Measles elimination status


Source: 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? Action plan is being finalized Is it updated? Yes

Source: Rubella Elimination Annual Status Update report, 2016 NA= Not applicable

Measles and rubella immunization schedule, 2016

|  | Vaccine | Schedule | Year of introduction |  |
| :---: | :---: | :---: | :---: | :---: |
| MCV1 | MMR | $12-15$ <br> Months | MCV2 | 1989 |
| MCV2 | MMR | 4-6 years | RCV | 1974 |
| Measles vaccination in school |  |  |  | Yes |

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

Cases of measles of rubella more than the expected for a specific area and time


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

Rubella elimination status

2015 eliminated
2016 eliminated

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

Demographic information, 2016

| Total population | 1176598 |
| :---: | :---: |
| < 1 year old | 13002 |
| < 5 years old | 65439 |

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


[^0]Measles incidence, epidemiologic and virologic characteristics, 2012-2016

|  | Suspected measles cases | Confirmed measles cases |  |  |  | Discarded <br> as nonmeasles | Measles incidence | Genotypes detected |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Laboratory | Epi-linked | Clincally | Total |  |  |  |
| 2012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| 2014 | 153 | 8 | 2 | 0 | 8 | 145 | 11.6 | ND |
| 2015 | 204 | 0 | 0 | 0 | 0 | 204 | 0 | NA |
| 2016 | 17 | 0 | 0 | 0 | 0 | 17 | 0 | NA |

Source: Measles and rubella elimination Annual Status Update report, 2012-2016
$N D=$ Data not available; $N A=$ Not applicable

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 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| 2014 | 144 | 0 | 0 | 0 | 0 | 144 | 0 | NA |
| 2015 | 386 | 0 | 0 | 0 | 0 | 386 | 0 | NA |
| 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 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

Measles surveillance and laboratory performance indicators, 2012-2016

|  | Discarded <br> non- <br> measles <br> rate | \% 1st sub- <br> national <br> unit with <br> $\geq 2$ <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 | ND | ND | ND | ND | ND | ND | ND | ND |
| 2013 | ND | ND | ND | ND | ND | ND | ND | ND |
| 2014 | 16.9 | $100 \%$ | $98.7 \%$ | $100 \%$ | 153 | $5.2 \%$ | 0 | ND |
| 2015 | 24.1 | ND | $100 \%$ | NA | 204 | $0 \%$ | NA | $100 \%$ |
| 2016 | 2 | $100 \%$ | $100 \%$ | NA | 17 | $0 \%$ | NA | $100 \%$ |

Source: ASU 2012-2016, MeaNS 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
Rubella surveillance and laboratory performance indicators, 2012-2016

|  | Discarded nonrubella rate | \% 1st subnational unit with discarded cases | $\begin{aligned} & \text { \% cases } \\ & \text { with } \\ & \text { adequate } \\ & \text { laboratory } \\ & \text { investiga- } \\ & \text { tion } \end{aligned}$ | $\%$ origin of infection known | $\begin{array}{\|c} \text { \# } \\ \text { specimen } \\ \text { tested for } \\ \text { rubella } \end{array}$ | \% positive for rubella | $\begin{gathered} \text { Rate of } \\ \text { dirat } \\ \text { detection } \end{gathered}$ | $\begin{gathered} \text { \% WHO } \\ \text { and } \\ \text { proficient } \\ \text { labs } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2012 | ND | ND | ND | ND | ND | ND | ND | ND |
| 2013 | ND | ND | ND | ND | ND | ND | ND | ND |
| 2014 | 16.7 | 100\% | 100\% | NA | 144 | 0\% | NA | ND |
| 2015 | 45.6 | 100\% | 100\% | NA | 386 | 0\% | NA | 100\% |
| 2016 | 8.4 | 100\% | 100\% | NA | 71 | 0\% | 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) concluded that endemic transmission of both measles and rubella remained interrupted in Cyprus in 2016, and confirmed that measles and rubella elimination has been sustained. The RVC commends the programmatic initiatives including development of the measles and rubella action plan and introduction of the personal immunization record system. The RVC acknowledges the increase in MRCV2 coverage in 2016 and commends the activities undertaken to provide immunization to the migrants and refugee population. RVC urges the national health authorities to consider additional activities to improve the MRCV coverage in the country.
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: $\geqslant 80 \%$

Information on CRS, 2016


[^0]:    Source: CISID2 2016

