Measles and rubella elimination country profile Estonia



Measles elimination status

2016 eliminated 2017 eliminated



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

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	1 year	MCV2	1994			
MCV2	MMR	13 years	RCV	1993			
Ν	Measles vaccination in school						

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

2 or more confirmed cases which are temporally related (with dates of rash onset occurring between 7 and 18 days apart for meales, and 12 and 46 days apart for rubella) and epidemiologically or virologically linked or both

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



Rubella elimination status



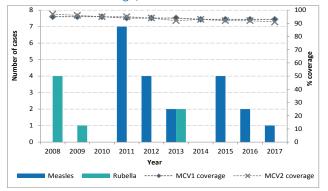
Source:European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thrvc

Demographic information, 2017

Total population	1 309 632
< 1 year old	12 763
< 5 years old	66 958

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

Measles and rubella cases and immunization coverage, 2008–2017

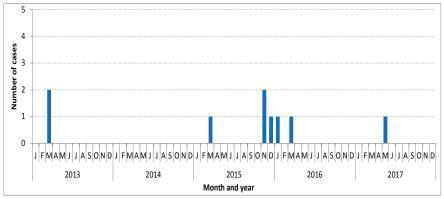


Source: Disease incidence and immunization coverage (WUENIC), WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)

MCV1 = first dose of measles-containing vaccine

MCV2= second dose of measles-containing vaccine

Confirmed measles cases by month of onset, 2013-2017



Source: CISID 2017



Measles cases by first subnational level, 2017





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

Information on CRS, 2017



CRS = congenital rubella syndrome

Sources of infection, 2017

	Measles	Rubella
Imported	1	0
Import-related	0	0
Unknown/ Not reported	0	0
Endemic	0	0

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

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 Estonia in 2017 and confirmed that measles and rubella elimination has been sustained. The RVC would appreciate more information on additional tested specimens that were not considered as suspected cases in the ASU. The RVC strongly recommends genotyping of detected viruses and inclusion of data in future ASUs.

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

©WHO 2019

Measles genotypes by first subnational level, 2017



Measles incidence, epidemiologic and virologic characteristics, 2013-2017

	Suspected measles		Confirmed measles cases			Discarded as	Measles	Genotypes
	cases	Laboratory	Epi- linked	Clinically	Total	non- measles	incidence	detected
2013	206	2	0	0	2	36	0	ND
2014	305	0	0	0	0	39	0	NA
2015	328	4	0	0	4	41	0.8	ND
2016	77	2	0	0	2	10	0	D8
2017	40	1	0	0	1	39	0.8	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 incidence, epidemiologic and virologic characteristics, 2013-2017

Suspected		Confirmed r	ubella cases		Discarded as non- rubella	Rubella incidence	Genotypes detected
cases	Laboratory	Epi- linked	Clinically	Total			
539	1	1	0	2	8	1.5	ND
640	0	0	0	0	10	0	NA
670	0	0	0	0	14	0	NA
477	0	0	0	0	12	0	NA
21	0	0	0	0	21	0	NA
	rubella cases 539 640 670 477	Laboratory 539 1 640 0 670 0 477 0	Suspected rubella cases Laborator Epi-linked 539 1 1 640 0 0 6700 0 0 4770 0 0	Laboratory Epi-linked Clinically 539 1 1 0 640 0 0 0 670 0 0 0 477 0 0 0	Suspected rubelia cases Laboratory Epi-linked Clinically Total 5399 1 1 0 2 6400 0 0 0 0 6700 0 0 0 0 4777 0 0 0 0	Suspendent rubella cases Epi-linkel Clinically Total as non- rubella 5399 1 1 0 2 8 6400 0 0 0 10 10 6700 0 0 0 14 14 4777 0 0 0 0 12	Suspend rubella cases Epi-linke Clinically Total Brad as non- rubella Rubella nicidence 5399 1 1 0 2 8 1.5 6400 0 0 0 0 0 0 6700 0 0 0 14 0 4777 0 0 0 0 12 0

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	2.7	80%	>90%	100%	206	ND	ND	ND
2014	0.8	100%	>90%	NA	305	0%	NA	ND
2015	3.1	100%	100%	100%	328	8.9%	100%	100%
2016	0.8	60%	100%	100%	77	17%	50%	100%
2017	2.9	60%	100%	100%	44	2.3%	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 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	0.6	0%	>90%	100%	539	ND	ND	ND
2014	3	80%	>90%	NA	640	2%	NA	ND
2015	1.1	80%	100%	NA	670	0%	NA	79%
2016	0.9	40%	100%	NA	477	0%	NA	100%
2017	1.6	40%	100%	NA	114	0%	NA	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

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: $\ge 80\%$
- c. % origin of infection known: ≥ 80%
- d. Rate of viral detection: $\ge 80\%$