



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

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WASH (Water, Sanitation, and Hygiene) as a Shared Responsibility Part II

This is the last article of series of two articles that are WASH (Water, Sanitation, and Hygiene) as a Shared Responsibility.

SDG Target 3.8 - Access to Quality Essential Healthcare Services

WASH in healthcare facilities directly impacts the quality of essential health services. Clean and well-equipped facilities enhance patient care, reduce the risk of infections, and improve overall healthcare outcomes.



SDG Target 3.1 - Reducing Maternal Mortality

Access to clean water, sanitation, and hygiene in healthcare facilities is vital for safe childbirth and postnatal care. Proper hygiene and sanitation help prevent infections, contributing to the reduction of maternal mortality



SDG Target 3.2 - Reducing Under-Five and Neonatal Mortality

WASH in healthcare facilities is critical for newborn and child health. Clean environments, safe water, and proper waste management help prevent the spread of diseases and infections, thus reducing under-five and neonatal mortality rates.

WASH in healthcare facilities contributes to achieving these SDG targets by creating an environment where quality healthcare services can be provided effectively and safely. The SDGs recognize the interconnectedness of different goals and targets. WASH in healthcare facilities not only directly addresses health-related SDGs but also has cross-cutting effects on goals related to gender equality (SDG 5), reducing inequalities (SDG 10), and creating sustainable cities and communities (SDG 11).



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WEEKLY EPIDEMIOLOGICAL REPORT SRI LANKA 2023



Ultimately, achieving WASH in healthcare facilities is essential for building resilient and effective healthcare systems that support the broader agenda of sustainable development and improved global health.

Global Situation:

- **Worldwide, 2.2 billion people still lack access to safe drinking water.**
- **More than half of the global population does not have access to safe sanitation.**
- **Three billion people do not have access to hand-washing facilities with soap.**

Still, 673 million people practice open defecation.

Several global initiatives and organizations, including the World Health Organization (WHO) and United Nations International Children’s Fund (UNICEF), have been working to improve WASH standards in healthcare facilities around the world. Despite these efforts, there have been challenges in achieving consistent and adequate WASH practices in many regions, especially in low-resource and developing countries. Some common challenges include:

- **Lack of Infrastructure:** Many healthcare facilities in resource-constrained areas lack basic infrastructure for clean water supply, proper sanitation, and waste management.
- **Inadequate Funding:** Limited funding often hampers the development and maintenance of WASH facilities in healthcare institutions, particularly in low-income countries.
- **Infection Control:** Poor WASH practices can contribute to the spread of healthcare-associated infections, affecting both patients and healthcare workers.
- **Training and Awareness:** Inadequate training and awareness about proper WASH practices can lead to suboptimal implementation and compliance.
- **Healthcare Waste Management:** Improper handling and disposal of healthcare waste can pose health risks to the community and the environment.

Sri Lankan Situation:

In Sri Lanka, access to clean water and sanitation has generally improved over the years, but challenges remain, particularly in healthcare settings. The country has made efforts to strengthen WASH practices in healthcare institutions, but disparities exist between ur-

ban and rural areas.

- **Access to Clean Water:** Access to clean water has improved, but certain rural areas and healthcare facilities might still face challenges in consistent water supply.
- **Sanitation Facilities:** While sanitation facilities have improved, there could be variations in the quality and availability of toilets and proper sanitation practices in healthcare institutions, especially in remote regions.
- **Infection Control:** Inadequate WASH practices in some healthcare settings might contribute to the transmission of infections, particularly in crowded or understaffed facilities.
- **Healthcare Waste Management:** Proper healthcare waste management is crucial to prevent the spread of diseases. Sri Lanka has regulations and guidelines for healthcare waste management, but effective implementation might vary.

The Sri Lankan government has taken steps to improve WASH in healthcare institutions, including policy development and capacity-building programs. Recently, the WASH FIT (Water, Sanitation, and Hygiene Facility Improvement Tool) assessment was conducted targeting all the healthcare institutions in the country to evaluate the performance of water, sanitation, and hygiene facilities in healthcare settings. It assessed the quality and sustainability of these facilities to ensure safe and effective healthcare delivery. The Ministry of Health is in the process of developing WASH Standards for healthcare institutions.

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References

UNICEF – WASH in healthcare facilities <https://data.unicef.org/topic/water-and-sanitation/wash-in-health-care-facilities/>

Progress on WASH in health care facilities 2000–2021: special focus on WASH and infection prevention and control (IPC), World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) 2022

Table 1: Selected notifiable diseases reported by Medical Officers of Health 19th- 25th Aug 2023 (34th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poi-		Leptospirosis		Typhus Fe-		Viral		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	139	11219	1	12	0	11	0	2	0	10	7	239	0	0	1	5	0	0	8	222	2	33	1	6	36	100
Gampaha	164	11369	0	17	1	14	0	7	2	5	15	414	1	8	1	13	0	0	8	202	2	76	0	33	6	100
Kalutara	102	3858	1	18	0	2	0	0	0	6	14	614	0	2	1	7	0	1	11	367	5	73	0	1	29	100
Kandy	257	5499	1	29	1	1	2	10	0	15	7	215	0	45	0	3	0	1	6	184	0	20	0	25	88	100
Matale	60	1240	0	2	0	3	0	1	0	13	1	122	0	13	0	5	0	0	4	48	0	4	9	230	28	100
NuwaraEliya	10	215	11	121	0	4	0	3	1	44	9	110	1	55	0	5	0	0	6	118	0	19	1	2	62	100
Galle	98	2122	0	37	0	13	0	5	0	21	14	702	5	53	0	1	0	1	7	243	2	21	0	3	38	100
Hambantota	13	1210	0	8	0	3	0	1	0	9	1	237	1	60	1	9	0	0	3	113	0	16	10	456	30	100
Matara	56	1505	0	20	0	8	0	1	1	17	7	420	0	29	0	5	0	2	10	219	0	16	2	135	57	100
Jaffna	49	1899	5	79	0	2	2	12	0	28	0	11	2	495	1	4	0	2	8	147	1	14	0	2	65	93
Kilinochchi	0	86	0	8	0	0	0	1	0	16	0	8	0	7	0	0	0	0	1	14	0	2	0	0	28	100
Mannar	1	78	0	6	0	0	0	1	0	0	1	32	0	5	0	0	0	0	2	2	0	8	0	0	48	100
Vavuniya	2	134	1	6	0	1	0	0	2	4	0	29	0	8	0	1	0	0	0	20	1	12	0	10	15	100
Mullaitivu	1	112	1	12	1	1	0	3	0	12	0	33	0	5	0	1	0	0	0	12	0	2	0	7	24	100
Batticaloa	11	2107	2	157	0	7	0	5	0	18	1	73	0	1	0	5	0	1	3	73	1	26	0	1	63	100
Ampara	5	208	0	5	0	1	0	1	0	52	2	112	0	2	0	1	0	0	2	62	1	40	0	6	8	100
Trincomalee	11	1982	0	19	0	1	1	1	0	65	1	61	0	15	0	3	0	0	1	52	0	25	0	2	28	100
Kurunegala	51	2485	0	36	0	9	0	1	0	6	13	299	2	14	0	9	0	2	12	393	4	150	13	386	28	100
Puttalam	15	2827	11	24	0	3	0	1	0	2	1	56	0	8	0	1	0	0	2	86	3	50	0	18	26	100
Anuradhapur	5	650	0	10	1	1	0	1	0	7	1	232	0	30	0	3	0	2	1	190	1	43	15	431	28	100
Polonnaruwa	11	510	1	13	0	5	0	1	0	11	3	143	0	5	0	12	0	0	4	66	0	16	10	321	35	100
Badulla	12	892	1	28	0	5	0	0	0	43	8	267	2	47	0	74	0	0	1	127	3	37	1	32	67	100
Monaragala	44	542	1	21	0	6	0	0	3	4	6	438	0	33	0	21	0	1	3	58	1	57	0	137	28	100
Ratnapura	37	1781	0	34	0	14	0	2	0	16	24	916	0	26	0	16	0	2	3	158	3	118	2	140	36	100
Kegalle	55	2481	0	19	0	2	0	2	1	14	6	529	3	35	0	5	0	0	9	321	2	62	2	32	33	100
Kalmune	10	1657	2	65	0	10	0	0	0	0	0	46	0	1	0	0	0	0	7	78	1	29	0	0	47	100
SRI LANKA	1219	58668	39	806	4	127	5	62	10	438	14	6358	17	1002	5	209	0	15	120	3575	33	969	66	2416	40	99

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 25th Aug, 2023. Total number of reporting units 358. Number of reporting units data provided for the current week: 357. C**=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

19th– 25th Aug 2023 (34th 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*	00	01	00	00	00	00	00	00	00	01	02	64	53	20.7 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	00	00	00	00	00	00	00	02	03	155	57	171.9 %
Measles	19	00	01	10	00	00	01	00	04	36	00	310	16	1837.5 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	03	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	06	05	20 %
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	01	00	00	01	00	06	01	500 %
Tuberculosis	83	00	14	05	05	00	05	04	07	123	473	6040	4110	46.9 %

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

Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.

It is provided free by the MOH office / Public Health Inspectors.

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@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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