

## WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health
231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 9411 2695112, Fax: +94 11 2696583, E mail: epidunit@sItnet.Ik Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk Web: http://www.epid.gov.lk

Vol. 40 No. 04

## Global Control and Regional Elimination of Measles, 2000-2011

Widespread use of measles vaccine since 1980 has led to a substantial decline in global measles morbidity and mortality; measles elimination has been achieved and sustained in the World Health Organization (WHO) Region of the Americas (AMR) since 2002. In 2010, the World Health Assembly established three milestones for measles eradication by 2015:

- Increase routine coverage with the first dose of measles-containing vaccine (MCV1) for children aged 1 year to $\geq 90 \%$ nationally and $\geq 80 \%$ in every district or
equivalent administrative unit
- Reduce and maintain annual measles incidence to $<5$ cases per million
- Reduce measles mortality by $95 \%$ from the 2000 estimate.
The Global Vaccine Action Plan (GVAP) includes monitoring progress toward achievement of goals to reduce or eliminate measles in four WHO regions by 2015 and five WHO regions by 2020.
Estimated global MCV1 coverage increased from $72 \%$ in 2000 to $84 \%$ in 2011 and the

Table 1. Estimates of coverage with the first dose of measles-containing vaccine (MCV1) administered through routine immunization services among children aged 1 year, reported measles cases, and incidence, by World Health Organization (WHO) region, 2011 (Source-WHO)

| WHO region | \%cov-eragewithMCV1 | No. of reported measles cases | $\%$de-clin$e$fro$m$2000 | Measles incidence (cases per million population) | $\%$de-clinefrom2000 | \% coun- <br> tries <br> with <br> inci- <br> dence <5 per million | Estimated measles deaths |  | \%mor-talityre-duction2000to2011 | $\begin{gathered} \hline \% \\ \text { total } \\ \text { mea- } \\ \text { sles } \\ \text { death } \\ \text { s in } \\ 2011 \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | No. | (95\% <br> confi- <br> dence interval) |  |  |
| African | 75 | 194,364 | 63 | 227 | 73 | 46 | 55,000 | $\begin{aligned} & \hline(23,000- \\ & 338,000) \end{aligned}$ | 84 | 35 |
| Americas | 92 | 1,372 | 22 | 1.5 | 31 | 94 | <100 | - | - | 0 |
| Eastern Mediterranean | 83 | 35,923 | 7 | 61 | 31 | 45 | 30,000 | $\begin{gathered} (19,000- \\ 56,000) \end{gathered}$ | 45 | 19 |
| European | 94 | 37,073 | 1 | 43 | 14 | 44 | 100 | (0-180) | 62 | 0 |
| South-East Asia | 79 | 65,161 | 17 | 36 | 30 | 27 | 71,000 | $\begin{aligned} & \hline(52,000- \\ & 100,000) \end{aligned}$ | 52 | 45 |
| South-East Asia (excluding India) | 93 | 35,822 | 10 | 61 | 24 | 30 | 15,000 | $\begin{aligned} & (8,000- \\ & 30,000) \end{aligned}$ | 70 | 9 |
| India | 74 | 29,339 | 24 | 24 | 36 | 0 | 56,000 | $\begin{aligned} & \hline(44,000- \\ & 70,000) \\ & \hline \end{aligned}$ | 36 | 35 |
| Western Pacific | 96 | 21,050 | 88 | 12 | 89 | 62 | 1,000 | (200-30,000) | 90 | 1 |
| Total | 84 | 354,922 | 58 | 52 | 65 | 55 | 158,000 | $\begin{aligned} & (94,000- \\ & 527,000) \end{aligned}$ | 71 | 100 |


| Contents | Page |
| :---: | :---: |
| 1. Leading Article - Global Control and Regional Elimination of Measles, 2000-2011 | 1 |
| 2. IBD © Rota sentinel site surveillance data | 2 |
| 3. Surveillance of vaccine preventable diseases $\mathcal{O}^{\circ} \mathrm{AFP}$ ( $12^{\text {dh}}-18^{\text {th }}$ January 2012) | 3 |
| 4. Summary of newly introduced notifiable diseases ( $12^{\text {hh }}-18^{\text {hh }}$ January 2012) | 3 |
| 5. Summary of selected notifiable diseases reported ( $12^{\text {hh }}-18^{\text {hh }}$ January 2012) | 4 |

## WER Sri Lanka - Vol. 40 No. 04

number of countries providing a second dose of measlescontaining vaccine (MCV2) through routine services increased from 97 (50\%) in 2000 to 141 (73\%) in 2011. During 2000-2011, annual reported measles incidence decreased $65 \%$, from 146 to 52 cases per 1 million population and estimated measles deaths decreased 71\%, from 542,000 to 158,000 . However, during 2010-2011, measles incidence increased and large outbreaks of measles were reported in multiple countries. To resume progress toward achieving regional measles elimination targets, national governments and partners are urged to ensure that measles elimination efforts receive high priority and adequate resources.

## Immunization Activities

WHO and the United Nations Children's Fund (UNICEF) use annual data from administrative records and surveys reported by national governments to estimate MCV1 coverage among children aged 1 year. Since 2003, countries also have reported the number of districts with $\geq 80 \%$ MCV1 coverage. For 2011, estimated MCV1 coverage in three WHO regions was $\geq 90 \%$. The number of countries with $\geq 90 \%$ MCV1 coverage increased from 83 ( $43 \%$ ) in 2000 to 123 ( $63 \%$ ) in 2011 . Of countries reporting district-level MCV1 coverage, the proportion reaching $\geq 80 \%$ MCV1 coverage in $\geq 80 \%$ of districts increased from $49 \%$ in 2003 to $56 \%$ in 2011 ; in $2011,34 \%$ reported $\geq 80 \%$ MCV1 coverage in all districts. Of the estimated 20.1 million infants who did not receive MCV1 in 2011 through routine immunization services, 11.1 million ( $55 \%$ ) were in five countries: India ( 6.7 million), Nigeria (1.7 million), Ethiopia ( 1.0 million), Pakistan ( 0.9 million), and the Democratic Republic of the Congo ( $0.8 \mathrm{mil}-$ lion).
225 million children received measles vaccination during 39 supplemental immunization activities (SIAs) conducted during 2011.

## Disease Incidence

During 2000-2011, the number of measles cases reported worldwide each year decreased $58 \%$, from 853,480 to 354,922 and measles incidence decreased $65 \%$, from 146 to 52 cases per million population per year, with declining cases and incidence reported in all WHO regions (Table 1).

## Mortality Estimates

Many countries, particularly those with the highest disease burden, lack data on the number of measles deaths; therefore, WHO has developed a model to estimate mortality using reported numbers of cases, measles vaccination coverage through routine vaccination and SIAs, the age distribution of reported cases and agespecific, country-specific case-fatality ratios. The addition of 2011 measles vaccination coverage and case data for all countries, and updating of data for the period before 2011 for some countries, led to new mortality estimates for 2000-2011. During 2000-2011, estimated measles deaths decreased $71 \%$, from 542,000 to 158,000; all regions and India had substantial reductions in estimated measles mortality, ranging from $36 \%$ to $90 \%$ (Table 1).
Note-Sri Lanka has achieved the country goal of $\geq 90 \%$ coverage (MCV1) for children aged 1 year and $\geq 80 \%$ coverage in every district
Source-Global Control and Regional Elimination of Measles, 2000-2011,
available from http://www.cdc.gov/mmwr/preview/mmwrhtml/ mm6202a3.htm?s_cid=mm6202a3
Compiled by Dr. Madhava Gunasekera of the Epidemiology Unit

| Invasive Bacterial Disease surveillance in Sentinel Sites$4^{\text {th }}$ quarter 2012 |  |
| :---: | :---: |
| No. of suspected meningitis cases | 28 |
| No. of probable meningitis cases | 9 |
| Percentage (\%) of CSF samples tested positive for organisms | 0\% |
| No. of children who met the pneumonia case definition | 68 |
| Percentage (\%) of Pneumonia cases with positive blood cultures | 0\% |
| No. of sepsis cases | 15 |
| Percentage (\%) of Sepsis cases with positive blood cultures | 0\% |
| Source-LRH, Epidemiology Unit |  |
| Rota virus surveillance in Sentinel Sites -4 | 2012 |


| Number of acute diarrhoea hospitalizations in children <5 years | 378 |
| :--- | :---: |
| Number of stool specimen collected | 284 |
| Number of stool specimen tested positive for rotavirus | 16 |
| Percentage (\%) of stool specimen tested positive for rotavirus | $05.6 \%$ |
| Source-MRI, Epidemiology Unit |  |

## Water Quality Surveillance

Number of microbiological water samples - December / 2012

| District | MOH areas | No: Expected* | No: Received |
| :---: | :---: | :---: | :---: |
| Colombo | 12 | 72 | 46 |
| Gampaha | 15 | 90 | 3 |
| Kalutara | 12 | 72 | 25 |
| NHIS | 2 | 12 | 18 |
| Kandy | 23 | 138 | 0 |
| Matale | 12 | 72 | 14 |
| Nuwara Eliya | 13 | 78 | 0 |
| Galle | 19 | 114 | NR |
| Matara | 17 | 102 | 5 |
| Hambantota | 12 | 72 | NR |
| Jaffna | 11 | 66 | 0 |
| Kilinochchi | 4 | 24 | 16 |
| Manner | 5 | 30 | 13 |
| Vavuniya | 4 | 24 | 17 |
| Mullatvu | 4 | 24 | 0 |
| Batticaloa | 14 | 84 | 15 |
| Ampara | 7 | 42 | NR |
| Trincomalee | 11 | 66 | 5 |
| Kurunegala | 23 | 138 | 65 |
| Puttalam | 9 | 84 | 19 |
| Anuradhapura | 19 | 114 | 24 |
| Polonnaruwa | 7 | 42 | 0 |
| Badulla | 15 | 90 | 40 |
| Moneragala | 11 | 66 | 70 |
| Rathnapura | 18 | 108 | NR |
| Kegalle | 11 | 66 | 4 |
| Kalmunai | 13 | 78 | 0 |

[^0]NR = Return not received

Table 1: Vaccine-preventable Diseases \& AFP
$12^{\text {th }}-18^{\text {th }}$ January 2013 (03rd Week)

| Disease | No. of Cases by Province |  |  |  |  |  |  |  |  | Number of cases during current week in 2013 | Number of cases during same week in 2012 | Total number of cases to date in 2013 | Total number of cases to date in 2012 | Difference between the number of cases to date in 2013 \& 2012 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | W | C | S | N | E | NW | NC | U | Sab |  |  |  |  |  |
| Acute Flaccid Paralysis | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 01 | 02 | 02 | 08 | - 75.0 \% |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | - | - | - | - | - |
| Measles | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 01 | 12 | 01 | +1100.0 \% |
| Tetanus | 01 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 00 | 02 | 01 | 02 | 01 | + 100.0 \% |
| Whooping Cough | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 01 | 02 | 05 | 05 | 0 \% |
| Tuberculosis | 21 | 23 | 10 | 01 | 09 | 00 | 00 | 18 | 14 | 96 | 157 | 492 | 726 | - 32.2 \% |

Table 2: Newly Introduced Notifiable Disease
12 ${ }^{\text {th }}-18^{\text {th }}$ January 2013 (03 ${ }^{\text {rd }}$ Week)

| Disease | No. of Cases by Province |  |  |  |  |  |  |  |  | Number of cases during current week in 2013 | Number of cases during same week in 2012 | Total number of cases to date in 2013 | Total num-ber ofcases todate in2012 | Difference between the number of cases to date in 2013 \& 2012 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | w | c | s | N | E | NW | NC | U | Sab |  |  |  |  |  |
| Chickenpox | 10 | 00 | 10 | 03 | 02 | 02 | 03 | 04 | 09 | 43 | 57 | 202 | 205 | - 1.5 \% |
| Meningitis | $\begin{gathered} 03 \\ K L=1 \\ G M=2 \end{gathered}$ | 00 | $\begin{array}{\|c} 03 \\ G L=3 \end{array}$ | $\begin{gathered} 02 \\ v u=2 \end{gathered}$ | 00 | $\begin{gathered} 04 \\ \mathrm{KG}=4 \end{gathered}$ | $\begin{gathered} 02 \\ A P=2 \end{gathered}$ | $\begin{gathered} 01 \\ B D=1 \end{gathered}$ | $\begin{gathered} 02 \\ \mathrm{RP}=2 \end{gathered}$ | 17 | 06 | 65 | 41 | + 58.5 \% |
| Mumps | 09 | 01 | 02 | 02 | 00 | 03 | 01 | 00 | 04 | 22 | 57 | 88 | 240 | -63.3 \% |
| Leishmaniasis | 00 | 00 | $\begin{gathered} 02 \\ H B=2 \end{gathered}$ | 00 | $\begin{gathered} 01 \\ T R=1 \end{gathered}$ | 00 | $\begin{gathered} 13 \\ A P=13 \end{gathered}$ | 00 | 00 | 16 | 27 | 56 | 44 | + 27.3 \% |

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. .
Influenza Surveillance in Sentinel Hospitals - ILI \& SARI

| Month | Human |  |  |  |  |  | Animal |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | No Received | Infl A untyped | Infl B | A(H1N1)pdm09 | A(H3N2) | RSV | Pooled samples | Serum Samples | Positives |
| December | 234 | 12 | 18 | 05 | 23 | 0 | 159 | 60 | 0 |

Source: Medical Research Institute \& Veterinary Research Institute

## Dengue Prevention and Control Health Messages

Check the roof gutters regularly for water collection where dengue mosquitoes could breed.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
12th $-18^{\text {th }}$ January 2013 (03rd Week)

| DPDHS Division | Dengue Fever/DHF* |  | Dysentery |  | Encephali tis |  | Enteric Fever |  | Food Poisoning |  | Leptospiro sis |  | 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 | 109 | 460 | 5 | 8 | 0 | 0 | 4 | 8 | 2 | 3 | 1 | 9 | 0 | 1 | 0 | 4 | 0 | 0 | 69 |
| Gampaha | 59 | 286 | 2 | 5 | 0 | 3 | 2 | 3 | 0 | 0 | 1 | 3 | 1 | 3 | 8 | 17 | 0 | 0 | 53 |
| Kalutara | 35 | 105 | 6 | 11 | 2 | 3 | 1 | 6 | 0 | 0 | 4 | 24 | 0 | 1 | 1 | 1 | 0 | 0 | 85 |
| Kandy | 0 | 19 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Matale | 7 | 36 | 0 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 8 | 0 | 0 | 58 |
| Nuwara | 3 | 9 | 1 | 4 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 3 | 6 | 0 | 0 | 0 | 0 | 62 |
| Galle | 17 | 43 | 2 | 3 | 2 | 2 | 0 | 0 | 0 | 1 | 2 | 8 | 1 | 3 | 0 | 0 | 0 | 0 | 79 |
| Hambantota | 6 | 24 | 3 | 5 | 0 | 0 | 0 | 1 | 0 | 0 | 4 | 8 | 0 | 5 | 0 | 13 | 0 | 0 | 83 |
| Matara | 11 | 32 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 3 | 8 | 0 | 1 | 8 | 41 | 0 | 0 | 100 |
| Jaffna | 12 | 79 | 3 | 15 | 0 | 1 | 5 | 41 | 0 | 0 | 0 | 0 | 17 | 56 | 1 | 1 | 0 | 0 | 100 |
| Kilinochchi | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 25 |
| Mannar | 4 | 20 | 0 | 4 | 0 | 0 | 3 | 5 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |
| Vavuniya | 5 | 11 | 1 | 6 | 4 | 4 | 0 | 1 | 0 | 2 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |
| Mullaitivu | 5 | 11 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 80 |
| Batticaloa | 8 | 25 | 1 | 10 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 71 |
| Ampara | 2 | 8 | 2 | 12 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 29 |
| Trincomalee | 7 | 15 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 8 | 0 | 1 | 0 | 0 | 0 | 0 | 67 |
| Kurunegala | 51 | 410 | 2 | 19 | 0 | 0 | 0 | 6 | 0 | 0 | 2 | 6 | 1 | 3 | 1 | 2 | 0 | 0 | 65 |
| Puttalam | 40 | 101 | 2 | 7 | 1 | 1 | 1 | 2 | 0 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 75 |
| Anuradhapu | 14 | 61 | 0 | 3 | 3 | 4 | 0 | 0 | 0 | 0 | 6 | 8 | 0 | 3 | 0 | 2 | 0 | 0 | 68 |
| Polonnaruw | 7 | 13 | 1 | 8 | 0 | 0 | 1 | 2 | 0 | 0 | 7 | 14 | 0 | 0 | 1 | 1 | 0 | 0 | 86 |
| Badulla | 6 | 22 | 1 | 8 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 3 | 2 | 5 | 0 | 0 | 65 |
| Monaragala | 2 | 22 | 1 | 6 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 4 | 0 | 2 | 0 | 2 | 0 | 0 | 27 |
| Ratnapura | 26 | 76 | 4 | 23 | 4 | 18 | 3 | 5 | 0 | 2 | 0 | 8 | 1 | 1 | 18 | 26 | 1 | 1 | 72 |
| Kegalle | 18 | 89 | 2 | 4 | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 7 | 1 | 2 | 1 | 15 | 0 | 0 | 82 |
| Kalmune | 14 | 60 | 2 | 5 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 46 |
| SRI LANKA | 468 | 2040 | 41 | 189 | 18 | 41 | 25 | 91 | 02 | 16 | 48 | 131 | 27 | 93 | 43 | 141 | 01 | 01 | 65 |

Source: Weekly Returns of Communicable Diseases WRCD). 0
*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever
${ }^{* *}$ Timely refers to returns received on or before $18^{\text {th }}$ January, 2013 Total number of reporting units 329 . Number of reporting units data provided for the current week: 229 $\mathbf{A}=$ Cases reported during the current week. $\mathbf{B}=$ Cumulative cases for the year.

## PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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@sItnet.Ik.


[^0]:    * No of samples expected ( $6 / \mathrm{MOH}$ area / Month)

