

SRI LANKA

EPI FACTSHEET 2024



EPI History

1978	EPI launched
1988	Inactivated JE vaccine introduced
1996	Rubella vaccine introduced
2000	Vitamin A supplementation added
2001	MR vaccine and aTd vaccine introduced
2003	HepB vaccine introduced
2008	DTP-Hib-HepB vaccine introduced
2011	Live JE vaccine introduced nationwide
2011	MMR vaccine introduced
2015	IPV introduced
2016	tOPV to bOPV switched on 30 April

Source: cMYP 2017-2022 and EPI/MOH

Basic information 2023

Total population ¹	22,037,000
Live births ¹	247,900
Children <1 year ¹	246,512
Children <5 years ¹	1,893,000
Children <15 years ¹	5,568,000
Pregnant women ¹	323,848
WCBA ¹ (15-49 years)	5,797,000
Neonatal mortality rate ²	3.67 (per 1,000 LB)
Infant mortality rate ²	5.55 (per 1,000 LB)
Under-five mortality rate ²	6.49 (per 1,000 LB)
Maternal mortality ratio ²	29 (per 100,000 LB)
Division/Province/State/Region	9
District	26
Medical officer of health (MOH) areas	358
Population density ¹ (per sq. km)	341
Population living in urban areas ²	18.80%
Population using at least basic drinking-water services ²	89%
Population using at least basic sanitation services ²	95%
Total expenditure on health as % of GDP ²	1.89%
Births attended by skilled health personnel ²	100%
Neonates protected at birth against NT ²	99%
Children not covered by immunization programme (zero dose children) ³	3,227

¹ SEAR annual EPI reporting form, 2023

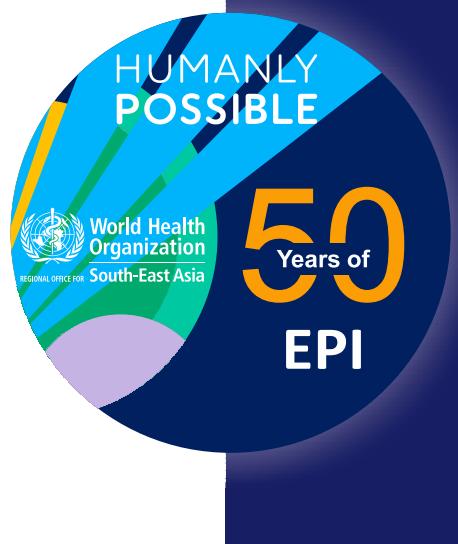
² WHO, Global Health Observatory (GHO) data <http://apps.who.int/gho/> data accessed on 02 July 2024

³ DTP1 coverage from WHO and UNICEF estimates of immunization coverage and UN estimated under one population

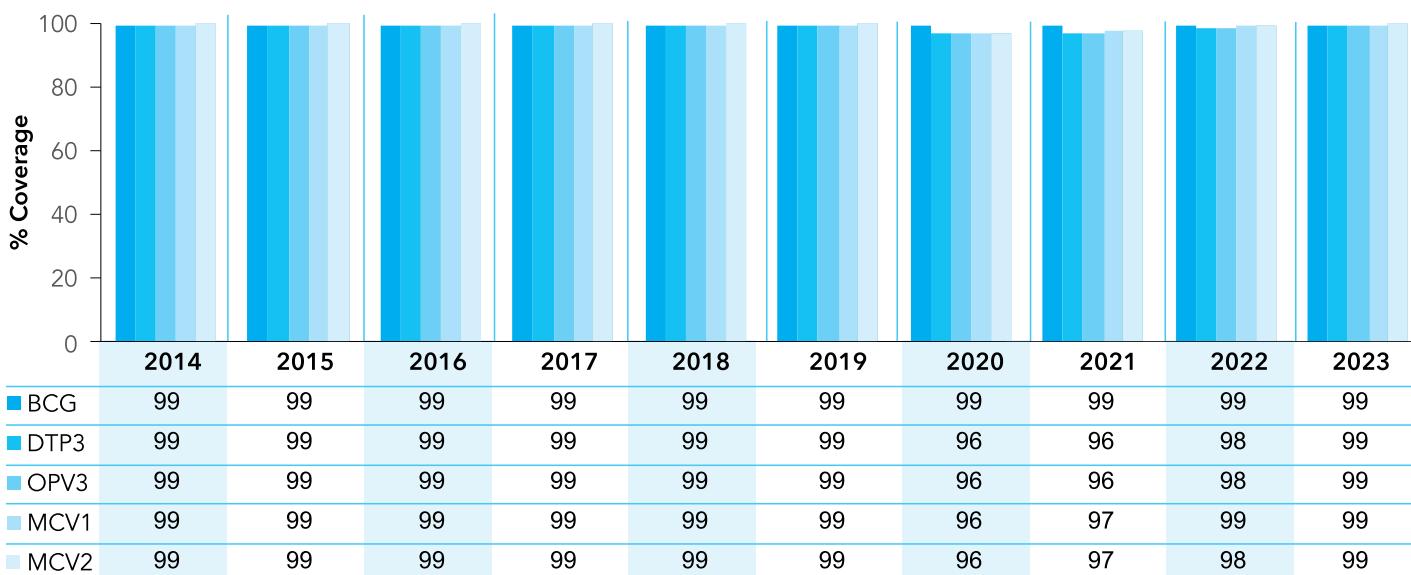
Immunization schedule, 2023

BCG	Birth
DTP-Hib-HepB	2 months, 4 months and 6 months
OPV	2 months, 4 months, 6 months, 18 months and 5 years
IPV (fIPV)	2 months and 4 months
JE_LiveAtd	1 year
MMR	9 months and 3 years
DTP	18 months
DT	5 years
aTd	12 years
TT	Pregnant women (2 doses in 1st pregnancy and 1 dose in subsequent 3 pregnancies) females, in Grade 6 at schools, on completion of 10 years, 2 dose schedule in 6 months interval
HPV	females, in Grade 6 at schools, on completion of 10 years, 2 dose schedule in 6 months interval
Vitamin A	6 - 59 months (every 6 months)
Typhoid fever polysaccharide vaccine	high risk categories, food handlers, based on transmission pattern and data, districts are selected to provide vaccination
YF (Yellow fever) vaccine	travellers to Yellow Fever (YF) endemic countries

Source: WHO/UNICEF JRF 2023



National immunization coverage, 2014-2023



Source: WHO and UNICEF estimates of immunization coverage

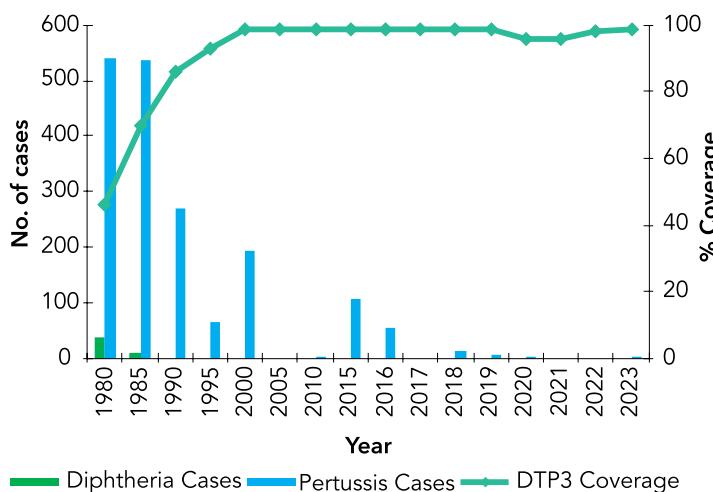
Immunization system highlights

cMYP for immunization	2017-2022
NTAGI	fully functional
Spending on vaccines financed by the government	47%
Spending on routine immunization programme financed by the government	no data
Updated micro-plans that include activities to improve immunization coverage	26 districts (100%)
National policy for health care waste management including waste from immunization activities	in place
National system to monitor AEFI	in place
Most recent EPI CES	EPI coverage survey, Puttalam district-2017
≥80% coverage for DTP-Hib-HepB3	26 districts (100%)
≥90% coverage for MCV1	26 districts (100%)
≥90% coverage for MCV2	26 districts (100%)
≥10% drop-out rate for DTP-Hib-HepB1 to DTP-Hib-HepB3	none

Source: WHO/UNICEF JRF, 2023



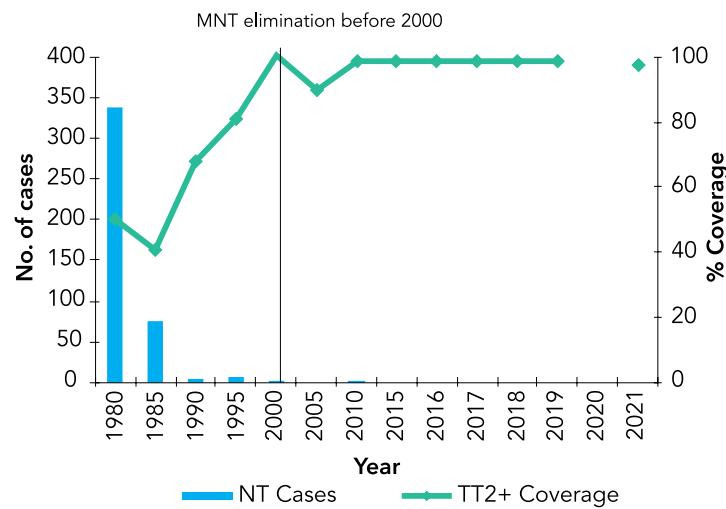
DTP3 coverage¹, diphtheria and pertussis cases², 1980-2023



¹ WHO and UNICEF estimates of immunization coverage

² WHO vaccine-preventable diseases: monitoring system 2023

TT2+ coverage¹ and NT cases², 1980-2023

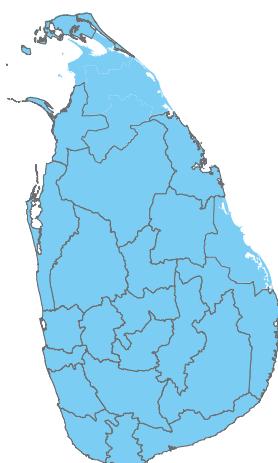


¹ Country official estimates, 1980-2023

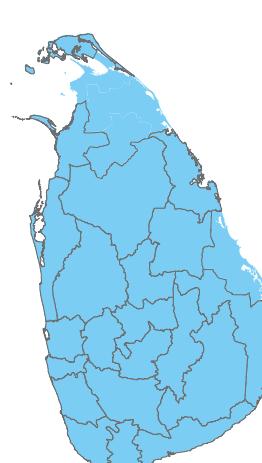
² WHO vaccine-preventable diseases: monitoring system 2023

DTP-Hib-HepB3 coverage by district

2022



2023



Source: SEAR annual EPI reporting form, 2022 (administrative data)

Source: SEAR annual EPI reporting form, 2023 (administrative data)

Reported cases of vaccine preventable diseases, 2017-2023

Year	Polio	Diphtheria	Pertussis	NT (% of all tetanus)	Measles	Rubella	Mumps	JE	CRS
2017	0	0	0	0	1*	1	252	23	0
2018	0	0	12	0	1*	0	290	29	0
2019	0	0	5	0	49*	0	248	19	0
2020	0	0	1	0	2	0	170	31	0
2021	0	0	0	0	0	0	73	4	0
2022	0	0	0	0	0	0	73	16	0
2023	0	0	3	0	810	0	103	6	0

Source: WHO/UNICEF JRF (multiple years)

* Import and/or import related

APP surveillance performance indicators, 2017-2023

The last laboratory confirmed polio case due to WPV was reported in November 1993

Indicator	2017	2018	2019	2020	2021	2022	2023
APP cases	70	63	80	50	69	86	98
Wild poliovirus confirmed cases	0	0	0	0	0	0	0
Compatible cases	0	0	0	0	0	0	0
Non-polio AFP rate ¹	1.29	1.17	1.34	0.97	1.06	1.52	1.73
Adequate stool specimen collection percentage ²	84%	92%	82%	88%	78%	69%	73%
Total stool samples collected	142	121	129	106	119	104	144
% NPEV isolation	0.7	5	5.6	2.8	0	1.9	6.3
% Timeliness of primary result reported ³	98	99	100	99	100	83	42

¹ Number of discarded AFP cases per 100,000 children under 15 years of age.

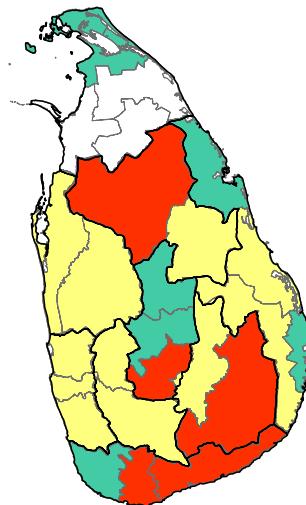
² Percent with 2 specimens, 24 hours apart and within 14 days of paralysis onset.

³ Results reported within 14 days of sample received at laboratory.

Non-polio AFP rate by district

2022

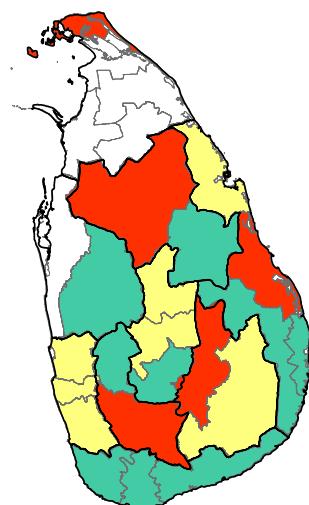
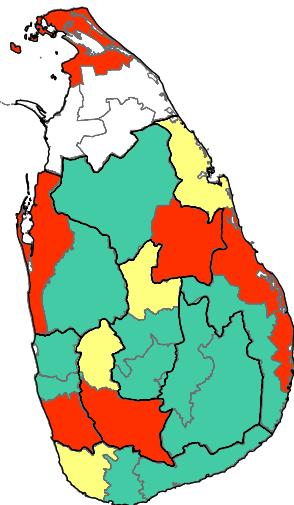
2023



Adequate stool specimen collection % by district

2022

2023



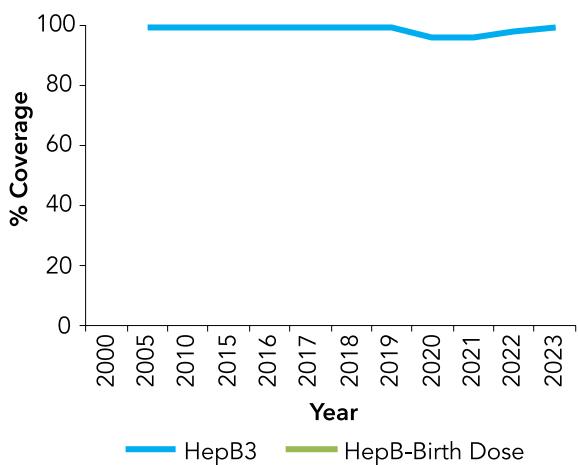
OPV SIAs

Year	Antigen	Geographic coverage	Target age	Target population		Coverage (%)	
				Round 1	Round 2	Round 1	Round 2
1997	OPV	NID	<5 years	1,838,465		97	95
1998	OPV	NID	<5 years	1,856,850		92	88
1999	OPV	NID	<5 years	2,320,556		93	93
2000	OPV	NID	<5 years	634,999		93	93
2001	OPV	SNID	<5 years	514,821		96	91
2002	OPV	SNID	<5 years	272,559		98	97
2003	OPV	SNID	<5 years	536,269			98

Source: WHO/UNICEF JRF (multiple years)

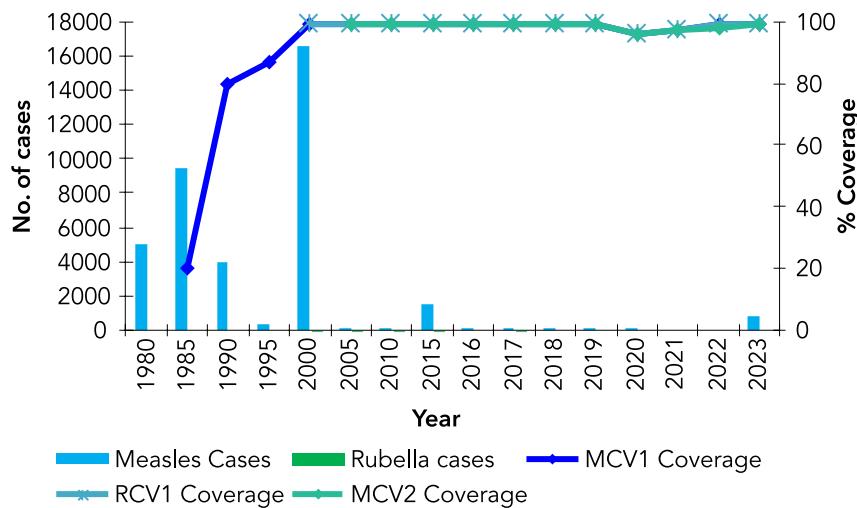


HepB3 and HepB birth dose immunization coverage¹, 2000-2023



¹ WHO and UNICEF estimates of immunization coverage

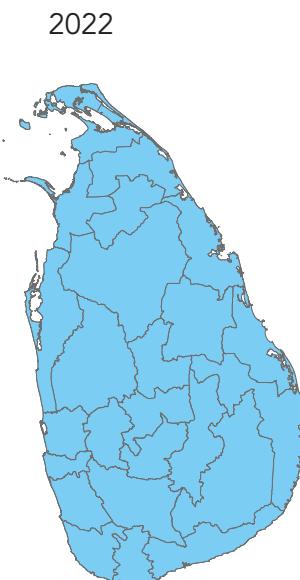
MCV1 & MCV2 coverage¹ and measles, rubella cases², 1980-2023



¹ WHO and UNICEF estimates of immunization coverage

² WHO vaccine-preventable diseases: monitoring system 2023

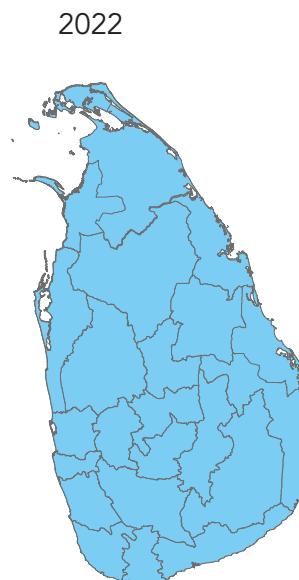
MR1 coverage by district



2022

2023

MR2 coverage by district



2022

2023

<80% 80% - 89% 90% - 94% >95%

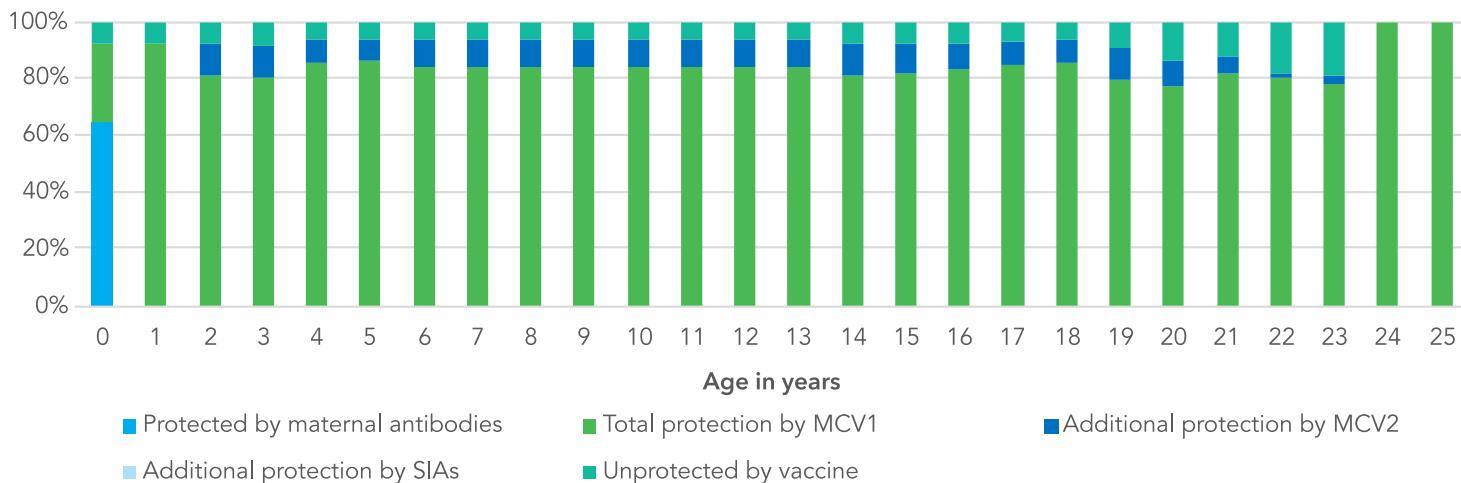
Source: SEAR annual EPI reporting form, 2022 and 2023 (administrative data)

MCV/MR SIAs

Year	Antigen	Geographic Coverage	Target group	Target	Coverage (%)
2003	M	2 districts	10 to 15 years	1,987,847	95
2004	MR	nationwide	16 to 20 years	1,890,326	72
2013	M	nationwide	6 to 12 months	176,587	96

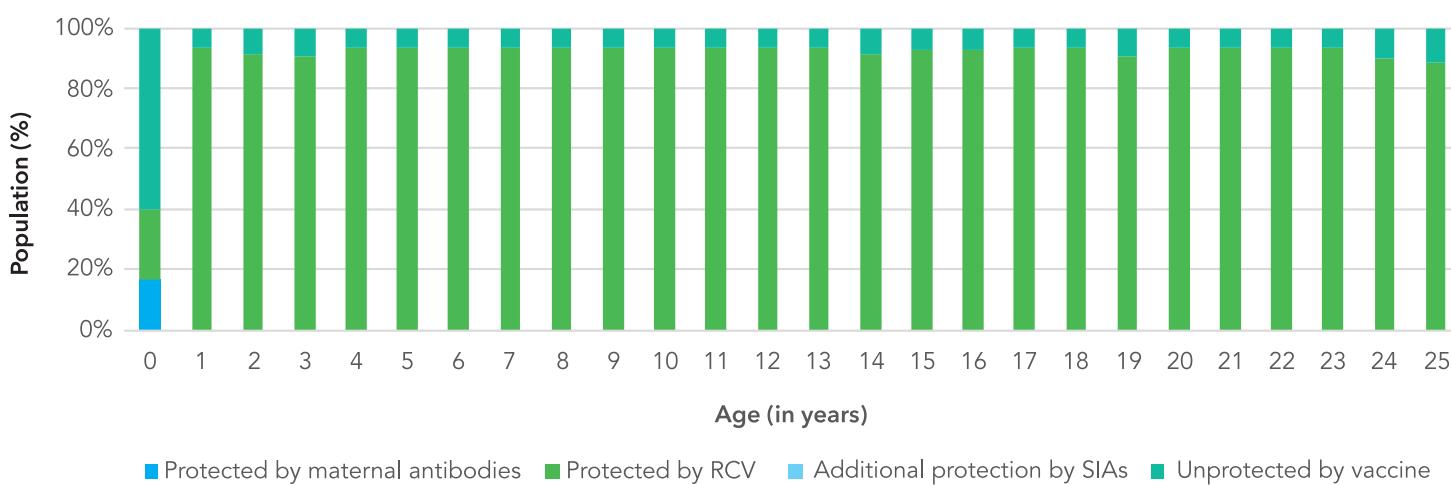
Source: WHO/UNICEF JRF (multiple years)

Immunity against measles - immunity profile by age in 2023*



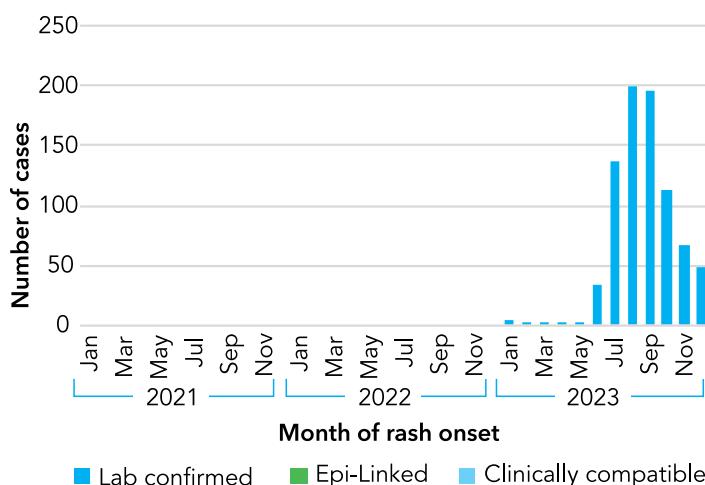
*Modelled using MSP tool ver 2

Immunity against rubella through vaccination - immunity profile by age in 2023*



*Modelled using WHO and UNICEF estimates and JRF (multiple years) and does not include immunity due to natural infection

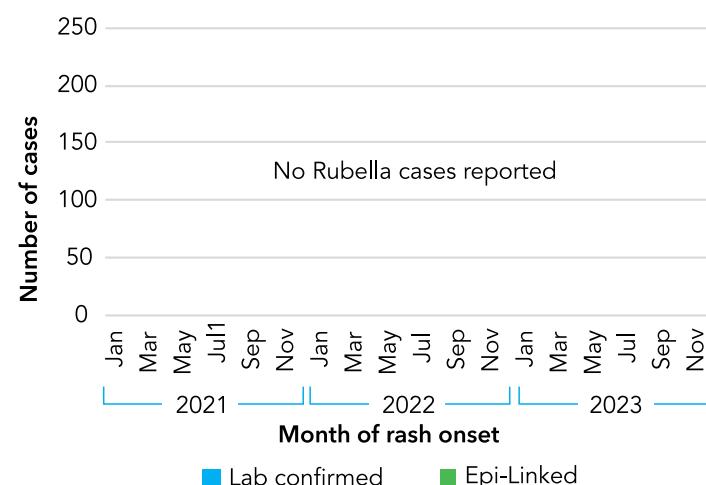
Confirmed measles cases* by month 2021-2023



*Includes laboratory confirmed, epidemiologically linked and clinically compatible cases

Source: SEAR measles case-based data

Confirmed rubella cases* by month 2021-2023

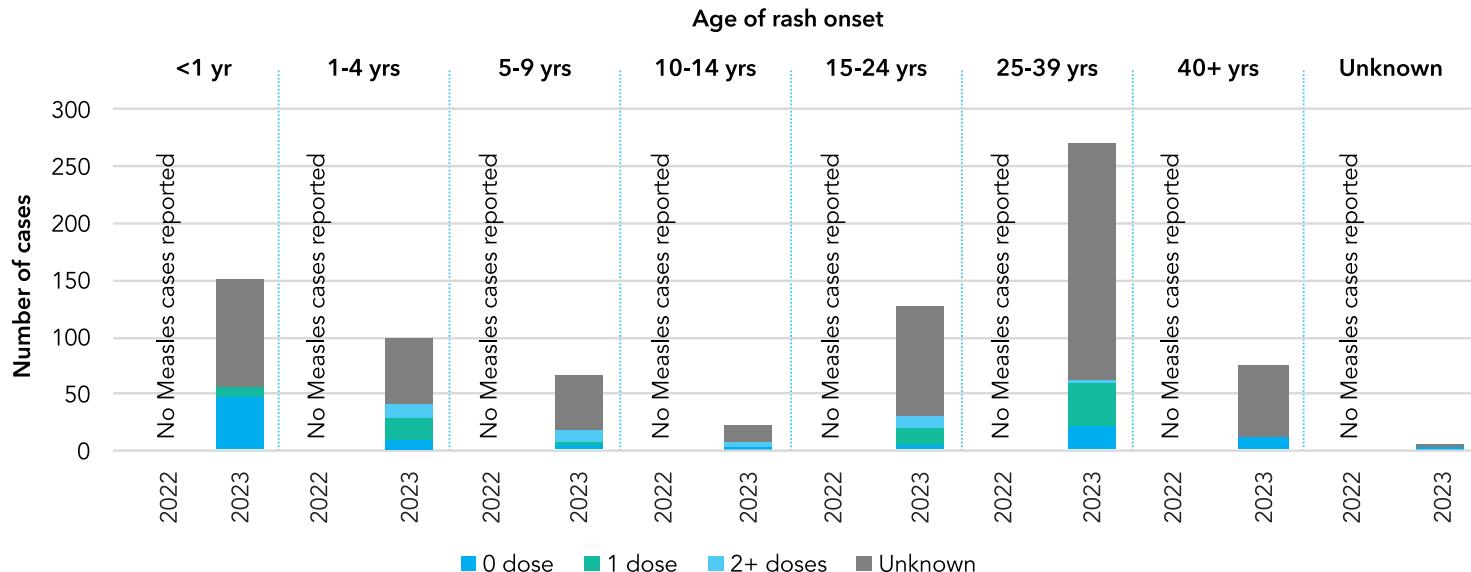


*Includes laboratory confirmed and epidemiologically linked cases

Source: SEAR measles case-based data

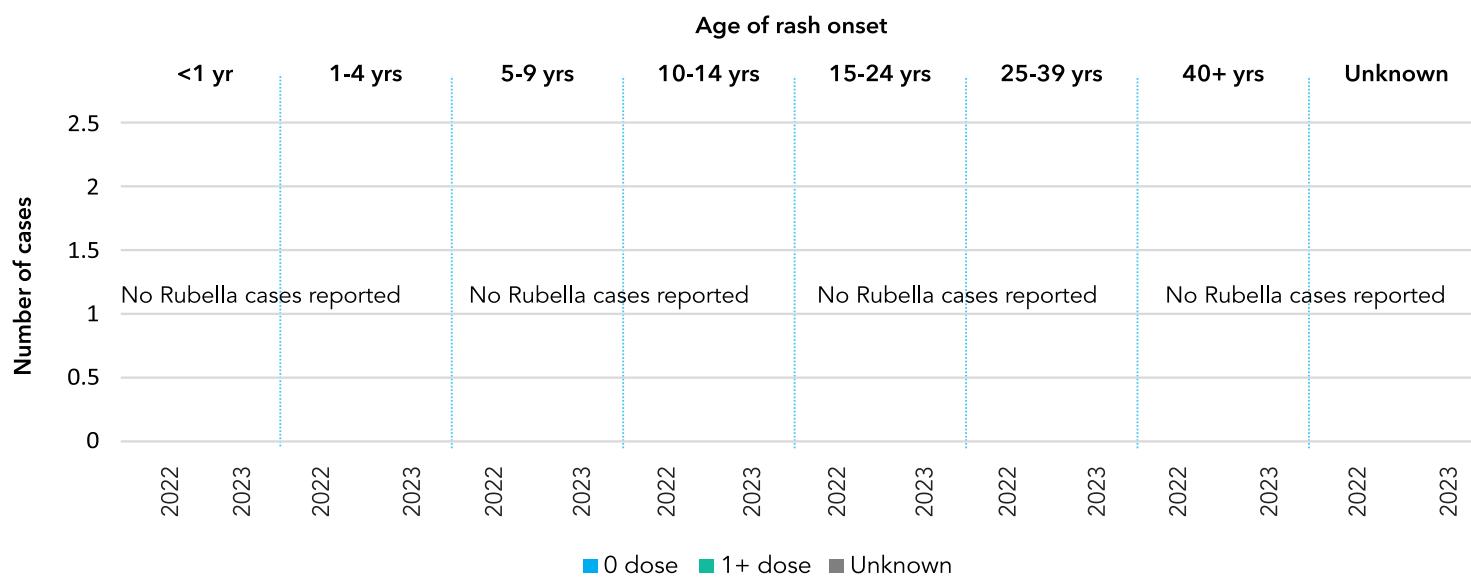


Vaccination status of confirmed (laboratory, Epi linked and clinically compatible) measles cases, by age in 2022 and 2023



Source: SEAR measles case-based data

Vaccination status of confirmed (laboratory and Epi linked) rubella cases, by age in 2022 and 2023



Source: SEAR measles case-based data

Summary of measles surveillance indicators, 2021-2023

Indicator	Target	2021	2022	2023
Number of suspected measles cases		85	77	1,217
Confirmed measles cases	0	0	0	803
Lab confirmed	0	0	0	803
Epi-Linked	0	0	0	0
Clinically-compatible	0	0	0	0
Confirmed rubella cases	0	0	0	0
Lab confirmed	0	0	0	0
Epi-Linked	0	0	0	0
Discarded non-measles non-rubella cases		85	56	377
Percentage of suspected cases with adequate investigation initiated within 48 hours of notification	≥ 80%	ND	82	93
Reporting rate of non-measles non-rubella cases to national level per 100,000 population	≥ 2	ND	0.25	1.7
Percentage of second-level administrative units reporting at least 2 non-measles non-rubella cases per 100,00 population	≥ 80%	ND	0	19
Percentage of surveillance units reporting measles and rubella data to the national level on time, even in the absence of cases	≥ 80%	ND	ND	ND
Percentage of specimens received at the laboratory within 5 days of collection	≥ 80%	91	95	93
Percentage of IgM results reported to the national public health authorities by the laboratory within 4 days of receipt of specimens	≥ 80%	98	90	78
Genotypes detected				
Measles				
Rubella				

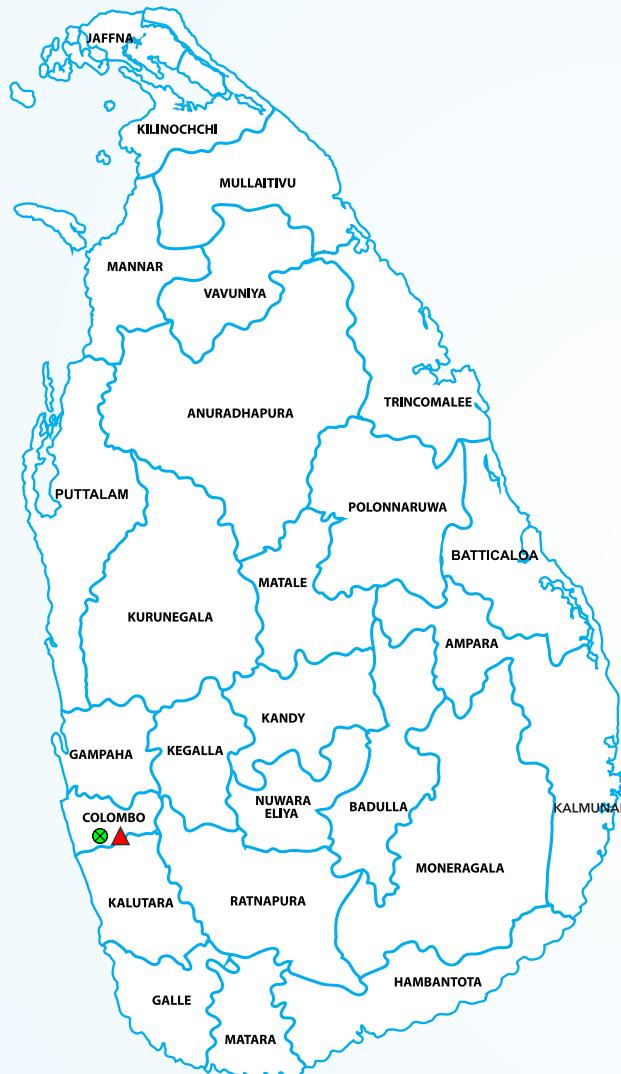
Source: SEAR Annual EPI Reporting Form (multiple years)

* Import and/or import related

ND=No data



Network of WHO supported surveillance and immunization medical officers and laboratories



▲ Medical Research Institute, Colombo

- National polio laboratory
- National measles and rubella laboratory
- National Japanese encephalitis laboratory
- Rotavirus laboratory

✖ Lady Ridgeway Hospital, Colombo

Invasive bacterial disease laboratory

Disclaimer:

The boundaries and names shown and the designations used on all the maps do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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