



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Vol. 41 No.20

10th – 16th May 2014

National Immunization Policy (Draft) - 2014 (Part - II)

This is the second in a series of three articles on the National Immunization Policy (Draft) - 2014 which is published by the Ministry of Health.

OBJECTIVE 1 - Immunization services (cont.)

To ensure the availability and affordability of quality immunization services in a sustainable and equitable manner

- 1.15 In accordance with the country specific requirements and international regulations all cross border emigrants and immigrants should be protected from required vaccine preventable diseases.
- 1.16 Occupation related vaccine preventable diseases risk shall be minimized by provision of appropriate immunization services for relevant occupational categories as recommended by the NACCD.
- 1.17 The National Immunization Programme requires close collaboration and coordination among the relevant stakeholders.
- 1.18 All service providers involved in provision of immunization services should be competent to discharge their expected tasks.
- 1.19 Immunization service providers shall not be held liable for any adverse events following immunization as long as they comply to the National Immunization Programme guidelines.
- 1.20 Ensure that all vaccine recipients receive age appropriate and correct dose of vaccine by using the correct technique indicated according to available scientific evidence.
- 1.21 The immunization service provider should ensure that information on vaccine efficacy and safety is made available to the recipient.
- 1.22 Ministry of Health will attend the Welfare of vaccine recipients with proven evidence of

permanent disability or death due to immunization.

OBJECTIVE 2 - Efficacious, safe and quality vaccines

To have a country free of vaccine preventable diseases of public health importance by ensuring the use of efficacious safe and quality vaccines relevant to the health care needs of the people in a sustainable and equitable manner.

- 2.1 Availability of efficacious, safe and quality vaccines for the public will govern the state immunization policy and free health care service commitment of the country.
- 2.2 Vaccines used in the National Immunization Programme shall be cost effective.
- 2.3 Country recognizes the co-existence of immunization services in the private sector with efficacious, safe and quality vaccines in an affordable manner to the public to ensure a wider range of immunization opportunities.
- 2.4 No vaccine shall be used in the country without registration at the National Regulatory Authority.
- 2.5 Registration of all vaccines is in the best interest of the public. Registration of new vaccines or new formulations used in both government and private sectors will follow the requirements laid down by the Cosmetics Devices and Drugs Authority - National Regulatory Authority (CDDA-NRA) on the recommendation of the National Advisory Committee on Communicable Diseases (NACCD).
- 2.6 Registration is mandatory for vaccines procured or donated by international agencies or non-governmental organizations.
- 2.7 Vaccines used in the government sector will follow the standard government procurement procedures, giving due attention to

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the efficacy, safety and quality aspects based on available information.

- 2.8 Regulatory procedure adopted by the CDDA-NRA should be followed for all vaccines used in the private sector giving due attention to the safety and quality aspects based on available information.
- 2.9 All service providers will ensure that all vaccines in the National Immunization Programme follow the immunization schedules recommended by the National Advisory Committee on Communicable Diseases.
- 2.10 Both public and private sector institutions should maintain the cold chain of vaccines from importation to the service delivery point to ensure efficacy, safety and quality of the vaccines. Cold chain operational capacity at both public and private sector will be monitored and evaluated by the NRA-CDDA and programme management institution.
- 2.11 Immunization service providers should ensure that information on risk benefit of vaccines will be made available to the recipient. Information material provided in this regard should be with the concurrence of the Ministry of Health.
- 2.12 Disposal of expired or condemned vaccines will follow the policy adopted on safe disposal of medical waste in accordance with the National Environmental Policy and Cosmetic Devices and Drugs Act in Sri Lanka.
- 2.13 Efficacy, safety and quality of vaccines will be safeguarded through surveillance, monitoring and evaluation by the CDDA-NRA (Medical Technology and Supplies), National Control Laboratory (Medical Research Institute) and the Immunization Programme Management Institution (Epidemiology Unit).

OBJECTIVE 3 - Introduction of new vaccines

To ensure the rational and evidence based introduction of new vaccines.

- 3.1 The National Immunization Programme should be reviewed periodically and updated in accordance with available evidence of the country's vaccine preventable disease epidemiology and regional/global initiatives.
- 3.2 Introduction of new vaccines and changes of the national immunization schedule should be performed based on scientific evidence.
- 3.3 All new vaccine introduction related research activities shall be in accordance with scientifically sound methodology, good clinical practice (GCP) standards, ethical clearance process (through the Health Ministry approved ethical committees) and proper/timely dissemination of research findings among the stakeholders. In addition all vaccine related clinical trials need approval from the CDDA-NRA.

OBJECTIVE 4 – Implementation of the National Immunization Programme

To ensure the optimal implementation of the NIP by all service providers, through monitoring, evaluation, information management and operational research in the field of immunization.

- 4.1 All immunization service providers shall provide necessary information to the NIP to carry out effective monitoring and evaluation of the immunization programme.
- 4.2 All health care service providers who attend on patients with adverse events following immunization (AEFI) and patients with clinically suspected vaccine preventable diseases shall notify through the National Disease Surveillance System, to the NIP in accordance with the guidelines.
- 4.3 All serious AEFI reported to the NIP shall be investigated. It will also take steps to investigate all clinically confirmed vaccine preventable diseases which have being reported through the National Disease Surveillance System.
- 4.4 The National Immunization Programme activities and performance will be monitored and evaluated by relevant authorities.
- 4.5 Confidentiality of all immunization related information affecting individuals, groups of people or service providers shall be ensured at all levels.
- 4.6 All immunization related research activities shall be in accordance with scientific methods, standard ethical clearance process (through Health Ministry approved ethics committees) and proper/timely dissemination of research findings among the stakeholders.
- 4.7 Scientific research findings, AEFI surveillance data, post licensure data and vaccine preventable disease surveillance data should be shared and utilized when taking decisions on the National Immunization Programme.

OBJECTIVE 5 – Financial sustainability

To ensure the financial sustainability of the National Immunization Programme

- 5.1 The Government of Sri Lanka is committed to maintain the financial sustainability of the Immunization Programme. The state will provide sufficient funding for timely procurement and supply of quality vaccines and other supportive logistics.
- 5.2 To ensure the financial sustainability, the Government of Sri Lanka will ensure a separate budget line for the NIP within the National Budget. This budget line will be reviewed annually with a view of achieving NIP objectives.
- 5.3 To ensure the smooth functioning of immunization services in accordance with the NIP objectives at provincial levels, all provincial authorities shall ensure timely availability of adequate funds and other resources.
- 5.4 The Government of Sri Lanka will explore the possibility of obtaining donor funding to strengthen the NIP while maintaining the integrity of the programme and programme objectives.
- 5.5 Mechanisms will be in place to regularly monitor the financial sustainability of the NIP.

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 03rd - 09th May 2014 (19th 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	146	3313	3	55	0	8	3	39	0	152	3	45	0	0	0	14	0	0	0	9	212	1	22	0	3	50	50
Gampaha	31	1535	0	63	0	5	0	20	0	10	1	81	0	6	2	39	0	4	0	0	162	1	26	0	2	40	60
Kalutara	21	718	1	65	0	3	0	18	0	45	4	117	0	0	0	6	0	0	6	129	2	30	0	0	77	23	
Kandy	5	241	1	40	0	1	2	7	0	2	0	14	6	33	0	53	0	0	4	110	1	12	0	1	57	43	
Matale	2	110	3	25	0	1	0	11	0	1	2	19	0	2	1	70	1	1	1	23	0	6	1	12	62	38	
NuwaraEliya	3	64	0	106	0	1	0	10	0	65	2	5	2	30	0	17	0	0	6	46	0	8	0	0	69	31	
Galle	13	305	1	34	0	5	0	1	0	14	0	76	1	33	0	1	0	0	10	234	0	20	0	3	65	35	
Hambantota	1	126	0	13	0	3	0	9	0	6	0	47	0	40	0	7	0	0	1	77	0	20	0	122	42	58	
Matara	8	116	2	25	0	3	0	20	0	6	1	26	0	21	0	16	0	0	5	102	0	20	0	31	100	0	
Jaffna	11	380	4	181	0	3	1	118	0	31	0	6	2	242	0	7	0	0	0	59	0	13	0	0	67	33	
Kilinochchi	0	30	0	51	0	1	0	13	0	0	0	0	0	15	0	0	0	0	0	3	0	3	0	8	0	100	
Mannar	0	4	0	12	0	8	1	20	0	0	0	4	0	20	0	1	0	0	0	6	0	4	0	1	40	60	
Vavuniya	0	27	0	16	0	0	0	4	0	5	0	6	0	3	0	0	0	0	0	5	0	4	0	0	0	100	
Mulaitivu	0	43	0	27	0	0	0	7	0	9	0	6	0	7	0	0	0	0	0	4	0	4	0	4	20	80	
Batticaloa	16	389	3	101	0	2	0	18	1	12	2	12	0	1	0	5	0	1	1	25	0	4	0	0	79	21	
Ampara	1	62	0	22	0	0	0	0	0	8	0	9	0	8	0	3	0	1	0	43	0	2	0	6	43	57	
Trincomalee	16	327	1	15	0	1	0	1	0	3	1	9	0	10	0	0	0	0	4	41	0	1	0	0	42	58	
Kurunegala	7	440	1	41	0	13	0	9	0	10	0	46	0	31	0	11	0	0	5	214	0	29	0	61	67	33	
Puttalam	0	205	0	18	0	0	0	10	0	9	0	45	0	18	0	2	0	1	1	51	1	3	0	4	23	77	
Anuradhapura	1	167	0	43	0	2	0	0	0	9	0	50	0	23	0	3	0	0	3	98	0	21	0	20	16	84	
Polonnaruwa	0	90	0	12	0	1	0	1	0	0	0	9	0	0	0	1	0	0	0	29	0	2	0	23	0	100	
Badulla	1	153	0	43	1	5	0	4	0	3	0	26	2	34	0	23	0	0	2	32	3	34	0	0	53	47	
Monaragala	1	80	0	24	0	2	0	3	0	28	0	46	2	61	0	61	1	2	0	41	0	10	0	8	45	55	
Ratnapura	6	265	1	84	0	13	0	9	0	9	1	110	0	50	2	160	0	0	2	94	2	17	0	10	67	33	
Kegalle	16	290	4	54	0	5	0	17	0	6	6	67	2	32	3	32	0	0	3	127	0	24	0	1	73	27	
Kalmune	5	55	5	48	0	1	0	4	0	11	0	1	0	0	0	0	0	0	0	61	0	4	0	0	46	54	
SRILANKA	311	9535	30	1218	1	87	7	373	1	454	23	882	17	720	8	532	2	10	63	2028	11	343	1	420	54	46	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 09th May, 2014. Total number of reporting units 337. Number of reporting units data provided for the current week: 183. C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

03rd - 09th May 2014 (19th 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	01	00	00	00	02	03	33	27	+22.2%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	01	00	00	00	02	01	00	00	02	06	24	283	624	-54.6%
Measles	18	00	05	04	01	01	01	03	00	33	47	1649	341	+383.5%
Rubella	00	00	00	00	00	00	00	00	00	00	-	10	-	%
CRS**	00	00	00	00	00	00	00	00	00	00	-	03	-	%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	08	07	+14.2%
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	-	17	-	%
Whooping Cough	00	00	00	00	00	00	00	00	01	01	01	25	31	-19.3%
Tuberculosis	37	34	06	04	03	04	08	06	11	113	64	3669	2880	+27.4%

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

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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**

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