



# WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

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## Chronic Kidney Diseases and COVID-19 Vaccination Part ii

It is proven that the benefits of the vaccine for people with chronic kidney disease at any stage, those on dialysis, and post kidney transplant recipients are much greater than the risk of serious disease or complications from COVID-19. Patients with kidney diseases should be prioritized for COVID-19 vaccination and the available data suggest that replication-defective viral-vectored vaccines (i.e. AztraZenica/COVISHIELD, Sputnik V and Janssen/Johnson & Johnson), inactivated vaccines (i.e. Sinopharm, Covaxin and Sinovac) and mRNA vaccines (i.e. Pfizer and Moderna) are safe to use. As vaccine responses are likely to be lower in patients with kidney diseases than in the general population, highly potent vaccines should be preferred. Patient characteristics such as age, gender, type of kidney disease and treatment regimen might also influence the protective capacity of vaccines. COVID-19 vaccines are not contraindicated and should be encouraged for

people with kidney disease, including those who have had a COVID-19 infection. Aside from a very rare risk of an allergic reaction, there is no concern that the vaccine will cause kidney patients harm. There is only uncertainty regarding its effectiveness for those who are immunosuppressed. Compared with inactivated vaccines, both mRNA vaccines and viral-vectored vaccines have the advantage of inducing balanced humoral and T cell immunity. The immune correlates of vaccine-induced protection against COVID-19 are poorly defined but likely include both humoral and cellular mechanisms. Cytotoxic CD8+ T cells are involved in viral clearance in many respiratory viral diseases and protracted T cell immunity may reduce the risk of SARS-CoV-2 infection. A potent CD8+ T cell response is usually induced by viral-vectored vaccines and is expected for mRNA vaccines too. T cell immunity assays to test for adequate vaccine responses would therefore be desirable for routine practice.

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As vaccine responses are likely to be lower in patients with kidney diseases than in the general population, highly potent vaccines should be preferred. People who are on dialysis are particularly vulnerable to the virus, especially those who travel to and from dialysis clinics and may be unable to maintain social distance. *For people living with kidney disease, such as those on dialysis or transplanted, the benefits of the COVID-19 vaccination outweigh the risks.*

There are some considerations related to immunization timing for those awaiting a kidney transplant. It is recommended that immunization proceed as quickly as possible, given that the response to the vaccine is likely diminished in the immediate post-transplant period. Therefore, completing immunization before the transplant will be important. Kidney patients who are under immunosuppressants (with or without transplants) should be informed that there are not yet studies that examine the direct benefit and safety of COVID-19 immunization in this population category, thus all recommendations/clinical guidelines are based on extrapolation of data from other viral infections, immunology of immunizations and from expert opinion. The benefits of immunization are considered to outweigh the potential risks. Immunization is recommended in kidney patients under immunosuppressants, preferably once 'induction' therapy has been completed.

In general, it is preferred that patients complete immunization before starting high-dose immunosuppressive therapy if there is a possibility, based on the timing of the treatments and the availability of vaccines at the time. This should ideally be at least

14 days after the second dose of any of the vaccines. People who may have the severe systemic disease (lupus, vasculitis, etc.) who need to receive immunosuppressive therapy (Rituximab, Prednisone 20 mg/day or greater, Cyclophosphamide, Plasma Exchange) should complete that course of treatment before receiving the vaccine and should not delay treatment of their life-threatening condition to be immunized.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 06<sup>th</sup> - 12<sup>th</sup> Mar 2021 (11<sup>th</sup> Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus Fe-		Viral Hep-		Human		Chickenpox		Meningitis		Leishmani-		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	95	489	0	3	0	0	0	0	0	0	4	41	0	0	0	1	2	0	4	1	5	0	0	58	93	
Gampaha	55	317	0	1	0	1	0	1	0	0	22	71	0	0	0	1	0	0	1	7	0	4	0	2	33	76
Kalutara	25	191	2	6	0	0	0	0	0	0	45	131	0	2	0	1	0	1	2	25	0	2	0	0	39.5	100
Kandy	9	134	0	8	0	1	0	0	0	0	2	52	3	13	0	1	0	0	1	16	1	4	0	8	58	100
Matale	2	27	0	2	0	1	0	0	0	0	2	18	0	3	0	1	0	0	1	8	0	1	4	70	62	100
NuwaraEliya	3	10	0	0	0	1	0	0	0	0	1	19	2	18	0	1	0	0	2	9	0	0	0	1	37	95
Galle	3	43	0	2	0	1	0	3	2	2	27	157	1	11	0	2	0	0	8	16	2	12	0	1	47	100
Hambantota	9	58	1	5	0	1	0	0	1	4	57	1	25	0	4	0	0	0	1	18	1	8	10	134	74	100
Matara	5	75	0	1	0	0	0	1	0	0	14	69	0	8	0	2	0	0	4	24	0	2	19	112	34	100
Jaffna	7	79	1	26	0	2	0	9	0	4	2	9	16	338	0	0	0	0	1	14	0	2	0	1	17	88
Kilinochchi	0	16	0	6	0	0	0	0	0	4	2	21	4	39	0	0	0	0	0	5	0	0	0	1	55	100
Mannar	0	13	0	0	0	0	0	3	0	0	1	16	0	1	0	0	0	0	0	0	0	6	0	1	50	80
Vavuniya	2	20	0	1	0	0	0	0	0	0	4	10	0	0	1	1	0	0	0	5	0	0	0	0	30	100
Mullaitivu	0	3	0	1	0	0	0	0	0	0	0	10	0	5	0	0	0	0	0	1	0	3	0	0	23	100
Batticaloa	95	2386	2	9	0	1	0	1	6	10	3	13	0	0	0	1	0	0	0	3	0	8	0	0	49	100
Ampara	1	9	0	5	0	0	0	1	0	0	0	9	0	0	0	0	0	0	1	18	0	6	1	1	56	100
Trincomalee	12	67	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	9	0	2	0	0	40	91
Kurunegala	43	197	1	6	0	2	0	0	3	6	123	0	7	0	0	0	0	0	0	17	1	52	1	111	49	100
Puttalam	8	97	0	1	0	1	0	0	0	0	2	11	0	9	0	0	1	0	4	4	1	14	0	4	47	94
Anuradhapur	2	29	1	5	0	0	0	0	1	6	133	1	19	0	2	0	0	0	1	11	3	13	6	79	33	91
Polonnaruwa	0	13	0	1	0	0	0	0	0	0	2	35	0	1	0	1	0	0	3	9	0	1	9	108	43	100
Badulla	2	20	0	6	0	0	0	0	0	0	29	95	1	14	0	2	0	0	2	15	0	6	2	9	49	97
Monaragala	1	15	0	3	0	0	0	1	0	0	7	72	0	8	1	19	0	0	0	7	4	20	0	6	24	100
Ratnapura	20	125	3	13	0	0	0	0	1	35	246	3	13	0	2	0	1	1	1	19	0	25	0	26	37	100
Kegalle	10	83	0	2	0	1	0	0	0	14	88	1	4	0	0	0	0	0	3	26	0	8	1	2	45	100
Kalmune	22	108	1	5	0	1	0	1	0	0	1	10	0	0	0	0	0	0	1	1	0	1	0	0	43	100
<b>SRI LANKA</b>	<b>431</b>	<b>4624</b>	<b>12</b>	<b>118</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>21</b>	<b>8</b>	<b>26</b>	<b>235</b>	<b>1518</b>	<b>33</b>	<b>538</b>	<b>2</b>	<b>42</b>	<b>0</b>	<b>5</b>	<b>32</b>	<b>291</b>	<b>14</b>	<b>205</b>	<b>53</b>	<b>677</b>	<b>96</b>	<b>96</b>

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk).  
\*T=Timeliness refers to returns received on or before 12<sup>th</sup> March, 2021 Total number of reporting units 357 Number of reporting units data provided for the current week: 352 C\*\*=Completeness

**Table 2: Vaccine-Preventable Diseases & AFP**

**06<sup>th</sup> – 12<sup>th</sup> Mar 2021 (11<sup>th</sup> Week)**

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021 & 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	00	15	09	66.66%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	01	00	00	00	00	01	01	04	04	25	49	-48.97%
Measles	00	00	01	00	00	00	00	00	00	01	01	05	19	-73.63%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	01	03	-66.66%
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	00	06	-100%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	02	-100%
Tuberculosis	91	05	00	10	04	07	12	09	21	159	00	1367	1455	-6.04%

**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  
**NA** = Not Available

**Covid-19 Prevention & Control**  
**For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.**

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](mailto:chepid@sltnet.lk). **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

**ON STATE SERVICE**

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