



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@slt.net.lk
Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk
Web: <http://www.epid.gov.lk>

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Flashback 2014 (Part I)

This is the first in a series of two articles on the activities carried out by the Epidemiology Unit during the preceding year. The year 2014 was an eventful and successful year for the Epidemiology Unit.

Disease surveillance is a very important function of the Epidemiology Unit. A review on quality improvements on epidemiological activities mainly focusing on disease surveillance and Expanded Programme on Immunization (EPI). This Programme was conducted in all MOH offices in the districts of Badulla, Trincomalee and Polonnaruwa. Training of Public health care staff on Inactivated Polio Vaccine programme at District level and National level was carried out in this year. This programme was planned as a part of The Polio Eradication Endgame Strategic plan.

An increased number of laboratory confirmed measles cases were observed during the year 2013 and this trend was seen during the year 2014 also. A special Measles vaccination campaign was conducted for high risk categories such as prisoners, hospital and public health staff, University medical students etc. This strategy was implemented with a view to prevent further outbreaks of measles in the country.

Research is an essential part of epidemiological activities. This year, Japanese Encephalitis Zero Prevalence Study was conducted in selected districts and results are not yet available. Japanese Encephalitis surveillance and control activities were reviewed by a consultant attached to the World Health Organization and the activities

were found to be satisfactory.

A landmark achievement of year 2014 was the introduction of the E- surveillance programme. This web based system was introduced with the view of replacing existing paper based system. The main advantages expected from this programme were to minimize possible errors, improve time management, avoid postal delays and analyzing data up to Public Health Inspector (PHI) level. A training programme was conducted for the relevant stakeholders, before implementing the programme at the Medical Officer of Health (MOH) level.

Expanded Programme on Immunization (EPI) is another very important responsibility of the Epidemiology Unit. Annual district EPI review was completed covering all 26 districts & National Institute of Health Sciences (NIHS) area. EPI surveys were conducted in Kilinochchi and Mullativu.

Epidemiology Unit conducted a programme for EPI managers from Bhutan on EPI, AFP and quantity assessment. A three day programme on effective vaccine management based on World Health Organization's Middle Level Managers' Training modules was conducted for 75 PHNSS and RSPHNOO from Matale, Galle, Colombo, Gampaha & Kalutara.

Another monumental achievement was the launching of National Immunization Policy. Advocacy meetings were held covering all nine provinces. The main purpose of introducing the national immunization policy is to ensure that all components of the national immunization programme function optimally to achieve its set

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goals and objectives. Vision of the national immunization policy is to make "Sri Lanka free of vaccine preventable diseases of public health importance". Mission of the national immunization policy is "to ensure the provision of an enabling environment for immunization of all eligible individuals in the country".

In 2014 the Epidemiology Unit procured a "Freezer Truck" for vaccine distribution. The main advantage of having a Freezer Truck is that the vaccines will not get frozen accidentally, as it does not utilize ice packs to maintain the desired temperature. Epidemiology Unit is in the process of obtaining an advanced vaccine monitoring system which enables the monitoring of vaccine Cold Room temperatures from the office itself and the system has the ability to send alerts to designated mobile phones in case of emergency. Epidemiology Unit has procured ice lined refrigerators for MOH areas too.

Web Based Immunization Information System (WEBIIS) is another important achievement of the Epidemiology unit. WEBIIS is developed with the objectives of creating a national birth and immunization register, provision of immunization certificates to those who need it online and provision of real time data for managers of the National immunization Programme (NIP). Currently, the system is functional in 29 major hospitals in Sri Lanka for birth registration. Implementation at field clinic level is also steadily progressing in the Gampaha district with 8 field clinics now collecting data online routinely while another 14 clinics are waiting to start data collection in January, 2015 using the WEBIIS. In addition, all relevant staff members were trained on electronic submission of quarterly EPI return and a circular containing instructions was issued for its implementation. Epidemiology unit expects all MOH to submit EPI data commencing from the first quarter of 2014 through WEBIIS.

Quarterly consultative meetings of the Regional Epidemiologists on communicable disease control & immunization were held in Nuwara Eliya, Colombo and Anuradhapura for 1st, 2nd and 3rd quarters respectively. Relevant activities carried out by Regional Medical Supplies Divisions (RMSDD), Medical Officer of Health (MOH) Offices, Immunization clinics and hospitals in the above districts were reviewed in parallel with the Quarterly consultative meetings

Rabies is also an important disease for Sri Lanka. A meeting was organized by the Epidemiology Unit on Rabies control activities at District level for the Regional Epidemiologists, to discuss about the way forward in rabies control in keeping with the rabies elimination strategy 2020 and to introduce the Post exposure Treatment (PET) vaccine returns. There were 38 and 25 Human Rabies cases in 2012 and 2013 respectively and it has been reduced to 18 cases in 2014.

During the recent past, a high prevalence of Chronic kidney Disease (CKD) was observed in some areas in Sri Lanka, especially in the North Central Province. Establishment of CKD surveillance system was one of our major achievements for the year 2014. This was initiated as a sentinel surveillance system but now it has got evolved into a national surveillance system. Currently this surveillance system is an e-mail based system. A web based surveillance system/CKD register was developed and is being pilot tested. Staff training & infrastructure development was done for the above system. CKD/CKDu (Chronic kidney Disease of unknown aetiology) patient data mapping system was introduced using GPS technology with the collaboration of other organizations.

Screening guidelines for CKD in Sri Lanka were developed and printed as a book. This screening programme is intended to detect asymptomatic individuals in the early stages of CKD.

Ebola Virus Disease (EVD) is a serious disease which was responsible for more than 19,000 cases and more than 7,000 deaths. An outbreak of EVD occurred in West Africa, affecting Liberia, Sierra Leon, Guinea and neighboring countries such as Nigeria & Mali. There was an unrelated outbreak in Congo at the same time. The danger of the virus being imported to Sri Lanka was eminent with increased air travel. Therefore, screening of passengers was implemented at all entry points, mainly the Bandaranaike International Airport (BIA). All passengers arriving from EVD affected countries were screened by PHI & Medical Officers attached to the health office at that entry point. Permission was granted to enter Sri Lanka only if the passenger was free from EVD at the time of arrival. Furthermore, these passengers were followed up during their stay in Sri Lanka. Immigration officers attached to the airport, Medical Officers and all relevant hospital staff were briefed regarding symptoms and transmission of the disease. A computer based surveillance system was established to gather data to facilitate follow up of passengers arriving from EVD affected countries.

Influenza is a severe disease with an enormous disease burden, globally. This year we have established the Kandy regional lab. Influenza testing system was further developed and new items and logistic support were provided to many hospitals. Also staff training programmes and awareness programmes were conducted. National Avian Influenza technical meeting was held this year. Also a circular was issued requesting to prepare for an epidemic of influenza in response to the recent outbreak in India.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 20th - 26th Dec 2014 (52nd Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		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	311	14657	6	167	1	15	2	121	0	221	6	223	1	4	0	60	0	0	7	416	0	64	0	3	69	31
Gampaha	160	8707	0	145	0	11	1	41	0	32	4	459	2	25	1	275	0	5	1	281	1	76	0	3	67	33
Kalutara	31	2630	3	165	0	11	2	62	0	84	4	375	0	4	0	24	0	1	4	260	0	73	0	0	77	23
Kandy	94	2324	3	108	0	7	3	47	0	20	8	84	1	86	6	227	0	1	2	193	0	30	0	5	78	22
Matale	23	647	3	87	0	3	1	21	0	19	0	47	0	7	1	141	0	1	1	53	0	49	0	32	46	54
NuwaraEliya	7	310	5	306	0	3	1	22	0	72	1	36	1	62	0	45	0	0	0	141	0	49	0	0	54	46
Galle	30	1188	1	125	0	7	0	9	0	33	3	243	2	113	0	16	0	1	6	421	1	61	0	3	80	20
Hambantota	12	663	0	67	0	7	0	11	0	16	1	96	0	71	0	19	0	0	3	147	3	43	1	375	83	17
Matara	14	748	2	101	0	4	0	23	0	21	5	128	3	75	1	59	0	0	6	193	0	37	1	94	100	0
Jaffna	105	1833	18	1032	0	10	10	321	0	75	1	17	22	455	0	18	0	0	0	135	1	61	0	1	92	8
Kilinochchi	5	90	1	141	0	3	0	31	0	0	0	1	1	23	0	1	0	0	0	16	0	6	0	11	25	75
Mannar	18	357	1	70	0	10	1	41	0	9	0	4	0	28	0	3	0	0	0	11	0	8	0	5	80	20
Vavuniya	3	142	1	117	0	2	3	81	0	32	0	10	2	14	0	5	0	0	0	12	1	20	0	6	75	25
Mullaitivu	1	132	1	82	0	1	0	15	0	26	1	11	0	12	0	0	0	2	0	5	0	7	0	7	60	40
Batticaloa	50	970	9	398	0	3	0	38	0	33	0	17	0	3	0	8	0	1	1	63	0	11	0	0	50	50
Ampara	1	158	0	86	0	1	0	4	0	18	0	24	0	13	0	5	0	0	2	138	0	10	0	12	86	14
Trincomalee	17	660	5	83	0	2	0	7	0	13	0	20	0	26	0	3	0	0	0	106	0	18	0	9	58	42
Kurunegala	43	2448	0	163	0	28	1	23	1	33	5	158	3	52	0	72	0	2	8	474	0	76	1	151	70	30
Puttalam	41	911	1	94	0	3	0	15	0	12	2	65	2	28	0	6	0	3	0	84	0	33	0	9	54	46
Anuradhapura	22	627	3	296	0	6	0	4	0	64	9	176	0	32	0	19	0	1	5	234	0	56	5	417	63	37
Polonnaruwa	6	558	2	81	0	5	0	7	0	2	8	85	0	8	0	12	0	0	0	157	1	31	5	152	43	57
Badulla	54	1102	6	221	0	9	0	16	0	15	1	56	2	118	4	167	0	0	3	101	1	130	0	1	59	41
Monaragala	2	313	3	123	0	4	0	8	0	33	13	107	0	158	0	120	0	2	1	98	2	25	0	33	91	9
Ratnapura	20	2816	8	246	0	25	2	35	0	34	7	460	2	108	8	470	0	1	2	208	1	55	0	34	72	28
Kegalle	19	1712	1	107	0	10	3	58	0	34	4	310	0	63	3	269	0	0	3	266	0	73	0	2	73	27
Kalmune	63	516	5	184	0	1	0	6	0	83	0	3	0	0	0	1	0	0	1	113	0	10	0	0	38	62
SRI LANKA	1152	47219	88	4795	1	191	30	1067	1	1034	85	3215	44	1588	24	2045	0	21	56	4326	12	1112	13	1365	69	31

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 26th December, 2014 Total number of reporting units 337 Number of reporting units data provided for the current week; 234 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

20th - 26th Dec 2014 (52nd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2013 & 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	01	01	00	84	105	-20%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Mumps	00	02	02	00	01	00	00	00	01	06	11	656	1491	-56.1%
Measles	05	00	02	00	00	01	00	00	02	10	53	3094	4024	-23.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	17	27	-37.1%
CRS**	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	15	24	-37.5%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	02	22	70	-68.6%
Whooping Cough	00	01	00	00	00	00	00	00	00	01	00	79	86	-8.2%
Tuberculosis	87	04	08	07	06	00	06	00	13	131	189	9580	8880	+8.1%

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.
 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

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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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. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

ON STATE SERVICE

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