Epidemiology Unit
Ministry of Health
231, De Saram Place, Colombo 01000, Sri Lanka
Tel: (+94 11) 2695122, 2640490, 2640491, 2640492 2681548 Fax: (+94 11) 2696583
email: epi@health.lk, epitown@health.lk Web: www.epi.gov.lk

My NO: EPI/16/2012,

28th March 2012

Regional Director of Health Services,
RDHS Office,

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Special Measles Vaccination Campaign

Measles vaccination was commenced in 1984 as single dose at 9 months of age and reached universal coverage levels in late 1990es. The incidence of Measles which was dramatically reduced is currently at elimination levels. Outbreak experienced in 1999/2000, indicated that vaccination with single dose of measles may not be adequate to maintain high population level immunity to prevent outbreaks. Hence, a second dose of measles vaccine was introduced into the national schedule in 2001 as MR vaccine, at the age of 3 years. Therefore, in order to maintain the same high level of immunity against Measles in the community, it is necessary to ensure that every person is immunized with 2 doses of measles vaccine. Currently in the EPI schedule 2 doses of measles vaccine are being given as MMR vaccine since October 2011.

Epidemiology Unit decided to offer measles vaccine to the persons between 4 years to 21 years of age, who have never been immunized or had received only a single dose of measles containing vaccine.

During the conflict years many children in the north and east provinces may have missed their due vaccinations due to internal migration. During the post conflict period a few cases of measles have been observed in IDP camps in Vavuniya and children under 5 years were offered a dose of measles vaccine. However, there may be many children and adolescents, who may have missed the second dose.

Therefore, all concerned are requested to follow the following guidelines to identify and vaccinate persons under 21 years of age, who have never been immunized or received only a single dose of measles containing vaccine according to the following guidelines.

- Scrutinize CHDR and Birth and Immunization registers to identify children between 4 - 15 years of age who have never been immunized or received only a single dose of measles containing vaccine
• Scrutinize all adolescents and young adults in higher education institutions, factories, police and military establishments who have never been immunized or had received only a single dose of measles containing vaccine

• Create awareness on this programme through regular IEC channels (PHM house visits, health education activates at CWC and ANC and during school health activities) to identify eligible children, adolescents and young adults

• Request parents to bring their children unvaccinated or partially vaccinated to regular immunization clinics and offer them with the missed measles vaccine dose

• Use a separate page of the clinic immunization register to record the personal information and vaccination data of receipt of measles vaccine through this programme

• Arrange this activity during months of April, May and June 2012.

• Number of persons immunized through this programme should be reported separately through the 3rd quarter EPI quarterly return under other vaccines.

Thank you

Dr. Paba Paliyawadana
Chief Epidemiologist

Dr. MRS. P. PALIHAWADANA
CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGICAL UNIT
231, DE SARAM PLACE,
COLOMBO 10.

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8. RE/ MO(MCH): For necessary action