



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Ebola

Background:

An outbreak of Ebola is still going on in the Democratic Republic of Congo (DRC). It has declared its 10th outbreak of Ebola in 40 years on 1st August 2018. This outbreak is centered in the Northeast of the country. More than 1000 cases have been reported from the affected country. According to the WHO statistics, a total of 3, 204 cases have been reported to the WHO, out of which 3,090 cases are confirmed. The total deaths recorded up to October 2019 are 2,142. Sri Lanka is practising open economy and entertains tourism. Travelling is a part of global development including Sri Lanka. Hence, vulnerability at the ports of entry to the country is supported for an outbreak of any disease including Ebola.



What is Ebola?

It is a viral disease and called Ebola Viral Disease (EVD). It is an acute serious illness which is often fatal if untreated. Average case fatality rate is around 50%. EVD first appeared in 1976 with two outbreaks in Sudan and Congo. One had occurred in a village near Ebola River from which the disease has derived its name.

Mode of spread:

The disease has been transmitted to the human population from wild animals (fruit bats, monkeys, chimpanzees, gorillas and forest antelopes) through blood, body fluids and organs by consuming infected ill or dead animals. It has spread in human population through human – to- human transmission.

Clinical features:

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Having gone through 2-21 days incubation period, patient develops signs and symptoms. Patient should develop symptoms to spread the disease. Fever, fatigue, muscle pain, headache, sore throat are suddenly aroused symptoms followed by vomiting, diarrhoea and rash. Impaired liver and kidney functions with internal and external bleeding will occur in some cases with increasing severity.



Diagnosis:

Clinical Diagnosis is difficult and laboratory diagnosis is facilitated. Blood tests show elevation of liver enzymes, low white cells and platelet counts. Current WHO recommended diagnostic tests are automated or semi automated nuclear acid test (NAT) and Rapid antigen detection test.

Treatment:

There is no proven treatment available and symptomatic treatment is practised. As a supportive care oral and intravenous fluids are administered.

Vaccine:

Highly effective vaccine rVSV- ZEBOV was introduced in 2015 and practised at the current outbreak in Congo (DRC).

Prevention and control:

Community engagement is a key factor to control outbreaks successfully. Case management, sur-

veillance, contact tracing, a good laboratory service and safe burials are factors supportive for outbreak control. Community awareness of risk factors (risk of wild life to human transmission and risk of human-to human transmission) for Ebola infection and protective measures (including vaccination) to prevent human-to-human transmission should be encouraged.

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Reference: <https://www.who.int/news-room/factsheets/detail/ebola-virus-disease>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 21st- 27th Sep 2019 (39th 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	420	10625	0	46	0	10	0	19	0	58	2	167	0	8	0	8	0	0	0	3	364	1	41	0	4	48	100
Gampaha	240	8522	1	33	0	7	0	3	0	25	0	80	0	3	0	7	0	1	6	348	0	21	0	145	52	96	
Kalutara	214	5144	1	65	0	6	0	18	1	59	16	466	0	6	0	4	0	1	13	550	1	94	0	3	62	100	
Kandy	246	3501	3	88	0	10	0	3	4	28	0	69	3	82	0	5	0	2	1	222	0	57	0	41	63	100	
Matale	17	469	0	24	0	3	0	1	0	6	1	42	0	6	0	7	0	2	1	77	0	5	4	193	58	100	
NuwaraEliya	7	199	0	93	0	2	1	9	1	5	2	43	3	67	0	9	0	0	1	113	1	38	0	0	26	100	
Galle	90	4976	0	39	0	7	0	3	0	5	7	343	0	43	1	42	0	0	9	359	1	41	0	4	61	99	
Hambantota	58	1361	5	24	0	3	0	1	0	7	7	107	2	104	0	4	0	1	4	252	0	33	8	640	71	100	
Matara	95	2663	0	21	0	4	0	2	0	18	11	323	2	36	0	16	0	1	5	254	0	16	9	459	60	100	
Jaffna	46	2319	19	229	0	13	0	24	3	97	1	30	2	279	0	4	0	0	3	258	1	20	0	0	21	93	
Kilinochchi	4	134	0	21	0	1	0	11	0	0	0	19	0	25	0	1	0	0	0	7	0	7	0	14	50	100	
Mannar	0	79	0	3	0	1	0	9	0	1	0	1	0	8	0	0	0	0	0	0	0	2	0	1	54	100	
Vavuniya	12	244	0	22	1	11	1	27	0	13	1	54	0	5	0	0	0	0	4	77	0	10	1	3	56	100	
Mullaitivu	0	121	0	11	0	0	0	13	0	3	0	22	0	8	0	0	0	0	0	13	0	7	0	4	29	96	
Batticaloa	17	1151	6	144	0	2	0	13	0	40	0	43	0	1	0	0	0	1	3	222	0	26	0	0	51	100	
Ampara	0	204	2	66	0	2	0	0	0	16	0	38	0	2	0	11	0	0	4	253	0	12	0	4	57	100	
Trincomalee	13	982	1	24	0	0	0	0	0	57	0	17	0	18	0	5	0	1	7	212	0	9	1	5	32	100	
Kurunegala	58	1573	0	62	0	17	0	6	0	30	5	136	0	22	0	21	0	3	10	503	2	88	25	641	60	100	
Puttalam	57	784	2	24	0	3	0	1	2	17	0	32	1	13	0	2	0	0	0	121	1	42	0	9	62	99	
Anuradhapura	15	527	0	42	0	9	0	4	0	12	0	102	0	33	0	22	0	2	9	427	2	81	4	443	42	98	
Polonnaruwa	8	291	0	26	0	3	0	1	0	3	1	63	0	4	0	16	0	2	7	275	2	19	8	239	61	99	
Badulla	34	777	5	75	0	6	0	9	2	83	5	176	5	111	1	15	0	0	11	279	1	159	1	14	63	100	
Monaragala	0	333	0	36	0	4	0	0	0	79	0	189	0	82	0	41	0	0	0	212	0	112	0	22	60	79	
Ratnapura	88	2500	3	85	1	30	0	10	0	14	24	770	1	37	1	29	0	4	12	329	2	140	3	136	47	100	
Kegalle	110	1522	0	36	0	18	0	2	0	28	4	179	1	55	0	91	0	0	6	399	1	46	4	46	67	100	
Kalmune	3	609	12	82	0	1	0	1	0	61	0	29	0	3	0	4	0	0	2	199	0	20	0	0	63	100	
SRI LANKA	1852	51610	60	1421	2	173	2	190	13	765	87	3540	20	1061	3	364	0	21	121	6325	16	1146	68	3070	54	98	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 27th September, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 320 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

21st – 27th Sep 2019 (39th 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	01	01	00	00	00	01	00	00	02	02	62	47	31.9 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	01	01	01	00	00	00	00	04	06	260	265	1.1 %
Measles	00	00	00	00	01	00	01	00	00	02	01	247	98	152.0 %
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	17	17	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	01	09	25	- 64 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	03	36	40	- 10 %
Tuberculosis	45	29	00	05	08	04	00	02	15	108	205	6389	6433	- 0.6 %

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**

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