WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

Vol. 40 No.29 **13th – 19th July 2013**

VER SRI LANKA - 2013

Molluscum contagiosum

Background

Molluscum contagiosum (MC) is a viral infection that affects the skin. It is highly contagious. It commonly affects children and young adults, although it can occur at any age.

Usually, the only symptom of MC is a number of small, firm, raised papules (spots) that develop on the skin. Although MC is highly contagious, most people are resistant to the virus

Agent

MC is caused by a virus of the pox family, known as the Molluscum Contagiosum Virus (MCV).

Transmission

There are three main groups of people who tend to be affected by MC. They are:

- young children who are one to five years of age
- people who have had a number of different sexual partners
- people with a weakened immune system, either due to having a condition such as HIV or AIDs, or from receiving treatment such as chemotherapy

MC can be spread through skin-to-skin contact with someone who is infected, or it can be passed on by touching contaminated objects, such as a flannel or towel.

Children can catch MC after coming into close physical contact with another child who is infected, such as while play-fighting or hugging. Adults can catch MC after having close physical contact with an infected person, such as sexual contact (this doesn't necessarily have to be sexual intercourse).

Symptoms

Small, dome-shaped, skin coloured papules (spots) are usually the only symptom of MC.

The spots of MC are firm, raised and usually painless, although they can sometimes be itchy. They are usually 2-5 mm wide. The spots may develop in small clusters and can spread across different parts of the body. Some of the spots may have a tiny grey head in the centre and look pearly. If the head ruptures, a thick yellowy-white substance will be released. This substance is highly infectious and it will increase the risk spreading the infection to other parts of the body.

In children, spots can develop on the:

- hands
- arms
- face
- neck
- chest and stomach

In sexually active adults, the spots usually appear around the:

- groin area, spreading upwards over the abdomen
- genitals
- inner thighs

In rare cases, spots may develop in a number of other places (both in adults and children), including:

- the palm of the hand
- the soles of the feet
- inside the mouth
- around the eyelid

In most cases, healthy children and adults will have around 20 spots on their body.

Progression

Over a period of about 6-12 weeks, the spots will crust over before eventually healing. The spots do not usually leave scars, but they may leave a small area of lighter skin or a tiny pitted mark. If the virus spreads to new areas of skin, new spots may develop as the old ones are healing. This can result in an episode of MC lasting for quite a long time, although in most cases the infection clears up after 12-18 months.

Other symptoms

The spots of MC are not usually painful, but mild swelling and redness can appear around each spot as it begins to heal.

In about 1 in 10 cases of MC, patches of eczema develop around the spots (skin becomes red, itchy,

Contents **Page**

dry and cracked. It is thought that this happens because some are very sensitive to the effects of the MC virus.Children with atopic eczema are particularly vulnerable to this additional symptom.

Complications

Occasionally complications can occur, particularly in people with weakened immune systems. Reasons why someone may have a weakened immune system include:

- having HIV or AIDs
- receiving chemotherapy treatment for cancer

Using immunosuppressants, such as azathioprine or steroids (e.g. organ transplant recipients, patients with Crohn's disease)

The three most common complications that can occur in people with a weakened immune system are:

- having larger spots than normal – larger than 5mm in diameter
- having many more spots than normal – in some cases up to 100 spots have been reported
- having a larger area of the body covered by the spots – such as the chest, face and both arms

Due to the increased risk of developing a more severe form of MC, people with a weakened immune system are usually referred to a dermatologist.

Eye problems

In rare cases, if the patient has MC around the eyes, a secondary eye infection may develop, such as conjunctivitis or keratitis. In such cases, treatment can be taken from an ophthalmologist

Other common complications are infection and scarring.

Diagnosis

The spots of MC are usually easy to recognize, and mainly it is a clinical diagnosis.

However, if it is necessary to confirm the diagnosis, a biopsy taken from the centre of one of the spots can be tested for MCV

Preventing molluscum contagiosum

It is not necessary to stay away from work, school or nursery, or to stop doing activities such as swimming as most are immune to MC

However, while the risk of passing MC on to others is small, steps should be taken to avoid spreading the virus on to people who are not resistant to it.

Therefore, a person infected with MC should:

- keep affected areas of skin covered with clothing
- avoid sharing towels, flannels and clothing
- avoid sharing baths
- avoid scratching the spots because scratching may spread the infection to other areas and it can prolong the duration of the infection.

Treatment

As mentioned before, most cases of MC clear up without treatment after 12-18 months. However, in people with weakened immune systems, it may take up to five years to clear.

A number of treatments are available for MC that can help the infection clear up more quickly. However, routine treatment is not usually recommended, particularly for children. This is because treatment can be painful and it can lead to scarring and it may be upsetting for young children.

Treatment is usually only recommended for adults and older children who have spots that are particularly unsightly and are affecting their quality of life.

There are a number of topical treatments (creams, lotions and ointments) that can be used to treat MC. All of these treatments were originally designed to treat other types of skin conditions, such as genital warts, acne and psoriasis, but they have since been proven effective in treating some cases of MC.

Source

Molluscum contagiosum, available from *http://www.nhsdirect.wales.nhs.uk/encyclopaedia/m/article/molluscumcontagiosum/*

Compiled by Dr. Madhava Gunasekera of the Epidemiology Unit

Table 3 : Water Quality Surveillance
Number of microbiological water samples - June / 2013

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	68
Gampaha	15	90	97
Kalutara	12	72	9
Kalutara NI	2	12	14
Kandy	23	138	37
Matale	12	72	19
Nuwara Eliya	13	78	6
Galle	19	114	NR
Matara	17	102	0
Hambantota	12	72	20
Jaffna	11	66	39
Kilinochchi	4	24	24
Manner	5	30	46
Vavuniya	4	24	26
Mullatvu	4	24	26
Batticaloa	14	84	11
Ampara	7	42	4
Trincomalee	11	66	16
Kurunegala	23	138	145
Puttalam	9	84	64
Anuradhapura	19	114	53
Polonnaruwa	7	42	8
Badulla	15	90	63
Moneragala	11	66	49
Rathnapura	18	108	24
Kegalle	11	66	29
Kalmunai	13	78	0

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 4: Selected notifiable diseases reported by Medical Officers of Health 06th - 12th July 2013 (28th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		E Fever		F Poisoning		Leptospiros		T Fever		V Hepatitis		H 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	218	4941	1	109	0	13	2	79	4	35	2	135	0	5	2	44	0	0	0	255	1	30	0	0	**85**	**15**
Gampaha	82	2022	3	93	0	11	1	26	1	23	5	206	0	11	4	120	2	2	3	102	1	59	0	5	**93**	**7**
Kalutara	47	984	3	90	0	15	0	48	0	13	4	246	1	2	0	13	0	0	5	175	1	46	0	0	**77**	**23**
Kandy	26	1056	6	84	0	6	0	15	0	7	0	46	2	77	0	57	0	0	1	87	0	7	0	2	**78**	**22**
Matale	15	265	2	52	0	2	0	11	0	1	0	42	0	2	4	30	0	0	0	33	3	21	0	5	**54**	**46**
NuwaraEliya	3	136	4	98	0	2	0	6	0	3	0	20	1	44	1	14	0	0	0	49	0	5	0	0	**85**	**15**
Galle	18	499	8	58	0	12	0	2	0	74	1	131	1	26	0	7	0	1	10	170	4	33	0	0	**95**	**5**
Hambantota	5	189	0	25	0	2	0	8	0	11	3	139	0	43	3	69	0	0	2	65	1	17	17	174	**83**	**17**
Matara	9	305	1	50	0	9	0	18	0	27	0	110	0	41	2	121	0	2	5	178	2	42	0	55	**100**	**0**
Jaffna	4	486	7	127	0	5	2	266	4	82	0	6	0	322	1	14	0	0	1	117	2	39	0	0	**92**	**8**
Kilinochchi	0	32	0	14	0	0	0	7	0	4	0	9	0	15	0	0	0	0	0	2	0	7	0	5	**25**	**75**
Mannar	0	57	2	32	0	1	0	54	0	14	0	11	0	17	0	2	0	0	0	11	0	4	0	1	**100**	**0**
Vavuniya	2	51	2	29	0	10	0	7	1	10	1	47	0	2	0	1	0	2	0	19	1	24	2	7	**100**	**0**
Mullaitivu	1	87	1	7	0	1	0	6	0	34	1	29	0	6	0	0	0	2	0	4	0	3	0	9	**60**	**40**
Batticaloa	3	422	2	172	0	4	0	2	0	14	1	24	0	2	0	9	0	1	0	23	0	6	0	0	**71**	**29**
Ampara	7	93	11	66	0	0	0	4	0	3	0	23	0	0	0	2	0	0	0	53	0	10	0	1	**57**	**43**
Trincomalee	1	152	3	43	0	3	0	4	0	1	1	51	0	7	0	3	0	1	2	30	1	3	0	19	**67**	**33**
Kurunegala	42	2085	2	111	0	25	0	27	1	9	2	192	0	20	0	35	0	1	4	230	2	81	1	34	**96**	**4**
Puttalam	8	631	5	41	0	4	0	14	0	35	1	20	0	11	0	3	0	0	3	57	2	17	0	7	**85**	**15**
Anuradhapura	1	356	3	57	0	13	0	3	3	9	2	278	0	16	0	14	0	1	5	111	2	71	14	236	**89**	**11**
Polonnaruwa	13	225	1	47	0	1	0	12	0	53	2	139	0	2	2	22	0	1	7	102	3	15	1	87	**71**	**29**
Badulla	22	305	7	107	0	3	1	11	0	7	1	28	2	49	2	35	0	0	1	82	0	45	0	4	**94**	**6**
Monaragala	9	152	6	73	0	3	0	12	0	18	1	181	5	31	1	54	0	1	0	37	1	12	0	8	**100**	**0**
Ratnapura	26	1216	6	240	0	80	1	32	1	17	2	233	5	30	12	178	0	1	1	101	1	53	0	8	**78**	**22**
Kegalle	26	697	13	76	0	11	0	11	0	5	9	127	0	55	4	149	0	0	8	206	3	68	0	0	**100**	**0**
Kalmune	0	473	0	98	0	1	0	3	0	73	0	4	0	2	0	4	0	0	1	57	0	6	0	1	**46**	**54**
SRI LANKA	**588**	**17917**	**99**	**1999**	**00**	**237**	**07**	**688**	**15**	**582**	**39**	**2477**	**17**	**838**	**38**	**1000**	**02**	**16**	**59**	**2356**	**31**	**724**	**35**	**668**	**83**	**17**

Source: Weekly Returns of Communicable Diseases (WRCD).

***T=**Timeliness refers to returns received on or before 12th June , 2013 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.**H Rabies***= Human Rabies, **E Fever***=Enteric Fever, **F Poison*** =Food Poisoning, **T Fever***=Typhus Fever, **V Hepatitis***=Viral Hepatitis

Table 1: Vaccine-Preventable Diseases & AFP

06th – 12thMay 2013 (28th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2013	Number of cases during same week in 2012	Total number of cases to date in 2013	Total number of cases to date in 2012	Difference between the number of cases to date in 2013 & 2012
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	00	00	00	00	00	00	01	01	45	42	+ 7.4 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Mumps	06	07	01	07	01	03	01	01	01	28	18	795	2305	- 65.5 %
Measles	18	11	32	01	00	01	02	01	07	73	00	790	23	+ 3334.7 %
Rubella	01	00	00	00	00	00	00	00	00	00	-	13	-	-
CRS**	00	00	00	00	00	00	00	00	00	00	-	06	-	-
Tetanus	00	00	00	00	00	00	00	00	00	00	00	10	05	+ 100.0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	-	00	-	-
Japanese Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	00	00	01	00	00	00	01	00	01	01	00	41	35	+ 17.1 %
Tuberculosis	04	04	00	03	05	01	07	00	25	49	117	3909	4749	- 17.7 %

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

To prevent dengue, remove mosquito breeding places in and around your home, workplace or school once a week.

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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

Dr. P. PALIHAWADANA
CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10