WEEKLY EPIDEMIOLOGICAL REPORT

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

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

Vol. 44 No. 05 **28th – 03rd February 2017**

SRI LANKA 2017 WER

Migrant Health (Part I)

This is the first in a series of 2 articles on Migrant health dedicated for 2nd Global Consultation on Migrant Health which will be held on 21st to 23rd February 2017 in Colombo.

Migration

We are living in a world where the highest number of population migration happening ever before in the history. International Organization for Migrants (IOM) defines a migrant as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of the person's legal status; whether the movement is voluntary or involuntary; what the causes for the movement are; or what the length of the stay is. It can be identified as the human face of globalization as movement of people from their roots to other surroundings, whether inside or outside the country. Economic reasons such as poverty, low wages, and unemployment or underemployment, as well as political reasons such as security concerns and conflicts are the two major reasons and in addition to that the educational purposes, some social reasons also can be reasons for human movements.

Migration is considered as a cyclical process and has 4 stages, 1) Pre-departure or preparation for the migration while in the sending country; 2) Transport legally or illegally (Smuggling or trafficking) including transit in other countries; 3) Departure and post departure period in hosting country; 4) Returning to the home country or place where the migration originates.

Basically there are two types of migration, international migration and internal migration. Movement of the population across the country's' administrative boundaries can be considered as internal migration.

Sri Lankan situation

According to the World Health Organization (WHO) it has estimated that there are over one billion migrants around the globe in which 214 million is international migrants and 740 million internal migrants. According to the Sri Lankan statistics, from 20 million population of the Sri Lankan 10% (1.9 million) have migrated to other countries with the annual migration rates reaching 325,000 in 2013.

While outbound migration involves travel to a wide variety of destinations, a large proportion of Sri Lankan outbound labour migrants are headed for countries of the Persian Gulf that tend to offer attractive wages to their foreign workforce. Sri Lanka Central Bank sources show that the annual remittance to Sri Lanka from migrant workers, of which 57% of whom are housemaid and unskilled labour, is 7.018 billion US dollars in 2014 being the highest foreign exchange earner. Migration for foreign employment serves the country in many ways for example, it provides foreign exchange to Sri Lanka as well as it reduces the rate of unemployment and underemployment. Other than foreign employment, many migrate to other countries for higher education and for military missions etc.

Student migration is also a major form of outbound migration in Sri Lanka and IOM reports show that 20% of the Sri Lankan graduates are living in the Organization for Economic Co-operation and Development (OECD) countries and Sri Lanka is placed in the 27th position among the entire word of their graduates living in an OECD country.

Number of inbound migrants to Sri Lanka is also steadily increasing in last few years with a 35,826 migrants only in 2011. Sri Lanka has become a labour receiving country with a large

Contents	*Page*

number of foreigners obtaining Sri Lankan residence visa mainly to work in large scale infrastructure development projects.

Internal migration is movement of population within the country's administrative boundaries. Unequal distribution of facilities and opportunities in different cities, which make the people go in search for better prospects, promotes urban to rural migration. Main categories of internal migrants in Sri Lanka are workers in export processing zones, students, military forces and seasonal workers (i.e. Agriculture workers, construction workers, fishermen, mine workers). There were around 370,000 internal migrants in Sri Lanka in 2008.

Health issues related to migration

Health problems of the migration are multi-faceted and inter-country, inter-regional and inert-sectoral collaboration is essential to find solutions for these problems.

Simply health issues of the migrants can be divided into 2 forms, health issues related to the process of migration and health issues of the individual migrant, which invariably affects the process of migration.

There are 4 groups which can be identified in relation to migrant health issues.

- Health issues of the international migrants
    - outbound migrants
    - inbound migration
- Health issues of the internal migrants
- Health issues of left behind

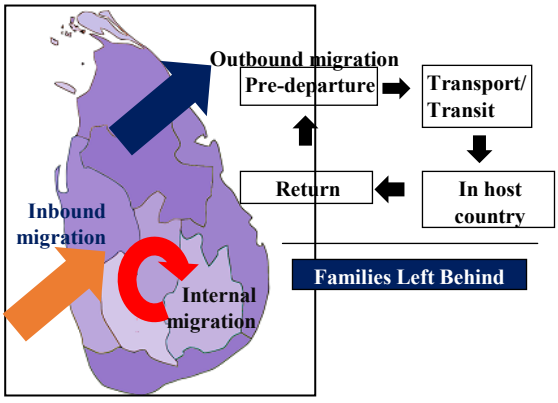

Figure 1. Types of migration and migration cycle

Health issues of the international migrants

All those who migrate for employment are supposed to undergo a pre departure medical screening which is currently conducted by the private sector. Regulation of these facilities by the Ministry of Health is minimal. Research suggests that services at these facilities at those private institutions are not up to standard and currently there is no mechanism for standardization. It is not mandatory for those found to have a particular disease (e.g. Diabetes, Hypertension, TB, etc.) to be referred for treatment either.

The Government of Sri Lanka and the Ministry of Health is in the process of preparing a mechanism to regulate these medical institutions and linking those to the primary health care system in Sri Lanka (e.g. If a patient is found to have TB the patient will be referred to the nearest hospital OPD or clinic for treatment and the MOH staff will handle prevention and control of the disease).

Although there is a mandatory pre departure health assessment, there is no proper mechanism to medically screen the returnees to Sri Lanka. The migrant workers usually work in communities with migrants from other countries like China, India, Bangladesh etc. where serious communicable diseases are more prevalent than in Sri Lanka (e.g. as Multi-Drug Resistant Tuberculosis [MDR TB], HIV/AIDS). Therefore it is important to do a medical assessment, as there is the risk of importation of diseases into the country and there should be a mechanism to refer them to the primary health care system in Sri Lanka, after the medical assessment. Sometimes it may be required to do periodical medical assessments.

All migrants are at risk of exposure to infectious diseases in the host country and all population in the host country are at risk of exposure to infectious diseases prevalent in other countries, if the migrants brings them to the host country. Therefore pre departure full immunization and use of chemoprophylaxis are highly important in prevention of infectious diseases in the sending and host countries. Pre-departure immunization against some diseases are mandatory to enter some countries (MMR, Hep B, Immunization against polio etc.). Although Sri Lanka has already controlled many vaccine preventable diseases with a strong immunization programme (EPI programme) the migrants coming from other countries should be regulated for their immunization status (Full immunization against yellow fever for migrants from some countries in Africa and South America).

Soldiers send for peacekeeping missions and gem-miners going to countries in the African continent are at risk of exposing to infectious diseases like malaria and Sri Lanka as a malaria eliminated country we have a risk of importation of malaria from them as well as from African travelers, especially drug resistant malaria. Therefore provision of chemoprophylaxis and screening them are important.

Health issues of the international migrants will be discussed further in the next article also.

Compiled by
Dr. K M Senevirathne
Registrar in Community Medicine
Epidemiology Unit, Ministry of Health, Sri Lanka

to be continued…

Table 1: Selected notifiable diseases reported by Medical Officers of Health 21st – 27th Jan 2017 (04th 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	482	2487	0	12	0	0	0	3	1	2	2	6	0	1	0	4	0	0	1	15	0	4	0	0	**63**	**88**
Gampaha	42	918	0	4	0	1	0	0	0	0	0	2	0	0	0	0	0	0	1	7	0	5	0	1	**13**	**80**
Kalutara	63	478	1	6	0	0	0	0	0	1	3	20	1	2	0	0	0	0	7	29	2	10	0	0	**64**	**86**
Kandy	49	254	1	6	0	1	0	0	0	0	0	7	2	20	3	3	0	0	8	29	2	6	0	0	**74**	**91**
Matale	35	122	0	3	0	0	0	0	0	0	1	8	0	0	0	1	0	0	0	1	1	14	0	2	**69**	**85**
NuwaraEliya	9	49	0	4	0	0	0	2	0	0	0	4	4	19	1	1	0	0	1	13	1	2	0	0	**69**	**85**
Galle	101	676	2	7	0	0	1	2	0	2	3	19	3	8	0	0	0	0	10	22	2	4	0	0	**60**	**80**
Hambantota	28	203	1	10	0	0	0	2	0	0	0	10	2	5	0	2	0	0	5	24	0	3	7	23	**50**	**75**
Matara	121	428	2	6	0	2	0	0	0	2	2	8	0	5	0	1	0	1	2	13	0	0	0	5	**100**	**100**
Jaffna	75	509	3	40	0	1	2	5	4	17	1	7	25	148	1	2	0	0	6	48	4	7	0	0	**83**	**100**
Kilinochchi	8	40	1	4	0	0	0	0	0	0	1	1	2	5	0	1	0	0	0	0	0	0	0	0	**75**	**100**
Mannar	21	144	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	**60**	**80**
Vavuniya	12	61	0	3	0	0	0	4	0	1	1	2	0	0	1	1	0	0	1	5	0	0	0	2	**100**	**100**
Mullaitivu	13	37	1	1	0	0	1	2	0	0	4	6	0	2	0	0	0	0	1	1	0	4	0	0	**80**	**100**
Batticaloa	52	143	4	20	1	2	0	1	0	0	0	5	0	0	2	2	0	0	2	11	2	5	0	1	**71**	**93**
Ampara	18	50	0	1	0	0	0	0	0	0	0	3	0	0	0	1	0	0	11	27	0	1	0	0	**43**	**71**
Trincomalee	144	386	0	0	0	0	0	0	0	1	0	2	1	5	2	3	0	0	8	20	0	3	0	0	**92**	**92**
Kurunegala	75	374	2	13	0	0	0	0	0	0	2	14	2	9	0	1	0	0	9	40	0	9	3	14	**69**	**97**
Puttalam	12	161	4	8	1	1	0	0	0	0	1	2	0	4	0	1	0	0	3	10	2	9	0	1	**50**	**79**
Anuradhapura	13	102	0	2	0	0	0	0	0	2	2	14	1	6	0	1	0	0	5	22	1	7	7	21	**26**	**63**
Polonnaruwa	8	52	0	4	0	0	0	0	0	0	1	7	0	1	1	1	0	0	4	11	1	2	4	16	**86**	**100**
Badulla	26	208	0	14	0	3	1	1	0	1	5	11	0	3	0	4	0	0	8	42	4	25	0	1	**88**	**94**
Monaragala	14	88	3	9	0	1	0	0	0	1	5	14	4	11	0	2	0	0	1	14	4	8	1	2	**73**	**100**
Ratnapura	45	376	0	10	2	10	0	1	0	0	3	34	0	2	1	5	0	0	2	11	1	11	0	0	**61**	**78**
Kegalle	40	196	0	8	0	0	0	0	0	2	0	3	3	6	0	0	0	0	1	22	1	8	1	2	**55**	**82**
Kalmune	14	151	0	12	0	2	0	1	0	2	0	2	0	0	0	0	0	0	0	15	0	0	0	0	**54**	**92**
SRILANKA	**1520**	**8693**	**25**	**208**	**4**	**24**	**5**	**24**	**5**	**34**	**37**	**211**	**50**	**263**	**12**	**37**	**0**	**1**	**97**	**453**	**28**	**147**	**23**	**91**	**65**	**87**

Source: Weekly Returns of Communicable Diseases (WRCD).

•**T=**Timeliness refers to returns received on or before 27th January , 2017 Total number of reporting units 337 Number of reporting units data provided for the current week: 301 **C****-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

21st – 27th Jan 2017 (04th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2017	Number of cases during same week in 2016	Total number of cases to date in 2017	Total number of cases to date in 2016	Difference between the number of cases to date in 2017 & 2016
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	01	00	00	00	01	01	06	04	+50%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	00	01	01	00	00	00	01	04	09	22	28	-78.5%
Measles	02	01	00	00	01	00	00	00	00	04	09	31	53	-41.5%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	01	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	04	00	0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	01	10	-90%
Tuberculosis	92	23	10	11	12	17	15	04	09	193	429	653	795	-18.1%

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

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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

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