



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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International Travel and Health (Part I)

The number of people travelling internationally is increasing every year. According to statistics of the World Tourism Organization, international tourist arrivals in the year 2010 has reached 940 million. International travels are expected to reach 1.6 billion by 2020. In 2010, just over half of all international tourist arrivals were motivated by leisure, recreation and holidays (51%) – a total of 446 million. Business travel accounted for some 15%, and 27% represented travel for other purposes, such as visiting friends and relatives (VFR), religious reasons/pilgrimages, health treatment, etc. Slightly more than half of arrivals travelled by air transport (51%) in 2010, while the remainder arrived in their destinations by surface transport (49%) – whether by road (41%), rail (2%) or sea (6%). Over the years the share of air transport arrivals is gradually increasing.

International travel can pose various risks to health, depending on the characteristics of both the traveler and the travel. Travelers may encounter sudden and significant changes in altitude, humidity, microbes and temperature, which can result in ill-health. In addition, serious health risks may arise in areas where accommodation is of poor quality, hygiene and sanitation are inadequate, medical services are not well developed and clean water is unavailable.

Travel-related risks

Key factors in determining the risks to which travelers may be exposed are:

- mode of transport
- destination
- duration and season of travel
- purpose of travel
- standards of accommodation, food hygiene and sanitation
- behaviour of the traveler

- underlying health of the traveler.

Destinations where accommodation, hygiene and sanitation, medical care and water quality are of a high standard pose relatively few serious risks for the health of travelers, unless there is pre-existing illness. This also applies to business travelers and tourists visiting most major cities and tourist centres and staying in good quality accommodation. In contrast, destinations where accommodation is of poor quality, hygiene and sanitation are inadequate, medical services do not exist, and clean water is unavailable may pose serious risks for the health of travelers. The epidemiology of infectious diseases in the destination country is of importance to travelers. Travelers and travelling medicine practitioners should be aware of the occurrence of any disease outbreaks in their international destinations. Unforeseen natural or manmade disasters may occur. Outbreaks of known or newly emerging infectious diseases are often unpredictable. The mode of transportation, duration of the visit and the behaviour and lifestyle of the traveler are important in determining the likelihood of exposure to infectious agents and will influence decisions on the need for certain vaccinations or antimalarial medication.

Medical consultation before travel

Travelers intending to visit a destination in a developing country should consult a travel medicine clinic or medical practitioner before the journey. These consultations should take place at least 4–8 weeks before the journey, and preferably earlier if long-term travel or overseas work is envisaged. The consultation will determine the need for any vaccinations and/or antimalarial medication, as well as any other medical items that the traveler may require. A basic medical kit will be prescribed or provided, supplemented as

WEB SRI LANKA 2016

Contents

Page

1. <i>Leading Article – International Travel and Health (Part I)</i>	1
2. <i>Summary of selected notifiable diseases reported –(10th – 16th December 2016)</i>	3
3. <i>Surveillance of vaccine preventable diseases & AFP –(10th – 16th December 2016)</i>	4

appropriate to meet individual needs. Dental and —for women— gynaecological check-ups are advisable before prolonged travel to developing countries or prolonged travel to remote areas. This is particularly important for people with chronic or recurrent dental or gynaecological/ obstetric problems.

Assessment of health risks associated with travel

Medical advisers base their recommendations, including those for vaccinations and other medication, on an assessment of risk for the individual traveler, which takes into account the likelihood of catching a disease and how serious this might be for the traveler concerned. Key elements of this risk assessment are the destination, duration and purpose of the travel as well as the standards of accommodation and the health status of the traveler. For each disease being considered, an assessment is also made of: — availability of prophylaxis, possible side-effects and suitability for the traveler concerned; — any associated public health risks (e.g. the risk of infecting others).

Medical kit

Sufficient medical supplies should be carried to meet all foreseeable needs for the duration of the trip. A medical kit should be carried for all destinations where there may be significant health risks, particularly those in developing countries, and/or where the local availability of specific medications is not certain. This kit will include basic medicines to treat common ailments, first-aid articles and any other special medical items, such as syringes and needles, that may be needed by the individual traveler. Certain categories of prescription medicine or special medical items should be carried together with a medical attestation, signed by a physician, certifying that the traveler requires the medication or the items for medical conditions. Some countries require not only a physician but also the national health administration to sign this certificate. Toilet items should also be carried in sufficient quantity for the entire visit unless their availability at the travel destination is assured. These will include items for dental care, eye care including contact lenses, skin care and personal hygiene.

Insurance for travelers

International travelers should be aware that medical care abroad is often available only at private medical facilities and may be costly. In places where good-quality medical care is not readily available, travelers may need to be repatriated in case of accident or illness. If death occurs abroad, repatriation of the body can be extremely expensive and may be difficult to arrange. Travelers should be advised to seek information about possible reciprocal health-care agreements between the country of residence and the destination country, and to obtain special travelers' health insurance for destinations where health risks are significant and medical care is expensive or not readily available. This health insurance should include coverage for changes to the itinerary, emergency repatriation for health reasons, hospitalization, medical care in case of illness or accident and repatriation of the body in case of death.

Travel agents and tour operators usually provide information about travelers' health insurance. It should be noted that some countries now require proof of adequate health insurance as a condition for entry. Travelers should know the procedures to follow to obtain assistance and reimbursement.

Source:

International Travel and Health WHO-International Health Regulations Secretariat/ Communicable Diseases

<http://www.who.int/ith/en>

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

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	89
Gampaha	15	90	80
Kalutara	12	72	NR
Kalutara NIHS	2	12	5
Kandy	23	138	NR
Matale	13	78	52
Nuwara Eliya	13	78	9
Galle	20	120	NR
Matara	17	102	24
Hambantota	12	72	44
Jaffna	12	72	50
Kilinochchi	4	24	6
Manner	5	30	NR
Vavuniya	4	24	3
Mullatvu	5	30	NR
Batticaloa	14	84	NR
Ampara	7	42	0
Trincomalee	11	66	20
Kurunegala	29	174	67
Puttalam	13	78	35
Anuradhapura	19	114	19
Polonnaruwa	7	42	0
Badulla	16	96	109
Moneragala	11	66	54
Rathnapura	18	108	48
Kegalle	11	66	20
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 10th - 16th Dec 2016 (51th 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	374	15303	2	176	0	13	2	61	1	67	2	289	0	9	1	49	0	0	3	448	1	60	0	0	63	94
Gampaha	7	6202	0	153	0	16	0	27	0	98	0	328	0	18	0	54	0	1	0	386	0	51	0	7	7	60
Kalutara	40	3251	3	124	0	10	0	33	0	41	0	420	0	8	0	32	0	3	3	297	0	103	0	0	43	79
Kandy	43	3869	1	155	0	18	1	24	0	40	0	116	1	100	0	50	0	0	6	246	0	47	0	11	70	96
Matale	2	1061	0	64	0	1	0	16	0	4	0	87	0	20	0	25	0	1	0	37	3	68	0	23	38	92
NuwaraEliya	3	401	1	110	0	3	0	57	0	36	1	67	4	89	0	38	0	0	0	155	0	52	0	0	62	85
Galle	7	2620	0	142	0	8	0	9	0	12	1	343	0	111	0	10	0	0	0	286	0	40	0	3	15	90
Hambantota	23	818	0	86	0	1	0	5	0	61	0	103	0	65	1	106	0	0	0	222	0	15	6	383	17	100
Matarra	11	1251	0	115	0	16	0	8	0	39	1	198	0	57	0	41	0	0	0	184	0	30	0	190	29	94
Jaffna	40	2203	2	381	0	12	0	86	1	126	0	22	4	625	0	10	0	2	3	172	2	71	0	1	75	100
Kilinochchi	0	77	0	50	0	2	0	36	0	76	0	16	0	26	0	2	0	0	0	10	0	11	0	0	25	75
Mannar	8	183	0	46	0	4	0	23	0	12	0	11	0	42	0	0	0	0	0	7	0	4	0	0	80	100
Vavuniya	3	259	0	17	0	5	1	100	0	45	1	19	0	12	1	7	0	0	1	34	0	10	0	8	75	100
Mullaitivu	2	179	0	29	0	5	0	19	0	41	0	26	0	6	0	2	0	1	0	25	0	12	0	6	60	100
Batticaloa	9	533	7	325	0	5	0	54	2	102	0	51	0	6	0	13	0	1	5	121	0	20	0	1	57	100
Ampara	0	234	0	52	0	3	0	1	0	21	0	26	0	0	0	11	0	0	0	174	0	5	0	9	0	71
Trincomalee	38	411	2	59	0	2	0	13	0	25	2	37	0	26	8	42	0	2	2	168	1	17	1	18	50	83
Kurunegala	21	2374	1	330	0	13	0	4	0	21	1	165	0	45	0	34	0	4	2	400	1	75	1	107	41	90
Puttalam	3	1001	0	103	0	6	0	7	0	3	1	53	0	61	0	3	0	3	0	98	0	82	0	4	21	64
Anuradhapura	1	685	1	130	0	4	0	12	0	34	0	266	0	26	0	40	0	1	0	267	0	48	1	261	16	68
Polonnaruwa	1	444	1	48	0	4	0	12	0	15	1	90	0	4	0	5	0	0	1	153	0	21	0	132	29	86
Badulla	2	1093	2	148	0	13	0	13	0	32	0	134	0	116	0	125	0	1	1	254	0	206	0	3	24	82
Monaragala	12	432	4	134	0	1	0	5	0	11	1	164	0	126	2	150	0	2	0	88	0	27	0	39	73	100
Ratnapura	20	2931	1	356	0	35	0	31	0	25	7	604	0	40	0	212	0	0	0	259	2	164	0	1	28	67
Kegalle	0	1398	1	81	0	21	0	33	0	58	0	182	0	41	0	34	0	0	0	333	1	60	0	3	27	100
Kalmune	4	717	0	111	0	7	0	5	0	65	0	22	0	0	0	7	0	4	0	119	0	30	0	0	8	77
SRI LANKA	674	49930	29	3525	0	228	4	694	4	1110	19	3844	9	1679	13	1102	0	26	27	4943	11	1329	9	1210	38	86

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 16th December, 2016 Total number of reporting units: 339 Number of reporting units data provided for the current week: 296 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

10th - 16th Dec 2016 (51th 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*	01	00	00	00	00	01	00	00	00	02	03	65	71	-8.4%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	02	00	00	00	01	00	00	00	04	01	388	376	+3.1%
Measles	01	00	00	00	00	00	00	00	00	01	08	377	2579	-85.3%
Rubella	00	00	00	00	00	00	00	00	00	00	00	11	08	+37.5%
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	10	16	-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	21	15	+40%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	69	104	-33.6%
Tuberculosis	63	07	07	00	10	12	05	03	00	107	98	8981	9521	-5.6%

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
November	3593	61	21	6	0	619	442	0

Source: Medical Research Institute & Veterinary Research Institute

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ON STATE SERVICE

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