



WEEKLY EPIDEMIOLOGICAL REPORT

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

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World Health Day 2019



Universal Health Coverage and Primary Health Care

Universal Health Care means that all human beings and communities receive the health services they need without suffering financial hardship. It involves the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. This in return will enable everyone to access the services that address the most significant causes of disease and death. It will ensure that the quality of those services is good enough to improve the health of the people who receive them, thus taking care of the out of pocket expenditure of the people and guarding people against the financial consequences of paying for health services out of their own pockets. Therefore it will reduce the risk of people being pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow and ruin their future as well as that of their children.

Primary health care is an approach to health and well-being concentrated on the needs and circumstances of individuals, families and communities. It addresses comprehensive and interrelated physical, mental and social health and well-being. This is about providing whole-person care for health needs throughout life and not just treating a set of specific diseases. Primary health care guarantees that people will receive comprehensive care that ranges from promotion and prevention to treatment, rehabilitation and

Since its inception in 1948, the First Health Assembly has decided to celebrate the 7th of April as the World Health Day. With the effect of the day taking place since 1950, the World Health Organization has intended to create awareness of specific health to highlight a priority area of concern for the world.

Over the past years, this has helped in lighting up of important health issues like mental health, maternal and child care, and climate change. The occasion is pronounced by activities that extend beyond the day itself which also provides an opportunity to focus worldwide attention on these important aspects of global health.

This year the World Health Day tagline is **“Health for all- everyone, everywhere”**. The aim is to celebrate health and emphasize world leaders that everyone may be able to approach the health care they need, when and where they need it. Advocacy events will be held around the world to give a push for the #Health for all movement and to highlight the goal of achieving a fairer, healthier world in which no one is left behind. This will focus on equity and solidarity that will raise the bar of every person’s health everywhere by addressing gaps in service while no one is left behind.

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WEBER SRI LANKA 2019

palliative care which will be close and feasible to people's everyday environment.

To make health for all a sensibility, the governments need to invest in quality, accessible primary health care. Health care staff needs to care for patients while advocating for patients and educating them on receiving needed health care and staying healthy. Thus, empowering individuals and communities regarding their own health must be done.

Therefore health for all can be made a real-world phenomenon which protects the human rights of Health for all.

Goals

.To improve understanding of universal health coverage and the importance of primary health care as its foundation.

- To spur action from individuals, policy-makers and health-care workers to make universal health care a reality for everyone

Materials



Social media squares, posters, infographics, GIFs and videos to help you celebrate World Health Day and communicate about universal health coverage and primary health care. Universal health coverage and primary health care videos

Calls to action

World Health Organization plan to increase activity in the following areas.

General public

- As health care is your right and the right of your family, let's communicate to our leaders that all people deserve quality health care.

- Talk to local health worker regarding the information and support needed to take care of your own health and the health of your family.
- As quality health care is favourable for our health, it is excellent for economies and good for society. Let's demand on world leaders to make health for all a reality!

Health Workers

- Unite with peers and let local leaders know that you support health for all as the health care workers are the voice of the patients.
- As the health workers have the power to change people's lives with quality health advice and care, let's make sure everyone can access the skills and expertise of health workers.
- Empower patients to take care of their own health, to play a vital role in learning about their needs and teaching them what they can do to get and stay healthy.

Policy-makers

- As health is a political choice make sure it is considered in all government policies.
- Investment in primary health care is essential to make universal health coverage a reality
- Commit to gathering better health data this year making changes where they are needed most and targeting resources where needs can be addressed.

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Source

World Health Day 2019- Campaign Essentials https://www.who.int/docs/default-source/documents/campaign-essentials-whd19.pdf?sfvrsn=bda11f0f_2

WHO- World Health Day Campaign 2019 <https://www.who.int/campaigns/world-health-day/world-health-day-2019/about-the-campaign>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 23rd - 29th March 2019 (13rd 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	135	2832	0	12	2	0	2	0	5	14	22	6	51	0	7	1	4	0	0	19	154	0	18	0	2	45	100
Gampaha	57	1689	1	5	0	1	0	0	0	0	12	1	28	0	2	0	1	0	0	7	103	0	8	0	27	54	98
Kalutara	49	765	1	21	0	3	0	4	0	26	16	145	0	3	0	2	0	0	23	245	3	32	0	3	62	90	
Kandy	50	748	1	17	1	4	0	1	0	5	2	23	2	26	0	1	0	1	5	60	2	14	0	9	62	100	
Matale	5	174	0	11	0	2	0	0	0	1	1	21	0	3	0	3	0	1	3	26	0	3	7	82	53	100	
Nuwareliya	3	55	2	8	0	1	0	1	0	0	0	12	1	24	0	4	0	0	3	16	0	16	0	0	23	100	
Galle	21	411	2	17	0	4	0	1	0	1	8	82	0	16	0	2	0	0	26	142	0	24	0	1	62	100	
Hambantota	21	310	0	3	0	0	0	0	0	3	5	1	23	0	48	0	1	0	6	118	1	14	8	189	72	100	
Mataru	22	453	0	4	0	4	0	1	0	2	5	74	0	15	0	8	0	0	8	99	0	3	6	159	61	100	
Jaffna	42	1622	0	41	0	5	0	6	1	2	0	20	5	237	0	0	0	0	17	95	0	5	0	0	22	93	
Kilinochchi	2	73	1	6	0	1	0	9	0	0	1	14	0	18	0	1	0	0	0	3	0	2	0	4	42	100	
Mannar	4	57	0	0	0	1	0	7	0	1	0	0	0	6	0	0	0	0	0	0	0	0	0	0	46	97	
Vavuniya	11	142	2	5	1	3	2	15	0	3	1	30	0	4	0	0	0	0	1	28	0	6	0	1	48	100	
Mullaitivu	0	86	0	6	0	0	0	4	0	1	0	11	1	5	0	0	0	0	0	0	0	0	2	0	1	33	85
Batticaloa	24	604	1	33	0	0	1	8	0	1	1	14	0	0	0	0	0	0	4	56	0	3	0	0	51	100	
Ampara	12	80	0	9	0	0	0	0	0	4	1	14	0	0	1	5	0	0	7	54	1	3	1	3	51	100	
Trincomalee	16	393	3	5	0	0	0	0	0	4	0	3	0	2	0	0	0	0	7	68	1	2	0	0	32	85	
Kurunegala	33	510	0	19	0	5	0	3	1	4	3	70	0	8	0	12	0	0	28	206	2	16	17	264	57	100	
Puttalam	6	191	0	9	1	1	0	1	0	0	0	11	0	7	0	0	0	0	4	61	2	11	0	3	61	100	
Anuradhapura	5	168	1	8	0	5	0	3	0	0	3	62	4	22	4	11	1	1	14	180	3	33	15	148	39	97	
Polonnaruwa	6	83	0	7	0	1	0	0	0	0	1	30	0	2	3	5	0	0	3	104	1	10	10	77	59	100	
Badulla	14	220	0	14	0	1	0	4	0	55	4	62	3	36	0	9	0	0	6	81	3	53	0	9	64	100	
Monaragala	9	147	1	18	0	2	0	0	0	1	73	11	105	1	39	2	28	0	18	78	4	48	0	9	62	100	
Ratnapura	64	550	3	30	0	13	4	6	1	7	24	185	0	10	0	8	0	1	14	143	5	49	7	49	44	100	
Kegalle	17	357	2	13	0	8	0	0	1	20	7	48	0	16	33	42	0	0	15	160	2	11	0	10	61	100	
Kalmune	41	316	1	19	0	0	0	1	0	0	4	16	0	1	0	1	0	0	7	63	2	7	0	0	60	100	
SRILANKA	669	13036	22	340	3	67	7	80	22	249	10	1154	17	557	44	148	1	5	245	2343	32	393	71	1050	53	98	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 29th March, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 338 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

23rd – 29th March 2019 (13rd 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	00	00	00	00	01	00	00	02	02	25	13	92.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	00	01	00	02	00	00	01	05	06	94	92	2.1 %
Measles	04	00	00	00	00	00	00	00	01	05	05	49	34	44.1 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	04	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	01	01	00	00	00	02	01	06	07	- 14.2 %
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	07	12	- 41.6 %
Whooping Cough	00	01	00	00	00	01	00	00	00	02	01	22	09	144.4 %
Tuberculosis	155	20	02	00	23	11	00	09	12	232	55	2229	1816	22.7 %

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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