A sustained and focused approach to health care has ensured long-term gains for the people of Sri Lanka. Competent leadership, planning and implementation were instrumental in building the public health success of rubella and CRS control. In order to maintain the immunity built against rubella, the high coverage of MMR vaccine must always be maintained and hawk-eyed surveillance conducted at all times.

What made Sri Lanka successful in combating rubella?

- Strong leadership
- Careful planning and implementation
- Strong health system
- A passionate workforce that took ownership of the programme
- Community participation
- Quality assurance
- Careful monitoring

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In 1996, rubella vaccine was introduced through the EPI for women aged 16–44 years, and further expanded in 2001 to cover 3-year-olds. Sri Lanka’s commitment to the health of its people is evident in the many primary vaccination and catch-up campaigns, and outbreak response SIAs that have been conducted over the years. Combined efforts of all political leaders, health workers and community members have been instrumental in controlling rubella and securing the healthy future of the country’s citizens.

Significant events

- 1996: Rubella vaccine introduced through the EPI for women aged 16–44 years, and further expanded in 2001 to cover 3-year-olds.
- 2018: MCV1 replaced with MMR vaccine; schedule advanced from 9–12 months to 1 and 3 years.
- 2012: 1st dose of rubella-containing vaccine introduced for women aged 16–44 years.

Routine immunization schedule for MR

- 1st dose: 9 months
- 2nd dose: 3 years

Immunization coverage (2001-2017)

Trend of rubella and CRS cases (1991-2015)

CRS: Congenital rubella syndrome
MMR: Measles–mumps–rubella
MR: Measles–rubella
MCV: Measles-containing vaccine
SIA: Supplemental immunization activity

Sri Lanka: An overview

- 25 Provinces
- 176 Directly governed cities
- 610 Private health-care institutions
- 21,443,921 Total population

Verifications that Sri Lanka has adequately controlled rubella and CRS
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Coverage at subnational level (2nd administrative level or equivalent to district)

Ensuring sustainability in controlling rubella

Sri Lanka performs excellently in all the given indicators

- Written programmatic risk assessment or equivalent work plan at subnational level
- Evidence of monitoring and review of progress and corrective action taken
- Capacity for epidemiological investigations and analysis of outbreaks at the subnational level
- Proportion of suspected outbreaks investigated for measles and rubella
- Budgeted outbreak response plan

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