



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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Child Maltreatment

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Scope of the problem

Child maltreatment is a global problem with serious life-long consequences. In spite of recent national surveys in several low and middle-income countries, data from many countries are still lacking. Current estimates vary widely depending on the country and the method of research used. Estimates depend on

- the definitions of child maltreatment used
- the type of child maltreatment studied
- the coverage and quality of official statistics
- the coverage and quality of surveys that request self-reports from victims, parents or caregivers.

Nonetheless, international studies reveal that a quarter of all adults report having been physically abused as children and 1 in 5 women and 1 in 13 men report having been sexually abused as a child. Additionally, many children are subject to emotional abuse (sometimes referred to as psychological abuse) and to neglect.

Every year, there are an estimated 41 000 homi-

cide deaths in children under 15 years of age. This number underestimates the true extent of the problem, as a significant proportion of deaths due to child maltreatment are incorrectly attributed to falls, burns, drowning and other causes.

Consequences of maltreatment

Maltreatment causes stress that is associated with disruption in early brain development. Extreme stress can impair the development of the nervous and immune systems. Consequently, as adults, maltreated children are at increased risk for behavioural, physical and mental health problems such as: perpetrating or being a victim of violence, depression, smoking, obesity, high-risk sexual behaviours, unintended pregnancy, alcohol and drug misuse.

Via these behavioural and mental health consequences, maltreatment can contribute to heart disease, cancer, suicide and sexually transmitted infections. Beyond the health and social consequences of child maltreatment, there is an economic impact, including costs of hospitalization, mental health treatment, child welfare, and longer-term health costs.

Risk factors

A number of risk factors for child maltreatment have been identified.

- Child
- Caregiver
- Community and societal factors

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Prevention

Effective programmes are those that support parents and teach positive parenting skills. These include

- visits by nurses to parents and children in their homes to provide support, education, and information
- parent education, usually delivered in groups, to improve child-rearing skills, increase knowledge of child development, and encourage positive child management strategies
- multi-component interventions, which typically include support and education of parents, pre-school education, and child care.

In Sri Lanka, National Child Protection Authority involves in the child maltreatment issues. Their objectives are

- To reach out to every child in need of care and protection
- To make children aware and encourage them to trust and reach out to us.
- To raise awareness among children on their rights and the protections and freedoms espoused in child protection laws as well as the UN Convention on the Rights of the Child (UN CRC).
- To raise public awareness and influence policies and practices that affect children’s lives and development.
- To work together with relevant authorities/systems such as police, healthcare, legal, education, communication, media, political and all sectors of society to create child-friendly systems in all these spheres.
- To build and sustain a system in which every child’s voice is heard and counted and no child falls through the cracks.
- To strengthen the support systems which facilitate the rehabilitation and after-care of children in especially difficult circumstances.
- To sensitize agencies such as the public, hospitals, schools, institutions, and municipal corporations towards the problems faced by children.
- To contribute and work towards strengthening and networking with global child protection systems in ensuring children’s voices are heard.

Sources

Child maltreatment, available at <http://www.who.int/mediacentre/factsheets/fs150/en/>

Child maltreatment, available at <http://www.childprotection.gov.lk/>

Compiled by Dr. C U D Gunasekara of the Epidemiology Unit.

**Table 1 : Water Quality Surveillance
Number of microbiological water samples April/ 2015**

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	13
Kandy	23	138	NR
Matale	12	72	0
Nuwara Eliya	13	78	5
Galle	19	114	35
Matara	17	102	20
Hambantota	12	72	NR
Jaffna	11	66	16
Kilinochchi	4	24	0
Manner	5	30	18
Vavuniya	4	24	NR
Mullatvu	4	24	7
Batticaloa	14	84	0
Ampara	7	42	35
Trincomalee	11	66	NR
Kurunegala	23	138	64
Puttalam	9	54	25
Anuradhapura	19	114	0
Polonnaruwa	7	42	0
Badulla	15	90	70
Moneragala	11	66	70
Rathnapura	18	108	NR
Kegalle	11	66	58
Kalmunai	13	78	0

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 09th - 15th May 2015 (20th 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	80	4034	2	86	0	4	5	37	7	61	6	115	0	5	0	16	0	3	2	217	0	19	0	0	0	75	25
Gampaha	49	1901	6	38	0	3	0	14	8	20	14	208	0	6	0	73	0	0	10	92	0	9	0	2	87	13	
Kalutara	19	695	2	45	0	4	0	17	0	66	10	140	0	0	0	14	0	1	4	136	3	21	0	0	100	0	
Kandy	12	612	1	51	0	5	1	16	0	25	3	37	0	32	2	78	0	0	9	105	0	8	0	2	96	4	
Matale	0	304	1	25	0	0	1	6	0	3	1	28	0	5	0	19	0	0	3	13	1	4	0	3	62	38	
Nuwareliya	2	86	10	141	0	3	0	9	0	0	0	11	1	34	1	40	0	0	7	46	0	27	0	0	85	15	
Galle	0	285	0	24	0	1	1	3	0	6	1	58	0	22	0	4	0	0	1	63	0	13	0	0	5	95	
Hambantota	3	151	2	13	0	0	1	5	0	8	4	42	3	25	0	23	0	0	4	60	0	4	8	126	92	8	
Matara	9	212	0	33	1	4	0	4	0	44	6	86	1	19	0	16	0	0	5	119	1	11	6	35	100	0	
Jaffna	16	1029	8	277	0	8	2	135	2	37	0	11	6	494	0	9	0	2	10	120	0	6	0	0	100	0	
Kilinochchi	0	32	1	40	0	0	0	5	1	27	0	1	0	12	0	0	0	0	1	11	0	0	0	0	50	50	
Mannar	1	72	0	4	0	1	0	5	1	2	0	8	0	16	0	0	0	0	0	5	0	0	0	0	60	40	
Vavuniya	3	69	0	10	0	6	2	34	1	4	1	12	0	12	0	1	0	2	0	32	1	4	0	2	100	0	
Mullaitivu	2	76	0	11	0	2	0	5	0	1	0	3	0	6	0	2	0	0	0	1	0	2	0	4	80	20	
Batticaloa	16	1089	1	115	0	4	0	12	10	119	0	3	0	2	0	0	0	0	2	20	1	11	0	0	71	29	
Ampara	0	22	0	21	0	1	0	1	0	2	1	8	0	0	0	2	0	0	3	111	0	4	0	0	57	43	
Trincomalee	9	402	0	19	0	0	0	17	0	31	0	11	2	9	0	6	0	1	3	41	0	3	0	1	92	8	
Kurunegala	9	713	6	76	0	2	0	3	0	13	5	118	0	15	1	23	0	1	9	210	0	11	1	46	93	7	
Puttalam	12	418	4	19	0	3	0	2	0	6	1	21	0	9	0	1	0	0	0	28	0	12	0	1	77	23	
Anuradhapura	1	253	2	29	0	1	0	2	0	48	7	142	0	15	0	8	0	0	6	92	2	14	3	120	68	32	
Polonnaruwa	2	119	1	25	0	2	0	7	0	3	0	42	0	1	0	3	0	0	2	71	0	12	0	47	57	43	
Badulla	3	324	8	62	0	3	0	4	0	6	1	29	3	52	10	84	0	2	5	69	4	39	0	6	71	29	
Monaragala	3	103	7	51	0	1	0	9	0	2	4	117	5	39	2	33	0	1	1	43	0	7	0	12	91	9	
Ratnapura	13	484	2	119	0	4	0	22	0	1	5	141	3	31	4	126	0	0	0	54	1	19	0	4	83	17	
Kegalle	13	269	0	35	0	7	1	40	1	5	16	141	1	26	3	53	0	0	5	106	3	29	0	0	100	0	
Kalmune	5	381	0	59	1	1	0	1	0	28	1	3	0	0	0	0	0	0	2	58	2	6	0	0	62	38	
SRI LANKA	282	14135	64	1428	2	70	14	415	31	568	87	1536	25	887	23	634	0	14	93	1923	19	295	18	411	78	22	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 15th May, 2015. Total number of reporting units 337. Number of reporting units data provided for the current week: 266. C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

09th - 15th May 2015 (20th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2015	Number of cases during same week in 2014	Total number of cases to date in 2015	Total number of cases to date in 2014	Difference between the number of cases to date in 2014 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	01	00	01	01	26	34	-23.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Mumps	01	00	00	01	00	01	00	00	02	05	04	152	294	-48.3%
Measles	37	06	04	03	00	07	02	01	03	63	25	934	1699	-55.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	05	10	-50%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	06	08	-25%
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	00	07	17	-59.1%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	31	26	+19.2%
Tuberculosis	167	02	24	19	08	26	13	10	21	290	152	3635	3821	-5.1%

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
April	4128	71	20	07	03	1390	572	0

Source: Medical Research Institute & Veterinary Research Institute

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ON STATE SERVICE

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