

Situation Report 9 Measles Outbreak

	Cases	Deaths
2018	20,827	199
2019*	28,362	389

* as of 5 April 2019

14 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 in recent years resulted in significant immunity gaps 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 5 April 2019, 28,362 measles cases including 389 deaths were officially reported through the routine surveillance system from the DOH, with a Case Fatality rate of 1,37% (see Table 1).

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

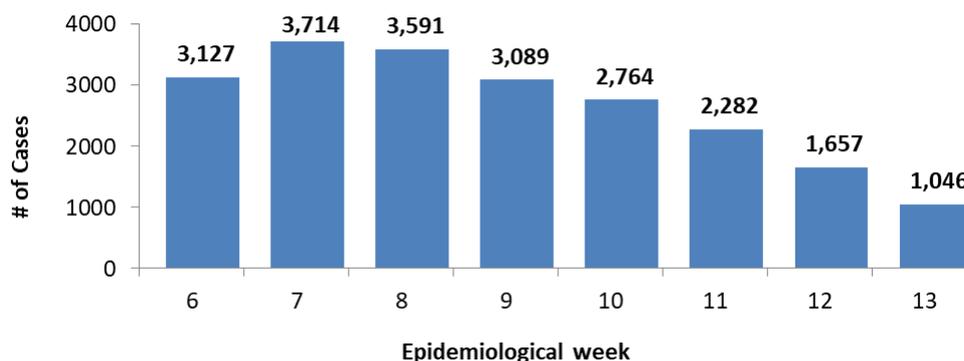
With a median age of 1 year old, 84% of all deaths are children under the age of 5, 61% of measles deaths are male. Most deaths are reported from Region III, IV-A, VIII and NCR.

As of 5 April 2019, 90% 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	6,053	56	1	28,362	389	1
01	86	0	0	1,225	12	1
02	13	0	0	415	2	0
03	150	3	2	4,633	64	1
04A	147	2	1	5,450	107	2
04B	17	0	0	1,197	10	1
05	14	0	0	838	7	1
06	73	0	0	1,696	7	0.4
07	120	1	1	1,395	10	1
08	9	0	0	1,133	25	2
09	850	5	1	343	1	0.3
10	543	1	0	1,396	10	1
11	908	12	1	625	11	2
12	582	5	1	565	4	1
ARMM	1,998	19	1	500	6	1
CAR	18	0	0	465	1	0.2
CARAGA	67	1	1	737	8	1
NCR	458	7	2	5,749	104	2

Figure 1: Newly Reported Measles Cases
3 February-30 March 2019



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

Response so far

Risk assessment

Risk of the current outbreak remains high at national level, and moderate at regional level.

Overall risk		
National	Regional	Global
High	Moderate	Low

Case management

Although decreasing, the CFR of 1.37% is considered high compared to the CFR of 0.93% in the same time period in 2018.

Philippine Red Cross (PRC) treated a total of 3,389 measles patients at its 6 Measles Care Units in Metro Manila.

Laboratory testing

RITM received a total of 18,796 samples from health facilities throughout the country between 1 January and 29 March 2019. Of the 2,390 confirmed measles cases as tested by the Research Institute for Tropical Medicine (RITM), 1,841 were laboratory confirmed and 298 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.

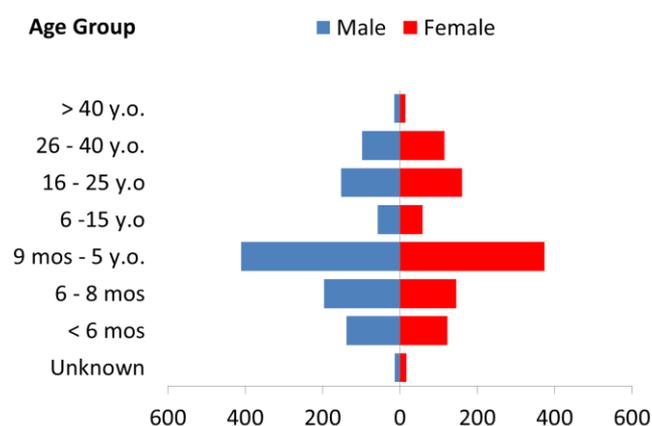
Immunization

Up to 3 April 2019, 4,758,520 individuals have been vaccinated against measles and rubella: 2,964,843 aged 6-59 months, 825,725 school-going children, and 967,952 children older than 12.

Partners support

- Over 1,500 PRC volunteers vaccinated a total of 16,811 children in NCR, Luzon, Visayas, and Mindanao. PRC organised a Measles Response Updating and Planning Workshop on 10-12 April in Manila to support DoH in halting the measles outbreak for the coming 6 months. A total of 66 people participated from 17 PRC chapters in Nueva Ecija, Bulacan, Zambales, Tarlac, Pangasinan, Marikina, Quezon City, Caloocan, Rizal, Manila, Laguna, Batangas, Mindoro Oriental, Cebu, Iloilo, Western Samar, and Leyte, as well as colleagues from regional DoH offices in Eastern Visayas, NCR, Region 4B, 7, 1, 4A, the Philippine League of Government and Private Midwives Inc, WHO, UNICEF, and universities.
- 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) Region VII (Borbon, Medellin, San Remegio, Alcoy, Alcantara, Aloguinsan in Cebu) and Region IV-A (Candelaria, Pagbilao, Atimonan in Quezon Province; Rodriguez, Taytay, Baras in Rizal; Nagcarlan in Laguna).
- 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.
- IOM hired 14 nurses to support with measles, polio and Japanese Encephalitis vaccination in 45 schools, 16 health centres, and a Teacher Camp Police School. Activities included house-to-house visits, fixed sites, and rapid coverage assessments. IOM provided cold-chain measures, infrared thermometers, IEC materials, and a vehicle.

Figure 2: Laboratory Confirmed and Epi-Linked Measles Cases by Age Group and Sex (n=2,390)
1 January-29 March 2019



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.

Rapid Coverage Assessments (RCA) conducted by UNICEF and WHO in 9 regions found 91% of all checked children vaccinated. The most common reasons for non-vaccination were lack of information about the measles campaign, procrastination, and/or sickness. 50% of parents who refused their child to be vaccinated declined to mention why; 25% replied they feared the vaccine, and 12% mentioned dengvaxia.

Major weaknesses identified are:

- Challenge in reaching remote, indigenous populations and seasonal workers (76%)
- No proof of child's vaccination (56%)
- No waste management plan (42%)
- Confusing guidelines and instructions and inconsistent provision of Vitamin A (32%)
- Defective AD syringes (31%)
- Lack of safety boxes for used needles (26%)
- Shortage of vaccines (19%)

Good practices observed:

- Cross-sectoral collaboration with other government agencies (DSWD, Fire Dept, PNP) or private sectors (hospitals and clinics, medical society)
- Some governors (Tarlac, Bulacan), mayors, barangay captains provided support and budget for printing of IEC materials.

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 measles outbreak response in DOH-BARMM
- Developed messages for UNICEF social media platform
- Amplified key immunization messages through UNICEF celebrity advocates for children like Anne Curtis, Kim Atienza and Daphne Osenza Paez
- Supported the development and signing of the Fatwa or Islamic Ruling on immunization
- 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
- Support to the National Post Measles Outbreak Response Immunization Evaluation and Planning Workshop on April 23-25, 2019
- Support to the Post Measles Outbreak Response Immunization and Planning Workshop for Samar and North Samar in the last week of April 2019

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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