



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
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## The Global Vaccine Action Plan

### Introduction

The Global Vaccine Action Plan (GVAP) is a framework approved by the World Health Assembly in May 2012 to achieve the Decade of Vaccines vision by delivering universal access to immunization. The mission of GVAP is to improve health through more equitable access to existing vaccines for people in all communities.

The GVAP builds on the success of the Global Immunization Vision and Strategy, 2006–2015, which was launched in 2005 as the first 10-year strategic framework to realize the potential of immunization. Developing the plan has brought together multiple stakeholders involved in immunization to define what is needed to be achieved over the next decade.

This ambitious action plan to reach all people with the vaccines they need is the product of the Decade of Vaccines Collaboration, an unprecedented effort that has brought together development, health and immunization experts and stakeholders.

The GVAP reiterates existing goals and sets new goals for the decade, proposes six strategic objectives and actions that will support their achievement, and provide an initial estimate of resource requirements and return on investment.

### The goals of the Decade of Vaccines (2011-2020) include,

- Achieve a world free of poliomyelitis
- Meet vaccination coverage targets in every region, country and community
- Exceed the Millennium Development Goal 4 target for reducing childhood mortality
- Meet global and regional elimination targets
- Develop and introduce new and improved vaccines and technologies.

### The six Guiding principles of GVAP

The six principles have guided the elaboration of the Global Vaccine Action Plan. Although the GVAP need to be translated into specific regional, country and community contexts, these guiding principles are universally applicable and relevant to each of the "Decade of Vaccines goals".

1. Country Ownership – Countries have primary ownership and responsibility for establishing.
2. Shared responsibility and Partnership - Immunization against vaccine-preventable diseases is an individual, community and governmental responsibility that transcend borders and sectors.
3. Equity - Equitable access to immunization is a core component of the right to health.
4. Integration - Strong immunization systems, as part of broader health systems closely coordinated with other primary health care delivery programmes are essential for achieving immunization goals.
5. Sustainability - Informed decisions and implementation strategies, appropriate levels of financial investment, improved financial management and oversight are critical to ensuring the sustainability of immunization programmes
6. Innovation - The full potential of immunization can only be realized through learning, continuous improvement and innovation in research and development, as well as innovation and quality improvement across all aspects of immunization.

### World Immunization Week

World Immunization Week which is celebrated in the last week of April (24-30), aims to promote one of the world's most powerful tools for health; the use of vaccines to protect people of all ages against disease. The theme for 2014 is "Are you up-to-date?" This week is meant to promote uni-

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versal vaccination and help focus on current challenges related to immunization. While health care workers immunize people in all countries, World Immunization Week gives countries and organizations additional, focused opportunities to raise public awareness on immunization.

### Immunization

Immunization should be recognized as a core component of the human right to health and an individual, community and governmental responsibility. Vaccination prevents an estimated 2.5 million deaths each year. Protected from the threat of vaccine-preventable diseases, immunized children have the opportunity to thrive and a better chance of realizing their full potential. These advantages are further increased by vaccination in adolescence and adulthood. As part of comprehensive package of interventions for disease prevention and control, vaccines and immunization are an essential investment in a country's indeed, in the world's future.

### Achievements of Immunization

Overwhelming evidence demonstrates the benefits of immunization as one of the most successful and cost-effective health interventions known. Over the past several decades, immunization has achieved many things, including the eradication of smallpox, an accomplishment that has been called one of humanity's greatest triumphs. Vaccines have saved countless lives, lowered the global incidence of polio by 99 percent and reduced illness, disability and death from diphtheria, tetanus, whooping cough, measles, Haemophilus influenzae type b disease and epidemic meningococcal A meningitis.

Further progress has been made in introducing vaccines against pneumococcal disease and rotavirus diarrhoea as well as vaccines which prevent chronic diseases such as liver and cervical cancer.

### Progress in the last decade

In the last 10 years, great advances have been made in developing and introducing new vaccines and expanding the reach of immunization programmes. More people than ever before are being vaccinated and access and use of vaccines by age groups other than infants is expanding.

As a result of immunization combined with other health care and development interventions (including improved access to clean water and sanitation, better hygiene and education), the annual number of deaths among children under five years of age fell from an estimated 9.6 million in 2000 to 7.6million in 2010, despite an increase in the number of children born each year.

New and sophisticated vaccines that have become available in the past decade, including pneumococcal conjugate vaccine and vaccines against infection with rotavirus and human papillomavirus are currently being rolled out globally. Through an innovative international collaboration, an affordable conjugate vaccine against Neisseria meningitidis serogroup A was developed and is now in use in the African meningitis belt.

Now there are licensed vaccines being used to prevent or contribute to the prevention and control of 25 vaccine-preventable diseases.

### Funding for Vaccines in Sri Lanka

With the inception of the EPI programme in 1978, the total vaccine requirement was received as a donation from UNICEF. Since 1990, the government of Sri Lanka gradually increased its financial input to the EPI and the total vaccine supply was funded by the government by 1995.

The introduction of Hepatitis B vaccine in 2003 and Pentavalent vaccine in 2008, was done with the funding support from Global Alliance for Vaccine & Immunization (GAVI) which has kept continuing its funding support to date. In 2011, two new vaccines of MMR and Live JE were introduced with government funds.

### Sustainable Immunization Funding

Sustainable financing is essential for a successful immunization programme. Immunization is provided free of charge to the community from the government and this requires responsible country ownership for financing. This includes adequate allocations through the national health budget for EPI vaccines and the immunization programme, including components of shared health system costs, special campaign costs and capital costs with incremental costs in future scaling up of the immunization programme. In Sri Lanka, there is an identified budget line available for immunization in the Ministry of Health for vaccine purchases. With increasing Gross National Income (GNI) per capita in the country, partner organizations that contributed for immunization have resigned from funding.

The available government immunization budget will not be adequate to address all immunization programme issues in fact it needs to explore new funding sources. Further, resource allocations have to be done on priority basis for essential components and programme costs have to be planned with maximum use of already available resources. Careful planning is needed before introducing a new vaccine as the main challenge is not the introduction of a new vaccine, but its sustainability.

Advocacy for national and sub national higher authorities to be done for gaining support for sharing vaccine implementation costs is a current day requirement in assuring sustainability. Sri Lanka has conducted several advocacy programmes with the international partner organization (of Sabin) at different national and sub national levels. Advocacy programmes for National level Parliamentarians were conducted and received expected responses for sustainable immunization financing. Sub national level ownership on immunization programme financing is assured by the Colombo Resolution which was passed in 2011. Provincial level policy makers, Provincial level members and provincial level administrative and Technical higher officials have agreed upon technical and financial support for the immunization programme.

### Sources

- Global Vaccine Action Plan 2011-2020 available from [www.who.int/iris/bitstream/10665/78141/1/9789241504980\\_eng.pdf](http://www.who.int/iris/bitstream/10665/78141/1/9789241504980_eng.pdf)

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 01st - 07th Feb 2014 (06th 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	118	1420	0	16	0	2	1	13	0	124	1	15	0	0	0	3	0	0	0	33	0	8	0	3	56	44
Gampaha	55	670	2	23	0	1	2	8	1	3	5	27	0	2	2	14	0	2	7	38	0	16	0	1	80	20
Kalutara	35	300	4	18	0	1	1	6	0	3	3	39	0	0	0	2	0	0	11	34	3	9	0	0	77	23
Kandy	7	94	4	16	0	1	1	3	0	0	1	6	2	10	5	13	0	0	7	24	0	5	0	1	74	26
Matale	3	34	0	11	0	0	0	2	0	0	0	9	0	2	4	12	0	0	0	4	0	3	0	0	62	38
NuwaraEliya	1	25	11	28	0	1	2	5	0	6	0	0	3	6	0	4	0	0	3	13	0	2	0	0	85	15
Galle	11	141	6	17	0	2	0	0	0	2	0	27	2	12	0	0	0	0	4	40	0	8	0	0	95	5
Hambantota	6	51	0	11	0	3	1	5	0	0	5	21	4	15	0	3	0	0	3	25	0	11	0	33	67	3
Matara	8	58	3	11	0	1	0	15	1	4	2	10	3	13	0	6	0	0	5	28	0	15	2	11	100	0
Jaffna	15	163	8	61	0	1	7	44	2	18	1	3	19	143	0	2	0	0	7	26	1	7	0	0	100	0
Kilinochchi	3	12	29	35	0	0	0	5	0	0	0	0	0	9	0	0	0	0	0	1	0	3	0	4	50	50
Mannar	0	2	2	5	2	5	1	15	0	0	0	2	2	12	0	1	0	0	1	1	0	0	0	1	100	0
Vavuniya	0	6	0	10	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3	0	2	0	0	25	75
Mullaitivu	5	28	0	6	0	0	0	5	0	0	0	1	0	3	0	0	0	0	0	2	0	2	0	4	60	40
Batticaloa	11	53	6	46	0	0	0	6	6	11	0	3	0	0	0	2	0	0	1	6	0	1	0	0	93	7
Ampara	2	21	3	7	0	0	0	0	0	4	0	2	0	1	0	1	0	1	4	8	0	0	0	0	71	29
Trincomalee	11	63	0	6	0	1	0	0	0	0	2	4	1	1	0	0	0	0	0	7	0	1	0	0	92	8
Kurunegala	29	183	1	16	1	4	0	4	0	1	0	17	0	13	0	5	0	0	15	56	3	10	0	19	81	19
Puttalam	16	109	1	8	0	0	0	1	0	5	7	15	6	10	0	1	0	0	3	14	0	0	0	1	69	31
Anuradhapura	12	78	1	19	0	0	0	0	0	1	0	12	1	11	0	0	0	0	7	37	2	10	3	50	79	21
Polonnaruwa	0	60	0	10	0	1	0	0	0	0	0	8	0	0	0	1	0	0	0	17	0	1	0	15	0	100
Badulla	12	68	2	10	0	1	0	1	0	0	2	7	0	7	1	5	0	0	2	15	5	11	0	0	76	24
Monaragala	8	31	3	15	0	0	0	0	0	27	4	15	2	10	2	10	0	0	2	10	2	5	0	1	73	27
Ratnapura	10	99	2	23	1	1	0	3	0	2	3	45	0	16	2	46	0	0	0	22	0	3	1	8	72	28
Kegalle	10	94	3	15	0	2	0	6	0	1	2	20	3	9	2	13	0	0	5	45	1	8	0	1	82	18
Kalmune	0	12	2	24	0	0	0	2	1	6	0	1	0	0	0	0	0	0	5	20	0	1	0	0	62	38
<b>SRILANKA</b>	<b>388</b>	<b>387</b>	<b>93</b>	<b>467</b>	<b>4</b>	<b>28</b>	<b>16</b>	<b>149</b>	<b>11</b>	<b>219</b>	<b>38</b>	<b>309</b>	<b>48</b>	<b>305</b>	<b>18</b>	<b>144</b>	<b>0</b>	<b>3</b>	<b>92</b>	<b>529</b>	<b>17</b>	<b>142</b>	<b>6</b>	<b>153</b>	<b>76</b>	<b>24</b>

Source: Weekly Returns of Communicable Diseases (WRCD).  
 \*T=Timeliness refers to returns received on or before 07th February, 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 260 C\*\*=Completeness  
 A = Cases reported during the current week. B = Cumulative cases for the year.

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

01<sup>st</sup> – 07<sup>th</sup> Feb 2014 (06<sup>th</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2014 & 2013
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	01	08	09	-11.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	01	02	01	09	01	01	02	00	00	17	03	117	151	-22.5%
Measles	20	03	20	00	00	07	10	02	04	66	04	541	23	2252.1%
Rubella	00	00	00	00	00	00	00	00	00	00	-	01	-	%
CRS**	00	00	00	00	00	00	00	0000	00	00	-	00	-	%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	02	02	0%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Japanese Encephalitis	00	00	00	00	00	01	00	01	00	02	-	11	-	%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	07	06	16.6%
Tuberculosis	73	43	27	24	16	21	18	09	29	260	177	1380	905	52.5%

**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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