



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Hygiene (part 1)

Young children are more vulnerable than any other age group to the ill effects of unsafe water, poor sanitation and lack of hygiene. These contribute to 88 per cent of deaths from diarrhoeal diseases. Children under 5 years old account for nearly 90 per cent of deaths from diarrhoea.

The simple habit of hand washing with soap is estimated to reduce the incidence of diarrhoea by nearly half. It also greatly reduces the risk of respiratory infections such as pneumonia and other diseases, including eye infections, especially trachoma.

Parents and caregivers should wash their hands with soap and water at these critical moments:

1. After cleaning the infant or young child who has defecated
2. After helping the child use the toilet or latrine
3. After going to the latrine or toilet themselves
4. Before touching food and feeding young children
5. After dealing with refuse.

Parents and caregivers need to help children develop the habit of washing their hands with soap before eating and after using the latrine or toilet. Where soap is not available hands can be washed with ash and water. Animal and human faeces should be kept away from houses, paths, water sources and children's play areas. The use of latrines and toilets together with good hygiene practices, specifically

hand washing with soap are essential public health tools. They protect children and families at little cost and help realize children's right to good health and nutrition. Everyone in the community needs to work together to build and use toilets or latrines, practice good hygiene, protect water sources, and safely dispose of waste water and refuse.

It is important for governments to support communities by providing information on how to design and build latrines and toilets that all families can afford. In urban areas particularly, government support is also needed for low-cost sanitation and drainage systems, safe drinking water and refuse collection.

All faeces, including those of babies and young children, should be disposed of safely. Making sure that all family members use a toilet, latrine or potty (for young children) is the best way to dispose of faeces. Where there is no toilet, faeces should be buried

Many illnesses, especially diarrhoea, come from germs found in human faeces. If the germs get into water or onto food, hands, utensils or surfaces used for preparing and serving food, they can be swallowed and cause illness. Safe disposal of all faeces – both human and animal – is the single most important action to prevent the spread of germs by people or flies. Human faeces need to be put down a toilet or latrine, or buried.

All faeces, including those of babies and young children, carry germs and are dangerous. If children defecate without using a toilet or latrine, their faeces should be cleaned up immediately and flushed down the toilet or put down the latrine or bur-

Contents	Page
1. Article : Hygiene (part 1)	1
2. Surveillance of vaccine preventable diseases & AFP (11 th – 17 th December 2010)	3
3. Summary of newly introduced notifiable diseases (11 th – 17 th December 2010)	3
4. Summary of selected notifiable diseases reported (11 th – 17 th December 2010)	4

ied. Parents' or other caregivers' and children's hands should then be washed with soap and water or a substitute, such as ash and water.

If it is not possible to use a toilet or latrine, everyone should always defecate well away from houses, paths, water sources and places where children play. The faeces should then be buried immediately. Animal faeces also need to be kept away from the houses, paths and areas where children play.

Latrines and toilets need to be cleaned frequently. Latrines should be kept covered and toilets should be flushed. A clean latrine attracts fewer flies. People are more likely to use a clean latrine. Local governments and non-governmental organizations can often advise households and communities on the design, materials and construction for building low-cost sanitary latrines. In urban areas, the government and communities should work together to determine how to install low-cost latrines or toilets, sanitation and drainage systems, safe drinking water and refuse collection.

All family members, including children, need to wash their hands thoroughly with soap and water after any contact with faeces, before touching or preparing food, and before feeding children. Where soap is not available, a substitute, such as ash and water, can be used.

Washing the hands with soap and water removes germs. Rinsing the fingers with water is not enough – both hands need to be rubbed together with soap and water, and then rinsed with water. This helps to stop germs and dirt from getting onto food or into the mouth. Washing hands can also prevent infection with worms. Soap and water should be placed conveniently near the latrine or toilet. Where soap is not available, ash and water can be used.

It is especially important to wash the hands with soap after defecating and after cleaning the bottom of a baby or child who has just defecated. It is also important to wash hands after handling animals and raw foods.

Hands should always be washed before preparing, serving or eating food, and before feeding children. Children should be taught to wash both hands rubbed together with soap after defecating and before eating to help protect them from illness.

Children often put their hands into their mouths, so it is important to wash their hands often, especially after they have been playing in dirt or with animals. Washing a child's body regularly is also important to avoid skin infections.

Children are easily infected with worms, which deplete the body's nutrients. Worms and their eggs can be found in human and animal faeces and urine, in surface water and soil, and in poorly cooked meat.

Children should not play near the latrine, toilet or defecation areas. Shoes or sandals should be worn near latrines to prevent worms from entering the body through the skin of the feet.

Children living in areas where worms are common should be treated two to three times per year with a recommended deworming medication. Washing hands with soap and water after handling poultry or poultry products, after touching eggs and raw meat, and after cleaning the place where poultry is kept can also help prevent the spread of germs and avian influenza (bird flu).

Washing the face and hands with soap and water every day helps to prevent eye infections. In some parts of the world, eye infections can lead to trachoma, which can cause blindness.

Flies carry germs. A dirty face attracts flies, spreading the germs from person to person. If the eyes become sore or infected, vision may be impaired or lost. Eyes must be kept clean and healthy.

If the eyes are healthy, the white part is clear, the eyes are moist and shiny, and vision is sharp. If the eyes are extremely dry or very red and sore, if there is a discharge or if there is difficulty seeing, the child should be examined by a trained health worker as soon as possible.

All water that people drink and use should come from a safe source or be purified. Containers for carrying and storing water need to be kept clean inside and outside and covered to keep the water clean. Where necessary, home-based water treatment, such as boiling, filtering, adding chlorine or disinfecting with sunlight, should be used to purify the water.

Families have fewer illnesses when they have an adequate supply of safe water and know how to keep it clean and free from germs. If the water is not clean it can be purified using low-cost solutions at home. It can be

1. Boiled
2. Cleaned through a filter
3. Purified with chlorine
4. Disinfected with sunlight or other simple measures.

The trained health worker or extension agent should have information on home treatments that are available locally.

Safe water sources include properly constructed and maintained piped systems, public standpipes, boreholes, pond sand filters, protected dug wells, protected springs and rainwater collection. Water from unsafe sources - rivers, dams, lakes, ponds, streams, canals, irrigation channels, unprotected wells and springs – is best avoided. If necessary it can be made safer by the home-based water treatment methods referred to above. Water should be safely stored in a covered container that is clean on the inside and outside.

Source: Facts for Life (Fourth Edition)

Table 1: Vaccine-preventable Diseases & AFP

11th - 17th December 2010(50th 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	00	00	00	00	00	00	01	00	00	01	02	77	73	+ 05.4 %
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	02	88	171	- 48.5 %
Tetanus	00	00	00	00	00	00	00	00	01 KG=1	01	00	23	29	- 20.7 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	30	65	- 53.8 %
Tuberculosis	02	12	07	18	30	08	00	09	00	86	59	9822	9882	-0.60 %

Table 2: Newly Introduced Notifiable Disease

11th - 17th December 2010(50th 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	09	02	06	01	02	08	05	01	08	42	56	3280	14198	- 76.9 %
Meningitis	07 CB=2 KL=4 GM=1	00	01 GL=1	00	02 TR=1 KL=1	07 KR=3 PU=4	02 AP=2	00	00	19	81	1530	1753	+ 02.3 %
Mumps	02	02	00	01	00	05	01	01	09	21	07	1205	1673	- 27.9 %
Leishmaniasis	00	00	03 HB=3	00	00	00	02 AP=1 PO=1	00	00	05	03	396	658	- 39.8 %

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.

Dengue Prevention and Control Health Messages

Reduce, Reuse or Recycle the plastic and polythene collected in your home and help to minimize dengue mosquito breeding.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
11th – 17th December 2010(50th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns received timely
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Colombo	23	5863	3	311	0	16	2	204	6	55	8	596	0	9	2	72	0	1	69
Gampaha	7	3915	3	195	14	29	1	66	4	28	1	579	0	17	2	131	0	6	60
Kalutara	2	1805	1	254	0	15	1	42	2	79	3	431	0	5	0	41	0	3	50
Kandy	2	1640	1	345	0	6	1	35	0	16	1	183	3	146	1	154	0	1	57
Matale	8	634	1	313	0	8	1	38	1	82	5	133	0	7	0	54	0	1	83
Nuwara Eliya	0	224	0	348	0	1	1	121	0	89	1	35	2	69	0	52	0	0	69
Galle	1	1108	0	251	0	10	0	14	0	59	7	180	0	26	0	24	0	5	74
Hambantota	1	805	3	97	0	7	0	4	0	16	2	111	0	92	0	20	0	0	82
Matara	0	610	5	174	0	8	0	15	0	53	5	382	0	135	2	21	0	1	94
Jaffna	15	2949	7	305	0	8	6	624	0	10	0	1	3	152	1	88	0	2	75
Kilinochc	1	50	0	21	0	0	0	11	0	1	0	3	0	0	0	1	1	2	75
Mannar	1	565	0	48	0	2	0	48	0	10	2	3	0	1	0	18	0	1	17
OVavuniya	2	577	0	60	0	3	0	45	0	13	0	2	0	1	0	13	0	2	50
Mullaitivu	0	22	3	26	0	0	0	5	0	0	5	5	0	0	0	1	0	1	50
Batticaloa	5	1243	5	211	0	5	0	40	0	39	0	13	0	4	0	8	0	4	86
Ampara	0	167	0	126	0	1	0	10	0	65	0	33	0	1	0	16	0	0	29
Trincomalee	3	979	1	163	0	14	0	7	1	16	1	42	1	22	0	18	0	2	64
Kurunegala	4	1418	10	386	1	21	2	65	0	35	7	380	1	60	1	128	0	4	81
Puttalam	8	1037	15	266	0	8	0	58	0	240	0	77	0	11	0	24	0	1	78
Anuradhapur	5	1090	4	173	0	11	1	17	0	46	3	106	0	32	1	55	0	4	68
Polonnaruwa	2	399	1	115	0	2	0	8	0	10	3	93	0	2	1	48	0	0	71
Badulla	8	1322	3	225	0	1	0	102	0	33	0	91	1	123	0	112	0	0	47
Monaragala	3	1060	2	186	0	2	1	48	0	10	1	48	4	99	0	100	0	3	64
Ratnapura	2	2802	2	484	0	8	0	25	0	27	1	422	0	63	0	107	0	3	28
Kegalle	1	909	3	166	0	18	1	82	0	29	3	413	0	33	0	134	0	0	82
Kalmunai	4	557	0	325	0	3	0	14	0	9	0	3	0	0	0	13	0	1	69
SRI LANKA	108	33750	73	5574	02	207	18	1748	14	1070	59	4365	15	1110	11	1453	01	48	66

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 17th December, 2010 Total number of reporting units =320. Number of reporting units data provided for the current week: 213

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

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