



Epidemiological Unit

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Interim guidelines for provision of immunization services to IDPs in Vavuniya & Cheddikulam

All children under five years of age should be screened for immunization. New Child Health Development Record (CHDR) should be issued for children who do not have them. A thorough immunization history should be taken from the respective parent or guardian if the date of immunization is not known. If the history indicates that the respective antigen has been given it should be checked with a “√” mark.

1. Public Health Midwives in charge of demarcated blocks within each zone should maintain Birth and Immunization Registers for all children less than five years of age. These children should be followed up for age appropriate immunization until they are resettled in other areas.
2. Any child who missed any age appropriate immunization commences the missed doses with the earliest missed dose and continues the schedule, keeping the same time interval as given in the National Immunization Schedule.
3. All children less than five years of age should be examined for the presence of BCG scar and in absence; additional dose could be given once.
4. All children who are below 5 years of age should be given a dose of polio vaccine irrespective of their previous immunization status.
5. To minimize the susceptibles for measles among IDPs, Measles Rubella (MR) vaccine dose usually administered on completion of three years could be advanced. A dose of MR vaccine could be administered to all children between one to three years of age in lieu of the third year MR dose and date administered should be marked against the MR dose in the CHDR.
6. To further minimize the susceptibles for measles Infants between 6 to 12 months of age could be given an additional dose of measles vaccine irrespective of previous measles immunization status. Children between 6 to 9 months of age who have received the above additional dose of measles vaccine on completion of 9 months of age should receive their routine dose of measles vaccine. However, there should be a minimum interval of four weeks between the additional dose and the routine dose.
7. All females in child bearing age (16 – 44 years) should be screened for previous history of rubella vaccination and those without record or reliable history could be immunized with a dose of rubella vaccine.
8. All males and females between 13 and 21 years could be screened for administration of a Td vaccine dose to be given on completion of 12 years and those who had not received it may be offered a dose of a Td vaccine.
9. Limited stocks of injectable **Vi polysaccharide typhoid vaccine [Typherix]** are available to be used for required high risk categories at IDP camps and is requested to use only for essential **high risk categories. High risk categories** defined under current conditions are:
 - Food handlers: People involved in cooking at the common community kitchens in IDP camp setting.
 - Close contacts of patients who are living under the same tents.
 - Health care workers involved in regular/permanent IDP camp services.
10. A **single dose of 0.5ml intramuscularly** [containing 25µg of the Vi polysaccharide of *Salmonella typhi*] is recommended for both children and adults.

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