# WEEKLY EPIDEMIOLOGICAL REPORT

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## "Children with special needs"

Children with special needs is the current term used to describe children who have or are at increased risk of chronic physical, developmental, behavioral or emotional conditions and who require health and related services of a type or amount beyond that is required by individuals generally. The term "children with special needs" replaces a family tree of terminologies including handicapped, exceptional, disabled and special.

Children with special needs differ from other children due to the presence of Inability to ambulate effectively, Speech Impairment, Deafness/hearing impairment, Blindness/Visual impairment, Learning Disabilities, Medical Concerns, Mental Health Concerns or Multiple Disabilities (Co-Morbidity). Special facilities should be provided for these children in school and home after identifying their needs to help them to reach their full potentials (eg. Hearing aids, Special teaching techniques etc).

**Burden of the disease**

There are an estimated 150 million children with disabilities in the world. Current estimates suggest that 13% to 18% of US children have an existing special health care need.

Brief descriptions of Inability to ambulate effectively, Speech Impairment, Deafness/hearing impairment, Blindness/Visual Impairment, Learning Disabilities, Medical concerns, Mental Health Concerns and Multiple Disabilities (Co -Morbidity) mentioned are as follows.

**1. Inability to ambulate effectively**

This means an extreme limitation of the ability to walk; impairment that interferes very seriously with the child's ability to independently initiate, sustain or complete activities. Ineffective ambulation is defined generally as having insufficient lower extremity functioning to permit independent ambulation without the use of a hand-held assistive devices that limits the functioning of both upper extremities.

**2. Speech Impairment**

Speech impairment is due to speech disorders that affect the language and mechanics, the content of speech, or the function of language in communication. Because speech disorders affect a person's ability to communicate effectively every aspect of the person's life can be affected.

**3. Deafness/hearing impairment**

Deafness can be mild, moderate, severe or profound. Children with mild deafness have some difficulty following speech, mainly in noisy situations. Those with moderate deafness have difficulty following speech without a hearing aid. Those who are severely deaf rely a lot on lip-reading, even with a hearing aid. Sign Language may be their first or preferred language. Profoundly deaf children understand speech by lip-reading.

**4. Blindness/Visual Impairment**

Visual impairment including blindness means a deficiency in vision that even with correction adversely affects a child's educational performance. The term includes both partial sight and blindness. The terms partially sighted, low vision, legally blind and totally blind are used in the educational context to describe students with visual impairments. "Partially sighted" indicates that some type of visual problem has caused the need for special education; "Low vision" generally refers to a severe visual impairment, not necessarily limited to distance vision. Low vision applies to all individuals with sight who are unable to read the newspaper at a normal viewing distance, even with the aid of

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eyeglasses or contact lenses; "legally blind" indicates that a person has less than 20/200 vision in the better eye or a very limited field of vision (20 degrees at its widest point); and totally blind students learn via Braille or other non-visual media.

**5. Learning Disabilities**

Learning disabilities are problems that affect the brain's ability to receive, process, analyze or store information. These problems can make it difficult for a student to learn as quickly as someone who is not affected by learning disabilities. There are many kinds of learning disabilities. Most students affected by learning disabilities have more than one kind. Certain kinds of learning disabilities can interfere with a person's ability to concentrate or focus and can cause someone's mind to wander too much (e.g. ADHD- Attention Deficit Hyperactivity Disorder). Other learning disabilities can make it difficult for a student to read, write, spell or solve math problems (e.g. Specific learning Disabilities)

**6. Medical concerns**

Allergies (e.g. Eczema, Asthma), Severe Combined Immunodeficiency, Arthritis & Rheumatologic Conditions (e.g. Juvenile Rheumatoid Arthritis), Epilepsy, Neurofibromatosis, Leukemia , Lymphoma, Diabetes, Congenital Heart Defects etc are included in this category.

**7. Mental Health Concerns**

Some children with mental health concerns (sometimes referred to as psychiatric disabilities) are provided counseling therapy and may also be given medications to manage their symptoms. Some symptoms of psychiatric disabilities emerge when students are in their late teens or early twenties, while others may have been diagnosed earlier in life. Some students lack confidence in their abilities and may need encouragement to achieve academically. Many are very cautious about divulging mental health concerns. More than any other special need, mental health concerns carry the greatest degree of stigmatization.

**8. Multiple Disabilities (Co-Morbidity)**

The category of multiple disabilities is marked by concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.). Sometimes the combinations of such gives rise to severe educational needs and they cannot be accommodated in a special education program designed solely for one of the impairments. The term does not include deaf-blindness.

**At risk group**

The risk of having a special need was higher for older children, boys, children from low income and single parent households. The extremely low birth weight (ELBW) or very preterm children scored significantly below normal birth weight (NBW) controls on full-scale IQ and several other essential mental functions. The ELBW or very preterm children performed significantly worse than the NBW cohort on tests of reading, spelling, and arithmetic. Attention difficulties, internalizing behavior problems, and immature adaptive skills were more prevalent in the ELBW or very preterm cohort.

Retinopathy of prematurity was selected as one example of the special health needs that preterm and low birth weight infants are at an increased likelihood of developing. These infants continue to be a challenging public health issue in the United States also; in 2003, 12.3% of infants were born at <37 weeks gestation (an increase of 16% since 1990), and 1.4% of infants weighed <1500 g at birth. Risk factors for premature and low birth weight infants may be found among virtually all 5 determinants of health (Behavioral / Lifestyle, Genetics, Social, Health Care and Environmental). Maternal smoking, low socioeconomic status, pre-pregnancy maternal health and air pollution are just a few examples. Behavioral and emotional conditions (e.g. ADHD, autism, learning disabilities and depression) are also hypothesized to be caused by an interaction among genetic endowment, the social environment and the physical environment. Through twin and relative studies researchers have attempted to apportion the contributions of these various factors; estimates of the genetic component of ADHD for example, generally start at 30% to 40% and go much higher.

**Role of the Health Personnel**

- Some of the activities that can be carried out by health personnel in the diagnosis and management of children with special needs are given below.
- Identification of "At Risk" populations (as mentioned above) such as low income families, families having parents with low levels of education, large families and families having an identified child with special needs etc and provision of special attention to children of such families (e.g. more frequent screenings for special needs).
- Planning and implementation of programs to train mothers, teachers and health care workers in the identification of special needs in the young child and in provision of care for the special child.
- Application of screening tests to detect special needs in young children, especially at an earlier age Denver development tool has already been validated in Sri Lanka.
- Proper streamlining of care for the special child (Referrals to the Psychiatrist/Paediatrician for diagnosis and regular clinic attendance)
- Planning and conduction of awareness programmes for school children and general public to change their attitudes towards children with special needs.
- Special assistance packages to families with special children can be obtained from the Government through the District Secretariat to provide better care for the special child and to lessen the burden on the family.

*Sources*

*Tips for positive communication with students (and others) with disabilities available from* http://www.linfield.edu/learning_support/communication.php

*Report of an Intercountry Consultation on Development of Regional Strategies Jakarta, 14– 17 February 2000 available from* http://www.searo.who.int/LinkFiles/Disability,_Injury_Prevention_&_Rehabilitation_opthal-118.pdf

*Childhood blindness (online) available from* http://www.who.int/blindness/causes/priority/en/index4.html

This article was compiled by Dr. Madhava Gunasekera based on the MSc (Com. Med.) dissertation titled "Prevalence of children with special needs (aged 5-10 years) in Biyagama MOH area"

## Table 1: Vaccine-preventable Diseases & AFP

16th– 22nd April 2011(16th Week)

| Disease | No. of Cases by Province | | | | | | | | | Number of cases during current week in 2011 | Number of cases during same week in 2010 | Total number of cases to date in 2011 | Total number of cases to date in 2010 | Difference between the number of cases to date in 2011 & 2010 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | W | C | S | N | E | NW | NC | U | Sab | | | | | |
| Acute Flaccid Paralysis | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 24 | 29 | - 17.2 % |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | - | - | - | - | - |
| Measles | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 33 | 31 | + 6.5 % |
| Tetanus | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 06 | 08 | - 25.0 % |
| Whooping Cough | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 00 | 00 | 02 | 12 | 07 | + 71.4 % |
| Tuberculosis | 38 | 29 | 03 | 19 | 48 | 36 | 16 | 11 | 22 | 222 | 289 | 2465 | 2719 | - 09.3 % |

## Table 2: Newly Introduced Notifiable Disease

16th– 22nd April 2011(16th Week)

| Disease | No. of Cases by Province | | | | | | | | | Number of cases during current week in 2011 | Number of cases during same week in 2010 | Total number of cases to date in 2011 | Total number of cases to date in 2010 | Difference between the number of cases to date in 2011 & 2010 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | W | C | S | N | E | NW | NC | U | Sab | | | | | |
| Chickenpox | 18 | 00 | 15 | 07 | 07 | 10 | 08 | 01 | 15 | 81 | 105 | 1622 | 1281 | + 26.6 % |
| Meningitis | 01 GM=1 | 01 ML=1 | 01 MT=1 | 00 | 03 TR=2 KM=1 | 01 KN=1 | 01 AP=1 | 02 BD=1 MO=1 | 00 | 10 | 30 | 302 | 473 | - 36.2 % |
| Mumps | 13 | 02 | 03 | 02 | 11 | 04 | 01 | 02 | 10 | 48 | 14 | 659 | 263 | + 150.6 % |
| Leishmaniasis | 00 | 00 | 03 MT=2 HB=1 | 00 | 00 | 00 | 06 AP=5 PO=1 | 00 | 00 | 09 | 03 | 228 | 106 | + 115.1 % |

### 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.

**DPDHS 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

**Special Surveillance:** Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008. .

### Dengue Prevention and Control Health Messages

**Thoroughly clean the water collecting tanks bird baths, vases and other utensils once a week to prevent dengue mosquito breeding.**

## Table 4: Selected notifiable diseases reported by Medical Officers of Health

16th– 22nd April 2011(16th Week)

| DPDHS Division | Dengue Fever / DHF* | | Dysentery | | Encephalitis | | Enteric Fever | | Food Poisoning | | Leptospirosis | | Typhus Fever | | Viral Hepatitis | | Human Rabies | | Returns Received Timely** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | % |
| Colombo | 116 | 1389 | 2 | 70 | 0 | 2 | 0 | 57 | 0 | 7 | 7 | 137 | 0 | 4 | 3 | 18 | 0 | 1 | **92** |
| Gampaha | 40 | 485 | 0 | 37 | 0 | 6 | 1 | 19 | 0 | 8 | 5 | 251 | 0 | 12 | 1 | 31 | 0 | 2 | **80** |
| Kalutara | 29 | 246 | 3 | 54 | 0 | 3 | 1 | 25 | 3 | 13 | 7 | 92 | 0 | 0 | 0 | 3 | 0 | 0 | **92** |
| Kandy | 18 | 123 | 7 | 135 | 0 | 4 | 2 | 14 | 1 | 24 | 6 | 49 | 3 | 39 | 0 | 19 | 0 | 0 | **83** |
| Matale | 5 | 56 | 0 | 45 | 0 | 2 | 0 | 9 | 1 | 6 | 10 | 72 | 1 | 8 | 0 | 4 | 0 | 0 | **83** |
| Nuwara | 2 | 36 | 11 | 114 | 1 | 2 | 2 | 15 | 0 | 12 | 0 | 19 | 0 | 29 | 0 | 6 | 0 | 0 | **77** |
| Galle | 6 | 85 | 1 | 28 | 0 | 2 | 0 | 2 | 0 | 5 | 0 | 46 | 1 | 14 | 0 | 7 | 0 | 0 | **84** |
| Hambantota | 26 | 96 | 0 | 15 | 0 | 3 | 1 | 2 | 0 | 7 | 25 | 227 | 2 | 22 | 0 | 0 | 0 | 0 | **83** |
| Matara | 12 | 102 | 2 | 24 | 0 | 1 | 0 | 5 | 0 | 1 | 7 | 134 | 0 | 22 | 0 | 9 | 0 | 1 | **88** |
| Jaffna | 3 | 129 | 1 | 57 | 1 | 3 | 5 | 107 | 1 | 11 | 0 | 2 | 3 | 156 | 0 | 12 | 0 | 2 | **91** |
| Kilinochchi | 0 | 25 | 2 | 7 | 0 | 3 | 0 | 5 | 0 | 1 | 0 | 1 | 0 | 4 | 1 | 2 | 0 | 0 | **75** |
| Mannar | 1 | 18 | 1 | 7 | 0 | 0 | 2 | 9 | 0 | 0 | 0 | 11 | 0 | 27 | 0 | 1 | 0 | 0 | **100** |
| Vavuniya | 2 | 36 | 2 | 17 | 0 | 9 | 0 | 5 | 0 | 3 | 0 | 31 | 0 | 2 | 0 | 1 | 0 | 0 | **75** |
| Mullaitivu | 0 | 5 | 1 | 21 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 1 | 0 | 0 | **75** |
| Batticaloa | 33 | 292 | 25 | 196 | 0 | 3 | 0 | 3 | 0 | 8 | 2 | 14 | 0 | 0 | 1 | 2 | 1 | 3 | **86** |
| Ampara | 0 | 32 | 2 | 37 | 0 | 0 | 0 | 7 | 0 | 20 | 0 | 42 | 0 | 0 | 0 | 6 | 0 | 0 | **57** |
| Trincomalee | 4 | 66 | 19 | 286 | 0 | 0 | 0 | 1 | 0 | 6 | 3 | 54 | 1 | 2 | 1 | 4 | 0 | 0 | **82** |
| Kurunegala | 14 | 184 | 7 | 98 | 0 | 5 | 0 | 40 | 0 | 26 | 14 | 1056 | 0 | 37 | 0 | 13 | 0 | 0 | **96** |
| Puttalam | 1 | 200 | 0 | 70 | 0 | 0 | 0 | 9 | 0 | 1 | 2 | 59 | 1 | 7 | 0 | 3 | 0 | 1 | **44** |
| Anuradhapu | 4 | 67 | 5 | 46 | 0 | 1 | 0 | 2 | 0 | 8 | 1 | 181 | 0 | 12 | 0 | 4 | 0 | 0 | **89** |
| Polonnaruw | 2 | 89 | 0 | 19 | 0 | 1 | 0 | 5 | 0 | 8 | 1 | 55 | 0 | 1 | 1 | 5 | 0 | 0 | **86** |
| Badulla | 6 | 76 | 4 | 50 | 1 | 4 | 0 | 20 | 2 | 5 | 0 | 22 | 2 | 14 | 2 | 19 | 0 | 0 | **93** |
| Monaragala | 7 | 80 | 0 | 22 | 0 | 1 | 0 | 14 | 0 | 6 | 5 | 97 | 3 | 33 | 3 | 32 | 0 | 0 | **82** |
| Ratnapura | 21 | 195 | 20 | 182 | 0 | 3 | 1 | 16 | 4 | 11 | 25 | 197 | 1 | 17 | 0 | 19 | 0 | 0 | **72** |
| Kegalle | 14 | 101 | 0 | 33 | 0 | 7 | 1 | 23 | 0 | 12 | 5 | 114 | 0 | 9 | 1 | 31 | 0 | 0 | **82** |
| Kalmunai | 0 | 12 | 16 | 156 | 0 | 0 | 0 | 0 | 5 | 9 | 0 | 3 | 0 | 2 | 0 | 2 | 0 | 0 | **77** |
| **SRI LANKA** | **366** | **4225** | **131** | **1826** | **03** | **66** | **16** | **415** | **17** | **218** | **125** | **2969** | **18** | **474** | **14** | **254** | **01** | **10** | **83** |

**Source: Weekly Returns of Communicable Diseases WRCD).**
***Dengue Fever / DHF** refers to Dengue Fever / Dengue Haemorrhagic Fever.
****Timely** refers to returns received on or before 22nd April, 2011 Total number of reporting units =320. Number of reporting units data provided for the current week: 268
**A** = Cases reported during the current week. **B** = Cumulative cases for the year.

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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.**

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