WEEKLY EPIDEMIOLOGICAL REPORT

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Global "END TB strategy" and targets for tuberculosis control – I I

1.1.4 Implement systematic screening for tuberculosis among selected high risk groups

There can be long delays in diagnosing tuberculosis and initiating appropriate treatment among people with poor access to health services.

Many people with active tuberculosis do not experience typical symptoms in the early stages of the disease. These individuals may not seek care early enough and may not be identified for testing for tuberculosis if they do.

Mapping of high-risk groups and carefully planned systematic screening for active disease among them may improve early case detection. Early detection helps to reduce the risks of tuberculosis transmission, poor treatment outcomes, and adverse social and economic consequences of the disease.

Contacts of people with tuberculosis, especially children aged five years or less, people living with HIV, and workers exposed to silica dust should always be screened for active tuberculosis.

Component 1.2 -Treatment of all people with TB including drug resistant TB, and patient support

1.2.1 Treat all forms of drug-susceptible tuberculosis

The tuberculosis control programme will aim to ensure provision of services for early diagnosis and proper treatment of all forms of tuberculosis affecting people of all ages.

1.2.2 Treat all cases of drug-resistant tuberculosis

Globally, about 4% of new tuberculosis patients and about 20% of patients receiving retreatment have multidrug-resistant tuberculosis . To provide universal access to services for drug-resistant tuberculosis will require a rapid scale up of laboratory services and patient-centered treatment devised and customized to diverse settings and contexts.

1.2.3 Strengthen capacity to manage drug-resistant cases

New safer, affordable and more effective medicines with shorter in duration and easier to administer are key to improving treatment outcomes.

Management of adverse drug reactions ; access to comprehensive palliative care; measures to alleviate stigmatization ; and social support are needed to improve quality of life for patients while enabling adherence to treatment .

1.2.4 Build patient-centered support into the management of tuberculosis

Patient-centered care and support, sensitive and responsive to patients' educational, emotional and material needs, is fundamental to the new global tuberculosis strategy.

Patient support needs to extend beyond health facilities to patients' homes, families, workplaces and communities. Treatment and support must also extend beyond cure to address any sequelae associated with tuberculosis.

Examples of patient-centered support include providing treatment partners trained by health services and acceptable to the patient; access to social protection; use of information and communication technology for providing information, education and incentives to patients; and the setting up of mechanisms for patient and peer groups to exchange information and experiences.

Component 1.3 -Collaborative TB/ HIV activities; and management of co-morbidities

1.3.1 Expand collaboration with HIV programmes.

HIV associated tuberculosis accounts for about one quarter of all tuberculosis deaths and a quarter of all deaths due to AIDS.

All tuberculosis patients living with HIV should receive antiretroviral treatment.

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1.3.2 Co-manage tuberculosis co-morbidities and non-communicable diseases.

Several non-communicable diseases and other health conditions including diabetes mellitus, under-nutrition, silicosis, as well as smoking, harmful alcohol and drug use, and a range of immune-compromising disorders and treatments are risk factors for tuberculosis. Presence of co-morbidities may complicate tuberculosis management and result in poor treatment outcomes.

Conversely, tuberculosis may worsen or complicate management of other diseases. Therefore, as a part of basic and coordinated clinical management, people diagnosed with tuberculosis should be routinely assessed for relevant co-morbidities.

Component 1.4- Preventive treatment of persons at high risk; and vaccination against TB

1.4.1 Expand preventive treatment of people with a high risk of tuberculosis

Latent tuberculosis infection is diagnosed by a tuberculin skin test . Isoniazid preventive therapy is currently recommended for the treatment of latent tuberculosis infection among people living with HIV and children under five years of age who are contacts of patients with tuberculosis.

1.4.2 Continue BCG vaccination

BCG vaccination prevents disseminated disease including tuberculosis meningitis and miliary tuberculosis, which are associated with high mortality in infants and young children .

Pillar –02

Bold policies and supportive systems

The second pillar encompasses strategic actions that will enable implementation of the components under pillar one through sharing of responsibilities. These include actions by and beyond national tuberculosis programmes, across ministries and departments.

Pillar two further includes actions beyond the health sector that can help to prevent tuberculosis by addressing underlying social determinants. Proposed interventions include reducing poverty, ensuring food security, and improving living and working conditions as well as interventions to address direct risk factors such as tobacco control, reduction of harmful alcohol use, and diabetes care and prevention.

Accountability for pillar two will rest not only with health ministries, but also other ministries including finance, labour, social welfare, housing, mining and agriculture. Eliciting actions from across diverse ministries will require commitment and stewardship from the highest levels of government.

Component 2.1 Political commitment with adequate resources for TB care and prevention

2.1.1 Develop ambitious national strategic plans

Scaling up and sustaining interventions for tuberculosis control will require high-level political commitment along with adequate financial and human resources . Continuous training and supervision of personnel are fundamental to sustain significantly expanded activities for tuberculosis control.

2.1.2 Mobilize adequate resources

The expansion of tuberculosis care and prevention across and beyond the health sector will be possible only if adequate funding is secured. A well-budgeted plan should facilitate resource mobilization from diverse international and national sources for full implementation of the plan.

Source: WHO. The End TB Strategy. Available at : http://www.who.int

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Table 1 : Water Quality Surveillance
Number of microbiological water samples March 2018

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	**91**
Gampaha	15	90	**NR**
Kalutara	12	72	**NR**
Kalutara NIHS	2	12	**NR**
Kandy	23	138	**NR**
Matale	13	78	**NR**
Nuwara Eliya	13	78	**148**
Galle	20	120	**NR**
Matara	17	102	**74**
Hambantota	12	72	**NR**
Jaffna	12	72	**NR**
Kilinochchi	4	24	**38**
Manner	5	30	**16**
Vavuniya	4	24	**60**
Mullatvu	5	30	**NR**
Batticaloa	14	84	**65**
Ampara	7	42	**42**
Trincomalee	11	66	**36**
Kurunegala	29	174	**14**
Puttalam	13	78	**52**
Anuradhapura	19	114	**NR**
Polonnaruwa	7	42	**35**
Badulla	16	96	**103**
Moneragala	11	66	**92**
Rathnapura	18	108	**98**
Kegalle	11	66	**2**
Kalmunai	13	78	**29**

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

to be continued ...

Table 1: Selected notifiable diseases reported by Medical Officers of Health 07th – 13th Apr 2018 (15th Week)

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	72	2444	2	23	0	4	0	17	0	5	6	60	2	5	0	3	0	0	14	267	1	19	0	1	63	100
Gampaha	44	1451	1	16	0	4	0	11	1	10	5	90	0	2	0	4	0	0	22	279	1	13	0	4	75	100
Kalutara	16	1095	0	23	0	2	1	2	0	32	12	152	0	2	0	5	0	0	8	202	1	27	1	2	54	100
Kandy	33	1003	2	21	0	4	0	1	1	6	0	12	3	36	1	10	0	0	4	113	1	8	0	6	63	100
Matale	8	296	0	5	0	1	0	0	0	10	0	14	0	1	0	3	0	0	1	14	1	4	1	38	59	100
NuwaraEliya	6	59	0	6	0	2	2	7	0	2	1	9	3	54	2	10	0	0	8	94	3	14	0	0	26	100
Galle	13	394	0	14	0	5	0	0	0	2	12	154	0	12	0	1	0	1	2	91	0	15	0	4	14	100
Hambantota	6	396	0	6	0	0	0	2	0	4	1	17	0	21	0	0	0	0	8	101	0	2	9	204	75	100
Matara	8	380	0	13	0	4	0	3	0	21	8	68	0	15	0	2	0	0	8	117	0	3	4	130	56	100
Jaffna	20	1205	2	45	0	0	0	20	1	194	0	4	4	196	0	0	0	0	5	116	1	6	0	1	35	93
Kilinochchi	3	104	1	9	0	1	0	8	1	1	0	1	1	5	0	0	0	1	0	22	0	0	0	0	47	100
Mannar	1	24	0	10	0	0	0	2	0	2	0	1	0	0	0	0	0	0	2	16	0	1	0	0	37	100
Vavuniya	2	179	2	4	0	3	1	22	0	7	1	14	1	7	0	0	0	1	0	16	0	1	0	3	55	100
Mullaitivu	1	28	0	2	0	0	1	6	0	9	0	6	0	2	0	0	0	0	1	5	0	0	0	1	11	100
Batticaloa	133	1891	3	60	0	5	0	2	0	9	0	13	0	1	1	2	0	1	0	45	1	8	0	0	64	100
Ampara	4	57	0	14	0	0	0	1	1	2	1	19	0	0	0	3	0	0	5	75	0	4	0	1	71	100
Trincomalee	9	275	1	22	0	0	0	2	1	8	1	18	2	13	0	1	0	0	6	87	0	1	0	9	32	100
Kurunegala	15	1035	0	42	0	5	0	6	0	2	1	37	0	6	0	7	0	1	10	181	1	34	3	73	70	100
Puttalam	16	959	0	15	0	4	0	3	0	4	0	12	0	6	0	1	0	0	4	54	1	29	0	1	74	100
Anuradhapura	6	305	0	16	0	2	1	2	0	6	1	48	0	12	1	4	0	0	7	136	0	9	2	113	44	100
Polonnaruwa	4	98	0	10	0	1	0	0	0	6	0	50	0	0	1	2	0	0	5	74	0	6	0	60	67	100
Badulla	11	164	0	38	1	2	0	5	1	7	2	49	0	21	1	10	0	0	6	215	1	32	0	2	50	100
Monaragala	2	403	3	34	0	2	0	1	0	2	9	111	0	52	0	5	0	0	4	59	5	13	0	16	59	100
Ratnapura	28	599	1	56	0	20	1	8	0	2	7	122	1	15	1	6	0	1	5	114	1	40	9	105	41	100
Kegalle	12	435	2	20	0	5	0	2	1	58	2	34	2	32	0	7	0	0	8	127	1	16	0	3	66	100
Kalmune	36	1017	0	16	0	0	0	1	0	13	0	2	0	0	0	1	0	0	6	66	2	5	0	1	48	100
SRILANKA	**509**	**16296**	**20**	**540**	**1**	**76**	**7**	**134**	**8**	**424**	**70**	**1117**	**19**	**516**	**8**	**87**	**0**	**6**	**149**	**2686**	**22**	**310**	**29**	**778**	**54**	**99**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 13th April , 2018 Total number of reporting units 351 Number of reporting units data provided for the current week: 330 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

07th - 13th Apr 2018 (15th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2018	Number of cases during same week in 2017	Total number of cases to date in 2018	Total number of cases to date in 2017	Difference between the number of cases to date in 2018 & 2017
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	01	00	00	00	00	00	00	02	00	17	27	- 37.0 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	00	00	01	02	01	00	01	07	03	122	90	35.5 %
Measles	00	00	00	00	00	00	00	00	00	00	00	37	95	- 61%
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	05	- 20 %
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	08	06	33.33 %
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	13	21	- 38.1%
Whooping Cough	02	00	00	00	00	00	01	00	00	03	00	13	05	160 %
Tuberculosis	14	19	06	03	09	00	05	09	00	65	85	2100	2220	- 5.4 %

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI

Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
April	75	30	15	15	1853	974	00

Source: Medical Research Institute & Veterinary Research Institute

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ON STATE SERVICE

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