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

Provincial /Regional Directors of Health Services,  
Heads/ Directors of Health Institutions,  
Directors of National Hospital/Teaching Hospitals/  
Provincial & District General Hospitals,  
Medical Superintendents of Base Hospitals, other Divisional Hospitals  
MOOIC of School Medical Office,  
Heads of Decentralized units,  
Provincial Consultant Community Physicians,  
Regional Epidemiologists/ Medical Officers (Maternal and Child Health),  
Medical Officers of Health,

**Guidelines on Introduction of the Human Papillomavirus (HPV) vaccine into the National Immunization Programme**

Human Papillomavirus (HPV) vaccine will be introduced into the National Immunization schedule in the National Immunization Programme from 10<sup>th</sup> July 2017. Two doses of vaccine will be given to 10-11 year old girls (in grade 6), with a minimum interval of 6 months, through school based vaccination programmes for prevention of cervical cancer.

Globally cervical cancer is estimated to 1.4 million including 528,000 new cases annually. Among them 12% are from women in developing countries, contributing to 80% of cervical cancer deaths from developing countries. In Sri Lanka, cervical cancer accounts for 10% of all female cancers and the second commonest in female cancers. Annually, 850-950 advanced stage cervical cancer patients are admitted to health care institutions for treatment and palliative care, which is considered as the tertiary preventive strategy for cervical cancers, which leads to a significant health care, economic and a societal burden.

Human Papillomavirus (HPV) genital infection with high risk oncogenic genotypes cause cervical cancers in 10-15 years time, with a progression rate of 10%. Of the oncogenic



genotypes, high risk genotypes of 16 and 18 are the commonest contributing genotypes for cervical cancers.

In Sri Lanka, a cross sectional study (in 2008) among 20-59 year old normal women (n=2000), the HPV prevalence for any geno type was identified as 3.3% (95% CI, 3.2 – 3.4%), and the prevalence of genotype 16 and 18 was 1.2% (95% CI, 1.15 – 1.25%) . High acquisition and prevalence rates related to societal and behavioural changes would expect higher prevalence rates over time.

Risk attribution of high risk genotypes 16 and 18 in developing cervical cancer is described as 70%. Similar results (69%) were found as the country specific risk attribution for genotype 16 and 18 in a case control study carried out in Sri Lanka. In addition to genotypes 16 and 18, together with other oncogenic genotypes (45, 31, 33, 52, 58, 39,51, 56, and 73), the risk of cervical cancer development has increased up to 99%.

As the secondary preventive strategy, cervical cancer screening methods are available to detect early stages of pre-cancers to prevent development of advanced stages. Tests such as cervical cytology screening by Pap smear screening, human papillomavirus detection (HPV-DNA) tests, visual inspection with acetic acid (VIA), are practised globally under screen-and-treat' approach. In Sri Lanka, Pap smear screening method is practiced since 1996 through Well Women Clinic Programme.

Vaccine against HPV infection is available as the primary preventive strategy for cervical cancer prevention. The quadrivalent vaccine was developed to avert the risks attributed by genotype 16 and 18 (for cervical cancer prevention, also protective for other ano-genital and oro-pharyngeal cancers), which includes protection for non-oncogenic components of genotype 6 and 11 ; for the prevention of genital warts and Recurrent Respiratory Papillomatosis (RRP) / Laryngeal Papillomas).

Human Papillomavirus vaccine has been proven to be an extremely safe and effective vaccine (seroconversion 99-100%). The HPV vaccine is recommended only for prophylactic use, thus effective if used in HPV naive females..

1. **Introduction of Human Papillomavirus (HPV) vaccine into the National immunization schedule**

Two doses of HPV vaccine should be given to female students in Grade 6 from 10th July 2017 on completion of 10 years of age (10-11 year old female cohort). The HPV vaccine is presented as a suspension to be given as an injection.

The HPV vaccine is a recombinant quadrivalent vaccine [major capsid (L1) protein of HPV types 6, 11, 16, and 18]

**a. Dose, route and site of administration**

HPV vaccine is currently available as a single dose vial (WHO-prequalified in May 2009), liquid suspension, hence does not require reconstitution.

- Dose: 2 doses with a minimum interval of 6 months (0 and 6 months)
  - First dose : HPV 1: a single dose of 0.5 ml of HPV vaccine
  - Second dose : HPV2 : a single dose of 0.5 ml of HPV vaccine, a minimum of 6 months interval after the 1<sup>st</sup> dose, but
    - both doses need to be completed before 13 years, ideally maintaining an interval of 6 months to 1 year between HPV-1 and HPV-2
    - if any delay of gap more than 1 year, recommend to administer the 2<sup>nd</sup> dose (HPV-2) at the earliest contact ideally before 13 years
- Route and site : Should be administered by **intramuscular route (IM)** into the **deltoid region** of the **left upper arm**
- In case of decision for co-administration with another vaccine (e.g.: together with aTd) , option available to change the HPV vaccine administration site to deltoid region of the right upper arm
- Required to shake the vial well just before administering the vaccine to maintain equal suspension of the vaccine : final presentation will be a white, cloudy liquid to be administered
- Single dose vial is for one dose at a time per person and potency of the vaccine should be maintained as recommended for all other vaccines

**b. Cautions and Contraindications**

Should not vaccinate if:

- Presence of any of the general contraindications for any vaccine as mentioned in the most updated National Immunization Guidelines in Immunization Handbook, issued by the Epidemiology Unit, Ministry of Health
- Known or documented allergy to vaccine components or known hypersensitivity to the active substances or to any of the other components of the vaccine
  - *(contains individual proteins from four types of HPV viruses 6, 11, 16, 18, : which produce an immune response, small amount of an aluminium compound which acts as an adjuvant in strengthening and lengthening the immune response to the vaccine, trace amount of sodium borate as an acidity regulator)*
- Individuals who develop or with a history of severe allergic reaction/symptoms indicative of hypersensitivity after receiving a dose of HPV vaccine

**c. Adverse Events:**

- Adverse events are transient and minor, which include
  - Mild and transient local reactions: redness, swelling and pain at the injection site
  - Systemic reactions: fatigue, headache, myalgia, pyrexia
- Other major systemic adverse events including anaphylactic/anaphylactoid reactions are extremely rare



**d. Faesibility of co-administration with other vaccines**

- The HPV vaccine can concomitantly be administered with aTd, inactivated Hepatitis A and conjugate meningococcal vaccine
- Co-administration with influenza and MMR vaccines have not been described and advised to keep 4-6 weeks gap if required

**e. Storage**

- HPV vaccine is presented as a single dose vial and should stored at +2<sup>0</sup> C to +8<sup>0</sup> C
- HPV vaccine should be stored in the upper basket in the Ice Lined Refrigerator (ILR) and middle compartment in the Domestic Refrigerator
- HPV vaccine should not be stored in the freezer compartment of domestic refrigerator as it is highly sensitive to freezing temperature
- Vaccine Vial Monitors (VVMs) are incorporated into the label of the vial to check the heat exposure and should not reach the discard point at the time of use
- HPV vaccine should be transported at +2<sup>0</sup> C to +8<sup>0</sup> C temperature (should not be exposed to heat or freeze) it should also be protected from direct sunlight
- The cold chain (+2<sup>0</sup> C to +8<sup>0</sup> C) should be maintained during the vaccination session and can be kept inside the vaccine carrier until use or can be kept inside the foam pad of the vaccine carrier until use during the clinic session
- It is important to ensure that the vaccine is not exposed to heat (VVM - not passed its discard point) or not frozen at the time of vaccine administration. The potency of the vaccine will be lost if exposed to heat or freezed and will not provide adequate protection against the disease.

**f. Injection safety:**

- AD (Auto Disabled) syringes provided by the National Immunization Programme should be used in vaccine administration and used AD syringes should be discarded in to the safety boxes provided
- AD syringes and safety boxes are provided for the National Immunization Programme through the Regional Medical Supplies Division in coordination with the Epidemiology Unit. Regional Directors of Health Services, Regional Epidemiologists, Medical Officers of Health and Heads of Medical Institutions are responsible for ensuring adequate supply, availability and use of injection safety items at all Immunization clinics/sessions in their respective areas/ institutions
- Appropriate and safe disposal practices of sharps should be ensured in all instances

**g. Accountability of the HPV vaccines**

Quadrivalent HPV vaccine vials are presented as single-dose vials and wastage is not expected unless broken or expired. If wasted, it should be documented and reported to both Epidemiology Unit and RDHS office/Regional Epidemiologist



## **2. Roles and responsibilities of HPV vaccine introduction and implementation in National Immunization Programme**

### **a) Medical Officer of Health (MOH)**

- Training of MOH staff should be conducted on introduction of HPV vaccine, to be implemented through school based immunization
- Create school and public awareness on HPV vaccination by organizing school based, clinic based and other opportunities for parental awareness sessions/ programmes
- School HPV immunization in Grade 6 should be planned in all schools in the MOH area
- Both HPV vaccine doses need to be planned for administration with minimum of 6 months interval during the same year, preferably the first dose (HPV-1) from January to May, with adequate time plan for the 2<sup>nd</sup> dose (HPV-2) during the same year after 6 months
- In case of failure of the HPV-2 during the same year in Grade 6 or if finds inadequate time for the 2<sup>nd</sup> dose (HPV-2) within the same year in Grade 6, it should be continued in Grade 7 preferably together with aTd on the same day : this can be planned with aTd / SMI in Grade 7 with minimum disturbances for school schedules
  - vaccine co-administration with aTd on the same day is possible
  - aTd recommend to be administered as already recommended to left upper arm and HPV-2 dose can be administered to right upper arm (in instances when both aTd dose and HPV dose are given on the same day)
- Should plan annual requirement of the vaccines and should order HPV vaccine estimates for the month in the Monthly stock return in advance
- Be responsible for timely order, requisition and maintenance of adequate stocks of HPV vaccines, storage and transport of vaccines and maintenance of cold chain at the MOH office and clinics
- Plan timely requisition of adequate stocks of supplies, identifying mechanisms for disposal of used AD syringes , sharp wastes and monitoring the implementation and sustainability of activities
- Be responsible and accountable for vaccine management at the MOH office. Any significant wastage should be clearly documented and reported to both the Epidemiology Unit and RDHS. The MOH is responsible for any losses due to unacceptable reasons
- Cordially and cooperatively work with school principals, teachers, students and parents and provide necessary information on HPV vaccination and cervical cancer prevention
- Adequate screening of girls in Grade 6 for contraindications of the vaccine and adequate communication with parents
- Adequate distribution and display of communication materials
  - Posters to be displayed to disseminate the message
  - Information leaflets provided to be distributed in schools and sent to parents



- Parent information sheet to be sent home through grils in Grade 6 and make parents aware of the requirement of completion of 2 doses of HPV vaccination for adequate protection for the preventable proportion of cervical cancer (Annexure 1)
- Take measures to vaccinate out-of-school girls (if any school drop outs), at the MOH office or Maternal and Child Health (MCH) clinics in the area
- Organize central clinic to provide HPV vaccination (same mechanism as for the aTd) for any missed children for HPV vaccination doses in the school due to any reason (e.g.: absenteeism)
- Monitoring and reporting of Adverse Events Following Immunization (AEFI) and appropriate immediate management as per instructions given in the “Guidelines on reporting and investigation of AEFI” by the Chief Epidemiologist in the circular numbered Epid/75/2012 dated 01/04/2013
- Reporting of AEFI monthly at the MOH level to the Central level- Epidemiology Unit
- Prompt reporting and investigation of severe AEFI
- Monitoring and supervision of immunization coverage, vaccine wastage according to the quarterly EPI return (in the WEBIIS) for the area and reporting of AEFI at MOH level with regard to HPV vaccine and taking corrective measures when required
- Monitoring of record keeping at school level based on the School Immunization Register and at MOH level clinic immunization registers
- Monitoring and maintainance of accuracy and timely information of HPV vaccination in EPI returns sent from MOH office to RDHS/RE and Epidemiology Unit
- MOH is fully responsible for management and accountability of vaccines in the MOH area
- Should seek technical assistance and advice as required from Regional Epidemiologist, Medical Officer (Maternal and Child Health), Provincial Consultant Community Physician, Epidemiology Unit and Family Health Bureau.

**b) Supervisory Public Health Inspectors**

**a. District level : SPHI/D**

- i. Ensure adequate training and awareness of Supervisory Public Health Inspectors (SPHI) and Public Health Inspectors (PHI) on HPV vaccination procedure incorporating as school based vaccination programme
- ii. Coordination of district level school HPV vaccination programme
- iii. Education / communication of the public on HPV vaccine introduction
- iv. Monitoring of smooth functioning of the HPV vaccination programme in the district and maintainance of high coverage of HPV vaccination for both doses
- v. Involve in correction of any deficiencies identified



**b. MOH level : SPHI**

- i. Cordially work together with all MOH office staff on HPV vaccination under the guidance of MOH , SPHI/D, Regional Epidemiologist, P/CCP
- ii. Education/communication of the public regarding HPV vaccine introduction
- iii. Supervision of organization of school based vaccination at Grade 6, awareness and provision of adequate information to parents to follow up with 2 doses
- iv. Screen for vaccine eligibility and possible contra indications before vaccination and adhere to vaccine safety instructions given by the Epidemiology Unit
- v. Supervision to facilitate administration of the HPV vaccine , safe disposal of used AD syringes and other injection materials
- vi. Monitoring of immunization coverage, vaccine wastage and AEFI with regard to HPV at school /clinic/PHI and MOH level
- vii. Monitoring and supervision of record keeping at school level and at MOH level
- viii. Accurate, and timely compilation of HPV related EPI data and timely submission to the MOH
- ix. Should correct any identified deficiencies under the guidance of MOH

**c) Public Health Nursing Sister (PHNS) / Supervisory Pubic Health Midwife (SPHM)**

- Cordially work together with MOH office staff on HPV vaccination under the guidance of MOH , SPHI/D, Regional Epidemiologist, P/CCP
- Education/communication of the public regarding HPV vaccine introduction
- Monitoring and supervision of maintenance of cold chain at MOH office, during transport to schools and at clinics
- Assist the MOH for timely order, requisition and maintenance of adequate stocks of HPV vaccines, supervision of storage and transport of vaccines
- Supervision of immunization clinics (school / field) to facilitate administration of HPV vaccine
- Supervision of safe disposal of used AD syringes and other injection materials
- Monitoring of immunization coverage, vaccine wastage and AEFI with regard to HPV vaccine at MOH level
- Monitoring and supervision of record keeping at clinic level and at MOH level
- Accurate and timely compilation of HPV vaccine related EPI data and timely submission to the MOH
- Should correct any identified deficiencies under the guidance of MOH



**d) Public Health Inspector (PHI)**

- Education/communication of the public on HPV vaccination programme
- Maintenance of cold chain during transport of vaccines to and from school clinics and during school and MOH clinic sessions for HPV vaccination
- Screen for vaccine eligibility and possible contra indications under the guidance of MOH
- Vaccine administration and monitoring for immediate AEFI at school and clinic levels
- Provide adequate prior information on HPV vaccination to parents, (leaflet and information sheet) to create self need for administering 2 doses of the HPV vaccine
- Maintain high vaccination coverage in all schools, referrals to central clinic if any missed doses, follow up for the 2<sup>nd</sup> dose of HPV (HPV-2) for complete vaccination and ensure adequate protection with vaccination
- Enforce vigilance and provide personal attention to prevent dropouts from immunization
- Detect and report all AEFI with regard to HPV vaccination
- Assurance of safe disposal of sharps and other wastes following immunization session
- Maintenance of accurate and timely records on HPV vaccine administration ; School Immunization Register (new), Clinic AEFI Register, CHDR ( or HPV vaccination card)
- Provision of immunization clinic performance to MOH for necessary data entry based on the clinic session and as requested

**e) Public Health Midwife (PHM)**

- Assist school based HPV vaccination programme as a team under the guidance of the MOH
- Education/communication of the public on HPV vaccination programme
- Identify any vaccine drop-outs or missed children (10-11 year old girls) during home visits and refer them to Central clinic for vaccination and inform PHI with relevant details
- Assist and administer HPV vaccination in Central/ MCH clinics for any missed children
- Detect and report all AEFI with regard to HPV vaccination
- Assurance of safe disposal of sharps and other wastes following immunization session
- Maintenance of accurate and timely records on HPV vaccine administration

**f) Regional Epidemiologist(RE) / Medical Officer-Maternal and Child Health (MO/MCH)**

- Conduct district training programme for MOOH and hospital staff at district level and active participation, co-ordination and supervision of training programmes at MOH level



- Estimation and maintenance of required stocks of HPV vaccines for each MOH office and for the district
- Close supervision of the supply of vaccines and AD syringes and safety boxes in the district
- Close monitoring of requisition of HPV, vaccine storage and maintenance of cold chain at Regional Medical Supplies Division (RMSD) and the MOH level
- Overall supervision of the mechanisms developed in the district for disposal of AD syringes and sharp wastes
- Close monitoring , supervision and timely reporting of immunization coverage and vaccine wastage quarterly and AEFI monthly with regard to HPV vaccination, integrating into existing routine system
- Should seek technical assistance and advice as required from the Provincial Consultant Community Physicians, Epidemiology Unit or Family Health Bureau

**g) Provincial Consultant Community Physician (P/CCP)**

- Ensure district training programme for MOOH and hospital staff and active participation, co-ordination and supervision of training programmes at MOH level
- Coordination with Regional Epidemiologists for maintenance of required stocks of HPV and other supplies for each district, timely initiation of the programme, smooth functioning, and overall supervision of the HPV vaccination programme
- Corrective measures for any deficiencies identified together with the Epidemiology Unit and Family Health Bureau

**h) Heads of Healthcare Institutions**

- Cordially communicate with Epidemiology Unit, Provincial Consultant Community Physicians, Regional Epidemiologists, MOO (MCH) and MOOH to make aware hospital staff and public on school based HPV vaccination programme in the country
- Make aware the OPD staff, immunization clinic staff and ward staff for opportunistic screening of Grade 6 female children ( 10-11 year aged girls) for HPV vaccination, make them aware, and refer to MOH, area PHI or PHM for completion of HPV vaccination for cervical cancer prevention in future

**i) Officer-In-Charge (OIC) - Regional Medical Supplies Division (RMSD)**

- Timely requisition of adequate vaccine stocks and AD syringes for the district
- Timely distribution of vaccines and AD syringes to MOH offices and medical institutions where vaccines are stored with functioning immunization clinics
- Maintenance of cold chain for vaccines during storage at RMSD , and during transportation. Preparation of timely, accurate monthly stock return for the district and assure the supply of HPV vaccines on request as planned for school based vaccinations



- OIC-RMSD is totally responsible and accountable for vaccine management at the RMSD and any significant wastage should be clearly documented and reported to both the Epidemiology Unit and the RDHS
- OIC-RMSD will be held with the responsibility of any losses due to unacceptable reasons

**j) Epidemiology Unit**

- Ensure public awareness on HPV vaccination
- Training of Public health staff : Training of trainers and cascade training up to field level staff
- Coordination of HPV vaccination programme with Education Ministry, School Health Programme, Well Women Programme, Family Health Bureau, Cancer Control Programme, Health Education Bureau and other relevant authorities including provincial and district level staff of Ministry of Health and Ministry of Education
- Ensure overall functioning of the HPV vaccination programme in the country : vaccine procurement and distribution procedure, planning, coordination, implementation and data management on HPV vaccination
- Overall supervision and coordination of vaccine safety monitoring
- Coverage monitoring and ensure adequate protection for cervical cancer prevention by vaccination
- Monitoring the adherence of implementation guidelines for effective functioning of HPV vaccine implementation in the country
- Cold chain and other logistics management

**3. Maintenance of records and returns**

Following introduction of the HPV vaccine into the National Immunization Programme, it is crucial to closely monitor the HPV vaccination coverage and the AEFI. This could be done using the same returns and records that are being used in the existing immunization information management system . It is important to collect, enter, consolidate and forward accurate and quality data on time.

The relevant details on HPV vaccine/vaccination should be accurately entered using the following records, registers and returns.

- a. Child Health Development Record
  - i. HPV vaccination card
- b. School Immunization Register (new)
- c. Monthly Statement of School Health Activities (1014, revised 2014)
- d. Quarterly School Health Return (H 797)
- e. Clinic Immunization Register (H1216)
- f. Clinic Summary (H518)
- g. Quarterly MCH clinic Return (H-527)
- h. WEBIIS data / Quarterly EPI Return
- i. Clinic, MOH and Hospital AEFI Registers



- j. Notification Form on AEFI (AEFI form 1)
- k. Monthly Surveillance Report on AEFI (Form 2)
- l. AEFI consolidated return (RE)
- m. Adverse Events Following Immunization (AEFI) case investigation form (AEFI Form 3)
- n. Monthly stock return of vaccines
- o. MOH office Vaccine Stock Ledger
- p. MOH office Vaccine Movement Register
- q. Clinic Vaccine Movement Register

**a. Child Health Development Record (CHDR, Revised 2014)**

The date of HPV vaccination along with the batch number should be entered in the space provided for “other” vaccines (until updated CHDR is available) and clearly write the name of the dose (as HPV-1 and HPV-2) in the column “type of vaccine”.

Instances where the CHDR is not available, HPV vaccination card (Annexure 2 - available as a printed card) should be issued to the child. (Always instruct and encourage to bring the CHDR or attach the HPV vaccination card to CHDR if found even later )

**b. School Immunization Register (new Register format)**

New Register designed as “School Immunization Register” will be introduced for school based vaccination programmes. The same register should be used for HPV vaccination in Grade 6 and for aTd vaccination in Grade 7. All HPV vaccinations carried out in a particular Grade/ class (e.g.: Gade 6-A) in a school should be entered in the designated page in the “School Immunization Register” for that particular Grade/ class

One register should be maintained for one school for easy follow up of students for the second dose of HPV vaccination and documentation instructions are given in the printed register

**c. Monthly Statement of School Health Activities (1014, revised 2014)**

At the end of every month, entries in the School Immunization Register should be totaled as vaccinations performed at each school during the whole month , separately for HPV-1, HPV-2 and aTd and should be sent by each PHI to the MOH office before the 5<sup>th</sup> of the following month.

**d. Quarterly School Health Return (H 797)**

At the end of each quarter, entries from “Monthly statement of school health activities” should be summarized to enter in the quarterly return to be submitted before the 20<sup>th</sup> of the following month.

The row mentioned as ‘other vaccines’ in table 5 of the Quarterly School Health Return has to be divided into two rows to mention HPV1 and HPV2 vaccinations performed during the quarter

**e. Clinic Immunization Register(H 1216)**

If any child received HPV vaccination at the central clinic/MCH clinic of the MOH office , vaccination information for HPV-1 and HPV-2 should be entered separately under the column “ vaccination for women” (until the updated format is available)

**f. Clinic Summary (RH-MIS 518)**

The vaccination performance in the Clinic Immunization Register should be summarized and entered separately as HPV-1 and HPV-2 in vaccination for women column (until updated format is available)

**g. Quarterly MCH Clinic Return (H-527)**

The vaccination performance in the Clinic Summary should be entered separately as HPV-1 and HPV-2 in section 5 (Immunization) below under vaccination for women.

**h. WEBIIS data / Quarterly EPI Return (EPID/EPI/1/2013) data**

Entries of HPV vaccination in all Monthly Statement of School Health Activities, received at the MOH office and data on HPV vaccinations performed in schools and the central clinic/MCH clinic should be summarized and entered in the relevant cages in the Web Based Immunization Information System (WEBIIS) according to the Grade.

Number on roll for Grade 6 should be only total number of female students in Grade 6 in that particular year. Female students vaccinated for HPV-1 and HPV-2 in different Grades need to be entered as requested in the relevant web page.

**i. Clinic/MOH office/Hospital AEFI Registers**

A clinic AEFI register should be maintained at school immunization clinics to record all adverse events reported following vaccination. A fresh row should be used to enter relevant information of the AEFI reported/identified including the date of immunization of the relevant vaccine, name of child and the type of adverse event. The name of the vaccine should be entered in the AEFI register. Same procedure of entry should be adopted in the MOH office and Hospital AEFI registers

| Serial No: (1) | Registration number of the CHDR (2) | Date of report/ Detection (3) | Adverse Event (4) | Related Vaccine (5) |      | Batch No: / Lots No (6) | Date of immunization (7) | Name of the Child (8) | Address | Remarks (12) |
|----------------|-------------------------------------|-------------------------------|-------------------|---------------------|------|-------------------------|--------------------------|-----------------------|---------|--------------|
|                |                                     |                               |                   | Antigen             | Dose |                         |                          |                       |         |              |
|                |                                     |                               |                   |                     |      |                         |                          |                       |         |              |
|                |                                     |                               |                   |                     |      |                         |                          |                       |         |              |

All adverse events following immunizations which are entered in the School Immunization Register should be transferred to the MOH office AEFI Register on the day of the monthly conference or at any convenient instance.



**j. Notification Form for Adverse Events Following Immunization (AEFI Form 1) Revised 2013**

All AEFI presented to the hospital should be entered in the Hospital AEFI register and each case should be reported in 'AEFI form 1' to the Epidemiology Unit, Regional Epidemiologist and MOH of the area where the child was given vaccination.

**k. Monthly Surveillance Report of AEFI (AEFI Form 2) Revised 2013**

All AEFI reported following each dose of HPV vaccination should be summarized by the MOH in the Monthly AEFI return. Copies of this return should be sent to the RE and the Epidemiology Unit. Total number of AEFI following each dose of HPV vaccination should be entered in a blank column (divided in to 2 for HPV-1 and HPV-2). Presence or absence of AEFI should be recorded accurately in the CHDR and/ or in the HPV vaccination card provided. The identified AEFI should be recorded and reported accurately and timely.

| Adverse Events | BCG | OPV | Penta/DPT |   |   |   | Hep B | Measles | MMR | MR | DT | aTd | JE |   | Influenza |  | HPV -1 | HPV-2 |
|----------------|-----|-----|-----------|---|---|---|-------|---------|-----|----|----|-----|----|---|-----------|--|--------|-------|
|                |     |     | 1         | 2 | 3 | 4 |       |         |     |    |    |     | 1  | 2 |           |  |        |       |
|                |     |     |           |   |   |   |       |         |     |    |    |     |    |   |           |  |        |       |
|                |     |     |           |   |   |   |       |         |     |    |    |     |    |   |           |  |        |       |

**l. Monthly Stock Return of Vaccine**

The number of HPV vaccine doses required for the school/clinic vaccinations planned for the month should be requested under the column 'other' in the monthly stock return after clearly labelling the column as HPV vaccine.

**m. MOH office Vaccine Movement Register**

MOH office Vaccine Movement Register should be maintained at the MOH office level. In the MOH office Vaccine Movement Register, in the first page containing the 'Table of Contents', HPV vaccine should be entered in the blank row below the space given for the aTd vaccine and in the relevant pages write the 'Name of the item' as HPV vaccine. Content page (page 1) of the MOH office Vaccine Movement Register should be updated with HPV vaccine as follows: HPV vaccine should be entered in the blank row below the aTd vaccine under the heading of 'item' as HPV vaccine and the number of pages required should be written according to the column headings. Selected pages for HPV vaccine should also be labelled as HPV vaccine against the "name of the Item" on the top of each page

| Serial No | Item    | Page number |    | Remarks |
|-----------|---------|-------------|----|---------|
|           |         | From        | To |         |
|           | Vaccine |             |    |         |
|           | MMR     |             |    |         |
|           | DPT     |             |    |         |
|           | DT      |             |    |         |
|           | TT      |             |    |         |
|           | aTd     |             |    |         |
|           |         |             |    |         |

### HPV vaccine

| Name of the item: ..... |                                |  |                              |               |                                   |                              |                                  |                     |
|-------------------------|--------------------------------|--|------------------------------|---------------|-----------------------------------|------------------------------|----------------------------------|---------------------|
| Date (A)                | No of doses/ items in hand (B) | Place of distribution (clinic/ school) (C) | No of doses/items issued (D) | Batch No: (E) | No: of vaccinations performed (F) | No: of doses /items used (G) | No: of doses/ items returned (H) | Balance in hand (I) |
|                         |                                |  |                              |               |                                   |                              |                                  |                     |
|                         |                                |  |                              |               |                                   |                              |                                  |                     |

#### o. MOH office Vaccine Stock Ledger

Vaccine stock ledger should be properly maintained (including date of receipt, amount, batch number, Date of expiry and the VVM status) , for HPV vaccine stocks on receiving vaccine stocks from RMSD and should be balanced at least on monthly, based on the vaccine usage from the Vaccine Movement Register. Balance should be clearly documented at the end of each month.

#### p. Clinic Vaccine Movement Register

In the Clinic Vaccine Movement Register, identify a (blank) row and write HPV to enter relevant information.


| Type of Vaccine | No of doses/ items issued to the clinic | Batch number | No: of vaccinations performed | No: of doses/items used | No: of doses/items returned | No: of doses/ items required for the next clinic | Remarks |
|-----------------|---|--------------|-------------------------------|-------------------------|-----------------------------|--|---------|
| BCG             |   |              |                               |                         |                             |  |         |
| PVV             |   |              |                               |                         |                             |  |         |
| OPV             |   |              |                               |                         |                             |  |         |
| LJEV            |   |              |                               |                         |                             |  |         |
| MMR             |   |              |                               |                         |                             |  |         |
| DPT             |   |              |                               |                         |                             |  |         |
| DT              |   |              |                               |                         |                             |  |         |
| TT              |   |              |                               |                         |                             |  |         |
| aTD             |   |              |                               |                         |                             |  |         |
| diluents        |   |              |                               |                         |                             |  |         |

HPV



If you need further clarification or additional information, please contact the Epidemiology Unit.

Please bring the contents of these circular guidelines to the notice of all concerned in your province/district/institution/unit.

  
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## **Human Papillomavirus Vaccine** **Information Sheet for Parents**

Human Papillomavirus Vaccine (HPV Vaccine) is introduced into the national immunization programme to prevent cervical cancer in future. In Sri Lanka, cervical cancer is the second commonest cancer among women. Annually, 850-1000 advanced stage cervical cancer cases are admitted to hospitals for treatment. Majority of advanced cervical cancer cases are ended up with complications or even die.

Majority of cervical cancers, are due to virus called Human Papillomavirus .this virus has the ability to change cells in the cervix in to cancer cells without causing external signs and symptoms. This causes cervical cancer in future as the women grows old. Cervical cancer screening is one method available for older women for early detection of cervical cancers. By this stage cancer cells have started to develop. In this method try to identify and prevent further development into advanced stages of cervical cancer. Vaccination with HPV vaccine is another method which can prevent cervical cancers due to human papilloma virus types before develop cancer cells. This is why it is required to vaccinate girls at their young age.

Human papilloma virus has different subtypes called genotypes (more than 100 types) in which some of these types can cause cervical cancers. It has been identified that 99% of cervical cancers are due to any of these types of the Human Papilloma viruses. Out of these different types, type 16 and type 18 are the most cancerous types causes 70% of cervical cancers. This cervical cancer preventive vaccine gives the protection for these cervical cancer causing high risk types of 16 and 18 and prevents development of cervical cancer due to these types in future when they become adult women. However, it has been identified that there is a protection for other cervical cancer causing types also by giving this vaccine. Cervical cancer screening in older women will be continuing and requires even though the HPV vaccine is given to girls in Schools. In developed ( America, UK, Australia etc..) and in some developing countries in our region( Bhutan, Bangladesh, Nepal and some states in India) is implementing school based HPV vaccination programme successfully.

HPV is given through National Immunization Programme in the National immunization schedule from 2017. This vaccine is a safe and globally registered vaccine to use since 2006. In Sri Lanka, HPV vaccine is registered to use and available since 2012 and the

Ministry of Health has taken the decision to vaccinate girls through National Immunization Programme aiming prevention of cervical cancers in future.

All girls in grade 6 are given the HPV vaccination on completion of 10 years. This vaccine will be given to your daughter in the school as 2 doses. If the child misses the HPV vaccination due to any reason from the school, this can be taken from your MOH office clinic. But make sure that you give both doses of the HPV vaccine (in 6 months interval) for the completion of expected protection for cervical cancer. The vaccine will be given in grade 6 and the second dose will be given in the school again after 6 months in grade 6 or 7. HPV vaccine dose can be given together with aTd vaccine on the same day.

HPV vaccine is very safe vaccine and mild common local reactions (such as pain and redness) can be experienced as for any other vaccination. Severe side effects are very rare and other country experiences shows no severe adverse events.

Please inform your area Medical Officer of Health (MOH) and the Public Health Inspector (PHI) visiting your daughter's school to vaccinate your child with both doses of HPV vaccine to protect your daughter from cervical cancer caused by Human Papilloma viruses. Your request for both doses of HPV vaccination is attached herewith for your convenience.

#### Further information

##### Contact:

- Medical officer of Health of your area
- Epidemiology Unit (Ministry of Health), No 231, De Saram Place, Colombo 10, 0112695112, email: [chepid@sltnet.lk](mailto:chepid@sltnet.lk)
- Read: Human Papillomavirus Vaccine: WHO position paper, October 2014, Weekly Epidemiological Record, No.43,2014,89,465-492, <http://www.who.int/wer/2014/wer8943/en/>



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**2017**



### හියුමන් පැපිලෝමා වෛරස එන්නත දෙමව්පියන් සඳහා විස්තර පත්‍රිකාව

ශ්‍රී ලංකාවේ ගැබ් ගෙල පිළිකා වැළැක්වීම සඳහා හියුමන් පැපිලෝමා වෛරස එන්නත ජාතික ප්‍රතිශක්තිකරණ වැඩසටහනට ඇතුළත් කර ඇත.

කාන්තාවන් අතර ඇතිවන පිළිකාවන්ගෙන් ගැබ් ගෙල පිළිකාව දෙවන බහුල පිළිකා වර්ගය බවට හඳුනාගෙන ඇති අතර ගැබ් ගෙල පිළිකා නිසා ඇතිවන සංකූලතා සහිත රෝගීන් 850-1000 අතර ප්‍රමාණයක් වසරකට රෝහල් වලට වාර්තා වේ. රෝහල් මගින් ප්‍රතිකාර ලබන්නන් වුවද, බහුල වශයෙන් සංකූලතා වලට ගොදුරු වන බවත්, සැලකිය යුතු ප්‍රමාණයක් අකාලයේ මිය යන බවත් රෝහල් සංඛ්‍යාලේඛන මගින් සනාථ වී ඇත.

ගැබ්ගෙල පිළිකා ඇති කිරීම සඳහා මුල්වන ප්‍රධාන හේතුකාරකය ලෙස හියුමන් පැපිලෝමා වෛරසය (HPV වෛරසය) හඳුනාගෙන ඇත. මෙම වෛරසයට සම සහ ශ්ලේෂ්මල පටල මත කිසිදු බාහිර රෝග ලක්ෂණ ඇති නොකර පැවතීමේ හැකියාව ඇත. දීර්ඝකාලීනව පවත්නා මෙම වෛරසයේ සමහර ප්‍රභේද මගින් ගැබ් ගෙලෙහි ඇති සෛලවල වෙනස්කම් ඇති කිරීමේ හැකියාවක් ඇත. මෙම වෙනස්කම් වල ප්‍රතිඵල දීර්ඝ කාලයකට පසු පෙන්නුම් කරන අතර එය පිළිකා තත්වයක් කරා වර්ධනය විය හැක. එම නිසා ගැබ් ගෙල පිළිකාව එන්නතක් මගින් වැළැක්විය හැකි පිළිකාවක් ලෙස මූලිකත්වය දී, හියුමන් පැපිලෝමා වෛරස එන්නත ජාතික ප්‍රතිශක්තිකරණ වැඩසටහනට ඇතුළත් කර ඇත. මෙම එන්නත මගින් ගැබ් ගෙල පිළිකා වැළැක්වීමට නම් මෙය ළමා කාලයේදී, (අවුරුදු 9-13 අතර) එනම් වෛරසය සෛල වලට ළගා වීමට ප්‍රථම ලබා දීම ඉතා වැදගත් වේ.

ගැබ් ගෙල පිළිකාවන්ගෙන් 99% ක්ම හියුමන් පැපිලෝමා වෛරසය හේතුකාරක වීමෙන් හටගන්නා අතර ඉන් 70% ක්ම මෙම වෛරසයේ ප්‍රභේද 16 සහ 18 මගින් ඇතිවන බවට සනාථ කර ඇත. එන්නත්කරණය තුළින් අපේක්ෂා කරනුයේ ප්‍රධාන වශයෙන්ම මෙම වෛරස ප්‍රභේද මගින් ඇතිවන ගැබ්ගෙල පිළිකාව වැළැක්වීමයි.

ලොව පුරා බොහෝ දියුණු රටවල් (ඇමරිකාව, ඔස්ට්‍රේලියාව, මහා බ්‍රිතාන්‍යය වැනි) 2006 වසරේ සිට මෙම එන්නත පාසල් වැඩසටහන් තුළින් දැරුවන්ට ලබාදෙනු ලැබේ. ශ්‍රී ලංකාව අයත් වන දකුණු ආසියාතික කලාපයේ භූතානය, බංග්ලාදේශය, නේපාලය සහ ඉන්දියාවේ සමහර ප්‍රාන්තවලත් පාසල් වැඩසටහන් තුළින් හියුමන් පැපිලෝමා වෛරස එන්නත ලබා දීම සාර්ථකව සිදු කරනු ලැබේ.

ශ්‍රී ලංකාවේ මෙම එන්නත 2012 වර්ෂයේ සිට පුද්ගලික අංශයේ භාවිතය සඳහා අවස්ථාව තිබුණත් ජාතික ප්‍රතිශක්තිකරණ වැඩසටහන තුළින් ගැහැණු දරුවන් සඳහා පාසල් එන්නත් සායනයේදී ලබා දීමට පියවර ගනු ලැබුවේ 2017 වර්ෂයේ දී ය.



වයස අවුරුදු 10 සම්පූර්ණ කරන ලද 6 ශ්‍රේණියේ ඉගෙනුම ලබන සියළුම ගැහැණු දරුවන්ට හියුමන් පැපිලෝමා වෛරස එන්නත් මාත්‍රා 2 ක් ලෙස ලබා දෙනු ලැබේ. පළමු එන්නත් මාත්‍රාවෙන් මාස 6 කට පසුව දෙවන එන්නත් මාත්‍රාව 6 ශ්‍රේණියේ දී හෝ 7 ශ්‍රේණියේ දී ලබා දෙනු ලැබේ. 7 ශ්‍රේණියේ දී දරුවන්ට ලබා දෙන aTd එන්නත සමග එකම දිනයේ දී වුවද මෙම එන්නත ලබා දිය හැක.

පාසල් වෛද්‍ය සායනයේදී එන්නත් ලබා ගැනීමට නොහැකි වූ දරුවන්ට සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලවල එන්නත් සායනය මගින් හියුමන් පැපිලෝමා වෛරස එන්නත ලබා ගත හැක. හියුමන් පැපිලෝමා වෛරස එන්නත ඉතා ආරක්ෂාකාරී එන්නතක් වන අතර අනෙකුත් එන්නත් සේම සමහර විට සුළු අපහසුතා (එන්නත් ලබා දුන් ස්ථානය අවට වේදනාව සහ මදක් රතු පැහැති වීම) ඇති විය හැක. එන්නත ලබා දෙන සෞඛ්‍ය කාර්ය මණ්ඩලය විසින් අනිකුත් ජාතික ප්‍රතිශක්තිකරණ ක්‍රියාවලියේ දී අනුගමනය කරන ක්‍රියාදාමයන්ට සහ නිර්දේශයන්ට අනුකූලව ඔබේ දරුවාට මෙම එන්නත ලබා දෙනු ලැබේ.

ඔබට සපයා ඇති මෙම විස්තර කියවා දරුවාට එන්නත් මාත්‍රා දෙකම ලබා දීම අවශ්‍ය බව ඔබ ප්‍රදේශයේ සෞඛ්‍ය වෛද්‍ය නිලධාරී තුමා ඇතුළු සෞඛ්‍ය කාර්ය මණ්ඩලයට දැනුම් දෙන්න. ඒ සඳහා අවශ්‍ය දැනුම් දීමේ පත්‍රිකාව ඔබගේ පහසුව සඳහා මේ සමග සපයා ඇත.

වැඩිදුර තොරතුරු සඳහා :

- ප්‍රදේශයේ සෞඛ්‍ය වෛද්‍ය නිලධාරී ඇතුළු කාර්ය මණ්ඩලය
- වසංගත රෝග විද්‍යා අංශය, අංක 231, ද සේරම් පෙදෙස, කොළඹ 10.  
0112 695112 වෙබ් අඩවිය, [www.epid.gov.lk](http://www.epid.gov.lk) ඊමේල් [chepid@sltnet.lk](mailto:chepid@sltnet.lk)
- ප්‍රතිශක්තිකරණ අත්පොත - වසංගත රෝග විද්‍යා අංශය
- Human Papilloma Vaccine WHO Position Paper, October 2014, Weekly Epidemiological Record, No. 43, 2014, 89, 465-492,  
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**වසංගත රෝග විද්‍යා අංශය**  
 සෞඛ්‍ය, පෝෂණ හා දේශීය වෛද්‍ය අමාත්‍යාංශය  
 231, ද සේරම් පෙදෙස, කොළඹ 10.

2017



**மனித பப்பிலோமா வைரஸ் தடுப்பூசி  
பெற்றோருக்கான தகவல் குறிப்பு**

இலங்கையில் நடைமுறைப்படுத்தப்படும் தேசிய தடுப்புமருந்தேற்றல் திட்டத்தின்கீழ் கருப்பைக் கழுத்துப் புற்றுநோய் வருமுன் காப்பதற்கான மனித பப்பிலோமா வைரஸ் (HPV) தடுப்பூசி அறிமுகப்படுத்தப்பட்டுள்ளது. இலங்கையில் பெண்களில் ஏற்படும் புற்றுநோய்களில் கருப்பைக் கழுத்துப் புற்றுநோய் 2 ஆவது இடத்தில் உள்ளது. இலங்கையில் வருடாந்தம் 850 - 950 பெண்கள் கருப்பைக் கழுத்துப் புற்றுநோய் முற்றிய நிலையில் இனங்காணப்பட்டு வைத்தியசாலைகளில் அனுமதிக்கப்படுகின்றனர். இவர்களில் பெரும்பகுதியினர் பாரிய சிக்கல்களுக்கு முகம் கொடுப்பதுடன் மிகக் குறுகிய காலத்தினுள் இறந்து விடுகிறார்கள்.

பெரும்பாலான கருப்பைக் கழுத்துப் புற்றுநோய்கள் HPV வைரஸ் தொற்றினால் ஏற்படுத்தப்படுகின்றன. இவ்வைரஸ் ஆனது சாதாரணமாக ஆரம்பத்தில் எவ்வித வெளி அறிகுறிகளையும் ஏற்படுத்தாமல் பெண்ணொருவரின் கருப்பைக் கழுத்திலுள்ள கலங்களினுள் புகுந்து அக்கலங்களின் இயல்புகளை மாற்றி நீண்டகாலப்போக்கில் அக்கலங்களைப் புற்றுநோய்க் கலங்களாக மாற்றிவிடுகின்றது. அப்பெண்ணுக்கு வயதாகும்போது புற்றுநோய்க்கலங்கள் பெருக்கமடைந்து இறுதியில் கருப்பைக் கழுத்துப் புற்றுநோய் ஏற்படும். கருப்பைக் கழுத்து, யோனிவழி போன்றவற்றிலிருந்து எடுக்கப்படும் கல மாதிரிகளில் பரிசோதனையை நடத்துவதன்மூலம் இவ்வைரஸ் தொற்று இனங்காணப்படலாம். இது ஏற்கெனவே உருவாகியுள்ள கருப்பைக் கழுத்துப் புற்றுநோயை அதன் ஆரம்ப நிலைகளிலே இனங்கண்டு சிகிச்சையளிப்பதற்காக மட்டுமே பயன்படும் 'ஸ்கிரீனிங்' பரிசோதனையாகும். இதன்மூலம் ஏற்கெனவே உருவாகியுள்ள புற்றுநோய் மேலும் பரவுவதையும் முற்றிய நிலைக்குச் செல்வதையும் தவிர்க்க முடியும். ஆனால் மனித பப்பிலோமா வைரஸ் (HPV) தடுப்பூசியினை வைரஸ் தொற்று ஏற்பட முன்னர் வழங்குவதன் மூலம் மட்டுமே இப்புற்றுநோய் உருவாக முன்னர் தடுக்க முடியும். எனவே பெண்களுக்கு இத்தடுப்பூசியினை மிக இளம் வயதில் அதாவது வைரஸ் தொற்று ஏற்பட முன்னர் வழங்குவது அவசியமாகும்.

HPV என்பது நூறுக்கும் மேற்பட்ட வைரஸ் உபவகைகளின் கூட்டமாகும். இவற்றில் சில உபவகைகளே கருப்பைக் கழுத்துப் புற்றுநோயை ஏற்படுத்துகின்றன. 99%ஆன கருப்பைக் கழுத்துப் புற்றுநோய்கள் HPV வைரஸ் தொற்றினால் ஏற்படுத்தப்படுகின்ற அதேவேளை அவற்றில் 70% ஆனவை வகை 16, வகை 18 என்பவற்றினால் ஏற்படுகின்றன. HPV தடுப்பூசியானது கருப்பைக் கழுத்துப் புற்றுநோயை ஏற்படுத்தும் பிரதான வகைகளான 16, 18 என்பவை தொற்றுவதைத் தடுப்பதன்மூலம் எதிர்காலத்தில் பெண்களில் ஏற்படும் கருப்பைக் கழுத்துப் புற்றுநோயைத் தடுக்கின்றது. அத்துடன் இத்தடுப்பூசி கருப்பைக் கழுத்துப் புற்றுநோயை ஏற்படுத்தும் HPV வைரஸின் ஏனைய உபவகைகளிலிருந்தும் பாதுகாப்பளிக்கின்றது எனக் கண்டறியப்பட்டுள்ளது.

இத்தடுப்பூசி பாடசாலைப் பிள்ளைகளுக்கு வழங்கப்பட்டாலும் பெண்கள் வயதாகும்போது கருப்பைக் கழுத்துப் புற்றுநோய்க்கான 'ஸ்கிரீனிங்' பரிசோதனை தொடர்ந்து மேற்கொள்ளப்படும். அமெரிக்கா, இங்கிலாந்து, அவுஸ்திரேலியா போன்ற அபிவிருத்தியடைந்த நாடுகளிலும் பூட்டான், பங்களாதேஷ், நேபாளம் போன்ற அபிவிருத்தியடைந்து வரும் நாடுகளிலும் பாடசாலைப் பெண்பிள்ளைகளுக்கான HPV தடுப்பூசி வழங்கும் திட்டமானது வெற்றிகரமாகச் செயற்படுத்தப்பட்டு வருகிறது.

இலங்கையின் தேசிய தடுப்புமருந்தேற்றல் திட்டத்தினுள் 2017 ஆம் ஆண்டு முதல் கருப்பைக் கழுத்துப் புற்றுநோயைத் தடுப்பதற்கான HPV தடுப்பூசி உள்வாங்கப்பட உள்ளது. இதன்மூலம் எதிர்காலத்தில் ஏற்படும் கருப்பைக் கழுத்துப் புற்றுநோயைத் தடுப்பதற்காக பெண்பிள்ளைகளுக்கு இத்தடுப்பூசியை வழங்க சுகாதார அமைச்சு தீர்மானித்துள்ளது. இத்தடுப்பூசி பாதுகாப்பானதுடன் 2006



ஆம் ஆண்டிலிருந்து உலகளாவிய ரீதியில் பதிவு செய்யப்பட்டுப் பாவனையிலுள்ளது. இலங்கையில் இத் தடுப்பூசி 2012 இல் பதிவு செய்யப்பட்டு தனியார் மருத்துவமனைகளில் கட்டணம் செலுத்திப் பெற்றுக்கொள்ளக்கூடியதாக இருந்தது.. எனினும் 2017ஆம் ஆண்டிலிருந்து அனைத்து பெண் சிறார்கள்க்கும் இலவசமாக கிடைக்கும் வாய்ப்பு ஏற்பட்டுள்ளது.

10 வயது பூர்த்தியடைந்த தரம் 6 இலுள்ள எல்லாப் பெண்பிள்ளைகளுக்கும் இத்தடுப்பூசி 2 தடவைகள் 6 மாத இடைவெளியில் வழங்கப்பட வேண்டும். இதனைப் பாடசாலையில் ஏதாவது காரணங்களால் பெறாதவரும் பட்சத்தில் குறித்த பிரதேச சுகாதார வைத்திய அதிகாரி பணிமனையின் கிளினிக்கில் (MOH கிளினிக்) பெற்றுக்கொள்ளலாம்.

இத்தடுப்பூசி பாடசாலையில் வழமையாக வழங்கப்படும் ஈர்ப்புவலி ரொக்கைட் (aTd) தடுப்பூசி வழங்கப்படும் அதே நாளில் சேர்த்து வழங்கப்படக்கூடியது. முதலில் தரம் 6 இலும் பின்னர் 6 மாத இடைவெளியில் தரம் 6 அல்லது தரம் 7 இலும் வழங்கப்படும்.

HPV தடுப்பூசி பாதுகாப்பானது. ஊசி ஏற்றப்படும் இடத்தில் வலி, தோலில் மெல்லிய சிவப்புத்தன்மை போன்ற மிகச்சிறிய பாரதூரமற்ற பக்கவிளைவுகள் ஏற்படலாம். பாரதூரமான பக்கவிளைவுகளுக்கான வாய்ப்பு மிகமிகக் அரிதாக இருப்பதுடன் வேறு நாடுகளில் இதுவரை அவ்வாறான தீயவிளைவுகள் எதுவும் ஏற்படவில்லை என ஆய்வுகளின் மூலம் கண்டறியப்பட்டுள்ளது.

உங்கள் பெண்பிள்ளைகள் கற்கும் பாடசாலை அமைந்துள்ள பிரதேசத்திற்குரிய பொதுச்சுகாதார பரிசோதகர் மற்றும் சுகாதார வைத்திய அதிகாரி ஆகியோரைப் பிள்ளையின் பாடசாலைக்கு வருகைதந்து உங்கள் பிள்ளைக்கு HPV தடுப்பூசியினை இரண்டு தடவைகளும் ஏற்றுமாறு வேண்டுவதன்மூலம் மனித பப்பிலோமா வைரசினால் ஏற்படும் கருப்பைக் கழுத்துப் புற்றுநோயிலிருந்து உங்களது பெண்பிள்ளைகளைப் பாதுகாத்துக்கொள்ளுங்கள்.

HPV தடுப்பூசியை இருதடவைகள் பெற்றுக்கொள்வதற்கான விண்ணப்பம் உங்கள் வசதி கருதி இத்துடன் இணைக்கப்பட்டுள்ளது.

மேலதிக தகவல்களுக்கு,

தொடர்பு கொள்ளவும்:

- உங்கள் பகுதி சுகாதார வைத்திய அதிகாரி (MOH):
- தொற்றுநோய் விஞ்ஞானப் பகுதி, சுகாதார அமைச்சு, இல. 231, டி சேரம் இடம், கொழும்பு 10.  
தொ.பே. : 0112695112  
ஈ மெயில் : [chepid@sltnet.lk](mailto:chepid@sltnet.lk)
- வாசிக்கவும்  
Human Papillomavirus Vaccine: WHO position paper, October 2014, Weeekly Epidemiological Record, No.43,2014,89,465-492.  
<http://www.who.int/wer/2014/wer8943/en/>



தொற்றுநோய் விஞ்ஞான அலகு  
சுகாதார, போசணைமற்றும் சுதேச வைத்திய அமைச்சு  
231, டி சேரம் இடம், கொழும்பு 10.

2017



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 හිතවත් දෙමව්පියනි,

ගැබ් ගල පිළිකා වැළැක්වීම සඳහා හියුමන් පැපිලෝමා වෛරස (HPV) එන්නත ශ්‍රී ලංකාවේ ජාතික ප්‍රතිශක්තිකරණ වැඩසටහනට ඇතුළත් කර ඇත.

6 ශ්‍රේණියේ ඉගෙනුම ලබන සියළුම ගැහැණු දරුවන් සඳහා ලබා දෙන හියුමන් පැපිලෝමා වෛරස එන්නත පිළිබඳ විස්තර පත්‍රිකාව මේ සමඟ එවමි.

අවශ්‍ය එන්නත්කරණය සඳහා දරුවාගේ එන්නත් සටහන් කරනු ලබන "දරුවාගේ සෞඛ්‍ය වර්ධන සටහන් පොත" (Child Health Development Record) ..... දින පාසලට එවන මෙන් ඉල්ලමි.

වසංගත රෝග විද්‍යා අංශය  
 සෞඛ්‍ය අමාත්‍යාංශය

සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලය

විස්තර පත්‍රිකාව කියවා HPV එන්නත පිළිබඳව දැනුවත් වුණෙමි. දරුවාගේ සෞඛ්‍ය වර්ධන සටහන් පොත මේ සමඟ එවමි.

චුදගන් කරුණු

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 මව/පියා/භාරකරුගේ නම

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 මව/පියා/භාරකරුගේ අත්සන

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 අනුපාත පෙරහොරුන්,

කර්පභව කැපවීමට පුහුණුවීම සඳහා ප්‍රවේශයක් ලෙස පිටපත් කළ හැකි පිටපතක් (HPV) තිබීම පිළිබඳව තවදුරටත් තොරතුරු සඳහා ඔබගේ වෛද්‍යවරයා සමඟ සම්බන්ධ වන්න.

HPV තිබීම පිළිබඳව තවදුරටත් තොරතුරු සඳහා පිටපත් කළ හැකි පිටපතක් (HPV) තිබීම පිළිබඳව තවදුරටත් තොරතුරු සඳහා ඔබගේ වෛද්‍යවරයා සමඟ සම්බන්ධ වන්න.

HPV තිබීම පිළිබඳව තවදුරටත් තොරතුරු සඳහා පිටපත් කළ හැකි පිටපතක් (HPV) තිබීම පිළිබඳව තවදුරටත් තොරතුරු සඳහා ඔබගේ වෛද්‍යවරයා සමඟ සම්බන්ධ වන්න.

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 තොරතුරු සඳහා විමසා බලන්න  
 ජාතික වෛද්‍ය සේවාව

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 ජාතික වෛද්‍ය සේවාව

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 නාම කර්පභව කැපවීමට පුහුණුවීම සඳහා ප්‍රවේශයක් ලෙස පිටපත් කළ හැකි පිටපතක් (HPV) තිබීම පිළිබඳව තවදුරටත් තොරතුරු සඳහා ඔබගේ වෛද්‍යවරයා සමඟ සම්බන්ධ වන්න.

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 වෙනත් තොරතුරු

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 නාම/ තනතුර/ පාලකවරයාගේ නම

.....  
 නාම/ තනතුර/ පාලකවරයාගේ නම

Dear Parents,

An information sheet on Human Papilloma Virus (HPV) vaccine for cervical cancer prevention is attached herewith for your information.

HPV vaccine is given through the National Immunization Programme as a school based vaccination from 2017 for all girls in Grade 6.

Please be kind enough to send "Child Health Development Record"(the booklet containing Immunization details of the child) along with your daughter to the school on ..... for HPV vaccination.

Epidemiology Unit  
Ministry of Health

Medical Officer of Health

I received the information sheet on the Human Papilloma Virus (HPV) vaccine for cervical cancer prevention. Herewith I am sending the Child Health Development Record.

Any Remarks

.....  
Name of the Mother/ Father/ Guardian

.....  
Signature of the Mother/ Father / Guardian




**INSTRUCTIONS**

1. *This is your HPV vaccination record [attach this to Child Health Development Record (CHDR)]*
2. *Make sure you bring your CHDR to the school for necessary recordings*
3. *Two doses of HPV vaccine are required for prevention of cervical cancer*

**THIS RECORD IS VERY IMPORTANT  
KEEP IT SAFE**

**FOR FURTHER INFORMATION**  
 Medical Officer of Health  
 OR  
 Epidemiology Unit  
 Ministry of Health - Sri Lanka  
 Tel : 0112 695112  
 www.epid.gov.lk

  
**HPV vaccine  
for prevention of  
Cervical Cancer**

Name : .....

Date of Birth :   /   /      
D D M M Y Y Y Y

School : .....

Grade / Class    
HPV-1 HPV-2

Address .....

Telephone .....

**HPV Vaccination Details**

| Type of Vaccine                                 | Date of Vaccination | Age | Batch No. of the vaccine | Remarks |
|---|---------------------|-----|--------------------------|---------|
| HPV-1   |                     |     |                          |         |
| HPV-2<br>6 months after<br>1 <sup>st</sup> dose |                     |     |                          |         |
|   |                     |     |                          |         |
|   |                     |     |                          |         |