WEEKLY EPIDEMIOLOGICAL REPORT

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Measles Elimination Strategic Plan Part IV

Verifying elimination of Measles

The WHO Global Vaccine Action Plan for 2012–2020 has established the elimination of Measles in at least 5 WHO Regions by 2020 as a target

The five components of the strategy for elimination of Measles are:

1. Achieve and maintain high levels of population immunity by providing high vaccination coverage with two doses of Measles-containing vaccines.

2. Monitor disease using effective surveillance and evaluate programmatic efforts to ensure progress.

3. Develop and maintain outbreak preparedness, respond rapidly to outbreaks and manage cases.

4. Communicate and engage to build public confidence and demand for immunization.

5. Perform the research and development needed to support cost-effective operations and improve vaccination and diagnostic tools.

The achievement of Measles elimination should be verified for individual countries and areas and eventually for each of the WHO Regions, following a standardized process.

Conceptual framework for verifying elimination of Measles

A framework for considering the evidence to be assembled for monitoring progress towards and eventual elimination of Measles includes:

1.Explicit definitions

Endemic Measles virus transmission:

The existence of continuous transmission of indigenous or imported Measles virus that persists for ≥12 months in any defined geographical area

Declaring Measles elimination:

The absence of endemic Measles transmission in a defined geographical area (e.g. region or country) for ≥36 months in the presence of a well-performing surveillance system and maintaining high vaccination coverage to maintain high population level immunity

Measles eradication:

Worldwide interruption of Measles virus transmission in the presence of a sensitive surveillance system that has been verified to be performing well……

Measles outbreak in an elimination setting:

a single laboratory-confirmed case is considered as an outbreak and intensive outbreak response activities need to be carried out

suspected case of Measles:

A patient in whom a health-care worker suspects Measles infection, or a patient with fever and maculopapular (non-vesicular) rash

Laboratory-confirmed Measles case:

suspected case of Measles that has been confirmed by a proficient laborato-

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ry (by serology and virology)

Epidemiologically linked confirmed Measles case: A suspected case of Measles that has not been confirmed by a laboratory but was geographically and temporally related, with dates of rash onset occurring 7–21 days apart for Measles laboratory-confirmed case or, in the event of a chain of transmission, to another epidemiologically confirmed Measles case

Clinically compatible Measles case:

case with fever and maculopapular (non-vesicular) rash and one of cough, coryza or conjunctivitis, for which no adequate clinical specimen was taken and which has not been linked epidemiologically to a laboratory-confirmed case of Measles or another laboratory-confirmed communicable disease

Non-Measles discarded case:

suspected case that has been investigated and discarded as a non-Measles case using

(a) laboratory testing in a proficient laboratory or

(b) epidemiological linkage to a laboratory-confirmed outbreak of another communicable disease that is non- Measles

2. Case classification system

Countries nearing elimination of Measles should investigate all suspected cases and obtain a clinical specimen for laboratory testing for blood samples for serological testing for Measles IgM and virus detection and genotype identification by throat and nasal swabs in VTM samples. . Once the case investigation form has been completed and laboratory test results are available, suspected cases should be classified according to the algorithm below

3. Criteria for verifying elimination

Three essential criteria are considered during the time of declaring elimination.

- Documentation of the interruption of endemic Measles virus transmission for a period of at least 36 months from the last known endemic case;
- The presence of a high-quality surveillance system that is sensitive and specific enough to detect imported and import-related cases
- Genotyping evidence that supports the interruption of endemic transmission.

All 3 criteria are necessary for verification of elimination at the regional level to be supported by 5 lines of evidence already described to support these criteria.

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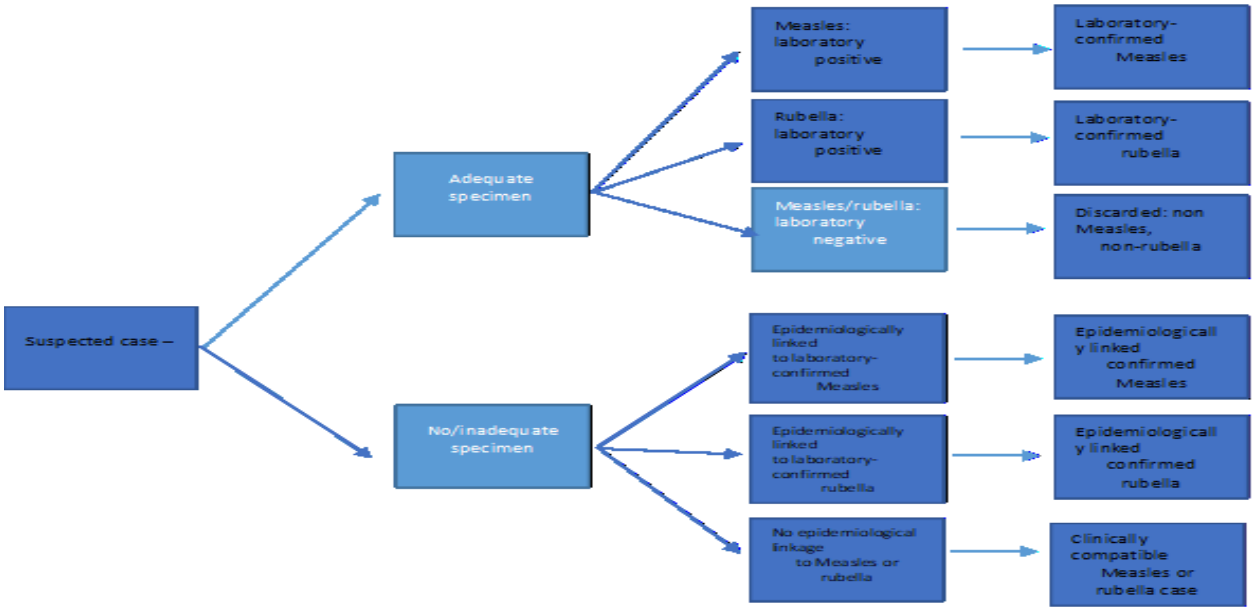

to be continued ...

Table 1: Selected notifiable diseases reported by Medical Officers of Health 25th – 31st August 2018(35th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmania-sis		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	110	7189	2	61	0	7	0	33	0	29	3	143	1	11	0	4	0	0	12	495	0	34	0	2	**63**	**100**
paha	95	3943	0	53	0	8	0	17	1	16	7	163	0	4	0	11	0	0	19	536	1	34	2	34	**66**	**100**
Kalutara	64	2366	0	64	1	4	0	10	0	53	11	414	1	6	0	11	0	0	11	454	0	73	0	9	**53**	**100**
Kandy	54	2667	6	85	0	5	0	3	5	16	5	58	2	80	0	16	0	0	7	253	0	29	1	22	**60**	**100**
Matale	9	754	1	16	0	1	0	4	0	31	2	72	0	2	0	6	0	0	3	32	0	11	1	84	**61**	**100**
NuwaraEliya	5	154	3	46	0	3	0	9	0	47	2	30	8	110	0	21	0	0	0	180	0	27	0	0	**29**	**100**
Galle	13	759	0	39	0	10	0	4	0	9	6	294	4	43	0	2	0	1	4	236	1	45	0	5	**22**	**100**
Hambantota	17	692	0	12	0	4	0	2	0	4	4	51	5	54	0	2	0	1	3	194	0	6	5	525	**72**	**100**
Matara	36	796	2	31	0	6	0	5	0	22	7	175	3	37	1	12	0	0	9	214	1	11	14	309	**55**	**100**
Jaffna	18	2284	1	116	0	4	0	37	0	212	0	10	1	253	0	1	0	2	6	214	0	9	0	3	**37**	**93**
Kilinochchi	2	240	0	23	0	1	1	16	0	2	0	3	0	15	0	0	0	1	0	29	0	2	0	1	**51**	**100**
Mannar	0	186	0	17	0	0	0	3	0	2	0	1	0	0	0	0	0	0	0	27	0	4	0	3	**38**	**100**
Vavuniya	8	465	0	15	0	4	0	35	0	12	0	31	0	7	0	0	0	1	0	38	0	5	0	8	**59**	**100**
Mullaitivu	4	86	0	5	0	0	0	9	1	11	0	8	0	5	0	0	0	1	0	6	0	1	0	2	**23**	**100**
Batticaloa	16	4202	5	123	0	5	0	4	0	24	1	39	0	1	0	2	0	3	8	123	0	17	0	0	**66**	**100**
Ampara	2	193	0	49	0	3	0	2	0	5	0	33	0	0	0	5	0	1	18	212	1	20	0	2	**66**	**100**
Trincomalee	4	906	0	36	0	2	0	4	0	13	3	45	2	21	0	1	0	0	2	159	2	9	0	18	**27**	**100**
Kurunegala	28	1888	0	101	0	13	0	13	0	3	0	108	3	20	0	17	1	2	3	383	0	73	7	254	**63**	**100**
Puttalam	3	1372	0	32	0	6	0	4	0	4	1	32	0	11	0	2	0	0	5	106	0	61	0	2	**63**	**100**
Anuradhapura	6	704	2	40	0	7	0	3	0	38	2	106	0	17	0	9	0	1	3	315	1	31	14	308	**44**	**95**
Polonnaruwa	1	241	1	27	0	2	0	0	0	12	2	93	0	0	0	4	0	1	13	193	1	16	6	166	**58**	**88**
Badulla	12	407	4	93	1	6	0	7	1	12	0	121	5	61	2	30	0	0	8	353	0	87	0	7	**46**	**100**
Monaragala	10	704	0	56	0	2	0	1	0	2	6	224	2	105	1	21	0	0	9	132	9	96	5	34	**67**	**100**
Ratnapura	30	1768	4	131	0	36	1	20	0	5	13	490	0	22	2	18	0	2	2	222	1	91	11	167	**47**	**100**
Kegalle	26	1106	0	47	0	7	0	6	2	78	13	179	1	57	0	11	0	0	8	263	1	37	0	10	**66**	**100**
Kalmune	14	1515	2	31	0	3	0	2	0	31	0	5	0	1	0	1	0	0	0	146	1	10	0	1	**51**	**100**
SRILANKA	**587**	**37587**	**33**	**1349**	**2**	**149**	**2**	**253**	**10**	**693**	**88**	**2928**	**38**	**943**	**6**	**207**	**1**	**17**	**153**	**5515**	**20**	**839**	**66**	**1976**	**53**	**99**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 31st August , 2018 Total number of reporting units 353 Number of reporting units data provided for the current week: 351 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

25th – 31st August 2018(35th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2018	Number of cases during same week in 2017	Total number of cases to date in 2018	Total number of cases to date in 2017	Difference between the number of cases to date in 2018 & 2017
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	01	00	00	00	02	00	43	47	- 8.5 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	00	00	03	01	00	01	00	06	07	243	226	7.5 %
Measles	00	00	00	00	01	00	00	00	00	01	04	87	169	- 48.5 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	06	- 33.3 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	01	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	15	11	36.3 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	01	00	00	00	00	01	00	23	21	9.5 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	36	12	200 %
Tuberculosis	154	23	34	08	25	05	21	08	20	298	120	5768	5647	2.1 %

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

NA = Not Available

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

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ON STATE SERVICE

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