## I ntroduction

This monitoring report is based on measles and rubella data from The European Surveillance System (TESSy) for the period 1 October 2017 to 30 September 2018.

Routine disease data are submitted on a monthly basis by 30 European Union and European Economic Area (EU/EEA) countries for measles and 28 EU/EEA countries for rubella (France and Belgium do not submit data). TESSy data on measles and rubella are also published each month in the ECDC Surveillance Atlas of Infectious Diseases [1].
ECDC also monitors European measles and rubella outbreaks through epidemic intelligence and publishes recent updates in the Communicable Disease Threats Report (CDTR) [2] on the same day as this monitoring report. Additionally, ECDC conducts assessments as significant outbreaks or public health events develop. The last ECDC Rapid Risk Assessment on the risk of measles transmission in the EU/EEA was published in March 2018 [3].

## Measles

## Measles in September 2018

All 30 countries reported measles data for September 2018, with a total of 234 cases reported by 15 countries, while 15 countries reported zero cases (Figure 1).
Overall, case numbers continued to decrease compared with previous months. Italy, Slovakia, Germany and United Kingdom had the highest case counts but with a decreasing trend:

- Italy reported 44 cases in September, a decrease from 68 in August and 124 cases in July
- Slovakia reported 28 cases in September, a decrease from 87 in August and 257 cases in July
- Germany reported 25 cases in September, a decrease from 29 in August and 55 cases in July
- United Kingdom reported 14 cases in September, a decrease from 52 in August and 82 cases in July.

Where available, links to recent updates published by national public health authorities in the EU/EEA can be found in the CDTR) [2].

Figure 1. Number of measles cases by country, EU/ EEA, September 2018 ( $\mathbf{n = 2 3 4}$ )

Number of measles cases, September 2018

- 0
- 1
- 10
- 100EU/EEA Member States
Other countries



## Measles between October 2017 and September 2018

Between 1 October 2017 and 30 September 2018, 30 EU/EEA Member States reported 13453 cases of measles, 9389 (70\%) of which were laboratory-confirmed. None of the countries reported zero cases. The highest number of cases were reported by Greece (3049), France (2 771), Italy (2599), Romania (1 821) and United Kingdom ( 1019 ), accounting for $23 \%, 21 \%, 19 \%, 14 \%$ and $8 \%$ of all cases, respectively (Table 1). Notification rates per million population above the EU/EEA average (26.0) were reported by Greece (283.1), Romania (92.7), Slovakia (86.7), Italy (42.9) and France (41.4) (Figure 2).

The number of measles cases reported to TESSy may in some cases be an underestimation. This may apply in particular for Romania. The sustained outbreak in the country has caused delays in case-based reporting to TESSy, and the most up-to-date data are available from the Romanian National Institute of Public Health (INSP) [4].

Table 1. Number of measles cases by month and notification rate per million population by country, EU/ EEA, 1 October 2017 to 30 September 2018


Figure 2. Measles notification rate per million population by country, EU/ EEA, 1 October 2017 to 30 September 2018 October 2017-September 2018

| $\square$ | 0 |
| :--- | :--- |
| $\square$ | $0.01-0.99$ |
|  | $1.00-9.99$ |
| $10.00-19.99$ |  |
|  | $\geq 20.00$ |
| $\square$ | Not included |

Luxembourg


Thirty-seven deaths attributable to measles were reported to TESSy during the 12-month period; 24 in Romania, six in Italy, four in Greece and three in France (Figure 3).

Figure 3. Number of measles deaths by country, EU/ EEA, 1 October 2017 to 30 September 2018 (n=37)


Importation status was reported by 30 countries and known for 12460 cases (93\%). Among cases with known importation status, 8699 ( $70 \%$ ) were reported as endemic, 3114 cases ( $25 \%$ ) were import-related and 647 cases (5\%) were imported. ${ }^{1}$

Of 13452 cases with known age, 4148 (31\%) were children under five years, while 6674 (50\%) were aged 15 years or older. The highest notification rate was in children under one year of age ( 292.6 cases per million) and in children aged 1-4 years (125.7 cases per million).

A total of 1371 cases (10\%) had unknown vaccination status. The proportion of cases with unknown vaccination status was highest in adults aged 30 years and above: $21 \%$ ( 680 of 3201 cases). Of 12081 cases ( $90 \%$ of all cases) with known age and vaccination status, 9841 ( $81 \%$ ) were unvaccinated, 1344 (11\%) were vaccinated with one dose of measles-containing vaccine, 781 (6\%) were vaccinated with two or more doses and 115 (1\%) were vaccinated with an unknown number of doses.

The proportion of unvaccinated cases was highest among children under one year of age (1 422 of 1507 cases; $94 \%)$, who are too young to have received the first dose of the measles-containing vaccine. Infants under one year are particularly vulnerable to complications of measles and are best protected by herd immunity. Among 2641 cases aged 1-4 years, 2092 (79\%) were unvaccinated, 386 ( $15 \%$ ) were vaccinated with one dose of measles-containing vaccine, 48 ( $2 \%$ ) were vaccinated with two or more doses and $13(0 \%)$ were vaccinated with an unknown number of doses.

Measles continues to spread across Europe because vaccination coverage in many countries is suboptimal. The latest WHO data on national vaccination coverage for the first [5] and second [6] doses of measles-containing vaccine show that only four EU/EEA countries (Hungary, Portugal, Slovakia and Sweden) reported at least 95\% vaccination coverage for both doses of measles-containing vaccine for 2017 (Figure 4). If the elimination goal is to be reached, vaccination coverage for children and adults needs to increase in a number of countries. Sustained vaccination coverage of at least $95 \%$ for both the first and the second dose must be achieved at all subnational levels and in all communities to interrupt measles circulation [7].

Figure 4. Vaccination coverage for the first (left panel) and second (right panel) doses of measlescontaining vaccine by country, EU/ EEA, 2017


[^0]
## Rubella

## Rubella in September 2018

All 28 countries reported rubella data for September 2018, with a total of 32 cases reported by five countries (Germany, Italy, Poland, Portugal and United Kingdom), while 23 countries reported zero cases (Figure 5).
Twenty-one of the 32 cases ( $66 \%$ ) were reported by Poland. Fewer cases were reported than in recent months, largely due to a reduction in the number of cases reported by Poland. Poland reported 21 cases in September, compared to 38 in August and 39 cases in July. No new rubella outbreaks were detected in the EU/EEA.

Figure 5. Number of rubella cases by country, EU/ EEA, September 2018 ( $\mathbf{n = 3 2 )}$


## Rubella between October 2017 and September 2018

Between 1 October 2017 and 30 September 2018, 14 EU/EEA Member States reported 616 cases of rubella, 63 (10\%) of which were laboratory-confirmed. Fourteen countries reported zero cases. The highest number of cases were reported by Poland (472), Germany (66), Italy (25) and Austria (21), accounting for $77 \%, 11 \%, 4 \%$ and $3 \%$ of all cases, respectively (Table 2). Notification rates per million population above the EU/EEA average (1.4) were reported by Poland (12.4), Austria (2.4) and Latvia (1.5) (Figure 6).

Data from Poland were reported in an aggregated format and should be interpreted with caution, as only 3/472 cases ( $0.6 \%$ ) were laboratory-confirmed. The highest burden among cases reported by Poland was in children, with 146 (31\%) cases in children aged 1-4 years, 141 (30\%) cases in children aged 5-9 years and 68 (14\%) cases in children under one year.

There were no deaths attributable to rubella reported to TESSy during the 12-month period.

Table 2. Number of rubella cases by month and notification rate per million population by country,
EU/ EEA, 1 October 2017 to 30 September 2018

|  | 2017 | 2017 | 2017 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 |  | Cases | Total lab- |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Country | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Total cases | $\begin{aligned} & \text { per } \\ & \text { million } \end{aligned}$ | positive cases |
| Austria | 1 | 7 | 5 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 2.39 | 21 |
| Bulgaria | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0.14 | 0 |
| Croatia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cyprus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Czech Republic | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0.19 | 1 |
| Denmark | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Estonia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Finland | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.18 | 1 |
| Germany | 9 | 5 | 3 | 5 | 4 | 7 | 5 | 3 | 6 | 7 | 5 | 7 | 66 | 0.8 | 11 |
| Greece | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hungary | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Iceland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ireland | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 5 | 1.05 | 0 |
| Italy | 2 | 2 | 2 | 1 | 2 | 2 | 4 | 2 | 2 | 3 | 1 | 2 | 25 | 0.41 | 8 |
| Latvia | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 1.54 | 3 |
| Lithuania | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0.35 | 1 |
| Luxembourg | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Malta | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Netherlands | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Norway | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Poland | 34 | 31 | 33 | 36 | 43 | 42 | 47 | 58 | 50 | 39 | 38 | 21 | 472 | 12.43 | 3 |
| Portugal | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 5 | 0.48 | 3 |
| Romania | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 7 | 0.36 | 5 |
| Slovakia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Slovenia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Spain | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 3 | 0.06 | 2 |
| Sweden | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| United Kingdom | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 0.06 | 4 |
| EU/EEA | 48 | 47 | 43 | 51 | 54 | 53 | 60 | 67 | 62 | 51 | 48 | 32 | 616 | 1.4 | 63 |

Figure 6. Rubella notification rate per million population by country, EU/ EEA, 1 October 2017 to 30 September 2018

Notification rate of rubella (per million), October 2017-September 20180

| $\square$ | $0.01-0.99$ |
| :--- | :--- |
| $\square$ | $1.00-9.99$ |
| $10.00-19.99$ |  |
| $\geq 20.00$ |  |
| $\square$ | No data |
| $\square$ | Not included |

$\square$ MaltaNot included


ECDC map maker: https://emma.ecdc.europa.eu
The latest WHO data on national rubella vaccination coverage [8] show that 14 EU/EEA countries reported at least $95 \%$ vaccination coverage for the first dose of rubella-containing vaccine in 2017 (Figure 7). Sustained vaccination coverage of at least $95 \%$ for at least one dose of rubella-containing vaccine must be achieved at all subnational levels and in all communities to interrupt rubella circulation and achieve elimination [7].

Figure 7. Vaccination coverage for the first dose of rubella-containing vaccine by country, EU/ EEA, 2017

Vaccination coverage of rubella-containing vaccine, ${ }^{\text {- }}$ first dose*, 2017


Luxembourg
7

Malta


* Estimates reported to WHO

ECDC. Map produced on: 30 Oct 2018 ECDC map maker: https://emma.ecdc.europa.e

## References

1. European Centre for Disease Prevention and Control. Surveillance Atlas of Infectious Diseases [internet]. Stockholm: ECDC; 2017 [cited 5 November 2018]. Available from:
http://atlas.ecdc.europa.eu/public/index. aspx?Dataset=27\&HealthTopic=35\&I ndicator=258323\&GeoResoluti on=2\&TimeResolution=Month\&StartTime=2018-05\&EndTime=2018-05\&CurrentTime=2018-
05\&Distribution=258340\&DistributionRepresentation=B\&TimeSeries=region\&TimeSeriesRepresentation=T.
2. European Centre for Disease Prevention and Control. Communicable Disease Threats Report. Publications and data [internet]. Stockholm: ECDC; 2018 [cited 5 November 2018]. Available from
https://ecdc. europa.eu/en/publications-data?f\[0\]=publication_series\%3A1505.
3. European Centre for Disease Prevention and Control. Risk of measles transmission in the EU/EEA, 21 March 2018. Stockholm, ECDC. 2018. Available from: https://ecdc.europa.eu/en/publications-data/rapid-risk-assessment-risk-measles-transmission-eueea.
4. National Institute of Public Health Romania. Situatia rujeolei in Romania (Measles situation reports, Romania) [internet]. 2018 [cited 5 November 2018]. Available from: http://www.cnscbt.ro/index.php/informari-saptamanale/rujeola-1.
5. World Health Organization. Measles-containing vaccine - reported estimates of MCV1 coverage [internet]. Geneva: WHO; 2018 [cited 18 Jul 2018]. Available from: http://apps. who.int/immunization_monitoring/globalsummary/timeseries/tscoveragemcv1. html.
6. World Health Organization. Measles-containing vaccine 2nd dose - reported estimates of MCV2 coverage [internet]. Geneva: WHO; 2018 [cited 18 J ul 2018]. Available from: http://apps. who.int/immunization_monitoring/globalsummary/timeseries/tscoveragemcv2.html.
7. World Health Organization. Eliminating measles and rubella. Framework for the verification process in the WHO European Region. Copenhagen, WHO; 2014 [cited 12 September 2018]. Available from: http://www.euro.who.int/_data/assets/pdf file/0009/247356/Eliminating-measles-and-rubella-Framework-for-the-verification-process-in-the-WHO-European-Region.pdf?ua=1
8. World Health Organization. Rubella-containing vaccine 1st dose - reported estimates of RCV1 coverage [internet]. Geneva: WHO; 2018 [cited 12 September 2018]. Available from: http://apps. who.int/immunization_monitoring/globalsummary/timeseries/tscoveragercv1.html.

[^0]:    ${ }^{1}$ Cases were classified as imported if there was virological and/or epidemiological evidence of exposure outside the region or country 7-18 days prior to rash onset, while cases were classified as import related if they were locally acquired infections caused by imported virus, as supported by epidemiological and/or virological evidence.

