



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Influenza-related deaths investigation – 2018, Southern Province Part II

Table 4: Distribution of type of doctors consulted in the first and second episode of the illness

Type of Doctors consulted in the first Visit	1 st Episode		2 nd Episode	
	No.	%	No	%
General Practitioner	12	60.0	1	8.3
Consultant Paediatrician	3	15.0	6	50.0
Government hospital	4	20.0	5	41.7
Following delivery (New born in the same hospital)	1	5.0		
Total	20	100.0	12	100.0

Forty per cent (40%) of children were admitted to a hospital within two days of onset of illness in both episodes although 80% of patients had been seen by a doctor in first two days of illness. The number of days taken for the admission to a hospital after seen by a doctor is demonstrated in table 7.

Twelve patients had gone to GPs in the first episode of the illness whereas in the second episode of illness 50% had gone to a consultant Paediatrician and 40% had gone to a Government hospital. It has been shown that the parents were aware of the disease severity of their children.

The time gap between the onset of symptoms and admission to the hospital was assessed. Table 6 shows the results.

Table 6: Distribution of cases according to the number of days between first seen by a doctor and for admission to a hospital (See Next Page..)

Table 05: Distribution of cases according to the number of days from the onset symptoms to hospital admission

No of days between onset of symptoms & admission	1 st Episode (mean -2.8 days)		2 nd Episode (mean - 2.25 days)	
	No	%	No	%
D0	2	10	3	25
D1	2	10		
D2	4	20	2	16
D3	5	25	5	41
D4	5	25	2	16
D5	1	5		
D6	1	5		
Sent for NICU care after delivery	1	5		
Total	20	100.0	12	100.0

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No of days between 1 st seen by a doctor to admission	1 st Episode (mean -2 days)		2 nd Episode (mean - 1.3 days)	
	No	%	No	%
D1	5	25.0	6	50.0
D2	2	10.0	1	8.3
D3	4	20.0	1	8.3
D4	5	25.0	3	25.0
D5	1	5.0	1	8.3
D6	1	5.0		
D7	1	5.0		
Sent for NICU care after delivery	1	5.0		
Total	20	100.0	12	99.9

Table 8: distribution of deceased children by sex

Sex	No.	%
Male	14	70.0
Female	6	30.0
Total	20	100.0

Out of all deaths, 14 (70%) were among male children.

Clinical features / Presenting complains:

As it is a respiratory tract infection the majority of patients was presented with cough and fever.

Table 9: Distribution of deaths among children by predominant presenting symptoms

Clinical features / presenting complains	No	%
Fever, cough	12	60%
Fever, cough & loose stools	04	20%
Fever, cough, shortness of breath	02	10%
Shortness of breath	02	10%

Forty per cent of patients were admitted within two days after seen by a doctor in the first episode of illness whereas 50% of patients were admitted on the first day in the second episode of illness. There might have been lesser clinical signs in the first episode of illness whereas it may have been a serious presentation in the second episode.

Age

All the affected children of these lower respiratory tract infections were less than five years of age. The age distribution among deceased children are shown in table 8.

Table 7: Distribution of deceased children by age category

Age of the patient	No.	%
< 1 m	1	5.0
1m ≤6m	1	5.0
6m ≤ 12m	13	65.0
12m ≤ 24m	4	20.0
24m ≤ 36m	1	5.0
Total	20	100.0

The majority (12, 60%) of them presented with fever and cough. A considerable number of patients was presented with loose stools as a presenting complaint in the first episode of the illness. In the second episode of illness presenting with loose stools were more (8, 66.7%, out of 12 children) compared to the first episode. Those presented clinical findings are compatible with influenza-like illness.

Compiled by,

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There were 13 (65%) children between 6 months to one year of age. Seventy-five per cent of the deaths reported among infants. Weaning of maternal antibodies during this period may be a possible reason. There were no deaths reported among children more than 36 months of age

Sex:

There was significant male predominance among deceased children.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 03rd-09th Nove 2018(45th 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	161	8242	4	89	0	9	1	39	0	35	3	200	1	13	0	9	0	0	18	641	2	64	1	5	61	100
paha	89	4691	2	68	0	8	0	22	0	168	7	210	0	8	0	13	0	0	13	671	1	44	1	51	64	100
Kalutara	44	2647	2	83	0	5	2	15	2	57	18	583	0	6	0	15	0	0	28	637	5	94	0	9	54	100
Kandy	73	3289	1	108	0	6	0	4	1	26	4	94	2	97	2	22	0	1	4	301	0	39	0	32	59	100
Matale	5	816	1	23	0	1	0	4	1	42	3	86	1	4	0	8	0	0	4	50	2	15	11	148	60	100
NuwaraEliya	2	182	1	52	0	4	0	12	0	159	2	43	1	127	0	25	0	0	0	198	0	40	0	0	25	100
Galle	7	837	4	55	0	12	0	6	0	23	8	369	1	61	0	3	0	1	12	339	1	56	0	5	29	100
Hambantota	12	794	8	22	0	4	0	3	0	5	1	68	0	73	0	3	0	1	3	246	0	15	3	687	71	100
Matara	21	952	0	39	0	6	0	9	0	23	12	231	2	54	0	17	0	0	5	261	0	14	9	449	54	100
Jaffna	107	2791	13	172	0	6	0	47	0	223	2	13	4	267	0	1	0	2	7	265	0	10	0	3	37	93
Kilinochchi	8	293	2	33	0	1	0	20	0	5	0	5	0	16	0	0	0	1	0	32	0	2	0	1	51	100
Mannar	1	197	2	24	0	0	0	3	0	2	0	1	11	12	0	0	0	0	0	28	0	4	0	3	36	100
Vavuniya	7	523	0	17	0	4	2	45	0	12	3	39	0	7	0	0	0	1	0	46	0	5	1	13	56	100
Mullaitivu	3	104	1	8	0	0	0	10	0	11	0	8	0	7	0	0	0	1	0	11	0	1	0	2	25	100
Batticaloa	34	4454	8	169	0	5	0	9	0	29	1	44	0	3	0	4	0	3	5	175	0	21	0	0	64	100
Ampara	3	214	1	71	1	4	0	3	0	9	1	36	0	0	0	7	0	1	1	276	0	23	0	3	66	100
Trincmalee	9	958	0	36	0	2	0	5	0	13	0	50	0	22	1	3	0	0	0	188	0	9	0	18	30	100
Kurunegala	41	2139	6	126	0	17	0	13	1	7	44	224	0	22	0	23	0	2	24	529	1	83	21	392	62	100
Puttalam	47	1656	1	63	0	6	0	6	0	10	1	43	0	11	1	3	0	0	0	135	1	74	0	3	63	100
Anuradhapura	11	786	11	80	0	7	0	4	0	44	12	137	0	20	0	14	0	2	11	385	0	48	19	461	44	95
Polonnaruwa	7	275	3	39	0	5	0	0	0	19	6	108	1	1	0	4	0	1	11	275	0	20	5	234	56	88
Badulla	10	508	6	131	0	9	0	13	0	15	1	158	2	85	0	64	0	0	12	439	2	110	0	10	48	100
Monaragala	7	776	2	76	0	2	0	1	0	4	11	269	1	127	2	46	0	0	4	175	7	152	0	43	66	100
Ratnapura	33	1979	4	177	0	39	1	24	0	5	22	635	0	27	0	27	0	2	4	287	4	114	3	198	46	100
Kegalle	26	1278	1	52	0	12	0	8	1	92	18	283	0	71	0	16	0	0	5	366	1	45	0	14	63	100
Kalmune	12	1608	2	47	0	3	0	3	0	33	1	9	0	1	0	1	0	0	0	192	0	14	0	1	51	100
SRI LANKA	780	42989	86	1860	1	177	6	328	6	1071	18	3946	27	1142	6	328	0	19	171	7148	27	1116	74	2785	53	99

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 09th November, 2018 Total number of reporting units 353 Number of reporting units data provided for the current week: 351 C**=Completeness
 A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

03rd–09th Nove 2018 (45th 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	00	01	00	00	00	00	00	00	01	01	56	62	- 9.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	03	01	00	00	04	00	00	00	01	09	06	306	272	12.5 %
Measles	01	00	01	01	00	01	00	00	00	04	02	110	182	- 39.5 %
Rubella	00	00	00	00	00	00	01	00	00	01	00	08	10	- 20 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	01	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	18	16	12.5 %
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	25	22	13.6 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	46	19	142.1 %
Tuberculosis	39	13	04	02	06	02	20	15	02	103	138	7478	7329	2 %

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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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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