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

SRI LANKA 2017 WER

Vol. 44 No. 25 17th– 23th June 2017

Towards Eliminating Viral Hepatitis (Part III)

This is the third in a series of three articles on eliminating viral hepatitis.

Essential interventions for elimination of viral hepatitis

Eliminating viral hepatitis as a major public health threat needs strenuous action with an essential package of interventions and services.

1. Vaccination

Effective vaccines exist for preventing viral hepatitis A, B and E infections. Hepatitis B virus (HBV) immunization is a critical intervention for elimination of HBV epidemics. Wider provision of the existing, safe and effective HBV vaccine, including through universal childhood vaccination and by delivery of birth-dose, will drastically reduce new HBV infections, reducing rates of chronic illness and death.

Immunization programmes should make efforts to target HBV vaccination for those people at increased risk. Depending on the country context, hepatitis A virus vaccination may also be considered as an appropriate intervention in response to outbreaks in specific communities.

2. Improving blood safety

The risk of transmission of viral hepatitis B and C (as well as HIV and other blood-borne infections) through transfusion of contaminated blood and blood products is extremely high, and, despite being preventable, still occurs due to the absence, or poor quality, of screening in blood transfusion services. Ensuring the availability of safe blood and blood products is a vital public health strategy towards eliminating viral hepatitis.

Reducing unnecessary injections remains a vital challenge, along with staff training in safe injections practices, and effective sharps and waste management.

3. Preventing mother-to-child transmission

Transmission of HBV in highly endemic areas occurs from infected mothers to their infants during the perinatal period. Elimination of mother-to-child transmission of HBV will require a comprehensive approach that includes prevention of HBV infection in young women, HBV testing, care of pregnant women with chronic HBV infection, delivery of HBV vaccine to the infant within 24 hours of birth, safe delivery practices, strengthened maternal and child health services. Birth-dose vaccination is a key intervention for prevention of HBV infection in infants.

4. Providing harm reduction services

A package of harm reduction services for people who inject drugs can be highly effective in preventing transmission of viral hepatitis A, B and C as well as HIV and other blood-borne infections. These harm reduction services should include a comprehensive package of interventions that will have a great impact on hepatitis epidemics: sterile needle and syringe programmes, opioid substitution therapy for opioid users, risk reduction communication, HBV vaccination, and treatment of chronic hepatitis infec-

Contents	Page

tion. This hepatitis strategy calls for a major increase in provision of sterile needles and syringes to people who inject drugs. Ensuring sufficient coverage of other harm reduction interventions depends on overcoming legal and societal barriers.

5. Promoting safer sex

Specific attention should be given to certain populations, particularly men who have sex with men and heterosexual persons with multiple sexual partners. Safer sex practices, including minimizing the number of sexual partners and consistently and correctly using male and female condoms, offer powerful protection against hepatitis B and C and HIV infection, and a range of other sexually transmitted infections.

6. Ensuring access to safe food and water

Assuring access to safe food, drinking water and sanitation systems can dramatically reduce the transmission of viral hepatitis A and E. Specifically, actions should include a focus on hygiene as a priority in all settings through alignment with efforts to address Goal 6 of the 2030 agenda for Sustainable Development, which includes the following 2030 targets:

- ☑ achieve universal and equitable access to safe and affordable drinking water for all
- ☑ achieve access to adequate and equitable sanitation and hygiene for all and end open defecation.
- ☑ support and strengthen the participation of local communities in improving water and sanitation management.

The relative composition and balance of the interventions will vary by country, based on the country context and epidemic dynamics, including the prevalence of various types of viral hepatitis.

Resources :

1. Global health sector strategy on viral hepatitis 2016–2021, WHO, 2016

2. Manual for the development and assessment of national viral hepatitis plans, WHO, 2015

Table 1 : Water Quality Surveillance
Number of microbiological water samples May 2017

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	**77**
Gampaha	15	90	**NR**
Kalutara	12	72	**NR**
Kalutara NIHS	2	12	**1**
Kandy	23	138	**NR**
Matale	13	78	**NR**
Nuwara Eliya	13	78	**73**
Galle	20	120	**63**
Matara	17	102	**20**
Hambantota	12	72	**26**
Jaffna	12	72	**119**
Kilinochchi	4	24	**31**
Manner	5	30	**NR**
Vavuniya	4	24	**39**
Mullatvu	5	30	**NR**
Batticaloa	14	84	**67**
Ampara	7	42	**33**
Trincomalee	11	66	**4**
Kurunegala	29	174	**55**
Puttalam	13	78	**87**
Anuradhapura	19	114	**NR**
Polonnaruwa	7	42	**0**
Badulla	16	96	**132**
Moneragala	11	66	**87**
Rathnapura	18	108	**NR**
Kegalle	11	66	**NR**
Kalmunai	13	78	**80**

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Compiled by

Dr. K.A. Tharanga Navodani

Acting Consultant Community Physician

{MBBS , MSc, MD (Community Medicine)}

Epidemiology Unit,

Ministry of Health. Sri Lanka

Table 1: Selected notifiable diseases reported by Medical Officers of Health 10th – 16th June 2017 (24thWeek)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmania-sis		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	1032	15771	0	38	0	2	0	18	0	21	1	48	0	1	1	9	0	0	9	193	1	17	0	1	**69**	**81**
Gampaha	871	12150	0	15	0	12	0	14	0	8	0	29	0	9	0	7	0	1	0	161	0	18	0	4	**27**	**33**
Kalutara	219	4165	1	27	0	3	0	7	0	35	4	136	0	4	0	2	0	0	6	308	1	73	0	0	**43**	**64**
Kandy	426	3192	2	52	0	4	0	4	1	9	2	26	1	81	0	9	0	1	2	149	1	22	0	7	**74**	**83**
Matale	78	885	0	9	0	1	0	1	0	6	0	20	0	2	0	5	0	0	1	30	5	34	0	3	**69**	**85**
NuwaraEliya	18	258	0	18	1	6	1	15	0	9	0	20	2	106	1	11	0	0	36	201	2	28	0	0	**100**	**100**
Galle	103	2877	1	23	0	5	0	6	0	11	9	114	0	22	0	0	0	1	4	201	1	33	0	0	**55**	**65**
Hambantota	73	1703	0	15	0	5	0	7	0	15	2	23	0	29	0	6	0	1	3	122	0	13	2	177	**67**	**92**
Matara	151	2337	1	19	0	6	0	1	0	2	17	78	2	16	0	3	0	1	6	122	0	5	6	68	**94**	**94**
Jaffna	53	2934	8	129	0	9	0	21	2	42	0	22	2	353	0	4	0	0	3	161	2	26	0	0	**100**	**100**
Kilinochchi	2	252	0	9	0	0	0	5	0	1	0	3	0	11	0	2	0	0	0	2	0	7	0	4	**50**	**75**
Mannar	2	464	0	5	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	12	0	0	0	0	**80**	**100**
Vavuniya	16	470	0	10	0	0	0	18	0	2	0	21	0	6	0	1	0	0	0	18	0	1	0	9	**50**	**75**
Mullaitivu	6	157	0	6	0	1	0	3	0	1	0	8	0	4	0	1	0	1	0	9	0	5	1	3	**50**	**67**
Batticaloa	82	3886	0	60	0	8	0	13	0	11	1	14	0	0	0	4	0	1	2	112	0	20	0	1	**71**	**93**
Ampara	14	358	0	11	0	2	0	1	0	0	0	8	0	1	0	4	0	0	2	116	4	24	0	3	**71**	**71**
Trincomalee	19	4340	0	11	0	2	0	3	0	3	0	12	0	9	0	17	0	0	7	87	1	17	0	1	**46**	**69**
Kurunegala	290	4417	3	38	0	5	0	0	2	12	0	39	0	21	1	14	0	1	7	341	0	26	2	82	**72**	**83**
Puttalam	175	1898	0	23	0	2	0	2	0	0	0	7	0	10	0	1	0	0	1	96	1	22	0	3	**64**	**64**
Anuradhapu	60	1206	0	20	0	1	0	1	0	8	1	39	0	12	0	9	0	0	2	233	2	33	0	141	**37**	**53**
Polonnaruw	27	1672	0	10	0	5	0	5	0	0	0	26	0	3	0	4	0	0	2	136	0	9	2	73	**57**	**86**
Badulla	33	641	2	48	0	6	0	6	0	1	3	48	4	58	1	36	0	1	3	192	5	87	0	12	**65**	**76**
Monaragala	82	1035	2	33	0	3	0	0	0	9	8	66	1	70	1	14	0	1	3	57	3	29	0	10	**73**	**91**
Ratnapura	85	836	0	86	1	60	0	4	0	4	4	290	2	20	3	47	0	0	0	200	0	110	0	13	**22**	**50**
Kegalle	336	4025	0	24	0	8	0	4	0	14	1	28	2	46	0	11	0	0	2	150	0	44	0	5	**45**	**73**
Kalmune	445	3036	1	27	0	4	0	2	0	284	0	5	0	0	0	1	0	0	0	108	0	9	0	0	**38**	**54**
SRILANKA	**4722**	**74965**	**21**	**766**	**2**	**160**	**1**	**162**	**5**	**508**	**53**	**1130**	**16**	**896**	**8**	**222**	**0**	**10**	**101**	**3517**	**29**	**712**	**13**	**620**	**62**	**75**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 16th June , 2017 Total number of reporting units 337 Number of reporting units data provided for the current week: 262 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

10th – 16th June 2017 (24thWeek)

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	01	00	00	00	00	00	00	01	01	37	27	37.03%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	02	00	01	00	02	01	00	01	08	01	162	196	- 17.34%
Measles	00	00	00	01	00	00	01	02	00	04	01	174	271	- 35.79%
Rubella	00	00	00	00	00	00	00	00	00	00	00	06	06	0%
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	09	03	200%
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	21	00	0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	08	30	- 73.3%
Tuberculosis	45	09	09	00	03	09	01	02	00	78	88	3730	4474	- 16.6%

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
June	302	48	40	8	999	1335	0

Source: Medical Research Institute & Veterinary Research Institute

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