WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Vol. 43 No. 48 — 19th – 25th November 2016

WEER SRI LANKA 2016

Immunization and International Travel- Part II

This is the second and the last of series of two articles on Immunization and International Travel

Japanese Encephalitis (JE) Vaccine

Immunization against JE should be considered when travelling to JE endemic areas, especially when travelling is undertaken to rural areas and when the stay is expected to be for a long (e.g. 1 month or more) period of time.

Rabies Vaccine

Pre travel (pre-exposure) rabies vaccination may be given to travellers who are travelling to Rabies endemic areas, especially if their proposed activities increase the risk of being exposed to wild or domestic animals. Vaccination before travel would simplify management of a subsequent exposure, since fewer doses are required and rabies immunoglobulin is not required.

Typhoid Vaccine

Typhoid vaccination could be considered for travellers who are expecting to travel to areas with poor sanitation and lack of safe water. It is also advised to vaccinate against typhoid infection when travelling to high typhoid endemic areas. As noted under Hepatitis A, the traveller should try to ensure consumption of hygienic food and water wherever possible in addition to immunization.

Vaccination for Travellers to Sri Lanka

Mandatory vaccination requirement for travelling to Sri Lanka

Persons travelling into Sri Lanka are required to be vaccinated against yellow fever, if travelling from a country with risk of yellow fever transmission and are over 1 year of age. Therefore a yellow fever vaccination certificate is required from individuals falling into above criteria.

International certificate of vaccination

Based on the revision of IHR in 2005 by the World Health Assembly the previous "International certificate of vaccination or revaccination against yellow fever" has been replaced by "International certificate of vaccination or prophylaxis".

Vaccination recommended for travellers coming to Sri Lanka

Sri Lanka's immunization programme is a strong performer which has achieved high coverage in the region as one of the finest in the world. Therefore the programme has been able to achieve control of most traditional EPI vaccine preventable diseases through superior level of sustained coverage. It is recommended that persons travelling to Sri Lanka be updated with the EPI routine vaccines according to the schedule

In addition to routine EPI vaccination, Travellers coming to Sri Lanka can obtain prior vaccination as a precautionary measure for certain diseases that cause small pockets of outbreaks in Sri Lanka from time to time. Some of these vaccines are given below.

Hepatitis A vaccination can be obtained prior to visiting Sri Lanka. As mentioned above, it

Contents — *Page*

is important to practice good sanitary practices for preventing Hepatitis A, in addition to immunization.

Japanese Encephalitis vaccination is recommended for travellers who come from non endemic areas, especially if they are to visit the JE endemic areas of Sri Lanka. However, taking precautions against mosquito bites is also an important step for prevention.

Typhoid vaccination can be obtained for travellers coming to Sri Lanka from non endemic areas. However, adhering to eating and drinking safe food is more important in preventing the disease.

Vaccination of immune-compromised travellers

Though the risk of contracting an infectious disease can be more in immune-compromised travellers, basic principles of vaccination still applies to these individuals. Risk and benefit should be carefully weighed when deciding on live vaccines to these individuals. In instances where a yellow fever vaccination certificate is required and it is contraindicated, a letter of deferral should be supplied to the traveller instead.

Vaccination scheduling for last-minute travellers

Though not frequently discussed, it is a commonly occurring scenario for travelers to be last minute in preparing for their travel. Hence the ideal situation of consulting a Physician 2-3 months prior to the departure may not be very practical for most travelers. Therefore it is important to maintain the minimum time interval between doses for each vaccine. Doses given at less than minimum intervals can lessen the antibody response. Administration of a vaccine earlier than the recommended minimum time interval is discouraged. It should also be noted that if vaccination is done shortly before departure, the person may not have adequate immunity against the disease during the initial part of travel. Therefore it is appreciated if the service provider explains to the traveler as to how long it would take for optimum immunity to occur.

Point to consider when vaccination is required for travllers

A physician could be consulted, ideally 2 to 3 months prior to the proposed visit, to give sufficient time for completing immunization schedule and for optimum immunity on possible vaccinations

Traveller needs to contact the Counsel/Embassy of the place of visit and clarify regarding mandatory vaccination requirements and recommended vaccination at the place of visit. This information should be shared with the service provider.

It should be noted that in addition to immunization, the traveller should also take other feasible primary preventive measures against the disease in question. For example in addition to JE vaccination, the traveller can use mosquito nets and mosquito repellents wherever possible.

The recommendations and requirements for vaccination may change from time to time. Hence it is advisable to obtain current information from print and electronic media including the internet.

Source

Immunization Hand book, third edition- published by the Epidemiology Unit

Table 1 : **Water Quality Surveillance**
Number of microbiological water samples October 2016

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	71
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	16
Kandy	23	138	NR
Matale	13	78	97
Nuwara Eliya	13	78	58
Galle	20	120	0
Matara	17	102	24
Hambantota	12	72	42
Jaffna	12	72	145
Kilinochchi	4	24	30
Manner	5	30	NR
Vavuniya	4	24	47
Mullatvu	5	30	133
Batticaloa	14	84	NR
Ampara	7	42	0
Trincomalee	11	66	NR
Kurunegala	29	174	99
Puttalam	13	78	51
Anuradhapura	19	114	NR
Polonnaruwa	7	42	31
Badulla	16	96	118
Moneragala	11	66	61
Rathnapura	18	108	71
Kegalle	11	66	NR
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 12th – 18th Nov 2016 (47th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmani-asis		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	85	14200	3	165	0	13	0	55	0	65	3	273	1	8	1	45	0	0	6	425	1	56	0	0	75	100
Gampaha	28	5957	0	145	0	14	0	27	1	88	1	312	0	18	0	49	0	1	0	372	0	44	0	7	33	93
Kalutara	9	3056	0	104	0	10	0	33	0	36	2	402	0	8	0	30	0	1	2	272	3	94	0	0	57	93
Kandy	16	3732	0	148	0	17	0	22	0	36	0	112	0	92	1	49	0	0	1	229	2	43	1	10	96	100
Matale	18	999	0	63	0	1	0	15	0	4	0	85	0	20	2	24	0	1	0	35	1	57	1	22	69	92
NuwaraEliya	2	385	1	99	0	3	0	55	0	36	2	63	1	79	0	38	0	0	14	144	1	44	0	0	69	85
Galle	17	2294	3	136	0	8	0	9	0	10	13	312	1	110	0	9	0	0	3	274	1	37	0	3	60	95
Hambantota	11	727	0	76	0	1	0	5	0	61	1	99	1	64	0	99	0	0	1	214	0	15	12	334	75	83
Matara	20	1169	1	112	0	15	0	8	0	39	2	177	2	56	0	41	0	0	2	175	1	25	0	185	100	100
Jaffna	31	1986	14	339	0	10	1	82	7	78	1	20	3	609	0	9	0	0	2	165	2	60	0	1	92	92
Kilinochchi	0	76	2	40	1	2	0	36	0	76	1	14	0	26	0	2	0	0	0	10	0	11	0	0	75	100
Mannar	2	147	0	46	0	4	0	23	1	11	0	11	0	42	0	0	0	0	0	7	0	4	0	0	60	100
Vavuniya	2	234	0	15	0	5	2	97	1	35	0	15	0	11	0	6	0	0	0	29	0	10	1	7	75	100
Mullaitivu	2	169	0	28	0	5	0	19	0	41	0	24	0	6	0	2	0	1	0	24	0	11	0	6	80	100
Batticaloa	2	477	2	301	0	5	0	48	0	98	0	48	0	6	0	13	0	1	3	102	0	16	0	1	50	86
Ampara	1	229	0	49	0	2	0	1	0	21	0	26	0	0	0	10	0	0	0	165	0	5	0	8	29	86
Trincomalee	2	368	1	56	0	2	0	12	0	25	1	34	0	24	0	33	0	2	3	152	0	15	1	14	83	92
Kurunegala	21	2262	3	299	0	11	0	4	0	19	1	150	1	42	1	33	0	3	6	373	0	64	1	99	79	93
Puttalam	6	952	3	91	0	5	0	7	0	2	2	52	0	61	0	3	0	3	1	90	2	73	0	4	64	71
Anuradhapura	5	658	2	103	0	3	0	10	0	33	0	259	0	25	5	21	0	1	1	251	0	47	1	248	47	79
Polonnaruwa	7	427	0	41	0	4	0	12	0	15	0	89	0	4	0	4	0	0	3	142	2	21	3	122	57	86
Badulla	20	999	1	127	0	13	0	13	0	30	0	127	0	110	0	119	0	1	3	240	3	197	0	3	88	88
Monaragala	2	397	2	123	0	1	0	5	0	11	0	163	0	122	2	146	0	2	1	82	1	25	0	38	91	100
Ratnapura	24	2753	4	342	0	31	1	27	0	25	8	563	1	39	3	197	0	0	5	237	3	157	0	1	67	89
Kegalle	6	1347	2	77	0	19	0	32	0	57	1	172	1	34	0	32	0	0	3	315	0	55	0	2	82	91
Kalmune	13	546	0	97	1	6	0	5	4	61	0	21	0	0	1	7	0	4	4	110	0	28	0	0	54	85
SRILANKA	352	46546	44	3222	2	210	4	662	14	1013	39	3623	12	1616	16	1021	0	21	64	4634	23	1214	21	1115	71	91

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 18th November, 2016 Total number of reporting units 339 Number of reporting units data provided for the current week: 314 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

12th – 18th Nov 2016 (47th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2016	Number of cases during same week in 2015	Total number of cases to date in 2016	Total number of cases to date in 2015	Difference between the number of cases to date in 2016 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	01	60	64	-6.2%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	01	00	00	01	00	01	00	03	06	361	353	+2.2%
Measles	02	01	00	00	00	00	01	00	00	04	25	363	2507	-85.5%
Rubella	00	00	00	00	00	00	00	00	00	00	00	10	08	+2.5%
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	10	16	-37.5%
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	01	18	12	+50%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	64	93	-31.1%
Tuberculosis	95	22	18	15	21	02	04	11	05	193	321	8328	8910	-6.5%

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.

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI

Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
October	5320	43	23	3	1	1710	639	0

Source: Medical Research Institute & Veterinary Research Institute

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

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