

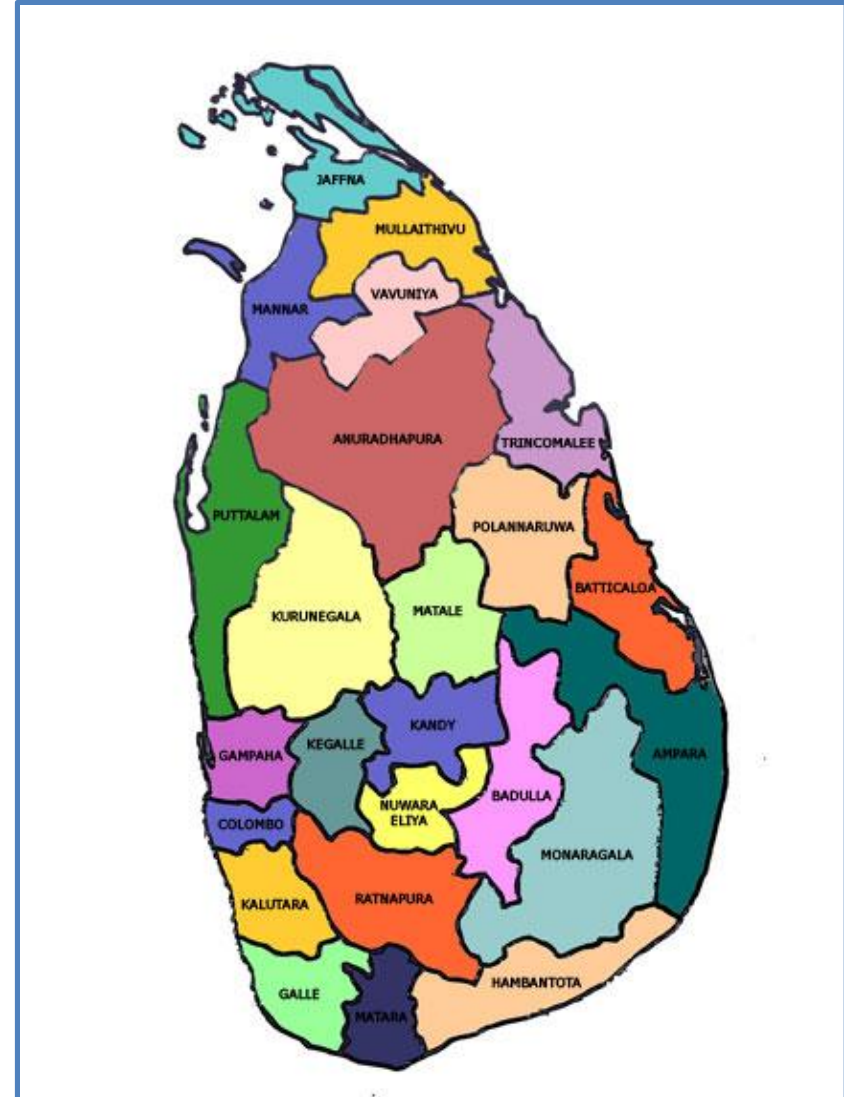


National Immunization Programme

Sri Lanka

Sri Lanka: Background information

- Island, 21,203,000 population (2016 estimate)
- 9 provinces & 26 districts
- Life expectancy at birth, 74.07 years (2015)
- Infant mortality rate : 8.6/1000 live births (2015)
- < 5 Y mortality: 9 /1000 Live births (2015)
- GNI per capita : 3,800 USD(2015)
- GNI per capita, 3-year average : 3,163 USD(2012-2014)



History of Immunization

- 1886: Vaccination Ordinance : Compulsory vaccination for Smallpox

AN ORDINANCE to amend the law relating to compulsory vaccination.

[Date of Commencement: *1st July, 1887*]

1. Short title.

This Ordinance may be cited as the Vaccination Ordinance.

Scaling up of immunization programme

1949 – BCG vaccine

**1961 – Introduction
of “Triple” vaccine**
[Diphtheria, Whooping
Cough, Tetanus]

**1962 – Oral polio
vaccine**



EPI in 1978

1984- Measles vaccine

1996-Rubella vaccine



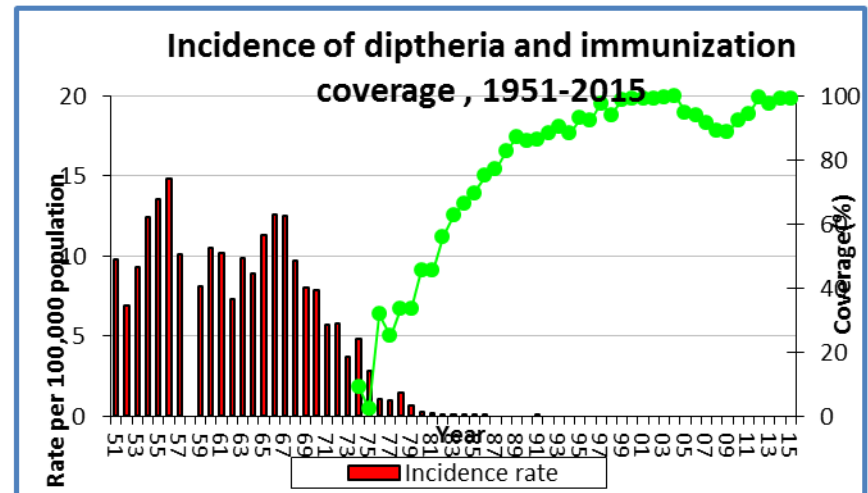
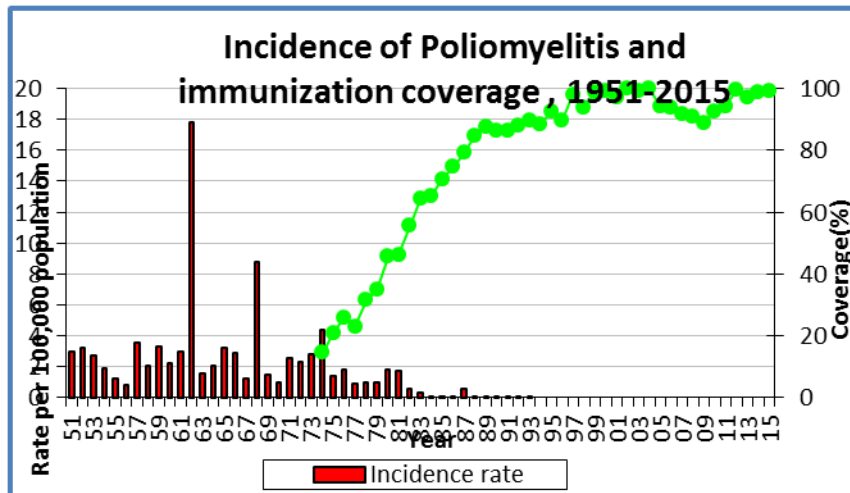
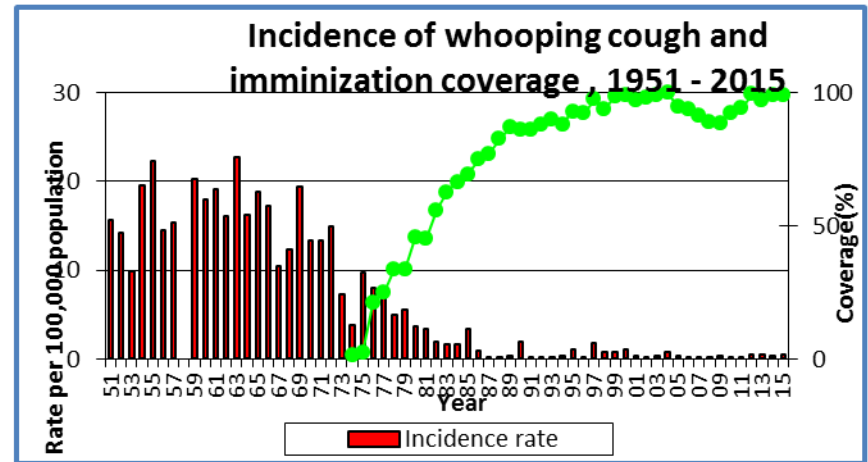
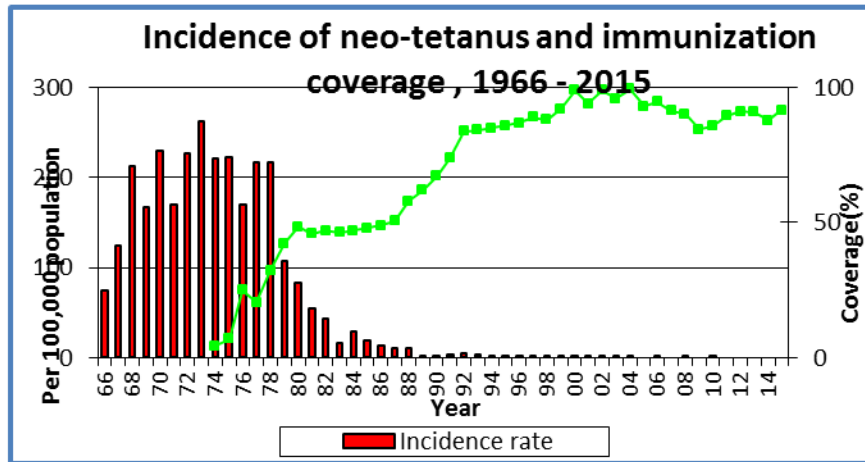
TB skin testing in Sri Lanka (Ceylon), 1950s



After 2000

2001	MR vaccine
2003	Hepatitis B vaccine
2008	Hib containing Pentavalent vaccine
2009	Live JE vaccine
2011	MMR vaccine
2017	HPV vaccine

Reduction of vaccine preventable diseases over time



Direct achievements of National immunization programme

Last case of
Smallpox in
Sri Lanka
1972
**Globally
Eradicated
in 1979**

Last case of
Diphtheria
in 1991:
almost
eliminated

South East Asia
declared Maternal
and neonatal
tetanus elimination
in 2016

Last case of
Poliomyelitis in
1993
Regional Polio
free certification
2014 and Global
Eradication plan
for 2016



Congenital
Rubella
Syndrome:
Near elimination
stage

Neonatal
Tetanus last case
in 2009 and
eliminated



Vaccine schedule for children – Sri Lanka

[illegible]

Implementation of National Immunization Programme

- Total health care service is free of charge in Sri Lanka
- Sri Lankan government is totally funding for all vaccines in National Immunization Programme (NIP), except
 - GAVI funded :
 - Hepatitis B vaccine in 2004-2007 ,
 - Penta vaccine in 2008 to 2014
 - IPV in 2015 -2018
- Ministry of Health has a separate dedicated budget line for vaccine procurement
- Sri Lanka has been self-procuring all vaccines for twenty years
 - started procuring vaccines in 1990 and by 1995 all vaccines were self-procured (including Pentavalent vaccine partly funded by Gavi)
- Private sector contribution in Immunization service is not significant and minimum (5%)
- Implementing authority of the National Immunization Programme and Vaccine preventable disease surveillance is the Epidemiology Unit of the Ministry of Health

Immunization Financing from 1978 to 2016

1978	1990	1995	2003-2007	2008 – 2015	2016
All EPI vaccines were donated by UNICEF	GoSL started financing with gradual increase	EPI vaccines were fully financed by the GoSL	All EPI vaccines (except Hep B) were funded by the GoSL	All EPI vaccines (except Pentavalent vaccine) were funded by the GoSL	All EPI vaccines (except IPV)
TT, BCG, DPT, OPV	TT, BCG, DPT OPV, Measles MR, DT, aTd		Hepatitis B (support Provided as a donation under the GAVI Phase I)	Co-financed by the GAVI & GoSL DPT-HBV-Hib	GAVI support under polio end game
				Certified as GAVI graduated country: 2015	

National Immunization Policy : 2014

- To have a country free of vaccine preventable diseases
- To ensure the availability and affordability of quality immunization services
- To ensures the rational and evidence based introduction of new vaccines
- To ensure proper implementation by monitoring, evaluation, information management and operational research of immunisation
- To ensure financial sustainability of the National Immunization Programme
- To ensure advocacy, promotion, awareness, protection and support for the Immunization Programmme
- To implement the national immunisation policy in a systematic manner inclusive of all stakeholders



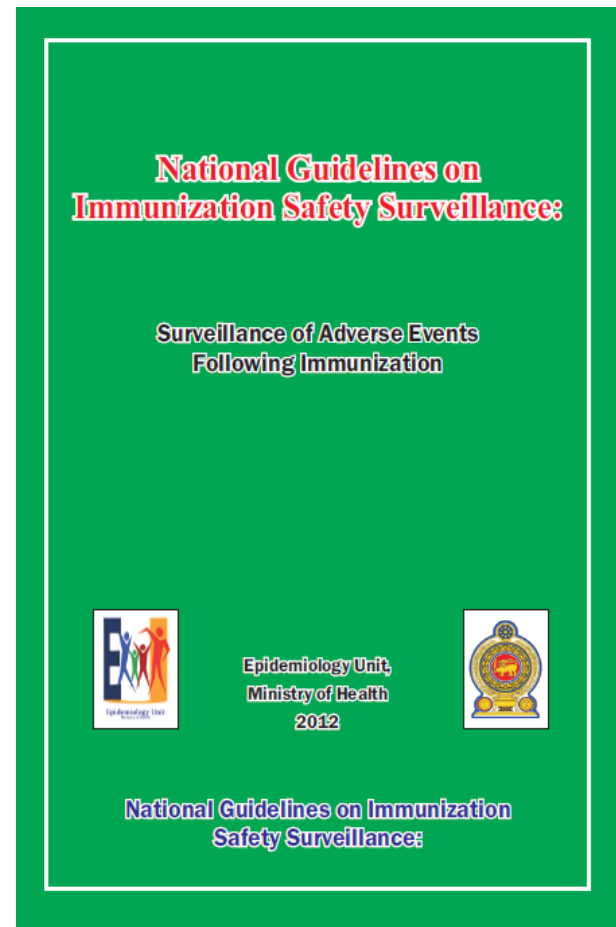
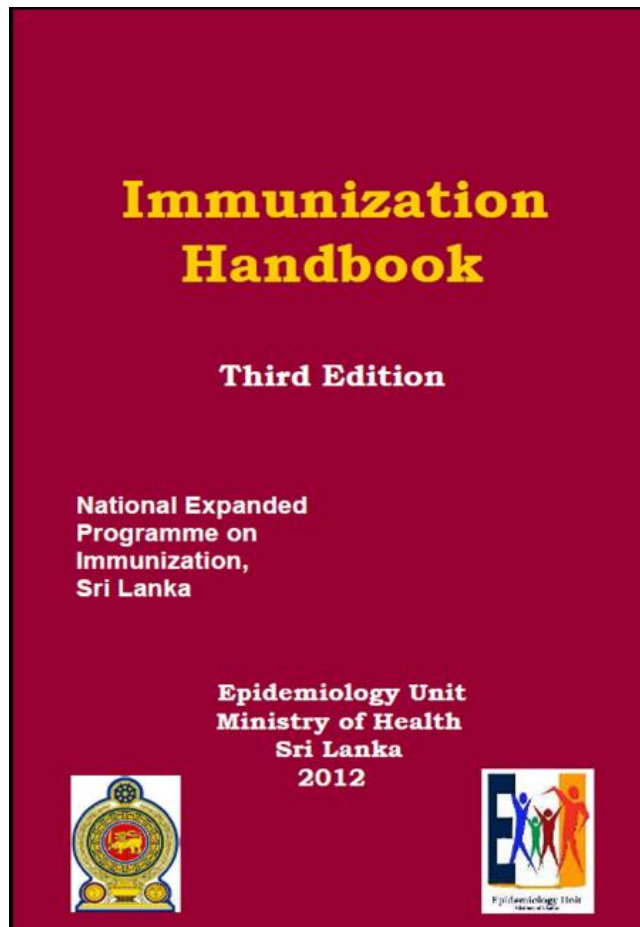
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தேசிய நோயெதிர்ப்பு சக்தியளித்தல்
கொள்கை

National Immunization Policy

2014

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சுகாதார அமைச்சு - இலங்கை
Ministry of Health - Sri Lanka

National guidelines for Immunization



Organizational structure (Basic)

Central level: Ministry of Health/Epidemiology Unit

Main cold stores

Provincial level: Provincial Director of Health Services/ Provincial Community Physicians

District level : Regional Director of Health Services
Regional Epidemiologist

26 Walk-in cold rooms

Government Health care Institutions :
Hospitals
General practitioners

Private Health care Institutions

ILR 80

Divisional Level : Medical Officer of Health,

Public Health Nursing Sister
Public Health Inspector,
Public Health Midwife

ILR
345

Field health Clinics
[Fixed posts]

Temperature monitoring equipment

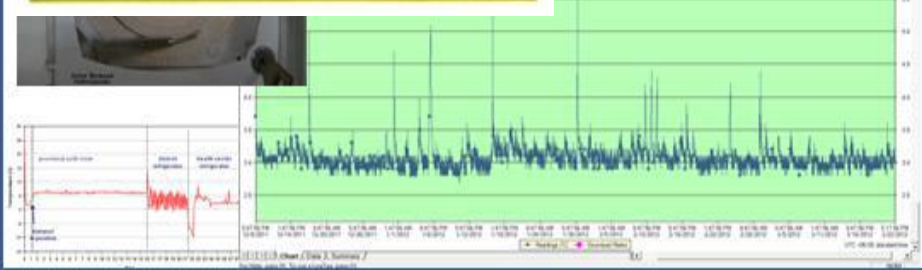
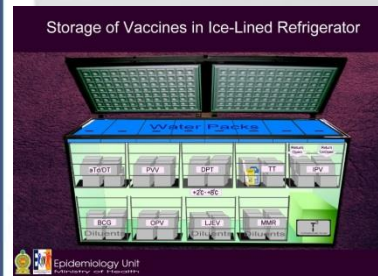
Domestic refrigerator



Manual temperature monitoring

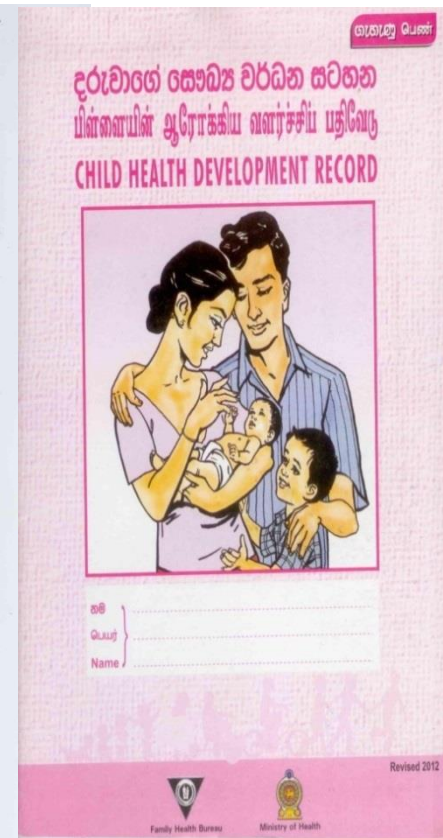
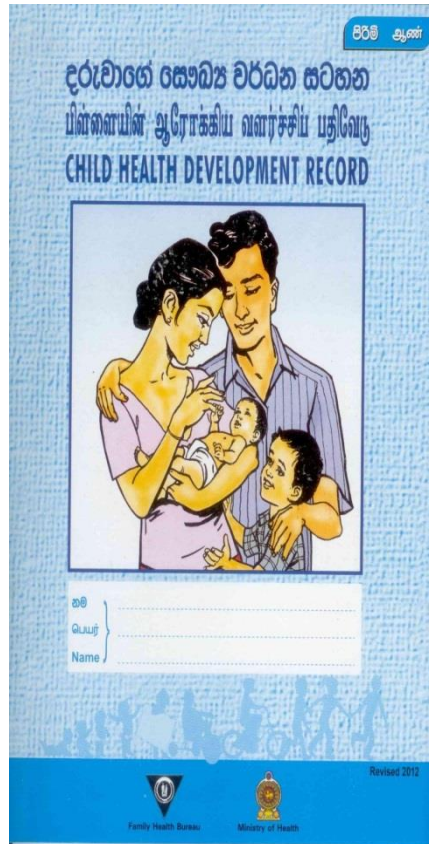


Newer techniques & equipment



Home based “Child Health Development Record”

- Issued at birth (99% are institutional deliveries)
- Immunization Records are integrated with other child health services in Child health development record
- All newborns are examined at postpartum home visits by the Public Health Midwife (PHM)
- Immunization clinic appointments are given
- Follow up during regular home visits



Child Health Development Record
Male/ Female

Immunization clinic practices



- Pre-vaccination screening by a Medical Officer at the clinic
- Educate parents : health education sessions
- Vaccination
 - by Public health midwives in clinics
 - Public health inspectors in schools
- Observe for AEFI



Important policies and strategies

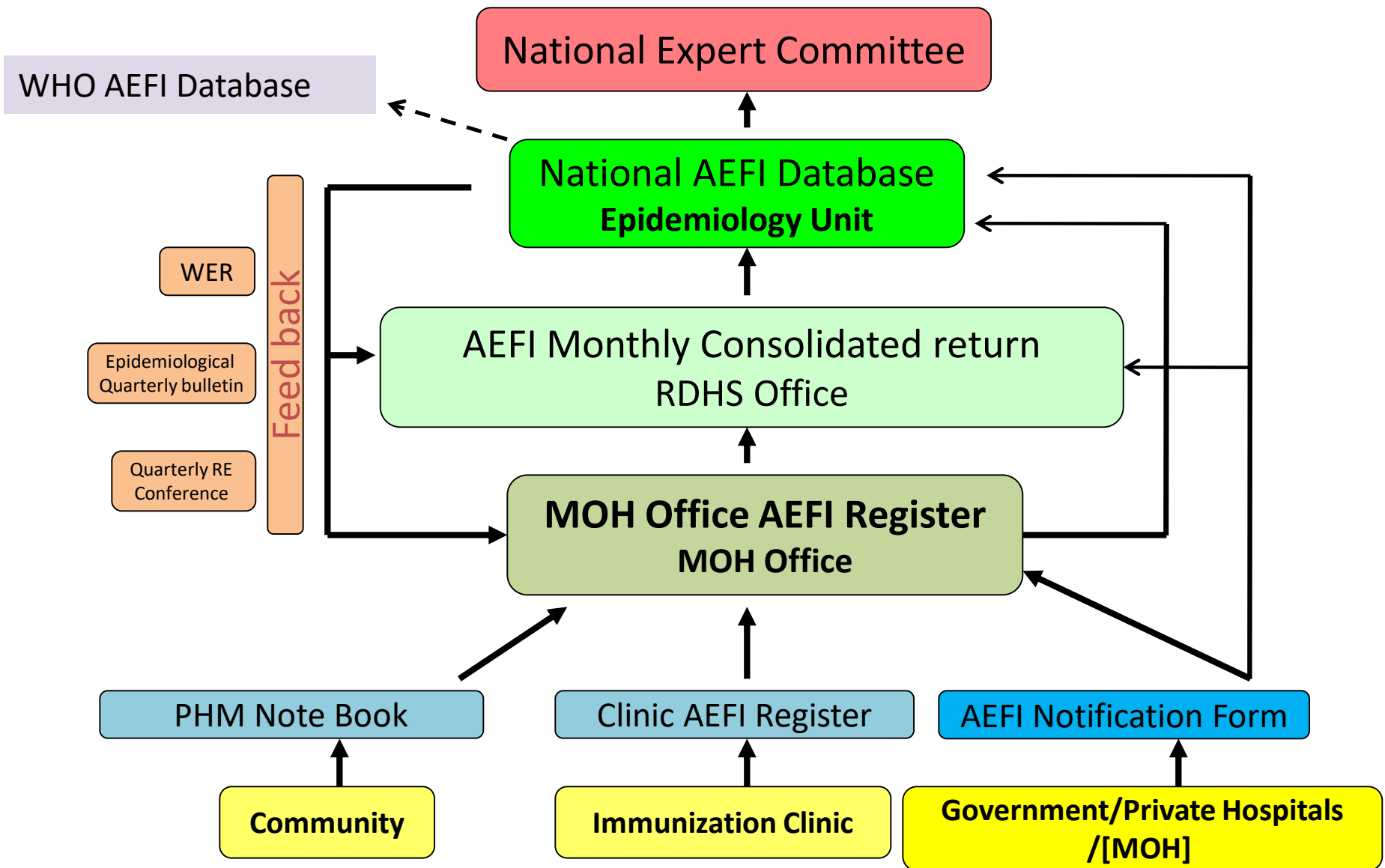
- Multi-dose vial policy (MDVP) since 2005
- Adhere to First expiry first out (FEFO)
- Regular MLM training : cascade trainings at district and divisional levels
- Guidelines for Initial Management of Anaphylaxis at Field Settings
 - Emergency tray : includes Adrenaline
 - Portable oxygen

Emergency tray

- Vaccine safety readiness
 - Available in all field and school health clinics
 - All staff are trained on attending emergency adverse events at clinic level until referring to health care institutions for further management

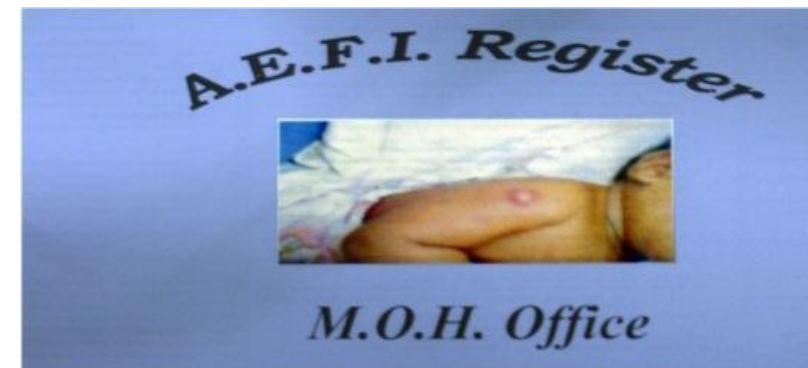
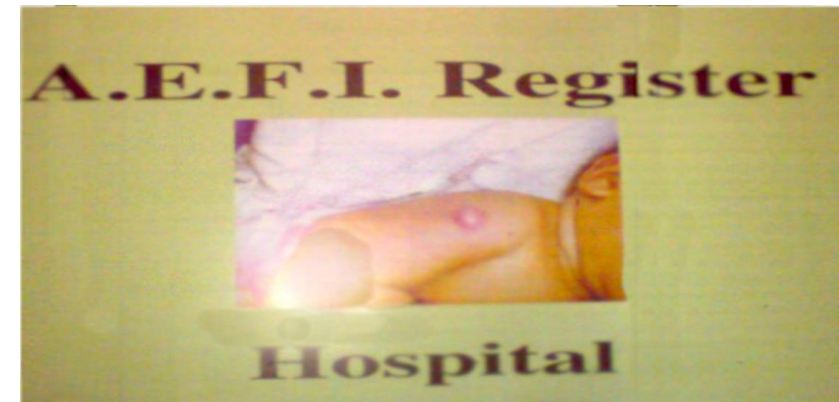


AEFI Surveillance System in Sri Lanka



AEFI Notification by hospital & private sector

System is in place for AEFI detection
at all levels and monitoring and
management



Immunization information

- web based software for online immunization data : WEBIIS
- Regular monitoring and evaluation
 - Quarterly data compilation and reviews
 - Annual divisional level reviews conducted by national teams
 - Feedback
 - Weekly Epidemiological reports
 - Quarterly Epidemiological Bulletin



Highlights of
the system

Clinic list in Medical officer of Health area

WEBIIS Paba Madam 15.6.2015 - Microsoft PowerPoint (Product Activation Failed)

Inbox - madhurangiep@g x Epidemiology Unit - WEBI x

203.143.20.164:8080/WEBIIS/#M0602/

Apps Google Epidemiology Unit - ...

WEBIIS WEB BASED IMMUNIZATION INFORMATION SYSTEM

Year - 2015 Quarter - 1 Clinic Name - MOH office
RDHS - Trincomalee

Master Child Inventory Staffing Immunization Aggregation Sync Reports Madhurangi Perera

MOH Area: Trincomalee
Year: 2015
Quarter: 1

Clinics

CLINIC NAME	RETURN STATUS MONTH ONE	RETURN STATUS MONTH TWO	RETURN STATUS MONTH THREE
Government Medical Institute			
GH Trincomalee	Return completed	Return completed	Return completed
MOH			
Abeyapura	Return completed	Return completed	Return completed
Anpuvalipuram	Return completed	Return completed	Return completed
Jamaliya	Return completed	Return completed	Return completed
Jinnager	Return completed	Return completed	Return completed
Linganager	Return completed	Return completed	Return completed
MOH office	Return completed	Return completed	Return completed
Madathady	Return completed	Return completed	Return completed

9:22 AM
15/06/2015

National Immunization Programme decision making

- Evidence based decisions in schedule changes and in new vaccine introduction
 - Regular data monitoring : information generation ,discussion and feed back
 - Baseline Polio sero survey : before Polio Switch: 2014
 - Measles sero survey and field level vaccine effectiveness study in unexpected outbreak situation : 2015 (lead to re-schedule MMR from 1 year to 9 months)
 - Follow up polio sero survey after fractional dose introduction : 2017-2018
 - HPV burden study and costing study before HPV vaccine introduction: 20092017

National Immunization Programme decision making.....

- NITAG: incorporated in to National Advisory Committee on Communicable diseases
- 3 monthly meetings:
 - secretariat-Epidemiology Unit, Ministry of Health
- 2-3 years conduct National Immunization Summit
 - Discuss all evidence on required new vaccines or schedule changes
 - recommendations to NITAG for decision making

Thank you