



# WEEKLY EPIDEMIOLOGICAL REPORT

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Implementing and adjusting public health and social measures in the context of COVID-19 Part-i

This is the first of a series of 2 articles

Public health and social measures (PHSMs) were the initial control measures to practice to mitigate COVID 19 pandemic. The knowledge of PHSM was based on the SARS, MERS and previous Influenza pandemic. It slows the transmission of SARS-CoV-2, reduces mortality and morbidity, prevents health care services from becoming overwhelmed, and provide countries with more time to enhance emergency response systems.

PHSMs include both large scale public health interventions like movement restrictions and core public health interventions like testing, isolation etc. Nevertheless, it does not include medical countermeasures such as drug administration or vaccination. Examples of PHSM are,

- a. personal protective measures (e.g. avoiding closed, crowded and closed contact settings, hand hygiene, respiratory etiquette, mask-wearing)
- b. environmental measures (e.g. surface cleaning & disinfection, improve ventilation)
- c. surveillance and response measures (e.g. testing, genetic

-sequencing, contact tracing, isolation, and quarantine)

- d. physical distancing measures (e.g. regulating the number and flow of people attending gatherings, maintaining distance in public or workplaces, domestic movement restrictions)
- e. International travel-related measures. (World Health Organization, 2021)

These measures can have an impact on the economy, mental health and psychosocial well-being, human rights, food security, socioeconomic disparities, continuity of health programmes, treatment and management of conditions other than COVID-19, and gender-based violence.

Currently, most countries have begun vaccination demonstrating the effectiveness in reducing severe cases, hospitalization and mortality. Initial observational studies following the roll-out of vaccines suggest that vaccines may lead to protection against infection and a reduction in transmission. Nevertheless, genetic variants of SARS-CoV-2 have been emerging and circulating the world throughout the COVID-19 pandemic: evidence of Variants of Concern (VOCs) with evidence of a degree of

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vaccine escape and increased transmissibility, and severe disease have emerged since December 2020. In addition, there are significant inequities in global vaccine access affecting the coverage of vaccines especially among the most vulnerable and marginalized populations who are at high risk of contracting COVID-19.

Hence, sustained implementation of PHSMs is important particularly considering uncertainty in vaccine coverage, and the performance against known and potentially emerging VOCs and limited sequencing capacity to detect variants worldwide. PHSMs should be implanted in a tailored and agile way. According to the Swiss cheese respiratory pandemic defence module proposed by Mackay, 2021 none of the single PHSM is perfect in preventing COVID 19 infection. Each layer of measures has imperfections; multiple layers of protection are warranted for adequate control.

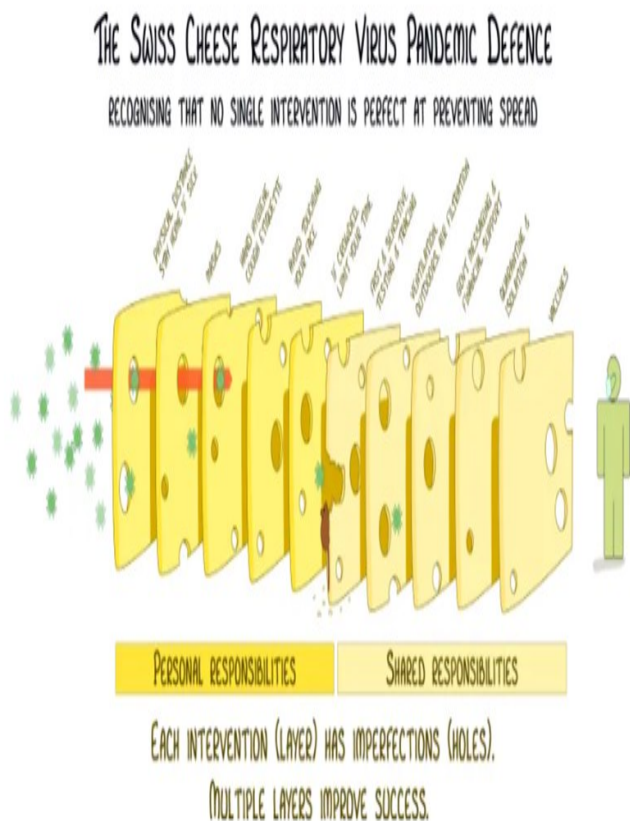
Situational assessment and implementation of

should be done by the lowest administrative level that has the capacity to do so. Implementation of stricter PHSMs needs to be balanced against their socio-economic impacts, especially in settings with high dependence on daily wages and informal economy. Decisions to change PHSMs to control COVID-19 must be weighed against the positive and negative impacts these measures have on individuals and societies. Other important considerations include vaccine acceptance & uptake, confidence, trust, motivation and adherence to PHSMs. PHSMs should be regularly reviewed and adjusted according to the local epidemiology.

Control of SARS-CoV-2 will depend on:

- I. the prevalence of infection and the circulating variants.
- II. the rate of growth or decline in incidence.
- III. the types, use of and adherence to control measures in place.
- IV. the speed with which vaccination occurs.
- V. the targeting and uptake of the vaccines among high-risk groups.
- VI. vaccine effectiveness and natural immunity in the population.

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PHSMs tailored to local settings and conditions

Table 1: Selected notifiable diseases reported by Medical Officers of Health 13<sup>th</sup> - 19<sup>th</sup> Feb 2021 (8<sup>th</sup> Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus Fe-		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	73	268	0	3	0	0	0	0	0	0	4	32	0	0	0	1	0	1	0	3	0	3	0	0	56	95	
Gampaha	45	189	0	1	0	1	0	1	0	0	8	15	0	0	0	0	0	0	0	2	0	3	0	1	29	76	
Kalutara	15	132	0	2	0	0	0	0	0	0	3	42	1	1	0	1	1	1	2	21	0	0	0	0	31	100	
Kandy	11	99	2	4	0	1	0	0	0	0	2	45	0	7	0	1	0	0	1	9	0	3	0	5	58	99	
Matale	3	16	0	2	0	1	0	0	0	0	3	12	0	3	0	1	0	0	1	4	0	1	8	47	63	100	
NuwaraEliya	1	6	0	0	0	1	0	0	0	0	2	13	2	14	0	0	0	0	0	7	0	0	0	1	36	96	
Galle	8	33	1	2	0	1	0	1	0	0	12	111	2	9	0	2	0	0	1	6	0	8	0	1	44	100	
Hambantota	4	39	1	3	0	1	0	0	0	1	9	43	2	17	0	4	0	0	1	11	0	6	22	108	74	100	
Matara	9	49	0	0	0	0	0	1	0	0	6	45	2	8	0	2	0	0	2	19	1	1	8	60	34	100	
Jaffna	7	60	2	20	0	0	0	7	0	0	0	6	28	281	0	0	0	0	4	11	0	2	1	1	16	88	
Kilinochchi	1	16	1	5	0	0	0	0	0	3	1	17	4	30	0	0	0	0	0	4	0	0	0	1	53	100	
Mannar	0	7	0	0	0	0	0	2	0	0	2	13	0	1	0	0	0	0	0	0	0	6	0	1	50	80	
Vavuniya	4	12	1	1	0	0	0	0	0	0	1	6	0	0	0	0	0	0	1	3	0	0	0	0	31	100	
Mullaitivu	0	3	0	1	0	0	0	0	0	0	0	10	0	3	0	0	0	0	0	1	0	2	0	0	21	100	
Batticaloa	241	1965	1	4	1	1	0	1	1	1	2	7	0	0	1	1	0	0	0	2	0	7	0	0	49	100	
Ampara	0	5	1	4	0	0	0	1	0	0	1	7	0	0	0	0	0	0	3	17	0	5	0	0	55	100	
Trincomalee	7	38	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	8	0	1	0	0	35	95	
Kurunegala	25	106	3	4	0	1	0	0	0	3	15	93	0	6	0	0	0	0	3	12	5	46	15	85	42	100	
Puttalam	8	72	0	1	0	1	0	0	0	0	0	7	0	6	0	0	1	1	4	1	4	1	11	0	3	46	95
Anuradhapur	4	20	0	4	0	0	0	0	1	1	6	106	0	15	0	2	0	0	2	8	0	6	4	61	34	94	
Polonnaruwa	0	6	0	1	0	0	0	0	0	0	0	31	0	0	0	1	0	0	1	5	0	1	15	87	41	100	
Badulla	1	16	1	2	0	0	0	0	0	0	5	51	0	11	1	2	0	0	1	13	0	2	0	7	43	98	
Monaragala	5	12	1	3	0	0	0	1	0	0	16	46	0	6	4	12	0	0	2	7	2	9	0	5	8	100	
Ratnapura	13	73	0	9	0	0	0	0	1	1	24	167	1	8	1	2	0	1	4	17	2	22	0	17	38	100	
Kegalle	6	43	0	2	0	0	0	0	0	0	6	52	2	3	0	0	0	0	1	14	0	5	0	1	39	100	
Kalmune	12	65	0	3	0	1	0	1	0	0	1	5	0	0	0	0	0	0	0	1	0	0	0	0	46	100	
<b>SRI LANKA</b>	<b>503</b>	<b>3350</b>	<b>15</b>	<b>81</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>16</b>	<b>2</b>	<b>10</b>	<b>129</b>	<b>983</b>	<b>44</b>	<b>429</b>	<b>7</b>	<b>32</b>	<b>1</b>	<b>4</b>	<b>32</b>	<b>209</b>	<b>11</b>	<b>150</b>	<b>73</b>	<b>492</b>	<b>43</b>	<b>97</b>	

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk).

\*T=Timeliness refers to returns received on or before 19<sup>th</sup> February, 2021 Total number of reporting units 357 Number of reporting units data provided for the current week: 352 C\*\*=Completeness

**Table 2: Vaccine-Preventable Diseases & AFP**

13<sup>th</sup> – 19<sup>th</sup> Feb 2021 (8<sup>th</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021 & 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	01	00	00	00	00	00	01	00	12	06	100%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	01	01	00	00	00	01	00	00	03	04	16	29	-44.8%
Measles	00	00	00	00	00	00	00	00	00	00	02	03	06	-50%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	01	00	00	00	00	00	00	00	00	01	00	01	03	-66%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	01	00	00	00	00	00	00	01	01	01	07	- 85.7%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	02	-100%
Tuberculosis	46	11	05	17	05	13	06	07	14	124	128	958	991	-3.3%

**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 February 2021,**

**04**

**All are Imported!!!**

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](mailto: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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