



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Health

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Vol. 41 No.21

17<sup>th</sup> – 23<sup>rd</sup> May 2014

## National Immunization Policy (Draft) - 2014 (Part - III)

This is the third in a series of three articles on the National Immunization Policy (Draft) - 2014.

### OBJECTIVE 6 – Advocacy and promotion

To ensure advocacy, promotion, awareness, protection and support for the National Immunization Programme.

- 6.1 The right of the general public to access vaccine and immunization related information is recognized.
- 6.2 High community awareness should be promoted on the importance, benefits and need of age appropriate immunization.
- 6.3 All healthcare systems (public and private; Western and other) shall engage in promoting, protecting and supporting the NIP.
- 6.4 Capacity building of all healthcare providers for promoting immunization activities of NIP will be encouraged.
- 6.5 The Government of Sri Lanka recognizes the vital role played by the education sector, media institutions, community organizations, NGO's, development partners and other UN agencies in promoting, protecting and supporting the NIP implementation by the Health Sector.
- 6.6 All educational authorities including pre-schools and schools (both public and private) will promote and support activities of the National Immunization Programme. Child vaccination status at school entry should be evaluated and identified deficiencies will be rectified.
- 6.7 Have a constant dialogue with media organizations to encourage reporting of matters related to immunization in a timely, rational and responsible manner for the benefit of the public.
- 6.8 Vendors of vaccines shall adhere to accepted marketing ethics relevant to immunization to ensure protection and support for the

NIP when promoting all vaccines and immunization services.

### OBJECTIVE 7 – Implementation of the National Immunization Policy

The implementation of the National Immunization policy is a continuous process, the responsibility for which will be shared by relevant stakeholders.

- 7.1 The National Immunization Policy will be implemented within the goals, objectives and framework of the National Health Policy of the Government of Sri Lanka.
- 7.2 Implementation of the National Immunization Policy will be done through a strategic plan.
- 7.3 National Immunization Policy will be strengthened through an Act of Parliament.
- 7.4 The Director General of Health Services is the competent authority for implementation, monitoring and evaluation of the National Immunization Policy. The Director General of Health Services shall obtain advice and consult the National Advisory Committee on Communicable Diseases (NACCD) on implementation of the National Immunization Policy.
- 7.5 Provincial health authorities should adhere to the National Immunization Policy and strategic plan while carrying out all immunization related activities in their respective provinces.
- 7.6 Public Health Veterinary Services should adhere to the National Immunization Policy while carrying out vaccine preventable disease control activities.
- 7.7 National Immunization Policy and strategic plan will be implemented by national and provincial health authorities. Further, policy implementation will be done through coordination and collaboration with Government

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Ministries, public and private institutions, national and international organizations.

7.8 The implementation of the National Immunization Policy will be monitored and evaluated on a regular basis, through an effective monitoring system. For each area of the National immunization policy, monitoring indicators will be developed and the progress of implementation will be monitored accordingly.

7.9 The National Immunization Policy will be reviewed periodically and updated according to the needs of the country.

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**Source**

- National Immunization Policy (Draft) 2014 published by the Ministry of Health, Sri Lanka

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

**Table 1 : Water Quality Surveillance  
 Number of microbiological water samples - April/ 2014**

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	61
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	10
Kandy	23	138	0
Matale	12	72	NR
Nuwara Eliya	13	78	25
Galle	19	114	53
Matara	17	102	1
Hambantota	12	72	NR
Jaffna	11	66	0
Kilinochchi	4	24	0
Manner	5	30	0
Vavuniya	4	24	0
Mullatvu	4	24	0
Batticaloa	14	84	3
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	23	138	64
Puttalam	9	54	19
Anuradhapura	19	114	0
Polonnaruwa	7	42	NR
Badulla	15	90	15
Moneragala	11	66	31
Rathnapura	18	108	73
Kegalle	11	66	34
Kalmunai	13	78	0

\* No of samples expected (6 / MOH area / Month)  
 NR = Return not received

Table 2: Selected notifiable diseases reported by Medical Officers of Health 10<sup>th</sup> - 16<sup>th</sup> May 2014 (20<sup>th</sup> 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	154	3615	2	59	0	8	0	39	0	152	2	48	0	0	0	15	0	0	0	4	232	0	22	0	3	56	44
Gampaha	35	1588	1	64	0	5	0	20	0	10	0	81	0	6	5	44	0	4	1	166	0	26	0	2	60	40	
Kalutara	25	747	3	68	0	3	0	18	0	45	0	118	0	0	0	6	0	0	2	131	0	32	0	0	85	15	
Kandy	4	250	1	41	0	1	8	0	2	1	15	38	5	3	0	53	0	0	3	114	0	12	0	1	83	17	
Matale	2	114	0	27	0	1	0	11	0	1	20	2	0	2	2	74	0	1	0	25	1	7	0	12	77	23	
NuwaraEliya	4	69	12	118	0	1	0	10	0	65	0	5	0	30	1	18	0	0	1	48	0	8	0	0	92	8	
Galle	7	315	0	35	0	5	1	3	0	14	2	79	0	35	0	1	0	0	6	242	0	20	0	3	85	15	
Hambantota	5	140	0	13	0	4	0	9	2	8	0	49	0	40	0	7	0	0	4	84	0	20	4	131	83	17	
OMatara	1	117	0	25	0	3	0	20	0	6	1	27	0	21	0	16	0	0	0	102	0	20	4	35	100	0	
Jaffna	16	398	8	191	0	3	5	125	6	37	0	6	4	246	1	8	0	0	1	60	0	13	0	0	83	17	
Kilinochchi	0	30	0	51	0	1	0	13	0	0	0	0	0	15	0	0	0	0	0	3	0	3	0	8	75	25	
Mannar	0	5	0	12	0	8	0	20	0	0	0	4	0	20	0	1	0	0	0	6	0	4	0	1	80	20	
Vavuniya	0	27	0	16	0	0	0	4	0	5	0	6	0	3	0	0	0	0	0	5	0	4	0	0	0	100	
Mullaitivu	0	43	0	27	0	0	0	7	0	9	0	7	0	7	0	0	0	0	0	4	0	4	0	4	20	80	
Batticaloa	24	415	3	108	0	2	0	18	0	12	0	12	0	1	0	5	0	1	2	29	0	4	0	0	79	21	
Ampara	1	63	0	22	0	0	0	0	0	8	0	9	0	8	0	3	0	1	1	45	0	2	0	6	71	29	
Trincomalee	10	354	0	18	0	1	0	1	0	3	0	9	0	10	0	0	0	0	0	44	0	1	0	0	75	25	
Kurunegala	8	449	0	44	0	13	0	9	0	10	0	46	0	31	0	11	0	0	3	219	0	29	0	61	74	26	
Puttalam	1	211	0	18	0	0	0	10	0	9	0	45	0	18	0	2	0	1	0	53	0	3	0	4	62	38	
Anuradhapura	0	169	2	45	0	2	0	0	0	9	0	51	0	23	0	3	0	0	0	100	0	21	1	122	26	74	
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	4	161	0	44	1	6	1	5	0	3	0	28	1	36	1	40	0	0	0	33	1	36	0	0	65	35	
Monaragala	1	82	1	25	0	2	0	3	0	28	1	49	3	64	2	66	0	2	2	46	1	13	2	10	91	9	
Ratnapura	15	297	2	90	0	13	0	9	0	9	0	116	2	53	3	168	0	0	1	113	0	17	0	10	72	28	
Kegalle	22	323	0	56	0	5	0	17	0	7	4	71	1	33	2	34	0	0	3	131	1	26	0	1	91	9	
Kalmune	1	56	1	49	0	1	0	4	0	11	0	1	0	0	0	0	0	0	3	67	0	4	0	0	69	31	
<b>SRILANKA</b>	<b>340</b>	<b>10128</b>	<b>36</b>	<b>1278</b>	<b>1</b>	<b>89</b>	<b>8</b>	<b>384</b>	<b>8</b>	<b>463</b>	<b>12</b>	<b>911</b>	<b>16</b>	<b>740</b>	<b>17</b>	<b>576</b>	<b>0</b>	<b>10</b>	<b>37</b>	<b>2131</b>	<b>4</b>	<b>353</b>	<b>11</b>	<b>437</b>	<b>71</b>	<b>29</b>	

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 16<sup>th</sup> May, 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 243 C\*\*-Completeness  
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 3: Vaccine-Preventable Diseases & AFP

10<sup>th</sup> - 16<sup>th</sup> May 2014 (20<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 2013 & 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	02	34	29	+17.2%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	01	00	00	00	01	00	00	01	01	04	21	294	657	-55.2%
Measles	06	00	02	05	01	04	00	06	01	25	53	1699	402	+322.6%
Rubella	00	00	00	00	00	00	00	00	00	00	-	10	-	%
CRS**	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	08	07	+14.3%
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	00	00	00	00	00	00	03	26	34	-23.5%
Tuberculosis	83	19	13	00	08	00	13	10	06	152	257	3821	3137	+21.8%

**Key to Table 1,2 & 3**

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](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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