

Summary report on the

**Sixth meeting of the
Regional Verification
Commission of
Measles and Rubella
Elimination in the
Eastern Mediterranean
Region**

Cairo, Egypt
6–7 December 2023



**World Health
Organization**

Eastern Mediterranean Region

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1. Introduction

In February 2018, the WHO Regional Director for the Eastern Mediterranean established the Regional Verification Commission for Measles and Rubella Elimination (RVC-MR) to verify the achievement of measles and rubella elimination in the Region. The RVC-MR convened four times between 2018 and 2022, with six countries submitting applications. In 2019, only three countries were successfully verified for the elimination of measles and rubella: Bahrain, Islamic Republic of Iran and Oman. In 2022, at a virtual meeting of the RVC-MR, the Commission verified and declared achievement of elimination status for measles and rubella in Egypt and sustained achievement of elimination status of measles and rubella in Bahrain, Islamic Republic of Iran and Oman.

This report describes the outcomes of the sixth meeting of the RVC-MR which was held on 6–7 December 2023 in Cairo, Egypt, to verify sustained elimination status in countries previously verified and to verify elimination in any new country.

The objectives of the meeting were to:

- review the progress reports on the elimination status of measles and rubella for the verified countries (Bahrain, Egypt, Islamic Republic of Iran and Oman);
- review Qatar’s initial report on verification of the elimination status of measles and rubella.

Ahead of the meeting, the RVC-MR reviewed the four progress reports submitted by the previously verified countries (Bahrain, Egypt, Islamic Republic of Iran and Oman), in addition to an initial report submitted by Qatar for verification of measles and rubella elimination.

Participants of the meeting included all members of the RVC-MR, national verification committees (NVCs), ministry of health staff and WHO country office staff from Bahrain, Egypt, Islamic Republic of Iran, Oman and Qatar, and WHO staff from the Regional Office for the Eastern Mediterranean (the RVC-MR Secretariat).

Dr Yvan Hutin, Director of the Department of Communicable Disease Control, and Dr Quamrul Hasan, Unit Head, Immunization, Vaccine-Preventable Diseases and Polio Transition, at the WHO Regional Office for the Eastern Mediterranean, opened the meeting, extending their welcome to participants. Dr Nadia Teleb, Chair of the RVC-MR, chaired the meeting.

2. Summary of discussions

The five countries presented situation updates and the salient features of their country reports to the RVC-MR on the first day. The second day included a closed session for the RVC-MR to discuss the five country reports and the presentations. Accordingly, they made their decisions and recommendations. Country representatives then returned to the meeting, where the RVC-MR decisions and recommendations were announced.

Bahrain

Dr Mohamed Abdulmajeed AlAwadhi, NVC chairperson, presented the measles and rubella situation in Bahrain for 2021 and 2022. He provided detailed information on the activities of Bahrain's NVC, evidence on sustaining measles and rubella elimination in the country and the response activities implemented to reported measles outbreaks in Bahrain during the period. He concluded that the NVC members were convinced that Bahrain remains free from endemic measles and rubella virus.

Discussion points included further explanation regarding the cluster of measles cases in 2022 and the mitigation strategies deployed for further

prevention of nosocomial infections, case classification and the algorithm used for measles-specific immunoglobulin M (IgM) positive cases testing negative in reverse transcription polymerase chain reaction (RT-PCR) tests.

RVC-MR conclusion and decision on the status of elimination of measles and rubella in Bahrain:

The RVC-MR verified that Bahrain had maintained measles and rubella elimination for the years 2021–2022.

Egypt

Dr Nasr ElSayed, NVC chairperson, gave a presentation on the measles and rubella situation in Egypt for 2022. The presentation included details of the high-risk populations in different geographical areas across Egypt and the challenges faced due to high population movement between borders and by the measles/rubella national laboratory in its role in documenting elimination.

Discussion included further clarification of the challenges experienced by the laboratory system, the sequencing in the laboratory, the surveillance system and the testing algorithms used for measles and congenital rubella syndrome (CRS). In addition, clarification was provided regarding the NVC's membership and activities, mitigation strategies at the different country borders and entry points, and sources of infection and case classification for imported and import-related cases, especially when imported cases were not identified.

RVC-MR conclusion and decision on the status of elimination of measles and rubella in Egypt:

The RVC verified that Egypt had maintained elimination of measles and rubella for 2022.

Islamic Republic of Iran

Dr Sharokh Izadi, member of the NVC, presented on behalf of the NVC chairperson. The presentation included a statement of the strong political commitment to primary health care in the Islamic Republic of Iran, including for measles and rubella, and that the national guidelines for measles and rubella elimination had been revised to focus on maintaining the elimination status in the country.

The discussion focused on further clarification on the rise in measles cases in 2022, classification of CRS and the vaccination status of CRS cases, and the improvements required to increase population immunity, particularly among high-risk populations.

RVC-MR conclusion and decision on the status of elimination of measles and rubella in the Islamic Republic of Iran:

The RVC-MR verified that the Islamic Republic of Iran had maintained measles and rubella elimination for the years 2021–2022.

Oman

Dr Sami Al Farsi, NVC chairperson, presented a detailed description of the evidence of measles and rubella elimination in Oman, including the meetings of the NVC and implementation of Oman's national measles and rubella strategy post-elimination, 2019. He clearly addressed the

RVC's comments, including the activities undertaken to strengthen immunization at the borders with Yemen and maintain an immunization database for expatriate children. The NVC concluded that Oman remains free from endemic measles and rubella virus.

The discussion focused on understanding what strategies are in place to ensure the vaccination of immigrants to Oman and the identification of CRS cases.

RVC-MR conclusion and decision on the status of elimination of measles and rubella in Oman:

The RVC-MR verified that Oman had maintained measles and rubella elimination for the years 2021–2022.

Qatar

Dr Mohamad Al-Janahi, NVC chairperson, provided a detailed presentation on the measles and rubella situation in Qatar for 2018–2022 and the progress made towards measles and rubella elimination. He noted that Qatar has interrupted endemic transmission of measles and rubella for more than 36 months. He explained that over the past five years, the genotypes of measles cases had been B3 and D8 and that this genotype lineage provides evidence of imported and imported-related measles cases. He concluded that the NVC believed Qatar had achieved measles and rubella elimination.

Discussion concentrated on the case definitions for both measles and rubella, along with the outbreak definitions used in Qatar that were a concern of the RVC. The strategies used to support high-vaccination coverage among the expatriate population in Qatar were also discussed.

RVC-MR conclusion and decision on the status of elimination of measles and rubella in Qatar:

Based on the data for the period 2019–2022, the RVC feels that measles and rubella may have been eliminated in Qatar. However, the decision of the RVC is deferred pending implementation of the RVC's recommendations to Qatar.

3. Recommendations

The RVC-MR congratulates Bahrain, Egypt, the Islamic Republic of Iran and Oman for maintaining their status of measles and rubella elimination for 2022. The RVC-MR also congratulates Qatar for their exceptional efforts and remarkable progress towards achieving measles and rubella elimination.

The following specific recommendations were made to each country and to WHO.

To Bahrain

1. Review NVC membership to ensure that none of the members are affiliated to any entity with direct relation to implementation or supervision of the measles and rubella elimination programme.
2. Ensure achieving and maintaining high measles and rubella vaccination coverage among expatriate workers in the country to control the frequent case importation.
3. Implement proper infection control measures (isolation, using masks) in outpatient and inpatient settings in contexts where patients with rash and febrile illness are seeking medical care to prevent spread of infection.
4. Revise the final case classification algorithm, based on the WHO standard case classification, and do not use negative PCR results to discard cases.

To Egypt

1. Implement, with WHO support, an external review of the measles and rubella elimination programme, with an emphasis on surveillance system quality, including laboratory surveillance, and implement the resulting recommendations.
2. Ensure regular supply of laboratory kits, taking the shelf-life of the ordered kits into consideration.
3. Review the measles-rubella testing algorithm for serology and PCR.
4. Define clear procedures for accredited sequencing and genotyping (training, guidelines, laboratory accreditation).
5. Review the composition of the NVC and exclude current Expanded Programme on Immunization/Ministry of Health and Population staff from the list of the NVC members (these staff are part of the Secretariat of the NVC).
6. Identify the index case in every chain of transmission through conducting more in-depth epidemiological investigations and analysis of data (every chain of transmission starts with either an imported case or case of unknown source). Adequate case investigation with specimen collection and testing should be conducted for every suspected index case (even after subsidence of the fever/rash symptoms). If specimen collection is not possible, the Expert Review Committee should decide on a final case classification based on the available epidemiological and/or clinical data.
7. Strengthen the capacity of the Expert Review Committee in classifying difficult cases.
8. Enhance work to address the challenges identified by the NVC, especially addressing any pockets with immunity gaps and reaching migrants and high-risk populations with measles-rubella vaccine in order to sustain elimination.

To the Islamic Republic of Iran

9. Enhance work to address the challenges identified by the NVC, especially addressing any pockets with immunity gaps and reaching migrant and high-risk populations with measles-rubella vaccine to sustain elimination. Special emphasis should be given to strengthening surveillance and vaccination activities for children (regardless of nationality) residing in or coming to Sistan and Baluchestan province.
10. Enhance efforts to strengthen capacity for case investigation of cases of unknown sources.

To Oman


11. Enforce and maintain the actions implemented to improve population immunity and prevent disease importation across the borders with neighbouring countries.
12. Enhance CRS surveillance and identify suspected cases.

To Qatar

13. With WHO support, conduct an external measles and rubella elimination programme review covering the five lines of evidence for achieving elimination.
14. Develop the necessary guidelines and standards containing updated case definitions and measles/rubella outbreak definitions for the elimination setting.
15. Continue to address the challenges identified by the NVC related to ensuring high vaccination coverage among the expatriate population, particularly among single male workers and newly-arrived children of unknown vaccination status.

To WHO

16. Continue to support countries on measles and rubella elimination.
17. Conduct further capacity-building workshops for countries, including NVC members, on drafting country reports for verification of elimination.
18. Review and update the regional guidelines on verification of measles and rubella elimination.
19. Review the templates of the NVC initial and progress reports and develop a template for an annual measles and rubella situation report to be used by countries not close to achieving elimination.
20. Support Egypt and Qatar in external review of their measles-rubella elimination programmes.



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