



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Rubella (Part II)

This is the second of the series of two articles on Rubella

Treatment

There is no specific treatment for Rubella; however, management is a matter of responding to symptoms to diminish discomfort.

Vaccination

The rubella vaccine is a live attenuated strain that has been in use for more than 40 years. It is a safe, highly effective and relatively inexpensive vaccine. A single dose gives more than 95% long-lasting immunity, which is similar to that induced by natural infection.

Rubella vaccines are available either in monovalent formulation (vaccine directed at only one pathogen) or more commonly in combinations with other vaccines such as with vaccines against measles (MR), measles and mumps (MMR), or measles, mumps and varicella (MMRV)

MMR in the EPI schedule

In Sri Lanka, first dose of the vaccine is given on completion of one year of age. Second dose is given on completion of three years of age. All females of 13-44 years who have not been previously immunized with Rubella containing vaccines, who are not pregnant are also given the vaccine.

Adverse reactions following vaccination are generally mild. They may include pain and

redness at the injection site, low-grade fever, rash and muscle aches.

Why should a child get the MMR vaccine?

The MMR vaccine

- Protects the child from rubella, a potentially serious disease (and also protects against measles and mumps)
- Prevents the child from spreading rubella to a pregnant woman, whose unborn baby could develop serious birth defects or die if his/her mother gets rubella
- Prevents the child from getting a rash and fever from rubella

Keeps the child from missing school or childcare (and keeps parents from missing work to care for the sick child)

Is the MMR vaccine safe?

The MMR vaccine is very safe, and it is effective at preventing measles, mumps, and rubella. Vaccines, like any medicine, can have side effects. Most children who get the MMR vaccine have no side effects.

What are the side effects?

Most children do not have any side effects from the vaccine. When side effects do occur, they are usually very mild, such as a fever or rash and transient. More serious side effects are rare. These may include high fever that could cause a

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seizure (in about 1 out of every 3,000 people who get the vaccine) and temporary pain and stiffness in joints [rare in children(0.3%)and men, but common in adolescents and females; they include arthralgia(25%) and arthritis (10%).Anaphylactic reactions also have been reported rarely.

Is there a link between the MMR vaccine and autism?

No. Scientists in the United States and other countries have carefully studied the MMR vaccine. None has found a link between autism and the MMR vaccine.

Dosage and administration

All Rubella containing vaccines are lyophilized and are provided with vaccine specific diluent which the vaccine should be diluted only with.

A single dose of 0.5ml of MMR vaccine is administered by deep subcutaneous injection into the upper arm.



Precautions

This vaccine should be avoided for at least 3 months following administration of immunoglobulins or blood transfusion. Also immunoglobulins should be avoided for at least 2 weeks following administration of the vaccine. People with active T.B. should not be vaccinated until treatment has been established. Also it should be avoided in pregnancy.

Storage

All Rubella containing vaccines should be stored at +2^o C to +8^o C temperature. For long term storage -20^o C is recommended. The dilutant should not also be frozen.

Do not keep in direct sunlight.

Any opened vaccine vial remaining after an immunization session should be discarded.

Sources

Rubella-available at <http://www.who.int/mediacentre/factsheets/fs367/en/>

Immunization handbook(3rd Edition) 2012-Epidemiology Unit Colombo.

Compiled by Dr. C U D Gunasekara of the Epidemiology Unit

**Table 1 : Water Quality Surveillance
Number of microbiological water samples-November/ 2014**

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	35
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	12	72	NR
Nuwara Eliya	13	78	NR
Galle	19	114	NR
Matara	17	102	12
Hambantota	12	72	NR
Jaffna	11	66	41
Kilinochchi	4	64	0
Manner	5	30	13
Vavuniya	4	24	0
Mullatvu	4	24	34
Batticaloa	14	84	NR
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	23	138	NR
Puttalam	9	54	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	0
Badulla	15	90	29
Moneragala	11	66	67
Rathnapura	18	108	NR
Kegalle	11	66	NR
Kalmunai	13	78	0

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 13th - 19th Dec 2014 (51st 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	344	14308	4	160	0	14	2	119	0	221	2	215	0	3	0	59	0	0	2	407	0	64	0	3	75	25
Gampaha	83	8333	1	142	0	11	0	40	0	32	2	450	0	23	5	273	0	5	4	277	1	74	0	3	40	60
Kalutara	39	2592	3	162	0	11	0	60	0	84	10	368	0	4	0	24	0	1	3	256	0	73	0	0	92	8
Kandy	60	2200	5	100	0	7	3	44	0	20	1	73	1	83	1	218	0	1	1	189	1	30	0	5	61	39
Matale	15	611	1	81	0	3	0	20	0	19	3	47	0	7	0	140	0	1	0	52	0	49	0	32	38	62
NuwaraEliya	9	301	15	301	0	3	0	21	2	72	0	34	0	59	3	44	0	0	1	140	2	49	0	0	62	38
Galle	30	1158	6	124	0	7	0	9	0	33	12	240	0	111	0	16	0	1	6	412	1	60	0	3	80	20
Hambantota	12	651	0	67	0	7	0	11	0	16	3	95	1	71	0	19	0	0	1	144	0	39	9	374	92	8
Matara	12	734	0	99	0	4	0	23	1	21	3	123	2	72	2	58	0	0	3	187	1	37	5	93	100	0
Jaffna	104	1728	34	1014	2	10	21	311	1	75	1	16	36	432	0	18	0	0	1	135	1	59	0	1	100	0
Kilinochchi	0	80	1	138	0	3	0	29	0	0	0	1	0	22	0	1	0	0	1	16	0	6	0	11	25	75
Mannar	2	326	0	67	0	10	0	37	0	9	0	4	3	28	0	3	0	0	0	11	0	8	0	5	40	60
Vavuniya	2	138	3	116	0	2	6	77	0	32	0	10	1	12	0	5	0	0	0	12	0	19	0	6	75	25
Mullaitivu	4	131	1	81	0	1	1	15	0	26	1	10	0	12	0	0	0	2	0	5	0	7	0	7	60	40
Batticaloa	34	908	9	385	0	3	0	38	0	33	0	17	0	3	1	8	0	1	1	62	2	10	0	0	64	36
Ampara	0	157	2	85	0	1	0	4	0	18	0	23	0	13	0	5	0	0	4	135	0	10	0	12	57	43
Trincomalee	4	627	1	77	0	2	1	7	0	13	0	20	0	25	1	3	0	0	0	106	0	18	0	9	8	92
Kurunegala	51	2388	4	162	0	28	0	22	0	32	6	153	1	49	1	72	1	2	8	465	0	76	4	150	85	15
Puttalam	5	837	0	91	0	3	0	15	0	12	1	63	0	26	0	6	0	3	0	83	0	33	0	9	23	77
Anuradhapur	18	587	7	291	0	6	0	4	1	63	9	161	0	32	0	19	0	1	1	224	0	55	9	412	47	53
Polonnaruwa	0	541	0	72	0	5	0	7	0	2	0	72	0	8	0	11	0	0	0	156	0	28	0	145	14	86
Badulla	42	1046	2	211	0	9	0	16	0	15	0	55	1	116	1	163	0	0	3	98	0	127	0	1	71	29
Monaragala	3	309	2	120	0	4	0	8	0	33	10	91	1	158	0	120	0	2	2	97	1	23	0	33	82	18
Ratnapura	15	2788	5	237	1	25	1	32	0	34	6	452	0	106	1	461	0	1	0	206	4	53	1	34	67	33
Kegalle	22	1679	1	105	0	10	4	55	0	34	11	302	1	63	4	264	0	0	7	258	0	73	0	2	73	27
Kalmune	1	439	2	169	0	1	0	6	0	83	0	3	0	0	0	1	0	0	0	110	0	10	0	0	38	62
SRILANKA	911	45597	109	4657	3	190	39	1030	5	1032	81	3098	48	1538	20	2011	1	21	49	4243	14	1090	28	1350	64	36

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 19th December, 2014 Total number of reporting units: 337 Number of reporting units data provided for the current week: 218 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

13th – 19th Dec 2014 (51st 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*	00	00	00	00	00	00	01	00	01	02	03	83	105	-21.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Mumps	01	01	00	00	00	00	00	00	00	02	13	646	1469	-56.1%
Measles	07	00	04	00	02	02	00	00	00	15	45	3075	3955	-22.2%
Rubella	00	00	00	00	00	00	00	00	00	00	00	17	27	-37.1%
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	14	24	-42.1%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	22	68	-68.1%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	78	85	-8.3%
Tuberculosis	103	12	01	12	14	16	17	02	23	200	325	9449	8691	-9.1%

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
November	154	94	6	27	1	919	315	0

Source: Medical Research Institute & Veterinary Research Institute

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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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