



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Vol. 36 No. 31

25th – 31st July 2009

International Travel and Health (Part 2)

Insurance for travelers

International travellers should be aware that medical care abroad is often available only at private medical facilities and may be costly. In places where good-quality medical care is not readily available, travellers may need to be repatriated in case of accident or illness. If death occurs abroad, repatriation of the body can be extremely expensive and may be difficult to arrange. Travellers should be advised to seek information about possible reciprocal health-care agreements between the country of residence and the destination country, and to obtain special travellers' health insurance for destinations where health risks are significant and medical care is expensive or not readily available. This health insurance should include coverage for changes to the itinerary, emergency repatriation for health reasons, hospitalization, medical care in case of illness or accident and repatriation of the body in case of death. Travel agents and tour operators usually provide information about travellers' health insurance. It should be noted that some countries now require proof of adequate health insurance as a condition for entry. Travellers should know the procedures to follow to obtain assistance and reimbursement.

Role of travel industry professionals

The travel agent or tour operator should provide the following health-related guidance to travellers:

- Advise the traveler to consult a travel medicine clinic or medical practitioner as soon as possible after planning a trip to any destination where significant health risks may be foreseen, particularly those in developing countries, preferably 4–8 weeks before departure.

- Advise last-minute travellers that a visit should be made to a travel medicine clinic or medical practitioner, even up to the day before departure.
- Inform travellers if the destination presents any particular hazards to personal safety and security and suggest appropriate precautions.
- Encourage travellers to take out comprehensive travelers' health insurance and provide information on available policies.
- Inform travelers of the procedures for obtaining assistance and reimbursement, particularly if the insurance policy is arranged by the travel agent or company.
- Provide information on:
 - + mandatory vaccination requirements for yellow fever;
 - + the need for malaria precautions at the travel destination;
 - + the existence of other important health hazards at the travel destination;
 - + the presence or absence of good-quality medical facilities at the travel destination.

Responsibility of the traveler

Travelers can obtain a great deal of information and advice from medical and travel industry professionals to help prevent health problems while abroad. However, travelers must accept that they are responsible for their own health and well-being while travelling and on their return as well as for preventing the transmission of communicable diseases to others. The following are the main responsibilities to be accepted by the traveler;

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- the decision to travel
- recognition and acceptance of any risks involved
- seeking health advice in good time, preferably 4–8 weeks before travel
- compliance with recommended vaccinations and other prescribed medication and health measures
- careful planning before departure
- carrying a medical kit and understanding its use
- obtaining adequate insurance cover
- health precautions before, during and after the journey
- responsibility for obtaining a physician's letter pertaining to any prescription medicines, syringes, etc. being carried
- responsibility for the health and well-being of accompanying children
- precautions to avoid transmitting any infectious disease to others during and after travel
- careful reporting of any illness on return, including information about all recent travel
- respect for the host country and its population.
- A model checklist for use by travelers, indicating steps to be taken before the journey, is provided at the end of the chapter.

Medical examination after travel

Travelers should be advised to have a medical examination on their return if they:

- suffer from a chronic disease, such as cardiovascular disease, diabetes mellitus, chronic respiratory disease;
- experience illness in the weeks following their return home, particularly if fever, persistent diarrhoea, vomiting, jaundice, urinary disorders, skin disease or genital infection occurs;
- consider that they have been exposed to a serious infectious disease while traveling;
- have spent more than 3 months in a developing country.
- Travelers should provide medical personnel with information on recent travel, including destination, and purpose and duration of visit. Frequent travelers should give details of all journeys that have taken place in the preceding weeks and months.

Note. Fever after returning from a malaria-endemic area is a medical emergency and travelers should seek medical attention immediately.

Transmission of communicable diseases on aircrafts

Research has shown that there is very little risk of any communicable disease being transmitted on board an aircraft.

Transmission of infection may occur between passengers who are seated in the same area of an aircraft, usually as a result of the infected person coughing or sneezing or by touch. Highly contagious conditions, such as influenza, are more likely to be spread to other passengers in situations where the aircraft entilation system is not operating. Transmission of tuberculosis (TB) on board commercial aircraft during long distance

flights was reported during the 1980s, but no case of active TB disease resulting from exposure on board has been identified subsequently. Nevertheless, increasing air travel and the emergence of multidrug-resistant and extensively drug-resistant TB require continuing vigilance to avoid the spread of infection during air travel.

During the outbreak of severe acute respiratory syndrome (SARS) in 2003, the risk of transmission of SARS in aircraft was very low. To minimize the risk of passing on infections, passengers who are unwell, particularly if they have a fever, should delay their journey until they have recovered. Passengers with a known active communicable disease should not travel by air. Airlines may deny boarding to passengers who appear to be infected with a communicable disease.

Aircraft disinfection

Many countries require disinfection of aircraft (to kill insects) arriving from countries where diseases that are spread by insects, such as malaria and yellow fever, occur. Disinfection is a public health measure that is mandated by the International Health Regulations. It involves treatment of the interior of the aircraft with insecticides specified by WHO. The different procedures currently in use are as follows:

- treatment of the interior of the aircraft using a quick-acting insecticide spray immediately before take-off, with the passengers on board;
- treatment of the interior of the aircraft on the ground before passengers come on board, using a residual-insecticide aerosol, plus additional in-flight treatment with a quick-acting spray shortly before landing;
- regular application of a residual insecticide to all internal surfaces of the aircraft, except those in food preparation areas.
- Travellers are sometimes concerned about their exposure to insecticide sprays during air travel, and some have reported feeling unwell after spraying of aircraft for disinfection. However, WHO has found no evidence that the specified insecticide sprays are harmful to human health when used as recommended.

Source:

**International Travel and Health
WHO-International Health Regulations Secretariat/
Communicable Diseases**

Web <http://www.who.int/ith/en>

Table 1: Vaccine-preventable Diseases & AFP

18th - 24th July 2009 (30th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	01	01	00	00	00	01	00	00	00	03	01	47	59	-20.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	02	00	00	00	00	01	00	00	03	02	76	64	+18.7%
Tetanus	01	00	00	00	00	00	00	00	00	01	01	18	21	-14.3%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	33	24	+37.5%
Tuberculosis	06	02	16	01	15	11	04	00	12	67	291	5665	5130	10.4%

Table 2: Newly Introduced Notifiable Disease

18th - 24th July 2009 (30th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	11	04	07	01	06	02	07	06	05	49	67	10972	3273	+235.2%
Meningitis	02 KL=2	00	01 HB=1	00	00	01 KR=1	01 PO=1	01 BD=1	02 KG=1 RP=1	08	33	599	849	-29.4%
Mumps	03	03	00	01	06	02	05	00	01	23	62	1116	1574	-29.1%
Leishmaniasis	00	03 ML=3	00	00	00	00	03 AP=3	00	00	06	Not available*	473	Not available*	-

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.
 DDPHS 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.

Table 4: Surveillance of Communicable diseases among IDP's

18th - 24th July 2009 (30th Week)

Area	Disease	Dysentery	Enteric fever	Viral Hepatitis	Chicken Pox	Watery Diarrhoea
Vavunia		0	6	6	0	0
Chendikulam		97	9	65	120	735
Total		97	15	71	120	735

Table 4: Selected notifiable diseases reported by Medical Officers of Health

18th – 24th July 2009 (30th 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	163	2790	4	122	2	9	3	116	0	38	10	350	0	5	6	66	0	4	92
Gampaha	71	2498	1	105	1	17	0	31	0	12	6	181	0	7	3	59	0	2	53
Kalutara	21	898	3	206	0	9	0	43	0	43	3	146	0	1	4	35	0	2	67
Kandy	141	2902	1	193	0	5	2	21	0	54	4	148	4	114	4	59	0	0	91
Matale	92	1060	4	72	0	2	0	24	0	6	5	259	0	4	11	33	0	2	92
Nuwara Eliya	20	177	7	315	1	2	2	139	2	779	2	28	8	56	4	52	0	0	100
Galle	16	353	8	149	0	10	0	2	0	20	0	100	0	4	1	14	0	3	95
Hambantota	27	659	1	62	1	8	0	5	3	11	0	53	3	51	2	24	0	0	82
Matara	66	819	3	188	0	4	0	4	0	15	3	98	2	79	2	28	0	1	100
Jaffna	0	9	1	77	0	3	1	176	0	28	0	0	1	124	0	125	0	2	25
Kilinochchi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mannar	0	4	4	56	0	1	3	86	0	4	0	0	0	0	1	44	0	0	50
Vavuniya	0	12	0	1319	0	4	6	160	0	2	1	3	0	1	6	3098	0	0	25
Mullaitivu	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Batticaloa	19	441	2	180	0	12	0	10	0	41	0	8	0	2	1	17	0	2	73
Ampara	1	189	0	32	0	0	0	8	0	5	0	8	0	0	0	11	0	0	43
Trincomalee	0	300	0	66	0	2	0	4	0	1	0	16	0	14	0	29	0	1	30
Kurunegala	66	1810	2	115	0	8	0	42	0	9	3	66	0	55	3	69	0	4	68
Puttalam	14	412	3	94	0	7	1	58	0	2	1	63	3	29	2	17	0	1	78
Anuradhapur	5	430	5	79	0	4	1	5	00	3	0	76	1	27	15	82	0	1	84
Polonnaruwa	5	114	1	25	0	2	1	19	0	6	2	54	2	2	4	39	0	0	71
Badulla	8	205	3	171	0	2	1	31	0	18	0	60	3	77	7	227	0	1	80
Monaragala	5	110	1	45	1	1	2	19	0	8	0	13	1	48	2	62	1	1	64
Ratnapura	85	1394	10	362	0	17	0	39	0	5	11	164	0	25	4	92	0	1	78
Kegalle	100	2848	6	113	0	6	2	28	0	6	5	126	0	23	10	143	0	1	64
Kalmunai	3	142	0	74	0	1	1	11	0	3	0	2	0	2	0	11	0	0	54
SRI LANKA	928	20576	70	4222	06	136	26	1082	05	1119	56	2022	28	750	92	4436	01	29	72

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 24th July, 2009 Total number of reporting units =311. Number of reporting units data provided for the current week: 224

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

PRINTING OF THIS PUBLICATION IS FUNDED BY THE UNITED NATIONS CHILDREN'S FUND (UNICEF).

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.

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