



WEEKLY EPIDEMIOLOGICAL REPORT

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

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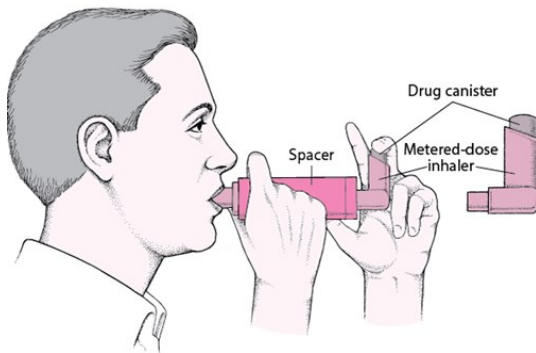
09th – 15th Oct 2021

Chronic Respiratory Diseases Part II

This is last part of the series of two articles

Distraction, Cognitive behavioural therapy, antidepressants, Reassurance, Introducing hobbies.

- ◇ Supportive equipment - wheelchairs, stair lift, mobile toilet facilities.



Patient education on illness

All these patients and their caregivers should be educated on the illness, preventing measures, disease aggravating factors, home-based physiotherapy, and basic treatments that should be given at home once aggravated. Furthermore, awareness campaigns should be launched not only for patients but also for identified risk groups to develop CRDs.

Immunization for specific infections.

Patients with CRDs are more susceptible to getting recurrent lung infections, hence high mortality. Therefore, it is recommended to vaccinate them with pneumococcal vaccine every 5 years and influenza vaccine annually. But the overall impact of them on reducing mortality is uncertain.

Prevention measures on CRDs and health promotion.

Every human being has a right to breathe pollutant-free air. Public health authorities are directly responsible for making that opportunity for people. Most of CRDs are preventable. But the commitment of political and law authorities is essential to implement those preventive measures. E.g., - ban tobacco smoking in public places.

Palliative care for patients with chronic respiratory disease

It is very crucial to help these patients to achieve the best possible quality of life in patient-centred palliative care. The primary goal of palliative care is symptom control, especially breathlessness. Palliative care is not limited to the end of life care. Patients in any stage of the disease benefit from it. The following are the important points in the palliative care of these patients.

- ◇ Symptom relieve
 - Cough – Codeine, Morphine.
 - Breathlessness – Codeine, Morphine, Nebulization, Midazolam, prop up beds, CPAP (Continuous Positive Airway Pressure).
 - Hemoptysis – Tranexemic acids, bronchial artery embolization.
 - Secretions – Nebulization with Normal saline, Carbocystein, Physiotherapy for Sputum clearance.
 - Hypoxia – Oxygen supplementation.
 - Anxiety – distraction, anxiolytic medication like Lorazepam.
- ◇ Psychological support

WEBER SRI LANKA 2021

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Measures can be taken in CRD prevention.

- Tobacco control
- Improve occupational health – Improve ventilation, standard safety kits with masks, and improvement of usage of alternative substances for hazardous like asbestos.
- Indoor and outdoor air quality – smoke-free cooking stove to reduce indoor air quality, improve ventilation in houses, and smoke reducing technologies for vehicles, proper measures to reduce the emission of hazardous gases from industrial institutes.
- Diet and nutrition – Healthy diet help to prevent NCDs.
- Early life – smoking during pregnancy can cause unhealthy lungs in the child and lung damage that can be occurred during the 1 year of life from repeated infections can affect the subsequent pulmonary health.



And also, all health care workers should be well- aware of CRDs and referral to a specialist unit should be done to get the correct treatment without delay for patients. Community awareness must be enhanced to seek health care once symptoms occur and to follow the preventable measures.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 02nd-08th Oct 2021 (41st Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		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	14	3880	0	10	0	1	0	4	0	3	3	152	0	1	0	2	0	2	0	22	1	11	0	1	45	100
Gampaha	79	1970	1	3	0	5	0	1	0	0	6	199	0	5	0	4	0	5	0	23	0	12	0	12	23	75
Kalutara	30	1109	0	11	0	2	0	3	0	0	51	531	0	3	0	1	1	1	1	69	0	19	0	0	33	93
Kandy	23	598	1	19	0	1	0	3	0	2	15	131	0	35	0	1	0	0	2	36	0	15	1	27	57	100
Matale	5	172	0	13	0	4	0	0	0	0	5	72	0	5	0	1	0	0	0	12	0	6	3	205	51	100
NuwareEliya	2	42	0	12	0	2	0	2	0	0	2	53	1	38	0	4	0	0	0	25	0	7	0	1	28	100
Galle	10	337	1	8	0	1	0	5	0	7	23	607	0	27	0	2	0	0	2	53	1	31	0	1	38	100
Hambantota	9	297	0	11	0	2	0	2	1	6	5	229	4	71	0	7	0	0	1	47	0	33	6	415	69	100
Matara	16	442	1	4	0	1	0	1	0	0	21	247	0	17	1	3	0	0	0	53	0	11	7	243	43	100
Jaffna	0	124	2	42	0	3	0	15	0	27	0	17	2	440	0	0	0	6	0	28	0	3	0	2	22	88
Kilinochchi	0	25	0	24	0	0	0	2	0	10	0	55	0	79	0	0	0	0	0	10	0	0	0	1	53	100
Mannar	0	25	1	7	0	0	0	4	0	0	0	27	0	2	0	0	0	0	0	3	0	19	0	1	37	100
Vavuniya	1	36	2	4	0	1	0	1	0	1	0	23	0	2	0	1	0	0	0	6	0	1	0	1	37	100
Mullaitivu	0	5	0	3	0	0	0	0	0	1	0	33	0	8	0	0	0	0	0	9	0	6	0	0	20	100
Batticaloa	2	3002	2	32	0	4	0	2	0	21	1	42	0	0	0	1	0	0	0	14	0	24	0	0	46	100
Ampara	0	38	0	9	0	0	0	1	0	7	0	55	0	1	0	3	0	0	1	41	0	13	0	11	58	100
Trincomalee	0	127	0	0	0	0	0	0	0	2	0	4	0	0	0	2	0	0	0	16	0	2	0	0	26	100
Kurunegala	23	955	0	19	0	4	0	0	0	3	32	296	0	26	0	4	0	2	4	48	0	80	20	323	37	100
Puttalam	6	296	0	2	0	1	0	0	0	0	0	22	0	15	0	1	0	1	1	18	0	33	0	9	39	97
Anuradhapur	1	191	0	11	0	1	0	1	0	3	0	220	0	25	0	4	0	0	0	31	0	38	7	228	25	91
Polonnaruwa	0	66	1	7	0	1	0	3	0	9	1	111	0	3	0	3	0	0	2	28	1	3	5	371	37	100
Badulla	30	246	2	11	0	0	2	3	0	0	5	282	0	44	3	35	0	0	3	41	1	17	1	19	43	100
Monaragala	5	117	1	7	0	0	0	3	0	5	5	331	0	31	2	70	0	0	0	24	3	56	1	35	50	100
Ratnapura	7	435	1	28	0	6	0	0	0	5	9	639	0	20	0	9	0	1	1	50	4	73	0	103	34	95
Kegalle	6	376	0	4	0	11	0	0	0	2	50	304	0	12	0	1	0	0	3	83	1	27	1	19	39	100
Kalmune	2	273	1	14	0	2	0	1	0	1	1	19	0	1	0	2	0	2	0	15	0	14	0	2	45	100
SRILANKA	40	15184	17	315	0	53	2	57	1	115	23	4701	7	911	6	16	0	20	21	805	12	554	52	2030	40	97

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 08th Oct, 2021 Total number of reporting units 361 Number of reporting units data provided for the current week: 349 C**-Completeness 41

Table 2: Vaccine-Preventable Diseases & AFP

02nd– 08th Oct 2021 (41st 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	00	00	00	00	00	00	00	01	51	36	41.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	00	03	00	00	00	03	03	62	149	- 58.3 %
Measles	00	00	00	00	00	00	00	00	00	00	02	11	48	- 77.0 %
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	00	00	00	00	00	00	00	00	01	01	00	03	03	0 %
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	04	31	- 87 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	00	09	- 100%
Tuberculosis	00	20	123	03	20	31	06	13	26	242	133	4044	5102	- 20.7 %

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

Covid-19 Prevention & Control

For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.

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. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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