



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. 42 No. 29

11th – 17th July 2015

Challenges in Prevention and Control of Hepatitis C

HCV infection is a serious health concern worldwide with a risk of developing an epidemic in the near future. Since it is a timely and important requirement to have further discussions in this regard, a symposium on “Challenges in Prevention and Control of Hepatitis C” was held on 12th May, 2015. This timely endeavour with the participation of varied academic and technical professionals helped to build a platform to increase awareness regarding the Hepatitis C infection and its implications thereby initiating necessary actions including development of a surveillance system for the planning and implementation of preventive and control strategies to combat HCV and HCV co-infection with other viruses.

Objectives of this symposium were

- Improving awareness among the medical professionals on the emerging public health threat of HCV infection
- Enhancing investigation capacity for screening and diagnosis of HCV and HCV co-infection with HIV and other viruses
- Establishing a surveillance system in order to combat the HCV infection
- Facilitating formation of a coordinating committee for HCV infection control and prevention strategies

Hepatitis C virus (HCV) is considered as a blood-borne, sexually transmitted virus which causes morbidity and mortality among humans.

It is a major cause of both acute and chronic hepatitis. Patients who develop chronic hepatitis may develop complications such as cirrhosis and hepatocellular carcinoma.

Patients who are infected with HCV are co-infected with HBV and HIV due to shared routes of transmission. Co-infection of HCV with HBV and/or HIV can change the prognosis and disease progression of these conditions. People co-infected with HIV and hepatitis B /C virus are more likely to progress to end-stage liver disease, or liver failure, compared to those with HIV alone, and individuals infected with all 3 viruses are at greatest risk.

WHO estimates that about 3% of the world’s population has been infected with HCV and that there are more than 170 million chronic carriers who are at risk of developing liver cirrhosis and/or liver cancer. The recently published data has revealed a high prevalence of HCV infection in Asian countries especially due to its co-infection with HIV. According to the reported data in 2012, the estimated prevalence of HIV in Sri Lanka is <0.1% with over 3000 patients. Blood donor screening at National Blood Transfusion

Contents

Page

- | | |
|------------------------------------------------------------------------------------------------------------------|---|
| 1. <i>Leading Article – Challenges Prevention And Control of Hepatitis C</i> | 1 |
| 2. <i>Summary of selected notifiable diseases reported - (04th – 10th July 2015)</i> | 3 |
| 3. <i>Surveillance of vaccine preventable diseases & AFP - (04th – 10th July 2015)</i> | 4 |

WEEKLY
SRI LANKA - 2015

Service (NBTS) for HIV, HBsAg and HCV antibodies have revealed more prevalence of HBV and HCV than HIV.

Though the transmission through blood and blood products have significantly reduced due to blood donor screening, certain socioeconomic and behavioral factors which are present in the country such as clandestine but flourishing sex industry, intravenous drug abuse, men who have sex with men, low level of condom use, and concurrent sexual relationships among most-at-risk-populations (MARP) may ignite an epidemic in the future.

While a vaccine for Hepatitis B immunization is available in the EPI schedule, HCV infection control measures are limited in Sri Lanka. Some countries in the Asian region have already initiated separate government programmes to combat HBV and HCV in their respective countries. Therefore it has been identified as a timely need by the Ministry of Health to have an initiative with a symposium for further discussions on screening, diagnosis of patients with HCV and HCV co-infection with other viruses, preventive strategies, and further management in order to take necessary action to combat the disease.

Therefore a symposium on "Challenges in Prevention and Control of Hepatitis C" as formally decided at a meeting with stakeholders chaired by DGHS was held with the participation of varied academic and technical professionals.

During the discussion, following issues were pointed out.

- Data on HCV prevalence is lacking, as such strengthening the notification of HCV patients from available sources is important. Therefore effective surveillance system is needed with sero-surveillance, behavioural surveillance and sentinel site surveillance
- Proper allocation of resources is important to strengthen prevailing national preventive strategies and newer strategies which are to be implemented
- Improving investigation capacity for HCV in central and peripheral units and combined investigation of high risk population for HCV and co-infection is necessary
- Importance of having guidelines for the management of patients infected with HCV
- Prevention of HCV infection by assessing the patients with

HCV infection with a detailed questionnaire for mode of transmission, high risk activity to identify high risk groups for productive resource allocation for screening programmes

- Proper screening of contacts is important for early detection and management of patients and to take measures to prevent disease transmission to non-infected people
 - Availability of HBV vaccine for Health Care Workers (HCW) in hospitals in the entire country was stressed on
- At NBTS only HCV screening is done and a total of 657 patients were screened reactive for HCV antibodies. If patients are detected as reactive for antibodies at NBTS they are referred to a clinician for confirmation and further assessment. Therefore a proper follow up of these patients is needed
- Need to promote HCV infected patients being referred to and followed up by Gastroenterologists
 - HCW should take precautions in handling patients and body fluids uniformly without considering high risk category only
 - Ensure proper handling of sharp bins and waste disposal at hospitals

According to current policy, all HCW should be vaccinated against HBV. But they are not tested for immunity levels. Therefore testing HCW for immunity levels against HBV is recommended

Recommendations:

At the end of the panel discussion following recommendations were adopted.

- Establishment of a working committee as a way forward to take necessary actions for prevention and control of HCV and HCV co-infection with other viruses
- Development of a sentinel site surveillance mechanism with identified 3 or 4 hospitals as sentinel sites to improve effectiveness of the surveillance mechanism
- Link up with the hospitals including private hospitals, OPDs, NBTS, NSACP, MRI and other laboratories to gather data to the central unit for utilization in planning and implementing strategies to combat HCV

Compiled by Dr. Ruwani Kaushalya of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 04th - 10th July 2015 (28th 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	156	5037	4	118	1	6	4	57	6	78	3	163	0	6	0	23	0	3	4	283	0	22	0	0	81	19
Gampaha	59	2338	0	56	1	5	0	22	0	25	4	241	1	7	0	89	0	0	4	133	0	14	0	2	93	7
Kalutara	27	847	1	69	0	4	0	27	0	71	14	198	0	2	0	19	0	2	6	175	0	32	0	0	92	8
Kandy	9	725	0	73	0	6	1	20	0	25	7	72	1	40	1	100	0	0	4	145	0	8	0	9	91	9
Matale	1	328	0	31	0	0	0	7	0	5	0	44	0	7	1	23	0	0	0	13	0	9	0	12	62	38
NuwaraEliya	0	100	2	225	0	3	0	13	0	0	0	18	1	39	2	43	0	0	0	82	0	31	0	0	69	31
Galle	5	437	1	42	0	2	1	6	0	19	0	145	0	37	0	6	0	0	1	165	0	29	0	2	80	20
Hambantota	2	169	2	20	0	0	1	7	0	11	4	60	0	29	0	25	0	0	1	77	1	9	11	186	100	0
Matara	2	238	0	43	0	5	0	4	0	44	0	98	0	21	1	18	0	0	2	156	0	14	3	62	100	0
Jaffna	14	1156	34	421	1	9	2	147	0	54	0	13	3	525	1	10	0	2	1	152	0	9	0	0	100	0
Kilinochchi	1	39	1	48	0	0	0	9	0	31	0	1	0	19	0	0	0	0	1	13	0	0	0	0	50	50
Mannar	0	75	0	7	0	1	0	5	0	2	0	8	1	18	0	0	0	0	0	7	0	0	0	1	80	20
Vavuniya	2	86	0	14	0	6	1	52	0	5	1	14	0	13	0	1	0	2	1	36	3	10	1	4	100	0
Mullaitivu	0	97	0	17	0	2	0	6	0	1	0	3	0	7	0	3	0	0	0	4	0	3	0	4	20	80
Batticaloa	27	1271	11	173	0	6	1	17	0	123	0	9	0	2	0	10	0	1	0	28	1	16	0	0	57	43
Ampara	0	36	1	28	0	1	0	1	1	8	0	10	0	1	0	3	0	0	1	147	0	5	0	2	57	43
Trincomalee	8	484	1	38	0	0	0	17	0	34	0	12	0	14	0	7	0	1	3	59	0	3	0	1	83	17
Kurunegala	15	838	3	103	0	2	0	3	0	13	3	179	0	20	1	31	0	4	8	269	1	22	3	71	78	22
Puttalam	4	483	3	28	0	4	0	4	0	6	0	24	0	14	0	1	0	0	1	34	1	21	0	2	69	31
Anuradhapura	3	276	2	49	0	1	0	2	4	55	1	169	1	18	0	8	0	1	2	119	0	20	13	177	79	21
Polonnaruwa	0	130	1	27	0	3	0	7	0	3	0	49	0	1	0	4	0	0	0	86	0	17	0	54	29	71
Badulla	5	378	12	127	0	4	1	7	0	7	0	44	0	68	4	120	0	2	6	124	1	53	0	6	82	18
Monaragala	1	126	4	75	0	3	0	13	0	3	5	131	2	52	1	44	0	1	0	59	0	11	0	18	91	9
Ratnapura	20	614	10	193	1	7	1	33	0	4	9	194	0	41	3	142	0	0	0	72	3	36	0	4	83	17
Kegalle	8	351	0	44	0	8	0	49	0	8	1	202	1	31	3	64	0	0	2	137	1	33	0	0	91	9
Kalmunei	3	421	2	85	0	1	0	1	0	33	0	5	0	0	0	1	0	0	2	80	0	8	0	0	69	31
SRILANKA	372	17080	95	2154	4	89	13	536	11	668	52	2106	11	1032	18	795	0	20	49	2655	12	435	31	617	80	20

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 10th July, 2015. Total number of reporting units 337. Number of reporting units data provided for the current week: 272. C**=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

04th - 10th July 2015 (28th 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*	01	00	00	00	00	00	00	00	00	01	01	40	49	-18.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	02	01	00	01	02	01	00	00	00	07	07	218	406	-46.3%
Measles	47	02	05	02	06	02	01	10	07	82	37	1423	2094	-32.0%
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	04	-100%
Tetanus	00	00	00	00	00	01	00	00	00	01	00	11	08	+37.5%
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	07	18	-61.1%
Whooping Cough	01	00	00	00	01	00	00	00	01	03	02	47	29	+62.0%
Tuberculosis	44	22	03	05	15	04	08	08	13	122	155	5179	5285	-2.0%

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