



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Dengue Epidemic 2017: Evidence and Lessons Learnt — Part 5

This concludes the article summarizing the “Dengue Epidemic 2017: Evidence and Lessons Learnt”.

(Continued from Previous WER)

- A “House Inspection Card” in high-risk GN areas to promote a culture of self-inspection of premises at the community level was introduced to strengthen and sustain these source reduction efforts. Central level team supervisions and inspections were carried out, routinely by the National Dengue Control Unit, to monitor these programmes and were later evaluated at national, provincial and district levels.
- About 1,000 additional manpower as Saukya Karya Sahayaka (SKS) were recruited for mosquito control work through a special Cabinet approval, to assist in preventive activities at grass-root level in selected high-risk MOH areas. This was a long-term need to boost human resources to carry out field mosquito control work. They were trained in all aspects of mosquito control activities including operation and maintenance of fogging machines. They were highly advantageous during the Kinniya outbreak where about 100 of them were especially utilized in Trincomalee area

for the International Youth Summit during March-April 2017.

- Fifty utility vehicles for dedicated dengue work were provided with drivers to many high-risk areas throughout the island. These could be used to install vehicle-mounted fogging machines as well.
- Several steps were taken to strengthen the field level mosquito control activities. Over 500 fogging machines of different types (handheld, vehicle mounted, in-house etc.) were distributed to all high-risk areas along with the chemicals to be used as mosquito adulticides. Newer chemical agents were registered to be used for mosquito control activities in the country. Plans were made to have locally produced BTi instead of importing them at a high cost.
- Novel mosquito control methods applied in other countries were introduced at the research level and will be implemented in the future. The introduction of methods like Wolbachia and Riddle technique are among them.
- Legal background and support which has been lukewarm or lacking were strengthened with the introduction of

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Contents

1. Leading Article – Dengue Epidemic 2017 : Evidence and Lessons Learnt — Part 5	1
2. Summary of selected notifiable diseases reported (03 rd – 09 th February 2018)	3
3. Surveillance of vaccine preventable diseases & AFP (03 rd – 09 th February 2018)	4

Page

several important amendments to The Prevention of Mosquito Breeding Act, No. 11 of 2007. Although this has been a long-drawn-out process, significant and rapid developments were made with the Legal Draftsman's Department, citing the outbreak situation.

Inter-Sectoral Collaboration

This is an important factor for a successful mosquito control program, hence the formation of a Presidential Task Force (PTF) with multiple stakeholders from the state sector playing key roles, since 2012.

- With the intensifying of the outbreak in early June, H.E. the President convened the Presidential Task Force to spearhead a series of national-level activities. District level dengue control meetings in Colombo and Gampaha were presided by the President himself, to signify the commitment of the government. The "INTENSIVE INTER-SECTORAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF DENGUE" was formulated in all 3 languages and circulated through the PTF with specific mandates for each stakeholder ministry for prevention and control of mosquito breeding sites.
- Regular monthly PTF meetings were convened and were chaired by the President's Secretary with all stakeholders where outbreak mitigation activities and plans were followed up. Monthly district level coordination meetings were similarly conducted throughout the country to ensure multi-stakeholder participation during the peak of the outbreak.
- A significant improvement in this multi-sectoral collaboration was seen in the Western Province with the utilization of over 300 graduates as field officers to look into dengue control activities in schools. Each of these officers was given the responsibility of 5 schools during the peak of the outbreak period.

Community Empowerment through Communication and Awareness building was extensively carried out during the outbreak with a major publicity drive through all types of media. The main objectives of this exercise were to strengthen the source reduction campaigns as

well as to instill early and proper medical attention seeking behaviour.

Regular media updates were issued to strengthen community awareness and cooperation as well as to prevent any undue fear psychosis among the masses. Eminent clinicians, public health experts, scientists, researchers as well other stakeholders were regularly featured in programmes and discussions disseminating the true facts and figures.

Special cleaning campaigns in schools to minimize mosquito breeding were initiated when reopening after vacations or prior to examinations etc.

Entomological studies had frequently pointed out that construction sites as major mosquito breeding places. Posters were put up with stringent inspections and litigations carried out at such construction sites. Large-scale constructions where foreign (e.g. Chinese, Indian) workers are involved were specially targeted with posters and handouts being prepared in foreign languages.

Religious places were also identified as major mosquito breeding places through entomological surveys. Special meetings were held where all religious places in the Western province were convened and mosquito control and prevention activities were emphasized and community participation strengthened.

The above activities, carried out with dedication and utmost responsibility, by all the stakeholders, will be recorded as a successful effort in controlling the 2017 dengue outbreak in Sri Lanka. The sustainability and continuity of such control methods will be the challenge, faced in mitigating any future outbreaks.

The contribution from the National Dengue Control Unit in preparing this article is kindly acknowledged.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 03th - 09th Feb 2018 (06th 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	147	1502	2	7	0	1	0	7	0	2	5	26	0	1	0	1	0	0	20	95	0	6	0	1	57	95	
Gampaha	130	946	1	7	0	1	1	6	1	6	3	19	0	1	0	2	0	0	33	108	3	5	0	0	71	100	
Kalutara	88	622	1	9	0	2	0	0	1	12	12	43	0	0	0	1	0	0	14	69	1	14	0	0	60	100	
Kandy	73	636	1	7	2	3	1	1	1	1	0	7	1	12	1	2	0	0	10	36	1	3	0	2	63	100	
Matale	20	183	0	1	0	1	0	0	1	5	3	4	0	1	0	1	0	0	2	6	0	2	0	5	67	100	
NuwaraEliya	4	31	0	2	0	0	2	4	0	2	0	2	0	10	1	3	0	0	6	37	1	3	0	0	27	100	
Galle	10	94	0	3	0	0	0	0	0	1	5	27	1	4	0	0	0	0	0	0	6	1	1	0	1	39	38
Hambantota	25	175	0	1	0	0	0	0	0	0	0	7	1	9	0	0	0	0	8	39	0	1	2	89	74	100	
Mataru	39	204	0	3	0	0	0	1	1	13	3	24	1	3	0	0	0	0	2	39	0	0	11	48	57	100	
Jaffna	77	816	4	19	0	0	0	9	0	6	0	2	20	128	0	0	0	0	8	37	0	5	0	0	33	93	
Kilinochchi	5	45	0	5	0	0	0	7	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	38	100	
Mannar	0	14	0	8	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	9	0	1	0	0	27	100
Vavuniya	12	98	0	0	0	0	5	10	1	6	0	8	0	4	0	0	0	1	2	6	0	1	0	0	63	100	
Mullaitivu	0	12	0	0	0	0	0	1	5	5	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	47	50
Batticaloa	122	852	3	26	0	1	0	0	0	1	0	6	0	1	0	1	1	1	5	11	1	5	0	0	64	100	
Ampara	2	30	2	6	0	0	0	0	0	0	0	11	0	0	0	3	0	0	7	24	1	1	0	0	55	100	
Trincomalee	19	136	2	11	0	0	0	1	1	1	0	7	0	7	0	0	0	0	6	33	0	0	0	1	38	95	
Kurunegala	72	660	3	18	0	2	0	2	1	2	3	23	1	4	0	1	0	0	18	64	0	12	5	26	72	100	
Puttalam	67	688	1	5	0	2	1	1	0	1	0	6	0	2	0	0	0	0	3	14	0	7	0	0	72	100	
Anuradhapura	25	166	0	11	1	1	0	1	0	0	6	33	1	7	0	0	0	0	10	39	2	3	14	33	43	99	
Polonnaruwa	2	52	3	5	0	1	0	0	0	6	6	35	0	0	0	1	0	0	0	21	1	3	5	27	64	100	
Badulla	8	99	4	22	0	0	1	4	0	1	2	21	1	9	0	2	0	0	13	50	4	15	0	1	53	100	
Monaragala	33	250	2	21	0	2	0	1	0	2	4	66	8	21	2	4	0	0	3	24	1	3	0	6	59	100	
Ratnapura	58	278	3	28	0	8	0	4	1	2	6	43	0	3	1	2	0	1	7	36	1	16	0	59	43	100	
Kegalle	37	254	1	7	0	2	0	0	3	18	1	17	2	11	0	4	0	0	9	36	1	3	0	0	71	100	
Kalmune	74	727	2	5	0	0	0	0	2	5	0	1	0	0	0	1	0	0	4	20	0	1	0	0	47	100	
SRILANKA	1149	9570	35	237	3	27	11	61	19	98	59	441	37	241	5	29	1	3	190	860	19	111	37	299	57	95	

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 09th February, 2018 Total number of reporting units 349 Number of reporting units data provided for the current week: 326 C**_Completeness
 A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

03th – 09th Feb 2018 (06th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2018	Number of cases during same week in 2017	Total number of cases to date in 2018	Total number of cases to date in 2017	Difference between the number of cases to date in 2018 & 2017
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	02	00	00	00	00	00	00	00	02	06	06	15	- 60 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	00	01	01	03	01	01	00	09	02	28	34	-17.6 %
Measles	01	00	00	00	01	00	00	00	00	02	06	13	43	-69.7%
Rubella	00	00	00	00	00	00	01	00	00	01	00	03	01	100 %
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	01	04	02	100 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	01	00	00	00	00	01	00	00	02	00	09	04	125 %
Whooping Cough	00	00	00	00	00	01	00	00	00	01	01	07	02	250 %
Tuberculosis	165	27	23	08	09	11	10	10	09	271	162	911	971	- 6.1 %

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

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

ON STATE SERVICE

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