



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@slt.net.lk
Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk
Web: <http://www.epid.gov.lk>

Vol. 44 No. 46

11th- 17th November 2017

International Health Regulations (IHR)

Communicable disease and health threats are not new to the world since good old days. Epidemics of smallpox, measles and plague are some examples. However, the pace of spread of disease and the risk for deliberate release of biological and chemical agents has increased through international trade and travel. Within the past two decades, innovative research and improved diagnostic and detection methods have revealed a number of previously unknown human pathogens. There were more than 30 reported new outbreaks in the last 20 years and Asia is an important epicentre for emerging infectious diseases. Nipah, SARS and Avian influenza are some examples causing a large number of deaths within a short period of time.

One of the key responsibilities of the World Health Organization (WHO) has been the management and control of the international spread of disease. International Health Regulations (2005) is a public health landmark for the WHO and its Member States. Their aim is to help the international community prevent and respond to acute public health risks due to potential pandemics and has developed a new legal framework to detect disease events and to respond to public health risks and emergencies that can have devastating impacts on human health and economies. The successful implementation of the IHR (2005) which started on 15 June 2007 involving 196 countries across the globe member states will significantly enhance national and global public health security.

The purpose and scope of the IHR are “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.” Therefore Member States are ex-

pected to report certain disease outbreaks and public health events to WHO. We also can call IHR as a paradigm shift from a list of diseases to all public health threats, from the control of borders to containment at the source, from present measures to adapted responses! WHO expects the countries to request verification of events that it detects through its surveillance activities with the countries concerned, who must respond to such requests in a timely manner with the aim of building a more secure future.

The four decision criteria to be used by States Parties in their assessment of a public health event are:

- 1 the seriousness of the event's public health impact
- 2 the unusual or unexpected nature of the event
- 3 the risk of international disease spread
- 4 the risk that travel or trade restrictions will be imposed by other countries

In essence, the events which must be assessed are those that may fulfil one or more of the above four decision instrument criteria, and the events which must be notified are those that meet at least any two of the above criteria.

While above-mentioned events needs are assessed for notification, WHO identifies two groups of diseases which raise particular concerns:

Group 1: A single case of smallpox, poliomyelitis due to wild-type poliovirus, human influenza caused by a new subtype and severe acute respiratory syndrome (SARS) must be immediately notified to WHO, irre-

NOVEMBER SRI LANKA 2017

Contents

Page

- | | |
|---|---|
| 1. <i>Leading Article – International Health Regulations</i> | 1 |
| 2. <i>Summary of selected notifiable diseases reported - (04th- 10th November 2017)</i> | 3 |
| 3. <i>Surveillance of vaccine preventable diseases & AFP - (04th- 10th November 2017)</i> | 4 |

spective of the context in which it occurs.

Group 2: Events involving epidemic-prone diseases of special national or regional concern which "have demonstrated the ability to cause serious public health impact and to spread rapidly internationally" must always be assessed using the decision instrument but only notified when fulfilling the requirements of the algorithm.

For events not fulfilling above requirements for formal notification, or where information is insufficient to notify at the time of initial assessment, the IHR (2005) also provides for a "consultation" process between a State Party and WHO. This consultation process provides the countries with the opportunity to keep WHO informed the current status of and to have a confidential dialogue with WHO on further event assessment and any appropriate investigative or health response measures. Apart from notification and consultation, countries are expected to inform WHO if there is any evidence of public health risks which affect international disease spread even outside their territory as well.

With the recent growth in international travel and trade, and the emergence or re-emergence of international disease threats and other public health risks is also unexpectedly increased. Diseases travel fast due to the increased pace of trans-boundary movement and also microbes emerge and adapt to new environment. At the same time chemical, radiation, food risks are increasing and thus health security is at risk. Points of entry provisions in the International Health Regulations are designed to minimize public health risks caused by the spread of diseases through international traffic. The IHR (2005) defines a point of entry as "a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as agencies and areas providing services to them on entry or exit". There are three types of points of entry: international airports, ports and ground crossings. Public health measures will be taken for travellers in two different ways. First, the travel measures and screening at international points of entry (POE) for all travellers and Management of symptomatic and exposed travellers.

The travel measures at international points of entry are as follows.

1. Health advisories and alerts for travellers
2. Health declaration form/card
3. Visual/temperature screening
4. Routine inspection of conveyance
5. International travel advisories and restrictions
6. Border closure

Managing symptomatic travellers will be done with medical assessment, rapid laboratory investigations, isolation at POE/at the hospital/at home and contact tracing. Managing exposed travellers will be done through self-healthy monitoring and illness reporting, home quarantine, institutional quarantine.

We need preparedness with evidence-based public health interventions. Where none exists, a mechanism to assess the effectiveness of such interventions or reviewing new evidence where it becomes available is suggested. Other factors to consider include expected public health benefits/ cost and resources required/ feasibility of interventions and ethical issues.

References

INTERNATIONAL HEALTH REGULATIONS (2005)
THIRD EDITION (WHO)

www.who.int/topics/international_health_regulations/en/
IHR (2005) Monitoring and Evaluation framework

Joint External Evaluation tool (JEE tool) first edition

www.who.int/ihr/9789241596664/en/

www.who.int/ihr/legal_issues/states_parties/en/

Compiled by Dr. A.M.U.Prabha Kumari of the Epidemiology Unit.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 04th-10th November 2017 (45thWeek)

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	320	32114	3	58	0	3	0	28	2	38	7	140	0	3	0	14	0	0	11	336	1	28	0	1	22	84
Gampaha	249	29849	1	37	0	14	2	21	6	16	9	85	1	14	1	16	0	1	4	297	0	28	1	5	7	94
Kalutara	134	10115	2	55	0	4	2	21	0	53	18	351	0	7	1	20	0	1	2	478	2	143	0	1	1	96
Kandy	280	13030	3	69	0	5	0	7	4	20	2	49	2	124	1	14	0	2	5	237	0	37	0	13	15	100
Matale	34	2835	0	22	0	4	0	1	0	10	1	32	0	2	0	11	0	1	1	49	2	60	0	7	13	100
NuwaraEliya	8	842	0	28	0	9	0	34	0	53	1	51	2	177	0	21	0	0	6	294	1	42	0	0	62	100
Galle	57	5732	1	47	0	13	0	19	0	16	10	385	2	70	0	5	0	1	2	350	1	65	0	1	18	99
Hambantota	98	3294	3	25	0	7	0	7	0	26	2	55	1	67	1	10	0	1	7	188	0	19	27	379	11	100
Matara	51	6061	1	40	0	8	1	5	2	16	19	227	0	24	2	14	0	1	4	219	1	14	6	156	10	100
Jaffna	147	4929	14	389	1	22	1	40	0	57	0	29	13	466	0	3	0	0	2	188	1	36	0	0	43	87
Kilinochchi	7	466	5	35	0	1	1	12	0	1	0	4	2	17	0	2	0	0	0	3	0	11	0	3	24	100
Mannar	3	518	3	13	0	0	1	3	1	2	0	3	0	4	0	0	0	0	0	14	0	0	0	0	15	100
Vavuniya	26	884	1	24	0	0	3	77	0	7	0	27	0	11	0	7	0	0	0	36	0	4	0	9	13	100
Mullaithivu	14	344	0	15	0	4	3	8	0	5	0	21	0	4	0	1	0	1	0	17	0	5	0	2	9	100
Batticaloa	74	4884	6	159	0	9	0	15	5	42	1	24	0	1	0	6	0	1	0	163	3	34	0	1	23	100
Ampara	9	861	0	43	0	3	0	2	0	3	0	18	0	2	0	4	0	0	5	195	1	46	0	5	31	100
Trincomalee	31	4825	0	40	0	2	0	14	0	21	3	29	0	14	0	18	0	0	4	152	0	23	0	11	19	100
Kurunegala	229	10366	2	87	0	10	0	4	0	55	8	82	1	28	0	19	0	4	13	469	1	71	1	142	12	100
Puttalam	300	6162	2	56	0	2	0	2	9	18	1	28	0	11	0	1	0	0	2	149	0	45	0	3	12	100
Anuradhapur	33	2631	1	42	0	4	0	2	0	16	1	69	1	20	1	17	0	2	9	358	1	72	5	241	7	95
Polonnaruwa	24	1307	1	22	0	6	0	9	0	8	1	43	0	7	0	8	1	1	5	216	0	21	3	133	4	100
Badulla	47	3469	5	115	0	9	2	12	0	5	2	130	3	116	1	56	0	1	3	351	2	213	0	13	7	100
Monaragala	100	2809	1	75	0	3	0	1	1	11	2	128	0	123	0	20	0	1	1	96	1	68	2	27	30	100
Ratnapura	105	10891	7	161	1	83	0	13	0	9	14	559	0	31	2	76	0	0	7	272	0	144	0	22	10	100
Kegalle	67	9162	0	34	1	14	2	8	2	37	24	142	2	77	0	14	0	0	9	304	0	66	0	10	11	100
Kalmune	60	2462	2	99	0	7	0	4	4	290	0	10	0	0	0	3	0	0	2	139	0	36	0	0	14	100
SRILANKA	2507	170842	64	1790	3	246	18	369	36	835	12	2721	30	1420	1	380	1	19	104	5570	18	1331	45	1185	16	97

Source: esurveillance.epid.gov.lk

*T=Timeliness refers to returns received on or before 10th November, 2017 Total number of reporting units 344 Number of reporting units data provided for the current week: 339 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP **04th– 10th November 2017 (45thWeek)**

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	01	00	00	00	00	00	00	00	01	00	62	59	5.0%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	01	01	00	00	02	00	01	06	05	272	346	- 21.3%
Measles	00	01	00	00	00	00	01	00	00	02	00	182	356	- 48.8%
Rubella	00	00	00	00	00	00	00	00	00	00	00	10	09	- 11.1%
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	01	16	10	60 %
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	01	22	18	22.2%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	19	61	- 68.8%
Tuberculosis	92	08	05	10	03	00	07	05	08	138	124	7329	7979	- 8.1%

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

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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

ON STATE SERVICE

Dr. P. PALIHAWADANA
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10