WEEKLY EPIDEMIOLOGICAL REPORT

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

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Yellow Fever.

Background

Yellow fever has become a serious public health problem in Nigeria. Ebony state which is located in the south - eastern part of Nigeria has reported 84 suspected cases with 26 deaths (CFR 31%) from May to August 2019. Most of the suspected and confirmed cases were males and 0-9 age group. Yellow fever outbreak has been active in Nigeria since 2017 with recently affected Ebony state. According to the WHO advice, travellers should be well informed in advance before travelling to Nigeria from its member countries. Preventive measures including vaccination should be encouraged. WHO does not recommend any restriction on travel or trade to the country, Nigeria.

What is Yellow fever?

Yellow fever is a haemorrhagic fever caused by a virus (Flavivirus) and it is transmitted by infected mosquitoes. Yellow fever virus has been found in tropical and subtropical areas of Africa and South America. The disease is transmitted to people primarily through the bite of infected *Aedes* or *Haemagogus* species mosquitoes. Mosquitoes are the primary vectors and become infected with the virus when they bite infected humans or monkeys. Humans and monkeys are the primary animal reservoirs. Person to person transmission of this disease does not occur.

Clinical Symptoms Diagnosis and Treatment

Most of the people who are infected do not show symptoms or show mild symptoms and recover completely. People show symptoms just after the incubation period 3 -6 days. It shows sudden onset of fever, chills, severe headache, back pain, general body aches, nausea, vomiting, fatigue (feeling tired) and weakness under the apparent clinical symptoms.

Though the majority will recover without going to sever form, a few will develop more severe form of the disease. Severe symptoms include: high fever, yellow skin (jaundice), bleeding, and shock with organ failure. It is indicated that death occurs 30 - 60% of people who developed severe form of yellow fever.

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Hence diagnosis of the disease depends on laboratory testing, person's symptoms and travel history. There is no definitive medicine to prevent or cure the disease. Symptomatic treatment is recognized according to the patient's signs and symptoms. Among those recognized, rest, drinking fluids, and use of pain relievers and medication to reduce fever and relieve aching is practised.

Aspirin and other non-steroidal anti inflammatory drugs (ibuprofen, or naproxen) should be avoided due to risk of bleeding.

Hospitalization is recommended for people with severe symptoms of yellow fever infection and they should be kept under close observation and supportive care.

Prevention

Mosquitobites

Protect yourself from mosquito bites when travelling.
If you hve developed signs and symptoms of yellow fever after travelling to a suspected country, it is recommended to protect yourself from mosquito bites for upto 5 days after symptoms appear. This will protect virus transmission to the un infected mosquitos and prevent the spred of virus to other people.

Vaccine

Yellow fever vaccine is safe and effective. It gives life long protection for most people.The vaccine is a live, weakened form of the virus given as a single shot. It is recommended for people aged 9 months or older and who are travelling to or living in areas at risk for yellow fever virus. Yellow fever vaccination is essential for entry to certain countries.

Yellow fever is a notifiable disease in Sri Lanka and it is categorised as a group A disease in the notifiable list. Hence notification is mandotary. Yellow fever vaccine is available at MRI (Medical Research Institute) Colombo, Sri Lanka and available for trvellers free of charge.

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References; https://www.cdc.gov/yellowfever/index.html
http://www.who.int/mediacentre/factsheets/fs100/en

Table 1 : Water Quality Surveillance
Number of microbiological water samples September 2019

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	41
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	NR
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	32
Jaffna	12	72	126
Kilinochchi	4	24	40
Manner	5	30	9
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	63
Ampara	7	42	7
Trincomalee	11	66	NR
Kurunegala	29	174	47
Puttalam	13	78	4
Anuradhapura	19	114	33
Polonnaruwa	7	42	41
Badulla	16	96	79
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	3
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 Oct 2019 (42nd 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	587	12441	1	50	0	10	0	20	0	61	9	197	0	10	0	9	0	0	9	388	0	42	0	4	**49**	**100**
Gampaha	500	10319	0	40	0	8	0	4	0	25	4	96	0	4	0	7	0	2	0	367	0	25	0	148	**49**	**99**
Kalutara	265	5802	0	68	0	6	1	19	0	60	21	515	0	7	0	4	1	2	15	590	2	99	0	3	**63**	**100**
Kandy	383	4531	0	93	2	13	0	4	2	31	2	77	1	85	0	5	0	3	8	243	1	60	2	44	**63**	**100**
Matale	44	569	0	26	1	4	0	1	0	6	0	42	0	6	0	7	0	2	1	81	0	5	8	223	**58**	**99**
NuwaraEliya	14	236	0	96	0	2	0	9	4	9	1	46	0	75	0	9	0	0	2	124	4	47	0	0	**26**	**100**
Galle	130	5326	3	45	0	7	0	3	0	5	15	385	2	47	0	42	0	1	4	378	0	46	0	4	**62**	**98**
Hambantota	46	1515	2	30	0	3	2	3	0	8	9	124	6	118	0	4	0	1	4	266	3	40	5	661	**71**	**100**
Matara	120	3009	0	30	0	4	3	7	0	19	21	387	0	39	1	17	0	1	8	277	0	16	16	497	**59**	**100**
Jaffna	142	2630	20	288	0	13	2	29	2	105	1	31	16	306	0	4	0	0	1	267	1	21	0	0	**20**	**93**
Kilinochchi	5	153	8	40	0	1	3	15	4	6	0	19	0	25	0	1	0	0	0	8	0	8	0	14	**50**	**100**
Mannar	2	86	0	3	0	2	0	9	0	1	0	1	0	8	0	0	0	0	0	0	0	5	0	1	**55**	**99**
Vavuniya	22	289	3	27	0	11	0	28	4	17	1	55	0	5	0	0	0	0	1	82	0	12	0	3	**58**	**100**
Mullaitivu	0	130	0	11	0	1	0	13	2	5	0	25	0	8	0	0	0	0	1	16	0	7	0	4	**27**	**98**
Batticaloa	39	1255	8	177	0	2	0	13	0	43	0	46	0	1	0	0	0	1	8	236	0	26	0	0	**49**	**100**
Ampara	7	236	2	76	0	2	0	0	0	17	3	42	0	2	0	11	0	0	2	278	1	14	0	4	**58**	**100**
Trincomalee	29	1032	5	34	0	0	0	0	0	57	0	18	0	18	0	5	0	1	4	228	0	9	0	5	**32**	**99**
Kurunegala	74	1849	2	67	0	17	0	6	0	30	3	150	0	25	0	22	0	3	9	526	1	91	15	699	**60**	**100**
Puttalam	87	1025	0	27	0	3	0	1	0	19	1	33	0	16	0	3	0	0	0	125	1	46	0	9	**61**	**100**
Anuradhapura	33	600	1	47	0	11	0	5	0	13	3	114	1	34	1	24	0	2	5	441	1	86	3	474	**43**	**100**
Polonnaruwa	14	338	0	28	0	3	0	1	0	3	1	67	0	4	0	16	0	2	2	281	0	20	10	262	**60**	**100**
Badulla	69	923	5	84	1	9	0	10	0	83	4	189	1	119	1	18	0	0	10	306	0	159	1	15	**63**	**100**
Monaragala	0	333	0	36	0	4	0	0	0	79	0	189	0	82	0	41	0	0	0	212	0	112	0	22	**60**	**74**
Ratnapura	91	2782	3	97	1	32	0	10	1	16	26	838	3	40	1	30	0	4	9	357	1	147	3	153	**47**	**99**
Kegalle	66	1761	0	37	0	18	0	2	0	28	7	197	0	55	0	92	0	0	8	426	1	48	2	52	**67**	**100**
Kalmune	12	644	2	90	0	1	0	1	0	63	0	30	0	3	0	4	0	0	4	212	0	21	0	0	**63**	**100**
SRILANKA	**2781**	**59814**	**65**	**1647**	**5**	**187**	**11**	**213**	**19**	**809**	**13**	**3913**	**30**	**1142**	**4**	**375**	**1**	**25**	**115**	**6715**	**17**	**1212**	**65**	**3301**	**54**	**98**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 18 th October , 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 325 **C****-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

12th – 18th Oct 2019 (42nd 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*	04	00	01	00	00	01	00	01	00	07	02	65	54	20.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	03	00	00	02	02	00	00	01	01	09	09	277	286	- 3 .1 %
Measles	04	02	00	00	00	00	00	00	00	06	03	257	105	144.7 %
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	17	18	-5.5 %
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	09	25	- 64 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	36	42	- 14.2 %
Tuberculosis	96	21	09	03	18	15	00	47	09	218	282	6915	6987	- 1.0 %

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI

Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
October	94	48	13	35			

Source: Medical Research Institute & Veterinary Research Institute

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ON STATE SERVICE

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