WEEKLY EPIDEMIOLOGICAL REPORT

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Road Traffic Accidents in Sri Lanka

This is the third article of three in a series on "RTA in Sri Lanka"

Risk Factors for Road Traffic Accidents

Safe system approach:

aims to ensure a safe transport system for all road users along with taking account of people's vulnerability to serious injuries and be able to accommodate human error to some extent. This approach involves safe roads and roadsides, safe speeds, safe vehicles and safe road users which all must be adequately addressed to eliminate possibility of fatal crashes and serious injuries.

Speeding:

An increase in average speed is directly related to likelihood of a crash occurring and severity of the consequences of the crash.

Driving under the influence of alcohol or other psychoactive substances:

increases the risk of a crash that results in death or serious injuries.

Non-use of motorcycle helmets, seat-belts and child restraints:

Correct helmet use, wearing a seat belt and using child restraints can reduce the risk of death in a crash considerably.

Distracted driving:

The distraction caused by mobile phones especially, is a growing concern for road safety. Hands free phones are not much safer than hand-held phone sets while texting also considerably increases the risk of a crash.

Unsafe road infrastructure:

The design of roads can have a considerable impact on their safety. Ideally, adequate facilities should be considered for pedestrians, cyclists and motorcyclists as well. Measures such as cycling lanes, safe crossing points, and footpaths can be extremely useful towards reducing RTA.

Unsafe vehicles:

Several regulations on vehicular safety if applied to production standards can save many lives. Examples include front and side impact regulations, electronic stability control, ensuring fitting of airbags and seatbelts.

Inadequate post-crash care:

Delays in detection and provision of care for those involved in RTAs can increase severity of injuries. Improving post-crash care requires timely access to prehospital care, and improving quality of both prehospital and hospital care.

Inadequate law enforcement of traffic laws:

If traffic laws are not implemented or are perceived as not being enforced, the expected reduction in road traffic injuries would not take place as it would have little chance of influencing behavior.

Prevention

Recommendations of the study by Kodithuwakku (2022) included increasing rates of fines for those who do not adhere to road rules, programs with emphasis on increasing driver's vigilance regarding pedestrians and danger of not using signals, strict adherence to lane driving, education of pedestrians to utilize sidewalks, safe road crossing procedures and watchfulness when crossing roads. In addition, formation of pedestrian bridges and pavement tunnels as alternatives to prevent pedestrian accidents, using stop signs at intersections between main and sub roads, and establishing speed reduction

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methods to ensure pedestrian safety. The National Council for Road Safety has also implemented several road safety programmes and plan of setting up road safety clubs at schools. In addition, the Department of Motor Traffic (DMT) has also prepared questionnaires for candidates sitting for the Driving License exam in such a way that each candidate will be answering different question types instead of answering the same question paper. Plan to introduce a credit point system for driving licenses with deduction of points for traffic offences is also in implementation.

Overall, government as a whole, needs to take action to address road safety. This would require involvement of several stakeholders from multiple sectors such as the transport ministry, police force, health, education including the private sector and civil society organizations. Planning effective interventions such as designing of safer infrastructure, incorporating road safety features, improving vehicle safety features & effective post-crash care for victims of road traffic crashes and ensuring adherence and enforcement of laws pertaining to road safety.

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Table 1 : Water Quality Surveillance
Number of microbiological water samples January 2024

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	**0**
Gampaha	15	90	**NR**
Kalutara	12	72	**66**
Kalutara NIHS	2	12	**25**
Kandy	23	138	**NR**
Matale	13	78	**NR**
Nuwara Eliya	13	78	**NR**
Galle	20	120	**NR**
Matara	17	102	**96**
Hambantota	12	72	**28**
Jaffna	12	72	**56**
Kilinochchi	4	24	**4**
Mannar	5	30	**NR**
Vavuniya	4	24	**53**
Mullatvu	5	30	**0**
Batticaloa	14	84	**0**
Ampara	7	42	**NR**
Trincomalee	11	66	**NR**
Kurunegala	29	174	**NR**
Puttalam	13	78	**NR**
Anuradhapura	19	114	**NR**
Polonnaruwa	7	42	**1**
Badulla	16	96	**NR**
Moneragala	11	66	**155**
Rathnapura	18	108	**NR**
Kegalle	11	66	**NR**
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 Feb 2024 (07th Week)

RDHS	Dengue Fever		Dysentery		Encephali		Enteric		Food Poison-		Leptospirosis		Typhus		V. Hep.		H. Rabi.		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	286	2841	0	4	0	1	0	1	0	3	3	48	0	0	3	3	0	0	13	54	1	6	0	0	**95**	**100**
Gampaha	155	1150	0	4	0	4	0	2	0	0	11	70	0	0	0	1	0	0	5	34	1	21	0	3	**93**	**100**
Kalutara	81	693	1	7	0	0	0	3	0	0	7	82	0	0	1	4	0	0	14	88	1	12	0	0	**87**	**100**
Kandy	86	1156	0	5	0	0	0	0	0	3	9	42	0	2	0	1	0	0	6	101	0	2	0	2	**100**	**100**
Matale	30	233	0	1	0	0	1	1	1	4	5	30	0	0	1	1	0	0	2	8	0	1	10	37	**100**	**100**
Nuwara Eliya	9	127	0	13	0	2	0	0	0	2	2	52	0	6	0	1	0	0	1	26	0	2	0	0	**100**	**100**
Galle	66	722	0	10	1	6	0	1	0	11	5	154	1	21	0	2	0	0	13	79	1	14	0	3	**100**	**100**
Hambantota	14	256	1	2	0	0	0	0	0	0	17	166	2	8	0	1	0	0	7	39	0	7	25	76	**100**	**100**
Matara	23	218	0	2	0	2	0	0	0	2	6	65	0	2	0	0	0	0	5	42	3	31	4	13	**94**	**100**
Jaffna	292	4001	4	18	0	1	0	0	0	3	3	11	28	212	2	2	0	0	10	54	0	3	0	0	**86**	**93**
Kilinochchi	22	212	0	0	0	0	0	0	0	1	2	6	1	3	0	0	0	0	0	1	0	2	0	0	**100**	**100**
Mannar	2	153	0	0	0	0	0	1	0	0	1	11	0	5	0	0	0	0	1	4	0	1	0	1	**100**	**100**
Vavuniya	3	103	0	0	0	0	0	0	0	0	2	36	0	1	2	3	0	0	1	2	0	4	0	0	**75**	**100**
Mullaitivu	8	146	0	2	0	0	0	0	0	2	5	38	2	5	0	0	0	0	0	2	0	0	0	1	**100**	**100**
Batticaloa	61	685	2	24	1	1	0	1	0	0	3	16	0	1	0	3	0	0	1	12	2	10	0	1	**100**	**100**
Ampara	19	85	2	8	0	1	0	0	0	1	8	77	0	1	0	3	0	0	0	29	3	12	0	3	**86**	**100**
Trincomalee	33	268	0	3	0	0	0	1	0	0	4	58	0	2	0	0	0	0	1	6	1	3	0	4	**100**	**100**
Kurunegala	26	365	1	7	0	0	0	0	0	0	2	27	0	1	0	0	0	0	3	19	0	2	0	0	**90**	**100**
Puttalam	102	868	1	5	0	4	0	0	0	335	18	159	1	7	0	1	0	1	11	64	6	48	9	80	**82**	**100**
Anuradhapura	29	476	0	0	0	1	0	0	0	0	5	98	0	3	0	0	0	0	7	30	1	7	0	2	**96**	**100**
Polonnaruwa	41	254	1	1	0	0	0	0	0	1	13	121	1	9	2	4	0	0	3	26	0	12	14	124	**100**	**100**
Badulla	12	104	0	5	0	0	0	0	0	2	13	79	0	1	1	1	0	0	3	30	1	6	10	70	**94**	**100**
Monaragala	15	412	0	6	0	1	0	0	0	4	7	123	0	5	0	5	0	0	5	53	0	5	0	2	**82**	**100**
Ratnapura	14	233	0	3	0	0	0	0	0	0	12	281	5	11	2	6	0	0	5	18	1	27	1	23	**95**	**100**
Kegalle	48	499	0	14	0	0	0	0	0	2	36	281	0	5	1	4	0	1	8	48	0	17	0	11	**100**	**100**
Kalmunai	56	618	0	3	0	2	0	0	0	0	3	85	1	4	0	3	0	0	16	104	2	12	1	10	**100**	**100**
SRILANKA	**1533**	**16878**	**13**	**147**	**2**	**26**	**1**	**11**	**1**	**376**	**202**	**2216**	**42**	**315**	**15**	**49**	**0**	**2**	**141**	**973**	**24**	**267**	**74**	**466**	**94**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 16th Feb, 2024 Total number of reporting units 358 Number of reporting units data provided for the current week: 358 **C****-Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

10th– 16th Feb 2024 (07th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2024	Number of cases during same week in 2023	Total number of cases to date in 2024	Total number of cases to date in 2023	Difference between the number of cases to date in 2024 & 2023
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	00	11	10	10 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	01	00	02	01	02	00	00	07	05	37	25	48 %
Measles	00	00	01	00	01	00	00	00	00	02	00	111	00	0 %
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	00	00	00	00	01	-100 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	01	0 %
Tuberculosis	50	17	10	07	20	07	07	13	06	147	198	1196	1095	9.2%

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

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