WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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Standard Operating Procedures for Prevention, Early warning and Response to Public Health Events at Points of Entry

Introduction

Sri Lanka's geographical location in the Indian Ocean has been of paramount strategic importance to voyage, commerce, geopolitics and cultural exchange, historically. Even in the present day, its geographical location influences the complex dynamics of ever increasing international migration and cross border travel. With the government's vision of transforming the country into five strategic hubs in the region (aviation, naval, energy, knowledge, commerce and trade), the global linkages of the country have increased.

With this rapid increase of international travel, also comes the risk of emergence and re-emergence of new diseases. Therefore, the points of entry (sea ports and air ports) need to be strengthened to prevent, protect against, control and provide public health response to international spread of diseases. A comprehensive National Border Health Strategy will positively contribute to the country's development goals while avoiding unnecessary interference with International traffic and trade.

History of International Health Regulations (IHR)

History of port health laws and regulations in Sri Lanka dates back to 1897 with the establishment of the Quarantine and Prevention of Diseases Ordinance of Sri Lanka, which was subsequently amended several times, with the latest revision in 1960. The emergence and re-emergence of infectious diseases, threat of deliberate use of biological and chemical agents etc, have highlighted the need to strengthen points of entry while adhering to domestic and international legislations (IHR 2005).

The International Sanitary Regulations, first adopted in 1951 were renamed as the International Health Regulations (IHR) in 1969. The 1951 IHR was intended to monitor and control only six serious infectious diseases: cholera, plague, yellow fever, small pox, relapsing fever and typhus.

Developments in international ship/air craft traffic affected the international transmission of diseases and in May 2005, the World Health Assembly adopted a revised IHR which entered into force in June 2007. The IHR (2005) identifies four hazards which may cause a public health emergency of international concern (PHEIC) as manifested by imported or exported human cases, infected or contaminated vectors or contaminated goods caused by infectious diseases, chemical agents, radioactive material and contaminated food.

Quarantine Service in Sri Lanka

Sri Lanka as one of the member states of World Health Organization (WHO) is legally bound to comply with the obligation under International Health Regulation (IHR) 2005 and the Ministry of Health has been obliged to implement the IHR to prevent and to control possible entry of diseases which could present significant harm to humans and which concerns with international spread of diseases, travel and trade. According to IHR 2005, Quarantine unit of Ministry of Health and the Epidemiology Unit are designated as national IHR focal points to be accessible at all times with WHO IHR focal points.

The Standard Operating Procedures (SOP)

The Standard Operating Procedures (SOP) were developed by the Quarantine Unit of the Ministry of Health with the technical and financial assistance of the International Organization for Migration (IOM).

This newly developed SOPs cover the detailed procedures and techniques for routine activities as well as procedure for responding to a Public Health Emergency of International Concern

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(PHEIC), specified under IHR (2005), the Quarantine and Prevention of Disease Ordinance (1960) and the National Civil Aviation Public Health Emergency Preparedness Plan (2014 draft). And also these SOPs cover both the arriving and departing procedures. They provide information for determining which public health measures should be adopted for prevention, early warning and response to Public Health events at Points of Entry (Sea Ports and Air Ports). These SOPs are intended to be used as reference material for port Medical Officers and Port Public Health Inspectors.

Objectives of the Standard Operating Procedures (SOP)

- To prevent international spread of disease and events of public health interest through inspection of travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains.
- To ensure surveillance of notifiable diseases among travellers and staff at points of entry.
- To ensure sanitary measures and safe environments for travellers and staff at points of entry.
- To enable rapid detection, prompt risk assessment, notification, appropriate response, risk communication and laboratory mechanism to a potential Public Health Emergency of International Concern (PHEIC).

Guiding Principles

- Avoiding unnecessary interference with international traffic and trade.
- Treat travellers with full respect for the dignity, human rights and fundamental freedoms of persons and minimize any discomfort or distress associated with such measures.
- Treat all travellers with courtesy and respect, taking into consideration the gender, socio cultural concerns.
- Working coherent to the rules and regulations of other stakeholders involved.

Contents of the Standard Operating Procedures (SOP)

Standard Operating Procedures (SOPs) consist of four main parts.

Part A: Routine Procedures at Sea Ports

This part includes procedures for,

- Granting "free pratique" to Ships
- On arrival of a Ship with "free pratique" to the Port
- Issuing Ship Sanitation Control Certificate (SSCC) or Ship Sanitation Control Exemption Certificate (SSCEC)
- Monitoring discharge by Ships
- Supervising sanitary condition of facilities used by travellers and staff
- Surveillance of notifiable diseases among travellers and staff at the Port
- Vector control at the Port premises
- Attending to Medical/Surgical emergencies of travellers
- Vaccination for Yellow Fever
- Screening and Prophylaxis for Malaria
- Death on Board
- Maritime interceptions at sea
- Victims of human trafficking and Returning Labour Migrant workers

Part B: Procedures in responding to a Public Health Emergency of International Concern (PHEIC) at Sea Ports

This part includes procedures for,

- Surveillance of Infectious Diseases
- Prompt risk assessment
- Notification
- Rapid Detection
- Response
- Preparedness
- Risk Communication

Part C: Routine Procedures at Air Ports

This part includes procedures for,

- Granting "free pratique" to air craft prior to arrival at the Air Port
- On arrival of an Aircraft with "free pratique" at the Air Port
- Monitoring discharge by Aircrafts
- Supervising sanitary condition of facilities used by travellers and staff of the Airport
- Surveillance of Infectious/Notifiable diseases among travellers and staff at the Air Port
- Vector control at the Air Port premises
- Vaccination for Yellow Fever
- Screening and Prophylaxis for Malaria
- Death on Board or conveyance of human remains or ashes of cremated bodies
- Victims of human trafficking and Returning Labour Migrant workers

Part D: Procedures in responding to a Public Health Emergency of International Concern (PHEIC) at Air Ports

This part includes procedures for,

- Surveillance of Infectious Diseases
- Prompt risk assessment
- Notification
- Rapid Detection
- Response
- Preparedness
- Risk Communication

Sources

- Standard Operating Procedures for Prevention, Early warning and Response to Public Health Events at Points of Entry by Ministry of Health

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 17th – 23rd May 2014 (21st Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leish-maniasis		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	329	4076	0	63	0	8	1	42	0	152	5	53	0	1	1	16	0	0	4	246	1	23	0	3	**63**	**38**
Gampaha	113	1822	1	66	0	5	0	20	0	10	5	91	0	6	16	68	0	4	8	177	1	29	0	2	**80**	**20**
Kalutara	37	786	5	73	0	3	0	18	0	45	3	121	0	0	0	6	0	0	3	134	1	33	0	0	**85**	**15**
Kandy	34	290	0	43	1	2	1	9	1	3	0	15	2	40	2	55	0	0	2	116	0	13	0	1	**91**	**9**
Matale	2	116	0	27	0	1	0	11	0	1	1	21	0	2	6	80	0	1	2	27	0	7	0	12	**77**	**23**
NuwaraEliya	2	72	3	122	0	1	3	13	0	65	0	5	0	30	0	18	0	0	0	48	0	8	0	0	**62**	**38**
Galle	20	336	0	35	0	5	0	3	0	15	3	82	0	36	0	1	0	0	11	254	1	21	0	3	**90**	**10**
Hambantota	2	143	0	13	0	4	0	9	0	8	1	50	1	41	0	7	0	0	0	86	0	20	0	131	**83**	**17**
Matara	6	123	1	26	0	3	0	20	0	6	1	28	0	21	1	17	0	0	6	108	1	21	1	36	**100**	**0**
Jaffna	7	405	3	194	0	3	4	129	1	38	0	6	0	246	0	8	0	0	3	63	0	13	0	0	**92**	**8**
Kilinochchi	0	30	0	51	0	1	0	13	0	0	0	0	0	15	0	0	0	0	0	3	0	3	0	8	**50**	**50**
Mannar	0	5	0	12	0	8	0	20	0	0	0	4	0	20	0	1	0	0	0	6	0	4	0	1	**60**	**40**
Vavuniya	0	27	0	16	0	0	0	4	0	5	0	6	0	3	0	0	0	0	0	5	0	4	0	0	**0**	**100**
Mullaitivu	0	47	0	27	0	0	0	7	0	12	0	8	0	7	0	0	0	0	0	4	0	4	0	4	**20**	**80**
Batticaloa	17	434	7	116	0	2	0	18	3	15	0	13	0	1	0	5	0	1	3	32	0	4	0	0	**86**	**14**
Ampara	0	64	0	22	0	0	1	1	0	8	2	12	0	8	0	3	0	1	4	49	1	3	0	6	**86**	**14**
Trincomalee	15	372	1	19	0	1	0	1	0	3	0	9	0	10	0	0	0	0	0	44	0	1	0	0	**75**	**25**
Kurunegala	14	463	2	47	0	13	2	11	0	10	1	47	0	31	0	11	0	0	10	229	1	30	3	64	**89**	**11**
Puttalam	7	219	1	19	0	0	0	10	0	9	1	47	0	18	0	2	0	1	1	54	0	3	0	4	**54**	**46**
Anuradhapura	1	170	0	45	0	2	0	0	0	9	0	51	0	23	0	3	0	0	0	100	0	21	2	124	**16**	**84**
Polonnaruwa	0	90	0	12	0	1	0	1	0	0	0	9	0	0	0	1	0	0	0	29	0	2	0	23	**0**	**100**
Badulla	7	168	0	44	0	6	0	5	0	3	0	28	1	37	14	55	0	0	2	35	7	43	0	0	**65**	**35**
Monaragala	4	86	1	26	0	2	0	3	0	28	1	50	1	65	2	68	0	2	0	46	0	13	3	13	**91**	**9**
Ratnapura	38	338	6	98	1	14	0	9	0	9	7	125	0	53	5	179	0	0	1	114	1	18	0	10	**67**	**33**
Kegalle	41	366	5	61	1	6	1	18	1	8	2	73	0	33	2	36	0	0	3	134	0	26	0	1	**91**	**9**
Kalmune	1	58	0	49	0	1	0	4	2	13	0	1	0	0	0	0	0	0	1	68	0	4	0	0	**38**	**62**
SRILANKA	**697**	**11106**	**36**	**1326**	**3**	**92**	**13**	**399**	**8**	**475**	**33**	**955**	**5**	**747**	**49**	**640**	**0**	**10**	**64**	**2211**	**15**	**371**	**9**	**446**	**71**	**29**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 23rd May , 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 243 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

17th – 23rd May 2014 (21st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2013& 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	00	00	01	00	01	00	03	02	37	31	+19.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	05	-	%
Mumps	02	01	02	01	01	02	00	00	01	10	14	306	678	-55.0%
Measles	15	02	07	02	04	04	00	01	02	37	46	1751	497	+251.3%
Rubella	00	00	00	00	00	00	00	00	00	00	00	11	11	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	03	05	-40%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	08	08	0%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	03	17	209	-91.9%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	26	34	-23.5%
Tuberculosis	36	28	32	05	16	05	00	07	06	135	231	3956	3368	+17.4%

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

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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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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