WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Medical Tourism

Definition

a form of health tourism commonly referring to the travel of people to another country for the purpose of obtaining medical treatment in that country.

Alternative terms

- Health tourism
- Medical journeys
- Global healthcare / cross border healthcare
- Medical value travel

Traditional method is people travel from developing countries to developed countries for medical treatment that was unavailable in their countries.

But recently there is a trend for people to travel from developed countries to third-world countries for medical treatments because of cost consideration.

Another reason for travel for medical treatment is that some treatments may not be legal in the home country, such as some fertility procedures.

Factors that have led to the increasing popularity of medical tourism

- the high cost of health care
- long wait times for certain procedures
- the ease and affordability of international travel
- High quality treatment
- World class facilities
- Access to latest technology
- Customer care
- Qualifications and experience of treatment teams

Almost every type of health care including surgical and dental procedures, fertility procedures, treatment for genetic disorders, treatment for psychiatric disorders, alternative treatments, convalescent care and even burial services, is available

More specific terms

- Surgical tourism
- Transplant tourism
- Reproductive tourism
- Dental tourism

The Process of medical tourism

- First the person seeking medical treatment abroad should contact a medical tourism provider.
- The patient is usually required to provide a medical report, including the nature of the disease, local doctor's opinion, medical history, and diagnosis, and may request additional information to the medical tourism provider.
- Certified physicians or consultants then advise on the medical treatment.
- Then the approximate expenditure, choice of hospitals and tourist destinations, and duration of stay, etc., is discussed.

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- After signing consent bonds and agreements, the patient is given recommendation letters for a medical visa, to be procured from the concerned embassy.
- Then the patient travels to the destination country
- There medical tourism provider assigns a case executive, who takes care of the patient's accommodation, treatment and any other form of care.
- Once the treatment is done, the patient can remain in the tourist destination or return home.

Risks of Medical Tourism

- Communication problems.
- Blood borne organisms such as hepatitis B and HIV because of improper use or reuse of needles and syringes and unsafe blood transfusion.
- Medication may be counterfeit or of poor quality in some countries.
- Antibiotic resistant infections
- Bacterial infections related to improper sterilization and disinfection methods
- The blood supply in some countries comes primarily from paid donors and may not be screened, which puts patients at risk of HIV and other infections spread through blood.
- The quality of post-operative care can also vary dramatically, depending on the hospital and country, and may be different from US or European standards.
- Traveling long distances soon after surgery can increase the risk of complications such as deep vein thrombosis , pulmonary embolism.

Legal issues

- Patients might not be covered by adequate personal insurance or might be unable to seek compensation via malpractice lawsuits.
- Hospitals and/or doctors in some countries may be unable to pay the financial damages awarded by a court to a patient who has taken legal action against them, owing to the hospital and/or the doctor not possessing appropriate insurance cover and/or medical indemnity.
- Issues can also arise for patients who seek out services that are illegal in their home country. In this case, some countries have the jurisdiction to prosecute their citizen once they have returned home, or in extreme cases extraterritorially arrest and prosecute.

Ethical issues

illegal purchase of organs and tissues for transplantation

Sources

Medical Tourism, available at *http://www.cdc.gov/features/medicaltourism/*

Compiled by Dr. T. N. Yapa of the Epidemiology Unit

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

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	90
Gampaha	15	90	96
Kalutara	12	72	NR
Kalutara NIHS	2	12	30
Kandy	23	138	NR
Matale	12	72	0
Nuwara Eliya	13	78	53
Galle	19	114	NR
Matara	17	102	14
Hambantota	12	72	NR
Jaffna	11	66	17
Kilinochchi	4	24	17
Manner	5	30	18
Vavuniya	4	24	13
Mullatvu	4	24	12
Batticaloa	14	84	43
Ampara	7	42	NR
Trincomalee	11	66	14
Kurunegala	23	138	118
Puttalam	9	54	35
Anuradhapura	19	114	5
Polonnaruwa	7	42	49
Badulla	15	90	154
Moneragala	11	66	68
Rathnapura	18	108	81
Kegalle	11	66	NR
Kalmunai	13	78	NR

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 12th – 18th Dec 2015 (51st 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	174	9407	0	179	0	17	0	100	0	124	1	315	0	11	0	50	0	4	3	481	0	46	0	1	**44**	**56**
Gampaha	14	3879	0	89	0	14	0	37	1	33	1	434	0	11	0	137	0	0	7	309	0	39	0	3	**13**	**87**
Kalutara	33	1471	0	119	0	8	0	58	0	153	4	426	0	7	0	36	0	3	1	285	1	59	0	0	**54**	**46**
Kandy	17	1267	4	173	0	7	0	32	0	72	3	128	1	75	1	152	0	0	1	235	1	31	0	17	**70**	**30**
Matale	0	398	0	46	0	2	0	10	0	13	1	65	0	9	2	35	0	0	0	33	0	44	0	33	**23**	**77**
NuwaraEliya	3	167	0	322	0	5	2	39	0	10	3	51	0	75	1	65	0	0	0	138	0	55	0	2	**54**	**46**
Galle	18	987	1	95	0	3	0	10	0	26	3	285	1	110	1	13	0	0	3	281	1	61	0	3	**75**	**25**
Hambantota	3	381	1	51	0	5	0	9	0	31	6	166	1	63	2	46	0	0	3	136	0	13	1	309	**33**	**67**
Matara	5	448	3	72	0	12	0	5	0	47	3	267	1	53	0	52	0	1	3	242	0	20	8	155	**82**	**18**
Jaffna	79	1870	22	1072	0	11	2	181	0	89	0	21	34	734	0	14	0	2	0	210	1	21	0	0	**92**	**8**
Kilinochchi	0	90	1	115	0	1	0	20	0	31	0	2	0	27	0	0	0	1	0	20	0	2	0	0	**25**	**75**
Mannar	6	101	0	23	2	3	0	6	1	6	0	8	1	24	0	0	0	0	0	7	0	1	0	1	**100**	**0**
Vavuniya	18	177	0	32	1	8	2	80	1	32	1	19	2	15	0	2	0	2	0	40	0	21	0	8	**75**	**25**
Mullaitivu	1	131	0	47	0	2	0	18	0	16	1	12	0	9	0	5	0	1	0	5	1	6	0	9	**40**	**60**
Batticaloa	8	1441	2	347	0	8	0	30	0	182	1	33	0	4	1	13	0	1	0	62	0	18	0	0	**43**	**57**
Ampara	0	62	0	43	0	2	0	2	0	19	0	23	0	2	0	14	0	0	0	199	0	5	0	3	**14**	**86**
Trincomalee	8	568	1	132	0	0	0	39	0	57	0	18	0	26	9	89	0	1	3	118	1	12	0	6	**67**	**33**
Kurunegala	16	1212	6	257	0	8	0	8	0	28	5	361	0	31	1	47	0	10	7	416	2	41	2	148	**41**	**59**
Puttalam	6	694	3	150	0	6	0	9	0	9	0	47	0	23	0	3	0	1	0	73	0	35	0	3	**46**	**54**
Anuradhapura	1	377	2	165	0	5	0	5	0	67	9	374	0	24	0	25	0	1	3	194	0	37	1	337	**16**	**84**
Polonnaruwa	0	243	0	65	0	5	0	16	0	13	0	155	0	1	0	13	0	0	1	157	0	26	0	127	**29**	**71**
Badulla	7	545	4	255	0	16	0	12	1	28	2	90	1	137	3	226	0	3	2	211	4	112	1	8	**41**	**59**
Monaragala	4	217	1	121	0	5	0	17	0	5	11	190	0	84	0	480	0	1	4	106	0	32	0	40	**55**	**45**
Ratnapura	15	1001	1	307	0	23	0	43	0	10	2	401	0	72	2	316	0	1	2	209	0	57	0	18	**44**	**56**
Kegalle	9	678	0	85	0	17	0	92	0	25	5	343	0	56	0	86	0	0	2	273	0	58	0	0	**36**	**64**
Kalmunei	15	513	3	135	0	2	0	2	1	65	0	13	0	0	0	7	0	1	0	109	0	14	0	0	**38**	**62**
SRILANKA	**460**	**28325**	**55**	**4497**	**3**	**195**	**6**	**880**	**5**	**1191**	**62**	**4247**	**42**	**1683**	**23**	**1926**	**0**	**34**	**45**	**4549**	**12**	**866**	**13**	**1231**	**48**	**52**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 18th December , 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 164 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

12th – 18th Dec 2015 (51st 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*	02	00	00	01	00	00	00	00	00	03	02	71	83	-14.4%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	01	00	00	00	00	00	00	00	01	02	376	646	-42.1%
Measles	00	00	01	00	00	01	02	00	03	08	15	2579	3075	-16.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	08	17	53.1%
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	00	16	14	+14.2%
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	15	22	-32.1%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	104	78	+33.3%
Tuberculosis	16	34	13	03	03	00	00	00	17	98	200	9521	9449	+0.7%

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI

Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
November	4042	72	23	13	00	1354	400	0

Source: Medical Research Institute & Veterinary Research Institute

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