Incubation Period

The incubation period is about 2-3 months. However, it may range from one week to one year. This depends on the location of the virus entry and virus load.

Symptoms

The first symptom is fever with pain and unusual or unexplained tingling, pricking, or burning sensation (paraesthesia) at the wound site. When the virus spreads to the central nervous system, a progressive and fatal inflammation of the brain and spinal cord develops and other symptoms appear. Then the person may experience delirium, abnormal behaviour, hallucinations, hydrophobia (fear of water), and insomnia. Once these clinical signs of rabies appear, the disease is nearly always fatal, and treatment is typically supportive.

The disease occurs in two forms:

Furious rabies-Patient shows signs of hyperactivity, excitable behaviour, hydrophobia (fear of water) and sometimes aerophobia (fear of drafts or fresh air). Patient dies in a few days due to cardio-respiratory arrest. About 80% of Human Rabies occurs in this form.

Paralytic rabies-This form of Human Rabies goes through a longer course than the furious form. Muscles gradually become paralyzed. This starts at the site of the bite or scratch. The patient slowly goes into a coma and dies. However, this form of rabies is often misdiagnosed.

Diagnosis

Human rabies can be confirmed intra-vita and post mortem by various diagnostic techniques that detect whole viruses, viral antigens, or nucleic acids in infected tissues (brain, skin, urine, or saliva).

Post-exposure prophylaxis (PEP)

This is the immediate treatment for a bite victim after rabies exposure. This consists of extensive washing and local treatment of the wound as soon as possible after exposure, Anti tetanus immunization, a course of potent and effective anti-rabies vaccine (ARV), administration of rabies immunoglobulin (RIG), if indicated.

Contents

1. Leading Article – Human Rabies Part II  
2. Summary of selected notifiable diseases reported (02nd – 08th November 2019)  
3. Surveillance of vaccine preventable diseases & AFP (02nd – 08th November 2019)
First aid is immediate and thorough flushing and washing of the wound for a minimum of 15 minutes with soap and water, detergent, povidone iodine or other substances that kill the rabies virus. Globally over 29 million people receive post-exposure vaccination for prevention of Rabies each year.

**Animal confinement**

A healthy domestic dog, cat, or ferret that bites a person should be confined and observed for 14 days from the day of exposure.

**Prevention**

Prevention strategies are eliminating rabies in dogs, public awareness-raising and improving access to timely post-exposure prophylaxis.

Vaccination of dogs is a proven most cost-effective strategy for preventing rabies in people. It reduces the deaths due to Rabies as well as the cost for PET. One another important measure in the prevention of Rabies is educating children and adults on dog behaviour, bite prevention and the need of rabies vaccination of dogs to decrease both the incidence of human rabies and the financial burden of treating dog bites. Provision of education and information on responsible pet ownership, how to prevent dog bites, and immediate care measures after a bite are very important in this process.

**Pre-exposure immunization**

This is only provided for certain high-risk persons to the exposure to rabies virus such as laboratory workers handling live rabies, veterinarians and supportive staff whose professional or personal activities might bring them into direct contact with dogs and other mammals may be infected.

**Sources**

http://www.who.int/
http://www.rabies.gov.lk
https://www.cdc.gov/rabies/

**Compiled by**

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Consultant Epidemiologist / Epidemiology Unit  
Ministry of Health
### Table 1: Selected notifiable diseases reported by Medical Officers of Health 02nd - 08th Nov 2019 (45th Week)

<table>
<thead>
<tr>
<th>Disease</th>
<th>RHDS Division</th>
<th>Colombo</th>
<th>Gampaha</th>
<th>Katunayake</th>
<th>Kandy</th>
<th>Matara</th>
<th>Nuwara Eliya</th>
<th>Hambantota</th>
<th>Matale</th>
<th>Matara</th>
<th>Jaffna</th>
<th>Kilinochchi</th>
<th>Mannar</th>
<th>Vavuniya</th>
<th>Malé</th>
<th>Batticaloa</th>
<th>Ampara</th>
<th>Trincomalee</th>
<th>Kurunegala</th>
<th>Polonnaruwa</th>
<th>Vavuniya</th>
<th>Batticaloa</th>
<th>Ampara</th>
<th>Trincomalee</th>
<th>Kurunegala</th>
<th>Polonnaruwa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dengue Fever</td>
<td>A</td>
<td>26</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Enteric Fever</td>
<td>B</td>
<td>37</td>
<td>3</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Leprosy</td>
<td>A</td>
<td>13</td>
<td>9</td>
<td>15</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>1</td>
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<td>0</td>
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<tr>
<td>Typhus Fever</td>
<td>B</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
</tbody>
</table>

**Source:** Weekly Return of Communicable Diseases (WRCD)

**Notes:**
- A: Cases reported during the current week
- B: Cumulative cases for the year
### Table 2: Vaccine-Preventable Diseases & AFP

<table>
<thead>
<tr>
<th>Disease</th>
<th>No. of Cases by Province</th>
<th>Number of cases during current week in 2019</th>
<th>Number of cases during same week in 2018</th>
<th>Total number of cases to date in 2019</th>
<th>Total number of cases to date in 2018</th>
<th>Difference between the number of cases to date in 2019 &amp; 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFP*</td>
<td>01 00 01 00 00 00 00 00 01</td>
<td>73</td>
<td>01</td>
<td>65</td>
<td>55</td>
<td>18.1 %</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>00 00 00 00 00 00 00 00 00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Mumps</td>
<td>01 00 01 00 01 00 01 01</td>
<td>01</td>
<td>05</td>
<td>09</td>
<td>291</td>
<td>-4.9 %</td>
</tr>
<tr>
<td>Measles</td>
<td>01 02 02 01 00 00 00 00 06</td>
<td>06</td>
<td>04</td>
<td>268</td>
<td>110</td>
<td>143.6 %</td>
</tr>
<tr>
<td>Rubella</td>
<td>00 00 00 00 00 00 00 00 00</td>
<td>00</td>
<td>03</td>
<td>08</td>
<td>0 %</td>
<td></td>
</tr>
<tr>
<td>CRS**</td>
<td>00 00 00 00 00 00 00 00 00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Tetanus</td>
<td>00 00 00 00 00 00 00 00 00</td>
<td>00</td>
<td>01</td>
<td>18</td>
<td>18</td>
<td>0 %</td>
</tr>
<tr>
<td>Neonatal Tetanus</td>
<td>00 00 00 00 00 00 00 00 00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Japanese Encephalitis</td>
<td>01 00 00 00 00 00 00 00 00</td>
<td>00</td>
<td>02</td>
<td>00</td>
<td>15</td>
<td>-40 %</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>00 00 00 00 00 00 00 00 02</td>
<td>00</td>
<td>02</td>
<td>36</td>
<td>46</td>
<td>-21.7 %</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>154 30 16 06 05 15 04 08 14</td>
<td>252</td>
<td>103</td>
<td>7440</td>
<td>7478</td>
<td>-0.5 %</td>
</tr>
</tbody>
</table>

**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.
- **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

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**Dengue Prevention and Control Health Messages**

*Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.*

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

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