



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Polio Vaccine for Travellers

Background

Epidemics of poliomyelitis were observed during the 19th and 20th centuries, reaching its peak in the mid 1950s. After the introduction of Global Polio Eradication Initiative (GPEI) in 1988, the global incidence of polio has reduced from an estimated 350,000 cases in 1988 to just 403 reported in 2013. The number of countries with endemic polio decreased from 125 to 3 (Afghanistan, Nigeria and Pakistan being the current three endemic countries) because of aggressive immunization programmes.

As long as polioviruses circulate freely, they can be exported to polio-free countries. During last 10 years (2004-2013), 179 outbreak events due to importation have been reported in previously polio-free countries, resulting more than 3,500 paralytic cases.

An outbreak of Polio was reported in the year 2013 in the Middle East and the Horn of Africa due to wild poliovirus (WPV) following importation. Because of the risk of importation and risk of transmission of the disease, the World Health Organization (WHO) made special concern regarding the potential need for additional measures for reducing the risk of international spread of polio.

Actions taken by Strategic Advisory Group of Experts on immunization (SAGE)

The Polio Working Group (WG) under Strategic Advisory Group of Experts on immunization (SAGE) reviewed the new information on the impact of polio vaccines on humoral and intestinal immunity, on the role of adults in international spread of the virus, and on the duration of intestinal immunity to poliovirus. The WG proposed an update on WHO's technical recommendations on polio vaccination for travellers.

The WG also discussed potential chal-

lenges and practical considerations that might be encountered in implementing such recommendations. Representatives of the governments of Nigeria, Pakistan, Israel, Saudi Arabia, and from the International Civil Aviation Organization (ICAO) and the International Air Transport Association (IATA) were invited to share their perspectives with the WG.

Noting that all polio-free countries remain at risk of importations as long as poliovirus circulation continues anywhere, the WG concluded that vaccination of international travellers from polio-infected countries would help to mitigate the risk of international spread of the virus, especially to polio-free countries with vulnerable populations and at high-risk of importations. The WG also reinforced the importance of all countries ensuring high immunization coverage, especially in high risk and vulnerable populations, and maintaining sensitive surveillance to rapidly detect circulating poliovirus. The WG emphasized that the best way to reduce and eliminate the exportation of wild polioviruses (WPV) and circulating vaccine-derived polioviruses (cVDPVs) was to stop all remaining virus transmission in polio-infected countries. Efforts to reduce spread of polioviruses from infected countries through travellers should complement and not detract from the critical work of terminating transmission in polio infected countries.

Actions taken by the World Health Organization

On 5th May 2014, World Health Organization (WHO) has declared the international spread of wild poliovirus as a Public Health Emergency of International Concerns (PHEIC) under the International Health Regulation (IHR-2005) and issued temporary recommendations to reduce the international spread of wild poliovirus.

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WEEKLY
SRI LANKA - 2014

Situation in Sri Lanka

The last case of confirmed poliomyelitis in Sri Lanka was in 1993 and the country has been polio free since then which intensified Acute Flaccid Paralysis (AFP) surveillance and high coverage of Oral Polio Vaccine (OPV) vaccination. South East Asian Region has been declared Polio free in March 2014.

Polio Vaccination Guidelines for Travellers

- National Advisory Committee on Communicable Disease (NACCD) held on 27th March 2014 discussed the issue and took a decision of mandatory vaccination of travellers to polio affected countries.
- Recommendation of essential polio vaccination of travellers from **Afghanistan, Pakistan, Nigeria, Equatorial Guinea, Cameroon, Syrian Arab Republic, Ethiopia, Iraq, Israel and Somalia** will be implemented as visa requirement to enter Sri Lanka in due course as requested by the Ministry of Health, considering WHO recommendations of high risk of polio transmission from travellers.
- Travellers to above mentioned countries should receive Polio Vaccination (OPV) as mentioned below.
- Travellers should be provided with an "International Certificate of Vaccination or Prophylaxis" in the form specified in Annex 6 of the International Health Regulations (2005)

Recommendations and Guidelines for Polio vaccination for travellers

- Port Health Offices of Colombo and Galle will be the authorized medical facility for issuing the International Certificate of Vaccination or Prophylaxis in the form specified in Annex 6 of the International Health Regulations (2005) for of Polio vaccination. Oral Polio Vaccination for travellers should be provided from these Port Health Offices.
- In an adult,
 - * Polio vaccination [One dose of Oral Polio Vaccine (OPV) or Inactivated Polio Vaccine (IPV)] should be given at least 4 weeks before international travel and maximum within 01 year.
 - * If received last polio vaccine dose more than 01 year of the international travel, need to re-vaccinate for polio.
 - * If undertaking an urgent travel (i.e. within 4 weeks) and not received polio vaccination within 01 year, recommend to polio vaccination (OPV or IPV) at least by the time of departure.
- In a child
 - * All children travelling to polio-infected countries should have completed their age appropriate polio vaccination according to the National Schedule.
 - * Infants too young to receive 3 doses of a polio vaccine should be vaccinated according to the national Immunization schedule to the age.
 - * Any child who has not received an polio vaccination previously, should completed the polio vaccination of

the National Schedule before departure by the relevant Medical Officer of Health (MOH) in keeping minimum of 01 month intervals in each dose and complete at least 4 weeks before departure.

- * Children who have received at least 3 doses but not completed the age appropriate national schedule, an additional polio vaccination dose is recommended at least 4 weeks before departure.
- Any emergency travel, when 4 weeks' time period is not available, still should vaccinate with additional one dose of OPV before departure.
- Any long-term travellers (>4 weeks) to Sri Lanka or immigrants from polio infected countries should be inspected for adequate vaccination at first contact of these persons by any Medical Officer and inadequate vaccinations should be given immediately and should take measures to re-vaccinate for polio immediately according to their age, if necessary.
- * Inform relevant Medical Officer of Health (MOH) of the person's residence/temporary residence with contact information to carry out vaccination as an emergency outbreak preventive measure.
- * MOH should follow all informed cases of migrants/travellers to identify further family members/persons for OPV vaccination.
- Any unvaccinated traveller reporting to the Medical Centre at the airport (voluntarily) or harbour from polio infected country before entry to Sri Lanka or any traveller who requests polio vaccination even immediately before departure to polio infected country should be provided with a dose of polio vaccination (OPV/IPV) at the airport/harbour medical centre.
- * Required polio vaccines for travellers should be ordered from the Epidemiology Unit or from Regional Medical Supplies Division (RMSD) in advance and should maintain stocks.
- * All vaccination procedures, vaccine management and vaccine safety should be in accordance with National circulars and the National guidelines given in the Immunization Handbook (3rd Edition), Epidemiology Unit, Ministry of Health.

Vaccines against Polio

Two polio vaccines are used for interruption of person to person transmission of the polio virus by vaccination. The first one is an injectable inactivated poliovirus (IPV) and the other is an oral vaccine which contain live attenuated poliovirus (OPV)

Sources

- Polio Vaccination guidelines for travellers issued by the Ministry of Health, Sri Lanka on 05/09/2014
- Eradication of Poliomyelitis A comprehensive guide for Medical Officers available from http://www.epid.gov.lk/web/images/pdf/Publication/polio_guide.pdf

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 30th - 05th Sep 2014 (36th 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	110	10019	5	106	1	10	1	73	0	169	3	100	0	2	0	33	0	0	3	325	2	47	0	3	63	38
Gampaha	68	5006	3	106	0	9	0	31	1	22	1	146	1	11	6	176	0	5	0	230	1	50	0	2	67	33
Kalutara	37	1986	2	127	0	6	5	39	0	59	8	188	0	2	1	11	0	1	3	188	0	60	0	0	92	8
Kandy	40	1118	1	75	0	4	0	18	0	16	0	33	2	67	5	116	0	1	3	153	0	20	0	4	96	4
Matale	6	336	0	50	0	2	1	15	0	17	0	30	0	2	0	114	0	1	1	42	0	41	0	26	62	38
Nuwareliya	2	217	5	197	0	3	0	15	0	68	4	18	0	53	2	27	0	0	2	93	0	23	0	0	100	0
Galle	0	697	0	78	0	4	0	5	0	32	0	122	0	66	0	5	0	0	0	319	0	29	0	3	5	95
Hambantota	11	501	4	38	0	4	0	10	0	13	2	69	2	55	0	12	0	0	1	114	2	39	1	257	83	17
Matara	21	405	3	78	0	4	0	21	0	18	3	58	0	37	1	28	0	0	0	141	0	25	1	65	100	0
Jaffna	28	818	13	341	0	7	3	166	0	52	0	7	0	265	0	8	0	0	5	115	4	32	0	1	100	0
Kilinochchi	1	43	2	71	0	1	0	21	0	0	0	1	0	18	0	0	0	0	0	14	0	6	0	9	75	25
Mannar	6	55	0	29	0	10	0	34	0	9	0	4	0	24	0	1	0	0	0	10	0	6	0	3	100	0
Vavuniya	1	102	0	31	0	1	1	25	2	20	0	9	0	5	0	5	0	0	0	10	0	13	0	2	50	50
Mullaitivu	0	80	0	46	0	0	0	9	0	17	0	8	0	11	0	0	0	1	0	5	0	5	0	7	100	0
Batticaloa	4	651	5	208	0	3	0	24	1	30	0	14	0	2	0	7	0	1	1	44	0	6	0	0	93	7
Ampara	0	120	1	46	0	1	0	2	0	8	0	15	0	12	0	4	0	1	4	79	0	8	0	9	57	43
Trincomalee	0	484	0	34	0	1	0	2	0	5	0	16	0	18	0	2	0	0	0	81	0	12	1	5	42	58
Kurunegala	24	1421	2	100	0	24	0	16	1	22	1	70	0	39	1	38	0	1	6	326	0	62	2	105	85	15
Puttalam	6	493	0	55	0	2	0	11	0	10	0	58	0	20	0	3	0	3	1	70	1	20	0	6	77	23
Anuradhapura	4	397	0	106	0	3	0	3	4	33	2	80	0	27	0	10	0	0	2	177	0	41	7	296	47	53
Polonnaruwa	11	399	1	32	0	4	0	6	0	0	2	57	1	6	0	6	0	0	1	126	0	21	1	98	71	29
Badulla	8	463	10	113	0	9	0	10	0	6	1	43	3	77	1	111	0	0	1	56	1	93	0	0	65	35
Monaragala	6	207	1	43	0	4	0	6	0	33	1	62	9	136	0	97	0	2	3	65	0	17	0	26	82	18
Ratnapura	7	2287	1	181	0	19	0	22	0	26	1	256	2	79	4	321	0	1	0	159	0	33	0	25	61	39
Kegalle	5	1233	0	88	0	9	0	31	0	34	0	128	0	47	6	169	0	0	3	204	0	59	0	2	64	36
Kalmune	4	125	0	91	0	1	0	5	0	68	0	1	0	0	0	0	0	0	0	86	0	7	0	0	62	38
SRILANKA	410	29663	59	2470	1	145	11	620	9	787	29	1593	20	1081	27	1304	0	18	40	3232	11	775	14	954	72	28

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 05th September, 2014. Total number of reporting units 337. Number of reporting units data provided for the current week: 245. C**=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

30th – 05th Sep 2014 (36th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2013& 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	00	00	00	00	00	00	01	06	60	66	-9.1%
Diphtheria	00	05	01	00	00	01	00	00	00	07	-	18	-	%
Mumps	02	02	01	02	03	01	00	00	01	12	25	514	1158	-55.6%
Measles	07	03	02	00	05	01	01	00	01	20	104	2564	2605	-1.6%
Rubella	01	00	00	00	00	00	00	00	00	01	01	15	23	-34.8%
CRS**	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
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	%
Japanese Encephalitis	01	00	00	00	00	00	00	00	00	01	00	22	66	-66.6%
Whooping Cough	01	00	00	00	00	00	00	00	00	01	02	40	64	-37.5%
Tuberculosis	43	15	08	02	14	48	00	00	02	132	103	6768	5895	+14.9%

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

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

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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

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