WEEKLY EPIDEMIOLOGICAL REPORT

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WER SRI LANKA 2018

Snake Bite

According to the Merriam Webster dictionary the bite of a snake especially a venomous snake is defined as a snake bite. It can be either venomous or non venomous mainly.

A venomous (poisonous) snake bite is when a bite or a puncture wound made by a snake that is adept of injecting, secreting, or spitting a toxin into the penetrated skin wound or, mucus membranes or the eyes where the toxin can be absorbed. A bite from one of these snakes should be considered a medical emergency. In Sri Lanka the following venomous snakes can be identified

Table1.0 – Highly venomous snakes of Sri Lanka

Scientific name	English name	Sinhala names	Tamil names
Naja naja	Cobra	Naya Nagaya	Naga pambu Nalla pambu
Bungarus caeruleus	Common krait	Thel karawala Magamaruwa Habaralaya Mavilla	Yennai pambu Yennai viriyan Yettadi viriyan
Bungarus ceylonicus	Ceylon krait	Dunu karawala Polon karawala Mudu karawala	Yennai viriyan Yettadi viriyan
Daboia russelii (Vipera russelli)	Russell's viper	Dhara polonga Tith polonga	Kannardi viriyan
Echis carinatus	Saw scaled viper	Weli polonga	Surattai pambu Pal surattai
Hypnale spp.	Hump nosed viper	Polonthelissa Kunakatuwa	Konal mookupudayan Kopi viriyan
Enhydrina schistosa	Hooked-nose Sea Snake	Valakkadiya	

There is another group as mildly/moderately poisonous snakes which cannot kill but the effect could persists for a longer time. It may effect the kidneys and cause severe pain and swelling.

Table2.0 – Moderately venomous land snake of Sri Lanka

Scientific name	English name	Sinhala names	Tamil names
Trimeresurus trigonocephalus	Green pit viper	Pala polonga	Pachai viriyan Kopi viriyan

A non venomous (nonpoisonous) snake bite is a bite or puncture wound made by a snake that is incapable of secreting a toxin. They are back fanged and cannot efficiently deliver venom into humans. They do not caused significant medical problems. These snakes have earned an unjustified reputation in Sri Lanka as being highly venomous. There have been no documented deaths from the bites of these snakes. It only causes local pain and swelling.

Table3.0 – Mildly venomous land snake of Sri Lanka

Contents	Page

Scientific name	English name	Sinhala names	Tamil names
Boiga spp.	Cat snakes	Mapila	
Calliophis melanurus sinhaleus	Sri Lankan coral snake	Depath-kaluwa	
Ahaetulla spp.	Whip snakes Vine snakes	Ahaetulla Asgulla Henaka-daya	Kankuthi pambu
Cerberus rhynchops rhynchops	Dog faced water snake	Kunudiya kaluwa Di-yabariya	Tanni pambu
Chrys-opelea spp.	Flying snake Gold and black tree snake	Polmal karawala	Parrakum pambu
Hypnale spp.	Hump nosed viper	Polonthelis sa Kuna-katuwa	Konal mookupud ayan Kopi viriyan
Bal-anophis ceylonen-sis	Blossom krait	Nihaluwa Mal kara-wala	

The snake bites mannerism a major public health problem in children and adults worldwide. The health impacts of snake bites are dependent on the type of species, the size and health of the bitten person, and accessibility to appropriate health care.

Scope of the problem

Annually up to five million people are bitten by snakes worldwide. Poisonous (envenoming) snakes cause extensive morbidity and mortality. Annually there are between 94000 to 125 000 deaths and around 2.4 million envenomations (poisonings from snake bites) estimated.This also causes around 400 000 amputations as well as other severe health complications such as infection, tetanus, scarring, contractures, and psychological disorders. Deficiency of antivenom and poor health access increases the severity of the injuries and their outcomes.

Risk

Snake bites mainly occur in Africa and South-East Asia. It is most common among people living in rural, resource-poor settings. Also mainly seen among low-cost, non-mechanical farming and other field occupations. Agricultural workers, women and children are most frequently bitten by snakes. Therefore it causes an additional burden to the community and the families as adult victims are often the wage earners or care providers of the family unit while child victims can suffer life-long disability.

Treatment

Majority of snakes are not venomous while even the venomous snakes may not inject the venom always therefore reassurance should be done in positive and efficient manner as fear will be the commonest reaction. Complete immobilization of the effected body part is essential as it will reduce the pain and the absorption of the venom is reduced. As tourniquets and cutting wounds can worsen the effects of the venom and should not be used as first aid. To remove venom that lies on the surface of the skin gentle washing with soap and water is advisable. Transporting the victim immediately to the hospital is essential as in case of envenoming, affective treatment is available in hospitals. Supportive therapy such as airway support, and administration of tetanus vaccine when required must be carried out.

Prevention of snake bites

This involves informing communities about snake bite risks and prevention techniques, as:

- Protect the legs and feet by wearing shoes or boots, and ankle length garments
- Avoid tall grass or dense under growth and jungle paths
- Use torchlight or a source of elimination to prevent treading on snakes
- Carry a stick when walking in snake infested sites to beat the grass and undergrowth.
- Warn snakes of your approach by treading heavily
- Avoid putting hand into anthills, cavities in trees and thick undergrowth and under logs
- Dispose of garbage and junk regularly
- Keep dwelling and surroundings free of rats, mice, frogs, lizards, etc., which attract snakes.
- Avoid storing paddy inside your house as it attracts mice.
- Hang rolled-up mats from the roof
- Knowledgeable persons should handle or rear snakes.
- Dead snake should be handled with great care

In order to prevent serious health implications of snake bites, health-care providers should be educated on snake-bite management which includes the proper use and administration of antivenom. Health authorities and policy-makers should ensure appropriate supplies of safe and effective antivenoms to communities and countries. Research initiatives to determine the burden of these injuries caused by snake bites and regarding development and administration of region or country specific antivenom.

Source

WHO animal bites- https://www.who.int/en/news-room/fact-sheets/detail/animal-bites
Medicine net- https://www.medicinenet.com/snake_bite/article.htm#what_is_a_venomous_poisonous_snake_bite
SLMA Expert Committee on Snakebite

Table 1: Selected notifiable diseases reported by Medical Officers of Health 20th–26th October 2018(43rd Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmania-sis		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	127	7948	4	79	0	9	0	38	3	35	8	195	0	12	1	9	0	0	18	612	2	62	0	4	**62**	**100**
paha	68	4530	1	60	0	8	0	22	0	168	5	199	0	6	0	13	0	0	8	646	1	41	1	46	**65**	**100**
Kalutara	17	2572	2	78	0	5	0	12	0	54	7	544	0	6	2	15	0	0	17	594	0	88	0	9	**54**	**100**
Kandy	52	3133	0	100	1	6	0	4	0	22	4	83	4	93	0	20	0	1	6	292	2	39	0	29	**59**	**100**
Matale	7	803	0	22	0	1	0	4	1	40	1	83	0	3	0	8	0	0	3	45	0	13	5	132	**60**	**100**
NuwaraEliya	1	178	1	51	0	4	0	12	112	159	0	41	1	125	0	24	0	0	1	196	2	40	0	0	**26**	**100**
Galle	10	826	0	48	0	12	0	6	1	16	11	353	0	57	0	3	0	1	7	320	0	54	0	5	**28**	**100**
Hambantota	13	771	0	14	0	4	0	3	0	5	1	64	2	72	0	3	0	1	2	232	0	15	5	682	**71**	**100**
Matara	6	918	1	37	0	6	1	9	0	23	6	208	4	50	1	17	0	0	2	249	1	13	13	424	**55**	**100**
Jaffna	54	2602	3	148	0	5	0	44	6	223	1	11	1	259	0	1	0	2	3	257	1	10	0	3	**37**	**93**
Kilinochchi	5	283	2	29	0	1	0	17	0	5	0	5	0	16	0	0	0	1	0	31	0	2	0	1	**51**	**100**
Mannar	0	196	0	18	0	0	0	3	0	2	0	1	0	1	0	0	0	0	0	28	0	4	0	3	**37**	**100**
Vavuniya	6	510	0	15	0	4	1	42	0	12	1	35	0	7	0	0	0	1	0	45	0	5	0	12	**58**	**100**
Mullaitivu	1	101	0	7	0	0	0	10	0	11	0	8	0	7	0	0	0	1	1	11	0	1	0	2	**25**	**100**
Batticaloa	34	4399	6	154	0	5	1	8	0	29	2	43	1	3	1	4	0	3	3	166	0	19	0	0	**65**	**100**
Ampara	1	208	1	67	0	3	0	3	0	9	1	35	0	0	0	7	0	1	1	272	0	23	0	3	**66**	**100**
Trincomalee	2	942	0	36	0	2	0	5	0	13	0	49	0	22	0	2	0	0	3	184	0	9	0	18	**30**	**100**
Kurunegala	20	2048	0	116	0	17	0	13	0	5	11	134	0	21	0	22	0	2	15	492	0	82	9	362	**62**	**100**
Puttalam	46	1544	12	57	0	6	0	4	0	10	0	41	0	11	0	2	0	0	2	131	1	73	0	2	**63**	**100**
Anuradhapura	10	762	4	58	0	7	0	4	0	44	2	115	1	19	1	14	0	2	2	366	0	44	11	430	**44**	**95**
Polonnaruwa	4	267	1	35	1	4	0	0	0	19	2	101	0	0	0	4	0	1	13	255	0	20	13	225	**56**	**88**
Badulla	14	485	11	121	1	9	0	13	0	15	4	149	1	82	0	64	0	0	10	417	4	106	0	9	**47**	**100**
Monaragala	7	766	4	72	0	2	0	1	0	4	8	251	1	124	4	42	0	0	3	165	11	141	0	43	**67**	**100**
Ratnapura	21	1925	3	167	0	39	1	23	0	5	15	607	0	26	2	27	0	2	3	280	2	107	2	193	**47**	**100**
Kegalle	20	1240	1	51	0	12	0	8	5	91	9	258	0	69	0	15	0	0	8	346	0	43	0	14	**63**	**100**
Kalmune	6	1584	0	41	0	3	0	3	1	33	0	8	0	1	0	1	0	0	1	184	0	14	0	1	**50**	**100**
SRILANKA	**552**	**41541**	**57**	**1681**	**3**	**174**	**4**	**311**	**129**	**1052**	**99**	**3621**	**16**	**1092**	**12**	**317**	**0**	**19**	**132**	**6816**	**27**	**1068**	**59**	**2652**	**53**	**99**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 26th October , 2018 Total number of reporting units 353 Number of reporting units data provided for the current week: 351 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

20th– 26th October 2018(43rd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2018	Number of cases during same week in 2017	Total number of cases to date in 2018	Total number of cases to date in 2017	Difference between the number of cases to date in 2018 & 2017
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	02	54	61	- 11.4 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	02	00	00	00	00	00	01	00	00	03	07	289	263	9.8 %
Measles	00	00	00	00	00	00	00	00	00	00	03	105	180	- 41.6 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	05	10	- 50 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	01	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	18	16	12.5 %
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	25	21	19.0 %
Whooping Cough	00	00	01	00	00	00	01	00	00	02	00	44	19	131.5%
Tuberculosis	127	72	19	00	01	10	09	17	23	238	179	7225	7056	2.3 %

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

NA = Not Available

Number of Malaria Cases Up to End of October 2018,

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All are Imported!!!

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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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