

> WEEKLY EPIDEMIOLOGICAL REPORT A publication of the Epidemiology Unit
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Vol. 45 No. 47
$17^{\text {th }}-23^{\text {rd }}$ November 2018
Influenza-related deaths investigation - 2018, Southern Province Part III

## Associated Co-morbidities

There were children with severe congenital abnormalities among the deceased. The associated co-morbidities are in Table 10.

Table 10: Distribution of deaths among children according to the presence of co -morbidities

| Presence of co-morbidity | N o | \% |
| :---: | :---: | :---: |
| Yes | 10 | 50. |
| Trisomy 21 + Congenital Heart Disease - 2 |  | 0 |
| Cerebral palsy, west syndrome $-1$ |  |  |
| Dimorphism + Congenital Heart Disease + hypothyroid-ism- 1 |  |  |
| Congenital HD + pulmonary hypertension/Heart failure - 2 |  |  |
| Microcephaly + Broncho pulmonary dysplasia + basal ganglia calcification, renal impairment - 1 |  |  |
| Recurrent respiratory tract infection + bronchiolitis 2 |  |  |
| Congenital Heart Disease + cleft lip \& palate - 1 |  |  |
| No | 10 | $\begin{aligned} & 50 . \\ & 0 \\ & \hline \end{aligned}$ |
| Total | 20 | 100 |

Nearly $50 \%$ of children had severe comorbidities among the deceased. There were two patients suffering from bronchiolit-
is and recurrent hospital admission during the last three months.

There were 12 patients admitted earlier to hospitals and discharged after treatment. Then they were again admitted with the same symptoms. The duration between the discharge from the first episode of illness and the commencing of the second episode and the admission to a hospital is given below.

Table11: Duration from discharge from the first episode of illness to the onset of $2^{\text {nd }}$ episode and time taken to the $2^{\text {nd }}$ admission

|  | No. of days from discharge to onset of symptoms of $2^{\text {nd }}$ episode | No. of days from discharge to $2^{\text {nd }}$ admission |
| :---: | :---: | :---: |
| Range | 0-14days | 0-17 days |
| Mean duration | 4.6 days | 6.8 days |
| Median duration | 4 | 6 |
|  | 10 out of 12 de- veloped symp- toms by $4^{\text {th }}$ day | 10 out of 12 readmitted by 8 days |



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Twelve children who had been discharged after treatment for lower respiratory tract infection have been admitted again with the same kind of illness. The range of days for re-appearance of symptoms was $0-14$ days with a mean duration of 4.6 days.

## ICU care:

The majority of the patients were in severe condition when they reached THK and had been given ICU care

Table 12: Distribution of ICU care given and ventilator support among the deceased children

|  | ICU care |  | Ventilated |  |
| :--- | :--- | :--- | :--- | :--- |
|  | No. | $\%$ | No. | $\%$ |
| Yes | 14 | 70.0 | 15 | 75.0 |
| No | 6 | 30.0 | 5 | 25.0 |
| Total | 20 | 100.0 | 20 | 100.0 |

Fourteen patients (70\%) were given ICU care. However, one patient died on the way while being transferred to Teaching Hospital Peradeniya for ICU care and one patient was ventilated in the general paediatric ward using a transport ventilator. Six patients were not able to manage at ICU settings due to lack of facilities.

## Testing of samples for Virology

Out of 20 patients, eighteen were tested for virology.
Virology samples were not sent in the first episodes of illness for the twelve patients who were admitted before

Table 13: Distribution of testing samples for virology among deceased children

| Virology has done | No | $\%$ |
| :--- | :---: | :---: |
| Yes | 18 | $90.0 \%$ |
| No | 02 | $10.0 \%$ |
|  |  |  |
| Total | 20 | 100.0 <br> $\%$ |

## Compiled by :

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Table 1 : Water Quality Surveillance Number of microbiological water samples October 2018

| District | MOH areas | No: Expected * | No: Received |
| :---: | :---: | :---: | :---: |
| Colombo | 15 | 90 | 80 |
| Gampaha | 15 | 90 | NR |
| Kalutara | 12 | 72 | NR |
| Kalutara NIHS | 2 | 12 | NR |
| Kandy | 23 | 138 | NR |
| Matale | 13 | 78 | 33 |
| Nuwara Eliya | 13 | 78 | 90 |
| Galle | 20 | 120 | 68 |
| Matara | 17 | 102 | 149 |
| Hambantota | 12 | 72 | 46 |
| Jaffna | 12 | 72 | 106 |
| Kilinochchi | 4 | 24 | 39 |
| Manner | 5 | 30 | 16 |
| Vavuniya | 4 | 24 | 55 |
| Mullatvu | 5 | 30 | NR |
| Batticaloa | 14 | 84 | 97 |
| Ampara | 7 | 42 | 36 |
| Trincomalee | 11 | 66 | NR |
| Kurunegala | 29 | 174 | 99 |
| Puttalam | 13 | 78 | 57 |
| Anuradhapura | 19 | 114 | 27 |
| Polonnaruwa | 7 | 42 | 36 |
| Badulla | 16 | 96 | 95 |
| Moneragala | 11 | 66 | 121 |
| Rathnapura | 18 | 108 | 64 |
| Kegalle | 11 | 66 | 50 |
| Kalmunai | 13 | 78 | 77 |

Table 1: Selected notifiable diseases reported by Medical Officers of Health $10^{\text {th }}-16^{\text {th }}$ Nove 2018(46 ${ }^{\text {th }}$ Week)


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Table 2: Vaccine-Preventable Diseases \& AFP

| 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* | 01 | 00 | 00 | 01 | 01 | 00 | 01 | 00 | 00 | 04 | 02 | 60 | 64 | - 6.2 \% |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 \% |
| Mumps | 01 | 00 | 03 | 01 | 10 | 01 | 01 | 00 | 00 | 17 | 04 | 323 | 276 | 17 \% |
| Measles | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 03 | 110 | 185 | - 40.5 \% |
| Rubella | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 08 | 10 | - 20 \% |
| CRS** | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 0\% |
| Tetanus | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 19 | 16 | 18.7 \% |
| 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 | 03 | 25 | 25 | 0 \% |
| Whooping Cough | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 46 | 19 | 142.1 \% |
| Tuberculosis | 142 | 07 | 34 | 07 | 10 | 08 | 00 | 04 | 37 | 249 | 152 | 7727 | 7481 | 3.2 \% |

## 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
Influenza Surveillance in Sentinel Hospitals - ILI \& SARI

| Month | Human |  |  |  | Animal |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | No Total | No Positive | Infl A | Infl B | Pooled samples | Serum Samples | Positives |
| November | 241 | 61 | 34 | 35 | 1854 | 998 | 0 |

Source: Medical Research Institute \& Veterinary Research Institute

## 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@sItnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

