WEEKLY EPIDEMIOLOGICAL REPORT

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The success story of a Melioidosis clinic in a developing country: The Galle experience - Part II

This is the second article of two in a series on "The success story of a Melioidosis clinic in a developing country"

Diabetes (DM) and melioidosis

The prevalence of diabetes and chronic kidney disease was 75% (76/102) and 17% (17/102), respectively. Alcoholism and smoking were noted in 30 (29%), each. Among females of > 60 years and 41-60 years, 11 (100%) and 7 (64%) were diabetics, respectively. Among males of >60 yrs and 41-60yrs, 13 (59%) and 38 (93%) were diabetics, respectively (Figure 5). There was a significant association between abscesses/pus formation and the presence of DM (p=0.0388).

Melioidosis antibody titre by the indirect haemagglutination assay was determined in 78 (76%) and there was a significant association of high titres >1:160 with the presence of DM (p=0.044). An ESR >80mm/1st hr and high platelet counts (>400000/µL) were significantly associated with DM (p=0.0116 and p=0.0186, respectively). An elevated white cell count (WCC) >11000/µL or mortality was not statistically associated with DM (p=1.000 and p=0.5805 respectively).

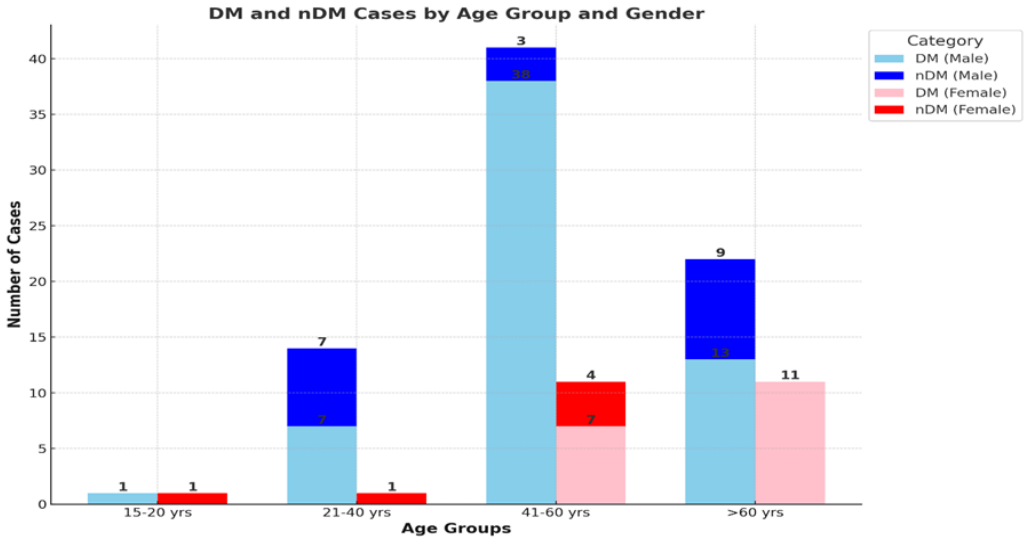

Figure 5 – Diabetic and non-diabetic (nDM) by age group and gender

Contents **Page**

Clinic follow-up

After the initial in-ward intravenous antibiotic treatment, patients have to undergo a prolonged eradication phase under meticulous monitoring to prevent relapses. This follow-up is a real challenge for several reasons. Most of the patients, being farmers or manual labourers, are from rural areas. Their level of education and understanding of the illness and the importance of compliance with eradication therapy are low. Managing the underlying comorbidities requires a multidisciplinary approach. Further, many patients were from distant rural areas and found it difficult to attend the clinic.

Despite these constraints, the Melioidosis Clinic of the National Hospital, Galle was established in April 2020, during the COVID-19 pandemic, to cater to these patients, providing individualized care using a multi-disciplinary approach. Held weekly; on Thursdays in the microbiology laboratory premises; it is probably the only clinic in Sri Lanka of that nature dedicated solely to melioidosis patients on eradication phase treatment. Patients are educated, encouraged and motivated to complete the eradication treatment and are followed up until they are discharged from the clinic upon treatment completion. Regular patient follow-ups with proper record keeping are conducted by the four medical officers (microbiology) under the supervision of the Consultant Microbiologist to detect complications of the disease or adverse effects of the eradication treatment. Any febrile illness contracted during or after this period is investigated for a possible relapse. Occasionally, the clinic treats carefully selected patients with acute presentations with only oral drugs on an outpatient basis.

What we did

Through the clinic and awareness programmes, we introduced local terminology for the disease i.e. “soil fever” or “panshu una – “පාංශු උණ” in Sinhalese.

A separate register was opened for melioidosis patients for easier follow-up. All drugs were given through the clinic free of charge as per the government policy. The outpatient pharmacy was collaborating with us very well as they readily issued prescribed drugs even on non-clinic days if needed.

A good rapport was built with each patient and his/her family members to discuss disease-related issues and social and financial constraints.

Laboratory facilities were made available free of charge to monitor disease response and to detect complications of radiation therapy such as bone marrow suppression, renal impairment or hyperkalaemia.

Patients with comorbidities were referred to our collaborators in medical specialities—primarily internal medicine, with occasional referrals to nephrology, endocrinology, and other relevant fields—for consultation and management, which was integral to the success of our work.

Some patients with residual damage were directed to long-term rehabilitation programmes. Many were directed for nutritional advice.

Remote monitoring or advice through voice/WhatsApp video calls was provided when necessary.

Total discharged to follow-up since 2014 – 128
Number successfully followed up – 116 (91%)
Adverse effects of drugs and drug adjustment – 18 (14%)
Deaths during follow-up (known) – 3 (2%)
Relapses – 7 (5.5%)
Complications during follow-up – 1 (1%)

Take home message

“Melioidosis is a disease where a patient can be saved and his/her quality of life improved with close follow-up, addressing individual needs and care”

*These contents were presented as oral and poster presentations at the 10th World Melioidosis Congress, held in Darwin, Australia, from 21st to 23rd October 2024.

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References:

- Corea EM, de Silva AD, Thevanesam V. Melioidosis in Sri Lanka. Trop Med Infect Dis. 2018 Feb 21;3(1):22. doi: 10.3390/tropicalmed3010022. PMID: 30274420; PMCID: PMC6136624

Table 1: Selected notifiable diseases reported by Medical Officers of Health 12th – 18th Oct 2024 (42nd Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		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	A	B	T*	C**
Colombo	180	9732	0	35	0	11	0	48	0	22	12	443	0	8	0	9	0	0	18	485	3	38	0	2	27	1776	100	100
Gampaha	95	4586	1	38	0	33	0	14	0	77	34	688	0	11	1	10	0	0	22	392	1	120	0	23	16	997	100	100
Kalutara	36	2405	0	29	0	2	2	36	0	37	24	727	0	8	1	11	0	1	18	547	2	56	1	2	1	494	100	100
Kandy	68	3879	0	34	0	5	0	9	0	59	2	220	2	31	0	11	0	2	6	356	0	13	0	54	0	528	100	100
Matale	7	699	0	14	0	1	0	8	1	27	0	88	0	5	0	8	0	0	1	135	0	19	4	296	0	104	100	100
Nuwara Eliya	5	315	4	127	0	7	0	10	1	205	2	152	0	39	0	9	0	0	4	222	0	17	0	1	6	229	100	100
Galle	27	1839	0	45	0	22	0	12	0	98	21	771	3	110	0	10	0	1	11	697	2	81	1	4	7	374	100	100
Hambantota	14	750	0	28	0	4	0	5	2	48	5	422	0	46	1	7	0	2	4	277	0	27	14	439	0	131	100	100
Matara	36	1001	0	10	0	6	0	2	0	28	19	468	1	25	2	20	0	0	5	322	0	69	3	104	0	142	100	100
Jaffna	11	5282	1	59	0	2	1	27	0	35	0	18	3	472	0	7	0	1	0	203	1	30	0	1	4	222	100	93
Kilinochchi	1	291	0	17	0	0	0	2	0	2	1	19	0	11	0	0	0	2	0	12	0	6	0	1	0	25	100	100
Mannar	5	287	1	14	0	0	0	1	0	6	2	25	0	13	0	1	0	0	0	10	0	5	0	1	0	56	100	100
Vavuniya	3	170	0	13	0	1	0	2	0	22	1	93	0	5	0	4	0	0	1	41	0	23	0	9	0	34	100	100
Mullaitivu	0	205	0	9	0	0	0	0	0	18	0	68	0	11	0	0	0	2	1	8	0	5	0	13	0	30	100	100
Batticaloa	13	1460	0	115	1	15	0	7	4	64	2	69	0	2	0	21	0	2	3	124	0	45	0	4	1	134	100	100
Ampara	5	240	2	32	0	3	0	0	0	23	2	173	0	2	0	5	0	1	3	112	1	36	0	22	2	104	100	100
Trincomalee	3	640	0	16	0	1	0	3	2	11	0	136	0	12	0	3	0	0	2	80	1	22	0	18	0	105	100	100
Kurunegala	16	2012	0	47	1	35	0	3	0	351	27	590	2	30	0	7	0	4	16	509	3	241	18	553	5	415	100	100
Puttalam	28	1016	1	11	0	4	0	3	0	3	6	222	1	35	0	4	0	1	2	120	3	67	0	33	0	182	100	100
Anuradhapura	5	669	1	33	0	6	0	2	0	43	3	388	0	30	0	14	0	1	6	259	3	55	22	770	6	240	100	100
Polonnaruwa	1	351	1	22	0	3	0	1	1	26	0	237	0	2	0	52	1	1	2	133	1	30	4	443	0	91	100	100
Badulla	6	758	1	35	2	8	1	8	0	56	3	444	1	40	2	44	0	0	9	328	1	35	1	39	6	206	100	100
Monaragala	40	815	0	18	0	4	0	3	1	86	0	594	0	31	2	45	0	1	2	148	1	94	9	222	0	105	90	100
Ratnapura	42	2455	3	102	1	8	0	8	1	30	51	1672	0	27	1	28	0	2	8	328	3	119	1	149	10	307	95	100
Kegalle	20	1789	1	23	1	9	0	10	1	14	14	661	0	30	0	12	0	1	20	764	2	65	0	24	3	308	100	100
Kalmunai	1	680	0	17	0	0	0	2	0	28	1	67	0	5	0	4	0	0	4	207	0	16	0	0	4	122	100	100
SRILANKA	**668**	**44326**	**17**	**943**	**6**	**190**	**4**	**226**	**14**	**1419**	**232**	**9455**	**13**	**1041**	**10**	**346**	**1**	**25**	**168**	**6819**	**28**	**1334**	**78**	**3227**	**98**	**7395**	**99**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 18th Oct, 2024 Total number of reporting units 358 Number of reporting units data provided for the current week: 358 **C****-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

12th – 18th Oct 2024 (42nd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2024	Number of cases during same week in 2023	Total number of cases to date in 2024	Total number of cases to date in 2023	Difference between the number of cases to date in 2024 & 2023
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	01	01	00	00	00	03	00	63	72	-12.5%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	03	00	00	01	01	01	00	00	06	06	236	180	31.1 %
Measles	00	01	00	00	00	00	00	00	00	01	24	286	638	-55.2 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	02	05	-60%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	02	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	06	-16.6 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	09	02	350 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	56	07	700 %

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 October 2024,

02

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

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