



# WEEKLY EPIDEMIOLOGICAL REPORT

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

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## **Human Rabies Part II**

#### **Incubation Period**

The incubation period is about 2-3 months. However, it may range from one week to one year. This depends on the location of the virus entry and virus load.

## **Symptoms**

The first symptom is fever with pain and unusual or unexplained tingling, pricking, or burning sensation (paraesthesia) at the wound site. When the virus spreads to the central nervous system, a progressive and fatal inflammation of the brain and spinal cord develops and other symptoms appear. Then the person may experience delirium, abnormal behaviour, hallucinations, hydrophobia (fear of water), and insomnia. Once these clinical signs of rabies appear, the disease is nearly always fatal, and treatment is typically supportive.

The disease occurs in two forms:

Furious rabies-Patient shows signs of hyperactivity, excitable behaviour, hydrophobia (fear of water) and sometimes aerophobia (fear of drafts or fresh air). Patient dies in a few days due to cardio-respiratory

arrest. About 80% of Human Rabies occurs in this form.

Paralytic rabies-This form of Human Rabies goes through a longer course than the furious form. Muscles gradually become paralyzed. This starts at the site of the bite or scratch. The patient slowly goes into a coma and dies. However, this form of rabies is often misdiagnosed.

#### **Diagnosis**

Human rabies can be confirmed intra-vita and post mortem by various diagnostic techniques that detect whole viruses, viral antigens, or nucleic acids in infected tissues (brain, skin, urine, or saliva).

#### Post-exposure prophylaxis (PEP)

This is the immediate treatment for a bite victim after rabies exposure. sists of extensive washing and local treatment of the wound as soon as possible after exposure, Anti tetanus immunization, a course of potent and effective anti-rabies vaccine(ARV), administration of rabies immunoglobulin (RIG), if indicated.

C	ontents	Page
1.	Leading Article – Human Rabies Part II	1
2.	Summary of selected notifiable diseases reported (02nd - 08th November 2019)	3
3.	Surveillance of vaccine preventable diseases & AFP (02nd - 08th November 2019)	4

First aid is immediate and thorough flushing and washing of the wound for a minimum of 15 minutes with soap and water, detergent, povidone iodine or other substances that kill the rabies virus.

Globally over 29 million people receive post-exposure vaccination for prevention of Rabies each year.

#### **Animal confinement**





A healthy domestic dog, cat, or ferret that bites a person should be confined and observed for 14 days from the day of exposure.

#### Prevention

Prevention strategies are eliminating rabies in dogs, public awareness-raising and improving access to timely post-exposure prophylaxis.

Vaccination of dogs is a proven most cost-effective strategy for preventing rabies in people. It reduces the deaths due to Rabies as well as the cost for PET. One another important measure in the prevention of Rabies is educating children and adults on dog behaviour, bite prevention and the need of rabies vaccination of dogs to decrease both the incidence of human rabies and the financial burden of treating dog bites. Provision of education and information on responsible pet ownership, how to prevent dog bites, and immediate care measures after a bite are very important in this process.

## Pre-exposure immunization

This is only provided for certain high-risk persons to the

exposure to rabies virus such as laboratory workers handling live rabies, veterinarians and supportive staff whose professional or personal activities might bring them into direct contact with dogs and other mammals may be infected.

#### Sources

http://www.who.int/ http://www.rabies.gov.lk https://www.cdc.gov/rabies/

#### Compiled by

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Ministry of Health

Table 1: Selected notifiable diseases reported by Medical Officers of Health 02<sup>nd</sup> - 08<sup>th</sup> Nov 2019 (45<sup>th</sup> Week)

	* *	100	86	100	100	100	100	86	100	100	93	100	100	66	100	100	100	66	100	100	66	100	100	69	100	100	66	86
WRCD	<u>*</u>	49	49	63	64	29	26	61	72	29	20	20	54	09	27	20	27	33	61	61	43	09	63	9	47	89	63	54
Leishmania- sis	В	4	164	n	45	255	0	2	723	538	0	14	1	4	4	0	4	2	737	6	510	277	15	22	160	25	0	3554
Leishr sis	_	0	0	0	0	6	0	0	21	18	0	0	0	0	0	0	0	0	7	0	10	13	0	0	m	-	0	11
	8	46	26	101	62	2	26	48	45	16	21	œ	2	12	7	28	17	10	93	49	88	22	163	112	155	25	56	1271
Meningitis	Α	7	П	0	1	0	c	0	0	0	0	0	0	0	0	0	П	1	7	0	1	7	7	0	2	0	0	18
		411	387	625	259	82	136	418	278	299	273	6	1	83	16	253	297	230	229	130	472	292	317	212	391	455	232	7120
Chickenpox	<u>a</u>	7	7	10	2		72	14	2	7	7	0	1	0	0	10	2	0	10	0	16	2	m	0	m	6	9	121
	В	0	7	7	m	7	0	7			П	0	0	0	0	П	0	1	m	0	7	7	0	0	4	0	0	27 1
Human Rabies	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	В	10	6	2	9	6	6	46	4	21	9	П	0	0	0	0	11	5	22	m	24	16	22	41	33	94	4	401
Viral Hepatitis	Α	1	П		0	0	0	1	0	0	П	0	0	0	0	0	0	0	0	0	0	0	Н	0	0	Н	0	7
		12	4	7	88	9	9/	20	126	45	387	27	8	2	œ	П	7	19	27	16	34	4	124	82	43	22	m	1256
Typhus Fever	Δ.	-	0	0	0	0	0	0	7	-	31	-	0	0	0	0	0	0	-	0	0	0	7	0	П	0	0	40
	⋖	232	114	551	87	45	51	454	145	444	34	19	1	22	27	48	46	19	35	38	128	74	213	189	944	243	31	4394 4
Leptospirosis	æ		4		4	2	0		8		П	0	0	0	0	2	4	1	7	2	6 1	m	8	0			П	
Lep	⋖	3 18		1 16		.,		7 11		0 20					2				0 17		<u>س</u>	.,			1 34	3 16		0 18
Food Poisoning	В	63	25	61	31		11		12	20	110	10		17		43	17	63	30	19	-		89	79	21	28	64	820
Food	⋖	1	0	0	0	0	0	0	4	0	4	П	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	11
Fever	В	22	4	21	4	1	10	3	m	7	33	15	6	29	13	13	0	0	9	1	5	2	10	0	10	2	1	224
Enteric Fever	<	1	0	П	0	0	Н	0	0	0	П	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Encephal	В	13	∞	7	13	4	2	7	4	4	13	2	2	11	-	7	2	0	22	4	11	3	6	4	36	18	П	203
Ence	⋖	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	c	0	0	0	0	0	П	0	0	9
nteny	В	52	42	72	97	27	66	48	36	36	351	78	2	32	15	198	79	42	73	31	53	29	89	36	106	39	93	1861
Dysentery	4	3	1	-	0	1	П	1	7	П	25	21	1	c	П	7	0	2	7	1	1	1	П	0	c	П	0	81
ever	В	14919	11874	6029	6023	1022	287	5872	1683	3394	3537	172	111	331	156	1476	274	1177	2169	1404	704	378	1174	333	3227	2046	715	71167
Dengue Fever		988	473	279	541	154	21	197	45	124	381	m	П	18	8	95	14	62	92	114	31	13	06	0	155	120	35	3952 7
	⋖		ğ				Eliya		tota			iFi		m.	, and	Ø		alee	ala		apura	ruwa		yala	īā		<b>a</b>	
RDHS Division		Colombo	Gampaha	Kalutara	Kandy	Matale	NuwaraEliya	Galle	Hambantota	Matara	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kurunegala	Puttalam	Anuradhapura	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle	Kalmune	SRILANKA

Source: Weekly Returns of Communicable Diseases (WRCD).

-T=Timeliness refers to returns received on or before 08 th November, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week. 323 G\*\*-Completeness A = Cases reported during the current week. B = Cumulative cases for the year.

## Table 2: Vaccine-Preventable Diseases & AFP

02<sup>nd</sup> - 08<sup>th</sup> Nov 2019 (45<sup>th</sup> Week)

Disease	No. of	Cases b	y Provinc	е					Number of cases during current	Number of cases during same	Total number of cases to	Total number of cases to date in	Difference between the number of cases to date in		
	W	С	S	N	Е	NW	NC	U	Sab	week in 2019	week in 2018	date in 2019	2018	2019 & 2018	
AFP*	01	00	01	00	00	00	00	00	00	73	01	65	55	18.1 %	
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %	
Mumps	01	00	01	01	00	01	00	01	01	05	09	291	306	- 4 .9 %	
Measles	01	02	02	01	00	00	00	00	00	06	04	268	110	143.6 %	
Rubella	00	00	00	00	00	00	00	00	00	00	03	00	08	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	01	18	18	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	15	25	- 40 %	
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	36	46	- 21.7 %	
Tuberculosis	154	30	16	06	05	15	04	08	14	252	103	7440	7478	- 0.5 %	

## 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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