



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
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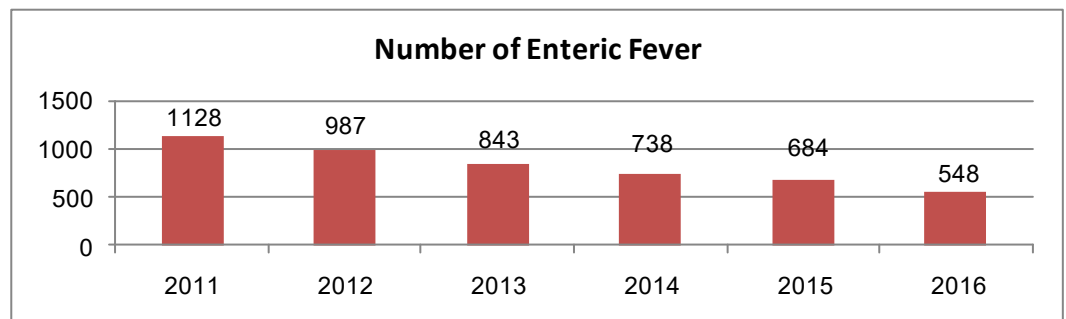
## Combating Typhoid Fever

Typhoid fever is a serious systemic infection caused by the enteric pathogen *Salmonella Typhi*. Typhoid fever is characterized by a slowly progressive fever as high as 40 °C (104 °F), profuse sweating, gastroenteritis and constipation followed by diarrhea. Less commonly a rash of flat, rose-colored spots may appear. It is transmitted by the ingestion of food or water contaminated with faeces from an infected person/carrier.

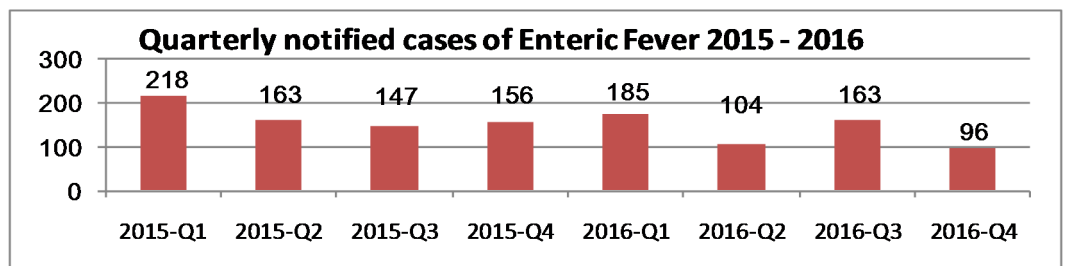
Sanitation and hygiene are the critical measures that can be taken to prevent typhoid. Typhoid does not affect animals and therefore transmission is only from human to human. Typhoid can

only spread in environments where human faeces or urine are able to come into contact with food or drinking water. Careful food preparation and washing of hands are therefore crucial to prevent typhoid.

Epidemiology Unit receives notifications of Typhoid and Paratyphoid cases weekly as Enteric fever in Weekly Reporting of Communicable Diseases. From 2011 to 2016, there was a decreasing trend of notified enteric fever cases. The following graph shows the annual distribution of enteric fever cases reported to the Epidemiology Unit from year 2011 to 2016.



Following graph summarizes the quarterly notified cases of Enteric Fever during 2015 - 2016



Source: Epidemiology Unit, Ministry of Health, Nutrition & Indigenous Medicine, Sri Lanka

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**WEEKLY**  
**SRI LANKA 2017**

Distribution of Enteric fever is particular to certain geographical areas in the country. High numbers of infections are reported from Vavuniya, Jaffna, Nuwara Eliya, Colombo and Kegalle districts. This is closely associated with consumption of the contaminated water and food. Scarcity of water is the main issue in the districts located in the dryzone ( Jaffna, Vavuniya), while contamination of natural water sources is the main problem in the hill country, where most springs come up. Various food habits and poor sanitary facilities also influence the diseases outbreaks in both localities. High vulnerability of intestinal infections is shown among children and elders, especially of people in the low income group. The highest number of cases reported from the 5-9 year age group and 2/3 of total cases were among 1-34 years of age.

The Diarrhoeal diseases control programme commenced in 1983 in Sri Lanka to reduce morbidity and mortality, hospital admission and to prevent malnutrition due to diarrhoeal diseases. In order to improve water and food hygiene of the public with a view to controlling and preventing intestinal infections including Enteric fever, following activities are being carried out.

- Educate the public and especially food handlers at the common kitchens, regarding the importance of hand washing with soap and water on all possible occasions
- Water supply to public, adequately treated with chlorine for drinking and preparation of food
- Persuading public to use boiled cool water for drinking purposes
- Train health staff and volunteers to educate public especially in disaster situation regarding personal hygienic measures and early identification of signs and symptoms of Typhoid Fever.
- Arrange isolation facilities in special situations such as the camps of internally displaced people.
- Identify at least one toilet facility for patients in an isolation area.
- Disposal of infected children's stools only to the identified toilet.
- Strict hand washing with soap and water after defecation.

Although Enteric fever is largely considered an endemic disease, epidemics do occur frequently as a result of break downs in water supplies and sanitation systems. Even though preventive measures are carried out throughout the country, Typhoid

and Paratyphoid are still endemic in some areas of the country. As such, there is a risk of Typhoid fever spreading in epidemic level in special situations like flood, drought, landslide, Tsunami and in temporary camps where large numbers of persons are housed.

The vaccination for the typhoid fever is not a popular method for prevention of typhoid in the country. However certain groups / localities of the country indicates the inability to control the disease only by promoting health among the public. Hence, introduction of Typhoid vaccination especially for the high risk group should be considered to control the cases and prevent epidemics.

High risk categories are defined as follows;

- Food handlers: Those who prepare food (Cooks, Bakers, those who make ice creams / yogurts, and their helpers), serve food (waiters, street vendors), transport & sell / handle cooked food or bakery items (Drivers who only transport food items are not included)
- People who do not use or do not have proper toilet facilities
- People who do not have access to clean water
- Close contacts of typhoid patients
- Children getting frequent episodes of diarrhoea
- People consuming water and food from unreliable sources
- Health care workers and other officials and workers who closely associate with typhoid patients

#### **Typhoid Vaccine**

The vaccine currently used by the Ministry of Health, Sri Lanka is the injectable Typhoid polysaccharide vaccine (sold as Typhobar by Bharat Biotech). Single dose of 0.5ml, IM injection to the deltoid region gives the protection for a period of 3 years and needs a booster after that. Same dose for children and adults and not recommended for children <2years.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 14th - 20th Jan 2017 (03rd 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	565	1828	2	12	0	0	1	3	1	1	2	4	0	1	1	2	0	0	5	14	1	4	0	0	75	88
Gampaha	98	641	0	3	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	5	3	0	1	27	80	
Kalutara	132	384	1	5	0	0	0	0	0	1	7	16	0	1	0	0	0	0	5	19	1	6	0	79	93	
Kandy	74	198	4	5	1	1	0	0	0	0	3	7	7	18	0	0	0	0	10	21	1	4	0	91	100	
Matale	37	79	0	3	0	0	0	0	0	0	3	6	0	0	1	1	0	0	0	0	3	13	1	2	69	100
NuwaraEliya	9	37	1	4	0	0	0	2	0	0	1	3	4	14	0	0	0	0	1	11	1	1	0	0	69	92
Galle	150	556	3	5	0	0	1	1	0	2	4	14	2	5	0	0	0	0	3	10	0	2	0	0	60	80
Hambantota	60	159	4	7	0	0	1	2	0	0	2	9	3	3	0	1	0	0	7	19	2	3	12	16	75	92
Matarata	124	307	1	4	1	2	0	0	2	3	6	6	1	5	0	1	1	1	1	11	0	0	3	5	100	100
Jaffna	118	395	8	36	1	1	2	3	12	13	2	6	39	118	0	1	0	0	2	41	1	3	0	0	92	100
Kilinochchi	6	32	1	3	0	0	0	0	0	0	0	0	1	3	0	1	0	0	0	0	0	0	0	0	75	75
Mannar	31	120	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	80	100
Vavuniya	15	49	0	3	0	0	1	4	0	1	0	1	0	0	0	0	0	0	1	4	0	0	1	2	100	100
Mullaitivu	10	24	0	0	0	0	0	1	0	0	0	2	1	2	0	0	0	0	0	0	2	4	0	0	80	100
Batticaloa	22	86	1	11	0	1	0	0	0	0	0	5	0	0	0	0	0	0	3	9	0	3	0	0	57	100
Ampara	2	22	0	1	0	0	0	0	0	0	0	3	0	0	0	1	0	0	2	15	1	1	0	0	43	86
Trincomalee	145	242	0	0	0	0	0	0	0	1	0	2	3	4	0	1	0	0	1	12	0	3	0	0	92	92
Kurunegala	85	256	1	10	0	0	0	0	0	0	7	11	5	6	0	1	0	0	9	28	2	9	2	11	62	93
Puttalam	20	145	2	4	0	0	0	0	0	0	0	0	1	3	0	0	0	0	4	7	3	5	0	1	57	79
Anuradhapura	16	72	0	2	0	0	0	0	0	2	1	8	1	5	0	1	0	0	3	14	0	6	0	10	42	68
Polonnaruwa	7	38	0	3	0	0	0	0	0	0	1	5	0	1	0	0	0	0	3	6	1	1	2	9	71	100
Badulla	55	180	2	13	1	3	0	0	1	1	2	6	1	3	3	4	0	0	12	34	5	21	0	1	82	94
Monaragala	30	70	1	6	1	1	0	0	0	1	2	9	2	6	0	2	0	0	1	13	0	3	0	1	91	100
Ratnapura	104	321	2	9	5	8	0	1	0	0	14	30	1	2	2	4	0	0	6	9	5	10	0	0	83	94
Kegalle	46	142	3	8	0	0	0	0	0	0	2	3	1	3	0	0	0	0	3	17	1	7	0	0	82	100
Kalmune	42	125	3	11	1	2	0	1	2	2	0	2	0	0	0	0	0	0	1	6	0	0	0	0	46	77
<b>SRILANKA</b>	<b>2003</b>	<b>6508</b>	<b>40</b>	<b>169</b>	<b>11</b>	<b>19</b>	<b>6</b>	<b>18</b>	<b>15</b>	<b>27</b>	<b>56</b>	<b>160</b>	<b>74</b>	<b>204</b>	<b>7</b>	<b>21</b>	<b>1</b>	<b>1</b>	<b>83</b>	<b>326</b>	<b>30</b>	<b>112</b>	<b>21</b>	<b>59</b>	<b>71</b>	<b>91</b>

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 20th January, 2017 Total number of reporting units 337 Number of reporting units data provided for the current week: 314 C\*\*-Completeness  
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

14<sup>th</sup> – 20<sup>th</sup> Jan 2017 (03<sup>rd</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2017	Number of cases during same week in 2016	Total number of cases to date in 2017	Total number of cases to date in 2016	Difference between the number of cases to date in 2017 & 2016
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	01	00	00	00	01	01	05	03	+66.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	01	02	00	00	00	03	03	16	17	-6.1%
Measles	05	00	01	01	00	00	01	03	00	11	09	26	37	-29.7%
Rubella	00	00	00	00	00	00	00	00	00	00	01	00	01	-100%
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	00	00	0%
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	04	00	0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	04	01	05	-80%
Tuberculosis	45	13	10	02	08	00	09	02	82	171	111	460	504	-9.1%

**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

**Dengue Prevention and Control Health Messages**

**Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them**

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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](mailto:chepid@sltnet.lk). **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

**ON STATE SERVICE**

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