

23 November 2016

Statement by the Scandinavian Verification Committee for Measles and Rubella Elimination

Vaccination against measles, mumps and rubella has been an integrated part of the childhood vaccination schedules of the three Scandinavian countries for 25 years or more. Sustained high coverage and wide public acceptance of MMR vaccination has reduced the incidence of measles and rubella infections to the verge of elimination, compliant with the WHO goal of eliminating* measles and rubella disease in the WHO European Region by 2015.

However, according to an evaluation by the independent Regional Verification Commission (RVC), although transmission of both measles and rubella had been mostly interrupted or the diseases even eliminated in the three Scandinavian countries, by March 2016 the elimination goal was not met for both diseases for all three countries, based on evaluation of data for the 2012-2014 period, see table below.

To obtain or maintain interruption of indigenous measles and rubella virus transmission and subsequent elimination in the Scandinavian countries a continuous high population immunity across all ages is essential. This should be obtained by a persistent high vaccine uptake in children reaching at least 95% with two doses of MMR vaccine **as well as** by vaccination with at least one dose of MMR vaccine to non-immune adults not previously vaccinated or having had contracted the diseases.

Evidence shows that susceptible individuals across all ages are at continuous risk of the diseases, either by brief encounters with an (often unidentified) infectious individual visiting Scandinavia or when travelling to areas where measles and/or rubella is still endemic.

On this basis, the Scandinavian Verification Committee for Measles and Rubella Elimination calls for responsible public health authorities in all three Scandinavian countries to provide easy access to vaccination against measles and rubella preferably free of charge to all their non-immune citizens regardless of age. This offer should remain in effect until measles and rubella are officially declared as eliminated in the European Region by WHO.

Background:

The Scandinavian Verification Committee (SVC) for Measles and Rubella Elimination was officially formed on 3 June 2014.

It comprises 12 public health specialists, virologists, epidemiologists and clinicians from the three Scandinavian countries Sweden, Norway and Denmark appointed by their respective national health authorities but working as an independent expert committee. The members are appointed for a period of three years; however the same person may be nominated for more than one period.

The committee's main task is to provide WHO Europe and the RVC for Europe with annual reports on the status of measles and rubella elimination in the Scandinavian countries. To ensure full independence data from one country is evaluated by committee members from another country.

Contact:

Denmark: Dr. Peter Henrik Andersen (SVC chair), Afdelingslæge, Statens Serum Institut, København
e-mail: pea@ssi.dk, tel.: +45 32683265

Norway: Dr. Øystein Rolandsen Riise (SVC member, secretary), Overlæge, Nasjonalt Folkehelseinstitutt, Oslo
e-mail: oysteinrolandsen.riise@fhi.no, tel.: +47 (0)21076782

Sweden: Dr. Anders Tegnell (SVC member), Avdelningschef, Folkhälsomyndigheten, Stockholm
e-mail: anders.tegnell@folkhalsomyndigheten.se, tel.: +46 (0)10-205 23 68

*Interrupted transmission is defined by WHO as the absence of **endemic** measles or rubella cases in a defined geographical area for a period of at least 12 months, in the presence of a well-performing surveillance system. Elimination is defined as interrupted transmission for at least 36 months. Regional elimination can be declared after 36 or more months of the absence of endemic measles or rubella in all Member States.

Status of measles and rubella elimination in Scandinavia, based on 2012-2014 data

	Measles	Rubella
Norway	Eliminated	Eliminated
Sweden	Eliminated	Interrupted 12 months
Denmark	Interrupted 12 months	Endemic*

*) Based on lack of surveillance in the whole population, as currently rubella in pregnancy and congenital rubella syndrome is notifiable (no cases reported since 2008). Mandatory reporting from all laboratories performing rubella diagnostics will be implemented during 2017.