Measles and rubella elimination country profile
Italy

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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?
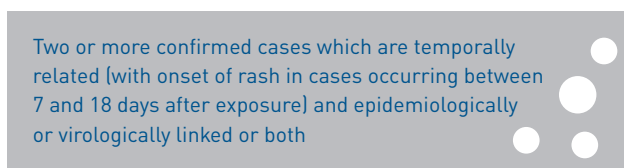Yes
Is it updated? Yes

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

Demographic information, 2016

| Total population	59 801 004
< 1 year old	500 080
< 5 years old	2 505 835

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

Measles and rubella immunization schedule, 2016

	Vaccine	Schedule	Year of introduction	
MCV1	MMR	13-15 months	MCV2	2004
MCV2	MMR	5-6 years	RCV	1972
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 vacccine; MCV1 = first dose measles-containing vacccine; MCV2 = second dose measles-containing vaccine; RCV = rubella-containing vaccine

Definition used for an outbreak

Two or more confirmed cases which are temporally related (with onset of rash in cases occurring between 7 and 18 days after exposure) and epidemiologically or virologically linked or both

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

Measles and rubella cases and immunization coverage, 2007–2016
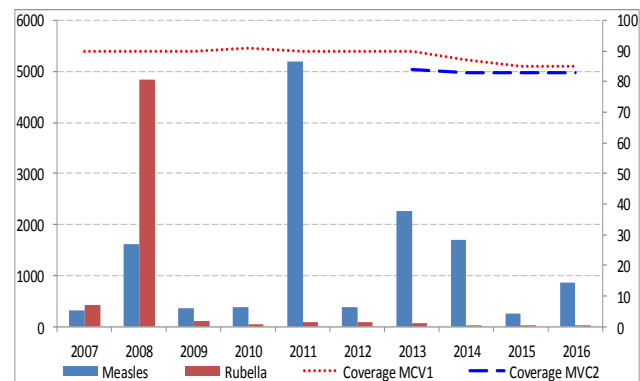
Source: Disease incidence and immunization coverage, WHO, Data and Statistics, Immunization Monitoring and Surveilance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
MCV1 = first dose of measles-containing vaccine
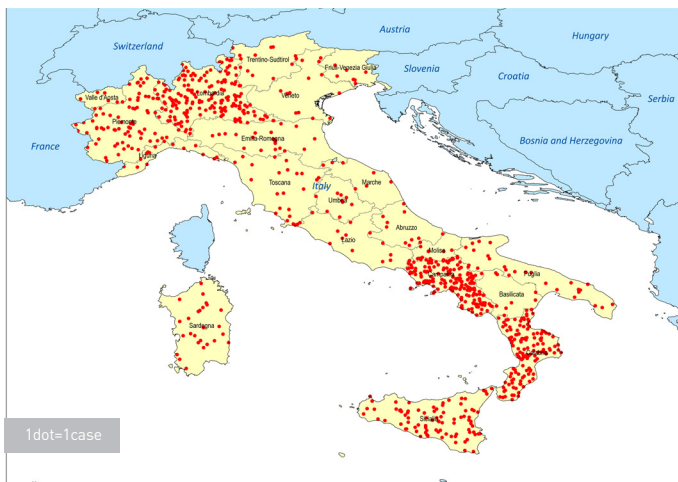MCV2= second dose of measles-containing vaccine

Confirmed measles cases by month of onset, 2012-2016
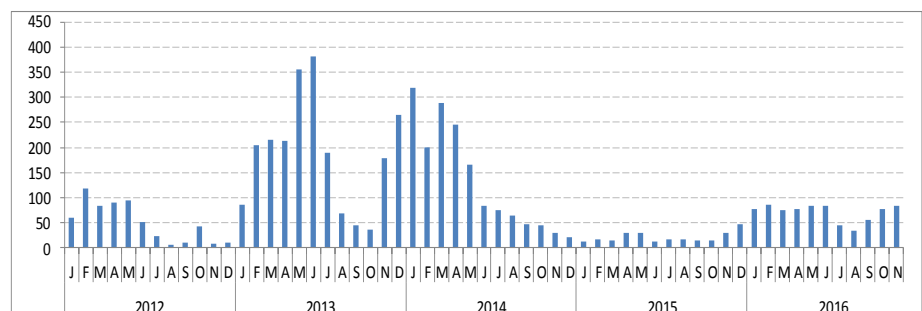
Source: CISID2 2016

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Measles cases by first subnational level, 2016

1dot=1case

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

Measles genotypes by first subnational level, 2016


- B3
- D8
- H1
- D4

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

■ 0 doses ■ 1 dose ■ 2 or more doses ▨ Unknown
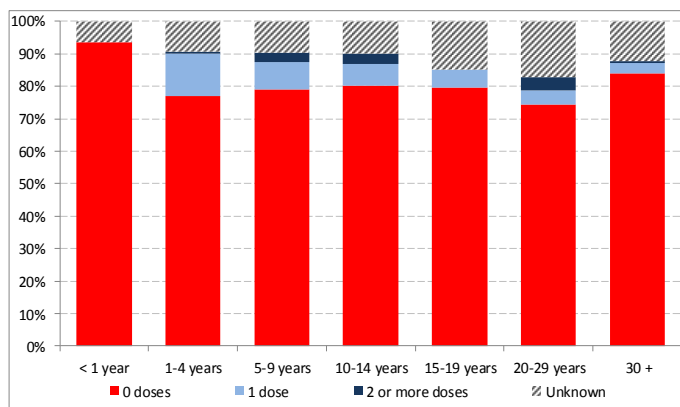
Source: Measles and rubella elimination Annual Status Update report, 2016

Sources of infection, 2016

	Measles	Rubella
Imported	38	0
Import-related	22	0
Unknown/ Not reported	56	5
Endemic	750	25

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

Information on CRS, 2016

1 imported case, laboratory confirmed
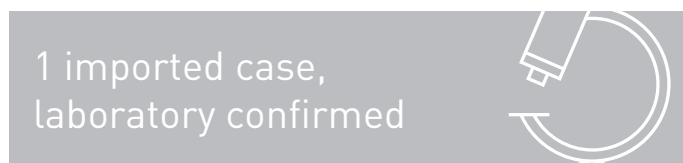
Source: Measles and rubella elimination Annual Status Update report, 2016
CRS = congenital rubella syndrome

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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
		Labora-tory	Epi-linked	Clincally	Total			
2012	ND	ND	ND	ND	ND	ND	10.4	D4,D8
2013	2 389	1 241	667	350	2 258	153	40.7	B3,D4,D8,D9
2014	1 728	1 014	414	266	1 694	119	27	B3,D8,D9,H1
2015	335	161	44	48	253	87	3.9	B3.D4,D8
2016	910	619	112	135	866	72	13.6	B3, D8, H1

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 investiga-tion	% origin of infection known	# specimen tested for measles	% positive for measles	Rate of viral detection	% WHO and proficient labs
2012	ND	ND	ND	ND	ND	ND	ND	ND
2013	0.3	0%	12.3%	93.3%	ND	ND	20.5%	ND
2014	0.2	0%	12.4%	95.7%	174	71.3%	ND	ND
2015	0.1	0%	21.6%	98.4%	248	64.9%	ND	26%
2016	0.1	0%	16%	93.5%	721	85.9%	32.5%	18%

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	Clincally	Total			
2012	ND	ND	ND	ND	ND	ND	5.9	ND
2013	116	7	35	24	66	28	1.2	ND
2014	139	6	7	13	26	28	0.4	1E
2015	54	12	2	10	24	25	0.4	1G
2016	81	15	0	15	30	23	0.5	ND

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

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	ND	ND	ND	ND	ND	ND
2013	0.1	0%	ND	68.2%	ND	ND	ND	ND
2014	0.1	0%	31.9%	76%	157	1.9%	ND	ND
2015	0	0%	25.5%	66.7%	37	32.4%	ND	32%
2016	0	0%	13.2%	83.3%	41	36.6%	ND	17%

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 supplemental documents provided with the ASU and commends Italy on implementing several surveillance and immunization initiatives, including putting into practice the National Plan of Vaccine Prevention and establishing a national network of measles and rubella regional laboratories with a comprehensive national accreditation programme. The RVC urges the national health authorities to consider further measures to improve the subnational vaccination coverage in all administrative territories and to improve the rate of viral detection of measles and rubella through the submission of specimens for genotyping.

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%