Guideline on Special Measles, Rubella (MR) Immunization Week and Follow-Up Activities

November 4th–9th, 2024

Epidemiology Unit, Ministry of Health

Special Measles, Rubella (MR) Immunization Week (November 4th–9th, 2024) and Follow-Up Activities

Sri Lanka successfully achieved measles elimination status in 2019. However, due to a global and regional decline in measles vaccination coverage caused by the COVID-19 pandemic (2020-2022), a resurgence of measles cases has been observed. Despite high national immunization coverage, Sri Lanka experienced a measles outbreak since May 2023.

The initial spread of the disease occurred among vaccine-hesitant individuals and eventually extended to other communities. The highest incidence is seen among young adults aged 20–30 years and infants under 9 months of age (who have not yet received their first dose of the MMR vaccine). The under-9 month age group in particular and the under-5-year age group in general stand a higher risk of complications and death. The 20-30-year-old age group has become the primary reservoir of infection, driving the ongoing transmission. In addition, the females in this age group, if not adequately vaccinated, would not be able to pass maternal antibodies to provide protection to their offspring.

Response to the Outbreak

In January 2024, in response to this resurgence, the Ministry of Health conducted a Supplementary Immunization Activity (SIA) targeting infants aged 6 to 9 months in selected high-risk districts. A catch-up immunization program for children aged 10 months to 15 years who were not fully immunized was also implemented nationwide.

Special Measles, Rubella Immunization Week: November 4th to 9th, 2024.

Following recommendations from the Advisory Committee on Communicable Diseases (ACCD), a special immunization campaign has been planned, primarily focusing on individuals aged 20 to 30 years in selected districts. The aim of this special immunization campaign is to address possible immunity gaps in this age cohort and thereby reduce the primary source of measles transmission. An immunization week will be declared from 4th to 9th November 2024.

District Selection on a Risk-Based Approach

The following criteria have been considered for risk categorization of districts

- Case incidence
- Population density
- Prevalence of vaccine hesitancy
- The presence of occupational and higher educational settings (e.g., large factories, training schools, hostels)

The following twelve high-risk districts have been selected for targeted activities, comprising 206 Medical Officer of Health (MOH) areas: **Colombo (including Colombo Municipal Council), Gampaha, Kalutara (including NIHS), Galle, Matara, Puttalam, Kurunegala, Kandy, Ampara, Kalmunai, Batticaloa, and Jaffna.**

Out of these 206 MOH areas, 50 MOH areas were identified as **Priority High-Risk (PHR)** in collaboration with district public health teams for targeted intensified interventions. The remaining 156 MOH areas were considered as **High-Risk (HR)** based on the aforementioned criteria (the list of PHR & HR MOH areas is annexed).

Target age groups for the special immunization campaign

- The primary target age group for the special immunization campaign is both females and males aged 20 to 30 years (who were born in 1994 to 2004). However, individuals aged 15 to 19 years will also be considered.

- Also, individuals aged 9 months to 14 years who missed their routine dose(s) of a Measles-Containing Vaccine (MCV) will also be targeted.

- Main activities of the special immunization week will comprise **a) house-to-house visits, b) visits to occupational and higher educational settings, and c) immunization day** based on risk classification (PHR/HR).

Activities to be conducted during the special MR immunization week (N = 206)

In the 50 priority high risk (PHR) MOH areas	In the 156 high-risk MOH areas
a) **House-to-house visits** in three selected PHM areas in each PHR MOH area - **November**. **4th, 5th & 6th, 2024** PHM areas will be decided by the MOH.	a) No house-to-house visits.
b) **Occupational and higher educational settings visits - November 7th and 8th, 2024** Settings to be visited will be decided by the MOH in consultation with the district team.	b) **Occupational and higher educational settings visits – November 7th and 8th, 2024** Settings to be visited will be decided by the MOH in consultation with the district team.
c) Immunization Day - on **November 9th, 2024** followed by 4 consecutive Saturdays.	**c) Immunization Day**: on **November 9th, 2024** followed by 4 consecutive Saturdays.

1. Visits to occupational and higher educational settings - in all 206 MOH areas (PHR/HR)

Targeted occupational and higher educational settings

- The current campaign aims to cover a minimum of 10 occupational and higher educational settings per MOH area. Occupational settings would include factories, large offices, etc and higher educational settings would include universities, technical colleges, training schools, etc.

- Areas with export processing zones and universities may require coverage of a larger number of settings. In such cases, additional logistical support may be obtained through the respective institutions.

  Note: Hospitals and security force camps/barracks are excluded from the current campaign and would be covered in the future.

Activities at the selected occupational and higher educational settings

- The occupational and higher educational settings to be visited will be identified by the MOH in consultation with the district team.
- **On the 7th and 8th of November**, five teams from each MOH office will visit the identified occupational and higher educational settings across all 206 MOH areas.
- Each team will consist of three members and will be led by a senior staff member (MOH, AMOH, SPHI, PHNS or SPHM).

The objectives of these visits are:

1. To create awareness on measles and promote vaccine uptake primarily among individuals aged 20–30 years and younger individuals.

   Methods of creating awareness will include,

   - Distributing **Leaflets** among the target groups.
   - Placing **Posters** in key locations in the setting.
   - **Flip charts** used during group discussions and sessions.
   - **One-on-one communication** to address specific concerns and promote vaccination
   - **Short video clips** will be disseminated through social media and other platforms (e.g., WhatsApp groups, Facebook pages) in addition to the activities conducted at the settings

2. To identify individuals aged 30 years and below who are unvaccinated or partially vaccinated against measles.
   - **Line lists of individuals aged 30 years and below** in institutional settings should be compiled prior to the visits. This should be with the assistance of institutional heads through a **liaison person or team** identified within each setting (list of employees/students may be obtained from the database of the institution)
   - The line list will include the names and vaccination status of individuals of the target group.

- All unvaccinated or partially vaccinated individuals will be eligible for vaccination. (Unvaccinated - individuals received no dose of a measles containing vaccine (MCV) i.e Measles, MR or MMR. Partially vaccinated - any individual received only one dose of an MCV).

Note: Any individual with no documented evidence of vaccination will be considered "unvaccinated."

- Individuals who are eligible for vaccination along with their contact details should be entered in the provided data collection format **(Epid/MR/S/Form 7 LL)**.
- To increase efficiency, each team member will be assigned different tasks - such as reviewing immunization records, making entries in the format, and engaging in discussions with individuals.
- **Data collection format** for entering eligible individuals will be provided to the liaison person or team, **well in advance** of the setting visit.
- The **data collection process will be clearly explained** to the liaison person / team, ensuring that they understand the importance of gathering accurate information on immunization status.
- Immunization status will be extracted from CHDRs or other immunization records.
- It is advisable to familiarize the liaison person/ team with where to find the measles immunization records in the CHDR to identify immunization status of individuals (or other vaccination cards) using a few completed vaccination records as references. This process can be further streamlined if health workers initially visiting the site collaborate to collectively extract data from a few CHDRs / other immunization records.
- The completed data collection format with eligible individuals should be collected by the MOH staff in advance of the date of the setting visit. This format will also guide the vaccine requirement for each setting.
- Individual immunization records (CHDR or other records) should be made available on the setting visit day through prior notice. The data on the format will be verified by the MOH team visiting the settings on the 7th and the 8th of November.

- This format with eligible individuals should also be made available at the **immunization clinic.**
- Each MOH should submit a summary of findings, which will include the number of institutions, the total number of individuals in the 15–30 year age groups, and the number of individuals eligible for the special immunization campaign. This summary **(Epid/MR/S/Form 7-SS)** should be uploaded to the Google Sheet/ sent to the Regional Epidemiologist (RE) daily, who will confirm/compile the district summary and sent to the Epidemiology Unit.
- Eligible individuals should be informed about the dates and locations of the upcoming special immunization clinics.
- Depending on feasibility, the MOH may conduct onsite immunization clinics at the settings. Alternatively, special immunization clinics at MOH office or the closest field immunization clinic could be arranged. For further information, refer to the section below on conducting clinic activities.

2. House-to-house field visits in the selected Priority High Risk (PHR) MOH areas

Targeted PHM areas

House-to-house field visits will be conducted in three selected PHM areas. The MOH will identify these PHM areas based on same risk classification used for the selection of MOH areas.

Activities in the selected PHM areas

- From **4th to 6th of November,** ten teams from the MOH office (PHR) will conduct house-to-house visits in the identified PHM areas.
- Each day, one PHM area will be covered by the ten teams.
- Each team will consist of 3 members led by an identified field staff member.

The objectives of these visits are:

1. To create awareness on measles and promote vaccine uptake primarily among individuals aged 20–30 years and younger.

Methods of creating awareness will include,

- Distributing **leaflets** to the target groups
- Placing **posters** in key locations within the selected PHM areas.
- **Discussions with household members,** including **one-on-one communication** using **flip charts** to address specific concerns and encourage vaccination
- Disseminating **short video clip**s through social media and other platforms (e.g., WhatsApp groups, Facebook pages), in addition to activities conducted at the MOH level.

2. To identify individuals aged 20 to 30 years who have not received age-appropriate vaccination against measles are eligible for this vaccination campaign. Further, children in households from 9 months to 14 years and individuals from 15 to 19 years will be screened for eligibility.

   - All unvaccinated or partially vaccinated individuals in the target age groups will be eligible for vaccination. (Unvaccinated - individuals received no dose of a measles-containing vaccine (MCV) i.e. Measles, MR or MMR; Partially vaccinated - any individual received only one dose of an MCV).

   Note: Any individual with no documented evidence of vaccination will be considered "unvaccinated."

   - A line list of households visited and individuals who have not received the age-appropriate measles-containing vaccine (MCV)—whether measles, MR, or MMR—will be compiled.
   - Formats will be provided for data collection **(Epid/MR/S/Form 6-LL, Epid/MMR/S/Form 6-LL).** The list of eligible individuals will be made available at the field clinics set up for each PHM area.

- To increase efficiency, different tasks such as reviewing immunization records, making entries in the format, and engaging in discussions with household members may be assigned to individual team members. -area PHM
- It would be advisable for household members to have the Child Health Development Records (CHDRs) and other immunization records of the individuals of the target age group ready at the time of the visit. This can be facilitated by requesting to have the relevant records ready for inspection through a public announcement in the PHM area the day before.
- Eligible individuals among the visited households will be informed about the dates and locations of the upcoming special immunization clinics and invited to get the vaccine.
- Efforts should be made to cover all three PHM areas within the allocated three-day period.

Note: The dates of the field visits and setting visits may be altered within the week at the discretion of the MOH and RE as appropriate. This may facilitate any additional staff/logistic requirements to be managed within the district.

- Each MOH should submit a summary of findings, which will include the number of households visited, the number of eligible individuals in each given age category. This summary **(Epid/MR/S/Form 6-SS)** should be uploaded to the Google Sheet/ sent to the Regional Epidemiologist (RE) daily, who will confirm/compile the district summary and sent to the Epidemiology Unit.

Eligibility for vaccination

Individuals in the target age groups who have not received age-appropriate measles-containing vaccination with an MCV (measles, MR, MMR)

- One dose for those aged 9 months to 3 years
- Two doses for those aged 3 years and older, and
- Who do not have documented evidence of their age-appropriate vaccination will be considered unvaccinated

Vaccines used during the special measles immunization campaign

During the campaign, all eligible individuals aged 20 to 30 and 15 to 19 years will be offered the Measles-Rubella (MR) vaccine. This vaccine will be provided for the campaign based on the district estimates.

Those aged 9 months to 14 years will receive Measles, Mumps and Rubella (MMR) vaccine. The available vaccine stocks should be used to vaccinate this age group.

Organizing Immunization Clinics:

1. **Immunization Days and Clinic Locations:**
   - **Immunization Date:** The primary immunization day for all eligible individuals is scheduled for **November 9th, 2024**.
   - **Extended Immunization Days:** For those unable to receive the vaccine on November 9th due to unavoidable reasons, extended immunization days will be held on **four consecutive Saturdays** (November 16, 23, 30, and December 7, 2024).

   - **Immunization Clinic Locations:**

Immunization Clinics for <u>Occupational and Higher Educational Settings:</u>

- **Onsite immunization clinics** at the settings could be set up based on feasibility and agreement with the institution's management. These clinics should be managed by the MOH team.
- Alternatively, eligible individuals could be referred to **MOH office based or nearby field immunization clinics** specially setup for immunization days. In such instances, eligible individuals should be referred to these clinics in groups whenever possible.
- Onsite clinics are preferred to improve participation and overcome logistical challenges.

<u>MOH Office based Immunization Clinics and Field Immunization Clinics</u> in PHR MOH areas:

- Three clinics will be held in each PHR MOH area One clinic for each of the 3 selected PHM area
- These clinics will serve eligible individuals identified during house-to-house field visits in the selected PHM areas.
- One of the three clinics could be held at the MOH office central clinic. The central clinic could be functioned in the four subsequent Saturdays.

2. **Setup and Layout for all clinics**
   - **Signage:** "Point of vaccination" **banners** at field and MOH office based immunization clinics and **point of vaccination posters** at occupational and higher educational settings, depicting the date, time and place of immunization, should be displayed at least one week prior to the immunization day.
   - **Waiting/observation Areas:** Onsite clinics in occupational and educational settings should provide adequate seating for vaccine recipients as provided in routine clinics.

3. **Vaccination Stations:**
   - **Occupational and educational setting based clinics should organize vaccination stations for eligible individuals only to provide MR vaccine**
   - MOH Office based Immunization Clinics and Field Immunization Clinics need to arrange **separate vaccination stations** for administering the **MMR (for 9 months to 14 years) and MR (for 15 to 30 years) vaccines** within the same clinic. Each station should be clearly labelled with signage indicating the age group and type of vaccine provided.

4. **Clinic Preparation:** All clinic setups should be completed the day before the immunization event to ensure a smooth operation on the day of vaccination.

5. **Clinic functioning hours;** Clinics should function from 9 am to 4 pm on all immunization days.

6. **Staff requirements:**

- **Medical Officer Availability:** A medical officer must be present at each clinic. This may require mobilizing staff from hospitals, central dispensaries, or other MOH offices.
- In addition, each clinic (MOH office, field or onsite) should have a minimum of five staff members:
- 3 Public Health Midwives (PHMM)
- 1 Public Health Nursing Sister (PHNS) or Public Health Inspector (PHI)
- Supportive staff or volunteer
- **Vaccinators:** Each clinic must have at least 2 competent vaccinators to administer the vaccines.
- **Volunteer Support:** Volunteers can assist with various tasks, including directing individuals to vaccination stations and general support to the clinic team.

7. **Emergency Preparedness:**

- **Emergency Tray:** An emergency tray with necessary medicines (especially adrenaline) and essential equipment must be available in adequate quantities at every clinic. The **Medical Officer** should check and sign off on the emergency tray check list before the clinic begins operations.
- **Coordination with nearby hospital/s:** Nearby hospitals should be informed about the special vaccination campaign and prepared to manage possible serious Adverse Events Following Immunization (AEFI).
- **Transport Arrangements:** A standby vehicle should be available at all clinics to transport individuals to a hospital in the rare event of a serious AEFI.

8. Immunization-Specific Guidelines:

- **Eligibility for Vaccination:**

➢ **Target Population:** Individuals aged 15 to 30 years who have not received two documented doses of a Measles-Containing Vaccine (MCV) will be offered the MR vaccine. Those below 15 years who have not been fully vaccinated will receive the MMR vaccine.

➢ **Previous vaccination with a "Null dose":** Dose of an MCV administered between the ages of 6 and 9 months during a previous SIA (Supplementary Immunization Activity) is considered a "null dose" and is not counted as Routine Immunization (RI) MCV dose. In case these children have not received their RI dose, they should be vaccinated.

- **Pre-vaccination screening:**

➢ All individuals attending immunization clinics must be thoroughly screened by healthcare workers to identify any contraindications or high-risk conditions.

➢ Individuals suffering from an acute infection or those who have received a live vaccine in the past four weeks should not receive the MR/MMR vaccine. Such individuals can be referred to the central MOH clinic for vaccination on a later date.

➢ If high-risk conditions are identified (e.g., severe medical conditions or allergies), these individuals should be referred to a hospital-based immunization clinic.

- **Contraindications for MCV**

Absolute contraindications:

Individuals with following conditions should not be vaccinated with MR or MMR

- Allergy to a previous MCV dose
- Severe allergy to any previous vaccine
- Those who are severely immunecompromised as a result of congenital disease, HIV infection, advanced leukaemia or lymphoma, serious malignant disease, or treatment with high-dose steroids, alkylating agents, or antimetabolites, and individuals who are receiving immunosuppressive therapeutic radiation.

- **Pregnancy** should be excluded in all females of childbearing ages through a careful history. Any pregnant women and women with a Period of Amenorrhoea (POA)) who are not on contraception should not be vaccinated. For clarification of any doubts on possible pregnancy, should be referred to a VOG prior to vaccination. Women should be advised to avoid pregnancy for a period of one month after vaccination with MR vaccine.

Relative contraindications –

Individuals with following conditions should be vaccinated with precautions in a hospital immunization clinic

General contraindications for both MR and MMR vaccine

History of beef/red meat allergy and cow's milk allergy: vaccination should be carried out in a hospital setting with precautions.

Presence of any of the general contraindications for any vaccine

Specific Contraindications for MR

Individuals with allergies to erythromycin, kanamycin, trypsin, or other components

Specific Contraindications for MMR

Individuals with allergies to neomycin or gelatine

- **Consent for vaccination:** Verbal consent should be obtained from all eligible individuals.

- For those between ages of 18 to 30 each individual should consent to receive a dose of MR vaccine
- For those between ages of 16 to 17 ascent should be obtained; in addition to guardian's consent (if available)
- The consent received should be marked in clinic record 2 and 3

- **Vaccine Administration:**

➢ **Dosage:**

MR Vaccine: A single dose of 0.5 ml will be administered via the deep subcutaneous route, preferably into the outer upper arm on the left side.

MMR Vaccine - A single dose of 0.5 ml will be administered via the deep subcutaneous route, preferably into the outer upper arm on the left side.

➢ **Interval between an MCV (MR or MMR) and other live vaccines :** There must be a minimum interval of 4 weeks between the administration of MR/MMR vaccines and any other live vaccines (BCG, chicken pox, Rotavirus, Yellow fever) per the guidelines of the Immunization Handbook (Epidemiology Unit, 2012).

- **Post-Vaccination Observation:**

After receiving the vaccine, each individual must be observed for a minimum of 20 minutes to monitor for any potential Adverse Events Following Immunization (AEFI).

- **Vaccine Safety Management:**

Cold Chain Maintenance:

➢ **Storage Conditions:** Both MR and MMR vaccines must be stored between 2°C and 8°C. During the immunization session, reconstituted vaccines should be kept on a foam pad to maintain the cold chain and protected from direct sunlight.

➢ **Vaccine Expiry:** Reconstituted vaccines must be discarded after 6 hours or at the end of the clinic session, whichever comes first.

- **Record maintenance:**

Documentation of vaccinations:

➢ **Routine Immunization Record:** For those with a Child Health Development Record (CHDR), vaccination details must be documented in the immunization section, including the vaccine type (MR or MMR), batch number, and date of administration under the routine immunization section.

- **Vaccination Cards:** Individuals without a CHDR must receive a vaccination card with all relevant details (vaccine type, batch number, date), which must be signed and stamped by the MOH. Recipients should be advised to keep this card safe for future reference.

Clinic Records:

- **Clinic Registration:** The details of all vaccine recipients must be accurately recorded in the Clinic Registration Sheet **(Epid/MR/S/Record 2 & 3, Epid/MMR/S/Record 2** -annexed).
- **Clinic Tally Sheet:** Clinic Tally Sheet should be marked in order to count the total number of vaccine recipients **(Epid/MR/S/Record 4, Epid/MMR/S/Record 4** - annexed).

Data Compilation and Submission:

- **Data Management:** At the end of each clinic day, all data should be compiled and submitted to the Epidemiology Unit through the Regional Epidemiologist (RE) using the provided formats.
- **Clinic Return Submission:**
    - One copy of the Clinic Return for MR vaccines **(Epid/MR/S/Form 2)** and MMR vaccines **(Epid/MMR/S/Form 2)** should be sent to the MOH at the end of each clinic session.
    - In addition, MR/MMR vaccine stock requests & returns **(Epid/MR/S/Form 3 and Epid/MMR/S/Form 3)** should be sent to the MOH office along with the remaining vaccine stocks at the end of each clinic session.
    - One copy of the "MMR Special Immunization Campaign Clinic Return-Field Based" **(Epid/MMR/S/Form 2)** should be sent to the MOH, along with the remaining MMR vaccine stock return **(Epid/MMR/S/Form 3).**
    - A copy of the Clinic Return, along with the Clinic Tally Sheet and Clinic Registration Form, should be filled and kept by the responsible PHM.

9. **AEFI Reporting:**

- **AEFI Identification:**
  Any AEFI identified during the clinic should be reported in the Clinic Registration Sheet **(Epid/MR/S/Record 2, Epid/MMR/S/Record 2, and Epid/MR/S/Record 3)** and compiled into the Clinic Return **(Epid/MR/S/Form 1, Epid/MMR/S/Form 1).**
- **Routine Reporting:** All AEFI must be reported and investigated as per the "Guidelines on reporting and investigation of AEFI" (Epid/75/2012).

Role of RDHS in Special MR Immunization Campaign

1. Facilitate, coordinate, monitor, and evaluate all the activities related to the 'Special immunization campaign' within the district.
2. Ensure smooth implementation of all the immunization week-related activities in the district according to the instructions issued by the Epidemiology Unit.
3. Ensure the availability of a medical officer at all immunization clinics on immunization days by mobilizing staff from other health institutions in the district.
4. Ensure the availability of an adequate number of trained vaccinators to all immunization clinics by mobilizing staff from other health institutions in the district.
5. Ensure sufficient transport facilities are available on immunization days for the efficient and timely distribution of vaccines and other logistics to the clinic centres.

Role of Regional Epidemiologist/MO-Epidemiology in Special MR Immunization Campaign

1. Coordination of all the activities related to the special MR immunization campaign within the district.
2. Conduct district-level training programs for MOOH.
3. Coordinate and supervise trainings for MOH office staff at MOH level.
4. Estimation of required vaccine stocks and other logistics for the district.
5. Closely monitoring of requisition of MR/MMR vaccine & other logistics at the MOH level.
6. Ensuring proper vaccine storage and cold chain maintenance at all levels in the district.
7. Close supervision of the supply chain to ensure timely distribution of vaccines, AD syringes, and other logistics within the district.
8. Close monitoring and supervision of all special immunization-related activities and MR/MMR immunization coverage during special immunization days.
9. Compilation and reporting district-level MR special immunization performance to the Epidemiology unit **(Epid/MR/S/Form 5).**
10. Coordinate financial activities related to the special MR/MMR immunization campaign within the district.
11. Overseeing logistic arrangements, including transport and refreshment at the district and MOH level.

Role of MOH in Special MR Immunization campaign

1. Identify occupational and educational settings in consultation with the RE/MO-Epidemiology and identify PHM areas for the special MR immunization activities.
2. Identify three immunization clinic centers (one per each selected PHM area) along with designated staff and ensure logistic facilities for their smooth functioning.
3. Identify the eligible population and estimate required MR vaccine stocks & other logistic needs for the MOH area.
4. Train MOH staff on the special MR immunization campaign activities.
5. Motivate all MOH staff to reach maximum vaccination coverage in the target age group.
6. Motivate non-health staff in the area to mobilize all target individuals to the clinics to achieve maximum coverage.
7. All possible efforts towards local advocacy to ensure the success of the special immunization campaign.
8. If volunteer support is expected, ensure they are properly trained on documentation and registration procedures.
9. Plan to ensure the timely availability of sufficient vaccines, proper storage, cold chain maintenance, an adequate supply of vaccine carriers with ice packs, required formats, and all other logistics for the successful implementation of the special MR immunization activities.
10. Preparing a transportation plan with an appropriate network to ensure timely delivery of the vaccine to the clinics and a plan for the collection of vaccines and returns after the clinics.
11. At the end of each clinic day, the completed clinic return **(Epid/MR/S/Form 2, Epid/MMR/S/Form 2)** from all clinics should be received by the MOH.
12. The central clinic should be conducted starting on November 9th, 2024, followed by extended immunization days on four consecutive Saturdays until maximum coverage is achieved.
13. At the end of all 5 clinic days, compile data in 2 copies of the MOH clinic return (form 4) send one copy to the Regional Epidemiologist before December 10th, 2024 and keep one copy as an office copy.

Role of heads of Health care Institutions

1. Support district-level health authorities to carry out Special MR Immunization campaign activities by providing additional health personnel, transport facilities etc whenever possible.
2. Ensure the prompt and efficient services for any individuals with AEFI form the Special MR Immunization clinics on the November 4th and following four consequent Saturdays.
3. Timely notification of all reported AEFI to the relevant authorities.

Annexure

District wise Priority High Risk (PHR) and High Risk (HR) MOH list

District	PHR MOH	HR MOH
CMC	D1	
	D2	
	D3	
	D4	
	D5	
	D6	
Colombo	1. Gothatuwa	1. Piliyandala
	2. Dehiwala	2. Homagama
	3. Kolonnawa	3. Kaduwela
	4. Ratmalana	4. Kotte/Nawala
	5. Nugegoda	5. Maharagama
	6. Egodauyana	6. Moratuwa
		7. Padukka
		8. Boralesgamuwa
		9. Hanwella/Avissawella
		10. Wethara/Kahatuduwa
		11. Battaramulla
		12. Kesbewa
Kaluthara	1. Wadduwa	1. Agalawatta
	2. Mathugama	2. Beruwala(NIHS)
	3. Panadura	3. Bulathsinhala
	4. Bandaragama	4. Horana
		5. Kalutara(NIHS)
		6. Walallavita
		7. Madurawala
		8. Ingiriya
		9. Palindanuwara/Baduraliya
		10. Dodangoda
		11. Millaniya
		12. Agalawatta
Gampaha	1. Wattala	1. Divulapitiya
	2. Mirigama	2. Gampaha
	3. Negombo	3. Ja-Ela
	4. Kelaniya	4. Katana
	5. Katunayake	5. Dompe/Kiridiwela/Pugoda
	6. Biyagama	6. Mahara
	7. Attanagalle	7. Minuwangoda
		8. Ragama
		9. Seeduwa

Kurunegala	1. Pannala	1. Bingiriya
	2. Rideegama	2. Galgamuwa
	3. MOH Kurunegala	3. Ibbagamuwa
	4. Polgahawela	4. Kuliyapitiya- west
		5. Kurunegala
		6. Maho
		7. Mawathagama
		8. Narammala
		9. Nikaweratiya
		10. Polpithigama
		11. Wariyapola
		12. Udubaddawa
		13. Giribawa
		14. Kotavehera
		15. Ganewatta
		16. Alawwa
		17. Kuliyapitiya-East(Katupotha)
		18. Ambanpola
		19. Kobeigane
		20. Bamunakotuwa
		21. Weerambugedara
		22. Mallawapitiya
		23. Panduwasnuwara - West
		24. Panduwasnuwara - East
		25. Rasnayakapura
Galle	1. Akmeemana	1. Ambalangoda
	2. Imaduuwa	2. Balapitiya
	3. Habaraduwa	3. Elpitiya
	4. Bope poddala	4. Hikkaduwa
	5. Galle MOH	5. Tawalama(Hiniduma)
	6. Baddegama	6. Yakkalamulla
		7. Induruwa(Bentota)
		8. Karandeniya
		9. Udugama(Nagoda)
		10. Niyagama
		11. Neluwa
		12. Gonapinuwala
		13. Divitura/Welivitiya
		14. Rathgama
Matara	1. Weligama	1. Akuressa
	2. Welipitiya	2. Kotapola
	3. Matara MC	3. Devinuwara

		4. Dikwella
		5. Hakmana
		6. Kamburupitiya
		7. Morawaka
		8. Malimboda
		9. PS Matara/Keku.
		10. Mulatiyana
		11. Pasgoda
		12. Thihagoda
		13. Aturaliya
		14. Kirinda(Puhulwella)
Kandy	1. Akurana	1. Galagedara(Thumpane)
	2. Gampola(Udapalatha)	2. Harispattuwa(Werellagama)
	3. Kundasale	3. Hasalaka(Minipe)
	4. Gangawatakorale	4. Doluwa(Hindagala project)
		5. KurunduwattaGanga Ihala)
		6. MC Kandy
		7. Medadumbara/Medamahanuwara
		8. Panwila
		9. Poojapitiya
		10. Pasbage(Nawalapitiya)
		11. Talatuoya(Pathahewaheta)
		12. Ududumbara
		13. Udunuwara
		14. Wattegama(Pathadumbara)
		15. Yatinuwara
		16. Hataraliyadda
		17. Galaha
		18. Menikhinna
		19. Bambaradeniya
Kalmunai	1. Samanthurai	1. Akkaraipattu
	2. Adalaochenai	2. Kalmunai North (TD)
		3. Thirukkovil
		4. Nintavur
		5. Kalmunai South (MD)
		6. Karaitivu
		7. Alayadivembu
		8. Pottuvil
		9. Sainthamaruththu
		10. Irakkamam
		11. Navithanvely
Ampara	1. Ampara MOH	1. Dehiattakandiya

	2. Damana	2. Mahaoya
		3. Padiyathalawa
		4. Lahugala
		5. Uhana
Jaffna	1. Jaffna	1. Chavakachcheri
	2. Point pedro	2. Kayts
		3. Kopay
		4. Telippalai
		5. Nallur
		6. Uduvil
		7. Chankanai
		8. Sandilipay
		9. Karaveddy
		10. Velanai
		11. Karainagar
		12. Maruthankerny
Puttalam	1. Kalpitiya	1. Anamaduwa
	2. Puttalam	2. Arachchikattuwa
		3. Chilaw
		4. Dankotuwa
		5. Karuwalagaswewa
		6. Mundel
		7. Wennappuwa
		8. Mahawewa
		9. Nattandiya
		10. Pallama
		11.Madampe
Batticaloa	1. Batticaloa	1. Chenkalady
	2. Eraur	2. Kaluvanchikudy
		3. Valachchenai
		4. Kattnakudy
		5. Padippalai
		6. Vavunativu
		7. Vakarai
		8. Vellavely
		9. Oddamavadai
		10. Koralai Pattu (Central)
		11. Arayampathy
		12. Kiran
Total	**50**	**156**

Records / Returns /Forms

Records	
Epid/MR/S/Record 1	**Record 1:** Regional epidemiologists' record of the estimated population and vaccine requirement by MOH area.
Epid/MR/S/Record 2-LA	**Record 2:** Clinic registration sheet: Identified eligible persons during house to house visit in the PHM area
Epid/MR/S/Record 2-CS	**Record 2:** PHM/MOH*- Immunization clinic summary of house-to-house visit
Epid/MMR/S/Record 2-LA	**Record 2:** Clinic registration sheet for eligible children Identified house to house visit in the PHM area
Epid/MMR/S/Record 2-CS	**Record 2:** PHM/MOH*- Immunization clinic summary of house-to-house visit
Epid/MR/S/Record 3-LA	**Record 3:** Clinic registration sheet for eligible persons identified during settings
Epid/MR/S/Record 3-CS	**Record 3:** Setting-based clinic/MOH* summary
Epid/MR/S/Record 4	**Record 4:** Vaccination clinic tally sheet -MR.
Epid/MMR/S/Record 4	**Record 4:** Vaccination clinic tally sheet-MMR.

Returns/Forms:	
Epid/MR/S/Form 1	Vaccine stock request and return MR doses >15 years form of Regional Epidemiologists
Epid/MMR/S/Form 1	Vaccine stock request and return MMR doses <15 years form of regional epidemiologists
Epid/MR/S/Form 2	Clinic return (Field and Setting based)-MR doses
Epid/MMR/S/Form 2	Clinic return Field -MMR doses
Epid/MR/S/Form 3	Clinic Vaccine stock Request and Return Form
Epid/MMR/S/Form 3	Clinic Vaccine stock Request and Return Form
Epid/MR/S/Form 4	MOH office return form to Regional Epidemiologist
Epid/MR/S/Form 5	Regional epidemiologists' return form
Epid/MR/S/Form 6-HL	House-to-house visit-House List
Epid/MR/S/Form 6-LL	List of eligible persons identified during House-to-house visit in PHM area
Epid/MR/S/Form 6-SS	PHM/MOH Summary of house-to-house visit
Epid/MR/S/Form 7-IL	Setting based activity-Institution list
Epid/MR/S/Form 7-LL	List of eligible persons identified during setting-based activities
Epid/MR/S/Form 7-SS	Institution / MOH summery of setting based activity