



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
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## International Travel and Health (Part II)

### Travelers with pre-existing medical conditions and special needs

Health risks associated with travel are greater for certain groups of travelers, including infants and young children, pregnant women, the elderly, the disabled, and those who have pre-existing health problems. Health risks may also differ depending on the purpose of travel, such as travel for the purpose of visiting friends and relatives (VFR) or for religious purposes/pilgrimages, for relief work or for business. For all of these travelers, medical advice and special precautions are necessary. They should be well informed about the available medical services at the travel destination.

#### Age

Infants and young children have special needs with regard to vaccinations and antimalarial precautions. They are particularly sensitive to ultraviolet radiation and become dehydrated more easily than adults in the event of inadequate fluid intake or loss of fluid due to diarrhoea. A child can be overcome by dehydration within a few hours. Air travel may cause discomfort to infants as a result of changes in cabin air pressure and is contraindicated for infants less than 48 hours old. Infants and young children are more sensitive to sudden changes in altitude. They are also more susceptible to infectious diseases. Advanced age is not necessarily a contraindication for travel if the general health status is good. Elderly people should seek medical advice before planning long distance travel.

#### Pregnancy

Travel is not generally contraindicated during pregnancy until close to the expected date of delivery, provided that the pregnancy is uncomplicated and the woman's health is good. Airlines

impose some travel restrictions in late pregnancy and the neonatal period. There are some restrictions on vaccination during pregnancy: Pregnant women risk serious complications if they contract malaria. Travel to malaria-endemic areas should be avoided during pregnancy if at all possible. Medication of any type during pregnancy should be taken only in accordance with medical advice. Travel to high altitudes (3000 m) or to remote areas is not advisable during pregnancy.

#### Disability

Physical disability is not usually a contraindication for travel if the general health status of the traveler is good. Airlines have regulations on the conditions for travel for disabled passengers who need to be accompanied. Information in this regards should be obtained from the airline in advance.

#### Pre-existing illness

People suffering from chronic illnesses should seek medical advice before planning a journey.

Conditions that increase health risks during travel include:

- cardiovascular disorders
- chronic hepatitis
- chronic inflammatory bowel disease
- chronic renal disease requiring dialysis
- chronic respiratory diseases
- diabetes mellitus
- epilepsy
- immuno-suppression due to medication or to HIV infection
- previous thromboembolic disease
- severe anaemia

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- severe mental disorders
- any chronic condition requiring frequent medical intervention.

Any traveler with a chronic illness should carry all necessary medication and medical items for the entire duration of the journey. Traveler should carry the name and contact details of their physician on their person with other travel documents, together with information about the medical condition and treatment, and details of medication (generic drug names included) and prescribed doses.

### Role of travel industry professionals

The travel agent or tour operator should provide the following health-related guidance to travelers:

- Advise the traveler to consult a travel medicine clinic or medical practitioner as soon as possible after planning a trip to any destination where significant health risks may be foreseen, particularly those in developing countries, preferably 4–8 weeks before departure.
- Advise last-minute travelers that a visit should be made to a travel medicine clinic or medical practitioner, even up to the day before departure.
- Inform travelers if the destination presents any particular hazards to personal safety and security and suggest appropriate precautions.
- Encourage travelers to take out comprehensive travelers' health insurance and provide information on available policies.
- Inform travelers of the procedures for obtaining assistance and reimbursement, particularly if the insurance policy is arranged by the travel agent or company.
- Provide information on:
  - \* mandatory vaccination requirements for yellow fever;
  - \* the need for malaria precautions at the travel destination;
  - \* the existence of other important health hazards at the travel destination;
  - \* the presence or absence of good-quality medical facilities at the travel destination.

### Responsibility of the traveler

Travelers can obtain a great deal of information and advice from medical and travel industry professionals to help prevent health problems while abroad. However, travelers must accept that they are responsible for their own health and well-being while travelling and on their return as well as for preventing the transmission of communicable diseases to others. The following are the main responsibilities to be accepted by the traveler;

- the decision to travel
- recognition and acceptance of any risks involved

- seeking health advice in good time, preferably 4–8 weeks before travel
- compliance with recommended vaccinations and other prescribed medication and health measures
- careful planning before departure
- carrying a medical kit and understanding its use
- obtaining adequate insurance cover
- health precautions before, during and after the journey
- responsibility for obtaining a physician's letter pertaining to any prescription medicines, syringes, etc. being carried
- responsibility for the health and well-being of accompanying children
- precautions to avoid transmitting any infectious disease to others during and after travel
- careful reporting of any illness on return, including information about all recent travel
- respect for the host country and its population.

### Medical examination after travel

Travelers should be advised to have a medical examination on their return if they:

- suffer from a chronic disease, such as cardiovascular disease, diabetes mellitus, chronic respiratory disease;
- experience illness in the weeks following their return home, particularly if fever, persistent diarrhoea, vomiting, jaundice, urinary disorders, skin disease or genital infection occurs;
- consider that they have been exposed to a serious infectious disease while traveling;
- have spent more than 3 months in a developing country.
- Travelers should provide medical personnel with information on recent travel, including destination, and purpose and duration of visit. Frequent travelers should give details of all journeys that have taken place in the preceding weeks and months.

*Note. Fever after returning from a malaria-endemic area is a medical emergency and travelers should seek medical attention immediately.*

### Source:

International Travel and Health  
 WHO-International Health Regulations Secretariat/ Communicable Diseases  
<http://www.who.int/ith/en>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 17th - 23rd Dec 2016 (52nd 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	547	15966	3	179	0	13	0	63	0	70	1	290	1	10	0	49	0	0	0	3	452	2	63	0	0	63	88
Gampaha	44	6337	0	154	0	16	0	27	0	98	1	332	0	18	0	54	0	1	6	6	403	4	59	0	7	20	53
Kalutara	77	3342	1	126	0	10	1	34	0	41	3	425	1	11	0	32	0	3	10	308	2	105	0	0	64	79	
Kandy	67	3966	1	157	0	18	0	24	0	40	1	117	1	101	0	50	0	0	3	249	3	51	0	11	83	96	
Matale	4	1084	0	65	0	1	0	18	1	5	0	89	0	20	0	26	0	1	0	38	1	75	0	24	38	62	
NuwaraEliya	5	408	1	111	0	3	3	60	0	36	1	69	0	89	0	38	0	0	3	160	1	54	0	0	77	92	
Galle	79	2814	0	144	0	8	0	9	0	12	3	361	2	114	0	10	0	0	2	291	0	41	0	3	65	80	
Hambantota	26	862	4	93	0	1	0	6	0	61	2	106	1	66	0	106	0	0	1	226	1	16	0	386	75	92	
Matarra	38	1300	1	116	1	17	0	8	2	41	1	201	1	59	0	41	0	0	1	187	0	30	1	191	82	94	
Jaffna	57	2296	13	398	1	13	1	89	0	126	1	23	23	656	0	10	0	2	6	179	1	72	0	1	75	100	
Kilinochchi	8	86	1	53	0	2	0	36	0	76	0	17	0	26	0	2	0	0	0	10	0	11	0	0	75	75	
Mannar	8	193	1	47	0	4	0	23	0	12	0	11	0	42	0	0	0	0	0	7	0	4	0	0	80	80	
Vavuniya	0	262	0	17	0	5	0	100	0	46	0	19	0	12	0	7	0	0	0	34	0	10	0	8	50	75	
Mullaitivu	1	181	0	30	0	5	0	19	0	41	1	28	0	6	0	2	0	1	0	25	0	13	0	6	40	60	
Batticaloa	17	554	10	336	0	5	0	54	0	102	1	52	0	6	0	13	0	1	1	123	0	20	0	1	57	71	
Ampara	0	240	0	52	0	3	0	1	0	21	0	26	0	0	0	12	0	0	0	177	0	5	0	9	14	71	
Trincomalee	52	463	0	59	0	2	0	13	4	29	0	38	1	28	2	45	0	2	1	171	0	17	0	18	50	67	
Kurunegala	37	2445	2	342	0	13	0	4	0	21	0	168	3	48	1	36	0	4	3	405	1	80	1	109	62	90	
Puttalam	2	1008	2	108	1	7	1	8	0	3	0	53	0	62	0	3	0	3	1	100	5	92	0	4	50	71	
Anuradhapura	7	700	0	138	0	4	0	12	0	34	2	273	0	27	0	40	0	1	2	276	2	50	3	270	32	42	
Polonnaruwa	11	462	0	51	0	4	0	12	0	15	0	90	0	4	0	5	0	0	1	157	0	21	2	134	71	71	
Badulla	18	1122	11	163	0	13	0	14	0	32	0	134	0	116	1	127	0	1	5	260	6	215	0	3	82	82	
Monaragala	17	453	2	136	0	1	0	5	0	11	2	173	2	128	0	151	0	2	0	88	0	27	0	39	100	100	
Ratnapura	42	3008	4	366	0	35	0	31	0	25	6	623	0	40	2	214	0	0	2	264	0	171	0	1	61	83	
Kegalle	22	1454	2	88	0	21	1	34	2	62	1	184	2	43	0	34	0	0	4	347	3	63	0	3	82	100	
Kalmune	21	817	0	115	0	7	0	5	0	65	0	22	0	0	0	7	0	4	0	120	0	30	0	0	62	77	
SRI LANKA	1207	51823	59	3644	3	231	7	709	9	1125	27	3924	38	1732	6	1114	0	26	55	5057	32	1395	7	1228	63	80	

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T= Timeliness refers to returns received on or before 23rd December, 2016. Total number of reporting units: 339. Number of reporting units data provided for the current week: 279. C\*\*= Completeness  
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

17<sup>th</sup> - 23<sup>rd</sup> Dec 2016 (52<sup>nd</sup> 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	01	00	00	00	01	01	66	72	-8.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	00	00	01	01	02	04	02	396	386	+2.5%
Measles	01	00	00	00	00	02	00	00	00	03	05	380	2593	-85.3%
Rubella	00	00	00	00	00	00	00	00	00	00	00	11	08	+37.5%
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	10	16	-37.5%
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	21	15	+40%
Whooping Cough	00	00	00	00	00	01	00	00	00	01	00	70	105	-33.3%
Tuberculosis	24	00	12	05	12	16	07	03	14	93	76	9074	9597	-5.4%

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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**ON STATE SERVICE**

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