## Measles and rubella elimination country profile Hungary



#### 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	15 months	MCV2	1989
MCV2	MMR	11 years	RCV	1989
N	Yes			

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 vaccir

#### Definition used for an outbreak

At least two measles or rubella cases including cases with epidemiological



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

Rubella elimination status



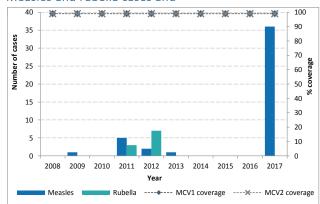
Source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thrvo

#### Demographic information, 2017

Total population	9 721 559
< 1 year old	84 487
< 5 years old	432 621

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

#### Measles and rubella cases and



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

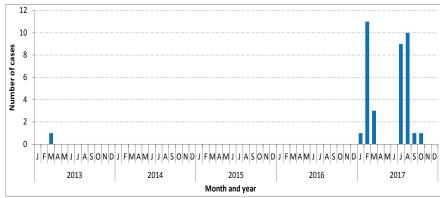
Immunization Monitoring and Surveillance

(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: CISID 2017



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#### Measles cases by first subnational level, 2017



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

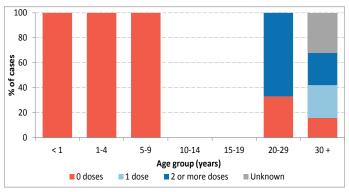
#### Measles genotypes by first subnational level, 2017



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

### Sources of infection, 2017

	Measles	Rubella
Imported	5	0
Import-related	26	0
Unknown/ Not reported	4	0
Endemic	1	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		Confirmed m	neasles cases		Discarded as	Measles incidence	Genotypes detected
	cases	Laboratory	Epi- linked	Clinically	Total	non- measles		
2013	6	1	0	0	1	5	0	D4
2014	0	0	0	0	0	0	0	NA
2015	2	0	0	0	0	3	0	NA
2016	1	0	0	0	0	1	0	NA
2017	277	36	0	0	36	241	3.2	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		Confirmed r	ubella cases	Discarded as	Rubella	Genotypes	
	cases	Laboratory	Epi- linked	Clinically	Total	non- rubella	incidence	detected
2013	11	0	0	0	0	11	0	NA
2014	5	0	0	0	0	5	0	NA
2015	3	0	0	0	0	3	0	NA
2016	10	0	0	0	0	10	0	NA
2017	190	0	0	0	0	190	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	0.1	ND	100%	100%	ND	ND	ND	ND
2014	NA	NA	100%	NA	2	0%	NA	ND
2015	0.0	ND	100%	NA	71	0%	NA	100%
2016	0.0	NA	100%	NA	89	0%	NA	100%
2017	87	0	100%	88.9%	277	13%	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	0.1	ND	100%	NA	ND	ND	NA	ND
2014	0.1	ND	100%	NA	5	0%	NA	ND
2015	0.0	ND	100%	NA	98	0%	NA	100%
2016	0.1	ND	100%	NA	90	0%	NA	100%
2017	ND	ND	100%	NA	190	0%	NA	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) concluded that endemic transmission of both measles and rubella remained interrupted in Hungary 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/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%

