



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Epidemic Intelligence from open sources (EIOS) Part II

This is the last article of series of two articles named as Epidemic Intelligence from open sources (EIOS).

Second Pillar: A range of multidisciplinary collaborators



The community was established in 2017 with twelve founding members, who recognized the importance of working together. Since then, the community has grown to include additional organizations and government agencies from around the world, all united by their commitment to the EIOS mission.

Also, the system is built on a long-standing collaboration between the World Health Organization (WHO) and the Joint Research Centre (JRC) of the European Commission (EC). This partnership brings together the expertise and resources of two leading organizations in the field of global health security, allowing the EIOS system to benefit from their combined knowledge and experience.

The EIOS community's expansion is not limited to any region or sector, as it includes interested national, supranational, and international institutions worldwide. This means that the stakeholders of this community are diverse in their expertise, experiences, and inclusive manner. It helps to bridge gaps and overcome barriers that may exist between different organizations and coun-

tries.

Current open innovation collaborations and workstreams

As a WHO-led initiative, EIOS is developing a sophisticated information network that will use artificial and augmented intelligence to not only detect and assess risks early but also identify trends of diseases and predict future possible outbreaks.

The EIOS system collects and categorizes information from thousands of public resources to provide intelligence for public health emergency prevention and response. However, the volume of information during the COVID-19 pandemic has been overwhelming, making it difficult to quickly extract important information. Additionally, there is a lot of questionable content and deliberate misinformation that adds to the complexity of the response. Collaborative projects are underway to improve the speed and accuracy of generating information, identifying reliable sources, and automating the identification of unusual content.

Third Pillar: An evolving fit-for-purpose system

An evolving EIOS system is a critical component of the EIOS community of practice, providing a platform for connecting different systems and actors involved in global health security. The EIOS system has evolved since its inception, incorporating new technologies and innovations to enhance its functionality and effectiveness.

One of the key features of the EIOS system is its ability to connect with other systems and actors involved in global health security. This includes platforms such as ProMED, Health-Map, and the Global Public Health Intelligence Network (GPHIN), which provide valuable information and data on disease outbreaks and other health threats. By connecting with these sys-

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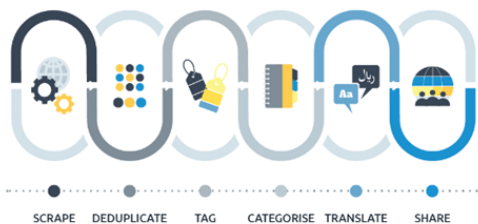
tems, the EIOS system can access real-time information on health threats and respond more quickly and effectively. In addition to connecting with other systems and actors, the system is constantly evolving and improving to meet the needs of the EIOS community of practice.

What does the system do?

The EIOS system collects a lot of information from many different places like news websites and social media. It then sorts this information into categories like topics, countries, and languages, and puts it all in one place. The system keeps checking for new information and adds it to the collection. Only people who are authorized can see and use this information. Different organizations can share information securely within the system. People who use the system can look at the information by themselves or work together with others.

What does the system allow users to do?

The EIOS system uses advanced technology to help public health experts analyze large amounts of information quickly and efficiently. The technology is based on ongoing research and advancements in artificial intelligence and helps experts identify important events in a fraction of the time it would typically take. Rather than replacing human expertise, the EIOS technology supports it by enabling experts to assess information accurately and respond effectively to public health threats.



WHO Hub for Pandemic and epidemic intelligence

As of January 2022, the EIOS initiative is being led by the WHO Hub for Pandemic and Epidemic Intelligence. The Hub was established in September 2021 in Berlin with the support of the German government to improve global collaboration in addressing pandemic and epidemic risks by providing better data access, analytical capacities, and decision-making tools.

Leadership and governance

The EIOS initiative was established in 2017, under the leadership of WHO’s Health Emergencies Programme (WHE). It is a joint commitment by the Global Health Security Initiative (GHSI), the Joint Research Centre of the European Commission (JRC), and WHO to improve the capacity to assess health threats to global health.

The EIOS Core Team (ECT) was established within the WHO Health emergencies programme (WHE) to take charge of the EIOS initiative. The ECT is responsible for leading and overseeing the development and expansion of EIOS, including its various aspects such as the community, technology, and governance.

The ECT is responsible for developing and expanding the initiative in several ways. Firstly, it will work to enhance the EIOS community by fostering collaboration and partnerships with

various stakeholders, including national health authorities, international organizations, academia, and the private sector. Secondly, the ECT will focus on improving EIOS technology, including its data analytics, visualization, and sharing capabilities. Finally, the ECT will work on developing EIOS governance structures, including policies, procedures, and standards, to ensure that the system operates effectively, efficiently, and with the highest levels of transparency and accountability. Overall, the ECT plays a critical role in advancing the EIOS initiative and improving global health security.

The EIOS Global Technical Meeting (GTM)

The EIOS Global Technical Meeting (GTM) is an annual event organized by the EIOS Core Team that brings together multi-disciplinary experts to discuss challenges, solutions, and innovations in Public Health Intelligence (PHI). The GTM was first organized as a technical forum but now it has evolved into a community-building event after expanding its scope and engaging with Member States. Despite a hiatus in 2020 due to COVID-19, the 2021 GTM was held virtually and nearly 400 participants participated. In November 2022, the GTM was held in person in Luxor, Egypt, with over 180 experts discussing “The Dawn of a new era for Public Health Intelligence.”

EIOS Training

Capacity building is an essential component of the EIOS system to detect health threats and respond to them at the correct time. The [WHO Hub for Pandemic and epidemic intelligence](#) supports to full fill this purpose by training public health intelligence professionals at the regional, national, and global levels. These well-trained professionals are provided with the necessary tools and guidelines that are needed to support the early detection, verification, assessment, and communication of public health threats.

The training provided to EIOS community members includes how to conduct ongoing risk assessments, which involve continuous monitoring and evaluation of possible public health threats. This is essential for effective outbreak response, as it allows public health professionals to quickly identify the most appropriate preventive and mitigative health measures.

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Sources:

Epidemic Intelligence from open source (EIOS), World Health Organization (WHO)

Table 1: Selected notifiable diseases reported by Medical Officers of Health 20th-26th May 2023 (21st Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	328	6418	1	5	0	8	0	1	0	6	7	133	0	0	0	3	0	0	0	9	131	0	18	0	5	24	95
Gampaha	104	6176	0	7	0	7	0	1	0	2	8	236	1	6	2	9	0	0	0	5	119	1	34	0	14	1	91
Kalutara	165	2162	0	13	0	1	0	0	0	5	18	352	0	1	0	2	0	1	1	10	218	2	40	0	1	5.5	99
Kandy	236	2094	1	18	0	0	0	3	0	12	8	117	0	33	0	2	0	1	1	3	133	1	11	0	14	82	100
Matale	37	636	0	2	0	0	0	1	0	5	7	72	0	7	0	3	0	0	1	27	0	3	10	144	20	100	
NuwaraEliya	10	91	3	61	0	1	0	0	0	38	3	47	1	28	1	3	0	0	2	54	1	8	0	0	56	100	
Galle	57	995	3	21	1	10	2	5	2	15	28	459	1	26	0	0	0	0	5	166	1	11	0	1	32	100	
Hambantota	44	690	0	4	0	1	0	1	0	8	8	148	0	46	0	7	0	0	3	80	0	14	9	271	27	100	
Matara	49	757	2	15	0	5	0	0	0	6	16	265	0	17	0	2	0	1	4	127	0	9	5	77	50	100	
Jaffna	58	1428	3	41	0	1	0	8	6	15	0	8	7	453	0	1	0	1	5	107	1	4	0	2	62	93	
Kilinochchi	2	60	1	4	0	0	0	0	0	16	1	7	0	5	0	0	0	0	0	8	0	0	0	0	17	100	
Mannar	7	61	0	5	0	0	0	1	0	0	0	24	0	4	0	0	0	0	1	1	0	2	0	0	23	100	
Vavuniya	6	98	0	5	0	1	0	0	0	0	1	22	0	6	0	1	0	0	0	11	1	3	0	2	1	100	
Mullaitivu	1	52	0	8	0	0	0	3	0	11	1	26	0	4	0	0	0	0	0	10	0	0	0	3	21	99	
Batticaloa	70	1495	4	117	0	6	0	3	0	11	4	47	0	1	0	3	0	0	3	34	2	21	0	1	49	100	
Ampara	0	42	0	1	0	1	0	0	0	0	0	12	0	0	0	1	0	0	0	17	0	7	0	2	16	47	
Trincomalee	38	1468	0	5	0	1	0	0	0	4	4	40	1	12	0	0	0	0	2	23	0	14	0	1	20	96	
Kurunegala	72	1403	1	15	0	6	0	0	0	1	15	158	0	9	0	7	0	2	4	246	2	72	9	209	20	98	
Puttalam	45	2380	0	6	0	1	0	1	0	0	1	22	0	7	0	1	0	0	1	65	1	28	1	13	14	100	
Anuradhapur	29	306	0	3	0	0	0	1	0	1	12	178	0	23	0	2	0	0	3	124	3	21	6	256	20	99	
Polonnaruwa	28	334	0	5	0	5	0	0	0	6	7	95	0	5	0	9	0	0	1	40	0	12	6	205	32	98	
Badulla	16	548	1	15	0	3	0	0	0	26	6	144	0	26	0	54	0	0	3	81	2	19	1	12	64	100	
Monaragala	21	283	2	14	0	3	0	0	0	0	11	339	0	27	1	14	0	0	2	38	2	39	3	85	24	100	
Ratnapura	61	973	0	19	1	10	0	1	0	9	33	545	1	16	1	12	0	1	8	85	8	90	5	86	35	100	
Kegalle	68	1334	0	10	0	1	0	1	0	8	19	286	0	18	1	3	0	0	8	200	1	25	1	16	28	100	
Kalmune	32	1396	1	30	0	7	0	0	0	0	0	23	0	0	0	0	0	0	0	31	3	15	0	0	42	100	
SRI LANKA	158	33680	23	449	2	79	2	31	8	205	21	3805	12	780	6	13	0	7	82	2176	32	520	56	1420	33	97	

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 26th May, 2023. Total number of reporting units 358. Number of reporting units data provided for the current week: 322. C**=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

20th– 26th May 2023(21st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2023	Number of cases during same week in 2022	Total number of cases to date in 2023	Total number of cases to date in 2022	Difference between the number of cases to date in 2023 & 2022
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	04	02	01	00	00	00	00	00	02	09	02	40	35	14.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	02	01	00	00	00	00	00	00	03	06	91	24	279.1 %
Measles	00	00	00	00	01	00	00	00	00	01	01	17	12	41.6 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	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	03	05	- 40 %
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	02	07	- 71.4 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	04	01	300 %
Tuberculosis	66	33	16	00	08	05	17	11	09	165	146	3550	2760	28.6 %

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
NA = Not Available

Number of Malaria Cases Up to End of May 2023,
01
All are Imported!!!

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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