



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Healthcare and Nutrition

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Flashback 2010

One year has passed by with a dawn of a new year. 2010 was a year with great challenges and activities for the Epidemiology Unit. The emerging challenges looked to achieve at the dawn of the year. Major challenges were successfully faced and results achieved with harder time and the striving effort of all staff including the Chief Epidemiologist, all Consultant/ Assistant Epidemiologists, medical staff with other dedicated technical and supporting staff. We appreciate the efforts of the motivated field staff who faced the challenges in the provision in services backing up this success story.

Expanded Programme on Immunization (EPI), disease surveillance on vaccine preventable and other communicable diseases is the main functions of the Epidemiology Unit. Four quarterly reviews were conducted with Regional Epidemiologists (REE) in assessing the progress in routine functions and facilitating them for more effective regional level activities. Of them one review was conducted in the Polonnaruwa district with REE focusing on MOH/hospital survey in the district. In upgrading the routine disease surveillance activities, programmes for strengthening disease surveillance were carried out in eight districts (Jaffna, Killinochchi, Mulathivu, Vavuniya, Mannar, Kegalle, Kalutara and Puttalam) in Sri Lanka. Special emphasis was made in this year on districts with re-settlement activities in establishing routine surveillance system.

We have experienced Dengue fever/ Dengue haemorrhagic fever(DF/DHF) in the country during 2009 continuing through to 2010. During the year 2010, there were 34,105 suspected DF/DHF cases and 246 reported deaths with an approximate case fatality rate of 0.7%. Highest numbers of cases were reported from Colombo, Gampaha,

Jaffna, Ratnapura, Kalutara, Kandy and Kurunegala. We maintained a close surveillance of the disease including identification of a number of cases, distribution, seasonality, characteristics of patients, disease pattern and deaths. Special active surveillance was continued in addition to routine surveillance with close monitoring with the assistance of Infectious Control Nurses (ICN) of all hospitals island wide. National level consultative meetings of senior clinicians and other relevant experts were continued throughout the year in preventing deaths from the disease. Separate DF/DHF management guidelines for children and adults were developed and distributed to all health institutions. Clinical audits were carried out on clinical management of cases and deaths by our team including clinicians.

Timely implemented public health interventions played an important role to bring down the case load. Field investigations of all reported cases carried out by the public health field staff helped in early identification of clustering of cases, in fact preventing further outbreaks. Regular prevention activities under the guidance of National Dengue Coordination Unit, Anti-malaria Campaign and other national and regional programmes are appreciated and expect vector breeding elimination programmes to be continued together with community participation in the coming year.

The second wave of the panemic Influenza A/ H1N1 in the country appeared in the last week of September 2010 after the first wave of the pandemic experienced in late 2009. Routine influenza surveillance in sentinel sites captured the early outbreak, and special communiqué were circulated in early October 2010 among all healthcare institutions to alert and prepare for the impending

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ing second wave of the outbreak. Twenty sentinel site hospitals which had already been identified for pandemic influenza preparedness under the World Bank funded National Avian/Pandemic Influenza programme with isolation units, supply of antiretroviral stocks and Personal Protective Equipment (PPE) and trained staff were placed on special alert. Further facilitation of such with World Health Organization and Medical Supplies Division (MSD) made the process viable. A vaccine deployment plan was prepared and submitted to the World Health Organization (WHO). Limited stocks of vaccine were received to be made available as an outbreak response measure and guidelines were prepared for pandemic A/H1N1 vaccine deployment in the country. Vaccination was offered for high risk categories (Those with co-morbidities, chronic medical conditions and during pregnancy). Further, mandatory vaccination was deployed for health personnel and essential service personnel in preventing spread. This was carried out in collaboration with the National Disaster Management Centre and security forces, police and civil defense force personnel in the country were successfully vaccinated. Almost 1.9 million doses were distributed to the recipients. However, 458 confirmed cases had been reported till the end of December 2010 and 24 deaths reported during the period which was nearly half of the figures in 2009. The highest incidence was seen among children <5 years and young adults of 20-29 years predominantly in males. Highest numbers were reported from Colombo, Kandy and Gampaha.

Leptospirosis was being reported in high numbers since 2008 (n=7421) and reduction of number of cases notified was observed during 2009 (n=4970). It has been reduced to 4533 during 2010 with 121 deaths. Highest numbers of cases were reported from districts of Colombo, Gampaha, Kalutara, Kegalle and Ratnapura. Health education tools was developed for the farming community, and awareness and education materials developed were made available for district public health staff to be used at the community level. Media conferences including multidisciplinary teams were organized and conducted.

Human rabies surveillance activities in the Epidemiology Unit showed a total of 50 reported cases for the year 2010. The highest numbers were reported from Gampaha (n=6) and Batticaloa (n=6).

Re-introduction of Combined Pentavalent DPT-HepB-Hib (Pentavalent) Vaccine into the EPI programme from February 2010 following the recommendation of the National Advisory Committee on Communicable Diseases (NACCD) was a success story this year. To date, the Unit has been able to successfully accomplish the reintroduction of Pentavalent Vaccine. Our AEFI surveillance data together with feedback from MOOH/MOO and paediatricians continued close monitoring of children with special risks and no increased risk has been identified. During 2010 as well, the EPI vaccine coverage was maintained near 100% for most of the vaccines but a draw back in acceptance was observed in the Rubella vaccine. The unit has not experienced any shortages in vaccines and was able to ensure timely and adequate supplies of vaccines island wide including the resettlement areas. District level immunization coverage and vaccination

problems were reviewed quarterly with REE and joint detailed EPI reviews were continued at district level together with the Family Health Bureau. This year special attention was made to improve and maintain EPI vaccination in resettlement area population.

Consequent to two deaths of Rubella vaccine recipients in Mata-ra and Kurunegala in 2009, Rubella Vaccine was temporarily suspended with hope to resume after conclusions of the multi disciplinary investigation committees. Considering findings on safety profile of the vaccine and also facts of WHO pre-qualified vaccine, and National Advisory Committee on Communicable Diseases, the Ministry of Health decided to reintroduce Rubella Vaccine into the EPI programme commencing from June 2010. Together with this success stories still the Epidemiology Unit has identified some drawback in Rubella vaccine acceptance and contemplates on ways and means to regain confidence and trust of the community on EPI and has also planned a social marketing advocacy programme on EPI for the coming year.

The Epidemiology Unit has organized the Immunization Summit in September 2010 with the participation of all relevant stakeholders of the programme and other relevant authorities in decision making. The main objective of the forum was to discuss the future of the national immunization programme with pros and cons of introducing new vaccines to the schedule considering cost, priorities, safety and feasibility. Discussions were also held on globally available new vaccines and future possibilities of introducing them to our country.

The Epidemiology Unit has acknowledged the timely requisite of updating the National Immunization Guide and started revising it during the last year and is presently on the verge of completion. Efforts of all medical staff and contributory expert staff in upgrading the manual is appreciated and it will be out soon during the next year.

The Epidemiology Unit functions as the main national research and surveillance centre for new areas in decisive stages. Under the agreement of support invasive bacterial diseases by WHO, Epidemiology Unit started Rota virus surveillance in Sri Lanka. Burden study and study on assessing cost effectiveness in considering pneumococcal vaccine introduction to the EPI programme in Sri Lanka was started in 2009 and completed in 2010. Also in collaboration with WHO, Epidemiology Unit has conducted a pneumococcal surveillance programme in Sri Lanka. Accomplishment of new research activities will provide baseline data in imperative stages of decision making in Sri Lanka.

Collaborative work of the Epidemiology Unit with other departments, ministries and nongovernmental organizations has been prolific in most instances. We have contributed to the second national communication on climate changes with the Environmental Ministry during 2010 and contributed in identifying the health sector vulnerability profile. This information was used and we have contributed in adapting necessary preventive strategies for Sri Lanka.

*This article is compiled by
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Table 1: Vaccine-preventable Diseases & AFP

25th-31th December - 2010(52nd 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	02	00	00	00	0	00	00	00	00	02	02	81	78	03.8 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	00	00	00	00	00	00	00	00	00	00	89	178	- 50.0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	24	29	-17.2 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	32	65	-50.8 %
Tuberculosis	56	108	01	03	06	03	01	07	11	208	206	10235	10306	- 0.7 %

Table 2: Newly Introduced Notifiable Disease

25th-31th December - 2010(52nd 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	18	02	04	00	01	04	01	01	05	36	51	3412	14407	-76.3 %
Meningitis	03 KL=3	01 ML=1	00	00	00	02 KR=2	07 AP=7	02 MO=1 BD=1	03 RP=2 KG=1	18	42	1563	1739	- 10.1 %
Mumps	07	01	03	01	01	09	03	01	10	36	17	1287	1718	- 25.1 %
Leishmaniasis	00	00	02 MT=9 HB=2	00	00	02 KN=2	06 AP=5 PO=1	00	00	19	206	428	674	- 36.5 %

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

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
25th-31st December - 2010(52nd Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Re-
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Colombo	38	5937	1	317	0	17	6	211	2	64	6	610	0	9	0	75	0	1	92
Gampaha	12	3957	1	201	0	30	0	68	0	28	3	597	0	17	1	134		6	73
Kalutara	3	1812	1	257	0	15	0	47	5	92	2	440	0	5	0	41	0	3	83
Kandy	1	1644	7	358	0	6	0	35	0	16	1	195	0	148	1	156	0	1	87
Matale	6	650	1	316	0	8	0	38	0	82	2	141	0	8	2	59	0	1	75
Nuwara	1	227	1	350	0	1	1	123	0	89	0	36	0	74	2	54	0	0	62
Galle	2	1113	2	255	0	10	0	15	0	59	3	192	0	26	0	24	0	5	74
Hambantot	2	809	1	100	0	7	0	4	0	17	2	116	0	92	0	20	0	0	91
Matara	2	614	1	175	0	8	1	16	0	53	5	393	0	138	0	22	0	1	76
Jaffna	9	3020	3	314	2	10	9	651	0	10	0	1	0	169	3	94	0	2	83
Kilinoch-	1	53	0	22	0	0	0	12	0	1	0	3	0	0	0	1	0	2	75
Mannar	2	568	0	48	0	2	0	48	0	10	2	7	0	1	0	18	0	1	50
Vavuniya	0	579	0	60	0	3	0	46	0	13	0	3	0	1	0	13	0	2	100
Mullaitivu	0	23	0	26	0	0	0	9	0	0	0	8	0	0	0	1	0	1	0
Batticaloa	3	1250	1	213	0	5	2	43	0	40	1	14	0	4	0	10	0	5	64
Ampara	1	168	0	129	0	1	0	10	0	65	0	36	0	2	0	16	0	0	57
Trincomal	2	987	3	169	0	14	0	7	0	17	2	45	0	22	0	18	0	2	91
Kurunegael	5	1429	7	410	0	21	5	75	0	42	6	397	0	62	0	134	0	4	86
Puttalam	16	1059	16	302	1	9	0	58	0	240	2	82	0	11	0	24	0	1	78
Anuradha	8	1110	2	178	0	11	0	17	0	47	7	127	0	32	1	56	0	4	74
Polonnaru	2	402	1	116	0	2	1	9	0	10	4	101	0	2	1	51	0	0	100
Badulla	5	1342	1	230	0	1	0	111	0	33	0	92	0	126	0	115	0	0	60
Monaragal	4	1071	3	190	0	2	0	48	0	10	1	50	0	102	0	100	0	3	55
Ratnapura	3	2837	7	500	0	8	0	25	0	27	0	434	0	65	2	111	0	3	56
Kegalle	7	918	1	170	1	19	0	82	0	29	8	431	0	33	1	136	0	0	82
Kalmunai	1	606	5	333	0	3	1	15	0	9	0	3	0	0	0	13	0	1	69
SRI LANKA	136	34185	66	5739	04	213	26	1823	07	1103	57	4554	00	1149	14	149	00	49	74

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 31st December, 2010 Total number of reporting units =320. Number of reporting units data provided for the current week: 239

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

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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.

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