WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

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WER SRI LANKA 2017

Flashback 2016 (Part I)

This is the first in a series of two articles on the activities carried out by the Epidemiology Unit during the preceding year. The year 2016 was an eventful and successful year for the Epidemiology Unit.

Disease surveillance activities

Disease surveillance is an integral part of an effective disease control programme and the Epidemiology Unit has been carrying out this task for decades with utmost dedication. The unit has the responsibility of timely collection and dissemination of the disease related information collected from different levels of health institutions localized all around the country. This process is facilitated by regular district level reviews and supervisions conducted by the Epidemiology Unit. In addition field reviews were conducted by the Epidemiology Unit in all Medical Officer of Health (MOH) offices in some selected districts namely; Anuradhapura, Killinochchi, Kurunegala and Matara in the year 2016.

The E-surveillance programme initiated in 2015 has grown from strength to strength since its inception. It was established with the aim of minimizing possible errors in the paper based system, improving time management and avoiding postal delays. Currently all MOOH (342) send their Weekly Returns of Communicable Disease (WRCD) timely (85%) and the completeness was 98% during the year, 2016. Currently the Epidemiology Unit is in the process of incorporating the analysis module of the E-surveillance into the system.

Polio Eradication Initiative

Global Polio Eradication is planned to be achieved by 2018. Polio Eradication Initiative was working on the withdrawal of Oral Polio Vaccine globally in a phased manner and Polio Virus type 2(PV 2) withdrawal was the first phase. An injectable IPV single dose (IM 0.5ml) was introduced as an initial step to maintain population level immunity to PV 2. But due to the global scarcity of injectable IPV, the fractional dose IPV (fIPV) (Intra Dermal 0.1ml), a vaccine with the same efficacy as injectable IPV, was advised to be used by the Advisory Committee on Communicable Diseases (ACCD) in the National Immunization Programme. fIPV is given intra dermally as 2 doses at the age of 2 months and 4 months with the other recommended vaccines given at those specified ages since July, 2016. Refresher training programmes for Public Health Midwives on intradermal administration of the vaccines were conducted at district level to facilitate this process.

As the next phase of the Polio Eradication Initiative, trivalent Oral Polio Vaccine (tOPV) which contains Sabin Virus (Polio vaccine virus) types 1, 2 and 3 was changed over to bivalent Oral Polio Vaccine (bOPV) which contains only Sabin virus types 1 and 3. This procedure was called "Polio Shift" in the Polio Endgame Strategic Plan and this was a globally synchronized procedure where all OPV using countries switched over

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from tOPV to bOPV and on a selected Switch date during 17th April to 1st May 2016. The switch date for Sri Lanka was 30th April 2016 and the country has been using bOPV from 30th April 2016 onwards.

After the switch date, from 1st May 2016 a validation procedure on certifying that tOPV is no more used in the country was conducted where each district and provincial validation teams visited all district vaccine storage cold rooms and randomly selected vaccine storage centers from 1st – 14th May 2016 and assured that only bOPV was being used in the country and tOPV was not stored in any of the vaccine storage institutions or immunization service providing centers including private health sector institutions. The next phase planned in the Polio Eradication Initiative is stool containment where all the polio virus contaminated stools samples in different laboratories will be destroyed. Currently necessary initiatives have been taken and the contaminated stools samples are being destroyed.

Expanded Programme on Immunization (EPI)

Expanded Programme on Immunization (EPI) is another very important responsibility of the Epidemiology Unit. EPI reviews were conducted in all 26 districts. The services provided by both the district and the MOH level staff, were reviewed and technical inputs were provided by the central level technical experts in order to improve the service provision at grass root level in addition to updating the regional staff on current developments.

Web Based Immunization Information System (WEBIIS)

Web Based Immunization Information System (WEBIIS) is another important achievement of the Epidemiology unit. WEBIIS is developed with the objectives of creating a national birth and immunization register, provision of immunization certificates to those who need it online and provision of real time data for managers of the National immunization Programme (NIP). Following the high coverage of timely data entry of the Quarterly EPI Return (QEPIR) into the WEBIIS, a decision has been taken to completely shift from the paper based QEPIR to the web based system from the 1st quarter of 2016. The key staff members involving in preparation of the QEPIR were trained for this purpose.

Japanese Encephalitis (JE)

Japanese Encephalitis (JE) is an endemic disease in the country. JE vaccination was introduced in 1988 on a phased basis and until 2011 JE immunization campaign was conducted in 18 high endemic districts. Since 2011, JE vaccine has been introduced into the National EPI programme as a routine vaccine covering the entire country and this decision has showed fruitful results over the years. In 2016 only 20 sporadic cases of JE were reported in the country without obvious clustering. Further, since island wide JE coverage was initiated in 2011, there was a possibility that there could have been significant number of under 15 children who were not protected against JE in some districts of the country. Thus in 2016 the Epidemiology Unit coordinated a special JE vaccination programme to provide an opportunity to children less than 15 years of age who have not had JE vaccination, to get a single dose of Live JE vaccine. All children under 15 years of age who were not immunized or partially immunized (children who have received only one, two or three doses of Killed JE vaccine without completing the fourth dose) were immunized with a single dose of live JE vaccine during this programme.

Human papilloma virus (HPV) vaccine introduction

Human papillomavirus (HPV) causes cervical cancer, which is the second most common cancer among women in Sri Lanka with an estimated 800 deaths annually. Vaccines can protect females against some of the most common types of HPV and these vaccines are highly efficacious (overall sero conversion observed is 99-100%) in preventing infection with virus types 16 and 18, which are together responsible for approximately 70% of cervical cancer cases globally. Advisory Committee on Communicable Diseases (ACCD) in 2016 decided to introduce the HPV vaccine into the national immunization schedule with effect from 2017. The HPV vaccine will be given to all female students in grade 6.

Measles and Rubella

The Measles outbreak which was evident in both 2014 and 2015 subsided in 2016 due to the timely actions taken by the relevant authorities. All suspected cases of Rubella have been serologically further investigated and no confirmed cases of Rubella or Congenital Rubella Syndrome were found during the last year.

Compiled by

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 to be continued…

Table 1: Selected notifiable diseases reported by Medical Officers of Health 24th – 30th Dec 2016 (53rd Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmani-asis		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	511	16665	4	183	0	13	2	68	0	70	2	292	0	10	0	49	0	0	4	461	4	68	0	0	**69**	**81**
Gampaha	137	6813	1	157	0	18	1	30	0	98	0	335	0	18	0	54	0	1	0	406	0	62	0	7	**33**	**53**
Kalutara	88	3457	3	131	0	10	1	35	0	41	3	432	0	11	0	32	1	4	3	325	4	109	0	0	**64**	**86**
Kandy	66	4047	5	162	0	18	0	24	0	40	1	118	1	103	0	50	0	0	10	259	1	52	2	13	**91**	**96**
Matale	25	1115	0	65	0	1	0	18	0	5	2	91	0	20	0	26	0	1	1	39	3	78	0	25	**77**	**92**
NuwaraEliya	12	420	2	114	0	3	0	60	0	36	1	70	8	97	1	39	0	0	2	165	2	56	0	0	**85**	**85**
Galle	176	3059	0	145	0	8	0	9	0	12	5	369	1	118	0	10	0	0	1	293	1	42	0	3	**45**	**50**
Hambantota	31	895	2	95	1	2	1	7	0	61	0	106	0	67	0	106	0	0	2	228	0	16	4	390	**83**	**92**
Matara	73	1384	0	117	0	17	0	8	0	41	8	209	2	61	0	41	0	0	5	192	0	30	3	197	**82**	**82**
Jaffna	145	2468	10	413	0	13	1	91	1	128	1	24	33	689	0	10	0	2	4	184	5	78	0	1	**100**	**100**
Kilinochchi	0	86	0	53	0	2	0	36	0	76	0	17	0	26	0	2	0	0	0	10	0	11	0	0	**50**	**50**
Mannar	37	230	1	48	0	4	1	24	0	12	0	11	1	43	0	0	0	0	0	7	0	4	0	0	**40**	**40**
Vavuniya	0	262	0	17	0	5	0	100	0	46	0	19	0	12	0	7	0	0	0	36	0	10	0	8	**50**	**50**
Mullaitivu	1	182	0	30	0	5	0	20	0	41	0	28	0	6	0	2	0	1	0	26	0	13	0	6	**40**	**60**
Batticaloa	43	601	6	345	0	5	1	55	1	103	2	54	0	6	0	13	0	1	2	128	1	21	0	1	**64**	**93**
Ampara	5	256	0	52	0	3	0	1	0	21	0	26	0	0	0	12	0	0	3	182	0	5	0	9	**71**	**86**
Trincomalee	22	492	0	59	0	2	0	13	0	29	0	40	0	28	0	45	0	2	0	171	1	18	0	18	**58**	**75**
Kurunegala	80	2530	2	345	0	13	1	5	0	21	2	171	2	50	0	36	0	4	2	408	2	85	2	111	**66**	**93**
Puttalam	18	1035	1	109	0	7	0	8	0	3	0	53	0	62	0	3	0	3	1	102	1	94	0	4	**50**	**71**
Anuradhapura	16	724	1	144	0	4	0	12	0	34	0	274	0	28	0	41	0	1	5	286	1	52	1	276	**47**	**58**
Polonnaruwa	11	475	1	52	0	4	0	12	0	15	1	91	0	4	0	5	0	0	2	161	1	22	1	136	**86**	**86**
Badulla	40	1175	2	165	0	13	0	14	0	32	0	134	1	117	2	131	0	1	3	263	9	224	1	4	**71**	**88**
Monaragala	21	474	3	139	0	1	0	5	0	11	2	175	0	128	0	151	0	2	0	88	3	30	1	40	**91**	**100**
Ratnapura	63	3094	2	371	0	36	0	31	0	25	7	634	1	41	1	216	0	0	2	271	2	174	0	1	**67**	**78**
Kegalle	34	1499	1	89	1	22	0	34	0	63	3	187	0	43	0	34	0	0	2	354	1	64	0	3	**73**	**91**
Kalmune	90	926	3	120	0	7	0	5	0	65	0	22	0	0	0	7	0	4	0	120	0	30	0	0	**31**	**77**
SRILANKA	**1745**	**54364**	**50**	**3720**	**2**	**236**	**9**	**725**	**2**	**1129**	**40**	**3982**	**50**	**1788**	**4**	**1122**	**1**	**27**	**54**	**5165**	**42**	**1448**	**15**	**1253**	**66**	**80**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 30th December , 2016 Total number of reporting units 337 Number of reporting units data provided for the current week: 276 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

24th – 30th Dec 2016 (53rd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2016	Number of cases during same week in 2015	Total number of cases to date in 2016	Total number of cases to date in 2015	Difference between the number of cases to date in 2016 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	NA	67	71	-5.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	NA	00	00	0%
Mumps	00	01	00	00	00	00	01	00	02	04	NA	403	376	+7.1%
Measles	01	00	01	00	00	00	00	00	00	02	NA	382	2579	-108.4%
Rubella	00	00	00	00	00	00	00	00	00	00	NA	11	08	+37.5%
CRS**	00	00	00	00	00	00	00	00	00	00	NA	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	NA	11	16	-31.2%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	NA	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	NA	21	15	+40%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	NA	70	104	-32.6%
Tuberculosis	93	47	06	28	05	08	15	00	29	231	NA	9305	9521	-2.2%

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

NA = Not Available

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

ON STATE SERVICE

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