



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Effective Vaccine Management (EVM) Assessment - Sri Lanka -(part III)

EVM (EFFECTIVE VACCINE MANAGEMENT)

RECOMMENDATIONS

Temperature monitoring

- In the Regional Medical Supplies Divisions (RMSD) vaccines are stored in cold rooms and temperature in the cold room should be maintained at +2 to +8

- At RMSD level one person should be identified and assigned with the responsibility of day-to-day vaccine receipts and issues along with refrigerator temperature recording and cold chain maintenance.

- All cold rooms should be equipped with in built digital thermometers and 24 hour continued temperature recorders, manual thermometers, data loggers and freeze tags etc. The responsible person should monitor the temperature and cold chain of vaccines, using the different monitoring devices at least twice a day and findings should be recorded twice a day on the cold chain monitoring sheets provided by the Epidemiology Unit.

- Data logger should be read once in two weeks or when cold chain failure is detected. At the end of every two weeks, recordings of the data logger should be printed out in triplicate. One copy should be filed at the RMSD, one copy should be send to RDHS (Regional Director of Health services) / RE (Regional Epidemiologist) and the other copy should be forwarded to the Epidemiology unit with the Monthly vaccine stock return.

- At Medical Officer of Health (MOH) or institutional level all vaccines are stored in refrigerators and live vaccines should be stored in the coolest part (top Shelves) of the refrigerator and killed or inactivated vaccines at the warmest/ lowest part of the refrigerator.

- A responsible person should be identified to be in-charge of the vaccine management and maintenance of cold chain and to maintain all records. In the event of this person being absent, a second and a third person should be identified to attend to the functions.

- All persons allocated for vaccine storage and temperature monitoring must know correct vaccine storage conditions and temperature monitoring practices. When there is a change in their post or position there should be clearly defined procedures to follow including documented handover procedure.

Storage and transport capacity

- All space in the cold room/refrigerators cannot be used for vaccine storage. Spacing is needed for proper circulation of cold air and uniform cooling. About 60% of the internal space is used for vaccine, diluents and cold packs storage and the remaining, 40% is left unfilled

- A separate freezer should be used for freezing of ice packs at the RMSD. The required number of conditioned cold packs identified for each cold box should be used to ensure the cold life of the vaccines.

- The vaccines should be distributed to MOOH every month, packed in cold boxes. In transportation of vaccines the shortest possible route should be taken to reach the MOH/institution avoiding any undue stoppages/delays *en route*.

Buildings, equipment and transport

- In RMSDs all these cold rooms should be equipped with two cooling machines to make sure continuous cold storage when one machine is out of commission.

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- Further, these cold rooms must be equipped with auto start generators to provide uninterrupted electricity in the event of Power failure.

- Adequate number of refrigerators and freezers should be kept as a backup storage in the event of a cold room failure.

Maintenance

- The RDHS should make sure that all equipments are in good state of repair by arranging an annual maintenance contract with the local agent for these machines as per guidelines issued by the Epidemiology Unit.

Stock management

- At MOH and institutional level, Medical Officers of Health and institutions should send the vaccine stock returns to the RMSD before the 5th of the month. The return should be sent whether stocks are requested or not.
- Officer in-charge of the RMSD should obtain the monthly stock return forms from all institutions in the RDHS division to which vaccines are distributed, before the 5th of the month.
- The return should be adjusted if necessary and the consolidated return should be forwarded to the Epidemiologist by the 5th of every month in consultation with the RDHS/RE.
- Return should be sent to the Epidemiology Unit every month whether stocks are requested or not.
- And also after the receipt of vaccine stocks, vaccine arrival report should be completed by the OIC (Officer In-charge)/RMSD in keeping with the instructions given by the Epidemiology Unit.

Transport of vaccines to the field clinics

- Vaccine stocks should be distributed to the clinic centres packed in vaccine carriers with cool packs.
- Vaccine carriers should be used even when the clinic is held in a room adjoining the storage point.
- The correct number of cold packs should be used to maintain the cold life of the vaccine during transport to and from the clinic and during the clinic time.

Storage of vaccines returned from immunization clinics

- Stocks of vaccine that have been taken to clinics and brought back unused (unopened vials), should be stored separately from the bulk stocks in a separate box marked as, “ returned unopened vials”.
- Returned opened vials should be kept in a separate box marked as “returned open vials”.
- These two boxes should be kept in the 2nd shelf of the refrigerator.
- Returned open and unopened OPV vials also should be kept in the same box.

- These returned unopened vials should be taken to the very next clinic and used before using the bulk stocks.

Vaccine management

- All workers who are assigned for vaccine management should know the correct procedure for the shake test

The shake test

- The shake test is used to determine if the vaccine has been frozen.
- During the process of freezing, vaccine tends to flocculate (i.e., virus particles stick together to form larger clumps).
- When a vial of vaccine which has been frozen and then thawed is shaken and then allowed to sediment, it will sediment more quickly than the same vaccine from the same manufacturer which has not been frozen.
- The shake test is best conducted using a vial of vaccine which you have frozen solid yourself and do not intend to use.
- This vial can be used as a frozen “control” against which to compare vaccines in doubt.
- Whenever the “control” vial sediments significantly faster than the test vial, then the test vial is acceptable.
- If the sedimentation rates are the same, however, then the test vial should not be used.
- Remember, the shake test can only be conducted on “test” and “control” vials from the same manufacturer.

Sources

1. Sri Lanka EVM Assessment July 2015-Findings and recommendations of the assessment team
2. Immunization Handbook - 3rd Edition ; National Expanded Programme on Immunization, Sri Lanka - Epidemiology Unit - 2012

Compiled by Dr. T. N. Yapa of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 24th - 30th Oct 2015 (44th 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	182	7517	4	168	1	14	2	91	0	116	6	273	0	10	2	39	0	4	8	420	3	40	0	0	81	19
Gampaha	40	3190	0	76	0	12	1	30	0	27	2	351	0	10	0	123	0	0	5	254	0	26	0	2	47	53
Kalutara	50	1183	3	92	2	8	2	49	2	152	8	330	2	5	1	33	0	3	8	253	3	53	0	0	85	15
Kandy	42	1033	1	121	0	6	0	29	5	51	3	104	3	65	0	130	0	0	1	208	0	22	2	15	91	9
Matale	0	358	0	37	0	1	0	9	0	5	0	53	0	8	0	29	0	0	2	27	0	28	0	18	62	38
NuwaraEliya	2	137	1	283	0	3	1	29	2	10	0	37	1	68	3	58	0	0	2	118	4	50	1	2	85	15
Galle	16	747	4	76	0	3	1	9	0	25	7	232	4	96	0	11	0	0	2	237	1	51	0	2	90	10
Hambantota	17	291	1	42	1	2	0	8	3	31	6	103	3	53	1	42	0	0	0	103	0	11	3	274	92	8
Matara	28	374	0	61	0	6	0	4	0	44	13	228	3	43	5	47	0	0	5	216	0	17	9	134	100	0
Jaffna	21	1363	50	886	0	9	0	165	4	86	0	15	7	563	0	13	0	2	8	195	0	17	0	0	100	0
Kilinochchi	3	72	1	85	0	1	0	16	0	31	0	1	0	26	0	0	0	1	0	18	0	1	0	0	75	25
Mannar	0	81	0	16	0	1	0	5	0	3	0	8	0	21	0	0	0	0	0	7	0	1	0	1	80	20
Vavuniya	4	122	3	21	0	6	0	73	3	27	0	17	0	13	0	2	0	2	0	40	1	18	0	7	75	25
Mullaitivu	0	117	0	30	0	2	0	14	0	16	1	6	0	9	0	4	0	1	0	5	0	4	0	6	80	20
Batticaloa	9	1356	4	292	0	7	0	26	0	181	0	13	0	4	0	12	0	1	0	55	0	17	0	0	64	36
Ampara	0	49	0	41	0	1	0	2	0	16	0	13	0	2	2	11	0	0	0	185	0	5	0	3	29	71
Trincomalee	1	523	2	108	0	0	0	33	0	36	0	15	0	26	9	59	0	1	0	91	0	9	0	5	75	25
Kurunegala	15	1046	7	166	1	7	0	7	2	27	2	220	0	29	1	41	0	6	6	362	3	35	3	125	93	7
Puttalam	4	579	4	74	0	5	0	9	0	9	2	38	1	19	0	3	0	0	3	55	1	29	0	3	62	38
Anuradhapura	0	328	3	124	0	4	0	4	2	66	3	196	0	20	1	19	0	1	6	168	0	31	11	316	63	37
Polonnaruwa	4	197	3	47	0	4	0	14	0	12	0	75	0	1	0	10	0	0	0	123	0	24	1	109	57	43
Badulla	10	463	7	214	2	10	0	9	0	27	3	66	1	129	2	206	0	3	1	190	2	83	0	7	82	18
Monaragala	5	169	4	109	0	4	0	16	0	5	0	140	0	80	16	428	0	1	0	92	0	30	1	37	91	9
Ratnapura	4	855	1	259	0	16	1	42	0	8	3	329	0	65	2	268	0	1	2	169	1	51	0	17	67	33
Kegalle	9	531	1	62	0	12	1	77	0	18	2	286	0	51	0	79	0	0	2	212	0	55	0	0	73	27
Kalmunai	0	458	0	111	0	1	0	1	0	56	0	8	0	0	0	5	0	0	0	104	0	9	0	0	46	54
SRILANKA	466	23139	104	3601	7	145	9	771	23	1085	61	3157	25	1416	45	1672	0	27	61	3907	19	717	31	1083	77	23

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 30th October, 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 262 C**_Completeness A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

24th – 30th Oct 2015 (44th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2015	Number of cases during same week in 2014	Total number of cases to date in 2015	Total number of cases to date in 2014	Difference between the number of cases to date in 2014 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	01	61	72	-15.2%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	02	00	00	00	00	01	01	01	01	06	03	333	585	-43.1%
Measles	03	02	05	01	02	03	00	03	04	23	23	2410	2882	-16.3%
Rubella	00	00	00	00	00	00	00	00	00	00	00	08	17	-53.1%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	04	-100%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	14	12	+16.6%
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	10	22	-54.5%
Whooping Cough	01	00	00	00	00	01	01	00	00	03	01	92	66	+39.3%
Tuberculosis	25	03	09	01	04	25	13	11	28	119	237	8339	8299	+1.0%

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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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

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