



WEEKLY EPIDEMIOLOGICAL REPORT

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Palliative care

It is the right of every person with a life-threatening illness to receive appropriate palliative care. As health care professionals it is our due responsibility to practice palliative care to ensure equitable access to palliative care for all populations who could benefit irrespective of the illness or its stage and any other characteristic of the patient including age, sex, ethnicity, religion, or the income status.

What is Palliative care?

The name “palliative care” derives from the term “palliate,” which means, to make less severe or intense. In health care, to palliate means to lessen the severity of the symptoms of an illness without curing or removing the underlying cause.

WHO defines Palliative care as an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with a life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual.

Who can benefit from palliative care?

Palliative care is required for a wide range of diseases. Most people in need of palliative care have chronic diseases such as

- Cardiovascular diseases (38.5%)
- Cancer (34%)
- Chronic respiratory diseases (10.3%)
- AIDS (5.7%)
- Diabetes (4.6%)

In addition, some other conditions also may require palliative care, such as kidney failure, chronic liver disease, multiple sclerosis, Parkinson’s disease, rheumatoid arthritis, neurological disease, dementia, congenital anomalies, and drug-resistant tu-

berculosis.

When should we start palliative care?

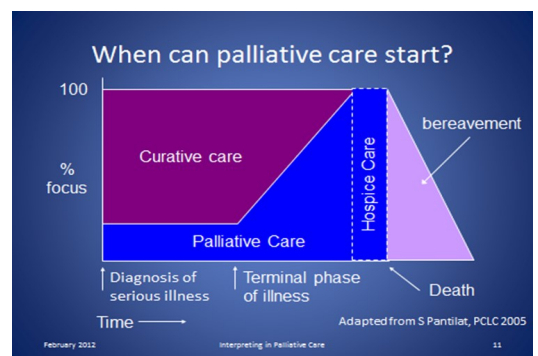
Palliative care begins at the time of diagnosis of a life-threatening disease and continues throughout the disease process until death and into the family’s bereavement period. ‘

Palliative care is most effective when considered early in the course of the illness. Early palliative care not only improves the quality of life for patients but also reduces unnecessary hospital admissions and non-essential use of healthcare services.

In many cases, palliative care is provided when there is no reasonable expectation for a cure. However, palliative care can be given simultaneously with treatment for a chronic or life-threatening illness or injury.

Where is palliative care provided?

Palliative care can be provided in hospitals, nursing homes, outpatient palliative care clinics and certain other specialized clinics, or at home.



What does palliative care provide?

Palliative care is holistic care. It cares not only about the physical symptoms, but also the emotional, social, and spiritual aspects

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of serious illness. Therefore, it offers a support system to help patients live as actively as possible until death.



Palliative care emphasizes.

- Maximizing quality of life
- Management of pain and other distressing symptoms
- Communication among the treating physicians
- Coordination of medical and supportive services and integrating the psychological and spiritual aspects of patient care.
- Assistance with patient decision-making about care
- Support for caregivers

Who provides palliative care?

Palliative care uses a team approach to support patients and their caregivers. It includes some combination of doctors, nurses, social workers, religious leaders, psychiatrists or counsellors, physical & occupational therapists, pharmacists, and an interpreter when the patient and provider do not speak the same languages.

What is hospice care?

The key difference between palliative care and hospice care is that, in palliative care, treatment for serious illness continues. But hospice care exclusively provides end-of-life care and stops treatments designed to cure or treat the disease. In general, hospice care should be used when a person is expected to live about 6 months or less. Many families are reluctant to take their relatives to hospice care thinking that they must discontinue all the current treatments. It is not the case. A good example is an older person with cancer. The doctor determines that the cancer is not responding to chemotherapy and if the patient chooses to enter hospice care, then the chemotherapy will stop. Other medical care may continue if it is helpful. For example, if the person has high blood pressure, he or she will still get medicine for that.

Palliative care in Sri Lanka

The demand for palliative care in Sri Lanka also continues to grow due to the rising prevalence of non-communicable diseases and the ageing of the population.

Palliative care is well recognised and resourced as an integral component of the health system in Sri Lanka's national policy. It is included in the National Strategic Framework for Palliative Care Development in Sri Lanka (2019-2023) and the National Strategic Plan in Prevention and Control of Cancer in Sri Lanka (2020-2024).

As an early initiative in palliative care training, a certificate course in palliative care for medical officers was conducted by the institute of palliative medicine, Calicut, India (WHO Collaborating Centre in community-based palliative care and long-term care) in association with the College of General Practitioners of Sri Lanka together with the national cancer control program, Ministry of Health & WHO Country office Sri Lanka.

Sri Lanka Medical Association formed a task force on palliative care and end-of-life care in 2017. The SLMA task force developed a manual and guidelines relating to end-of-life care and a manual relating to palliative care for the management of non-cancer patients.

Palliative Care Association of Sri Lanka was formed. The association also organised training programmes for health professionals and caregivers.

Postgraduate courses in palliative care were initiated at the Postgraduate Institute of Medicine (PGIM), the University of Colombo in 2017.

National Cancer Control Programme, Ministry of Health has issued guidelines in 2022 for Palliative Care for Cancer Patients in Primary Health Care. It emphasizes how the integration of various primary care disciplines is important to deliver quality palliative care services.

There are many hospital and community-based palliative care delivery points in the country.

- Palliative Care Consult Services in the country
- Apeksha Cancer Institute Maharagama
- Teaching Hospital Ratnapura
- Lady Ridgeway Hospital for Children Colombo
- Teaching Hospital Karapitya
- Colombo South Teaching Hospital Kalubowila

In addition to these clinics, palliative care services are arranged through Oncology clinics in all cancer treatment centres in the country.

⇒ Following are some community-based hospices in the country mainly managed by NGOs

| Organisation | Institute |
|--|---|
| Sri Lanka Cancer Society | Shantha Sevana Hospice Care Maharagama |
| Cancer Care Association Sri Lanka | Hospice at Kurundankulama, Anuradhapura and Hospice at Matara |
| Sathya Sai Association | Sathya Sai Cancer Hospice, Hanwella |
| Cancer Aid for North and East Sri Lanka [CANE] | Hospice at Chunnakum, Jaffna |
| Eastern Cancer Care Hospice [EASCCA] | Hospice at Eravur, Batticaloa |
| Palliative Care Association | Sahana Sevana, Abagahapura, Maharagama |

References

Palliative care –WHO <https://www.who.int/news-room/fact-sheets/detail/palliative-care>

End of life what are palliative care and hospice care? - National Institute of Aging <https://www.nia.nih.gov/>

What Is Hospice Care? - American Cancer Society <https://www.cancer.org/treatment/end-of-life-care/hospice-care/what-is-hospice-care.html>

National Cancer Control Programme Ministry of Health <https://www.nccp.health.gov.lk/en/palliService>

Development of Palliative care services in Northern Sri Lanka A Guide for Implementation 2020 - Dr R. Surenthirakumaran

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 30th- 05th Aug 2022 (31st 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 | 29 | 8511 | 0 | 4 | 0 | 3 | 1 | 1 | 0 | 5 | 2 | 114 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 20 | 0 | 7 | 0 | 2 | 14 | 96 |
| Gampaha | 11 | 4920 | 0 | 5 | 0 | 1 | 1 | 1 | 0 | 12 | 4 | 99 | 0 | 0 | 0 | 8 | 0 | 3 | 2 | 30 | 1 | 27 | 0 | 28 | 6 | 75 | |
| Kalutara | 93 | 2653 | 3 | 15 | 0 | 1 | 0 | 1 | 0 | 6 | 8 | 243 | 0 | 3 | 0 | 2 | 0 | 2 | 0 | 46 | 1 | 18 | 0 | 2 | 3 | 100 | |
| Kandy | 24 | 3153 | 0 | 15 | 0 | 0 | 0 | 2 | 0 | 5 | 4 | 107 | 0 | 25 | 0 | 8 | 0 | 0 | 3 | 45 | 0 | 6 | 1 | 18 | 12 | 100 | |
| Matale | 38 | 707 | 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 73 | 0 | 3 | 2 | 4 | 0 | 0 | 3 | 18 | 0 | 1 | 1 | 204 | 18 | 100 | |
| NuwarEliya | 7 | 159 | 2 | 17 | 0 | 0 | 0 | 2 | 0 | 1 | 2 | 51 | 0 | 12 | 0 | 4 | 0 | 0 | 3 | 29 | 0 | 3 | 0 | 0 | 23 | 97 | |
| Galle | 10 | 2686 | 1 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 279 | 0 | 13 | 0 | 2 | 0 | 0 | 1 | 48 | 0 | 13 | 0 | 0 | 12 | 100 | |
| Hambantota | 11 | 1088 | 0 | 24 | 0 | 0 | 0 | 0 | 0 | 2 | 10 | 158 | 1 | 31 | 1 | 5 | 0 | 0 | 0 | 19 | 1 | 7 | 13 | 317 | 16 | 97 | |
| Matara | 61 | 1124 | 0 | 12 | 0 | 2 | 0 | 0 | 0 | 0 | 5 | 169 | 0 | 8 | 0 | 1 | 0 | 0 | 3 | 28 | 0 | 6 | 14 | 190 | 29 | 100 | |
| Jaiffna | 29 | 2353 | 1 | 42 | 0 | 2 | 1 | 58 | 1 | 28 | 0 | 19 | 0 | 408 | 0 | 6 | 0 | 4 | 2 | 75 | 0 | 10 | 0 | 0 | 64 | 88 | |
| Kilinochchi | 1 | 94 | 0 | 6 | 0 | 0 | 0 | 1 | 2 | 23 | 0 | 11 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 4 | 1 | 2 | 0 | 2 | 29 | 99 | |
| Mannar | 0 | 174 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 19 | 0 | 3 | 0 | 2 | 0 | 0 | 0 | 6 | 0 | 15 | 0 | 0 | 18 | 81 | |
| Vavuniya | 1 | 67 | 0 | 3 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 15 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 17 | 0 | 0 | 0 | 4 | 2 | 98 | |
| Mullaitivu | 0 | 47 | 0 | 4 | 0 | 0 | 0 | 2 | 0 | 3 | 1 | 24 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 1 | 0 | 1 | 21 | 93 | |
| Batticaloa | 9 | 975 | 0 | 44 | 0 | 7 | 0 | 0 | 0 | 20 | 1 | 30 | 0 | 0 | 0 | 1 | 0 | 1 | 5 | 20 | 0 | 25 | 0 | 1 | 37 | 100 | |
| Ampara | 3 | 126 | 0 | 10 | 0 | 1 | 0 | 0 | 0 | 17 | 6 | 82 | 0 | 1 | 0 | 1 | 0 | 0 | 3 | 38 | 2 | 18 | 0 | 12 | 10 | 96 | |
| Trincomalee | 4 | 977 | 0 | 22 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 20 | 0 | 3 | 0 | 4 | 0 | 0 | 0 | 32 | 0 | 6 | 0 | 1 | 18 | 84 | |
| Kurunegala | 90 | 1959 | 1 | 15 | 0 | 1 | 0 | 0 | 0 | 4 | 4 | 102 | 1 | 21 | 0 | 0 | 0 | 1 | 5 | 45 | 5 | 27 | 5 | 321 | 9 | 97 | |
| Puttalam | 13 | 1391 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19 | 0 | 7 | 0 | 0 | 0 | 0 | 8 | 0 | 21 | 0 | 4 | 15 | 90 | | |
| Anuradhapur | 14 | 304 | 0 | 8 | 0 | 2 | 0 | 1 | 0 | 5 | 3 | 125 | 0 | 19 | 0 | 2 | 0 | 1 | 0 | 37 | 2 | 31 | 6 | 265 | 9 | 88 | |
| Polonnaruwa | 3 | 104 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 90 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 11 | 0 | 3 | 1 | 282 | 15 | 96 | |
| Badulla | 27 | 759 | 1 | 15 | 0 | 1 | 0 | 1 | 5 | 10 | 9 | 148 | 3 | 36 | 6 | 97 | 0 | 0 | 0 | 38 | 0 | 11 | 1 | 17 | 15 | 100 | |
| Monaragala | 15 | 323 | 0 | 6 | 0 | 1 | 0 | 4 | 0 | 2 | 7 | 220 | 0 | 20 | 0 | 37 | 0 | 0 | 3 | 40 | 1 | 35 | 6 | 95 | 11 | 100 | |
| Ratnapura | 10 | 2046 | 0 | 30 | 0 | 6 | 0 | 3 | 1 | 27 | 16 | 652 | 1 | 19 | 3 | 20 | 0 | 0 | 3 | 55 | 3 | 45 | 0 | 140 | 12 | 94 | |
| Kegalle | 11 | 1813 | 0 | 12 | 0 | 5 | 0 | 1 | 0 | 5 | 11 | 348 | 1 | 16 | 1 | 5 | 0 | 0 | 1 | 63 | 2 | 36 | 0 | 15 | 8 | 99 | |
| Kalmune | 33 | 737 | 0 | 24 | 0 | 0 | 0 | 1 | 0 | 6 | 1 | 17 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 38 | 0 | 28 | 0 | 0 | 30 | 100 | |
| SRILANKA | 15 | 39250 | 12 | 356 | 0 | 34 | 3 | 82 | 9 | 184 | 10 | 3234 | 7 | 664 | 13 | 21 | 0 | 12 | 44 | 816 | 19 | 402 | 48 | 1921 | 17 | 94 | |

Source: Weekly Returns of Communicable Diseases (esurveillance.ovid.gov.lk). T=Timeliness refers to returns received on or before 05th Aug , 2022 Total number of reporting units 361 Number of reporting units data provided for the current week 293 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

30th– 05th Aug 2022 (31st 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 | 00 | 00 | 01 | 00 | 00 | 01 | 00 | 02 | 01 | 47 | 32 | 46.8 % |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 % |
| Mumps | 01 | 00 | 00 | 01 | 01 | 00 | 01 | 00 | 02 | 06 | 01 | 50 | 53 | - 5.6 % |
| Measles | 00 | 00 | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 02 | 16 | 11 | 45.4 % |
| 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 | 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 | 03 | - 66.6 % |
| Whooping Cough | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 0 % |
| Tuberculosis | 00 | 10 | 55 | 14 | 02 | 27 | 00 | 02 | 14 | 124 | 59 | 3520 | 3232 | 8.9 % |

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

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@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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