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MEASLES AND RUBELLA ELIMINATION IN THE PACIFIC (Paper presented by WHO)

At a glance

- Since the first recorded measles outbreak in Fiji in 1875, measles has a huge impact on the Pacific.
- By 1982 all PICs introduced at least one dose of MCV, then outbreaks became less frequent.
- In 2005, Member States of Western Pacific Region at the fifty-sixth session of the Regional Committee decided to aim to eliminate measles by 2012 (WPR/RC56.R8).
- At the sixty-third session in 2012, the Regional Committee urged Member States (WPR/RC63.R5) to establish national verification committees (NVCs) to prepare regular progress reports and submit to the Regional Verification Commission (RVC).
- In 2012, WHO established the Sub-regional Verification Committee (SRVC) for measles and rubella in the Pacific equivalent to NVC. SRVC is responsible for collecting, analyzing, and validating national data, also endorsing and submitting the necessary documentation to the RVC annually.
- The RVC for measles and rubella elimination is responsible for verification based on three criteria and five lines of evidence.
- As of September 2023, out of 37 countries and areas in the Western Pacific Region, 8 countries and areas are verified by the Regional Verification Commission for measles elimination. After achieving measles elimination status, Mongolia and Cambodia were unable to maintain it.
- Since 2020, there has been no evidence of ongoing endemic measles and rubella transmission in the Pacific.
- In May 2022, the SRVC for measles and rubella elimination decided to aim to request the RVC for verification of measles and rubella elimination in 2025 for the 21 Pacific Island Countries and areas as one epidemiological block.

Current situation

1. The Ministry of Health (MOH) of the PICs have made great progress in scaling up and strengthening the immunization and surveillance system to protect people from measles and other Vaccine-Preventable Diseases (VPDs), making significant contributions to the achievement of the Sustainable Development Goals (SDGs).
2. The global resurgence of measles cases in 2019-2020, led to devastating consequences in PICs especially in four countries. The three-year-long protracted COVID-19 pandemic has further disrupted routine child immunization services in many countries in the Pacific and is threatening the gains made in the control of VPDs for the past two decades. Given that coverage of 95% or greater of 2 doses of measles-containing vaccine is needed to create herd immunity in order to protect communities and achieve and maintain measles elimination, the current situation and trend in PICs warrants urgent attention.
3. However, a series of measures have been taken to improve population immunity and surveillance capacity. Immunity gaps among older birth cohorts were closed by wide age-range outbreak response and preventive supplementary immunization activities in 2019-2020 in several PICs. Strong national leadership and commitment facilitated preventive nationwide/subnational vaccination campaigns/catch-up vaccination against measles and rubella in several PICs (Samoa, Marshall Islands, Vanuatu, Kiribati, Palau, FSM, Fiji, & Solomon Islands) in 2022/2023 to fill the widened immunity gaps. Furthermore, all countries have introduced two doses of measles-containing vaccine (including the recent introduction in Vanuatu). Measles-containing vaccination coverage increased in 2022 compared to 2021 in the Pacific countries especially low-performing countries showed significant improvement in 2022.
4. In 2023, WHO developed four training modules for immunization and VPD surveillance programme. These training modules serve as invaluable resources for enhancing human resources and system capacity in the Pacific. Countries and areas are strengthening their human resource capacity by conducting training activities. In 2023, five countries conducted immunization training while three countries conducted training for VPD surveillance.
5. Hospital-based Active Surveillance has been revitalized, and highly populated countries are detecting, reporting and investigating Acute Fever and Rash cases, while sustaining measles surveillance performance indicators. Six countries in the Pacific already drafted the Measles-rubella outbreak preparedness and response plan and are about to finalize it. WHO has been working with six countries to establish measles and rubella laboratory under the public health laboratory function.
6. While the COVID-19 vaccine deployment and vaccination strategies have strained essential immunization and other national programmes, it has also introduced new approaches, insights, innovations, and investments that can further benefit health systems in the long term. Countries and areas in the Pacific are leveraging the COVID-19 vaccination platform, including cold chain and logistics, service delivery and data systems, integrating it into the broader immunization system as an integral component of the overall health system.

Future vision

7. Pacific Island countries have achieved measles and rubella elimination and sustained the status. through achieving and sustaining measles and rubella elimination goals, contributing to the achievement of the Sustainable Development Goals (SDGs) in PICs.

Examples of recent progress

8. Following the resolution at the sixty-third session in 2012, countries and areas are in good progress in achieving elimination status. As of September 2023, out of 37 countries and areas in the Western Pacific Region, 8 countries and areas are verified by the Regional Verification Commission for measles elimination. After achieving measles elimination status, Mongolia and Cambodia were unable to maintain it.

9. Comprehensive situation analysis on vaccine-preventable diseases and immunization focusing on measles and rubella elimination programme were conducted with WHO Western Pacific Regional Office (WPRO), SRVC of measles and rubella elimination, national immunization programme managers of the Ministry of Health of Pacific, and partner agencies, such as UNICEF.

10. Preventive nationwide/subnational vaccination campaigns/catch-up vaccination against measles and rubella were implemented in several PICs to improve population immunity. There is an increasing trend in measles-containing vaccination coverage in low-performing countries. All countries in the Pacific have now introduced 2 doses of measles-containing vaccine in their national schedule.

11. Capacity building of human resources on immunization and VPD surveillance was held in several countries in 2023. HBAS surveillance system has been revitalized, and the Pacific Syndromic Surveillance System (PSSS) is well functioning. Countries with more than 100,000 populations are detecting, reporting, investigating and managing AFR cases. Laboratory functions are also being enhanced including plans to establish national measles and rubella laboratories in six countries in the Pacific.

12. WHO, UNICEF and partners have organized Pacific-wide meetings and trainings to revitalize routine immunization systems and enhance vaccine-preventable disease surveillance focusing on measles and rubella elimination.

Why urgent action is needed now

13. Member States in the Western Pacific Region agreed at the fifty-sixth session of the Regional Committee to aim to eliminate measles by 2012 (WPR/RC56.R8). Eight countries and areas (Australia, Brunei Darussalam, Hong Kong SAR (China), Japan, Macao SAR (China), New Zealand, the Republic of Korea, Singapore) already achieved elimination status.

14. Since 2020, there has been no evidence of ongoing endemic measles and rubella transmission in the Pacific. Therefore, SRVC in their 10th meeting in May 2022 decided to aim to request RVC for verification of measles and Rubella elimination in PICs as one unit by 2025.

15. Although there have been no reports of laboratory-confirmed endemic measles and rubella cases in the Pacific since April 2020, however, according to the February 2024 World Health Organization (WHO) Measles–Rubella Bulletin, the number of reported measles cases worldwide rose from 171,158 in 2022 to 315, 542 in 2023 with the WHO Western Pacific Region reporting a 259% increase in measles cases in 2023 compared to 2022. There is a high risk of importation of viruses in any country in the Pacific, therefore elimination efforts will also be able to prevent major outbreaks to occur.

Recommendations to be considered by the Heads of Health

Recommendations for governments

16. To achieve measles and rubella elimination and maintain it, the following actions are recommended toward Measles and Rubella Elimination in the Pacific

- Strengthen routine immunization services especially to achieve high coverage of two doses of measles-rubella vaccines.
- Implement required interventions to urgently close any identified immunity gaps by conducting catch-up vaccination and/or mass immunization campaigns as needed.
- Strengthen and maintain sensitive surveillance systems by ensuring that investigations of suspected measles cases are supported by laboratory confirmation.
- Update outbreak preparedness plans and maintain a strong capacity to rapidly detect and implement a coordinated, timely, and effective response to measles and rubella outbreaks.
- Conduct regular risk assessments of measles/rubella outbreaks, identify gaps and implement required activities toward improvement.
- Strengthen community engagement in all efforts related to measles and rubella elimination.
- Develop/update plans addressing critical issues to sustain measles and rubella elimination status.

Recommendations for development partners

- Coordinate and ensure technical and financial support to countries and areas in the Pacific for implementing required activities toward achieving measles and rubella elimination and sustaining it.
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