



REPUBLIC OF MOZAMBIQUE

MINISTRY OF HEALTH

Committee of Experts on Immunisation (CoPI)

Second Meeting

Maputo, 14 a 16 November 2011.

Recommendation on Measles Elimination and Rubella Control

Recommendation R003/02/2011

Preamble

The CoPI acknowledged that:

- A. The inoculation coverage rate, at national level, is far beyond 95% and in approximately one third of districts it remains lower than 80% (pre-elimination targets);
- B. In some cases, coverage rates over 100% are still being presented, indicating errors in the calculation of the target group and poor quality of data;
- C. The case based Measles Epidemiological Surveillance System started in 2006 including the clinical and laboratory components in addition to the epidemiological one. In the scope of the strategy for measles elimination, 3 campaigns of measles vaccination have been carried out (2005, 2008 and 2011). In spite of the advances reached, Mozambique is still far from meeting the targets for measles pre-elimination;
- D. Deficiencies still persist on the use of case definition, for measles detection and notification, which can contribute to the under-notification and the existence of silent districts;
- E. There are problems in laboratory diagnosis, due to:
 - ➔ Breaks of stocks of measles-rubella testing kits, due to difficulties in the importation process for the last 2 years.
 - ➔ Deficiencies in the quality of biological samples, mainly due to difficulties in packing and transportation;
- F. There is little information concerning the genotype of the measles virus circulating in Mozambique;

- G. In what concerns rubella, there are evidences of its occurrence based on the measles epidemiological surveillance and on older studies. However, the disease burden and the age groups with greater incidence are unknown;
- H. There is no information on:
- Rate of seroconversion after vaccination;
 - Congenital rubella burden in Mozambique.

Operative Paragraphs

Under these conditions, the CoPI recommends:

- To strengthen the EPI programme, in all its components, in order to increase the coverage rate, aiming at reaching the measles pre-elimination targets.
- To improve the quality of the coverage rate data.
- To strengthen the capacity of laboratory diagnosis, through:
 - Identification of and solving mechanisms to speed-up the importation procedure of laboratory diagnosis kits;
 - Strengthening the logistical aspects of packing and transporting samples to the reference laboratories (national and regional), including the ones related to the cold chain.
- To conduct studies in order to obtain evidences on:
 - Rates of seroconversion after vaccination of measles (to rationalize resources, the study should comprise the seroconversion after other vaccines),
 - Measles virus genotypes circulating in Mozambique,
 - The congenital rubella burden in Mozambique.

Monitoring indicators

- ➔ Measles vaccine coverage rates at National level:
Responsibility: EPI Manager.
- ➔ Number/percentage of districts with measles vaccine coverage rates over 80%.
Responsibility: EPI Manager.
- ➔ That, up to the end of 2012, the target group for measles vaccination had been recalculated in accordance with the recommendation of the first CoPI meeting:

Responsibility: *EPI Manager in collaboration with INE.*

- ➔ That, on the 2012, the data of measles vaccine coverage rate, show a better quality making Provincial Directors, Directors of District Health, Woman and Social Action Services, as well as the Provincial and District Chief Medical Officers accountable for the presentation of coverage rates over 100%, without plausible justification:

Responsibility: *National Director of Public Health.*

- ➔ Number of Districts that had been supervised:

Responsibility: *EPI Manager.*

- ➔ That the mechanisms to speed-up importation processes for laboratorial diagnosis kits, have been identified and solved:

Responsibility: *WHO and CMAM.*

- ➔ Number and duration of episodes of breaks in vaccine stocks:

Responsibility: *WHO and CMAM.*

- ➔ Rates of rejected biological samples:

Responsibility: *Provincial and District Chief Medical Officers.*

- ➔ That, up to the end of 2012, the above mentioned studies have been conducted and the results made available.

Responsibility: *Director of the National Institute of Health.*

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