



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Botulism Part II

This is the last of two articles

Diagnosis and treatment

Diagnosis is usually based on clinical history and clinical examination followed by laboratory confirmation including demonstrating the presence of botulinum toxin in serum, stool or food, or a culture of *Clostridium botulinum* from stool, wound or food. Misdiagnosis of botulism sometimes occurs as it is often confused with stroke, Guillain-Barré syndrome or myasthenia gravis. Antitoxin should be administered as soon as possible after a clinical diagnosis. Early administration is effective in reducing mortality rates.

Prevention

Prevention of foodborne botulism is based on good practice in food preparation particularly preservation and hygiene. Botulism may be prevented by the inactivation of the bacterial spores in heat-sterilized or canned products or by inhibiting bacterial growth in other products. Commercial heat pasteurization (vacuum packed pasteurized products, hot smoked products) may not be sufficient to kill all spores and therefore the safety of these products must be based on preventing bacterial growth and

toxin production. Refrigeration temperatures combined with salt content and/or acidic conditions will prevent the growth of the bacteria and formation of toxin.

The WHO Five Keys to Safer Food are.

- keep clean
- separate raw and cooked
- cook thoroughly
- keep food at safe temperatures
- use safe water and raw materials.

'Botox'

The bacterium *Clostridium botulinum* is the same bacterium that is used to produce Botox, a pharmaceutical product predominantly injected for clinical and cosmetic use. Botox treatments employ the purified and heavily diluted botulinum neurotoxin type A.

WHO's response

Botulism outbreaks are rare but are public health emergencies that require rapid

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recognition. WHO's role in responding to outbreaks of botulism that may be of international concern is as follows.

- Surveillance and detection
- Risk assessment: consideration of whether the outbreak is natural, accidental, or, possibly, intentional. • Containment at the disease source: coordinates with national and local authorities to contain outbreaks at their source.
- Delivery of assistance: coordinates between international agencies, experts, national laboratories, airlines, and commercial organizations to mobilize response equipment, materials, and supplies, including the provision and administration of botulinum antitoxin.

Sources

Botulism, available at <http://www.who.int/mediacentre/factsheets/fs270/en/>

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BOTULISM SYMPTOMS

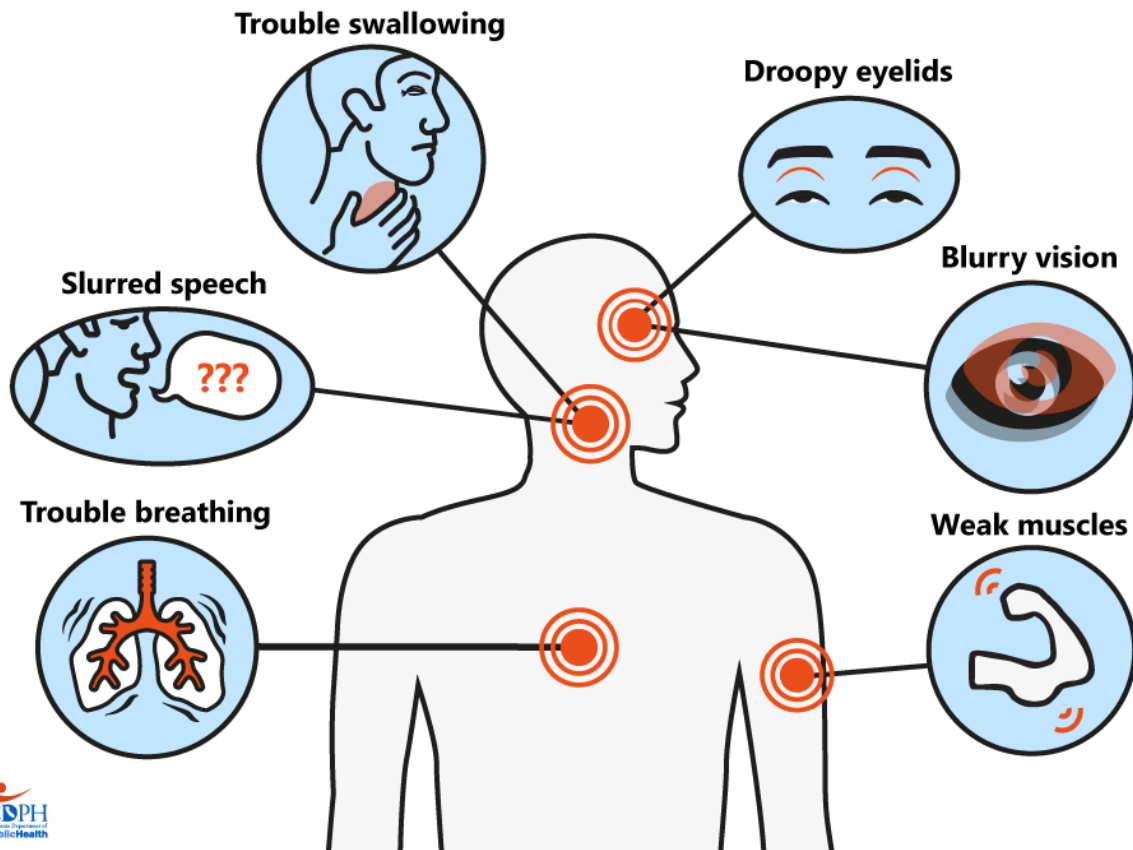


Table 1: Selected notifiable diseases reported by Medical Officers of Health 18th-24th Sep 2021 (39th Week)

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	75	3604	0	10	0	1	0	4	0	3	1	144	0	1	0	2	0	2	0	22	0	9	0	1	45	100
Gampaha	32	1849	0	2	0	5	0	1	0	0	11	179	0	5	0	4	0	5	1	22	0	12	0	12	22	75
Kalutara	30	1049	0	11	0	2	0	3	0	0	23	439	0	3	0	1	1	1	1	68	1	18	0	0	33	100
Kandy	9	562	0	18	0	1	0	3	0	2	3	114	1	35	0	1	0	0	1	34	0	15	2	23	58	100
Matale	1	160	1	13	0	4	0	0	0	0	1	67	0	5	0	1	0	0	0	12	0	6	11	193	51	100
NuwarEliya	0	40	1	12	0	2	0	2	0	0	0	48	0	36	0	4	0	0	0	25	0	7	0	1	28	100
Galle	16	309	0	7	0	1	0	5	1	6	8	551	3	27	0	2	0	0	0	51	0	28	0	1	38	100
Hambantota	2	281	0	11	0	2	0	2	0	5	5	221	1	67	0	7	0	0	1	45	0	33	10	405	70	100
Matara	9	420	0	3	0	1	0	1	0	0	4	218	0	17	0	2	0	0	0	52	0	10	6	223	43	100
Jaffna	1	124	0	40	0	3	0	15	0	27	0	17	0	438	0	0	0	5	0	28	0	3	0	2	23	88
Kilinochchi	0	25	1	24	0	0	0	2	0	10	1	55	2	79	0	0	0	0	0	10	0	0	0	1	53	100
Mannar	0	25	0	5	0	0	0	4	0	0	0	27	0	2	0	0	0	0	0	3	0	19	0	1	36	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	36	100
Mullaitivu	0	5	0	3	0	0	0	0	0	1	0	32	0	8	0	0	0	0	0	9	0	6	0	0	21	100
Batticaloa	1	2997	0	30	0	4	0	2	3	19	1	40	0	0	0	1	0	0	0	12	1	24	0	0	47	100
Ampara	1	36	2	9	0	0	0	1	0	7	1	54	0	1	3	0	0	0	0	39	0	13	0	9	59	100
Trincomalee	2	126	0	0	0	0	0	0	0	2	0	4	0	0	0	2	0	0	0	16	0	2	0	0	26	100
Kurunegala	23	916	0	18	0	4	0	0	0	3	4	246	0	25	0	3	0	2	1	44	2	80	6	294	37	100
Puttalam	1	289	0	2	0	1	0	0	0	0	0	22	0	15	0	1	0	1	0	17	0	33	0	9	40	97
Anuradhapur	0	188	0	10	0	0	0	1	0	3	0	220	1	25	0	4	0	0	0	31	0	34	4	212	25	91
Polonnaruwa	1	66	1	4	0	1	0	3	0	9	2	109	0	3	0	3	0	0	0	26	0	2	17	356	37	100
Badulla	6	203	0	9	0	0	0	1	0	0	1	276	4	43	1	32	0	0	0	35	0	16	0	18	43	100
Monaragala	1	105	0	6	0	0	0	3	0	5	4	315	0	29	0	68	0	0	0	24	0	49	2	31	50	100
Ratnapura	1	425	0	26	0	6	0	0	0	5	9	625	0	19	0	8	0	1	0	48	1	68	0	102	34	95
Kegalle	2	365	0	4	0	11	0	0	0	2	16	237	0	11	0	1	0	0	1	80	0	25	2	17	38	100
Kalmune	1	270	0	13	0	2	0	1	0	1	0	17	0	1	0	2	0	2	0	15	0	11	0	2	45	100
SRILANKA	21	14474	6	292	0	52	0	55	4	111	95	4300	12	897	2	15	0	19	6	774	5	524	60	1914	40	97

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 24th Sep., 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

18th– 24th Sep 2021 (39th 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	00	00	00	00	00	00	01	01	02	49	35	40 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	01	00	00	00	00	00	01	04	59	145	- 59.3 %
Measles	00	00	00	00	00	00	00	00	00	00	04	11	45	- 75.5 %
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	04	31	- 87 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	07	- 100%
Tuberculosis	00	05	17	02	04	12	08	00	00	48	150	3756	4867	- 22.8 %

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

Number of Malaria Cases Up to End of September 2021,
01
All are Imported!!!

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**

ON STATE SERVICE

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