

Situation Report 8 Measles Outbreak

	Cases	Deaths
2018	20,827	199
2019*	25,676	355
* as of 26 March 2019		

2 April 2019

Overview

Current measles outbreak started late 2017 in Mindanao. In 2018, 20,827 cases were reported with 199 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 26 March 2019, 25,676 measles cases including 355 deaths were officially reported through the routine surveillance system from the DOH: a 378% 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 26 March 2019, 59% of cases have no documented vaccination status. DoH data shows that 3% 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	5,364	51	1	25,676	355	1
01	78	0	0	1,109	12	1
02	13	0	0	366	2	1
03	124	3	2	4,037	57	1
04A	120	2	2	5,165	100	2
04B	14	0	0	1,057	9	1
05	11	0	0	749	7	1
06	65	0	0	1,496	6	0.4
07	105	1	1	1,188	11	1
08	7	0	0	1,060	24	2
09	795	4	1	312	1	0.3
10	476	1	0	1,251	10	1
11	857	12	1	520	7	1
12	492	5	1	505	4	1
ARMM	1,766	16	1	462	5	1
CAR	15	0	0	441	1	0.2
CARAGA	59	1	2	626	2	0.3
NCR	367	6	2	5,332	97	2

Figure 1: Measles Incidence Rate and Case Fatality Rate (CFR) 7 February-26 March 2019

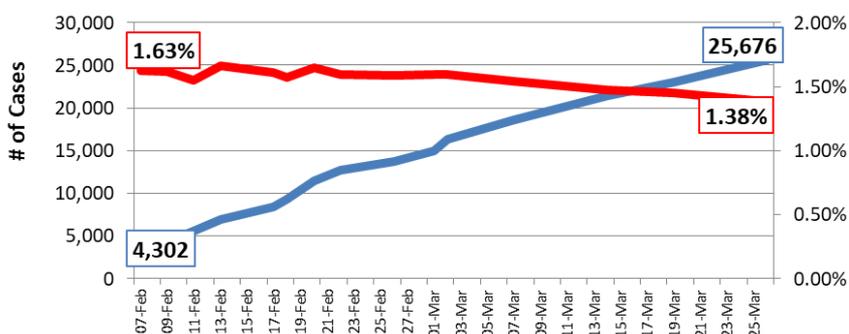
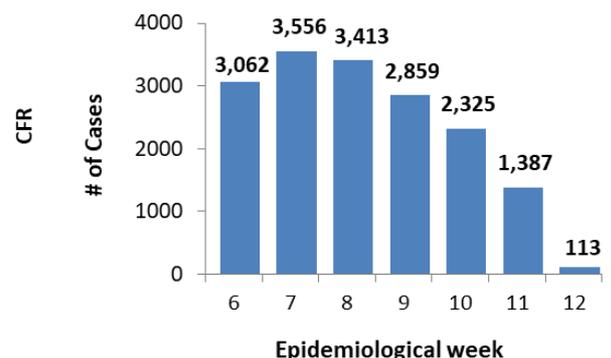


Figure 2: Newly Reported Measles Cases 7 February-26 March 2019



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 is moderate although an increasing number of neighbouring countries are reporting measles cases with a travel history to the Philippines (Australia, Cambodia, China, Hong Kong SAR (China), Japan, the Lao People's Democratic Republic, New Zealand, the Republic of Korea, Singapore and Viet Nam).

Overall risk		
National	Regional	Global
High	Moderate	Low

Case management

The CFR of 1.38% 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 3,095 measles patients at its Measles Care Units in 5 major hospitals in Metro Manila.

Laboratory testing

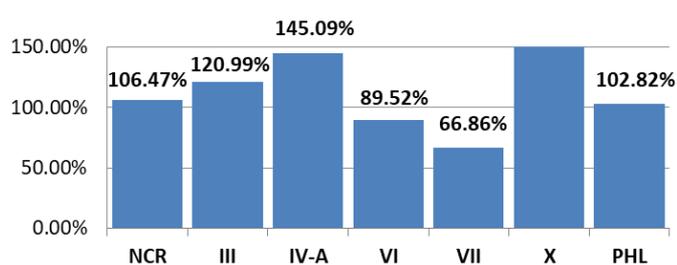
Of the 1,876 confirmed measles cases as tested by the Research Institute for Tropical Medicine (RITM), 1,633 were laboratory confirmed and 243 were epidemiologically linked. RITM tests confirm that the most affected age group is 9 months to 5 years old (38%) and male (52%), whereas cases are reported 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 29 March 2019, 3,890,653 out of the total target of 3,784,099 children aged 6-59 months have been vaccinated against measles (103%). 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 29 March 2019



Rapid Coverage Assessments (RCA) conducted by DoH in collaboration with UNICEF and WHO in 9 regions found all children vaccinated in 15 barangays compared to 12 barangays with pockets of unvaccinated children. The most common reasons for non-vaccination were lack of information about the measles campaign, procrastination, and/or sickness.

Partners support

- PRC volunteers vaccinated a total of 16,416 children in NCR, Luzon, Visayas, and Mindanao.
- Americares is providing additional nurses, per diem for transport, vehicles for transport, printing and distribution of 160 banners and streamers and 20,000 flyers, as well as supplies of cotton and alcohol to assist vaccination in schools and barangays in Region VIII (Paranas, Gandara and San Jorge in

Western Samar; Giporlos and MacArthur in Eastern Samar) and VII (Borbon, Medellin, San Remegio, Alcoy, Alcantara, Aloguinsan in Cebu).

- The International Medical Corps (IMC) is supporting CAR DoH with 4 additional vaccinators.
- The USAID-funded ReachHealth project hired 50 nurses who vaccinated 5,637 children in NCR and Calabarzon. ReachHealth is also providing 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, X and BARMM. 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 including vaccine carriers and ice packs in need of replacement
- Lack of human resources to step up RCAs in search 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)
- Distribution of OPV to ensure children are vaccinated against both measles and polio
- Dissemination of measles social mobilization and communication materials
- Detailed analysis of available data to prioritize interventions in most affected areas

Response plan

- Prioritization of areas based on measles case epidemiology and number of unvaccinated children.
- More intensive vaccination in areas where coverage is below 60%
- More attention is needed to follow proper cold chain practices to maintain vaccine effectiveness
- Expand age group for vaccination in areas with 95% coverage for selective target for 6 to 59 months
- For areas with over 100% coverage of selective target of 6 to 59 months, RCA team accompanied by mop up team should go around the area to ensure no child is left unvaccinated.
- Region and LGU's will need to analyze the measles epidemiology with plotting of weekly epi curve, age cohort of new cases, vaccination history of new cases.
- Any cluster of measles cases are to be immediately notified to NIP team for appropriate follow up.

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) and 7 hospitals in NCR

- 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
- Partnership with Ideas Positive Alumni Community (IPAC) in the fielding of youth volunteers in different regions of the country for information dissemination, master listing of defaulters and RCA

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