



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
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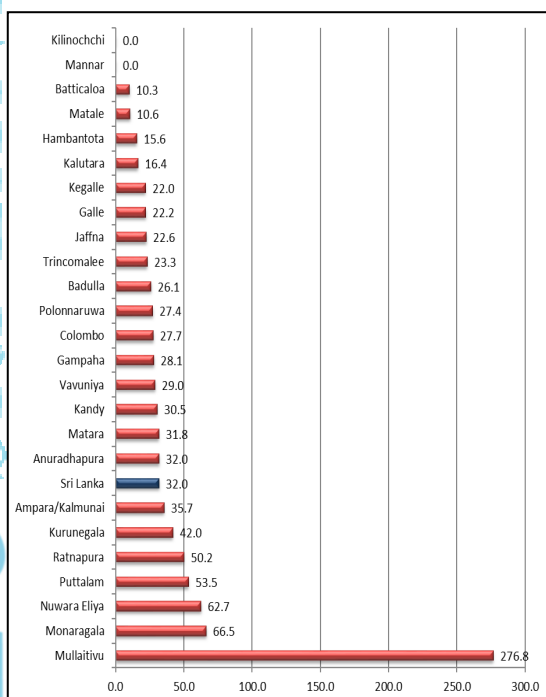
21<sup>st</sup> – 27<sup>th</sup> November 2015

## Maternal Death Surveillance and Response (MDSR) – Outcomes of 2014 (Part III)

This is the last in the series of three articles on Maternal Death Surveillance and Response

The following figure shows the district variations in MMR in 2014 highlighting the need for district specific preventive strategies

**Figure 10: District Maternal Mortality Ratios—2014**



The analysis of the maternal deaths in relation to the care received provides an opportunity to rectify deficiencies at different service delivery points.

Almost 80% all women died in the year 2014 died in hospitals (Table 1) and of the women death took place at a hospital 98%

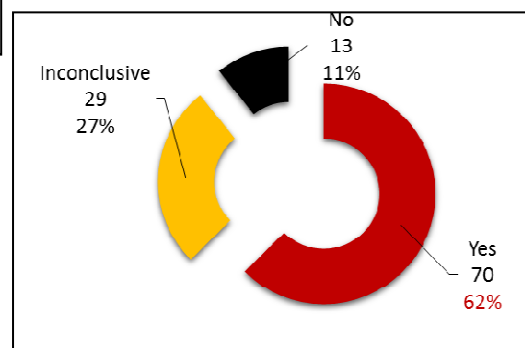
died at a base, general or teaching hospital where specialized facilities are available. This indicates that there might have been an adequate opportunity for interventions.

**Table 1: Maternal deaths by place of Death**

Place of death	N	%
Field	1	0.9
Home	3	2.7
On admission	14	12.5
Hospital	90	80.4
In transit between hospitals	4	3.6
<b>Total</b>	<b>112</b>	<b>100.0</b>

Provision of family planning services to needy women is a priority in preventing unwanted pregnancies. However, figure 11 shows that 35% of the maternal deaths in 2014 could have been prevented if unmet need for family planning had been addressed by relevant health care personnel.

**Figure 11: Preventability of maternal deaths - 2014**



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At the national maternal mortality review, the experts assessed the preventability of the index maternal death.

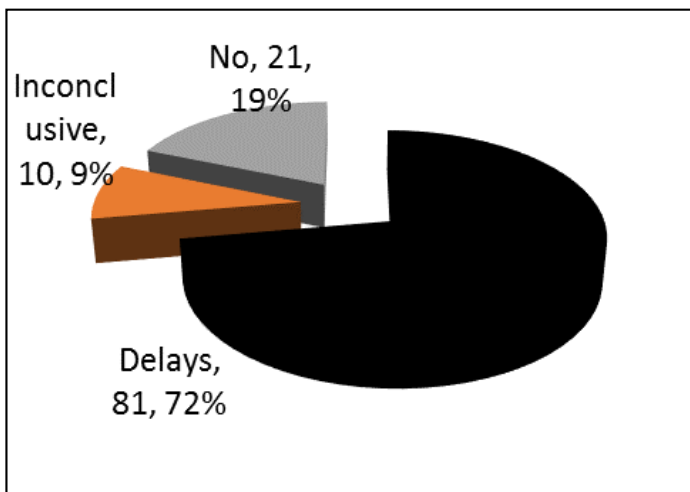
It is significant that 62% of the maternal deaths were preventable in the year 2014.

Further analysis of maternal deaths based on modified “three delay model”. The original 3-delay model conceptualized by Thaddeus and Maine (1994) modified for Sri Lankan contexts as “Delay 1 -non-using ANC / not practicing family planning services or Delay 3-Health system failures in preventive and curative services” [whether there is a deficiency in seeking (D1), reaching (D2) or treating (D3)] revealed that delays were present in 72% of deaths in the year 2014 (Figure 12).

Further analysis revealed that 57.1% women did not seek care in time (D1) for their illnesses and also health care workers (both field and hospital) did not provide adequate care (D3) in 33.9% of the cases.

This should alarm health care workers and administrators in both preventive and curative sectors since making women aware of health conditions which need timely care seeking is a fundamental in providing care for the reproductive age women and missed opportunities in receiving appropriate care once they accessed the health facility are of major concerns.

**Figure 12: Maternal deaths by three delays**



The unseen aspect of maternal death is that 188 Children lost their mother and 101 Husbands were left without the wife.

Translating lessons learnt in to policies, programs and practice is a fundamental aspect of maternal death surveillance and

response. The utilization of the findings which are of national and sub-national concerns to relevant technical and administrative groups and providing feedback to the all who provide services to women for corrective actions. Minutes of the each national maternal mortality review of the relevant district is disseminated to a heterogeneous group of stakeholders. At present, several mechanisms are available to put the recommendations into action starting from the ground level (PHM level) up to national level (Secretary Health) though two advisory committees (Technical advisory Committee on Maternal Health and Family Planning and Newborn Care and Child Health) and National Committee on Family Health.

In the year 2014, several recommendations of the maternal death reviews were translated in to action. Key action points were; improving competencies of several categories of health-care workers (MOO, PHM), introducing RED book to make visible highly vulnerable difficult cases, further expansion of rapid communication system, strengthening multidisciplinary care for critically-ill pregnant women, addressing human resource issues, regularizing 24/7 blood transfusion facilities, rapid response H1N1 pneumonia deaths etc.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 14th - 20th Nov 2015 (47th 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	232	8249	3	173	0	15	1	96	0	121	6	294	0	10	0	45	0	4	9	448	1	43	0	0	69	31
Gampaha	22	3444	2	84	0	12	0	33	0	32	1	395	1	11	1	132	0	0	5	280	0	31	0	2	53	47
Kalutara	24	1286	5	108	0	8	1	56	0	153	15	370	0	6	1	36	0	3	8	270	0	56	0	0	46	54
Kandy	42	1129	6	144	0	6	1	31	2	59	4	116	2	70	2	138	0	0	10	228	1	26	0	17	96	4
Matale	1	366	1	40	0	2	0	10	2	9	4	57	0	9	1	30	0	0	0	31	2	41	2	46	54	
NuwaraEliya	4	148	6	316	1	4	2	32	0	10	1	41	1	71	0	62	0	0	9	132	2	53	0	2	85	15
Galle	29	845	3	83	0	3	0	9	1	26	10	255	2	106	1	12	0	0	5	253	0	58	0	2	70	30
Hambantota	10	337	0	49	3	5	1	9	0	31	10	129	0	58	0	43	0	0	5	119	0	12	2	298	17	
Matara	13	405	2	64	2	8	1	5	0	45	5	249	2	46	2	50	0	1	2	223	0	19	3	141	94	6
Jaffna	64	1500	42	988	1	10	5	170	0	87	2	18	23	600	1	14	0	2	2	204	0	19	0	0	100	0
Kilinochchi	1	76	2	98	0	1	0	18	0	31	0	1	0	26	0	0	0	0	1	0	19	0	1	0	50	50
Mannar	1	85	1	17	0	1	0	5	1	4	0	8	0	21	0	0	0	0	0	7	0	1	0	1	60	40
Vavuniya	4	135	3	28	0	6	0	74	0	28	0	18	0	13	0	2	0	2	0	40	0	20	0	7	100	0
Mullaitivu	1	126	3	35	0	2	0	16	0	16	0	7	0	9	0	4	0	1	0	5	0	5	0	9	80	20
Batticaloa	5	1382	3	309	0	7	1	29	0	182	5	22	0	4	0	12	0	1	1	62	1	18	0	0	50	50
Ampara	0	54	0	43	0	2	0	2	0	19	0	15	0	2	0	13	0	0	0	188	0	5	0	3	14	86
Trincomalee	4	534	5	121	0	0	3	37	0	51	0	15	0	26	0	75	0	1	0	97	0	10	0	6	67	33
Kurunegala	29	1115	7	210	0	8	0	7	0	28	36	281	1	31	0	43	0	7	8	383	1	37	7	135	74	26
Puttalam	5	615	5	115	0	5	0	9	0	9	2	44	0	22	0	3	1	1	2	61	2	32	0	3	46	54
Anuradhapura	7	347	2	154	0	5	0	4	0	67	8	217	0	22	0	24	0	1	2	179	0	33	1	322	53	47
Polonnaruwa	4	211	0	54	0	5	1	15	0	12	10	88	0	1	0	12	0	0	3	136	0	26	0	117	57	43
Badulla	13	501	12	240	2	14	1	11	0	27	1	75	0	130	3	212	0	3	4	200	7	95	0	7	65	35
Monaragala	5	181	4	117	0	4	1	17	0	5	7	147	1	83	4	462	0	1	1	96	0	31	1	38	91	9
Ratnapura	16	903	9	285	0	19	1	43	1	9	7	360	0	68	3	296	0	1	5	188	0	51	0	17	67	33
Kegalle	27	598	2	68	0	14	3	86	0	18	10	314	1	53	1	83	0	0	7	235	0	57	0	0	73	27
Kalmunei	5	476	0	117	0	1	0	1	0	61	0	10	0	0	0	7	0	0	0	106	0	11	0	0	54	46
<b>SRILANKA</b>	<b>568</b>	<b>25048</b>	<b>128</b>	<b>4060</b>	<b>9</b>	<b>167</b>	<b>23</b>	<b>825</b>	<b>7</b>	<b>1140</b>	<b>144</b>	<b>3546</b>	<b>34</b>	<b>1498</b>	<b>20</b>	<b>1810</b>	<b>1</b>	<b>30</b>	<b>88</b>	<b>4190</b>	<b>17</b>	<b>791</b>	<b>16</b>	<b>1154</b>	<b>68</b>	<b>32</b>

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 20th November, 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 233 C\*\*=Completeness A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

14<sup>th</sup> – 20<sup>th</sup> Nov 2015 (47<sup>th</sup> 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	01	00	00	00	00	00	00	01	01	64	75	-15.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	02	01	00	01	00	00	01	01	06	08	353	613	-42.4%
Measles	05	03	08	00	00	03	04	00	02	25	13	2507	2999	-16.4%
Rubella	00	00	00	00	00	00	00	00	00	00	00	08	17	-53.1%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	04	-100%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	16	13	+23.0%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	01	00	00	00	00	00	00	00	00	01	00	12	22	-45.4%
Whooping Cough	00	00	00	01	00	00	00	00	00	01	04	93	75	+24%
Tuberculosis	176	21	03	09	16	18	08	15	35	321	235	8910	8840	+1.1%

**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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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](mailto:chepid@sltnet.lk). Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

**ON STATE SERVICE**

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