WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

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Measles Elimination Strategic Plan Part V

4. Indicators of the quality of field and laboratory surveillance

High-quality epidemiological and laboratory data are required to allow a meaningful assessment of progress towards elimination. The routine surveillance system should provide sufficient and timely data based on performance indicators.

These include

- Timeliness of reporting of measles cases to the national level: (target: >80%)
- The reporting rate of discarded non-Measles non-rubella cases: target: >2 cases per 100 000 population per year)
- Proportion of suspected cases with adequate specimens for detecting acute Measles infection collected and tested in a proficient laboratory (target: >80%)
- Proportion of laboratory-confirmed chains of transmission with samples adequate for detecting Measles virus collected and tested in an accredited laboratory (target: >80%)
- Proportion of all suspected Measles cases that have had an adequate investigation initiated within 48 hours of notification (target: aim for 80%) –,
- Proportion of specimens received at the laboratory within 5 days of collection (target: ≥80%)
- Proportion of results reported by the laboratory within 4 days of specimen receipt (target: ≥80%)

5. Lines of evidence to be considered when determining whether elimination has been achieved

When determining whether a country or the region as a whole has achieved elimination, the regional verification commission should consider 5 lines of evidence.

These lines of evidence include the 3 essential criteria for determining elimination (see above) as well as other supporting information that allow a comprehensive evidence-based assessment of past programme performance and future capacity to sustain elimination.

- A detailed description of the epidemiology of Measles since the introduction of Measles vaccine in the national immunization programme
- Population immunity presented as a birth cohort analysis with the addition of evidence related to any marginalized and

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migrant groups

To assess coverage, countries should review and analyze data from administrative reports for routine delivery and supplementary immunization activities, as well as coverage surveys where available. This information will allow the estimation of population immunity (= vaccination coverage x vaccine effectiveness) against Measles and rubella. Countries may want to include other sources of immunity data such as well-conducted seroprevalence studies.

- Quality of epidemiological and laboratory surveillance systems for Measles

- Sustainability of the national immunization programme including resources for mass campaigns, where appropriate, in order to sustain elimination

Components that *may* be used to assess the sustainability of the programme include:

a. a current national plan for the elimination of Measles
b. secured funding for vaccine procurement (e.g. a line item in the national budget for vaccine procurement and programme implementation);
c. evidence of vaccine demand forecasting and vaccine stock management; and
d. standard operating procedures at each level of the programme (e.g. a checklist for conducting an immunization session).

5. Genotyping evidence that Measles virus transmission is interrupted

Molecular epidemiological data are used to verify that elimination has been achieved by documenting the interruption of transmission of endemic viruses. Prior to elimination, the genetic information obtained provides a baseline of the circulating strains including predominantly endemic strains and some imported strains. After elimination has been achieved, the molecular epidemiological information from the new cases can be compared with the pre-elimination endemic viral strains. The absence of previously endemic strains for >12 months with or without sporadic imported strains is consistent with elimination.

The individual lines of evidence should not be considered alone but should be evaluated together to establish the case for elimination. The process of correlating and integrating the evidence from various sources of information will allow countries to determine whether the available data are valid, complete, representative and consistent.

The work of the regional verification commission is to correlate and integrate the information from each line of evidence and make an overall determination as to whether elimination has been achieved and maintained.

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Sources

http://www.who.int/wer Measles vaccines: WHO position paper – April 2017

Ministry of Health Circular: EPI/151/1/2017 On 17/02/2017 Epidemiology Unit, Ministry of Healthcare and Nutrition, Measles Fact Sheets

Global Measles and Rubella Strategic Plan 2012-2020 https://www.who.int/wer/en/ WHO Weekly Epidemiological Report 2013

Table 1: Selected notifiable diseases reported by Medical Officers of Health 01st – 07th Sept 2018(36th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmania-sis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	102	7291	2	63	0	7	1	34	0	29	6	149	0	11	0	4	0	0	19	514	8	42	0	2	**63**	**100**
paha	100	4043	2	55	0	8	1	18	0	16	7	170	0	4	1	12	0	0	10	546	1	35	1	35	**65**	**100**
Kalutara	37	2403	1	65	0	4	1	11	0	53	8	422	0	6	0	11	0	0	21	475	4	77	0	9	**53**	**100**
Kandy	96	2763	5	90	0	5	0	3	0	16	0	58	1	81	0	16	0	0	4	257	0	29	0	22	**60**	**100**
Matale	9	763	0	16	0	1	0	4	0	31	0	72	0	2	0	6	0	0	0	32	0	11	3	87	**61**	**100**
NuwaraEliya	7	161	2	48	0	3	1	10	0	47	5	35	2	112	0	21	0	0	3	183	0	27	0	0	**28**	**100**
Galle	11	770	0	39	0	10	0	4	0	9	7	301	0	43	0	2	0	1	7	243	1	46	0	5	**23**	**100**
Hambantota	8	700	1	13	0	4	0	2	0	4	3	54	3	57	0	2	0	1	12	206	2	8	32	557	**72**	**100**
Matara	34	830	1	32	0	6	1	6	0	22	7	182	1	38	0	12	0	0	5	219	1	12	12	321	**55**	**100**
Jaffna	21	2305	2	118	0	4	0	37	1	213	0	10	0	253	0	1	0	2	3	217	0	9	0	3	**37**	**93**
Kilinochchi	11	251	1	24	0	1	0	16	0	2	1	4	1	16	0	0	0	1	0	29	0	2	0	1	**51**	**100**
Mannar	0	186	0	17	0	0	0	3	0	2	0	1	0	0	0	0	0	0	0	27	0	4	0	3	**38**	**100**
Vavuniya	4	469	0	15	0	4	2	37	0	12	0	31	0	7	0	0	0	1	0	38	0	5	0	8	**59**	**100**
Mullaitivu	2	88	1	6	0	0	1	10	0	11	0	8	0	5	0	0	0	1	1	7	0	1	0	2	**24**	**100**
Batticaloa	25	4227	6	129	0	5	0	4	0	24	0	39	0	1	0	2	0	3	5	128	0	17	0	0	**66**	**100**
Ampara	2	195	3	52	0	3	0	2	0	5	0	33	0	0	1	6	0	1	4	216	1	21	0	2	**65**	**100**
Trincomalee	10	916	0	36	0	2	0	4	0	13	2	47	1	22	0	1	0	0	4	163	0	9	0	18	**28**	**100**
Kurunegala	31	1919	2	103	0	13	0	13	0	3	3	111	0	20	1	18	0	2	13	396	0	73	8	262	**63**	**100**
Puttalam	12	1384	2	34	0	6	0	4	0	4	2	34	0	11	0	2	0	0	1	107	2	63	0	2	**63**	**100**
Anuradhapura	15	719	3	43	0	7	0	3	0	38	1	107	0	17	0	9	0	1	6	321	1	32	16	324	**44**	**95**
Polonnaruwa	8	249	0	27	0	2	0	0	4	16	0	93	0	0	0	4	0	1	3	196	0	16	11	177	**58**	**88**
Badulla	8	415	2	95	1	7	0	7	1	13	7	128	3	64	0	30	0	0	12	365	0	87	0	7	**47**	**100**
Monaragala	10	714	2	58	0	2	0	1	0	2	4	228	6	111	4	25	0	0	4	136	6	102	0	34	**67**	**100**
Ratnapura	20	1788	7	138	0	36	1	21	0	5	30	520	0	22	2	20	0	2	5	227	0	91	4	171	**47**	**100**
Kegalle	22	1128	1	48	1	8	0	6	1	79	13	192	1	58	0	11	0	0	15	278	3	40	1	11	**65**	**100**
Kalmune	9	1524	0	31	0	3	0	2	0	31	1	6	0	1	0	1	0	0	6	152	0	10	0	1	**51**	**100**
SRILANKA	**614**	**38201**	**46**	**1395**	**2**	**151**	**9**	**262**	**7**	**700**	**10**	**3035**	**19**	**962**	**9**	**216**	**0**	**17**	**163**	**5678**	**30**	**869**	**88**	**2064**	**53**	**99**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 07th September , 2018 Total number of reporting units 353 Number of reporting units data provided for the current week: 351 C**-Completeness

A = Cases reported during the current week. **B** = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

01st – 07th Sept 2018(36th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2018	Number of cases during same week in 2017	Total number of cases to date in 2018	Total number of cases to date in 2017	Difference between the number of cases to date in 2018 & 2017
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	01	43	48	- 10.4 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	02	02	00	00	00	00	00	04	02	247	227	8.8 %
Measles	01	00	01	00	00	00	00	00	00	02	01	89	170	- 47.6 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	06	- 33.3 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	01	0%
Tetanus	00	00	00	00	01	00	00	00	00	01	01	16	12	33.3 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	01	00	00	01	00	24	21	14.2 %
Whooping Cough	01	00	00	00	00	00	00	00	00	01	01	37	13	184.6 %
Tuberculosis	70	16	08	19	07	11	00	11	17	159	157	5927	5804	2.1 %

Key to Table 1 & 2

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

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

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

NA = Not Available

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

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ON STATE SERVICE

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