**ECDC: Insufficient vaccination coverage in EU/EEA fuels continued measles circulation**

**News story**

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**A large measles epidemic has affected the EU/EEA Member States in the past three years, with 44 074 cases reported by 30 Member States between 1 January 2016 and 31 March 2019.**

This is a high number of cases compared to the previous three years (2012–2015), according to a report issued by the European Centre for Disease Control and Prevention (ECDC) today.

Vytenis Andriukaitis, EU Commissioner for Health and Food Safety, said:

“*According to the objectives set by the World Health Organization, measles should have been eliminated in the European region already by 2000. However, Europe is still far from being a measles-free continent. These numbers are just unacceptable, especially given that an effective vaccine against the disease has existed since the 1960s”*

Andrea Ammon, ECDC Director, said:

*“Measles continues to be an EU-wide health threat. Due to failures in reaching the current global vaccination targets, 4.5 million children and teenagers in the EU/EEA below 20 years of age are unnecessarily at risk of measles. This number equals almost all children born in one year in the EU/EEA. Measles elimination can only be achieved through an active, relentless, and simultaneous commitment from all countries.”*

Based on ECDC’s epidemiological assessment, there is a high risk of continued widespread circulation of measles in EU/EEA in the near future, as long as significant immunity gaps and suboptimal vaccination coverage remain. In the report, ECDC has focused on three of the main factors driving this risk:

* A large pool of people susceptible to measles in the EU/EEA, due to low historical and current vaccination coverage. Among this group are children and teenagers born in the EU/EEA after 1999 who have not been vaccinated. According to ECDC estimates, this group accounts for almost one full annual EU/EEA birth cohort of more of than four-and-a-half-million children.  The total number of people susceptible to measles in the EU/EEA will greatly exceed this figure after accounting for infants too old to be protected by maternal antibodies but too young to be vaccinated, and the adults born pre-1999 that have never been immunised. The number of countries achieving the WHO target of 95% vaccination coverage for two doses of measles-containing vaccine has dropped significantly. In 2017, only four countries achieved the target compared to 14 countries in 2007. A vaccination coverage of 95% is necessary in order to eliminate the disease.
* A high burden of measles among infants and adults. The EU/EEA median age of cases has progressively increased over the past ten years, from a median age of 10 years in 2009 to 17 years in 2019. Adults aged 20 years and above represented 35% of reported cases between 2016–19. In the same period, the average annual notification rates were highest in infants, up to 44 times higher than the other age groups. Almost half (45%) of all measles deaths were reported in infants.
* The continued potential of importations, which can worsen existing outbreaks or start new ones in communities where measles is not currently circulating and where immunity gaps persist. Between 2016–2019 almost half (43%) of the cases imported into EU/EEA countries acquired their infection in another EU/EEA country, mainly those countries where measles are endemic and/or are experiencing large outbreaks. As measles continues to circulate widely within the region, it remains an EU-wide threat capable of affecting any country with immunity gaps.

The report lists a number of options for tackling the problem. The most important intervention is to ensure a high quality routine immunisation programme, reaching 95% vaccination coverage at subnational level. It is also important to increase the opportunities for checking vaccination status and offer vaccination as appropriate, and to offer supplementary immunisation activities to close immunity gaps in older populations. Measles vaccination should be offered and promoted to those professions that involve frequent direct contact with other individuals. Furthermore, checking and updating vaccination status should be a routine practice during travel medicine consultations and general health checks.

Vytenis Andriukaitis, EU Commissioner for Health and Food Safety, concluded:

*“We have to face the ‘reality check’: only four EU countries achieve the necessary target of at least 95% coverage for two doses that leads to herd immunity. Why this is important? It matters because we protect each other: in order to eliminate the disease and protect those of us who cannot be vaccinated for different reasons, we all need to vaccinate. It is not just about personal choice, it is also a form of solidarity. Both as a medical doctor and Commissioner for Health, I have been keeping vaccination very high on my priority list and I am particularly looking forward to the Global Vaccination summit that will take place September 12. This Summit will give us an opportunity to hold a fulsome debate and give a strong message: vaccines save lives and we have to be serious about it.”*