



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@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: <http://www.epid.gov.lk>

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Family Health Programme - III

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

Maternal Death Surveillance and Response system

The present surveillance system of the Family Health Bureau (FHB) identifies almost all maternal deaths in the country. Every probable maternal death in the country is notified to the FHB within 24 hrs of occurrence which is reviewed at field, institutional, district and national levels subsequently. Conducting post-mortems on maternal deaths was made mandatory with a circular in 2009.

The National Maternal Mortality Reviews are conducted by the FHB in collaboration with technical experts from the Sri Lanka College of Obstetricians and Gynecologists' and other relevant professional bodies. Maternal death case scenarios are presented in the review, which give a comprehensive account on each notified maternal death based on field (H 677a) and institutional (H 677) maternal death investigation reports, pregnancy records, other field records and post-mortem reports. The cause of death is confirmed and the associated factors that may have contributed to death are discussed in detail. This provides a platform to learn lessons from the mistakes and translate the findings into action at national and sub-national levels.

Analysis of Maternal Deaths

The leading causes of maternal deaths in 2012 were Obstetric Haemorrhage (22%), Heart disease complicating pregnancy (18%), Hypertensive disorders (13%) and Septic abortions (13%). Other common causes are Aminoic fluid embolism (12%), Liver disease (10%), Respiratory disease and Pneumonia (8%). Underlying medical causes have also contributed to a significant number of maternal deaths.

Child Care

Family Health Programme (FHP) ensures the

continuum of care during neonatal period, infancy, young childhood, preschool, school and adolescent years. During the initial postpartum visits conducted within the first 42 days, the PHM provides basic domiciliary care to the newborn. These include, assessment of general health, breast feeding, screening for illnesses, followed by advising mothers accordingly and making necessary referrals. Subsequent interventions for children include immunization, growth assessment and promotion (which includes promotion of breast feeding and complementary feeding), assessment and promotion of development, food and vitamin supplementation and health education to mothers.

Field and Clinic care

Following infant registration, care is given to the infant until 5 years of age at clinic and in the field. Home visits carried out after 42 days of delivery are specifically aimed at the infant. The infants are expected to visit the field clinic for postnatal examination by the MOH at 4 weeks and subsequently for growth monitoring and immunization according to the schedule. Weighing is mainly done at child welfare clinics and field weighing posts which are conducted by PHMM.

Child Development and care for children with special needs

The concept of early child care and development (ECCD) is an important component of the Family Health programme.

The objectives of this component are,

- To ensure that all children receive appropriate early child care and stimulation by their parents and care givers to have an optimal environment which facilitate reaching their genetic potential.
- To enable children with special needs to optimally develop their mental, physical and social capacities to function as productive members of the society

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Infant and Child deaths

Family Health Programme gathers data on the number of infant and child deaths, whether or not infant deaths were investigated and if investigated, the causes of deaths. Most of the infants succumbed to congenital abnormalities and prematurity. Asphyxia happened to be the next common cause of infant deaths. Sepsis also contributed to one tenth of infant deaths.

Congenital abnormalities remained the most frequent cause of death among 1 to 5 year age category. Accidents, respiratory illnesses and diarrhoeal diseases were identified as the next common causes of 1-5 child mortality.

Care for School Children and Adolescents

FHB is the focal point of the school health programme. The Medical Officer of Health is responsible for implementation of the school health Programme in collaboration with the Zonal Educational Officers and School Principals. The Public Health Inspector organizes the school health activities at the local level. In the Municipality areas of Colombo, Kandy, Galle and Jaffna, School Medical Officers implement the School Health Programme. The programme focuses on 5 major thematic areas which are,

1. School medical services including counselling
2. Maintenance of Healthy School Environment
3. Life skills based Health Education (includes Sexual and Reproductive Health)
4. School Community Participation
5. Healthy school policies

Well Woman Clinic (WWC) Services

Well Woman Clinic (WWC) services were incorporated into the FHP in 1996. The aim was to screen peri-menopausal women for reproductive illnesses. These included breast and cervical malignancies and non-communicable diseases; diabetes, hypertension. Obtaining cervical smears for cytology (PAP test), breast examination, testing urine for sugar and blood pressure measuring are being done at the clinic. Trained Medical Officers screen the women attending the clinic for the above conditions. The identified problems are referred to appropriate centers in the health system. The follow-up is carried out by the area PHM.

Care for women with special needs

There is an important group of women with special needs who do not have access to the routine reproductive health services, but requiring special attention and care. This group includes institutionalized women, migrant women, displaced and marginalized women etc. A programme has been developed to address the reproductive health issues of migrant women and their family members, and this programme will be implemented in the field by the primary health care team.

Oral Health

Oral Health component is also a part of the Family Health Programme and the services are delivered through Maternal and Child Health and School Health services. Advocacy for policy formulation, provision of technical expertise and national level monitoring and evaluation also come under the Oral Health Programme.

School Dental Services (SDS)

The main objective of the SDS is to reduce morbidity due to common oral diseases in preschool and school children between the ages of 3-13 years by provision of oral health care services with emphasis on prevention. The services are delivered by the School Dental Therapists who work in School Dental Clinics.

Sources

- Annual Report on Family Health Sri Lanka – 2012 published by the Family Health Bureau, Ministry of Health, Sri Lanka
- Health statistics and information systems (World Health Organization) available from <http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>

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

**Table 1 : Water Quality Surveillance
Number of microbiological water samples - May/ 2014**

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	61
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	10
Kandy	23	138	0
Matale	12	72	NR
Nuwara Eliya	13	78	25
Galle	19	114	53
Matara	17	102	1
Hambantota	12	72	NR
Jaffna	11	66	0
Kilinochchi	4	24	0
Manner	5	30	0
Vavuniya	4	24	0
Mullatvu	4	24	0
Batticaloa	14	84	3
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	23	138	64
Puttalam	9	54	19
Anuradhapura	19	114	0
Polonnaruwa	7	42	NR
Badulla	15	90	15
Moneragala	11	66	31
Rathnapura	18	108	73
Kegalle	11	66	34
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 07th - 13th June 2014 (24th 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	A	B	T*	C**	
Colombo	381	5648	0	69	0	8	1	48	0	153	0	62	0	1	1	18	0	0	0	5	267	1	26	0	3	75	25
Gampaha	98	2368	4	80	0	5	0	21	0	10	2	106	0	6	5	86	0	5	4	4	194	1	32	0	2	67	33
Kalutara	70	1022	2	80	0	4	0	22	1	50	2	129	0	0	0	7	0	0	7	7	146	0	39	0	0	54	46
Kandy	35	422	3	49	0	2	0	10	0	4	2	17	1	44	0	58	0	0	5	5	128	1	15	0	2	87	13
Matale	10	140	1	31	0	1	0	11	0	5	0	23	0	2	4	93	0	1	1	31	2	9	0	18	69	31	
NuwaraEliya	9	106	4	148	0	1	0	13	0	65	0	6	2	37	0	19	0	0	3	55	2	12	0	0	77	23	
Galle	36	423	4	52	0	4	0	3	0	26	1	98	4	42	1	4	0	0	8	284	0	22	0	3	95	5	
Hambantota	20	210	2	22	0	4	0	9	0	9	1	53	0	44	1	9	0	0	0	98	1	21	4	184	92	8	
Matarra	20	155	1	28	0	3	0	20	2	12	3	35	0	21	0	20	0	0	4	120	0	21	4	44	100	0	
Jaffna	17	468	3	230	0	4	4	138	1	46	0	6	2	252	0	8	0	0	1	70	1	17	0	0	92	8	
Kilinochchi	0	30	0	54	0	1	0	14	0	0	0	0	0	16	0	0	0	0	0	14	0	3	0	8	50	50	
Mannar	1	9	6	18	1	9	1	24	0	0	1	5	0	20	0	1	0	0	0	8	0	5	0	1	80	20	
Vavuniya	12	65	1	21	0	0	0	10	0	14	0	9	0	4	0	1	0	0	0	5	1	9	0	1	50	50	
Mullaitivu	2	60	2	36	0	0	1	9	0	13	0	8	0	8	0	0	0	1	0	4	0	4	0	5	80	20	
Batticaloa	20	501	4	132	0	2	0	19	1	17	0	13	0	1	0	6	0	1	0	32	0	4	0	0	79	21	
Ampara	1	76	1	24	0	1	0	1	0	8	0	14	1	10	0	3	0	1	4	59	0	4	0	6	71	29	
Trincomalee	16	405	4	24	0	1	0	1	0	3	0	9	0	10	0	1	0	0	1	51	0	1	0	1	50	50	
Kurunegala	51	585	4	63	0	13	0	14	1	12	1	61	1	33	0	18	0	0	3	245	4	36	2	71	70	30	
Puttalam	11	258	5	25	0	1	0	10	0	9	0	49	0	20	0	3	0	2	1	59	1	5	1	5	85	15	
Anuradhapura	2	182	0	45	0	2	0	0	0	11	0	54	0	24	0	3	0	0	2	107	0	21	7	141	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	23	244	4	52	0	7	1	8	2	5	0	31	2	43	1	65	0	0	0	39	6	56	0	0	65	35	
Monaragala	8	108	1	29	0	2	0	3	1	33	0	54	4	78	0	70	0	2	1	49	0	14	1	15	91	9	
Ratnapura	219	969	3	127	0	15	1	11	0	19	8	157	1	58	10	216	0	0	3	132	0	19	0	21	89	11	
Kegalle	70	565	0	69	0	6	0	22	0	10	1	88	0	35	2	45	0	0	2	146	2	29	0	1	82	18	
Kalmune	4	75	1	54	0	1	0	5	1	52	0	1	0	0	0	0	0	0	1	77	0	4	0	0	38	62	
SRILANKA	1136	15184	60	1574	1	98	9	447	10	586	22	1097	18	809	25	755	0	13	56	2449	23	430	19	555	72	28	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 13th June, 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 246 C**=Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

07th – 13th June 2014 (24th 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*	00	00	00	00	00	00	00	01	00	01	01	43	32	-34.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	02	00	03	00	02	00	00	00	01	08	09	339	763	-55.6%
Measles	05	01	04	00	02	02	01	03	03	21	69	1881	696	+170.2%
Rubella	00	00	00	00	00	00	00	00	00	00	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	00	00	00	00	00	06	18	225	-92%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	03	25	38	-34.2%
Tuberculosis	199	09	08	05	17	13	12	11	16	290	107	4727	3860	+22.4%

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

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
May	3632	63	33	19	0	214	385	0

Source: Medical Research Institute & Veterinary Research Institute

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ON STATE SERVICE

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