Measles and rubella elimination country profile
Ireland

Measles elimination status

2015 interrupted
2016 interrupted

Source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/6thRVC

Rubella elimination status

2015 eliminated
2016 eliminated

Source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/6thRVC

National plan of action

Does the country have a national plan of action? Yes
Is it updated? Yes

Source: Measles and rubella elimination Annual Status Update report, 2016

Demographic information, 2016

<table>
<thead>
<tr>
<th>Total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year old</td>
</tr>
<tr>
<td>&lt; 5 years old</td>
</tr>
<tr>
<td>&lt; 5 years old</td>
</tr>
</tbody>
</table>


Measles and rubella immunization schedule, 2016

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Schedule</th>
<th>Year of introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCV1</td>
<td>MMR</td>
<td>1 year</td>
</tr>
<tr>
<td>MCV2</td>
<td>MMR</td>
<td>4-5 years</td>
</tr>
<tr>
<td></td>
<td>RCV</td>
<td>1971</td>
</tr>
</tbody>
</table>


MCV1 = first dose measles-containing vaccine; MCV2 = second dose measles-containing vaccine; RCV = rubella-containing vaccine

Measles vaccination in school

Yes

Source: Measles and rubella elimination Annual Status Update report, 2016

Definition used for an outbreak

An outbreak may be defined as two or more linked cases of the same illness or the situation where the observed number of cases exceeds the expected number. Outbreaks may be confined to some of the members of one family or may be more widespread and involve cases either locally, nationally or internationally.

Source: Measles and rubella elimination Annual Status Update report, 2016

Measles and rubella cases and immunization coverage, 2007–2016


MCV1 = first dose measles-containing vaccine

MCV2 = second dose measles-containing vaccine

Confirmed measles cases by month of onset, 2012-2016

Source: CISID2 2016
Measles and rubella elimination country profile
Ireland

Measles cases by first subnational level, 2016

Source: Measles and rubella elimination Annual Status Update report, 2016

Measles genotypes by first subnational level, 2016

Source: MeaNS 2016

Note: The dots in the maps are placed randomly within the administrative regions.
Map disclaimer: The boundaries and names shown and the designations used on the maps do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Measles cases by age group and vaccination status, 2016

Source: Measles and rubella elimination Annual Status Update report, 2016

Sources of infection, 2016

<table>
<thead>
<tr>
<th>Measles</th>
<th>Rubella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imported</td>
<td>3</td>
</tr>
<tr>
<td>Import-related</td>
<td>40</td>
</tr>
<tr>
<td>Unknown/ Not reported</td>
<td>0</td>
</tr>
<tr>
<td>Endemic</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Measles and rubella elimination Annual Status Update report, 2016

Information on CRS, 2016

No cases reported

Source: Measles and rubella elimination Annual Status Update report, 2016
CRS = congenital rubella syndrome
### Measles and rubella elimination country profile: Ireland

#### Measles incidence, epidemiologic and virologic characteristics, 2012–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Suspected measles cases</th>
<th>Confirmed measles cases</th>
<th>Discarded as non-measles</th>
<th>Measles incidence</th>
<th>Genotypes detected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>ND</td>
<td>26</td>
<td>53</td>
<td>25</td>
<td>104</td>
</tr>
<tr>
<td>2013</td>
<td>ND</td>
<td>33</td>
<td>10</td>
<td>8</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>1.9</td>
<td>20</td>
<td>5</td>
<td>8</td>
<td>33</td>
</tr>
<tr>
<td>2015</td>
<td>7.1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2016</td>
<td>1.9</td>
<td>43</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Measles and rubella elimination-Annual Status Update report, 2012–2016, and internal communication from country. Incidence calculated per 1 million population. ND = Data not available; NA= Not applicable.


<table>
<thead>
<tr>
<th>Year</th>
<th>Discarded non-measles rate</th>
<th>% 1st sub-national unit with ≥ 2 discarded cases</th>
<th>% cases with adequate laboratory investigation</th>
<th>% origin of infection known</th>
<th># specimens tested for measles</th>
<th>% positive for measles</th>
<th>Rate of viral detection</th>
<th>% WHO and proficient labs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>2013</td>
<td>0.9</td>
<td>12.5%</td>
<td>73%</td>
<td>86%</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>0.9</td>
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<td>86%</td>
<td>100%</td>
<td>ND</td>
<td>ND</td>
</tr>
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<td>ND</td>
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<td>73%</td>
<td>86%</td>
<td>100%</td>
<td>ND</td>
<td>ND</td>
</tr>
</tbody>
</table>

Source: ASU 2012–2016, MeaNS 2012–2016 and laboratory accreditation results 2012–2016, and internal communication from country. ND = Data not available; NA= Not applicable. A proficient laboratory is WHO accredited and/or has an established quality assurance programme with oversight by a WHO accredited laboratory.

#### Rubella incidence, epidemiologic and virologic characteristics, 2012–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Suspected rubella cases</th>
<th>Confirmed measles cases</th>
<th>Discarded as non-rubella</th>
<th>Rubella incidence</th>
<th>Genotypes detected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>ND</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>2013</td>
<td>ND</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>ND</td>
<td>12</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2015</td>
<td>ND</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>2016</td>
<td>ND</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Measles and rubella elimination-Annual Status Update report, 2012–2016, and internal communication from country. Incidence calculated per 1 million population. ND = Data not available; NA= Not applicable.


<table>
<thead>
<tr>
<th>Year</th>
<th>Discarded non-rubella rate</th>
<th>% 1st sub-national unit with ≥ 2 discarded cases</th>
<th>% cases with adequate laboratory investigation</th>
<th>% origin of infection known</th>
<th># specimens tested for rubella</th>
<th>% positive for rubella</th>
<th>Rate of viral detection</th>
<th>% WHO and proficient labs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>0.3</td>
<td>ND</td>
<td>20%</td>
<td>11%</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>2013</td>
<td>0.2</td>
<td>ND</td>
<td>NA</td>
<td>NA</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>2014</td>
<td>0.2</td>
<td>ND</td>
<td>83.3%</td>
<td>67%</td>
<td>1 780</td>
<td>0%</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>2015</td>
<td>0.4</td>
<td>ND</td>
<td>91%</td>
<td>67%</td>
<td>241</td>
<td>0%</td>
<td>ND</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>0.3</td>
<td>ND</td>
<td>93%</td>
<td>0%</td>
<td>415</td>
<td>0%</td>
<td>ND</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: ASU 2012–2016, RubeNS 2012–2016 and laboratory accreditation results 2012–2016, and internal communication from country. ND = Data not available; NA= Not applicable. A proficient laboratory is WHO accredited and/or has an established quality assurance programme with oversight by a WHO accredited laboratory.

#### RVC comments, based on 2016 reporting

The Regional Verification Commission for Measles and Rubella Elimination (RVC) commends the National Verification Committee (NVC), national health authorities and public health system on sustained elimination of rubella and interruption of measles transmission. The RVC is concerned about the low vaccination coverage in some areas, particularly around the capital city of Dublin, and urges that steps be taken to increase population immunity in all areas. The RVC urges the national health authorities to improve the rate of viral detection of rubella.

Source: Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report (www.euro.who.int/6thRVC)

#### Surveillance performance indicators and targets

a. Rate of discarded cases: at least 2 discarded measles or rubella cases per 100 000 population
b. % cases with adequate laboratory investigation: ≥ 80%
c. % origin of infection known: ≥ 80%
d. Rate of viral detection: ≥ 80%