



## WEEKLY EPIDEMIOLOGICAL REPORT

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

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#### Flashback 2020

The year 2020 was challenging for the Epidemiology Unit due to the Covid-19 Pandemic. While giving its best to control the Covid-19 situation in the country, the other functions of the unit, mainly the Expanded Programme on Immunization (EPI) and the disease surveillance (both vaccine -preventable and other important communicable diseases) activities were also carried out with great enthusiasm.

**COVID-19 Pandemic** 

Sri Lanka reported its first COVID-19 patient on 28th January 2020, who was a foreigner, and 11th March reported the first local infected person who was a tourist guide. The Epidemiology Unit of the Ministry of Health as the focal point for the control and prevention of COVID-19 has continuously monitored and learned from the global scenarios and technically guided the Ministry of Health and the National Covid Control Task Force for successful control of the first wave on 31st July 2020. Since then, no locally acquired Covid-19 patients were reported to the Epidemiology Unit, until 04th October 2020 where a Covid-19 patient was reported from the General Hospital Gampaha, marking the beginning of the second wave. As a result of the "Influenza-Like Illness" surveillance system established in that hospital, the country was able to detect her early. Later the outbreak was entered into the main supply chains and spread to many parts of the country.

The well-established public health network was a blessing in controlling the outbreak and especially their role was important in contact tracing, quarantine and educating the public about the prevention methods. They have been guided and coordinated by the Epidemiology Unit through the Regional Epidemiologists. With the continuous efforts along with many other stakeholders, the country manages to achieve a downward trend of daily reported new Covid-19 patients by December 2020. As of 31st December 2020, the total number of COVID-19 infected individuals were 43,299 and 36,155 individuals were discharged from hospitals after full recovery and 6940 were still under medical care. Daily updates of the COVID-19 situation in the country and more details about the response can be obtained from www.epid.gov.lk.

#### Disease surveillance

A comprehensive communicable disease control largely depends on the timely identification and reporting of the diseases. Epidemiology Unit along with the wide network of Medical Officer of Health Units spread throughout Sri Lanka collects, analyzes, interprets and disseminates data on communicable diseases on a weekly basis paving the path to control them in timely passion.

Strengthening the disease surveillance activities related to the Covid-19 was initiated well before the identification of the first patient in Sri Lanka.

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A case definition was prepared for the identification of the patients and subsequently it changed as the pandemic progressed. The surveillance activities were multifaceted including both active and passive components. Actively searching for new cases among the close contacts of the diagnosed positive patients, epidemiologically linked contacts and communities with high transmission possibility are examples to active surveillance while identifying patients among the individuals admitted to hospitals with symptoms and signs suggestive of Covid-19 belongs to passive surveillance. A member of the contact tracing team of the Epidemiology Unit immediately makes initial contact with the patient over the phone. Travel histories, including travel abroad, is obtained to determine the source of infection and to classify cases as imported or locally acquired. Further, contacts are identified, and necessary technical advice given by the Epidemiology Unit. A list of close contacts and casual contacts prepared for each case is communicated with the respective Regional Epidemiologist (RE). The RE immediately communicates with their provincial and district teams and together with relevant Medical Officer of Health (MOH) and Public Health Inspector (PHI) conduct field-level investigations. As a policy, Sri Lanka adopted the practice of admitting all the Covid-19 positively identified patients to the dedicated hospitals. This helps to provide specific treatment facilities to the Covid-19 patients which kept the mortality rate low and additionally, it prevents the spread of the disease by taking him out from his society.

Surveillance data are disseminated daily through situation reports since the detection of the first imported case in Sri Lanka and through real-time updates of patients in the country on the Epidemiology Unit website. Surveillance data is useful in risk communication to the public to understand the situation of the country and to sustain trust in the government's response to COVID-19. Surveillance information has also been the basis to advocate for an appropriate and proportionate response to the risk imposed by the disease minimizing negative economic and societal impacts.

#### **National Immunization Programme**

National Immunization Programme (NIP) is one of the major responsibilities of the Epidemiology Unit. Currently, NIP protects the nation from 12 dreadful communicable diseases and 2 non-communicable diseases. The programme was standstill during the lockdown period (2 months) in the country. However, soon after that, the programme was re-started and age-

appropriate vaccination was gradually regained. This was guided and supervised by the Epidemiology Unit and further supplemented with a circular issued by the Ministry of Health. All the Covid-19 prevention practices were strictly adhered in the immunization clinics.

#### **Dengue Situation**

In 2020, a total of 31,017 Dengue cases with 36 deaths were reported to the Epidemiology Unit Ministry of Health. The majority of the cases were reported from Colombo, Batticaloa, Kandy, Gampaha, Trincomalee, Jaffna, Rathnapura, Kalutara and Galle districts accounting for 77% of cases. The mid-year peak from May-August in reported cases was significantly reduced, probably due to the restricted movements as the country was locked down with the COVID-19 pandemic from March 2020. This is further evident by the significant reduction in the number of deaths in the same period. Co-transmission of Dengue and COVID-19 is a challenge that is recognized and addressed by the Ministry of Health.

#### Leptospirosis

A total of 8545 cases of leptospirosis were notified to the Epidemiology Unit in the year 2020. The highest caseload was reported from Rathnapura, Galle, Kalutara and Kegalle districts. The Case Fatality Rate was 1.3 per 100 cases.

#### Influenza

There are 19 sentinel sites to carryout influenza surveillance throughout the country. Out of 2,077,261 total OPD visits, 64,702 Influenza-like Illness (ILI) cases have been reported to the National Influenza Surveillance System in the year 2020. It represents 3.11% of total OPD visits to the sentinel sites. The usual seasonal pattern of influenza was not observed during the year 2020 due to the COVID-19 pandemic situation in the country. The main circulating viruses were Influenza A, H1N1, H3N2 and B viruses. There were 04 laboratory-confirmed influenza deaths reported during the year 2020.

#### Compiled by

The Editor

Table 1: Selected notifiable diseases reported by Medical Officers of Health

19th - 25th Dec 2020 (52nd Week)

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	2666 0	15	0	8	0	7	0	59	7	314	0	8	0	8	-	m	0	592	0	37	09 0	36	2 100
	1810 0	20	0	7	0	7	0	9	9	1113	0	16	0	9	-	m	0	341	0	65	0 0	45	100
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696	0	30	0	13	0	2	0	38	13	334	н	38	0	10	0	2	2	345	П	54	6 496	6 <b>46</b>	2 100
200	0 0	18	0	2	0	3	0	-	2	74	3	22	0	2	0	-	0	85	-	77	0 10	54	100
433	3 1	28	1	4	0	4	0	34	25	365	1	32	0	19	0	2	0	198	П	9/	5 344	4 38	3 100
251	0 1	12	0	1	0	0	0	13	7	175	0	1	0	56	0	1	0	159	0	19	8 378	8 <b>51</b>	100
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31162	2	075	•																				

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk).

\*T=Timeliness refers to returns received on or before 25th December, 2020 Total number of reporting units 357 Number of reporting units data provided for the current week: 345C\*\*-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

19th - 25th Dec 2020 (52nd Week)

Disease	No. of	Cases b	y Province	e						Number of cases during current	Number of cases during same	Total number of cases to	Total num- ber of cases to date in	Difference between the number of
	W	С	S	N	Е	NW	NC	U	Sab	week in 2020	week in 2019	date in 2020	2019	cases to date in 2020& 2019
AFP*	00	00	00	00	00	00	00	00	00	00	01	33	80	- 58.7 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	00	00	00	00	00	00	06	170	326	- 47.8 %
Measles	00	00	00	00	00	00	00	00	00	00	01	52	292	- 82.1 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	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	07	21	- 66.6 %
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	31	15	- 106.6 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	10	40	- 75 %
Tuberculosis	35	17	00	09	07	46	03	12	00	129	224	6316	8413	- 24.9 %

#### 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

### **Dengue Prevention and Control Health Messages**

# Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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

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