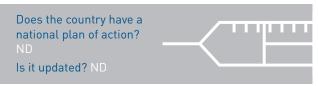


Measles elimination status



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

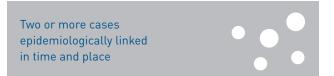
Measles and rubella immunization schedule, 2016

	Vaccine	Schedule	Year of introduction				
MCV1	MMR	13-14 months	MCV2	1991			
MCV2	MMR	10 years	RCV	1988			
Me	Measles vaccination in school						

Source: Immunization schedule, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.vho.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



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



Rubella elimination status



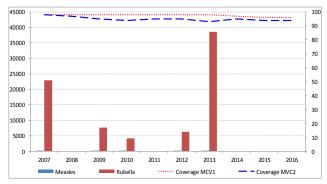
Source:European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/6thRVC

Demographic information, 2016

Total population	38 593 161		
< 1 year old	385 031		
< 5 years old	1 928 820		

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

Measles and rubella cases and immunization coverage, 2007–2016



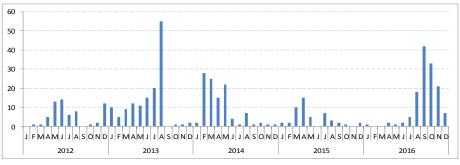
Source: Disease incidence and immunization coverage, WHO, Data and Statistics, Immunization Monitoring and Surveilance

(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 cases by first subnational level, 2016

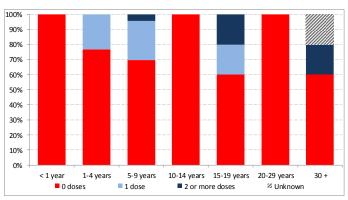


Measles genotypes by first subnational level, 2016



Source: Measles and rubella elimination Annual Status Update report, 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

Supplementary immunization activities

Year	Target age	Vaccine used	% Coverage
2016	All	MMR	ND
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

Sources of infection, 2016

	Measles	Rubella
Imported	24	0
Import-related	98	0
Unknown/ Not reported	2	1 106
Endemic	9	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

Measles and rubella elimination country profile Poland



Measles incidence, epidemiologic and virologic characteristics. 2012-2016

	Suspected measles	(Confirmed measles cases				Measles	Genotypes
	cases	Labora- tory	Epi- linked	Clincally	Total	non- measles	incidence	detected
2012	ND	49 11		10	70	ND	1.7	D4
2013	258	56	56 5	25	86	175	2.1	D8
2014	182	87	17	6	110	73	2.6	D8
2015	133	30	2	16	48	86	1.3	D8,H1
2016	148	8 76 54	54	3	133	15	2.9	D8

purce: 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

Rubella incidence, epidemiologic and virologic characteristics, 2012-2016

	Suspected				Discarded as	Rubella	Genotypes	
	rubella cases	Laboratory	Epi- linked	Clincally	Total	non- rubella	incidence	detected
2012	ND	14	26	6 223	6 263	ND	162.5	ND
2013	ND	52	107	38 387	38 546	ND	1 001.4	ND
2014	ND	34	4	5 853	5 891	ND	153.1	ND
2015	2 027	21	5	2 000	2 026	2 001	52.6	ND
2016	1 232	8	8	1 090	1 106	126	28.8	ND

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 investiga- tion	% origin of infection known	# specimen tested for measles	% positive for measles	Rate of viral detection	% WHO and proficient labs
2012	34.4%	ND	66.4%	100%	ND	ND	ND	ND
2013	0.4	0%	69%	100%	ND	ND	43%	ND
2014	ND	ND	ND	ND	145	58.6%	ND	ND
2015	0.2	0%	57.1%	100%	88	35.2%	ND	ND
2016	0	ND	62.2%	100%	92	82.6%	100%	98.9%

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 investiga- tion	% origin of infection known	# specimen tested for rubella	% positive for rubella	Rate of viral detection	% WHO and proficient labs
2012	ND	ND	0.2%	ND	ND	ND	ND	ND
2013	ND	ND	ND	ND	ND	ND	ND	ND
2014	ND	ND	ND	ND	ND	ND	ND	ND
2015	ND	ND	ND	ND	16	0%	ND	ND
2016	0.3	ND	11.8%	ND	ND	ND	ND	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) commends the National Verification Committee (NVC), national health authorities and public health system on interruption of endemic measles transmission in Poland. The RVC is impressed with Poland's measles prevention efforts, noting timeliness and completeness of reporting and high vaccine coverage. The RVC however urges improvement of surveillance sensitivity and introduction of case-based rubella surveillance with laboratory investigation and viral detection of rubella through the submission of specimens to WHO-accredited laboratories for ELISA testing and genotyping. The RVC urges the national health authorities and public health system to strengthen activities in line with WHO resolutions and guidelines to achieve and document elimination of rubella as well.

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%