



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Infant and young child feeding

Every infant and child has an equal right to have good nutrition according to the Convention on the right of the child.

Undernutrition

Undernutrition is estimated to be associated with 2.7 million child deaths annually which are almost half of child deaths less than 5 years old. Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. Optimal nutrition in the first 2 years of life is a crucial factor to lower mortality and morbidity in children, reducing the risk of chronic diseases, and improving overall development. And also we can save 820,000 lives of children by optimal breastfeeding.

Therefore WHO recommends,

- Early initiation of breastfeeding within 1 hour of birth
- Exclusive breastfeeding for the first 6 months of life
- Introduction of nutritionally adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.

Unfortunately, many infants and children in many countries are not receiving optimal nutrition. Only 44% of infants were breastfed from 2015 to 2020. Even infants who are born to HIV-infected mothers can have exclusive breastfeeding now, as antiviral drugs give them protection against HIV transmission.

Breastfeeding

Exclusive breastfeeding has many benefits not only to the baby but also to the mother. Chief among these is protection against gastrointestinal infections which is observed not only in developing but also in industrialized countries. It is very important

to initiate breastfeeding within one hour of birth. As it helps to protect the baby from acquiring infections and reduces mortality. The risk of mortality caused by diarrhoea and other infections is higher in infants who are not breastfed or partially breastfed. Even for 6-23 months, breast milk is a very important source of energy and nutrients. Half of the energy required for 6-12 years infants and one-third of the energy required for 12-24 months can be supplied by breast milk. Breast milk is also a critical source of energy and nutrients during illness, and reduces mortality among children who are malnourished.

Childhood obesity is an emerging health issue in the modern world and it is proven that breastfed children are less likely to get overweight. And also their intelligence performance and school attendance are better. Further breastfeeding reduces the health cost of the child by improving his/her development. Therefore there is an economical gain. Longer durations of breastfeeding also contribute to the health and well-being of mothers: it reduces the risk of ovarian and breast cancer and helps space pregnancies—exclusive breastfeeding of babies under 6 months has a hormonal effect that often induces a lack of menstruation. This is a natural (though not fail-safe) method of birth control known as the Lactation Amenorrhoea Method.

Mothers should be supported to continue breastfeeding optimally for the wellness of their children. Actions that help protect, promote, and support breastfeeding include,

- adoption of policies such as the International Labour Organization's "Maternity Protection Convention 183" and "Recommendation No. 191", which complements

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"Convention No. 183" by suggesting a longer duration of leave and higher benefits;

- adoption of the "International Code of Marketing of Breast-milk Substitutes" and subsequent relevant World Health Assembly resolutions;
- implementation of the "Ten Steps to Successful Breastfeeding" specified in the Baby-Friendly Hospital Initiative, including:
 - skin-to-skin contact between mother and baby immediately after birth and initiation of breastfeeding within the first hour of life;
 - breastfeeding on demand (that is, as often as the child wants, day and night)
 - rooming-in (allowing mothers and infants to remain together 24 hours a day);
 - not giving babies additional food or drink, even water, unless medically necessary;
- Provision of a quality healthcare service including infant and young child feeding counselling at every possible contact with caregivers such as antenatal and postnatal visits, sick child visits, and immunization clinics.
- Community-based health promotion activities to improve the support by the community.

Breastfeeding practices are highly responsive to supportive interventions, and the prevalence of exclusive and continued breastfeeding can be improved over a few years.

Complementary feeding

Around the age of 6 months, the energy and nutrients required by infants cannot be fulfilled by breast milk. So complementary foods should be initiated. The Gastrointestinal tract of this age infant is also well developed for foods. Suboptimal complementary feeding or delayed initiation can retard the growth and development of the infant.

Guiding principles for appropriate complementary feeding are,

- continue frequent, on-demand breastfeeding until 2 years of age or beyond;
- Practice responsive feeding (for example, feed infants directly and assist older children. Feed slowly and patiently, encourage them to eat but do not force them, talk to the child and maintain eye contact);
- Practice good hygiene and proper food handling;
- start at 6 months with small amounts of food and increase gradually as the child gets older;
- gradually increase food consistency and variety;
- increase the number of times that the child is fed: 2-3 meals per day for infants 6-8 months of age and 3-4 meals per day for infants 9-23 months of age, with 1-2 additional snacks as required;
- use fortified complementary foods or vitamin-mineral supplements as needed; and
- During illness, increase fluid intake including more breastfeeding, and offer soft, favourite foods.

Feeding in exceptionally difficult circumstances

Families with children in difficult circumstances like disabled, diseased, premature, and low birth weight infants need special attention and support for feeding. Wherever possible the child and mother should be kept together and supported to obtain appropriate feeding options available. The most appropriate mode of feeding in al-

most all difficult situations is breastfeeding. For instance,

- Low-birth-weight or premature infants;
- mothers living with HIV in settings where mortality due to diarrhoea, pneumonia, and malnutrition remain prevalent;
- adolescent mothers;
- infants and young children who are malnourished; and families suffering the consequences of complex emergencies.

HIV and infant feeding

Exclusive breastfeeding improves the infant survival rate significantly. HIV can be transmitted to babies from infected mothers through the placenta during pregnancy, at delivery, and through breast milk. But with the usage of effective antiretroviral treatments (ART), HIV transmission via breastfeeding has reduced significantly. Therefore mothers living with HIV can breastfeed as non-HIV mothers. WHO now recommends that all people living with HIV, including pregnant women and lactating mothers living with HIV, take ART for life from when they first learn their infection status.

Mothers living in settings of high morbidity and mortality due to diarrhoea, malnutrition, and pneumonia are thoroughly advised to do exclusive breastfeeding for the first six months and to start complementary feeding on time, and continue breastfeeding at least till the babies' 1st birthday.

References

- <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>
- https://www.who.int/health-topics/breastfeeding#tab=tab_1

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 03rd- 09th Dec 2022 (49th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hepa-		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	17	12350	0	8	0	4	0	1	0	9	8	280	0	1	0	5	0	2	2	57	0	14	1	5	17	99
Gampaha	54	8490	0	6	0	1	0	1	0	13	3	302	0	1	0	13	0	5	2	78	0	43	0	41	5	86
Kalutara	16	4089	1	39	0	1	0	2	0	6	3	530	0	4	0	9	0	5	2	134	1	36	0	4	3	71
Kandy	69	5272	2	29	0	1	0	5	0	13	1	203	0	35	1	10	0	0	0	93	1	17	2	53	14	100
Matale	23	1293	0	12	0	0	0	0	0	0	12	136	0	7	1	9	0	1	0	54	0	1	15	331	22	100
NuwareEliya	2	223	0	31	0	4	0	4	0	7	1	92	0	27	0	7	0	0	0	46	0	10	0	1	30	91
Galle	21	3417	0	16	0	1	0	1	0	1	17	580	0	44	1	8	0	0	3	101	1	31	0	0	16	100
Hambantota	15	1543	0	35	0	1	0	0	0	3	13	295	0	59	0	7	0	0	3	58	0	19	5	545	20	100
Matara	16	1686	0	16	0	2	0	1	0	9	9	335	1	19	0	3	0	0	3	65	1	10	0	246	36	100
Jaffna	14	3505	2	146	0	4	1	74	0	74	1	28	33	593	0	8	0	5	2	122	0	18	0	2	69	93
Kilinochchi	0	126	0	8	0	0	0	3	0	35	0	12	0	12	0	0	0	0	0	6	0	5	0	2	23	99
Mannar	11	266	0	7	0	0	0	1	0	0	3	39	0	8	0	2	0	0	0	7	0	19	0	0	14	98
Vavuniya	1	91	0	4	0	1	0	2	0	2	1	24	1	3	0	0	0	0	0	31	0	0	0	4	3	99
Mullaitivu	1	67	0	9	0	0	0	2	0	6	2	37	0	6	0	0	0	0	0	11	0	3	0	2	20	94
Batticaloa	13	1212	5	99	0	12	0	0	4	32	2	60	0	0	0	1	0	1	6	53	2	36	0	2	41	99
Ampara	3	178	0	18	0	3	0	0	0	22	8	132	0	1	0	2	0	0	0	52	0	43	0	15	11	100
Trincomalee	15	1141	0	26	0	0	0	1	0	2	1	39	0	3	0	4	0	0	0	54	0	10	0	8	14	97
Kurunegala	35	2624	2	32	0	4	1	1	0	5	20	311	2	39	1	7	0	3	3	128	2	50	5	473	11	99
Puttalam	15	2687	0	7	0	1	0	1	0	0	3	55	0	9	0	1	0	0	5	33	1	37	0	6	17	91
Anuradhapur	2	480	0	16	1	4	0	1	1	8	14	254	0	30	0	5	0	2	2	86	1	58	5	474	10	98
Polonnaruwa	2	159	0	8	0	1	0	0	0	2	11	141	0	1	0	5	0	0	3	33	0	5	7	505	17	97
Badulla	55	1333	0	32	0	3	0	1	0	14	4	267	1	67	0	160	0	0	3	74	0	21	0	30	23	100
Monaragala	3	506	0	10	0	2	0	4	0	22	3	319	0	37	0	63	0	0	0	73	1	74	0	159	13	98
Ratnapura	22	2865	1	55	1	8	0	3	0	40	13	1054	0	25	1	32	0	1	3	93	1	78	1	212	15	98
Kegalle	11	2941	0	16	0	9	0	4	0	8	5	647	0	24	0	14	0	0	4	124	0	53	1	28	11	98
Kalmune	11	1433	1	32	0	1	0	3	0	6	1	33	0	1	0	1	0	0	2	87	2	41	0	0	30	100
SRI LANKA	97	59977	14	717	2	68	2	116	5	339	15	6205	38	105	5	376	0	25	4	1753	14	732	42	3148	19	97

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 09th Dec., 2022 Total number of reporting units 357 Number of reporting units data provided for the current week 285 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

03rd– 09th Dec 2022 (49th 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	00	00	00	00	00	01	01	00	02	03	80	68	17.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	01	01	01	00	01	00	01	00	05	00	93	65	43.0 %
Measles	00	01	00	00	00	00	00	00	00	01	00	37	13	184.6 %
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	00	00	00	00	00	00	00	00	00	00	00	05	05	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	01	00	01	00	00	00	00	02	00	14	04	250 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tuberculosis	00	05	02	00	02	00	00	00	10	19	137	6186	4817	28.4 %

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

Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons. It is provided free by the MOH office / Public Health Inspectors.

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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