

Situation Report 11 Measles Outbreak

	Cases	Deaths
2018	20,827	199
2019*	34,950	477
* as of 11 May 2019		

27 May 2019

Overview

Current measles outbreak started late 2017 in Mindanao. In 2018, 20,827 cases were reported with 199 deaths. Outbreak and supplementary immunization activities in 2018 were ineffective in addressing the outbreak as the immunization activity was met with increased vaccine hesitancy due to the Dengue vaccine controversy. Weak routine immunization leading to a decrease in overall immunization coverage in recent years resulted in large immunity gaps among younger children against vaccine preventable diseases including measles.

The Philippines Department of Health (DoH) declared measles outbreaks in 5 Regions (Region NCR, III, IV-A, VI, VII) on 7 February 2019, whereas cases were reported from all 17 Regions. DoH issued guidelines for nation-wide measles vaccination accompanied by Oral Polio Vaccine (OPV) and Vitamin A distribution until end March 2019, prioritizing unvaccinated children between 6 and 59 months; schoolchildren from kindergarten to grade 6; and adults who voluntarily wish to be vaccinated against measles.

Current Situation

Between 1 January and 11 May 2019, 34,950 measles cases including 477 deaths were officially reported through the routine surveillance system from the DoH, with a Case Fatality Rate (CFR) of 1,37% (see Table 1).

The number of newly reported cases in epidemiological week 19 (5 to 11 May 2019) was 0.5% lower than in the same time period in 2018.

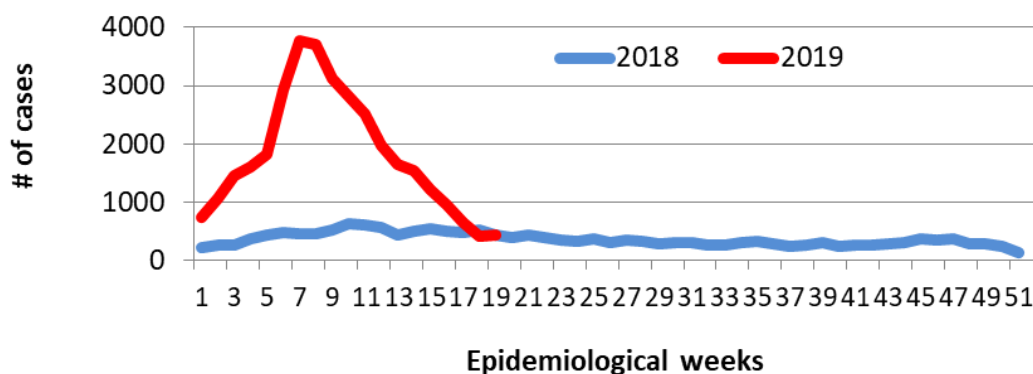
With a median age of 3 years old, 52% of measles cases are under 5 years of age. 53% of measles cases are male.

With a median age of 1 year old, 83% of all deaths are children under the age of 5: 58% of measles deaths are male. Most deaths are reported from Region III, IV-A, VIII and NCR.

Table 1: Cumulative Measles Cases by Region
11 May 2018 vs 11 May 2019

Region	2018			2019		
	Cases	Deaths	%CFR	Cases	Deaths	%CFR
PHL	8,580	75	0.9	34,950	477	1.4
01	125	0	0	1,548	19	1.2
02	29	0	0	531	2	1.0
03	278	4	1.4	5,803	107	1.8
04A	256	2	0.8	6,481	117	1.8
04B	23	0	0	1,488	16	1.1
05	33	0	0	1,048	8	0.8
06	112	0	0	2,102	7	0.3
07	167	1	0.6	1,719	11	0.6
08	19	0	0	1,460	31	2.1
09	1,018	5	0.5	469	1	0.2
10	817	2	0.2	1,808	10	0.6
11	1,065	13	1.2	882	12	1.4
12	857	9	1.1	678	5	0.7
ARMM	2,815	23	0.8	617	6	1.0
CAR	25	0	0	579	2	0.3
CARAGA	93	1	1.1	986	9	0.9
NCR	848	15	1.8	6,751	114	1.7

Figure 1. Measles Cases by Week of Rash Onset
1 January 2018-11 May 2019



Response so far

Risk assessment

In view of the declining number of newly reported cases and CFR in the past weeks, as well as the high vaccination coverage of the target population (see below), the risk of the current outbreak is now set at moderate at national level.

Overall risk		
National	Regional	Global
Moderate	Low	Low

Case management

Although significantly lower than in the beginning of the outbreak (1.63% on 7 February 2019), the current CFR of 1.37% is considered high when compared to the 0.87% CFR in the same period in 2018.

Laboratory testing

The Research Institute for Tropical Medicine (RITM) received a total of 23,126 measles/rubella samples from health facilities throughout the country between 1 January and 18 May 2019. Samples received in epidemiological week 20 (12-18 May 2019) were 62% lower compared to the preceding week, and 44% lower compared to the same time period in 2018.

Immunization

Up to 8 May 2019, 5,369,746 individuals have been vaccinated against measles and rubella: 3,487,673 aged 6-59 months (92% of the target population of 3,784,099).

Extreme differences in coverage are mostly explained by inaccurate population data resulting in unrealistic coverage targets.

Approximately 7.5 million pupils up to 12 years of age remain to be vaccinated once schools are reopening in June.

Partners like the Philippine Red Cross (PRC), the International Medical Corps (IMC), the International Organization for Migration (IOM), ReachHealth and Americares have significantly contributed to the large number of children vaccinated, thanks to recruitment of additional vaccinators and necessary supplies for health facilities.

Moreover, PRC with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) is organizing a 2-day National Summit on Vaccine Preventable Diseases in the Philippines to discuss root causes, prevention and management of vaccine preventable disease outbreaks jointly with all key stakeholders. To this end, participatory planning meetings are currently being conducted.

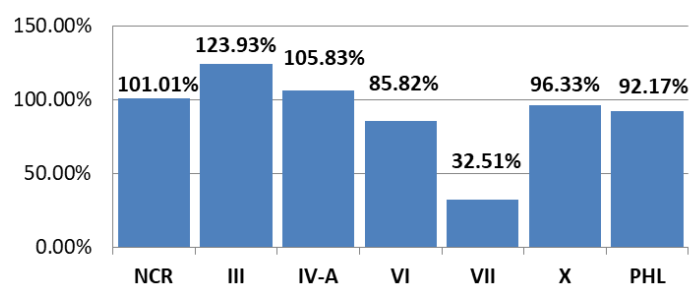
Response plan

Following the effective implementation of the measles Outbreak Response Immunization (ORI) nationwide, the DoH will intensify applying its new strategy *Pinaigting na Pagbabakuna*: to close the 'Last Mile' of containing measles outbreaks, and to reach at least 95% coverage of Fully Immunized Children (FIC) in all barangays, including Geographically Isolated and Disadvantaged Areas (GIDAs).

To effectively assist the DOH, UNICEF and WHO will jointly provide direct support to priority regions:

Team	Regions
UNICEF	NCR, IV-A, VIII, IX and BARMM
WHO	III, X and XI

Figure 2. Coverage of Measles Outbreak Response Immunization (Children aged 6-59 months) 8 May 2019



Schedule for post-outbreak response (April-September 2019)

Age group	Activity	Timeframe
Under-five	Identify children with missed doses of routine vaccinations and provide catch-up vaccinations including polio and measles	until end June
School-based	Continue school-based immunization once schools open in June	until end September
Above 12 years	One dose for those who did not complete 2 doses	ber

Overview of WHO and UNICEF engagement

WHO and UNICEF teams have been coordinating their support to priority regions to assess progress, identify key gaps and define corrective actions in both immediate and longer terms. Support also includes the mentoring of EPI teams at subnational levels, e.g. in epidemiological surveillance data analysis for vaccine preventable diseases and targeted communication activities.

WHO and UNICEF jointly supported:

- Development of detailed communication plans for measles outbreak response and post measles outbreak catch-up vaccination with DoH-HPCS
- Development of field monitoring tools and updating of Rapid Coverage Assessment (RCA) tool
- Monitoring of measles immunization activities and conducting RCA
- Technical support to DoH at all levels
- Support to the National Post Measles Rubella outbreak immunization review and planning workshop
- Technical support in the drafting of the *Pinaigting na Pagbabakuna* guidelines using the *Reaching Every Child Strategy to strengthen Routine Immunization*

UNICEF supported:

- Facilitation of procurement of additional 6,000,000 doses of measles and polio vaccines
- Provision of 3 tents to Region III (JB Lingad Memorial Regional Hospital, Dr Paulino Garcia Memorial Research and Medical Center, Bataan General Hospital) and 7 hospitals in NCR
- Deployment of additional manpower to support the national immunization team and DOH NCR
- Mobilization and technical support to Zamboanga del Norte, Samar and North Samar
- Planning for the measles outbreak response in DoH-BARMM
- Partnership with Ideas Positive Alumni Community (IPAC) in the fielding of youth volunteers in different regions of the country for information dissemination, master listing of defaulters and RCA
- Support to the Post Measles Rubella outbreak immunization review and planning work shop at the national level and in the provinces of Samar and North Samar
- Facilitating procurement of additional 10.2 million doses of MR vaccine
- UNICEF adopted regions NCR,4A,8,9 and BARMM for the continuing outbreak response and strengthening routine immunization

WHO supported:

- Dissemination of key guidelines and IEC materials to health partners
- Updating of guidelines on:
 - o Primary Health Care Facilities and Hospitals
 - o Measles Post-Exposure Management
 - o Measles Case Classification and Management.
 - o Supplementary Immunization Activities (SIA) and Outbreak Immunization (ORI).
 - o Technical support in development of Measles control and elimination plan at national and specified regional level.
 - o Documentation of the 2018/2019 measles response to ensure the gaps and lesson learned are adapted on ensuring effective measures for measles control in future.
- Assistance of timely consolidation and analysis of vaccination data during and beyond ORI;
- Conducting monitoring activities in multiple regions for ORI, by mobilizing staff from different programmes from both WHO country and regional offices