

衛生福利部疾病管制署

麻疹再現

衛福部 疾病管制署
中區傳染病防治醫療網
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Global Measles and Rubella
Strategic Plan

2011-2020

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Strategic Advisory
Group of Experts (SAGE),
November 2010

- Measles **can** and **should** be eradicated
- *Measurable progress towards 2015 global targets and existing regional elimination goals is required before establishing a target date*
- Requested frequent updates on progress

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World Health Assembly, May 2011

- 2015 Global Targets as milestones towards eradication
 1. Vaccination coverage of 90% national level and 80% in every district
 1. Reported incidence of <5 cases of measles per million
 2. Mortality reduction of 95% vs. year 2000

→ Targets aligned with the 2015 Millennium Development Goal of reducing child mortality by 2/3

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What is New?

The plan includes:

- rubella and CRS control/elimination
- activities to strengthen routine immunization and disease surveillance systems.
- outbreak preparedness and response
- research and development

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Vision

A world without measles, rubella
and congenital rubella syndrome

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Goals

By end 2015:

- Reduce global measles mortality by $\geq 95\%$ compared to 2000 level
- Achieve regional measles and rubella/CRS elimination goals

By end 2020:

- Achieve measles elimination in at least 5 WHO regions

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Measles and Rubella Elimination Goals by WHO Region, August 2011

Americas, Europe, E. Mediterranean, W. Pacific, Africa have measles elimination goals
Americas and Europe have rubella elimination goals

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Milestones By end 2015

- Achieve $> 90\%$ coverage with MCV1 (and RCV) nationally and $> 80\%$ in every district.
- Achieve $\geq 90\%$ coverage with M, MR or MMR during SIAs in every district.
- Reduce global measles incidence to < 5 per million
- Achieve rubella/CRS elimination in at least 2 WHO Regions
- Establish a rubella control/CRS prevention goal in at least 1 additional WHO region
- Establish a global measles eradication goal

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Milestones By 2020

- Sustain the achievement of the 2015 targets
- $\geq 95\%$ coverage with MCV1 & MCV2 (and RCV) in each district and nationally
- Achieve $\geq 95\%$ coverage with M, MR or MMR during SIAs in every district.
- Establish a global rubella and CRS eradication goal.

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Strategies

- High vaccination coverage with two doses of measles and rubella vaccines
- Effective surveillance, monitoring and evaluation
- Outbreak preparedness and response
- Case management
- Research and development

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Guiding Principles

1. Country ownership and sustainability
2. Routine immunization and health systems strengthening
3. Equity
4. Linkages

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Priorities

- Reach the 2015 measles mortality reduction goal
- Continue to improve routine coverage
- Key countries
 - Countries with high measles disease burden
 - Countries that have not introduced RCV into routine
 - Low resource countries

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Addressing Key Risks

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1. India: Highest Disease Burden Country

Risk	Tactics
<ul style="list-style-type: none"> • largest # of measles cases and deaths worldwide • Determining the vaccination coverage needed to stop transmission in large, densely populated states • No RCV except in private sector 	<ul style="list-style-type: none"> • Intensified advocacy • Conduct operational research to address key questions prior to setting an eradication target • Enhance support to GoI (TA, M&E, etc) • Introduce RCV into national EPI

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2. Weak routine immunization and reporting systems

Risk	Tactics
<p>Resurgence in measles due to:</p> <ul style="list-style-type: none"> • weak health systems resulting in missed children • low quality of administrative coverage data • Insufficient resources leading to low quality/delayed measles SIAs 	<ul style="list-style-type: none"> • Expansion of best practices for SIAs • Support regular data validation activities • Research on best approach for using SIAs to strengthen routine • Research on innovative ways to improve coverage monitoring • Focus on weakest countries

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3. Funding Gap

Risk	Tactics
<ul style="list-style-type: none"> • Competition with funding with PEI and other health initiatives • Reduced political commitment • The price of success! • No RCV funding for 62 low-income countries (most GAVI-eligible) 	<ul style="list-style-type: none"> • Enhance linkages with PEI, GAVI • Increase # staff for advocacy/resource mobilization • Communicate contribution of measles mortality reduction to reaching MDG4 + continued risk of resurgence • Bring in new partners/donors

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4. Resistance to Immunization and Anti-Vaccination Lobbies

Risk	Tactics
<ul style="list-style-type: none"> • Measles and rubella are not perceived as serious problems • Strong anti-vaccine groups • Highly publicized and unfounded vaccine safety concerns • Decreased coverage in western Europe leading to increased outbreaks and exportation to other regions 	<ul style="list-style-type: none"> • Conduct operational research on communication strategies and develop communication tool kits • Specific efforts to target the population at risk and health care professionals. • Tracking of children to ensure they are immunized on time with 2 doses of M & R vaccines

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5. Conflict and emergency settings

<p>Risk</p> <ul style="list-style-type: none"> Conflicts and natural disasters causing displacement of populations Reduced access to health facilities Increased cross border transmission 	<p>Tactics</p> <ul style="list-style-type: none"> Immediate vaccination of all children affected by humanitarian emergencies Coordination of funding with humanitarian partners Use PEI lessons learned, e.g. <ul style="list-style-type: none"> Negotiating access Synchronization of cross boarder SIAs
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Management and coordination

- Clearly defined roles and responsibilities
 - countries, MI and immunization partners
- Clearly defined monitoring and evaluation indicators and process
- Regular coordination through:
 - Weekly calls with regions and key countries
 - Two annual meetings
- Reporting of annual progress
- Evidence-based planning and budgeting

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Monitoring and Evaluation Indicators

- Process indicators
- Impact indicators
- Guiding principles indicators

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Measles Deaths Averted, 2000-2010

Provisional Estimates* -- 15.8 Million Deaths Averted !

Year	Total deaths averted by sustaining year 2000 RI coverage	Total deaths averted with SIA and improved RI
2000	~900	~100
2001	~1000	~100
2002	~1100	~100
2003	~1200	~100
2004	~1300	~100
2005	~1400	~100
2006	~1500	~100
2007	~1600	~100
2008	~1700	~100
2009	~1800	~100
2010	~1900	~100

2000-2010: 5.0 million deaths averted (32%)
2000-2010: 10.8 million deaths averted (68%)

*Not official WHO estimates Modelled estimates using method of Wolfson et al, 2007

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Measles and Rubella Elimination in the WHO European Region: Update on Progress & Challenges

Global Measles and Rubella Management Meeting
15-17 March 2011
Geneva, WHO HQ

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Regional Measles and Rubella Elimination Goals

- Resolution EUR/RC55/R7
 - Original target: 2010
- Resolution EUR/RC60/R12
- European Region Strategic Plan
 - New target: 2015

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Renewed commitment to MR elimination by 2015 and sustained support for polio-free status

Member States:

- Commit and give goals high priority
- Ensure required resources
- Strengthen routine immunization
 - Focus on pockets with low coverage and mobilize
 - European Immunization Week
- Strengthen health system components
- Strengthen surveillance systems in line with IHR
 - polio, measles and rubella




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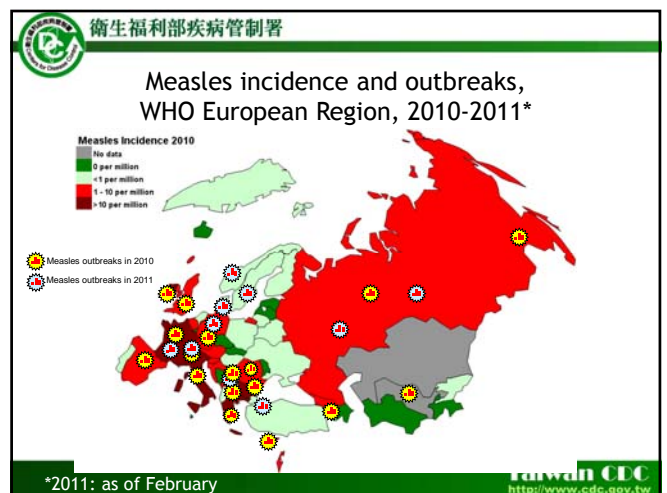
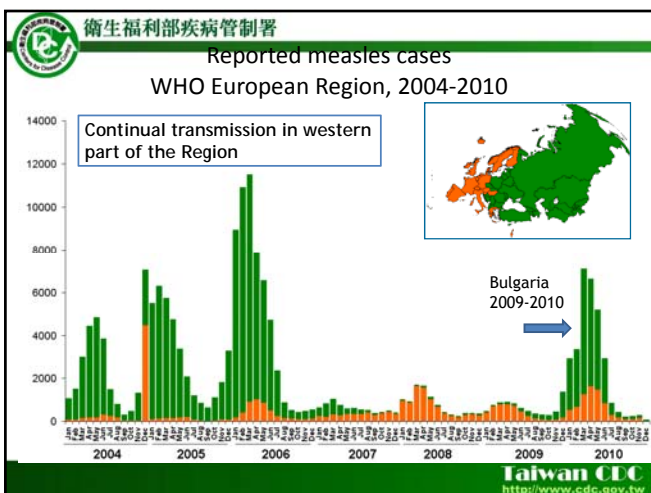
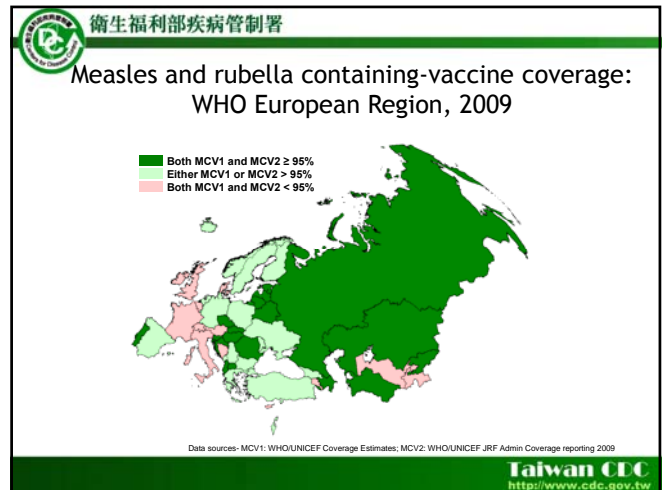
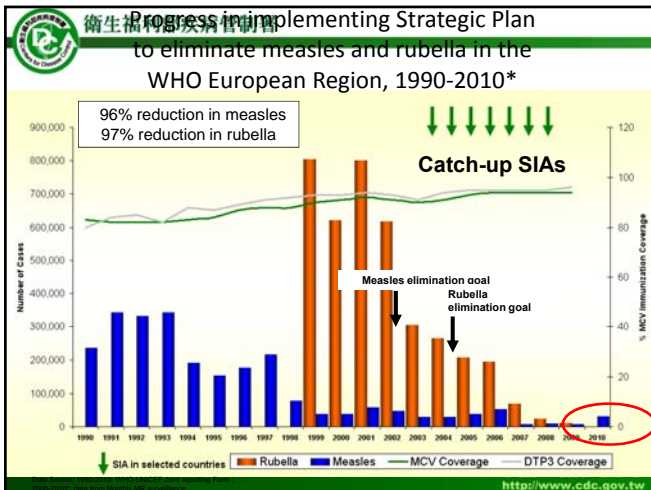
Renewed commitment to MR elimination by 2015 and sustained support for polio-free status

WHO European Regional Office:

- Provide leadership and strategic direction-Strategic Plan 2011-2015
- Provide technical guidance to Member States
- Work with Member States on addressing :
 - vulnerable groups
 - increasing demand for immunization



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Status of measles and rubella case-based reporting

- 35 countries reporting case based measles
- 24 countries reporting case based rubella
- 37 countries state they have case based surveillance for both
- Data primarily available for **confirmed cases**

Measles case-based surveillance, 2010

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Completeness and timeliness of reporting from measles and rubella laboratories 2004-2010*

Year	% Completeness	% Timeliness
2004	~68	~12
2005	~68	~48
2006	~72	~50
2007	~72	~52
2008	~75	~52
2009	~78	~55
2010	~82	~60

AND, BIH, ITA, MON, SMR, SWE, MNE not reporting in 2010

*Data as of 21 Jan 2011

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Monitoring indicators towards elimination WHO European Region, 2008 - 2010

INDICATOR	Target	Year		
		2008	2009	2010*
Completeness				
Measles (53)		86.3%	81.6%	74.4%
Rubella (53)	>80% of countries submit complete, expected number of reports			
Timeliness				
Measles (53)	>80% of countries submit reports promptly for all months (received by WHO by 25th of the following months)	53.3%	53.6%	48.6%
Rubella (53)				
Laboratory confirmation rate	specimens adequate for detecting measles IgM should be collected from at least 80% of clinical measles/rubella cases			
Detection rate	2 discarded cases should be reported annually per 100,000 population			
Chains of transmission/outbreaks, virus genotyped	Samples adequate for virus detection should be collected from at least 80% of laboratory-confirmed outbreaks and tested in an accredited laboratory			
Source of infection identified	>80% cases with source of infection identified	48.4%	41.9%	28.8%
Adequacy of investigation	At a minimum 80% of all reported clinical cases should have had an adequate investigation initiated within 48 hours of notification			

*Jan - Sep 2010

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Monitoring indicators towards elimination WHO European Region: primary efforts ongoing

- Ensure measles and **Rubella** case-based surveillance in countries
- Synchronise WHO EURO and ECDC MR surveillance requirements and develop shared platform by September 2011
- Develop alternative documentation strategies as many countries only report confirmed cases
- Provide countries with guidance on
 - CRS surveillance
 - Use of serosurveys

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Linkages & collaboration with other programmes

- Immunization programmes and service delivery strengthened through elimination strategy
- Integration with maternal and child health programmes at regional and country level towards MDG #4
- European Immunization Week
 - Established to support elimination goals in the Region
- Linkages with civil society organizations and professional associations (regional and country level)
- National immunization programmes reviews in 2011
 - Focus includes progress towards elimination goal
 - Bosnia & Herzegovina, Ukraine, Kyrgyzstan

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Major challenges to achieving the measles and rubella elimination in the European Region

- Continued political commitment and transparency by governments
- Required human and financial resources in face of competing public health priorities and economic situation
- Increasing momentum of vaccine refusals
 - General complacency in absence of disease (low risk perception)
 - Variable public trust in vaccines
 - Multiple reasons but results are the same -> declining coverage
- Marginalized and vulnerable groups require tailored approaches to increase uptake of vaccine

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Hard to Reach ?

Marginalised, isolated, excluded, highly mobile?

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WHO European Regional Office plans, 2011

- **Political commitment**
 - Regional resolution of Member States (RC60)
 - EU presidency (Hungary and Poland)
 - Regional Director efforts with the inter-government council
 - Measles and rubella strategic plan: 2011-2015
- **Advocacy**
 - European Immunization Week
 - European Technical Advisory Group of Experts on Immunization
 - European Federation of Medical Associations – working group
 - Social media (EURO website; health bloggers)
 - Vaccine safety initiatives
 - European Region Communication Working Group established

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WHO European Regional Office plans, 2011

- **Technical**
 - Disseminate elimination framework
 - Establish regional and national verification commission/committees
 - Training on regional MR surveillance guidelines
 - Finalize outbreak guidelines and share best practices among countries
- **Operational research**
 - Develop and pilot toolkit to segment and profile (behavioural determinant models)
 - Identify alternative service delivery points
 - New communication strategies with health care workers and susceptible populations - demand creation

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Measles and rubella elimination verification planned activities, WHO European Region

Jan-Dec '10	Dec' 10	Jan-May '11	Sep-Oct'11	Dec'11
Meeting on feasibility and feed back from internal consult	Consultation with country technical experts to finalize framework and address gaps	Guidelines finalized	First meeting of MRRVC	Preliminary feedback to countries
Analysis of funding requirements and advocate	Work on guidelines and reporting forms	Form regional verification commission	Meeting with European inter-governmental council	Form national verification committees
		Finalize 2011-2015 Strategic Plan for the Region		

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WHO European Regional Office proposed budget, 2011

- Planned supplementary immunization activities:
 - Bosnia and Herzegovina - MR catch up
 - Tajikistan - MR catch up for women of child bearing age
 - Uzbekistan - MR follow up 1-14 years*

WHO	Operating cost	\$432,000
	Technical support	\$0
	Surveillance	\$440,000
	Sub-total	\$872,000
	Total with PSC	\$933,040
UNICEF	Operating cost	\$144,000
	Bundled vaccines	\$592,000
	Technical support	\$0
	Sub-total	\$736,000
	Total with PSC	\$787,520
Total		\$1,720,560

* Does not include wider age group for Uzbekistan: 1-14 years

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- Platform for:
 - Improving information on vaccine benefits and safety
 - driving demand for vaccines
 - advocating for political support and financial commitment
- 2011: **"Shared solutions to common threats"**
 - Round table on measles planned in Brussels
- 2010, 47 countries used advocacy & targeted communication to boost awareness and increase coverage in routine programmes

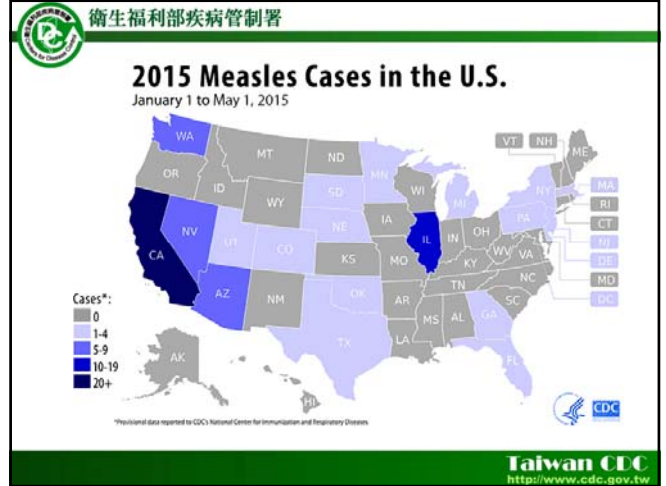
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Commitment to the goal

- **Significant progress** towards measles and rubella elimination in the European Region of WHO
 - Drastic decline in diseases reported
 - Sustained national immunization coverage rates in most countries
- Strong regional immunization programmes overall due to efforts by Member States and partnerships
- Established and **functional surveillance and laboratory networks**
- Need to reframe activities within the resolution to optimize coverage to meet elimination goal and respond to outbreaks
- Requires political commitment and **shared solutions to common threats**
- **Elimination goal is high priority** and if appropriate accelerated actions are conducted, the Region will be able to eliminate measles and rubella by 2015

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