

Summary report on the

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# Third meeting of the Regional Verification Commission for Measles and Rubella Elimination in the Eastern Mediterranean Region

Tunis, Tunisia  
3–4 October 2019



REGIONAL OFFICE FOR THE

World Health  
Organization

Eastern Mediterranean

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## **1. Introduction**

At its 44th session in 1997, the WHO Regional Committee for the Eastern Mediterranean adopted resolution EM/RC44/R.6 on the elimination and eradication of diseases, with special reference to measles and tuberculosis, urging Member States to adopt and implement measles elimination strategies with the aim of achieving elimination by 2010. However, this goal was not achieved by the target date and a regional vaccine action plan 2016–2020, endorsed by the Regional Committee in 2015 in resolution EM/RC62/R.1, included the target of interruption of indigenous measles virus transmission by the earliest possible date, and for elimination to be verified in any country that achieved it without waiting for regional elimination. While the Region has not yet established a regional target for rubella/congenital rubella syndrome (CRS) elimination, several countries have set national rubella and/or CRS elimination targets.

To verify achievement of measles and rubella elimination, the Regional Verification Commission for Measles and Rubella Elimination in the Eastern Mediterranean Region (RVC-MR) was established by the WHO Regional Director in February 2018. At its second meeting in May 2019, the Commission declared measles elimination in Bahrain and Oman, as well as rubella elimination in Bahrain, Islamic Republic of Iran and Oman.

The third meeting of the RVC-MR was held in Tunis, Tunisia, on 3–4 October 2019 to review the status of progress towards the elimination of measles in Islamic Republic of Iran and the elimination of measles and rubella in Egypt and Morocco.

The specific objectives of the meeting were to:

- review national verification committee (NVC) reports from Egypt, Islamic Republic of Iran and Morocco on measles and rubella elimination; and
- declare the decision of the RVC-MR on the verification of measles elimination status in Islamic Republic of Iran and the verification of measles and rubella elimination status in Egypt and Morocco.

The meeting was attended by nine out of the 10 members of the RVC-MR, as well as NVC representatives from Egypt, Islamic Republic of Iran, Morocco and Tunisia, participants from the Pasteur Institute in Paris, France, and WHO staff. It was opened by Dr Nadia Teleb, WHO Regional Adviser for Vaccine Preventable Diseases and Immunization, and Dr Hayam Bashour, chairperson of the RVC-MR.

## **2. Summary of discussions**

The first day of the meeting included updates for participants on the global and regional situation of measles and rubella and on best practices in use of laboratory data for verification of measles and rubella elimination status. The chairpersons of the NVCs then presented the salient features of their country report followed by discussion for further clarification.

Presentations were made by Dr Nasrin Musa and Dr Amany Ghoneim from the WHO Regional Office on the regional and global situation regarding measles and rubella epidemiology, surveillance and verification. Professor Claude Muller, RVC-

MR member, then presented on best practice in laboratory data for assessment of elimination status.

Participants discussed the global and regional measles and rubella elimination targets, measles and rubella genotyping in the Region, the regional measles and rubella verification process and situation, and current priorities in measles and rubella elimination.

Challenges facing measles and rubella elimination efforts in the Region were identified, including the current security situation and humanitarian emergencies, the inadequate visibility of measles and rubella elimination goals both globally and regionally, competing public health priorities and weak immunization programmes with frequent staff turnover. It was noted that challenges in sample collection and transport are being overcome through the provision of kits that do not require cold chain transportation and storage, such as the use of FTA cards/filter paper.

The parameters used to classify country status regarding verification of elimination of measles and rubella were also discussed.

The NVC chairpersons from the three countries then gave presentations on the process of developing their reports and background information on their country measles and rubella programmes, incidence of measles and rubella cases, vaccination history and data up to 2018, and vaccination status of confirmed cases up to August 2019. The NVC chairpersons also shared their experience in filling in the report, acknowledging its comprehensiveness and noting how it provided an opportunity for in-depth analysis of data.

The presentation on the Islamic Republic of Iran was given by Dr Bijan Sadrizadeh, NVC chairperson. In discussion, an outline of the steps taken to address the RVC-MR's previous comments was given. The presence of a strong surveillance programme, high population immunity and government commitment towards the sustainability of the elimination programme were highlighted. The country was commended on its efforts to achieve the elimination of measles and rubella, especially as it is surrounded by countries that are a continuous potential source of imported cases. The occurrence of seasonal peaks of transmission and reasons for their presence were discussed.

The presentation on Egypt was given by Dr Ibrahim Fahmy Moussa Abdelnasser, NVC chairperson. In discussion, the difference between the National Expert Committee (NEC) and the NVC and their respective terms of reference were clarified. It was noted that Egypt was not adequately following the WHO verification report guidelines in their country report, and there was discussion on missing and inconsistent data in the country report. The importance of submitting survey data to verify high vaccination coverage in Cairo and Giza was highlighted. It was observed that Egypt faced challenges in routine vaccination coverage due to unregistered births and mobile populations (nomads). The importance of undertaking rubella genotyping was also discussed.

The presentation on Morocco was given by Dr Amina Barakat, NVC chairperson. In discussion, the problem of the lack of genotyping of measles and rubella was noted and the need for better quality surveillance highlighted. It was felt that there is a need to address silent regions, vulnerable populations



(migrants, refugees and displaced people) and nomadic populations in more detail, and to investigate the involvement of the private sector in vaccination coverage. The mismatch between denominator and nominator and the accuracy of the calculation of coverage were discussed.

The first half of the second day of the meeting was a closed session of the RVC-MR to discuss the reports of the three countries and draft the decisions and recommendations for each country.

During the last afternoon of the meeting, the RVC-MR announced its decision and recommendations for each country (see below), and participants discussed the lessons learned and next steps.

A lesson learnt from the Islamic Republic of Iran was the need to develop a template for resubmission, highlighting how a country has addressed the RVC-MR's comments and recommendations.

It was clarified that the final version of the country report is the one reviewed during RVC-MR meetings. The removal of the summary section from the reviewers' feedback template was suggested to avoid repetition. Some revisions to the format of the country report were also suggested.

It was suggested that a fixed calendar be created for report submission and RVC-MR meetings. It was also suggested that the WHO Regional Office invite selected participants from countries near to report submission to attend RVC-MR meetings as part of their capacity-building.

### **3. RVC-MR decision on the status of elimination of measles and rubella in the three countries**

Based on the review of the submitted country reports and discussion with the participants from the three countries during the RVC-MR meeting, the RVC-MR declared the status of achievement of elimination of measles and rubella in the three countries as follows.

#### *Islamic Republic of Iran*

- The RVC-MR verified that measles has been eliminated in the Islamic Republic of Iran (transmission of endemic measles virus was interrupted from week 47 of 2015 to week 52 of 2018). The RVC-MR congratulates the Islamic Republic of Iran on this achievement.

#### *Egypt*

- The status of verification of measles and rubella elimination in Egypt is not conclusive.

#### *Morocco*

- The status of verification of measles and rubella elimination in Morocco is not conclusive.

#### **4. RVC-MR recommendations**

##### *To Islamic Republic of Iran*

1. The Islamic Republic of Iran is commended for the high quality of its surveillance and is encouraged to maintain it.
2. The RVC-MR recognizes the ongoing high risk of importation to the country. Therefore, the national immunization programme should continue strengthening population immunity, with a special focus on high risk provinces, in order to control transmission after importation.
3. The RVC-MR recommends that the country characterizes the epidemiology of measles cases among children < 1 year of age to better understand the source of infection and explores strategies to protect infants.

##### *To Egypt*

4. The RVC-MR commends Egypt on its ongoing efforts to eliminate both measles and rubella. The RVC-MR appreciates the NVC's conclusion that transmission of endemic measles and rubella has been interrupted. However, due to the insufficient quality of the report and the inconsistent data, the RVC-MR is unable to reach a conclusion with regards to the status of elimination in Egypt.
5. Egypt should follow WHO guidance with regards to the structure and terms of reference of the NVC. The independence of the NVC and NEC should be assured.
6. The RVC-MR recognizes the challenges in obtaining administrative data on vaccination coverage in Egypt, especially in Cairo and Giza governorates, and therefore

recommends that the programme submits data from a vaccination coverage survey in order to verify high coverage in these governorates.

*To Morocco*

7. Based on the NVC report, it is possible that endemic measles and rubella transmission has been interrupted, but because of insufficient surveillance system sensitivity and the absence of molecular characterization data, the RVC-MR is unable to reach a conclusion with regards to the status of elimination in Morocco.
8. Morocco should follow WHO guidance with regards to the structure and independence of members of the NVC.
9. The RVC-MR recommends that the country makes every possible effort to improve case finding, investigation and sample collection, and transportation. The programme should give consideration to reporting from the private sector and from high risk populations.
10. Routine vaccination coverage for the first and second doses of measles-containing vaccine (MVC1 and MVC2) should be strengthened for all districts to reach > 95% coverage and the country needs to improve immunization data quality.
11. Adequate programmatic resources and coordination mechanisms should be put in place to strengthen both epidemiological and laboratory measles and rubella surveillance, including molecular characterization.

*To all countries*

12. The RVC-MR recommends that the countries follow the verification reporting guidelines and improve the quality of reporting in their future submissions, re-submissions or annual progress reports.

*To the RVC-MR Secretariat*

13. The RVC-MR commends the Region on the progress towards regional measles and rubella elimination.
14. The RVC-MR recommends greater advocacy and increasing the visibility of measles and rubella elimination goals at the highest level.



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