



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Flashback 2018 (Part II)

Rubella Controlled status

Sri Lanka has been verified as adequately controlled Rubella and Congenital Rubella Syndrome in 2018 by the WHO. This is a landmark achievement of the National Immunization Programme which is managed primarily by the Epidemiology Unit. Rubella-containing vaccine was first introduced to the country in 1996 following the two major outbreaks in 1994-95. Initially, it was for women aged 16-44 years of age. In 2001 vaccine was introduced to the 3 years old. Two catch-up campaigns were conducted in 2003 and 2004 for the 10-15 years old and 16-20 years old respectively. In 2004, case-based surveillance and zero reporting started. MMR vaccine was introduced in 2011 and the schedule was advanced to 9-12 months to 1 and 3 years. As a response to the outbreak in 2014, the first dose of MMR was rescheduled to 9 months and 3 years. Sri Lanka reported zero cases of Rubella from 2017 onwards and as a result the country was verified as Rubella and CRS adequately controlled (WHO definition—95% reduction from 2008 levels of infection). Next in line is the elimination of Rubella and CRS which is planned for the year 2020.

Dengue Situation

There was over 70% reduction in Dengue in 2018 compared to 2017. A total number of 51,586 cases were reported with a case fatality at its lowest seen in the recent history at 0.11%.

Dengue early warning capacity was further strengthened in 2018 by adding several more hospitals as sentinel sites to the online system (DenSys). Hospital surveillance teams (ICNOs) from all over the island were trained on recent advancements. Improving clinical management practices by training relevant hospital staff with local and international resources resulted in a lower fatality despite high case numbers. The advent of Professor Siripen from Thailand on invitation to train 50 Paediatricians and adult Physicians should be highlighted. National level clinical audits and mortality reviews were conducted to improve the quality of clinical management. The highest mortality was seen among adults of 20-24 age group followed by 25-29, which was addressed through continuous professional development (CPD) programmes in all provinces through trained specialists. Revision of the National Clinical Guidelines on Dengue Management was also initiated.

Public awareness and participatory cam-

Contents

	Page
1. Leading Article – Flashback 2017 (Part II)	1
2. Summary of selected notifiable diseases reported (29 th – 04 th January 2019)	3
3. Surveillance of vaccine preventable diseases & AFP (29 th – 04 th January 2019)	4

WEB SRI LANKA 2019

paigms, integrated vector management activities, as well as advocacy programs to strengthen inter-sectoral collaboration and streamlining the existing legal provisions for controlling mosquito breeding sites, were also carried out in collaboration with the National Dengue Control Unit of the Ministry of Health.

The Influenza outbreak in Southern Province

Influenza outbreak was reported from the southern province of the country from April to June 2018 which resulted in several deaths. Influenza type was detected as A. In addition to the epidemiological support to control the outbreak situation, the Epidemiology Unit was assigned the responsibility of the conducting a detailed death investigation. It comprised of both institutional and field level investigations. The unit successfully carried out the investigation, and the report was handed over to the Director General of Health Services.

Timor-Leste Twinning Programme

Ministry of Health, Nutrition & Indigenous Medicine of Sri Lanka and Ministry of Health, Timor-Leste jointly initiated a project titled “Timor-Leste Sri Lanka Twinning arrangement for institutional strengthening in immunization programme in Timor-Leste”. This programme was supported by GAVI & WHO and comprised of five thematic areas.

Theme 1: Health policy development including immunization policy, budget allocation and execution, human resource development including recruitment pre/in-service training, basic/postgraduate training.

Theme 2: Procurement, vaccines management and supply chain management

Theme 3: EPI and VPD Data management and quality assurance

Theme 4: Quality and safety assurance of vaccines and other related supplies (NRA and AEFI surveillance)

Theme 5: Integrated communicable disease surveillance system with special emphasis on VPD surveillance, la-

boratory surveillance and conducting special studies on disease burden.

As for the first thematic area, 9 officials from Timor-Leste visited Sri Lanka in July. The team consisted of academics, health ministry higher officials and members of the National Institute of Health. Epidemiology Unit hosted a two-week training programme which included lectures as well as field visits.

Cohort study on Chronic Kidney Disease of uncertain Aetiology (CKDu)

CKDu is a major health burden in the country for the past two decades. Thirty-odd numbers of hypothesis were put forward by both local and foreign scientists. However, none of them was proved as causal with adequate evidence. In order to establish the causal agent/s, Epidemiology Unit has initiated a cohort study titled “A prospective cohort study on environmental and behavioural risk factors for declining kidney functions”. The data will be collected annually for a period of four years. Human serum, urine samples as well as environmental samples including water and rice will be tested for agrochemical residuals and for heavy metals. Bio-banking of human samples were also done for future reference. First-year data collection was successfully carried out in the latter half of 2018 in Medawachchiya AGA division.

Compiled by

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 29nd - 04th Jan 2019 (1st 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	299	299	0	0	1	1	0	0	0	0	1	1	0	0	1	1	0	0	7	7	2	2	0	0	47	100
Gampaha	154	154	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	6	6	0	0	4	4	46	87
Kalutara	110	110	2	2	2	2	1	1	0	0	13	13	1	1	0	0	0	0	16	16	2	2	0	0	67	100
Kandy	53	53	3	3	0	0	0	0	1	1	4	4	4	4	0	0	1	1	2	2	0	0	0	0	57	100
Matale	19	19	0	0	0	0	0	0	0	0	4	4	4	4	0	0	1	1	3	3	0	0	8	8	69	100
Nuwareliya	9	9	0	0	0	0	0	0	0	0	1	1	2	2	0	0	0	0	1	1	1	1	0	0	31	100
Galle	16	16	1	1	0	0	1	1	0	0	9	9	2	2	1	1	0	0	7	7	1	1	1	1	80	100
Hambantota	33	33	0	0	0	0	0	0	0	0	4	4	4	4	1	1	1	1	7	7	0	0	0	0	83	100
Mataru	62	62	0	0	0	0	0	0	0	0	4	4	4	4	3	3	1	1	5	5	2	2	11	11	65	100
Jaffna	247	247	2	2	1	1	0	0	0	0	0	0	20	20	0	0	0	0	4	4	0	0	0	0	21	93
Kilinochchi	7	7	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25	100
Mannar	8	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	75	80
Vavuniya	7	7	0	0	0	0	1	1	0	0	0	0	1	1	0	0	0	0	4	4	0	0	0	0	25	100
Mullaitivu	4	4	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1	50	67
Batticaloa	52	52	5	5	0	0	0	0	0	0	4	4	4	4	0	0	0	0	1	1	0	0	0	0	64	100
Ampara	6	6	3	3	0	0	0	0	0	0	1	1	1	1	0	0	1	1	4	4	1	1	0	0	43	100
Trincomalee	39	39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	0	0	0	0	40	83
Kurunegala	46	46	1	1	0	0	0	0	0	0	5	5	1	1	0	0	0	0	8	8	3	3	15	15	63	96
Puttalam	20	20	2	2	0	0	0	0	0	0	3	3	3	3	0	0	0	0	2	2	0	0	0	0	69	100
Anuradhapura	9	9	0	0	2	2	0	0	0	0	5	5	1	1	0	0	0	0	11	11	0	0	13	13	58	90
Polonnaruwa	10	10	1	1	1	1	0	0	0	0	4	4	4	4	0	0	0	0	5	5	1	1	9	9	25	100
Badulla	20	20	2	2	0	0	0	0	3	3	12	12	0	0	0	0	0	0	7	7	3	3	1	1	56	100
Monaragala	19	19	1	1	0	0	0	0	0	0	12	12	4	4	1	1	0	0	9	9	2	2	0	0	73	100
Ratnapura	41	41	1	1	1	1	0	0	0	0	20	20	0	0	0	0	0	0	7	7	6	6	0	0	50	95
Kegalle	42	42	0	0	0	0	0	0	0	0	2	2	1	1	0	0	0	0	11	11	1	1	1	1	45	100
Kalmune	27	27	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	0	0	0	0	38	100
SRILANKA	1359	1359	26	26	8	8	3	3	4	4	109	109	42	42	6	6	2	2	133	133	25	25	64	64	56	96

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 04th January, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 342 C**-Completeness
 A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

29nd – 04th Jan 2019 (1st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2019	Number of cases during same week in 2018	Total number of cases to date in 2019	Total number of cases to date in 2018	Difference between the number of cases to date in 2019 & 2018
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	01	00	00	00	00	00	00	02	01	02	01	100 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	01	02	00	01	00	00	00	00	05	03	05	03	66.7%
Measles	00	00	01	01	00	00	00	00	00	02	00	02	00	0 %
Rubella	00	00	00	00	00	00	00	00	00	00	02	00	02	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	01	00	00	01	01	01	01	0 %
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	00	00	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tuberculosis	35	26	07	24	04	09	00	01	13	119	NA	8995	NA	0%

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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