

# WEEKLY EPIDEMIOLOGICAL REPORT A publication of the Epidemiology Unit <br> Ministry of Health, Nutrition \& Indigenous Medicine 231, de Saram Place, Colombo 01000, Sri Lanka <br> Tele: + 9411 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.Ik Epidemiologist: +94 11 2681548, E mail: chepid@sItnet.lk Web: http://www.epid.gov.Ik 

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## Autism spectrum disorders Part II

This is the Secound in a series of three articles on Autism spectrum disorders

## Main Characteristics are

Social interaction and communication problems:

- Difficulties in normal back-and-forth conversation
- Rarely sharing the enjoyment of objects or activities by pointing or showing things to others
- Failing to or being slow to, respond to someone calling their name or to other verbal attempts to gain attention
- Often talking at length about a favourite subject without noticing that others are not interested or without giving others a chance to respond
- Having facial expressions, movements, and gestures that do not match with what is being said
- Having an unusual tone of voice that may sound sing-song or flat and ro-bot-like
- Having trouble in understanding another person's point of view or being unable to predict or understand other people's actions
- Deficits in developing/maintaining/ understanding relationships
- 

Difficulty relating to people, things and events

- Trouble making friends and interacting with people
- Difficulty in reading facial expressions
- Making little or inconsistent eye contact
- Tending not to look at or listen to
people


## Restricted and repetitive patterns

 of behaviours, interests or activities- Repeating certain behaviours or having unusual behaviours. For example, repeating words or phrases, a behaviour called echolalia
- Hand-flapping and toe-walking
- Playing with toys in an uncommon way (such as lining up cars or flipping objects)
- Having a lasting intense interest in certain topics, such as numbers, details, or facts
- Having overly focused interests, such as with moving objects or parts of objects
- Getting upset by slight changes in a routine
- Being more or less sensitive than other people to sensory input, such as light, noise, clothing or temperature

People with ASD may also experience sleep problems, seizures, mental illnesses and irritability.

They may have many strengths such as

- Being able to learn things in detail and remember information for long periods of time
- Being strong visual and auditory learners
- Excelling in maths, science, music, or art

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1. Failure to make eye contact by the age of six months
2. Failure to share objects, smiles or emotions by the age of nine months
3. Failure to develop speech or regression of acquired speech by the age of one year
4. Failure to use gestures to communicate by the age of one year
Flag
5. Failure to respond calls and commands by the age of one year
6. Failure to point out what child wants by one year to eighteen months
7. Failure to join with someone to share an interest by one year to eighteen months
8. Failure to engage in imitative play by eighteen months
9. Failure to engage in simple meaningful conversation by two years

## Causes and Risk Factors

The available scientific evidence does not show the exact causes of ASD. Research has suggested that many factors including genes can act together with the impact from the environment may lead to ASD. Some risk factors include

Having a sibling with ASD
Having older parents
Having certain genetic conditions-conditions such as
Down syndrome, fragile X syndrome, and Rett syn-
drome are more likely than others to have ASD
Very low birth weight
The available data have not shown any evidence of the correlation between measles, mumps, rubella or any other childhood vaccine and the development of ASD.

## Compiled by-

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Table 1 : Water Quality Surveillance
Number of microbiological water samples May 2019

| District | $\begin{aligned} & \text { MOH } \\ & \text { areas } \end{aligned}$ | No: Expected * | No: Received |
| :---: | :---: | :---: | :---: |
| Colombo | 15 | 90 | 30 |
| Gampaha | 15 | 90 | NR |
| Kalutara | 12 | 72 | NR |
| Kalutara NIHS | 2 | 12 | NR |
| Kandy | 23 | 138 | NR |
| Matale | 13 | 78 | NR |
| Nuwara Eliya | 13 | 78 | NR |
| Galle | 20 | 120 | NR |
| Matara | 17 | 102 | 133 |
| Hambantota | 12 | 72 | NR |
| Jaffna | 12 | 72 | 197 |
| Kilinochchi | 4 | 24 | 42 |
| Manner | 5 | 30 | NR |
| Vavuniya | 4 | 24 | NR |
| Mullatvu | 5 | 30 | NR |
| Batticaloa | 14 | 84 | 83 |
| Ampara | 7 | 42 | NR |
| Trincomalee | 11 | 66 | NR |
| Kurunegala | 29 | 174 | 122 |
| Puttalam | 13 | 78 | 15 |
| Anuradhapura | 19 | 114 | 20 |
| Polonnaruwa | 7 | 42 | 35 |
| Badulla | 16 | 96 | 86 |
| Moneragala | 11 | 66 | 114 |
| Rathnapura | 18 | 108 | NR |
| Kegalle | 11 | 66 | 8 |
| Kalmunai | 13 | 78 | NR |

* No of samples expected (6/MOH area / Month)
$\mathbf{N R}=$ Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 08 ${ }^{\text {th }}-14^{\text {th }}$ June 2019 ( $\mathbf{2 4}^{\text {th }}$ Week)


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Table 2: Vaccine-Preventable Diseases \& AFP

| Disease | No. of Cases by Province |  |  |  |  |  |  |  |  | Number of cases during current week in 2019 | Number of <br> cases <br> during <br> same <br> week in <br> 2018 | Total number of cases to date in 2019 | Total number <br> of cases to <br> date in <br> 2018 | Difference <br> 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 | 00 | 00 | 00 | 01 | 02 | 39 | 29 | 34.4 \% |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 \% |
| Mumps | 00 | 00 | 01 | 00 | 02 | 00 | 01 | 00 | 01 | 05 | 04 | 175 | 175 | 0 \% |
| Measles | 01 | 04 | 01 | 01 | 00 | 00 | 01 | 01 | 01 | 09 | 02 | 162 | 60 | 170 \% |
| 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 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 08 | 11 | - 27.2 \% |
| 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 | 00 | 09 | 15 | - 40 \% |
| Whooping Cough | 02 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 02 | 01 | 33 | 28 | 17.8 \% |
| Tuberculosis | 62 | 09 | 04 | 09 | 00 | 29 | 00 | 03 | 25 | 141 | 84 | 3897 | 3815 | 2.1 \% |

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

| Month | Human |  |  |  | Animal |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | No Total | No Positive | Infl A | Infl B | Pooled samples | Serum Samples | Positives |
| June | 78 | 16 | 14 | 2 |  |  |  |

Source: Medical Research Institute \& Veterinary Research Institute

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

