



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Medical Tourism

Definition

A form of health tourism commonly refers to the travel of people to another country to obtain medical treatment in that country.

Alternative terms

- Health tourism
- Medical journeys
- Global healthcare / cross-border healthcare
- Medical value travel

The traditional method is for people to travel from developing countries to developed countries for medical treatment that was unavailable in their countries. But recently there is a trend for people to travel from developed countries to third-world countries for medical treatments because of cost considerations. Another reason for travel for medical treatment is that some treatments may not be legal in the home country, such as some fertility procedures.

Factors that have led to the increasing popularity of medical tourism

- The high cost of health care
- long wait times for certain procedures
- the ease and affordability of interna-

tional travel

- High-quality treatment
- World-class facilities
- Access to the latest technology
- Customer care
- Qualifications and experience of treatment teams

Almost every type of health care including surgical and dental procedures, fertility procedures, treatment for genetic disorders, treatment for psychiatric disorders, alternative treatments, convalescent care and even burial services, is available.

More specific terms

- Surgical tourism
- Transplant tourism
- Reproductive tourism
- Dental tourism

The Process of medical tourism

- First the person seeking medical treatment abroad should contact a medical tourism provider.
- The patient is usually required to provide a medical report, including the nature of the disease, local doc-

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tor's opinion, medical history, and diagnosis, and may request additional information from the medical tourism provider.

- Certified physicians or consultants then advise on the medical treatment.
- Then the approximate expenditure, choice of hospitals and tourist destinations, duration of stay, etc., are discussed.
- After signing consent bonds and agreements, the patient is given recommendation letters for a medical visa, to be procured from the concerned embassy.
- Then the patient travels to the destination country.
- Medical tourism provider assigns a case executive, who takes care of the patient's accommodation, treatment and any other form of care.
- Once the treatment is done, the patient can remain at the tourist destination or return home.

Risks of Medical Tourism

- Communication problems.
- Blood-borne infection (hepatitis B and HIV) because of improper use or reuse of needles and syringes and unsafe blood transfusion.
- Medication may be counterfeit or of poor quality in some countries.
- Antibiotic-resistant infections
- Bacterial infections related to improper sterilization and disinfection methods
- The quality of post-operative care can also vary dramatically, depending on the hospital and country, and may be different from US or European

standards.

- Traveling long distances soon after surgery can increase the risk of complications such as deep vein thrombosis, and pulmonary embolism.

Legal issues

- Patients might not be covered by adequate personal insurance or might be unable to seek compensation via malpractice lawsuits
- Hospitals and/or doctors in some countries may be unable to pay the financial damages awarded by a court to a patient who has taken legal action against them, owing to the hospital and/or the doctor not possessing appropriate insurance cover and/or medical indemnity.
- Issues can also arise for patients who seek out services that are illegal in their home country. In this case, some countries have the jurisdiction to prosecute their citizen once they have returned home, or in extreme cases extraterritorially arrest and prosecute.

Ethical issues

Illegal purchase of organs and tissues for transplantation.

Sources

Medical Tourism, available at <https://wwwnc.cdc.gov/travel/page/medical-tourism>

Compiled by Dr T. N. Yapa of the Epidemiology Unit

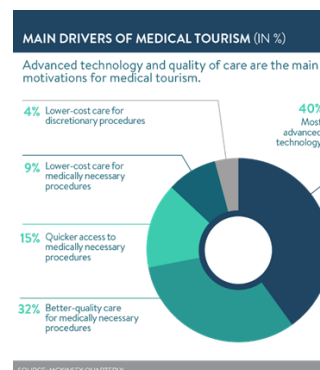


Table 1: Selected notifiable diseases reported by Medical Officers of Health 27th-03rd Dec 2021 (49th Week)

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	309	5636	0	12	0	1	0	5	0	3	8	213	1	3	0	2	0	3	2	24	0	12	0	1	45	100
Gampaha	218	3239	0	5	0	7	0	1	0	0	5	329	0	8	0	4	0	5	2	28	0	16	0	13	23	74
Kalutara	76	1447	0	12	0	2	0	3	0	5	16	681	0	3	0	1	0	1	3	74	0	23	0	0	34	90
Kandy	46	841	1	22	0	1	0	5	2	15	15	279	0	43	1	4	0	0	0	41	1	20	0	31	57	100
Matale	14	241	0	13	0	4	0	0	0	0	3	89	0	6	0	3	0	1	0	12	1	8	10	269	50	100
NuwaraEliya	2	55	1	17	0	2	0	5	0	0	3	72	0	43	0	4	0	0	0	30	0	8	0	1	29	100
Galle	31	479	1	12	0	1	0	5	0	7	32	748	0	28	0	2	0	0	1	58	0	36	0	2	38	100
Hambantota	12	358	1	17	0	2	0	2	3	9	13	273	0	75	0	7	0	0	1	54	0	34	3	483	67	100
Matara	26	544	0	6	0	1	0	1	0	0	14	331	0	17	0	3	0	0	0	59	0	11	15	319	42	100
Jaffna	11	158	2	47	0	3	0	15	0	27	2	23	11	475	0	0	0	6	0	33	0	3	0	2	20	88
Kilinochchi	3	29	0	26	0	0	0	2	0	10	1	57	1	84	0	1	0	0	0	10	0	0	0	1	51	100
Mannar	30	67	0	8	0	1	0	4	0	0	2	30	0	2	0	0	0	0	0	6	0	19	0	1	34	100
Vavuniya	4	48	0	4	0	2	0	1	0	2	0	23	0	2	0	1	0	0	0	6	0	2	0	1	37	100
Mullaitivu	0	7	0	3	0	0	0	0	0	1	1	34	0	9	0	0	0	0	0	9	0	7	0	0	21	100
Batticaloa	12	3056	0	39	0	7	0	4	0	36	4	51	0	0	0	1	0	0	0	15	0	26	0	0	47	100
Ampara	3	50	0	10	0	0	0	1	0	7	2	65	0	1	0	3	0	0	1	44	0	19	0	14	56	100
Trincomalee	22	194	0	2	0	0	0	0	0	2	0	5	0	0	0	2	0	0	0	19	0	2	0	1	25	100
Kurunegala	67	1377	0	20	0	4	0	0	0	11	22	533	0	32	0	4	0	2	0	55	1	97	4	386	35	100
Puttalam	37	384	0	2	0	1	0	0	0	1	1	29	0	16	0	2	0	1	0	19	0	37	1	11	38	96
Anuradhapur	9	218	0	14	0	2	0	1	0	3	9	239	1	27	0	6	0	0	0	34	2	50	12	300	23	91
Polonnaruwa	2	83	0	8	0	1	0	3	0	9	5	131	0	3	0	3	0	0	0	31	0	3	12	488	36	100
Badulla	34	556	1	13	0	0	0	3	0	0	8	324	3	50	5	46	0	0	1	46	0	19	3	24	42	100
Monaragala	5	146	1	17	0	0	0	3	0	6	5	393	0	37	1	105	0	1	2	29	4	67	3	46	50	100
Ratnapura	13	545	1	32	0	8	0	0	0	5	28	825	1	24	0	10	0	1	2	55	1	87	2	113	33	95
Kegalle	23	490	0	4	0	11	0	0	0	2	24	566	1	15	0	3	0	0	2	90	1	34	1	31	41	100
Kalmune	10	310	1	31	0	2	0	4	0	4	0	21	0	1	0	2	0	2	0	17	0	18	0	2	44	100
SRILANKA	101	20558	10	396	0	63	0	68	5	165	223	6364	19	1004	7	219	0	23	17	898	11	658	66	2540	39	97
																									41	

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 03rd Dec, 2021 Total number of reporting units 361 Number of reporting units data provided for the current week: 348 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

27th–03rd Dec 2021 (49th 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*	01	00	00	00	01	00	01	00	00	03	00	68	38	78.9%
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	03	65	164	- 60.3 %
Measles	00	00	00	00	00	00	00	00	00	00	01	13	51	- 74.5%
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	05	07	-28.5 %
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	01	00	10	- 100%
Tuberculosis	35	08	22	12	08	07	33	09	03	137	204	4817	5956	- 19.1 %

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

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