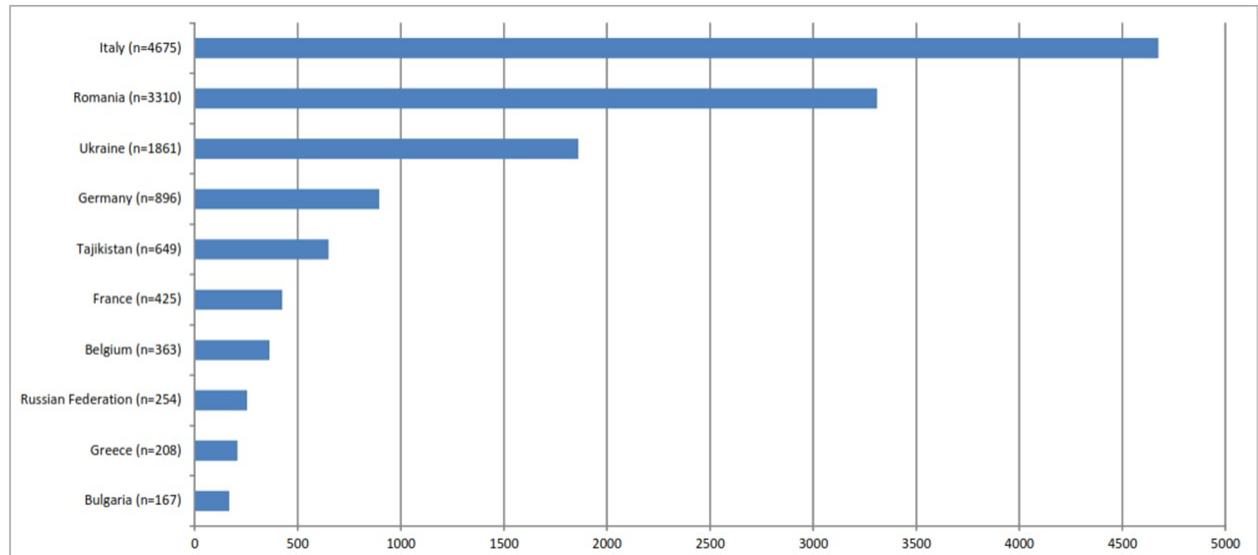


## Summary of the situation

Between October 2016 and September 2017, countries of the European Region reported 15,941 confirmed measles cases; 86% (n=13,712) of these cases were reported in 2017. In this period, the highest incidence was reported in Romania (252.4 cases per 1 million population), followed by Italy (82.4 cases per 1 million population) and Tajikistan (77.3 cases per 1 million population). In 2017, there were 20 measles deaths, including 10 reported in Romania.

In 2017, in the European Region, measles was confirmed by laboratory testing (serology, virus detection, or isolation) in 56% (7,725) of these cases, and the others were classified as epidemiologically linked or clinically compatible. The identified genotypes were D8 (n=405), B3 (n=547), H1 (n=22), and D9 (n=1).

**Figure 1.** Number of measles cases in the 10 countries of the European Region with the highest number of reported measles cases. 1 January to 30 September 2017.



**Source:** WHO Regional Office for the European Region. Vaccine-preventable Diseases and Immunization Programme.

Countries in other continents (China, Ethiopia, India, Indonesia, Lao People's Democratic Republic, Mongolia, Nigeria, the Philippines, Sri Lanka, Sudan, Thailand, and Vietnam, among others) have also reported measles outbreaks between 2016 and 2017.

**Suggested citation:** Pan American Health Organization / World Health Organization. Epidemiological Update: Measles. 1 December 2017, Washington, D.C.: PAHO/WHO; 2017

## Region of the Americas

Between epidemiological week (EW) 1 and EW 46 of 2017, a total of 600 confirmed measles cases were reported in four countries of the Region of the Americas: Argentina (3 cases), Canada (46 cases<sup>1</sup>), the United States of America (120 cases<sup>2</sup>), and the Bolivarian Republic of Venezuela (431 cases<sup>3</sup>). Of the cases reported in Argentina, Canada, and the United States of America, 36% were in children between 1 and 4 years of age; 60% of the cases had no vaccination history against measles and rubella.

In Venezuela, between EW 36 and EW 47 of 2017, a total of 773 suspected measles cases were identified, of these 431 were confirmed (by laboratory or by epidemiological link), 188 were discarded, and 154 remain under investigation; no deaths were recorded. The majority of the cases come from Bolívar state. In Anzoátegui state, two confirmed cases were identified, both with an epidemiological link with Bolívar state. Epidemiological surveillance has not identified suspected cases in other federal entities related to this outbreak.

Among the confirmed cases in the current outbreak in Bolívar state, the most affected age groups correspond to those under 1 year (incidence rate = 415 cases per 100,000 inhabitants), followed by those of 1 year of age (incidence rate = 248 cases per 100,000 inhabitants).

The active search of cases and the institutional vaccination activities, in educational centers, house to house, and at designated locations, with indiscriminate vaccination with the triple viral vaccine (measles, mumps and rubella - MMR) are maintained, 6 months to 5 years of age; with measles, rubella (MR) vaccine to the age group of 6 to 10 years and selective vaccination with MR vaccine to contacts from 11 to 39 years of age.

A summary of the support activities of the Pan American Health Organization / World Health Organization (PAHO / WHO) to the Venezuela Ministry of the Popular Power for Health (MPPS) in the implementation of the response plan for the interruption of the measles outbreak and the control of diphtheria in Venezuela, is available (in Spanish) at the following link: <https://sway.com/QMZ5v7quo1AianxU?ref=Link>

All cases confirmed in the Region of the Americas were imported from other continents, were related to importation, or had unknown source of infection. The genotypes identified were D8 in Argentina, and B3 and D8 in Canada and the United States. In Venezuela, the identified genotype was D8 (with a different lineage to the D8 identified in Brazil in previous years).

The Region of the Americas was the first to be declared by the International Expert Committee (IEC) free of rubella in 2015 and measles in 2016 (1,2). The main measure to prevent the introduction and dissemination of the measles virus is the vaccination of the susceptible population, together with the implementation of a surveillance system of high quality and sensitive enough to detect in a timely manner any suspected cases of measles or rubella.

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<sup>1</sup> Provisional data.

<sup>2</sup> Provisional data.

<sup>3</sup> Laboratory confirmed or by epidemiological link

## Advice to national authorities

This is Epidemiological Update on Measles is an update of the [Epidemiological Alert published on 27 October 2017](#) and there are no changes to the advice that was provided therein.

## References

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## Related links:

- PAHO/WHO. Immunization: [http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=1865&Itemid=1899&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=1865&Itemid=1899&lang=en)