



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Health

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. 34

19<sup>th</sup>– 25<sup>th</sup> Aug 2023

## WASH (Water, Sanitation, and Hygiene) as a Shared Responsibility Part I

This is the first part of article that are publishing WASH (Water, Sanitation, and Hygiene) as a Shared Responsibility.

WASH stands for Water, Sanitation, and Hygiene, and it encompasses a range of interventions and practices aimed at improving health and well-being by ensuring access to clean water, proper sanitation facilities, and good hygiene practices. The components of WASH are closely interconnected and play a vital role in preventing the spread of diseases and maintaining a healthy living environment.

### Water:

- Access to Clean Water: Providing reliable access to safe and clean drinking water is the foundation of WASH. This includes ensuring a sufficient quantity of water that is free from contamination and pathogens.
- Water Source Protection: Protecting water sources from pollution and contamination is essential to maintain the quality of available water.

### Sanitation:

- Safe Sanitation Facilities: Proper sanitation facilities, including toilets and latrines, are crucial for safe waste disposal and preventing the spread of diseases.
- Sewage and Waste Management: Proper sewage and waste management systems help prevent environmental contamination and the transmission of diseases through waste.

### Hygiene:

- Personal Hygiene: Encouraging individuals to maintain personal hygiene practices such as regular handwashing with soap and water, oral hygiene, and proper hygiene during menstruation.
- Food Hygiene: Promoting safe food handling and preparation practices to prevent foodborne illnesses.
- Environmental Hygiene: Ensuring clean and safe living environments through proper waste disposal, vector control, and cleanliness.

These components of WASH are interconnected and dependent on one another. For example, access to clean water is essential for maintaining personal and environmental hygiene. Proper sanitation facilities and waste management prevent the contamination of water sources and the environment. Hygiene practices, such as handwashing, play a critical role in preventing the spread of waterborne diseases.

The implementation of WASH programs and initiatives requires a multidisciplinary approach involving governments, organizations, communities, and individuals. Successful WASH interventions have been shown to improve overall health, reduce child mortality rates, and enhance the quality of life in communities, especially in low-resource settings.

### WASH in healthcare institutions

WASH in healthcare facilities is an integral part of the Sustainable Development Goals

NUMBER SRI LANKA 2023

### Contents

	Page
1. WASH (Water, Sanitation, and Hygiene) as a Shared Responsibility	1
2. Summary of selected notifiable diseases reported (12 <sup>th</sup> – 18 <sup>th</sup> August 2023)	3
3. Surveillance of vaccine preventable diseases & AFP (12 <sup>th</sup> – 18 <sup>th</sup> August 2023)	4

(SDGs), particularly in promoting health, well-being, and equitable access to essential services.

**SDG Target 6.1 - Universal and Equitable Access to Drinking Water:**

This target emphasizes ensuring access to safe and affordable drinking water for all by 2030. In healthcare facilities, clean water is vital for patient care, sanitation, hygiene, and preventing healthcare-associated infections.



**SDG Target 6.2 - Universal and Equitable Access to Sanitation and Hygiene:**

This target focuses on providing access to adequate and equitable sanitation and hygiene for all, including in healthcare settings. Proper sanitation facilities and hygiene practices in healthcare facilities are crucial for patient safety, infection prevention, and staff well-being.



**Compiled by**  
 Dr Kumudu Weerakoon  
 Senior Registrar in Community Medicine  
 Epidemiology Unit

**References**

UNICEF – WASH in healthcare facilities <https://data.unicef.org/topic/water-and-sanitation/wash-in-health-care-facilities/>

Progress on WASH in health care facilities 2000–2021: special focus on WASH and infection prevention and control (IPC), World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) 2022

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

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	1
Gampaha	15	90	NR
Kalutara	12	72	102
Kalutara NIHS	2	12	15
Kandy	23	138	NR
Matale	13	78	19
Nuwara Eliya	13	78	0
Galle	20	120	NR
Matara	17	102	3
Hambantota	12	72	38
Jaffna	12	72	NR
Kilinochchi	4	24	NR
Manner	5	30	0
Vavuniya	4	24	11
Mullatvu	5	30	33
Batticaloa	14	84	0
Ampara	7	42	0
Trincomalee	11	66	0
Kurunegala	29	174	NR
Puttalam	13	78	0
Anuradhapura	19	114	NR
Polonnaruwa	7	42	4
Badulla	16	96	NR
Moneragala	11	66	28
Rathnapura	18	108	NR
Kegalle	11	66	5
Kalmunai	13	78	4

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 12th- 18th Aug 2023 (33rd Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral		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	185	11080	0	11	0	11	0	2	0	10	6	232	0	0	0	4	0	0	13	214	2	31	0	5	35	100
Gampaha	166	11205	0	17	0	13	0	7	0	3	12	399	0	7	0	12	0	0	6	194	9	74	1	33	6	100
Kalutara	87	3756	3	17	0	2	0	0	0	6	28	600	1	2	0	6	0	1	19	356	3	68	0	1	28	100
Kandy	221	5242	0	28	0	0	0	8	0	15	2	208	0	45	0	3	0	1	1	178	1	20	0	25	88	100
Matale	37	1180	0	2	0	3	0	1	2	13	2	121	0	13	1	5	0	0	2	44	0	4	6	221	27	100
NuwarEliya	12	205	10	110	0	4	0	3	0	43	7	101	2	54	0	5	0	0	6	112	5	19	0	1	62	100
Galle	89	2024	0	37	1	13	0	5	0	21	12	688	5	48	0	1	0	1	7	236	0	19	0	3	38	100
Hambantota	22	1197	0	8	0	3	0	1	0	9	5	236	0	59	0	8	0	0	2	110	0	16	10	446	29	100
Matara	45	1449	1	20	0	8	0	1	4	16	8	413	3	29	0	5	0	2	4	209	0	16	5	133	57	100
Jaffna	30	1850	7	74	0	2	1	10	2	28	0	11	1	493	1	3	1	2	3	139	1	13	0	2	65	93
Kilinochchi	1	86	0	8	0	0	0	1	0	16	0	8	0	7	0	0	0	0	0	13	0	2	0	0	26	100
Mannar	0	77	0	6	0	0	0	1	0	0	0	31	0	5	0	0	0	0	0	2	0	8	0	0	46	100
Vavuniya	0	132	0	5	0	1	0	0	0	2	0	29	0	8	0	1	0	0	0	20	0	11	0	10	14	100
Mullativu	0	111	0	11	0	0	0	3	0	12	0	33	0	5	0	1	0	0	0	12	0	2	1	7	24	100
Batticaloa	13	2096	1	155	0	7	0	5	0	18	1	72	0	1	0	5	0	1	1	70	0	25	0	1	62	100
Ampara	6	203	0	5	0	1	0	1	0	52	1	110	0	2	0	1	0	0	2	60	0	39	0	6	6	100
Trincomalee	6	1971	0	19	0	1	0	0	0	65	2	60	0	15	1	3	0	0	6	51	0	25	0	2	28	100
Kurunegala	38	2434	4	36	1	9	1	1	1	6	25	286	2	12	0	9	0	2	16	381	8	146	12	373	27	100
Puttalam	18	2812	2	13	0	3	0	1	0	2	8	55	0	8	0	1	0	0	0	84	0	47	0	18	25	100
Anuradhapur	6	645	1	10	0	0	0	1	0	7	1	231	0	30	0	3	1	2	6	189	1	42	19	416	27	100
Polonnaruwa	12	499	0	12	0	5	0	1	0	11	1	140	0	5	0	12	0	0	2	62	0	16	25	311	35	100
Badulla	23	880	0	27	0	5	0	0	0	43	8	259	3	45	1	74	0	0	7	126	0	34	1	31	66	100
Monaragala	27	498	3	20	0	6	0	0	0	1	5	432	1	33	0	21	0	1	2	55	2	56	0	137	27	100
Ratnapura	38	1744	1	34	0	14	0	2	0	16	16	892	0	26	0	16	0	2	9	155	1	115	0	138	36	100
Kegalle	64	2426	0	19	0	2	0	2	0	13	11	523	1	32	0	5	0	0	14	312	7	60	0	30	32	100
Kalmune	20	1647	7	63	0	10	0	0	0	0	4	46	0	1	0	0	0	0	12	71	1	28	0	0	47	100
<b>SRILANKA</b>	<b>1166</b>	<b>57449</b>	<b>40</b>	<b>767</b>	<b>2</b>	<b>123</b>	<b>2</b>	<b>57</b>	<b>8</b>	<b>428</b>	<b>16</b>	<b>6216</b>	<b>19</b>	<b>985</b>	<b>4</b>	<b>204</b>	<b>2</b>	<b>15</b>	<b>14</b>	<b>3455</b>	<b>41</b>	<b>936</b>	<b>80</b>	<b>2350</b>	<b>40</b>	<b>99</b>

Source: Weekly Returns of Communicable Diseases (surveillance. epid.gov.lk). T=Timeliness refers to returns received on or before 18th Aug, 2023 Total number of reporting units 358 Number of reporting units data provided for the current week: 357 C\*\*=Completeness  
A = Cases reported during the current week. B = Cumulative cases for the year.

**Table 2: Vaccine-Preventable Diseases & AFP**

**12th- 18th Aug 2023 (33rd 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	02	01	00	00	01	00	00	00	05	01	64	51	25.4 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	02	01	00	02	01	02	01	00	00	10	02	152	54	181.4 %
Measles	35	06	01	09	00	03	03	01	04	62	00	274	16	1612.5 %
Rubella	00	00	02	00	00	00	00	00	00	02	00	03	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	06	05	20 %
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	00	00	00	05	01	400 %
Tuberculosis	82	09	19	15	11	00	10	04	13	163	55	5917	3637	62.6 %

**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
August							

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](mailto: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