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# WEEKLY EPIDEMIOLOGICAL REPORT

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231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

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#### Terrorism



Terrorism is defined in the Oxford Dictionary as "the unlawful use of violence and intimidation, especially against civilians, in the pursuit of political aims." Terrorism has been practised by political or-

ganizations, nationalistic and religious groups, revolutionaries, and even by state institutions such as armies, intelligence services, and police. Terrorists try to generate widespread fear by creating dramatic, violent, and high-profile attacks. These have included hijackings, hostage-taking, kidnapping, mass shootings, car bombings, and, suicide bombings. So, they carefully selected places such as Schools, shopping centres, bus and train stations, restaurants, and nightclubs to attract large crowds, because they are places with which members of the civilian population are familiar and with which they feel at ease. The goal of terrorism generally is to destroy the public's sense of security in the places that they are most familiar with. Sometimes, major targets may be buildings or other locations that are important economic or political symbols, such as embassies or military installations. The ultimate hope of the terrorists is that the sense of terror in these acts will induce the population to pressure political leaders toward a specific political end.

"Global Terrorism Index (GTI) is a report that provides a comprehensive summary of the global trends and patterns in terrorism over the last decade. The GTI score calculation takes not only deaths but also incidents, hostages, and injuries from terrorism weighted over five years". So according to the GTI report 2022, in 2021, south Asia was the region with the highest average GTI Score (since 2007 this position was consistent). Central America and the Caribbean were recorded as the regions with the lowest impact from terrorism. The largest number of deaths from 2007-2021 were recorded in the MENA region (49000)

deaths) with South Asia (37000 deaths) being the 2<sup>nd</sup> and Sub-Saharan Africa (30 500) being the 3<sup>rd</sup> in place. But Sub-Saharan Ăfrica had the most lethal terrorist attacks averaging 03 people killed per attack. The impact of terrorism has fallen in eight out of nine regions of the world in 2021. The largest improvement occurred in Russia and Europe (71% fall in deaths related to terrorism). Overall, deaths have reduced to 7142 deaths in 2021 (1.1% reduction from 2020). But attacks have increased by 17% in 2021, due to violence in the Sahel region and Afghanistan. "Afghanistan remains (GTI score 9.109) remains the country with the highest impact from terrorism for the third year followed by Iraq (GTI score 8.511) and Somalia" (GTI score 8.398). Burkina Faso, Syria, Nigeria, Mali, Niger, Pakistan, Cameroon, and India are the next in the order. Sri Lanka lies in the 25<sup>th</sup> place with a GTI score of 5.445(in 2022). Iran is in the 27<sup>th</sup> place (GTI score of 5.015) and the USA is in 28th place (GTI score of 4.961). The most deaths in a single country were recorded in Afghanistan. It is 20% of all deaths. Mali, Burkina Faso, and Niger were next in order.

Due to covid 19 initially predicted there would be an increase in terrorism. But according to the GTI index, it seems that the pandemic has had very little impact on terrorism in 2020 and 2021. This decline in terrorism in the west is mainly due to restrictions on freedom of movement, public gatherings, and travel. This has limited the spreading of terrorist ideas and the organizing of terrorist activities. But public anger directed towards lockdown restrictions, and mandatory vaccination has led the extremists to capitalize on many secondary effects through online platforms. Also, the limitations of expenses for counterterrorism activities have led to these. But after emergency measures are removed and societies start to live with covid-19, there is the possibility of an increase in terrorist

According to the GTI report 2022, the four terrorist groups responsible for the most deaths in 2021 were Islamic State (IS), Al-Shabaab, The



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Taliban, and Tumaat Nusrat Al- Islam wal Muslimeen (TNIM) representing 47% of total deaths (3364). The rest of the 2775 deaths weren't attributed to any terrorist

Sri Lanka descended into a 26-year civil war from 1983-2009 with LTTE (Liberation of Tamil Eelam). In 2009, terrorism has come to an end. But still, the after-

effects of the war are remaining. Again, on April 21, 2019, National Thawheed Jamaat (NTJ) extremist Islamic group killed 259 people and injured another 500 people in the "Easter Sunday suicide bomb attack". According to the GTI report 2022, the biggest improvement in the impact of terrorism in South Asia is seen in Sri Lanka with no recordings of deaths for the consecutive year after the 2019 incident with Nepal in the 2<sup>nd</sup> in its ranking.

Terrorism affects societies physically as well as mentally. Terrorist attacks may cause physical damage to the victims including innocent civilians. They may lose legs/arms (disability), persistent bullets inside bodies in survivors following gunshot injuries, internal organ injuries, sexual violence, and even loss of life. Terrorism aims to create terror and a feeling of insecurity. Some people may get depression/anxiety. If the impact of terrorism is lasting, it will eventually become cultural. Individuals change their behaviours and habits so that they will do anything keeping the possibility of a terror attack at the back of their minds. They are living with anxious minds about an unexpected terrorist attack on their children, family, and loved ones. It directly affects the economy of a country also. The working population is scared of going out for work. As the terrorists consider tourists/ ambassadors as "easy targets" and target them more, the tourist flow will be reduced and there will be a negative impact on the income of the country (mostly in devel-



oping countries) and the airline industry (unemployment). Also, new investors won't invest in economically/ socially verifying projects if the political solution is not stable. The stock market will also quickly regress. Terrorism will lead to wars that may need to recruit new members to forces, military weapons, and mili-

tary vehicles. So, counterterrorism activities may use a large sum of the government's treasury. Due to wars or terrorists inhabiting a specific area; if that area is economically valuable there will be a loss of income to the country. Due to the wars, there will be air, water, and environmental pollution too. The countries' burden due to refugees from war, damaged properties, roads, etc. will be more and more. Another important effect is the brain drain. Trained individuals seek residence in more secure, safer locations, and tend to migrate to other countries. Terrorism will affect the education of children in affected areas- due to war and recruiting child soldiers to terrorist armies. Child soldiers are children of age below 18yrs. They are subjected to violence as witnesses, direct victims, or forced participants. So, they are violated physically, emotionally, and sometimes sexually. Terrorism as well as methods to counteract terrorism are destructive. Therefore, it will take considerable time and concreted efforts to bring it to the previous state even after the terrorism is over.

#### References

https://ourworldindata.org/terrorism

https://www.ohchr.org/sites/default/files/Documents/HRBodies/ HRCouncil/AdvisoryCom/Session21/A-HRC-AC-21-CRP-2.docx

https://carnegieendowment.org/2020/08/18/polarization-civilwar-and-persistent-majoritarianism-in-sri-lanka-pub-82437

https://www.satp.org/terrorism-assessment/srilanka#

## Compiled by:

Dr T.G.Pathirana Medical officer Epidemiology unit

MBBS (Sri Jayewardenepura), Pg Dip. in TB & Chest diseases

 
 Table 1 : Water Quality Surveillance
 Number of microbiological water samples November 2022

District	MOH areas	No: Expected	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	0
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	NR
Jaffna	12	72	NR
Kilinochchi	4	24	NR
Manner	5	30	2
Vavuniya	4	24	39
Mullatvu	5	30	NR
Batticaloa	14	84	NR
Ampara	7	42	39
Trincomalee	11	66	NR
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	14
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	21
Kalmunai	13	78	NR

\* No of samples expected (6 / MOH area / Month)

NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 10th- 16th Dec 2022 (50th Week												ek)																	
	*	66	88	71	66	100	94	100	100	100	93	66	6	86	94	66	100	6	66	91	6	66	100	66	66	100	100	6	
WRCD	<u>*</u>	17	Ŋ	m	14	22	53	16	20	36	69	23	15	m	20	40	11	14	12	17	10	17	24	13	15	11	30	20	
Leishmania-	8	2	43	4	53	337	1	0	260	247	2	7	0	4	3	2	15	8	490	8	485	517	32	169	220	31	0	3238	
Leish	<	0	0	0	0	9	0	0	15	н	0	0	0	0	П	0	0	0	17	0	6	4	2	10	9	П	0	72	
Meningitis	8	14	47	37	17	1	12	31	19	11	18	2	19	0	4	39	44	10	23	37	09	7	21	79	85	26	43	692	
Meni	<	0	0	Н	0	0	7	0	0	Н	0	0	0	0	0	7	П	0	m	0	П	7	0	2	9	Н	7	27	
Chickenpox	В	64	79	144	96	24	47	106	09	75	140	9	7	31	11	23	25	54	136	36	87	33	77	75	100	132	88	1843	
Sign	⋖	7	П	2	m	0	П	က	7	6	18	0	0	0	0	0	0	0	∞	П	П	0	3	7	2	2	-	7	
_	8	7	2	Ŋ	0	н	0	0	0	0	2	0	0	0	0	н	0	0	m	0	7	0	0	0	П	0	0	22	
Human	<	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Нера-	В	2	13	6	10	6	7	<sub>∞</sub>	8	3	8	0	2	0	0	1	2	4	7	1	2	2	161	64	34	15	1	382	
Viral	4	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	-	1	2	1	0	9	
	а В	Н	1	4	36	8	28	46	29	19	622	12	8	m	9	0	1	m	39	6	31	1	29	39	25	56	-	109	
Typhus	4	0	0	0	-	1	1	2	0	0	29	0	0	0	0	0	0	0	0	0	1	0	0	7	0	1	0	38	
	<b>a</b>	287	349	544	500	138	94	289	309	342	28	12	39	56	41	74	138	41	338	71	260	163	268	341	1094	691	33	6219	
Leptospirosis	_ _	4	4	12	9	7		2	13	7	0	0	0	7	2	<sub>2</sub>	9	0	16	4	2	11	-	21	31	56	0	18	
	8	6	13	9	13	0	7	н	Ж	6	7.5	35	0	7	9	32	22	7	2	0	8	2	14	22	45	8	9	342	
Food	4	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	m	
Encephaliti Enteric Fever Food Poi	В	1	1	7	2	0	4	1	0	1	74	m	1	2	2	1	0	1	1	1	1	0	1	4	2	4	8	117	
Enteri	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
haliti	В	4	3	п		0	4	П		7	4	0	0	1	0	13	3	0	4	1	4	1	3	7	8	6	П	71	
Encel	<	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
entery	8	6	9	45	30	12	31	16	32	17	150	11	7	2	11	113	18	56	32	7	16	8	34	11	92	18	34	755	
Dys	⋖		0	П	-	0	0	0	0	н	4	ω	0	П	0	œ	0	0	0	0	0	0	7	П	П	П	7	27	
Dengue Fever   Dysentery	В	12663	8946	4157	2356	1323	228	3458	1561	1713	3676	132	267	91	69	1252	178	1156	7897	2810	484	163	1384	514	2924	3059	1603	61854	
Deng	<	25	10	48	73	19	2	38	18	27	17	9	1	0	0	<sub>∞</sub>	0	12	28	Ⅱ	m	7	51	7	41	99	17	12	
RDHS		Colombo	Gampaha	Kalutara	Kandy	Matale	NuwaraEliya	Galle	Hambantota	Matara	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kurunegala	Puttalam	Anuradhapur	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle	Kalmune	SRILANKA	

## Table 2: Vaccine-Preventable Diseases & AFP

10th- 16th Dec 2022 (50th Week)

Disease		N	lo. of	Case	es b	y Pro	ovino	e	Number of cases during current	Number of cases during same	Total number of cases to date in	Total num- ber of cases to date in	Difference between the number of cases to date		
	W	С	s	N	E	NW	NC	U	Sab	week in 2022	week in 2021	2022	2021	in 2022 & 2021	
AFP*	00	01	01	00	00	00	00	00	00	02	01	82	69	18.8 %	
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %	
Mumps	00	00	01	00	01	00	00	00	00	02	04	97	69	40.5 %	
Measles	00	00	00	00	00	00	00	00	00	00	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 En- cephalitis	00	00	00	00	01	00	00	00	01	02	00	16	04	300 %	
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %	
Tuberculosis	00	13	01	02	13	26	00	02	32	89	51	6275	4868	28.9 %	

### 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									
Month	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives					
December												
Source: Medical Research Institute & Veterinary Research Institute												

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Dr. Samitha Ginige Actg. CHIEF EPIDEMIOLOGIST EPIDEMIOLOGY UNIT 231, DE SARAM PLACE COLOMBO 10