



WEEKLY EPIDEMIOLOGICAL REPORT

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

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

Vol. 50 No. 21

20th – 26th May 2023

Epidemic Intelligence from open sources (EIOS) Part I

This is the first article of series of two articles named as Epidemic Intelligence from open sources (EIOS).

What is EIOS?



Epidemic Intelligence from open sources is a global initiative developed with the collaboration of different public health stakeholders worldwide, for early detection, verification, assessment, and communication of public health threats for early and rapid response to minimize the impact on people's life and their livelihood. EIOS developed upon 3 pillars, a growing global community of practice, a range of multi-disciplinary collaborators, and an evolving fit-for-purpose system.

Vision

A world where health threats are identified and responded to so early and rapidly that they have zero impact on lives and livelihoods

Mission

To save lives and minimise the impact of threats to health, societies and economies through collaborative, authoritative and timely public health intelligence allowing for rapid, evidence-based action

First Pillar: A growing global community of practice.



The EIOS community is the most important component of this initiative, which includes subnational, national, and international governmental and non-governmental organizations. They work together to improve the detection and response to health threats, including infectious disease outbreaks, natural disasters, and other public

Contents

	Page
1. Epidemic Intelligence from open sources (EIOS) Part I	1
2. Summary of selected notifiable diseases reported (13 th – 19 th May 2023)	3
3. Surveillance of vaccine preventable diseases & AFP (13 th – 19 th May 2023)	4

WEB SRI LANKA 2023

health emergencies. To achieve this goal, the EIOS community takes an all-hazard approach incorporating one health principle.

By collaborating across sectors and disciplines, the EIOS community aims to define standards and harmonize activities to ensure that everyone is working towards the same goal. This helps to avoid duplication of efforts and ensures that resources are being used efficiently and effectively.

In addition, the EIOS community works to build competencies, capacity, and enabling tools to support their efforts. This includes providing training and education programs to help professionals develop the skills they need to detect and respond to health threats, as well as developing tools and technologies to facilitate the sharing of information.

Who and how can join the EIOS community?

Sub-national and national governmental organizations, such as ministries of health, agriculture, or environment, as well as supranational, regional, and international networks and organizations involved in public health, emergency preparedness, and response activities can be a part of this growing community. The initiative does not directly include interested members of the public or private sector organizations but welcomes collaborations to further enhance global knowledge and processes. Interested individuals can connect with the EIOS initiative through their respective Who country or regional office or any level of WHO, and each request will be assessed individually to ensure it fits within the EIOS scope and purpose and has the necessary capacity for successful adoption and participation

What is expected of EIOS community members?

Members of the EIOS initiative are important contributors to a global network. They should share their expertise, needs, and ideas to help improve the EIOS system, contribute to standards and processes, and facilitate information sharing across the global EIOS community. EIOS does not replace established formal reporting channels but rather provides a platform to facilitate the

PHI function, including communication and transparency across actors and institutions engaged in PHI.

Compiled by
 Dr. M A G Kalhari
 Registrar in Community Medicine
 Epidemiology Unit
 Ministry of Health

Sources:
 Epidemic Intelligence from open source (EIOS), World Health Organization (WHO)

**Table 1 : Water Quality Surveillance
 Number of microbiological water samples April 2023**

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	8
Matale	13	78	24
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	6
Hambantota	12	72	NR
Jaffna	12	72	NR
Kilinochchi	4	24	NR
Manner	5	30	0
Vavuniya	4	24	NR
Mullatvu	5	30	60
Batticaloa	14	84	NR
Ampara	7	42	40
Trincomalee	11	66	NR
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	13
Badulla	16	96	NR
Moneragala	11	66	86
Rathnapura	18	108	NR
Kegalle	11	66	13
Kalmunai	13	78	0

* No of samples expected (6 / MOH area / Month)
 NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 13th–19th May 2023 (20th 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	230	5944	0	3	0	7	0	1	0	6	20	125	0	0	0	3	0	0	0	7	121	1	13	0	5	24	95
Gampaha	165	6026	0	7	1	7	0	1	0	2	15	228	1	5	0	7	0	0	0	4	114	1	33	1	14	1	91
Kalutara	90	1937	1	13	0	1	0	0	0	4	21	328	0	1	1	2	0	1	1	7	202	0	37	0	1	4	100
Kandy	211	1858	1	17	0	0	0	3	0	12	7	109	2	33	0	2	0	1	1	4	130	0	10	0	14	81	100
Matale	29	595	0	2	0	0	0	1	0	5	4	62	0	7	0	3	0	0	0	0	26	0	3	5	134	20	100
NuwaraEliya	6	81	3	58	0	1	0	0	0	38	8	44	1	27	0	2	0	0	0	3	52	2	7	0	0	55	100
Galle	69	938	1	18	0	9	0	3	1	13	13	431	1	25	0	0	0	0	0	8	161	0	10	0	1	33	100
Hambantota	48	607	0	4	0	1	0	1	0	8	12	119	0	46	0	7	0	0	0	3	68	1	13	4	234	29	92
Matarra	35	708	1	13	0	5	0	0	0	6	6	249	0	17	0	2	0	1	1	14	123	0	9	5	72	49	100
Jaiffna	52	1370	0	38	0	1	0	8	0	9	1	8	6	446	0	1	0	1	1	4	102	1	3	0	2	61	93
Kilinochchi	1	58	0	3	0	0	0	0	0	16	0	6	0	5	0	0	0	0	0	0	8	0	0	0	0	16	100
Mannar	5	54	0	5	0	0	0	1	0	0	0	24	0	4	0	0	0	0	0	1	0	2	0	0	0	23	95
Vavuniya	6	92	0	5	0	1	0	0	0	0	0	21	0	6	0	1	0	0	0	0	11	0	2	0	2	0	100
Mullaitivu	3	49	0	8	0	0	0	3	0	11	1	24	0	4	0	0	0	0	0	0	10	0	0	0	3	22	98
Batticaloa	61	1370	2	112	0	6	0	3	0	10	2	43	0	1	0	3	0	0	0	2	31	1	18	0	1	47	100
Ampara	2	42	0	1	0	1	0	0	0	0	0	12	0	0	0	1	0	0	0	0	17	0	7	0	2	15	49
Trincomalee	91	1430	1	5	0	1	0	0	0	4	1	36	0	11	0	0	0	0	0	0	21	3	14	0	1	21	96
Kurunegala	76	1294	0	13	0	6	0	0	0	1	8	134	0	9	0	7	0	2	2	8	241	3	69	14	193	21	98
Puttalam	36	2327	0	5	0	1	0	1	0	0	1	19	1	7	0	1	0	0	3	60	1	27	0	12	14	99	
Anuradhapur	19	273	0	3	0	0	0	1	0	1	3	157	0	23	0	2	0	0	0	4	115	3	18	11	235	20	97
Polonnaruwa	19	306	0	5	0	5	0	0	0	6	7	88	0	5	1	9	0	0	0	0	39	2	12	16	199	31	100
Badulla	17	532	1	14	0	3	0	0	0	26	3	138	0	26	1	54	0	0	2	78	0	17	1	11	64	100	
Monaragala	17	262	0	12	0	3	0	0	0	0	17	328	0	27	0	13	0	0	2	36	1	37	4	82	24	100	
Ratnapura	54	912	3	19	0	9	0	1	0	9	39	512	1	15	2	11	0	1	4	77	2	82	4	81	35	100	
Kegalle	72	1251	1	8	0	1	0	1	0	8	25	263	0	18	0	2	0	0	9	188	0	24	1	15	27	100	
Kalmune	24	1361	0	29	0	7	0	0	0	0	2	23	0	0	0	0	0	0	0	31	1	12	0	0	40	100	
SRI LANKA	143	31677	15	420	1	76	0	29	1	195	21	3531	13	768	5	13	0	7	88	2063	23	479	66	1314	33	97	

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 19th May, 2023. Total number of reporting units 368. Number of reporting units data provided for the current week: 317. C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

13th– 19th May 2023(20th 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*	01	00	01	00	00	00	00	00	00	02	00	31	33	- 6.06 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	02	00	01	00	01	00	01	00	05	02	88	18	388.8 %
Measles	00	00	00	00	00	00	01	00	00	01	00	15	11	36.3 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	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	01	01	00	03	05	- 40 %
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	02	07	- 71.4 %
Whooping Cough	00	00	00	00	00	00	00	00	01	01	00	04	01	300 %
Tuberculosis	80	03	21	01	09	18	08	03	20	163	45	3385	2614	29.4 %

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human				Animal			
	No Total	No Positive		Infl A	Infl B	Pooled samples	Serum Samples	Positives
May								

Source: Medical Research Institute & Veterinary Research Institute

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

ON STATE SERVICE

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