



WEEKLY EPIDEMIOLOGICAL REPORT

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Onchocerciasis Part I

This is the first of a series of 2 articles.

Disease of river banks denotes the name of river blindness, which leads to skin disfiguration and visual impairment as permanent due to transmission of nematode named *Onchocerca volvulus* by infected black flies. Almost all are living around 31 African countries, but not limited to there as existing foci in Latin America and Yemen. Population-based treatment provides positive and encouraging outcomes in many countries like Colombia, Mexico and Guatemala. Effect of the migrating larvae devoted all complications related to eyes, skin and other organs.

African region

In 2020, despite the COVID-19 pandemic, preventive chemotherapy was conducted in 19 of 26 countries in which there is credible evidence that MDA for onchocerciasis elimination is required. About 112 million people received treatment for onchocerciasis in the Region, and 11 of 19 countries

achieved 100% geographical coverage. Regional coverage of the 239.3 million population who require preventive chemotherapy (PC) for onchocerciasis was 46.8%. In 2020 many countries in the Region reported major disruptions in implementation of MDA campaigns due to impact of COVID-19. Based on reports submitted to WHO, 6 countries in the Region (Central African Republic, Democratic Republic of the Congo (DRC), Equatorial Guinea, Gabon, Ghana and South Sudan) cancelled or postponed 2020 MDA campaigns. The DRC, one of the highest burden countries, did not implement MDA in 2020, but conducted large-scale campaign in March– April 2021 achieving 79% national coverage for onchocerciasis. South Sudan also implemented postponed MDA round in March 2021 reaching 5.4 million people. Data from these countries will be included into 2021 progress report. In some countries the planned MDA rounds were implemented partially, which resulted in not achieving the target coverage for the diseases. Report

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for 2020 from Liberia is awaited. To interrupt the transmission of onchocerciasis instead of controlling it, Côte d'Ivoire has decided to move forward with the implementation of mass drug distribution of ivermectin at the scale of district-wide, covering all 97 meso or hyperendemic districts with MDA for elimination of onchocerciasis. This included treatment in 54 districts where lymphatic filariasis (LF) and onchocerciasis were co-endemic, and in 43 districts targeted only for onchocerciasis. The change in approach resulted an increase of the population requiring treatment for onchocerciasis, from 3.8 million people in 2019 to 19.2 million in 2020 (1).

WHO response

Technical advisory committee are working upon eliminating and controlling the disease supporting providing technical, administrative and research support for population-based approaches. Assessment over controlling and stage of forwarding elimination of the disease directing towards the steps to specific strategies required close and research findings to proceed.

To support the transition from control to elimination and to improve national entomological capacity, WHO is preparing a manual with new techniques and strategies on how to standardize entomological surveys. This will be complemented by research in new diagnostic tools, as diagnosis of onchocerciasis remains a challenge for many national programmes.

Although progress has been made to interrupt transmission, better programme guidance, tools and systems are required to ensure that decisions are based on sound evidence.

While support for interrupting transmission remains strong, and WHO continues to engage stakeholders, momentum must be maintained, and high-quality interventions continued until transmission of the disease is eliminated globally.

The integrated approaches advocated in the road map for neglected tropical diseases 2021–2030, supported by activities and messaging for the “Stamp Out Oncho” campaign (launched in 2018), are bound to accelerate onchocerciasis elimination (2). The eagerness to be certain to eliminate all onchocerciasis transmission must be tempered with the real limitations of funding available for national programs, both in terms of the costs of the OEM sampling approach required and the cost implications resulting from the selection of the MDA threshold (3).

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 03rd - 09th July 2021 (28th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	223	2537	0	9	0	0	4	0	3	1	123	0	1	0	2	0	2	0	2	0	20	0	6	0	1	48	100
Gampaha	121	1293	0	1	0	1	0	0	0	3	145	1	3	1	4	0	3	0	3	0	18	0	8	0	12	24	76
Kalutara	55	698	0	11	0	2	1	1	0	11	349	0	3	0	1	0	1	0	1	0	60	0	13	0	0	100	100
Kandy	25	392	0	17	0	1	0	2	0	2	92	1	27	0	1	0	0	0	2	29	1	11	1	18	59	100	
Matale	13	80	0	11	0	4	0	0	0	0	49	0	4	0	1	0	0	0	0	12	0	1	2	117	55	100	
NuwaraEliya	2	32	0	11	0	2	0	2	0	1	39	0	34	0	2	0	0	0	0	22	0	7	0	1	29	100	
Galle	9	208	0	3	0	1	0	5	0	5	451	0	22	0	2	0	0	0	3	34	1	21	0	1	42	100	
Hambantota	14	219	1	8	0	2	0	2	0	4	172	2	47	0	7	0	0	0	0	38	0	24	7	268	74	100	
Matara	10	305	0	3	0	1	0	1	0	0	173	0	13	0	2	0	0	0	0	46	0	6	0	185	42	100	
Jaffna	0	116	0	33	0	3	0	13	0	27	15	3	427	0	0	0	3	0	0	25	0	3	0	2	21	88	
Kilinochchi	0	22	1	19	0	0	0	1	0	10	48	3	64	0	0	0	0	0	0	10	0	0	0	1	53	100	
Mannar	1	22	2	2	0	0	0	4	0	0	26	0	2	0	0	0	0	0	0	3	0	15	0	1	41	100	
Vavuniya	0	33	0	2	0	1	0	1	0	0	22	0	2	0	1	0	0	0	1	6	0	1	0	1	41	100	
Mullaitivu	0	5	0	3	0	0	0	0	0	0	26	0	7	0	0	0	0	0	0	9	0	6	0	0	24	100	
Batticaloa	10	2976	1	22	0	3	0	2	0	15	38	0	0	0	1	0	0	0	0	11	1	20	0	0	47	100	
Ampara	1	27	0	6	0	0	0	1	7	7	44	0	0	0	1	2	0	0	1	37	0	9	0	3	60	100	
Trincomalee	0	119	0	0	0	0	0	0	2	1	4	0	0	0	2	0	0	0	0	16	0	2	0	0	28	100	
Kurunegala	42	698	0	14	0	3	0	0	3	9	203	2	14	0	0	0	1	1	1	39	1	76	3	236	40	100	
Puttalam	7	241	0	2	0	1	0	0	0	0	19	1	15	0	0	0	1	0	0	16	2	29	0	9	41	99	
Anuradhapur	5	152	0	10	0	0	0	1	0	3	205	0	21	0	4	0	0	0	1	29	0	27	5	135	27	91	
Polonnaruwa	1	49	0	3	0	0	0	3	0	2	97	1	3	0	2	0	0	0	0	22	0	1	4	268	38	100	
Badulla	6	142	0	9	0	0	0	1	0	0	216	1	33	2	19	0	0	0	0	32	0	14	1	15	45	100	
Monaragala	9	79	0	6	0	0	0	3	0	5	19	262	4	22	2	53	0	0	0	21	1	42	4	19	50	100	
Ratnapura	21	337	0	24	0	6	0	0	4	17	539	0	17	0	6	0	1	1	1	40	2	54	2	63	37	95	
Kegalle	10	287	0	4	0	9	0	0	2	3	192	0	8	0	1	0	0	0	1	74	3	22	0	11	43	100	
Kalmune	2	265	0	11	0	2	0	1	0	1	16	1	1	0	2	0	2	0	0	14	0	7	0	2	44	100	
SRILANKA	587	11334	5	244	0	42	1	49	7	95	3565	20	790	6	115	0	14	0	11	683	12	425	29	1369	42	97	

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 09th July, 2021. Total number of reporting units 361. Number of reporting units data provided for the current week: 351. C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

03rd – 09th Jul 2021 (28th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021 & 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	01	02	02	28	22	27%
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	04	49	103	-52.4%
Measles	00	00	00	00	00	00	00	00	00	00	00	09	31	-70.9%
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	02	03	-33.33%
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	01	02	26	- 92.3 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	05	-100%
Tuberculosis	00	08	00	07	00	00	29	00	12	56	173	2962	2973	-0.3 %

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

Covid-19 Prevention & Control
For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.

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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