



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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The National Immunization Programme – Financial Aspects (Part II)

This is the second in series of two articles on the financial aspects of National Immunization Programme (NIP)

Vaccine cost

Vaccine cost and the financial affordability is a real challenge to a country like Sri Lanka which still belongs to the developing category. The main reasons for that is the high cost of the newly available vaccines. The new vaccines like Pentavalent vaccine, Pneumococcal and Rota virus vaccines are significantly expensive than the traditional EPI vaccines such as polio and measles. The presence of fewer suppliers, less competition, the vaccine market and increased emphasis on profits have contributed to the increased vaccine costs. The increased rates for the vaccine cost (per dose) is well reflected by the figures given in figure –2

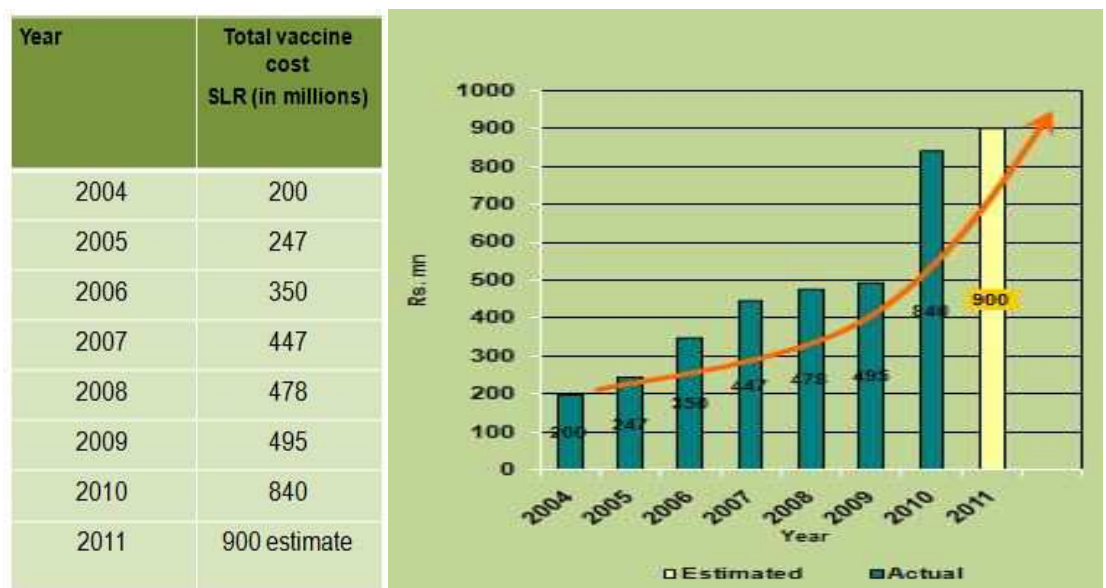
While unit prices are expected to decrease over time as production efficiencies are realized, they will probably never be as low as traditional vaccines even with the increased demand for new vaccines and new manufacturers entering the market.

Maintaining the success achieved so far and improving the quality of the programme further (including introduction of new vaccines) are uphill tasks faced by the GOSL.

Challenges in vaccine Financing

- Global Economic instability (Global economic recession)
- Inflation of local currency: limited purchasing power
- Increased cost of vaccines
- Introduction of new vaccine is one of the

Figure 1- Vaccine cost



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reasons for increased cost of immunization

- Increased cost of routine vaccines
- Competing demands in the health sector.

e.g. Increasing Non Communicable Diseases, Dengue is considered as a high public health priority etc.

Strategies to make Vaccine financing sustainable

- Ensure continued government commitment to the NIP
- Increased budgetary allocation
- Sensitization of elected members of central/local government bodies, MoF on vaccine financing and benefits of NIP
- Cost reduction
 - e.g. Shifting from killed JE vaccine to Live attenuated JE vaccine: Annual saving is around US\$ 4 million (SLR 410 m)
- Minimized vaccine wastage
 - e.g. Open vial policy (multi dose policy)
- Good vaccine management practices by close programme monitoring and staff training
- Promote private sector services for those who can afford.
- Ensure donor support by
 - ☑ Promoting country NIP as a global model (High coverage with low AEFI) to attract donors
 - ☑ Research opportunities

The Epidemiology unit works in collaboration with the SABIN vaccine institute (an international NGO dedicate to improve access to vaccines and essential drugs) to implement the

above strategies to strengthen the EPI programme further. They provide financial support mainly for two activities in Sri Lanka.

These are

- Sustainable Immunization Financing (SIF) through political commitment-The Epidemiology Unit conducts a series of symposia to advocate and sensitized the elected members of both central and provincial governments.
- Formulation of a National Immunization Policy, including Financing and Regulatory Framework. The policy will cover a vast area of immunization such as immunization financing, vaccine registration, availability, safety and access.

The aims of Immunization policy are

- Maintaining achieved immunization goals in the past decades
- Strengthening immunization services through regulatory practices
- Ensuring the right and access to immunization services
- Continued commitment through financial sustainability
- Streamlining private sector immunization towards ensuring quality of immunization services
- Strengthening communication in immunization services
- Ensuring political commitment al all levels: national, provincial and local governments (“Colombo Resolution”)

Figure 2- Vaccine cost & Financial affordability

Vaccine	Cost per dose (SLR)	No. of doses per child	Cost per child (SLR)
BCG	6.84 (2009)	1	6.84
DPT	21.80 (2009)	4	87.20
DT	12.00 (2009)	1	12.00
TT	8.00 (2009)	2	16.00
OPV	20.00 (2009)	5	100.00
Measles	21.00 (2009)	1	21.00
MR	59.00 (2009)	1	59.00
aTd	10.70 (2009)	1	10.70
JE Live	50.00 (2009)	1	50.00
MMR	100.00 (estimate)	3	300.00
Pentavalant	365.00 (estimate)	3	1095.00
Pnumococal	365.00 (estimate)	3	1095.00

The author wishes to appreciate the guidance provided by Dr. Ananda Amarasinghe (Assistant Epidemiologist) in preparation of this article.

Compiled by Dr. Asanka Gamage of the Epidemiology Unit.

Table 1: Vaccine-preventable Diseases & AFP

24th – 30th March 2012 (13th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2012	Number of cases during same week in 2011	Total number of cases to date in 2012	Total number of cases to date in 2011	Difference between the number of cases to date in 2012 & 2011
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	01	00	00	00	00	00	00	00	00	01	01	23	24	- 04.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-		-	-
Measles	00	01	00	00	00	00	00	0	00	01	00	17	28	- 32.1 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	02	06	- 66.7 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	24	11	+ 118.2 %
Tuberculosis	119	03	00	04	02	00	00	01	10	139	90	2257	2052	+ 10.0 %

Table 2: Newly Introduced Notifiable Disease

24th – 30th March 2012 (13th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2012	Number of cases during same week in 2011	Total number of cases to date in 2012	Total number of cases to date in 2011	Difference between the number of cases to date in 2012 & 2011
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	25	08	13	08	09	12	07	09	07	98	64	1475	1323	+ 11.5 %
Meningitis	01 CB=1	00	01 GL=1	00	02 KM=2	01 KR=1	01 AP=1	01 MO=1	00	07	09	183	259	- 29.3 %
Mumps	18	08	13	08	18	09	03	06	13	96	19	1304	524	+ 148.8 %
Leishmaniasis	00	00	02 MT=2	00	01 TR=1	01 KN=1	00	00	00	04	01	195	175	+ 11.4 %

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.
DPDHS 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Dengue Prevention and Control Health Messages

Check the roof gutters regularly for water collection where dengue mosquitoes could breed.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
24th – 30th March 2012 (13th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	99	2349	3	36	0	5	2	66	0	24	3	43	0	2	0	18	0	1	92
Gampaha	56	1814	1	28	0	2	0	23	1	9	3	56	0	4	0	76	0	1	73
Kalutara	23	607	0	30	0	2	0	15	0	3	4	70	0	1	0	6	0	1	54
Kandy	28	567	1	23	0	1	0	8	0	10	0	23	2	55	2	7	0	0	91
Matale	11	133	0	27	0	4	0	7	0	4	1	11	0	2	0	5	0	0	67
Nuwara	9	96	3	40	0	1	3	15	0	1	0	10	3	25	0	7	0	0	77
Galle	21	339	0	31	1	3	0	6	0	4	8	38	0	14	0	1	0	0	68
Hambantota	4	157	0	16	0	0	0	2	0	7	0	20	0	19	1	4	0	0	75
Matara	28	488	0	24	1	4	0	9	0	11	7	47	1	31	0	45	0	0	94
Jaffna	7	173	3	63	1	5	2	150	1	9	0	2	2	226	0	2	0	0	83
Kilinochchi	0	14	0	6	0	1	1	11	0	39	0	3	0	19	0	1	0	1	75
Mannar	4	64	1	8	0	2	3	10	0	13	1	15	2	29	0	1	0	0	100
Vavuniya	0	23	1	5	1	15	0	2	0	3	0	14	0	0	0	1	0	0	100
Mullaitivu	0	4	1	5	0	1	0	3	0	1	0	2	0	4	0	0	0	0	50
Batticaloa	16	463	1	42	0	1	0	9	0	5	0	4	0	0	0	3	0	1	71
Ampara	0	27	0	33	0	0	0	2	1	1	0	13	0	0	0	1	0	0	57
Trincomalee	9	67	2	43	0	1	0	15	0	1	0	18	0	1	0	1	0	0	83
Kurunegala	19	392	0	38	0	6	1	33	0	6	4	49	0	14	3	20	0	1	70
Puttalam	5	288	0	22	0	2	0	2	0	1	1	17	0	7	0	0	0	0	75
Anuradhapu	5	106	1	23	0	1	0	1	0	1	2	36	1	15	1	22	0	0	58
Polonnaruw	2	70	1	11	0	0	0	1	0	0	1	16	0	2	0	23	0	1	57
Badulla	1	72	1	27	0	2	0	9	0	1	2	13	3	17	1	14	0	0	71
Monaragala	2	62	0	22	0	2	0	7	0	0	5	33	4	34	20	58	0	0	91
Ratnapura	17	419	2	72	0	19	0	14	0	2	3	101	0	11	2	41	0	0	56
Kegalle	24	414	0	23	2	6	0	10	0	5	5	39	1	16	7	175	0	0	91
Kalmune	1	109	3	71	1	1	0	5	0	11	0	1	0	0	0	4	0	1	54
SRI LANKA	391	9317	25	769	07	87	12	435	03	172	50	694	19	548	37	536	00	08	74

Source: Weekly Returns of Communicable Diseases WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 30th March, 2012 Total number of reporting units 329. Number of reporting units data provided for the current week: 244

A = Cases reported during the current week. B = Cumulative cases for the year.

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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.

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