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Europe

Extraordinary meeting of the European Technical Advisory Group of Experts on Immunization (ETAGE)

30 January 2015
Copenhagen, Denmark



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ABSTRACT

The European Technical Advisory Group of Experts on Immunization (ETAGE) met on 30 January 2015 to review and discuss measles and rubella elimination in the WHO European Region and to be briefed and provide input on the advocacy plan for the European Vaccine Action Plan (EVAP).

Representatives of the European Regional Verification Commission (RVC) participated at the meeting, to report on their November 2014 review of regional measles and rubella elimination progress as reported by Member States for 2013.

Keywords

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Introduction

The European Technical Advisory Group of Experts on Immunization (ETAGE) meets annually to review the progress of the Vaccine-preventable Diseases and Immunization Programme (VPI) towards the European Region's disease prevention goals. ETAGE usually meets on an annual basis, during the third quarter of the year. At its 14th meeting, conducted 8–9 October 2014, ETAGE supported several changes to the verification process for the elimination of measles, related to reporting at country level and the categorizing of Member States according to their elimination status. Recognizing the need for further discussion and development of indicators, ETAGE called for an extraordinary meeting: to consider more complete data on the status of regional measles and rubella elimination (based on the outcomes of the RVC meeting to be held November 2014); to develop specific recommendations for furthering the verification initiative; and to provide input related to advocacy of the European Vaccine Action Plan (EVAP). The extraordinary meeting was conducted on 30 January 2015 at the WHO Regional Office for Europe (Regional Office), Copenhagen, Denmark.

Representatives of the RVC participated in the extraordinary meeting, to report on their November 2014 review of regional measles and rubella elimination progress as reported by Member States for 2013.

Opening remarks

Mr Robb Butler, acting Programme Manager of the Vaccine-preventable Diseases and Immunization Programme (VPI), welcomed participants on behalf of the WHO Regional Director and provided an overview of the scope and purpose of the meeting. Professor Pierre Van Damme welcomed participants on behalf of ETAGE and expressed appreciation for the opportunity to bring together members of ETAGE and the European Regional Verification Commission (RVC) to review the current status of measles and rubella elimination in the Region and discuss possible changes to the verification process.

Measles and rubella elimination: regional verification status, 2013 reports, conclusions and follow-up action

Dr Susana Esposito, RVC Chair

The RVC met for the third time on 10–12 November 2014 in Copenhagen, Denmark when the 8-member panel evaluated a total of 59 country reports. These included Annual Status Updates (ASU) for 2013 and late-submitted Elimination Status Reports (ESR) for 2010–2012.

Member States are required to form a National Verification Committee (NVC) for measles and rubella elimination. To date, 50 out of 53 Member States have established an NVC, and of these, 46 submitted ASUs for 2013.

Criteria for documenting the verification of interruption of endemic measles and rubella transmission include the absence of endemic measles and rubella cases in the presence of a high-quality surveillance system, supported by genotyping data on measles and rubella virus isolates. Supporting evidence submitted by the NVC to the RVC includes the epidemiology of measles, rubella and congenital rubella syndrome (CRS), molecular epidemiology of measles and rubella

viruses, performance of measles, rubella and CRS surveillance systems and population immunity against measles and rubella, including data from vaccination coverage surveys, vaccine registries and serosurveys.

In reviewing the 2013 reports, the RVC encountered similar issues and deficiencies to those encountered with the ESR 2010-2012 submission: incomplete information, particularly regarding laboratory activities, misinterpretation of data requested and inappropriate use of denominators for the estimation of vaccination coverage. Miscalculations and the inadequate presentation of data, particularly with regard to surveillance indicators, were also common. Completeness of the ASUs was generally high, although some countries omitted important information or details. It appears that a significant minority of countries did not completely understand the requirements or lacked the resources to provide all of the requested data.

For several countries, information on the quality of surveillance indicators was either absent, incomplete or not submitted correctly. Confusion continues on the part of some Member States over the definition and method of calculation of the sensitivity of surveillance. Sensitive surveillance is defined as the detection of >2 suspected cases per 100 000 population. In the absence of confirmed cases, a sensitive surveillance system is expected to document 2 or more discarded cases per 100 000 population (the 'discard rate'). Of the 35 countries reporting a discard rate, only 11 reported a rate of >2 per 100 000 population.

Ten Member States did not have a status report reviewed by the RVC, including 7 that failed to submit any report and 3 that have been requested to revise and resubmit their reports due to missing information.

Several Member States lack the capacity to document virus transmission pathways, due to the absence of sufficient genomic sequence data and failure to effectively implement surveillance by linking clinical, epidemiological and laboratory data. As the Region moves towards the measles and rubella elimination goal it is essential that all Member States report genomic sequence data on viruses isolated or detected and that the capacity to integrate these data unequivocally to the surveillance case records is significantly strengthened.

Every Member State should establish a National Plan of Action for measles and rubella elimination and should report details of this Plan to the RVC. As of the end of 2014, 27 countries had a current Plan of Action; 3 countries had plans that were time-expired; 4 had plans in development; and 19 Member States failed to report on the status of their plans.

With regard to measles, the RVC concluded that 22 Member States had interrupted endemic transmission in 2013, 7 of which were at risk of re-establishing transmission due to suboptimal population immunity, and that 13 countries remained endemic. Measles elimination status was inconclusive for 8 countries due to insufficient evidence being provided; and the status of 10 countries was not reviewed due to lack of adequate reports. For rubella, the RVC concluded that 24 Member States had interrupted endemic transmission in 2013, 7 of which were at risk of re-establishing transmission, and that 9 countries remained endemic. Rubella elimination status was inconclusive for 10 countries, and the status of a further 10 countries was not reviewed. Overall, the status of measles and rubella elimination in the Region in 2013 was very similar to that seen in 2012.

Discussion

While the number of countries in the Region that have interrupted transmission is relatively high (22 for measles and 24 for rubella), this encompasses many of the small- to medium-sized countries. The countries with the largest populations remain endemic for either measles or rubella, or both. It would be helpful if the tables showing the grouping of countries by level of achievement could include an indication of the total population represented at each level.

WHO headquarters provides general guidance and standards for its regional offices to follow, but the individual regions are free to develop their own strategies and systems for validation of elimination. Of issue for the RVC is the apparent lack of pressure placed on Member States to comply with regional verification requirements, as witnessed by the lack of reports from several countries. It is possible that greater political commitment could be generated among Member States if WHO headquarters played a more prominent role in pushing countries towards measles and rubella elimination.

There is an increasingly urgent need for the regional programme to demonstrate that progress is being made towards measles and rubella elimination in some Member States, and also to encourage more action among those that are not showing sufficient progress towards the elimination goals.

Measles and rubella elimination: epidemiology, operationalization of modified verification process, VPI mobilization plan for 2015

Dr Abigail Shefer, WHO Regional Office for Europe

Measles and rubella epidemiology in 2014

Data for 2014 suggest that there may have been a substantial reduction in the number of measles cases in the Region compared with 2013 (provisionally 15 445 in 2014 against 32 171 in 2013). Most of the reported cases in 2014 occurred in Bosnia and Herzegovina, Georgia, Italy, Russian Federation and Ukraine. The regional total of rubella cases in 2014 also appears to be a reduction over 2013 (provisionally 6 257 in 2014 against 39 562 in 2013), with very large outbreaks, primarily in Romania and Poland through 2012 and 2013, now showing signs of dying out. As of November 2014, Poland has reported approximately 90% of all cases in the Region in 2014.

In several Member States many adults continue to be infected, with 41% of regionally reported

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