



# WEEKLY EPIDEMIOLOGICAL REPORT

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

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

### **Global health sector strategy on viral hepatitis 2016–2021**

The World Health Organization (WHO)'s "Global health sector strategy on viral hepatitis 2016–2021" describes the contribution of the health sector to combating viral hepatitis, towards its elimination as a public health threat. It promotes synergies between viral hepatitis and other health issues, and aligns the hepatitis response with other global health and development strategies, plans and targets. It positions the response to viral hepatitis within the context of universal health coverage –an overarching health target of the 2030 agenda for Sustainable Development Goals. The strategy outlines a way ahead, and provides:

- A vision of a world where viral hepatitis transmission is halted and everyone living with viral hepatitis has access to safe, affordable and effective care and treatment.
- A goal of eliminating viral hepatitis as a major public health threat by 2030.
- A set of targets aiming to reduce the incidence of chronic hepatitis infection and to reduce deaths from chronic hepatitis.

Achieving these targets will require a radical change in hepatitis response, and will mean that hepatitis is elevated to a higher priority in public health responses.

The strategy must exploit new opportunities, including: increasing public awareness; advances in hepatitis medicines; diagnostics and other technologies; and strengthening commitment to achieve health equity.

### **The strategy has five components**

1. Towards eliminating viral hepatitis This reviews the current status of viral hepatitis epidemics and responses, identifies opportunities and challenges for the future, and argues the case for adequate investment in the health sector response to viral hepatitis.

#### 2. Framing the strategy

This component describes the three organizing frameworks for the strategy (universal health coverage, the continuum of hepatitis services and public health approach).

#### 3. Vision, goal, targets and guiding principles

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It presents a set of impact and service coverage targets for 2020 and 2030 to drive the response (refer first article of the series).

#### 4. Strategic directions and priority actions

It recommends actions to be taken both by countries and WHO under each of five strategic directions. Priority actions are organized under five strategic directions.

Strategic direction 1 – Information for focused action: developing a strong strategic information system to understand viral hepatitis epidemics and focus the response.

Strategic direction 2 – Interventions for impact: defining essential, high-impact interventions on the continuum of hepatitis services that should be included in health benefit packages.

Strategic direction 3 – Delivering for equity: strengthening health and community systems to deliver high-quality services to achieve equitable coverage and maximum impact.

Strategic direction 4 – Financing for sustainability: proposing strategies to reduce costs, improve efficiencies and minimize the risk of financial hardship for those requiring the services.

Strategic direction 5 – Innovation for acceleration: promoting and embracing innovation to drive rapid progress.

#### 5. Strategy implementation

Leadership, partnerships, accountability, monitoring and evaluation outline key elements of strategy implementation, including strategic partnerships, monitoring and evaluation and costing.

The strategy is based on a public health approach that is concerned with preventing infection and disease, promoting health, and prolonging life among population as a whole. It aims to ensure the widest possible access to high-quality ser-

vices at population level, based on simplified and standardized interventions and services.

Many of the actions required are comparatively simple to undertake and will profoundly impact on elimination of hepatitis. Countries have to prepare their own plans, using global strategy according to the country situation and available resources, to contribute to the global goal 'eliminate viral hepatitis by 2030'.

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

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 03<sup>rd</sup> - 09<sup>th</sup> June 2017 (23<sup>rd</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	914	14739	0	38	0	2	0	18	0	20	1	45	0	1	0	8	0	0	0	8	183	1	16	0	1	75	94	
Gampaha	718	11279	0	15	0	12	0	13	0	8	0	29	0	9	0	7	0	0	1	0	153	0	18	0	4	7	53	
Kalutara	238	3946	0	26	0	3	0	6	2	21	4	129	1	4	0	2	0	0	0	3	298	2	70	0	0	36	86	
Kandy	344	2766	4	50	0	4	0	4	0	8	1	24	3	77	0	9	0	1	1	1	144	0	21	0	7	70	96	
Matale	70	807	0	9	0	1	0	1	0	5	0	20	0	2	0	5	0	0	0	0	28	2	27	0	3	38	92	
Nuwareliya	15	240	1	17	0	4	0	14	0	9	1	19	2	99	0	10	0	0	0	2	159	0	26	0	0	46	100	
Galle	127	2774	0	22	0	5	0	6	0	11	5	102	0	22	0	0	0	0	1	2	190	0	31	0	0	30	85	
Hambantota	83	1630	0	15	0	5	0	7	0	15	0	20	0	28	0	6	0	1	0	0	118	0	11	0	172	0	100	
Matara	121	2186	0	18	0	6	0	1	0	2	0	54	0	14	0	3	0	1	1	4	112	0	5	3	62	35	100	
Jaffna	59	2881	3	120	0	9	0	20	0	40	0	22	3	351	0	4	0	0	0	1	158	0	24	0	0	79	100	
Kiinochchi	6	250	0	8	0	0	0	4	0	1	0	3	0	11	0	2	0	0	0	0	2	0	7	0	3	25	100	
Mannar	5	462	1	5	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	0	12	0	0	0	0	60	100	
Vavuniya	16	454	0	10	0	0	2	18	0	2	1	21	0	6	0	1	0	0	0	0	18	0	1	0	9	50	100	
Mullaitivu	8	151	0	6	0	1	0	3	0	1	0	8	0	4	0	1	0	1	0	0	9	0	5	0	2	0	67	
Batticaloa	107	3804	0	60	0	8	0	13	1	11	0	13	0	0	0	4	0	1	1	109	0	20	0	1	14	79		
Ampara	18	344	0	11	0	2	0	1	0	0	0	8	0	1	0	4	0	0	0	0	113	0	19	0	3	0	86	
Trincomalee	34	4321	0	11	0	2	0	3	0	3	0	12	0	7	0	16	0	0	0	3	79	0	16	0	1	38	77	
Kurunegala	424	4127	1	32	0	5	0	0	1	10	1	38	0	21	0	13	0	1	1	3	324	0	24	0	77	31	93	
Puttalam	134	1723	0	23	0	2	0	2	0	0	0	7	0	10	0	1	0	0	0	0	93	2	21	0	3	29	79	
Anuradhapu	65	1146	0	20	0	1	0	1	0	8	0	36	0	11	0	9	0	0	0	0	229	0	28	0	138	16	58	
Polonnaruw	17	1645	0	10	1	5	0	5	0	0	0	26	0	3	0	4	0	0	0	0	127	0	7	0	69	29	100	
Badulla	24	608	0	45	0	6	0	6	0	1	0	44	4	53	3	34	0	1	3	186	2	82	0	12	35	88		
Monaragala	49	953	0	30	0	3	0	0	1	9	1	57	1	68	0	13	0	1	1	54	1	25	4	10	55	100		
Ratnapura	69	751	0	84	1	57	0	4	0	4	4	258	0	18	1	38	0	0	1	194	2	106	0	13	22	78		
Kegalle	369	3689	0	24	0	8	0	4	0	14	1	27	1	44	0	11	0	0	1	144	1	44	1	44	0	5	27	73
Kalmune	399	2591	0	26	0	4	0	2	0	278	0	4	0	0	0	1	0	0	0	106	0	9	0	0	8	77		
<b>SRILANKA</b>	<b>4456</b>	<b>70267</b>	<b>10</b>	<b>735</b>	<b>2</b>	<b>155</b>	<b>2</b>	<b>157</b>	<b>5</b>	<b>481</b>	<b>20</b>	<b>1026</b>	<b>15</b>	<b>866</b>	<b>4</b>	<b>206</b>	<b>0</b>	<b>10</b>	<b>34</b>	<b>3342</b>	<b>13</b>	<b>663</b>	<b>7</b>	<b>595</b>	<b>34</b>	<b>86</b>		

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 09<sup>th</sup> June, 2017 Total number of reporting units 337 Number of reporting units data provided for the current week: 300 C\*\*=Completeness

**Table 2: Vaccine-Preventable Diseases & AFP**

**03<sup>rd</sup> – 09<sup>th</sup> June 2017 (23<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	00	00	00	00	00	02	36	26	38.4%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	01	00	00	00	00	00	00	00	02	07	150	195	- 23.07%
Measles	00	00	02	00	00	00	00	00	00	02	03	168	270	- 37.8%
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	100	30	25	03	08	17	03	12	41	239	261	3652	4122	- 11.4%

**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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**ON STATE SERVICE**

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