



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Flashback 2022

Covid-19 Pandemic was protracted to its third year, (2022). The civil unrest and the economic crisis of the country also impeded communicable disease control and prevention activities to a certain extent. While giving its best to control the Covid-19 situation in the country, the unit engaged in its routine activities, mainly the Expanded Programme on Immunization (EPI) and disease surveillance (both vaccine-preventable and other important communicable diseases).

COVID-19 Pandemic and Control

The Omicron variant of COVID-19 hits the country in the first quarter of 2022. The highest case-load was reported in mid-February. After that, the daily reported new cases started to decline and came to very low levels in April 2022. Up to 31 December 2022, 671,891 Covid-19 cases have been reported with 16817 deaths. The objective was to further contain the spread of the disease and save lives whilst maintaining livelihoods with minimal interruption. The official Covid-19 situation report of the Ministry of Health which was started by the Epidemiology Unit in 2020, continued throughout the year 2022.

Covid-19 Vaccination Campaign

The COVID -19 vaccination drive also was carried forward with the help of multiple stakeholders in the second half of 2022. The Pfizer vaccine was given as the booster dose to all above

20 years. Children over 12 years were vaccinated with the Pfizer vaccine mainly as a school-based campaign. The services were available in hospitals as well as the Medical Officer of Health (MOH) officers too. The provision of the second booster dose with the Pfizer vaccine commenced in May 2022. It was carried out in a phased manner starting with the elderly, the immunosuppressed individuals and the public. However, the uptake was not satisfactory.

By the end of the year 2022, 17,137,342 individuals were given at least one COVID vaccine and 14,768,419 individuals have completed the primary vaccination schedule. The first booster dose was given to 8,247,788 individuals and 203,396 individuals have taken the second booster dose. The COVID - 19 vaccination campaign was carried out by the fully dedicated public health staff with the support of the curative sector and the tri-forces.

The persistence of the threat of the COVID-19 pandemic has necessitated unprecedented action to mitigate the impact of this public health crisis. The Epidemiology Unit is geared to provide an urgent and critical response with the support of the network of preventive health institutions in the country to safeguard the health of the nation.

Disease surveillance

At all levels, the surveillance system was inte-

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grated to capture the number of COVID-19 patients and their deaths. Surveillance data were useful in risk communication to the public to understand the situation of the country and to sustain trust in the government's response to COVID-19. Surveillance information has also been the basis to advocate for an appropriate and proportionate response to the risk imposed by the disease minimizing negative economic and societal impacts.

National Immunization Programme

National Immunization Programme (NIP) is one of the major responsibilities of the Epidemiology Unit. Currently, NIP protects the nation from 12 dreadful communicable diseases and 2 non-communicable diseases.

Age-appropriate vaccination is available and accessible to all eligible children in the country and services are provided by well-trained MOH staff. The services are provided at the MOH office and fixed field vaccination clinics as well as at the school vaccination sessions.

The routine vaccination activities were guided and supervised by the Epidemiology Unit and further supplemented with a circular issued by the Ministry of Health. All the Covid-19 prevention practices strictly adhere to in the immunization clinics.

Regular monitoring of the programme is carried out at the district and central levels and necessary feedback and guidance are provided to the field staff. Further, subnational, and national EPI/VPD reviews are conducted annually to review and improve the programme.

Leptospirosis

A total of 6970 cases of leptospirosis were notified to the Epidemiology Unit in the year 2022. The highest caseload was reported from Rathnapura, Galle, Kalutara and Kegalle districts. The Case Fatality Rate was 1.7 per 100 cases. Throughout the past years, the case incidence rate has been fluctuating with a higher number of cases being reported in 2022 than in 2021. Reporting of Leptospirosis cases has shown an annual seasonal pattern with peaks during rainy seasons of two monsoons in the country. With the current economic issues in the country, it is essential to remain vigilant as leptospirosis outbreaks can occur due to an increase in agricultural activities in the population

Influenza

There are 19 sentinel hospitals to carry out influenza surveillance throughout the country. Out of 1,736,480 total OPD visits, 104,475 Influenza-like Illness (ILI) cases have been reported to the National Influenza Surveillance System during the

year 2022. It represents 6.01% of total OPD visits to the sentinel sites.

During the year 2022, 2874 Severe Acute Respiratory Illness (SARI) patients have been reported from four SARI sentinel hospitals. This contributes to 4.06% out of 70,660 inward patients in the Medical and Pediatric wards of the SARI sentinel hospitals during the year 2022.

The usual seasonal pattern of influenza was not observed during the year 2022 due to the COVID-19 pandemic situation in the country. There were 12 laboratory-confirmed influenza-positive deaths during the year 2022.

Hepatitis B Sero Epidemiological Survey

There is a global initiative to eliminate Viral Hepatitis by the year 2030. Since Sri Lanka is reporting a low number of Hepatitis B patients annually and has sound infection control and prevention systems in the hospital and the public health sector has a high potential to reach the elimination targets (< 0.1% HBsAg in children 5 years old) earlier than the stipulated time.

To fulfil this task, the Epidemiology Unit carried out a seroprevalence survey of Hepatitis B among pregnant mothers and 5-year-old children in the latter half of 2022. The following were the main reasons behind the survey.

Hepatitis B seroprevalence among 5-year-old children is an SDG indicator

The same is required for the verification process to get the "Hepatitis B controlled" status to the country

Pregnant mothers will be important as a proxy to the Hepatitis B prevalence among the general population as well as justify the absence of Hepatitis B Birth Dose in the national schedule.

The country-wide sample included 2538 5-year-old children and 1269 pregnant mothers. The results of the survey showed that none of the children nor pregnant mothers was positive for Hepatitis B surface antigen.

Compiled by

The Editor

Table 1: Selected notifiable diseases reported by Medical Officers of Health 24th-30th Dec 2022 (52nd 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 | 25 | 13287 | 0 | 9 | 0 | 4 | 0 | 1 | 0 | 9 | 5 | 293 | 0 | 1 | 0 | 5 | 0 | 2 | 3 | 72 | 0 | 14 | 0 | 5 | 17 | 99 |
| Gampaha | 23 | 10212 | 0 | 7 | 0 | 4 | 0 | 2 | 0 | 13 | 6 | 421 | 0 | 1 | 1 | 23 | 0 | 5 | 6 | 103 | 0 | 56 | 1 | 46 | 5 | 93 |
| Kalutara | 74 | 4381 | 1 | 47 | 0 | 1 | 0 | 2 | 0 | 7 | 8 | 569 | 0 | 4 | 0 | 9 | 0 | 5 | 6 | 167 | 0 | 38 | 0 | 4 | 15 | 15 |
| Kandy | 50 | 5478 | 0 | 30 | 0 | 1 | 0 | 5 | 0 | 13 | 3 | 217 | 2 | 39 | 0 | 10 | 0 | 0 | 0 | 99 | 0 | 17 | 1 | 55 | 13 | 100 |
| Matale | 25 | 1376 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 141 | 0 | 9 | 0 | 9 | 0 | 1 | 2 | 56 | 0 | 1 | 11 | 351 | 22 | 100 |
| NuwaraEliya | 3 | 246 | 2 | 35 | 0 | 4 | 0 | 4 | 0 | 7 | 1 | 97 | 0 | 28 | 0 | 7 | 0 | 0 | 0 | 50 | 2 | 16 | 0 | 1 | 29 | 96 |
| Galle | 28 | 3535 | 0 | 17 | 0 | 1 | 0 | 1 | 0 | 1 | 12 | 637 | 2 | 49 | 0 | 8 | 0 | 0 | 4 | 116 | 1 | 32 | 0 | 0 | 16 | 100 |
| Hambantota | 13 | 1587 | 0 | 35 | 1 | 2 | 0 | 0 | 0 | 3 | 10 | 338 | 2 | 64 | 0 | 8 | 0 | 0 | 4 | 66 | 0 | 21 | 5 | 573 | 20 | 100 |
| Matarra | 22 | 1773 | 0 | 18 | 0 | 2 | 0 | 1 | 0 | 9 | 12 | 368 | 0 | 19 | 0 | 3 | 0 | 0 | 4 | 84 | 1 | 14 | 0 | 252 | 37 | 100 |
| Jaffna | 12 | 3933 | 1 | 155 | 0 | 4 | 0 | 74 | 4 | 79 | 0 | 28 | 59 | 742 | 0 | 8 | 0 | 5 | 9 | 154 | 1 | 21 | 0 | 2 | 70 | 93 |
| Kilinochchi | 8 | 142 | 0 | 13 | 0 | 0 | 0 | 3 | 0 | 35 | 0 | 15 | 2 | 16 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 5 | 0 | 2 | 22 | 100 |
| Mannar | 7 | 298 | 0 | 7 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 45 | 0 | 10 | 0 | 2 | 0 | 0 | 1 | 8 | 0 | 19 | 0 | 0 | 15 | 98 |
| Vavuniya | 1 | 101 | 0 | 5 | 0 | 1 | 0 | 2 | 0 | 2 | 0 | 35 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | 32 | 0 | 0 | 0 | 4 | 2 | 100 |
| Mullativu | 4 | 89 | 0 | 14 | 0 | 0 | 0 | 3 | 0 | 8 | 1 | 46 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 6 | 0 | 4 | 18 | 100 |
| Batticaloa | 23 | 1312 | 9 | 136 | 0 | 15 | 0 | 1 | 1 | 34 | 2 | 81 | 0 | 0 | 1 | 2 | 0 | 1 | 4 | 64 | 1 | 45 | 0 | 2 | 40 | 100 |
| Ampara | 3 | 190 | 0 | 19 | 0 | 3 | 0 | 0 | 0 | 22 | 0 | 138 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 53 | 0 | 44 | 0 | 15 | 11 | 100 |
| Trincomalee | 23 | 1216 | 1 | 27 | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 42 | 0 | 3 | 0 | 4 | 0 | 0 | 4 | 63 | 1 | 12 | 0 | 8 | 14 | 100 |
| Kurunegala | 51 | 2837 | 0 | 33 | 0 | 5 | 0 | 1 | 0 | 9 | 10 | 363 | 1 | 43 | 0 | 7 | 0 | 3 | 5 | 145 | 5 | 61 | 10 | 520 | 12 | 100 |
| Puttalam | 21 | 3640 | 0 | 7 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 85 | 0 | 10 | 0 | 1 | 0 | 0 | 2 | 46 | 2 | 50 | 0 | 9 | 15 | 100 |
| Anuradhapur | 9 | 501 | 1 | 18 | 0 | 4 | 0 | 1 | 0 | 8 | 3 | 301 | 2 | 34 | 0 | 6 | 0 | 2 | 2 | 93 | 0 | 62 | 6 | 521 | 10 | 98 |
| Polonnaruwa | 9 | 183 | 0 | 9 | 0 | 2 | 0 | 0 | 0 | 2 | 4 | 184 | 0 | 1 | 0 | 5 | 0 | 0 | 1 | 38 | 0 | 7 | 8 | 540 | 17 | 100 |
| Badulla | 29 | 1454 | 1 | 35 | 0 | 3 | 0 | 1 | 0 | 14 | 4 | 276 | 2 | 69 | 0 | 161 | 0 | 0 | 2 | 85 | 2 | 23 | 0 | 33 | 24 | 100 |
| Monaragala | 5 | 526 | 0 | 12 | 0 | 1 | 0 | 4 | 0 | 22 | 6 | 359 | 1 | 40 | 0 | 58 | 0 | 0 | 4 | 75 | 0 | 80 | 6 | 172 | 11 | 97 |
| Ratnapura | 26 | 3013 | 2 | 60 | 1 | 10 | 0 | 3 | 3 | 46 | 22 | 1156 | 0 | 26 | 2 | 36 | 0 | 1 | 3 | 115 | 8 | 105 | 1 | 236 | 15 | 100 |
| Kegalle | 46 | 3175 | 0 | 18 | 0 | 9 | 0 | 5 | 1 | 9 | 13 | 715 | 1 | 27 | 0 | 15 | 0 | 0 | 7 | 145 | 3 | 59 | 0 | 34 | 11 | 100 |
| Kalmune | 17 | 1992 | 3 | 38 | 1 | 2 | 0 | 3 | 0 | 6 | 0 | 34 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 92 | 0 | 44 | 0 | 0 | 29 | 100 |
| SRI LANKA | 14 | 66477 | 21 | 816 | 3 | 79 | 0 | 120 | 9 | 360 | 12 | 6984 | 74 | 124 | 4 | 39 | 0 | 25 | 74 | 2039 | 27 | 852 | 49 | 3389 | 19 | 98 |

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 30th Dec , 2022 Total number of reporting units 357 Number of reporting units data provided for the current week: 339 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

24th–30th Dec 2022 (52nd Week)

| Disease | No. of Cases by Province | | | | | | | | | Number of cases during current week in 2023 | Number of cases during same week in 2022 | Total number of cases to date in 2023 | Total number of cases to date in 2022 | Difference between the number of cases to date in 2023 & 2022 |
|-----------------------|--------------------------|----|----|----|----|----|----|----|-----|---|--|---------------------------------------|---------------------------------------|---|
| | W | C | S | N | E | NW | NC | U | Sab | | | | | |
| AFP* | 02 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 02 | NA | 86 | NA | NA |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | NA | 00 | NA | NA |
| Mumps | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 01 | NA | 103 | NA | NA |
| Measles | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | NA | 39 | NA | NA |
| Rubella | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | NA | 01 | NA | NA |
| CRS** | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | NA | 00 | NA | NA |
| Tetanus | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | NA | 05 | NA | NA |
| Neonatal Tetanus | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | NA | 00 | NA | NA |
| Japanese Encephalitis | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | NA | 01 | NA | NA |
| Whooping Cough | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | NA | 01 | NA | NA |
| Tuberculosis | 00 | 19 | 36 | 03 | 10 | 00 | 00 | 00 | 00 | 68 | NA | 6416 | NA | NA |

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

For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask while in public places & traveling in public transport.

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@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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