

WEEKLY EPIDEMIOLOGICAL REPORT A publication of the Epidemiology Unit Ministry of Health, Nutrition & Indigenous Medicine 231, de Saram Place, Colombo 01000, Sri Lanka Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk Web: http://www.epid.gov.lk

Neglected Tropical Diseases (NTD)

Neglected Tropical Diseases comprises group of communicable diseases that are commonly seen in countries with tropical and sub tropical climatic conditions. One billion populations in 149 countries in the world have been affected with NTDs. Common characteristics of these populations are poverty, poor sanitary facilities, low quality of life and close contact with vectors and domestic animals.

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The word "neglected" has come due to the fact that these diseases have been largely eradicated in affluent countries and only limited to the countries with poor economies. Further the number of existing NTDs and their prevalence in a country, generally act as a proxy measure of the poverty level. The impact of the NTDs are enormous and majorities are lifelong disabilities. In childhood it impairs the growth, development and education. In adults it promotes poverty through affecting the active engagement in productive work.

There are 17 NTDs and they can be classified in to 3 groups based on the type of agent that causes it. Further 9 out of these are caused by micro parasites and the balance 8 by macro parasites.

Parasitic Infections

1. Chagas disease (American trypanosomiasis)

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2. Cysticercosis

- 3. Dracunculiasis (guinea-worm disease)
- 4. Echinococcosis
- 5. Human African trypanosomiasis
- (sleeping sickness)
- 6. Leishmaniasis
- 7. Lymphatic filariasis (elephantiasis)
- 8. Schistosomiasis (bilharziasis)
- 9. Onchocerciasis (river blindness)
- 10. Food borne trematode infections
- 11. Soil-transmitted helminthiasis

Bacterial

12. Trachoma

13. Buruli ulcer (*Mycobacterium ulcerans* infection)

- 14. Leprosy (Hansen disease)
- 15. Endemic treponematoses

Viral

- 16. Dengue
- 17. Rabies

Complications

Onchocerciasis and trachoma cause blindness.

Lymphatic Filariasis and leprosy cause deformation of the body. Patients with Buruli ulcer in the limbs may need amputation. The fatality of untreated cases of Human African Trypanosomiasis and Human Rabies is 100%. Leishmaniasis causes permanent scars and affects the mucous membranes of the nose, mouth and throat.

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Complication of Leishmaniasis could be fatal if untreated. Chagas disease basically affects the muscles in the heart and gastro intestinal tract leading to heart failure and colon enlargement (Megacolon). Schistosomiasis could be complicated by gastro-intestinal bleeding, gastro-intestinal obstruction and malnutrition.

Guinea-worm diseases could be complicated by cellulites, abscesses, sepsis and septic arthritis. Dengue hemorrhagic fever and Dengue shock syndrome are the main two complications of the Dengue disease.

Control and Prevention

Five strategies have been identified for control and prevention of NTD.

- 1. Preventive chemotherapy
- 2. Intensified case-management
- 3. Vector control
- 4. Provision of safe water, sanitation and hygiene

5. Veterinary public health (i.e. applying veterinary sciences to ensure the health and well-being of humans)

Preventive chemotherapy

Mass administration of broad spectrum anti-helminthic medication is advocated mainly for Lymphatic filariasis, Onchocerciasis, Schistosomiasis, and Soil-transmitted helminthiases. Albendazole, Diethylcarbamazine, Ivermectin, Levamisole, Mebendazole, Praziquantel, and Pyrantel have been recommended by WHO due to their efficacy, safety, minimal side effects and ease of administration.

Intensified case-management

This is basically for the management of the protozoan and bacterial diseases (e.g. Chagas disease, Buruli ulcer disease, African Trypanosomiasis). Early detection with improved diagnosis techniques of cases and access to specialized care is aimed to prevent mortality and morbidity of the NTDs. Diagnostic accuracy is more emphasized in NTDs as they remain asymptomatic for long periods, some NTDs do not have a preventive chemoprophylaxis and possible toxicity of the medications.

Vector Control

Insects are responsible for transmission of the following NTDs. They are Leishmaniasis, Chagas disease, Dengue, Human African Trypanosomiasis, Lyphatic Phylariasis, Onchocerciasis. Food borne trematodiasis and Schistosomiasis are transmitted by snails. While Dracunculiasis and food borne Paragonimiasis spreads by crustaceans.

Integrated vector control is the key to success and it enhances the effects of preventive chemotherapy and intensified case management. Usage of a combination of different interventions (from different sectors) to control the vectors will improve the efficacy, sustainability of disease control while keeping cost at low levels.

Provision of safe water, Sanitation and Hygiene

Existence of NTD is highly linked to poor sanitation and lack of access to safe drinking water. UN reported that 900 million people worldwide lack access to safe drinking water while 2500 million live without proper sanitary facilities.

Veterinary public health

NTDs like food borne trematodiases, African trypanosomiasis and human rabies are involved with the agent originated from animals. Improved veterinary public health approach will control and prevent these diseases.

Sri Lankan situation

Sri Lanka has already eliminated some NTDs while controlling many. Leprosy has been eliminated at national level since 1996 through an excellent social marketing campaign. Successful progress has been shown in lymphatic filariasis control programme. This has been achieved by many activities including mass drug administration, health education and improvement in surveillance activities. In contrast the Sri Lankan health systems struggles with the control of the Dengue fever. Case fatality rate has impressively reduced due to improvement in the infrastructure facilities at the hospitals along with the development and strict adherence to the updated patient management protocols.

References

 Accelerating work to overcome the global impact of Neglected Tropical Diseases. A roadmap for implementation. WHO

Editor

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28th – 03rd November 2017

Table	1:	Sel	ecte	ed n	otifi	abl	e di	sea	ses	rep	orte	d b	y M	edio	cal (Offic	ers	of	Hea	lth	21s	^{it-} 27	th O	ct 2	017	(43	3rd V	Veek
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Leishmania- sis	m	1	m	1	13	9	0	1	336	147	0	m	0	6	2	1	5	11	138	m	233	123	13	24	22	10	0	1105
Leishr sis	∢	0	0	0		0	0	0	9	~	0	0	0	0	0	0	0	Ч	7	0	σ	7	0	0		0	0	29
	-	27	28	140	36	58	40	63	19	13	34	11	0	4	ъ	30	43	23	69	44	70	21	208	67	140	99	31	1290
Meningitis	۲	0	0	4	1	0	0	1	0	1	0	1	0	1	0	2	2	0	1	0	1	1	10	с	0	1	2	32
Chickenpox	•	322	251	471	225	46	282	347	178	214	185	ε	14	36	17	163	178	145	447	145	346	209	345	95	261	291	137	5353
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Human Rabies	۲	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	ч	0	0	0	0	0	0	0	0	7
Viral Hepatitis	m	14	14	18	13	10	20	5	6	11	m	2	0	7	1	9	4	18	19	1	14	8	55	19	73	13	m	360
Hep V	◄	0	0	ω	0			0	0	H	0	0	0	0	0		0	Ч	0	0		0	0	0	0	0	0	6
Typhus Fever	m	ε	12	7	120	2	175	65	64	24	435	15	m	11	4	1	1	13	27	11	19	7	110	121	30	74	0	1354
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Leptospirosi s	m	130	69	321	46	30	20	365	49	196	29	4	2	27	21	23	18	26	69	26	66	42	125	120	534	107	10	2505
Lepto	∢	7	10	14	7	0	0	17	m	9		0	0	0	2	0	0	2	2	0	7	7	m	2	ы	ъ		81
Food Poisoning	m	35	6	23	16	10	ß	16	25	14	57	ч	1	7	ъ	37	Э	21	5	6	16	œ	ы	6	œ	33	285	791
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Enteric Fever	m	28	17	18	~	1	33	19	~	4	37	11	2	72	ъ	15	1	13	m	2	ы	6	10	Ч	13	9	4	339
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Encephaliti s	m	m	14	4	ы	4	6	13	7	8	21	H	0	0	4	6	2	2	10	2	4	9	6	ω	80	12	7	239
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Dysentery	m	54	32	23	65	21	27	46	22	37	360	30	10	22	15	141	41	39	83	50	40	21	102	68	146	34	96	1655
Dyse	◄	2	0			0		0	0	2	26	Μ	0		0	9	2	ω	4			Μ	7	2	0	ч		63
ever	-	31541	29350	9887	12567	2742	831	5618	3153	5968	4654	458	513	835	330	4779	841	4783	0966	5669	2571	1272	3382	2619	10735	9039	2367	166464
Dengue Fever	۲	221	238	66	196	60	80	51	36	38	183	4		17	9	35	10	21	138	143	25	16	28	147	20	63	23	1887
RDHS Division		Colombo	Gampaha	Kalutara	Kandy	Matale	NuwaraEliya	Galle	Hambantota	Matara	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kurunegala	Puttalam	Anuradhapur	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle	Kalmune	SRILANKA

•T=Timeliness refers to returns received on or before 27thOctober, 2017 Total number of reporting units 344 Number of reporting units data provided for the current week: 341 C**-Completeness

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Table 2: Vaccine-Preventable Diseases & AFP

28th – 03rd November 2017

21st- 27th Oct 2017 (43rd Week)

Disease				No. of Ca	ases by	Provinc	e		Number of cases during current	Number of cases during same	Total number of cases to	Total num- ber of cases to date in	Difference between the number of		
	w	С	S	N	Е	NW	NC	U	Sab	week in 2017	week in 2016	date in 2017	2016	cases to date in 2017 & 2016	
AFP*	00	01	00	00	01	00	00	00	00	02	01	61	58	5.1%	
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%	
Mumps	02	00	01	02	00	02	00	00	00	07	03	263	333	- 21.0%	
Measles	00	03	00	00	00	00	00	00	00	03	02	180	345	- 47.8%	
Rubella	00	00	00	00	00	00	00	00	00	00	01	10	09	11.12%	
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0%	
Tetanus	00	00	00	00	00	00	00	00	00	00	00	16	08	100%	
Neonatal Teta- nus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%	
Japanese En- cephalitis	00	00	00	00	00	00	00	00	00	00	01	21	16	23.8%	
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	19	60	- 68.3%	
Tuberculosis	88	23	18	03	08	07	03	15	14	179	220	7056	7709	-8.4%	

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



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