



WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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Enhancing public health security at points of entry (PoE) to Sri Lanka (Part III)

This is the final article of the series of articles on Enhancing public health security at points of entry (PoE) to Sri Lanka.

Public health security at points of entry (PoE) to Sri Lanka

Sri Lanka's geographical location in the Indian Ocean has historically been of strategic importance for exploration, commerce and cultural exchange. Sri Lanka's points of entry (POE) comprise of two international airports (Katunayake and Mattala) and four sea ports (Colombo, Galle, Hambantota, Trincomalee). Since the end of the conflicts in the north and the east, Sri Lanka has taken a steep development path with the building of new air ports and sea ports, increasing global business investments; and a rapidly growing tourist industry, which are all associated resulting in increased international migration flow.

The routine activities carried out at the PoE mainly focus on preventing the introduction of infectious diseases into Sri Lanka. History of port health laws in Sri Lanka dates back to 1897 with the establishment of the 'Quarantine and Prevention of Diseases' Ordinance, which stipulates provisions for preventing the introduction of all contagious and infectious diseases into Sri Lanka.

In addition, there are more unique activities at the PoE targeting the national programmes. Sri Lanka has now interrupted malaria transmission and sustained it, resulting in no indigenous ma-

laria cases reported since October 2012. Increased travel to Sri Lanka from malaria endemic countries in the form of business, tourism, labour or refugees and with the continued presence of the anophiline vectors in most parts of the country make Sri Lanka vulnerable to re-introduction of malaria. Screening using the Rapid Diagnostic Test and prophylaxis for Malaria is carried out at the PoE for travellers and returning irregular migrants from Malaria endemic countries. The MERS-CoV is another threat to public health security to Sri Lanka. Given the large number of labour migrants both from the Middle East and South Korea, returning Hajj pilgrims, tourists, resident visa holders and irregular migrants who have visited the Middle East is always a risk of MERS being introduced to Sri Lanka. It is estimated that 10% of Sri Lanka's population work as international labour migrants, with 93% of them residing in the Middle East, with the majority departing to Saudi Arabia, which has reported the largest number of MERS-CoV cases. The recent evidence for the tendency of the disease spreading within family clusters may be important in the context of the majority of the Sri Lankan work force in the Middle East being employed as house maids. In addition Sri Lanka also promotes male labour migration to South Korea. At present as a part of the preparedness plan, there is a mechanism in place to monitor and follow up returnees from MER-CoV reporting countries particularly South Korea.

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The Directorate for Quarantine was established by the Ministry of Health (MOH) in 2008 to ensure the implementation of IHR (2005) in the country. Under the stewardship of the Director are the Port Health Medical Officers and Public Health Inspectors operating at the PoE. Two national focal points were appointed - Director Quarantine and the Chief Epidemiologist for IHR communications with the WHO and all relevant sectors within the country. Sri Lanka has already designated national focal points for preventing and responding to zoonotic infections (Director General of Animal Production and Health), food-borne disease (Director Environment and Occupational Health Unit), chemical hazards (Chairman-Central Environment Authority) and radio-nuclear hazards (Chairman-Atomic Energy Regulatory Council).

The core capacities are the capacities needed to detect, assess, notify and report and respond to public health events or emergencies of national and international concern - national legislation and policy, coordination and NFP communications, surveillance, response, preparedness, risk communication, human resource, laboratory capacity. The eight core capacities at the POE needed to detect, assess, notify and respond to a PHEIC were evaluated by the MoH in September 2013 (report available at <http://srilanka.iom.int>). Results of the gap analysis provided evidence for a paradigm shift based on four main strategic areas: (a) changes to legislation, (b) preparation of Standard Operating Procedures and Multi-hazard Public Health Emergency Preparedness and Response Plan for the Sea Ports (plan available at <http://srilanka.iom.int>), (c) training (training manual available at <http://srilanka.iom.int>) and simulations (d) e-based surveillance system.

Institutionalizing IHRs as part of the routine health system requires increased awareness among policymakers, building inter-sectoral relationships, and resources. Enhancing public health security at PoE to Sri Lanka does not stop at saving lives of people, but goes far beyond. It will be a key factor in establishing a good international image for the country, minimizing any potential of unilateral travel and trade restrictions being imposed on the country, building public trust, and minimizing social and political turmoil in a potential PHEIC situation.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 05th - 11th Dec 2015 (50th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		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	316	9215	0	179	0	17	0	100	1	124	4	314	1	11	0	50	0	4	9	478	1	46	0	1	81	19
Gampaha	29	3777	0	88	0	13	0	37	0	32	7	426	0	11	0	137	0	0	2	302	2	37	0	3	47	53
Kalutara	39	1435	2	119	0	8	1	58	0	153	6	419	1	7	0	36	0	3	2	284	0	58	0	0	77	23
Kandy	48	1250	10	169	0	6	1	32	7	72	2	125	2	74	2	151	0	0	2	234	1	30	0	17	96	4
Matale	10	392	2	46	0	2	0	10	0	13	1	64	0	9	2	33	0	0	2	33	1	44	1	33	62	38
NuwaraEliya	6	163	1	322	1	5	3	37	0	10	3	48	4	75	0	64	0	0	2	137	0	55	0	2	92	8
Galle	24	950	4	93	0	3	0	9	0	26	8	280	0	109	0	12	0	0	8	275	2	60	0	3	65	35
Hambantota	7	372	0	49	0	5	0	9	0	31	8	155	3	61	1	44	0	0	5	133	1	13	3	308	75	25
Matara	10	443	1	69	1	12	0	5	0	47	1	264	3	52	2	52	0	1	3	239	0	20	3	147	100	0
Jaffna	104	1788	15	1048	0	11	6	179	0	89	1	21	34	700	0	14	0	2	4	209	1	20	0	0	92	8
Kilinochchi	1	90	0	114	0	1	0	20	0	31	0	2	0	27	0	0	0	1	0	20	0	2	0	0	25	75
Mannar	8	95	4	23	0	1	1	6	0	5	0	8	0	23	0	0	0	0	0	7	0	1	0	1	80	20
Vavuniya	14	159	2	32	0	7	1	78	3	31	0	18	0	13	0	2	0	2	0	40	0	21	0	8	100	0
Mullaitivu	0	128	1	47	0	2	0	17	0	16	1	11	0	9	1	5	0	1	0	5	0	5	0	9	20	80
Batticaloa	12	1430	9	342	1	8	1	30	0	182	1	31	0	4	0	12	0	1	0	62	0	18	0	0	64	36
Ampara	2	62	0	43	0	2	0	2	0	19	1	22	0	2	0	14	0	0	2	198	0	5	0	3	29	71
Trincomalee	7	554	2	129	0	0	2	39	0	56	0	17	0	26	1	80	0	1	3	114	1	11	0	6	67	33
Kurunegala	24	1195	11	250	0	8	0	8	0	28	9	356	0	31	0	46	1	10	11	409	1	39	1	146	85	15
Puttalam	3	683	7	146	0	6	0	9	0	9	1	47	0	22	0	3	0	1	5	73	0	35	0	3	46	54
Anuradhapura	8	376	5	163	0	5	0	5	0	67	34	364	0	24	0	25	0	1	2	191	1	36	1	336	89	11
Polonnaruwa	11	243	4	65	0	5	0	16	1	13	20	152	0	1	0	13	0	0	3	155	0	26	4	127	86	14
Badulla	4	533	2	247	0	16	1	12	0	27	3	87	0	136	3	223	0	3	1	209	3	105	0	7	53	47
Monaragala	12	213	1	120	0	5	0	17	0	5	9	177	0	84	5	479	0	1	1	102	1	32	1	40	91	9
Ratnapura	12	986	7	305	0	23	0	43	0	10	7	399	2	72	3	314	0	1	9	207	0	56	1	18	89	11
Kegalle	21	668	3	85	0	16	3	92	6	25	9	338	1	56	1	86	0	0	8	270	0	58	0	0	82	18
Kalmunei	6	496	2	130	0	2	0	2	0	64	1	13	0	0	0	7	0	1	1	109	0	13	0	0	62	38
SRI LANKA	738	27696	95	4423	3	189	20	872	18	1185	137	4158	51	1639	21	1902	1	34	85	4495	16	846	15	1218	75	25

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 11th December, 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 255 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

05th – 11th Dec 2015 (50th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2015	Number of cases during same week in 2014	Total number of cases to date in 2015	Total number of cases to date in 2014	Difference between the number of cases to date in 2014 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	01	01	00	01	00	03	01	68	81	-16.0%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	02	00	01	01	00	00	01	05	10	374	644	-42.1%
Measles	04	02	03	01	01	02	01	00	03	17	13	2570	3058	-16.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	08	17	-53.1%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	04	-100%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	16	14	+14.2%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	01	00	00	00	00	00	00	00	00	01	00	15	22	-32.1%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	104	78	+33.3%
Tuberculosis	125	07	14	19	08	27	08	04	20	232	71	9423	9249	+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

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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