


Measles and rubella elimination country profile

The Netherlands

Measles elimination status


2016 eliminated
2017 eliminated



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

Rubella elimination status

2016 eliminated
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Measles and rubella surveillance

National case-based surveillance for measles, rubella and CRS

Lab confirmation for diagnosis of measles, rubella and CRS



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

Demographic information, 2017

Total population	17 035 938
< 1 year old	183 182
< 5 years old	896 712

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

Measles and rubella immunization schedule, 2017

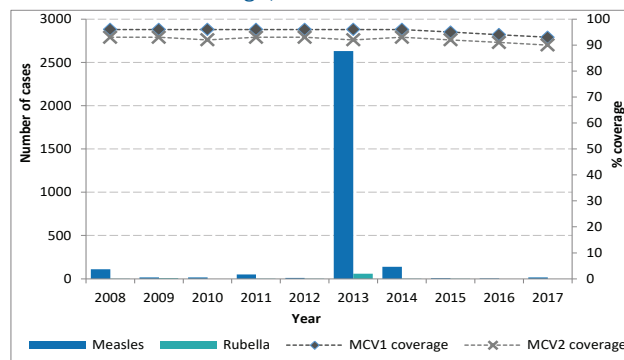
	Vaccine	Schedule	Year of introduction	
MCV1	MMR	14 months	MCV2	1987
MCV2	MMR	9 years	RCV	1974
Measles vaccination in school				No

Source: Immunization schedule, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)

MMR = measles-mumps-rubella vaccine; MCV1 = first dose measles-containing vaccine;

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

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

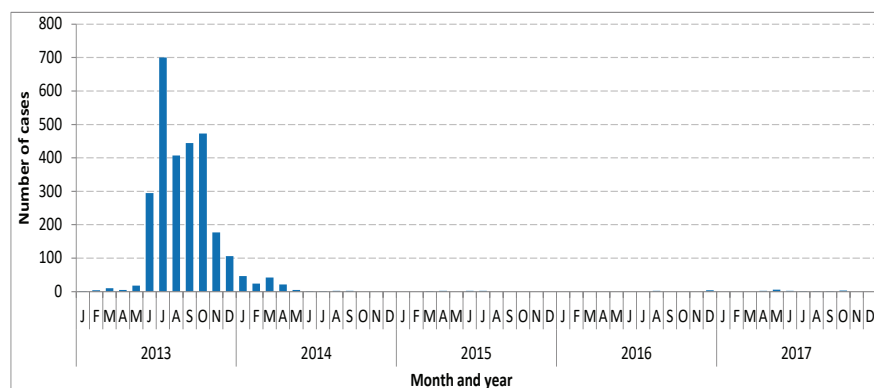
Definition used for an outbreak

2 or more measles or rubella cases which are temporarily related and epidemiologically or virologically linked, or both



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

Confirmed measles cases by month of onset, 2013-2017



Source: CISID 2017



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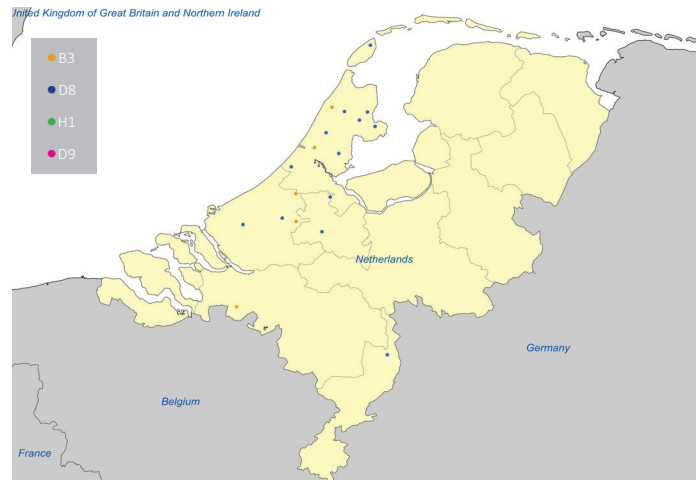
The Netherlands

Measles cases by first subnational level, 2017



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

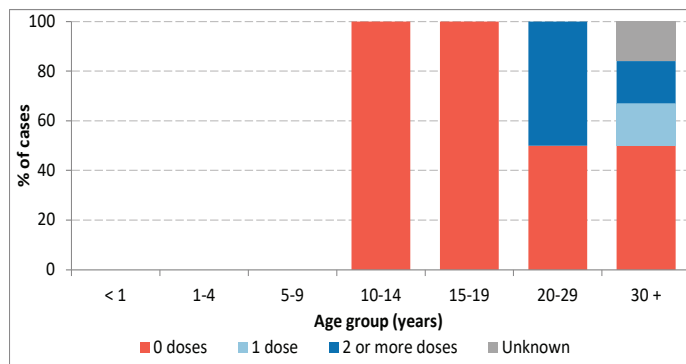
Measles genotypes by first subnational level, 2017



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	6	0
Import-related	3	0
Unknown/ Not reported	7	0
Endemic	0	0

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

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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	4881	882	1749	ND	2631	270	155	D8
2014	153	109	31	ND	140	116	7.7	B3,D8,H1
2015	65	7	0	ND	7	60	0.4	B3, D8
2016	59	5	1	ND	6	53	0.4	D8
2017	63	15	1	0	16	47	0.6	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

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	45.5%	ND	ND	1.5%	ND	ND	56.7%	ND
2014	75.8%	ND	ND	17%	ND	42	32%	ND
2015	92%	ND	ND	71%	ND	7	71%	ND
2016	ND	ND	ND	83.3%	ND	ND	ND	ND
2017	0	ND	100%	56%	ND	23.8%	67%	ND

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	196	19	38	ND	57	190	3.4	ND
2014	2	2	0	ND	0	2	0.1	1E
2015	7	1	0	0	1	6	0.1	ND
2016	51	0	0	ND	0	51	0	NA
2017	66	0	0	0	0	66	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

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	1.6	ND	37%	5.3%	ND	ND	1.5%	ND
2014	99.7%	ND	ND	50%	ND	1	0.4%	ND
2015	100%	ND	ND	100%	ND	1	ND	ND
2016	ND	ND	ND	NA	ND	0	NA	ND
2017	0	ND	96%	NA	ND	0%	NA	ND

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) concluded that endemic transmission of both measles and rubella remained interrupted in Netherlands in 2017 and confirmed that measles and rubella elimination has been sustained. Surveillance performance and sensitivity need to be strengthened and better documented.

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%