

Situation Report 3 Measles Outbreak

	Cases	Deaths
2018	21,812	202
2019*	12,736	203

* as of 23 Feb 2019

26 February 2019

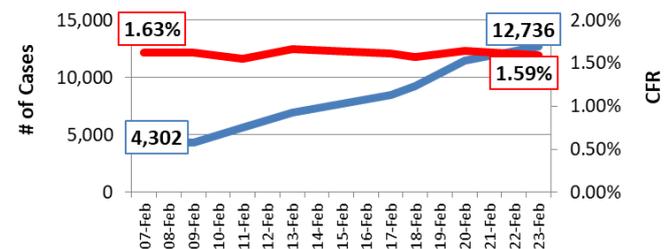
Current Situation

Between 1 January and 23 February 2019, 12,736 measles cases including 203 deaths were officially reported through the routine surveillance system from the Philippines Department of Health (DoH): a significant increase compared to 2,789 cases and 25 deaths reported in the same time period in 2018 (see Table 1).

With a median age of 2 years old, 57% 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 23 February 2019, 63% of cases are not vaccinated.

Figure 1: Measles Cases and Case Fatality Rate (CFR)*, Philippines, 7-23 February 2019



* CFR are unrounded, compared to rounded CFR in previous Situation Report

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

Table 1: Measles Cases by Region, Philippines
23 February 2018 vs 23 February 2019

Region	2018			2019		
	Cases	Deaths	%CFR	Cases	Deaths	%CFR
I	49	0	0	388	8	2
II	6	0	0	105	1	1
III	47	2	4	1837	25	1
IV-A	50	1	2	3116	68	2
IV-B	8	0	0	475	6	1
V	4	0	0	277	4	1
VI	28	0	0	629	3	0
VII	20	0	0	441	4	1
VIII	4	0	0	577	18	3
IX	481	1	0	124	0	0
X	195	0	0	601	4	1
XI	548	11	2	211	1	0
XII	214	2	1	290	1	0
XIII	23	1	4	232	0	0
ARMM	986	5	1	275	3	1
CAR	10	0	0	156	0	0
NCR	116	2	2	3002	57	2
Total	2789	25	1	12736	203	2

Response so far

Risk assessment

The overall risk remains high because of a large number of unprotected children and adults. Measles is a highly contagious viral disease and transmitted by respiratory droplets and direct contact.

The occurrence of the epidemic in several densely populated urban areas promotes the rapid spread of the disease. There have been several reports of cases exported from Philippines to neighbouring other countries, including Australia, Hong Kong, China, Republic of Korea, and Taiwan, China.

Measles vaccination coverage (MCV1 and MCV2) at national level is low and there are several pockets of under-immunised communities. There are reports of increased vaccine hesitancy due to heightened public concern.

Surveillance and Laboratory testing

As per the measles protocol, only selected cases are currently being laboratory confirmed as identified in the measles outbreak, not to put additional burden on laboratory staff and frontline health workers. A majority of cases are clinically diagnosed using case definition: 'any person with fever and maculopapular rash (non-vesicular) and either cough, coryza (runny nose) or conjunctivitis (red eyes)'.

Risk communication

Information campaigns on social media, TV and radio as well as at community level are continuing to promote measles immunization targeting children 6-59 months old.

Case management

The CFR of around 1.6% is considered high. WHO has recommended DoH to closely monitor CFRs at Local Government Unit (LGU) level.

Hospitals continue to be overwhelmed mainly because of lack of number of doctors and nursing staff to comply with the increased demand, also owing to limited infrastructure to accommodate and isolate the measles cases as some hospitals are tending to hundreds of patients.

The Philippine Red Cross (PRC) installed measles care units or outdoor hospital wards in five hospitals namely San Lazaro Hospital in Manila, Philippine General Hospital in Manila, Amang Rodriguez Memorial Medical Center in Marikina, Cainta Municipal Hospital in Rizal, and Quirino Memorial Medical Center in Quezon City. These measles care units are running evenings and weekends, and are supplied with beds, blankets, pillows, chairs, air-conditioners, water and hygiene facilities, and portable toilets.

WHO supported DoH with updating guidelines for Primary Health Care Facilities and Hospitals; Measles Post-Exposure Management; and Measles Case classification and Management.

To monitor adherence to these guidelines, WHO is planning visits of health facilities.

Immunization

Up to 25 February 2019, 760,790 out of the total target of 7,401,632 have been vaccinated against measles (10.28%).

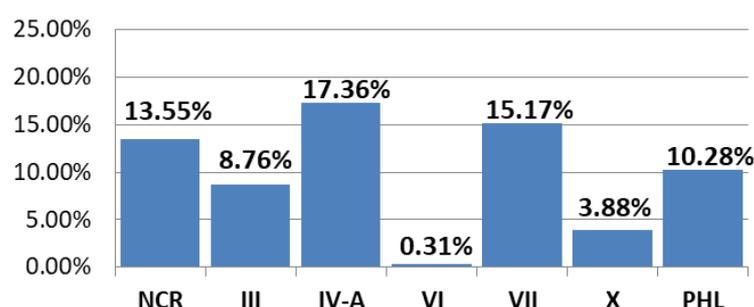
Primary target population are unvaccinated children aged 6-59 months, whereas priority regions NCR, IVA, VI, and X conduct non-selective immunization including children over 5 and adults.

WHO supported DoH with updating guidelines on Supplementary Immunization Activities (SIA) and Outbreak Immunization (OI).

As per these guidelines, the measles vaccination campaign is accompanied by Vitamin A distribution for children aged 6-59 months, and Oral Polio Vaccine (OPV) for children aged 0 to 59 months.

PRC mobilized 250 volunteers composed of doctors, nurses, health workers, and logistics assistants to conduct house-to-house vaccination and station-based operations in Metro Manila, Central Luzon, and Mindoro, Marinduque, Romblon and Palawan, supported by the International Federation of Red Cross and Red Crescent Societies (IFRC).

**% of Target Population Vaccinated with MCV
in priority regions as of 25 February 2019**



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. One million doses will be delivered to the Philippines on 8 March 2019. UNICEF Supply Division is working with all its suppliers for expedited delivery of the remaining 5 million doses.

UNICEF is also supporting social mobilization activities posting a series of measles-related messaging on social media channels in the local language. The mobile phone company SMART is working directly with UNICEF on overall information dissemination of the vaccination program for children and young people, using one-way info text/SMS blast to send a series of messages to various subscribers. UNICEF is also orienting UNICEF volunteers to support the awareness raising activities.

UNICEF and WHO are planning Rapid Coverage Assessments to monitor the outbreak immunization activities in barangays.

Coordination

DoH has activated its incident command structures at regional level, to facilitate coordination with Local Government Units and health facilities. DoH' Health Emergency Management bureau (HEMB) is currently compiling commitments from partners who can monitor in those geographical areas where they are normally active, to ensure a large geographical spread. Partners like Plan International, will be supporting with printing and distribution of IEC materials to target barangays.

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 sent out 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.

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) Immunize other unvaccinated groups (schoolchildren and adults) against measles
- 3) Step up social mobilization and awareness raising to address ongoing vaccine hesitancy
- 4) Target geographical areas up to LGU level with high CFR for strengthening of quality care of measles patients to minimise unnecessary deaths
- 2) Recommendations for sustaining measles control and elimination
- 3) Strengthen routine immunization to improve coverage