

Measles and rubella elimination country profile

Georgia

Measles elimination status



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

National plan of action



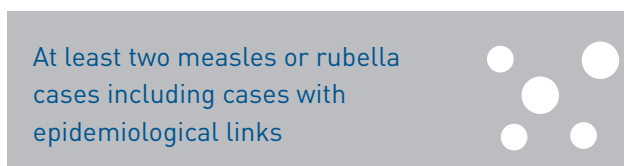
Source: Measles and rubella elimination Annual Status Update report, 2016

Measles and rubella immunization schedule, 2016

	Vaccine	Schedule	Year of introduction	
MCV1	MMR	1 year	MCV2	1997
MCV2	MMR	5 years	RCV	2004
Measles vaccination in school				No

Source: Immunization schedule, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
MMR = measles-mumps-rubella-containing vaccine; MCV1 = first dose measles-containing vaccine; MCV2 = second dose measles-containing vaccine; RCV = rubella-containing vaccine

Definition used for an outbreak



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

Rubella elimination status



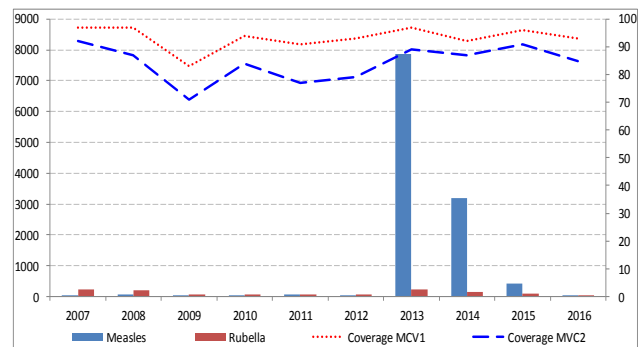
Source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/6thRVC

Demographic information, 2016

Total population	3 979 781
< 1 year old	53 379
< 5 years old	274 062

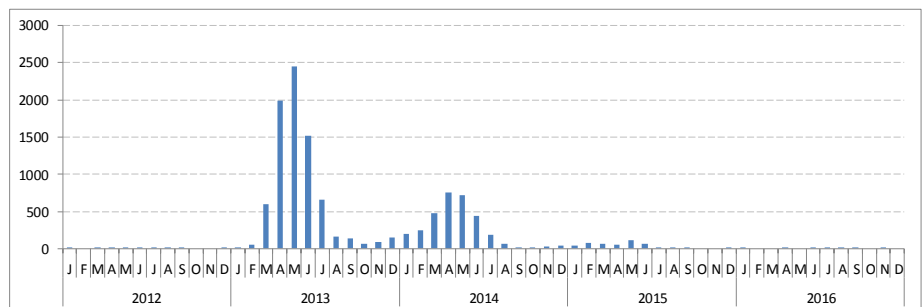
Source: World Population Prospects: The 2015 Revision, New York, United Nations

Measles and rubella cases and immunization coverage, 2007–2016



Source: Disease incidence and immunization coverage, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
MCV1 = first dose of measles-containing vaccine
MCV2 = second dose of measles-containing vaccine

Confirmed measles cases by month of onset, 2012–2016



Source: CISID2 2016



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Measles cases by first subnational level, 2016



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

Measles genotypes by first subnational level, 2016

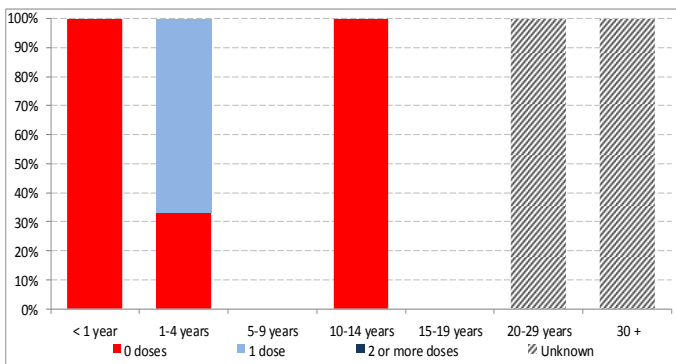


Source: MeaNS 2016

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



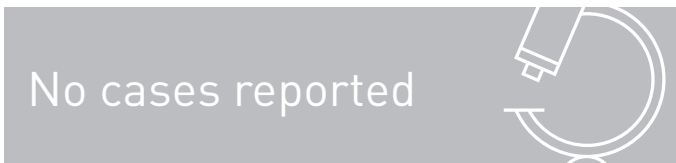
Source: Measles and rubella elimination Annual Status Update report, 2016

Sources of infection, 2016

	Measles	Rubella
Imported	0	0
Import-related	0	0
Unknown/ Not reported	0	0
Endemic	14	12

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

Information on CRS, 2016



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

Supplementary immunization activities

Year	Target age	Vaccine used	% Coverage
2015	2-30 years	MMR	13%
2016	6-30 years	MMR	23%
NA			

Source: Supplementary immunization activities, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)
NA= Not applicable; MMR = measles-mumps-rubella vaccine

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Measles incidence, epidemiologic and virologic characteristics, 2012-2016

	Suspected measles cases	Confirmed measles cases				Discarded as non-measles	Measles incidence	Genotypes detected
		Laboratory	Epi-linked	Clinically	Total			
2012	ND	1	0	30	31	ND	7	D8
2013	8 044	787	304	6 783	7 874	170	1 756	D8
2014	3 242	391	132	2 668	3 191	50	854.8	B3, D8
2015	498	42	30	359	431	68	115.5	D8
2016	55	5	0	9	14	44	3.8	D8

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

Measles surveillance and laboratory performance indicators, 2012-2016

	Discarded non-measles rate	% 1st sub-national unit with > 2 discarded cases	% cases with adequate laboratory investigation	% origin of infection known	# specimen tested for measles	% positive for measles	Rate of viral detection	% WHO and proficient labs
2012	2.0	ND	100%	ND	ND	ND	ND	ND
2013	3.6	25%	100%	99.8%	ND	ND	ND	ND
2014	1.5	25%	14.4%	99.6%	ND	ND	100%	ND
2015	1.8	33.3%	21.7%	99.8%	99	43.4%	55.5%	ND
2016	1.2	8.3%	100%	100%	120	7.5%	100%	100%

Source: ASU 2012-2016, MeaNS 2012-2016 and laboratory accreditation results 2012-2016
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

	Suspected rubella cases	Confirmed measles cases				Discarded as non-rubella	Rubella incidence	Genotypes detected
		Laboratory	Epi-linked	Clinically	Total			
2012	ND	2	0	73	75	ND	17	ND
2013	260	6	1	217	224	31	50	ND
2014	177	2	0	147	149	26	39.9	ND
2015	138	0	0	100	100	37	26.8	ND
2016	106	1	0	11	12	91	3.2	ND

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

Rubella surveillance and laboratory performance indicators, 2012-2016

	Discarded non-rubella rate	% 1st sub-national unit with > 2 discarded cases	% cases with adequate laboratory investigation	% origin of infection known	# specimen tested for rubella	% positive for rubella	Rate of viral detection	% WHO and proficient labs
2012	ND	ND	100%	ND	ND	ND	ND	ND
2013	2.7	0%	100%	99.6%	ND	ND	ND	ND
2014	1.8	0%	40.9%	100%	ND	ND	ND	ND
2015	1	8.3%	20%	100%	25	0%	0	ND
2016	2.4	33.3%	97.5%	100%	129	1.6%	0	100%

Source: ASU 2012-2016, RubeNS 2012-2016 and laboratory accreditation results 2012-2016
ND = Data not available; NA= Not applicable
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RVC comments, based on 2016 reporting

The Regional Verification Commission for Measles and Rubella Elimination (RVC) recognizes the efforts that have been made towards measles and rubella elimination. At the same time, the RVC urges further efforts to achieve and maintain high vaccination coverage with both MRCV doses at all administrative levels through routine and supplemental immunization activities.

The RVC also urges efforts to increase the rate of viral detection for rubella cases.

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

Surveillance performance indicators and targets

- Rate of discarded cases: at least 2 discarded measles or rubella cases per 100 000 population
- % cases with adequate laboratory investigation: \geq 80%
- % origin of infection known: \geq 80%
- Rate of viral detection: \geq 80%