



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Food Safety Emergency

Food is one of the basic needs of human life. Since early days of the human civilization food was grown to satisfy the needs of people. Initially the exchange of food items between the communities was very much limited and people were satisfied with the products of what they had grown. The exploration of new territories by the explorers gave the chance to disseminate the taste of the verities of food consumed by the different civilizations and cultures. People who had heard of different types of food were able to taste them with the development of transportation and food processing techniques. Today, one can buy food items produced thousands of kilometers away from the market place of consumer. Hence, the impact of consumption of the unhygienic food once localized is now globalized. This can be purely unintentional or can be a deliberate terrorist activity.

According to the Codex Alimentarius, food safety emergency is defined as **a situation, whether accidental or intentional, that is identified by a competent authority as constituting a serious and as yet uncontrolled food borne risk to public health that requires urgent action** to nullify its effect and safeguard the health of consumers.

Overall influence of the following factors will determine the final outcome of the food safety emergency.

Globalization of trade and changes in food consumption patterns:

Increased production of food and demand by the other parts of the world

with developed transportation network helps to distribute food all over the world. It will also decide the rapidity of distribution of the products. In addition, the state of the food, whether consumed cooked or as raw will be a decisive factor in creating food safety emergency.

Interaction with food security:

If the food security of the community is not met, the chances of consuming unhygienic food will increase posing threat to human health. On the other hand producers will try to produce more food using unwarranted amount of fertilizers, pesticides or preserve food adding chemicals that are toxic to the human.

Internationalization of food safety emergency:

This will decide the geographies of involvement in food safety emergencies, distribution of which can be systematic or random and community that will be involved in food safety emergency.

Socio-economic impact:

Food safety emergency can affect both producers and consumers posing grave consequences on socio-economy. Concern of food safety can cause rejection in consumption where producers will be severely affected economically due to lack of sale. On the other hand, if the food item is a staple food then the food security issues will crop up, resulting in a major social problem.

Contents	Page
1. Article : Food Safety Emergency	1
2. Surveillance of vaccine preventable diseases & AFP (17 th –23 rd July 2010)	3
3. Summary of newly introduced notifiable diseases (17 th –23 rd July 2010)	3
4. Summary of selected notifiable diseases reported (17 th –23 rd July 2010)	4

Policy and capacity issues:

Different countries in the world adopt different policies on food safety due to the variance in capacity in the financial and academic resource problems. Therefore, perception of severity of given level of food safety may differ in different countries. If uniformity is a concern then policy differences of countries should be abolished.

Innovative technologies:

Use of innovate technology affect food safety in two ways. New technology is being used to process food, increase production in new ways. Their actual long term health impact still to be studied. In the mean time new technologies can be used to analyze the food, ensuring the safety of food limiting the emergencies.

Impact of emerging issues:

Currently it is on the discussion how issues like climate change, bio-fuel consumption, soil quality, water availability food contaminants and pesticides use going to affect in food safety and how it can cause food safety emergencies.

Emergency Prevention System for Food Safety (EMPRES Food Safety)

As the response to the request of member states of Food and Agriculture Organization (FAO), the international body, working towards ensuring a safe and affordable food supply for the world's population, EMPRES Food Safety was established in 2009. Its mandate is to develop conceptual approaches and strategies to tackle international food safety emergency events. EMRES Food Safety works with various national agencies with food safety-related responsibilities in an integrated, transparent and neutral manner.

Currently EMPRES Food Safety has developed strategic plan to respond in food safety emergency. It has three major elements, namely

- Early warning
- Emergency prevention
- Rapid response

This plan is to totally avoid an emergency being occurred or to mitigate it if breakthrough present.

Sri Lankan Situation on food safety emergency plan

Planning, implementation and monitoring of food safety activities are carried out by the Ministry of Health with the technical support from the Epidemiology Unit. Food safety issues are

discussed by the experts of Codex Alimentarius Committee, which is consisted of Epidemiologists, Microbiologists, personnel from the Department of Agriculture and Animal productions, representatives of food manufacturers and exporters, chemists, researchers and representatives from INGO/NGO and other interested bodies. A committee in the Ministry of Health carries out water quality survey, giving recommendations to assure safe drinking water.

Public Health Inspectors (PHII) at divisional level are vested with the duty of sampling food in their localities. Several food laboratories are provided with facilities to investigate food samples, which produced by the PHII. These investigations provide evidence in food adulteration and poisoning. Facilities and capacity at the food laboratories are not at the satisfactory level to carryout food surveillance throughout the country. There is a disease surveillance system in the country, to observe the spread of communicable diseases. Food and water borne diseases such as Enteric fever, Bacillary dysentery, Viral hepatitis and Food poisoning are under surveillance by the Epidemiology Unit in the Ministry of Health.

Evidence of food safety emergency can be assured by the available machinery of the Ministry of Health explained above. Information management in the emergency situation is done by the authority of the Ministry of Health. These activities are covered by legal provisions of "Food Act" and "Consumer Protection Act". Laboratories of the Department of Government analyst and Medical Research Institute have limited facilities and capacity to analyze food samples at in emergency and the Ministry of Health has authority to remove the unsafe food from the market. Experts and laboratories in Universities are supported for investigating food safety emergencies.

An equipped laboratory with trained staff for continuous food surveillance is the main requirement for predicting and controlling of food safety emergency in Sri Lanka. More survey/study/testing/researches should be carried out to fill the Information gap of foods quality in the country. Establishment of a body for food safety emergency is timely and important for Sri Lanka.

We are suggesting identifying committee for food safety emergency planning including responsible personal from each sector. Making **awareness** about the need of food safety for political bodies and health policy makers is to be a first step of this process. Ultimately, a a food safety emergency plan for Sri Lanka should be available with consensus of all stakeholders.

This article is written from findings of Food-safety Emergency Response Planning Workshop held in Bangkok Thailand, compiled by Dr. Anura Jayasinghe & Dr. Chathura S Edirisuriya.

Table 1: Vaccine-preventable Diseases & AFP

17th - 23rd July 2010(29th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2010	Number of cases during same week in 2009	Total number of cases to date in 2010	Total number of cases to date in 2009	Difference between the number of cases to date in 2010 & 2009
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	01	01	00	00	00	00	00	01	01	04	01	52	44	+ 18.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	00	00	00	00	00	00	00	00	00	00	56	73	- 23.3 %
Tetanus	00	00	00	00	00	00	00	00	00	00	01	14	17	- 23.5 %
Whooping Cough	01	00	00	00	00	00	00	00	00	00	00	17	33	- 48.5 %
Tuberculosis	51	13	12	18	05	01	00	07	06	113	109	4832	5598	- 13.7 %

Table 2: Newly Introduced Notifiable Disease

17th - 23rd July 2010(29th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2010	Number of cases during same week in 2009	Total number of cases to date in 2010	Total number of cases to date in 2009	Difference between the number of cases to date in 2010 & 2009
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	03	04	05	02	07	05	10	00	06	42	153	2044	10913	- 81.3 %
Meningitis	01 CB=1	00	01 GL=1	00	01 TR=1	03 KN=3	02 PO=1 AP=1	02 BD=1 MO=1	01 RP=1	11	18	1045	589	+ 77.4 %
Mumps	01	02	02	04	01	03	01	01	04	19	31	592	1081	- 45.2 %
Leishmaniasis	00	00	00	00	00	00	00	00	00	00	05	166	467	- 64.5 %

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.
 DPDHS 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Dengue Prevention and Control Health Messages

Check the roof gutters regularly for water collection where dengue mosquitoes could breed.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
17th - 23rd July 2010(29th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Colombo	158	3736	4	191	0	14	6	45	0	29	4	366	0	6	2	37	0	1	77
Gampaha	83	2782	2	98	0	18	0	29	6	17	4	239	0	8	4	61	0	4	53
Kalutara	52	1199	6	145	0	11	0	14	0	73	3	206	1	2	1	21	0	1	75
Kandy	28	1030	6	213	0	1	1	20	1	4	4	64	4	99	0	39	0	1	78
Matale	18	463	6	225	0	3	2	24	1	68	1	67	0	4	1	31	0	0	92
Nuwara	12	124	8	254	0	0	3	86	0	84	0	17	0	47	0	27	0	0	85
Galle	33	705	5	160	0	3	0	3	0	12	2	57	2	10	0	7	0	3	79
Hambant	36	521	6	53	0	4	0	1	0	10	0	63	1	56	0	6	0	0	82
Matara	31	350	1	123	1	6	0	5	0	43	0	193	4	91	0	15	0	0	88
Jaffna	45	2487	10	181	0	3	7	399	1	8	0	1	0	108	3	10	0	2	67
Kili-	1	6	0	4	0	0	0	4	0	1	0	0	0	0	0	0	0	0	50
Mannar	6	214	1	32	0	0	1	34	0	10	0	0	0	0	1	15	0	0	60
Vavuniya	6	527	2	28	0	2	1	38	0	8	0	2	0	1	0	10	0	1	75
Mullaitivu	0	2	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	20
Batticaloa	11	1115	5	104	0	3	1	17	2	30	0	10	0	2	0	4	0	2	93
Ampara	8	97	2	57	0	1	0	6	0	6	0	30	0	0	0	10	0	0	57
Trincomal	23	856	5	109	1	12	1	4	1	10	0	17	1	12	0	13	0	1	80
Kurunega	61	961	11	200	0	15	2	25	0	9	5	223	2	35	3	76	0	3	75
Puttalam	11	762	2	80	0	6	0	40	0	124	1	58	0	0	0	20	0	1	67
Anuradha	14	835	3	45	0	4	0	8	0	37	0	56	0	22	0	33	0	3	74
Polonnar	7	320	3	57	0	1	0	5	1	8	0	49	0	1	0	33	0	0	100
Badulla	47	631	3	127	0	1	0	63	0	16	0	46	1	61	2	79	0	0	40
Monaraga	25	538	0	122	0	1	0	29	0	4	0	27	0	47	0	59	0	2	55
Ratnapur	67	1763	7	336	0	4	0	10	4	26	2	264	0	40	2	65	0	2	61
Kegalle	35	633	5	95	1	11	1	37	0	19	9	161	0	12	3	61	0	0	73
Kalmunai	1	488	5	157	0	1	0	5	0	2	0	0	0	0	1	11	0	1	69
SRI LANKA	819	23145	108	3197	03	125	26	952	17	658	35	2216	16	664	23	779	00	28	72

Source: Weekly Returns of Communicable Diseases WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 02nd July, 2010 Total number of reporting units =311. Number of reporting units data provided for the current week: 230

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

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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.

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