



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiological Unit,

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VISION 2020: The Right to Sight

VISION 2020: The Right to Sight is a global initiative which aims to help eliminate avoidable blindness by the year 2020, jointly launched by the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB) together with an international coalition of government agencies, institutions and non-governmental organizations concerned with eye care and the prevention and management of blindness. Over the next two decades, VISION 2020 will take steps to prevent an estimated 100 million people from becoming blind.

Most people take the gift of sight for granted. Yet no one values vision more than one who has lost it. No one cherishes sight more than the one who has lost it and regained it. The figures for world blindness are astounding when one considers the fact that restorations of sight are amongst the most cost-effective interventions in health care.

- An estimated 37 million people worldwide are blind.
- Every year, an additional 1-2 million persons go blind.
- 75% of this blindness is treatable and/or preventable.
- 90% of the blind live in the poorest parts of the developing world.
- Without proper interventions the number of blind will increase to 75 million by 2020.

VISION 2020 focuses on creating adequate eye-

care facilities, particularly in under-privileged areas, creating a foundation of well-trained eye-care workers and implementing specific programmes to control the major causes of blindness.

VISION 2020's approach is 3-pronged:

1. Groups of communities with high levels of blindness will be identified.
2. Eye-care infrastructure and manpower will be provided to these communities-within catchment populations of 500,000 to 1 million people.
3. Affordable high quality eye care services would be provided using these resources.

The strength of VISION 2020 lies in the partnerships between VISION 2020 and eye-care personnel (ophthalmologists, ophthalmic assistants, nurses and optometrists), international and national Non-Governmental Development Organisations (NGDO), National Ministries of Health and Departments of Health Services and corporate eye-care service providers.

All above individuals and organisations are represented within the International Agency for the Prevention of Blindness (IAPB). IAPB collaborates with the World Health Organization (WHO) in implementing VISION 2020.

VISION 2020 needs significant financial inputs to support the dedication and expertise of individuals within the member organizations. Providing sustainable eye-care services to 1 million people will cost \$1 million in personnel, equipment, facilities and disease-control programs

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over a 5 year period. Each year VISION 2020 needs \$200 million, in addition to existing government contributions. The VISION 2020 coalition of NGOs will contribute about \$100 million. The remaining \$100 million is sought from the generosity and support of the developed countries.

The Right to Sight is a worldwide concerted effort designed to eliminate avoidable blindness by the year 2020. The program will enable all parties and organizations involved in combating blindness to work in a focused and coordinated way to achieve the common goal of eliminating preventable and treatable blindness. VISION2020, in conjunction with the WHO's Global Initiative for the Elimination of Avoidable Blindness, is taking on the following responsibilities:

- Increase awareness of blindness as a major public health issue
- Control the major causes of blindness
- Train ophthalmologists and other eye care personnel to provide appropriate eye care
- Create an infrastructure to manage the problem

The challenge

37 million people are blind and 124 million have low vision, comprising a total of more than 161 million people with serious visual impairment worldwide. Millions more people are functionally blind or visually impaired due to uncorrected refractive error. Blindness has an enormous personal, social and economic cost, limiting the education and life choices of otherwise healthy people and placing a significant weight on family, community and social and health services. Blindness is also associated with lower life expectancy.

90% of the world's blind live in developing countries. There

are at least 11.6 million blind people in the South East Asia Region, 9.3 million in the Western Pacific Region and 6.8 million in Africa.

More than 82% of all blind people are at least 50 years old. 1.4 million children under the age of 15 are blind. Females have a significantly higher risk of being visually impaired than males

But fortunately 75% of the world's blindness is avoidable - that is, its causes are preventable or treatable. Treatments for the prevention and cure of blindness are among the most cost effective and successful of all health interventions.

VISION2020 works towards the implementation of VISION 2020 National Prevention of Blindness Plans in all countries around the world. At the 56th World Health Assembly in May 2003, a VISION 2020 Resolution was accepted, which urged all Member States to develop, implement and evaluate National Plans. In response to the astounding support given to the Resolution, VISION 2020 developed a 'Tool Kit', an interactive CD Rom providing guidance and support to Governments and health professionals at all stages of development.

To facilitate the development of National Plans, VISION 2020 runs workshops around the world. The primary workshops encourage an initial and fundamental need for advocacy, to sensitise eye care professionals and health authority planners to the aims, programme and resource requirements of VISION2020. Others tackle the next stage, the development of national plans, and advocacy at local, national, regional and supra-national levels.

For further information, please visit the website of VISION 2020 (www.v2020.org)

CHILDHOOD BLINDNESS

Childhood blindness refers to a group of diseases and conditions occurring in childhood or early adolescence, which, if left untreated, results in blindness or severe visual impairment that are likely to be untreatable later in life. The major causes of blindness in children vary widely from region to region. In high-income countries, lesions of the optic nerve and higher visual pathways predominate as the cause of blindness, while corneal scarring from measles, vitamin A deficiency, the use of harmful traditional eye remedies, ophthalmia neonatorum and rubella cataract are the major causes in low-income countries. Retinopathy of prematurity is an important cause in middle-income countries. Other significant causes in all countries are congenital abnormalities such as cataract, glaucoma and hereditary retinal dystrophies.

The prevalence of blindness in children varies according to socioeconomic development and under-5 mortality rates. In low-income countries with high under-5 mortality rates, the prevalence may be as high as 1.5 per 1000 children, while in high-income countries with low under-5 mortality rates, the

prevalence is around 0.3 per 1000 children. Using this correlation to estimate the prevalence of blindness in children, the number of blind children in the world is approximately 1.4 million. Approximately three-quarters of the world's blind children live in the poorest regions of Africa and Asia.

Prevention and treatment

Prevention and treatment of childhood blindness is disease specific. For Vitamin A deficiency, at a cost of only 5 US cents a dose, vitamin A supplements reduce child mortality by up to 34% in areas where Vitamin A deficiency is a public health problem. As Vitamin A deficiency manifests often during an outbreak of measles, properly planned and implemented national vaccination programmes against measles has reduced the prevalence of eye complications. In middle income countries, retinopathy of prematurity (ROP) is among the leading causes of blindness, the incidence of which can be reduced through availability and affordability of screening and curative services. Early treatment of cataract and glaucoma can be beneficial, while low vision devices are helpful in children with residual vision.

Table 1: Vaccine-preventable Diseases & AFP

14th - 20th April 2007 (16th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006	
	W	C	S	NE	NW	NC	U	Sab						
Acute Flaccid Paralysis	01 CB=1	00	00	01 TR=1	00	00	00	00	01 KG=1	03	01	29	43	-32.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	00.0%
Measles	00	00	00	00	00	00	00	00	00	00	00	24	07	+242.9%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	11	16	-31.2%
Whooping Cough	00	00	00	00	00	00	00	00	01 KG=1	01	01	14	26	-46.2%
Tuberculosis	101	15	05	15	05	36	00	00	00	177	175	3162	3239	-2.4%

Table 2: Diseases under Special Surveillance

14th - 20th April 2007 (16th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006	
	W	C	S	NE	NW	NC	U	Sab						
DF/DHF*	19	01	02	08	03	07	00	05	45	159	1671	3199	-47.8%	
Encephalitis	00	00	01 MT=1	00	00	00	00	00	01 KG=1	02	01	75	40	+87.5%
Human Rabies	00	00	00	00	00	00	00	00	00	00	00	22	20	+10.0%

Table 3: Newly Introduced Notifiable Diseases

14th - 20th April 2007 (16th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Total number of cases to date in 2007
	W	C	S	NE	NW	NC	U	Sab		
Chickenpox	22	05	07	15	07	06	07	08	77	1119
Meningitis	00	00	00	00	00	00	00	00	00	49
Mumps	12	03	03	17	03	02	03	03	46	380

*DF / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.
NA= Not Available.
Sources:
Weekly Return of Communicable Diseases:
Diphtheria, Measles, Tetanus, Whooping Cough, Human Rabies, Dengue Haemorrhagic Fever, Japanese Encephalitis, Chickenpox, Meningitis, Mumps.
Special Surveillance:
Acute Flaccid Paralysis.
National Control Program for Tuberculosis and Chest Diseases:
Tuberculosis.
Details by districts are given in Table 5.

Provinces: W=Western, C=Central, S=Southern, NE=North & East, NC=North Central, NW=North Western, U=Uva, Sab=Sabaragamuwa.

DPDHS 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.

Table 4: Laboratory Surveillance of Dengue Fever

14th - 20th April 2007 (16th Week)

Samples	Number tested	Number positive *	Serotypes				
			D ₁	D ₂	D ₃	D ₄	Negative
Number for current week	01	00	00	00	00	00	00
Total number to date in 2007	241	12	00	04	02	00	05

Source: Genetech Molecular Diagnostics & School of Gene Technology, Colombo.

* Not all positives are subjected to serotyping.

Table 5: Selected notifiable diseases reported by Medical Officers of Health
14th - 20th April 2007 (16th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Colombo	10	464	01	74	00	03	02	30	00	42	09	54	00	01	01	14	100
Gampaha	08	186	06	77	00	10	02	26	00	27	07	112	00	06	03	38	86
Kalutara	01	121	03	90	00	01	00	19	00	11	02	47	00	01	00	29	91
Kandy	01	199	09	77	00	03	00	23	00	05	02	35	00	32	04	109	55
Matale	00	52	00	69	00	03	00	05	00	03	01	17	00	03	03	70	92
Nuwara Eliya	00	18	07	71	00	01	04	31	00	366	00	06	00	19	02	84	71
Galle	00	45	04	44	00	05	00	04	00	03	05	26	00	16	00	08	56
Hambantota	02	23	00	22	00	03	00	09	00	07	01	17	00	18	00	07	73
Matara	00	61	05	83	01	04	00	18	03	07	05	77	01	102	00	11	100
Jaffna	00	09	00	41	00	02	00	252	00	00	00	00	00	78	00	11	00
Kilinochchi	00	00	00	00	00	00	00	02	00	00	00	00	00	02	00	02	25
Mannar	00	07	00	11	00	00	00	35	00	00	00	00	00	00	00	04	25
Vavuniya	00	10	01	19	00	02	00	08	00	07	00	02	00	00	00	03	100
Mullaitivu	00	00	00	06	00	04	02	12	00	00	00	00	00	00	00	00	20
Batticaloa	05	20	11	91	00	04	00	12	00	02	00	00	00	00	05	143	64
Ampara	00	01	00	31	00	00	00	03	00	00	00	00	00	00	00	08	14
Trincomalee	03	35	05	48	00	01	00	11	04	22	00	01	00	02	04	31	33
Kurunegala	02	145	07	91	00	00	00	24	00	04	00	10	00	23	00	12	78
Puttalam	01	63	00	28	00	09	01	27	00	00	04	13	00	00	00	49	89
Anuradhapura	01	24	01	29	00	07	01	16	00	06	00	10	00	16	01	21	53
Polonnaruwa	06	31	00	42	00	02	01	04	00	01	01	15	00	00	03	08	71
Badulla	00	14	07	145	00	00	01	31	00	08	02	21	05	45	03	84	67
Monaragala	00	06	09	83	00	00	00	16	00	00	00	20	02	26	00	10	60
Ratnapura	03	69	07	225	00	07	00	26	00	07	00	22	00	06	02	34	50
Kegalle	02	66	12	71	01	04	00	19	00	03	00	38	00	10	00	19	100
Kalmunai	00	02	04	35	00	00	00	05	00	00	00	00	00	02	01	70	62
SRI LANKA	45	1671	99	1603	02	75	14	668	07	531	39	543	08	408	32	879	80

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 28 Apr. 2007. Total number of reporting units = 290. Number of reporting units data provided for the current week: 231.

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

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