WEEKLY EPIDEMIOLOGICAL REPORT

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Monkeypox—Part II

What is the global situation of monkeypox?

Majority of outbreaks had occurred in the Democratic Republic of Congo and the majority of cases have been reported in rural, rainforest regions of the Congo Basin and western Africa. The Democratic Republic of Congo is now considered as an endemic country. A major outbreak had occurred during 1996–97 period in the Democratic Republic of Congo.

Occurrence of monkeypox outside Africa was reported in 2003. It was confirmed in the United States of America. When it was searched for the source of infection, most of the patients were reported to have had close contact with pet prairie dogs. These dogs were imported to the country and were infected by African rodents. Since then, some countries reported monkeypox time to time. It included ten African countries such as Democratic Republic of the Congo, Republic of the Congo, Cameroon, Central African Republic, Nigeria, Ivory Coast, Liberia, Sierra Leone, Gabon and South Sudan. Sporadic cases and outbreaks of human monkeypox have been reported from Central and West Africa,

The current reported case to Singapore was a traveler arriving from Nigeria, where sporadic multistate monkeypox outbreak has been ongoing since September 2017. The Ministry of Health in Singapore has confirmed and notified to WHO of one laboratory-confirmed case of monkeypox. Close contacts have been kept under active surveillance. Due to the limited nature of secondary transmission of monkeypox, as well as the public health measures taken, there is very low potential for further spread of the disease from Singapore. On the base of currently available information, WHO does not advise any travel or trade restrictions among countries.

How do we avoid outbreaks?

We need to make awareness of the disease and risk factors among public and educating people about the measures they can take to reduce exposure to the virus. It is an optimal measure to address monkeypox to reduce outbreaks when there is absence of specific treatment or vaccine for monkeypox.

Country surveillance measures and rapid identification of new cases is critical for outbreak containment. Hence country surveillance measures should be strengthened and Public health educational messages should focus on the following risks:

Reducing the risk of animal-to-human

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transmission

Endemic regions should focus on their behavioral activities and food handling. First on avoiding any contact with rodents and primates and secondly on limiting direct exposure to blood and meat, as well as thoroughly cooking them prior to consumption. Gloves and other appropriate protective clothing should be worn while handling sick animals or their infected tissues, and during slaughtering procedures.

Reducing the risk of human-to-human transmission

Avoiding close contact with monkeypox infected people or contaminated materials is a risk reducing measure of people to people transmission. When handling infected people, gloves and protective equipment should be worn. Basic sanitation measures should be strengthened with regular hand washing after caring for or visiting sick people. Isolation of patients either at home or in health facilities is recommended.

WHO advises that health-care workers caring for patients with suspected or confirmed MPXV infection should practice and implement standard, contact and droplet infection control precautions. Samples taken from people and animals with suspected monkeypox virus infection should be handled by trained staff working in suitably equipped laboratories. WHO supports monkeypox affected countries among Member States, with surveillance, preparedness and outbreak response activities.

Preventing monkeypox expansion through restrictions on animal trade

World Health Organization (WHO) recommends restricting or banning the movement of small African mammals and monkeys. It may be effective in restricting the expansion of the virus outside Africa. Potentially infected animals with monkeypox, which are captivated, should be kept in isolation from other animals and placed into immediate quarantine. Any suspected animals that might have come into contact with an infected animal should be quarantined, handled with standard precautions and observed for monkeypox symptoms for 30 days.

Sri Lanka is free from monkeypox infectious disease. Though Sri Lanka is having a strong public health network, country should be vigilant on imported infectious diseases. Sri Lanka is a part of the Asian region being entertained on tourism. Public should be aware to report on any illness during travel or upon return to a health professional, including information about all recent travel and immunization history. Air port and Sea port authorities are responsible for theses surveillance activities including the Quarantine unit, Ministry of Health.

Reference:

WHO factsheet on monkeypox, 6 June 2018, http://www.who.int/news-room/fact-sheets/detail/monkeypox

WHO disease outbreak news, monkeypox, Nigeria, 21 December 2017, http://www.who.int/csr/don/21-december-2017-monkeypox-nigeria/en/

Weekly epidemiological record (WER) no.11, 16 March 2018, Emergence of monkeypox in West Africa and Central Africa 1970-2017, http://apps.who.int/iris/bitstream/handle/10665/260497/WER9311.pdf;jsessionid=7AB72F28D04CFE6CE24996192FC478FF?sequence=1

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 04th – 10th May 2019 (19th 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	143	3722	1	18	0	3	0	5	0	22	6	76	0	7	1	5	0	0	15	210	1	23	0	2	**47**	**100**
Gampaha	99	2350	1	9	0	1	0	3	0	15	0	42	0	2	0	1	0	1	7	172	1	11	0	42	**51**	**100**
Kalutara	73	1171	3	34	0	4	0	6	2	31	9	227	0	3	0	3	0	0	28	324	3	55	0	3	**60**	**100**
Kandy	70	1073	6	33	0	5	0	1	1	10	2	30	6	40	0	2	0	1	16	120	0	23	2	15	**62**	**100**
Matale	6	207	0	11	0	2	0	0	1	2	1	24	0	4	0	3	0	1	0	38	0	3	6	109	**54**	**100**
NuwaraEliya	1	66	6	35	0	1	2	4	0	0	2	15	0	30	0	4	0	0	4	33	4	22	0	0	**25**	**100**
Galle	91	673	0	26	0	4	1	3	3	4	13	135	2	20	0	4	0	0	1	182	0	29	0	2	**63**	**97**
Hambantota	26	441	0	3	1	1	0	0	0	5	4	45	6	68	0	1	1	1	13	166	2	17	46	332	**72**	**100**
Matara	21	611	1	5	0	4	0	1	0	3	10	116	0	15	0	10	0	0	8	134	0	4	15	233	**58**	**100**
Jaffna	32	1835	5	68	0	5	1	12	3	14	0	21	1	253	0	2	0	0	8	130	0	7	0	0	**23**	**93**
Kilinochchi	3	88	0	8	0	1	0	9	0	0	0	17	1	23	0	1	0	0	0	3	0	3	0	7	**45**	**100**
Mannar	1	69	0	2	0	1	0	7	0	1	0	1	1	7	0	0	0	0	0	0	0	0	0	1	**46**	**100**
Vavuniya	0	161	0	6	0	5	0	15	0	3	0	36	0	4	0	0	0	0	4	46	0	8	0	1	**53**	**99**
Mullaitivu	1	89	0	6	0	0	0	4	1	2	0	11	0	6	0	0	0	0	0	0	0	2	0	2	**31**	**78**
Batticaloa	20	772	1	45	0	0	0	10	1	4	4	23	0	1	0	0	0	1	11	116	2	9	0	0	**52**	**100**
Ampara	1	95	0	11	0	2	0	0	0	4	2	18	0	1	2	9	0	0	12	80	0	5	0	4	**56**	**100**
Trincomalee	5	508	1	8	0	0	0	0	0	8	0	3	0	3	0	1	0	0	5	93	0	4	0	1	**37**	**80**
Kurunegala	24	674	3	28	0	6	0	4	6	14	2	86	0	10	0	13	0	0	19	318	3	33	16	353	**57**	**100**
Puttalam	7	234	0	14	0	2	0	1	0	1	1	16	0	8	0	1	0	0	1	85	3	23	0	5	**60**	**100**
Anuradhapura	5	198	2	12	0	5	0	3	1	3	2	76	1	24	0	13	0	1	6	223	3	40	17	219	**41**	**96**
Polonnaruwa	6	116	0	7	0	2	0	1	0	0	2	35	0	3	1	13	0	0	10	159	0	11	21	115	**59**	**100**
Badulla	8	280	3	26	1	3	1	5	1	56	2	83	1	47	2	13	0	0	29	134	7	82	0	10	**64**	**100**
Monaragala	4	198	2	28	0	3	0	0	4	77	6	139	1	52	1	33	0	0	9	136	7	73	0	9	**61**	**100**
Ratnapura	43	803	1	40	0	21	0	6	0	10	23	286	0	18	0	10	0	3	15	189	5	71	3	65	**43**	**100**
Kegalle	30	500	4	20	0	11	0	0	0	20	6	67	1	21	7	73	0	0	9	221	3	16	1	16	**64**	**100**
Kalmune	8	428	0	21	0	0	0	1	4	7	0	19	0	2	0	1	0	0	7	106	2	13	0	0	**63**	**98**
SRILANKA	**728**	**17362**	**40**	**524**	**2**	**92**	**5**	**101**	**28**	**316**	**97**	**1647**	**21**	**672**	**14**	**216**	**1**	**9**	**237**	**3418**	**46**	**587**	**12**	**1546**	**54**	**98**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 10th May , 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 333 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

04th – 10th May 2019 (19th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2019	Number of cases during same week in 2018	Total number of cases to date in 2019	Total number of cases to date in 2018	Difference between the number of cases to date in 2019 & 2018
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	01	00	00	00	00	00	00	00	02	00	34	21	61.9 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	03	01	03	01	00	00	02	00	11	07	150	145	3.4 %
Measles	03	02	01	00	00	00	00	01	01	08	04	90	52	73.0 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	04	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	01	06	11	- 45 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	01	00	00	00	00	00	01	01	09	14	- 35.7%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	27	16	68.7 %
Tuberculosis	43	06	50	11	21	27	19	01	24	202	390	3037	2966	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

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

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ON STATE SERVICE

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