



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Flashback 2015 (Part II)

This is the second in the series of two articles on the activities carried out by the Epidemiology Unit during the preceding year

Year 2015 is a significant year as far as seasonal influenza was concerned. The country experienced a massive outbreak during the months of June, July and August resulting in 75 influenza associated deaths and 14 maternal deaths. A health education campaign including TV spots, posters, road shows, lectures for health staff, publishing fact sheets on the Epidemiology Unit Website and distributing leaflets among general public on influenza prevention and control was launched. The circular on influenza prevention and control was revised to include latest facts on the disease. The high demand for antiviral (Oseltamivir) and personal protective equipment (95 N masks) was met without stock outs, while regulating its distribution by the Epidemiology Unit.

Influenza surveillance system (ILI and SARI) was strengthened through continued services of surveillance officers (pre intern medical officers at SARI sites and the National Influenza Center-MRI), training staff at sentinel hospitals and maintaining adequate supplies of reagents for RTPCR at the MRI and visits to the sentinel hospitals by the Epidemiology Unit staff. The influenza surveillance system was critically reviewed by a team of members from the CDC Atlanta, USA.

Technical committee meeting on avian influenza chaired by the Director General Health Service was held in every month during the year.

A symposium on influenza prevention and control was held at the BMICH with the participation of a large number of medical professionals from different disciplines such as pediatrics, general medicine, obstetrics and gynecology, general practice, microbiology, community medicine and representatives from professional colleges, universities and international organizations including the World Health Organization (WHO).

A wide range of topics including country experience and public health aspects of influenza, paediatric and adult clinical management, reviewing of influenza associated deaths, vaccination against influenza, influenza associated maternal deaths, usefulness of oseltamivir in influenza, laboratory aspects of influenza, infection control in hospital setting, risk communication in influenza were covered at this symposium.

Mass media campaigns for prevention and control of Leptospirosis was conducted to coincide with the "Maha" paddy cultivation season in 2015. MOH areas which have high incidence of Leptospirosis conducted intersectoral coordination meetings to plan and implement Leptospirosis control activities at field level.

Dengue is a very important re-emerging disease with complex epidemiology. It was noted that year 2015 had reported the lowest number of

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dengue cases within past seven years (29,802) while maintaining a case fatality rate of 0.17% during the year (57 deaths).

Case management is the key success in any disease. A team of clinicians was sent to Thailand for advanced training on clinical management of dengue. Series of training and capacity building programmes were held for doctors and clinical staff to improve clinical case management in high risk areas.

Infrastructure facilities and training were given with the collaboration of National Dengue Control Unit (NDCU) to expand the E-based disease surveillance system in major hospitals.

Steps were taken to establish High Dependency Units (HDU) up to Base hospitals, to purchase and distribute HDU equipment such as multiport monitors, micro-haematocrit machines, portable ultrasound scanners and adjustable beds. With the collaboration of Medical Research Institute (MRI), samples from sentinel sites were checked for virological diagnosis of dengue and identification of dengue serotypes.

Since no vaccine or specific drug is available for prevention of dengue infection so far, strengthening of the integrated vector management is of utmost importance. Appointing new Entomologists and recruiting Entomological Assistants for high risk districts were major successes achieved in 2015. Purchasing and systematically distributing adulticides and larvicides for vector control was also strengthened in 2015.

Dengue, being a complex disease demands a multi-pronged response that involves different ministries well beyond the health sector. Series of intersectoral source reduction campaigns were organized during the year 2015 which contributed to bringing down the number of dengue cases due seasonal out breaks. Around 1.7 million premises were inspected and the impending outbreak mitigated.

Island-wide school based inspection cards were introduced to school children in grades three to nine. About one million cards were distributed among school children and children were expected to inspect their environment and record in their inspection cards while eliminating those places with the support of parents.

School based new innovation competitions were held and district level best innovations were selected and awards were given accordingly.

National review, Provincial reviews and District Reviews were

conducted to evaluate the dengue situation in the respective areas. District reviews were conducted in all the high risk areas including the Western province, Batticaloa district, Jaffna district and Kandy district. The activities of this joint district reviews included performance inspection of MOH and field level activities done for the prevention and control of dengue etc.

A collaborative research study on dengue vaccine was established in order to study vaccine efficacy in the field.

The website which was launched for National Dengue Control Unit to create awareness among health professionals and general public with recent updates, is functioning well. In addition, public awareness was continuously enhanced through broadcasting and telecasting advertisements/leaflets by electronic and print media.

Chronic Kidney Disease (CKD) and Chronic Kidney Disease of Unknown aetiology (CKDu) are considered as a national priority and the Epidemiology Unit was given the responsibility of establishing a surveillance system on CKD/CKDu. The surveillance continued throughout the previous year. The "National Renal Registry", a web based, real time patient registration system was launched in 2015. The objective of this registry is to capture the disease burden due to urological system related illnesses in which CKD/CKDu is one element. The system will initially cover the sentinel site hospitals coming under the CKD/CKDu surveillance.

In parallel to the surveillance, the Epidemiology Unit spearheaded the formulation of two National guidelines; Screening guidelines for chronic kidney disease in Sri Lanka and clinical management guidelines CKD and CKDu in Sri Lanka.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 26th - 01st Janu 2016 (01st 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	301	301	4	4	0	0	2	2	0	0	1	1	0	0	0	0	0	0	0	7	7	0	0	0	0	81	94
Gampaha	31	31	1	1	0	0	0	0	0	0	2	2	0	0	1	1	0	0	0	8	8	0	0	0	0	33	100
Kalutara	37	37	2	2	0	0	1	1	0	0	11	11	2	2	0	0	0	0	3	3	0	0	0	0	71	100	
Kandy	71	71	2	2	2	2	0	0	1	1	11	11	2	2	3	3	0	0	0	0	0	1	1	0	91	100	
Matale	2	2	0	0	0	0	0	0	0	0	1	1	1	1	0	0	0	0	1	1	2	2	0	0	62	100	
NuwaraEliya	4	4	0	0	0	0	0	0	0	0	6	6	1	1	0	0	0	0	2	2	1	1	0	0	92	100	
Galle	27	27	2	2	1	1	0	0	1	1	11	11	1	1	0	0	0	0	6	6	7	7	0	0	80	100	
Hambantota	10	10	3	3	0	0	0	0	0	0	6	6	1	1	1	1	0	0	10	10	0	0	4	4	92	100	
Matara	24	24	2	2	0	0	0	0	0	0	5	5	3	3	1	1	0	0	4	4	0	0	6	6	100	100	
Jaffna	84	84	10	10	0	0	3	3	0	0	1	1	48	48	0	0	0	0	1	1	1	1	0	0	83	100	
Kilinochchi	3	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	50	100	
Mannar	3	3	0	0	1	1	0	0	0	0	1	1	5	5	0	0	0	0	0	0	0	0	0	0	40	100	
Vavuniya	18	18	1	1	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	1	100	100	
Mullaitivu	6	6	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	60	100	
Batticaloa	18	18	10	10	0	0	1	1	0	0	1	1	0	0	0	0	0	0	1	1	1	1	0	0	86	100	
Ampara	3	3	1	1	0	0	0	0	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	57	86
Trincomalee	9	9	3	3	0	0	0	0	0	0	0	0	0	0	1	1	0	0	3	3	0	0	0	0	75	92	
Kurunegala	27	27	7	7	1	1	0	0	5	5	4	4	0	0	0	0	0	0	2	2	0	0	1	1	85	100	
Puttalam	13	13	2	2	0	0	0	0	0	0	4	4	4	4	0	0	0	0	1	1	1	1	0	0	54	85	
Anuradhapura	16	16	2	2	0	0	0	0	1	1	25	25	3	3	0	0	0	0	1	1	0	0	5	5	68	100	
Polonnaruwa	11	11	2	2	0	0	0	0	0	0	11	11	0	0	0	0	0	0	2	2	0	0	1	1	71	100	
Badulla	12	12	1	1	0	0	0	0	0	0	2	2	1	1	0	0	0	0	0	0	2	2	0	0	76	94	
Monaragala	14	14	1	1	0	0	0	0	0	0	18	18	2	2	4	4	0	0	2	2	1	1	1	1	100	100	
Ratnapura	27	27	1	1	1	1	1	1	0	0	11	11	0	0	6	6	0	0	1	1	1	1	0	0	61	100	
Kegalle	47	47	1	1	1	1	6	6	0	0	14	14	1	1	0	0	0	0	7	7	0	0	0	0	82	100	
Kalmunei	19	19	1	1	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	62	100	
SRI LANKA	837	837	60	60	7	7	16	16	9	9	151	151	75	75	17	17	0	0	62	62	19	19	19	19	76	98	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 01st January, 2016 Total number of reporting units 337 Number of reporting units data provided for the current week: 336 C**=Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

26th – 01st Janu 2016 (01st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2016	Number of cases during same week in 2015	Total number of cases to date in 2016	Total number of cases to date in 2015	Difference between the number of cases to date in 2016 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	02	00	02	-100%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	00	00	00	03	01	04	08	04	08	-50%
Measles	04	01	01	00	01	01	00	00	01	09	16	09	16	-44.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tuberculosis	88	04	12	00	06	00	04	08	08	130	152	130	152	-14.4%

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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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

ON STATE SERVICE

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