WEEKLY EPIDEMIOLOGICAL REPORT

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Infective Conjunctivitis

Conjunctivitis means 'inflammation of the conjunctiva', and the commonest cause is infection by viruses or bacteria. It can also be due to allergens, contact lens use (especially the extended-wear type), chemicals, traditional eye remedies, fungi, and certain diseases.

Viral Conjunctivitis

Viral conjunctivitis can be caused by following viruses. Adenoviruses (most common), Picornaviruses, such as enterovirus 70 and coxsackievirus A24, Rubella virus, Rubeola (measles) virus, Herpesviruses, including Herpes simplex virus, Varicella-zoster virus, which also causes chickenpox and shingles, Epstein Barr virus, which also causes infectious mononucleosis.

Viral conjunctivitis is highly contagious. Most viruses that cause conjunctivitis are spread through hand-to-eye contact by hands or objects that are contaminated with the infectious virus. Hands can become contaminated by encountering infectious tears, eye discharge, faecal matter, or respiratory discharges.

Viral conjunctivitis can often be diagnosed from symptoms and patient history. For example, if conjunctivitis accompanies a common cold or respiratory tract infection and if discharge from the eye is watery rather than thick, the cause is likely a virus. The history the patient (for example, having contact with someone with conjunctivitis or having allergies) and examination of the eye can also help a doctor make a firm diagnosis. Laboratory tests are not usually needed to diagnose viral conjunctivitis. However, testing may be done if a more severe form of viral conjunctivitis is suspected, such as conjunctivitis caused by herpes simplex virus or varicella-zoster virus. This testing is done using a sample of the discharge from an infected eye.

Depending on the cause of viral conjunctivitis, some patients may have additional symptoms or conditions, such as common cold, flu or other respiratory symptoms. Epidemic keratoconjunctivitis is a more severe type of conjunctivitis and it is commonly caused by adenovirus serotype 8, 19 and 37. Acute haemorrhagic conjunctivitis is sometimes accompanied with nervous system involvement, and it is associated with enterovirus 70 and coxsackievirus A24. Herpetic keratoconjunctivitis is associated with herpes simplex virus and blister-like lesions on the skin; it may affect only one eye. Rubella and rubeola (measles) conjunctivitis can occur with these viral rash illnesses, which are usually accompa-

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nied by rash, fever, and cough.

Bacterial Conjunctivitis

The most common species of the bacteria which causes bacterial conjunctivitis are *Staphylococcus aureus*, *Haemophilus influenza*, *Streptococcus pneumoniae* and *Moraxella catarrhalis*. Bacterial conjunctivitis is highly contagious. Most causative pathogens are spread from contaminated hands. People can get conjunctivitis by touching or using an item which is used by an infected person. Infectious conjunctivitis (viral or bacterial) can also spread by large respiratory tract droplets.

Bacterial conjunctivitis is less common in children older than five years of age. Bacterial conjunctivitis can usually be diagnosed by a doctor, nurse or other healthcare provider from symptoms and patient history. For example, if conjunctivitis occurs at the same time as an ear infection and if discharge from the eye is thick rather than watery, the cause may be a bacterium. Obtaining samples of eye discharge is not routinely done.

Acute bacterial conjunctivitis is the most common form of bacterial conjunctivitis in outpatient healthcare settings. Depending on the cause of bacterial conjunctivitis, some patients may have additional symptoms or conditions, such as the following:

• Hyperacute bacterial conjunctivitis — This is a more severe type of conjunctivitis develops rapidly and is accompanied by a lot of yellow-green discharge that returns even after being wiped away from the eye(s). This is most often caused by Neisseria gonorrhoeae in sexually active adults.

• Chronic bacterial conjunctivitis — often develops along with another inflammatory condition (blepharitis) that promotes bacteria growing in the eyelid; flaky debris and warmth along the lid may also be present. Inclusion (chlamydial) conjunctivitis is more common in newborns; includes redness of the eye(s), swelling of the eyelids and discharge of pus, usually 5 to 12 days after birth. Gonococcal conjunctivitis is more common in newborns; includes red eyes, thick pus in the eyes and swelling of the eyelids, usually 2 to 4 days after birth.

Treatment

The treatment for conjunctivitis depends on the cause. Most cases of viral conjunctivitis are mild. The infection will usually clear up in 7–14 days without treatment and without any long-term consequences. There is no specific treatment for viral conjunctivitis. Artificial tears and cold packs may be used to relieve the dryness and inflammation (swelling) caused by conjunctivitis. Antibiotic eye drops prevent secondary infection from bacteria and tetracycline eye ointment can be soothing. Topical steroid eye drops should never be given for conjunctivitis due to infection. However, mild bacterial conjunctivitis may get better without antibiotic treatment and without any severe complications. Use of antibiotics is associated with increased antibiotic resistance and increased costs and should be a shared decision between the doctor and the patient.

When to Seek Medical Care

A healthcare provider should be seen if.

- *Conjunctivitis is accompanied by moderate to severe pain in the eye(s), vision problems, (sensitivity to light or blurred vision), intense redness in the eye(s).*
- *Conjunctivitis symptoms become worse or persist when a patient is suspected of having a severe form of viral con*
- *Conjunctivitis occurs in a patient who is immunocompromised (has a weakened immune system) from HIV infection, cancer treatment or other medical conditions or treatments.*
- *Bacterial conjunctivitis treated with antibiotics does not begin to improve after 24 hours of treatment*

Sources

1.Conjunctivitis, available at http://www.cehjournal.org/article/ conjunctivitis/

2.Conjnctivitis, available at http://www.cdc.gov/conjunctivitis/

Compiled by
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Table 1: Selected notifiable diseases reported by Medical Officers of Health 19th – 25th Feb 2022 (08th 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	11	1794	0	2	0	0	0	0	0	3	1	16	0	0	0	0	0	0	0	4	0	0	0	1	1	100
Gampaha	71	1586	1	1	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0	4	0	2	0	0	0	72
Kalutara	44	490	0	4	0	0	0	1	0	5	2	50	0	1	0	1	1	1	1	10	1	7	0	0	0.0	100
Kandy	25	409	0	3	0	0	0	0	0	0	0	18	1	4	0	4	0	0	1	7	0	1	0	1	1	96
Matale	12	97	0	0	0	0	0	0	0	0	4	12	2	2	1	1	0	0	0	5	0	0	24	73	5	100
NuwaraEliya	2	36	2	5	0	0	0	0	0	0	1	9	0	2	0	0	0	0	0	1	0	0	0	0	5	100
Galle	73	475	0	0	0	0	0	0	0	0	8	82	0	3	0	0	0	0	3	10	0	5	0	0	0	100
Hambantota	12	162	1	21	0	0	0	0	0	0	3	28	0	5	0	1	0	0	1	2	0	1	5	71	5	100
Matara	16	167	0	1	0	0	0	0	0	0	6	27	2	2	0	0	0	0	1	3	1	2	8	55	4	100
Jaffna	44	627	0	6	0	1	1	23	0	8	0	11	22	217	0	2	0	0	1	20	0	3	0	0	29	88
Kilinochchi	1	32	1	2	0	0	0	0	0	6	0	1	0	3	0	0	0	0	1	1	0	0	0	1	22	100
Mannar	0	135	0	1	0	0	0	0	0	0	2	7	0	0	0	1	0	0	0	0	0	11	0	0	24	83
Vavuniya	6	33	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	0	4	88
Mullaitivu	1	17	0	0	0	0	0	2	0	0	0	7	0	2	0	0	0	0	0	3	0	0	0	0	10	100
Batticaloa	10	191	2	15	2	3	0	0	1	3	2	9	0	0	0	0	0	0	0	4	2	9	0	0	21	100
Ampara	2	36	1	3	0	0	0	0	0	0	0	19	0	1	0	1	0	0	0	10	0	3	0	4	7	100
Trincomalee	34	217	2	4	0	0	0	1	0	0	0	3	0	0	0	4	0	0	0	0	0	2	0	0	24	92
Kurunegala	42	849	0	2	0	1	0	0	0	0	1	23	0	10	0	0	0	0	3	11	1	7	6	78	0	100
Puttalam	54	657	0	0	0	0	0	0	0	0	0	6	0	2	0	0	0	0	0	0	1	9	0	1	11	92
Anuradhapur	8	95	4	4	0	0	0	0	0	2	2	50	0	4	0	1	0	1	2	7	3	5	14	86	1	91
Polonnaruwa	1	31	0	1	0	0	0	0	0	1	3	33	0	0	0	0	0	0	0	1	0	1	8	50	0	88
Badulla	13	303	0	4	0	0	0	0	1	1	5	45	0	8	2	18	0	0	1	4	0	1	0	5	0	100
Monaragala	4	59	1	1	0	0	0	2	0	1	5	72	1	5	0	8	0	0	3	9	0	7	4	20	2	100
Ratnapura	26	394	1	10	0	3	0	1	0	15	11	153	0	4	0	4	0	0	2	12	1	5	3	38	1	95
Kegalle	32	272	0	2	0	0	0	1	0	3	6	82	1	3	0	0	0	0	1	10	0	5	2	5	0	100
Kalmune	21	96	1	15	0	0	0	0	0	3	1	3	0	0	0	0	0	0	1	3	0	2	0	0	19	100
SRILANKA	67	9260	17	107	2	9	1	31	2	51	63	779	29	278	3	46	1	2	22	143	10	88	74	489	6	95

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 25th Feb , 2022 Total number of reporting units 361 Number of reporting units data provided for the current week: 343 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

19th - 25th Feb 2022 (08th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2022	Number of cases during same week in 2021	Total number of cases to date in 2022	Total number of cases to date in 2021	Difference between the number of cases to date in 2022 & 2021
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	01	00	00	00	00	00	00	02	01	11	12	- 8.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	00	00	00	01	00	01	03	06	16	- 62.5 %
Measles	00	00	00	00	01	00	00	00	00	01	00	06	03	100 %
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	01	01	01	0 %
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	01	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tuberculosis	14	04	00	02	13	08	11	01	08	63	124	1037	958	8.2 %

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 February 2022,

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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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