Measles and rubella elimination country profile
Kyrgyzstan

World Health Organization
REGIONAL OFFICE FOR Europe

Measles elimination status

2016 interrupted

2017 interrupted

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

Rubella elimination status

2016 interrupted

2017 interrupted

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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	6 045 117
< 1 year old	145 875
< 5 years old	756 843

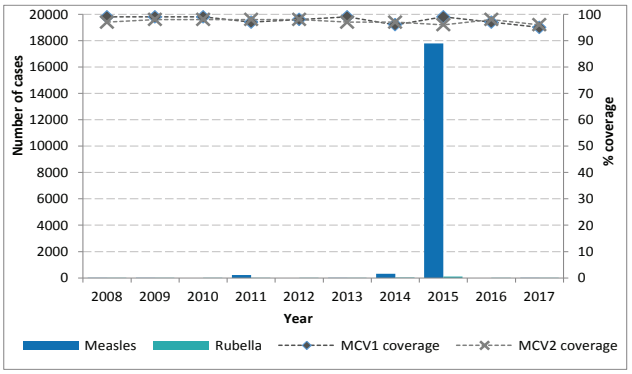
Source: World Population Prospects: The 2017 Revision, New York, United Nations

Measles and rubella immunization schedule, 2017

	Vaccine	Schedule	Year of introduction	
MCV1	MMR	12 months	MCV2	1986
MCV2	MMR	6 years	RCV	2001
Measles vaccination in school				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 vaccine

Measles and rubella cases and immunization coverage, 2008–2017



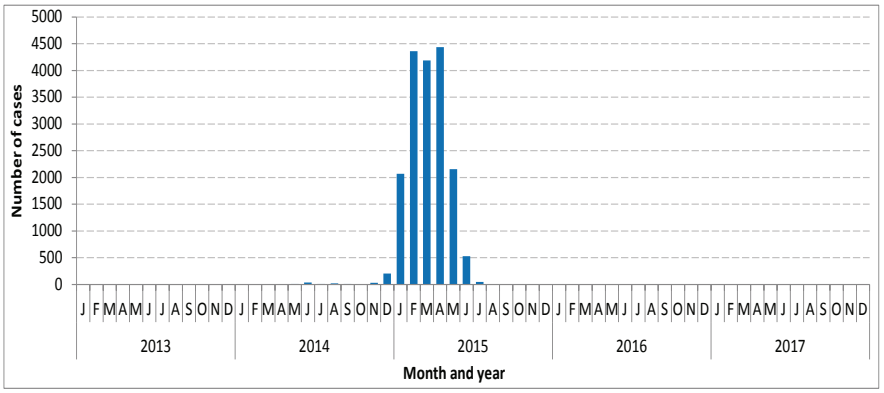
Source: Disease incidence and immunization coverage (WUENIC), WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
MCV1 = first dose of measles-containing vaccine
MCV2= second dose of measles-containing vaccine

Definition used for an outbreak

2 or more cases are classified as an outbreak

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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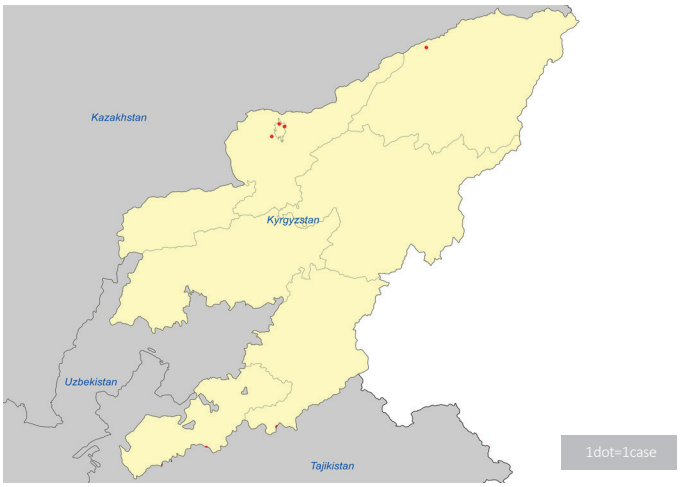
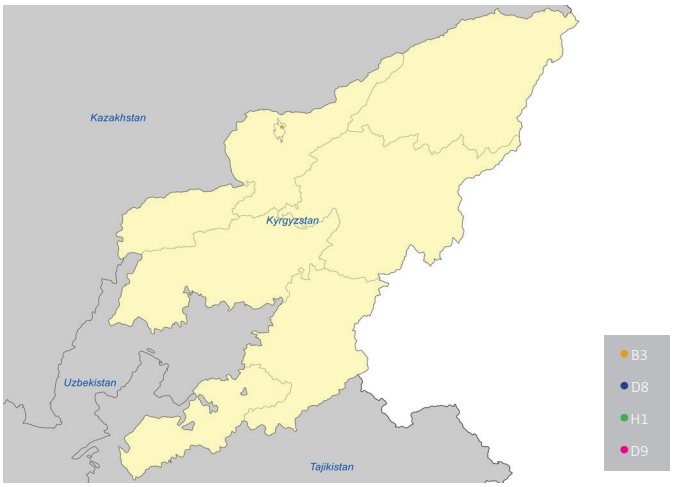
Measles cases by first subnational level, 2017



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

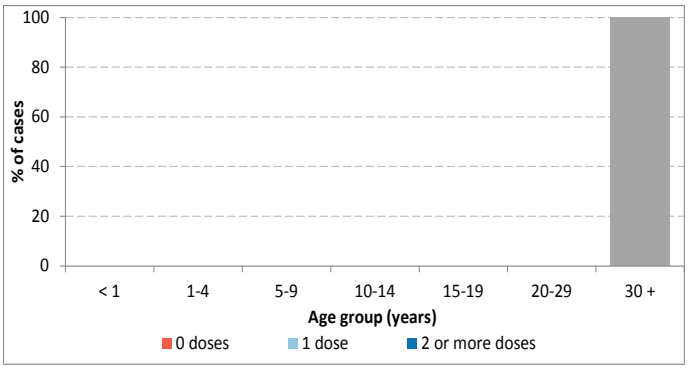
Measles genotypes by first subnational level, 2017



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	2	0
Import-related	2	0
Unknown/ Not reported	1	4
Endemic	0	0

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

Information on CRS, 2017

No cases reported

Source: Measles and rubella elimination Annual Status Update report, 2017
CRS = congenital rubella syndrome

Supplementary immunization activities

Year	Target age	Vaccine used	% Coverage
2015	9M-9Y	MR	96%
2015	1-20Y	MR	92%

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	ND	ND	ND	ND	1	ND	0.2	ND
2014	575	318	0	0	318	119	54.3	D8
2015	21 019	1300	2263	14 216	17 779	2634	2985.6	D8
2016	84	0	0	0	0	82	0	ND
2017	161	5	0	0	5	156	0.5	B3

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	ND	ND	ND	ND	ND	ND	ND	ND
2014	4.6	100%	10.2%	100%	2190	ND	100	ND
2015	1.2	45.3%	100%	0%	111	0%	0	100%
2016	1.2	54.7%	100%	0%	175	0%	0	100%
2017	2.5	100%	100%	100%	161	3.1%	50%	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	ND	ND	ND	ND	12	ND	2.1	ND
2014	93	12	0	0	12	81	4.4	ND
2015	286	2	0	98	100	186	16.7	ND
2016	17	3	0	0	3	17	0.5	ND
2017	161	4	0	0	4	157	0.5	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 investigtion	% origin of infection known	# specimen tested for rubella	% positive for rubella	Rate of viral detection	% WHO and proficient labs
2013	ND	ND	ND	ND	ND	ND	ND	ND
2014	0.9	88.8%	87.8%	ND	59	42.4%	0	ND
2015	3.7	100%	3.1%	0%	223	0.9%	0	100%
2016	2.4	88.8%	100%	0%	151	2%	0	100%
2017	2.5	100%	100%	100%	161	2.5%	50%	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 interruption of endemic measles and rubella transmission is sustained but is greatly concerned over the ongoing measles outbreak, particularly as it appears to be associated with hospital-acquired transmission. The RVC urges national health authorities to consider and implement activities to end transmission. While the RVC concludes that for 2017 endemic measles in Kyrgyzstan had remained interrupted, it is concerned that evidence for ongoing transmission for >12 months will be forthcoming and that Kyrgyzstan will have re-established measles transmission in 2018. The RVC also notes that the quality of the ASU is sub-optimal and the report was submitted very late. The RVC looks forward to receiving a more timely and higher quality report for 2018.

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%