

WEEKLY EPIDEMIOLOGICAL REPORT

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	Road Traffic A	cciden	nts Part-ii		
This i	s the last of a series of 2 articles.	⇒	Enforcement of laws that require all car occu pants to wear seatbelts, and laws requiring the use of child restraints (e.g. child seats and booster seats).		
Coun	termeasures to alleviate Road Traffic Accidents				
•	Training -	\Rightarrow	Measures to reduce excessive speed in urban areas:		
⇒	Providing real-time and advance traffic infor- mation to educate drivers including the target- ed age groups.	*	Install new technologies in vehicles to help drivers and vehicles to keep speed limits.		
\Rightarrow	Digital games are designed to motivate the	*	Establishing and enforcing speed limit laws.		
	course on safe driving to both beginners and experienced drivers.	\Rightarrow	Possession of a valid driving license amongst drivers:		
⇒	Educate infants, children, high / junior school students/adults, elderly people on traffic safe-ty.	*	Disciplined driving method to be taught, exam- ine driving knowledge, skills, and also the knowledge of rules and regulations, and medi- cal fitness before issuance of driving and riding		
\Rightarrow	Include traffic road safety in the school curricu- lum.	*	Identify risk drivers and cancel/ suspend their		
\Rightarrow	To have special driving programs for school leavers.		licenses by the judiciary or by demerits sys- tems by the Controller of Motor Traffic.		
⇒	Safe driving programs to be conducted for drivers/riders.	*	Renewal of driving license every three years having rechecked the knowledge on rules and regulations, health, driving skills, and driving records.		
•	Setting road and safety rules, securing compil- ance, and improving transport policy -	\Rightarrow	Establishment of a robust vehicle licensing and registration system		
\Rightarrow	Highway traffic law enforcement.				
\Rightarrow	Use the recommended blood alcohol concen- tration limit of 0.05g/dL and random breath	\Rightarrow	Enforce the appropriate number of passengers for two and three-wheel vehicles.		
	testing as measures to reduce drunk driving.	\Rightarrow	Deterrent punishment for offenders committing fatal grievous and serious accidents.		
⇒	Enforcement of helmet laws that covers both riders and passengers. Increasing the use of helmets that meet a specified standard will reduce fatal and serious head injuries among motorized two-wheeler riders.	•	Adequate support services for road traffic		
			victims –		
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\Rightarrow Improving trauma care.

- \Rightarrow Emergency services.
- \Rightarrow Road user insurance and pay compensation to victims of hitand-run accidents.
- Inclusive road user policies and integrated land use/transport planning –
- ⇒ The building or modifying roads which calm traffic, building sidewalks, raised crossings, and providing segregated lanes alongside urban roads for two-wheelers. Promoting efficient patterns of land use and providing shorter, safer routes for vulnerable road users can reduce their exposure.
- Funding –
- ⇒ In 2011, a Road Safety Fund (RSF) was established as per Section 213B of the Motor Traffic Act. Around 1% of all the third-party insurance and other grants accrue to it.
- Crash Data Recording and Management by the Police through the University of Moratuwa (supported by the WHO).
- Public transport reform.
- Providing visible, crashworthy, and smart vehicles –
- ⇒ Intelligent speed adaptation, in which the vehicle determines the speed limit for the road with the speed limiting devices on vehicles.
- Road infrastructure defects to be identified and rectified by Road Development Authority, and all other stakeholders.

Road traffic injuries are predictable and preventable. Therefore, with all these interventions we could save hundreds of thousands of lives every year.

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srilankaroadtrafficaccidents#:~:text=According%20to%20the% 20latest%20WHO.Lanka%20%2396%20in20the%20world.

Table 1 : Water Quality Surveillance Number of microbiological water samples 2021										
District	мон	No: Expected	No: Received							
	areas	*								
Colombo	15	90	NR							
Gampaha	15	90	NR							
Kalutara	12	72	NR							
Kalutara NIHS	2	12	NR							
Kandy	23	138	NR							
Matale	13	78	NR							
Nuwara Eliya	13	78	NR							
Galle	20	120	NR							
Matara	17	102	NR							
Hambantota	12	72	NR							
Jaffna	12	72	94							
Kilinochchi	4	24	31							
Manner	5	30	NR							
Vavuniya	4	24	NR							
Mullatvu	5	30	NR							
Batticaloa	14	84	0							
Ampara	7	42	NR							
Trincomalee	11	66	NR							
Kurunegala	29	174	0							
Puttalam	13	78	NR							
Anuradhapura	19	114	NR							
Polonnaruwa	7	42	55							
Badulla	16	96	NR							
Moneragala	11	66	NR							
Rathnapura	18	108	NR							
Kegalle	11	66	0							
Kalmunai	Kalmunai 13 78 NR									
* No of samples expected (6 / MOH area / Month)										

 $\mathbf{NR} = \text{Return not received}$

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Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). •T=Timeliness refers to returns received on or before 12th February , 2021 Total number of reporting units 357 Number of reporting units data provided for the current week: 352 C**+Completeness

Table 1: Selected notifiable diseases reported by Medical Officers of Health 00

alth 06^{th –} 12th Feb 2021 (7th Week)

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13th- 19th February 2021

Table 2: Vaccine-Preventable Diseases & AFP

13th- 19th February 2021

06th - 12th Feb 2021 (6th Week)

Disease	No. of Cases by Province									Number of cases during current	Number of cases during same	Total num- ber of cases to	Total num- ber of cases to date in	Difference between the number of cases to date in
	W	С	S	N	E	NW	NC	U	Sab	week in 2021	week in 2020	2021	2020	2021& 2020
AFP*	00	01	00	00	00	00	00	00	00	01	02	11	06	83%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	01	02	00	02	00	00	00	00	04	07	13	25	-48%
Measles	00	00	00	00	00	00	00	00	00	00	02	03	06	-50%
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	01	00	00	00	00	00	00	00	00	01	01	01	03	-66%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese En- cephalitis	00	00	00	00	00	00	00	00	00	00	01	00	06	-100%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	02	-100%
Tuberculosis	62	15	11	02	02	03	11	00	06	112	130	834	863	-3.3%

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI									
Month	Human		Animal						
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives		
February									
Source: Medical Research Institute & Veterinary Research Institute									

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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