Although the country has achieved 98% reduction of measles and rubella incidence, it needs to maintain high quality case-based surveillance, close the MR gaps rapidly and implement the planned campaigns in 2019. Future funding must also be secured to support MR surveillance, RI and SIAs.

The success of Nepal’s health history is a reason to believe that it has successfully controlled rubella.

**What made Nepal successful in controlling rubella?**

- Strong leadership
- Careful planning and implementation
- Strong health system
- A passionate workforce that took ownership of the programme
- Community participation
- Quality assurance
- Careful monitoring

**Sustainability indicators**

- Evidence of monitoring and review of progress and corrective action taken
- Well-designed and implemented outbreak response plans
- Evidence of risk assessment or equivalent work plan at the subnational level
- Adequate budgeted outbreak response plan
- Capacity for epidemiological investigation and analysis of outbreaks at the subnational level
- Proportion of subnational platforms capacitated in the outbreak investigation
- Proportion of subnational platforms capacitated in the outbreak investigation
- Procurement of required antivirals and antiretrovirals
- Procurement of required antivirals and antiretrovirals
- Immune due to past infection
- Immune due to past infection
- Protected by SIAs
- Protected by SIAs
- Protected by routine vaccination with 1st dose
- Protected by routine vaccination with 1st dose
- Protected by routine vaccination with 2nd dose
- Protected by routine vaccination with 2nd dose
- Protected by maternal antibodies
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**Rubella at a Glance**

Nepal, 2018

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**Rubella at a Glance**

Nepal, 2018
High MR1 coverage (~90%) is the backbone of the high impact immunization interventions. Rubella cases have been reduced by 98% in 2017 compared to its base year 2008. This has been made possible by the joint efforts of political leaders, health workers, community members and international organizations. Population immunity in the general population has also been sustained at relatively high levels, thus giving a rubella-free legacy to the future generations.

**Significant events**

- 1988: Measles surveillance started
- 2004: Outbreak surveillance started
- 2010: Mandatory reporting on measles and rubella started
- 2012: Full immunization declarations initiative introduced; MR campaign conducted (9 months–15 years)
- 2013: MCV1 (with rubella component) introduced in routine immunization (RI)
- 2015: Second dose of MCV2 introduced in EPI; National Verification Committee formed; Subnational level SA (MR vaccines) conducted (6–59 months)
- 2016: Subnational level SA (MR vaccines) conducted (6–59 months), National Public Health Laboratory last accredited
- 2018: Verification that Nepal has adequately controlled rubella and CRS

**Measles and rubella/CRS surveillance**

- **1 main office**
- **15 field offices**
- **79 active surveillance sites**
- **735 weekly reporting sites**
- **1149 informers**

**WHO-accredited MR laboratory (and 1 proficient laboratory with accreditation in the process)**

**Full Immunization Declaration (FID) districts**

- Districts declared FID (n=57)
- Some of the local bodies declared FID (n=20)

**Nepal: An overview**

**Source:** Country report and WHO UNICEF estimates of national immunization coverage series.
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