With global rates of first dose measles vaccine coverage stagnating at 88% and second dose vaccine coverage at only 69%, it is no surprise that we see measles outbreaks worldwide. This is a painful reminder that without 95% coverage with two doses of measles vaccines, measles virus once introduced into a community will spread to anyone who is not vaccinated or previously immune.

We see large measles outbreaks in the Democratic Republic of the Congo, Georgia, Kazakhstan, Kyrgyzstan, Madagascar, the Philippines and Ukraine, resulting in over 353,000 cases worldwide in 2018, double the number of cases in 2017 (173,457). Tragically, Venezuela had measles virus introduction in 2017 with spread to six other South American countries. Because the virus strain was circulating for more than a year in Venezuela and Brazil, both countries lost their measles elimination status, and the Region of the Americas consequently lost its measles elimination status. Now none of the WHO Regions are considered to have eliminated measles – a far cry from the Global Vaccination Plan objective of reaching elimination in five of the six WHO Regions by 2020.

Moreover, the United States, with a mean outbreak that started in 2018, is at risk of losing its elimination status if the same virus strain is still circulating in October 2018. The U.S. outbreak, with more than 1,000 cases in 2019, highlights the importance of ensuring that even in countries with high vaccine coverage rates communities with less than 95% coverage with two doses of measles vaccine can suffer from measles outbreaks.

Although reasons for poor vaccine coverage vary, lack of access to vaccine is the central reason why we are now seeing outbreaks across the world. The majority of children who miss out on lifesaving vaccines live in poor, marginalised communities, which may be affected by insecurity and conflict or live in urban slums or remote rural areas where health services are limited. Access to all vaccines – whether health services are limited. Access to all vaccines – whether
2018 IN NUMBERS

116,586,279 children received the 1st dose of the measles vaccine in 194 countries for 86% global coverage.

168 countries (87%) provided rubella vaccines in their immunization schedule.

109 countries had >90% immunization coverage for the 1st dose of the measles vaccine.

UNICEF procured and delivered 373,590,450 doses of measles vaccines on behalf of 84 countries.

171 countries (88%) introduced a 2nd dose of the measles vaccine in their immunization schedule.

275,768 specimens were tested for measles.

204,549 specimens were tested for rubella.

The Region of the Americas maintained rubella and congenital rubella syndrome elimination.

4,054 volunteers mobilized by the American Red Cross reached 1,234,839 households in 4 countries.

45 supplemental immunization activities with M&RI support.

10 countries delivered additional health interventions, including deworming, polio and Vitamin A during measles campaigns.


The ten countries with the largest number of reported measles cases in 2018.

- Angola 19,742
- Ethiopia 18,550
- India 3,109
- Nigeria 5,138
- Pakistan 3,259
- Sudan 9,537
- Tanzania 1,028
- Uganda 5,547
- Vietnam 7,493
- Yemen 6,024

16,586,279 children received the 1st dose of the measles vaccine in 194 countries for 86% global coverage.

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