WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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Infective Conjunctivitis

Conjunctivitis means 'inflammation of the conjunctiva', and the commonest cause is infection by viruses or bacteria. It can also be due to allergens, contact lens use (especially the extended-wear type), chemicals, traditional eye remedies ,fungi and certain diseases.

Viral Conjunctivitis

Viral conjunctivitis can be caused by following viruses. Adenoviruses (most common), Picornaviruses, such as enterovirus 70 and coxsackievirus A24, Rubella virus, Rubeola (measles) virus, Herpesviruses, including Herpes simplex virus, Varicella-zoster virus, which also causes chickenpox and shingles, Epstein-Barr virus, which also causes infectious mononucleosis.

Viral conjunctivitis is highly contagious. Most viruses that cause conjunctivitis are spread through hand-to-eye contact by hands or objects that are contaminated with the infectious virus. Hands can become contaminated by coming in contact with infectious tears, eye discharge, fecal matter, or respiratory discharges.

Viral conjunctivitis can often be diagnosed from symptoms and patient history. For example, if conjunctivitis accompanies a common cold or respiratory tract infection and if discharge from the eye is watery rather than thick, the cause is likely a virus. The history the patient (for example, having contact with someone with conjunctivitis or having allergies) and examination of the eye can also help a doctor make a firm diagnosis.

Laboratory tests are not usually needed to diagnose viral conjunctivitis. However, testing may be done if a more severe form of viral conjunctivitis is suspected, such as conjunctivitis caused by herpes simplex virus or varicella-zoster virus. This testing is done using a sample of the discharge from an infected eye.

Depending on the cause of viral conjunctivitis, some patients may have additional symptoms or conditions, such as the following:

Common cold, flu or other respiratory infection-conjunctivitis often occurs with respiratory infections; sometimes the lymph node near the front of the ear is enlarged and painful. Pharyngoconjunctivial fever is where conjunctivitis as well as fever and sore throat can occur with this syndrome, which is most commonly caused by infection with adenovirus serotypes 3, 4, and 7. Epidemic keratoconjunctivitis is a more severe type of conjunctivitis; it is commonly caused by infection with adenovirus serotypes 8, 19 and 37. Acute hemorrhagic conjunctivitis is sometimes accompanied with nervous system involvement; it is associated with enterovirus 70 and coxsackievirus A24. Herpetic keratoconjunctivitis is associated with herpes simplex virus and blister-like lesions on the skin; it may affect only one eye. Rubella and rubeola (measles) conjunctivitis can occur with these viral rash illnesses, which are usually accompanied by rash, fever and cough.

Bacterial Conjunctivitis

Bacteriae which most commonly cause bacterial conjunctivitis are Staphylococcus aureus, Haemophilus influenzae, Streptococcus pneumoniae, Moraxella catarrhalis. Bacterial conjunctivitis is highly contagious. Most bacteriae that cause conjunctivitis are spread through direct hand-to-eye contact from contaminated hands. People can get conjunctivitis just by touching or using something that has been infected by a person who has the eye infection. Infectious conjunctivitis (viral or bacterial) can also spread by large respiratory tract droplets. Bacterial conjunctivitis is less common in children older than 5

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years of age.

Bacterial conjunctivitis can usually be diagnosed by a doctor, nurse or other healthcare provider from symptoms and patient history. For example, if conjunctivitis occurs at the same time as an ear infection and if discharge from the eye is thick rather than watery, the cause may be a bacterium. Obtaining samples of eye discharge is not routinely done. Acute bacterial conjunctivitis is the most common form of bacterial conjunctivitis in outpatient healthcare settings. Depending on the cause of bacterial conjunctivitis, some patients may have additional symptoms or conditions, such as the following:

- Hyperacute bacterial conjunctivitis — This is a more severe type of conjunctivitis develops rapidly and is accompanied by a lot of yellow-green discharge that returns even after being wiped away from the eye(s). This is most often caused by *Neisseria gonorrhoeae* in sexually active adults.
- Chronic bacterial conjunctivitis — often develops along with another inflammatory condition (blepharitis) that promotes bacteria growing in the eyelid; flaky debris and warmth along the lid may also be present.

Inclusion (chlamydial) conjunctivitis is more common in newborns; includes redness of the eye(s), swelling of the eyelids and discharge of pus, usually 5 to 12 days after birth. Gonococcal conjunctivitis is more common in newborns; includes red eyes, thick pus in the eyes and swelling of the eyelids, usually 2 to 4 days after birth.

Treatment

The treatment for conjunctivitis depends on the cause. Most cases of viral conjunctivitis are mild. The infection will usually clear up in 7–14 days without treatment and without any long-term consequences. There is no specific treatment for viral conjunctivitis. Artificial tears and cold packs may be used to relieve the dryness and inflammation (swelling) caused by conjunctivitis. Antibiotic eye drops prevent secondary infection from bacteria and tetracycline eye ointment can be soothing. Topical steroid eye drops should never be given for conjunctivitis due to infection.

However, mild bacterial conjunctivitis may get better without antibiotic treatment and without any severe complications. Use of antibiotics is associated with increased antibiotic resistance and increased costs and should be a shared decision between the doctor and the patient.

When to Seek Medical Care

A healthcare provider should be seen if

- Conjunctivitis is accompanied by moderate to severe pain in the eye(s), vision problems, (sensitivity to light or blurred vision), intense redness in the eye(s).
- Conjunctivitis symptoms become worse or persist when a patient is suspected of having a severe form of viral conjunctivitis
- Conjunctivitis occurs in a patient who is immunocompromised (has a weakened immune system) from HIV infection, cancer treatment or other medical conditions or treatments.
- Bacterial conjunctivitis treated with antibiotics does not begin to improve after 24 hours of treatment

Sources

1.Conjunctivitis, available at http://www.cehjournal.org/article/conjunctivitis/

2.Conjnctivitis, available at http://www.cdc.gov/conjunctivitis/

Compiled by Dr H.H.W.S.B Herath of the Epidemiology Unit

Table 1 : Water Quality Surveillance
Number of microbiological water samples June/ 2015

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	109
Gampaha	15	90	94
Kalutara	12	72	81
Kalutara NIHS	2	12	NR
Kandy	23	138	10
Matale	12	72	NR
Nuwara Eliya	13	78	0
Galle	19	114	89
Matara	17	102	0
Hambantota	12	72	26
Jaffna	11	66	16
Kilinochchi	4	24	0
Manner	5	30	NR
Vavuniya	4	24	13
Mullatvu	4	24	30
Batticaloa	14	84	0
Ampara	7	42	72
Trincomalee	11	66	0
Kurunegala	23	138	21
Puttalam	9	54	NR
Anuradhapura	19	114	40
Polonnaruwa	7	42	0
Badulla	15	90	105
Moneragala	11	66	88
Rathnapura	18	108	89
Kegalle	11	66	59
Kalmunai	13	78	0

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 11th – 17th July 2015 (29th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human 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	149	5198	0	119	1	7	1	59	15	93	2	166	0	6	0	24	0	3	6	289	0	24	0	0	**81**	**19**
Gampaha	48	2386	0	56	0	5	0	23	0	25	3	244	0	7	2	91	0	0	2	135	1	15	0	2	**73**	**27**
Kalutara	22	869	0	69	0	4	0	27	0	71	4	202	1	3	0	19	0	2	4	179	1	33	0	0	**69**	**31**
Kandy	15	742	3	76	0	6	1	21	0	25	2	74	0	40	1	101	0	0	1	146	2	10	0	9	**78**	**22**
Matale	1	330	0	31	0	0	0	7	0	5	1	45	0	7	1	24	0	0	0	13	0	10	0	13	**54**	**46**
NuwaraEliya	1	101	6	231	0	3	0	13	0	0	3	21	1	41	0	43	0	0	5	87	1	32	0	0	**92**	**8**
Galle	7	447	0	43	0	2	0	6	0	19	3	148	2	39	0	6	0	0	3	168	1	30	0	2	**70**	**30**
Hambantota	8	177	1	21	0	0	0	7	10	21	1	61	0	29	0	25	0	0	3	80	0	9	5	191	**83**	**17**
Matara	5	243	1	44	0	5	0	4	0	44	3	101	0	21	0	18	0	0	3	159	1	15	9	71	**100**	**0**
Jaffna	8	1164	21	442	0	9	2	149	4	58	0	13	6	531	0	10	0	2	2	154	0	9	0	0	**100**	**0**
Kilinochchi	2	44	0	55	0	0	0	9	0	31	0	1	0	21	0	0	0	1	0	14	0	0	0	0	**75**	**25**
Mannar	1	76	0	7	0	1	0	5	0	2	0	8	0	18	0	0	0	0	0	7	0	0	0	1	**80**	**20**
Vavuniya	1	87	0	14	0	6	0	53	0	5	0	15	0	13	0	1	0	2	0	36	0	10	0	4	**75**	**25**
Mullaitivu	1	101	1	18	0	2	3	9	0	1	0	3	0	7	0	3	0	0	0	4	0	3	0	4	**80**	**20**
Batticaloa	11	1284	5	182	0	6	2	19	0	123	0	9	0	2	0	10	0	1	1	29	0	16	0	0	**57**	**43**
Ampara	1	37	0	28	0	1	0	1	0	8	0	10	0	1	0	3	0	0	4	152	0	5	1	3	**43**	**57**
Trincomalee	6	490	0	38	0	0	1	18	0	34	1	13	0	15	0	7	0	1	3	62	0	3	0	1	**92**	**8**
Kurunegala	14	854	3	106	0	2	0	3	0	13	5	184	1	21	0	31	0	4	5	276	1	23	2	74	**78**	**22**
Puttalam	30	513	1	29	0	4	0	4	0	6	0	24	1	15	0	1	0	0	0	34	0	21	0	2	**54**	**46**
Anuradhapura	3	280	0	49	0	1	0	2	0	55	2	171	1	19	1	9	0	1	0	119	0	20	5	183	**63**	**37**
Polonnaruwa	1	131	1	28	0	3	0	7	0	3	0	49	0	1	0	4	0	0	1	89	0	17	0	56	**29**	**71**
Badulla	6	387	2	130	0	4	1	8	0	7	1	45	2	70	3	125	0	2	3	130	0	53	0	6	**71**	**29**
Monaragala	3	131	2	77	0	3	1	14	0	3	3	134	0	52	3	48	0	1	2	62	2	13	2	20	**82**	**18**
Ratnapura	13	631	1	196	2	10	0	33	2	6	3	198	4	45	2	144	0	0	3	75	0	36	9	13	**72**	**28**
Kegalle	7	359	0	45	0	8	0	49	0	8	2	204	0	31	1	65	0	0	0	137	1	34	0	0	**64**	**36**
Kalmunei	1	424	2	88	0	1	0	1	0	33	1	6	0	0	0	1	0	0	0	80	0	8	0	0	**62**	**38**
SRILANKA	**365**	**17486**	**50**	**2222**	**3**	**93**	**12**	**551**	**31**	**699**	**40**	**2149**	**19**	**1055**	**14**	**813**	**0**	**20**	**51**	**2716**	**11**	**449**	**33**	**655**	**73**	**27**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 17th July , 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 250 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

11th – 17th July 2015 (29th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2015	Number of cases during same week in 2014	Total number of cases to date in 2015	Total number of cases to date in 2014	Difference between the number of cases to date in 2014& 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	01	00	00	00	00	00	00	01	01	43	50	-14
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	01	01	00	01	01	03	00	08	05	227	417	-45.5%
Measles	38	00	07	00	07	03	00	06	04	65	53	1494	2170	-31.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	06	13	-54.1%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	04	-100%
Tetanus	00	00	00	00	00	00	00	00	00	00	01	11	09	+22.2%
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	07	18	61.1%
Whooping Cough	00	00	00	00	00	00	02	00	00	02	01	50	32	+56.2%
Tuberculosis	61	22	22	14	11	03	00	06	00	139	157	5318	5442	-2.2%

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
June	2877	Not Performed	Clinical	607	22	531	666	0

Source: Medical Research Institute & Veterinary Research Institute

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