



WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

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Global climate change and health Part II

This is the last of a series of 2 articles.

The IPCC projects that, as we continue to change atmospheric composition, global average surface temperature will rise by 1.4 to 5.8°C in this century, along with changes in precipitation and other climatic variables. Research is needed into developing innovative approaches to analysing weather and climate for human health, setting up long-term data sets to answer key questions, and improving understanding of how to incorporate outputs from Global Climate Models into human health studies. Scientists project changes in extreme climate events that include more hot days and heat waves, more intense precipitation events, increased risk of drought, increase in winds and tropical cyclones (over some areas), intensified droughts and floods with El Niño events, and increased variability in the Asian summer monsoon. Research gaps to be addressed include further modelling of relationships between extreme events and health impacts, improved understanding of factors affecting vulnerability to climate extremes, and assessment of the effectiveness of adaptation in different settings. Infectious diseases, especially those transmitted via insect vectors or water, are sensitive to climatic conditions. Dis-

ease incidence data is needed to provide a baseline for epidemiological studies. The lack of precise knowledge of current disease incidence rates makes it difficult to comment on whether incidence is changing as a result of climatic conditions. Research teams should be international and interdisciplinary, including epidemiologists, climatologists and ecologists to assimilate the diversity of information from these respective fields. The stock of empirical evidence relating climatic trends to altered health outcomes remains sparse. This impedes estimating the range, timing and magnitude of likely future health impacts of global environmental changes. Even so, an initial attempt has been made, within the framework of the WHO Global Burden of Disease 2000 project. Analysing only the better-studied health outcomes, the climate change that occurred from the climate baseline period 1961-1990 was estimated to have caused 150,000 deaths and 5.5 million DALYs in the year 2000. Stratospheric ozone depletion is essentially a different process from climate change. However, greenhouse warming is affected by many of the chemical and physical processes involved in the depletion of stratospheric ozone. Also, because of climate changes (in addition to public information

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and education campaigns), patterns of individual and community sun exposure behaviour will change – duly affecting received doses of ultraviolet radiation. Several developed and developing countries have undertaken national assessments of the potential health impacts of climate change, including reference to vulnerable areas and populations. There is a need to standardize the health impact assessment procedures, and tools and methods are being developed. More accurate climate information at the local level, particularly on climate variability and extremes, is needed. Climate change is likely to affect diseases that are also influenced by other factors. Monitoring to assess climate-change impacts on health, therefore, requires data-gathering coupled with analytical methods able to quantify the climate-attributable portion of such diseases. Less developed countries should strengthen existing systems to provide useful data on climate-sensitive diseases.

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**Table 1 : Water Quality Surveillance
Number of microbiological water samples July 2021**

District	MOH areas	No: Expected *	No: Received
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	18
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	4
Jaffna	12	72	NR
Kilinochchi	4	24	22
Manner	5	30	NR
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	NR
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	0
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	0
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 07th - 13th Aug 2021 (33rd 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	82	3261	0	10	0	1	0	4	0	3	2	138	0	1	0	2	0	2	0	22	1	8	0	1	46	100
Gampaha	19	1685	0	1	0	4	0	1	0	0	2	159	0	5	0	4	0	5	0	19	0	12	0	12	23	75
Kalutara	16	932	0	11	0	2	0	2	0	0	1	378	0	3	0	1	0	1	0	66	0	16	0	0	34	100
Kandy	18	500	0	18	0	1	0	2	0	2	1	99	1	29	0	1	0	0	0	30	1	14	1	21	57	100
Matale	17	147	0	12	0	4	0	0	0	0	2	64	0	5	0	1	0	0	0	12	1	5	3	174	52	100
NuwarEliya	1	36	0	11	0	2	0	2	0	0	1	45	0	34	1	4	0	0	0	24	0	7	0	1	28	100
Galle	4	261	0	5	0	1	0	5	0	5	3	513	0	23	0	2	0	0	0	44	0	25	0	1	39	100
Hambantota	2	260	0	9	0	2	0	2	0	4	0	203	0	55	0	7	0	0	0	41	0	30	3	351	72	100
Matara	10	389	0	3	0	1	0	1	0	0	0	193	0	15	0	2	0	0	0	47	1	10	5	205	43	100
Jaffna	1	122	0	36	0	3	0	14	0	27	0	16	0	438	0	0	0	3	0	26	0	3	0	2	22	88
Kilinochchi	0	23	0	23	0	0	0	2	0	10	3	53	2	73	0	0	0	0	0	10	0	0	0	1	52	100
Mannar	0	24	0	2	0	0	0	4	0	0	0	26	0	2	0	0	0	0	0	3	0	15	0	1	39	100
Vavuniya	0	35	0	2	0	1	0	1	0	1	0	23	0	2	0	1	0	0	0	6	0	1	0	1	39	100
Mullaitivu	0	5	0	3	0	0	0	0	0	1	0	29	0	8	0	0	0	0	0	9	0	6	0	0	23	100
Batticaloa	0	2987	0	27	0	3	0	2	1	16	0	39	0	0	0	1	0	0	1	12	0	22	0	0	46	100
Ampara	0	33	0	7	0	0	0	1	0	7	1	48	1	1	0	2	0	0	0	37	0	11	1	8	60	100
Trincomalee	2	121	0	0	0	0	0	0	0	2	0	4	0	0	0	2	0	0	0	16	0	2	0	0	27	100
Kurunegala	21	859	1	18	0	4	0	0	0	3	0	234	2	25	1	3	0	2	0	41	0	77	5	278	38	100
Puttalam	4	279	0	2	0	1	0	0	0	0	0	21	0	15	0	1	0	1	0	16	0	32	0	9	41	98
Anuradhapur	9	177	0	10	0	0	0	1	0	3	1	218	0	23	0	4	0	0	0	29	0	31	5	181	26	91
Polonnaruwa	5	62	0	3	0	0	0	3	6	8	1	104	0	3	0	3	0	0	0	25	0	2	11	315	39	100
Badulla	2	180	0	9	0	0	0	1	0	0	6	259	2	38	2	28	0	0	0	32	0	14	0	16	44	100
Monaragala	2	95	0	6	0	0	0	3	0	5	8	303	1	27	2	65	0	0	0	24	1	49	6	26	51	100
Ratnapura	8	399	0	25	0	6	0	0	0	5	10	595	0	18	0	8	0	1	0	44	1	64	6	87	35	95
Kegalle	8	353	0	4	0	11	0	0	0	2	2	217	0	11	0	1	0	0	1	79	0	24	1	14	41	100
Kalmune	0	267	0	11	0	2	0	1	0	1	0	16	0	1	0	2	0	2	0	14	1	8	0	2	46	100
SRILANKA	23	13492	1	268	0	49	0	52	7	105	44	3997	9	855	6	14	0	17	2	728	7	488	47	1707	41	97

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 13th Aug, 2021 Total number of reporting units 361 Number of reporting units data provided for the current week: 351 C**-Completeness 41

Table 2: Vaccine-Preventable Diseases & AFP

07th - 13th Aug 2021 (33rd 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	00	01	00	00	00	00	00	00	01	01	36	26	38.4 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	00	00	00	01	00	00	00	02	03	56	119	- 52.9 %
Measles	00	00	00	00	00	00	00	00	00	00	01	11	36	- 69.4 %
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	00	03	31	- 90.3 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	05	-100%
Tuberculosis	00	06	09	07	10	10	0	0	0	42	203	3343	3884	-13.9 %

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
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
August							

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@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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