This is the third in a series of three articles on the National Immunization Policy (Draft) - 2014.

OBJECTIVE 6 – Advocacy and promotion
To ensure advocacy, promotion, awareness, protection and support for the National Immunization Programme.

6.1 The right of the general public to access vaccine and immunization related information is recognized.

6.2 High community awareness should be promoted on the importance, benefits and need of age appropriate immunization.

6.3 All healthcare systems (public and private; Western and other) shall engage in promoting, protecting and supporting the NIP.

6.4 Capacity building of all healthcare providers for promoting immunization activities of NIP will be encouraged.

6.5 The Government of Sri Lanka recognizes the vital role played by the education sector, media institutions, community organizations, NGO’s, development partners and other UN agencies in promoting, protecting and supporting the NIP implementation by the Health Sector.

6.6 All educational authorities including preschools and schools (both public and private) will promote and support activities of the National Immunization Programme. Child vaccination status at school entry should be evaluated and identified deficiencies will be rectified.

6.7 Have a constant dialogue with media organizations to encourage reporting of matters related to immunization in a timely, rational and responsible manner for the benefit of the public.

6.8 Vendors of vaccines shall adhere to accepted marketing ethics relevant to immunization to ensure protection and support for the NIP when promoting all vaccines and immunization services.

OBJECTIVE 7 – Implementation of the National Immunization Policy
The implementation of the National Immunization policy is a continuous process, the responsibility for which will be shared by relevant stakeholders.

7.1 The National Immunization Policy will be implemented within the goals, objectives and framework of the National Health Policy of the Government of Sri Lanka.

7.2 Implementation of the National Immunization Policy will be done through a strategic plan.

7.3 National Immunization Policy will be strengthened through an Act of Parliament.

7.4 The Director General of Health Services is the competent authority for implementation, monitoring and evaluation of the National Immunization Policy. The Director General of Health Services shall obtain advice and consult the National Advisory Committee on Communicable Diseases (NACCD) on implementation of the National Immunization Policy.

7.5 Provincial health authorities should adhere to the National Immunization Policy and strategic plan while carrying out all immunization related activities in their respective provinces.

7.6 Public Health Veterinary Services should adhere to the National Immunization Policy while carrying out vaccine preventable disease control activities.

7.7 National Immunization Policy and strategic plan will be implemented by national and provincial health authorities. Further, policy implementation will be done through coordination and collaboration with Government
7.8 The implementation of the National Immunization Policy will be monitored and evaluated on a regular basis, through an effective monitoring system. For each area of the national immunization policy, monitoring indicators will be developed and the progress of implementation will be monitored accordingly.

7.9 The National Immunization Policy will be reviewed periodically and updated according to the needs of the country.

Members of the working Committee to formulate the National Immunization Policy

1. Prof. Lalitha Mendis (Chairperson), Emeritus Professor, University of Colombo
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4. Dr. Samitha Ginige (Lead Writer), Consultant Epidemiologist, Epidemiology Unit
5. Dr. Jagath Amarasekara (Co-Writer), Consultant Epidemiologist, Epidemiology Unit
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Dr. Kapila Jayaratne - Consultant Community Physician, Family Health Bureau
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Dr. Navaratnasingham Janakan - National Consultant, WHO Country Office, Sri Lanka
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Dr. B.J.C. Perera - Past President, Sri Lanka Medical Association
Dr. Sunethra Gunasekera - President, Sri Lanka College of Microbiologist
Dr. Upul Dissanayaka - Secretary, Ceylon College of Physicians, Sri Lanka
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Mrs. Disna Niharepola - Assistant Director, Department of National Planning
Ms. A. Kawthta - Assistant Director, Department of National Planning
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Dr. K. Sulhagar - Regional Epidemiologist, Mannar

Source

• National Immunization Policy (Draft) 2014 published by the Ministry of Health, Sri Lanka

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

Table 1: Water Quality Surveillance

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* No of samples expected (6/MOH area / Month)
NR – Return not received
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</tr>
<tr>
<td>Lethargic Encephalitis</td>
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</tr>
</tbody>
</table>

### Table 3: Vaccine-Preventable Diseases & AFP

**10th – 16th May 2014 (20th Week)**

<table>
<thead>
<tr>
<th>Disease</th>
<th>No. of Cases by Province</th>
<th>Number of cases during current week in 2014</th>
<th>Number of cases during same week in 2013</th>
<th>Total number of cases to date in 2014</th>
<th>Total number of cases to date in 2013</th>
<th>Difference between the number of cases to date in 2013 &amp; 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFP</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+17.2%</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>34</td>
<td>29</td>
<td>-</td>
</tr>
<tr>
<td>Mumps</td>
<td>01</td>
<td>00</td>
<td>01</td>
<td>04</td>
<td>21</td>
<td>-55.2%</td>
</tr>
<tr>
<td>Measles</td>
<td>06</td>
<td>02</td>
<td>05</td>
<td>04</td>
<td>06</td>
<td>+322.6%</td>
</tr>
<tr>
<td>Rubella</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>-</td>
</tr>
<tr>
<td>CRS**</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>-</td>
</tr>
<tr>
<td>Tetanus</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>08</td>
<td>+14.3%</td>
</tr>
<tr>
<td>Neonatal Tetanus</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>-</td>
</tr>
<tr>
<td>Japanese Encephalitis</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>-</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>-</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>83</td>
<td>19</td>
<td>13</td>
<td>00</td>
<td>08</td>
<td>+21.8%</td>
</tr>
</tbody>
</table>

**Key to Table 1,2 & 3**

- **Provinces:** W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.

**Data Sources:**
- **Weekly Return of Communicable Diseases:** Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps, Rubella, CRS, Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
- **CRS** = Congenital Rubella Syndrome

**AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH**

### Dengue Prevention and Control Health Messages

**Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them**

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@slt.net.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication.

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