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Strengthening Immunity among High-Risk Occupational groups: The Special Measles-Rubella (MR) Immunisation Campaign for Police, Tri-Forces and Civil Security Personnel - Part II

This is the second article of two in a series on "Strengthening Immunity among High-Risk Occupational groups: The Special Measles-Rubella (MR) Immunisation Campaign for Police, Tri-Forces and Civil Security Personnel"

Outcomes and Achievements

The Tri Force MR Immunisation Campaign successfully vaccinated a significant proportion of targeted personnel, achieving 49% coverage after 2 months of implementation (halfway through implementation). The satisfactory acceptance rates midway through the programme, which commenced in early July 2025, reflect the effectiveness of pre-campaign awareness and advocacy efforts. Achieving high measles vaccination coverage in adults is more challenging than in children. Unlike children, who are reached through a well-organised routine immunisation program and school health system, adults lack a regular vaccination platform, making campaigns the primary strategy.

This figure presents overall coverage for the ongoing Tri-Forces MR vaccination programme. Data were collected midway through the programme, which commenced in early July 2025, and represent the progress achieved after two months of implementation.

Key outcomes include:

1. Increased Immunity: The campaign reduced susceptibility to measles and rubella among police, Tri-Forces, and civil security personnel, protecting a workforce essential to national security and public safety.

2. Enhanced Awareness: Health education sessions improved understanding of vaccine-preventable diseases and reinforced positive health behaviours among personnel.

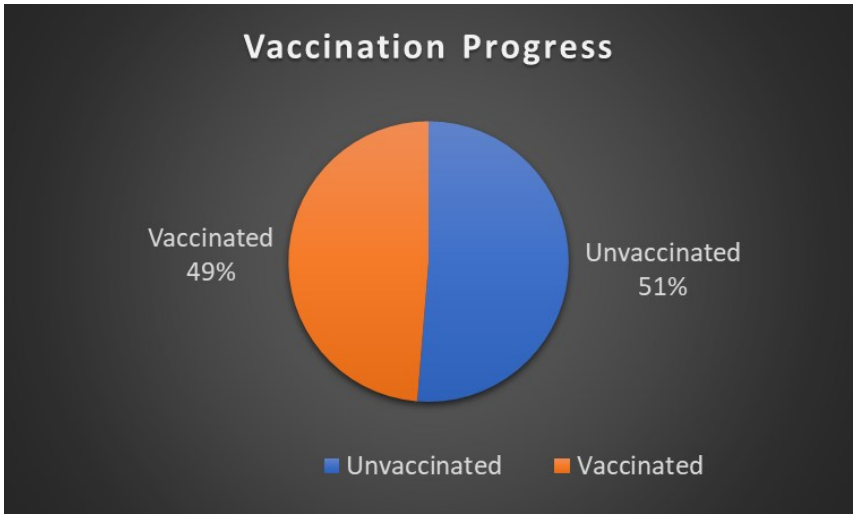

Figure 1- MR Vaccination Coverage among Tri-Forces, Police & Civil Security Personnel – Two-Month Progress

1. Strengthening Immunity among High-Risk Occupational groups: The Special Measles-Rubella (MR) Immunisation Campaign for Police, Tri-Forces and Civil Security Personnel-II 1
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3. Strengthened Collaboration: The initiative strengthened partnerships between the health sector and security forces, establishing a model for future occupational immunisation programs.

4. Evidence for Policy Planning: Data collected provide valuable insights for national immunisation planning, particularly regarding adult vaccination coverage in high-risk occupational groups.

Challenges and Lessons Learned

- **Adult vaccination is particularly challenging:** Unlike children, adults lack a routine vaccination platform and are harder to mobilise due to work commitments, mobility, and lower risk perception. Many are unaware of their vaccination status, requiring intensive awareness campaigns and flexible service delivery models.
- **Operational constraints:** Coordinating vaccination sessions around essential duties required flexibility.
- **Vaccine hesitancy:** A small proportion of personnel expressed concerns about side effects. Tailored counselling and transparent communication addressed these effectively.
- **Data management:** Maintaining accurate records in dynamic operational environments requires dedicated staff and robust systems.

Lessons learned highlight the importance of early engagement with leadership, targeted health education, and adaptive planning to ensure high coverage in occupationally critical groups.

The Tri Force MR Immunisation Campaign highlights a strategic, collaborative, and evidence-based approach to protecting **highly important occupational groups** from vaccine-preventable diseases. By strengthening immunity among police, Tri-Forces, and civil security personnel, the campaign protects individual health, ensures operational readiness, and contributes to national public health goals. This initiative serves as a model for similar campaigns, emphasising that disease prevention in critical workforce groups requires coordinated action, strong leadership, and sustained commitment.

To close the identified immunity gap among young adults, relying solely on catch-up campaigns is not feasible, as these campaigns are resource-intensive and difficult to sustain. Achieving high coverage through adult catch-up campaigns alone is challenging due to work commitments, mobility, and the absence of routine vaccination platforms for adults. Therefore, making MR vaccines routinely available at MOH offices for targeted adult age groups offers a more efficient and sustainable approach to closing these immunity gaps. In addition, systematic verification of MR vaccination status during recruitment or pre-deployment medical assessments can help identify susceptible individuals. When combined with targeted health education, risk communication, and accessible vaccination services, these strategies can effectively close MR immunity gaps and ensure sustained protection among high-risk occupational groups, safeguarding both the workforce and the wider community.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 30th – 05th Sep 2025 (36th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		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	A	B	T*	C**
Colombo	103	8607	0	24	0	11	1	12	0	34	11	330	0	5	4	18	0	0	14	425	1	54	0	3	44	1425	100	100
Gampaha	58	5631	1	39	0	25	0	3	8	136	10	573	0	10	0	15	0	0	16	633	3	129	1	36	28	841	93	100
Kalutara	34	1868	0	31	0	6	0	18	5	50	23	471	0	3	0	5	0	0	13	658	0	37	0	2	13	400	100	97
Kandy	87	3407	0	42	0	3	0	7	0	36	10	225	1	43	0	7	0	0	13	413	0	20	0	59	8	462	70	100
Matale	31	955	3	23	0	2	0	1	0	66	3	188	1	5	0	9	0	0	5	104	0	8	6	215	2	110	92	100
Nuwara Eliya	7	260	1	69	0	6	1	6	3	62	11	134	0	48	2	5	0	0	8	222	1	29	0	0	4	201	92	100
Galle	33	1589	1	40	0	4	0	7	1	59	8	600	1	66	0	8	0	1	23	581	1	124	0	3	11	363	95	100
Hambantota	9	710	0	34	0	5	0	0	0	5	1	297	0	28	0	11	0	0	3	249	0	20	7	223	0	107	100	100
Matara	16	1252	0	14	0	2	0	1	0	12	14	364	0	14	3	16	0	0	12	310	2	35	0	77	7	126	100	100
Jaffna	22	938	0	74	0	2	1	16	0	43	0	128	0	407	0	3	0	2	2	261	0	22	0	0	2	156	86	93
Kilinochchi	2	74	0	14	0	1	0	4	0	5	0	64	0	11	0	1	0	0	0	4	0	0	0	2	2	38	75	100
Mannar	2	132	0	5	0	0	0	0	1	3	1	26	0	14	0	1	0	0	0	18	0	13	0	5	0	39	100	100
Vavuniya	0	70	0	9	0	0	0	1	0	38	1	75	0	10	0	0	0	0	2	41	0	17	0	16	2	44	100	100
Mullaitivu	0	49	0	5	0	0	0	1	0	23	0	53	0	10	0	0	0	0	0	30	0	5	0	3	1	25	100	100
Batticaloa	8	1548	1	111	0	14	0	2	1	157	2	98	0	2	0	22	0	0	2	155	0	27	0	1	0	102	100	100
Ampara	2	200	1	41	0	11	0	0	0	18	4	188	0	3	1	9	0	1	5	172	0	42	0	22	0	44	100	100
Trincomalee	3	902	0	37	0	4	1	2	0	74	0	119	0	9	0	5	1	1	0	100	0	12	1	8	0	85	100	100
Kurunegala	8	1300	0	41	0	15	1	2	0	49	3	553	0	24	0	7	0	1	13	652	3	128	12	447	8	253	100	100
Puttalam	5	510	0	24	0	3	0	0	0	11	4	211	0	33	0	2	0	1	1	121	1	74	1	26	0	136	92	100
Anuradhapura	2	452	0	29	0	6	0	3	1	34	3	309	1	23	0	12	1	1	10	265	1	52	18	547	9	233	87	100
Polonnaruwa	4	277	0	15	0	6	0	1	0	10	2	233	0	1	1	21	0	0	1	151	2	21	8	338	0	66	100	90
Badulla	8	631	0	26	1	10	0	3	0	7	0	230	0	25	0	54	0	0	2	309	3	62	1	48	9	223	100	100
Monaragala	3	670	2	22	0	3	0	0	0	4	3	445	0	33	2	46	0	0	1	142	0	38	8	165	3	110	100	100
Ratnapura	59	3863	1	90	0	8	0	4	0	55	12	1134	0	27	0	13	0	1	7	349	2	92	1	166	3	290	85	100
Kegalle	19	1174	0	49	0	13	0	9	2	34	17	588	1	14	2	17	0	0	17	660	6	96	1	24	2	200	82	100
Kalmunai	4	320	1	32	0	6	0	0	0	21	0	87	0	1	1	5	0	1	7	163	1	45	0	0	4	98	100	100
SRILANKA	**529**	**37389**	**12**	**940**	**1**	**166**	**5**	**103**	**22**	**1046**	**143**	**7723**	**5**	**869**	**16**	**312**	**2**	**10**	**177**	**7188**	**27**	**1202**	**65**	**2436**	**162**	**6177**	**94**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 05th Sep, 2025 Total number of reporting units 360 Number of reporting units data provided for the current week: 359. C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

30th - 05th Sep 2025 (36th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2025	Number of cases during same week in 2024	Total number of cases to date in 2025	Total number of cases to date in 2024	Difference between the number of cases to date in 2025 & 2024
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	01	01	02	44	50	-12%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	00	00	02	00	01	02	06	08	176	204	-13.7 %
Measles	00	00	00	00	00	00	00	00	00	00	1	01	284	-99.6%
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	02	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	05	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	04	06	33.3 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	17	41	-58.5 %

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

Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.

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