



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Roles and responsibilities in IPV introduction to National Immunization Programme

Medical Officer of Health (MOH)

- Training of MOH staff on introduction of IPV
- Create public awareness regarding IPV by organizing public awareness sessions/ programmes
- Timely requisition and maintenance of adequate stocks of Vaccines, supervision of storage, transport of vaccines and maintenance of cold chain
- Timely requisition of adequate stocks of supplies, identifying mechanisms for disposal of AD syringes and sharp wastes and monitoring the implementation and sustenance of the activity
- Adequate screening of infants at the age of 4 months for contraindications for vaccination and adequate communication with parents for 2 injections at a single visit
- Monitoring and reporting of Adverse Events Following Immunization (AEFI) and appropriate immediate management as instructions given in the "Guidelines on reporting and investigation of AEFI" by the Chief Epidemiologist in the Epid/75/2012 dated 01/04/2013
- Reporting of AEFI at MOH level monthly
- Prompt investigation of severe AEFI
- Monitoring and supervision of immunization coverage, vaccine wastage according to the quarterly EPI return for the area and reporting of AEFI at MOH level with regard to IPV and taking corrective measures when required
- Monitoring of record keeping at clinic level and MOH level

- Monitoring and maintenance of timeliness and accuracy of information of IPV in EPI returns sent from MOH office to RDHS/RE and Epidemiology Unit
- MOH is fully responsible for vaccine management in the MOH area
- Should seek technical assistance for any issues from Regional Epidemiologist, Medical Officer –Maternal and Child Health, Provincial Consultant Community Physician, Epidemiology Unit or Family Health Bureau.

Public Health Nursing Sister/Supervising Public Health Midwife

- Training of Public Health Midwives (PHMM) on IPV administration under the guidance of MOH
- Education/communication of the public regarding IPV introduction
- Monitoring and supervision of maintenance of cold chain at MOH office, during transport and at clinics
- Proper storage, supervision and monitoring of vaccine stocks at MOH office
- Supervision of immunization clinics to facilitate administration of IPV
- Supervision of disposal of used AD syringes and other injection materials
- Monitoring of immunization coverage, vaccine wastage, AEFI with regard to IPV at the clinic/PHM level and MOH level
- Monitoring and supervision of record keeping at the clinic level and at MOH level
- Accurate and timely compilation of IPV related EPI data and timely submission to MOH

WEEKLY SRI LANKA - 2015

Contents

Page

- | | |
|--|---|
| 1. <i>Leading Article – Roles and Responsibilities in IPV introduction to National Immunization Programme</i> | 1 |
| 2. <i>Summary of selected notifiable diseases reported - (25th – 31st July 2015)</i> | 3 |
| 3. <i>Surveillance of vaccine preventable diseases & AFP - (25th – 31st July 2015)</i> | 4 |

- Should correct any identified deficiencies under the guidance of MOH

Public Health Midwife

- Education of the public on IPV administration
- Maintenance of cold chain during transport of vaccines to and from clinics and during clinic sessions
- Vaccine administration and monitoring for immediate AEFI at the clinic level
- Detect and report all AEFI with regard to IPV
- Safety assurance of the sharps waste disposal activity in the immunization clinics
- Maintenance of accurate and timely records on IPV administration; Birth and Immunization Register, Clinic Immunization Register, Clinic AEFI Register, Portion A and B portions of CHDR, Clinic Summary, Quarterly MCH Clinic Return

Regional Epidemiologist/ MO-MCH

- Conduction of district training programme for MOOH and hospital staff at district level and active participation, coordination and supervision of training programmes at MOH level
- Estimation and maintenance of required stocks of IPV for the district
- Close supervision of vaccines and AD syringes supply in the district
- Close monitoring of requisition of IPV, vaccine storage and maintenance of cold chain at Regional Medical Supplies Division (RMSD) and at MOH level
- Overall supervision of 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 IPV integrating to existing routine system
- Should seek technical assistance for any issues from the Provincial Consultant Community Physicians, Epidemiology Unit or from Family Health Bureau.

Heads of Health Institutions

- Timely acquisition of adequate vaccine stocks and AD syringes for the immunization clinic
- Close monitoring of vaccine storage and maintenance of cold chain at institutional level
- Close supervision of vaccines and AD syringes supply to clinics
- Overall monitoring of immunization coverage, vaccine

wastage and AEFI with regard to IPV at hospital level

- Overall monitoring and supervision of record keeping at hospital level
- Officer in charge of the EPI clinics is responsible and accountable for vaccine management and any significant wastage should be clearly documented and reported to Epidemiology Unit and to RDHS
- Close monitoring, supervision and timely reporting of immunization coverage and vaccine wastage and AEFI with regard to IPV integrating into routine existing system

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 functioning immunization clinics store vaccines
- Maintenance of cold chain for vaccines during storage at RMSD, transport and during public holidays
- Preparation of timely, accurate monthly stock return for the district
- 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 responsible for any losses due to unacceptable reasons

Records and returns

Following the introduction of the Injectable IPV into the National Immunization Programme, it is crucial to monitor the coverage of the IPV immunization and the AEFI very closely. This could be done using the same returns and records that are being used in the EPI programme. It is very important to collect, enter, consolidate and forward accurate and quality data on time.

Source

Revised guidelines on Introduction of injectable Inactivated Polio Vaccine (IPV) to the National Immunization Programme, Ministry Of Health

Compiled by Dr H.H.W.S.B Herath of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 25th - 31st July 2015 (31st Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	196	5638	2	124	0	7	2	65	2	95	6	180	0	7	0	25	0	3	4	302	1	26	0	0	81	19
Gampaha	65	2539	0	60	0	5	0	24	0	25	4	251	0	8	3	95	0	0	5	151	0	15	0	2	87	13
Kalutara	21	918	1	70	0	4	1	29	0	72	1	205	0	3	0	19	0	2	7	191	2	35	0	0	92	8
Kandy	16	771	2	78	0	6	0	23	0	26	1	79	1	41	1	103	0	0	1	153	0	11	1	10	87	13
Matale	3	334	0	31	0	0	0	7	0	5	0	47	1	8	0	24	0	0	1	19	0	10	0	13	62	38
NuwaraEliya	4	111	5	242	0	3	1	14	0	0	3	25	2	43	0	43	0	0	1	91	3	36	0	0	100	0
Galle	7	461	4	49	0	2	0	6	0	19	1	152	2	41	1	7	0	0	2	171	0	31	0	2	80	20
Hambantota	5	191	0	21	0	1	1	8	1	22	0	63	0	32	0	25	0	0	1	81	0	10	2	196	75	25
Matara	7	254	0	46	0	6	0	4	0	44	1	103	0	22	1	19	0	0	5	169	1	16	4	79	100	0
Jaffna	13	1191	37	510	0	9	4	155	0	58	0	13	0	533	0	10	0	2	3	160	2	13	0	0	100	0
Kilinochchi	1	46	3	61	0	0	1	10	0	31	0	1	0	21	0	0	0	0	1	15	0	0	0	0	75	25
Mannar	0	76	0	8	0	1	0	5	0	3	0	8	0	18	0	0	0	0	0	7	0	0	0	1	80	20
Vavuniya	0	88	0	14	0	6	1	54	1	6	1	17	0	13	0	1	0	2	0	36	0	10	0	4	75	25
Mullaitivu	1	106	1	22	0	2	0	9	0	1	0	3	2	9	0	3	0	0	0	4	0	3	1	5	60	40
Batticaloa	2	1301	6	200	0	6	0	21	0	137	0	9	0	2	0	10	0	1	2	35	0	16	0	0	50	50
Ampara	0	38	0	31	0	1	0	1	0	9	0	10	0	1	0	3	0	0	6	159	0	5	0	3	57	43
Trincomalee	3	496	0	38	0	0	0	22	0	34	1	14	0	15	0	7	0	1	2	68	0	5	0	1	42	58
Kurunegala	9	888	3	116	0	2	0	3	0	13	4	191	0	21	0	31	0	6	8	292	1	25	3	83	93	7
Puttalam	1	527	2	32	0	4	0	4	0	6	0	24	0	16	0	1	0	0	0	34	0	22	0	2	62	38
Anuradhapura	1	290	0	50	0	1	0	3	0	55	0	172	0	19	0	10	0	1	3	126	1	22	15	205	74	26
Polonnaruwa	0	132	0	29	0	3	0	7	0	3	0	49	0	1	0	4	0	0	0	91	1	18	0	59	29	71
Badulla	7	400	1	137	0	5	0	8	1	9	0	49	3	78	6	138	0	2	0	134	1	55	0	6	94	6
Monaragala	6	138	3	84	0	3	0	14	0	3	0	134	1	53	12	72	0	1	1	65	2	15	0	22	100	0
Ratnapura	13	674	0	203	0	11	0	35	0	6	5	215	0	46	0	148	0	0	3	83	0	38	2	15	78	22
Kegalle	11	374	2	48	0	8	1	51	0	9	2	207	0	31	0	66	0	0	4	145	0	35	0	0	82	18
Kalmunei	1	426	0	89	0	1	0	1	0	33	0	6	0	0	0	1	0	0	0	86	0	9	0	0	46	54
SRILANKA	393	18408	72	2393	0	97	12	583	5	724	30	2227	12	1082	24	865	0	22	60	2868	15	481	28	708	78	22

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 31st July, 2015. Total number of reporting units 337. Number of reporting units data provided for the current week: 267. C**=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

25th – 31st July 2015 (31st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2015	Number of cases during same week in 2014	Total number of cases to date in 2015	Total number of cases to date in 2014	Difference between the number of cases to date in 2014 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	01	45	53	-15.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	00	00	00	01	00	00	00	01	13	237	467	-49.2%
Measles	41	07	05	02	04	01	01	08	02	71	39	1681	2366	-29.1%
Rubella	00	00	00	00	00	00	00	00	00	00	01	07	14	-50
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	04	-100%
Tetanus	01	00	00	00	00	00	00	00	00	00	01	12	10	+20%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	07	19	-63.1%
Whooping Cough	00	00	02	00	00	00	00	00	00	02	02	56	33	+70.1%
Tuberculosis	66	11	24	12	14	47	13	03	22	212	242	5661	5973	-5.2%

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.
 RDHS 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, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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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. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

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