

Summary report on the

WHO-EM/EPI/343/E

# Fifteenth intercountry meeting on measles/rubella control and elimination

Amman, Jordan  
22–25 November 2014



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

The WHO Regional Office of the Eastern Mediterranean organized the fifteenth intercountry meeting on measles and rubella control and elimination in Amman, Jordan on 22–25 November, 2014. The meeting was part of series of back-to-back related meetings which also included the 28th intercountry meeting of national managers of the Expanded Programme on Immunization (16–19 November 2014), meeting of Chairpersons of National Immunization Technical Advisory Groups (NITAGs) of countries of the Eastern Mediterranean Region (20 November 2014) and meeting of the focal points on the national measles/rubella laboratories in countries of the Region (21 November 2014).

The objectives of the meeting were to review country progress towards achieving the regional measles elimination target, follow up on implementation of the different components of regional strategy for measles elimination and review and update the national plans for strengthening measles/rubella elimination and control programmes.

The meeting was attended by delegates from all countries of the Region, WHO immunization and polio-related staff from country, regional and headquarters level, as well as by representatives of different partners including the Centers for Disease Control and Prevention (CDC Atlanta), GAVI Alliance and UNICEF.

The meeting was inaugurated by Dr Ezzeddine Mohsni, Acting Director, Communicable Disease Prevention and Control, WHO Regional Office for the Eastern Mediterranean. Dr Rana Safdar (Pakistan) chaired the meeting.

The meeting entailed three main sessions: the global and regional situation; progress in achieving and sustaining population immunity against measles and rubella; and progress in achieving the target of

measles/rubella surveillance performance indicators. Two break-out group work sessions were dedicated to discussing in detail country situations with regard to achieving the required population immunity and its impact on measles/rubella occurrence, as well as the situation of measles rubella surveillance. The group work discussion dedicated time for following up on implementation of the planned activities in 2013–2014 and discussing the planned activities for 2014–2015. A third group work session was dedicated to drafting national plans for activities related to strengthening all aspects of EPI, including the technical support required for implementation of the planned activities.

The countries and the partners expressed their appreciation for the level of the technical discussion, the input, active participation and transparency in sharing information by the delegates from all countries

## **2. Conclusions**

Participants discussed the reduction in the total number of measles cases in 2014 compared to the same period of 2013. They noted the progress made by several countries of the Region and commended the continuous achievement of Bahrain, Oman and Palestine, that have reported no endemic measles virus transmission for three years or more, and the Islamic Republic of Iran, Morocco and Tunisia, which had very low measles incidence in 2013–2014. The participants commended also the action taken by Jordan and Lebanon to control measles outbreaks in 2013 and the subsequent reduction in measles incidence in the two countries in 2014.

Concern was expressed about the significant increase in the number of measles cases in Egypt and Iraq over the past two years. As well, a large number of measles cases occurred in Sudan in 2014, despite the high reported administrative coverage of the measles supplementary immunization activities that were implemented late 2013. Concern was

also raised about the large number of measles cases in several countries reporting high coverage with 2 doses of routine measles vaccine and/or high coverage of recent supplementary immunization activities, including Kuwait, Qatar and the United Arab Emirates.

Participants concluded that there is a high likelihood that the regional target for measles elimination by 2015 will not be achieved in most countries and they underlined the need for accelerating efforts to achieve the target.

The meeting reiterated the validity of recommendations of previous meetings and issued a number of additional recommendations.

### **3. Recommendations**

#### *To all countries*

1. Countries are strongly urged to strengthening routine vaccination services to achieve high coverage with the 2 doses of measles vaccines at the district level. Countries should follow up the MCV1/MCV2 drop-out rate and implement appropriate measures to minimize the drop-out, including raising population awareness and defaulter tracing.
2. Countries undertaking supplementary immunization activities should ensure high quality activities through proper planning, optimum implementation, monitoring and supervision. Countries are also urged to conduct post-activity coverage evaluation surveys and implement mop-up activities where needed.
3. Countries reporting high coverage of routine measles vaccination, including those with low reported measles incidence and those experiencing frequent outbreaks/high endemicity, should consider validating the measles vaccination coverage data through conducting

data quality self-assessment (DQS) and/or vaccination coverage evaluation surveys periodically.

4. All countries are urged to strengthen measles case based laboratory surveillance and achieve the required measles surveillance performance indicators at the district level
5. In view of the current constrained global supply, especially for MMR vaccines, countries should exercise long-, mid- and short-term forecasting to guide the vaccine industry in planning production of appropriate vaccines. In order to avoid supply shortages, countries should ensure timely contracting and procurement of vaccines and other immunization supplies.
6. If procurement is to take place through UNICEF, countries should ensure advance planning of vaccine procurement. On average, 8–12 weeks needs to be allowed for delivery of vaccines from the time of release of funds until arrival in the country. For large-scale campaigns that require significant quantities of vaccine, longer lead times may apply.
7. All countries to move to weekly reporting of measles/rubella case based surveillance data to the WHO Regional Office and to ensure timely reporting of measles/rubella outbreaks.
8. Countries are urged to strengthening human resource capacity to respond to the requirements for measles elimination activities.
9. All countries are to report to the next meeting on action taken on implementation of recommendations of the meeting.

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