

Situation Report 2 Measles Outbreak

	Cases	Deaths
2018	21,812	202
2019*	9,267	146

* as of 18 Feb 2019

20 February 2019

Current Situation

Between 1 January and 18 February 2019, 9,267 measles cases including 146 deaths were officially reported through the routine surveillance system from the Philippines Department of Health (DoH): a 266% increase with the same time period in 2018 (see Table 1).

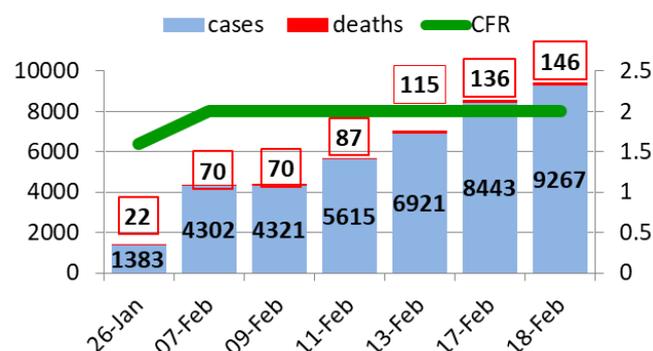
Since the declaration of an outbreak in five regions on 11 February 2019, a surge in the number of measles cases is observed (see Figure 1), caused by the rapid spread of the disease, which is highly contagious; increased awareness of parents to take their sick children to the nearest health facility, as per DoH' advise; as well as improved reporting.

Even more concerning is the drastic increase in the Case Fatality Rate (CFR) from 0.93% on 31 December 2018, to 2% on 7 February 2019.

With a median age of 2 years old, 61% of measles cases are under 5 years of age. Data from 2018 shows that 10% of cases are between 6 and 15 years of age, whereas 15% are between 16 and 30 years of age. The majority of measles cases are male (53%).

As of 18 February 2019, 64% of all cases are not vaccinated.

Figure 1: Measles Cases, Deaths and Case Fatality Rate (CFR), Philippines, 26 January-18 February 2019



Source: Philippines Department of Health Measles - Rubella Surveillance Reports 2019

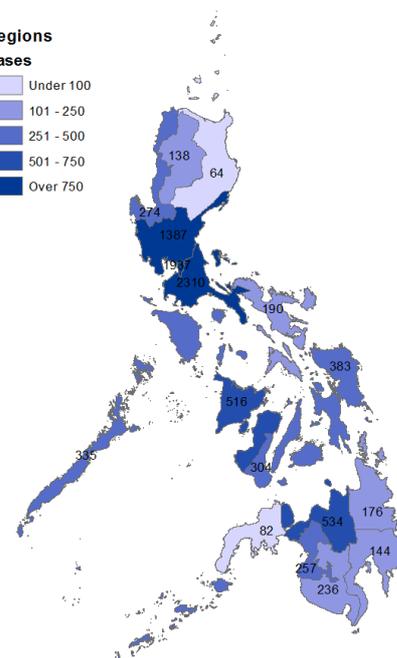
Table 1: Measles Cases by Region, Philippines, 18 February 2018 vs 18 February 2019

Region	2018			2019			%
	Cases	Deaths	%CFR	Cases	Deaths	%CFR	
I	46	0	0	274	8	3	↑ 496
II	6	0	0	64	0	0	↑ 967
III	45	2	4	1387	24	2	↑ 2982
IV-A	44	1	2	2310	48	2	↑ 5150
IV-B	7	0	0	335	4	1	↑ 4686
V	4	0	0	190	4	2	↑ 4650
VI	25	0	0	516	3	1	↑ 1964
VII	16	0	0	304	2	1	↑ 1800
VIII	3	0	0	383	12	3	↑ 12667
IX	435	1	0	82	0	0	↓ 81
X	171	0	0	534	4	1	↑ 212
XI	502	9	2	144	1	1	↓ 71
XII	198	2	1	236	1	0	↑ 19
XIII	20	1	5	176	0	0	↑ 780
ARMM	900	5	1	257	3	1	↓ 71
CAR	10	0	0	138	0	0	↑ 1280
NCR	102	2	2	1937	32	2	↑ 1799
Total	2534	23	1	9267	146	2	↑ 266

Measles cases by Region, Philippines
1 January - 18 February 2019

Regions
Cases

- Under 100
- 101 - 250
- 251 - 500
- 501 - 750
- Over 750



Response so far

Risk assessment

The overall risk is assessed as high due to the large number of cases reported throughout the country and chronic low routine immunisation coverage and increased vaccination hesitancy. The Philippines has moderate to high capacity to respond to this event and partners in country have demonstrated their interest in contributing to response efforts.

There is risk of international spread and several cases of measles have already been reported from other countries following travel to the Philippines. Given the variability in immunisation coverage in the region, there may be additional exported cases. In addition, many neighbouring countries are endemic for measles and several are experiencing measles outbreaks and capacity for prevention and outbreak control is variable across the region. Therefore risk at the regional level is moderate. Global risk is considered to be low.

Surveillance and Laboratory testing

As of 18 February 2019, only 2.3% of measles cases have been laboratory confirmed, with 1.3% of cases epidemiologically linked, and the remainder clinically diagnosed.

Case definition for clinical diagnosis is: 'any person with fever and maculopapular rash (non-vesicular) and either cough, coryza (runny nose) or conjunctivitis (red eyes)'.

Case definition for epidemiologically linked confirmed cases is: 'a suspected measles case that has not been confirmed by a laboratory but temporally and geographically related with dates of rash onset occurring between 7-21 days apart, to a laboratory-confirmed case, or in the event of a chain of transmission, to another epidemiologically linked measles case'.

Risk communication

As per DoH instruction, all Centres for Health Development (CHD) in coordination with the Local Government Units (LGUs) and partners are conducting intensified community-based information campaigns to promote measles immunization targeting children 6-59 months old. Large-scale publicity campaigns on social media, TV and radio involving the country's president and famous people are aimed at increasing confidence in vaccination.

Furthermore, DoH has updated and broadly disseminated measles advisories, guidelines on school-based immunization, guidelines for primary health care facilities and hospitals.

WHO has disseminated relevant guidelines and updated information through health partners.

Case management

As of 18 February 2019, with a median age of 1 year old, 87% of measles deaths are under 5 years of age, and 60% are male. 82% of all deaths were not vaccinated.

With a CFR of 2% (with Region 1 and 8 reporting CFRs of 3%), the main concern is inadequate treatment of patients, aggravated by hospital-acquired infections because of lack of isolation wards for suspected measles cases.

WHO through health partners is currently conducting an assessment of health facilities' capacities to respond to the outbreak. Initial reports show sufficient supplies -including vaccines- are available in the health facilities. However, particularly in Metro Manila, hospitals are reportedly overwhelmed with the large number of patients and lack of human resources. Reports from barangay health stations show lack of basic drugs for treatment of measles patients.

UNICEF and WHO are planning in-depth field visits to barangay and health centres to monitor the ongoing measles outbreak response including adherence to treatment guidelines.

Immunization

DoH initiated a vaccination campaign to target an estimated 2,6 million children aged 6 months to 5 years without a documented history of 2 measles doses, as well as a selective campaign for school children aged 6 to 10 years, as well as adult immunization based on preference, as 30% of reported measles cases are above 5 years of age out of which 20% are above 15 years of age.

As per DoH guidelines, the measles vaccination campaign will be accompanied by Oral Polio Vaccine (OPV) and Vitamin A distribution.

The Philippines Red Cross (PRC) has mobilized volunteers to support with immunization, and has set up tents and rubhalls in San Lazaro and the Philippine General Hospital and plan to support Quirino, Tala and East Ave hospitals with similar facilities.

UNICEF is warning for stock-out of vaccines in view of the currently available amount not being able to meet the number of targeted children, as well as expected delays in the arrival of a newly procured batch as a result of the global increase in demand for measles vaccines.

UNICEF is facilitating procurement of additional Measles-rubella (MR) and OPV vaccines to augment current in-country stocks. To date, DoH requested procurement of 6 million doses of MR vaccines and 5 million doses of OPV. UNICEF Supply Division is working with all its suppliers worldwide to make available these needed vaccines at the shortest possible time and help control the outbreak.

Coordination

DoH has requested all health partners to actively engage in the measles outbreak response, including in the monitoring of interventions at health facility level. DoH is currently compiling commitments from partners who can monitor in those geographical areas where they are normally active, to ensure a large geographical spread.

UNICEF and WHO are providing technical, financial and logistics support to DoH in the planning, implementation and monitoring of measles outbreak response activities. WHO is furthermore monitoring the effective implementation of the catch up measles vaccination campaign to ensure the outbreak is contained.

UNICEF and WHO have drafted a concept note for fund raising purposes, including longer-term funding to structurally address the weak routine immunization system as the root cause of the outbreak.

Health partners supporting Barangay Health Stations and Rural Health Units all over the country, are disseminating crucial messages on measles diagnosis and case management. PRC has mobilised volunteers in Manila to support with vaccination, as well as with LGUs throughout the country on social mobilization and awareness raising to increase vaccination coverage.

Health coordination meetings are conducted by DoH and OCHA to align support.

Response plans

Whereas targeting unvaccinated children (so-called 'defaulters') through a nation-wide measles immunization campaign aims to stop the current outbreak from spreading, a longer-term, structural intervention to strengthen the capacity of DoH's routine immunization program is crucial to prevent future outbreaks from occurring by increasing the immunization coverage for measles and other vaccine-preventable diseases.

- 1) Urgently immunize unvaccinated children under 5 years of age against measles
- 2) Recommendations for sustaining measles control and elimination
- 3) Strengthen routine immunization to improve coverage