WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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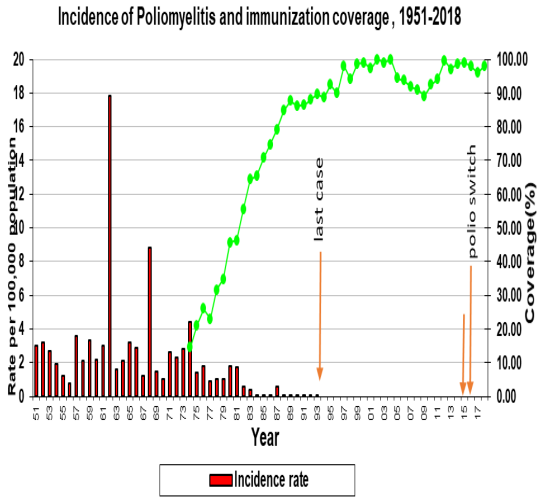
World Polio Day: 24th October Part II

Retrospective review of the programme in achieving polio free status:

NID: National Immunization Days SNID : Sub National Immunization Days

Sri Lanka was highly endemic for polio in 1940s. It was made a notifiable disease and gazetted as a notifiable disease for mandatory notification in 1944. First major polio epidemic was experienced in the country with reported cases of 1810 and with reported 180 deaths. The morbidity was reported as 17.8 per 100,000 population.

Based on the country epidemiology, OPV vaccination has been done as an outbreak control measure in Colombo and suburbs, targeting children aged 3 months to 15 years in 1962. This has led to the reduction of WPV cases to endemic level of 2-3 per 100,000 population.



After that, the country has experienced several outbreaks of poliomyelitis in various proportions in different districts and OPV has been introduced to National Immunization Programme in 1974. With the gradual improvement of the OPV coverage, country has experienced the reduction incidence of polio and trend of the disease has markedly reduced to experience the last case in 1993.

The global polio eradication initiative has been started in 1988 and set targets to eradicate polio by 2000 (which was not successful) with proposed strategies, which includes high uniform routine immunization to be continued throughout the country, Supplementary Immunization Activities (SIA) and mopping up campaigns to address population immunity gaps and strengthened, sensitive AFP surveillance system to be implemented in all countries. On par with these global strategies, Sri Lanka has conducted National SIAs from 1995-2000 for all under 5 children, as an additional vaccination, irrespective of the child's age appropriate vaccination. These

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SIAs have achieved very high coverage and based on identified special parameters, subnational level SIAs have been conducted in some selected districts from 2001-2003. These high quality campaigns and mopping-up activities were conducted from house to house during the same period in ensuring all children were properly vaccinated, in maintaining high population level immunity and in wiping out polio viruses. This convinced that the programme required of maintenance of high level vaccination coverage in preventing re-introduction of polio viruses into the country and investigating all possible polio cases through sensitive AFP surveillance in detecting possible importations.

Challenges on the verge on eradication

On the verge of eradication, there are challenges ahead of the country in which the country has to be prepared with, through enhancing all polio related activities. The World Polio Day on 24th October, reminds all of us to be prepared for these challenges rather than applauding with polio free status.

The South East Asia Region has certified polio free status in 2014 after 3 years of the last polio case appeared in India. But, still there are 3 countries considered as endemic (Pakistan, Afganistan and Nigeria), in which 2 countries, Pakistan and Afganistan are reporting wild polio virus cases due to different reasons but especially with low routine immunization coverage. In addition, there are VDPV outbreaks appearing in different countries.

Country has to take prompt measures for the prevention of importation of polio cases due to WPV and VDPV. Imported cases from polio endemic and infected countries are required to be identified more vigilantly through proactive identification of all AFP cases with adequate quality investigations. If there are any imported cases, those are required to be confined before transmission to our population. This requires maintenance of high immunization coverage and population level immunity to protect our children. The immune deficient children should not receive OPV vaccination as they can excrete vaccine viruses for a longer duration and has a risk of developing VDPV. All immune deficient individuals are required to be adequately followed up annually checking for poliovirus excretion status. If any long term excreting persons are required to be identified and followed up adequately, further, exploring the possibility of establishing environmental sample investigation from sewage system would be much supportive in identifying poliovirus excretion possibilities at the earliest cases appear or before become a problem in the country.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 05th – 11th Oct 2019 (41st 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	582	11854	0	49	0	10	0	20	2	61	10	188	1	10	1	9	0	0	10	379	1	42	0	4	**48**	**100**
Gampaha	357	9459	0	37	0	8	0	3	0	25	0	85	0	3	0	7	0	2	10	360	0	21	1	147	**51**	**96**
Kalutara	215	5537	3	68	0	6	0	18	0	60	18	494	0	7	0	4	0	1	12	575	1	97	0	3	**62**	**100**
Kandy	316	4148	0	93	0	11	0	4	1	29	2	75	2	84	0	5	0	3	5	235	0	59	1	42	**63**	**100**
Matale	34	525	1	26	0	3	0	1	0	6	0	42	0	6	0	7	0	2	1	80	0	5	9	215	**58**	**100**
NuwaraEliya	10	222	2	96	0	2	0	9	0	5	0	45	2	75	0	9	0	0	7	122	2	43	0	0	**26**	**100**
Galle	97	5196	2	42	0	7	0	3	0	5	5	370	1	45	0	42	1	1	7	374	3	46	0	4	**61**	**99**
Hambantota	47	1469	2	28	0	3	0	1	0	8	5	115	5	112	0	4	0	1	5	262	1	37	7	656	**71**	**100**
Matara	110	2889	4	30	0	4	1	4	1	19	18	366	1	39	0	16	0	1	10	269	0	16	12	481	**59**	**100**
Jaffna	92	2488	20	268	0	13	3	27	3	103	0	30	10	290	0	4	0	0	3	266	0	20	0	0	**21**	**93**
Kilinochchi	6	148	8	32	0	1	1	12	2	2	0	19	0	25	0	1	0	0	1	8	1	8	0	14	**50**	**100**
Mannar	5	84	0	3	0	2	0	9	0	1	0	1	0	8	0	0	0	0	0	0	2	5	0	1	**54**	**100**
Vavuniya	16	267	1	24	0	11	0	28	0	13	0	54	0	5	0	0	0	0	0	81	1	12	0	3	**57**	**100**
Mullaitivu	3	127	0	11	1	1	0	13	0	3	1	25	0	8	0	0	0	0	0	15	0	7	0	4	**28**	**98**
Batticaloa	39	1216	12	169	0	2	0	13	1	43	3	46	0	1	0	0	0	1	1	228	0	26	0	0	**50**	**100**
Ampara	12	229	1	74	0	2	0	0	0	17	0	39	0	2	0	11	0	0	6	276	0	13	0	4	**57**	**100**
Trincomalee	5	1002	3	29	0	0	0	0	0	57	0	18	0	18	0	5	0	1	5	222	0	9	0	5	**32**	**99**
Kurunegala	59	1763	0	65	0	17	0	6	0	30	6	146	3	25	0	22	0	3	7	517	0	90	22	684	**61**	**100**
Puttalam	72	938	0	27	0	3	0	1	0	19	0	32	0	16	0	3	0	0	1	125	2	45	0	9	**61**	**100**
Anuradhapura	15	567	2	46	0	11	0	5	0	13	2	111	0	33	1	23	0	2	2	436	1	85	4	471	**42**	**100**
Polonnaruwa	14	324	1	28	0	3	0	1	0	3	3	66	0	4	0	16	0	2	1	279	0	20	3	252	**61**	**100**
Badulla	37	854	2	79	1	8	0	10	0	83	4	185	2	118	2	17	0	0	7	296	0	159	0	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**	**76**
Ratnapura	114	2691	6	94	1	31	0	10	1	15	18	812	0	37	0	29	0	4	11	348	3	146	10	150	**47**	**99**
Kegalle	73	1694	1	37	0	18	0	2	0	28	7	190	0	55	1	92	0	0	5	416	1	47	1	50	**67**	**100**
Kalmune	10	632	2	88	0	1	0	1	0	63	1	30	0	3	0	4	0	0	4	208	1	21	0	0	**63**	**100**
SRILANKA	**2340**	**56656**	**73**	**1579**	**3**	**182**	**5**	**201**	**11**	**790**	**10**	**3773**	**27**	**1111**	**5**	**371**	**1**	**24**	**121**	**6589**	**20**	**1191**	**70**	**3235**	**54**	**98**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 11 th October , 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 328 **C****-Completeness

A = Cases reported during the current week. **B** = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

05th – 11th Oct 2019 (41st 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	01	00	00	00	03	04	65	52	25 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	01	01	00	00	01	00	00	00	03	05	266	277	- 3 .9 %
Measles	01	00	00	00	00	00	00	00	00	01	02	251	102	146 %
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	01	00	00	00	00	01	00	00	00	02	00	13	25	- 48 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	36	41	- 12.1 %
Tuberculosis	12	11	62	19	14	25	03	03	28	180	114	6697	6705	- 0.11 %

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

ON STATE SERVICE

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