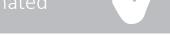
Measles and rubella elimination country profile Armenia



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	1986	
MCV2	MMR	6 years	RCV	2002	
Ν	Aeasles vaccir	nation in schoo	bl	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

Definition used for an outbreak

Measles or rubella cases observed at the same time and linked by epidemiological characteristics

Source: Measles and rubella elimination Annual Status Update report, 2016



Rubella elimination status



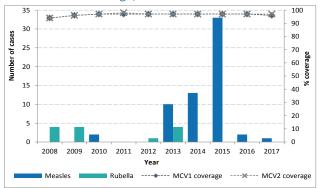
Source:European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thrvc

Demographic information, 2017

Total population	2 930 450
< 1 year old	36 960
< 5 years old	198 239

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

Measles and rubella cases and immunization coverage, 2008–2017

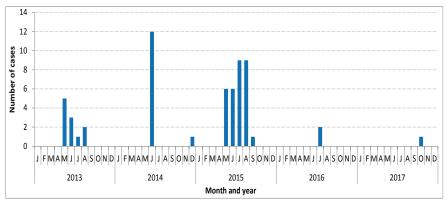


Source: Disease incidence and immunization coverage (WUENIC), WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)

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



• B3 • D8 •H1 • D4 Source: MeaNS 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 agreement

Information on CRS, 2017



Sources of infection, 2017

(Note: no subnational genotype information available)

	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 Armenia in 2017 and confirmed that measles and rubella elimination has been sustained. Greater care should be taken in the calculation and presentation of surveillance sensitivity data. 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

Measles genotypes by first subnational level, 2017



Measles incidence, epidemiologic and virologic characteristics, 2013-2017

	Suspected	Suspected Confirmed measles cases				Discarded as	Measles	Genotypes
	cases	Laboratory	Epi- linked	Clinically	Total non- measles	non- measles	incidence	detected
2013	87	7	4	0	11	76	1.6	D4
2014	61	12	1	0	13	48	3.8	ND
2015	176	30	3	0	33	143	11.3	D8
2016	127	1	1	0	2	125	0.7	ND
2017	93	1	0	0	1	92	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 incidence, epidemiologic and virologic characteristics, 2013-2017

	Suspected rubella		Confirmed r	ubella cases		Discarded as	Rubella	Genotypes
	cases	Laboratory	Epi- linked	Clinically	Total	non- rubella	incidence	detected
2013	69	4	0	0	4	67	1.2	ND
2014	30	0	0	0	0	30	0	NA
2015	55	0	0	0	0	55	0	NA
2016	0	0	0	0	0	0	0	NA
2017	20	0	0	0	0	20	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

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

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	4.4	64%	97%	100%	156	4.5%	ND	ND
2014	2.5	64%	100%	85%	91	13.2%	ND	ND
2015	6.6	91%	100%	94%	231	13%	ND	100%
2016	4.2	82%	100%	0%	127	0.8%	ND	100%
2017	0.0%	72.7%	121.5%	100%	113	0%	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	4.4	64%	97%	0%	156	2.6%	ND	ND
2014	2.8	64%	100%	NA	91	0%	ND	ND
2015	7.7	91%	100%	NA	231	0%	ND	100%
2016	4.3	82%	100%	NA	127	0%	ND	100%
2017	0	72.7%	565%	NA	113	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