



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Autism spectrum disorders Part III

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

Diagnosing ASD

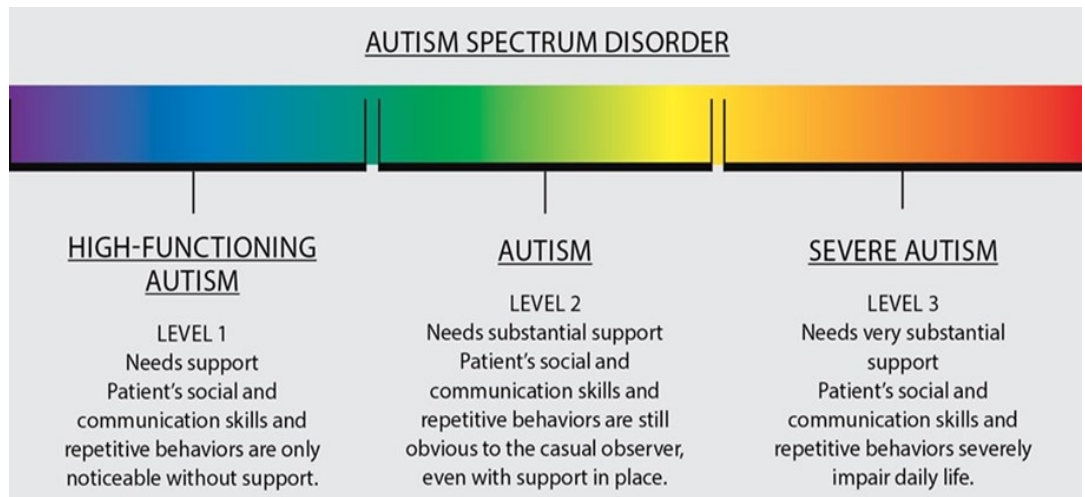
Diagnosis of ASD is done by looking at a person's behaviour and development. Usually, it can be reliably diagnosed by the age of two. Therefore it is essential to seek assessment as soon as possible in concerned

are complex. Therefore it requires a range of integrated services which includes health promotion, care, rehabilitation services, and collaboration with other sectors such as the education, employment and social sectors.

Medication

Medication will be started for the following conditions that are associated with ASD.

- Irritability
- Aggression



cases. This will help the diagnosis to be made early and treatment to begin.

Treatment, Therapies and Management

It is essential to start the treatment for ASD as soon as the diagnosis is made, as it will help them to learn new skills and make most of their strengths reducing their difficulties. As there is no permanent cure for ASD there is no single best treatment available. Therefore the treatment needs to be tailor-made for the individual. It is important that when diagnosed with ASD their families are offered relevant information, services, referrals, and practical support according to their individual needs.

The health-care needs of people with ASD

- Repetitive behaviour
- Hyperactivity
- Attention problems
- Anxiety and depression

Behavioural, psychological, and educational therapy

Highly structural programmes which are intensive with the involvement of parents, siblings, and other family members will be implemented for ASD patients. It will help them to

- Learn life-skills necessary to live independently
- Reduce challenging behaviours
- Increase or build upon strengths

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- Learn social, communication, and language skills
Other resources such as the autism advocacy group, autism support group will help to share information and experiences that will help individuals with ASD and/or their caregivers to learn about treatment options and ASD-related programmes.

Social and economic impacts

Individual's ability to conduct daily activities and participation in society will be limited due to ASD. This will often negatively influence the person's educational, social attainments and employment opportunities. Though some individuals with ASD are able to live independently, others have severe disabilities requiring life-long care and support, due to which significant emotional and economic burden is imposed on individuals as well as their families. Caring for children with the severe spectrum of the condition may be demanding especially where access to services and support are inadequate. Therefore the empowerment of caregivers is essential and a critical component of care interventions for children with ASD.

Human rights

Individuals with ASD are often subject to stigma and discrimination. This includes unjustified deprivation of health, education and opportunities to engage and participate in their communities. People with ASD have the same health problems that affect the general population. They may have specific health care needs related to ASD or other co-occurring conditions. They are at higher risk of developing chronic non-communicable conditions because of behavioural risk factors such as physical inactivity and poor dietary preferences. They are also vulnerable and of greater risk of violence, injury and abuse. ASD individuals require accessible health services for general health-care needs like the rest of the population which include promotive and preventive services and treatment of acute and chronic illness. Their unmet needs for health care will be higher compared with the general population. They are also more vulnerable during humanitarian emergencies. Therefore common barrier created by health-care providers' inadequate knowledge of ASD and misconceptions must be changed so that the individuals with ASD get a chance to live the life without violating their human rights.

International Response on autism spectrum disorders

At the sixty-seventh World Health Assembly in May 2014 a resolution was adopted with the support of more than 60 countries. It is with regards to "Comprehensive and coordinated efforts for the management of autism spectrum disorders (ASD)". This resolution urges the WHO to collaborate with Member States and partner agencies in strengthening national capacities to address ASD as well as other developmental disorders.

The Sustainable Development Goals (the Global Strategy for Women's, Children's and Adolescents' Health 2016-30 and the Nurture Care Framework) to endorse disability-inclusive principles. This equips as a road map for policy and action to address the needs of people with

disabilities, thus ensuring that people with disabling conditions as autism have adequate access to health, education, optimum well-being and participation throughout the life course. Also, there are efforts by WHO and partners to recognize the need to strengthen countries' abilities to promote optimal health and well-being of all persons with ASD. It is focusing on

- contributing to enhancing the commitment of governments and international advocacy on autism
- providing guidance on creating policies and action plans that address ASD within the broader framework of mental health and disabilities
- Contributing to the development of evidence on effective and scalable strategies for the assessment and treatment of ASD and other developmental disorders.
A parent skills training programme which is currently undergoing field-testing has been developed by the WHO in consultation with experts, parents' associations and civil society organizations.

April 2nd of each year is considered by the United Nations as the world Autism Spectrum Disorder day. In recognition of people living with autism 170 countries from all 7 continents participate in many activities. Since 2010 the "Light It Up Blue" initiative was created that has been joined by the international autism community. Therefore hundreds of thousands of landmarks, buildings, homes and communities around the world light blue on World Autism Awareness Day. Some countries of the world consider April as the Autism Awareness month thereby Autism-friendly events and educational activities take place throughout the month to increase understanding and acceptance and foster worldwide support.

Compiled by-

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Source-

Annual mental health bulletin 2016- Directorate of mental health, Ministry of Health, Sri Lanka.

Autism Society- <http://www.autism-society.org/what-is/diagnosis/diagnostic-classifications/>

The history of autism.- <https://autismmedsp5310s20f10.pbworks.com/f/The+history+of+autism.pdf>

The National Autistic Society.- <https://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>

The national institute of mental health- Autism spectrum disorder- <https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml>

Update on diagnostic classification in autism- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4929984/>

WHO- Autism spectrum disorders- <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 15th - 21st June 2019 (25thWeek)

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	279	5069	3	28	0	5	0	10	0	27	7	104	0	7	0	5	0	0	6	264	2	29	0	3	49	100	
Gampaha	80	3052	0	18	0	3	0	3	2	17	1	56	0	2	0	3	0	1	2	224	0	12	9	83	52	95	
Kalutara	129	1764	0	36	1	6	0	11	0	40	6	278	0	4	0	4	0	1	6	390	0	60	0	3	64	93	
Kandy	62	1433	4	58	1	10	0	2	0	11	0	41	4	53	0	2	0	1	4	157	5	39	1	25	63	99	
Matale	19	260	1	17	0	3	0	0	0	4	1	31	1	5	0	3	0	2	1	49	1	4	4	123	56	99	
NuwaraEliya	5	96	0	71	0	1	0	6	0	2	1	30	0	44	0	4	0	0	7	62	0	25	0	0	25	100	
Galle	148	2031	2	29	1	6	0	3	0	5	7	202	0	24	0	8	0	0	3	241	0	32	0	2	62	97	
Hambantota	21	577	0	4	0	2	0	0	0	5	4	64	1	74	0	2	0	1	2	203	2	22	11	425	74	100	
Matara	68	902	1	9	0	4	0	1	1	9	12	192	0	20	0	16	0	0	5	175	0	8	11	284	59	100	
Jaffna	16	1944	12	112	2	10	0	17	2	34	1	23	0	260	0	3	0	0	10	174	0	12	0	0	26	93	
Kilinochchi	3	104	1	10	0	1	0	9	0	0	0	18	0	24	0	1	0	0	2	5	2	5	0	7	49	96	
Mannar	1	75	0	2	0	1	0	7	0	1	0	1	0	8	0	0	0	0	0	0	0	0	1	0	1	53	99
Vavuniya	0	176	0	8	0	9	0	19	0	6	0	41	0	4	0	0	0	0	0	58	0	8	0	1	57	94	
Mullaitivu	0	103	0	6	0	0	0	7	0	2	0	18	0	6	0	0	0	0	0	3	0	5	0	4	31	96	
Batticaloa	21	886	0	55	0	2	0	11	0	4	2	33	0	1	0	0	0	1	7	167	0	14	0	0	51	99	
Ampara	3	118	3	37	0	2	0	0	1	8	1	23	0	1	0	10	0	0	11	119	0	7	0	4	56	98	
Trincomalee	14	747	0	10	0	0	0	0	0	16	0	7	0	15	1	3	0	0	5	140	0	5	0	1	30	99	
Kurunegala	35	836	3	40	1	11	1	5	0	15	3	108	0	12	0	15	1	1	8	394	2	53	15	443	59	99	
Puttalam	18	308	1	17	0	2	0	1	1	3	0	23	0	9	0	1	0	0	0	104	1	26	0	7	60	99	
Anuradhapura	4	266	1	25	0	6	0	4	0	4	1	87	0	26	0	18	0	2	1	341	1	52	5	278	42	94	
Polonnaruwa	3	154	0	14	0	2	0	1	0	1	0	49	0	4	0	15	0	1	5	215	1	13	4	145	63	99	
Badulla	35	368	4	42	0	5	0	6	0	67	10	115	5	67	0	13	0	0	12	175	3	115	0	11	67	100	
Monaragala	15	249	1	32	0	4	0	0	0	77	3	157	0	61	0	36	0	0	8	180	4	97	4	17	60	100	
Ratnapura	57	1168	1	52	0	23	0	7	0	11	25	434	1	20	0	16	0	4	4	226	6	88	3	83	44	97	
Kegalle	24	655	0	23	0	12	0	1	0	22	4	110	2	30	0	77	0	0	1	279	3	28	2	24	64	99	
Kalmune	4	501	1	23	0	0	0	1	1	10	0	22	0	3	0	1	0	0	7	143	0	15	0	0	64	98	
SRI LANKA	1064	23842	39	778	6	130	1	132	8	401	89	2267	14	784	1	256	1	15	117	4488	33	775	69	1974	54	98	

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 21st June, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 274 C**=Completeness
 A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP **15th – 21st June 2019 (25th 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*	00	00	00	00	01	00	00	00	00	01	01	40	30	33.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	01	00	00	00	00	00	01	03	06	178	181	-1.6 %
Measles	00	02	02	00	00	00	00	00	01	05	02	167	62	169.3 %
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	01	00	00	00	00	00	00	00	00	01	00	09	11	- 18.1 %
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	00	00	00	00	00	00	00	00	00	00	01	33	28	17.8 %
Tuberculosis	100	31	07	13	34	14	00	11	09	219	67	4116	3882	6.0 %

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

Number of Malaria Cases Up to End of June 2019,

03

All are Imported!!!

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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**

ON STATE SERVICE

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