# Impact of mass vaccination campaigns on measles transmission during an outbreak in Guinea, 2017

Guinea

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# Objective

Evaluate the effectiveness of outbreak response vaccination (ORV) campaigns and the effective reproduction number  $(R_t)$ of measles during a nationwide outbreak in Guinea.



### Background

The **measles virus** is spread through droplets (e.g., via coughing) but can also become airborne.

Measles is a vaccine-preventable disease. 1 2016 vaccination coverage in Guinea: **48%** (target: 95%)

A nationwide outbreak began early January 2017 following disruptions to vaccination during the 2014–2016 Ebola epidemic (1). **ORV** campaigns were implemented to reduce transmission, morbidity, and mortality (2):

#### Guinea measles ORV campaigns in 2017

Campaign	Campaign dates	# of health districts	Target age (months)	Number vaccinated
1	Mar 13–19	1	6–119	148,344
2	Apr 9–17	5	6–119	662,733
3	Apr 25–May 1	22	6–59	1,315,918

If  $R_{f}$  —the average number of secondary cases produced by an infectious individual within a partially immune population—is <1, incidence is reduced and outbreaks taper off.

### Table 1. Effective reproduction number based on ORV timing

#### **Effective reproduction number (95% CI)**

Timing	Before ORV	Campaign 1	Campaign 2	Campaign 3	AIC
Start of	1.60 (1.55–1.67)	0.76 (0.74–0.79)			2564
	1.60 (1.55–1.67)	0.75 (0.71–0.79)		0.77 (0.73–0.80)	2566
campaign	1.60 (1.55–1.67)	0.75 (0.71–0.79)	0.91 (0.84–0.98)	0.71 (0.68–0.75)	2545
End of	1.23 (1.19–1.27)	0.79 (0.76–0.82)			3060
buffer	1.23 (1.19–1.27)	0.89 (0.84–0.94)		0.71 (0.68–0.75)	3031
periods	1.23 (1.19–1.27)	0.89 (0.84–0.94)	0.69 (0.63–0.76)	0.72 (0.68–0.77)	3033

### Figure 1. Measles outbreak cases and effective reproduction number



# Methods

We estimated R, for all measles cases with illness onset in calendar year 2017 using a piecewise constant model for  $R_t$  where

$$R_t = egin{cases} R_1, & ext{for } t < t_0 \ R_2, & ext{for } t_0 \leq t < t_1 \ R_3, & ext{for } t_1 \leq t < t_2 \ R_4, & otherwise \end{cases}$$

...and the renewal equation

$$E(i_t) = R_t \sum\limits_{i=1}^{t-i} i_{t-s} g_s$$

 $E(i_t)$ 

= estimated incidence at time *t* 

- = reproduction number at time *t*
- = incident cases at time t
- = probability mass function of the

measles virus generation time

 $R_t$ 

 $g_s$ 

using a gamma distribution Akaike information criterion (AIC) values and visual model fit were used to select the final model.

#### Table 2. Growth rate of the outbreak by ORV timing and area

		ORV campaign targeted area		
Parameter	Nationwide	Campaign 1	Campaign 2	Campaign 3
	(95% CI)	(95% CI)	(95% CI)	(95% CI)
а	8.96 (7.40, 10.70)	2.37 (1.84, 2.98)	3.86 (2.73 <i>,</i> 5.21)	2.62 (1.94, 3.42)
<b>r1</b>	0.03 (0.03, 0.04)	0.04 (0.04, 0.05)	0.03 (0.03, 0.04)	0.03 (0.03, 0.04)
r2	-0.04 (-0.05, -0.04)	-0.14 (-0.17, -0.12)	-0.02 (-0.03, -0.01)	-0.01 (-0.02, -0.01)
r3	0.02 (-0.004, 0.03)	-0.10 (-0.54, 0.34)	-0.02 (-0.05, 0.002)	0.03 (0.02, 0.05)
r4	-0.05 (-0.06, 0.03)	-0.03 (-0.37, 0.31)	-0.04 (-0.06, -0.03)	-0.05 (-0.06, -0.05)

### Discussion

Transmission was largely driven by children born during and following the 2014–2016 Ebola epidemic, as previously predicted (3).

Outbreak growth rate by time period was calculated from  $E(C(t)) = ae^{rt}$ 

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Reduction in R<sub>t</sub> and r from the third to fourth time periods may indicate that having campaigns in more than one area was critical to maintaining control of the outbreak.

### Conclusions

- $R_t$  was reduced to and maintained < 1 following the ORV campaigns.
- Calculation of  $R_t$  from case count data using basic modeling methods can help policymakers and those on the ground objectively understand outbreak situations and evaluate control measures nearly in real time.

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