WEEKLY EPIDEMIOLOGICAL REPORT

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

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WER SRI LANKA 2018

Vol. 45 No. 48 **24th– 30th November 2018**

Influenza-related deaths investigation – 2018, Southern Province Part IV

Therefore, the aetiological agent for the first episode of illness was not clear for most of the cases.

Number of days from the onset of symptoms to virology sampling was as follows.

Table 14: Time gap between the onset of symptoms to virology sampling (Range, Mean, Median)

No. of days from onset of symptoms to virology sampling	Days
Range	1 day – 28 days
Mean duration	10.5 days
Median duration	8.5 days

The range of days from onset of symptoms to taking samples for virology testing was 1 day to 28 days. Mean duration was 10.5 days. There was a significant delay in taking samples for virology tests from the onset of symptoms. There was a higher possibility of missing the primary source of viral infection as influenza viruses usually gives positive results within the first 5 days of the illness.

The number of days from the admission to the hospital to taking samples for virology testing was as follows.

Table 15: Time gap between the date of admission and virology sampling (Range, Mean, Median) among deceased children

No. of days from admission to virology sampling	Days
Range	0 – 24 days
Mean	7.8 days
Median	4 days

The range of days for taking samples for virology testing from admission to the hospital was 0-24 days. The mean duration was 7.8 days from admission to the hospital. There is a significant delay observed in taking samples for virology. Evidence from virological findings is inadequate to conclude on the initial viral aetiology due to late sampling.

Some of the samples for virology testing has been sent after starting Oseltamivir. Following table depicts the time duration between virology sampling and Oseltamivir treatment.

Table 16: Time gap between virology sampling and starting Oseltamivir treatment

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Virology sample collection is	No.	%
Before starting Oseltamivir	2	10
Same day	1	5
1 day after Oseltamivir	2	10
2 days after Oseltamivir	3	15
3 days after Oseltamivir	3	15
4 days after Oseltamivir	0	
5 days after Oseltamivir	2	10
6 days after Oseltamivir	0	
> 7days after Oseltamivir	5	25
Virology not done	2	10
Total	20	100

Nearly 50% of the cases, virology had been done more than 3 days after the commencement of the treatment with Oseltamivir. There was a high possibility that index samples giving negative results and missing the opportunity to identify the primary source of infection.

Results of the virology sampling are demonstrated in Table 18.

Table 17: Distribution of cases according to virology findings

Virology results	No	%
influenza A	01	5
influenza A + Adeno	02	10
Influenza B+ Adeno	01	5
Influenza A+ Adeno +RSV	02	10
Adeno	03	15
RSV + Adeno	01	5
RSV	03	15
Sample not done	02	10
Sample negative for virus / inconclusive	05	25
Total	**20**	**100**

Out of all deceased children, there were **only 6 (30%)** patients who were positive for **Influenza virus infection.** Multiple viruses were isolated from some of the patients. Another 6 patients were positive for RSV. Samples were not sent for virology in 2 patients.

There were 9 positives for Adenoviral infection among these children. The timing of sending samples from the onset of illness and time gap between starting of Oseltamivir were analysed among Adeno virus-positive patients as follows.

Table 18: Distribution of adenovirus positives according to the time gap between virology sampling and onset / starting Oseltamivir

	No. of days from onset of symptoms to sample collection	No. of days from the start of Oseltamivir to sample collection
Range	5 -28 days	1 -22 days
Mean	13.7 days	7.5 days
Median	8	5

Mean number of days from onset of illness to sample collection was 13.7 days and the number of days from starting Oseltamivir treatment and sample collection was 7.5 days. In summary, adeno positive samples collected average 13 days after onset of symptoms. Reported Adenoviral infections may be a possible secondary viral infection.

Antibiotic treatments:

Several categories of broad-spectrum antibiotics were given to these patients throughout their hospital stay.

Table 19: Distribution of cases according to the number of antibiotics given

	Categories of broad-spectrum antibiotics given to the children	Categories of Antibiotics
1	Range	2-15
2	Mean	8.5
3	Median	7

All the children were treated with multiple broad-spectrum antibiotics during the illness.

The average number of broad-spectrum antibiotics received by a child was 8.

Compiled by,

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to be continued ...

Table 1: Selected notifiable diseases reported by Medical Officers of Health 17th–23rd Nove 2018(47th 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	207	8648	0	89	0	9	1	41	1	37	4	214	0	14	0	10	0	0	8	667	0	65	0	5	**62**	**100**
paha	139	4946	2	70	1	9	0	22	0	168	4	215	0	9	1	14	0	0	9	689	1	45	1	53	**63**	**100**
Kalutara	45	2745	1	87	0	5	0	15	3	60	11	611	0	6	0	15	0	0	12	659	5	100	0	9	**55**	**100**
Kandy	64	3442	2	112	0	7	0	4	0	26	3	104	1	100	0	23	0	1	2	307	0	40	0	34	**59**	**100**
Matale	13	836	0	23	0	1	0	5	0	42	5	96	0	4	0	10	0	0	3	56	1	16	5	164	**60**	**100**
NuwaraEliya	3	186	3	56	0	4	1	13	0	159	0	45	2	133	0	28	0	0	4	203	3	45	0	0	**25**	**100**
Galle	15	867	0	57	0	12	0	6	0	25	8	389	0	61	0	3	0	1	6	352	0	56	0	5	**30**	**100**
Hambantota	16	824	1	25	0	4	0	3	0	5	2	73	3	79	0	3	0	1	8	257	0	15	1	695	**71**	**100**
Matara	14	984	0	40	0	6	0	9	0	23	1	245	3	59	1	18	0	0	8	274	0	14	4	456	**55**	**100**
Jaffna	104	3000	7	190	0	6	2	50	0	223	1	14	13	293	0	1	0	2	1	268	0	13	0	3	**36**	**93**
Kilinochchi	6	308	0	35	0	1	0	20	0	5	0	7	0	16	0	0	0	1	0	32	1	3	5	6	**52**	**100**
Mannar	1	199	2	26	0	0	0	3	0	2	0	1	0	12	0	0	0	0	0	28	0	4	0	3	**36**	**100**
Vavuniya	6	537	0	18	0	4	1	47	0	16	2	44	0	7	0	0	0	1	0	49	1	7	0	13	**55**	**100**
Mullaitivu	0	104	0	8	0	0	1	11	15	26	1	9	0	7	0	0	0	1	0	11	1	2	0	2	**26**	**100**
Batticaloa	68	4568	5	186	0	5	0	9	0	29	3	47	0	3	0	5	0	3	1	181	0	21	0	0	**64**	**100**
Ampara	3	222	4	78	0	5	0	3	1	11	5	43	0	0	0	7	0	1	3	280	1	29	0	3	**65**	**100**
Trincomalee	19	996	1	40	0	2	0	6	1	14	2	57	0	22	1	4	0	0	2	196	0	10	1	20	**30**	**100**
Kurunegala	39	2211	9	138	0	17	1	14	5	13	25	279	1	23	0	23	0	2	12	564	0	83	25	424	**61**	**100**
Puttalam	42	1760	4	74	0	7	0	6	0	10	2	48	0	11	0	3	0	0	3	138	3	84	0	3	**63**	**100**
Anuradhapura	11	806	4	87	0	7	2	6	0	44	30	177	0	20	0	14	0	2	9	403	2	50	10	481	**43**	**95**
Polonnaruwa	2	284	3	45	0	5	0	0	1	20	5	118	0	1	0	4	0	1	4	285	0	21	2	237	**56**	**88**
Badulla	11	537	1	136	0	9	0	13	0	16	5	165	4	90	1	65	0	0	12	469	7	121	0	10	**48**	**100**
Monaragala	6	789	0	81	0	2	0	1	0	4	21	319	0	134	1	47	0	0	2	179	1	161	2	46	**66**	**100**
Ratnapura	23	2046	2	181	1	40	0	29	0	5	10	666	0	27	0	27	0	2	4	303	3	123	1	206	**46**	**100**
Kegalle	35	1350	0	57	0	13	0	8	0	93	11	314	2	75	0	16	0	0	10	394	1	47	0	14	**63**	**100**
Kalmune	9	1630	2	50	0	3	0	3	1	34	0	9	0	1	0	1	0	0	1	197	0	16	0	1	**51**	**100**
SRILANKA	**901**	**44825**	**53**	**1989**	**2**	**183**	**9**	**347**	**28**	**1110**	**16**	**4309**	**29**	**1207**	**5**	**341**	**0**	**19**	**124**	**7441**	**31**	**1191**	**57**	**2893**	**53**	**99**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 23rd November , 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

17th -23rd Nove 2018 (47th 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	01	60	65	- 7.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	02	01	01	01	00	01	00	08	06	331	282	17.3 %
Measles	00	00	01	00	01	00	00	00	00	02	03	112	188	- 40.4 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	08	10	- 20 %
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	19	16	18.7 %
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	25	0 %
Whooping Cough	01	00	00	00	00	00	00	00	00	01	00	47	19	147.3 %
Tuberculosis	31	14	49	16	11	71	24	05	48	269	179	7996	7660	4.3 %

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 November 2018,

03

All are Imported!!!

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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ON STATE SERVICE

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