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 ND= Data not available

Measles and rubella immunization schedule, 2016

|  | Vaccine | Schedule | Year of introduction |  |
| :---: | :---: | :---: | :---: | :---: |
| MCV1 | MMR | 12 <br> months | MCV2 | 1996 |
| MCV2 | MMR | $15-24$ <br> months | RCV | 1973 |
| Measles vaccination in school |  |  |  | ND |

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

Definition used for an outbreak


Rubella elimination status

## 2015 endemic <br> 2016 endemic

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

Demographic information, 2016

| Total population | 8379477 |
| :---: | :---: |
| < 1 year old | 85760 |
| < 5 years old | 428839 |

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

Source: Measles and rubella elimination Annual Status Update report, 2016
Confirmed measles cases by month of onset, 2012-2016


[^0]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 | 12 | 0 |
| Import-related | 43 | 0 |
| Unknown/ Not <br> reported | 3 | 0 |
| Endemic | 7 | 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 incidence, epidemiologic and virologic characteristics, 2012-2016

|  | Suspected measles cases | Confirmed measles cases |  |  |  | $\begin{gathered} \text { Discarded } \\ \text { as } \\ \text { non- } \\ \text { measles } \end{gathered}$ | Measles incidence | Genotypes detected |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Laboratory | Epilinked | Clincally | Total |  |  |  |
| 2012 | ND | 28 | 5 | 12 | 45 | ND | 4.7 | D4 |
| 2013 | 212 | 113 | 21 | 42 | 176 | 33 | 19.7 | D8 |
| 2014 | 68 | 14 | 2 | 7 | 23 | 45 | 1.7 | B3, D8, H1 |
| 2015 | 65 | 33 | 5 | 3 | 41 | 30 | 3.5 | B3, D8, 11 |
| 2016 | 101 | 52 | 9 | 4 | 65 | 36 | 6.4 | B3, D8 |

Source: Measles and rubella elimination Annual Status Update report, 2012-2016
Incidence calculated per 1 million population

Rubella incidence, epidemiologic and virologic characteristics, 2012-2016

|  | Suspected <br> rubella <br> cases | Confirmed measles cases |  |  |  | Discarded <br> as <br> non- <br> rubella | Rubella <br> incidence | Genotypes <br> detected |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2012 |  | 3 | 0 | 0 | 3 | ND | 0.4 | ND |
| 2013 |  | 6 | 0 | 0 | 6 | 35 | 0.6 | ND |
| 2014 |  | 4 | 0 | 0 | 4 | 35 | 0.5 | ND |
| 2015 | 26 | 3 | 0 | 0 | 3 | 23 | 0.4 | ND |
| 2016 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | NA |

Source: Measles and rubella elimination Annual Status Update report, 2012-2016
Incidence calculated per 1 million population
ND $=$ Data not available: $N A=$ Not applicable
$N D=$ Data not available; $N A=$ Not applicable

Measles surveillance and laboratory performance indicators, 2012-2016

|  | Discarded <br> non- <br> measles <br> rate | \% 1st sub- <br> national <br> unit with <br> $\geqslant 2$ <br> discarded <br> cases | \% cases <br> with <br> adequate <br> laboratory <br> investiga- <br> tion | \% origin of <br> infection <br> known | $\#$ <br> specimen <br> tested for <br> measles | \% positive <br> for <br> measles | Rate of <br> viral <br> detection | \% WHO <br> and <br> proficient <br> labs |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2012 | 0.2 | ND | $80 \%$ | $86.3 \%$ | ND | ND | ND | ND |
| 2013 | 0.3 | $0 \%$ | $78.9 \%$ | $92 \%$ | ND | ND | $25 \%$ | ND |
| 2014 | 0.2 | $0 \%$ | $86.4 \%$ | $91.2 \%$ | 57 | $66.7 \%$ | $80 \%$ | ND |
| 2015 | 0.1 | $0 \%$ | $91.8 \%$ | $82.9 \%$ | 56 | $76.8 \%$ | $33.3 \%$ | $100 \%$ |
| 2016 | 0.8 | $11.5 \%$ | $94.6 \%$ | $95.4 \%$ | 88 | $73.9 \%$ | $50 \%$ | $100 \%$ |

Source: ASU 2012-2016, MeaNS 2012-2016 and laboratory accreditation results 2012-2016
$N D=$ Data not available; $N A=$ 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 <br> non- <br> rubella <br> rate | \% 1st sub- <br> national <br> unit with <br> discarded <br> cases | \% cases <br> with <br> adequate <br> laboratory <br> investiga- <br> tion | \% origin of <br> infection <br> known | specimen <br> sested for <br> rubella | \% positive <br> for rubella | Rate of <br> viral <br> detection | \% WHO <br> and <br> proficient <br> labs |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2012 | NA | ND | $97.8 \%$ | $66.7 \%$ | ND | ND | ND | ND |
| 2013 | NA | NA | $82.9 \%$ | $50 \%$ | ND | ND | ND | ND |
| 2014 | NA | NA | $92.3 \%$ | $75 \%$ | 36 | $100 \%$ | ND | ND |
| 2015 | NA | NA | $88.5 \%$ | $66.7 \%$ | 23 | $95.7 \%$ | ND | $100 \%$ |
| 2016 | NA | NA | NA | NA | 28 | $92.9 \%$ | NA | $100 \%$ |

Source: ASU 2012-2016, RubeNS 2012-2016 and laboratory accreditation results 2012-2016
ND = Data not available: $N A=$ 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 Switzerland. The RVC commends the national health authorities and encourages them to continue with awareness campaigns for vaccination against measles to close immunity gaps among adults. However, the RVC urges improvement of the quality of measles and rubella surveillance and increasing of MRCV2 at subnational (cantonal) level. 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 100000 population
b. \% cases with adequate laboratory investigation: $\geqslant 80 \%$
c. \% origin of infection known: $\geqslant 80 \%$
d. Rate of viral detection: $\geqslant 80 \%$


[^0]:    Source: CISID2 2016

