



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Polio Switch Validation

This "Polio Switch" procedure is an internationally coordinated procedure to be adopted by all Oral Polio Vaccine (OPV) using countries to switch over to bivalent OPV (bOPV) within a period of 2 weeks. The Polio Switch date for Sri Lanka was 30th April, 2016.

Polio switch procedure

National Epidemiology Unit coordinated the Polio Switch procedure during which the Regional Epidemiologists were held with the responsibility of preparation of trivalent OPV (tOPV) stock inventories at district levels. The National tOPV stock level assessment and management were done by the National Epidemiology Unit. This assured the stock adjustments for minimum destruction and prevention of stock-outs.

The responsibility for polio switch at district level was held by the provincial and district level health authorities and supervisory categories.

District level Polio Switch and Validation Committees were formed and they consisted of Provincial and Regional Directors of Health Services (PDHS & RDHS); Provincial Consultant Community Physicians (P/CCP) ; Regional Epidemiologists (RE); Medical Officers– Maternal and Child Health (MO/MCH); Medical Officers– planning (MO/ Planning); District Supervisory Public Health Inspectors (SPHI/D); Regional Supervising Public Health Nursing Officers (RSPHNO) and Officers in-charge/ Regional Medical Supplies Division (OIC/RMSD).

District level Polio Switch procedure was

planned in a way that the MOH offices and hospitals were monitored to ensure maintenance of adequate tOPV vaccine stocks up to 28th April 2016. The exchange of tOPV to bOPV was planned to be done from 28th to 29th April 2016, with minimum disturbances to the existing immunization clinics. Vaccine movement registers were balanced as at 28th or 29th April 2016 to hand over all remaining tOPV and take over adequate bOPV stocks from OIC/RMSD . From 30th onwards, only bOPV was used in the country and no remaining tOPV was expected to be in cold chain at any levels.

All Medical Officers of Health were held with the responsibility in ensuring Polio Switch and a "NO tOPV IN THIS REFRIGERATOR" tag was expected to be certified and displayed in the Refrigerator and to be made available for district and National Validation teams for certification.

Polio Switch Validation

Polio switch validation procedure was conducted to ensure no tOPV was remaining in the cold chain and to ensure the whole country was properly switched over to bOPV on 30th April 2016. The Polio Switch monitoring and validation was started from 1st May and completed on 14th May by ensuring destruction of all remained tOPV by incineration.

District level validation was planned to be completed by reviewing all (100%) health care institutions where tOPV was stored. This included all hospitals where tOPV was stored, MOH of-

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fices, Private health care institutions where tOPV was stored and RMSD. District Switch monitoring officers took the responsibility of reviewing all vaccine stored refrigerators in the district and submission of the validation report to RDHS. Regional Epidemiologist was held with the responsibility of compiling all district validation information into the format provided by the National Epidemiology Unit, and submitting it before 14th May 2016 to the Chief Epidemiologist. National Certification Committee for Polio Eradication and Measles, Rubella, Congenital Rubella Syndrome Eradication (NCCPE & MRCE) functioned as the National Switch and Validation Committee.

The National Polio Switch and Validation Committee worked along with the provisional Consultant Community Physicians (P/CCP). National Epidemiology Unit coordinated the procedure and ensured proper functioning of the Polio Switch and the Validation.

Altogether 18 polio switch validation teams from the Central level worked together with the provincial health officers for provincial level polio validation. Even though the target was to monitor and validate minimum of 10% of centers in each district, the teams have monitored and validated more than 10% and up to 70% of tOPV storing centres in each respective district. Provincial validation reports were submitted to the National Polio Validation Committee.

The vaccine supplier to the country (Sri Lanka had only one tOPV supplier and no private health sector suppliers) provided information on vaccine stocks supplied and tOPV had been supplied to private health sector only 8 months ahead. They were instructed to review all private health sector institutes provided by them and were requested to collect all remaining tOPV stocks including expired stocks for destruction.

Polio switch validation results

Implementation, monitoring and declaration of polio switch validation were held by the National Certification Committee for Polio Eradication and Measles, Rubella, Congenital Rubella Syndrome Elimination (NCCRE & MRCE) together with the National Epidemiology Unit and Ministry of Health.

Reports revealed that 447 government centers and 32 private health centers were storing tOPV and 100% of these centers have been reviewed and validated. This included the main vaccine stores at the National Epidemiology Unit, Walk-in cold rooms at RMSD, Ice-lined refrigerators at MOH offices and refrigerators at government and private Hospitals. The tOPV supplier to the country has handed over the remaining expired tOPV stocks collected from the private health sector institutions

which had been destroyed together with government remaining stocks and verification report had been submitted to the National Epidemiology Unit. The NCCPE & MRCE together with the National Epidemiology Unit, ensured the total tOPV withdrawal, destruction and validation. Final polio validation day for Sri Lanka was 16th May 2016 and the report had been submitted on time to the SEARO, World Health Organization to be reviewed and submitted to the Global Polio Eradication programme.

Acknowledgement

Dr. Deepa Gamage, Consultant Epidemiologist of the Epidemiology Unit

**Table 1 : Water Quality Surveillance
Number of microbiological water samples April 2016**

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	29
Gampaha	15	90	78
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	0
Matale	13	78	NR
Nuwara Eliya	13	78	19
Galle	20	120	85
Matara	17	102	0
Hambantota	12	72	NR
Jaffna	12	72	33
Kilinochchi	4	24	0
Manner	5	30	0
Vavuniya	4	24	14
Mullatvu	5	30	28
Batticaloa	14	84	0
Ampara	7	42	41
Trincomalee	11	66	NR
Kurunegala	29	174	96
Puttalam	13	78	40
Anuradhapura	19	114	19
Polonnaruwa	7	42	0
Badulla	16	96	149
Moneragala	11	66	84
Rathnapura	18	108	54
Kegalle	11	66	24
Kalmunai	13	78	NR

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 07th - 13th May 2016 (20th 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	39	5796	0	55	0	0	0	24	0	19	0	81	0	3	0	15	0	0	0	1	194	0	22	0	0	13	13
Gampaha	0	1983	0	33	0	5	0	12	0	5	0	124	0	7	0	16	0	0	0	0	184	0	20	0	3	0	7
Kalutara	1	1152	0	35	0	2	0	15	0	15	0	230	0	4	0	12	0	0	0	0	101	0	32	0	0	7	21
Kandy	38	815	5	74	0	9	0	9	0	22	0	67	4	44	1	35	0	0	0	3	67	3	23	0	6	87	100
Matale	3	157	0	12	0	1	0	9	0	2	0	47	0	10	0	13	0	1	0	0	19	0	41	1	14	54	92
NuwaraEliya	2	124	3	42	0	1	0	20	0	13	0	18	1	29	1	17	0	0	0	4	64	1	23	0	0	92	100
Galle	20	687	1	30	0	5	0	1	0	2	3	134	1	40	0	4	0	0	0	8	131	0	21	0	1	80	90
Hambantota	6	280	3	20	0	1	1	1	0	48	0	59	0	34	2	16	0	0	0	6	112	0	7	2	142	67	100
Matara	7	343	1	28	0	3	0	5	1	34	4	83	2	23	3	16	0	0	2	89	0	5	5	5	104	100	100
Jaffna	9	1191	2	93	0	2	0	43	0	29	0	8	6	516	2	7	0	0	0	0	101	2	24	0	1	92	100
Kilinochchi	0	43	0	20	0	0	0	1	4	1	4	0	11	0	17	0	0	0	0	3	0	7	0	0	50	100	
Mannar	7	79	0	8	0	4	0	13	1	3	0	8	0	35	0	0	0	0	0	7	0	1	0	0	80	100	
Vavuniya	1	144	0	4	0	1	0	12	0	19	0	11	0	7	0	5	0	0	0	16	0	3	0	3	25	50	
Mullaitivu	5	94	1	10	0	0	0	13	0	4	0	21	0	5	0	0	0	0	0	2	0	4	0	4	80	100	
Batticaloa	1	261	1	120	0	0	0	14	0	85	0	25	0	4	0	8	0	0	1	51	0	5	0	1	57	100	
Ampara	0	90	0	12	0	0	0	0	0	13	0	21	0	0	0	6	0	0	1	52	0	1	0	4	43	71	
Trincomalee	9	247	1	25	0	0	0	9	2	23	2	16	2	13	0	28	0	1	4	92	0	6	0	2	75	92	
Kurunegala	12	658	3	89	0	7	0	1	0	6	1	68	1	9	0	15	0	2	4	136	0	25	0	38	48	90	
Puttalam	16	531	1	21	0	2	1	4	0	0	0	26	0	55	0	0	0	0	0	37	0	21	0	0	38	92	
Anuradhapura	7	257	0	28	0	1	0	3	0	20	4	162	0	18	0	11	0	0	5	110	0	16	7	93	58	89	
Polonnaruwa	5	164	0	12	0	2	0	8	0	5	3	52	0	1	0	2	0	0	3	42	1	7	4	64	86	86	
Badulla	6	235	3	46	0	7	0	3	0	17	3	62	2	38	2	68	0	0	2	86	1	88	0	0	59	82	
Monaragala	4	135	0	25	0	1	0	2	0	9	1	132	3	55	3	82	0	2	1	32	0	16	0	17	82	100	
Ratnapura	42	830	9	127	0	16	0	16	0	15	12	204	0	16	0	70	0	0	2	88	3	61	0	1	67	94	
Kegalle	16	541	1	26	1	11	0	15	0	39	0	88	0	12	1	13	0	0	1	153	2	22	0	0	64	100	
Kalmune	5	340	0	34	0	3	0	4	20	34	0	10	0	0	0	2	0	4	0	48	0	12	0	0	69	92	
SRILANKA	261	17195	35	1029	1	84	4	280	25	485	33	1768	22	995	15	461	0	10	48	2017	13	513	19	498	60	83	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 13th May, 2016 Total number of reporting units 339 Number of reporting units data provided for the current week: 265 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

07th - 13th May 2016 (20th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2016	Number of cases during same week in 2015	Total number of cases to date in 2016	Total number of cases to date in 2015	Difference between the number of cases to date in 2016 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	01	00	00	00	00	00	00	01	01	20	26	-23.0%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	01	01	00	02	00	00	01	00	05	05	169	152	+11.1%
Measles	00	00	03	00	00	00	00	00	00	03	63	257	934	-72.4%
Rubella	00	00	00	00	00	00	00	00	00	00	00	06	05	-20%
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	03	06	-50%
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	07	-100%
Whooping Cough	00	00	01	00	00	00	00	00	00	01	00	29	31	-6.4%
Tuberculosis	72	41	06	01	32	08	20	11	26	217	290	3601	3635	-0.9%

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
April	3972	35	13	0	4	1736	565	0

Source: Medical Research Institute & Veterinary Research Institute

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