MEASLES AND RUBELLA ELIMINATION 2015

PACKAGE FOR ACCELERATED ACTION: 2013–2015

World Health Organization
REGIONAL OFFICE FOR Europe

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Background

In 2005, the WHO Regional Committee for Europe acknowledged that measles and rubella could be eliminated from the WHO European Region, and congenital rubella infections prevented, by:

- administering combined measles and rubella vaccines in a routine two-dose vaccination schedule within childhood immunization programmes;
- achieving and maintaining high vaccination coverage; and
- targeting susceptible populations, including women of childbearing age.

In resolution EUR/RC55/R7 the Committee set 2010 as the target date for elimination.

Member States of the Region reviewed progress and recommitted to this goal in 2010, setting a new target date of 2015. This target is supported by international partner organizations such as the Global Measles Initiative, which in 2012 expanded its mandate to include elimination of rubella and adopted a new global strategic plan for both measles and rubella.

To support the elimination effort, a verification process has been initiated, similar to the successful polio verification process implemented over 10 years ago in the Region. The Regional Verification Commission for Measles and Rubella Elimination (established in January 2012) serves as the foundation for this effort, which is further guided by a Strategic Framework for Elimination and intercountry meetings held for all Member States.

Despite substantial progress made by many Member States since 2010, the regional target of measles and rubella elimination by 2015 is under threat. Large measles outbreaks were reported by many Member States during the period 2010–2012, with most cases reported by Bulgaria, France and Ukraine. In the first half of 2013, an increased number of cases and outbreaks were reported by countries that had not had substantial measles activity in recent years (Azerbaijan, Georgia and Turkey). During this period, large rubella outbreaks also occurred in some countries (e.g. Poland and Romania). These outbreaks of measles and rubella demonstrate a pattern in which the diseases move from one part of the Region to another, aided by virus importation and the accumulation of susceptible populations.

To stop both endemic and imported measles virus circulation by 2015, all efforts must be directed towards reaching very high immunization coverage and population immunity in all countries. Rubella´s lower infectivity and the long-term protection provided by a single dose of rubella vaccine (in over 95% of cases), may make some aspects of its elimination less challenging. However, up to 50% of rubella cases do not have typical clinical manifestations, and this can make timely laboratory investigation and virus genotyping more difficult for rubella than for measles. In addition, many countries in the Region are still struggling to establish or implement a surveillance system for rubella and congenital rubella syndrome (CRS) that is capable of collecting representative and reliable information.

If high-quality surveillance systems that investigate and classify every suspected case indicate an absence of endemic measles and/or rubella in all countries of the Region for a period of three years after successful achievement of the target (2015–2018), elimination of the respective diseases can be documented and declared in 2018.

Call for accelerated action

To meet the 2015 target, the Regional Office recognizes the need for greater political commitment and accelerated actions by Member States as well as scaled up support from WHO and other partners. The Package for accelerated action for measles and rubella elimination identifies priority areas in which the Regional Office will strengthen technical support to Member States as they seek to eliminate measles and rubella, and sets indicators and milestones by which progress resulting from the efforts of all stakeholders can be measured.

The Package for accelerated action was developed through a consultative and inclusive process guided by the Decade of Vaccines (2011–2020) Global Vaccine Action Plan (GVAP), which was adopted by the World Health Assembly in May 2012. GVAP strives for equitable access to and use of vaccines, quality immunization service delivery, country ownership and shared responsibility for achieving immunization goals (individual, community, national and international).

Recognizing that 'business as usual' may not be sufficient to reach the elimination target, the Package for accelerated action considers innovative ways to boost demand for vaccines and provide equitable access through both traditional and new activities. Consistent with the principles of GVAP and Health 2020 – the European policy for health and well-being, the Package emphasizes the importance of increasing country ownership and stewardship and tailoring WHO technical assistance to the specific needs of Member States. Successful implementation of the Package will require adoption of a different approach by WHO and Member States, but also additional human and financial resources.

Strategies
The following key strategies have been defined to achieve the regional elimination target:

- achieve and sustain high coverage (≥ 95%) with two doses of measles and at least one dose of rubella vaccine through high-quality routine immunization services;
- provide measles and rubella vaccination opportunities, including supplementary immunization activities (SIA), to all population groups at risk for and susceptible to measles and/or rubella;
- strengthen surveillance systems through rigorous case investigation and laboratory confirmation of suspected sporadic cases and outbreaks;
- improve the availability of high-quality, evidence-based information for health professionals and the public on the benefits and risks associated with immunization against measles and rubella;
- verify the elimination of measles and rubella in the Region.

Activity areas
Taking these strategies into account, the Package for accelerated action groups recommended activities in the following six categories:

- vaccination and immunization system strengthening
- surveillance
- outbreak prevention and response
- communications, information and advocacy
- resource mobilization and partnerships
- verification of measles and rubella elimination.

Activities and work areas for the Regional Office are clearly indicated, as are milestones to be achieved by WHO and stakeholders. The document highlights priority activities rather than presenting all activities performed by the Office. Ongoing activities not fully described in the Package include technical assistance visits and consultations, routine and introduction of new vaccines, assessment and support for improvement of data quality and training. Priority countries for accelerated action vary depending on the activity or milestone and will be identified annually by the Regional Office in 2013.

Activity Area 1: Vaccination and immunization system strengthening

The challenges: *Coverage of ≥95% of the population with first and second doses of measles- and rubella-containing vaccines at all subnational administrative levels has not been achieved or is not sustainable in many countries. Achieving and maintaining this high level of coverage is necessary to stop transmission of these diseases within the European Region.*

Susceptible population groups should be defined by evaluating existing epidemiological data on measles and rubella cases, assessing historical vaccine-coverage data or, in some circumstances, conducting seroprevalence surveys. Consideration needs to be given to appropriate immunization strategies for reaching these susceptible populations with a view not only to interrupting endemic transmission but also to ensuring that women of childbearing age are protected in case of exposure to the rubella virus.

Supplementary immunization activities (SIA) may be needed for population groups that have inadequate levels of immunity to stop disease transmission and that cannot be efficiently reached in a timely manner through routine programmes. Closing immunity gaps among population groups such as inadequately vaccinated birth cohorts, students attending schools or universities, military personnel and health care workers requires more focused efforts and resources. Implementing successful SIAs will depend on careful planning and strong support by national immunization programmes. Achieving measles and rubella elimination by 2015 will require SIAs in a number of Member States.

1.1 Immunization system strengthening

Target groups: ministries of health

Implementation of measles and rubella elimination strategies and achievement of the elimination target require robust immunization systems in Member States. National immunization systems should reach at least 95% of the target population to provide two doses of measles- and rubella-containing vaccines. They should also be able to reach populations with inadequate levels of immunity for the provision of supplementary immunization.

Robust immunization systems are based on certain guiding principles, as elaborated in the GVAP, such as:

- country ownership and good governance;
- equitable access to immunization services;
- ensured programmatic and financial sustainability;
- integration of the immunization system in broader health systems and coordination with other primary health care delivery programmes;
- shared individual, community and governmental responsibility and partnership.

The WHO Regional Office for Europe will help Member States strengthen their immunization programmes by providing support:

- to integrate immunization programmes into health systems (through alignment of national immunization plans and resource requirements with national health plans and budgets) in order to obtain and sustain political commitment to measles and rubella elimination;
- to identify and address programmatic and financial challenges in order to ensure sustained investments in immunization after discontinuation of donor support;
- to reach susceptible populations through
  - o implementation of 'Reaching Every District' strategies;
  - o training of health staff at district and facility levels;
  - o strengthening the management of vaccines, supplies, cold chain and logistics;
  - o improvement of data quality for immunization coverage monitoring; and

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