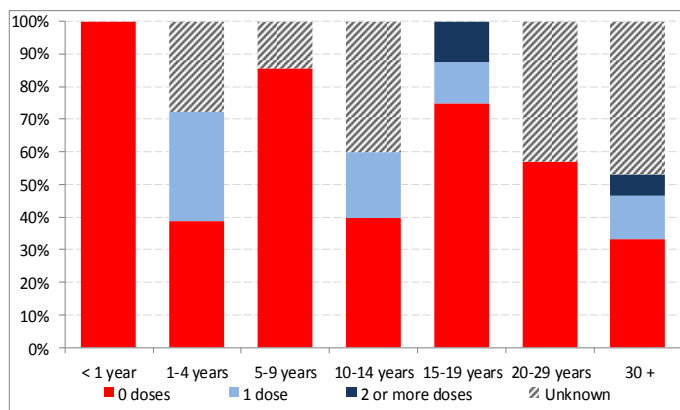


Source: MeaNS 2016

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	7	0
Import-related	4	0
Unknown/ Not reported	22	0
Endemic	45	0

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

Information on CRS, 2016



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	Clinically	Total			
2012	ND	50	38	21	109	ND	9.2	D4,D8
2013	118	28	6	9	43	75	3.5	D8
2014	224	58	5	12	75	149	6.1	B3,D8
2015	145	35	8	3	46	99	3.6	B3,D4,D8
2016	247	62	9	7	78	169	6.3	B3, 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	0.5	ND	70%	ND	ND	ND	ND	ND
2013	0.7	0%	76.7%	36%	101	27.7%	17%	ND
2014	1.3	0%	96%	79%	207	28.0%	50%	ND
2015	0.8	0%	93.4%	89.1%	128	27.3%	85.7%	100%
2016	1.4	0%	93.3%	80.8%	222	27.9%	84.6%	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 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	Clinically	Total			
2012	0	0	0	0	0	0	NA	NA
2013	0	0	0	0	0	0	NA	NA
2014	0	0	0	0	0	0	NA	NA
2015	0	0	0	0	0	0	NA	NA
2016	0	0	0	0	0	0	NA	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	NA	NA	NA	NA	ND	ND	NA	ND
2013	NA	NA	NA	NA	ND	ND	NA	ND
2014	NA	NA	NA	NA	67	0%	NA	ND
2015	NA	NA	NA	NA	45	0%	NA	ND
2016	NA	NA	NA	NA	55	1.8%	NA	ND

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
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RVC comments, based on 2016 reporting

The Regional Verification Commission for Measles and Rubella Elimination (RVC) appreciates the comprehensive ASU from the National Verification Committee (NVC) and commends efforts being made, but the 2015 decision to maintain the non-notifiable status of rubella constitutes a major constraint to regional rubella elimination.

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: > 80%
- % origin of infection known: > 80%
- Rate of viral detection: > 80%