WEEKLY EPIDEMIOLOGICAL REPORT

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Strengthening Immunity among High-Risk Occupational groups: The Special Measles-Rubella (MR) Immunisation Campaign for Police, Tri-Forces and Civil Security Personnel

This is the first article of two in a series on "Strengthening Immunity among High-Risk Occupational groups: The Special Measles-Rubella (MR) Immunisation Campaign for Police, Tri-Forces and Civil Security Personnel"

Sri Lanka achieved measles elimination status in 2019, supported by a robust immunisation program and effective disease surveillance. Despite this milestone, measles transmission re-emerged in May 2023, coinciding with global and regional outbreaks. The majority of reported cases were among infants under nine months of age who had not yet received their first MMR dose and individuals aged 20–30 years, a group with known immunity gaps due to missed routine vaccinations.

Many of these young adults are engaged in high-contact occupational environments, including healthcare facilities, military camps, police barracks, and other institutional settings, which increases the potential for rapid disease spread. Strengthening immunity among this group is therefore critical, not only to protect them but also to safeguard vulnerable populations such as infants, pregnant women, and immunocompromised individuals who are at greater risk of severe disease.

In response to this resurgence, and in alignment with the recommendations of the Advisory Committee on Communicable Diseases (ACCD), the Ministry of Health has implemented several outbreak response activities since January 2024 with technical support from WHO and UNICEF. One of the key interventions focuses on high-risk occupational groups, including the Tri-Forces, Police, and Civil Security personnel. Targeting these essential workforce groups is a proactive and evidence-based strategy to prevent institutional outbreaks, minimise onward transmission, and ensure the continuity of critical public services. This initiative plays a pivotal role in sustaining Sri Lanka's measles elimination status and protecting public health at large.

Rationale for Targeting Police and Tri-Forces Personnel

Young adults affected by the 2023 outbreak often had historical immunity gaps or missed MR doses. Police and Tri-Forces personnel are a **particularly important group** because their work involves close interactions with the public and colleagues in settings that can facilitate rapid disease spread. Barracks, camps, and operational units are high-density environments where infections can transmit quickly. Protecting these personnel is essential not only for their own health but also for maintaining national security, law and order, and public confidence. By targeting this group, the campaign reduces the risk of outbreaks in high-contact occupational environments and in the wider community.

Planning and Coordination

The Special MR Immunisation Campaign required careful planning and collaboration among multiple stakeholders. The Epidemiology Unit, together with the Police, Tri-forces and civil security higher officials, led the initiative. Key planning activities included:

1. **Eligible population identification:** Registries of police and tri-forces and civil security personnel were reviewed to identify individuals with unknown immunity status or missed vaccinations. Individuals born between 01.01.1994 and 31.12.2003 were eligible if unvaccinated, partially vaccinated, or without vaccination records.

2. **Stakeholder engagement:** Leadership across police and Tri-Forces units was engaged early to ensure the participation, facilitate logistics, and emphasise the importance of the campaign for operational readiness and national security.

3. **Resource mobilization:** Vaccines, cold chain equipment, vaccination cards, and educational materials were pre-positioned. Trained public health staff and medical officers were identified and assigned according to the schedule to operational units, police stations, and barracks for efficient delivery of vaccines.

Implementation of the Campaign: The campaign was implemented in phases to maximise coverage while minimising disruption to operational duties. Regional epidemiologists coordinated the campaign at the district levels to ensure smooth implementation and adherence to protocols. Key components included:

- **Health education and awareness:** Prior to vaccination sessions, awareness activities emphasised the importance of protecting this **highly important workforce**. Educational sessions addressed vaccine hesitancy, highlighted the critical role of personnel in public safety, and reinforced the collective benefits of immunity.

- **Vaccination sessions:** On-site vaccination ensured easy access. Mobile units reached operationally active locations. Some sessions were conducted in MOH clinics, depending on the feasibility for both parties. Each session included pre-vaccination screening, documentation, and post-vaccination observation to monitor for adverse events.

Monitoring and data management: Vaccination records were maintained accurately, enabling real-time tracking of coverage rates. Supervisory teams ensured adherence to protocols and reporting of adverse events.

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 To be Continued….

Table 1: Selected notifiable diseases reported by Medical Officers of Health 23rd – 29th Aug 2025 (35th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		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	A	B	T*	C**
Colombo	104	8504	0	24	0	11	0	11	0	34	3	319	0	5	0	14	0	0	2	411	1	53	0	3	38	1381	100	100
Gampaha	63	5573	4	38	0	25	0	3	0	128	4	563	0	10	0	15	0	0	14	617	1	126	1	35	32	813	100	100
Kalutara	40	1834	1	31	0	6	1	18	0	45	7	448	0	3	0	5	0	0	14	645	0	37	0	2	11	387	100	98
Kandy	94	3320	4	42	0	3	0	7	0	36	6	215	0	42	0	7	0	0	18	400	2	20	9	59	8	454	100	100
Matale	11	924	0	20	0	2	1	1	0	66	5	185	0	4	0	9	0	0	5	99	0	8	7	209	3	108	100	100
Nuwara Eliya	5	253	3	68	0	6	1	5	2	59	13	123	2	48	1	3	0	0	11	214	4	28	0	0	3	197	100	100
Galle	37	1556	6	39	0	4	2	7	3	58	20	592	5	65	0	8	0	1	29	558	6	123	0	3	8	352	100	100
Hambantota	18	701	5	34	0	5	0	0	1	5	6	296	1	28	1	11	0	0	9	246	2	20	14	216	0	107	100	100
Matara	26	1236	2	14	0	2	0	1	0	12	11	350	2	14	0	13	0	0	8	298	1	33	1	77	2	119	100	100
Jaffna	12	916	3	74	0	2	0	15	1	43	2	128	2	407	0	3	0	2	1	259	1	22	0	0	4	154	100	93
Kilinochchi	0	72	0	14	0	1	0	4	0	5	0	64	0	11	0	1	0	0	0	4	0	0	0	2	0	36	100	100
Mannar	2	130	0	5	0	0	0	0	0	2	2	25	0	14	0	1	0	0	0	18	0	13	0	5	0	39	100	100
Vavuniya	0	70	0	9	0	0	0	1	0	38	1	74	0	10	0	0	0	0	2	39	0	17	1	16	1	42	100	100
Mullaitivu	1	49	0	5	0	0	0	1	0	23	0	53	1	10	0	0	0	0	1	30	0	5	0	3	3	24	100	100
Batticaloa	9	1540	2	110	0	14	0	2	0	156	6	96	0	2	0	22	0	0	3	153	0	27	0	1	2	102	100	100
Ampara	3	198	2	40	0	11	0	0	0	18	6	184	0	3	0	8	0	1	10	167	4	42	1	22	3	44	100	100
Trincomalee	4	899	2	37	0	4	0	1	2	74	2	119	0	9	0	5	0	0	3	100	0	12	0	7	0	85	100	100
Kurunegala	24	1292	2	41	0	15	0	1	1	49	11	550	1	24	0	7	0	1	23	639	7	125	14	435	5	245	100	100
Puttalam	9	505	0	24	0	3	0	0	6	11	2	207	0	33	0	2	0	1	2	120	2	73	0	25	1	136	100	100
Anuradhapura	9	450	0	29	0	6	0	3	3	33	3	306	0	22	0	12	0	0	11	255	2	51	15	529	8	224	100	100
Polonnaruwa	2	273	1	15	0	6	0	1	0	10	2	231	0	1	1	20	0	0	4	150	2	19	12	330	0	66	100	90
Badulla	18	623	3	26	0	9	0	3	0	7	7	230	1	25	3	54	0	0	12	307	5	59	1	47	4	214	100	100
Monaragala	16	667	0	20	0	3	0	0	0	4	3	442	3	33	6	44	0	0	12	141	0	38	5	157	1	107	100	100
Ratnapura	60	3804	3	89	2	8	1	4	0	55	39	1122	3	27	1	13	0	1	11	342	7	90	1	165	5	287	100	100
Kegalle	27	1155	0	49	0	13	0	9	0	32	27	571	0	13	0	15	0	0	10	643	7	90	1	23	8	198	100	100
Kalmunai	4	316	3	31	0	6	0	0	2	21	1	87	0	1	1	4	0	1	23	156	3	44	0	0	2	94	100	100
SRILANKA	**598**	**36860**	**46**	**928**	**2**	**165**	**6**	**98**	**21**	**1024**	**189**	**7580**	**21**	**864**	**14**	**296**	**0**	**8**	**238**	**7011**	**57**	**1175**	**83**	**2371**	**152**	**6015**	**100**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 29th Aug, 2025 Total number of reporting units 360 Number of reporting units data provided for the current week: 359. C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

23rd - 29th Aug 2025 (35th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2025	Number of cases during same week in 2024	Total number of cases to date in 2025	Total number of cases to date in 2024	Difference between the number of cases to date in 2025 & 2024
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	02	43	50	-14%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	00	02	00	00	00	02	06	170	196	-13.2 %
Measles	00	00	00	00	00	00	00	00	00	00	1	01	283	-99.6%
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	02	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	05	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	04	06	33.3 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	17	41	-58.5 %

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

NA = Not Available

Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.

It is provided free by the MOH office / Public Health Inspectors.

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

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