Measles and Rubella epi update, communications and advocacy in the European Region
Outline

Epidemiological update

Hesitancy and vaccine refusal in the Region

EURO Communications And advocacy initiatives
MCV1 Vaccination Coverage, WHO European Region 1980-2012

1980-1984

- 70% Vaccinated
- 30% Unvaccinated

2006-2012

- 94% Vaccinated
- 6% Unvaccinated

% MCV coverage


95%
Measles and Rubella Incidence and MCV1 Coverage, WHO European Region, 1999-2013

Incidence per million total population

SIA conducted in selected countries

Source: WHO/UNICEF JRF and monthly MR reporting to WHO European Region
Update: 25-Aug-2014
Measles in the WHO European Region, 1993, and 2007-2013

98% reduction

1993: 341,982
2007: 7,073
2008: 9,168
2009: 7,892
2010: 30,529
2011: 35,088
2012: 27,132
2013: 31,685

Bulgaria: 21,664
France: 14,966
Ukraine: 12,744
Georgia: 7,830
Rubella in the WHO European Region, 2000 and 2011-2013

- Romania: 2000 - 4805 cases, 2011 - 9464 cases, 2012 - 29601 cases, 2013 - 39367 cases
- Poland: 2013 - 38585 cases

98% REDUCTION
Measles incidence per million inhabitants, WHO European Region, 2013
Measles cases by month and year, WHO European Region, 2005-2014

Source: MR reporting to WHO European region
Update Date: 25-Aug-2014
Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2006

*Randomly distributed within country (aggregate data) or 1st sub national (case-based data).
Data Source: Monthly MR reporting to WHO European Region; Update Date: 13 Sep
Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2007

*Randomly distributed within country (aggregate data) or 1st sub national (case-based data);
Data Source: Monthly MR reporting to WHO European Region; Update Date: 13 Sep 2012
Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2008

*Randomly distributed within country (aggregate data) or 1st sub national (case-based data);
Data Source: Monthly MR reporting to WHO European Region; Update Date: 13 Sep 2012
Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2009

*Randomly distributed within country (aggregate data) or 1st sub national (case-based data);
Data Source: Monthly MR reporting to WHO European Region; Update Date: 13 Sep 2012
Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2010

*Randomly distributed within country (aggregate data) or 1st sub national (case-based data);
Data Source: Monthly MR reporting to WHO European Region; Update Date: 13 Sep
Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2011

*Randomly distributed within country (aggregate data) or 1st sub national (case-based data);
Data Source: Monthly MR reporting to WHO European Region; Update Date: 13 Sep 2012
Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2012

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Data Source: Monthly MR reporting to WHO European Region; Update Date: 13 Sep 2012
Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2013

*Randomly distributed within country (aggregate data) or 1st sub national (case-based data);
Data Source: Monthly MR reporting to WHO European Region; Update Date: 25 Aug 2014
Measles and Rubella cases in the WHO European Region, first half 2014

Measles (n=5851)

- Russian Federation: 2590
- Ukraine: 977
- Georgia: 930
- Italy: 791
- Bosnia and Herzegovina: 712
- Turkey: 340
- France: 106
- UK: 86
- Germany: 81
- Czech Republic: 68
- Poland: 65

Rubella (n=2438)

- Poland: 2349
- Kazakhstan: 28
- Georgia: 25
- Russian Federation: 23
- Bulgaria: 6
- Other: 7
Main public settings for measles outbreaks, 2005-2014

Health-care settings

Bulgaria
Croatia
Czech Republic
Denmark
France
Greece

Latvia
Italy
Netherlands
Spain
Switzerland

Educational facilities

Austria
France
Germany
Ireland

Italy
Spain
Switzerland
UK
Proportion of measles among health care workers in selected countries, 2014

Measles outbreak cases in Czech Republic (n=171)
- HCW: 40%
- Other: 60%

Laboratory -confirmed measles outbreak cases in Latvia (n=31)
- HCW: 42%
- Other: 58%

Measles outbreak cases in Spain (n=120)
- HCW: 25%
- Other: 75%
Measles outbreaks in under-vaccinated groups, 2005-2014

Roma and Sinti communities

- Croatia
- Bosnia & Herzegovina
- Bulgaria
- Greece
- Italy
- Poland
- Romania
- Spain

Followers of Anthroposophy

- Austria
- Germany
- Netherlands
- Switzerland
- Sweden

Orthodox Protestant communities

- Netherlands

Traveller communities

- Ireland
- Norway
- Spain
- United Kingdom

Ultra-Orthodox Jewish communities

- Israel
- Belgium
- United Kingdom
Percentage of measles cases by age group, WHO European Region, 2013 (n=31 502)
Who are the susceptible population today?
Vaccination Status of measles cases by age group, WHO European Region, 2013 (n=31,565)
More Doctors Smoke CAMELS than any other cigarette!

Doctors in every branch of medicine were asked, “What cigarette do you smoke?” The brand named most was Camel.

THE DOCTORS’ CHOICE IS AMERICA’S CHOICE!

For 30 days, test Camel in your T-Zone (T for Throat, T for Taste).
Challenges to M&R elimination in EURO

A lack of **political commitment** and engagement

A significant minority of **healthworkers who do not actively support immunization** or who are poorly equipped and trained on immunization

**Hesitant populations, vaccine refusers**: lack of info, child benefits from illness, incorrect info on contraindications, concerns about safety, philosophical beliefs, busy everyday lives plus apathy, alternative lifestyles and beliefs......

Some of the responses being undertaken to tackle these challenges:
Political commitment and advocacy (1)

Mapping exercise undertaken – high priority MS identified, high-level advocacy missions and support planned

M&R Verification process underway – RVC and NVC establishment presents an opportunity

Advocacy roundtables, engaging EU parliamentarians, EURO RD messaging, and HRH

2015 around the corner: strategy post-2015 will shape advocacy strategy – need to tell story and address reputational risk management in 2015.
European Vaccine Action Plan 2015–2020

Political commitment and advocacy (2)

**EVAP goals**

Achievement of the vision and the outcomes of the actions undertaken within EVAP will be measured against the following EVAP goals.

- Sustain polio-free status.
- Eliminate measles and rubella.
- Control hepatitis B infection.
- Meet regional vaccination coverage targets at all administrative levels throughout the Region.
- Make evidence-based decisions on introduction of new vaccines.
- Achieve financial sustainability of national immunization programmes.
Political commitment and advocacy (3)

Leveraging high value regional and MS partnerships: associations, societies, Lions

Engaging ETAGE more actively

Identifying champions…. October with M&RI

Country vaccine communications reviews (EST, ROM, UKR)

Identifying MS champions with MOH
Political commitment and advocacy (4)

Resource mobilization toolkit

Strategic resource mobilization efforts are crucial for immunization programmes to obtain reliable and long-term domestic funding for immunization.

- Resource mobilization toolkit for national immunization programmes being developed:
  - simple and action-oriented step-by-step guidance
  - a wealth of support documents: data presentations, fact sheets, case examples, templates, one-pagers etc.
  - focus on resource mobilization (not the “full advocacy” package) and targeting decision makers (not media, health care workers, general public).

- Training will be offered to selected countries.
CAN YOU IDENTIFY YOUR AUDIENCE?
The Guide to Tailoring Immunization Programmes (TIP)

Increasing coverage of infant and child vaccination in the WHO European Region

World Health Organization
Regional Office for Europe
MS support projects: HCWs and the general population (1)

**Vaccine Safety Communication Guidelines (2014)** & 3 x sub-regional training programmes

Smart phone **reminder app**, social media platform

**Resource centre materials** for parents, HCW 3 x job aids, MMR decision-making guide
MS support projects: HCWs and the general population (2)

Gold standard **immunization website** template

**EIW2014**  (53 MS)

Production of monthly Epidemiological updates (Epi Brief)

Specific **outbreak and SIA** support to select MS.

High profile **M&R media inte**

High visibility social media platform
INDEPENDENT AUTONOMOUS

BADLY INFORMED

WELL INFORMED

COPYING SOCIAL
Group polarisation
MS support projects: HCWs and the general population (3)

Vaccination in education

Flipped learning

10-11 yrs

Multi-language

Parent and Child learning

Anchoring beliefs and understanding

The teaching module consists of a website that is the entrance portal to information, guidance, training courses and materials on the topic of vaccination.
Summary

- Measles is widespread in European countries; most rubella focused in several countries
- In European countries measles epidemiology is evolving, with more cases represented among adolescents and young adults
- If countries do not address immunity gaps through SIAs, measles and rubella targets unlikely to be met
- Political commitment still sub-optimal
- Strategic risk and crisis communications support needs to be sustained/ramped up
- Tailoring of programme activities required
- 2015 target under threat – decisions to be made.