



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Health, Nutrition & Indigenous Medicine

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## Flashback 2017 (Part I)

This is the first of two articles on the activities carried-out by the Epidemiology unit during the preceding year. 2017 was a successful and eventful year for the Epidemiology unit.

Information dashboard was successfully implemented within the e-Surveillance and National, district and divisional level notifiable disease information including trends can be generated with the system.

### Disease surveillance

Disease surveillance is the back-bone of the country's communicable disease control programme and the Epidemiology unit carries out this task successfully for decades with utmost dedication. Timely collection of relevant data, analyzing, interpretation and dissemination of the disease related information to the relevant stakeholders are the key to success of the programme.

To facilitate the smooth functioning of this process regular reviews have been conducted by the Epidemiology unit. In addition to the reviews, field supervisions were carried out in four selected districts namely, Moneragala and Batticalloa to identify grassroot level strengths and weakness in the disease surveillance and immunization programme which is helpful in decision making.

At the same time, quality improvement reviews were done in Jaffna, Nuwaraeliya, Anuradhapura and Matara districts to improve the epidemiological activities in the district and divisional level.

e-Surveillance is the web based weekly updating disease surveillance system, which was started in 2015. It was implemented to minimize the errors encountered in the paper based system and now it has become the main source of data in the disease surveillance programme. Currently all 344 Medical Officers of Health (MOH) divisions are sending data through the e-Surveillance with near 100% completeness and 90% timeliness.

In 2017 analysis module and disease infor-

### National Immunization Programme

National Immunization Programme (NIP) is one of the major responsibilities upon the Epidemiology unit and 2017 was a remarkable year with the introduction of HPV vaccine into the programme. Currently NIP protects the nation from 12 dreadful communicable diseases and 2 non-communicable disease.

In order to optimize the direction of NIP, annual reviews were conducted covering all MOH divisions in 26 health districts and including MOH areas in the National Institute of Health Science – Kalutara and Colombo MC. Field level implementation and performance was reviewed and it was very helpful to identify the area specific opportunities and challenges for the optimal implementation of NIP. Based on the challenges technical inputs were provided by the central level experts to improve the service provision at grassroot level. At the same time, it was a good forum to provide updates on NIP to district and divisional level health staffs.

### HPV introduction to the National Immunization Programme

Human Papillomavirus Vaccine (HPV Vaccine) was introduced into the national immunization programme to prevent cervical cancer in future. In Sri Lanka, cervical cancer is the second commonest cancer among women. Annually, 850-1000 advanced stage cervical cancer cases are admitted to hospitals for treatment. Majority of

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advanced cervical cancer cases are ended up with complications or death.

Ninety nine percent of cervical cancers are due to Human Papillomavirus (HPV). HPV infection is asymptomatic until signs and symptoms of cancer are shown. With the course of development of cervical cancer, PAP test is used to identify the early stages of cancer to prevent further development into advanced stages and complications thereof. Vaccination of girls at their young age with HPV vaccine is a method which can prevent cervical cancers due to human papilloma virus types before cancer cells develop.

Human papilloma virus has different genotypes (more than 100 types) in which some of these types can cause cervical cancers. Out of these different types, type 16 and type 18 are the most cancerous types causing 70% of cervical cancers. HPV vaccine gives protection against both type 16 and 18, However, it has been identified that there is a protection for other cervical cancer-causing types by the vaccine.

In Sri Lanka, HPV vaccine is registered for use and available since 2012 and the Ministry of Health has taken the decision to vaccinate girls through the National Immunization Programme aiming at prevention of cervical cancers, in future. Through the National immunization programme all girls in grade 6 (on completion of 10 years) are vaccinated with the HPV vaccine with 2 doses of HPV vaccine at a 6 months interval. Cervical cancer screening in older women will be continued, even though the HPV vaccine is given to girls in Schools.

HPV vaccine is a very safe vaccine and common mild local reactions can be experienced as for any other vaccination. Severe side effects are very rare.

Epidemiology unit was able to successfully launch the HPV vaccination programme in Sri Lanka in October 2017, as a school vaccination programme. Several advocacy programmes were conducted prior to the vaccination programme was launched, including newspaper articles, mass media campaign etc. to educate the public resulting the HPV vaccine having a high user acceptance and high demand from the community.

At the end of year 2017, the 1<sup>st</sup> dose of HPV vaccine has achieved more than 80% coverage throughout the country with 100% in Hambanthota and 98% in Polonnaruwa districts.

### Polio Eradication Programme

Global polio eradication initiative is planned to end polio in 2018. On the way to eradication, it was planned to withdraw oral polio vaccine globally in a phased manner and to introduce inactivated polio vaccine (IPV). In par with the global recommendations, IPV was introduced into the National Immunization Programme in July 2015 to maintain population level immunity for polio virus type 2 in changing over from trivalent OPV to bivalent OPV.

Schedule change of IPV has been done due to the global scar-

city of IPV, two doses of 0.1ml Intra-dermal (ID) fractional dose IPV (fIPV) was introduced in July 2016, instead of one dose of 0.5ml Intra-muscular IPV. This was the first-time children get vaccinated with ID route at MOH field level and implemented with great success within a short period after refresher training.

Post Introduction Evaluation (PIE)- IPV has been conducted by the Epidemiology Unit with independent evaluators, and identified practicing of successful technique of vaccination and minimal (<5%0 wastage while practicing the open vial policy).

### Measles, Rubella and Congenital Rubella Syndrome (CRS) Elimination programme.

Sri Lanka is experiencing a Measles outbreak from 2013 to 2016 period with gradually reducing intensity and the outbreak was successfully waned out in 2016.

In par with the Regional Measles, Rubella / CRS elimination strategic plans, Sri Lanka has set the goal for elimination of Measles, Rubella and CRS by 2020. To achieve this target Measles, Rubella CRS elimination guidelines were updated by introducing more sensitive surveillance case definition of “fever and maculopapular rash” with essential early laboratory investigations for suspected Measles/Rubella and CRS cases.

### Web Based Immunization Information System (WEBIIS)

Currently WEBIIS is the main immunization database in Sri Lanka developed with the objectives of creating a national birth and immunization register and to provide real time data for managers of the National immunization Programme. In the 1<sup>st</sup> quarter 2016 onwards immunization performance data of each MOH area is reported to district and to national level through web abased EPI quarterly return interrogated to WEBIIS system. In 2017 the Epidemiology unit was able to improve the user friendliness and the data validation to WEBIIS.

Compiled by

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 23<sup>rd</sup> - 29<sup>th</sup> Dec 2017 (52<sup>nd</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	290	34274	3	73	0	3	0	33	0	45	8	194	0	3	0	21	0	0	7	386	0	31	0	1	22	84
Gampaha	184	31647	2	45	0	16	0	23	0	19	0	118	0	15	0	19	0	1	10	391	0	32	1	8	6	100
Kalutara	101	10961	1	65	0	4	0	22	1	61	16	457	0	11	1	25	0	1	14	523	3	151	0	1	10	96
Kandy	127	14408	1	73	0	6	0	8	0	21	1	64	0	132	0	16	1	3	1	262	0	39	1	17	17	100
Matale	36	3171	9	71	0	4	0	1	0	12	1	38	0	3	1	12	0	1	0	56	0	63	3	12	12	100
NuwaraEliya	5	892	2	37	0	9	0	37	0	54	0	55	1	183	0	22	0	0	1	323	0	49	0	0	64	100
Galle	54	6177	0	50	0	14	0	26	0	16	38	527	1	74	0	6	0	1	3	376	0	70	0	2	18	98
Hambantota	35	3578	0	28	0	7	0	9	0	31	4	70	1	73	0	10	0	1	4	230	0	19	10	512	13	100
Matarra	33	6331	1	49	0	8	0	6	1	19	10	288	3	40	0	19	0	1	5	244	0	16	5	203	11	100
Jaffna	158	6075	5	431	1	26	3	51	0	59	0	38	25	555	0	4	0	0	0	222	0	39	0	0	44	87
Kilinochchi	8	518	2	46	0	1	0	12	0	1	0	6	0	18	0	2	0	0	0	3	0	12	0	3	24	100
Mannar	4	543	2	26	0	0	0	3	0	3	0	3	0	4	0	1	0	0	0	15	0	0	0	0	15	100
Vavuniya	27	1075	0	25	0	0	6	100	0	8	1	33	0	11	1	9	0	0	1	39	0	4	0	11	13	100
Mullaitivu	7	394	1	26	0	4	0	11	0	5	2	29	0	4	0	2	0	1	0	17	0	5	0	5	8	100
Batticaloa	122	5606	4	203	1	12	0	16	0	93	1	35	0	1	0	6	0	1	0	178	0	35	0	1	24	100
Ampara	12	934	0	51	0	3	0	2	0	4	0	28	0	2	0	6	0	0	5	227	3	52	0	7	30	100
Trincomalee	25	5008	3	55	0	2	0	14	0	21	2	43	2	17	0	19	0	0	4	169	1	25	0	14	20	100
Kurunegala	87	11269	1	112	2	13	0	8	0	61	5	121	2	33	1	21	0	5	13	518	0	82	8	180	13	100
Puttalam	200	7841	1	66	0	2	0	2	0	18	0	29	0	11	1	2	0	0	3	165	0	50	1	4	13	100
Anuradhapura	26	2915	0	50	1	7	0	2	0	18	13	131	0	23	0	18	0	2	7	398	2	76	3	280	7	95
Polonnaruwa	9	1410	1	35	0	7	0	9	0	8	6	86	0	7	0	9	0	1	1	231	0	28	3	164	5	100
Badulla	23	3742	0	129	1	14	1	17	0	6	5	157	1	130	3	62	0	1	7	379	3	238	0	14	8	100
Monaragala	47	3244	0	99	0	3	0	2	0	19	10	207	1	125	1	22	0	1	4	113	1	73	2	35	31	100
Ratnapura	49	11296	11	193	0	86	0	13	0	10	11	622	1	38	0	80	0	0	6	300	0	150	0	22	11	100
Kegalle	47	9558	0	41	0	16	0	8	0	65	6	243	2	85	0	15	0	0	1	341	2	75	1	12	11	100
Kalmune	153	3146	0	108	0	7	0	4	0	292	0	10	0	0	0	3	0	0	1	156	0	37	0	0	14	100
<b>SRILANKA</b>	<b>1869</b>	<b>18601</b>	<b>50</b>	<b>2187</b>	<b>6</b>	<b>274</b>	<b>10</b>	<b>439</b>	<b>2</b>	<b>969</b>	<b>14</b>	<b>3632</b>	<b>40</b>	<b>1598</b>	<b>9</b>	<b>431</b>	<b>1</b>	<b>21</b>	<b>98</b>	<b>6262</b>	<b>15</b>	<b>1451</b>	<b>38</b>	<b>1508</b>	<b>17</b>	<b>98</b>

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 30<sup>th</sup> December, 2017 Total number of reporting units 345 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**

**23<sup>rd</sup> – 29<sup>th</sup> Dec 2017 (52<sup>nd</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	NA	70	67	4.4%
Diphtheria	00	01	00	00	00	00	00	00	00	00	NA	00	00	0%
Mumps	00	01	00	00	00	02	01	01	02	04	NA	302	403	-25.0%
Measles	00	00	00	00	00	00	00	00	00	00	NA	201	382	-47.3%
Rubella	00	00	00	00	00	00	00	00	00	00	NA	10	11	-9.0%
CRS**	00	00	00	00	00	00	00	00	00	00	NA	01	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	NA	16	11	- 45.4%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	NA	00	00	0%
Japanese Encephalitis	00	01	00	00	00	00	00	00	00	01	NA	22	21	+4.7%
Whooping Cough	00	01	00	00	00	00	00	00	00	01	NA	24	70	-65.7%
Tuberculosis	57	25	11	05	19	06	20	05	00	148	NA	8267	9305	-11.1%

**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

NA = Not Available

**Dengue Prevention and Control Health Messages**

**Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.**

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**ON STATE SERVICE**

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