



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Assistive Technology Part II

This is the last article of series of two articles.



How do you choose the right assistive technology?

Most often, the choice is a decision you make with a team of professionals and consultants trained to match particular assistive technologies to specific needs. An AT team may include family doctors, regular and special education teachers, speech language therapists, rehabilitation professionals, occupational therapists, and other specialists including consulting representatives from companies that manufacture assistive technology.

As per UNICEF following factors need to be considered when providing the AT

The principles of 5 As & Q

- Availability
- Accessibility
- Affordability
- Adaptability
- Acceptability
- Quality

Challenges Policy

There are only a few countries have developed a national assistive technology policy or programme. Even in high-income countries, assistive products are often rationed or not included in health and welfare schemes. Those who can afford them often purchase items from pharmacies, private clinics, or workshops. In these scenarios, people often are not taught how to use the product safely and lack access to follow-up appointments. Furthermore, assistive technology services are often not integrated across all the levels of care, from primary to tertiary.

Awareness

AT is a rapidly developing area therefore there is a considerable variation in how AT



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is used in the care of patients. Often this may be because professionals, patients and carers have limited knowledge of ATs and how they may be of benefit. Given that, it is important for professionals to be aware of them and how they can be used by the right person.

Limitations

It is important to note that ATs may not suit everyone. Each person has to be assessed and their needs, abilities and preferences are taken into account. If the AT cannot meet the patient's needs and preferences it may not be beneficial to the patient or may even cause distress. Psychological barriers and stigma in using assistive devices are other issues to be considered.

Financial difficulties

Financial difficulties are the main challenge to accessing assistive products. People from the poorer sectors of society frequently rely on donations or charitable services, which often focus on the provision of large quantities of substandard or used products. These are often not appropriate for the user.

Solutions

Increase awareness

General awareness of the use of ATs could be raised among healthcare professionals by incorporating this into undergraduate and postgraduate education, and through the development of websites for professionals. Health care workers can increase awareness of ATs among patients and carers by discussing them during consultations and giving out information in the form of a leaflet, or signposting to the AT resources.

National policy framework

A national policy framework for assistive technology is needed to ensure equitable access to assistive technology. To have the maximum possible impact, the APL needs to be supported with additional policy and legislation. In addition, provision needs to be enhanced, especially through the integration of services with the health system

Product development

This should be encouraged through incentive schemes that support and promote affordable assistive products. A list of priority assistive products at the national level is encouraged and the list should be contextual and based on the country's unique needs. Health and welfare insurance programmes can be considered as a source of financing mechanisms.

Promote access

To improve access to high-quality affordable assistive products globally, the GATE initiative focuses on five inter-linked areas (5P):

People (should be a user-centred approach)

Policy (involves tools that support countries in developing national policy and programmes)

Products (involves the APL list)

Provision (integration of services into the health system)

Personnel (proper assessment, fitting, user training and follow-up)

References



https://www.who.int/healthtopics/assistivetechnology#tab=tab_1 https://www.atia.org/home/atresources/what-is-at/ https://www.researchgate.net/ publica-

tion/270676625 Assistive technologies to maximise independence in people with dementia

Estimating need and coverage for five priority assistive products: A systematic review of global population-based research BMJ Jan 2022

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 18th- 24th Jun 2022 (25th Week)																													
	**	6	92	100	66	100	86	66	86	100	88	100	78	79	96	100	86	98	6	06	87	86	100	100	94	100	100	94	
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		7	20	н	13	183	0	0	241	160	0	1	0	2	1	П	12	0	270	4	218	212	14	79	119	14	0	292	
Leishmania-	A	0	0	0	0	4	0	0	0	₩.	0	0	0	0	0	0	0	0	16	0	2	2	2		4	7	0	37 1	
		4	20	14	4	1	2	12	9	9	8	0	15	0	1	23	14	4	19	17	23	3	8	22	25	28	21	300	
Meningitis	A	0	0	0	0	0	0	П	0	0	0	0	0	0	-	П	2	0	0	0	0	0	0	0	0	7	4	11	
		16	21	32	32	6	22	38	16	19	65	4	2	2	4	7	34	59	36	9	28	8	32	36	45	22	31	634	
Chickenpox	A B	1	0	П	0	0	2	2	1	7	2	0	0	0	0	0	0	1	1	0	1	0	2	0	m	2	1	9 9 9	
	B /	0	2	2	0	0	0	0	0	0	4	0	0	0	0	П	0	0	-	0	П	0	0	0	0	0	0	11	
Human	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	В	7	9	2	7	1	1	7	3	П	2	0	2	0	0	1	1	4	0	0	2	7	77	27	14	3	1	16	
Viral Hep-	⋖	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	Н	0	0	1	6	
<u>s</u>	В	0	0	2	20	က	10	11	21	9	399	8	3	П	2	0	1	3	18	9	16	0	27	17	12	11	1	601	
Typhus	⋖	0	0	0	П	0	0	0	0	0	m	0	0	0	0	0	0	0	0	0	0	0	0	က	0	П	0	œ	
Leptospirosis	В	84	77	182	72	09	33	221	101	132	18	11	15	12	70	27	70	17	81	13	109	65	110	195	486	288	14	2513	
Lepto	⋖	4	4	10	4	7	4	16	8	7	0	0	2	0	0	0	0	0	2	0	7	7	2	6	40	31	1	16	
l Poi-	В	2	12	9	4	0	0	0	2	0	24	18	0	0	c	17	17	7	4	0	2	1	2	2	24	2	2	161	
F000	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Encephaliti Enteric Fever Food Poi	В	0	0	-	2	0	1	0	0	0	23	0	0	7	2	0	0	П	0	0	П	0	0	4	က	1	1	72	
Enteri	<	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0		0	П	m	
haliti	В	г	П		0	0	0	0	0	0	2	0	0	Н	0	9	П	0	П	0	2	0	П	1	2	2	0	30	
Encep	<	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0	0	-	
	В	7	4	7	12	7	13	2	24	10	25	4	1	0	33	4	7	22	6	က	∞	4	11	2	56	8	23	282	
Dyse	⋖	0	0	Н	0	н	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	Н	П	Н	7	
Dengue Fever Dysentery	В	5291	3312	1859	1660	422	104	1832	995	717	2080	83	163	23	39	857	96	927	1442	1126	202	29	575	218	1277	1061	220	26602	
Dengu	<	28	17	14	21	61	10	15	23	82	29	4	4	0	4	53	∞	20	98	34	13	6	51	23	84	=	31	20	
RDHS		Colombo	Gampaha	Kalutara	Kandy	Matale	NuwaraEliya	Galle	Hambantota	Matara	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kurunegala	Puttalam	Anuradhapur	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle	Kalmune	SRILANKA	

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 24th June, 2022 Total number of reporting units 361 Number of reporting units data provided for the current week: 308 C**

Table 2: Vaccine-Preventable Diseases & AFP

18th- 24th Jun 2022 (25th Week)

Disease		N	lo. of	Case	es by	y Pro	ovino	е	Number of cases during current	Number of cases during same	Total number of cases to date in	Total num- ber of cases to date in	Difference between the number of cases to date		
	w	С	s	N	Е	NW	NC	U	Sab	week in 2022	week in 2021	2022	2021	in 2022 & 2021	
AFP*	02	01	00	00	00	01	00	00	00	04	00	43	23	86.9 %	
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %	
Mumps	00	00	00	00	01	00	00	00	00	01	01	32	45	- 34.8 %	
Measles	00	00	00	00	00	00	00	00	00	00	00	12	10	20 %	
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	00 05 02		150 %	
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	01	00	0 %	
Tuberculosis	00	19	20	10	03	07	34	13	23	129	11	3032	2591	17.0 %	

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 June 2022,

02

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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