



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. 41 No.24

07th – 13th June 2014

Family Health Programme - II

This is the second in a series of three articles on the Family Health Programme.

Antenatal Care

Family health programme promotes early and regular antenatal care. Registration before 8 weeks is considered as early registration and the percentage of pregnancies that are registered early has shown a 20% increase over the past 6 years.

The current recommendation in standard package of maternal care is a minimum of three antenatal home visits by PHM and nine clinic visits at any government health institution for low risk pregnancies. Introduction of three antenatal classes in each trimester for both parents was to expose them to common health issues specific for respective trimester and to make them ready for the childbirth, postpartum period and newborn care. Number of postpartum home visits by PHM remained three. Postpartum clinic visit by mothers at one month is used to screen for Postpartum Depression using Edinburg Postnatal Depression Screening (EPDS). The number of pregnant mothers registered by PHM along with the time of registration in relation to period of gestation (POG), number of teenage pregnancies, number of first pregnancies and number of pregnancies at fifth parity and above and whether the mother has received the Rubella vaccine is also recorded.

Analysis of these records has shown a high coverage of pregnant mother registration by PHMM. This indicates the efficiency of the primary health care staff around the country as well as the positive health seeking behaviours among Sri Lankan mothers. It could also be a reflection of the sound health care network of the country which facilitates the service provider-recipient contacts.

Antenatal Screening

In addition to clinical screening conducted by a

Medical Officer of Health, every mother is screened for; pregnancy nutritional status (Body Mass Index – BMI), maternal Anaemia (Serum Hb), sexually transmitted infections (syphilis antibodies – VDRL) and blood grouping and Rh.

Domiciliary Care

The clinic care given to antenatal mothers is expected to be alternated by domiciliary care offered by PHMM during home visits until 2012. During field contacts, PHMM should assess the antenatal mothers' health status by risk screening and examination, conducting simple investigations such as urine sugar/albumin at first visit, educating pregnant mothers and family members and making necessary referrals.

Immunization against Rubella and Tetanus

Comprehensive efforts have been made by Sri Lanka to ensure that all women in reproductive age are protected from Rubella by Vaccination. The initial strategy practiced since 1995 to 2001 was to immunize girls in 11-16 years at schools while other women in childbearing ages were immunized at field clinics. Then in 2001, the policy of Rubella immunization has been expanded to control Rubella infection in the community in addition to controlling Congenital Rubella Syndrome. Hence, since 2001, two doses of MR (Mumps-Rubella) vaccine were administered to children at the ages 3 and 13 years. In 2010 MR vaccine was replaced by MMR (Measles-Mumps-Rubella) vaccine and at present, two doses of MMR vaccine are given to all children at 1 and 3 years of age.

Neonatal tetanus has been eliminated from the country. This success could be attributed to the high coverage of tetanus vaccination among antenatal mothers along with safe delivery and newborn care practices.

Teenage pregnancies

Around 6% of total pregnancies registered by PHMM belong to mothers less than 20 years.

WEEKLY EPIDEMIOLOGICAL REPORT SRI LANKA - 2014

Contents	Page
1. <i>Leading Article – Family Health Programme –II</i>	1
2. <i>Summary of selected notifiable diseases reported - (31st – 06th June 2014)</i>	3
3. <i>Surveillance of vaccine preventable diseases & AFP - (31st – 06th June 2014)</i>	4

The definition of teenage pregnancy has been changed into women under 19 years to women under 20 years since 2007.

Primies and Multipara

Primies (women in their first pregnancy) and multipara (women who are in 5th pregnancy or above) are considered to have relatively higher risk than other pregnancies. In addition to its importance as an accumulation of high risk set of pregnancies, presence of multipara pregnancies indicates the efficiency of the family planning services.

Antenatal morbidities

The PHMM are expected to report selected types of morbidities and complications during antenatal period. These include; hypertension (Chronic and Pregnancy Induced), Diabetes (Chronic and Gestational), Heart diseases, Anaemia, Asthma, Malaria, Sexually Transmitted Infections, Liver Diseases, Psychiatric Illnesses, Epilepsy and any other significant illnesses.

Maternal Nutritional status

BMI : Under nutrition is considered as one of the most resistant public health problems of Sri Lanka. The newborns weighing less than 2500 grams are considered as Low Birth Weight (LBW) babies and percentage of LBW newborns in 2012 was around 12.4%. Maternal under nutrition is considered as one of the main reasons for this rate of babies with LBW. Pre pregnant Body Mass Index (BMI) is an important associate of the birth weight of the newborn which in turn affects the child's nutrition. BMI measured before 12 weeks of gestation is approximated for pre pregnant BMI. This raises the importance of identification of pregnant mothers before 12 weeks of pregnancy. Approximately 23.8% of pregnant mothers were found to be underweight in 2012.

Maternal Anaemia : Anaemia in pregnancy as indicated by the serum Haemoglobin (Hb) level less than 11g/dl is considered as an important indicator of antenatal health.

Intra-Natal and Newborn Care

Almost all deliveries around the country occur in institutions. It is the duty of the PHMM to report deliveries occurring to mothers who reside permanently in her area. The reporting is set to be optimized through two mechanisms. Almost all mothers are given a Child Health development Record (CHDR) for their newly born children from the hospitals. CHDR includes instructions which request the mothers to inform area PHM about her delivery. The PHM also maintains active surveillance on the deliveries of mothers who have been under her care using the Pregnant Mothers Register (H 513) and Monthly Expectant Mothers Register (H 515). In addition to the number of deliveries, the reporting includes place of delivery, mode of delivery and type of personnel who assisted the delivery.

Delivery Reporting

Around 20% of total pregnancies registered were not reported as deliveries. Not counting pregnancies that had ended up as abortion as delivery and gaps in delivery reporting may be possible reasons for this under-reporting.

Pregnancy Outcome

PHMM report live births categorized according to their birth

weight (less than or more than or equal to 2500 gm) and plurality (singleton or multiple). In addition, the number of abortions and still births are also reported.

Postpartum and Newborn Care

Family Health Programme makes provision for PHM to pay at least 4 postpartum visits to a mother who had an institutional delivery. Of these visits, at least 2 have to be made during the first 10 days following delivery and the other 2 during 11 to 28 days and 38-42 days respectively following the delivery. During these visits, PHM examines mothers and babies for any postpartum and newborn complications. In addition, they should record antenatal and postpartum complications, support breast-feeding, counsel for family planning, advice on other health matters, administer vitamin A to the mother if she missed it at the hospital and register the newborn for future care.

Postpartum Morbidity

PHMM are instructed to record new cases of postpartum morbidities. Most common postpartum problems include infections either in episiotomy or caesarean scar, engorged breast, fever, separated episiotomy, haemorrhages and cracked nipples. Infections were calculated for respective types of delivery. The mostly reported morbidities could have been prevented by proper infection control and breast feeding practices.

Definition of Maternal death

Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. To facilitate the identification of maternal deaths in circumstances in which cause of death attribution is inadequate, a new category has been introduced: Pregnancy-related death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.

Maternal death, from an epidemiological perspective, is a relatively rare event and mortality is difficult to be measured accurately.

Maternal Mortality

Sri Lanka has shown a tremendous success in bringing down maternal mortality over the years. During early 19's, the maternal mortality was around 2680 per every 100,000 live births due to a cause related to pregnancy. Various interventions have reduced this number to 37.7 per 100,000 live births in 2012. This success has been attributed to factors such as socio-economic development, free education and related high literacy rate, free health services, better transport, control of communicable diseases, well organized primary health care systems etc.

Maternal deaths were reported directly to the Family Health Bureau (FHB) since 1985, and by 1995 a methodical process was established to capture all maternal deaths in the country.

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 31st - 06th June 2014 (23rd Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**	T*	C**	
Colombo	464	5244	1	68	0	8	1	47	0	153	5	62	0	1	0	17	0	0	0	1	261	1	25	0	3	69	31
Gampaha	36	2103	3	73	0	5	0	21	0	10	1	98	0	6	2	79	1	5	4	190	1	30	0	2	33	67	
Kalutara	37	934	1	76	0	4	0	20	4	49	2	127	0	0	1	7	0	0	0	139	2	37	0	0	62	38	
Kandy	42	382	0	46	0	2	0	9	0	4	0	15	1	43	2	58	0	0	0	123	0	14	0	1	83	17	
Matale	7	128	2	30	0	1	0	11	0	5	2	23	0	2	2	89	0	1	0	30	0	7	6	18	77	23	
Nuwareliya	11	94	10	138	0	10	0	13	0	65	0	6	4	35	0	19	0	0	0	52	0	10	0	0	54	46	
Galle	15	371	9	48	0	50	0	3	9	26	3	93	0	37	0	3	0	0	13	278	0	21	0	3	80	20	
Hambantota	20	177	3	19	0	4	0	9	0	8	2	52	1	43	1	8	0	0	4	97	0	20	12	173	75	25	
Matara	8	135	1	27	0	3	0	20	4	10	2	32	0	21	1	20	0	0	3	116	0	21	3	40	100	0	
Jaffna	16	446	15	227	0	3	4	134	2	41	0	6	0	250	0	8	0	0	3	68	1	16	0	0	83	17	
Kilinochchi	0	30	1	53	0	1	0	13	0	0	0	0	1	16	0	0	0	0	0	14	0	3	0	8	25	75	
Mannar	0	6	0	12	0	8	1	23	0	0	0	4	0	20	0	1	0	0	0	8	0	5	0	1	60	40	
Vavuniya	7	53	0	20	0	0	1	10	1	14	1	9	0	4	0	1	0	0	0	5	1	8	0	1	100	0	
Mullaitivu	0	55	1	33	0	0	0	8	0	12	0	8	0	7	0	0	0	1	0	4	0	4	0	5	20	80	
Batticaloa	16	480	6	127	0	2	0	19	1	16	0	13	0	1	1	6	0	1	0	32	0	4	0	0	79	21	
Ampara	6	73	0	22	0	1	0	1	0	8	0	14	0	9	0	3	0	1	0	50	0	4	0	6	71	29	
Trincomalee	7	389	1	20	0	1	0	1	0	3	0	9	0	10	0	1	0	0	6	50	0	1	1	1	83	17	
Kurunegala	46	529	1	57	0	13	1	14	1	11	1	57	1	32	2	18	0	0	3	241	1	32	0	68	74	26	
Puttalam	11	247	0	20	0	1	0	10	0	9	1	49	1	20	0	3	0	2	1	58	0	4	0	4	92	8	
Anuradhapura	6	180	0	4	0	2	0	0	0	11	1	54	0	24	0	3	0	0	0	105	0	21	2	133	26	74	
Polonnaruwa	0	90	0	12	0	1	0	1	0	0	0	9	0	0	0	1	0	0	0	29	0	2	0	23	0	100	
Badulla	10	213	1	47	1	7	0	6	0	3	0	31	2	41	1	62	0	0	2	39	1	46	0	0	65	35	
Monaragala	9	96	1	27	0	2	0	3	0	32	1	53	0	67	0	69	0	2	0	48	0	14	1	14	55	45	
Ratnapura	135	749	7	124	0	15	0	10	2	19	11	148	0	57	3	202	0	0	4	129	0	19	0	21	94	6	
Kegalle	43	478	1	69	0	6	4	22	2	10	11	86	0	35	6	42	0	0	0	141	1	27	0	1	82	18	
Kalmune	4	66	2	51	0	1	0	5	0	50	0	1	0	0	0	0	0	0	2	76	0	4	0	0	46	54	
SRILANKA	956	13748	67	1491	1	97	12	433	26	569	44	1059	11	781	22	720	1	13	46	2383	9	399	25	526	68	32	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 06th June, 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 233 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

31st – 06th June 2014 (23rd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2013& 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	00	00	00	00	00	00	01	07	42	39	+7.7%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	03	00	01	00	01	00	00	00	01	06	22	329	735	-55.2%
Measles	03	01	07	00	02	04	01	07	05	30	57	1855	615	+201.6%
Rubella	00	00	01	00	00	00	00	00	00	01	00	13	12	+8.3%
CRS**	00	00	00	00	00	00	00	00	00	00	00	03	05	-40%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	08	10	-20%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	01	00	00	00	01	05	18	219	-91.8%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	26	34	-23.5%
Tuberculosis	95	21	28	70	14	28	00	02	07	265	153	4437	3753	+18.2%

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

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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

ON STATE SERVICE

Dr. P. PALIHAWADANA
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10