



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Vol. 46 No. 44

26th– 01st November 2019

Zika

Background



Three vector- borne Zika cases have been detected in metropolitan France and in Europe in early August 2019, with no travel histories. According to WHO risk assessment, spread of diseases at National level is low and primary vector *Aedes aegypti* mosquito is not established at the area where cases have arisen, but *Aedes albopictus* is established. Overall risk for disease spread is very low locally and nationally.

What is Zika?

Zika is a RNA virus infection. Transmission of the infection is effected by a mosquito (*aedes aegypti*). It is a principal mosquito species that transmits the Zika, Dengue and Chickengunya viruses and are called day-biting mosquitoes. Generally Zika is a mild disease.

There are emerging and re-emerging diseases. Zika is an emerging mosquito-borne virus, first identified among monkeys in Uganda in 1947. Later it was identified in humans in 1952 in Uganda and Tanzania. Several outbreaks have been reported time to time in the world including Africa, America, Asia and the Pacific. About 48 countries have reported transmission of Zika virus to date.

Signs and Symptoms

Symptoms of Zika disease mimic Dengue fever. Most of the symptoms show high fever, skin rashes, muscle and joint pains, malaise, headache and conjunctivitis.

Complication

Potential complications of Zika virus disease are neurological, Guillain – Barre Syndrome (temporally paralysis) and Microcephally (results of Zika virus related pregnancy). Microcephally is a condition where the baby is born with a small head and later develops convulsions (fits) and developing learning disabilities when they grow older.

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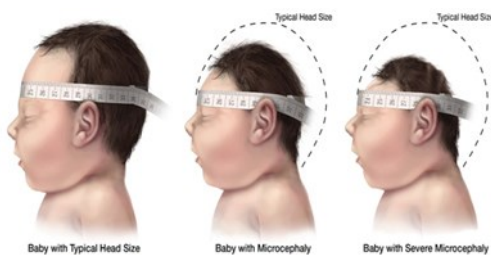
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Diagnosis and treatment

Diagnosis of the disease is made by clinically suspecting signs and symptoms with travel history to the area where Zika virus is known to be present. Zika virus diagnosis can be confirmed by laboratory diagnosis with the presence of RNA virus in the blood or other body fluids (saliva, urine and semen).

No specific treatment exists. No vaccine available. People with Zika should get plenty of rest, drink enough fluids and treat fever and pain with common medicine. Paracetamol is recommended to relieve fever and pain. Aspirin and other non-steroidal anti-inflammatory drugs (NSAID) are not recommended.



Prevention

Protection against mosquito bites specially during the day and early evening. Special attention should be given to prevention of mosquito bites among pregnant women, women in reproductive age and young children. Personal protection methods should be strengthened such as; wearing clothing that covers all parts of the body (preferably light- coloured), using physical barriers such as window screens, closed doors and windows and sleeping under mosquito nets during day time, applying insect repellent to skin and to the clothes.

Prevention of Zika is mainly due to control of mosquitoes and elimination of breeding places. Aedes mosquitoes breed in small collections of water around homes, schools and work sites. Removal of empty containers (tins, coconut shells) that can store water, regular cleaning of potential breeding places flower pots, used

tyres and roof gutters in public and private places, including residencies support to reduce mosquito breeding and control of Zika disease.

Sri Lanka is fortunate not to have Zika disease yet, but we are vulnerable to the disease because both species of Aedes, aegypti and albopictus density is not low in the country. Hence community participation should be encouraged with the support of local authorities to conduct cleaning campaigns regularly.

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References

<https://www.who.int/new.room/fact-sheet/detail/Zika-virus>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 19th - 25th Oct 2019 (43rd 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	777	13218	1	51	1	11	0	20	0	61	8	205	0	10	0	9	0	0	0	13	401	1	43	0	4	49	100
Gampaha	450	10816	1	41	0	8	0	4	0	25	9	107	0	4	0	7	0	2	2	2	375	0	25	1	154	49	99
Kalutara	224	6026	1	69	0	6	0	19	0	60	8	523	0	7	0	4	0	2	11	11	601	0	99	0	3	63	100
Kandy	472	5003	0	93	0	13	0	4	0	31	3	80	2	87	1	6	0	3	4	4	247	0	60	0	44	63	100
Matale	80	649	0	26	0	4	0	1	0	6	1	43	0	6	1	8	0	2	2	2	83	0	5	14	237	59	99
NuwaraEliya	15	251	1	97	0	2	0	9	2	11	3	49	0	75	0	9	0	0	4	4	128	1	48	0	0	26	100
Galle	134	5460	1	46	0	7	0	3	0	5	11	396	0	47	1	43	1	2	14	14	392	1	47	1	5	62	98
Hambantota	76	1591	2	32	1	4	0	3	0	8	3	127	1	119	0	4	0	1	6	6	272	2	42	8	669	72	100
Matara	147	3156	2	32	0	4	0	7	1	20	21	408	0	39	0	17	0	1	9	9	286	0	16	10	507	59	100
Jaffna	227	2857	21	309	0	13	3	32	1	106	2	33	19	325	1	5	0	0	0	0	267	0	21	0	0	20	93
Kilinochchi	3	156	7	47	0	1	0	15	1	7	0	19	0	25	0	1	0	0	0	0	8	0	8	0	14	49	100
Mannar	15	101	1	4	0	2	0	9	0	1	0	1	0	8	0	0	0	0	0	0	0	0	5	0	1	54	100
Vavuniya	15	304	1	28	0	11	1	29	0	17	0	55	0	5	0	0	0	0	1	1	83	0	12	1	4	59	100
Mullaitivu	5	135	2	13	0	1	0	13	0	5	1	26	0	8	0	0	0	0	0	0	16	0	7	0	4	28	98
Batticaloa	52	1307	5	182	0	2	0	13	0	43	0	46	0	1	0	0	0	1	1	0	236	2	28	0	0	50	100
Ampara	11	247	0	76	0	2	0	0	0	17	0	42	0	2	0	11	0	0	10	10	288	0	14	0	4	58	100
Trincomalee	34	1066	5	39	0	0	0	0	0	57	0	18	0	18	0	5	0	1	2	2	230	0	9	0	5	33	99
Kurunegala	102	1951	0	67	2	19	0	6	0	30	16	166	1	26	0	22	0	3	13	13	539	0	91	16	715	60	100
Puttalam	115	1146	2	29	0	3	0	1	0	19	0	33	0	16	0	3	0	0	3	3	128	1	47	0	9	61	100
Anuradhapura	38	638	1	48	0	11	0	5	0	13	5	119	0	34	0	24	0	2	7	7	450	1	87	8	482	43	99
Polonnaruwa	8	346	0	28	0	3	0	1	1	4	0	67	0	4	0	16	0	2	2	2	283	0	20	0	262	60	100
Badulla	84	1007	1	85	0	9	0	10	0	83	3	192	2	121	0	18	0	0	6	6	312	0	159	0	15	62	100
Monaragala	0	333	0	36	0	4	0	0	0	79	0	189	0	82	0	41	0	0	0	0	212	0	112	0	22	60	72
Ratnapura	112	2894	1	98	1	33	0	10	3	19	27	865	1	41	0	30	0	4	13	13	370	1	148	1	154	48	99
Kegalle	93	1854	1	38	0	18	0	2	0	28	14	211	0	55	1	93	0	0	9	9	435	4	52	2	54	68	100
Kalmune	9	653	1	91	0	1	0	1	1	64	0	30	0	3	0	4	0	0	4	4	219	0	21	0	0	63	99
SRI LANKA	3298	63165	58	1705	5	192	4	217	10	819	13	4050	26	1168	5	380	1	26	135	6861	14	1226	62	3368	54	98	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 25th October, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 323 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

19th – 25th Oct 2019 (43rd 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	00	00	00	00	00	00	00	65	54	20.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	01	00	01	01	00	01	05	03	284	289	- 1.7 %
Measles	01	00	00	00	00	00	00	00	01	02	00	259	105	146.6 %
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	01	00	00	00	01	01	18	18	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	00	09	25	- 64 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	36	44	- 18.1 %
Tuberculosis	65	30	01	00	06	18	10	02	17	149	238	7064	7225	- 2.2 %

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 October 2019,

05

All are Imported!!!

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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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