



Epidemiology Unit

Ministry of Healthcare and Nutrition

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Provincial/Regional Directors of Health Services,
Directors of Teaching Hospitals/Specialized Campaigns,
MSS/DMOO of Provincial/Base Hospitals,
Heads of Decentralized Units and,
Medical Officers of Health
Regional Epidemiologists/ MOO (MCH)

Organization of vaccination for Individuals with potential high risk of severe disease and complications of pandemic influenza A/H1N1

Clustering of confirmed patients of influenza A/ H1N1 pandemic has been reported in the post pandemic stage in Sri Lanka. Though the post pandemic has been declared, cases tend to occur among non immunized patients for some years to come due to the influenza A/H1N1 virus which has already transitioned to be a seasonal virus.

Epidemiology of the pandemic influenza A/H1N1 has demonstrated that for the majority of infected individuals, the disease is of self-limiting nature. However, for some individuals, disease may turn out to be severe with complications. Therefore, a special attention should be focused on these individuals with a view to preventing complications and death.

Hereby, it is brought to your notice that those with chronic disease are at potentially high risk of severe disease and complications of pandemic influenza A/H1N1. therefore, you are kindly requested to organize vaccination against influenza A/H1N1 for the above said groups in your hospitals. These group will comprise following :

Individuals with potential high risk of severe disease and complications of pandemic influenza A/H1N1 at any age are indicated in the General Circular No: 01-37/2009. These individuals will comprise of

- People with at least one chronic morbidity potentially capable of leading to severe disease, rapid progression or complication of pandemic influenza A/H1N1
 - Chronic lung diseases including bronchial asthma
 - Chronic cardiovascular disorders excluding hypertension
 - Chronic renal, hepatic and haematological conditions including sickle cell disease,
 - Metabolic disorders including diabetes mellitus
- People with immunosuppressive conditions
 - Immunosuppression caused by medications
 - HIV/AIDS
- Those with disorders compromising respiratory function
 - e.g. spinal cord injuries, seizure disorders
- Any other disease deemed high risk by a consultant physician /paediatrician

For further information, please refer to the previous communication in this regard (Provision of influenza A/H1N1 vaccine in Sri Lanka - EPID/400/2101) dated 05.07.2010 bearing the signature of the DGHS

However, if the vaccine is required to be administered to children belonging to the above mentioned categories, the dose and the schedule should be as follows:

Children aged 6 months to 35 months:	Two 0.25 ml doses approximately 4 weeks apart.
Children aged 36 months to 9 years of age	Two 0.5 ml doses approximately 4 weeks apart.
Children aged 10 years to 18 years	A single dose of 0.5 ml
Adults over 18 years	A single dose of 0.5 ml

Organization of vaccination centers to vaccinate individuals with potential high risk of complications of pandemic influenza

Since this category of potential vaccine recipients numbers a significant proportion of the population, community based vaccination remains the most feasible strategy to vaccinate them in the shortest possible period of time. Both curative and preventive networks are required to be utilized for vaccinating eligible clients. Hence, vaccination clinics need to be organized at the MOH offices, primary, secondary and tertiary curative care institutions. Health care institutions which conduct clinics for non communicable diseases will also be invited to organize vaccination clinics (centers). Staff at institutional clinics for non communicable diseases and Primary Health Care staff at MOH offices will be utilized to inform individuals with morbidity consistent with potential high risk of complications of the pandemic influenza in the community on the availability of the IA/H1N1MV and need for obtaining the vaccine.

Medical Officers (including MOOH, AMOOH in preventive care institutions) will be responsible for determining the eligibility for vaccination. Subsequently, nursing officers at curative health care institutions and PHM/ PHNS/PHI in MOH offices will administer vaccine. If there is any doubt, those potential vaccine recipients will have to be referred to specialists, under whose care these patients are, on subsequent clinic days for decision making. If specialists who care for these patients determine that the patient is eligible for the vaccine, they will be offered the vaccine at the clinic of the hospitals which they were referred to. Thus, it is important that clinic centers be established in curative health care institutions in all tiers and all MOH offices. Vaccination of immunocompromised patients due to malignant tumours will be done with the recommendation of consultant oncologists at the Cancer Institute Maharagama and other regional cancer units.

If there is any doubt, refer potential vaccine recipients to the specialist who care for them if they are already under specialist care or else to a hospital where specialists' services are available

Should you have any inquiry, please contact the epidemiology Unit

Your support in this endeavour is very much appreciated

Thanking you,


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