



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Vol. 42 No. 47

14th – 20th November 2015

Maternal Death Surveillance and Response (MDSR) – Outcomes of 2014 (Part II)

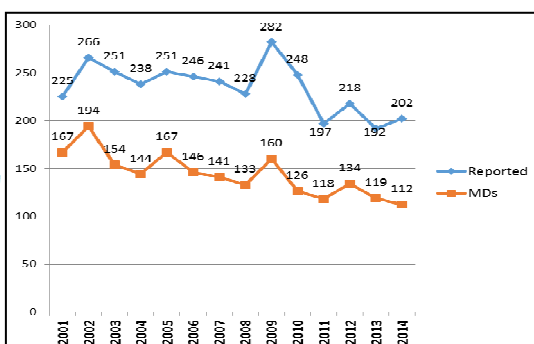
This is the second in a series of three articles on Maternal Death Surveillance and Response.

All deaths (irrespective of cause) of women in reproductive age group during the pregnancy period and until one year after termination of pregnancy should be notified to FHB.

Out of 202 probable maternal deaths reported to FHB during 2014, 112 were confirmed as maternal deaths after a consensus reaching process among experts.

The figure 4 shows the progression of reported and confirmed deaths over the years.

Figure 4: Probable and confirmed maternal deaths 2001 - 2014



A large majority of the women died due to a pregnancy-related cause in 2014 were either from rural (65%) or estate (10%) sectors.

The following figures (5 - 7) show the maternal deaths by direct/ indirect causes; antenatal / intranatal / postnatal period and marital status.

There is no significant difference in direct (50%) and indirect (49%) categories of maternal deaths (Figure 5).

Figure 5: Category of Maternal deaths

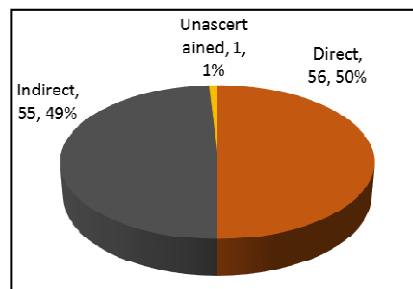


Figure 6: Timing of Maternal deaths

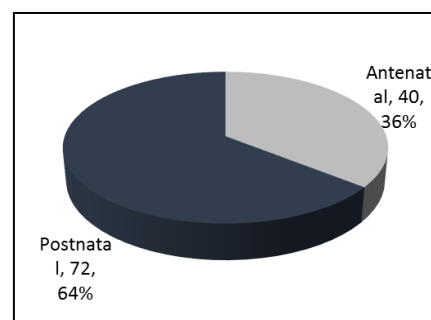
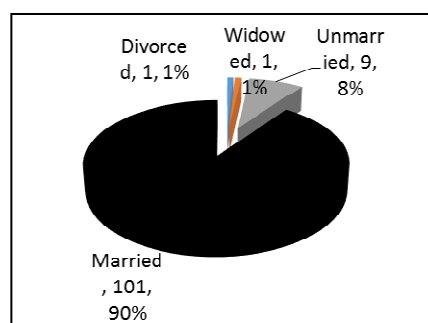


Figure 7: Maternal deaths by marital status



Many of the maternal deaths occurred during postpartum period (64%), highlighting the need of focusing on postpartum interventions to prevent such deaths (Figure 6).

It is also noticeable that a significant number of 'single' females (10%) contributes to maternal

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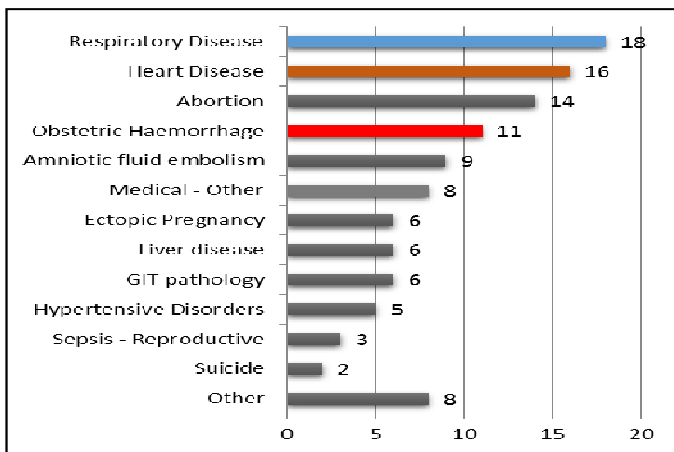
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deaths. There were many socially-stigmatized pregnancies ended up as maternal deaths in 2014.

In 2014, Primies accounted for 21% of deaths. A high proportion of maternal deaths occurred in second pregnancy (31%) while 48% occurred among mothers in parity 3 and above. Approximately one fourth (26%) of mothers died belongs to high risk age groups: more than 35 years (n=25) and less than 20 years of age (n=4).

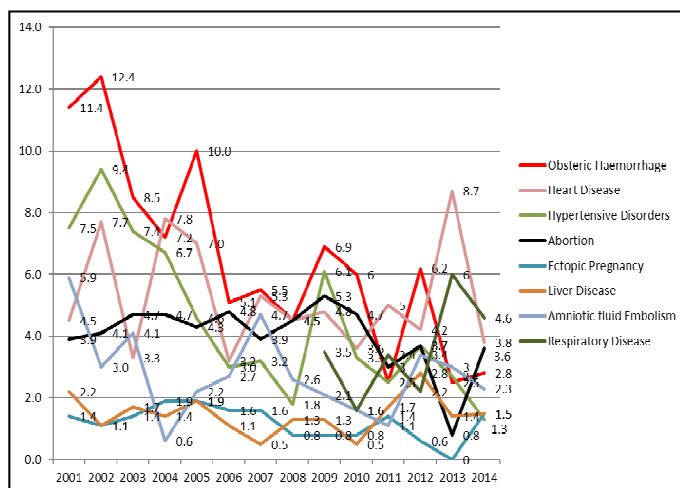
Ethnicity shows a disparity in maternal deaths with the majority (63%) of the diseased were Sinhalese followed by Tamils (26%) and Muslims (11%). This is reflected in estimated ethnicity specific MMRs per 100,000 live births (Sinhalese 28.9, Tamils 48.0 and Muslim 28.4).

Figure 8: Number of maternal deaths from different causes – 2014



The leading causes of maternal deaths were respiratory disease, Heart disease complicating pregnancy, abortion and obstetric haemorrhage. It is apparent that medical disorders are emerging as significant causes of maternal deaths. Figure 8 and 9 draw the attention for need for cause-specific preventive strategies to reduce maternal deaths further in the country. Cause-specific maternal mortality ratios (CSMMR) also re-

Figure 9 : Cause Specific Maternal Mortality rates 2001- 2014



duced over the years to lower levels in 2014, especially in obstetric hemorrhage (2.8), hypertensive disorders (1.3) and Amniotic fluid embolism (2.3). However CSMMRs for septic abortion, heart disease, respiratory disease and liver disease remain more or less stagnant over the years.

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Table 1 : Water Quality Surveillance Number of microbiological water samples October/2015

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	NR
Gampaha	15	90	95
Kalutara	12	72	NR
Kalutara NIHS	2	12	28
Kandy	23	138	NR
Matale	12	72	NR
Nuwara Eliya	13	78	NR
Galle	19	114	106
Matara	17	102	0
Hambantota	12	72	NR
Jaffna	11	66	19
Kilinochchi	4	24	13
Manner	5	30	27
Vavuniya	4	24	21
Mullatvu	4	24	41
Batticaloa	14	84	41
Ampara	7	42	NR
Trincomalee	11	66	4
Kurunegala	23	138	102
Puttalam	9	54	43
Anuradhapura	19	114	0
Polonnaruwa	7	42	4
Badulla	15	90	129
Moneragala	11	66	88
Rathnapura	18	108	72
Kegalle	11	66	35
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 07th - 13th Nov 2015 (46th 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	190	7978	2	170	0	14	2	95	4	121	5	286	0	10	2	42	0	4	3	435	0	41	0	0	81	19
Gampaha	34	3384	0	80	0	12	0	32	0	32	9	387	0	10	1	129	0	0	0	270	1	31	0	2	47	53
Kalutara	36	1262	3	103	0	8	2	55	1	153	12	355	0	6	0	35	0	3	2	262	1	56	0	0	69	31
Kandy	19	1080	8	138	0	6	0	30	6	57	3	111	2	68	3	136	0	0	2	218	1	25	0	16	87	13
Matale	3	365	1	38	0	2	0	10	0	7	0	53	0	8	0	29	0	0	0	31	2	39	2	24	31	69
NuwaraEliya	4	144	6	309	0	3	1	30	0	10	2	40	0	70	2	62	0	0	4	123	1	51	0	2	92	8
Galle	16	804	2	80	0	3	0	9	0	25	3	244	2	104	0	11	0	0	3	248	3	58	0	2	75	25
Hambantota	9	327	1	49	0	2	0	8	0	31	7	119	0	58	1	43	0	0	2	114	0	12	9	296	92	8
Matara	10	392	0	62	0	6	0	4	0	45	10	244	0	44	1	48	0	1	2	221	1	19	2	138	100	0
Jaffna	38	1436	20	946	0	9	0	165	0	87	1	16	10	577	0	13	0	2	1	102	0	19	0	0	100	0
Kilinochchi	0	75	2	94	0	1	0	17	0	31	0	1	0	26	0	0	0	1	0	19	0	1	0	0	50	50
Mannar	0	84	0	16	0	1	0	5	0	3	0	8	0	21	0	0	0	0	0	7	0	0	1	0	80	20
Vavuniya	7	131	3	25	0	6	0	74	0	28	1	18	0	13	0	2	0	2	0	40	1	19	0	7	50	50
Mullaitivu	0	123	0	31	0	2	1	16	0	16	1	7	0	9	0	4	0	1	0	5	0	5	0	8	40	60
Batticaloa	4	1367	0	300	0	7	0	27	0	181	0	14	0	4	0	12	0	1	0	59	0	17	0	0	57	43
Ampara	0	54	0	43	0	2	0	2	1	19	0	15	0	2	0	13	0	0	0	186	0	5	0	3	14	86
Trincomalee	3	530	1	114	0	0	0	34	3	51	0	15	0	26	0	66	0	1	1	95	0	9	0	6	42	58
Kurunegala	12	1082	10	197	1	8	0	7	0	28	7	241	1	30	0	43	0	6	4	375	1	36	1	128	85	15
Puttalam	3	591	3	96	0	5	0	9	0	9	0	42	2	21	0	3	0	0	1	59	0	29	0	3	38	62
Anuradhapura	6	339	6	151	0	5	0	4	0	67	9	208	0	22	1	22	1	1	1	171	0	33	2	321	47	53
Polonnaruwa	2	205	1	53	1	5	0	14	0	12	1	78	0	1	0	12	0	0	3	133	2	26	3	117	71	29
Badulla	6	488	2	228	1	11	1	10	0	27	2	73	0	130	0	208	0	3	2	195	0	88	0	7	71	29
Monaragala	3	176	1	112	0	4	0	16	0	5	0	140	0	82	1	444	0	1	1	94	1	31	0	37	91	9
Ratnapura	12	883	7	275	2	19	0	42	0	8	5	350	0	67	12	293	0	1	7	181	0	51	0	17	78	22
Kegalle	24	570	2	66	2	14	2	83	0	18	11	302	1	52	0	81	0	0	8	228	1	57	0	0	82	18
Kalmunai	3	471	0	117	0	1	0	1	4	61	0	10	0	0	0	7	0	0	1	106	0	10	0	0	46	54
SRILANKA	444	24341	81	3893	7	156	9	799	19	1132	89	3377	18	1461	24	1758	0	28	48	4077	16	769	19	1135	70	30

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 13th November, 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 237 C**=Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

07th – 13th Nov 2015 (46th 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	00	00	00	00	00	02	63	74	-15.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	00	00	00	02	00	00	00	03	11	343	604	-43.2%
Measles	07	00	05	00	00	02	02	02	01	19	34	2480	2968	-16.4%
Rubella	00	00	00	00	00	00	00	00	00	00	00	08	17	-53.1%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	04	-100%
Tetanus	00	00	00	00	00	00	00	00	00	00	01	16	13	+23.1%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	01	00	00	00	00	00	00	00	00	01	00	11	22	-50%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	92	71	+30.1%
Tuberculosis	35	03	21	00	03	08	03	11	03	87	89	8589	8605	-0.1%

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	Cloacal samples	Serum Samples	Positives
October	4062	41	08	09	01	1021	511	0

Source: Medical Research Institute & Veterinary Research Institute

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**

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