

Situation Report 7 Measles Outbreak

	Cases	Deaths
2018	21,812	202
2019*	22,967	333
* as of 19 March 2019		

25 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 the immunization activity was met with increased vaccine hesitancy due to the Dengue vaccine controversy. Weak routine immunization leading to a decrease in overall immunization coverage over the last decade resulted in low resistance or presence of herd immunity among younger children.

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. DoH issued guidelines for nation-wide measles vaccination accompanied by Oral Polio Vaccine (OPV) and Vitamin A distribution until end March 2019, prioritizing unvaccinated children between 6 and 59 months; schoolchildren from kindergarten to grade 6; and adults who voluntarily wish to be vaccinated against measles.

Current Situation

Between 1 January and 19 March 2019, 22,967 measles cases including 333 deaths were officially reported through the routine surveillance system from the DoH: a 377% increase with the same time period in 2018 (see Table 1).

With a median age of 3 years old, 54% of measles cases are under 5 years of age. 53% of measles cases are male.

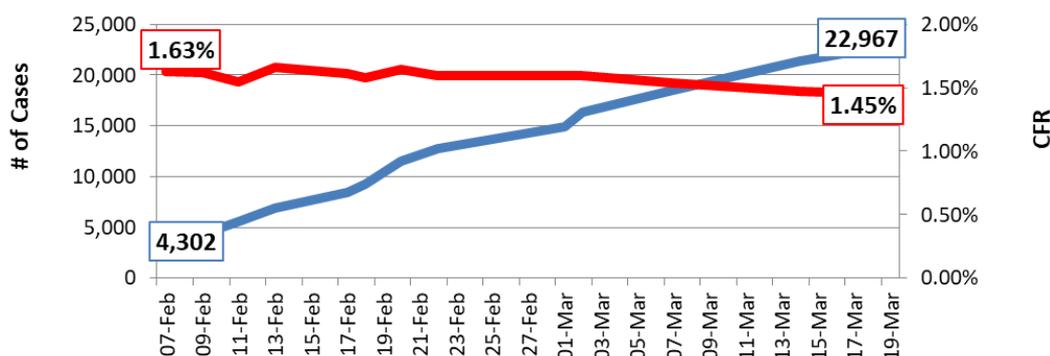
With a median age of 1 year old, 84% of all deaths are children under the age of 5. 60% of measles deaths are male. Most deaths are reported from Region III, IV-A, VIII and NCR.

As of 19 March 2019, 59% of cases have no documented vaccination status. DoH datashows that 2% of cases had been previously vaccinated with 2 doses of measles vaccine. The vaccination status of the remainder of cases is unknown.

Table 1. Cumulative Measles Cases by Region, Philippines, 2018 vs 2019

Region	2018			2019		
	Cases	Deaths	%CFR	Cases	Deaths	%CFR
PHL	4,818	43	1	22,967	333	1
01	69	0	0	975	11	1
02	10	0	0	333	2	1
03	107	3	3	3,640	55	2
04A	107	1	1	4,740	96	2
04B	13	0	0	943	8	1
05	9	0	0	671	6	1
06	58	0	0	1,323	5	0
07	81	0	0	1,090	10	1
08	7	0	0	994	24	2
09	727	3	0	296	1	0
10	420	1	0	1,139	10	1
11	802	12	1	479	7	1
12	427	5	1	470	4	1
ARMM	1,606	12	1	449	4	1
CAR	14	0	0	366	1	0
CARAGA	56	1	2	547	2	0
NCR	305	5	2	4,512	87	2

Figure 1: Measles Incidence Rate and Case Fatality Rate (CFR) Philippines
7 February-19 March 2019



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

Response so far

Risk assessment

WHO is assessing the overall risk of the current outbreak as high at the national level due to the large number of cases reported, chronic low routine immunisation coverage, and persistent vaccination hesitancy.

Regional risk has been upgraded from low to moderate as an increasing number of neighbouring countries are reporting measles cases with a travel history to the Philippines (Australia, China, Hong Kong, Japan, New Zealand, Republic of Korea, and Taiwan).

Overall risk		
National	Regional	Global
High	Moderate	Low

Case management

The CFR of 1.45% is considered high. Reports from health facilities visited during monitoring show many children die of measles-complications such as pneumonia, often due to late referral. Other underlying causes for the high mortality are related to diagnosis and malnutrition.

Philippine Red Cross (PRC) treated a total of 2,814 measles patients at its Measles Care Units in 5 major hospitals in Metro Manila.

Laboratory testing

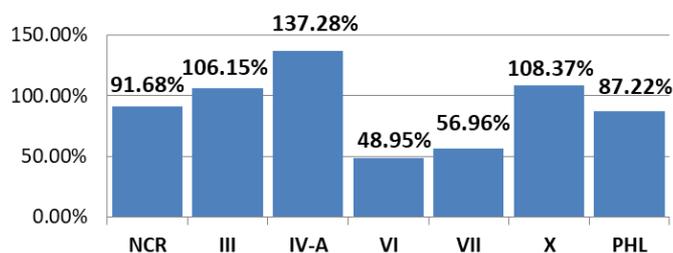
Of the 1,876 confirmed measles cases as tested by the Research Institute for Tropical Medicine (RITM), 1,633 were laboratory confirmed and 243 were epidemiologically linked. RITM tests confirm that the most affected age group is 9 months to 5 years old (38%) and male (52%), whereas cases are reported up to 58 years of age.

RITM received a total of 16,481 samples from health facilities throughout the country between 1 January and 16 March 2019. Not to further overwhelm RITM, as well as health facilities with large numbers of cases, RITM issued a national advisory to reemphasize that in epidemiological linkage is an effective method for measles confirmation in an outbreak situation.

Immunization

Up to 22 March 2019, 3,300,316 out of the total target of 3,783,985 children aged 6-59 months have been vaccinated against measles (87.22%). As some regions (such as NCR, Regions IV-A and X) are implementing mixed vaccination strategy (selective and non-selective), where children are immunized regardless of vaccination status, many more children than the target group are vaccinated, exceeding the targeted number. Hence, the target shown in the graph is not reflective of the true target.

% of Targeted Children (6-59 Months) Vaccinated with MCV in priority regions as of 22 March 2019



PRC volunteers vaccinated a total of 15,744 children in NCR, Luzon, Visayas, and Mindanao. Americares assisted vaccination in schools and barangays by providing streamers and supplies of cotton and alcohol in Region VIII and VII (Borbon, Medellin, and San Remigio in Cebu). The USAID-funded ReachHealth project supported vaccination campaigns in NCR and Calabarzon and vaccinated 5,637 children. ReachHealth will provide additional support in logistics, assessments and data analysis.

The first batch of 1 million measles-rubella (MR) vaccines procured through UNICEF arrived on 6 March 2019, and an additional 5 million doses of MR vaccine arrived on 19 March.

UNICEF and WHO monitoring visits have so far covered Regions NCR, CAR, III, IV-A, IV-B, V, VI, VII, VIII, IX, and X. The final week of the vaccination campaign will be concentrated in areas with a large number of unvaccinated children and active measles transmission.

Good practices observed:

- Establishment of measles focal points and taskforces at regional, provincial and municipal level, meeting on a regular basis
- Recruitment of additional staff for vaccination purposes at regional, provincial and municipal level
- LGU support with incentives for vaccinators, some LGU hired nurses and midwives as vaccinators
- Adaptation of IEC materials to local context (e.g. in CAR for tourist influx).
- Dep Ed school nurses oriented and trained to be vaccinators in schools (Region V)
- Use of free airtime on TV (Oriental Mindoro)
- Overall community acceptance of measles vaccine has seen improvement and only few areas have reported vaccine refusals.

Key needs identified:

- Old cold chain equipment in need of replacement
- Many areas need replacement of vaccine carriers and sufficient ice packs
- Identification of (pockets of) unvaccinated children
- Redistribution/clarification of DoH guidelines on measles vaccination campaign
- Redistribution of laboratory testing guidelines in outbreak situations at health facility level
- Issuance of memorandum between DoH and Department of Education on school-based vaccination
- (Refresher) training for health workers on accurate diagnosis and treatment of measles cases
- (Refresher) training for health workers on Expanded Program of immunization (EPI).
- Need for additional staff to step up Rapid Coverage Assessments to look for unvaccinated children
- OPV were found not being given in many areas due to lack of vaccines
- In many areas Measles social mobilization and communication materials developed in the central level were not found to be distributed to LGU level.

Measures recommended for immediate intervention to region:

- Prioritizations of the areas were recommended based on the measles case epidemiology and number of unvaccinated children.
- More intensive vaccination is needed where the target are still not reaching 60% with campaign period due to end soon.
- More attention is needed to follow the proper cold chain practices so that vaccine effectiveness is maintained.
- Continue to monitor measles epidemiology and when 95% coverage is reached for selective target for 6 months to 59 months other age group children can also be targeted.
- For the areas that have already reached over 100% of their selective target of 6 months to 59 months, RCA team accompanied by mop up team should go around the area to ensure no child is left unvaccinated.

Response plan

UNICEF and WHO are continuing to monitor the ongoing vaccination campaign to maximise the number of children covered.

A post-campaign plan is currently being developed aimed at increasing outreach, identifying high risk areas (with low coverage and high number of cases, as well as high mortality), support with cold chain, and strengthening of routine immunization.

UNICEF and WHO will be supporting DoH with conducting an After Action Review of the measles response to identify strengths and weaknesses of the response operation and ways to address these.

WHO is planning to support DoH with nationwide (refresher) training in the Philippines Integrated Disease Surveillance and Reporting (PIDSRS) system, to improve rapid diagnosis and treatment of measles and other infectious diseases, as well as in the Expanded Program of immunization (EPI).

Overview of UNICEF and WHO engagement so far

UNICEF are supporting with:

- Facilitation of procurement of additional 6,000,000 doses of measles and polio vaccines
- Provision of 3 tents to Region III (JB Lingad Memorial Regional Hospital, Dr Paulino Garcia Memorial Research and Medical Center, Bataan General Hospital)
- Deployment of additional manpower to support the national immunization team and DOH NCR
- Mobilization and technical support to Zamboanga del Norte, Samar and North Samar
- Planning for the measles outbreak response in DOH-BARMM

WHO are supporting with:

- Dissemination of key guidelines and IEC materials to health partners
- Updating of guidelines on:
 - o Primary Health Care Facilities and Hospitals
 - o Measles Post-Exposure Management
 - o Measles Case Classification and Management.
 - o Supplementary Immunization Activities (SIA) and Outbreak Immunization (ORI).
 - o Technical support in development of Measles control and elimination plan at national and specified regional level.
 - o Documentation of the 2018/2019 measles response to ensure the gaps and lesson learned are adapted on ensuring effective measures for measles control in future.

Jointly, UNICEF-WHO are supporting with:

- Development of more detailed communication plan for measles outbreak response with DOH-HPCS
- Development of field monitoring tools and updating of Rapid Coverage Assessment (RCA) tool
- Ongoing monitoring of measles immunization activities and conducting RCA
- Technical support to DoH at all levels



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