

# Combating vaccine-preventable diseases in the European Region: focus on Measles Elimination

## Addressing Complacency, Convenience and Confidence

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# WHO European Region



- **53 Member States**
- **890 million persons**

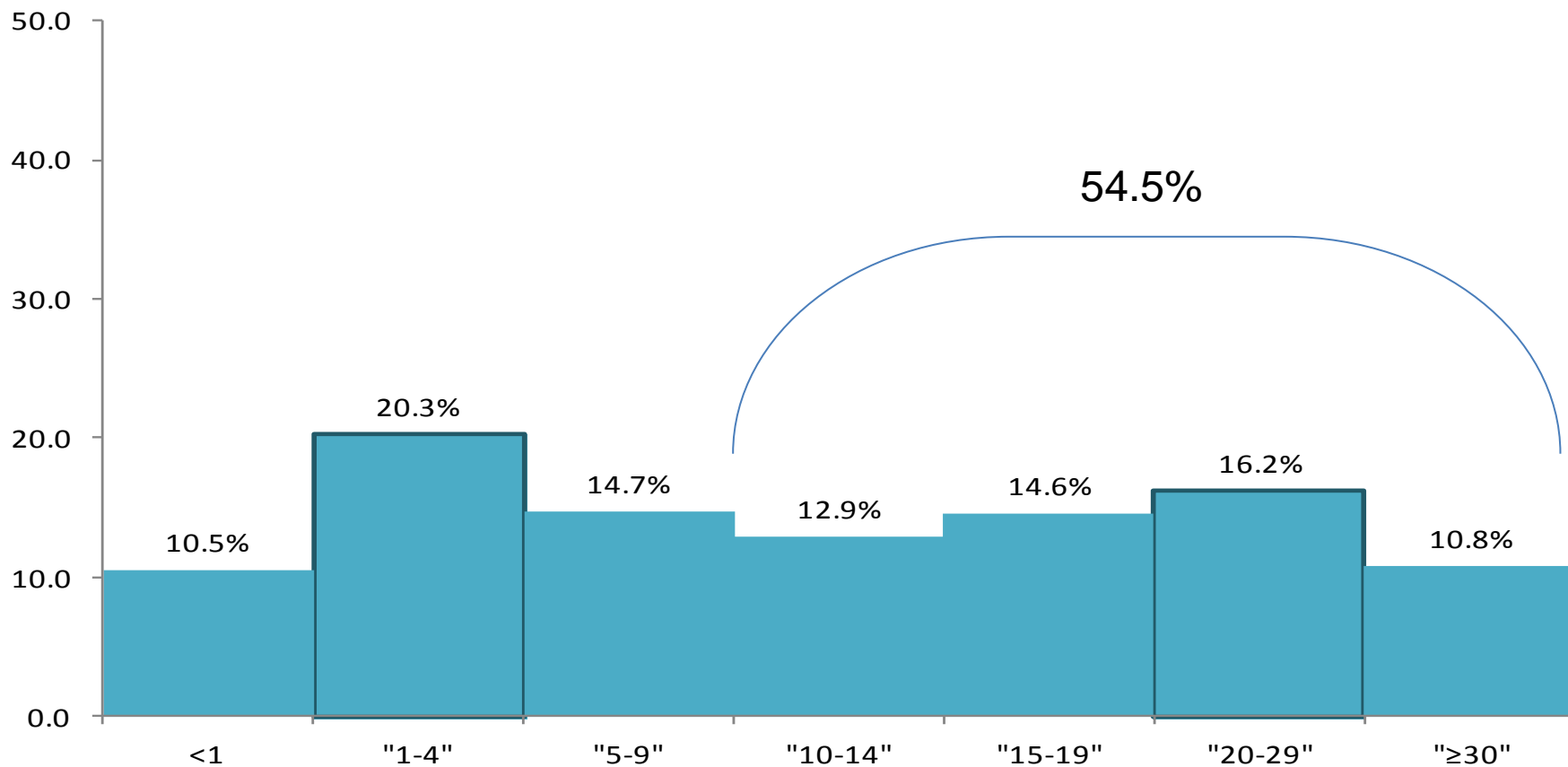
- Video File

# Countries with highest number of measles cases in the WHO European Region, 2009 - 2012

Country	2009	2010	2011	2012	Total
Bulgaria	2249	22006	157	0	24412
France	1541	5019	15214	745	22519
Ukraine	24	42	1313	11086	12465
Romania	8	187	4417	2447	7059
Italy	173	861	5179	530	6743
Spain	43	285	3507	401	4236
United Kingdom	1176	397	1083	1093	3749
Germany	572	805	1600	139	3116
Russian Federation	101	152	783	1771	2807
Switzerland	999	81	644	58	1782
<b>Total</b>	<b>6886</b>	<b>29835</b>	<b>33897</b>	<b>18270</b>	<b>88888</b>
% of all in WHO	92.82	96.71	89.45	96.85	93.54
WHO European Region	7419	30850	37893	18865	95027

- Ten countries reported almost 95% of all cases in the Region
- Member States with nationwide outbreaks or endemic measles

# Proportion of measles cases by age groups, WHO European Region 2009-2012



- Adolescents and young adults around 50% of cases

# What do we need to do to attain measles elimination in Europe? (1)

## 1. Continued efforts to address barriers for vaccine uptake

- **Steady commitment** (secure funding for vaccine purchase and distribution, advocacy)
  - **Opportunities for discussing vaccination with HC staff**
  - **Reminders and recall systems** (as part of implementation of immunization programme)
  - **Equip with tools to better identify barriers, plan and tailor immunization programmes to reach the underserved.**
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# What do we need to do to attain measles elimination in Europe? (2)

## 2. To focus on susceptible populations (under-vaccinated)

- Provide additional vaccination opportunity, including SIA, to all high risk groups and susceptibles (2000-2010, 57 mill)
  - **Better profiling : understanding attitudes, beliefs, and social and behavioural determinants**
  - Better communication strategies
  - Exploration of non-traditional service delivery
  - Improve integration with health-care systems (registration, eligibility, as well as outreach programmes, mediators)
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# What do we need to do to attain measles elimination in Europe? (3)

## 3. Enhance surveillance and immunization monitoring

- Rapid investigation of suspected cases with laboratory tests
  - Seroprevalence studies (free testing for adults)
  - More accurate monitoring of immunization coverage (to include all population)
-



# What do we need to do to attain measles elimination in Europe? (4)

## 4. Policies to improve prevention and control

- **Hospitals and health-care settings** (strengthen recommendation - Finland: compulsory vaccination for HCWs)
  - **School entry requirement** (as in some states of the US)
  - **Pre-travel vaccination** (liaise with travel agencies and travel health centres)
  - **”Immunise baby-immunise parents” policy**
  - **Standing orders and pre-discharge patient handouts**
  - **WHO international travel and health guidelines**
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# What do we need to do to attain measles elimination in Europe? (5)

## 5. Improve availability of high-quality information

- Via government and non-government websites
  - Medical and nursing curricula
  - **Media and communication profiling: conduct media audits and exposure studies and accordingly draw upon:**
    - Social media
    - Traditional mass media
    - Tried and tested interpersonal communication techniques
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# Verification process for elimination

- Draft Framework finalized in 2011
- Regional Verification Commission established in January 2012
- Establishing of National Verification Commissions ongoing
- Developing guidelines for documenting verification - epidemiologic evidence of interruption of transmission
- Action plans for each Member State



## ELIMINATING MEASLES AND RUBELLA

FRAMEWORK FOR THE VERIFICATION PROCESS IN THE WHO EUROPEAN REGION

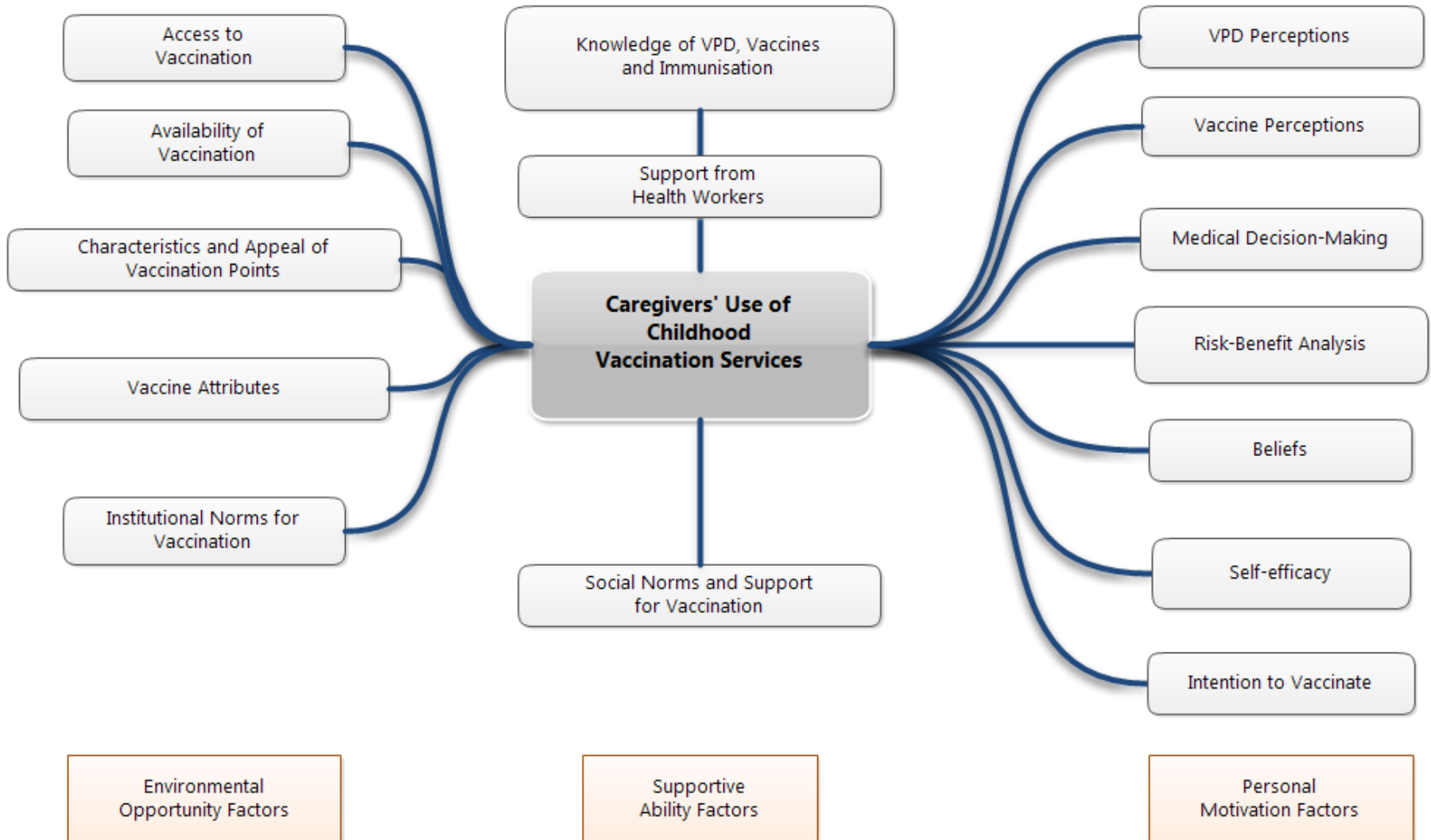
2012

**2.2 Better profiling : understanding attitudes, beliefs, and social and behavioural determinants**

**5.3 Media and communication profiling: conducting media audits and exposure studies**

# **Complacency, Convenience and Confidence - tackling the three Cs**

# Caregiver Behaviours: The Determinants



COMPLACENCY  
COMPLACENCY  
KILLS



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**“What fits your busy schedule better,  
exercising one hour a day or being  
dead 24 hours a day?”**



# Complacency

Just because things are going well now,  
doesn't mean they can't go horribly  
wrong at any moment...







# Trust?

Years to earn, seconds to break.



Overtime Sick  
Dread Health No Time Tired  
Headache Fear  
Time Management Bills payments  
Stress No Sleep  
Insurance Anxiety Fear  
Savings Worry Debt  
Overdue Job Retirement  
Late Nights Anxiety  
Expectations





**NOT NOW**



**I'M BUSY**

# Final Messages

- Its not the parent and caregiver who should bare the full responsibility and weight of our expectations
  - Better profiling of susceptible populations and tailoring of responses is necessary
  - Need to ramp up political advocacy and commitment
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**Јер пред девојчицама**

**мораш да будеш јак**