

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

Measles and Rubella Initiative 13th Annual Meeting

Outline

Epidemiological update

Hesitancy and vaccine refusal in the Region

EURO Communications
And advocacy initiatives

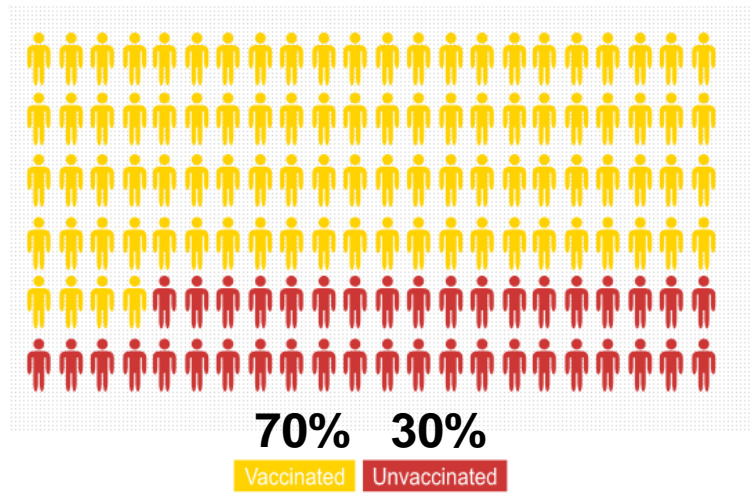


Јер пред девојчицама

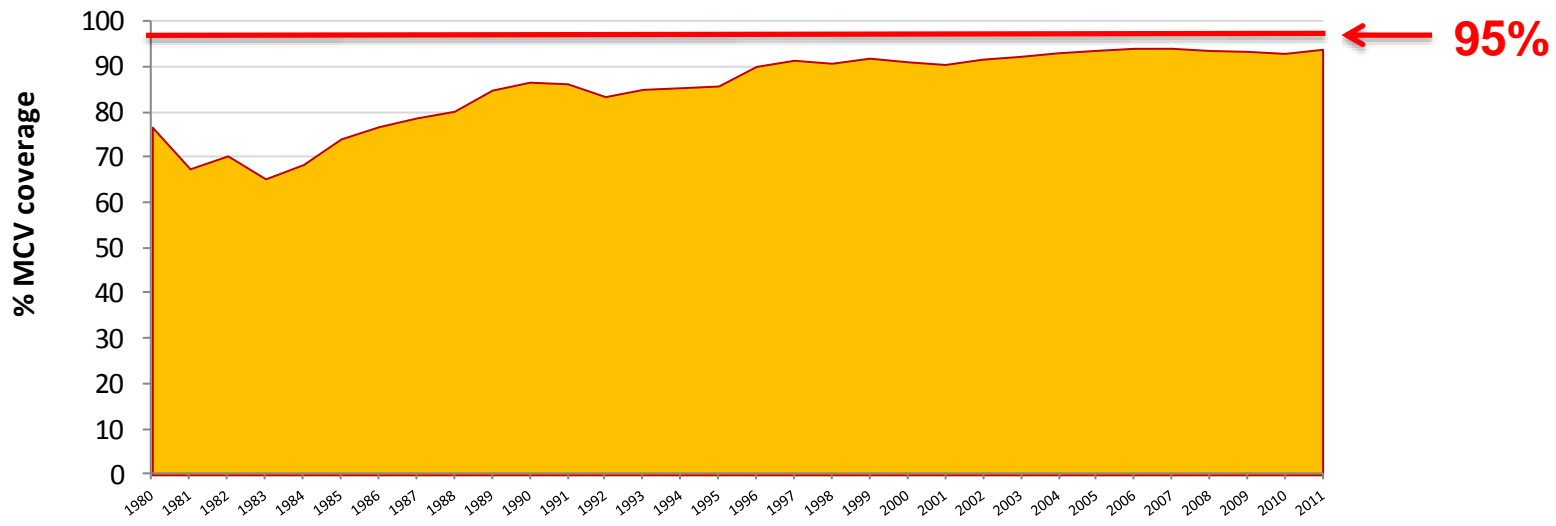
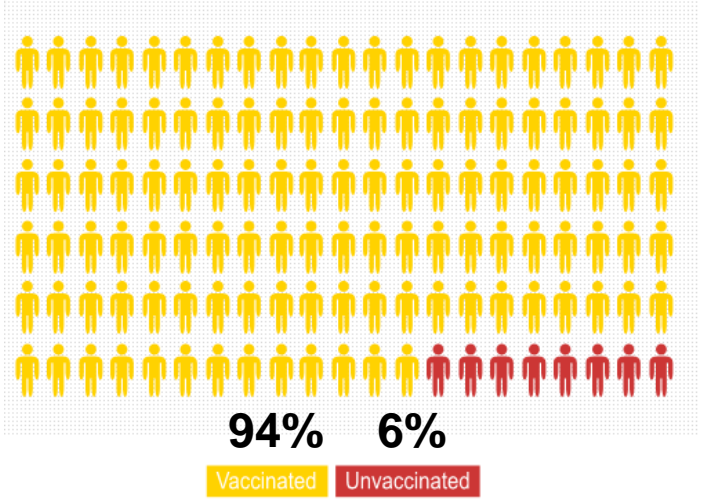
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MCV1 Vaccination Coverage, WHO European Region 1980-2012

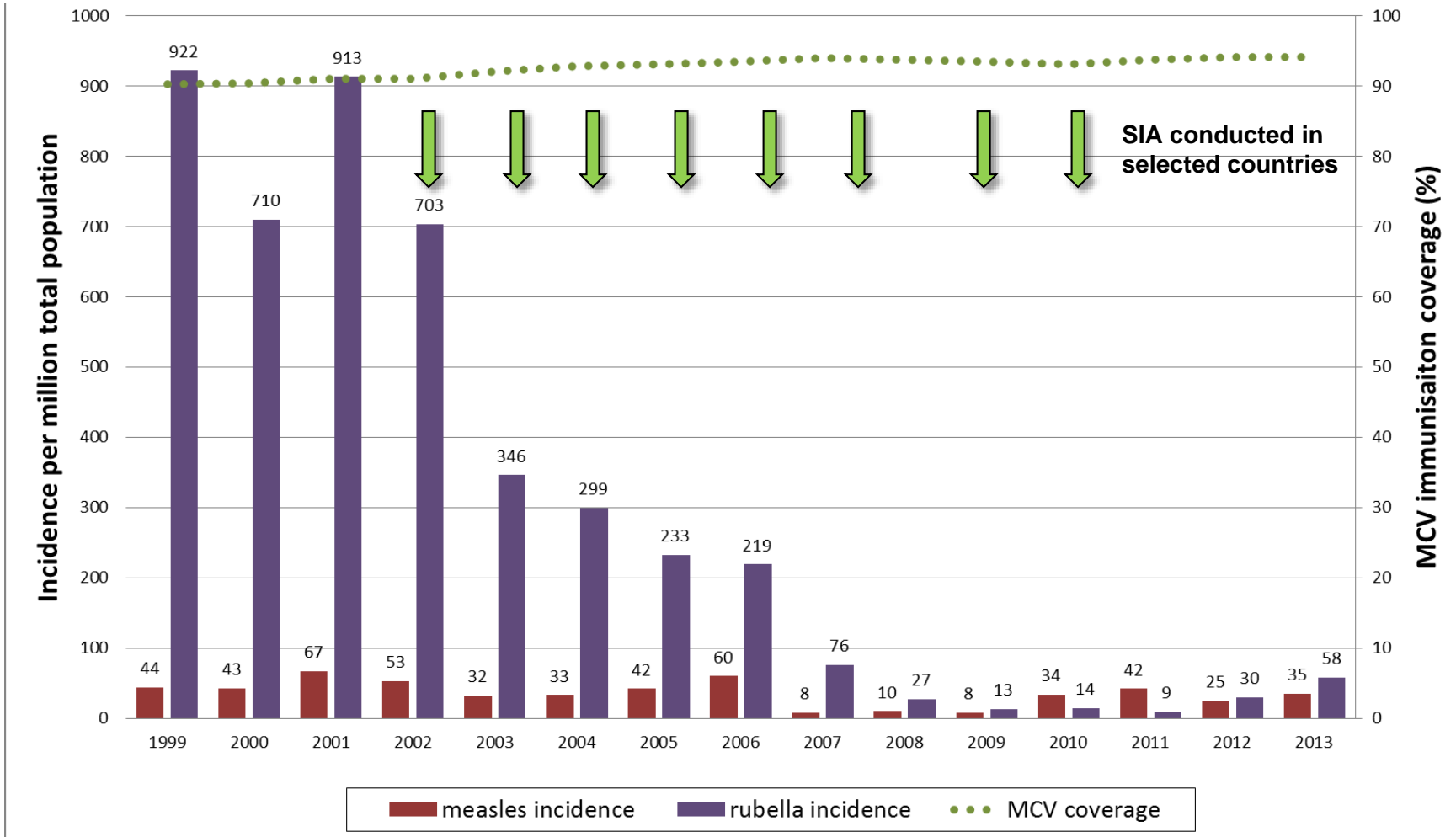
1980-1984



2006-2012



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



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

341982

Bulgaria
21 664

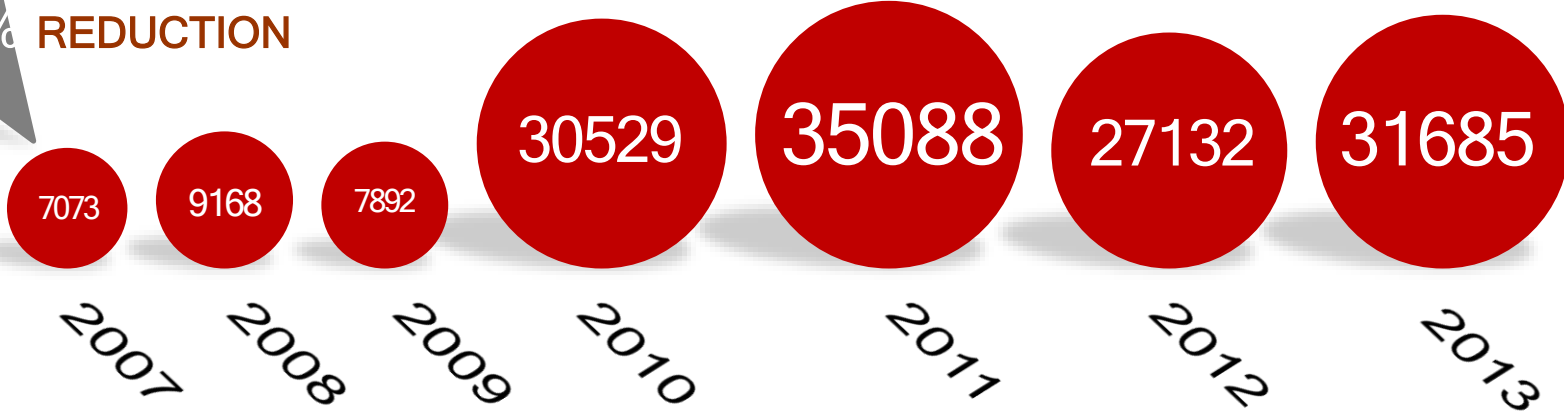
France
14 966

Ukraine
12 744

Georgia
7830

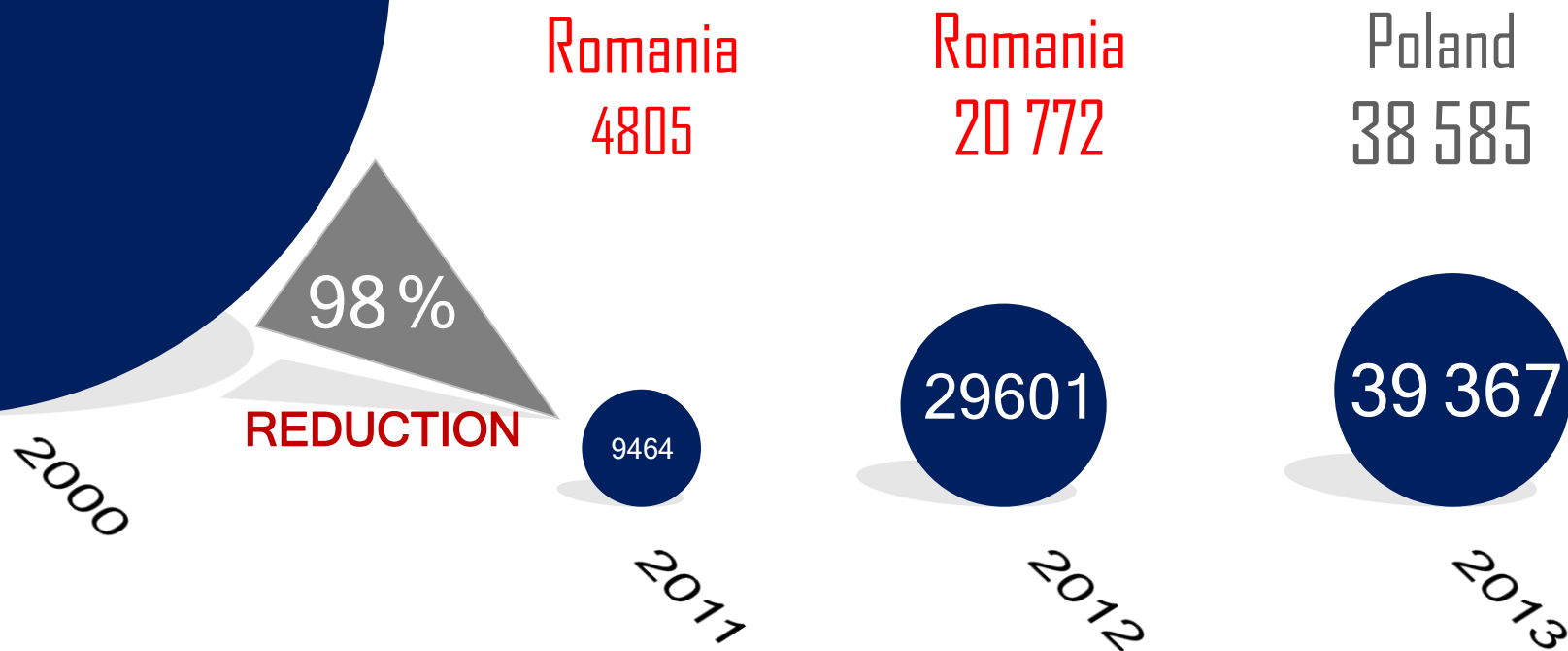
98% REDUCTION

1993

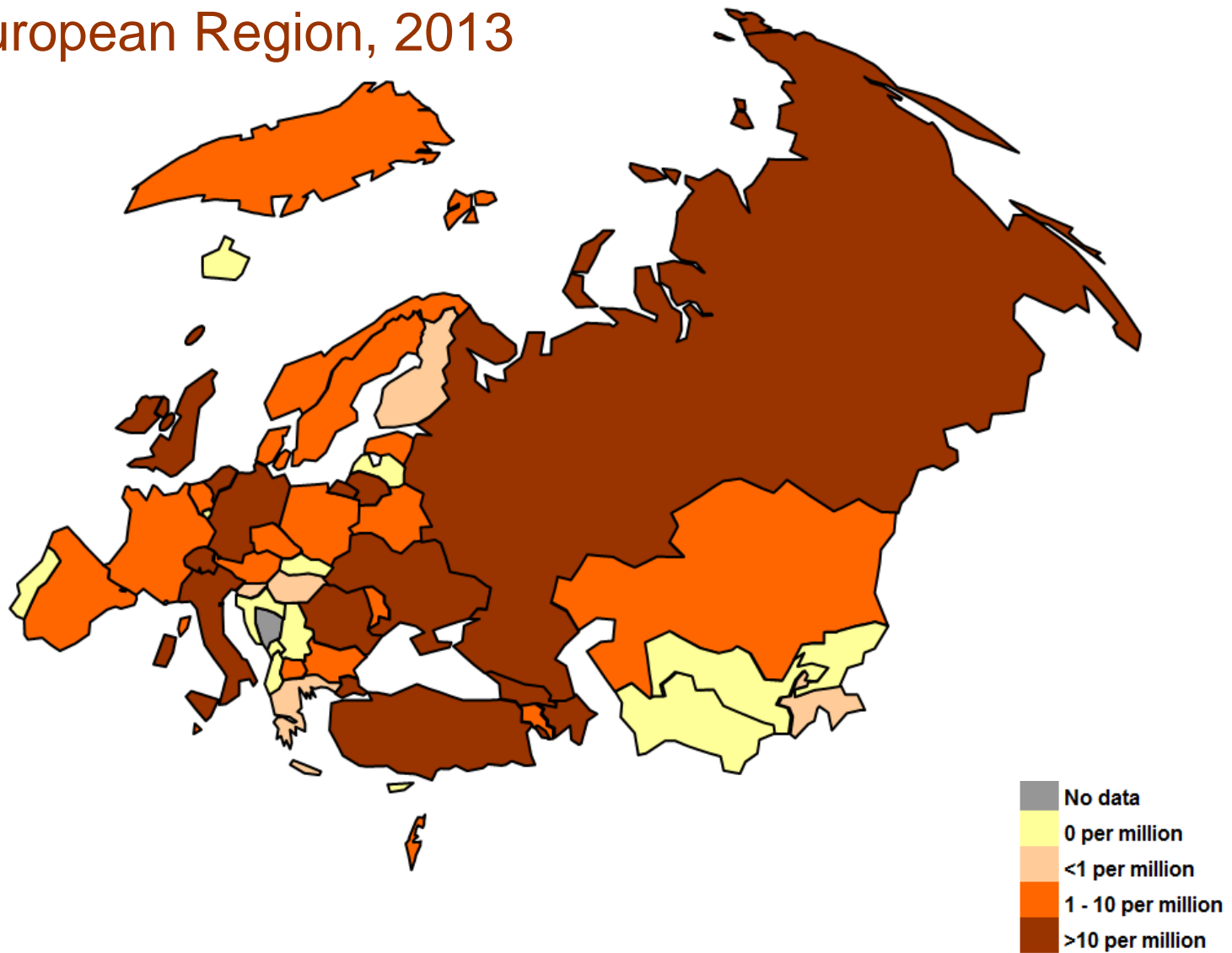


Rubella in the WHO European Region, 2000 and 2011-2013

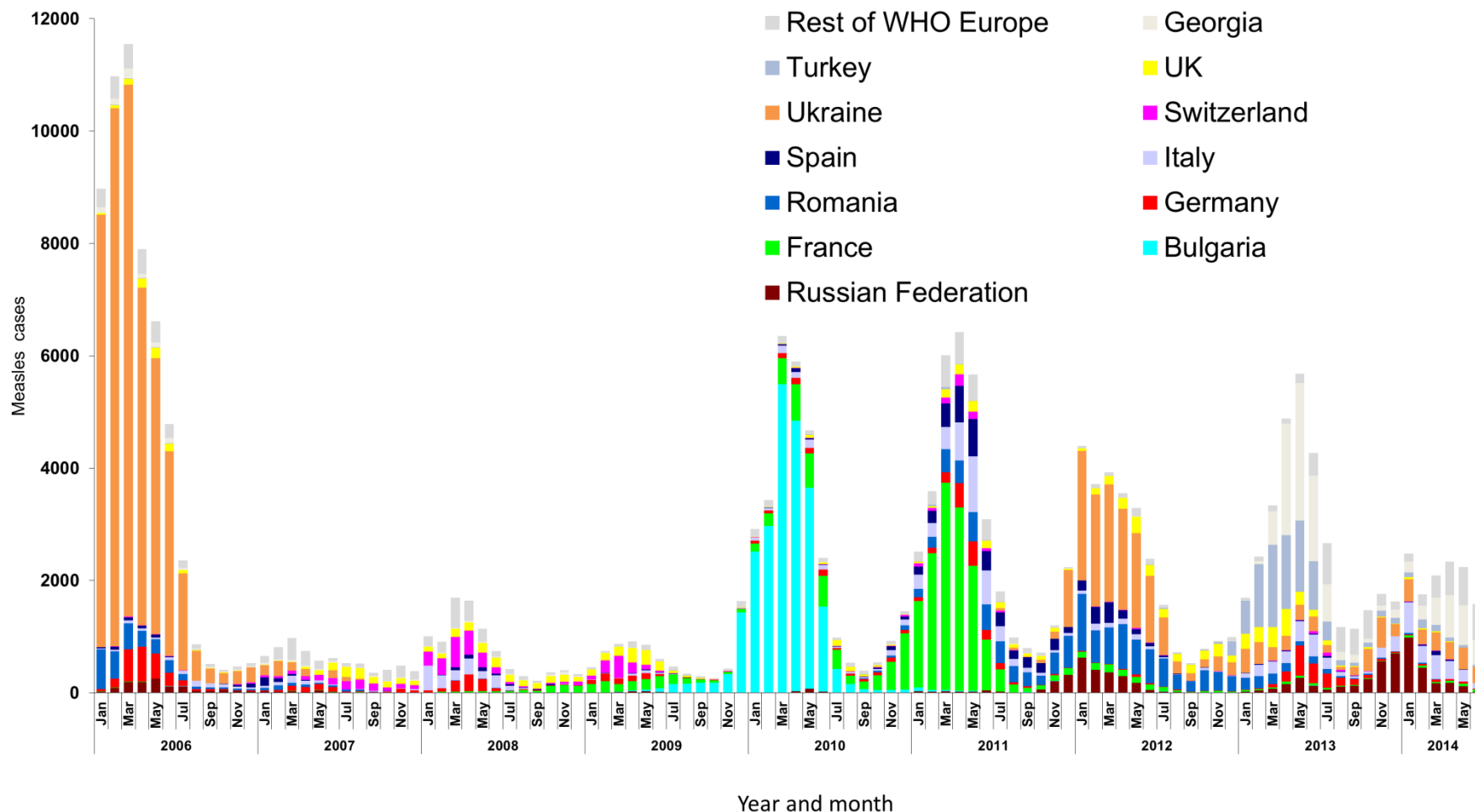
621 039



Measles incidence per million inhabitants, WHO European Region, 2013

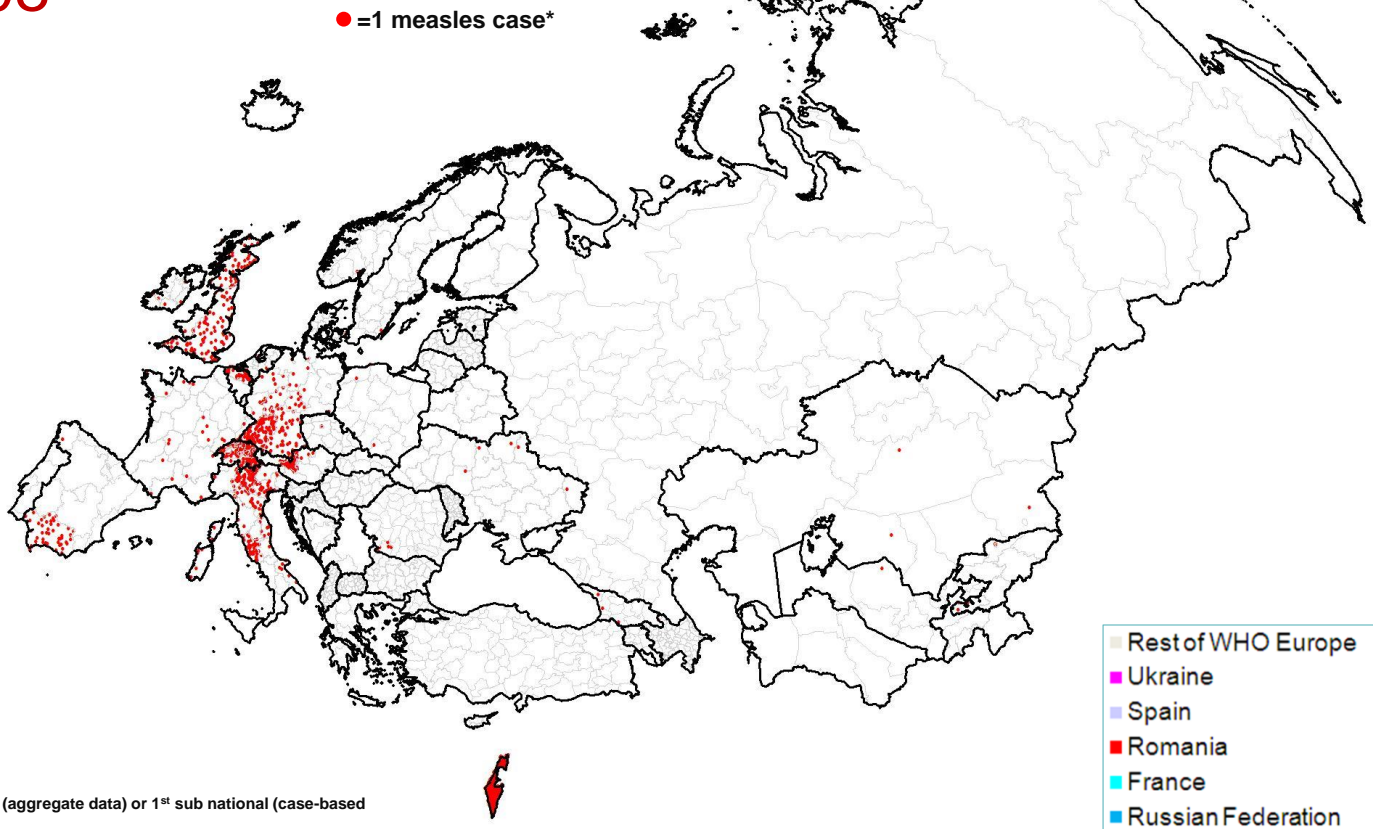


Measles cases by month and year, WHO European Region, 2005-2014



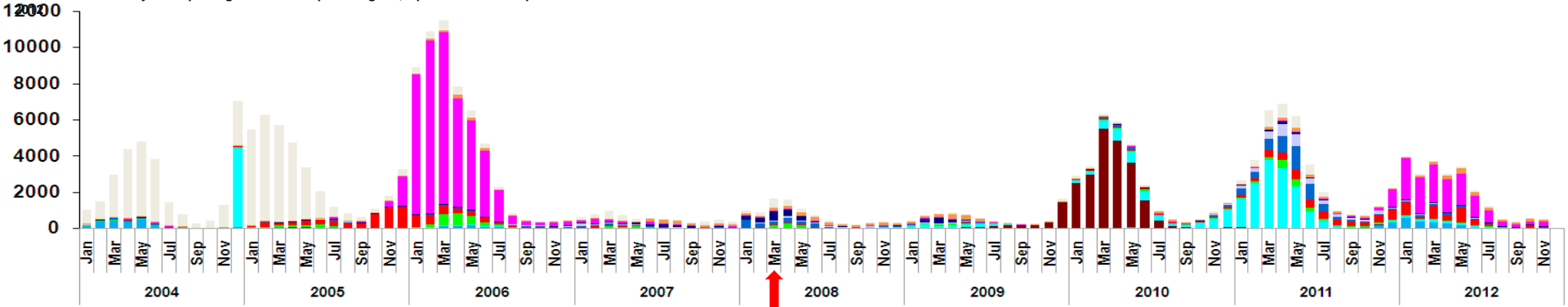
Source: MR reporting to WHO European region
Update Date : 25-Aug-2014

Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2008

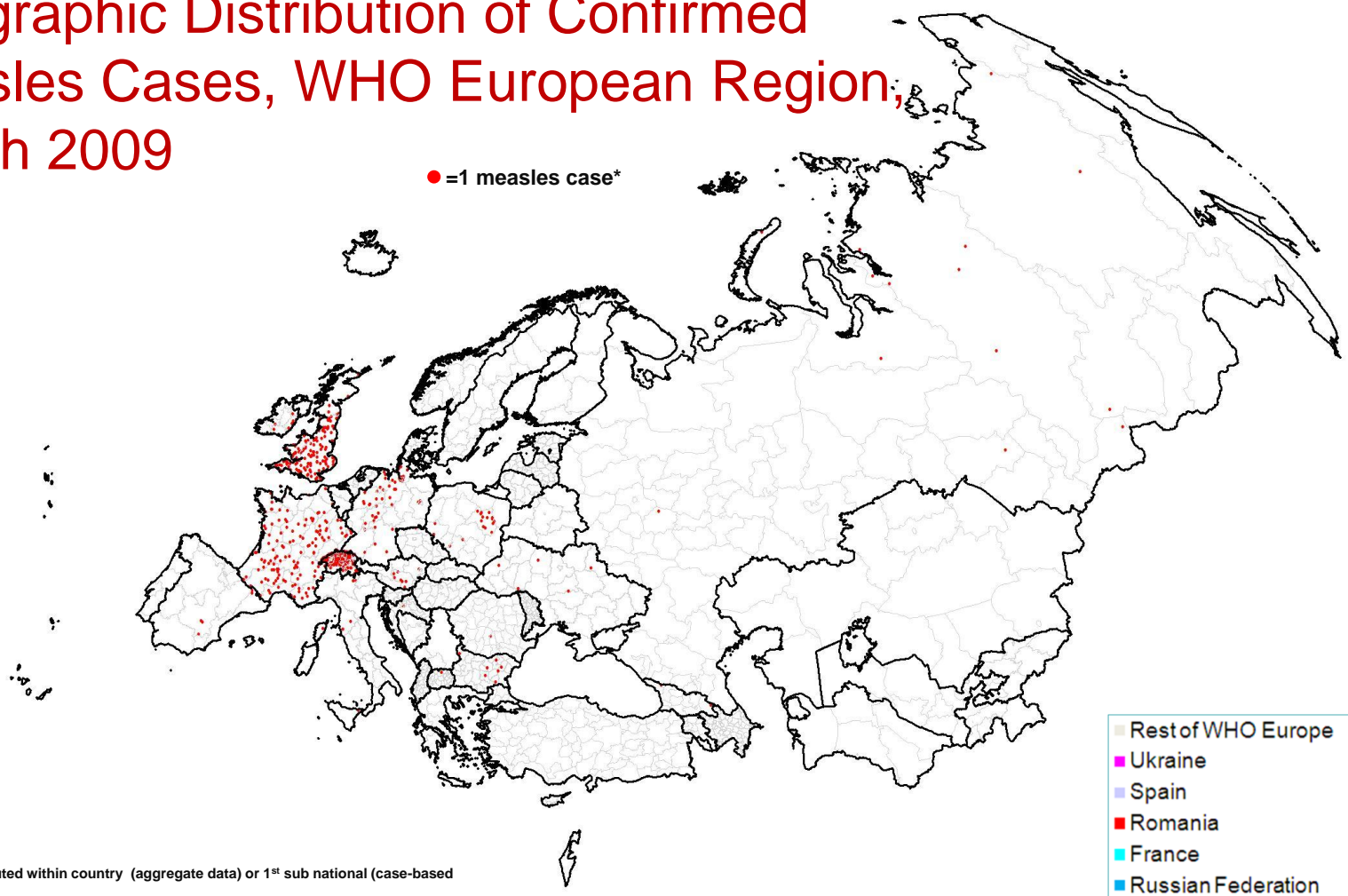


*Randomly distributed within country (aggregate data) or 1st sub national (case-based data);

Data Source: Monthly MR reporting to WHO European Region ; Update Date: 13 Sep

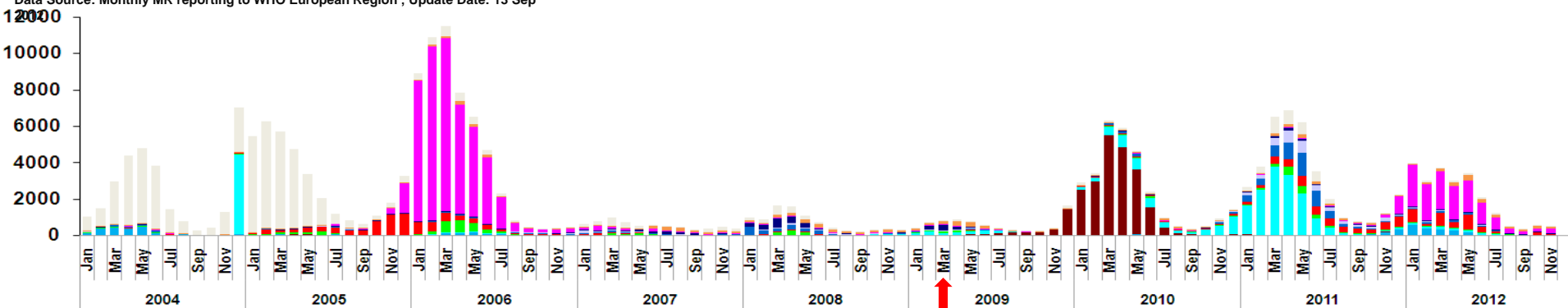


Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2009

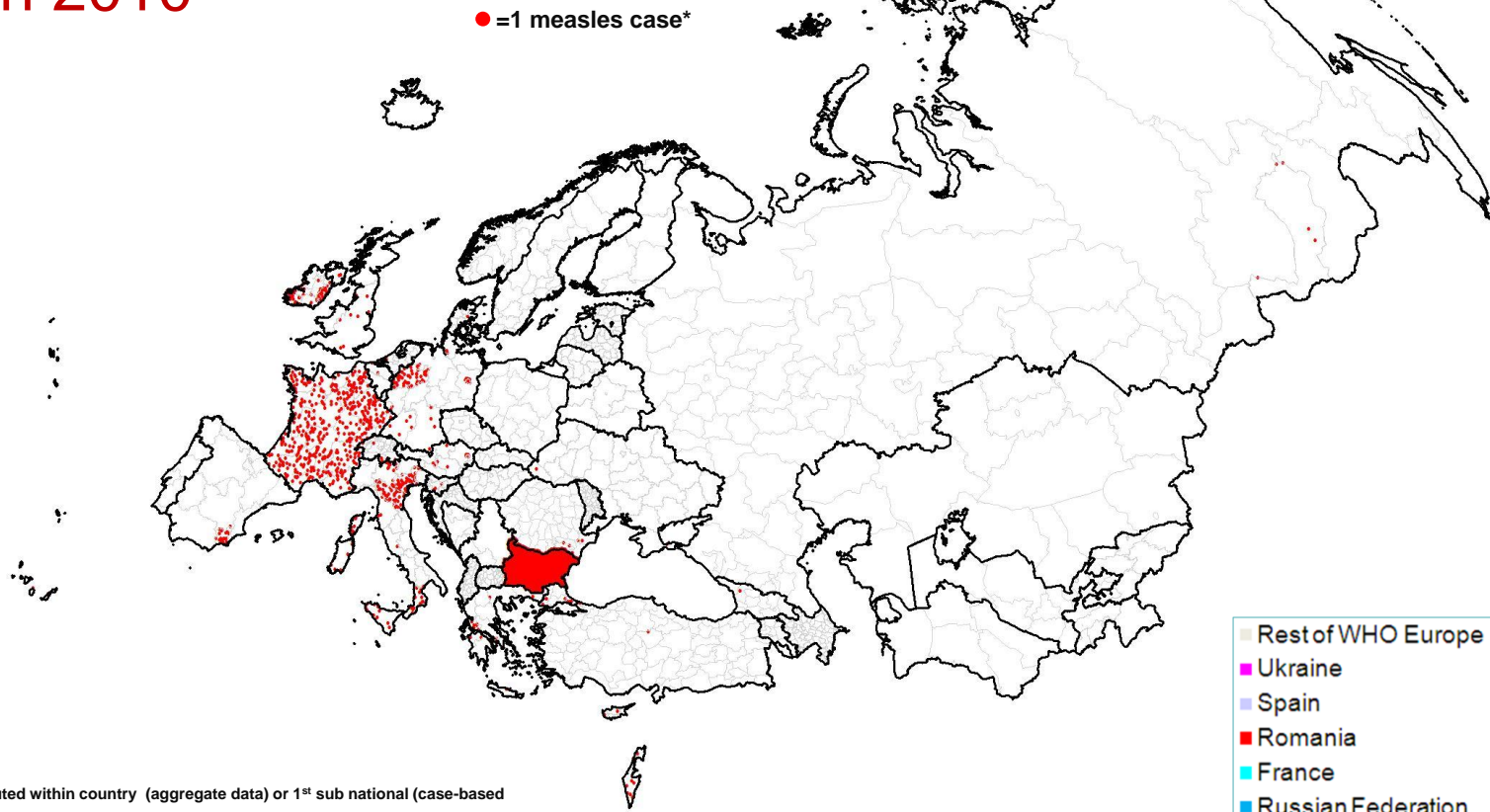


- | | |
|--------------------|-------------|
| Rest of WHO Europe | UK |
| Ukraine | Switzerland |
| Spain | Italy |
| Romania | Germany |
| France | Bulgaria |
| Russian Federation | |

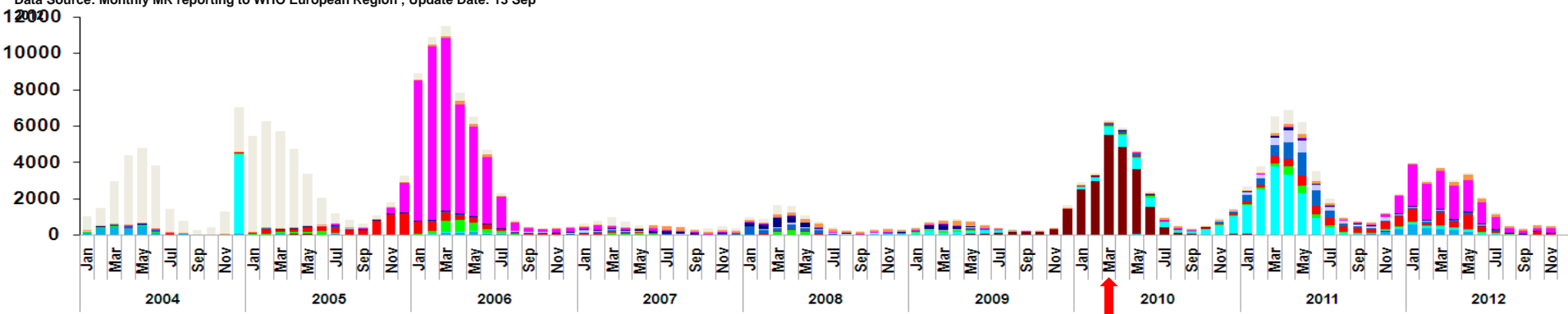
*Randomly distributed within country (aggregate data) or 1st sub national (case-based data);
 Data Source: Monthly MR reporting to WHO European Region ; Update Date: 13 Sep



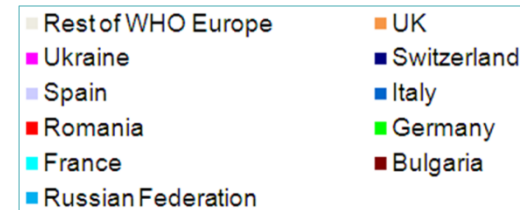
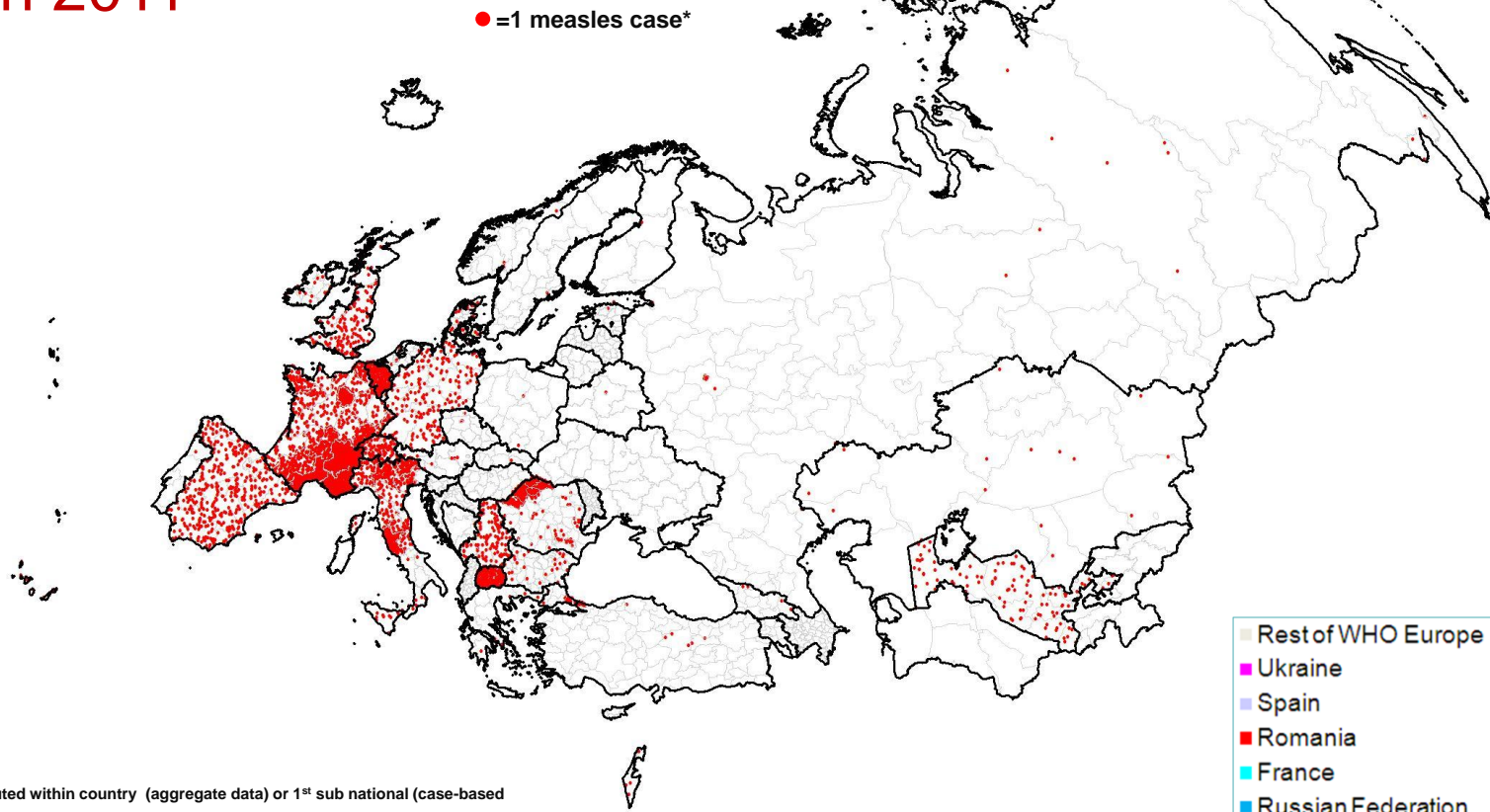
Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2010



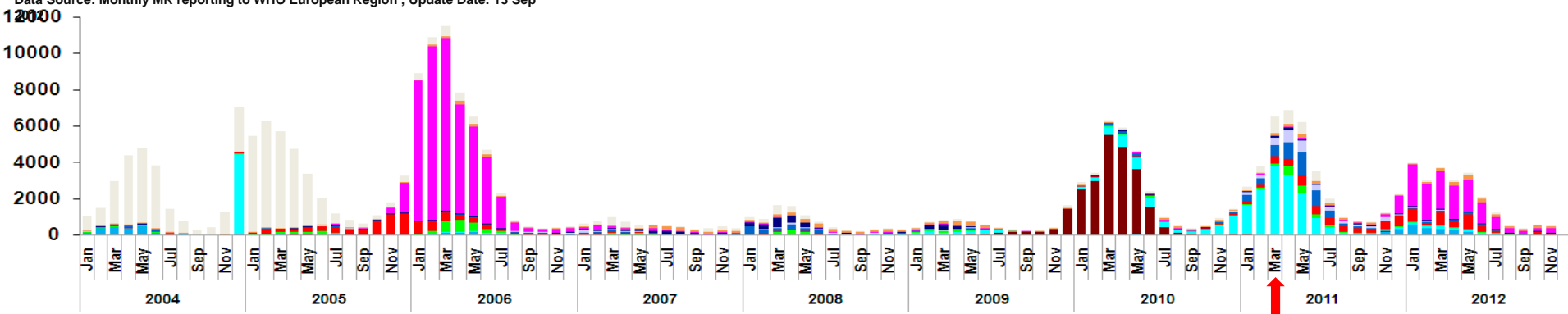
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 Data Source: Monthly MR reporting to WHO European Region ; Update Date: 13 Sep



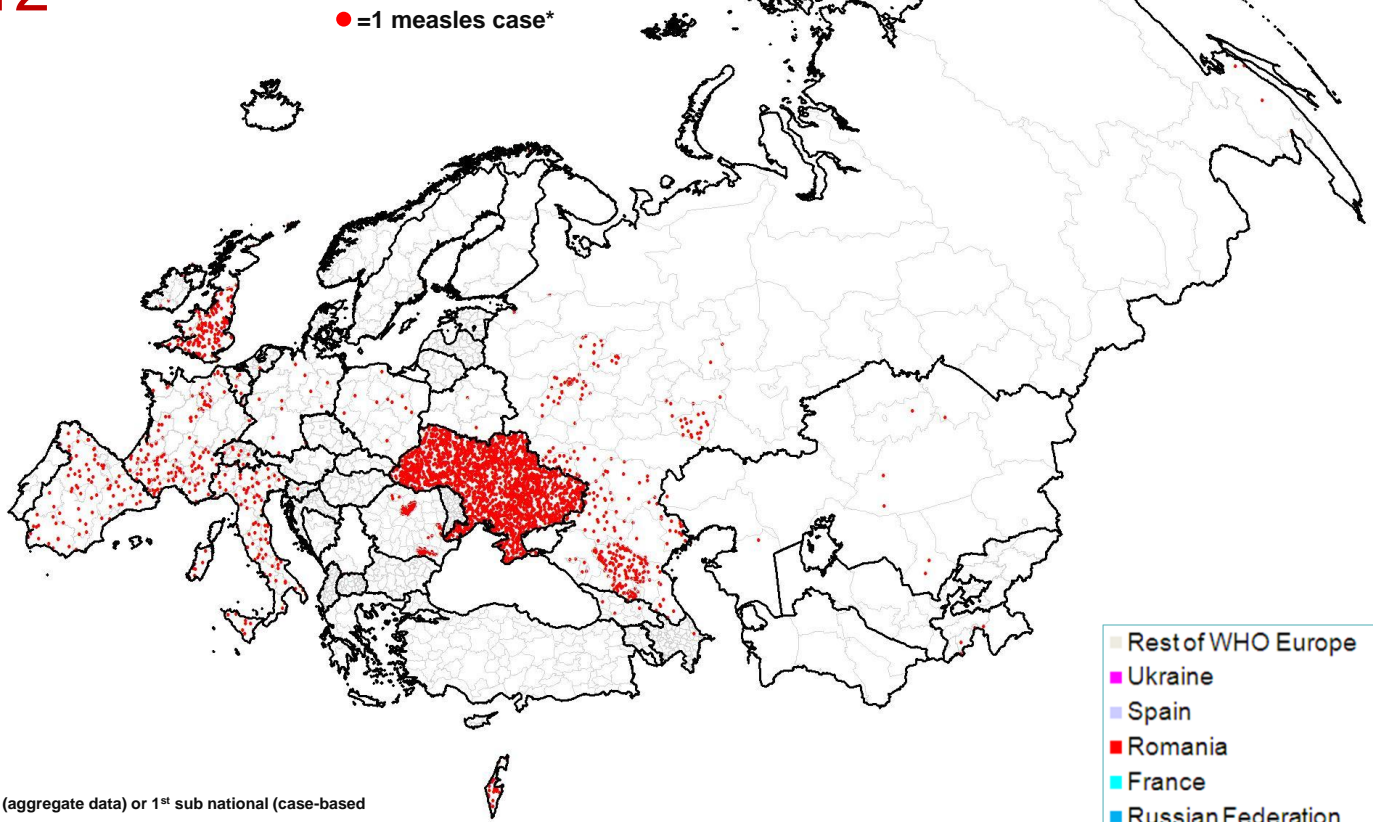
Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2011



*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

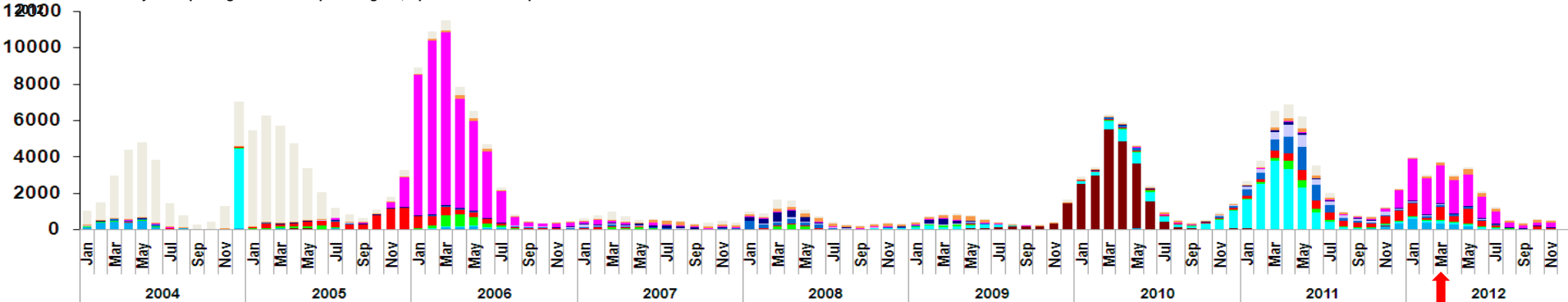


Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2012

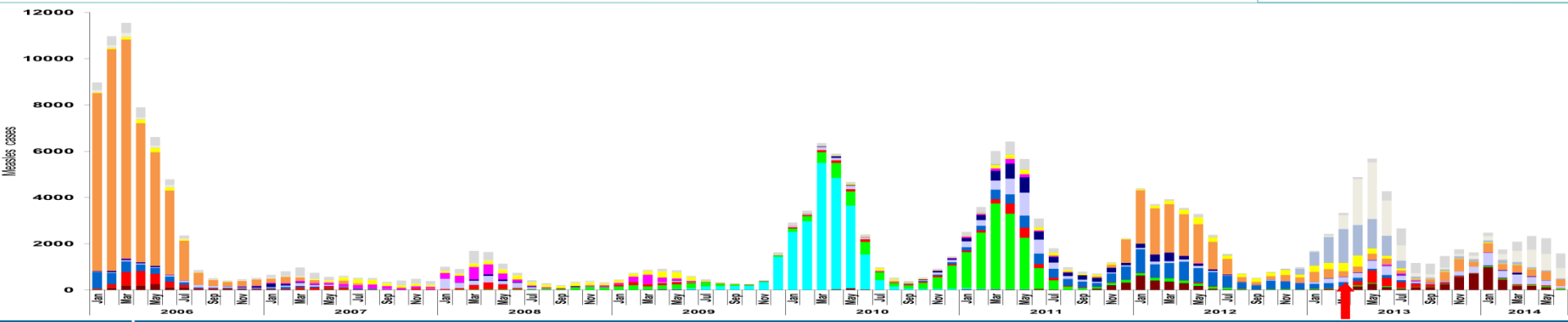
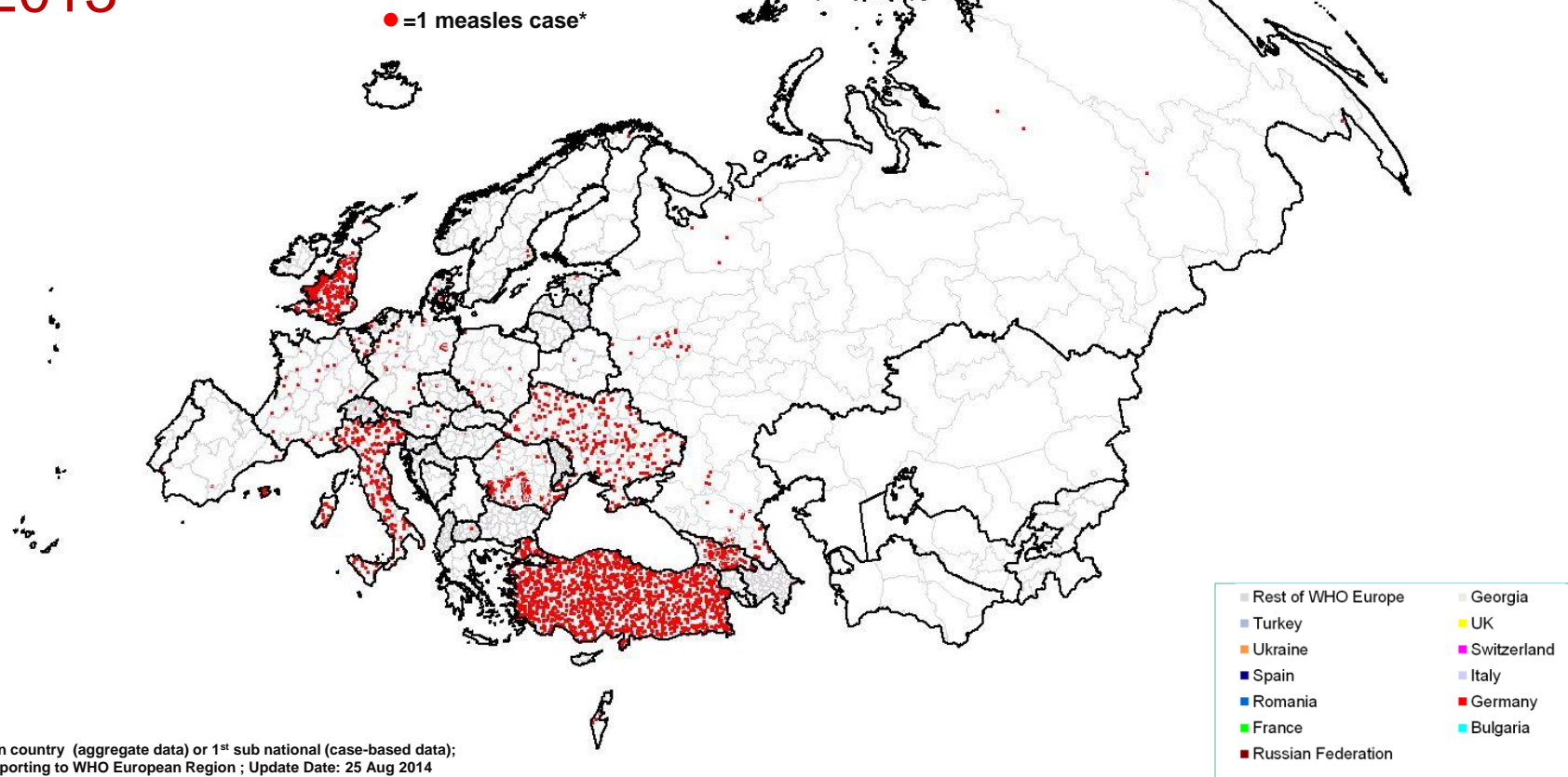


- Rest of WHO Europe
- Ukraine
- Spain
- Romania
- France
- Russian Federation
- UK
- Switzerland
- Italy
- Germany
- Bulgaria

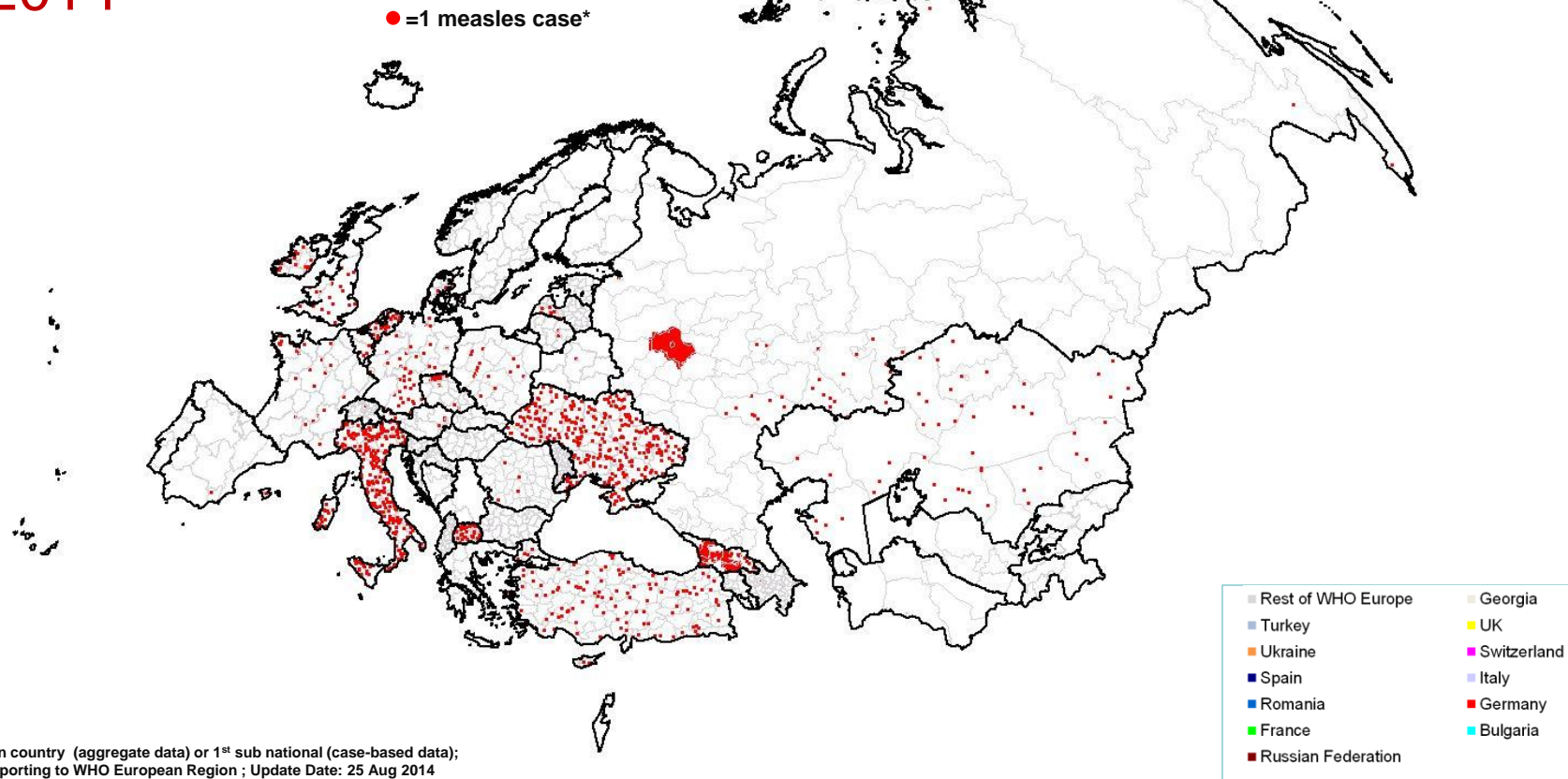
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 Data Source: Monthly MR reporting to WHO European Region ; Update Date: 13 Sep



Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2013

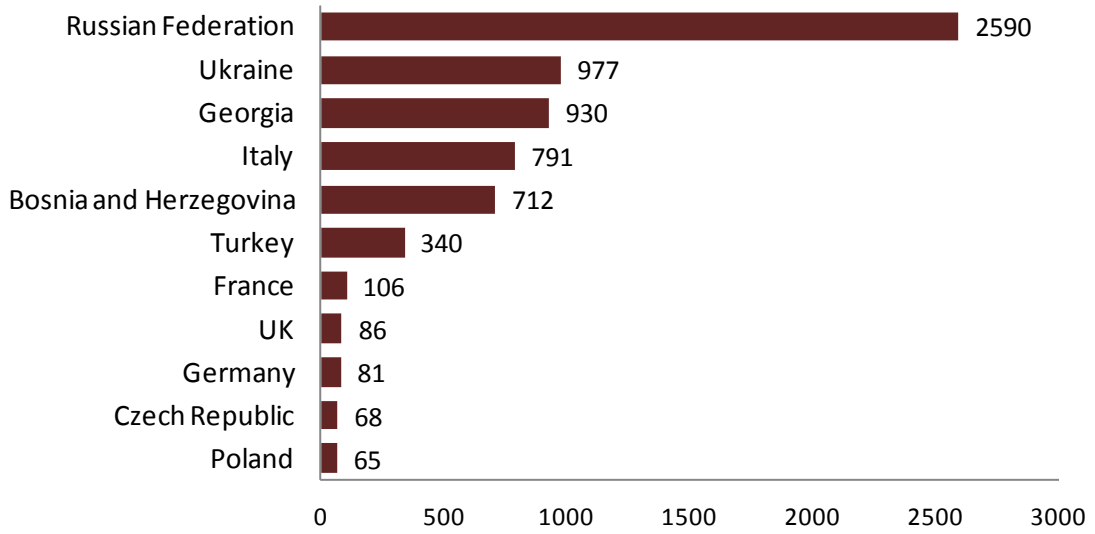


Geographic Distribution of Confirmed Measles Cases, WHO European Region, March 2014

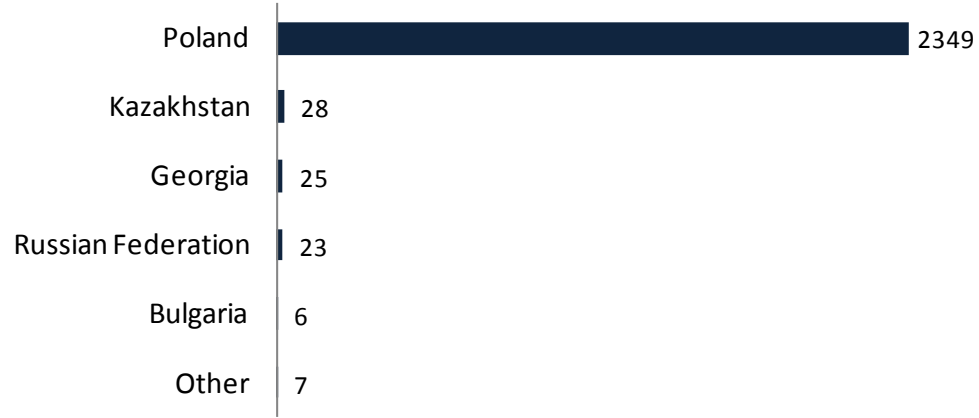


Measles and Rubella cases in the WHO European Region, first half 2014

Measles (n=5851)



Rubella (n=2438)



Main public settings for measles outbreaks, 2005-2014

Health-care settings



- Bulgaria
- Croatia
- Czech Republic
- Denmark
- France
- Greece
- Latvia
- Italy
- Netherlands
- Spain
- Switzerland

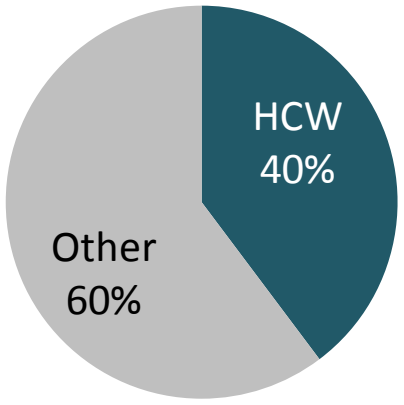
Educational facilities



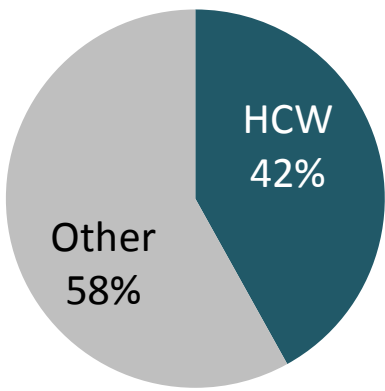
- Austria
- France
- Germany
- Ireland
- Italy
- Spain
- Switzerland
- UK

Proportion of measles among health care workers in selected countries, 2014

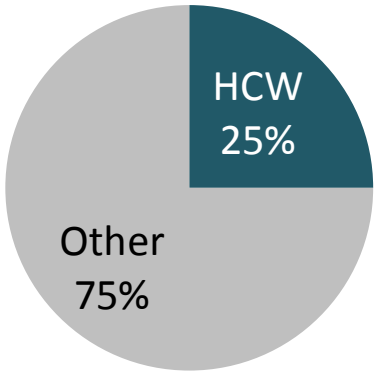
Measles outbreak cases in Czech Republic (n=171)



Laboratory -confirmed measles outbreak cases in Latvia (n= 31)



Measles outbreak cases in Spain (n=120)



Measles outbreaks in under-vaccinated groups, 2005-2014

Roma and Sinti communities

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



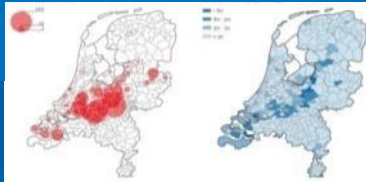
Followers of Anthroposophy

- Austria
- Germany
- Netherlands
- Switzerland
- Sweden



Orthodox Protestant communities

- Netherlands



Traveller communities

- Ireland
- Norway
- Spain
- United Kingdom

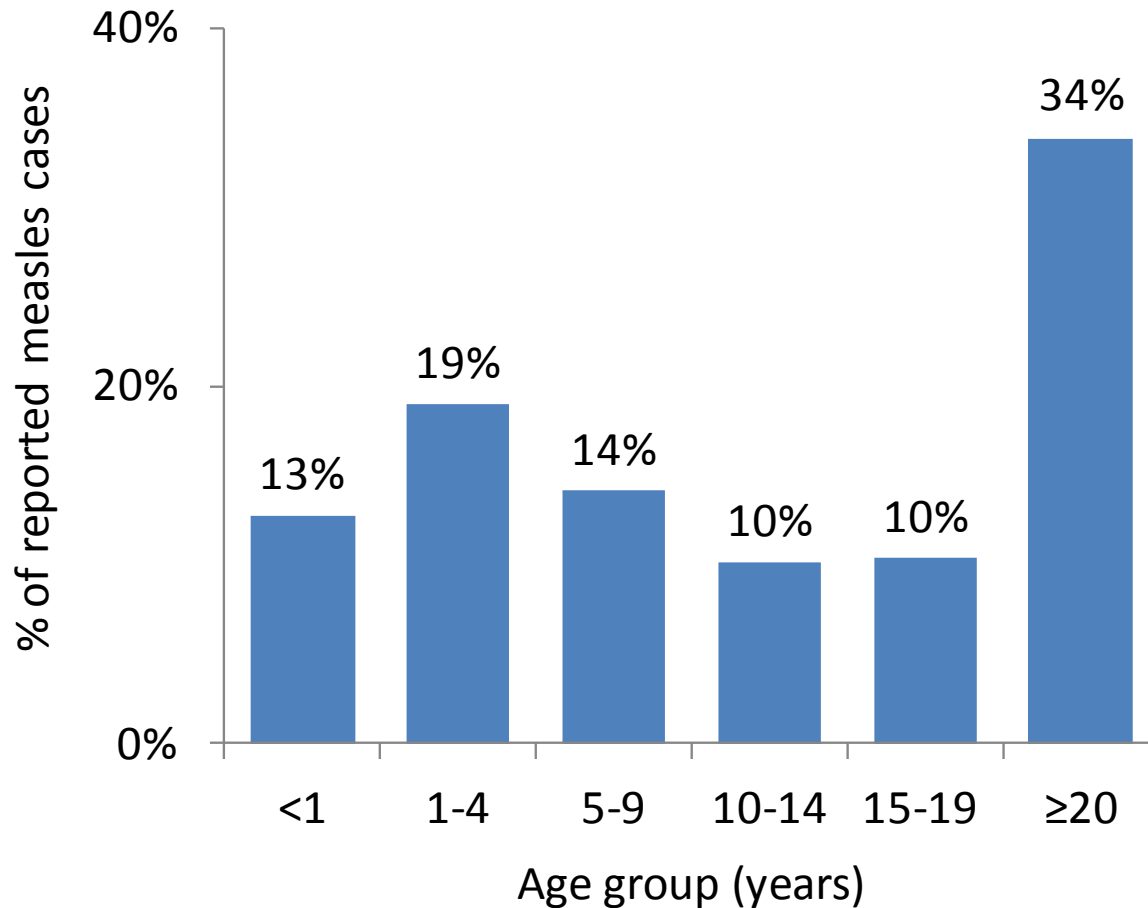


Ultra-Orthodox Jewish communities

- Israel
- Belgium
- United Kingdom



Percentage of measles cases by age group, WHO European Region, 2013 (n=31 502)

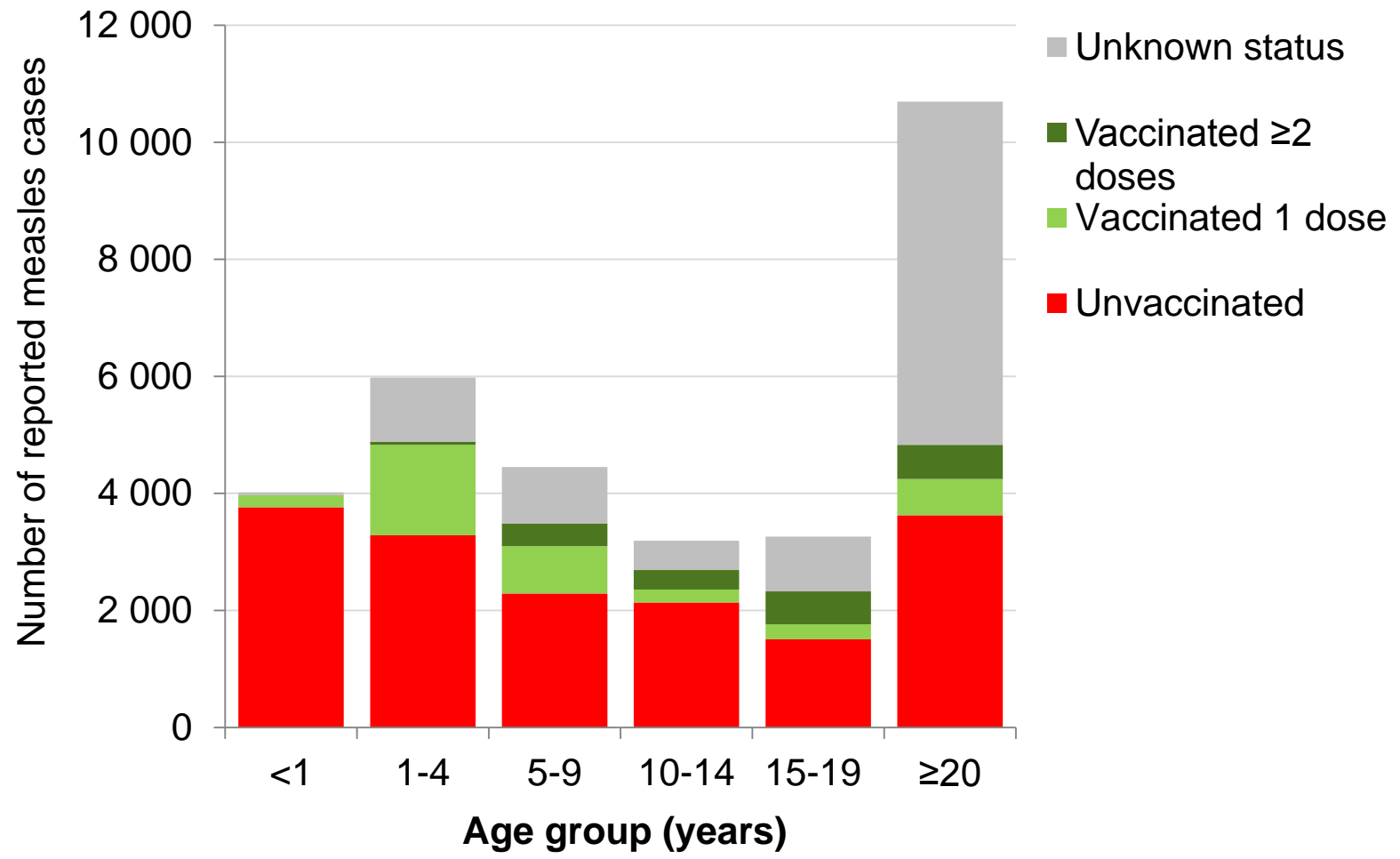


Who are the susceptible population today?





Vaccination Status of measles cases by age group, WHO European Region, 2013 (n=31,565)







<http://www.flickr.com/photos/lmr/>

According to repeated nationwide surveys,

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!

You'll enjoy Camels for the same reasons doctors always prefer them. Camels have real, rich tobacco, good, clean taste, and a flavor unexcelled by any other cigarette. Make this month's new habit only Camels for. With you and we know we'll continue giving you more time and that you'll like them as other busy people. You'll see how desirable a cigarette is!

THE DOCTORS' CHOICE IS AMERICA'S CHOICE!



DR. MARY M. HARRIS, M.D., is a member of the American Medical Association and the American College of Obstetrics and Gynecology. She practices in New York City.



DR. JAMES H. HARRIS, M.D., is a member of the American Medical Association and the American College of Surgeons. He practices in New York City.



DR. ROBERT H. HARRIS, M.D., is a member of the American Medical Association and the American College of Surgeons. He practices in New York City.



For 30 days, test Camels in your "I Zone" (I for Throat, I 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



international pediatric association
association internationale de pédiatrie
asociación Internacional de pediatria

Engaging ETAGE more actively



Lions Clubs International

Identifying champions.... October with M&RI

Country vaccine communications reviews (EST, ROM, UKR)

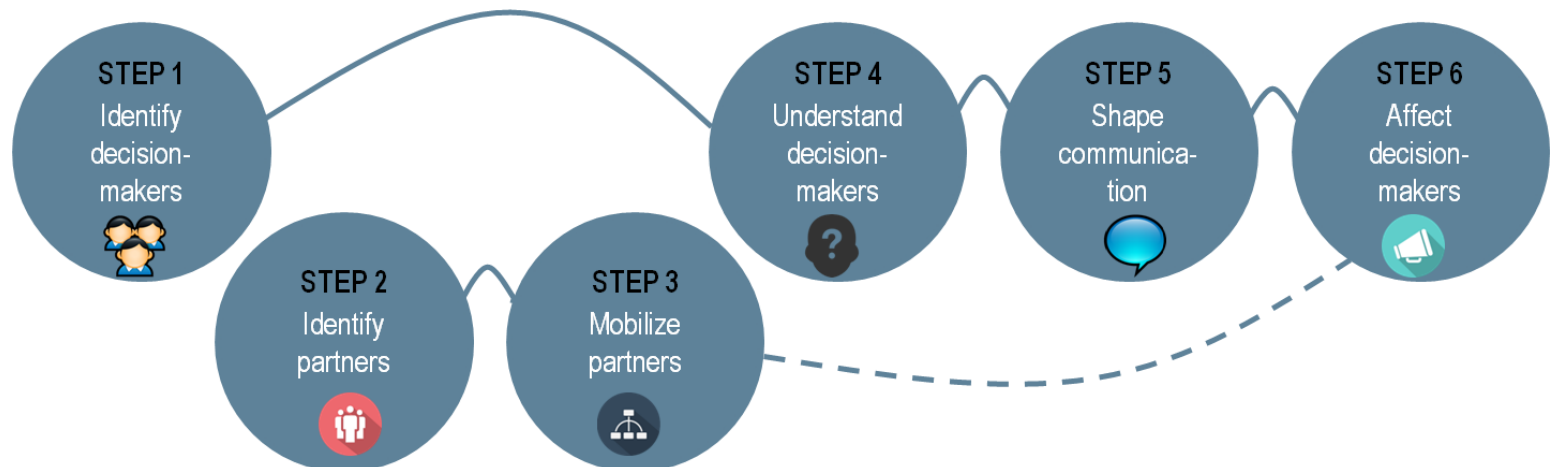
Identifying MS champions with MOH

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.





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6'6"
6'3"
6'
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5'6"
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5'
4'9"
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4'3"
4'
3'9"
3'6"
3'3"
3'



**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.

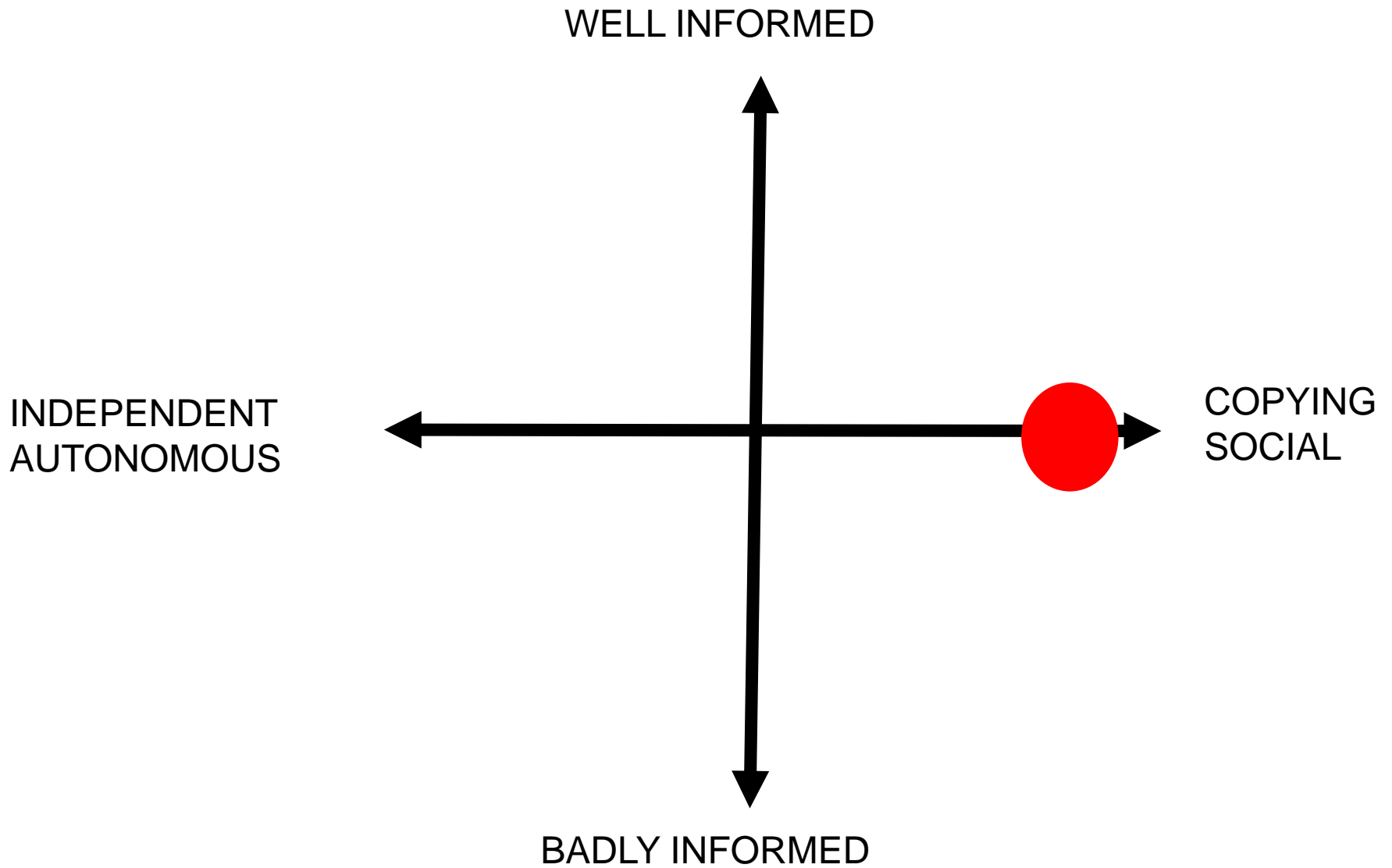
High profile **M&R media inte**

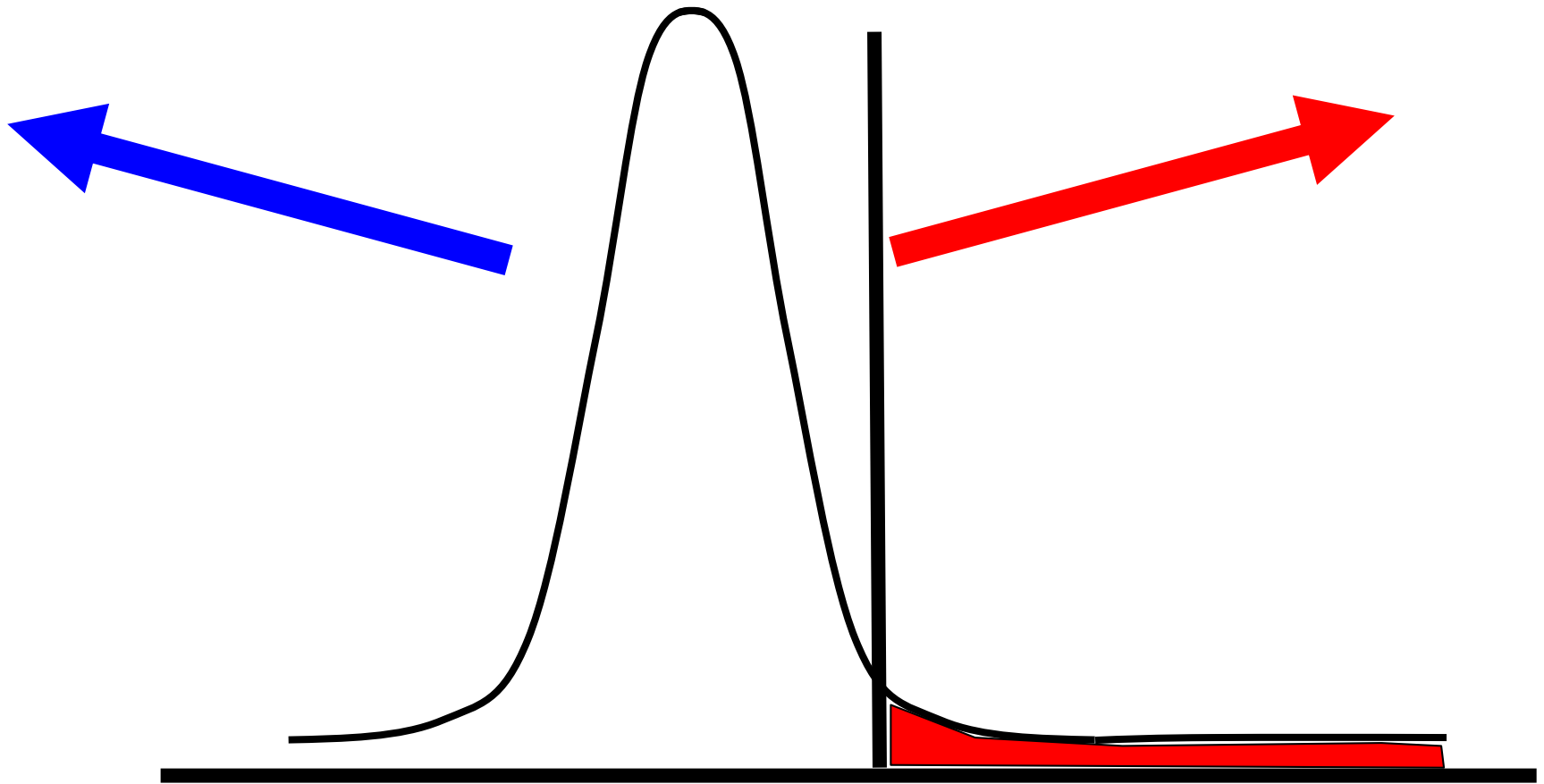
High visibility social media platform

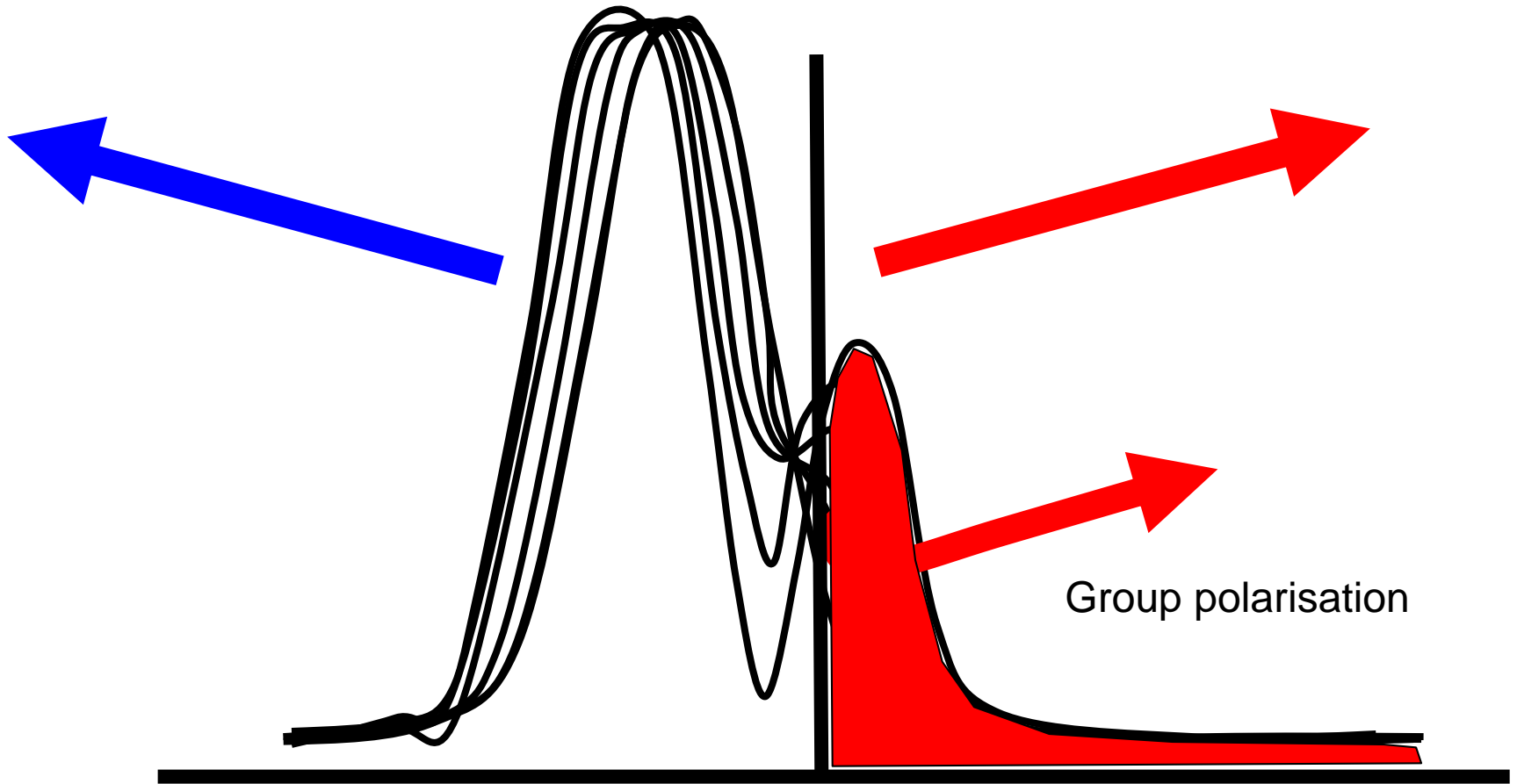


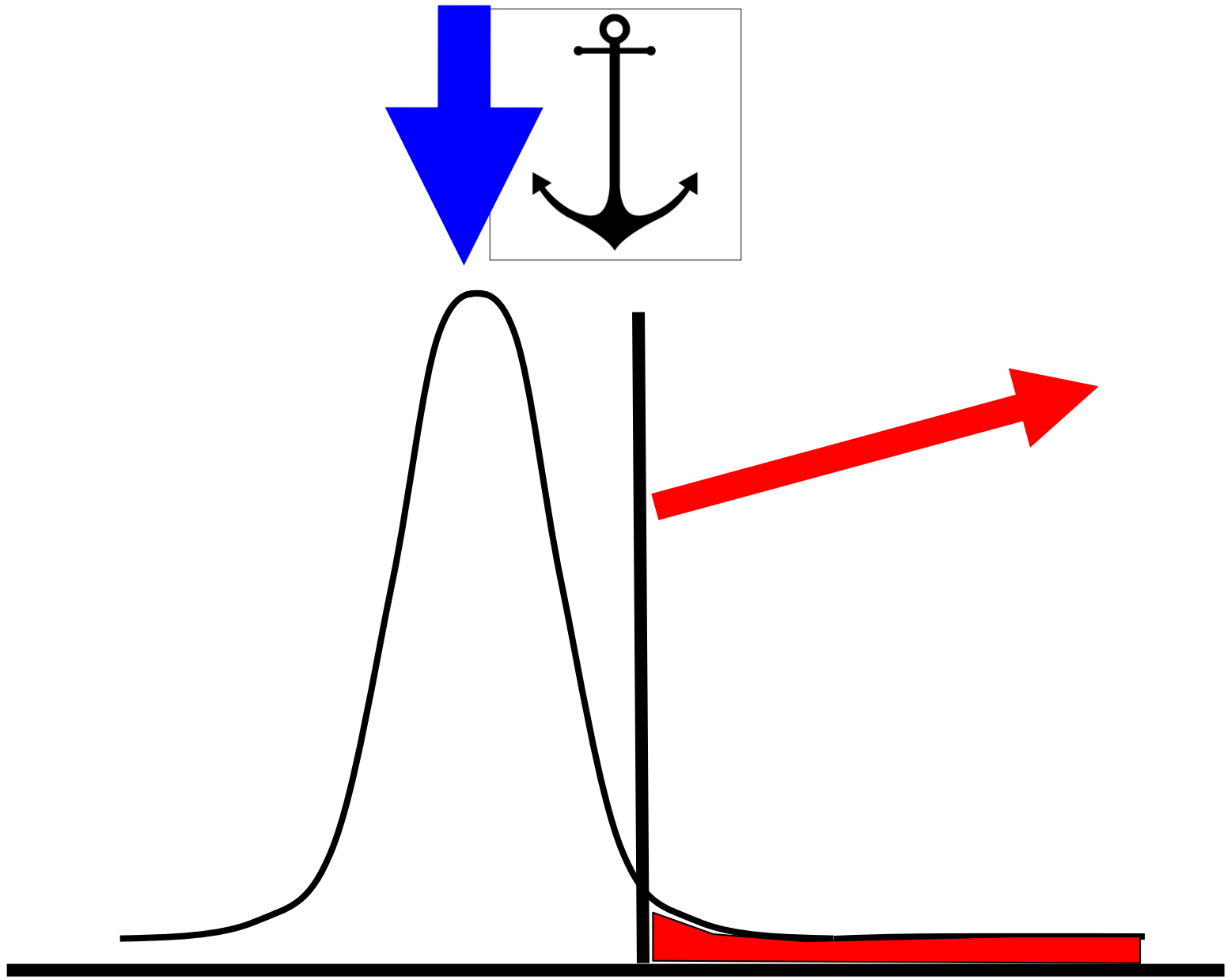
European
Immunization
Week

Prevent Protect Immunize









MS support projects: HCWs and the general population (3)

Vaccination in education

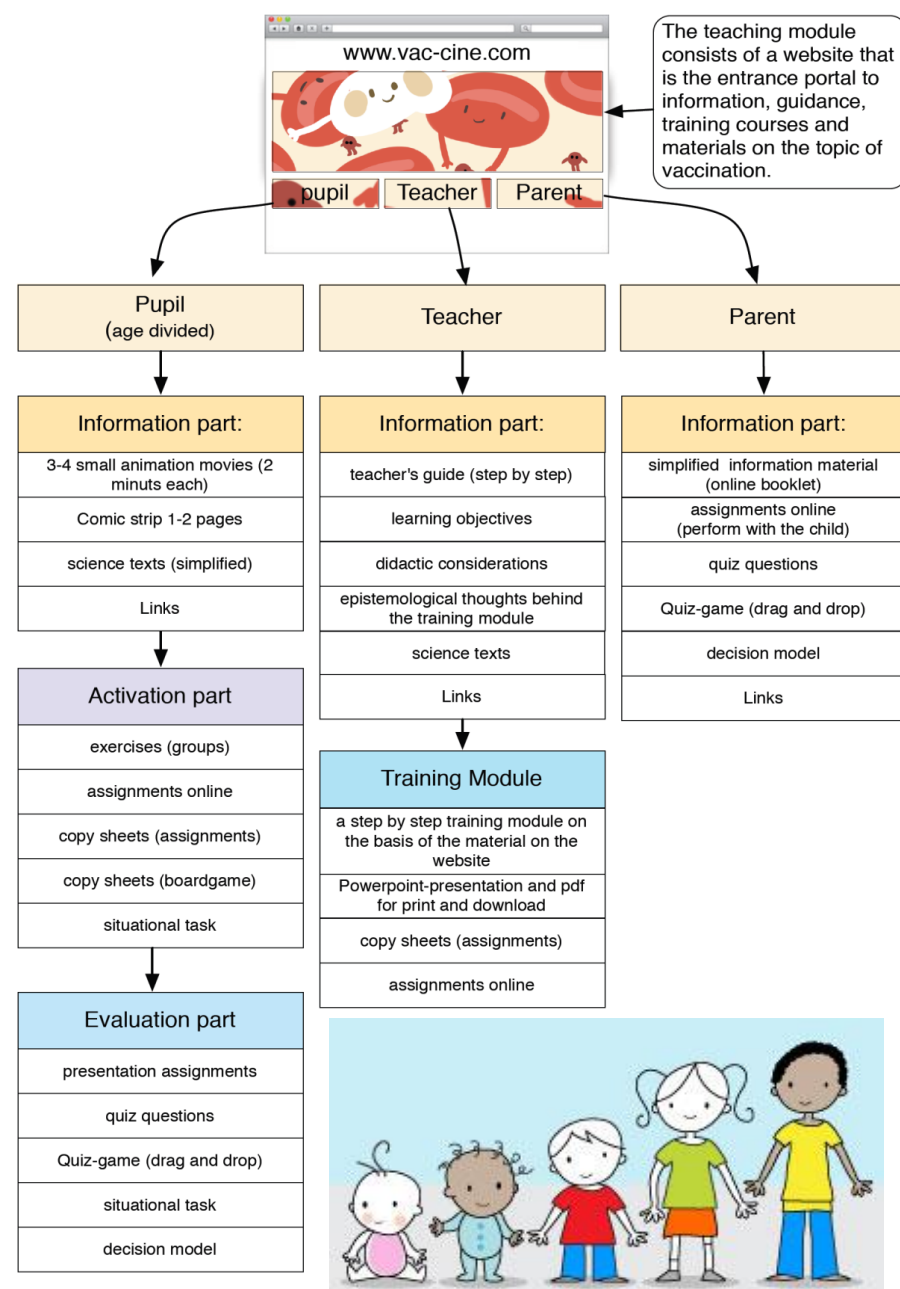
Flipped learning

10-11 yrs

Multi-language

Parent *and* Child learning

Anchoring beliefs and understanding



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.