Renewed commitment to measles and rubella elimination and prevention of congenital rubella syndrome in the WHO European Region by 2015
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1. The Director ad interim, Division of Noncommunicable Diseases and Health Promotion, said the elimination of measles and rubella in the Region remained an unfinished but reachable goal. High routine vaccination coverage supplemented by campaigns targeting the remaining susceptible groups had led to a 96% decrease in the number of cases of measles and a 97% reduction in rubella cases since 1990. Four proven strategies had been used. The first was to achieve and sustain over 95% coverage with two doses of measles vaccine and at least one of rubella. Owing to a combination of political and public complacency towards vaccination, however, many countries in the Region, especially in the European Union, had low coverage. Moreover, low coverage of certain high-risk and vulnerable populations resulted in pockets of un-immunized or under-immunized people and outbreaks of measles.

2. The second strategy was to strengthen surveillance for measles, rubella and congenital rubella syndrome, and the third was to provide a second opportunity for measles vaccination through supplementary immunization activities. The fourth strategy was to ensure the availability of good information for both health professionals and the public on the benefits and risks of vaccination, through, for instance, European Immunization Week. The Regional Office was creating further innovative approaches, including the use of social media.

3. Progress towards elimination of measles and rubella in the Region had thus been substantial, and the goal was technically attainable; however, the 2010 target would not be met, owing to pockets of low coverage and substandard surveillance. Elimination could be achieved by 2015 if action was accelerated and commitment was renewed. Emphasis should be placed on
vaccinating high-risk and vulnerable populations with limited access to primary health care services for geographical, cultural, ethnic or sociocultural reasons. Furthermore, the public’s trust in immunization must be restored through communication of evidence-based arguments to counter rumours. The Regional Office and its partners were ready to support Member States in achieving elimination.

4. A member of the SCRC said that the significant reductions in cases of measles and rubella in the Region since 1994 had been due to Member States’ commitment to meeting the goals of the Measles Initiative and the funds provided for supplementary immunization activities. Nevertheless, outbreaks of measles had occurred in the western part of the Region, and vaccine coverage for both diseases had declined gradually, for reasons that included religious beliefs, poor access to health care and anti-vaccination movements. Increased political commitment and financial resources were needed to reach the new goal of elimination by 2015.

5. One representative said that political commitment was the most important element in combating outbreaks of infectious diseases. It was unfortunate that the value of vaccination was being questioned, and he was not sure that WHO was in a position to address it by advocacy and technical support to countries. He proposed an amendment to the draft resolution, charging the proposed regional measles and rubella elimination verification commission with verifying the absence of indigenous measles and rubella transmission at country level.

6. Two representatives described the situations in their countries and the steps that were being taken towards elimination. Another representative underlined the importance of a well-executed, sustained vaccination programme in a well-organized public health system, in which surveillance, monitoring, notification, prevention and treatment were vital elements. One speaker
said that a number of specialists considered that use of monovalent vaccines would be preferable to the trivalent products used currently, in order to increase the specificity of campaigns.

7. The Director ad interim, Division of Noncommunicable Diseases and Health Promotion, welcomed the expressions of political commitment to elimination of measles and rubella. In answer to questions regarding the feasibility and financial implications of acting on the proposed amendment to the draft resolution, she recalled that the term “elimination” was defined as the interruption of indigenous transmission in a large, defined geographical area. Each country would provide evidence of high coverage and effective surveillance to the regional verification commission, and interruption of transmission in each country would lead to elimination in the Region.

8. The Regional Director assured representatives that verification at country level would be feasible.