Introduction

The following preliminary measles surveillance report aims to describe basic epidemiological features of measles in EUVAC.NET-participating countries for 2009.

Methods

Measles surveillance data were submitted by all 32 EUVAC.NET-participating countries for the whole year. Thirty-one countries provided casebased data obtained through national mandatory notification systems. Belgium provided casebased data gathered through both a national voluntary notification system and a mandatory system applied to schools. Cases meeting the requirements for national surveillance, including clinical, laboratory-confirmed, and epidemiologically linked cases, were analysed.

Data analysis was based on cases with disease onset in 2009. Case-based reports provided data disease onset dates. age, diagnosis confirmation. vaccination, importation. hospitalisation. the presence of acute encephalitis as a complication of measles, and measles-related deaths. Variables for which no data were available in the case-based reports were converted to unknown status.

We defined indigenous cases as those that were not recorded as imported from another country. Those with unknown importation status were also regarded as indigenous cases. Data for imported cases indicated the most probable country to have been the source of infection. Countries were grouped into categories of zero, low, moderate, and high incidence for the corresponding indigenous measles incidence per 100,000 inhabitants per year of 0, less than 0·1, 0·1–1, and more than 1, respectively.

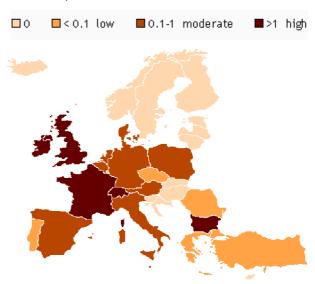
Case-based reports with absent or unknown disease onset dates were included in the analyses because the date of notification or the date of collection of the laboratory sample was during the corresponding years. Incidence was calculated with the number of cases of reported measles as the numerator and the country population obtained from the WHO Computerized Information System for Infectious Diseases (CISID)¹ as the denominator. We expressed incidence of disease as measles cases per 100,000 inhabitants per year, and that of death as the total per 1000 measles cases per year. We included all reported cases (i.e., including

indigenous cases, imported cases, and those with unknown importation status) when calculating crude incidences.

Incidence – notifications and laboratory data

During 2009, a total of 7,175 measles cases was reported and included 52 (0.7%) case-based reports with absent or unknown disease onset dates. Most cases (n=6,523; 91%) were from five countries: Bulgaria, France, Switzerland, the UK and Germany (table 1).

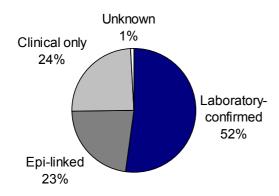
Figure 1. Geographical indigenous incidence of measles, 2009



In some countries minor discrepancies with nationally reported data may arise if these include cases reported in 2009 but with disease onset in 2008

The distribution of reported measles cases varied considerably among the participating countries (table 1). The largest numbers of cases in 2009 were reported from Bulgaria (31%) and France (22%), and the highest crude incidence rates were in Bulgaria and Switzerland with 29.88 and 13.16 per 100,000 inhabitants, respectively (figure 1). Figure 2 overleaf shows the proportions of cases by diagnosis classification.

Figure 2. Diagnosis classification of measles cases, 2009 (n=7,175)



In panel 1, countries have been grouped into low, moderate and high incidence categories based on reported indigenous measles cases. No indigenous cases were reported from 13 countries: Croatia, Cyprus, Estonia, Finland, Hungary, Iceland, Latvia, Lithuania, Luxembourg, Norway, Slovakia, Slovenia and Sweden.

Panel 1: Reported incidence of indigenous measles per 100,000 inhabitants by country, 2009

High incidence (>1) Bulgaria (29.9), Switzerland (13.0), Ireland (4.3), France (2.5) and United Kingdom (1.9).

Moderate incidence (0.1-1) Germany (0.7), Austria (0.5), Belgium (0.3), Italy (0.3), Poland (0.3), Malta (0.2), Denmark (0.1), the Netherlands (0.1) and Spain (0.1).

Low incidence (<0.1) Czech Republic (0.04), Greece (0.02), Portugal (0.01), Romania (0.01) and Turkey (0.001).

Outbreak-related and imported cases

Information on outbreak status was known in 5,528 (77%) cases. Of these, 4,301 cases reported as being outbreak-related (table 2), making up to 78% of those with a known outbreak status. Most outbreak cases were reported from the Bulgaria (52%), United Kingdom (16%), France (14%) and Germany (11%). Measles outbreaks in 2009 were documented Austria,2 from Bulgaria, 3,4 Denmark,⁵ France,⁶⁻⁸ Ireland⁹ and Poland.¹⁰ They involved the general population as well as particular groups such as Roma communities and anthroposophic communities. Measles transmission was reported in schools and hospitals.

The importation status was known in 5,163 (72%) of cases (table 2). Of these, there were 101 imported cases amounting to 2% of cases with known importation status. 60 (59%) were imported from another European country. The rest were reported as imported from other continents including, 22 from Asia, five from the Middle East, 11 from Africa, three from North America region. The number of reported measles cases by country identified as sources of importation is seen in panel 2.

Panel 2: Top 10 countries identified as sources of importation, 2009

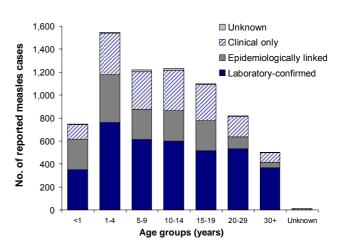
France (17), India (10), UK (10), Ireland (7), Italy (7), Switzerland (7), Thailand (5), Ethiopia (4), Spain (4) and Germany (3)

This panel needs to be interpreted with caution as the definition of an imported case may differ from country to country.

Age distribution

The age-group was known in 99.8% of cases. Measles was reported in both children and adults. Overall, 10% of cases were infants, 22% 1-4 years, 50% 5-19 years and 18% were ≥20 years. Figure 3 shows the number of reported measles cases by age-group and diagnosis confirmation status.

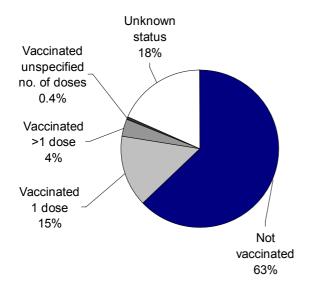
Figure 3. Reported measles cases by age-group and diagnosis confirmation status, 2009 (n=7,175)



Vaccination status

Information on known vaccination status was provided in 5,860 (82%) of all reported measles cases (table 3). Overall, 77% of those with a known vaccination status were unvaccinated. Figure 4 overleaf shows the proportions of cases by vaccination status.

Figure 4. Vaccination status of measles cases, 2009 (n=7,175)



Morbidity and mortality

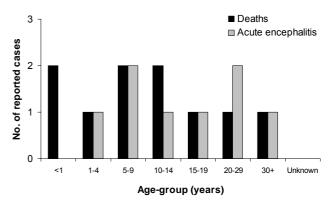
Data on known hospitalisation status was available in 98% of all reported measles cases. There were 2,819 reported hospitalised cases in connection with measles (table 2) amounting to 40% of all cases with known hospitalisation status.

A total of 10 measles-related deaths were reported. These were reported from Bulgaria (seven deaths), France (two deaths) and the Netherlands (one death). This corresponds to an overall case fatality rate of 1.39 per 1000 Six died measles cases. of pulmonary complications and four died of acute encephalitis. Seven cases were unvaccinated, four cases had received one measles-containing vaccine (MCV) and in two cases the vaccination status was unknown. The cases of the measles-related death cases ranged from 3 months to 39 years (figure 5). With the exception of one case, all were laboratory confirmed for measles.

Eight cases were complicated with acute encephalitis corresponding to an overall incidence of 1.11 per 100,000 measles cases. The cases were reported from Bulgaria (three cases), France (two cases), the UK (two cases) and Switzerland (one case). The cases of acute encephalitis ranged from one year and 10 months to 30 years (figure 5). Three had not been vaccinated against measles while two had been vaccinated with one MCV dose. In the other two cases the vaccination status was unknown.

Acute encephalitis contributed to four measlesrelated deaths.

Figure 5. Number of reported measles-related deaths (n=10) and acute encephalitis (n=8), 2009



Comments

The number of reported measles cases in EUVAC.NET-participating remained almost the same in 2009 compared with the previous year. The decline in the number of cases from many countries have been counterbalanced by increases in the number if cases from a few countries, namely Bulgaria, France and Ireland.

Comparisons between countries should, however, be made with caution because while some countries reported both clinical cases and laboratory-confirmed cases others only reported the latter. More countries reported zero indigenous cases with 13 countries in 2009 compared with 10 in 2008. As expected, the majority of measles cases occurred in unvaccinated cases.

Most imported cases were reported to occur following travel to countries with documented outbreaks or where endemic measles transmission still occurs. It is to be noted that the list of countries reported as sources of importation of measles (panel 2) has to be interpreted with caution since different countries may use different definitions of imported cases.

The sharp increase in number of measles cases in some EUVAC.NET-participating countries remains of great concern in relation to the measles elimination goal by 2010. The commitment to eliminate measles in Europe needs to be strengthened by increasing vaccination coverage with two doses of measles vaccines to a WHO recommended minimum of 95%.

Additionally, enhanced surveillance from clinical to laboratory level needs to be undertaken for early identification and laboratory confirmation of cases. An increased level of suspicion in cases

with rash, particularly in those >15 years old and in travellers returning from endemic countries is important. Laboratory investigations including molecular characterization of measles virus help to better define outbreaks and identify imported measles thereby demonstrating the absence or presence of endemic measles.

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Reporters

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Table 1. Reported measles cases and laboratory-confirmed cases by country, 2009 (n=7,175)

Country	Number of cases (Crude incidence per 100,000 inhabitants)				Laboratory-confirmed cases		Epidemiologically linked cases	
	2	800	2	009	2009		2009	
Austria	427	(5.09)	47	(0.56)	13	28%	0	0%
Belgium	98	(0.94)	33	(0.31)	24	73%	2	6%
Bulgaria	1	(0.01)	2249	(29.88)	696	31%	1,226	55%
Croatia	50	(1.10)	2	(0.04)	1	50%	0	0%
Cyprus	1	(0.12)	0	(0)	0		0	
Czech Republic	2	(0.02)	5	(0.05)	5	100%	0	0%
Denmark	12	(0.22)	8	(0.15)	8	100%	0	0%
Estonia	0	(0)	0	(0)	0		0	
Finland	5	(0.09)	2	(0.04)	2	100%	0	0%
France	604	(0.98)	1544	(2.48)	832	54%	96	6%
Germany	915	(1.11)	572	(0.69)	387	68%	146	26%
Greece	1	(0.01)	2	(0.02)	1	50%	0	0%
Hungary	0	(0)	1	(0.01)	1	100%	0	0%
Iceland	0	(0)	0	(0)	0		0	
Ireland	56	(1.28)	193	(4.33)	100	52%	30	16%
Italy	1619	(2.75)	173	(0.29)	0	0%	0	0%
Latvia	3	(0.13)	0	(0)	0		0	
Lithuania	1	(0.03)	0	(0)	0		0	
Luxembourg	0	(0)	0	(0)	0		0	
Malta	1	(0.24)	1	(0.24)	1	100%	0	0%
Netherlands	109	(0.66)	15	(0.09)	13	87%	1	7%
Norway	4	(0.08)	2	(0.04)	2	100%	0	0%
Poland	100	(0.26)	109	(0.29)	56	51%	41	38%
Portugal	1	(0.01)	3	(0.03)	3	100%	0	0%
Romania	14	(0.07)	8	(0.04)	7	88%	0	0%
Slovakia	0	(0)	0	(0)	0		0	
Slovenia	0	(0)	0	(0)	0		0	
Spain	296	(0.66)	41		31	76%	3	7%
Sweden		(0.27)	3	(0.03)	3	100%	0	0%
Switzerland		(27.45)		(13.16)		41%		8%
Turkey		(0.01)		(0.01)	2	50%	0	0%
United Kingdom		(2.30)		(1.90)	1148	98%	2	0%
Total	7817	(1.33)	7175	(1.22)	3745	52%	1631	23%

Table 2. Reported measles cases: hospitalised, outbreak related and imported, by country, 2009

Country	Hospitalised cases ¹			Outbreak-related cases ¹			Imported cases ¹		
	No. of cases (% of known hospitalisation status)		% Unknown status or no data	No. of cases (% of known outbreak status)		% Unknown status or no data	No. of cases (% of known importation status)		% Unknown of total or no data
Austria	11	26%	11%	27	71%	19%		5%	9%
Belgium	8	29%	15%	13	41%	3%	6	20%	9%
Bulgaria	1760	78%	0%	2249	100%	0%	1	0.04%	0%
Croatia	1	50%	0%	0	0%	0%	2	100%	0%
Cyprus	0			0			0		
Czech Republic	4	80%	0%	0	0%	0%	1	25%	20%
Denmark	5	63%	0%	5	71%	13%	1	13%	0%
Estonia	0			0			0		
Finland	1	100%	50%	0	0%	0%	2	100%	0%
France	422	28%	2%	590	53%	28%	4	0.3%	22%
Germany	149	27%	2%	453	79%	0%	26	5%	5%
Greece	1	50%	0%	0	0%	0%	0	0%	0%
Hungary	1	100%	0%	0	0%	0%	1	100%	0%
Iceland	0			0			0		
Ireland	79	46%	11%	105	75%	27%	3	3%	45%
Italy	41	24%	2%	21	100%	88%	0		98%
Latvia	0			0			0		
Lithuania	0			0			0		
Luxembourg	0			0			0		
Malta	0	0%	0%	1	100%	0%	0	0%	0%
Netherlands	5	33%	0%	10	71%	7%	3	25%	20%
Norway	1	50%	0%	0	0%	0%	2	100%	0%
Poland	74	68%	0%	86	79%	0%	1	1%	0%
Portugal	3	100%	0%	2	67%	0%	2	67%	0%
Romania	6	86%	13%	6	75%	0%	6	75%	0%
Slovakia	0			0			0		
Slovenia	0			0			0		
Spain	7	17%	0%	32	82%	5%	7	17%	0%
Sweden	1	100%	67%	0	0%	33%	3	100%	0%
Switzerland	81	9%	4%	0		100%	13	2%	22%
Turkey	4	100%	0%	3	75%	0%	3	100%	25%
United Kingdom	154	13%	0%	698	60%	0%	12	100%	99%
Total	2819	40%	2%	4301	78%	23%	101	2%	28%

¹Denominator n=7,175

Table 3. Vaccination status of reported measles cases by country, 2009 (n=7,175)

Country	No. of unvac	cinated cases	No. of vacci	inated cases	No. with unknown		
	(% of unvaccinated of		(% vaccinat	ed of known	vaccination status/no data		
	known vaccination status)		•	vaccination status)		(% unknown status	
		,	,		/no data of total)		
Austria	27	93%	2	7%		38%	
Belgium	23	77%	7	23%	3	9%	
Bulgaria	558	39%	855	61%	836	37%	
Croatia	1	100%	0	0%	1	50%	
Cyprus	0		0		0		
Czech Republic	3	75%	1	25%	1	20%	
Denmark	8	100%	0	0%	0	0%	
Estonia	0		0		0		
Finland	2	100%	0	0%	0	0%	
France	1108	84%	217	16%	219	14%	
Germany	489	95%	26	5%	57	10%	
Greece	0	0%	2	100%	0	0%	
Hungary	0	0%	1	100%	0	0%	
Iceland	0		0		0		
Ireland	116	74%	41	26%	36	19%	
Italy	146	87%	22	13%	5	3%	
Latvia	0		0		0		
Lithuania	0		0		0		
Luxembourg	0		0		0		
Malta	1	100%	0	0%	0	0%	
Netherlands	13	93%	1	7%	1	7%	
Norway	1	100%	0	0%	1	50%	
Poland	84	77%	25	23%	0	0%	
Portugal	1	50%	1	50%	1	33%	
Romania	3	38%	5	63%	0	0%	
Slovakia	0		0		0		
Slovenia	0		0		0		
Spain	33	87%	5	13%	3	7%	
Sweden	1	33%	2	67%	0	0%	
Switzerland	795	92%	68	8%	129	13%	
Turkey	1	50%	2	67%	1	33%	
United Kingdom	1097	94%	69	6%	0	0%	
Total	4511	77%	1352	23%	1312	18%	

Contributors

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