WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

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Influenza Part II

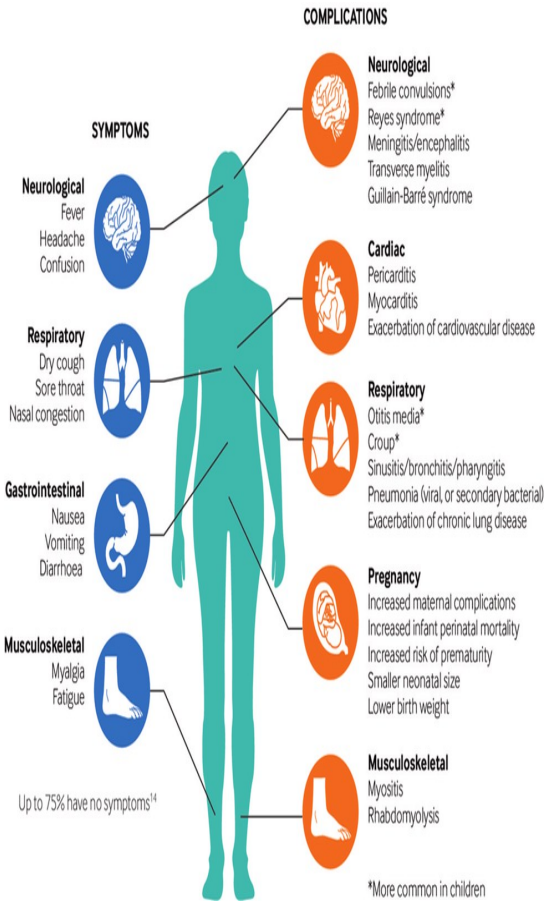
This is the secound of a series of 3 articles

Presentation

The presentation of influenza virus infection varies with those who have pre-existing immunity or who have received the vaccine having milder symptoms.

The onset of illness can occur suddenly over a day, or it can progress more slowly over several days. Typical signs and symptoms include the following:

- Cough (can be severe and can last 2 or more weeks) and other respiratory symptoms (non-productive cough, cough-related pleuritic chest pain, and dyspnea)
- Fever (100°- 104°F)
- Sore throat (may be severe and may last 3 to 5 days)
- Myalgia (common and range from mild to severe)
- Headache (Frontal or retro-orbital headache is common and is usually severe)
- Nasal discharge (Rhinitis)
- Weakness and severe fatigue (may prevent patients from performing their normal activities, need additional sleep, may be bedridden if severe)
- Tachycardia
- Ocular symptoms (red, watery eyes, photophobia, burning sensations, or pain upon motion)



Most people recover from fever and other symptoms within a week without requiring medical attention. But influenza can cause severe illness, hospitalization or death, especially in people at high risk. All pregnant women presenting with symptoms should be referred to a centre with specialist care within the first 24 hours.

Diagnosis

The majority of cases of human influenza are clinically diagnosed. However, during periods of low influenza activity and outside of epidemics situations, the infection of other respiratory viruses e.g. rhinovirus, respiratory syncytial virus, parainfluenza and adenovirus can also present as Influ-

Contents **Page**

enza-like Illness (ILI) which makes the clinical differentiation of influenza from other pathogens difficult.

The collection of appropriate respiratory samples and the application of a laboratory diagnostic test is required to establish a definitive diagnosis. Proper collection, storage and transport of respiratory specimens are the essential first steps for laboratory detection of influenza virus infections. Laboratory confirmation of influenza virus from the throat, nasal and nasopharyngeal secretions or tracheal aspirate or washings is commonly performed using direct antigen detection, virus isolation, or detection of influenza-specific RNA by reverse transcriptase-polymerase chain reaction (RT-PCR). Guidance on laboratory techniques is published and updated by the World Health Organization.

Rapid influenza diagnostic tests (RIDTs) are used in clinical settings, but they have lower sensitivity compared to RT-PCR methods and their reliability depends largely on the conditions under which they are used. Serologic testing can also confirm the diagnosis but is rarely used in a clinical setting.

Treatment

Patients with uncomplicated seasonal influenza:

Patients that are not from a high risk-group should be managed with **symptomatic treatment** and are advised, if symptomatic, to stay home to minimize the risk of infecting others in the community. Treatment focuses on relieving symptoms of influenza such as fever. Patients should monitor themselves to detect if their condition deteriorates and seek medical attention Patients that are known to be in a group at high risk for developing a severe or complicated illness, should be treated with antivirals in addition to symptomatic treatment as soon as possible.

Patients with severe or progressive clinical illness associated with suspected or confirmed influenza virus infection (i.e. clinical syndromes of pneumonia, sepsis or exacerbation of chronic underlying diseases) should be treated with antiviral drugs as soon as possible.

- Neuraminidase inhibitors (i.e. oseltamivir) should be prescribed as soon as possible (ideally, within 48 hours following symptom onset) to maximize therapeutic benefits. Administration of the drug should also be considered in patients presenting later in the course of illness.

- Treatment is recommended for a minimum of 5 days but can be extended until there is satisfactory clinical improvement.

- Corticosteroids should not be used routinely unless indicated for other reasons (eg: asthma and other specific conditions); as it has been associated with prolonged viral clearance and immunosuppression leading to bacterial or fungal superinfection.

All currently circulating influenza viruses are **resistant** to adamantane antiviral drugs (such as amantadine and rimantadine), and these are therefore not recommended for monotherapy.

The World Health Organizations Global Influenza Surveillance and Response System (GISRS) monitors **resistance to antivirals** among circulating influenza viruses to provide timely guidance for antiviral use in clinical management and potential chemoprophylaxis.

Prevention

To prevent transmission, public health management measures include personal protective measures like:

- Regular hand washing with proper drying of the hands
- Good respiratory hygiene – covering mouth and nose when coughing or sneezing, using tissues and disposing of them correctly
- Early self-isolation of those feeling unwell, feverish and having other symptoms of influenza
- Avoiding close contact with sick people
- Avoiding touching one's eyes, nose or mouth
- The most effective way to prevent the disease is vaccination. Inactivated influenza viral vaccines matching the currently circulating strains are produced annually and recommended especially for those at high risk (among the elderly, influenza vaccination may be less effective in preventing illness but reduces the severity of disease and incidence of complications and deaths). Immunity from vaccination decreases over time so annual vaccination is recommended to protect against influenza.

There are two types of vaccines available inactivated and live attenuated. In Sri Lanka inactivated trivalent vaccine is available in the private sector.

The World Health Organization recommends annual vaccination for:

- pregnant women at any stage of pregnancy
- children aged between 6 months to 5 years
- elderly individuals (aged more than 65 years)
- individuals with chronic medical conditions
- health-care workers.

Compiled by :

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to be continued ...

Table 1: Selected notifiable diseases reported by Medical Officers of Health 23rd– 29th Apr 2022 (17th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	13	2647	0	2	0	2	0	0	0	5	2	36	0	0	0	2	0	0	2	12	0	3	0	1	**10**	**99**
Gampaha	97	2156	0	4	0	0	0	0	0	6	2	38	0	0	0	3	0	1	0	10	2	6	0	7	**5**	**72**
Kalutara	91	997	0	4	0	0	0	1	0	6	5	105	0	2	0	1	0	1	1	25	0	10	0	0	**4**	**100**
Kandy	40	656	1	4	0	0	0	0	0	4	1	26	0	11	0	4	0	0	3	21	0	2	2	4	**6**	**96**
Matale	7	155	0	0	0	0	0	0	0	0	4	23	0	2	0	1	0	0	0	8	0	1	3	145	**17**	**100**
NuwaraEliya	2	61	0	8	0	0	0	0	0	0	0	19	0	7	0	0	0	0	1	9	0	0	0	0	**10**	**100**
Galle	13	935	0	3	0	0	0	0	0	0	9	135	1	7	0	1	0	0	0	25	0	9	0	0	**7**	**100**
Hambantota	25	293	0	23	0	0	0	0	0	0	5	61	1	16	0	1	0	0	0	14	0	4	14	178	**13**	**100**
Matara	34	337	1	6	0	0	0	0	0	0	3	58	0	5	0	1	0	0	1	11	0	3	5	107	**20**	**100**
Jaffna	11	1324	1	10	0	2	0	38	1	17	1	18	6	349	0	4	1	3	7	51	0	4	0	0	**52**	**88**
Kilinochchi	5	55	0	4	0	0	0	0	0	11	0	2	1	7	0	0	0	0	0	3	0	0	0	1	**32**	**100**
Mannar	3	146	0	1	0	0	0	0	0	0	0	11	0	2	0	1	0	0	0	3	1	15	0	0	**23**	**81**
Vavuniya	0	43	0	0	0	1	0	2	0	0	1	10	0	1	0	0	0	0	0	5	0	0	0	0	**2**	**79**
Mullaitivu	3	30	0	2	0	0	0	2	0	3	0	12	1	4	0	0	0	0	0	3	0	0	0	1	**25**	**100**
Batticaloa	40	487	7	39	0	5	0	0	0	17	0	15	0	0	0	1	0	0	0	5	1	17	0	1	**32**	**100**
Ampara	3	56	0	6	0	1	0	0	0	0	2	34	0	1	0	1	0	0	1	25	1	7	0	7	**8**	**100**
Trincomalee	73	597	0	20	0	0	0	1	0	2	3	10	0	3	0	4	0	0	3	11	1	3	0	0	**19**	**92**
Kurunegala	14	1075	0	6	0	1	0	0	0	1	2	33	0	13	0	0	0	0	2	29	1	13	11	179	**5**	**100**
Puttalam	21	875	2	2	0	0	0	0	0	0	0	7	0	3	0	0	0	0	0	3	0	10	0	4	**11**	**92**
Anuradhapur	7	150	0	7	0	0	0	1	0	5	0	74	0	14	0	2	0	1	1	19	1	15	1	178	**6**	**87**
Polonnaruwa	1	47	0	3	0	0	0	0	0	1	4	46	0	0	0	0	0	0	0	4	0	2	13	144	**11**	**88**
Badulla	6	389	0	5	0	0	0	0	0	5	5	84	3	18	6	48	0	0	1	20	0	7	0	7	**8**	**100**
Monaragala	7	120	0	5	0	0	0	4	0	2	20	125	0	11	1	20	0	0	2	23	0	13	4	49	**6**	**100**
Ratnapura	46	760	1	18	0	5	0	1	0	15	14	239	0	7	1	11	0	0	2	28	0	13	5	84	**7**	**95**
Kegalle	29	483	0	4	0	2	0	1	0	4	14	149	0	7	0	2	0	0	6	34	0	15	1	10	**5**	**100**
Kalmune	39	321	1	19	0	0	0	0	0	4	3	7	0	1	0	0	0	0	5	17	2	13	0	0	**25**	**100**
SRILANKA	**98**	**15195**	**14**	**205**	**0**	**19**	**0**	**51**	**1**	**108**	**10**	**1377**	**13**	**491**	**8**	**10**	**1**	**6**	**38**	**418**	**10**	**185**	**59**	**1107**	**13**	**95**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 29th Apr , 2022 Total number of reporting units 361 Number of reporting units data provided for the current week: 339 **C****-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

23rd - 29th Apr 2022 (17th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2022	Number of cases during same week in 2021	Total number of cases to date in 2022	Total number of cases to date in 2021	Difference between the number of cases to date in 2022 & 2021
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	01	00	00	00	00	00	00	02	00	31	19	63.1 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	01	00	00	00	00	00	00	00	01	03	14	37	- 62.1 %
Measles	00	00	00	00	00	00	00	00	00	00	02	10	08	25 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	01	00	00	00	00	00	00	00	00	01	01	04	02	100 %
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	01	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tuberculosis	05	11	00	02	04	00	00	05	00	27	108	2446	2130	14.8 %

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

Covid-19 Prevention & Control

For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.

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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