



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Towards Eliminating Viral Hepatitis (Part I)

This is the first in a series of three articles on eliminating viral hepatitis.

Disease burden

Viral hepatitis is a group of infectious diseases that represent a significant global health challenge. It is caused by five viruses – hepatitis virus A, B, C, D and E. According to the most recent estimates of the Global Burden of Disease study (2010), viral hepatitis is responsible for approximately 1.5 million deaths each year in the world, which is higher than that of HIV/AIDS (1.3 million), malaria and tuberculosis (0.9 million and 1.3 million, respectively). More than 90% of the burden is due to the sequelae of infections with the hepatitis B virus (HBV) and hepatitis C virus (HCV). An estimated 240 million people are chronically infected with HBV and 130 to 150 million with HCV.

Viral hepatitis is a leading cause of death worldwide and on increase since 1990. Despite the significant burden it places on communities across all global regions, hepatitis has been largely ignored as a public health priority until recently.

Sri Lanka also has the burden of viral hepatitis with a total of 1128 cases reported to the Epidemiology Unit in 2016. The actual number of

cases may be higher than this due to under reporting related to the problems of diagnosis and notification of viral hepatitis.

Globally, It is estimated that the majority of people with chronic hepatitis B and/or hepatitis C are unaware of their infection and do not benefit from clinical care, treatment and interventions. Due to lack of appropriate diagnosis and treatment, one third of those chronically infected with viral hepatitis die as a result of serious liver disease, including cirrhosis, liver cancer and liver failure.

Prevention can reduce the rate of new infections, but the number of those already infected would remain high for a generation.

In the absence of additional efforts, 19 million hepatitis-related deaths are anticipated from 2015 to 2030.

World Hepatitis Day

World Hepatitis Day takes place every year on the 28th July since 2011 which brings the world together under a single theme to raise awareness of the global burden of viral hepatitis and to influence for a real change.

This year the 7th World Hepatitis Day is on the 28th July 2017 provides a historic opportunity

WEEKLY SRI LANKA 2017

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to celebrate the day under the theme of "Eliminate hepatitis", as envisioned in the World Health Organization's first "Global health sector strategy on viral hepatitis 2016–2021" (refer 2nd article in the series). Goal 6 of the 2030 agenda for Sustainable Development includes the targets shown in Table 1.

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Table 1: Global targets for eliminating viral hepatitis

Resources :

1. Global health sector strategy on viral hepatitis 2016–2021, WHO, 2016
2. Manual for the development and assessment of national viral hepatitis plans, WHO, 2015
3. Annual Epidemiological Bulletin, Sri Lanka, 2012

Target area	Baseline 2015	2020 targets	2030 targets
Impact targets			
Incidence: New cases of chronic viral hepatitis B and C infections	6 to 10 million	30% reduction (equivalent to 1% prevalence of HBsAg among children)	90% reduction reduced to 0.9 million infections (decline 95% in HBV and 80% in HCV infections) (0.1% prevalence of HBsAg among children)
Mortality: Viral hepatitis B and C deaths	1.4 million	10% reduction	65% reduction < 500 000 (65% reduction from both HBV and HCV)
Service coverage targets			
HBV vaccination: childhood vaccine coverage (third dose coverage)	82% in infants	90% in infants	90% in infants
Prevention of HBV mother-to-child transmission: HBV birth-dose vaccination coverage or other approach	38%	50%	90%
Blood safety— % of blood donations screened in a quality-assured manner	89 %	95%	100%
Safe injections: % of injections administered with safety engineered devices	5%	50%	90%
Harm reduction: number of sterile needles and syringes provided per person who injects drugs per year	20	200	300
Diagnosis of viral hepatitis B and C	< 5%	30%	90%
Receiving treatment for viral hepatitis B and C	<1%	5 million of HBV and 3 million of HCV	80% of chronic HBV and 80% of chronic HCV infection

Table 1: Selected notifiable diseases reported by Medical Officers of Health 27th - 02nd June 2017 (22ndWeek)

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	821	13825	0	38	0	2	1	18	14	20	0	44	0	1	0	8	0	0	4	175	1	15	0	1	75	88
Gampaha	729	10561	0	15	0	12	0	13	0	8	0	29	0	8	0	7	0	1	0	151	0	17	0	4	7	53
Kalutara	158	3708	0	25	0	3	0	6	0	19	1	125	0	3	0	2	0	0	2	293	1	67	0	0	36	71
Kandy	288	2422	0	45	0	4	0	4	0	8	0	23	2	74	0	9	0	1	2	143	1	21	0	7	70	83
Matale	75	737	0	8	0	1	0	1	4	5	0	20	0	2	0	5	0	0	0	27	0	25	0	3	69	92
NuwaraEliya	7	225	2	16	0	4	0	14	0	9	0	18	4	97	0	10	0	0	1	157	1	26	0	0	69	85
Galle	125	2647	1	22	0	5	0	5	1	11	1	90	0	21	0	0	0	1	8	180	0	31	0	0	55	75
Hambantota	77	1547	0	15	0	5	0	7	0	15	0	20	1	28	0	6	0	1	2	115	0	11	1	172	75	100
Matara	73	2065	0	18	0	6	0	1	0	2	1	51	0	14	0	3	0	1	1	108	0	5	4	59	82	94
Jaffna	56	2822	4	117	0	9	0	20	1	40	0	22	2	348	0	4	0	0	2	157	0	24	0	0	93	100
Kilinochchi	3	244	0	8	0	0	0	4	0	1	0	3	0	11	0	2	0	0	2	2	0	7	0	3	50	75
Mannar	4	457	0	4	0	0	0	1	0	0	0	0	0	2	0	0	0	0	4	12	0	0	0	0	80	100
Vavuniya	13	438	0	10	0	0	0	15	0	2	0	18	0	6	0	1	0	0	0	18	1	1	1	9	75	100
Mullaitivu	10	143	0	6	0	1	0	3	0	1	0	8	0	4	0	1	0	1	1	9	0	5	0	2	33	67
Batticaloa	136	3697	0	60	0	8	0	13	0	10	0	13	0	0	0	4	0	1	0	108	0	20	0	1	43	71
Ampara	18	326	0	10	0	2	0	1	0	0	1	8	0	1	0	4	0	0	3	109	0	19	0	3	57	86
Trincomalee	31	4287	0	11	0	2	0	3	0	3	1	12	0	7	0	16	0	0	1	75	0	16	0	1	85	92
Kurunegala	504	3703	1	31	0	5	0	0	7	9	1	37	0	21	0	12	0	1	6	320	3	24	2	77	66	90
Puttalam	119	1589	0	23	0	2	0	2	0	0	0	7	0	10	0	1	0	0	1	93	0	18	0	3	57	71
Anuradhapu	71	1081	0	20	0	1	0	1	0	8	1	36	0	11	0	9	0	0	5	228	1	28	6	135	32	47
Polonnaruw	23	1628	0	9	0	4	0	5	0	0	1	24	0	3	0	4	0	0	1	123	0	7	5	67	57	100
Badulla	36	584	0	45	0	6	0	6	0	1	1	44	8	49	1	31	0	1	6	183	2	78	0	12	71	94
Monaragala	56	904	1	30	0	3	0	0	6	8	5	56	2	67	0	13	1	1	4	53	1	24	1	6	91	100
Ratnapura	86	682	1	84	0	56	0	4	0	4	0	252	0	18	1	37	0	0	3	193	2	104	4	13	28	61
Kegalle	334	3320	0	24	0	8	0	4	0	14	0	25	0	42	0	9	0	0	2	143	0	43	1	5	73	82
Kalmune	343	2192	1	26	0	4	0	2	0	278	0	4	0	0	0	1	0	0	0	106	0	9	0	0	38	77
SRILANKA	4218	65834	11	720	0	153	1	153	33	476	14	989	19	848	2	199	1	10	59	3281	14	645	2	583	60	81

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 02nd June, 2017 Total number of reporting units 337 Number of reporting units data provided for the current week: 284 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

27th – 02nd June 2017 (22ndWeek)

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	03	36	24	50.0%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	01	00	00	00	02	01	00	00	04	04	147	185	- 20.54%
Measles	00	00	00	00	00	00	01	01	00	02	04	166	267	- 37.82%
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	09	03	200%
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	00	0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	08	30	- 73.3%
Tuberculosis	134	01	03	28	09	15	06	02	09	207	76	3413	3861	- 11.6%

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

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. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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