



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: <http://www.epid.gov.lk>

Vol. 41 No.19

03rd – 09th May 2014

National Immunization Policy (Draft) - 2014 (Part - I)

This is the first in a series of three articles on the National Immunization Policy (Draft) - 2014 which is published by the Ministry of Health.

Background

Governments have the authority and responsibility to ensure vaccination of all citizens. To this end, the world over, National Immunization Programmes are being developed which are relatively autonomous, sustainable and effective. The National Immunization Programme (NIP) of Sri Lanka has been implemented to prevent priority vaccine preventable diseases in the country. The NIP has an excellent record, with extremely low incidence of vaccine preventable diseases (VPD) which are covered by the Expanded Programme on Immunization (EPI) and high coverage of all EPI vaccines.

The main components of a well-functioning immunization programme include: availability of efficacious, safe and quality vaccines, efficient service delivery; capacity to maintain vaccines at the right temperature (cold chain) and timely distribute these through the system (logistics); surveillance on vaccine effectiveness and immunization safety; assessing burden of VPD in order to introduce of new vaccines; trained skilled health workers; research; adequate funding; advocacy, effective communication, programme planning and management.

The main purpose of introducing an immunization policy is to ensure that all components of the NIP function optimally to achieve its set goals and objectives.

In addition, the immunization policy has to be considered with all other relevant policies of the country, recognizing equity, have an evidence base, recognize the importance of private public partnership, have a multidisciplinary and multi-sectoral approach and be mindful of ethical considerations.

National Immunization Programme

All vaccines in the National Immunization Programme follow the immunization schedules approved by the National Advisory Committee on Communicable Diseases (NACCD) of the Ministry of Health. Timing and the type of vaccines to be included in the NIP is based on the disease burden, affordability and feasibility of implementation and in achieving the objectives of the NIP.

Immunization for vulnerable groups/high risk categories (immunosuppressed, premature infants, pregnancy, increased risk of occupational disease exposures etc) and during special situations (exposure to infectious diseases following disasters, during disease outbreaks, risk of disease exposure of travellers) are an essential component of the NIP. Special vaccines or immunization schedules are recommended for those vulnerable populations in order to protect them against vaccine preventable diseases.

The implementation of National Immunization Policy is a continuous process, the responsibility for which will be shared by many stakeholders. Many stakeholders including the National Advisory Committee on Communicable Diseases, Epidemiology Unit, Medical Technology and Supplies Unit (Cosmetics Devices and Drugs Authority -National Regulatory Authority), Family Health Bureau (FHB), Health Education Bureau (HEB), Medical Research Institute (MRI), education sector, private sector health institutions, medical professional bodies, universities/other training and teaching institutions and International Agencies (WHO, UNICEF, GAVIetc) are involved in the implementation of the National Immunization Programme.

The NIP provides its services through a wide network of service delivery points to ensure easy accessibility to the public. Vast majority of the public get their immunization services free of charge through the state hospitals and clinics.

Contents

Page

- | | |
|---|---|
| 1. <i>Leading Article –National Immunization Policy (Draft)-2014 (Part-1)</i> | 1 |
| 2. <i>Summary of selected notifiable diseases reported (26th – 02nd May 2014)</i> | 3 |
| 3. <i>Surveillance of vaccine preventable diseases & AFP (26th – 02nd May 2014)</i> | 4 |

WEEKLY
SRI LANKA - 2014

Over the years, a gradual expansion of the availability of private sector immunization services has taken place especially in the urban areas. The Government of Sri Lanka recognizes the importance of public-private partnership in delivering efficient immunization services to the public while ensuring the sustainability of state sector free immunization services. Proper regulatory mechanisms will be placed to ensure the delivery of a safe and quality immunization service by both public and private sector service providers.

Over 90% of the total cost of the state immunization programme is borne by the Government of Sri Lanka. This is good evidence for the stability of financial sustainability. At present the WHO, GAVI and UNICEF are the leading international donors providing funding to the country NIP.

Future expansion of immunization activities, including the introduction of new vaccines and safer vaccination technologies, may require a significant increase in funding.

VISION OF THE IMMUNIZATION POLICY

Sri Lanka a country free of vaccine preventable diseases of public health importance.

MISSION OF THE IMMUNIZATION POLICY

To ensure the provision of an enabling environment for immunization of all eligible individuals in the country

GOAL OF THE IMMUNIZATION POLICY

To protect all citizens against vaccine preventable diseases of public health importance as determined by the National Immunization Programme and work with regional / global initiatives.

OBJECTIVES

1. To ensure the availability and affordability of quality immunization services in a sustainable and equitable manner.
2. To have a country free of vaccine preventable diseases of public health importance by ensuring the use of efficacious, safe and quality vaccines relevant to the health care needs of the people, in a sustainable and equitable manner.
3. To ensure the rational and evidence based introduction of new vaccines.
4. To ensure the implementation of the National Immunization Programme by all service providers by monitoring, evaluation, information management and research in the field of immunization.
5. To ensure financial sustainability of the National Immunization Programme.
6. To ensure advocacy, promotion, awareness, protection and support for the National Immunization Programme.
7. To implement the National Immunization Policy in a systematic manner, inclusive of all stakeholders and the training of all immunization service providers.

STRATEGIES TOWARDS ACHIEVING OBJECTIVES

OBJECTIVE 1 - Immunization services

To ensure the availability and affordability of quality immunization services in a sustainable and equitable manner

- 1.1 All citizens in Sri Lanka shall receive all vaccines recommended in the EPI in the National Immunization Pro-

gramme within the specified age limits as a minimum requirement within the rights of individuals and the public, except for valid medical reasons.

- 1.2 All immunization services provided to the community shall be in an equitable and an affordable manner.
- 1.3 All immunization services provided by the NIP shall be made available and accessible to all individuals in Sri Lanka through a comprehensive island wide network of health care services.
- 1.4 The Ministry of Health shall act as the sole decision making authority for all immunization related activities in the country. Technical aspects on the NIP will be periodically reviewed and necessary recommendations will be made by the programme managers and the National Advisory Committee on Communicable Diseases (NACCD).
- 1.5 All immunization related activities should be carried out at centres which are registered and accredited by the Ministry of Health. The Ministry of Health will ensure all immunization clinic centres have minimum required facilities to deliver effective, safe and quality immunization services to the public.
- 1.6 All private sector immunization clinic centers providing immunization services should be registered and accredited as "Immunization Clinic Centres for NIP" under the Ministry of Health, in accordance with the Private Medical Institutions (Registration) Act / Private Health Services Regulatory Council.
- 1.7 All citizens seeking immunization services shall be provided with appropriate immunization through provision of quality vaccines administered in a safe and an effective manner.
- 1.8 All immunization service providers should ensure that cold chain of the vaccines is maintained during the transport, storage and up to the administration of vaccines.
- 1.9 All used vaccine vials, syringes and other accumulated medical waste related to the immunization process shall be handled safely in compliance with the policy adopted on safe disposal of medical waste in accordance with the National Environmental Policy of the country.
- 1.10 All immunization service providers should adhere to the guidelines related to the provision of quality and safe immunization services formulated by the NIP.
- 1.11 All immunization service providers are expected to share all immunization related information with the NIP.
- 1.12 Vulnerable groups and high risk categories should be adequately protected against vaccine preventable diseases appropriate to the situation.
- 1.13 During special situations such as disasters and disease outbreaks ensure adequate protection to the affected populations against possible vaccine preventable diseases by timely provision of appropriate immunization services.
- 1.14 During a disaster or disease outbreak situation, vaccines received as donations should go through the required quality assurance and registration process.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 26th - 02nd May 2014 (18th 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	115	3084	4	51	0	8	1	36	0	149	0	39	0	0	0	13	0	0	1	193	0	21	0	3	56	44
Gampaha	84	1368	3	61	0	5	2	20	0	10	3	78	0	5	1	37	0	4	2	159	2	25	0	2	80	20
Kalutara	21	675	1	62	0	3	0	17	1	45	3	110	0	0	0	6	0	0	5	119	0	27	0	0	77	23
Kandy	11	227	2	39	0	1	0	5	0	2	0	14	0	27	5	53	0	0	10	104	0	11	0	1	91	9
Matale	1	101	1	22	0	1	0	11	0	1	0	16	0	2	0	69	0	0	0	22	1	6	0	11	92	8
NuwaraEliya	4	61	14	106	0	1	0	10	0	65	0	3	1	28	1	17	0	0	0	40	0	8	0	0	77	23
Galle	11	282	0	33	0	5	0	1	0	12	1	75	1	30	1	1	0	0	9	209	0	20	0	3	80	20
Hambantota	4	118	0	13	0	3	0	8	0	6	1	43	1	40	1	7	0	0	4	71	1	20	3	114	83	17
Matara	3	108	0	23	1	3	0	20	0	6	1	25	0	21	0	16	0	0	8	97	1	20	1	31	100	0
Jaffna	12	369	8	177	0	3	7	117	0	31	0	6	2	240	0	7	0	0	3	59	0	13	0	0	100	0
Kilinochchi	0	29	0	51	0	1	0	13	0	0	0	0	1	15	0	0	0	0	0	3	0	3	0	8	100	0
Mannar	0	4	0	12	0	8	0	19	0	0	0	4	0	20	0	1	0	0	0	6	1	4	0	1	80	20
Vavuniya	0	26	0	14	0	0	0	4	0	3	0	6	0	3	0	0	0	0	0	4	0	3	0	0	0	100
Mullaitivu	0	42	0	18	0	0	0	7	0	9	0	6	0	5	0	0	0	0	0	4	0	3	0	4	0	100
Batticaloa	25	371	1	97	0	2	1	18	0	11	3	10	0	1	0	5	1	1	3	24	0	4	0	0	79	21
Ampara	2	59	1	22	0	0	0	0	0	8	0	8	0	8	1	3	0	1	0	41	0	2	0	6	86	14
Trincomalee	26	301	0	13	0	1	0	1	0	3	0	8	0	10	0	0	0	0	1	37	0	1	0	0	67	33
Kurunegala	6	430	2	40	0	13	0	9	0	10	2	46	0	31	0	11	0	0	10	208	0	29	2	60	70	30
Puttalam	1	205	0	18	0	0	0	10	0	9	0	45	0	18	0	2	0	1	0	49	0	2	0	3	85	15
Anuradhapura	1	166	0	43	0	2	0	0	0	9	2	50	0	23	0	3	0	0	1	95	0	21	3	120	42	58
Polonnaruwa	0	90	0	12	0	1	0	1	0	0	0	9	0	0	0	1	0	0	0	29	0	2	0	23	0	100
Badulla	2	148	0	40	0	4	0	4	0	3	1	25	1	32	3	18	0	0	0	26	3	30	0	0	59	41
Monaragala	0	76	0	23	0	2	0	2	0	28	0	46	7	59	0	59	0	1	3	41	0	10	0	8	64	36
Ratnapura	5	244	6	83	0	13	0	9	0	7	2	108	2	50	6	147	0	0	7	90	1	15	0	10	78	22
Kegalle	17	271	1	48	0	5	1	17	0	6	3	59	1	30	1	28	0	0	7	122	3	24	0	1	82	18
Kalmune	6	50	2	43	0	1	0	4	0	11	0	1	0	0	0	0	0	0	2	61	2	4	0	0	62	38
SRILANKA	357	8905	46	1164	1	86	12	363	1	444	22	840	17	698	20	504	1	8	76	1913	15	328	9	409	73	27

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 02nd May, 2014. Total number of reporting units 337. Number of reporting units data provided for the current week: 248. C**=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

26th - 02nd May 2014 (18th 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 2013 & 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	01	01	00	00	00	00	00	02	03	31	24	+29.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	00	02	02	01	01	01	01	00	00	08	24	270	579	-53.3%
Measles	15	02	10	02	01	10	00	02	04	46	30	1591	285	+458.2%
Rubella	00	00	00	00	00	00	00	00	00	00	-	08	-	%
CRS**	00	00	00	00	00	00	00	00	00	00	-	03	-	%
Tetanus	00	00	00	00	00	00	00	00	01	01	00	08	07	+14.2%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	-	17	-	%
Whooping Cough	00	00	00	00	01	00	00	00	01	02	01	23	28	-17.5%
Tuberculosis	51	25	53	03	39	05	20	08	30	234	82	3556	2816	+26.3%

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.
 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

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

ON STATE SERVICE

Dr. P. PALIHAWADANA
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10