



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

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Control of Communicable Diseases during Disasters – Part 4

This is the fourth article of the series, titled as above. If the camp stay happens to be further longer family cooking could be introduced. This switching has to be done cautiously. Because all above-mentioned resources need in excess amounts in family cooking and the waste generated will be higher than before. However, it will be safest to prevent food and water-borne diseases and to improve the nutritional status during long stays following disaster situations. Provision of essential medicine for the disaster victims is very important as without them they will lose control of the diseases and sometimes it could be life-threatening. (Diabetes, Hypertension, Asthma, Anti-cancer drugs...)

Sanitation Facilities

Maximum number of persons per public toilet/latrine	20
Maximum distance from shelter to toilet/latrine (metres)	50
Minimum distance from groundwater sources to toilets/latrines and soakaways (metres)	30
Minimum distance from bottom of latrine to water table (metres)	1.5
Maximum distance from shelter to container or household refuse pit (metres)	15
Number of families per 100-litres refuse container	10

Provision of clean and adequate sanitary facilities in a camp setting is a challenge. Further, poor cleanliness leads to spread of communicable diseases as well as the stay

becoming highly unpleasant for the victims. The general recommendations for sanitary facilities are as follows.

It is important to educate the individuals in the camp settings of the value of personal hygiene and keeping the common facilities clean and tidy.

Waste Management

Proper waste disposal is an essential component of camp management in disaster settings. Many individuals gathered in a geographically small area could generate a substantial amount of waste in a day. Unless the garbage is managed daily basis piling up of waste is inevitable. Poor waste management could lead to many communicable diseases (eg. Dengue, Malaria, Filariasis, Leptospirosis, Diarrheal diseases.....)

as well as bad odour making the stay unpleasant.

Separation of waste as bio-degradable and

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non-bio-degradable is advisable in camp settings. In general, terms, if the anticipated stay is less than one month, it is recommended to dispose on site in pits (approx. 100m away). If it is more than 1 month it is recommended to dispose of the garbage in distant site pits.

Vector control

Many vectors could be seen in camp settings and they can spread communicable diseases much quicker than usual. (Mosquitoes, rodents, cockroaches...) Mainly food and water-borne diseases are likely and spread of other diseases like Dengue and Malaria is also possible. Following steps can be taken to reduce the vectors and prevent the disease spread.

- ◆ Proper waste disposal
- ◆ Fly control
 - ◆ Covering the cooked food
 - ◆ Removal of the leftovers
 - ◆ Cleanliness of the kitchen and food serving areas
 - ◆ Malaria, Dengue ... - LLIN – Bednets

Mass vaccination

Vaccination for the outbreak situations in camp settings is recommended when all other preventive methods fail to control. Further, the decision to vaccinate should only be taken after consulting the Regional Epidemiologist (RE) and the Epidemiology Unit. Following are the diseases where vaccination may be an option.

Viral Hepatitis / Typhoid (for the food handlers) / Measles / Leptospirosis (Chemoprophylaxis)

Following diseases can spread in outbreak proportions in disaster situations. Therefore, it is important to be vigilant about them, identify them early and prevent the

spread.

- ◆ Acute Respiratory Infections
- ◆ Diarrhoeal diseases
- ◆ Dengue
- ◆ Hepatitis
- ◆ Japanese Encephalitis
- ◆ Measles
- ◆ Eye diseases – Conjunctivitis
- ◆ Hand, foot and mouth disease
- ◆ Skin diseases – Scabies
- ◆ Sexually Transmitted
- ◆ Infections – HIV
- ◆ Tuberculosis
- ◆ Typhoid

Trained health staff is the most important resource a health manager has when handling disaster victims. Their health and protection from communicable diseases are of utmost importance as they cannot be replaced with another category. Safety of the health staff should always be looked into before the commencement of the interventions. They can be equipped with simple gloves (Diarrhoeal outbreaks) to full personal protection gear (disaster due to explosives) depending on the circumstances.

Finally, disasters could be inevitable; however, the diseases following disasters could be preventable.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 02nd - 08th December 2017 (49th 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	367	3314	1	67	0	3	2	32	0	43	6	175	0	3	0	20	0	0	2	362	1	29	0	1	22	84
Gampaha	323	31040	0	42	0	15	0	23	0	16	3	116	1	15	0	18	0	1	3	338	1	30	0	6	94	
Kalutara	141	10620	1	62	0	4	0	21	1	55	15	420	0	10	1	23	0	1	2	496	0	145	0	1	2	91
Kandy	222	13877	0	72	0	6	0	8	0	21	1	61	1	128	0	16	0	2	3	254	0	39	0	16	16	100
Matale	67	3064	11	33	0	4	0	1	0	12	1	35	0	2	0	11	0	1	4	55	1	61	1	9	13	100
NuwaraEliya	13	872	0	31	0	9	0	36	1	54	1	55	1	180	1	22	0	0	4	317	1	46	0	0	64	100
Galle	93	6076	0	49	0	13	0	23	0	16	22	478	0	72	0	5	0	1	4	366	1	69	0	1	18	100
Hambantota	48	3473	2	28	0	7	0	9	0	31	0	60	1	71	0	10	0	1	10	220	0	19	24	454	12	100
Matara	39	6228	3	44	0	8	1	6	0	17	9	257	2	33	1	19	0	1	1	225	0	16	9	179	11	100
Jaffna	188	5497	6	417	0	24	0	47	0	58	2	36	14	500	0	3	0	0	4	204	0	39	0	0	44	87
Kilinochchi	6	495	2	42	0	1	0	12	0	1	0	6	1	18	0	2	0	0	0	3	1	12	0	3	23	100
Mannar	7	529	1	20	0	0	0	3	0	2	0	3	0	4	0	1	0	0	0	15	0	0	0	0	15	100
Vavuniya	21	986	1	25	0	0	3	92	0	7	0	29	0	11	1	8	0	0	1	38	0	4	0	11	13	100
Mullaithivu	5	365	0	22	0	4	0	11	0	5	0	25	0	4	0	2	0	1	0	17	0	5	1	5	9	100
Batticaloa	103	5250	5	182	0	10	0	16	49	93	2	28	0	1	0	6	0	1	4	174	0	34	0	1	24	100
Ampara	7	890	3	51	0	3	0	2	0	4	3	22	0	2	0	5	0	0	2	215	0	48	0	7	30	100
Trincomalee	30	4934	4	51	0	2	0	14	0	21	4	37	0	14	1	19	0	0	2	160	1	24	0	13	20	100
Kurunegala	181	11007	4	104	0	10	1	7	1	61	11	103	0	29	0	20	0	4	10	492	2	77	1	160	12	100
Puttalam	244	7199	1	62	0	2	0	2	0	18	0	29	0	11	0	1	0	0	2	157	0	46	0	3	13	100
Anuradhapur	51	2813	1	46	0	5	0	2	0	18	19	94	0	21	0	18	0	2	3	380	0	72	5	265	7	95
Polonnaruwa	24	1376	0	33	0	7	0	9	0	8	8	71	0	7	0	9	0	1	4	226	2	27	8	152	4	100
Badulla	48	3649	3	122	1	12	1	15	0	5	2	147	4	127	0	57	0	1	5	363	4	227	0	14	100	
Monaragala	71	3075	4	86	0	3	0	1	2	19	10	154	0	124	0	20	0	1	1	104	1	71	1	32	31	100
Ratnapura	64	11098	3	174	1	86	0	13	0	9	6	593	1	33	0	78	0	0	3	283	1	147	0	22	11	100
Kegalle	64	9388	2	39	1	15	0	8	15	61	15	226	2	82	0	15	0	0	2	328	3	72	0	11	11	100
Kalmune	115	2743	0	106	0	7	0	4	0	291	0	10	0	0	0	3	0	0	0	150	0	36	0	0	13	100
SRILANKA	2542	179858	58	2010	3	260	8	417	69	946	14	3270	28	1502	5	411	0	19	76	5942	20	1395	50	1366	17	97

Source: esurveillance.epid.gov.lk

*T=Timeliness refers to returns received on or before 08th December, 2017 Total number of reporting units 349 Number of reporting units data provided for the current week: 341 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

02nd– 08th December 2017 (49thWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2017	Number of cases during same week in 2016	Total number of cases to date in 2017	Total number of cases to date in 2016	Difference between the number of cases to date in 2017 & 2016
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	00	66	62	6.4%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	00	00	01	00	00	01	08	285	379	- 24.8%
Measles	00	00	00	00	01	00	01	00	00	02	02	190	370	- 48.6%
Rubella	00	00	00	00	00	00	00	00	00	00	01	10	11	- 9.0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	16	10	60 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	01	00	00	00	00	01	03	27	21	28.5%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	22	67	- 67.1%
Tuberculosis	40	00	08	13	03	12	00	14	06	86	160	7841	8668	- 9.5%

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@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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