දූරකථන) 011 2669192 , 011 2675011
தொலைபேசி) 011 2698507 , 011 2694033
Telephone) 011 2675449 , 011 2675280

ෆැක්ස්) 011 2693866
பெக்ஸ்) 011 2693869
Fax) 011 2692913

විද්‍යුත් තැපෑ,) postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)
website)

සුවසිරිපාය
சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය)
எனது இல)
My No.)

ඔබේ අංකය)
உமது இல) EPI/151/1/2017
Your No. :)

දිනය) 17
திகதி) ~~15~~/02/2017
Date)

සෞඛ්‍ය පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

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%), Otitits Media (7-9%), subacute sclerosing panencephalitis (SSPE) (1 per 100,000 cases), Keratitis and Corneal scaring 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, 2nd 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 1st dose at 9 months of age, continuing the 2nd 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 vescicular) 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 to 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 availability of results.

Clinically confirmed measles case	Clinically confirmed rubella case
Fever and maculopapular rash patient with at least one of the following: • Cough • Coryza (i.e. runny nose) • Conjunctivitis (i.e. red eyes)	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 3rd to 28th 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 3rd day to 28th 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 Referance 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, 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 (Acting)
Ministry of Health, Nutrition & Indigenous Medicine,
No. 385, "Suwasiripaya",
Rev. Baddegama Wimalawansa Thero Mw,
Colombo 10.

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

Copy:

- Secretary Health
- DDG/PHS 1
- DDG/PHS 11
- DDG/MS I and II
- DDG/Laboratory Services
- Chief Epidemiologist
- Director/ Private Healthcare Institutions
- Director/ MCH
- Director/FHB
- Director/NIHS
- Directors /Millitary hospitals

Annexure 1

EPID/151/1/2013

EPIDEMIOLOGY UNIT – MINISTRY OF HEALTH

Measles / Rubella Elimination Initiative

Suspected Measles / Rubella Patient Information

Please Mark	*For Office use only*
Measles ☐ Rubella ☐	Mea/Rub ID Code SRL/☐☐/☐☐/☐☐/☐☐☐

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: chepid@sltnet.lk, epidunit@sltnet.lk at your earliest)

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

Annexure 2

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 ..... සැදුණු දිනය ஆரம்பித்த திகதி Date of Onset .....

*ළමා රෝගීන්ගේ මව/පියා/භාරකරුගේ නම පහතින් සඳහන් කරන්න
நோயாளி சிறுவராயின் பெற்றோர்/பாதுகாவலர் பெயர்
Peaditric patients- Name of Mother/Father/Guardian ..... ඇතුලත් කළ දිනය அனுமதித்த திகதி Date of admission .....

.....

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

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

රෝගියාගේ නිවසේ ලිපිනය (මහජන සෞඛ්‍ය පරීක්ෂකට 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. .....

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

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

දැනුම් දිය යුතු බෝවන රෝග ලැයිස්තුව
அறிவிக்கப்பட வேண்டிய நோய்களின் படடியல்
List of Notifiable Diseases

(Approved by the Advisory Committee on Communicable Diseases on 11th February 2005)

"අ" කාණ්ඩය	பிரிவு A	Group-A
• කොළරාව	• வாந்திபேதி	• Cholera
• මහාමාරිය	• பிளேக் (கொள்ளை நோய்)	• Plague
• කහ උණ	• மஞ்சள் காய்ச்சல்	• Yellow Fever
"ආ" කාණ්ඩය	பிரிவு B	Group-B
• උග්‍ර බාලක පක්ෂඝාත රෝගය	• இளம்பிள்ளை வாதம் / சடுதியான தளர்ச்சி வாதம்	• Acute Poliomyclitis / Acute Flaccid Paralysis
• පැපොල රෝගය	• கொப்பளிப்பான்	• Chicken pox
• ඩෙංගු උණ / ඩෙංගු රක්තපාත උණ	• டெங்கு காய்ச்சல் / டெங்கு குருதிப்பெருக்கு காய்ச்சல்	• Dengue Fever / Dengue Haemorhagic Fever
• ඔලපවලය	• தொண்டைக் கரப்பன்	• Diptheria
• රක්ත අතීසාරය	• வயிற்றோட்டம்	• Dysentary
• නිදිකර්පරාප්‍රදාහය	• மூளைக்காய்ச்சல் (என்கெபலைடிஸ்)	• Encephalitis
• ආන්ත්‍රික උණ	• நெருப்புக்காய்ச்சல் (குடல் காய்ச்சல்)	• Enteric Fever
• ආහාර විෂවීම	• உணவு நச்சுத் தன்மை	• Food poisoning
• මානව ජලභීතිකා රෝගය	• விசர்விலங்குக்கடி நோய்	• Human Rabies
• ලෙප්ටොස්පයිරෝසියාව	• லெப்டோஸ்பைரோசிஸ்	• Leptospirosis
• මැලේරියාව	• மலேரியா	• Malaria
• සරම්ප	• சின்னமுத்து	• Measles
• මස්තිෂ්ක පටල ප්‍රදාහය	• மூளைக்காய்ச்சல் (மெனின்சைடிஸ்)	• Meningitis
• කම්මුල්ගාය	• கூகைக்கட்டு	• Mumps
• රුබෙල්ලා (ජර්මන් සරම්ප)	• ருபெல்லா/ருபெல்லா நோயுடன் பிறப்பு	• Rubella / Congenital Rubella Syndrom
• සංජාතීය රුබෙල්ලා රෝගය	• 7 நாட்களுக்கு மேல் தொடரும் சாதாரண காய்ச்சல்	• Simple Continued Fever of over 7days or more
• සරල කල්පවත්නා උණ	• ஏற்புவலி	• Tetanus
• පිටගැස්ම	• பிறந்த முதல் மாதத்தில் ஏற்புவலி	• Neonatal Tetanus
• නවජන්ම පිටගැස්ම	• தைபசுக் காய்ச்சல்	• Typhus Fever
• ටයිපස් උණ	• வைரசு ஈரல் அழற்சி	• Viral Hepatitis
• වෛරස් යාකෘති ප්‍රදාහය	• குக்கல்	• Whooping Cough
• කක්කල් කැස්ස	• காச நோய்	• Tuberculosis
• ක්ෂය රෝගය		
• ලීෂ්මනයිසිස්	• லேயி'மேனியாசிஸ்	• Leishmaniasis
• ලාදුරු	• தொழுநோய	• Leprosy

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රා. සේ. ප. / அரச சேவை / O. S. S

සෞඛ්‍ය වෛද්‍ය නිලධාරි

சுகாதார வைத்திய அதிகாரி

THE MEDICAL OFFICER OF HEALTH

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කරුණාකර මෙතනින් අලවන්න / இங்கே ஒட்டவும் / Please Paste Here

Annexure 3

EPID/DS/CRS/2013

SURVEILLANCE OF CONGENITAL RUBELLA SYNDROME (CRS) - CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The Medical Officer/Hospital and REE/MOH should carry out the investigation personally. Necessary data should be obtained from the mother of the new baby/BHT/Physician/investigation reports/diagnosis cards. Early investigation and return is essential.

Serial No: ☐☐/☐☐/☐☐/☐☐

A. GENERAL

1. Date of notification to MOH : ☐☐/ ☐☐ / ☐☐☐☐ (dd/mm/yy)
2. Date of notification to Epidemiology Unit : ☐☐/☐☐ /☐☐☐☐ (dd/mm/yy)
3. Name of the reporting Institution / Hospital .....
4. Ward No: .....
5. BHT No: .....
6. Name of the hospital where the baby was born .....
7. Ward No: .....
8. BHT No: .....

B. PARTICULARS OF PATIENT *(Please (✓) appropriate box where applicable)*

9. Name of patient (BLOCK LETTERS) .....
10. Name of the parent/guardian .....
11. Residential Address: .....
12. Date of Birth : ☐☐/ ☐☐ / ☐☐☐☐ (dd/mm/yy)

13. Age	14. Sex	15. Ethnic group	
☐☐ ☐☐ ☐☐ Yrs Months Days	☐ 1. Male ☐ 2. Female	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. Others ..... ☐ 9. Unknown	16. Mothers occupation ..... 17. District ..... 18. MOH area .....

B. PRESENT ILLNESS /OUTCOME

19. Date of detection of signs and symptoms of CRS:	21. Outcome of the event	23. If transferred, name of hospital
☐☐ ☐☐ ☐☐ d d m m y y	☐ 1. Still under treatment ☐ 2. Died ☐ 3. Transferred ☐ 4. Discharged	..... 24. Was patient transferred from some other hospital Yes ☐ / No ☐
20. Where did the patient detect first ☐ 1. Government hospital ☐ 2. Private hospital ☐ 3. Medical Officer of Health ☐ 4. Private practitioner ☐ 5. Ayurvedic institution ☐ 6. Other (specify)	22. Date of discharge, transfer or death (where relevant) ☐☐ ☐☐ ☐☐ d d m m y y	25. If "yes", where was the patient transferred from ? .....

C. CLINICAL DATA

Surveillance Case definition:

Child <1 year of age with maternal history of Rubella infection and/or following signs and symptoms.

List A	List B	Laboratory data consistent with Congenital Rubella Infection (CRI)	**For office use only**
☐ 1. Cateract/s ☐ 2. Congenital glaucoma ☐ 3. Congenital hearth disease ☐ 4. Loss of hearing ☐ 5. Pigmentary Retinopathy	☐ 1. Purpura ☐ 2. Splenomegaly ☐ 3. Microcephaly ☐ 4. Mental Retardation ☐ 5. Meningo-encephalitis ☐ 6. Radiolucent bone disease ☐ 7. Jaundice (within 24hr of delivery)	☐ positive result of rubella IgM	Compatible with the case definition. 1. Yes 2. No

D. LABORATORY FINDINGS

26. Was blood taken for serological investigations? ☐ 1. yes ☐ 2. no If no reason .....

27. Was specimens collected for virus isolation ? ☐ 1. yes ☐ 2. no If no reason .....

28. If yes:

Investigation	Date of collection of specimen (dd/mm/yy)	Laboratory MRI/ other govt./ private/ not known	Results (mark NA if test results are not available and PP if pending)
1. maternal IgG persisting >6/52 in infant			
2. rubella specific IgM			
3. virus isolation / PCR			

E. MATERNAL HISTORY

29. Age of mother at time of delivery:
☐☐ years

30. Did the mother have a rubella-like illness during the present pregnancy?
☐ 1. yes
☐ 2. no
☐ 3. not known

31. If yes, period of gestation at the time of illness
☐☐ in weeks
☐ not known

32. Which of the following symptoms and signs were present?
☐ 1. fever
☐ 2. rash
☐ 3. lymphadenopathy
☐ 4. conjunctivitis
☐ 5. arthritis/arthralgia
☐ 6. others (specify)
.....

33. Was rubella serologically confirmed during pregnancy ?
☐ 1. yes
☐ 2. no
☐ 3. not known

F. MOTHER'S IMMUNIZATION HISTORY

34. Was the mother immunized for rubella?
☐ 1. yes ☐ 2. no ☐ 3. not known

35. If yes, date of vaccination:
☐☐ ☐☐ ☐☐
d d m m y y
☐ not known

36. Type of vaccine used:
☐ 1. Rubella ☐ 3. MR
☐ 2. MMR ☐ 4. Not known

37. Place of vaccination
☐ 1. MOH clinic
☐ 2. school
☐ 3. government hospital
☐ 4. private dispensary/surgery
☐ 5. private hospital
☐ 6. other (specify)
.....
☐ 7. not known

38. If not immunized, reason:
☐ 1. medical contraindication
☐ 2. unaware of the need for vaccination
☐ 3. non-availability of vaccine
☐ 4. no faith in the vaccine
☐ 5. others (specify)
.....
☐ 6. not known

G. CONTACT HISTORY

39. Was the mother in contact with a known or suspected case of rubella during the index pregnancy?
☐ 1. yes
☐ 2. no
☐ 3. not known

40. If yes, period of gestation in weeks:
☐☐
☐ not known

FOR OFFICE USE
Time between immunization and development of maternal infection
☐☐ yrs ☐☐ months

41. Remarks: .....
.....
.....
.....

Signature: ..... Name: .....

Date: ..... Designation: .....

For office use only

Final classification

Laboratory confirmed ☐
Clinically confirmed ☐
C R I ☐

Please return to: Epidemiology Unit, 231, De Seram Place, Colombo 10. email: epidunit@sltnet.lk
Tel : 011-2695112 / 2681548 Fax : 011-2696583

Annexure 4

Measles / Rubella Register Format

Serial Number (Annual number)	Disease	Name of the Patient	Age DOB	Sex	Ward/ OPD	BHT/ OPD number	Date of admission	Date of onset (rash)	Vaccination MMR/MR/Measles/ Rubella		Residential address	Date of notification		Specimen collection for confirmation (date & result)	
									1st dose	2nd dose		To MOH (H 544)	To Epid Unit (EPID/151/1/2013)	Blood for IgM	Virus isolation swabs

Annexure 5

CRS Register Format

Serial Number (Annual number)	Name of the Patient & Name of the mother	Age at detection of CRS & DOB	Sex	Ward/ Unit	BHT	Date of admission	Date of detection	Mother's vaccination status Rubella (Y/N)	Residential address	Date of notification		Specimen collection for confirmation (date & result)	
										To MOH (H 544)	To Epid Unit (EPID/DS/CRS/2013)	Blood for IgM	Virus isolation swabs

Annexure 6

FORM: EPID/37/5/R2004

WEEKLY REPORTING FORM FOR AFP*, MEASLES, RUBELLA /CRS CASES FROM HOSPITALS

(SENTINEL SITES)

INSTITUTION:.....

Week of reporting: (Saturday to Friday) ☐☐.☐☐.200☐ to ☐☐.☐☐.200☐

Disease	Name of the patient	Age	Sex	Ward	B.H.T. No.	** D.O.A	Date of onset	Residential address

Name :..... Designation: .... Signature: .... Date: .....

*AFP – Acute Flaccid Paralysis

** D.O.A – Date of admission

This form should be completed for all cases of **AFP, MEASLES, and RUBELLA/CRS,** *after visiting medical, paediatric, EYE, ENT and neurology wards during the week. Even if no cases have been detected, please forward this return every Friday to Epidemiologist, Epidemiological Unit, 231, de Saram Place, Colombo 01000 with a copy to Regional Epidemiologist, Tel: 2695112, 2681548, Fax: 2696583, E-mail:epidunit@sltnet.lk / chepid@sltnet.lk by Head of the institution/ICN/PHI or any other identified officer.*

FORM: EPID/37/5/R2004

WEEKLY REPORTING FORM FOR AFP*, MEASLES, RUBELLA/CRS CASES FROM HOSPITALS

(SENTINEL SITES)

INSTITUTION:.....

Week of reporting: (Saturday to Friday) ☐☐.☐☐.200☐ to ☐☐.☐☐.200☐

Disease	Name of the patient	Age	Sex	Ward	B.H.T. No.	** D.O.A	Date of onset	Residential address

Name :..... Designation: .... Signature: .... Date: .....

*AFP – Acute Flaccid Paralysis

** D.O.A – Date of admission

This form should be completed for all cases of ***AFP, MEASLES, and RUBELLA/CRS*** *after visiting medical, paediatric EYE, ENT, and neurology wards during the week. Even if no cases have been detected, please forward this return every Friday to Epidemiologist, Epidemiological Unit, 231, de Saram Place, Colombo 01000 with a copy to Regional Epidemiologist, Tel: 2695112, 2681548, Fax: 2696583, E-mail: chepid@sltnet.lk by Head of the institution/ICN/PHI or any other identified officer.*

Annexure 7

EPID/DS/MEASLES/2016

SURVEILLANCE OF MEASLES – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT MINISTRY OF HEALTH

The MOH should do the investigation personally. Necessary data should be obtained from the hospital by reference to the BHT/Physician or from the diagnosis card. Early investigation and return is essential.

Week ending of Notification	☐☐ ☐☐ ☐☐ d d m m y y	Date of Confirmation	☐☐ ☐☐ ☐☐ d d m m y y	ID Register No : Mea /☐☐☐/☐☐☐☐

A. PARTICULARS OF PATIENT *(Please (✓) appropriate box where applicable)*

1. Name of patient (BLOCK LETTERS) .....
2. Residential Address: .....
   Contact Number : ..... email : .....
3. Date of Birth : ☐☐/ ☐☐ / ☐☐☐☐ (dd/mm/yy)

4. Age	5. Sex	6. Ethnic group	7. Occupation	8. RDHS area	9. MOH area
☐☐/☐☐ y y / m m	☐ 1. Male ☐ 2. Female	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. Others ☐ 9. Unknown	.....	.....	.....

B. PRESENT ILLNESS /OUTCOME

10. (a) Date of onset of fever
☐☐ ☐☐ ☐☐ d d m m y y

(b) Date of onset of rash
☐☐ ☐☐ ☐☐ d d m m y y

11. (a) Did the patient seek medical advice 1. Yes ☐ 2. No ☐
(b) If "Yes" where did the patient first seek medical advice ?
☐ 1. Government hospital
☐ 2. Private hospital
☐ 3. Private practitioner
☐ 4. Ayurvedic institution (public/private)
☐ 5. Other (specify)
.....

12. Was patient admitted to hospital?
☐ 1. Yes (If "Yes" question 13)
☐ 2. No (If "No" skip to question 17)

13. If yes, date of admission:
☐☐ ☐☐ ☐☐ d d m m y y

14. Name of hospital: .....

15. Ward : .....

16. BHT No:.....

17. Outcome of the case
☐ 1. Cured
☐ 2. Died
☐ 3. Complication

18. Date of discharge, transfer or death
☐☐ ☐☐ ☐☐ d d m m y y

19. If transferred name of hospital
.....

20. Was patient transferred from some other hospital
1. Yes ☐
2. No ☐

21. If "Yes", where was the patient transferred from ?
.....

C. CLINICAL DATA

Case definition: fever and maculopapular rash with one of cough, coryza (runny nose) or conjunctivitis

22. Symptoms and signs	Yes	No
1. fever	☐	☐
2. masculopapular rash	☐	☐
3. cough	☐	☐
4. coryza	☐	☐
5. conjunctivitis	☐	☐
6. other (Specify)	.....	

23. Complications	Yes	No
1. none	☐	■
2. diarrhoea	☐	☐
3. pneumonia	☐	☐
4. otitis media	☐	☐
5. encephalitis	☐	☐
6. other (specify)	.....	

D. LABORATORY FINDINGS

24. Was blood taken for measles serology (measles IgM) ? 1. Yes ☐ 2. No ☐

(a) If yes: 1. Hospital ☐ 2. Private Practitioner ☐ 3. MOH ☐ 4. Other ☐

(b)

Investigation (Serology) e.g. IgM / IgG	Date of collection of specimen (dd/mm/yy)	Date of sent to laboratory	Laboratory (MRI/govt./private)	Results (mark NA if test results are not available)	Date of results

25. Was samples collected for virus isolation 1. Yes ☐ 2. No. ☐

If yes:

Sample type	Date of collection	Date of sent	Name of the laboratory	Date of result	Results		
					+ve	–ve	Geno type
☐ (i) swabs (throat/nasal gingival) ☐ (ii) secretion (nasal/oral) ☐ (iii) urine ☐ (iv) other							

E. MEASLES VACCINATION STATUS

26. Was Measles Containing Vaccine given (MCV) [Measles, MR, MMR]

1. Yes ☐ 2. No ☐ 3. Not known ☐

27. If "yes" (a) Number of doses 1 ☐ 2 ☐ >2 ☐

(b) source of information Vaccination card ☐ History: ☐

details of immunization

Dose	Date of immunization (dd/mm/yy)	Type of vaccine Measles, MR, MMR	Batch number	Place of immunization*
1st dose				
2nd dose				
Other				

*MOH office / Immunization clinic / Govt. Hospital / Private Hospital / General Practitioner / Not known / Other

F. CONTACT HISTORY

28. Has the patient been in contact with anyone with fever and/or rash within **3 weeks prior to onset of illness** ?

1. Yes ☐ 2. No ☐ 3. Not known ☐
(if yes, fill row 1 – 3 with details)

Details of the patient's household or other close contacts who developed a similar illness **following the development of measles in the patient**, and their immunization status (fill Row 4 – 7 with details)

		Name	Age	Sex	Date of onset of rash	Relationship to patient	Vaccinated for MCV		
							Yes	No	Not known
28a. contacts with a similar disease prior to onset of illness in the patient	1								
	2								
	3								
28b. contacts who developed similar illness after contact of the index patient	4								
	5								
	6								
	7								

29. Is the patient having a history of travel abroad (3 weeks prior to illness onset) ☐ Yes ☐ No

If yes : (i) Country of travel : .....

(ii) History of Measles contact in abroad ☐ Yes ☐ No ☐ Not known

Remarks

.....

.....

.....

Signature: ..... Name: .....

Date: ..... Designation: .....

Please return to:
Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 10
email: epidunit@sltnet.lk Tel: 011-2695112 / 2681548 Fax: 011-2696583

FOR OFFICE USE ONLY

Final classification

☐ 1. Laboratory confirmed
☐ 2. Epidemiologically confirmed
☐ 3. Clinically confirmed
☐ 4. Non Measles case (discarded)

Annexure 8

EPID/DS/RUBELLA/2007

SURVEILLANCE OF RUBELLA – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The MOH should do the investigation personally. Necessary data should be obtained from the hospital by reference to the BHT / Physician or from the diagnosis card. Early investigation and return are essential.

Week ending of notification ☐☐ ☐☐ ☐☐ (d d m m y y)	Serial no: ☐☐☐☐	Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH office

A. PARTICULARS OF PATIENT *(Please tick (✓) the appropriate box where applicable)*

1. Name of patient (BLOCK LETTERS) .....

2. Residential address: .....

3. Date of birth: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

4. Age	5. Sex	6. Ethnic group	7. Occupation	8. DPDHS division (district)	9. MOH area
☐☐/☐☐ (y y / m m)	☐ 1. male ☐ 2. female ☐ 3. not known	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. others ☐ 5. not known	.....	.....	.....
			FOR OFFICE USE ONLY		
			☐☐	☐☐	☐☐

B. PRESENT ILLNESS/OUTCOME

10. Date of onset of symptoms: ☐☐ ☐☐ ☐☐ (d d m m y y)

11. Where did the patient first seek medical advice?
- ☐ 1. government hospital
- ☐ 2. private hospital
- ☐ 3. private practitioner
- ☐ 4. Ayurvedic institution (public/private)
- ☐ 5. other (specify) .....

12. Was patient admitted to hospital?
- ☐ 1. yes → to Q. 13
- ☐ 2. no } skip to Q. 21
- ☐ 3. not known }

13. If yes, date of admission: ☐☐ ☐☐ ☐☐ (d d m m y y)

14. Name of hospital: .....

15. Ward: .....

16. BHT no: .....

17. Date of discharge/transfer or death: ☐☐ ☐☐ ☐☐ (d d m m y y)

18. If transferred, name of hospital .....

19. Was patient transferred from some other hospital?
☐ 1. yes ☐ 2. no

20. If "yes", where was the patient transferred from? .....

21. Outcome of the case
- ☐ 1. cured ☐ 3. transferred
- ☐ 2. died ☐ 4. not known

C. CLINICAL DATA

Case definition: An illness with generalized macular papular rash, fever and arthralgia/arthritis, lymphadenopathy or conjunctivitis

22. Symptoms and signs
- ☐ 1. fever
- ☐ 2. rash
- ☐ 3. lymphadenopathy
- ☐ 4. conjunctivitis
- ☐ 5. arthritis/arthralgia
- ☐ 6. other (specify): .....

23. Complications
- ☐ 1. encephalitis
- ☐ 2. other (specify): .....

For office use only
Compatible with the case definition:
- ☐ 1. Yes
- ☐ 2. No

D. LABORATORY FINDINGS

24. Was blood taken for measles serology? ☐ 1. yes ☐ 2. no ☐ 3. not known

25. If yes,

Investigation	Date of collection of specimen (dd/mm/yy)	Laboratory (MRI/ other govt./ private/ not known)	Results (mark NA if test results are not available and PP if pending)
1. IgG 1st specimen			
2. IgG 2nd specimen			
3. IgM			
4. Virus isolation			

E. RUBELLA VACCINATION STATUS

26. Was rubella/MMR/MR vaccine given before the onset of the present illness?

☐ 1. yes ☐ 2. no ☐ 3. not known

27. If yes, details of immunization:

Dose	Date of immunization* (dd/mm/yy)	Type of vaccine**	Batch number	Place of immunization***
1st dose				
2nd dose				
Other				

*If the date is not known but the particular dose is given mark (3) in the relevant cage
** Rubella vaccine/ MR vaccine/ MMR vaccine/ not known
***MOH Office/ Govt. hospital/ PHM field clinic/ private hosp, clinic, GP/ not known/ other

28. If not immunized, reason for non-immunization:

☐ 1. medical contraindication ☐ 2. unaware of the need for vaccination ☐ 3. non-availability of the vaccine
☐ 4. no faith in the vaccine ☐ 5. not known ☐ 6. other (specify) .....

F. CONTACT HISTORY

29. Was the patient in contact with a suspected / known case of rubella (fever and rash) in the month prior to the onset of rash?

☐ 1. yes ☐ 2. no ☐ 3. not known

G. EXPOSURE DURING PREGNANCY (for females of reproductive age only)

30. Was the patient pregnant at the time of illness? ☐ 1. yes ☐ 2. no ☐ 3. not known

31. If yes, period of gestation in weeks: ☐☐

Important:

All pregnant mothers who had an acute attack should be followed up. If the baby is found to have acquired CRS, a separate CRS case investigation form No EPID/DS/CRS/2007 must be filled.

32. Remarks:

.....

.....

.....

Signature: ..... Name: .....

Date: ..... Designation: .....

Please return to:
Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 10
email: epidunit@sltnet.lk Tel: 011-2695112 / 2681548 Fax: 011-2696583

For office use only

Final classification

Laboratory confirmed ☐

Epidemiologically confirmed ☐

Clinically confirmed ☐

Annexure 9

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 ☐	Throat swab ☐
Date of collection DD | MM | YYYY	Date of collection DD | MM | YYYY
(3 ml blood preferably serum separated & transport in cold box)	*(throat swabs in virus transport media in Ice)*

- 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

		Serology	Virus Isolation
Date received of sample	:	DD | MM | YYYY	DD | MM | YYYY
Sample accepted	:	Yes / No	Yes / No

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