



# WEEKLY EPIDEMIOLOGICAL REPORT

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## World Blood Donor day

World Blood Donor day is celebrated on 14<sup>th</sup> June every year.

### History

The World Blood Donor day was first identified and established to be celebrated in 2004 by the World Health Organization (WHO) and the International Federation of Red Cross and Red Crescent Societies. It was decided to be celebrated on 14<sup>th</sup> June every year which is also the birthday anniversary of Karl Landsteiner. Karl Landsteiner who was a great scientist has won the Nobel prize for discovering ABO blood group system. World Blood Donor day was officially established by the WHO with its 192 member states in May 2005, at the 58<sup>th</sup> World Health Assembly.

This day is celebrated with the aim of raising public awareness regarding the need for safe blood donations ( including blood products) voluntarily and unpaid by healthy people. Blood donors who are the key role players are appreciated and motivated on this day.

### World Blood Donor day 2016

This year's World Blood Donor day celebrations were held under the theme "Blood connects us all" which reflects the common bond that all people share in their blood. As was done in the previous years, in this year also many activities and campaigns were organized, especially in Netherlands which was the host country for World Blood Donor day, 2016. They were conducted, aiming to improve the number of safe, voluntary, unpaid blood donors who give blood regularly in

order to improve safety and adequacy of national blood supplies.

### Importance of voluntary, unpaid blood donation

According to the WHO and the International Federation of Red Cross and Red Crescent Societies, "A voluntary, non remunerated blood donor gives blood, plasma or cellular components on his or her own free will and receives no payment, either in the form of cash or kind which could be considered a substitute for money. This would include time off work other than that reasonably needed for the donation and travel. Small tokens, refreshments and reimbursement of direct travel cost are compatible with voluntary, non remunerated donation." Motivating people for voluntary, unpaid blood donation is recognized as the most important step to sustain safe and adequate national blood supplies.

In contrast to voluntary, unpaid blood donation, family/ replacement donors are those who give blood when it is required by a family member or member of the community. In fact some people prefer family donation, thinking that it will eliminate transfusion transmissible infections. However, it has been found out that the risk of transfusion transmissible infections are higher with family/ replacement donors than voluntary donors. Apart from this, there can be paid or commercial donors who give blood in return for payment or other benefits. This, in turn is associated with a lot of adverse health and socio cultural outcomes.

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WORLD BLOOD DONOR DAY SRI LANKA 2016

Voluntary, unpaid blood donations are the foundation on which safe and adequate national blood supplies can be built due to several reasons. Voluntary, unpaid donors are motivated to give blood by their quality of selflessness and feeling of social obligation. Driven by those qualities, they tend to be well aware of the donor selection criteria and tend to be honest and responsible in the donor selection interview. Once they are no longer eligible for blood donation, they also tend to be self differed. These characteristics are of utmost importance to ensure blood safety. In fact, it is proven that the risk of transfusion transmissible diseases like HIV, Hepatitis B are least with voluntary unpaid blood donation than other types of blood donation.

It is observed that, in countries where 100% voluntary blood donation is established, the rate of regular blood donation is high. This shows that voluntary blood donors are highly likely to donate blood on a regular basis. Availability of regular blood donations is useful in establishing a systematic plan of blood collection so that adequate supply of safe blood is always available especially, when demand for blood is increased as in emergency situations. In addition, the chances of regular blood donors volunteering more in emergencies is also high. Availability of regular blood donors are also cost effective as the need to recruit new blood donors is less.

Voluntary, unpaid blood donors take measures and adjust their lifestyle to maintain optimal level of physical health and usually motivate their peers to do the same. In contrast, for the sake of financial benefit in return, paid blood donors are susceptible to donate blood more frequently than the recommendation, thus compromising their own health.

Family/ replacement donations do not meet the community requirement and this alone is not usually adequate to sustain an adequate national blood supply. Given the circumstances, family/ replacement donors tend to conceal information as they are driven by the need to give blood to save their loved one's life. However, this can compromise the safety of blood.

**Challenges in achieving 100% voluntary blood donation**

Lack of government commitment for an effective national blood donation programme is a major constraint to achieve this goal globally. Therefore, it is important to have national blood policies which provide guidance to improve resources and strengthen infrastructure. Apart from this, fragmented systems for blood banking with poor coordination, lack of sufficient financial resources and well trained staff, poor donor communication strategies are other challenges in achieving this.

**Sources**

1. Voluntary unpaid blood donations must increase rapidly to meet 2020 goal available at <http://www.who.int/mediacentre/news/releases/2016/world-blood-donor-day/en/>
2. World Blood Donor Day 2016 available at <http://www.indiacelebrating.com/events/world-blood-donor-day/>
3. Towards 100% Voluntary Blood Donation– A Global Framework for Action available at <http://www.who.int/bloodsafety/publications/9789241599696/en/>

**Compiled by Dr. S.A.I.K. Sudasinghe of the Epidemiology Unit**

**Table 1 : Water Quality Surveillance  
Number of microbiological water samples June 2016**

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	120
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	NR
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	132
Jaffna	12	72	34
Kilinochchi	4	24	0
Manner	5	30	NR
Vavuniya	4	24	NR
Mullatvu	5	30	27
Batticaloa	14	84	NR
Ampara	7	42	8
Trincomalee	11	66	48
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	3
Polonnaruwa	7	42	120
Badulla	16	96	73
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	NR
Kalmunai	13	78	565

\* No of samples expected (6 / MOH area / Month)  
NR = Return not received \*According to the returns received by 27.7.2016

Table 1: Selected notifiable diseases reported by Medical Officers of Health 09<sup>th</sup> - 15<sup>th</sup> July 2016 (29<sup>th</sup> 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	368	8665	0	99	0	4	0	40	0	26	4	128	1	6	1	22	0	0	2	245	0	29	0	0	44	69
Gampaha	47	2383	0	50	0	5	1	15	0	12	0	153	0	9	0	17	0	0	0	210	0	21	0	3	13	33
Kalutara	49	1755	1	54	0	4	1	20	0	18	1	271	0	6	0	15	0	0	0	161	2	45	0	0	43	93
Kandy	283	2070	1	108	1	14	1	12	0	29	3	88	1	60	0	39	0	0	7	116	0	30	0	7	87	100
Matale	45	404	1	38	0	1	0	11	0	2	2	60	2	16	0	14	0	1	0	22	0	47	2	17	62	100
NuwaraEliya	26	236	3	62	0	1	5	40	0	15	2	32	0	48	2	28	0	0	2	86	0	29	0	0	77	100
Galle	12	1003	2	79	0	8	0	4	0	4	1	184	1	59	0	6	0	0	2	190	1	28	0	3	30	85
Hambantota	30	489	4	39	0	1	0	2	0	50	0	81	0	38	1	23	0	0	2	152	0	11	21	213	75	100
Matara	67	658	6	83	1	12	0	6	0	35	0	119	1	29	0	19	0	0	5	118	1	18	1	133	94	94
Jaffna	25	1414	5	142	0	3	2	54	1	43	1	9	6	553	0	8	0	0	2	116	0	34	0	1	75	100
Kilinochchi	2	54	0	28	0	0	0	32	0	5	0	12	0	21	0	0	0	0	0	10	0	9	0	0	25	75
Mannar	1	98	0	13	0	4	0	17	0	5	0	8	0	37	0	0	0	0	0	7	0	1	0	0	60	100
Vavuniya	8	177	0	8	0	3	7	62	1	29	0	12	0	9	0	6	0	0	0	23	0	8	1	5	75	100
Mullaitivu	4	128	0	19	0	2	0	17	0	36	0	23	0	5	0	1	0	0	3	14	0	6	0	4	60	80
Batticaloa	0	331	9	187	0	0	0	25	0	88	0	32	0	5	0	9	0	0	1	65	0	5	0	1	43	93
Ampara	0	130	0	26	0	1	0	0	0	20	0	23	0	0	0	7	0	0	0	86	0	1	0	5	0	57
Trincomalee	6	301	0	40	0	2	0	10	0	24	1	23	1	21	0	32	0	1	2	116	1	10	1	4	67	92
Kurunegala	97	1485	10	197	0	8	0	1	0	11	2	112	0	21	0	18	0	2	4	197	2	40	3	56	72	93
Puttalam	22	697	7	48	0	3	0	4	0	0	0	33	0	58	0	0	0	0	0	51	1	28	0	2	62	77
Anuradhapura	12	354	1	49	0	3	0	5	0	23	5	217	1	23	0	14	0	0	3	157	0	25	1	134	37	74
Polonnaruwa	14	270	0	19	0	2	0	9	0	12	1	77	0	1	0	2	0	0	2	76	1	13	1	81	43	100
Badulla	36	466	3	79	0	10	0	6	0	22	0	90	1	61	1	84	0	0	8	126	8	124	0	3	71	88
Monaragala	12	211	0	39	0	1	0	2	0	10	4	149	1	83	1	104	0	2	3	46	0	18	0	28	64	91
Ratnapura	97	1664	9	236	2	22	0	22	1	23	7	357	1	23	2	91	0	0	2	119	2	98	0	1	61	89
Kegalle	49	875	4	60	0	17	0	20	0	46	4	134	1	21	0	16	0	0	2	205	1	32	1	1	91	100
Kalmune	0	372	2	54	0	3	1	5	0	41	0	11	0	0	0	3	0	4	0	56	0	14	0	0	23	92
SRILANKA	1312	26690	68	1856	4	134	18	441	3	629	38	2438	18	1213	8	578	0	10	52	2770	20	724	32	702	58	88

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 15<sup>th</sup> July, 2016 Total number of reporting units 339 Number of reporting units data provided for the current week: 301C\*\*-Completeness  
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

09<sup>th</sup> - 15<sup>th</sup> July 2016 (29<sup>th</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2016	Number of cases during same week in 2015	Total number of cases to date in 2016	Total number of cases to date in 2015	Difference between the number of cases to date in 2016 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	01	00	00	01	02	01	37	43	-14.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	01	01	00	01	00	00	01	05	08	235	227	+3.5%
Measles	01	00	02	00	00	02	00	00	00	05	65	296	1494	-80.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	06	06	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	11	-54.5%
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	08	07	+14.2%
Whooping Cough	00	01	00	00	00	00	00	00	00	01	02	34	50	-32%
Tuberculosis	88	35	16	11	00	33	06	04	08	207	139	5321	5318	+0.05%

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
June	7217	46	35	2	17	1102	577	0

Source: Medical Research Institute & Veterinary Research Institute

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**ON STATE SERVICE**

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