

Measles and rubella elimination country profile

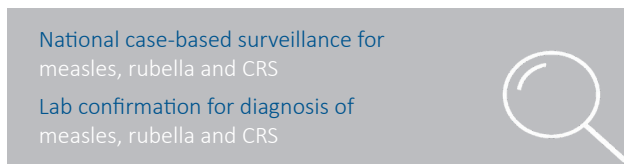
Georgia

Measles elimination status



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

Measles and rubella surveillance



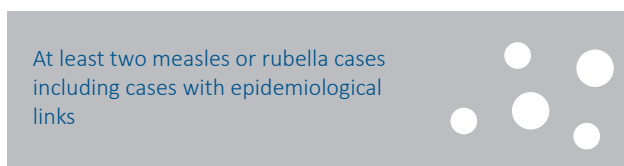
Source: WHO/UNICEF Joint Reporting Form on Immunization, 2017

Measles and rubella immunization schedule, 2017

	Vaccine	Schedule	Year of introduction	
MCV1	MMR	12 months	MCV2	1986
MCV2	MMR	5 years	RCV	2004
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/) and communication with the country
MMR = measles-mumps-rubella vaccine; MCV1 = first dose measles-containing vaccine; MCV2 = second dose measles-containing vaccine; RCV = rubella-containing vaccine

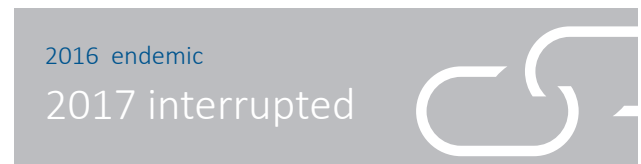
Definition used for an outbreak



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



Rubella elimination status



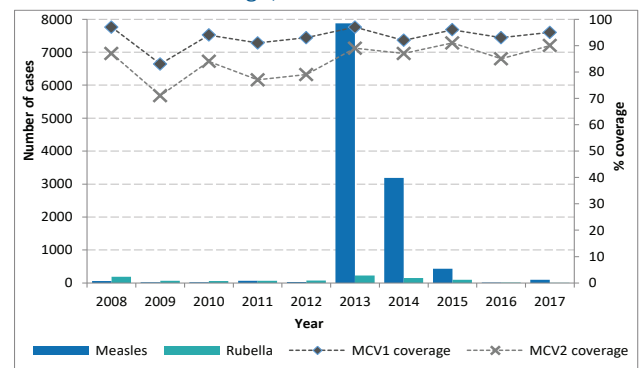
Source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thrv

Demographic information, 2017

Total population	3 912 061
< 1 year old	49 439
< 5 years old	265 845

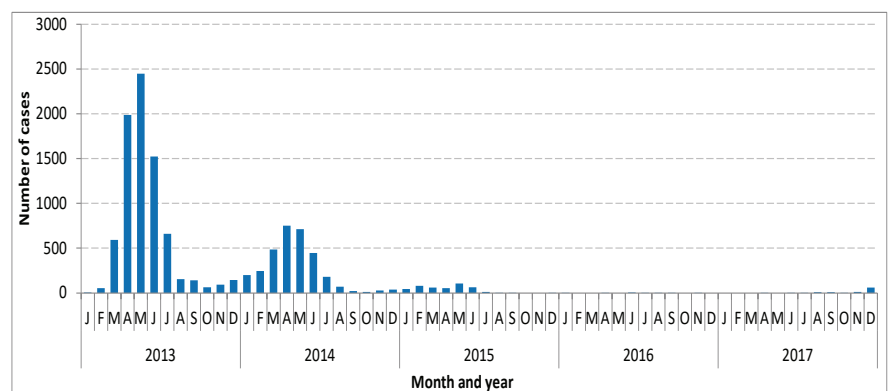
Source: World Population Prospects: The 2017 Revision, New York, United Nations

Measles and rubella cases and immunization coverage, 2008–2017



Source: Disease incidence and immunization coverage (WUENIC), WHO, Data and Statistics, Immunization Monitoring and Surveillance (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

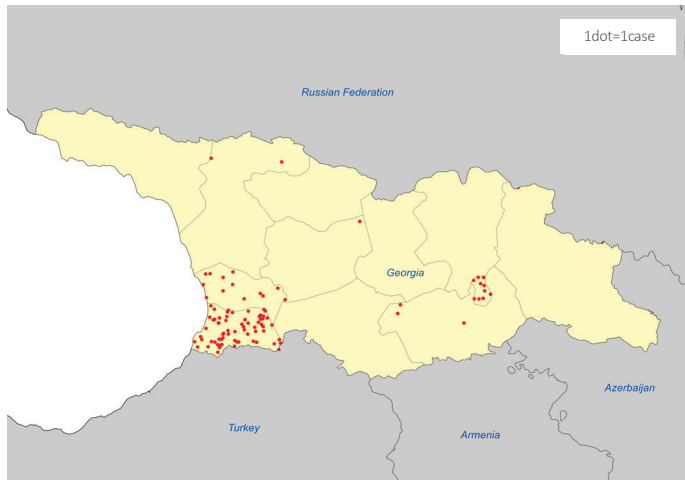


Source: CISD 2017

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Measles cases by first subnational level, 2017



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

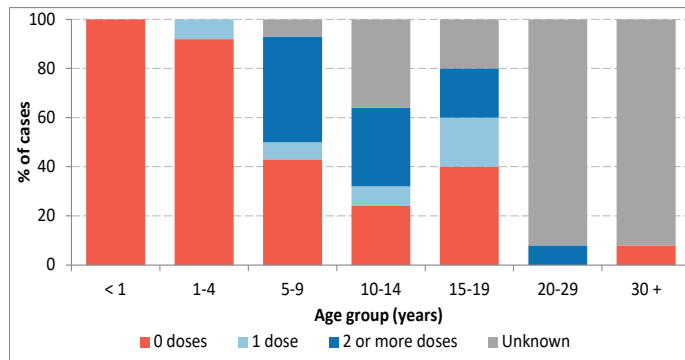
Measles genotypes by first subnational level, 2017



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



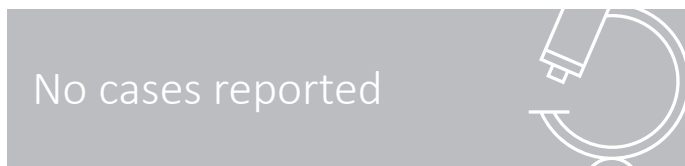
Source: Measles and rubella elimination Annual Status Update report, 2017
Note: Excludes imported cases

Sources of infection, 2017

	Measles	Rubella
Imported	2	0
Import-related	0	0
Unknown/ Not reported	0	0
Endemic	94	5

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

Supplementary immunization activities

Year	Target age	Vaccine used	% Coverage
2016	6-30Y	MMR	23%
2015	2-30Y	MMR	13%

Source: Supplementary immunization activities, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
MMR = measles-mumps-rubella vaccine
ND = Data not available

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Measles incidence, epidemiologic and virologic characteristics, 2013-2017

	Suspected measles cases	Confirmed measles cases				Discarded as non-measles	Measles incidence	Genotypes detected
		Laboratory	Epi-linked	Clinically	Total			
2013	8044	787	304	6783	7874	170	1756	D8
2014	3242	391	132	2668	3191	50	854.8	D8
2015	498	42	30	359	431	68	115.5	D8
2016	55	5	0	9	14	44	3.8	D8
2017	148	76	12	8	96	52	25.3	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

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	3.6	25%	100%	99.8%	ND	ND	ND	ND
2014	1.5	25%	14.4%	99.6%	ND	ND	100%	ND
2015	1.8	33.3%	21.7%	99.8%	99	43.4%	55.5%	ND
2016	1.2	8.3%	100%	100%	120	7.5%	100%	100%
2017	1.4	8.3%	85.8%	100%	127	59.8%	33.3%	94.5%

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 incidence, epidemiologic and virologic characteristics, 2013-2017

	Suspected rubella cases	Confirmed rubella cases				Discarded as non-rubella	Rubella incidence	Genotypes detected
		Laboratory	Epi-linked	Clinically	Total			
2013	260	6	1	217	224	31	50	ND
2014	177	2	0	147	149	26	39.9	ND
2015	138	0	0	100	100	37	26.8	ND
2016	106	1	0	11	12	91	3.2	ND
2017	66	1	0	4	5	61	1.3	ND

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 surveillance and laboratory performance indicators, 2013-2017

	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
2013	2.7	0%	100%	99.6%	ND	ND	ND	ND
2014	1.8	0%	40.9%	100%	ND	ND	ND	ND
2015	1	8.3%	20%	100%	25	0%	0	ND
2016	2.4	33.3%	97.5%	100%	129	1.6%	0	100%
2017	1.6	33.3%	86.4%	100%	57	1.8%	0	100%

Source: ASU 2013-2017
ND = Data not available; NA= Not applicable
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RVC comments, based on 2017 reporting

The Regional Verification Commission for Measles and Rubella Elimination (RVC) commends the national verification committee for measles and rubella elimination (NVC), national health authorities and public health system on achieving interruption of endemic rubella transmission, and all efforts made towards measles and rubella elimination. The RVC urges further steps be taken to achieve and maintain high vaccination coverage with 2 doses of MRCV at all administrative levels and among all susceptibles. Surveillance sensitivity and measles genotyping need to be strengthened and rubella genotyping initiated.

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

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%