

# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit Ministry of Health, Nutrition & Indigenous Medicine

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Vol. 43 No. 01

26th - 01st January 2016

### Flashback 2015 (Part 1)

This is the first in a series of two articles on the activities carried out by the Epidemiology Unit during the preceding year. The year 2015 was yet another eventful and successful year for the Epidemiology Unit.

Disease surveillance, closely integrated with the timely dissemination of these data to those responsible for preventing and controlling diseases, is a major function carried out by the e Epidemiology Unit. Therefore, regular reviews are carried out by the Epidemiology unit to improve the quality of these activities. Such reviews were conducted in all Medical Officer of Health (MOH) offices in the districts of Matale, Puttlam, Galle, Trincomalee and Kandy.

Training of health care staff on Polio Virus type 2 withdrawal procedure was continued during 2015 and assured the readiness for Inactivated Polio Vaccine (IPV) introduction as the first step of Polio Virus type 2 withdrawal in Polio Eradication initiative. IPV was introduced to infants at the age of 4 months together with the 2nd dose of Pentavalent Vaccine and the 2nd dose of Oral Polio Vaccine from July 2016.

National Immunization Summit was conducted in January 2015 with the participation of all relevant stakeholders, experts in different fields and academia. Opportunity was provided for the vaccine suppliers to participate as observers for the first time at the summit. Introduction of Inacti-

vated Polio Vaccine, sero-conversion status after single dose of Live Japanese Encephalitis Vaccine (LJEV)-Sri Lankan experience after 5 years of introduction, cervical cancer burden and options for HPV vaccine introduction, immunization in pregnancy, measles immunity status in Sri Lankan population, invasive bacterial diseases and Rota virus gastro-enteritis surveillance in Sri Lanka, and the Hepatitis B sero-prevalence survey findings in Sri Lanka were presented and discussed.

Advisory Committee on Communicable Diseases (ACCD) took a decision to change the age at which Mumps, Measles and Rubella (MMR) vaccine was given, considering evidence of outbreak analysis, sero-survey and immunization summit recommendations. First dose of MMR was given at the age of 9 months instead of at 1 year and Live Japanese Encephalitis Vaccine (LJEV) was shifted to 1 year instead of at 9 months.

Human Papilloma Virus (HPV) working group has been nominated and working group has submitted a consent paper regarding the requirement of HPV vaccine in the National Immunization Programme (NIP). ACCD decided to include HPV vaccine from 2017.

Measles outbreak continued during the previous year with a waning observed during the latter part of the year. The necessity of conducting

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laboratory test on all suspected cases of measles was highlighted and several reminders were sent to health care institutions.

It has been observed that the E- surveillance programme implemented in 2015 with the aim of minimizing possible errors in the paper based system, improving time management, avoiding postal delays has progressed well throughout the year. All 339 MOHs send their Weekly Return of Communicable Disease (WRCD) in a timely manner through E- surveillance system.

Expanded Programme on Immunization (EPI) is another very important responsibility of the Epidemiology Unit. Annual district EPI reviews were completed covering all 26 districts & National Institute of Health Sciences (NIHS) area.

Epidemiology Unit has gained recognition as a Training Center par excellence, at both national and international levels. The unit conducted training programmes for EPI managers from Bangladesh and Timor-Leste during the preceding year. A three day programme on effective vaccine management based on World Health Organization's Middle Level Managers' Training modules was conducted for 150 SPHMM, PHNSS and RSPHNOO from all over the country. All the SPHII in the country were given a refresher training on disease surveillance last year.

As per the WHO recommendation, Effective Vaccine Management (EVM) assessment was conducted by an external expert in July 2015. This assessment was conducted in all 26 Regional Medical Supply Divisions (RMDS) and also in selected MOH areas in the country. Overall, the assessment concluded that the vaccine management of NIP is at a remarkably high level. A Vaccine temperature monitoring study and a Temperature mapping study of storage areas were initiated by the Epidemiology Unit as a recommendation of the EVM.

During the WHO National Regulatory Authority (NRA) assessment conducted in August 2015, vaccine pharmacovigilance [Adverse Events Following Immunization (AEFI)] was assessed and found to be excellent. This is a WHO routine assessment conducted globally and Sri Lankan surveillance system of AEFI was considered as one of the best performing models in the world.

National Immunization Policy was developed with the leadership of the Epidemiology Unit and the policy was endorsed by the Cabinet Ministers in 2015, and was subsequently gazetted. The Epidemiology Unit has commenced on developing National Strategic Plan as the implementing step of National Immunization Policy.

In October 2015, country EPI Review / Assessment was conducted by the WHO/SEAR regional office. This review was conducted by a group of external reviewers aided by a team of national experts. The overall conclusion was outstanding service delivery throughout the island, with many "best practices" to share with other countries. The review found strong central level support with high level advocacy, staff capacity, planning, decision-making processes for new vaccine introduction and schedule changes through vaccine advisory bodies and AEFI surveillance and investigation. Excellent EPI implementation and management is also based on the capacities and commitment of front line health care workers and the subsequent trust of communities.

Aggregate module of the Web Based Immunization Information System (WEBIIS) which replicates the manual Quarterly EPI Return (QEPIR) electronically is now fully implemented in 342 MOOH in the country. The key staff members involving in preparation of the QEPIR have been trained for this purpose. At the end of the 3<sup>rd</sup> quarter of 2015, 70% of the MOOH were using the system.

Human rabies is an important disease, because of its essential fatality, the large number of animal bites taking place and sizable number of deaths still occurring in Sri Lanka.

In the backdrop of Sri Lanka following the strategy for elimination of rabies by 2020, human rabies surveillance becomes an important part of the strategy. There were 24 human deaths reported from many parts of the country. This was an increase in number compared to last year where only 18 deaths had occurred. The guidelines on post exposure treatment was revised with the leadership of MRI and the contributions from many stake holders.

Page 2 to be continued....

Table 1: Selected notifiable diseases reported by Medical Officers of Health 19th - 25th Dec 2015 (52nd Week)

Table 1	ı: 5	eiec	ctea	no	titia	ıbie	ais	seas	ses I	rep	orte	ea b	y IVI	eal	cai	OTTI	cers	S OT	неа	iitn		19 <sup></sup>	- Z:	5 <sup>th</sup> D	ec.	201	ວ (ວ	Ziiu	VV
WRCD	<b>*</b>	26	87	64	17	31	38	45	17	18	0	20	9	20	9	14	100	42	29	62	53	22	23	45	26	22	77	47	
W	<u>*</u>	44	13	36	83	69	62	22	83	82	100	20	40	20	40	86	0	28	41	38	47	43	47	22	44	45	23	23	
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Leish asis	∢	0	0	0	0	2	0	0	12	9	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	0	0	56	
ngitis	ω	46	39	63	33	45	22	62	13	70	21	2	П	21	9	18	2	12	41	36	39	56	117	32	28	29	15	882	
Meningitis	∢	0	0	1	н	1	0	П	0	0	0	0	0	0	0	0	0	0	0	0	0	0	က	0	П	0	0	œ	
Chickenpox	ш	487	309	295	240	35	143	283	147	247	213	20	7	40	2	62	201	122	426	73	196	157	212	107	214	282	110	4633	
Chicke	∢	1	0	1	3	1	0	1	7	4	3	0	0	0	0	0	0	0	9	0	0	0	1	0	2	1	0	31	
ian es	ш	4	0	က	0	0	0	0	0	1	2	П	0	7	1	1	0	1	10	1	1	0	က	П	1	0	1	34	
Human Rabies	∢	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Viral Hepatitis	ш	21	137	36	153	36	99	13	49	52	14	0	0	7	7	14	14	86	47	ю	56	13	228	483	323	86	7	1958	
´Ψ	∢	н	0	0	0	1	П	0	П	0	0	0	0	0	П	1	0	6	0	0	П	0	П	က	0	0	0	20	
Typhus Fever	ш	12	11	7	9/	6	9/	111	63	53	292	27	24	15	6	4	2	26	31	23	24	1	138	98	73	26	0	1724	
<u> </u>	∢	н	0	0	-1	0	0	1	0	0	28	0	0	0	0	0	0	0	0	0	0	0	П	н	0	0	0	33	
Leptospirosis	Ф	315	434	430	133	65	23	289	172	269	21	2	6	70	13	34	23	18	366	48	396	159	92	200	408	349	13	4331	
Lept	∢	0	0	1	4	0	0	က	4	2	0	0	н	0	1	0	0	0	2	П	3	7	2	က	С	4	0	36	3
Food Poisoning	Ф	124	33	154	72	13	10	56	31	47	68	31	9	33	16	182	19	22	28	6	29	13	28	2	10	25	29	1195	
Pois	∢	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	П	
Enteric Fever	Ф	101	37	28	32	10	41	10	6	2	186	21	9	80	18	30	2	39	8	6	5	17	13	17	43	95	3	895	
Enterio	∢	1	0	0	0	0	7	0	0	0	4	П	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	10	
Encephaliti s	Ф	18	15	8	7	2	2	က	2	12	11	п	m	6	2	8	2	0	8	9	2	2	16	2	23	17	2	198	
Ence	∢	н	0	0	0	0	0	0	0	0	0	0	0	н	0	0	0	0	0	0	0	0	0	0	0	0	0	7	SCD).
Dysentery	Ф	183	06	120	179	48	324	95	52	74	1087	117	23	34	47	352	43	137	267	153	167	99	258	121	311	90	137	4575	ases (WF
Dys	⋖	П	0	1	2	2	0	0	0	0	14	7	0	7	0	က	0	4	м	П	0	0	1	0	4	3	0	46	ole Dise
. Fever	Ф	9746	3967	1529	1316	401	178	1017	397	458	2016	91	104	191	140	1472	65	286	1245	702	387	246	557	222	1024	704	530	29291	ommunicat
Dengue Fever	∢	142	8	20	32	1	∞	16	9	9	109	0	m	13	2	22	0	11	6	ю	1	2	9	7	6	10	11	455	sturns of C
RDHS Division		Colombo	Gampaha	Kalutara	Kandy	Matale	NuwaraEliya	Galle	Hambantota	Matara	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kurunegala	Puttalam	Anuradhapura	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle	Kalmune	SRILANKA	Source: Weekly Returns of Communicable Diseases (WRCD).

Source: Weekly Neturns of Communicable Diseases (WRCU).

-T=Timeliness refers to returns received on or before 25th December, 2015 Total number of reporting units 337 Number of reporting units data provided for the current week. 182 C\*\*-Completeness A = Cases reported during the ourrent week. B = Cumulative cases for the year.

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## Table 2: Vaccine-Preventable Diseases & AFP

19th - 25th Dec 2015 (52nd Week)

Disease			N	lo. of Cas	es by P	rovince		Number of cases during current	Number of cases during same	Total number of cases to	Total num- ber of cases to	Difference between the number of cases to date			
	w	С	S	N	E	NW	NC	U	Sab	week in 2015	week in 2014	date in 2015	date in 2014	in 2015 & 2014	
AFP*	01	00	00	00	00	00	00	00	00	01	01	72	84	-14.2%	
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%	
Mumps	00	01	00	00	00	01	00	00	00	02	06	386	656	-41.1%	
Measles	02	00	00	00	01	00	00	00	02	05	10	2593	3094	-16.1%	
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	00	16	15	+6.6%	
Neonatal Teta- nus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%	
Japanese En- cephalitis	00	00	00	00	00	00	00	00	00	00	00	15	22	-32.1%	
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	105	79	+33.1%	
Tuberculosis	33	12	02	08	00	10	02	09	00	76	131	9597	9580	+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

**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

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