



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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EPI Coverage Survey 2012-Batticaloa District

Introduction

Due to the untiring efforts and dedication of all stakeholders on immunization as well as the commitment of parents and care givers, Sri Lankan immunization programme is recognized as one of the strongest performers in the region.

It is vital to monitor the routine immunization coverage over the country to sustain the high performance of Sri Lanka's immunization programme. The coverage of immunization is usually monitored by the routinely reported data forwarded by the MOOH through the EPI quarterly return. To validate the routine information, evaluate the performances and find ways to improve the immunization activities immunization coverage surveys are important. Coverage survey provides additional information such as private sector contribution for immunization, reasons for non or partial immunization etc.

During the history of the last 20 years, EPI coverage assessment surveys had been conducted annually in various Regional Director of Health Services (RDHS) divisions in the country. Similar surveys had been

conducted in the Western Province in 2010.

Justification

All public health services including the immunization programme were affected in Batticaloa and other North East districts during the past due to the civil conflict. However, with the end of war, most of the services have now been normalized and most of the community displaced due to the conflict resettled. Accordingly, Batticaloa district was selected to conduct this survey in 2012 to assess the impact of the conflict (if any) on the immunization programme.

Objectives of the survey

- To understand the impact (if any) of the conflict situation on the immunization programme
- To assess the, BCG, DPT, OPV, HBV, Hib and MCV1 immunization coverage and protection for CRS and NNT among 12 to 23 months old children.
- To assess the MR at 3 years, DT and OPV booster given at year five and JE immunization, among the 72 to 84 month old children

Infant immunization Coverage

Immunization Coverage	With cards		Card + History		AEFI		Not immunized	
	No.	%	No.	%	No	%	No	%
B.C.G.	399	99.8	400	100.0	168	42.0	0	0.0
PvV 1	398	99.5	400	100.0	309	77.6	0	0.0
PvV 2	398	99.5	400	100.0	309	77.6	0	0.0
PvV 3	398	99.5	399	99.8	299	75.0	1	0.3
O.P.V. 1	398	99.5	400	100.0	295	74.0	0	0.0
O.P.V. 2	398	99.5	400	100.0	294	73.7	0	0.0
O.P.V. 3	398	99.5	399	99.8	288	72.4	1	0.3
MCV 1(Measles/MMR1)	353	88.3	366	91.5	249	70.5	34	8.5
*No. protected against NNT			380	95.0			16	4.0
*No. protected against Rubella			350	87.5			46	11.5

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- To assess the Rubella immunization coverage among the 16-44 year old eligible females.
- To assess the source of immunization to ascertain the role of the private sector in immunization
- To understand the reasons for non-or partial immunization and reasons for receiving immunization at the private sector when government sector is providing same services free
- To assess the coverage of receiving Micronutrient supplement and Vitamin A mega dose given for the infants in the district

Target Population

Infant immunization

12 to 23 month old infants and mothers of these index children to assess their protection against neonatal tetanus at birth as well as Vit. A mega dose coverage at 6 or 9 months –10 infants per cluster.

Childhood immunization

72 - 83 month old children to assess MR, DT/OPV5 coverage and JE immunization coverage - 10 children per cluster

Women in child bearing age

16 – 44 Year old females to assess rubella immunization coverage – 40 women per cluster

Survey methodology

WHO 30 cluster survey methodology for EPI surveys was used for this survey and Data was collected using formats specifically developed for this purpose.

It has been decided to select 40 clusters for the survey by using the cluster sampling. To survey the selected clusters, 40 senior nursing students from the Batticaloa Nurses training school were selected. A student was given one cluster and she had to complete the given cluster in two days time. One supervisor was assigned to assist and oversee the work of two survey teams. Medical officers (including specialist Medical officers) from the Epidemiology Unit, Regional Epidemiologists and Medical Officers (Maternal and Child Health) were employed for this survey as supervisors. The area PHM guided the survey team through homes within the cluster. This was also to ensure that the families would readily accept the survey team coming from outside areas. A comprehensive classroom and field training was given to the survey teams before commencement of the survey.

Survey findings

During the period of two days of the survey, 3658 houses were visited by the survey teams. There are 15466 persons living in these houses surveyed. On average one cluster consisted of 91 houses and average households in a cluster were four (Please refer tables 1& 2 for further details).

Key observations

- All surveyed infants received PvV and OPV three doses except one child with PvV 3.
- Presence of scar rate being 99% among children immunized with BCG vaccine is satisfactory and it is an indication that the technique used in the administration of BCG vaccine is of acceptable quality.
- All surveyed children except one child in the district has retained their CHDR during the 2nd year of life.
- Out of 400 children surveyed 34 (8.5%) missed the MCV 1 on completion of 9 months/one year of their infancy.
- All 400 infants surveyed had their immunizations from the government sector.
- Sixteen mothers (4%) of the surveyed children were not protected against Tetanus at the time of delivery. While 46 (11.5%) were not protected against Rubella.
- Rubella immunization coverage among females of 16 – 44 years of age was 82.6 %.
- Only 3.1 % had a record to prove that they had received at least one Rubella immunization.
- Over 17% of women in childbearing age are susceptible to rubella infection
- Out of 400 children surveyed, 374 (93.5%) have received Vitamin A mega dose at the age of 6 months while only 292(73.0%) received the same at the age of one year
- Coverage of receipt of micronutrient supplements at least once is about 52% among infants surveyed.

The Chief Epidemiologist and her team acknowledge;

The participants of the survey: children, their care givers and other participants for their participation in the survey,

Provincial health authorities: PDHS Eastern province, RDHS Batticaloa district and his staff for concurrence and administrative support given,

Principal, staff and students in Nurses’ Training School Batticaloa for their generous support given as surveyors in the survey,

Consultants, Medical Officers and other officers of the Epidemiology Unit and regions who supervised the survey teams,

UNICEF for financial support

Compiled by Dr. Manjula Kariyawasam of the Epidemiology Unit

Table 2 **Childhood Immunization Coverage 72 to 83 month old children**

Antigen	With cards		Card + History		Not immunized		AEFI	
	No.	%	No.	%	No	%	No	%
MR (MMR 2)	374	93.5	399	99.75	1	0.25	94	25.1
DT	353	88.3	386	96.5	14	3.5	79	22.4
OPV 5	351	87.8	384	96.0	16	4.0	60	17.1
JE 1	262	65.5	291	72.8	109	27.3	51	19.5
JE 2	238	59.5	263	65.8	137	34.3	46	19.3

Table 1: Vaccine-preventable Diseases & AFP

01st - 07th December 2012 (49thWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2012	Number of cases during same week in 2011	Total number of cases to date in 2012	Total number of cases to date in 2011	Difference between the number of cases to date in 2012 & 2011
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	00	00	00	00	00	01	72	75	- 04.0 %
Diphtheria	00	00	00	00	00	00	00	00	00					-
Measles	00	01	00	00	00	00	00	00	00	01	01	66	127	- 48.0 %
Tetanus	00	00	00	00	00	01	00	00	00	01	00	13	24	- 45.8 %
Whooping Cough	00	00	00	01	00	00	01	00	00	02	01	98	52	+ 88.5 %
Tuberculosis	131	00	05	52	05	02	08	02	45	245	214	8243	9107	- 09.5 %

Table 2: Newly Introduced Notifiable Disease

01st - 07th December 2012 (49thWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2012	Number of cases during same week in 2011	Total number of cases to date in 2012	Total number of cases to date in 2011	Difference between the number of cases to date in 2012 & 2011
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	11	10	14	03	02	07	05	02	05	59	74	4214	4054	+ 03.4 %
Meningitis	02 KL=2	01 ML=1	01 GL=1	01 VU=1	00	01 KN=1	00	01 MN=1	00	07	12	793	841	- 05.7 %
Mumps	00	02	02	02	01	07	04	05	05	28	56	4180	3224	+ 29.7 %
Leishmaniasis	00	01 ML=1	11 HB=1 MT=1	02 VU=1 KN=1	00	00	03 AP=3	00	01 KG=1	18	15	1121	847	+ 32.3 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
DPDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Dengue Prevention and Control Health Messages

Reduce, Reuse or Recycle the plastic and polythene collected in your home and help to minimize dengue mosquito breeding.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
01st – 07th December 2012 (49thWeek)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	127	9209	1	142	0	9	4	218	0	66	2	202	0	6	0	105	0	5	54
Gampaha	88	7539	0	88	0	18	0	61	1	45	4	309	0	23	2	315	0	1	67
Kalutara	49	2693	0	224	0	5	1	53	0	28	7	288	0	4	0	35	0	2	69
Kandy	44	2372	4	129	0	4	0	25	0	58	2	80	3	122	2	133	0	0	87
Matale	15	539	10	112	0	5	0	12	0	54	1	44	0	3	0	35	0	0	100
Nuwara	1	327	1	182	0	3	1	28	0	9	1	39	0	63	0	20	0	1	77
Galle	19	1474	1	129	0	6	0	18	0	17	3	133	1	73	0	4	0	0	74
Hambantota	4	578	1	49	0	3	0	11	0	31	5	91	2	57	2	28	0	0	75
Matara	32	1767	3	110	0	8	2	22	12	51	3	197	0	80	3	143	0	0	100
Jaffna	57	764	12	248	0	14	13	374	0	83	0	3	14	287	1	19	0	1	75
Kilinochchi	2	87	2	59	0	3	2	36	0	45	0	4	0	31	0	4	0	1	50
Mannar	6	159	2	85	0	4	3	67	0	17	1	27	0	44	0	2	0	0	40
Vavuniya	3	96	3	50	0	21	0	14	1	23	1	19	0	3	0	1	1	2	100
Mullaitivu	3	31	2	36	0	1	1	15	0	3	0	3	0	5	0	1	0	0	60
Batticaloa	11	681	2	291	0	5	0	16	0	307	0	10	0	0	0	9	0	4	71
Ampara	1	145	1	95	0	3	0	6	0	22	0	27	0	0	0	3	0	0	14
Trincomalee	1	151	3	248	0	2	0	16	0	15	0	41	0	18	0	4	0	0	67
Kurunegala	76	2982	10	222	0	17	1	100	0	41	3	154	1	35	1	134	0	4	88
Puttalam	123	1657	2	108	0	9	0	14	0	12	0	41	0	17	0	6	0	2	92
Anuradhapu	31	404	5	96	0	7	1	14	0	23	7	92	0	24	0	61	0	1	68
Polonnaruw	4	244	1	80	0	2	0	4	1	126	11	61	0	3	0	45	0	1	86
Badulla	12	386	5	132	0	4	0	51	0	6	1	37	0	117	0	44	0	0	71
Monaragala	4	272	7	173	0	6	1	27	1	24	2	70	2	86	2	175	0	2	91
Ratnapura	19	3805	9	290	0	25	0	21	0	14	7	302	1	41	1	131	0	3	78
Kegalle	40	2573	1	60	0	9	1	27	0	19	8	189	9	62	9	577	0	0	82
Kalmune	14	254	1	277	0	2	0	8	0	91	0	9	0	1	0	10	0	3	23
SRI LANKA	786	41189	89	3715	00	195	31	1288	16	1230	69	2472	23	1205	23	2044	00	33	74

Source: Weekly Returns of Communicable Diseases WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 07thDecember, 2012 Total number of reporting units 329. Number of reporting units data provided for the current week: 248

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

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk.

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