


Measles and rubella elimination country profile

Tajikistan

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
2017 eliminated



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

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	8 921 343
< 1 year old	239 794
< 5 years old	1 194 242

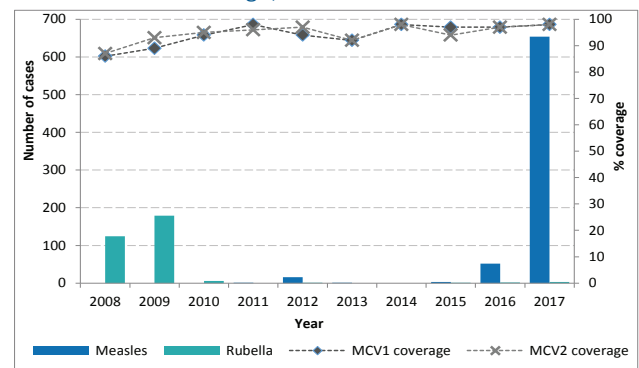
Source: World Population Prospects: The 2017 Revision, New York, United Nations

Measles and rubella immunization schedule, 2017

	Vaccine	Schedule	Year of introduction	
MCV1	MR	12 months	MCV2	1986
MCV2	MR	6 years	RCV	2009
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/)
MR = measles-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

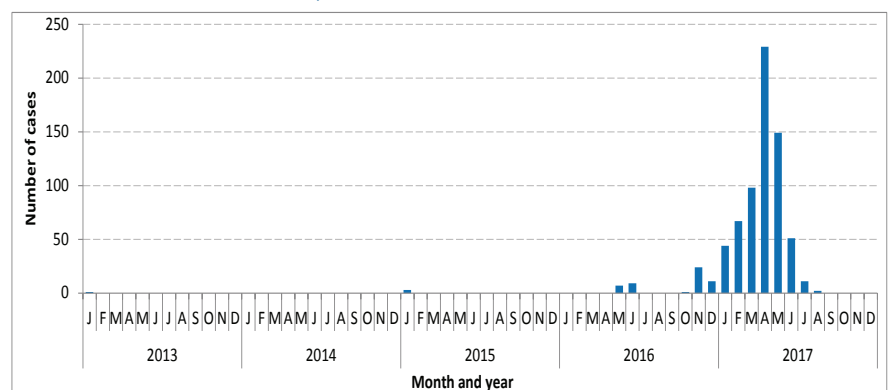
Definition used for an outbreak

Two or more confirmed cases associated in time (onset of rash from 7 to 18th day from the contact with infected person for measles, and from the 12 to 46th day for rubella) with epidemiological and/or viral link



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

Confirmed measles cases by month of onset, 2013-2017



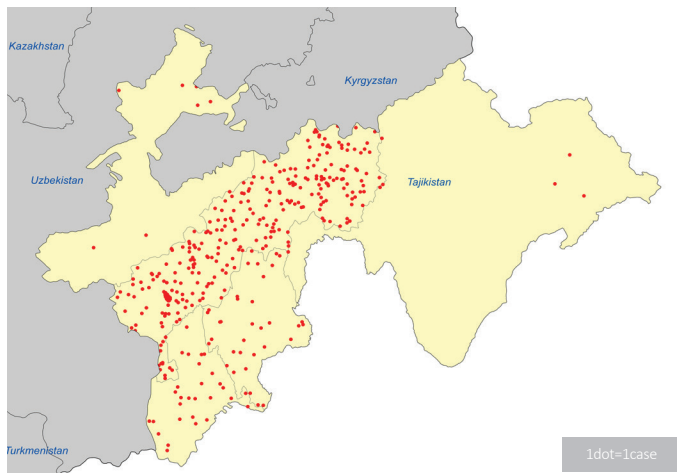
Source: CISID 2017



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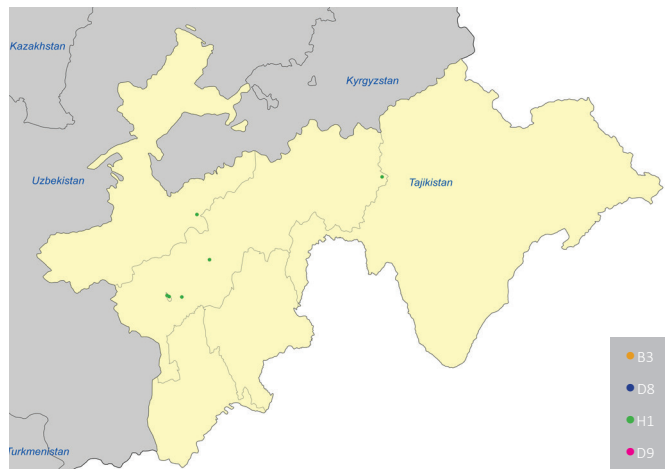
Tajikistan

Measles cases by first subnational level, 2017



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

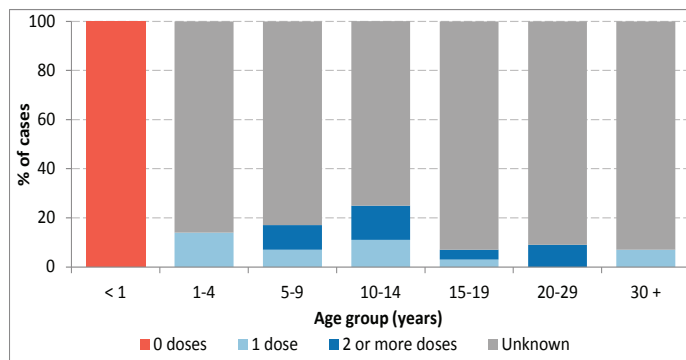
Measles genotypes by first subnational level, 2017



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	0	0
Import-related	654	3
Unknown/ Not reported	0	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

Supplementary immunization activities

Year	Target age	Vaccine used	% Coverage
2017	1-9Y	MR	97.7-99.4%

Source: Supplementary immunization activities, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
MR = measles-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	6	1	0	0	1	5	0.1	ND
2014	11	0	0	0	0	11	0	NA
2015	43	3	0	0	3	40	0	ND
2016	218	49	3	0	52	166	6.1	ND
2017	837	250	404	0	654	183	72.4	H1

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%	ND	ND	ND	ND	ND
2014	0.1	0%	100%	ND	11	0%	ND	ND
2015	0.5	67%	100%	100%	86	3.5%	ND	100%
2016	2	50%	100%	0%	215	22.8%	0	100%
2017	2	50%	50.5%	ND	433	57.7%	ND	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 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	30	0	0	0	0	30	0	NA
2014	13	0	0	0	0	13	0	NA
2015	43	1	0	0	1	42	0	ND
2016	92	2	0	0	2	90	0.2	ND
2017	433	3	0	0	3	430	0.3	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	0	ND	100%	0%	ND	ND	ND	ND
2014	0.2	0%	100%	ND	13	0%	ND	ND
2015	0.5	83.3%	100%	100%	86	1.2%	ND	100%
2016	1.1	50%	100%	0%	92	2.2%	0%	100%
2017	4.8	50%	100%	ND	433	0.7%	ND	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 Tajikistan in 2017 and confirmed that measles and rubella elimination has been sustained. The RVC notes the large nationwide outbreak of measles from November 2016 to August 2017 and considers that effective actions were taken to halt transmission. The RVC urges health authorities for additional activities to improve the quality of routine immunization and surveillance, particularly at the sub-national level. Molecular genotyping of measles and rubella viruses from positive cases should be ensured, with collection of appropriate specimens and their shipment to the Regional Reference Laboratory for sequencing.

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%