



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Healthcare and Nutrition

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Amendment to General Circular No: 01-23/2009 on Reintroduction of Combined Pentavalent DTP-Hep B – Hib (Pentavalent) Vaccine into the EPI Programme

As an important milestone of immunization program of Sri Lanka, with the financial assistance of Global Alliance for Vaccine and Immunization (GAVI), the Epidemiology Unit of the Ministry of Health has introduced the Hib containing pentavalent vaccine into the national immunization program commencing from 01st January 2008.

Due to the existing excellent surveillance system on Adverse Events Following Immunization in Sri Lanka, at an early stage it was able to capture previously unreported adverse events of Hypotonic Hyporesponsive Episode (HHE) and a few deaths following pentavalent vaccine. However, with the assistance of its global technical partners and national experts, it was able to conclude that the occurrence of these deaths were not causally related to the vaccine and occurrence of HHE is an expected self limiting adverse events following pertussis containing combined vaccines. Hence, on the advice of the National Advisory Committee on Communicable Diseases (NACCD) and Committee on AEFI, the Ministry of Health has decided to revise the contraindication and precautionary conditions for administration of pentavalent vaccine.

Initially it was recommended to admit children with certain risk conditions to a health facility for immunization and to keep them under observation for 24 hours following immunization. Since reintroduction of pentavalent vaccine to date over 200,000 doses have been administered to several hun-

dreds of children with risk conditions. However, according to the AEFI surveillance data and feedback from MOOH, MOO and paediatricians, there have been no increased risks of adverse events in children with risk conditions compared to normal children. Based on the above findings, NACCD which met on 4th June 2010 has decided to remove the requirement of inward admission and 24 hour observation of children with most of the risk conditions. However this requirement is still applicable for those with a history of HHE (Hypotonic Hyporesponsive Episode) to previous doses of Pentavalent or any other pertussis containing vaccine.

Accordingly revised guidelines for the administration of pentavalent vaccine are as follows:

Schedule

The Pentavalent vaccine should be administered to all children completing 2, 4 and 6 months of age. First three doses of OPV should also be given with the Pentavalent vaccine on completion of 2, 4 and 6 months of age. Please note that no pentavalent fourth dose will be given at the age of 18 months but a dose of DTP and OPV will be given. If any dose of Pentavalent (DTP-Hep B-Hib) vaccine is missed or delayed, it should be given at the next earliest available opportunity. There is no need to restart immunization regime if a dose is missed.

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Dosage

The standard dose for infants and children is 0.5 ml.

Route and site of administration of the Pentavalent vaccine

Pentavalent vaccine should be given as an INTRAMUSCULAR (IM) injection to the anterolateral aspect of the mid thigh in infants. Even though there is no special concern of which side/site to be used, it is advisable to use the left thigh/deltoid muscle as an uniform practice. Pentavalent vaccine SHOULD NOT be given in the buttock or administered intradermally because these routes of administration do not produce adequate antibody response. In addition there is a possible risk of injuring to the sciatic nerve, if it is given in the buttock.

Contra-indications

There are very few reasons to withhold or postpone administration of Pentavalent vaccine.

It should be avoided only for children with:

- A history of severe allergic reaction (e.g. generalized urticaria, difficulty in breathing, swelling of mouth and throat, shock) to a previous dose of Pentavalent vaccine or with known hypersensitivity to any vaccine component.
- A history of encephalopathy of unknown aetiology after a previous immunization with a vaccine containing pertussis, fever with more than 40°C temperature within 48 hours of vaccination (not due to other identifiable causes); persistent crying for more than 3 hours during the 48 hours of vaccination; convulsions, with or without fever within 3 days of vaccination. In these circumstances, the vaccination course should be continued with DT and Hepatitis B, vaccines. Since the monovalent Hib vaccine is not available in the government clinics, these children may not be able to receive the Hib vaccine in the routine immunization clinics.

It should be postponed for children with:

- A severe acute illness with temperature above 38.5°C. As with other vaccines, vaccination should be postponed for children suffering from acute febrile illness.
- A progressive neurological illness

The following are NOT contraindications;

- Minor illnesses such as respiratory tract infection or diarrhoea with temperature below 38.5°C
- Allergy or asthma
- Family history of convulsions
- Treatment with antibiotics

Treatment with topical corticosteroids or systemic use of corticosteroids at low dosage (<0.5mg/kg of prednisone or equivalent) in case of skin diseases like dermatitis,

eczema, or other localised skin disorders

- Infection with HIV
- Breast feeding
- History of seizures (convulsions, fits)
- Chronic illnesses such as those of heart, lung, kidney or liver
- Stable neurological conditions e.g. cerebral palsy, Down syndrome
- Prematurity or low birth weight
- History of jaundice at birth.

Precautions for Use

Precautions should be taken to avoid undesirable reactions and co-incidental conditions before administering the vaccine.

These precautions include review of the child's obstetric history, medical history, particularly regarding hypersensitivity reactions to previous administration of any type of vaccine and history of any recent health problems. Children with poor obstetric and bad medical history should be immunized at the central immunization clinic under the supervision of a Medical Officer.

Children with history of HHE to previous doses of Pentavalent or any other pertussis containing vaccine should be immunized with Pentavalent vaccine inward and be observed inward for 24hours for occurrence of further episodes of HHE and for early management.

Storage temperature and shelf-life

Pentavalent vaccine should be stored and transported between 2°C to 8°C. **IT SHOULD NOT BE FROZEN.** Hence this vaccine should **NEVER** be stored in the freezer compartment and should preferably be kept in the middle shelf of the main compartment of the refrigerator in all places storing the vaccine including MOH offices. While transporting the vaccine vials should **NOT** be kept in contact with ice in vaccine carriers/flasks and during clinic sessions Pentavalent (DTP-Hep B-Hib) vials should **NOT** be kept in contact with ice.

Revision course in Community Medicine

The course includes 6 modules and will be held on six consecutive weekends from 10th July 2010 to 14th August 2010

Venue: Auditorium, Anti Malaria Campaign

Time : Saturday : 2.30 pm – 5.00 pm

Sunday : 09.00 am – 5.00 pm

More details :

(011-2368150)- Mr. Chathura

Registration : from 01st of July at

**Public Health Lounge Anti-Malaria Campaign
No -555/5,
Elvitigala Mawatha , Colombo5.**

Table 1: Vaccine-preventable Diseases & AFP

10th - 16th April 2010(15th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2010	Number of cases during same week in 2009	Total number of cases to date in 2010	Total number of cases to date in 2009	Difference between the number of cases to date in 2010 & 2009
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	00	00	00	00	00	01	29	21	+ 38.0 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	00	00	00	00	01	00	00	00	01	01	31	45	- 31.1 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	08	08	0.0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	05	20	- 75.0 %
Tuberculosis	00	00	00	00	00	00	00	00	00	00	104	2467	2407	+ 2.5 %

Table 2: Newly Introduced Notifiable Disease

10th - 16th April 2010(15th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2010	Number of cases during same week in 2009	Total number of cases to date in 2010	Total number of cases to date in 2009	Difference between the number of cases to date in 2010 & 2009
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	04	06	03	01	03	02	01	01	04	25	125	1166	4456	- 73.8 %
Meningitis	04 CB=2 GM=1 KL=1	00	00	00	02 BT=2	01 KN=1	02 PO=2	00	01 RP=1	10	12	441	301	+ 39.7 %
Mumps	01	00	01	01	03	01	00	01	00	08	13	245	535	- 54.2 %
Leishmaniasis	00	00	00	00	00	00	00	00	00	00	01	103	349	- 70.5 %

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.
 DPDHS 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

**10th South East Asia Regional Scientific Meeting of the International Epidemiological Association
 23rd - 26th May 2010**

Colombo, Sri Lanka

Theme

"Epidemiological Methods in Evidence Based Healthcare"

Visit <http://www.episea2010.com>

Table 4: Selected notifiable diseases reported by Medical Officers of Health
10th - 16th April 2010(15th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received %
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Colombo	25	1501	1	45	0	5	0	16	0	7	11	197	0	3	0	23	0	1	85
Gampaha	16	1504	1	11	0	7	0	12	0	8	3	142	0	1	3	32	0	1	67
Kalutara	23	417	2	44	0	6	1	6	0	23	5	119	0	0	0	14	0	1	92
Kandy	1	496	2	89	0	1	0	7	0	1	0	23	0	52	1	23	0	1	78
Matale	1	299	1	181	0	1	1	8	0	59	2	29	0	1	1	16	0	0	83
Nuwara	0	59	9	59	0	0	0	42	0	3	0	9	0	27	0	13	0	0	85
Galle	3	230	0	63	0	4	0	0	0	9	0	23	0	2	0	6	0	2	84
Hambant	2	277	0	13	0	2	0	1	0	3	0	21	0	40	0	4	0	0	82
Matara	1	126	2	34	0	1	0	1	2	39	3	108	0	63	0	9	0	0	76
Jaffna	23	1939	2	55	0	1	4	289	0	5	0	0	0	96	1	30	0	1	67
Kili-	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	25
Mannar	3	72	0	13	0	0	1	23	0	2	0	0	0	0	0	10	0	0	100
Vavuniya	5	477	0	14	0	1	1	24	0	7	0	0	0	0	1	9	0	0	75
Mullaitivu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Batticaloa	44	899	1	36	0	2	0	10	0	11	1	1	0	1	0	0	0	0	93
Ampara	1	55	0	20	0	1	0	4	0	6	0	0	0	0	0	7	0	0	86
Trincomal	20	698	1	49	0	4	0	3	0	7	0	0	1	5	1	10	0	0	60
Kurunega	5	447	3	64	0	2	0	10	0	4	0	0	0	22	0	41	0	1	70
Puttalam	1	488	0	22	0	3	1	30	0	120	1	1	0	0	1	4	0	0	56
Anuradha	4	701	1	28	0	2	0	3	0	21	0	0	1	16	0	23	0	3	68
Polonnar	4	133	0	23	0	1	0	1	0	2	1	1	0	0	0	14	0	0	86
Badulla	9	207	1	54	1	1	2	39	0	12	1	1	1	25	2	29	0	0	53
Monaraga	4	156	0	61	0	0	0	18	0	4	1	1	1	19	1	41	0	1	64
Ratnapur	12	541	1	96	0	3	0	7	0	8	4	4	1	28	1	40	0	1	72
Kegalle	2	322	0	18	0	4	0	23	0	15	0	0	0	5	2	37	0	0	73
Kalmunai	4	428	4	55	0	0	0	5	0	0	0	0	0	0	0	7	0	1	62
SRI LANKA	213	12473	33	1148	01	52	11	583	02	376	33	1174	05	406	15	442	00	14	73

Source: Weekly Returns of Communicable Diseases WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 16thApril, 2010 Total number of reporting units =311. Number of reporting units data provided for the current week: 233

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

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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.

ON STATE SERVICE

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