



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Seasonal Influenza (Part I)

This is the first in a series of two articles on Influenza.

Influenza is an acute viral infection that can affect any age group. A case of influenza can be defined as an individual with an acute febrile illness (fever 38°C or more) with the spectrum of respiratory symptoms ranging from cough, sore throat and rhinorrhoea to pneumonia. There can be accompanying headache, muscle and joint pains with or without nausea and vomiting.

The virus is primarily spread by the aerosol route, via inhalation of droplets formed during coughing and sneezing or by direct contact with articles contaminated with respiratory secretions.

Influenza is usually self-limiting however it can cause severe illness in high risk groups like the extremes of ages (< 2 years and > 65 years), pregnant women, immune compromised and people with co-morbidities.

The influenza viruses

Seasonal influenza viruses are largely grouped as A, B and C. The Influenza A virus sub types H1N1 and H3N2 have been in circulation in the country causing influenza recently. In addition, there are influenza B viruses that are also circulating as seasonal influenza viruses. Influenza C poses much less of a disease burden. Influenza viruses undergo frequent changes in their surface antigens.

Global burden of influenza

Globally, seasonal influenza has shown a decreasing trend according to the World Health Organization surveillance data. Similarly in tropical Asia, influenza activity has been low during the recent past (WHO 2015). Based on Flu-Net (the World Health Organization global tool for influenza virological surveillance), during the latter half of April and early May 2015, 26.1% of the globally tested samples have been influenza A while 73.9% were reported to be influenza B. Of the sub typed influenza A viruses, 53.8% were influenza A (H1N1) pdm09 and 46.2% were influenza A (H3N2).

Burden of influenza in Sri Lanka

Cases of influenza continue to be reported from all areas of the country. This year up to the third week of May, the Medical Research Institute has tested 252 samples positive for influenza; influenza A - 170 and influenza B - 82. Out of the 78 influenza A cases that were sub typed there had been 42 Influenza A H1N1 cases (National Influenza Center 2015). Seven deaths have been attributed to influenza during 2015 up to now. Four pregnant women who died during the months of April and May have been found to be positive for influenza A.

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Sentinel site surveillance of influenza

Epidemiology Unit, Sri Lanka conducts influenza sentinel sites surveillance at 19 selected hospitals in order to check the current circulating viral pattern. Surveillance is carried out for Influenza Like Illness (ILI) and Severe Acute Respiratory Infection (SARI). ILI is defined as an acute respiratory illness with measured temperature 38 °C or more and cough, with onset within the past ten days. SARI is defined as requiring hospitalization in addition to the features of ILI (WHO 2014). Samples of nasopharyngeal aspirates are collected up to 10 per month from ILI patients and up to 05 per month from SARI patients.

Of the 111 ILI samples collected during March 2015, 07 samples were positive for influenza A (influenza A H1N1 – 05, influenza A H3N2 01, un-typed – 01) and 11 samples were positive for influenza B. Among the 19 SARI samples received during March 2015, 01 has been positive for influenza A H3N3. It was noted that from March 2015 to April 2015, the number of total SARI patients reported has increased by about 1%.

Clinical management and laboratory investigation

All patients seeking treatment with signs and symptoms of influenza should be screened to assess the severity of their illness.

Hospital admission

Only patients with severe or progressive symptoms should be admitted to hospitals for laboratory confirmation of diagnosis and laboratory investigations. Patients that do not belong to high risk groups with uncomplicated illness (i.e. those with fever, cough, sore throat, runny nose, headache, muscle pain and malaise but NO shortness of breath or difficulty in breathing), could be directed for home care with supportive therapy and health education advice. Oseltamivir should not be prescribed for patients who are eligible for OPD care.

Patients with symptoms and signs of severe/complicated or progressive illness (i.e. those with shortness of breath or difficulty in breathing with respira-

tory rate >25/mt, measured hypoxia with oxygen saturation <92% on room air, clinical or radiological signs of pneumonia, CNS involvement, severe dehydration, signs of other organ failure, worsening of underlying chronic disease conditions should be immediately admitted to hospitals to consider immediate initiation of antiviral treatment.

Patients in high risk groups presenting with symptoms and signs of severe/complicated or progressive illness should be immediately admitted to hospitals to initiate treatment with antivirals.

- Patients in high risk groups with uncomplicated illness could be directed for home care after thorough assessment with supportive therapy and health education advice with instructions on a compulsory follow up visit within 48 hours even in the absence of worsening of the disease.

All patients should be instructed to seek medical attention if they develop any signs or symptoms of progressive disease or if they fail to improve within 72 hours of the onset of symptoms after taking treatment.

Compiled by Dr. Chithramali Rodrigo of Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 06th - 12th June 2015 (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	125	4462	5	98	0	5	2	46	1	68	4	142	0	6	1	18	0	3	4	252	0	22	0	0	81	19
Gampaha	49	2125	3	52	0	3	1	19	0	25	4	233	0	6	4	84	0	0	4	117	0	10	0	2	93	7
Kalutara	11	751	6	60	0	4	1	23	0	67	1	159	1	2	0	16	0	1	3	156	1	28	0	0	77	23
Kandy	19	675	1	63	0	5	0	17	0	25	3	57	1	36	4	88	0	0	3	127	0	8	1	8	96	4
Matale	3	314	0	29	0	0	0	7	0	5	5	38	0	7	2	22	0	0	0	13	3	8	4	7	85	15
NuwaraEliya	5	93	20	205	0	3	1	11	0	0	2	17	3	38	0	40	0	0	6	67	0	29	0	0	92	8
Galle	8	408	1	35	1	2	0	4	1	15	5	139	2	36	0	5	0	0	3	150	0	28	0	2	65	35
Hambantota	4	160	0	14	0	0	0	5	1	11	3	54	0	27	1	25	0	0	2	74	1	6	15	158	92	8
Matara	3	228	3	41	0	5	0	4	0	44	2	95	1	20	1	17	0	0	4	137	1	12	4	46	100	0
Jaffna	22	1096	16	317	0	8	1	141	0	41	0	13	5	508	0	9	0	2	6	141	0	8	0	0	100	0
Kilinochchi	1	35	1	43	0	0	0	5	0	27	0	1	0	12	0	0	0	0	1	11	0	0	0	0	50	50
Mannar	0	74	0	6	0	1	0	5	0	2	0	8	0	16	0	0	0	0	0	7	0	0	0	0	80	20
Vavuniya	1	81	1	11	0	6	5	46	1	5	0	12	0	12	0	1	0	2	2	35	0	6	0	2	100	0
Mullaitivu	0	85	1	12	0	2	0	5	0	1	0	3	0	7	0	2	0	0	1	3	0	3	0	4	60	40
Batticaloa	22	1201	7	141	0	4	0	12	0	123	1	9	0	2	1	1	0	0	3	26	0	15	0	0	71	29
Ampara	3	31	0	25	0	1	0	1	0	4	0	10	0	1	0	2	0	0	1	124	0	5	0	1	57	43
Trincomalee	12	452	1	28	0	0	0	17	0	32	1	12	1	12	0	7	0	1	7	52	0	3	0	1	83	17
Kurunegala	12	781	5	88	0	2	0	3	0	13	12	156	1	18	0	28	0	3	9	240	0	20	2	55	89	11
Puttalam	4	439	0	23	0	4	0	3	0	6	0	24	0	10	0	1	0	0	2	31	0	15	0	2	62	38
Anuradhapura	2	263	1	45	0	1	0	2	0	49	2	163	1	17	0	8	0	1	2	109	0	17	6	152	68	32
Polonnaruwa	1	127	0	26	0	2	0	7	0	3	0	45	0	1	1	4	0	0	4	79	0	13	2	51	43	57
Badulla	4	346	6	84	0	4	1	5	0	7	2	36	2	62	4	103	0	2	3	111	1	46	0	6	71	29
Monaragala	3	110	3	63	0	2	0	13	0	2	2	123	1	45	0	39	0	1	0	48	1	8	0	13	73	27
Ratnapura	11	530	9	155	1	6	1	26	3	4	3	156	0	36	1	132	0	0	1	67	1	26	0	4	72	28
Kegalle	8	307	2	39	1	8	1	46	0	5	10	183	1	30	4	61	0	0	2	127	2	31	0	0	91	9
Kalmunei	1	394	4	71	0	1	0	1	3	33	0	3	0	0	0	0	0	0	2	68	0	7	0	0	46	54
SRI LANKA	335	15568	96	1774	3	79	14	474	10	617	62	1891	20	967	24	713	0	17	74	2372	11	374	34	514	79	21

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 12th June, 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 269 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

06th - 12th June 2015 (24th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2015	Number of cases during same week in 2014	Total number of cases to date in 2015	Total number of cases to date in 2014	Difference between the number of cases to date in 2014 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	01	01	00	01	03	01	33	43	-23.2%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Mumps	00	01	03	00	00	00	00	00	00	04	08	189	339	-44.2%
Measles	17	08	05	00	02	03	03	05	04	47	21	1169	1881	-38.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	06	13	-54.1%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	03	-100%
Tetanus	00	00	01	00	01	00	00	00	00	02	00	09	08	+12.5%
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	00	07	18	-61.1%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	37	25	+48%
Tuberculosis	54	24	06	06	05	16	00	00	00	111	290	4267	4727	-9.7%

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

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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

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