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Measles and Rubella Elimination in the Pacific

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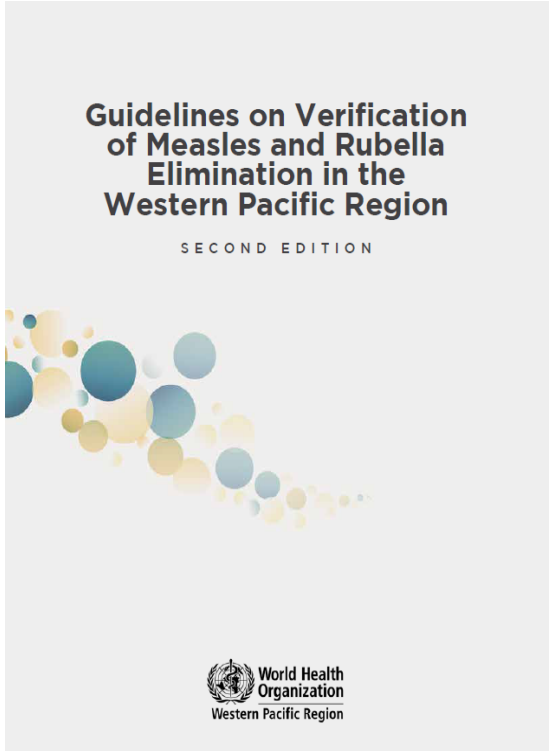
On behalf of the Pacific Island Countries

Measles and rubella elimination in the Western Pacific Region- At a glance

- In 2005, 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, (WPR/RC63.R5) urged Member States to establish national verification committees (NVCs) to prepare regular progress reports and submit to the Regional Verification Commission (RVC).
- 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 RVC for measles elimination.
- Mongolia and Cambodia were unable to maintain measles elimination status.



Countries WPR eliminated measles:
(Australia, Brunei Darussalam, Hong Kong SAR (China), Japan, Macao SAR (China), New Zealand, the Republic of Korea, Singapore)

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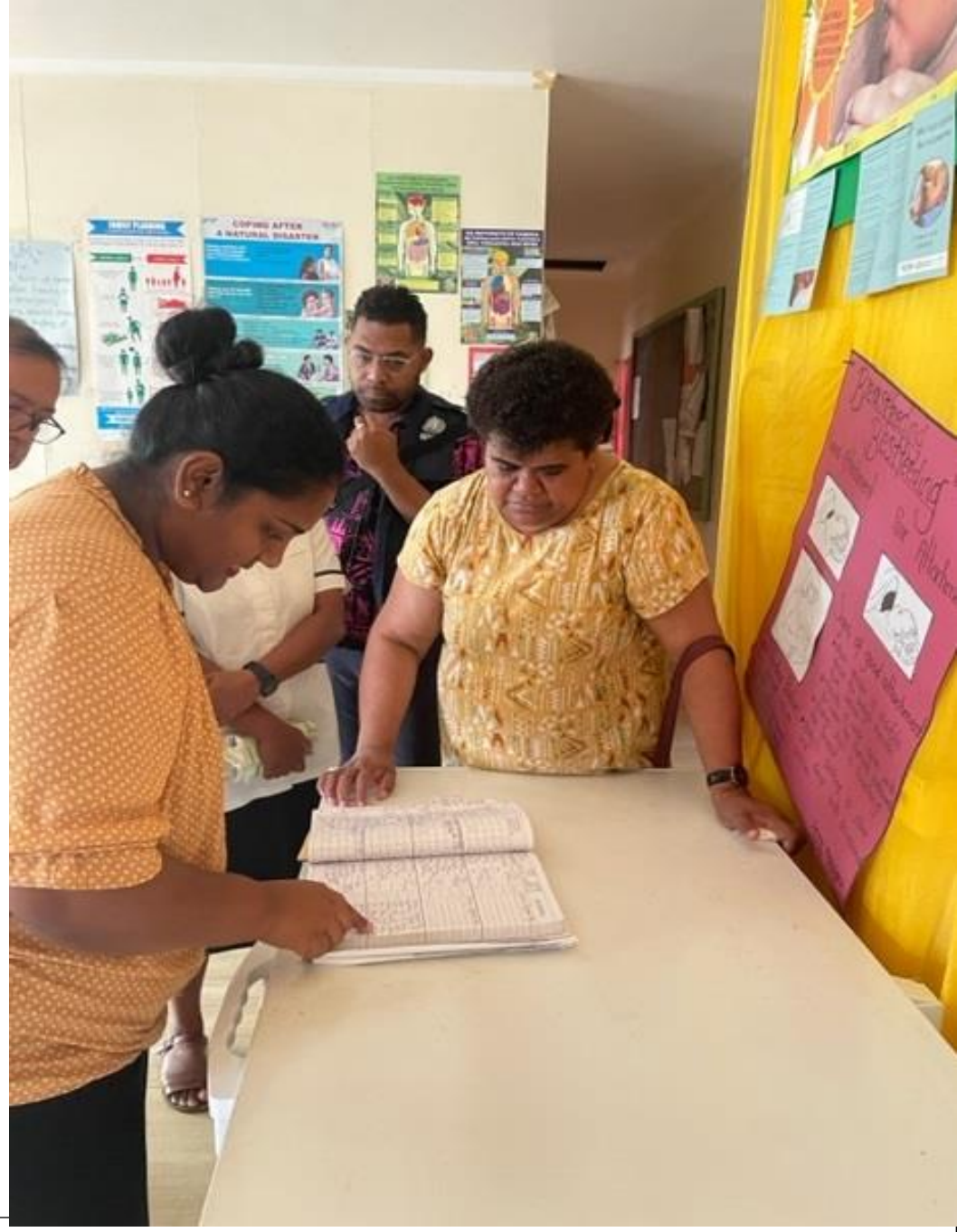
Measles and rubella elimination in the Pacific- At a glance

- 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 endorse and submitting the necessary documentation to the RVC annually.
- 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 request the RVC for verification of measles and rubella elimination in 2025 for the 21 Pacific Island Countries and areas as one epidemiological block.



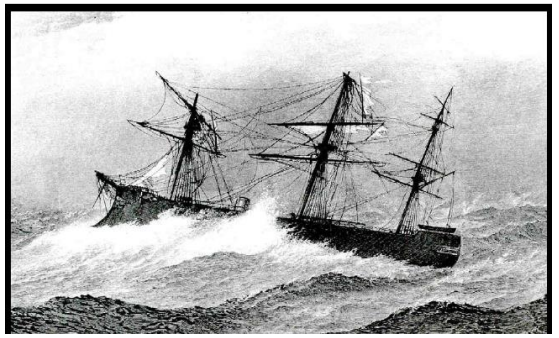
History of measles in Pacific island countries

- Since the first recorded measles outbreak in Fiji in 1875, measles has huge impact on the Pacific.
- By 1982 all PICs introduced at least one dose of MCV, then outbreaks became less frequent.

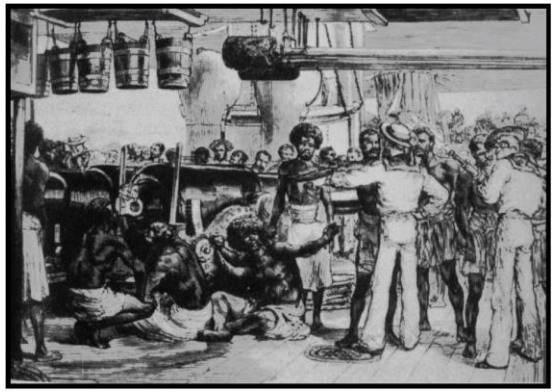
- The PICs collectively decided to interrupt the cycle of measles transmission. Conducted Pacific-wide coordinated mass measles vaccination campaigns in 1997/1998, targeting all children up to 15 years of age. 13 PICs participated with most reporting high coverage.

- The last measles outbreak in 2019. No outbreaks from April 2020.

Measles Epidemic, Fiji, 1875



MEASLES MORTALITY ESTIMATE, FIJI, 1875	
150,000	OFFICIAL BRITISH POPULATION ESTIMATE AT CESSION OF FIJI, 10 OCTOBER 1874
x 0.28	MEAN CFR ESTIMATED FROM INDEPENDENT INVESTIGATIONS (23 DIFFERENT LOCALES)
42,000	ESTIMATED EPIDEMIC DEATHS



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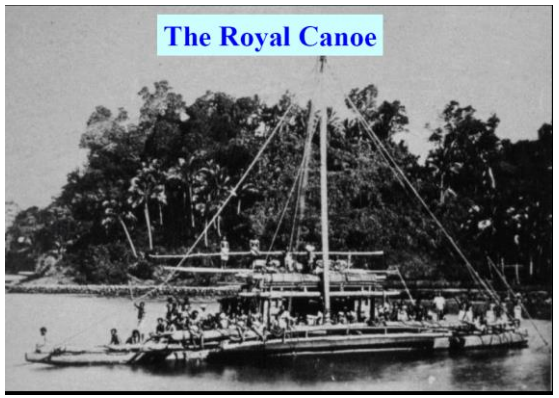

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Measles outbreaks, PICs, 1980-2023

Year	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Micronesia																																												
Guam	0.7	0.6	0.8	0.3	9.1	1.0	0.5	0.2	0.2	0.2	0.1	4.6	0.3	1.8	# #					0.1				0.4	0.1							0.1												
Kiribati	28.7	11.6	1.8		# #	# # #	0.3	3.3	# #	# # #	4.1	1.1	# #	15.1	# #	0.5	1.6	3.1	# #	0.2																			0.3					
Marshall Islands						1.0	0.2			2.8	3.0	3.9	2.0	1.8										# #																				
Micronesia (Fed. States of)								0.1			0.1		4.0		# #																						# #							
Nauru	12.9		1.2				1.2				# #							4.5		1.0													# #											
Northern Mariana Islands										0.2	7.6		1.5	# #	6.4			0.2																											
Palau										0.7				57.1					0.5																									
Polynesia																																											
American Samoa	4.8	0.9	0.6			7.1	0.5	0.2	0.7	0.4	105.2	3.9						2.2	0.4		0.2																							
Cook Islands	207.2	32.9	8.1	2.3	0.6	28.4	2.8	9.0	8.4	383.3	19.8	33.1	4.8	1.6		3.7		104.0	4.9		1.1			9.1			3.1	0.6															
French Polynesia	24.7	81.1	73.0	60.6	6.6	108.9	2.4	2.1	0.9	4.2	15	15	11	1.0	4.4	0.3	17.4	22.8		0.6		0.1																					
Niue	64.7	6.1				77.4	26.9		4.1	4.2		527.9			9.1																												
Samoa	24.2	4.6	1.8	0.4		68.4	0.1			0.1			0.2	0.4			5.1		0.5																			0.4		0.1			0.2		###	0.6
Tokelau				6.0		239.2	5.9																																			38.6			
Tonga	251.3	20.0	2.0	3.8	0.5	43.9	24.8			2.6	6.8	1.9	1.0					11.9	3.7	0.6		0.4																				63.6			
Tuvalu	667.0	3.8	25.2		2.5			334.9					1.1			1.1	54.7	15.0																										
Wallis and Futuna Islands	304.4	15.3	70.7	50.6	3.0									6.4	6.4	9.2																												
Melanesia																																												
Fiji	14.4	15.4	13.5	4.6	11.8	2.1	5.4	14.9	8.4	0.7	0.4		13.0	5.6	0.5	5.3	0.5	10.4				0.2	3.7	3.7	0.5		1.6			0.01							0.1			0.3				
New Caledonia	55.1	5.2	96.8	1.2	5.1	4.9	60.0	75.9	0.5	0.5	1.1	0.3	0.2	0.3	0.3	0.1																						0.04					
Solomon Islands	14.7	88.2	135.2	36.3	9.1	0.1		15.1	20.1	454.3	11.0	1.4	2.6	45.0	18.3																												
Vanuatu	3.4	3.8	68.5	32.3	128.6	72.3	80.0	18.6	10.0	1.2	4.6	35.9	9.9	4.2	1.6	1.6	0.2	6.5		0.7	0.5	0.4	5.2	8.3		0.1									0.4	1.4							

>50 per 10 000 population
5-49 per 10 000 population
1-4 per 10 000 population
0.5-.99 per 10 000 population
<0.5per 10 000 population

"Large outbreak" >5000 per million incidence rate
500 per million incidence rate
"Small outbreak" 100 per million incidence rate
"Some cases" 50 per million incidence rate
more than 2 cases

Source: WHO-UNICEF Joint Reporting From, National measles and rubella monthly reports, NVC report, UN population estimates

Some recent progress in measles and rubella elimination

- **Measles-containing vaccine**: all countries introduced two doses of vaccine in the schedule
- **Measles-containing vaccination coverage**: It increased in 2022 compared to 2021 in the Pacific, especially in low-performing countries showing significant improvement
- **Preventive nationwide/ subnational vaccination campaigns/ catch-up vaccination against measles and rubella:** Many countries implemented in 2022/2023 to fill the widened immunity gaps
- **Hospital-based Active Surveillance has been revitalized:** Highly populated countries are detecting, reporting, and investigating Acute Fever and Rash cases

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Measles containing vaccine (MCV) first and second dose coverage in the PICs from 2018-2022

SN	Countries/areas	MCV 1					MCV 2				
		2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
1	American Samoa	71	80	85	82	77	57	69	72	73	71
2	Cook Islands	100	100	87	94	94	90	98	76	90	91
3	Fed St. of Micronesia	73	78	79	70	73	48	ND	62	47	43
4	Fiji	95	83	82	90	100	95	72	67	89	84
5	French Polynesia	97	97	ND	ND	99	97	97	ND	ND	99
6	Guam	83	81	71	69	ND	88	94	ND	92	ND
7	Kiribati	84	94	82	81	85	99	91	73	58	68
8	Marshall Islands	83	85	89	85	91	61	64	68	59	77
9	Nauru	100	95	98	102	98	95	96	97	101	83
10	New Caledonia	97	ND	ND	97	ND	92	ND	ND	92	ND
11	Niue	100	100	ND	100	100	100	100	ND	100	100
12	Northern Mariana Islands	73	75	79	86	86	92	90	71	96	90
13	Palau	90	97	93	93	93	75	88	83	84	81
14	Samoa	40	96	66	62	82	28	59	60	50	45
15	Solomon Islands	93	81	81	67	90	55	55	ND	40	89
16	Tokelau	100	98	94	95	98	100	98	100	95	98
17	Tonga	99	99	100	100	100	99	100	100	99	99
18	Tuvalu	88	96	93	93	93	81	92	85	84	89
19	Vanuatu	75	80	62	50	70	Not yet introduced				
20	Wallis and Futuna	ND	ND	ND	ND	ND	100	100	100	ND	ND

Why urgent actions now for measles and rubella elimination in the Pacific

- Member States of Western Pacific Region agreed at the fifty-sixth session of the Regional Committee to aim to eliminate measles by 2012 (WPR/RC56.R8).
- 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.
- Globally and regionally countries are facing resurgence of 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.

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Possible formation of Pacific Immunization Technical Advisory Group (P-ITAG)

The 2020 Pacific Immunization Managers Meeting (PIMM) requested for formation of *inter-country, evidence-based technical advisory body for immunization policies in the Pacific and exploring possibilities of inclusion of this agenda topic in the next Pacific Heads of Health Meeting*

- If established, P-ITAG would be a multidisciplinary body of experts that provide evidence-based recommendations to policy-makers and immunization programme managers. A broad range of skills and expertise from different disciplines/areas are needed, e.g. pediatric medicine, adolescent medicine, epidemiology, vaccinology, infectious diseases, microbiology, public health, etc.

- If established, WHO would provide secretariat support.

- If PHOH is supportive of the formation of P-ITAG, one possible model is linking the existing Sub-Regional Advisory Mechanisms like SRVC or SRCC by adding/expanding membership, ToRs, and proceedings.

- Comments on the possible formation of the P-ITAG would be welcome.

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Recommendations for Governments

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 in 2025 and sustaining it.

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Thank you