



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Healthcare and Nutrition

231, de Saram Place, Colombo 01000, Sri Lanka

Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk

Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk

Web: <http://www.epid.gov.lk>

Vol. 37 No.38

18<sup>th</sup> – 24<sup>th</sup> September 2010

## Good care is about people (part 4)

Once such explicit comprehensive responsibilities for the health of a well identified and defined population is assigned, with the related financial and administrative accountability mechanisms, the rules change. The primary care

- team has to broaden the portfolio of care it offers, developing activities and programmes that can improve outcomes, but which they might otherwise neglect. This sets the stage for investment in prevention and promotion activities, and for venturing into areas that are often overlooked, such as health in schools and in the workplace. It forces the primary care team to reach out to and work with organizations and individuals within the community, volunteers and community health workers who act as the liaison with patients or animate grassroots community groups, social workers, self help groups, etc.
- It forces the team to move out of the four walls of their consultation room and reach out to the people in the community. This can bring significant health benefits. For example, large scale programmes, based on home visits and community animation, have been shown to be effective in reducing risk factors for neonatal mortality and actual mortality rates. In the United States, such programmes have reduced neonatal mortality by 60% in some settings.
- Part of the benefit is due to better uptake of effective care by people who would otherwise remain deprived. In Nepal, for example, the community dynamics of women's groups led to the better uptake of care, with neonatal and maternal mortality lower than in control communities by 29% and 80%, respectively.

- It forces the team to take targeted initiatives, in collaboration with other sectors, to reach the excluded and the unreached and tackle broader determinants of ill-health.

### The primary-care team as a hub of coordination

Primary care teams cannot ensure comprehensive responsibility for their population without support from specialized services, organizations and institutions that are based outside the community served. In resource-constrained circumstances, these sources of support will typically be concentrated in a "first referral level district hospital". Indeed, the classic image of a health-care system based on PHC is that of a pyramid with the district hospital at the top and a set of (public) health centres that refer to the higher authority.

In conventional settings, ambulatory care professionals have little say in how hospitals and specialized services contribute or fail to contribute to the health of their patients, and feel little inclination to reach out to other institutions and stakeholders that are relevant to the health of the local community. This changes if they are entrusted with responsibility for a defined population and are recognized as the regular point of entry for that population. As healthcare networks expand, the healthcare landscape becomes far more crowded and pluralistic. More resources allow for diversification, the range of specialized services that comes within reach may include emergency services, specialists, diagnostic infrastructure, dialysis centres, cancer screening, environmental technicians, long-term care institutions, pharmacies, etc. This represents new opportunities, provided the primary care

| Contents  | Page |
|---|------|
| 1. Article : Good care is about people (part 4)   | 1    |
| 2. Surveillance of vaccine preventable diseases & AFP (11 <sup>th</sup> –17 <sup>th</sup> September 2010) | 3    |
| 3. Summary of newly introduced notifiable diseases (11 <sup>th</sup> –17 <sup>th</sup> September 2010)    | 3    |
| 4. Summary of selected notifiable diseases reported (11 <sup>th</sup> –17 <sup>th</sup> September 2010)   | 4    |

teams can assist their community in making the best use of that potential, which is particularly critical to public health, mental health and long term care.

The coordination role this entails effectively transforms the primary care pyramid into a network, where the relations between the primary care team and the other institutions and services are no longer based only on top down hierarchy and bottom up referral, but on cooperation and coordination. The primary care team then becomes the mediator between the community and the other levels of the health system, helping people navigate the maze of health services and mobilizing the support of other facilities by referring patients or calling on the support of specialized services. This coordination and mediation role also extends to collaboration with other types of organizations, often nongovernmental. These can provide significant support to local primary care. They can help ensure that people know what they are entitled to and have the information to avoid substandard providers. Independent ombudsman structures or consumer organizations can help users handle complaints. Most importantly, there is a wealth of self help and mutual support associations for diabetics, people living with handicaps and chronic diseases that can help people to help themselves. In the United States alone, more than five million people belong to mutual help groups while, in recent years, civil society organizations dealing with health and health-related issues, from self help to patient's rights, have been mushrooming in many low- and middle income countries. These groups do much more than just inform patients. They help people take charge of their own situation, improve their health, cope better with ill health, increase self confidence and diminish over medicalization. Primary care teams can only be strengthened by reinforcing their linkages with such groups.

Where primary care teams are in a position to take on this coordinator role, their work becomes more rewarding and attractive, while the overall effects on health are positive. Reliance on specialists and hospitalization is reduced by filtering out unnecessary uptake, whereas patient delay is reduced for those who do need referral care, the duration of their hospitalization is shortened, and post-hospitalization follow up is improved. The coordination function provides the institutional framework for mobilizing across sectors to secure the health of local communities. It is not an optional extra but an essential part of the remit of primary care teams. This has policy implications, coordination will remain wishful thinking unless the primary care team has some form of either administrative or financial leverage. Coordination also depends on the different institutions' recognition of the key role of the primary care teams. Current professional education systems, career structure and remuneration mechanisms most often give signals to the contrary. Reversing these well entrenched disincentives to primary care requires strong leadership.

### Monitoring progress

The switch from conventional to primary care is a complex process that cannot be captured in a single, universal metric.

Only in recent years has it been possible to start disentangling the effects of the various features that define primary care. In part, this is because the identification of the features that make the difference between primary care and conventional healthcare delivery has taken years of trial and error, and the instruments to measure them have not been generalized. This is because these features are never all put into place as a single package of reforms, but are the result of a gradual shaping and transformation of the health system. Yet, for all this complexity, it is possible to measure progress, as a complement to the follow up required for measuring progress towards universal coverage. The first dimension to consider is the extent to which the organizational measures required to switch to primary care are being put into place. Is the predominant

- type of first contact provider being shifted from specialists and hospitals to generalist primary care teams in close proximity to where the people live?
- Are primary care providers being made responsible for the health of all the members of a well identified population, those who attend health services and those who do not?
- Are primary-care providers being empowered to coordinate the various inputs of specialized, hospital and social services, by strengthening their administrative authority and purchasing power?

The second dimension to consider is the extent to which the distinctive features of primary care are gaining prominence.

- Person centredness: is there evidence of improvement, as shown by direct observation and user surveys?
- Comprehensiveness: is the portfolio of primary care services expanding and becoming more comprehensive, reaching the full essential benefits package, from promotion through to palliation, for all age groups?
- Continuity: is information for individuals being recorded over the life-course, and transferred between levels of care in cases of referral and to a primary care unit elsewhere when people relocate?
- Regular entry point: are measures taken to ensure that providers know their clients and vice versa?

This should provide the guidance to policy-makers as to the progress they are making with the transformation of health care delivery.

Source: World Health Organization

<http://www.who.int>

Table 1: Vaccine-preventable Diseases & AFP

11<sup>th</sup> - 17<sup>th</sup> September 2010(37<sup>th</sup> Week)

| Disease                 | No. of Cases by Province |    |    |    |    |    |    |    |     | Number of cases during current week in 2010 | Number of cases during same week in 2009 | Total number of cases to date in 2010 | Total number of cases to date in 2009 | Difference between the number of cases to date in 2010 & 2009 |
|-------------------------|--------------------------|----|----|----|----|----|----|----|-----|---|--|---------------------------------------|---------------------------------------|---|
|                         | W                        | C  | S  | N  | E  | NW | NC | U  | Sab |   |  |                                       |                                       |   |
| Acute Flaccid Paralysis | 00                       | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 00  | 01  | 03                                       | 66                                    | 56                                    | + 17.9 %  |
| Diphtheria              | 00                       | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00  | 00  | 00                                       | 00                                    | 00                                    | -   |
| Measles                 | 01                       | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00  | 01  | 07                                       | 74                                    | 92                                    | - 19.6 %  |
| Tetanus                 | 00                       | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00  | 00  | 00                                       | 18                                    | 27                                    | - 33.3 %  |
| Whooping Cough          | 02                       | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00  | 02  | 04                                       | 25                                    | 38                                    | - 34.2 %  |
| Tuberculosis            | 73                       | 09 | 13 | 23 | 07 | 16 | 01 | 01 | 15  | 158   | 236                                      | 6770                                  | 6636                                  | +02.1 %   |

Table 2: Newly Introduced Notifiable Disease

11<sup>th</sup> - 17<sup>th</sup> September 2010(37<sup>th</sup> Week)

| Disease       | No. of Cases by Province |    |                    |    |            |            |                    |    |                    | Number of cases during current week in 2010 | Number of cases during same week in 2009 | Total number of cases to date in 2010 | Total number of cases to date in 2009 | Difference between the number of cases to date in 2010 & 2009 |
|---------------|--------------------------|----|--------------------|----|------------|------------|--------------------|----|--------------------|---|--|---------------------------------------|---------------------------------------|---|
|               | W                        | C  | S                  | N  | E          | NW         | NC                 | U  | Sab                |   |  |                                       |                                       |   |
| Chickenpox    | 16                       | 06 | 05                 | 03 | 05         | 15         | 06                 | 07 | 15                 | 78  | 294                                      | 2475                                  | 12666                                 | - 80.4 %  |
| Meningitis    | 03<br>CB=1<br>GM=2       | 00 | 02<br>HB=1<br>MT=1 | 00 | 01<br>KM=1 | 03<br>KN=3 | 03<br>AP=3         | 00 | 03<br>KG=2<br>RP=1 | 15  | 51                                       | 1246                                  | 863                                   | + 44.4 %  |
| Mumps         | 02                       | 02 | 01                 | 01 | 0          | 08         | 01                 | 02 | 03                 | 21  | 48                                       | 855                                   | 1404                                  | - 39.1 %  |
| Leishmaniasis | 00                       | 00 | 02<br>HB=2         | 00 | 02<br>TR=2 | 01<br>KN=1 | 02<br>PO=1<br>AP=1 | 00 | 00                 | 07  | 13                                       | 251                                   | 535                                   | - 53.1 %  |

**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.  
 DPDHS 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

**Dengue Prevention and Control Health Messages**

**Thoroughly clean the water collecting tanks bird baths, vases and other utensils once a week to prevent dengue mosquito breeding.**

**Table 4: Selected notifiable diseases reported by Medical Officers of Health**  
11<sup>th</sup> - 17<sup>th</sup> September 2010(37<sup>th</sup> Week)

| DPDHS Division   | Dengue Fever / DHF* |              | Dysentery |             | Encephalitis |            | Enteric Fever |             | Food Poisoning |            | Leptospirosis |             | Typhus Fever |            | Viral Hepatitis |             | Human Rabies |           | Returns received timely |
|------------------|---------------------|--------------|-----------|-------------|--------------|------------|---------------|-------------|----------------|------------|---------------|-------------|--------------|------------|-----------------|-------------|--------------|-----------|-------------------------|
|                  | A                   | B            | A         | B           | A            | B          | A             | B           | A              | B          | A             | B           | A            | B          | A               | B           | A            | B         |                         |
| Colombo          | 68                  | 5249         | 4         | 234         | 0            | 14         | 4             | 107         | 1              | 35         | 11            | 445         | 0            | 7          | 2               | 53          | 0            | 1         | 92                      |
| Gampaha          | 34                  | 3589         | 1         | 123         | 2            | 23         | 1             | 40          | 1              | 20         | 22            | 336         | 1            | 13         | 8               | 88          | 0            | 4         | 67                      |
| Kalutara         | 13                  | 1663         | 6         | 195         | 0            | 13         | 1             | 20          | 0              | 74         | 8             | 296         | 0            | 2          | 1               | 31          | 0            | 1         | 67                      |
| Kandy            | 19                  | 1491         | 6         | 254         | 0            | 4          | 1             | 24          | 7              | 14         | 3             | 87          | 2            | 114        | 9               | 110         | 0            | 1         | 87                      |
| Matale           | 2                   | 553          | 2         | 262         | 0            | 6          | 1             | 32          | 0              | 72         | 1             | 80          | 0            | 5          | 1               | 47          | 0            | 0         | 92                      |
| Nuwara           | 4                   | 194          | 6         | 308         | 0            | 0          | 1             | 103         | 0              | 84         | 0             | 21          | 1            | 54         | 2               | 35          | 0            | 0         | 100                     |
| Galle            | 26                  | 1017         | 3         | 218         | 0            | 6          | 0             | 5           | 2              | 17         | 4             | 73          | 0            | 19         | 0               | 12          | 0            | 3         | 68                      |
| Hambantota       | 15                  | 744          | 1         | 64          | 0            | 7          | 1             | 2           | 0              | 10         | 5             | 81          | 5            | 79         | 2               | 12          | 0            | 0         | 100                     |
| Matara           | 13                  | 541          | 3         | 151         | 0            | 8          | 0             | 9           | 0              | 49         | 32            | 284         | 2            | 115        | 0               | 17          | 0            | 0         | 88                      |
| Jaffna           | 4                   | 2672         | 3         | 218         | 0            | 3          | 1             | 477         | 0              | 8          | 0             | 1           | 2            | 112        | 1               | 54          | 0            | 2         | 75                      |
| Kilinochchi      | 0                   | 36           | 3         | 14          | 0            | 0          | 0             | 10          | 0              | 1          | 0             | 3           | 0            | 0          | 0               | 1           | 0            | 0         | 100                     |
| Mannar           | 22                  | 506          | 1         | 38          | 1            | 2          | 0             | 41          | 0              | 10         | 0             | 0           | 0            | 1          | 0               | 16          | 0            | 0         | 50                      |
| Vavuniya         | 1                   | 564          | 2         | 38          | 0            | 3          | 0             | 40          | 1              | 9          | 0             | 2           | 0            | 1          | 0               | 10          | 0            | 1         | 100                     |
| Mullaitivu       | 4                   | 20           | 1         | 6           | 0            | 0          | 0             | 2           | 0              | 0          | 0             | 0           | 2            | 2          | 0               | 1           | 0            | 0         | 33                      |
| Batticaloa       | 0                   | 1176         | 2         | 145         | 1            | 4          | 1             | 30          | 0              | 34         | 0             | 10          | 0            | 3          | 0               | 4           | 0            | 2         | 71                      |
| Ampara           | 4                   | 140          | 1         | 71          | 0            | 1          | 0             | 8           | 0              | 65         | 0             | 30          | 1            | 1          | 0               | 11          | 0            | 0         | 43                      |
| Trincomalee      | 1                   | 928          | 0         | 124         | 0            | 14         | 0             | 6           | 0              | 11         | 0             | 20          | 0            | 18         | 0               | 14          | 0            | 1         | 45                      |
| Kurunegala       | 19                  | 1307         | 10        | 252         | 1            | 18         | 5             | 34          | 4              | 14         | 5             | 252         | 2            | 50         | 4               | 102         | 0            | 3         | 90                      |
| Puttalam         | 12                  | 929          | 2         | 114         | 0            | 6          | 2             | 48          | 0              | 124        | 1             | 66          | 0            | 1          | 0               | 21          | 0            | 1         | 67                      |
| Anuradhapura     | 19                  | 982          | 0         | 68          | 1            | 10         | 0             | 11          | 0              | 37         | 0             | 73          | 0            | 25         | 1               | 42          | 0            | 3         | 68                      |
| Polonnaruwa      | 2                   | 371          | 3         | 85          | 0            | 1          | 0             | 6           | 0              | 8          | 0             | 53          | 0            | 1          | 0               | 38          | 0            | 0         | 43                      |
| Badulla          | 10                  | 1198         | 1         | 169         | 0            | 1          | 2             | 72          | 3              | 27         | 4             | 67          | 3            | 84         | 3               | 87          | 0            | 0         | 67                      |
| Monaragala       | 6                   | 925          | 8         | 149         | 0            | 1          | 0             | 33          | 0              | 6          | 0             | 31          | 3            | 70         | 1               | 68          | 1            | 3         | 55                      |
| Ratnapura        | 34                  | 2507         | 5         | 402         | 0            | 4          | 1             | 15          | 0              | 26         | 7             | 305         | 0            | 51         | 1               | 79          | 0            | 2         | 56                      |
| Kegalle          | 11                  | 830          | 1         | 119         | 1            | 14         | 2             | 53          | 2              | 21         | 14            | 213         | 2            | 21         | 2               | 91          | 0            | 0         | 82                      |
| Kalmunai         | 0                   | 505          | 2         | 235         | 0            | 3          | 0             | 6           | 0              | 6          | 0             | 3           | 0            | 0          | 0               | 11          | 0            | 1         | 54                      |
| <b>SRI LANKA</b> | <b>343</b>          | <b>30637</b> | <b>77</b> | <b>4056</b> | <b>07</b>    | <b>166</b> | <b>24</b>     | <b>1236</b> | <b>21</b>      | <b>782</b> | <b>117</b>    | <b>2805</b> | <b>25</b>    | <b>849</b> | <b>38</b>       | <b>1055</b> | <b>01</b>    | <b>29</b> | <b>73</b>               |

Source: Weekly Returns of Communicable Diseases WRCD).

\*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

\*\*Timely refers to returns received on or before 17<sup>th</sup> September, 2010 Total number of reporting units =311. Number of reporting units data provided for the current week: 236

A = Cases reported during the current week. B = Cumulative cases for the year.

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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](mailto:chepid@sltnet.lk).

### ON STATE SERVICE

**Dr. P. PALIHAWADANA**  
CHIEF EPIDEMIOLOGIST  
EPIDEMIOLOGY UNIT  
231, DE SARAM PLACE  
COLOMBO 10