

Situation Report 4 Measles Outbreak

	Cases	Deaths
2018	21,812	202
2019*	16,349	261

* as of 2 March 2019

5 March 2019

Overview

Current measles outbreak started late 2017 in Mindanao: in 2018, 21,812 cases were reported with 202 deaths. Outbreak and supplementary immunization activities in 2018 were ineffective in addressing the outbreak, as weak routine immunization system resulted in a decrease in overall immunization coverage.

The Philippines Department of Health (DoH) declared measles outbreaks in 5 Regions (Region NCR, III, IV-A, VI, VII) on 7 February 2019, whereas cases are being reported from all 17 Regions.

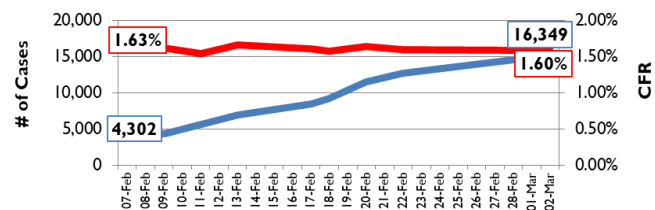
Current Situation

Between 1 January and 2 March 2019, 16,349 measles cases including 261 deaths were officially reported through the DoH routine surveillance system: a 385% increase with the same time period in 2018 (see Table 1).

With a median age of 2 years old, 56% 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 2 March 2019, 61% of cases are not vaccinated.

Figure 1: Measles Incidence Rate and Case Fatality Rate (CFR)*, Philippines, 7 February-2 March 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
2 March 2018 vs 2 March 2019**

Region	2018			2019			% Change
	Cases	Deaths	%CFR	Cases	Deaths	%CFR	
I	56	0	0	580	10	2	↑936
II	7	0	0	178	1	1	↑2443
III	61	3	5	2,331	36	2	↑3721
IV-A	61	1	2	3,877	78	2	↑6256
IV-B	11	0	0	632	6	1	↑5645
V	6	0	0	430	5	1	↑7067
VI	37	0	0	800	4	1	↑2062
VII	30	0	0	649	8	1	↑2063
VIII	4	0	0	776	22	3	↑19300
IX	571	2	0	169	0	0	↓70
X	247	1	0	746	4	1	↑202
XI	627	11	2	306	3	1	↓51
XII	287	2	1	349	3	1	↑22
XIII	36	1	3	336	1	0	↑833
ARMM	1,161	9	1	370	4	1	↓68
CAR	10	0	0	203	0	0	↑1930
NCR	162	3	2	3,617	76	2	↑2133
Total	3,374	33	1	16,349	261	2	↑385

Response so far

Risk assessment

The overall risk remains high with an increasing number of measles cases reported from Philippine Overseas Foreign Workers (OFW) travelling to neighbouring countries such as Australia, Hong Kong, China, Republic of Korea, and Taiwan, China.

Surveillance and Laboratory testing

WHO recommendations on laboratory testing during outbreaks are being redistributed to regional and provincial level DoH, to ensure scarce resources are not used on unnecessary laboratory testing.

Risk communication

Publicity 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. Regional DoH are adapting risk communication strategies to the local situation, e.g. in CAR Region, specific messages are being prepared for the large influx of tourists expected for upcoming festivals.

Case management

The CFR of 1.6% is considered high. Reports from health facilities visited during monitoring visits show many children die of measles-complications such as pneumonia, often due to late referral.

As of 4 March 2019, the Philippine Red Cross (PRC) treated 1,736 patients in its measles care units with total 150 beds installed in five hospitals in Metro Manila, Rizal and Quezon City (Hospital Extension Ward (San Lazaro Hospital), Amang Rodriguez Mem Med Centre, Cainta Municipal Hospital, Qui-rino Mem Med Centre, Rizal Provincial Hosp System-Antipolo Annex). The largest number of patients is reported from San Lazaro Hospital.

Immunization

Up to 2 March 2019, 1,206,978 out of the total target of 3,216,757 children aged 6-59 months have been vaccinated against measles (37.52%).

As per DoH guidelines, the measles vaccination campaign is accompanied by Oral Polio Vaccine (OPV) and Vitamin A distribution, however field visits have shown not all vaccination posts are adhering to this, often because of lack of supplies.

PRC volunteers vaccinated 8,584 children aged 6-59 months in Manila, Marikina, Quezon City, Antipolo, Cebu City, Lapu Lapu City, Olongapo City, Baguio, and Zamboanga City.

The first batch of 1 million UNICEF-procured measles-rubella (MR) and OPV vaccines is expected by 6 March 2019, whereas the remainder of 5 million doses is estimated to arrive by the end of March or early April. This is intended to be delivered as so-called staggered distribution, as once ready, batches of vaccines will be sent to the country.

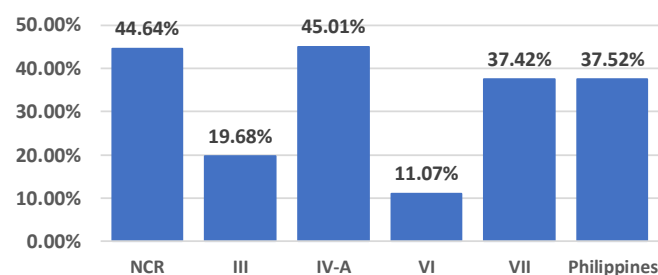
UNICEF provided 3 tents to Region III (for use of JB Lingad Memorial Regional Hospital, Dr Paulino Garcia Memorial Research and Medical Center, Bataan General Hospital) in managing the surge of measles cases. Additional request for 7 tents was received from DoH' Health and Emergency Management Bureau (HEMB) for use in hospitals in Metro Manila. Mobilization support for monitoring and transport of vaccines was also provided to Zamboanga del Norte.

UNICEF and WHO started conducting monitoring visits to monitor the outbreak immunization activities in NCR (Manila, Mandaluyong, Taguig, Pasay, Caloocan, Quezon City, Marikina), CAR (Baguio City, La Trinidad, Itogon), Region III (Bulacan), Region IV-A (Rizal, Antipolo), BARMM (Cotabato, Lanao del Sur, Maguindanao), Region VIII (Samar, Northern Samar), and Region IX (Zamboanga City).

Monitoring visits show that regions where outbreaks were declared have appointed regional and local level measles control focal points and are updating measles surveillance and coverage progress on a daily basis. Operational micro plans are available in health centres and frontline health workers are working hard to vaccinate target children.

Some areas report up to 55% of confirmed measles cases with full vaccination status, suggesting inadequate handling of vaccines possibly due to poor cold chain management. In regions where outbreaks were not declared, immunization activities are conducted on a weekly instead of daily basis, showing a lack of urgency in conducting campaign, explained by fear of wastage of vials, which can

% of Targeted Children (6-59 Months) Vaccinated with MCV in priority regions as of 2 March 2019



result in possible shortage of vaccines, as well as a fear for economic repercussions on tourism. Other concerns reported are related to a chronic shortage of human resources needed to vaccinate the large number of children targeted.

Coordination regions

Many partners have committed to support DoH in disseminating key materials to health facilities in their specific target geographical areas, to ensure a large geographical spread.

UNICEF and WHO have shared 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

To contain the measles outbreak, UNICEF and WHO are continuing to provide technical, financial and logistics support to DoH in the planning, implementation and monitoring of response activities, including the effective implementation of the catch up measles vaccination campaign.

Health workers are provided with measles vaccination in Baguio General Hospital

