



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@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: <http://www.epid.gov.lk>

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Epilepsy (Part II)

This is the second of the series of three articles on Epilepsy

Management of Epilepsy

The goal of treatment in patients with epileptic seizures is to achieve a seizure-free status without adverse effects. This goal is accomplished in more than 60% of patients who require treatment with anticonvulsants. Many patients experience adverse effects from these drugs, however, some patients have seizures that are refractory to medical therapy.

The mainstay of pharmacological treatment for seizures is anticonvulsant medication. The drug of choice depends on an accurate diagnosis of the epileptic syndrome, as response to specific anticonvulsants varies among different syndromes. The difference in response probably reflects the different pathophysiologic mechanisms in the various types of seizures and the specific epileptic syndromes.

A ketogenic or modified Atkins diet and vagal nerve stimulation (VNS) are nonpharmacological methods for managing patients with seizures who are unresponsive to antiepileptic drugs. The ketogenic diet is typically used in children. The FDA has approved VNS stimulation for adolescents and adults with refractory partial epilepsy, but clinical experience also suggests efficacy and safety in children and in patients with generalized epilepsies.

The two major kinds of brain surgery for epilepsy are palliative and potentially curative. In the past, the most common palliative surgery was anterior

callosotomy, which was indicated for patients with intractable atonic seizures, who often sustain facial and neck injuries from falls. This surgery is still performed as the use of vagal nerve stimulation (VNS) in such patients with good efficacy. Several curative surgeries including lobectomy and lesionectomy are possible. In general, the epileptogenic zone must be mapped by using video-electroencephalographic (video-EEG) monitoring and, in some patients, with intracranial electrodes.

Seizure first aid

Think of 3 key areas of seizure first aid.

- **Care and Comfort First Aid:** General first aid for all seizure types to keep someone safe.
- **Tailoring First Aid:** Specific steps for different seizure types.
- **Responding to Seizures - Interventions for out of hospital use:** First aid steps to help stop or shorten a seizure or prevent an emergency situation. This may involve giving a rescue treatment (often called "as needed" medicine or treatment) that has been recommended by your health care team. The rescue treatments described here can be given by non-medical people who are not in a hospital setting. They are intended for use by anyone (the person with seizures, family member or other observer) who has been trained in their use. These therapies can be given anywhere in the community. A hospital or medical setting is not needed when these are given in the manner described.

WEEKLY
SRI LANKA - 2014

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Triggers of Seizures

Knowing what triggers your seizures can help you recognize when a seizure may be coming and help you be prepared to lessen the chance that one may occur the next time you face a similar trigger.

Some people may find that seizures occur in a pattern or are more likely to occur in certain situations. Sometimes these connections are just by chance, but other times it's not. Keeping track of any factors that may precipitate a seizure (also called seizure triggers) can help you recognize when a seizure may be coming. You can then be prepared and learn how to lessen the chance that a seizure may occur at this time.

Some people will notice one or two triggers very easily, for example their seizures may occur only during sleep or when waking up. Other people may notice that some triggers bother them only when a lot is going on at once or it is during a 'high risk' time for them (for example when under a lot of stress or when sick).

What are some commonly reported triggers?

- Specific time of day or night
- Sleep deprivation – overtired, not sleeping well, not getting enough sleep
- At times of fevers or other illnesses
- Flashing bright lights or patterns
- Alcohol or drug use
- Stress
- Associated with menstrual cycle (women) or other hormonal changes
- Not eating well, low blood sugar
- Specific foods, excess caffeine or other products that may aggravate seizures
- Use of certain medications (Propofol, Prednisone, etc...)

What is reflex epilepsy? Is this related to triggers?

Some people may notice that their seizures occur in response to very specific stimuli or situations, as if the seizure is a 'reflex'. There is a type of epilepsy called '**reflex epilepsy**' – in this type, seizures occur consistently in relation to a specific

SEIZURE CALENDAR

Seizure Calendar for: _____ Dates: _____ to _____ Year _____

Seizure Key: (Describe type of seizures and label by letter, using 1 letter for each different type of seizure. Record number of seizures using seizure key on the dates they occur. Females can note the day of their menstrual cycle next to 'cycle' day. Note if any triggers such as missed or changes in meds, change in sleep, diet or activity, stress, other illness.)

Type A: _____ Type C: _____
 Type B: _____ Type D: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____
Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____
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Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____	Date: _____ Cycle: _____ Event: _____

trigger.

MY MEDICINE SCHEDULE

My Name: _____ My Phone Number: _____
 Doctor Name: _____ Office Number for Refills: _____
 Pharmacy Name: _____ Phone Number: _____

DRUG NAME	PURPOSE	AMOUNT of Tab/Liquid	HOW PRESCRIBED	WHEN TO TAKE (add time of medicines)				TOTAL DAILY DOSE

ALLERGIES: _____
 DEVICE Type: _____ Model: _____ Serial#: _____ Date Implanted: _____
 Date Completed: _____

Seizure Calendar

My Medicine Schedule

Sources

- <http://www.epilepsy.com/get-help/new-therapies-and-research>
- <http://www.epilepsy.com/get-help/managing-your-epilepsy>
- http://epilepsy.prod.acquia-sites.com/sites/core/files/atoms/files/seizure_calendar.pdf
- http://epilepsy.prod.acquia-sites.com/sites/core/files/atoms/files/medicineschedule_0.pdf
- <http://emedicine.medscape.com/article/1184846-treatment>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 22nd - 28th Nov 2014 (48th 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	428	13258	8	151	0	13	1	112	0	218	2	197	0	3	0	57	0	0	0	6	390	1	60	0	3	94	6
Gampaha	150	7640	0	135	0	11	0	36	0	31	4	428	0	23	0	252	0	5	6	269	0	69	0	3	60	40	
Kalutara	40	2434	0	152	0	11	0	57	1	81	8	333	0	4	1	23	0	1	3	245	2	72	0	0	77	23	
Kandy	60	1913	4	91	0	7	0	29	0	20	4	65	0	81	3	202	0	1	5	180	0	29	0	5	83	17	
Matale	19	520	1	71	1	3	0	19	0	18	3	42	0	3	3	137	0	1	0	50	0	49	0	32	69	31	
NuwaraEliya	4	277	2	265	0	3	0	20	0	70	0	29	1	57	1	39	0	0	1	126	1	43	0	0	77	23	
Galle	17	1056	0	116	0	6	0	9	0	33	7	206	3	104	0	13	0	1	4	397	0	54	0	3	75	25	
Hambantota	6	607	4	62	0	4	0	11	0	16	0	85	0	70	0	18	0	0	0	142	0	39	7	352	83	17	
Matara	20	677	0	95	0	4	0	23	0	20	6	106	0	62	0	53	0	0	3	179	0	36	2	84	100	0	
Jaffna	100	1414	41	882	1	8	6	269	2	73	2	14	19	333	3	17	0	0	1	132	3	56	0	1	92	8	
Kilinochchi	2	70	4	127	0	3	0	28	0	0	0	1	0	20	0	0	0	0	0	15	0	6	0	11	50	50	
Mannar	36	274	0	63	0	10	0	37	0	9	0	4	0	24	0	3	0	0	0	11	0	8	0	5	80	20	
Vavuniya	5	126	11	99	1	2	2	67	3	29	0	9	0	6	0	5	0	0	0	12	2	19	1	6	75	25	
Mullaitivu	4	106	3	75	0	0	0	14	0	26	1	9	0	12	0	0	0	2	0	5	1	6	0	7	40	60	
Batticaloa	30	792	9	350	0	3	0	37	0	33	0	17	0	2	0	7	0	1	2	60	2	8	0	0	93	7	
Ampara	2	152	0	79	0	1	1	4	0	18	0	19	0	13	0	5	0	0	7	125	1	10	0	12	71	29	
Trincomalee	15	582	5	70	0	1	1	6	0	11	0	20	0	22	0	2	0	0	3	104	0	17	0	8	83	17	
Kurunegala	90	2175	3	147	0	26	0	22	0	32	10	129	0	47	3	67	0	1	6	386	2	76	2	144	81	19	
Puttalam	39	752	3	79	0	3	0	14	0	11	0	60	1	25	0	6	0	3	3	81	0	31	0	9	69	31	
Anuradhapura	14	518	16	247	0	5	0	4	1	60	9	111	1	30	1	18	1	1	1	214	2	54	1	397	74	26	
Polonnaruwa	8	508	3	67	0	4	0	7	0	2	2	66	0	8	0	10	0	0	0	151	0	26	5	132	57	43	
Badulla	68	881	4	198	0	9	2	14	0	15	0	54	3	113	5	153	0	0	2	90	2	127	0	1	82	18	
Monaragala	8	292	3	103	0	4	0	8	0	33	3	74	0	153	1	119	0	2	2	87	0	21	0	31	100	0	
Ratnapura	18	2707	3	217	0	24	0	28	0	34	2	419	2	103	4	448	0	1	4	181	0	46	0	33	83	17	
Kegalle	17	1575	1	99	0	10	0	50	0	34	8	272	1	59	3	253	0	0	4	247	1	73	0	2	64	36	
Kalmune	37	370	4	143	0	1	0	6	0	78	0	3	0	0	0	1	0	0	4	103	0	10	0	0	85	15	
SRILANKA	1237	41676	132	4183	3	176	13	931	7	1005	71	2772	31	1377	28	1908	1	20	67	3982	20	1045	18	1281	79	21	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 28th November, 2014 Total number of reporting units: 337 Number of reporting units data provided for the current week: 271 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

22nd – 28th Nov 2014 (48th 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*	01	01	00	00	00	00	00	00	00	02	03	77	97	-20.7%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	01	00	02	01	00	01	03	00	02	10	15	623	1416	-56.1%
Measles	11	02	03	00	01	03	01	00	03	24	44	3026	3760	-19.6%
Rubella	00	00	00	00	00	00	00	00	00	00	00	17	27	-37.1%
CRS**	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
Tetanus	00	00	01	00	00	00	00	00	00	01	00	14	23	-39.1%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	22	68	-67.6%
Whooping Cough	00	00	00	00	00	00	00	00	02	02	00	77	82	-67.7%
Tuberculosis	77	40	19	09	13	05	00	00	18	181	132	9021	7648	+18.1%

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