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

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Ministry of Healthcare & Nutrition

Directors of National Hospital/Teaching Hospitals/Provincial & District General Hospitals, Base Hospitals,

All Medical Superintendents of other Hospitals

Strengthening immunity in healthcare staff in eliminating measles by 2018

To be in line with global Measles elimination goals, Sri Lanka has planned for elimination of measles in 2018 and elimination strategies will be intensified commencing from 2014.

However, an outbreak of Measles with close upon 3000 cases is being experienced in the country since early 2013 after a lag period of 12 years. Majority of affected were belonging to less than 1 year and above 25 years. The probably reason for the outbreak may be the accumulation of susceptible individuals (unvaccinated /non-immune) in the community. Measles incidence among infants has come down with Supplementary Immunization Activity of administering measles vaccination. But the transmission among adults are still continuing including some of health care workers.

Immunization of healthcare staff is now a prime requirement at this stage for their protection, prevention of transmission as well as the continuation of effective functioning of the hospital. The meeting of National Advisory Committee on Communicable Diseases (ACCD) held on 9th December 2013, took the decision to vaccinate health care personnel, based on high risk category considering their age and the exposure status.

Considering all these, please take necessary action to organize and vaccinate all health care staff in your hospital as a priority measure with a one dose of measles vaccine.

Guide for vaccination procedure:

- A responsible focal point should be identified, e.g.: MO/Public Health, ICNO / a team, in your hospital to organize and carry out the task.
- Estimate the number of health care staff in the hospital to indent required number of vaccine doses.
- Indent required amount of Measles vaccine and diluents from the Regional Medical Supplies Division (RMSD) of your district.
- Measles vaccine is available as 10 dose vials and need to be reconstituted with measles diluents.
- Following supplies also need to be indented and kept ready prior to vaccination programme.
 - o 0.5 ml AD syringes (Equal to number of health care workers)
 - o 5 ml syringes and 19G needles for re constitution of Measles vaccine with diluents. (Equal to number of vaccine vials indented)
 - Adequate cotton swabs
 - Safety boxes for disposal of sharps
- Vaccinate all categories of health care staff who do not have a recent history of laboratory confirmed measles disease.
- Previous history of Measles vaccination or measles infection is not a contraindication and can be re vaccinated with Measles vaccine.
- All vaccine recipients should be adequately screened to identify possible contraindications or any other high risk conditions for vaccination.
 - Measles vaccination should be avoided in anybody with past history of allergy to Neomycin, gelatin, or any other vaccine components, documented or known history of severe immune compromised status as a result of congenital immune deficiency disease, advanced Leukaemia or Lymphoma, serious Malignant disease, or treatment with high-dose steroids, and receiving immunosuppressive therapeutic radiation.
 - Anyone with a history of administration of a live vaccine has been received within the preceding 4 weeks or currently suffering from any acute illness, vaccination should be postponed. (Immunization Handbook -3rd Edition, Epidemiology Unit, 2012)
- In any doubtful cases, get the advice from hospital clinicians or contact Epidemiology Unit.
- Cold chain in vaccine should be maintained from the time of receiving them from the RMSD to vaccination of the recipient. (Immunization Handbook -3rd Edition, Epidemiology Unit, 2012).
- Measles vaccines should be stored in the upper or middle compartment of the refrigerator (+2° to +8°C). If needed to be stored in the hospital, monitoring of the temperature of the refrigerator twice a day is advised.
- Reconstituted vaccines should be kept in a container with ice water to maintain the cold chain $(+2^{\circ} \text{ C to } +8^{\circ} \text{ C})$ and should be protected from direct sunlight
- Reconstituted vaccine vials, should be used for 6 hours during the day, to be discarded at the end.
- All possible measures should be taken to minimize vaccine wastage.

 Measles vaccine is given as a single dose of 0.5 ml, subcutaneously, usually to the outer part of the upper arm preferably on left side.

 All vaccination procedure and vaccine management should be in accordance with the National guidelines given in the Immunization Handbook (3rd Edition), Epidemiology Unit, Ministry of Health.

• After administration, the recipient should be observed for a minimum of 20-30 minutes for Adverse Events Following Immunization (AEFI).

 Any AEFI identified should be reported to the Epidemiology Unit through prescribed form.

 A measles vaccination register should be maintained indicating vaccination date, name of the recipient, age, designation, ward/Unit, and other relevant details to identify the person vaccinated in your hospital.

 On completion of the activity, information should be compiled in the attached format (Annexure 1) and sent to the Epidemiology Unit, No:231, De Saram Place, Colombo 10 at your earliest before 15th March 2014.

Please bring the contents of this letter to the notice of all health care staff and arrange to implement the programme accordingly to achieve high coverage to make this endeavour a success.

Dr. P.G.Mahipala

Director General of Health Services

Copy:

- Secretary Health
- DDG/PHS 1
- DDG/PHS 11
- DDG/MS 1
- DDG/MS 11
- Chief Epidemiologist
- Director/TCS
- Director/MCH
- PDHS
- Provincial CCP
- RDHS
- Regional Epidemiologist
- OIC/RMSD

Measles Elimination Initiative

Information on Special Measles Vaccination Programme for Health Care <u>Staff</u>

Name	of the hospital:	
Distri	et:	
Date/	time period of the vaccination :	to
	Description	Number
1	Total number of the staff in the institution	
2	Number not vaccinated due to contra indications	
3	Number not vaccinated due to previous history of vaccination with measles containing vaccines	
4	Number not vaccinated due to refusals (if any)	
5	Total number of vaccine doses received from RMSD	
6	Total number vaccinated	
7	Total Number of doses wasted	*
8	Total number of vaccine doses returned to RMSD	
9 .	Number of AEFI detected	
Respo	nsible officer: Name: Designation: Signature: Date:	
Direc	tor: Name:	