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සුවසිරිපාය  
சுவசிரிபாய

SUWASIRIPAYA

## සෞඛ්‍ය අමාත්‍යාංශය சுகாதார அமைச்சு Ministry of Health

මගේ අංකය )  
எனது இல ) EPID/151/1/2023  
My No. )

ඔබේ අංකය )  
உமது இல )  
Your No. )

දිනය )  
திகதி ) .07.2023  
Date )

DDG /NHSL

DDG /NH Kandy

All Provincial Directors of Health Services

All Regional Directors of Health Services

Heads/Directors of all Institutions,

Directors of Teaching Hospitals, Provincial & District General Hospitals,

Medical Superintendents of Base Hospitals,

Heads of all Decentralized units,

All Provincial CCPs,

All Regional Epidemiologists (RE),

All Medical Officers of Maternal and Child Health (MOMCH)

All Medical Officers of Health (MOOH),

### **Responding to the current Measles outbreak: Strengthen surveillance and vaccination**

The country is currently experiencing an imported Measles outbreak. A considerable number of Measles cases reported from May to July 2023. It is important to respond promptly to this impending outbreak situation.

Please refer to the **General Circular 01-35/2017 - dated 05.06.2017** to strengthening the surveillance, vaccination, and outbreak response to curtail the present Measles outbreak.

[Available via <https://www.epid.gov.lk> - under disease information tab, Measles Rubella/CRS elimination programme ,circulars]

I would like to highlight the following key areas which are important to respond the outbreak.

### **“Fever and Maculopapular rash” Surveillance**

- Notify all “**fever & maculopapular rash**” patients from OPD,clinics and from wards (both government & private hospitals/practitioner’s), to the respective MOH & to the Epidemiology Unit as “suspected Measles cases” using the notification form H-544 (Annexure I) to the MOH and Epid 151/2013 Blue form (Annexure II) to the Epidemiology unit immediately.
- All suspected cases are need to be investigated.
  - To detect Measles Ig: collect 2-3ml blood sample within 3<sup>rd</sup> to 28<sup>th</sup> day of the onset of rash
  - Measles virus detection: collect nasal and throat swabs in virus transport medium (VTM) in the first 5 days of the onset of the rash (maximum within 7 days).
  - These samples need to be sent to the MRI laboratory in cold chain (2-8 c°), within 72 hours with duly filled specimen request form (Annexure III).
- If Measles suspected cases are detected at the field, sample collection and field investigations need to be done at the field level and communicated to Epidemiology unit.

➤ **Measles Vaccination**

- All MOOH need to screen eligible children for vaccination and ensure all missed children are attended.
- If any hesitant families are identified, MOH of the residence of the family need to be informed at the earliest.
- MOH staff should compile eligible unvaccinated children of the area to attend with special strategies.
  - Home visit to provide importance of vaccination and motivation to accept the vaccination
  - Get the support from all the possible community and religious supportive groups in improving vaccine acceptance.
- All the children presenting to OPD, clinics and ward for other illnesses need to be screened for their vaccine status (Refer CHDR) and refer for due vaccination doses(after the critical illness )as an opportunistic vaccination

➤ **Outbreak response**

All Measles confirmed cases,


- Screen all households/close contacts and detect new cases early
- Take measures to give 1 dose of MMR for 15-45 years old unvaccinated or partially vaccinated close contacts.
- Three years to 15 years: 2 doses if unvaccinated 6 to 8 weeks apart.
- Nine months to 3 years give 1<sup>st</sup> dose immediately and 2<sup>nd</sup> dose on completion of 3 years

Screening of 50 households or households within 1km radius around the index household, to identify and vaccinate any unvaccinated children <15 years

- Nine months to 3 years -one dose immediately if unvaccinated and 2<sup>nd</sup> dose on completion of 3 years
- Three years to 15 years: 2 doses if unvaccinated 6 to 8 weeks apart.

While appreciating your continued support for control and prevention of communicable disease activities, I request your kind cooperation to this national requirement.

Thank you

  
Dr. Asela Gunawardena

Director General of Health Services 385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

**Dr. ASELA GUNAWARDENA**  
Director General of Health Services  
Ministry of Health  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

Cc: Deputy Director General (PHS I and II)  
Chief Epidemiologist  
Director, MCH-FHB  
Director, HPB  
Director, Private Health Sector Development

බෝවෙන රෝග පිළිබඳ නිවේදනය  
 தொற்றுநோய் பற்றிய அறிவிப்பு  
 NOTIFICATION OF A COMMUNICABLE DISEASE

ආයතනය / நிலையம் / Institute ..... රෝගය / நோய் / Disease .....

රෝගියාගේ නම\* }  
 நோயாளியின் பெயர் }  
 Name of Patient } .....

පැයුණු දිනය }  
 ஆரம்பித்த திகதி }  
 Date of Onset } .....

\*ළමා රෝගීන්ගේ මව/පියා/කාරකරුගේ නම පහතින් සඳහන් කරන්න  
 நோயாளி சிறுவராயின் பெற்றோர்/பாதுகாவலர் பெயர்  
 Paeditric patients- Name of Mother/Father/Guardian

ඇතුළත් කළ දිනය }  
 அனுமதித்த திகதி }  
 Date of admission } .....

ඇදී ඉහපත් අංකය } වාට්ටුව } වයස } ස්ත්‍රී/පුරුෂ භාවය }  
 கட்டில் சிட்டை இல. } வீடுதி } வயது } பால் }  
 B.H.T. No. } Ward } Age } Sex } .....

රසායනාගාර වාර්තා (නිවේනම් පමණක්)  
 முக்கிய ஆய்வு முடிவுகள் (பெறக்கூடியதாக இருப்பின்)  
 Laboratory Results (If available) } .....

රෝගියාගේ නිවසේ ලිපිනය (මහජන සෞඛ්‍ය පරීක්ෂකව නිවස සොයා ගැනීමට හැකිවන පරිදි)  
 நோயாளியின் வீட்டு விலாசம் (நோயாளியின் வீட்டை அடையாளம் காண்பதற்கு வசதியாக)  
 Home address of Patient (To trace the patient's residence by the Public Health Inspector)

රෝගියාගේ නිවසේ දුරකථන අංකය }  
 நோயாளியின் வீட்டு தொலைபேசி இல }  
 Patient's Home Telephone No. } .....

දනුම් දෙන්නාගේ අත්සන } නම } තරාතිරම } දිනය }  
 அறிவிப்பவரின் கையொப்பம் } பெயர் } அந்தஸ்து } திகதி }  
 Signature of Notifier } Name } Status } Date }

කරුණාකර බෝවෙන රෝග පිළිබඳ ලැයිස්තුව සඳහා පසුපිට බලන්න  
 மறுபக்கத்திலுள்ள அறிவிக்கப்படவேண்டிய நோய்களின் பட்டியலைப் பார்க்கவும்  
 Please see overleaf for the list of Notifiable Diseases.

**දකුම් දිය යුතු බෝවන රෝග ලැයිස්තුව**  
**அறிவிக்கப்பட வேண்டிய நோய்களின் பட்டியல்**  
**List of Notifiable Diseases**

Annexure I

(Approved by the Advisory Committee on Communicable Diseases on 11<sup>th</sup> February 2005)

<p>අ) කංකර්වය</p> <ul style="list-style-type: none"> <li>• කොලරාව</li> <li>• මහාමාරිය</li> <li>• කහ උණ</li> </ul>	<p>பிரிவு A</p> <ul style="list-style-type: none"> <li>• வாதநிபேதி</li> <li>• பிளேக் (கொள்ளை நோய்)</li> <li>• மஞ்சள் காய்ச்சல்</li> </ul>	<p>Group-A</p> <ul style="list-style-type: none"> <li>• Cholera</li> <li>• Plague</li> <li>• Yellow Fever</li> </ul>
<p>ආ) කංකර්වය</p> <ul style="list-style-type: none"> <li>• උග්‍ර බලහත්‍ය පක්ෂකාන රෝගය</li> <li>• පැංචාල රෝගය</li> <li>• වේංග උණ / වේංග රක්තකාන උණ</li> <li>• හලපවලය</li> <li>• රක්ත අකීසාරය</li> <li>• හිටිකර්පර්ප්‍රදානය</li> <li>• ආන්ත්‍රික උණ</li> <li>• ආකාර විෂවීම</li> <li>• මානව පලභීෂිකා රෝගය</li> <li>• ලෙප්ටොස්පයිරෝසියාට්</li> <li>• මැලේරියාව</li> <li>• සරම්ප</li> <li>• මස්ඞික්ක පටල ප්‍රදානය</li> <li>• කම්මුල්ගාය</li> <li>• රුබෙල්ලා (ජර්මන් සරම්ප)</li> <li>• ප-සාහීය රුබෙල්ලා රෝගය</li> <li>• සරල කල්පවක්කා උණ</li> <li>• පිටකැළීම</li> <li>• කට්පත්ම පිටකැළීම</li> <li>• ටයිප්ස් උණ</li> <li>• වෛරස් යාකෂී ප්‍රදානය</li> <li>• කක්කල් කැස්ස</li> <li>• ක්ෂය රෝගය</li> </ul> <p>• ලිෂ්මනියසිස්</p> <p>• ලාදුරු</p>	<p>பிரிவு B</p> <ul style="list-style-type: none"> <li>• இளம்பிள்ளை வாதம் / சந்தியான தளர்ச்சி வாதம்</li> <li>• கொம்பளிப்பான்</li> <li>• பெருகு காய்ச்சல் / பெருகு குருதிப்பெருக்கு காய்ச்சல்</li> <li>• தொண்டைக் கரப்பன்</li> <li>• வயிற்றோட்டம்</li> <li>• முளைக்காய்ச்சல் (என்கெபலைடிஸ்)</li> <li>• நெருப்புக்காய்ச்சல் (குடல் காய்ச்சல்)</li> <li>• உணவு நச்சுத் தன்மை</li> <li>• விசர்விலங்குக்கடி நோய்</li> <li>• லெப்டோஸ்பைரோசிஸ்</li> <li>• மலேரியா</li> <li>• சின்னமுத்து</li> <li>• முளைக்காய்ச்சல் (மெனிங்கைடிஸ்)</li> <li>• கடைக்கட்டு</li> <li>• ருபெல்லா/ருபெல்லா நோயுடன் பிறப்பு</li> <li>• 7 நாட்களுக்கு மேல் தொடரும் சாதாரண காய்ச்சல்</li> <li>• ஏற்புவலி</li> <li>• பிறந்த முதல் மாதத்தில் ஏற்புவலி</li> <li>• கைபசுக் காய்ச்சல்</li> <li>• வைரஸ் கால் அழற்சி</li> <li>• குக்கல்</li> <li>• காச நோய்</li> </ul> <p>• லேயிமேனியாசிஸ்</p> <p>• தொழுநோய்</p>	<p>Group-B</p> <ul style="list-style-type: none"> <li>• Acute Poliomyelitis / Acute Flaccid Paralysis</li> <li>• Chicken pox</li> <li>• Dengue Fever / Dengue Haemorrhagic Fever</li> <li>• Diphtheria</li> <li>• Dysentery</li> <li>• Encephalitis</li> <li>• Enteric Fever</li> <li>• Food poisoning</li> <li>• Human Rabies</li> <li>• Leptospirosis</li> <li>• Malaria</li> <li>• Measles</li> <li>• Meningitis</li> <li>• Mumps</li> <li>• Rubella / Congenital Rubella Syndrom</li> <li>• Simple Continued Fever of over 7days or more.</li> <li>• Tetanus</li> <li>• Neonatal Tetanus</li> <li>• Typhus Fever</li> <li>• Viral Hepatitis</li> <li>• Whooping Cough</li> <li>• Tuberculosis</li> <li>• Leishmaniasis</li> <li>• Leprosy</li> </ul>

කරුණාකර මෙතනින් නව්න / இங்கே மடிக்கவும் / Please Fold Here

**රා. සේ. පී. / அரச சேவை / O. S. S**  
**සෞඛ්‍ය වෛද්‍ය නිලධාරී**  
**சுகாதார வைத்திய அதிகாரி**  
**THE MEDICAL OFFICER OF HEALTH**

.....  
 .....  
 .....

කරුණාකර මෙතනින් අලව්න / இங்கே ஒட்டவும் / Please Paste Here

# Measles / Rubella Elimination Initiative Suspected Measles / Rubella Patient Information

Annexure II

Please Mark Measles <input type="checkbox"/> Rubella <input type="checkbox"/>	For Office use only Mea/Rub ID Code SRL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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To be filled in by the Medical Officer treating the case, on suspicion of the diagnosis and sent to the EPIDEMIOLOGY UNIT, 231, DE SARAM PLACE, COLOMBO 10 (Fax: 2696583, email: [chapid@stnet.lk](mailto:chapid@stnet.lk), [epidunit@stnet.lk](mailto:epidunit@stnet.lk) at your earliest).

Name of Hospital						
Inward patient		Ward No.	BHT No.	Date of Admission	OPD patient	
Yes	No				Yes	No
						OPD No

**Particulars of the Patient**

Name .....

Address .....

Telephone No. ....

MOH Area .....

District .....

Date of Birth Year  Month  Date

Age .....

Sex Male  Female

**Clinical History**

Date of onset of fever Year  Month  Date

Date of onset of rash Year  Month  Date

Cough

Coryza

Conjunctivitis

Lymphadenopathy  (sub occipital / post auricular / cervical)

Other (specify) .....

**Specimen collection**

Serology  Virus Isolation

**Specimen details**

Date of collection of blood (IgM)	Date of dispatch to MRI	Date of collection of swabs (Nasal/ Throat swabs for Virus Isolation)	Date of dispatch to MRI

.....  
Name of the medical officer

.....  
Designation

.....  
Date

.....  
Signature

note: Notification of Communicable Disease - Health 544, needs to be sent to the relevant Medical Officer of Health

**Specimen Request Form: Measles & Rubella  
National Reference Laboratory  
Medical Research Institute, Colombo**

- Name of the Patient : .....
- Age : ..... Sex : .....
- Hospital : .....
- Ward : .....
- BHT No: : .....
- Address of patient's residence : .....
- District of patient's residence : .....

- Date of onset of fever : 

DD	MM	YYYY
----	----	------

- Date of onset of rash : 

DD	MM	YYYY
----	----	------

- Specimen collection : 

Blood <input type="checkbox"/> Date of collection <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;">DD</td><td style="width: 30px; text-align: center;">MM</td><td style="width: 30px; text-align: center;">YYYY</td></tr></table> (3 ml blood preferably serum separated & transport in cold box)	DD	MM	YYYY	Throat swab <input type="checkbox"/> Date of collection <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;">DD</td><td style="width: 30px; text-align: center;">MM</td><td style="width: 30px; text-align: center;">YYYY</td></tr></table> (throat swabs in virus transport media in Ice)	DD	MM	YYYY
DD	MM	YYYY					
DD	MM	YYYY					

- Date of dispatch to MRI : 

DD	MM	YYYY
----	----	------

*\*Please notify the case to Medical officer of health (H 544) & to Epidemiology Unit (EPID/151/1/2013 - Blue Form)*

.....  
Signature of Medical Officer

-----  
**LABORATORY USE**

Date received of sample : .....	Serology	Virus Isolation						
Sample accepted : .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;">DD</td><td style="width: 30px; text-align: center;">MM</td><td style="width: 30px; text-align: center;">YYYY</td></tr></table> Yes / No	DD	MM	YYYY	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;">DD</td><td style="width: 30px; text-align: center;">MM</td><td style="width: 30px; text-align: center;">YYYY</td></tr></table> Yes / No	DD	MM	YYYY
DD	MM	YYYY						
DD	MM	YYYY						

*(Received within 72 hrs after collection, sent in cold chain, satisfactory sample)*

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My No. ) EP10/151/1/2017

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Your No. ) EP145/1/1/2017

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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு  
Ministry of Health, Nutrition & Indigenous Medicine

General Circular - 35 / 2017

- Provincial Directors of Health Services,
- Regional Directors of Health Services,
- Heads/ Directors of Institutions,
- Directors of National Hospital/Teaching Hospitals/Provincial & District General Hospitals, Base Hospitals,
- All Medical Superintendents of other Hospitals,
- Heads of Decentralized units,
- Provincial CCP,
- All Regional Epidemiologists/ Medical Officers (Maternal and Child Health),
- All Medical Officers of Health,

**Measles, Rubella, Congenital Rubella Syndrome (CRS) elimination initiative - Sri Lanka**

Measles is a highly infectious viral disease responsible for a high degree of morbidity and mortality among children including complications of pneumonia (1-6%), diarrhoea (8%), Otititis Media (7-9%), subacute sclerosing panencephalitis (SSPE) (1 per 100,000 cases), Keratitis and Corneal scarring are common with Vitamine A deficiency.

Fatal cases of measles are now rarely reported in Sri Lanka after successful implementation of the National Immunization Programme, including 2 doses of measles, mumps and rubella (MMR) vaccination at 9 months and 3 years of age.

The measles vaccine was first introduced into the National Immunization Programme in Sri Lanka in 1984. Since then, morbidity and mortality of measles were reduced remarkably but outbreaks have been experienced in 1999-2000 and 2013-2015. Considering the requirement to enhance the population level immunity, 2<sup>nd</sup> dose of measles containing vaccine has been introduced with the measles, rubella (MR) vaccine in 2001. In 2011, MMR vaccine was introduced in 2 doses at the age of 1 year and at the age of 3 years, replacing measles (9 months) and MR (3 years) vaccines. But, considering the morbidity patterns and sero survey evidence during the measles outbreak situation in 2013-2015, the Advisory Committee on Communicable Diseases (ACCD) has decided to re-schedule the MMR 1<sup>st</sup> dose at 9 months of age, continuing the 2<sup>nd</sup> dose at 3 years.

Rubella is a mild disease affecting children and adults. However rubella in pregnant women is important as the virus is transmitted to the foetus across the placental barrier, sometimes with significant teratogenic effects. Rubella vaccine was introduced into the National Immunization Programme in 1996, targeting all reproductive age females of 11- 44 years, with the objective of preventing congenital rubella syndrome (CRS). This was carried out as a school based programme by giving rubella vaccine to all children aged 11-15 years, and vaccinating the rest at the community clinics. Number of measles and CRS cases have markedly reduced and surveillance of measles, rubella and CRS was strengthened in 2005-2010 under the plan of 'intensification of the surveillance and Laboratory confirmation was made available for all suspected cases of Measles, Rubella and CRS from there to date.

#### **Acceleration of measles, rubella, CRS Elimination Plan 2017-2020**

In par with the Regional Measles, Rubella and CRS elimination strategic plans, Sri Lanka has set the goal of elimination of Measles, Rubella, CRS by 2020.

**Vision:** Sri Lanka is free from measles, rubella and CRS

**Goal:** To achieve and sustain measles, rubella and CRS free status in Sri Lanka

**Objectives:** To achieve and maintain zero endogenous transmission of measles, rubella and CRS in Sri Lanka and identify and contain possible imported outbreaks

#### **Elimination targets:**

- Zero endogenous measles cases by 2020
- Zero endogenous rubella cases by 2020
- Zero CRS case/ 100,000 live births by 2018

#### **Components of elimination strategies:**

- Achieve and maintain high levels of population immunity by providing two doses of measles and rubella containing vaccines with high vaccination coverage
- Strengthened disease surveillance including laboratory confirmation of all suspected cases of measles, rubella, CRS cases: case based investigation
- Strengthen country preparedness for outbreak prevention and response : contain outbreaks early
- Adequate patient care management to prevent the transmission and mortality
- Perform research to generate evidence for cost effective implementation strategies for measles , rubella, CRS elimination

#### **Measles and Rubella vaccination**

- All eligible children who have completed the age of 9 months and the age of 3 years are to be vaccinated with MMR vaccine according to the current National Immunization schedule in Sri Lanka

- Required to achieve and maintain above 95% coverage in each of the two doses of MMR vaccine at the national, district and Medical Officer of Health (MOH) and Public Health Midwife (PHM) area levels
- If any child is found unvaccinated / missed for measles or rubella at any age, vaccinate with two doses of MMR with minimum of 6-8 weeks interval
- Ensure all women in the reproductive age are protected with at least one rubella containing vaccine (RCV)
- Ensure that that all women are protected/vaccinated for rubella at the time the Public Health Midwife (PHM) includes them in the Eligible Couple Register or at the earliest contact
- If any pregnant woman is found unvaccinated or with doubtful vaccination against rubella (and if the family has not been completed) she should be vaccinated with RVC after delivery, to prevent a future CRS case
- Once MMR (10 dose) vial is planned to open in the scheduled immunization clinic session and if the number of children planned for the days is less than the number in the opened vials for the day, plan and take necessary measures to vaccinate adults (up to 45 year) who are without proper history of measles and rubella vaccination using the remaining MMR doses for the day without discarding (after screen for contraindications and AEFI)

### Surveillance Case definitions

- **Surveillance case definition of measles and rubella**

Any person with "**Fever and Maculopapular (i.e. non vesicular) rash**" should be notified as either suspected measles or rubella case based on the clinical judgment of the treating clinicians / health care personnel

- **Surveillance case definition of CRS**

Any infant with: maternal history of Rubella infection and / or with signs and symptoms from following categories

- cataract, congenital glaucoma, pigmentary retinopathy, congenital heart disease (PDA/peripheral pulmonary artery stenosis/VSD), Loss of hearing
  - Purpura, splenomegaly, microcephaly, mental retardation, meningo-encephalitis, radiolucent bone disease, jaundice (within 24 hours of delivery)
- or
- Laboratory data consistent with Congenital Rubella Infection (Rubella IgM positive or Rubella virus isolated)

### Measles, Rubella, CRS case reporting

All suspected "measles and rubella" patients with "fever and maculopapular rash" should be notified by all medical officers who are treating the patient at first contact of the patient.

All other health care staff including field health staff, who meet with a patient of "fever and maculopapular rash" are required to inform to the immediate contact health authority for proper notification.

All hospitals where specialist paediatricians and / or physicians are available, are sentinel site hospitals for active surveillance for Measles/Rubella/CRS and weekly zero reporting.

- All suspected Measles and Rubella patients should be notified to the Epidemiology Unit through the updated 'Suspected Measles / Rubella Patient Information Form' (EPID/151/2/2015, Blue Form) [Annexure 1] filled by the Clinician/Medical Officer who is treating the patient at first patient contact.
- The routine notification should be sent to the Medical Officer of Health (MOH) of the patient's residential area (Notification of Communicable Diseases: Health-544, Annexure 2) for all suspected cases of Measles, Rubella, CRS
- All suspected CRS cases need to be reported to the Epidemiology Unit immediately by phone/fax/e-mail and special investigation form (EPID/DS/CRS/2013) [Annexure 3] is required to be properly completed by the clinician/medical officer who is treating the patient at the health institution and to be sent to the Epidemiology Unit.
- All infection control nursing officers (ICNO) at the sentinel site hospitals are expected to maintain Measles/Rubella and CRS registers (Format: Annexure 4 and 5). The infection control nurses are also expected to visit medical, paediatric, obstetric, cardiology, ophthalmology and ENT wards regularly for detection of cases (all Measles, Rubella, CRS), actively look for cases and notify promptly to the Epidemiology Unit.
- All suspected cases of Measles, Rubella/CRS presented to sentinel site hospitals should be included in the Weekly reporting form for AFP, Measles, Rubella cases from hospital (sentinel sites) – EPID/37/5/R2004 (Annexure 6) [or in the web based system which will be trained during the year], and should be completed for the week ending date of Friday and should be sent to the Chief Epidemiologist, Epidemiology Unit, Colombo with copy to the Regional Epidemiologist. This form should be sent even if no cases have been detected ("Nil" reporting) for the week. A total of 52 reports should be received from each site per year and the timeliness of the return needs to be maintained at 7 days to be received at the Epidemiology Unit. The performance rate of completeness and the timeliness of the return will be measured to maintain the surveillance performance.
- The patients identified in other health institutions including General Practitioners and private health care institutions, are required to be promptly notified to the relevant MOH (Notification of Communicable Disease, [Health 544] form or any other means of notification) and the laboratory confirmation should be carried out as instructed.
- The Medical Officer of Health of the Patients residence (in an institutional outbreak, the MOH of the institution belonged) has to proceed with the routine surveillance procedure, contact tracing and outbreak prevention for all notified or community detected Measles, Rubella, CRS cases and complete the special field investigation form for all clinically confirmed measles or rubella cases (irrespective of the laboratory confirmation or the

Clinically confirmed measles case	Clinically confirmed rubella case
Fever and maculopapular rash patient with at least one of the following: <ul style="list-style-type: none"> <li>• Cough</li> <li>• Coryza (i.e. runny nose)</li> <li>• Conjunctivitis (i.e. red eyes)</li> </ul>	Fever with maculopapular rash and arthralgia, arthritis, lymphadenopathy (usually suboccipital/ postauricular/ cervical) or conjunctivitis

- All clinically confirmed cases of Measles, Rubella and suspected CRS need to be completed with updated special investigation forms by the MOH ([EPID/DS/MEASLES/2007], [EPID/DS/RUBELLA.2007], [EPID/DS/CRS/2013] ) (Annexure 7, 8 & 3) and duly completed forms should be sent to the Epidemiology unit as early as possible, maximum with 2 weeks delay from the date of the notification.
- If the notified/clinically confirmed measles/rubella case has not been tested for laboratory confirmation due to any reason by the health institution, the MOH should perform the laboratory testing at the time of special field investigation as per instructions in the Epidemiology Unit letter No: EPID/151/2011 dated 20/09/2012.
- All Measles/Rubella cases detected at the community level by any of the public health staff, need to be adequately investigated, in accordance with the routine surveillance and special investigation procedure, with laboratory testing procedure to complete case based investigation by the MOH.

**Laboratory investigations for suspected Measles/Rubella and CRS cases**

- Two types of samples should be collected from all suspected measles and rubella cases

Sample for Virus isolation	Sample for detection of IgM (recent infection)
Nasal and throat swabs (in virus transport medium) preferably in the first 5 days of the onset of rash	2-3 ml blood sample preferably from 3 <sup>rd</sup> to 28 <sup>th</sup> day of the onset of rash

- A blood sample of 2-3ml for Measles /Rubella IgM should be collected from each suspected case of Measles, or Rubella from the 3<sup>rd</sup> day to 28<sup>th</sup> day of the onset of signs and symptoms, into a sterile, dry, screw capped container without any anti coagulant.
- A blood sample for Rubella IgM or for TORCH screen (as for Toxoplasma, Rubella, Cytomegalovirus, Herpes simplex virus in screening for congenital abnormalities) should be taken from all suspected infants of CRS and from newborns in instances where the mother has declared a history of suspected/confirmed Rubella infection in any gestational age of pregnancy.
- If any pregnant woman who does not give a history of Rubella vaccination is identified in any Obstetric Unit, she is required to be tested for Rubella IgM (before or after delivery) to identify possible recent Rubella infection during gestational period. In case a positive result is obtained, the baby is required to be investigated on delivery and followed up for possible CRS.

- Once the blood sample has been collected, it should be labeled and left at room temperature for about 30 minutes for clot formation. The sample should be sent as early as possible to the Measles and Rubella, National Reference Laboratory, Medical Research Institute (MRI), Colombo with a properly completed specimen request form (Annexure 9 : "Specimen Request Form : Measles and Rubella, National Reference Laboratory, Medical Research Institute (MRI), Colombo). The sample should be transported in a cold box with ice cubes / ice packs to maintain cold temperature.
- If a facility to centrifuge is available, properly labelled separated serum should be sent to the MRI for Measles or Rubella IgM detection.
- The serum / clotted blood sample should be received at the laboratory within 48 hours of collection and if there is any delay of transport more than 6 hours the sample should be refrigerated until dispatch to prevent destruction of antibodies.
- Naso-pharyngeal aspirate, throat swab or gingival swab is collected within the first 5 days of the onset of symptoms for measles / rubella virus detection. Samples should be collected in to the container with virus transport medium (VTM) and labelled. Samples should be stored immediately at the refrigerator and transport in ice to maintain cold temperature with the completed specimen request form (annexure 9). Specimen collection containers (VTM + swabs) are provided. Contact infection control nursing officer (ICNO) of the hospital or Regional Epidemiologist of the district.


**Measles, rubella outbreak response:**

- Routine surveillance for outbreak detection and prevention after notification (initial Public health Inspector visit, field level investigation with Health H- 411 / H-411a, and MOH case based special form investigation including laboratory confirmation should be completed within 14 days of the onset of the rash)
- Even a single laboratory confirmed measles, or rubella case is detected, it should be considered as an outbreak and following measures should be taken
  - Immediate notification to the Epidemiology Unit/ National focal point for Measles Rubella Elimination Programme(Epidemiology Unit )/RDHS/ Provincial CCP/ Regional Epidemiologist
  - If any unvaccinated/ unprotected child (2 doses of MMR or adult (up to 45 years) in the household, take measures to provide MMR vaccination at earliest possible, preferably within 14-21 days of the onset of the index laboratory confirmed case
  - Screen 30-50 households or households of 1 km radius around the index household, to identify any unvaccinated children below 15 years: take measures to vaccinate if any
  - Exclusion of the continuation of the outbreak:
    - Follow up contacts for 2 incubation period cycles (minimum of 28 days)
    - identify all "fever and maculopapular rash" cases from the area and send samples for laboratory testing (include into the surveillance system)
  - Inform to Epidemiology Unit the action taken

### Additional information

- Unprotected travellers to measles or rubella (with unknown history or unvaccinated for measles and not contracted measles or rubella disease),
  - travelling to an endemic country for any of these diseases, are advised to vaccinate/receive at least one MMR dose, with a minimum of 1 month before the travel date, from the nearest MOH office
  - any unprotected traveller, returning from an endemic country, develops fever and rash within 14 to 21 days of the return should be considered as a possible imported case of measles or rubella and should be adequately investigated, to prevent community transmission
- Measles, Rubella vaccination and surveillance activities in disaster situations should be paid special attention, and should continue with routine immunization. Contact Measles, Rubella, CRS elimination programme at the Epidemiology Unit, Consultant CCP, Regional Epidemiologist, or the area MOH to assess the situation, and advise and actions for special vaccination campaigns and prevention of possible outbreaks
- Measles / Rubella outbreak prevention and response, specimen collection guidelines (including field level)[ as per Epidemiology Unit letter No: EPID/151/2011 dated 20/09/2012], standard operation procedure (SOP) for specimen collection and transport, Accelerated measles, rubella, CRS elimination plan 2017-2020 are available in the website : <http://www.epid.gov.lk>, under disease information, Measles, Rubella, CRS elimination programme
- Additional information contact: Measles, Rubella, CRS Elimination Programme, Epidemiology Unit, No: 231, De Saram Place, Colombo 10, [chepid@sltnet.lk](mailto:chepid@sltnet.lk), Tel:0112695112, fax: 0112696583

Please bring the contents of this circular to the notice of all relevant staff at your institution/district/province and arrange to implement the programme accordingly.

  
Dr. J.M.W. Jayasundara Bandara  
Director General of Health Services  
Ministry of Health

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### Copy:

- Secretary Health
- DDG/PHS I
- DDG/PHS II
- DDG/MS I and II
- DDG/Laboratory Services
- Chief Epidemiologist
- Director/ Private Healthcare Institutions
- Director/ MCH
- Director/FHB
- Director/NIHS
- Directors /Military hospitals