



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@slt.net.lk
Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk
Web: http://www.epid.gov.lk

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Emergency Risk Management for Health (Part II)

This is the second in series of two articles on Emergency Risk Management for Health

Developing adaptable and resilient health care systems

Surge capacity: Health care systems need to prepare to cope with large numbers of patients. This may require mobilizing staff around the country to aid affected areas.

Flexibility in health care systems: Flexibility to deliver different functions is an essential component of health care delivery. This may mean reducing some services in order to increase others.

Business continuity planning: Plans to maintain the continuity of health sector operations includes identifying priority services, mechanisms for response co-ordination and communicating with staff and partner organizations.

Multisectoral action

In order for the health of the population to be protected during and after a disaster, wider determinants of health such as water, sanitation, nutrition, and security also need to be adequately addressed through multi-sectoral working.

Essential infrastructure such as communications, logistics, energy and water supplies, and emergency services and banking facilities need to be protected through multisectoral working to ensure the continuity of health services.

Health and the Hyogo Framework for Action

The Hyogo Framework for Action identifies 5 priorities for action towards strengthening community and country resilience to disasters. The application of these 5 priorities for health and the health sectors as described below.

1: Emergency risk management for health as a national and local priority- Development and implementation of health and multisectoral po-

lices, strategies and legislation to provide direction and support for emergency risk management, especially at local levels.

Health sector and multisectoral coordination mechanisms at local and national levels to facilitate joint action on risk reduction, response and recovery by the various health and non-health sectors.

Commitment of sufficient resources to support emergency risk management for health.

2. Health risk assessment and early warning

● Assessment of risks to health and health systems.

● Determining risk management measures based on risk assessments.

● Surveillance and monitoring of potential threats to health, particularly from biological, natural and technological (such as chemical and radiological hazards) sources to enable early detection and warning to prompt action by the public, health workers and other sectors.

There are three broad elements, which are usually considered in risk assessment:

1. Hazard Analysis: Identification of the hazards and assessment of the magnitude and probability of their occurrence.

2. Vulnerability Analysis: Analysis of vulnerability of individuals, populations, infrastructure and other community elements to the hazards.

3. Capacity analysis: Capacity of the system to manage the health risks, by reducing hazards or vulnerability, or responding to, and recovering from a disaster.

3: Education and information to build a culture of health, safety and resilience at all levels

Through education, training and technical guidance, strengthen the knowledge, skills and attitudes of professionals in health and other sectors for managing the health risks of disasters.

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Information, education and risk communication for households and communities at risk to promote healthy behaviours to reduce risks and prepare for disasters.

This may be through raising awareness through the media and community-based emergency and disaster risk management programmes.

4: Reduction of underlying risk factors to health and health systems

Poverty reduction measures and systems aimed at improving the underlying health status of people at risk of disasters.

New hospitals are built with a sufficient level of protection and existing health care infrastructure is strengthened to remain functional and deliver health services in emergency situations.

Protection of other vital infrastructure, and facilities that have the potential to generate risks to public health, such as water and sanitation systems and chemical facilities, should also apply risk management measures.

Adherence to building standards and retrofitting of vulnerable health infrastructure, protection of ecosystems, and ensuring effective insurance regimes and micro-finance initiatives to ensure business continuity across all health care settings.

5: Emergency preparedness for effective health response and recovery at all levels

Emergency preparedness, including response planning, training, pre-positioning of health supplies, development of surge capacity, and exercises for health care professionals and other emergency service personnel, is critical for the effective performance of the health sector in the response.

Reducing vulnerability to emergencies: a public health priority

Risks can be understood in terms of hazards and people's vulnerability to that hazard. Human vulnerability to emergencies is a complex mix of issues that includes social, economic, health and cultural factors. In many situations it is not the hazard itself that necessarily leads to an emergency, but the vulnerability and inability of the population to anticipate, cope with, respond to and recover from its effects.

The burden of emergencies falls disproportionately on vulnerable populations, namely the poor, ethnic minorities, old people, and people with disabilities. Worldwide, the loss of life from climate related emergencies is far higher among the less-developed nations than it is in developed nations. Within each nation, including developed nations, poor people are the most affected.

Poverty reduction is an essential component of reducing vulnerability to emergencies. High-risk populations must be prioritized in targeted efforts to mitigate human vulnerability.

In the context of emergency risk management, public health programmes build capacities and resilience of individuals and communities to risks, to reduce the impact, cope with and to recover from the effects of adversity.

Development of capacities for emergency risk management for health (ERM-H)

The health sector requires capacities and relationships with other sectors which span across the spectrum of emergency risk management measures at community, sub-national, na-

tional and international levels. The health risks of an emergency can be mitigated by decreasing exposures and the human susceptibility to the hazard, and building resilience of individuals, communities and the country to protect health, respond and recover effectively from the impact of the hazard.

An all-hazards emergency risk management for health programme could be expected to have the following groups of components:

1. Policies, legislation and strategies
2. Resource management
3. Planning and coordination.
4. Information and knowledge management
5. Health infrastructure and logistics.
6. Health and related services
7. Community ERM-H capacities-Focuses on strengthening local health work-force capacities and community-centered planning and action.

Developing a robust evidence base

The establishment of an evidence base is necessary to provide support for establishing or strengthening of multi-sectoral and multidisciplinary emergency risk management programmes in at-risk countries. This may best be achieved by:

A multi-sectoral forum promoting and coordinating the development of research methodologies in emergency risk management.

Enhanced multi-sectoral and coordinated communication and data sharing.

Development of multi functional instruments to collect a minimum data set of information.

Ensuring learning is used to influence decision making at all levels of civil society.

Emergency risk management for health: key considerations

Development of national and community health emergency risk management systems with emphasis on primary prevention, vulnerability reduction and strengthening community, health facility, and health system resilience by reinforcing a community-centered primary health care approach.

Stimulate development of further evidence-based technical guidance and training programmes for the advancement of emergency risk management for health capacities, including priority technical areas.

Strengthen partnerships, institutional capacities and coordination mechanisms among health and related sectors for global, regional, national and community emergency risk management for health

Source

Emergency Risk Management for Health Fact Sheet (WHO- Global Platform- May 2011) available at http://www.who.int/hac/events/drm_fact_sheet_overview.pdf

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 23rd - 29th Aug 2014 (35th 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	120	9899	4	101	0	9	2	71	0	169	2	96	0	2	1	33	0	0	2	322	1	43	0	3	69	31
Gampaha	86	4857	1	103	0	9	2	31	0	21	3	145	1	10	1	163	0	5	0	229	3	49	0	2	60	40
Kalutara	42	1938	1	125	0	6	1	34	2	59	6	180	0	2	1	10	0	1	6	185	3	60	0	0	85	15
Kandy	54	1078	3	74	0	4	0	18	2	16	0	33	0	65	5	111	1	1	2	150	0	20	0	4	100	0
Matale	8	329	1	50	0	2	0	14	0	17	0	30	0	2	3	114	0	1	0	41	1	41	0	26	77	23
NuwaraEliya	3	215	1	190	0	3	0	15	0	68	0	13	0	53	1	25	0	0	0	91	1	23	0	0	85	15
Galle	0	697	0	78	0	4	0	5	0	32	0	122	0	66	0	5	0	0	0	319	1	29	0	3	5	95
Hambantota	5	489	0	33	0	4	0	10	0	12	0	67	0	53	1	12	0	0	0	113	3	37	5	255	83	17
Matara	13	384	2	75	0	4	0	21	0	18	2	55	0	37	1	27	0	0	1	141	0	25	2	64	100	0
Jaffna	14	790	7	328	1	7	2	163	0	52	0	7	0	265	0	8	0	0	7	110	1	28	0	1	100	0
Kilinochchi	0	42	0	69	0	1	0	21	0	0	0	1	0	18	0	0	0	0	0	14	0	6	0	9	50	50
Mannar	3	49	0	29	0	10	1	34	0	9	0	4	0	24	0	1	0	0	0	10	0	6	1	3	60	40
Vavuniya	1	101	0	26	0	1	1	23	0	18	0	9	0	5	0	5	0	0	0	10	0	13	0	2	75	25
Mullaitivu	0	80	2	46	0	0	0	9	0	17	0	8	0	11	0	0	0	1	0	5	0	5	0	7	80	20
Batticaloa	1	647	8	203	1	3	1	24	0	29	0	14	0	2	0	7	0	1	1	43	0	6	0	0	86	14
Ampara	2	120	0	45	0	1	0	2	0	8	0	15	0	12	0	4	0	1	1	75	0	8	1	9	43	57
Trincomalee	0	484	0	33	0	1	0	2	0	5	0	16	0	18	0	2	0	0	0	80	0	12	0	4	58	42
Kurunegala	24	1387	0	97	1	24	0	16	1	21	0	69	0	38	4	37	0	1	6	318	0	62	1	103	74	26
Puttalam	11	485	4	55	0	2	0	11	0	10	2	58	0	20	0	3	0	3	0	67	1	19	0	6	62	38
Anuradhapura	4	391	1	103	0	3	0	3	0	29	0	76	0	27	1	10	0	0	1	174	1	41	6	284	58	42
Polonnaruwa	3	387	0	31	0	4	0	6	0	0	0	55	0	5	0	6	0	0	2	124	1	21	0	97	57	43
Badulla	13	455	6	102	0	9	0	10	0	6	1	42	1	74	2	109	0	0	1	55	4	92	0	0	76	24
Monaragala	6	201	1	42	0	4	0	6	0	33	1	61	3	127	2	97	0	2	2	62	1	17	0	25	100	0
Ratnapura	49	2275	3	180	0	19	1	22	1	26	8	254	1	75	9	316	1	1	4	159	1	33	0	21	89	11
Kegalle	21	1208	1	88	0	9	2	31	0	34	7	124	1	47	3	142	0	0	4	199	6	59	0	2	64	36
Kalmune	0	121	2	91	0	1	0	5	0	68	0	1	0	0	0	0	0	0	1	85	0	6	0	0	69	31
SRILANKA	483	29109	48	2397	3	144	13	607	6	777	32	1555	7	1058	35	1247	2	18	41	3181	29	761	16	930	73	27

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 29th August, 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 248 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

23rd – 29th Aug 2014 (35th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2013& 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	01	00	00	00	00	00	00	01	03	59	61	-3.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	01	03	00	00	00	00	01	03	01	09	33	501	1121	-55.3%
Measles	11	02	08	01	02	05	01	01	02	33	119	2526	2446	+3.2%
Rubella	00	00	00	00	00	00	00	00	00	00	01	14	22	-36.3%
CRS**	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
Tetanus	00	00	00	00	00	00	00	00	00	00	02	10	16	-37.5%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	01	21	66	-68.2%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	03	39	57	-31.6%
Tuberculosis	173	20	16	11	12	40	10	05	04	291	154	6636	5792	+14.5%

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.
 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

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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ON STATE SERVICE

Dr. P. PALIHAWADANA
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10