



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine
231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@slt.net.lk
Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk
Web: http://www.epid.gov.lk

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Immunization and International Travel - Part I

This is the first in a series of two articles on Immunization and international travel.

Introduction

In the modern era, vaccination related to international travel is of great importance. For travellers, vaccination offers the possibility of avoiding numerous vaccine preventable diseases that may be contracted abroad. Immunised travellers are also less likely to cause infections to other travellers or natives at the place of visit. They are also less likely to bring the infection to the country of their visit or to their native country on return from foreign travel. Therefore the community too benefits from individual Immunizations. Number of tourists arriving in Sri Lanka is high since it is a popular tourist destination and Sri Lanka sees a lot of out bound travel as well, especially for employment. Hence travel related vaccination is a priority area for consideration, especially in the Sri Lankan context.

Vaccination for Sri Lankans travelling abroad

Vaccination for Sri Lankans travelling abroad can be grouped into the following categories

- Vaccination in keeping with the National EPI (Expanded Programme on Immunization) vaccine schedule of the country of destination
- Mandatory immunization required at the travel destination
- Other recommended immunizations of potential importance

Vaccination in keeping with the National EPI vaccine schedule of the country of destination

Though the EPI vaccine preventable diseases are under control in Sri Lanka, the same may not be applicable in other parts of the world. Therefore travellers are advised to assess the current disease status in respect of EPI diseases in their travel destination. If there is a need, they are advised to be updated with routine immunization immediately as most vaccines take time to be effective. Ideally they should be given 4-6 weeks prior to travel.

Mandatory immunization required at the travel destination

It is important for the traveller to consider if there are any mandatory vaccination requirements at the travel destination. The minimum gap between vaccination and travel need to be maintained to ensure development of immunity. It is also important to consider the pre- requisites relevant to vaccination that need to be fulfilled for embarking at the travel destination (e.g. need of a certificate, minimum duration required between vaccination and travel). Such details need to be obtained and fulfilled on individual basis. The Consulate of the relevant country may offer some guidance. Once this information is obtained, it should be shared with the service provider (person who immunizes the traveller), as the specific requirements may vary from one individual to another.

Yellow Fever Vaccination

Yellow Fever is the only mandatory vaccination currently required under International Health Regulations (IHR). It is carried out for two reasons. It is

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carried out to protect the individual from yellow fever when the traveller goes to areas where there is a risk of yellow fever infection. It is also carried out to protect vulnerable countries from the yellow fever virus.

Travellers who are 9 months of age or above, going to countries falling within the Yellow Fever endemic areas (some countries in Africa and South America) are required to be vaccinated at least 10 days prior to embarkation. The vaccine provides life long immunity. The list of countries falling within the Yellow Fever endemic areas are as follows.

Africa– Angola, Burundi, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of Congo, Equatorial Guinea, Ethiopia, Gambia, Gabon, Guinea, Guinea– Bissau, Ghana, Kenya, Ivory Coast, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, Sudan, Rwanda, Tanzania, Togo, Uganda

South America– Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guyana, Guyana, Paraguay, Panama, Peru, Surinam, Trinidad and Tobago, Venezuela

Vaccination against Meningococcal Disease

Vaccination against Meningococcal Disease is required by Saudi Arabia for pilgrims visiting Mecca and Medina annually. Pilgrims aged two years and older are required to show proof of vaccination against Meningococcal Meningitis A,C, W-135 and Y to obtain visa for entering Saudi Arabia for purposes of Hajj or Umrah.

In addition, Vaccination against meningococcal infections is recommended to travellers who are travelling to ‘meningitis belt’ of sub-Saharan Africa.

Traveller should receive the meningococcal vaccine at least 10 days prior to departure and a booster dose every 3 years.

Countries within the ‘Meningitis Belt’- Gambia, Senegal, Mali, Burkina Faso, Ghana, Niger, Nigeria, Cameroon, Chad, Central African Republic, Sudan, Uganda, Kenya, Ethiopia, Eritrea

Polio Vaccination

International spread of polio virus is considered as a Public Health Emergency of International Concern. Therefore, travellers of all ages from Pakistan, Afghanistan, Nigeria, Laos should be vaccinated with one dose of Oral Polio Vaccine or Inactivated Polio Vaccine between 4 weeks and 12 months prior to international travel. those undertaking urgent travel (i.e. within four weeks) should be encouraged to receive a dose at

least by the time of departure. Even though Sri Lanka has been categorized as a low risk country for polio transmission, travellers guidelines have been issued in 2014 for Sri Lankans travelling to polio exporting and polio infected countries.

Other recommended immunizations of potential importance

There is no uniform clear-cut vaccine schedule for travellers to adapt. Each schedule is individual and country based. Hence vaccinations recommended vary based on factors such as traveller’s age, present health condition, countries to be visited, duration and purpose of travel and activities proposed to be conducted during the visit. Following vaccines are recommended for travellers, based on their travel purposes.

Chicken Pox Vaccine

Chicken pox vaccine can be recommended to travellers who travel to countries with cold climates. These countries witness clustering of cases and periodical outbreaks. Preventing chicken pox is more important for older travellers as they are more likely to get complications.

Hepatitis A Vaccine

Travellers expecting to travel to areas with poor sanitation and lack of safe water may get themselves vaccinated against Hepatitis A. Hepatitis A vaccination also needs to be considered if a traveller is planning to travel to Hepatitis A high or intermediate endemic areas. However, it should be noted that in addition to immunization, traveller should consume safe food and water wherever possible.

Influenza Vaccine

Seasonal influenza vaccine is available in countries that experience influenza outbreaks during winter season. These vaccines are prepared based on the prevalent strains that are causing influenza infection in the relevant geographical area. Therefore travellers are advised to seek clarification in this regard prior to travelling. The consulate of the relevant country may offer assistance required.

Source

Immunization Hand book, third edition- published by the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 05th - 11th Nov 2016 (46th 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	60	14083	1	161	1	13	1	55	0	63	1	268	0	7	1	44	0	0	4	410	0	55	0	0	56	100
Gampaha	13	5908	0	145	0	14	0	27	0	87	1	310	0	18	0	49	0	1	1	371	0	43	0	7	40	73
Kalutara	20	3039	2	102	0	10	0	33	2	36	4	400	0	8	1	30	0	1	5	270	1	91	0	0	71	79
Kandy	15	3707	1	148	0	17	0	22	0	36	0	112	0	92	0	47	0	0	4	226	0	41	0	9	78	100
Matale	5	972	0	62	0	1	0	14	0	4	0	85	0	20	0	21	0	1	0	34	0	55	0	19	31	100
NuwaraEliya	3	383	1	98	0	3	1	55	0	36	1	61	3	78	0	38	0	0	3	129	1	43	0	0	69	92
Galle	34	2240	2	132	0	8	0	9	0	10	5	284	1	109	0	9	0	0	2	270	1	36	0	3	50	100
Hambantota	9	711	1	75	0	1	0	5	0	61	0	97	0	62	0	98	0	0	0	213	0	15	6	319	50	92
Matara	17	1149	1	111	0	15	0	8	0	39	2	175	2	54	0	41	0	0	4	173	0	24	3	185	100	100
Jaffna	38	1955	9	325	1	10	1	81	5	71	1	19	5	606	0	9	0	0	2	163	0	58	0	1	92	92
Kilinochchi	0	75	0	38	0	1	0	36	0	76	0	13	0	25	0	2	0	0	0	10	1	11	0	0	25	100
Mannar	6	145	4	46	0	4	0	23	0	10	0	11	0	42	0	0	0	0	0	7	0	4	0	0	80	100
Vavuniya	0	232	0	14	0	5	0	93	0	34	0	15	0	11	0	6	0	0	0	29	0	10	0	6	25	100
Mullaitivu	2	167	1	28	0	5	0	19	0	41	0	24	0	6	0	2	0	1	1	24	0	11	0	6	60	80
Batticaloa	2	472	3	298	1	5	0	48	0	98	0	47	0	6	0	13	0	1	0	98	1	15	0	1	50	86
Ampara	0	227	0	49	0	2	0	1	0	21	0	26	0	0	0	10	0	0	0	155	0	5	0	8	0	86
Trincomalee	1	366	0	54	0	2	0	12	0	25	1	33	0	24	0	33	0	2	2	148	0	15	0	13	58	92
Kurunegala	13	2230	1	294	0	11	0	4	0	19	1	149	0	41	1	32	0	3	4	361	6	62	0	98	38	97
Puttalam	3	944	1	88	0	5	0	7	0	2	0	50	0	61	0	3	0	2	1	89	2	61	0	4	29	79
Anuradhapura	4	650	1	98	0	3	0	10	0	33	0	259	0	25	0	16	0	1	3	250	0	46	11	244	42	74
Polonnaruwa	2	420	0	40	0	4	0	12	0	15	0	89	0	4	0	4	0	0	0	139	0	19	0	117	43	86
Badulla	16	976	5	126	0	13	0	13	0	30	3	127	0	110	0	119	1	1	5	237	2	194	0	3	71	94
Monaragala	1	390	1	121	0	1	0	5	0	11	0	162	1	120	1	143	0	2	1	81	0	24	0	38	45	100
Ratnapura	10	2697	0	332	0	31	0	26	0	25	7	545	1	38	2	193	0	0	3	225	1	148	0	1	39	83
Kegalle	14	1339	0	75	0	19	0	32	0	57	3	170	2	32	1	32	0	0	4	312	2	55	0	2	82	91
Kalmune	7	528	3	95	0	4	0	5	0	57	0	21	0	0	0	6	0	4	2	104	0	28	0	0	46	100
SRILANKA	295	46005	38	3155	3	207	3	655	7	997	30	3552	15	1599	7	1000	1	20	51	4528	18	1169	20	1084	54	91

Source: Weekly Returns of Communicable Diseases (WRCD).

*T= Timeliness refers to returns received on or before 11th November, 2016. Total number of reporting units: 339. Number of reporting units data provided for the current week: 315. C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

05th - 11th Nov 2016 (46th 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	00	00	00	00	00	00	00	00	00	59	63	-6.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	02	00	01	00	00	02	00	05	03	353	343	+3.1%
Measles	00	00	00	00	00	00	00	00	01	01	19	358	2480	-85.5%
Rubella	00	01	00	00	00	00	00	00	00	01	00	10	08	-25%
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	10	16	-37.5%
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	01	18	11	+64.1%
Whooping Cough	00	00	01	00	00	00	00	00	01	02	00	64	92	-30.4%
Tuberculosis	68	02	24	01	00	23	00	07	31	156	87	8135	8589	-5.2%

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**

ON STATE SERVICE

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