



# WEEKLY EPIDEMIOLOGICAL REPORT

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## International Travel and Health (Part 1)

The number of people travelling internationally is increasing every year. According to statistics of the World Tourism Organization, international tourist arrivals in the year 2007 has reached 903 million. By 2010 international arrivals are expected to reach 1 billion, and 1.6 billion by 2020. In 2007, just over half of all international tourist arrivals were motivated by leisure, recreation and holidays (51%) – a total of 458 million. Business travel accounted for some 15% (138 million), and 27% represented travel for other purposes, such as visiting friends and relatives (VFR), religious reasons/pilgrimages, health treatment, etc. (240 million). Slightly less than half of arrivals travelled by air transport (47%) in 2007, while the remainder arrived in their destinations by surface transport (53%) – whether by road (42%), rail (4%) or over water (7%). International travel can pose various risks to health, depending on the characteristics of both the traveller and the travel. Travelers may encounter sudden and significant changes in altitude, humidity, microbes and temperature, which can result in ill-health. In addition, serious health risks may arise in areas where accommodation is of poor quality, hygiene and sanitation are inadequate, medical services are not well developed and clean water is unavailable.

### Travel-related risks

Key factors in determining the risks to which travelers may be exposed are:

- mode of transport
- destination
- duration and season of travel
- purpose of travel
- standards of accommodation and food hygiene
- behaviour of the traveler
- underlying health of the traveller.

Destinations where accommodation, hygiene and sanitation, medical care and water quality are of a high standard pose relatively few serious risks for the health of travellers, unless there is pre-existing illness. This also applies to business travellers and tourists visiting most major cities and tourist centres and staying in good quality accommodation. In contrast, destinations where accommodation is of poor quality, hygiene and sanitation are inadequate, medical services do not exist, and clean water is unavailable may pose serious risks for the health of travellers. The epidemiology of infectious diseases in the destination country is of importance to travellers. Travelers and travelling medicine practitioners should be aware of the occurrence of any disease outbreaks in their international destinations. Unforeseen natural or manmade disasters may occur. Outbreaks of known or newly emerging infectious diseases are often unpredictable. The mode of transportation, duration of the visit and the behaviour and lifestyle of the traveller are important in determining the likelihood of exposure to infectious agents and will influence decisions on the need for certain vaccinations or antimalarial medication.

### Medical consultation before travel

Travelers intending to visit a destination in a developing country should consult a travel medicine clinic or medical practitioner before the journey. These consultations should take place at least 4–8 weeks before the journey, and preferably earlier if long-term travel or overseas work is envisaged. The consultation will determine the need for any vaccinations and/or antimalarial medication, as well as any other medical items that the traveler may require. A basic medical kit will be prescribed or provided, supplemented as appropriate to meet individual

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needs. Dental and —for women— gynaecological check-ups are advisable before prolonged travel to developing countries or prolonged travel to remote areas. This is particularly important for people with chronic or recurrent dental or gynaecological/ obstetric problems.

**Assessment of health risks associated with travel**

Medical advisers base their recommendations, including those for vaccinations and other medication, on an assessment of risk for the individual traveller, which takes into account the likelihood of catching a disease and how serious this might be for the traveller concerned. Key elements of this risk assessment are the destination, duration and purpose of the travel as well as the standards of accommodation and the health status of the traveller. For each disease being considered, an assessment is also made of: — availability of prophylaxis, possible side-effects and suitability for the traveller concerned; — any associated public health risks (e.g. the risk of infecting others).

**Medical kit**

Sufficient medical supplies should be carried to meet all foreseeable needs for the duration of the trip. A medical kit should be carried for all destinations where there may be significant health risks, particularly those in developing countries, and/or where the local availability of specific medications is not certain. This kit will include basic medicines to treat common ailments, first-aid articles and any other special medical items, such as syringes and needles, that may be needed by the individual traveller. Certain categories of prescription medicine or special medical items should be carried together with a medical attestation, signed by a physician, certifying that the traveller requires the medication or the items for medical conditions. Some countries require not only a physician but also the national health administration to sign this certificate. Toilet items should also be carried in sufficient quantity for the entire visit unless their availability at the travel destination is assured. These will include items for dental care, eye care including contact lenses, skin care and personal hygiene.

**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 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 traveller 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
- 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. Traveller 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.

**Source:**

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

Table 1: Vaccine-preventable Diseases & AFP

11<sup>th</sup> - 17<sup>th</sup> July 2009 (29<sup>th</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	01	00	00	00	00	01	00	00	00	01	01	44	58	-24.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	00	00	00	00	00	00	00	00	00	00	73	62	+17.7%
Tetanus	00	00	00	00	00	01 KR=1	00	01 BD=1	00	02	01	17	20	-15.0%
Whooping Cough	00	00	00	00	00	00	00	00	01	01	00	33	24	+37.5%
Tuberculosis	117	07	02	15	12	26	00	10	23	212	109	5598	4839	15.7%

Table 2: Newly Introduced Notifiable Disease

11<sup>th</sup> - 17<sup>th</sup> July 2009 (29<sup>th</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	14	06	11	94	09	00	05	10	04	153	70	10913	3192	+241.8%
Meningitis	05 CB=1 KL=3 GM=1	00	03 GL=3	00	03 KM=3	01 KR=1	00	00	06 KG=1 RP=5	18	11	589	815	-27.7%
Mumps	03	07	02	00	06	02	03	04	04	31	53	1081	1509	-23.3%
Leishmaniasis	00	00	05 MT=5	00	00	00	00	00	00	05	Not available*	467	Not available*	-

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.  
 DPDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matala, 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Table 4: Surveillance of Communicable diseases among IDP's

11<sup>th</sup> - 17<sup>th</sup> July 2009 (29<sup>th</sup> Week)

Area	Disease	Dysentery	Enteric fever	Viral Hepatitis	Chicken Pox	Watery Diarrhoea
Vavunia		00	1	17	36	00
Chendikulam		156	13	86	116	613
Total		156	14	103	152	613

Table 4: Selected notifiable diseases reported by Medical Officers of Health

11<sup>th</sup> - 17<sup>th</sup> July 2009 (29<sup>th</sup> Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Colombo	203	2627	4	118	0	7	4	113	0	38	16	340	1	5	4	60	0	4	100
Gampaha	147	2405	5	104	0	17	1	31	2	12	5	174	0	7	5	55	0	2	87
Kalutara	26	821	5	201	0	9	0	43	1	43	2	142	0	1	1	31	0	2	75
Kandy	139	2751	3	191	0	5	1	19	0	54	2	143	2	110	8	55	0	0	83
Matale	46	967	2	68	0	2	1	24	0	6	4	253	1	4	8	22	0	2	83
Nuwara Eliya	16	157	13	308	0	1	0	137	2	777	0	26	4	48	4	48	0	0	100
Galle	63	337	16	141	0	10	0	2	0	20	6	100	0	4	3	13	0	3	100
Hambantota	33	632	4	61	1	7	0	5	0	8	1	53	2	48	1	22	0	0	91
Matara	31	750	7	185	0	4	0	4	0	15	0	95	2	77	6	26	0	1	88
Jaffna	0	9	0	75	0	3	1	170	0	28	0	0	0	123	0	115	0	2	13
Kilinochchi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mannar	0	4	1	52	0	1	2	83	0	4	0	0	0	0	2	43	0	0	50
Vavuniya	1	12	20	1319	1	4	4	154	0	2	0	2	0	1	102	3092	0	0	75
Mullaitivu	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Batticaloa	21	422	1	176	0	12	2	10	0	41	0	8	0	2	0	16	0	2	82
Ampara	11	188	1	32	0	0	0	8	0	5	0	8	0	0	0	11	0	0	100
Trincomalee	5	300	4	66	0	2	0	4	1	1	0	16	0	14	1	29	0	1	80
Kurunegala	98	1717	6	113	0	8	2	42	1	9	0	63	1	55	7	66	0	4	79
Puttalam	21	394	5	91	0	7	0	56	0	2	2	59	0	26	0	14	0	1	78
Anuradhapur	10	423	2	74	0	4	0	4	0	3	2	76	0	26	15	61	0	1	68
Polonnaruwa	5	109	0	24	0	2	0	18	0	6	1	52	0	0	1	35	0	0	100
Badulla	7	192	7	168	0	2	1	30	0	18	3	57	4	71	7	216	0	1	87
Monaragala	14	103	6	44	0	0	1	17	0	8	1	13	1	47	14	60	0	0	91
Ratnapura	79	1292	6	346	1	17	2	39	0	5	16	148	1	25	12	88	0	1	83
Kegalle	76	2618	4	104	0	6	0	25	0	6	5	119	1	23	6	132	0	1	64
Kalmunai	6	137	3	73	0	1	0	10	2	3	0	2	0	2	0	11	0	0	77
<b>SRI LANKA</b>	<b>1058</b>	<b>19376</b>	<b>125</b>	<b>4136</b>	<b>03</b>	<b>131</b>	<b>22</b>	<b>1049</b>	<b>09</b>	<b>1114</b>	<b>66</b>	<b>1949</b>	<b>20</b>	<b>719</b>	<b>207</b>	<b>4321</b>	<b>0</b>	<b>28</b>	<b>80</b>

Source: Weekly Returns of Communicable Diseases (WRCD).

\*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

\*\*Timely refers to returns received on or before 17<sup>th</sup> July, 2009 Total number of reporting units =311. Number of reporting units data provided for the current week: 248

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

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