

MEASLES

IN THE WHO EUROPEAN REGION



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KEY FIGURES

REPORTED CASES

101 280	January – Oct. 2019
88 693	2018
25 863	2017
5273	2016

REPORTED DEATHS

44	January–Oct. 2019
75	2018
42	2017
13	2016

49 of 53 Countries affected
2018– 2019 to date

91% Regional immunization coverage
2nd dose measles-containing vaccine–2018

SOURCES

WHO EpiData, No. 11/2019
Data for 2018 & 2019

WHO EpiData, No. 1/2019
Data for 2017

WHO EpiData, No. 1/2018
Data for 2016

WHO/UNICEF
immunization coverage estimates

STATUS AND ACTIONS TAKEN IN COUNTRIES

Over 100 000 measles cases were reported in the WHO European Region for the period January to October 2019. This number already exceeds the 2018 total and is over three times the total reported in 2017.

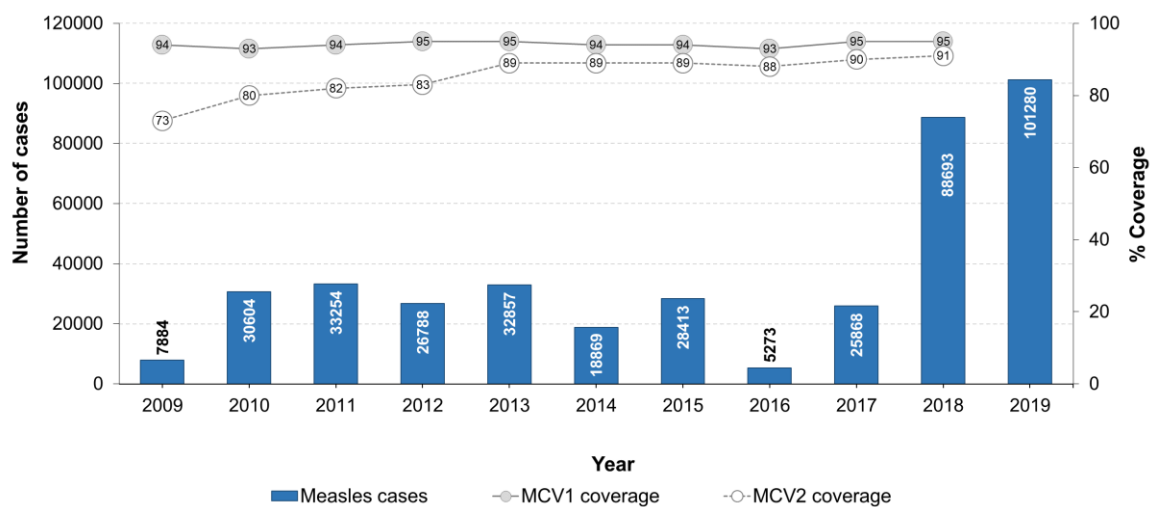
As measles typically peaks in the spring, the number of reported cases declined in the period June to October 2019 compared to the previous months. The disease trends over time will continue to be regularly assessed in the coming year in line with the WHO Emergency Response Framework.

On 6 May 2019, WHO activated a Grade 2 emergency response to measles circulation in the European Region. This allows WHO to mobilize the needed human and financial resources to support the affected countries.

Measles outbreaks are a sign of immunization gaps that must be addressed to prevent further spread of the virus and future outbreaks. Based on the continued need for an enhanced, tailored response to increase population immunity, on 25 November 2019 the emergency activation was extended for another 3-month period, when it will be reassessed.

(Data as of 29 November 2019)

Fig. 1 Reported measles cases and coverage with 1st and 2nd dose of measles-containing vaccine (MCV1 and MCV2 respectively) by year in the WHO European Region, 2009–October 2019



Sources: 1) Measles cases – monthly aggregated and case-based data reported by Member States to WHO/Europe or via ECDC/TESSy as of 29 November 2019. 2) MCV1 and MCV2 coverage - WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) as of 15 July 2019.

Strategic response plan

Since the Grade 2 response activation in May 2019, WHO has reviewed the situation in all 53 Member States, launched a strategic response plan (SRP) for the entire Region and initiated actions together with Member States in pursuit of five specific objectives, examples of which are described below. WHO and partners are also engaged in resource mobilization to enable a regional scale up of urgently needed actions.

Objective 1: Interrupting measles transmission in countries with large outbreaks through coordinated action

In countries that have experienced large outbreaks actions are being taken to not only stop transmission but also increase population immunity so that future outbreaks can be prevented.

- **Kazakhstan** - In consultation with WHO and UNICEF, Kazakhstan began a supplementary immunization activity (SIA) in September 2019, targeting adults aged 20-29 years. As of mid-November 2019, 70% of the target population, in addition to eligible adults up to age 35, have been reached. In total, over 2 million doses of measles/rubella (MR) vaccine are expected to have been administered in polyclinics by the end of the year.
- **Kyrgyzstan** - A working group is reviewing existing measles/rubella-related regulatory documents and developing a measles action plan, which will include supplemental immunization activities as funding allows.
- **Ukraine** - Pilot SIAs have included mobile vaccination clinics (with specially trained staff) to reach adults in risk groups (teachers, health staff, military etc.). Outreach vaccination of schoolchildren has been carried out in selected regions.

WHO and UNICEF are supporting the Ministry of Health in extending the SIAs to Kyiv City and all six regions most affected by measles. The extended activities are expected to begin by the close of 2019. The Government has also cancelled age limits for receiving free-of-charge vaccination against measles, providing free-of-charge access to measles-rubella-mumps vaccination for all infants from 6 months of age and to all adults in the identified risk groups.

Objective 2: Providing safe care to patients

Reported circulation of measles in health facilities in several countries has pointed to the need for increased measures to prevent hospital-acquired infections.

- **Romania** - WHO supported a training of trainers course for health care workers organized by the United States Centers for Disease Control and Prevention in May 2019. Focused on clinical management of measles cases as well as immunization and other related topics, the course served as a pilot for possible scaling up in other measles-affected countries in the Region.

Objective 3: Increase commitment to immunization and strengthen vaccine acceptance and demand

High-level political and financial commitment is critical to ensure every susceptible person is immunized. The WHO Regional Office for Europe has developed a resource mobilization plan and an advocacy package to urge political action and encourage donor support towards filling the 7 million USD gap to stop the current measles outbreaks and protect people still at risk.

To be effective, interventions to increase vaccination uptake must be based on an evidence-based understanding of barriers and drivers to vaccination in a particular setting. WHO is working with many countries in the Region to identify and understand the root causes of gaps in immunization coverage so that services and policies can be tailored to meet the needs of under-vaccinated groups.

- **Romania** - an observational study of high and low coverage clinics serving vulnerable communities sought to identify underlying differences in how immunization services are provided in the clinics.
- **Kyrgyzstan** - A Tailoring Immunization Programmes project revealed a legislative barrier preventing internal migrants from accessing vaccination for their children. New legislation has removed the identified barrier for this population group.
- **Serbia** - Evidence-based communication materials for parents are currently being pilot-tested.
- **Ukraine** - Training of health care workers is ongoing to increase their understanding of contraindications, potential side effects and communication with parents about vaccines.

Objective 4: Increased preparedness and readiness for countries at imminent risk

- **Kyrgyzstan** - A simulation exercise and workshop were conducted in Kyrgyzstan as part of ongoing capacity-building activities to respond to the current measles outbreak and prepare parts of the country not yet affected by the outbreak.

Objective 5: Reviewing past measles outbreak response, implementing corrective measures and planning long-term improvement

To prevent, prepare for and respond to future measles outbreaks, analyses from previous outbreaks are critical to institutionalize best practices and share solutions with the wider public health community.

- **Kyrgyzstan** - In recent months WHO organized an external operational review of the country's response to the measles outbreak under the International Health Regulations 2005 monitoring and evaluation framework.
- **Ukraine** - The Government has initiated country-wide verification of children's vaccination status in schools.

WHO also facilitated internal After-Action Reviews (AARs) by health authorities in Azerbaijan and Georgia to assess measures taken to stop the spread of measles. Albania and Kazakhstan have also expressed interest in carrying out AARs. Lessons learned from these reviews will help the countries develop practical, actionable steps to improve existing outbreak response systems.

A Joint External Evaluation (JEE), including a special focus on measles, was conducted in Tajikistan in October 2019 and in Germany in November 2019. A JEE is a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks. The JEE helps countries prioritize opportunities for enhanced preparedness and response. This includes effective protection through achievement and maintenance of immunization against measles and other epidemic-prone vaccine-preventable diseases (VPDs).

Resources:

- [Strategic Response Plan for measles emergency in the WHO European Region](#)
- [WHO–UNICEF immunization coverage estimates, per country](#)
- [WHO European Region immunization profile](#)
- [WHO EpiData – monthly measles surveillance data reported to WHO by Member States](#)

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