


# Measles and rubella elimination country profile

## Latvia

### 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](http://www.euro.who.int/7thrv)

### Rubella elimination status


2016 eliminated  
2017 eliminated



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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	1 949 670
< 1 year old	18 111
< 5 years old	94 976

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

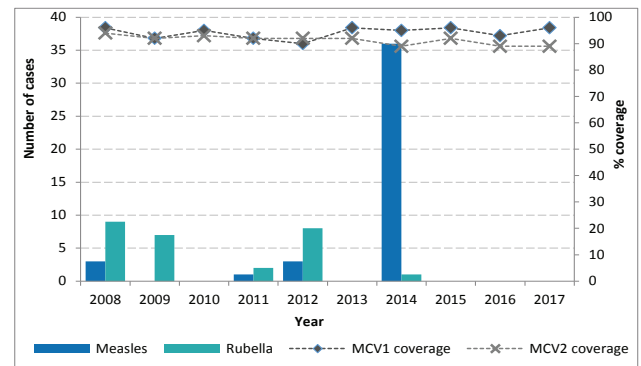
### Measles and rubella immunization schedule, 2017

	Vaccine	Schedule	Year of introduction	
MCV1	MMR	12-15 months	MCV2	1987
MCV2	MMR	7 years	RCV	1993
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/](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/](http://www.who.int/immunization/monitoring_surveillance/data/en/))

MCV1 = first dose of measles-containing vaccine  
MCV2 = second dose of measles-containing vaccine

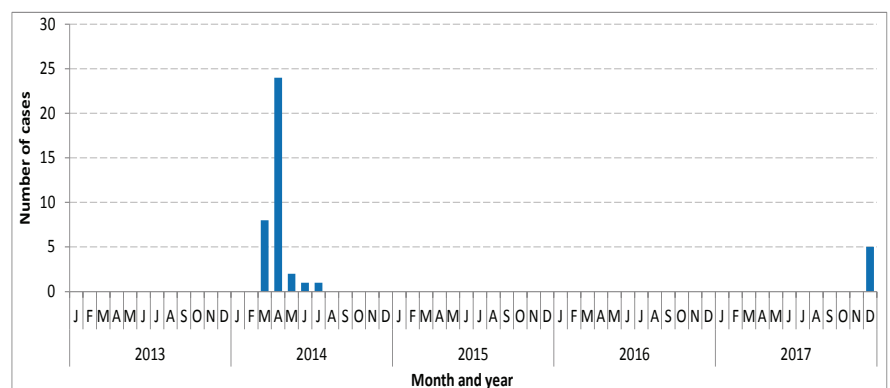
### Definition used for an outbreak

2 or more laboratory-confirmed cases which are temporally related



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 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	1	0	0	0	0	1	0	NA
2014	77	35	0	1	36	41	18	B3
2015	8	0	0	0	0	8	0	NA
2016	4	0	0	0	0	4	0	NA
2017	3	0	0	0	0	3	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	0%	100%	NA	1	0%	NA	ND
2014	2.1	67%	99%	92%	76	46%	57%	ND
2015	0.4	50%	88%	NA	7	0%	NA	100%
2016	0.2	17%	100%	NA	4	0%	NA	100%
2017	0.2	17%	100%	NA	3	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

### 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	23	0	0	0	0	23	0	NA
2014	22	1	0	0	1	21	0.5	ND
2015	11	0	0	0	0	11	0	NA
2016	8	0	0	0	0	8	0	NA
2017	8	0	0	0	0	8	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 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	1.1	67%	96%	NA	22	0%	NA	ND
2014	1	0%	100%	100%	22	4.5%	ND	ND
2015	0.6	50%	91%	NA	10	0%	NA	100%
2016	0.4	50%	75%	NA	5	0%	NA	100%
2017	0.4	67%	75%	NA	6	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 Latvia 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/7thrv](http://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%

### Information on CRS, 2017

No cases reported



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

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### 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.