Measles and rubella elimination country profile Luxembourg



Measles elimination status

2016 eliminated 2017 eliminated

Source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thrvo

Measles and rubella surveillance

National case-based surveillance for Lab confirmation for diagnosis of

Source: WHO/UNICEF Joint Reporting Form on Immunization, 2017

Measles and rubella immunization schedule. 2017

	Vaccine	Schedule	Year of introduction	
MCV1	MMR	12 months	MCV2	1994
MCV2	MMR	15-23 months RCV		1986
N	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 vaccine; MCVI = first dose measles-containing vaccine;

MCV2 = second dose measles-containing vaccine; RCV = rubella-containing vaccin

ND = Data not available

Definition used for an outbreak

2 or more laboratory confirmed cases which are temporally related and epidemiologically or virologically linked or both



Source: Measles and rubella elimination Annual Status Update report, 2017

Rubella elimination status

2016 eliminated 2017 eliminated

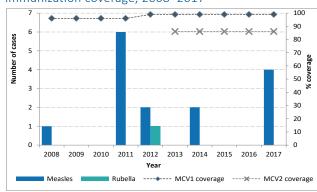
Source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thrvc

Demographic information, 2017

Total population	583 455
< 1 year old	6877
< 5 years old	33 137

Source: World Population Prospects: The 2017 Revision, New York, United Nations

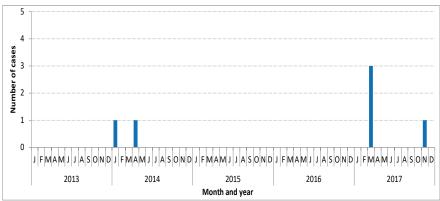
Measles and rubella cases and immunization coverage, 2008-2017



Source: Disease incidence and immunization coverage (WUENIC), WHO, Data and Statistics, Immunization Monitoring and Surveillance and communication with the country (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, 2013-2017



Source: CISID 2017 and communication with the country



Measles and rubella elimination country profile Luxembourg



Measles cases by first subnational level, 2017



Source: Measles and rubella elimination Annual Status Update report, 2017

Measles genotypes by first subnational level, 2017

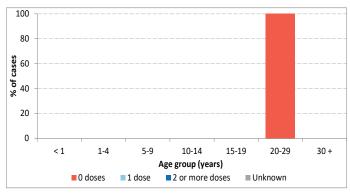


Source: MeaNS 2017

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, 2017



Source: Measles and rubella elimination Annual Status Update report, 2017

Information on CRS, 2017



Source: Measles and rubella elimination Annual Status Update report, 2017 CRS = congenital rubella syndrome

Sources of infection, 2017

	Measles	Rubella
Imported	3	0
Import-related	1	0
Unknown/ Not reported	0	0
Endemic	0	0

Source: Measles and rubella elimination Annual Status Update report, 2017

Supplementary immunization activities

Year	Target age	Vaccine used	% Coverage
2017	14-47Y	MMR	100%
2017	>18Y	MMR	100%
2016	14-36Y	MMR	100%
2016	>18Y	MMR	100%

Source: Supplementary immunization activities, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/) and communication with the country

MMR = measles-mumps-rubella vaccine

ND = Data not available

Measles and rubella elimination country profile Luxembourg



Measles incidence, epidemiologic and virologic characteristics, 2013-2017

	Suspected measles		Confirmed n	neasles cases	Discarded as	Measles	Genotypes	
	cases	Laboratory	Epi- linked	Clinically	Total	non- measles		detected
2013	2	0	0	0	0	2	0	NA
2014	5	2	0	0	2	3	0	В3
2015	2	0	0	0	0	2	0	NA
2016	0	0	0	0	0	0	0	NA
2017	7	4	0	0	4	3	1.7	B3,D8

Source: Measles and rubella elimination Annual Status Update report, 2013-2017

Incidence calculated per 1 million population ND = Data not available: NA= Not applicable

Rubella incidence, epidemiologic and virologic characteristics, 2013-2017

	Suspected rubella		Confirmed r	ubella cases	Discarded as	Rubella	Genotypes	
	cases	Laboratory	Epi- linked	Clinically	Total	non- rubella	incidence	detected
2013	0	0	0	0	0	0	0	NA
2014	1	0	0	0	0	1	0	NA
2015	0	0	0	0	0	0	0	NA
2016	0	0	0	0	0	0	0	NA
2017	1	0	0	0	0	1	0	NA

Source: Measles and rubella elimination Annual Status Update report, 2013-2017

Incidence calculated per 1 million population

ND = Data not available: NA= Not applicable

Measles surveillance and laboratory performance indicators, 2013-2017

	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
2013	100%	0%	100%	NA	ND	ND	NA	ND
2014	60%	0%	100%	100%	5	40%	100%	ND
2015	100%	0%	100%	NA	2	0%	NA	100%
2016	NA	NA	100%	NA	1	100%	100%	100%
2017	0.5	NA	100%	100%	7	57.1%	100%	100%

Source: ASU 2013-2017

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, 2013-2017

	Discarded non- rubella rate	% 1st sub- national unit with ≥ 2 discarded cases	% cases with adequate laboratory investigtion	% origin of infection known	# specimen tested for rubella	% positive for rubella	Rate of viral detection	% WHO and proficient labs
2013	NA NA	NA	NA	NA	ND	ND	NA	ND
2014	100%	NA	NA	NA	1	0%	NA	ND
2015	NA NA	NA	NA	NA	0	0%	NA	ND
2016	NA NA	NA	NA	NA	0	0%	NA	ND
2017	0.2	NA	100%	NA	1	0%	NA	100%

Source: ASU 2013-2017

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 2017 reporting

The Regional Verification Commission for Measles and Rubella Elimination (RVC) concluded that endemic transmission of both measles and rubella remained interrupted in Luxembourg in 2017 and confirmed that measles and rubella elimination has been sustained. The RVC notes that a large dataset of rubella and measles IgG tests between 2005 and 2015 is currently being analysed and would appreciate being informed of the final results, particularly with regard to possible immunity gaps. The RVC would appreciate additional information, clarifying why MRCV2 coverage is nearly 15% lower than MRCV1 coverage.

Source:European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thrvc

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%

