Measles elimination status

2016 interrupted
2017 interrupted

Source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thrvc

Rubella elimination status

2016 endemic
2017 endemic

Source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thrvc

Demographic information, 2017

<table>
<thead>
<tr>
<th>Total population</th>
<th>38 170 712</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year old</td>
<td>322 544</td>
</tr>
<tr>
<td>&lt; 5 years old</td>
<td>1 774 073</td>
</tr>
</tbody>
</table>


Measles and rubella surveillance

National case-based surveillance for measles, rubella and CRS
Lab confirmation for diagnosis of measles and CRS

Source: WHO/UNICEF Joint Reporting Form on Immunization, 2017

Measles and rubella immunization schedule, 2017

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Schedule</th>
<th>Year of introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCV1</td>
<td>MMR 13-15 months</td>
<td>MCV2 1991</td>
</tr>
<tr>
<td>MCV2</td>
<td>MMR 10 years</td>
<td>RCV 1988</td>
</tr>
</tbody>
</table>


Measles vaccination in school
ND (Data not available)

Definition used for an outbreak

Two or more cases epidemiologically linked in time and place

Source: Measles and rubella elimination Annual Status Update report, 2017

Measles and rubella cases and immunization coverage, 2008–2017

Source: Disease incidence and immunization coverage (WUENIC), WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)

Confirmed measles cases by month of onset, 2013-2017

Source: CSIC 2017
Measles and rubella elimination country profile

Poland

Measles cases by first subnational level, 2017

Source: Measles and rubella elimination Annual Status Update report, 2017

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 genotypes by first subnational level, 2017

Source: MeasNS 2017

Measles cases by age group and vaccination status, 2017

Source: Measles and rubella elimination Annual Status Update report, 2017
Note: Excludes imported cases

Sources of infection, 2017

Source: Measles and rubella elimination Annual Status Update report, 2017

Supplementary immunization activities

Source: Supplementary Immunization activities, WHO, Data and Statistics, Immunization Monitoring and Surveillance (http://www.who.int/immunization/monitoring_surveillance/data/en/)

MMR = measles-mumps-rubella vaccine
ND = Data not available

No cases reported

Source: Measles and rubella elimination Annual Status Update report, 2017
CRS = congenital rubella syndrome
Measles incidence, epidemiologic and virologic characteristics, 2013-2017

<table>
<thead>
<tr>
<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></td>
<td>Laboratory</td>
<td>Epi-linked</td>
<td>Clinically</td>
<td>Total</td>
</tr>
<tr>
<td>2013</td>
<td>258</td>
<td>56</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>2014</td>
<td>182</td>
<td>87</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>2015</td>
<td>133</td>
<td>30</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>2016</td>
<td>148</td>
<td>76</td>
<td>54</td>
<td>3</td>
</tr>
<tr>
<td>2017</td>
<td>262</td>
<td>47</td>
<td>16</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Measles and rubella elimination Annual Status Update report, 2013-2017
Incidence calculated per 1 million population
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


<table>
<thead>
<tr>
<th>Discarded non-measles rate</th>
<th>% 1st sub-nation with ≥ 2 discarded cases</th>
<th>% cases with adequate laboratory investigation</th>
<th>% origin of infection known</th>
<th># specimen 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>2013</td>
<td>0.4</td>
<td>0%</td>
<td>69%</td>
<td>100%</td>
<td>ND</td>
<td>ND</td>
<td>43%</td>
</tr>
<tr>
<td>2014</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>145</td>
<td>58.6%</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>2015</td>
<td>0.2</td>
<td>0%</td>
<td>57.1%</td>
<td>100%</td>
<td>88</td>
<td>35.2%</td>
<td>ND</td>
</tr>
<tr>
<td>2016</td>
<td>0</td>
<td>ND</td>
<td>62.2%</td>
<td>100%</td>
<td>ND</td>
<td>82.6%</td>
<td>100%</td>
</tr>
<tr>
<td>2017</td>
<td>0.5</td>
<td>ND</td>
<td>72%</td>
<td>100%</td>
<td>262</td>
<td>17.9%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Source: ASU 2013-2017
ND = Data not available; NA = Not applicable

The Regional Verification Commission for Measles and Rubella Elimination (RVC) is impressed with measles prevention efforts, noting timeliness and completeness of reporting and high vaccine coverage. As stressed at previous meeting, there is a need for further improvements in rubella surveillance, lab-confirmation and genotyping. The national health authorities are invited to consider revisions of MRCV immunization schedule, in particular the rationale for providing MRCV2 at 10 years of age in light of fact that 60% of measles cases occurred in population which is less than 10 years old. The RVC is concerned that once again the report is very light on details and the RVC request the NVC to provide more detailed ASU.

Source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thrvc

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%