



Epidemiology Unit
Ministry of Health

COMMUNICABLE DISEASE WEEKLY UPDATE

Internally Displaced Persons, Vavuniya District

No 17; Weeks 48 & 49 (21 Nov - 04 Dec 2009)



According to the District Secretariat as of December 1st, 2009 the total number of IDPs was 124,318. About 94% of these IDPs (i.e. 117,122) were in relief villages (Zone 0 to 7) set up in the Cheddikulam MOH area. The remaining 7196 (6%) were in three welfare centres located in the Vavuniya South MOH area. All the transit camps functioned in the Vavuniya MOH area had been closed.

Disease Surveillance

Disease surveillance in the relief villages is the responsibility of the Directorate of IDP Health Care. In the welfare centres, disease surveillance activities are conducted by the range PHII under the guidance of MOH, Vavuniya South. The discrepancy in the number of field notifications and the number of admissions to the Poovarasankulam Hospital was mainly due to irregular flow of surveillance data from the welfare centres (i.e. total number of field notifications for chickenpox & hepatitis was less than the number of hospital admissions). Taking into consideration the irregular data flow, population in the welfare centres was excluded from the denominator for calculating the disease incidence rates. Rapidly changing population size was another factor influenced the data analysis. Population distribution of IDPs as of December 1st, 2009 was used for this update as the denominator.

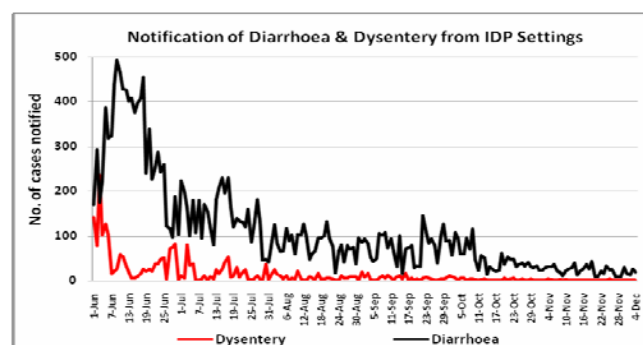
The trend of field notification of priority diseases (absolute numbers & weekly incidence rates) over time has been summarized below. This analysis was based on the notifications received from field hospitals and mobile health units. In addition, details of admission of IDP patients to the isolation facility located in Poovarasankulam Hospital were also given. The number of field notifications and incidence rates of most of the priority diseases were less during the period of analysis (21 November - 04 December, 2009) compared to that of previous weeks. Decongestion in IDP sites and general improvement in the

water quality were the main factors contributed to this observation.

Diarrhoea

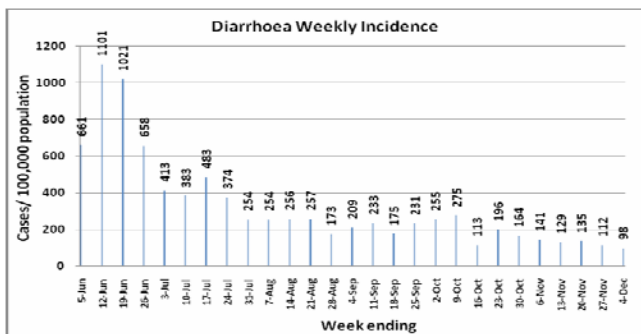
Field notification: During the reporting period (21 November - 04 December, 2009), a marked reduction was observed in the number of diarrhoea cases (Fig. I). Since the 2nd week of November, number of diarrhoea cases reported per week has been below 200. A total of 131 cases were reported during November 21-27 and 115 cases were reported during November 28 - December 04.

Fig I: Field notification of diarrhoea and dysentery cases 01 June - 04 December 2009



Weekly incidence: For the first time, during November 28 - December 04, the weekly diarrhoea incidence rate has fallen below 100/ 100,000 (Fig. II). The incidence rates of diarrhoea for the last week of reporting period (November 28 - December 04) in zone 2 (137/100,000), zone 1 (118/100,000), zone 0 (115/100,000), zone 3 (107/100,000) and zone 5 (102/100,000) were more than the average incidence for all IDP sites (98/100,000). However, underreporting from other zones should be excluded before commenting further on this observation. (Note: Diarrhoea is not included in the list of notifiable diseases in Sri Lanka. However, considering the large number of cases reported from IDP sites during initial period of displacement, field workers were requested to notify diarrhoea cases also).

Fig II: Trend for weekly incidence of diarrhoea since 1st week of June, 2009

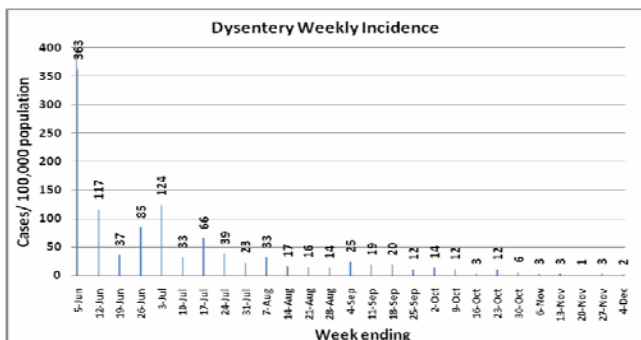


Dysentery

Field notification: During the reporting period for most of the days there was 'nil reporting' (Fig. I). Only two cases have been reported during the last week of reporting period (Nov 28 - Dec 04) i.e. one each from zone 0 & 3.

Weekly incidence: The incidence rate for dysentery has been below 10/ 100,000 for the last 6 weeks (Fig. III).

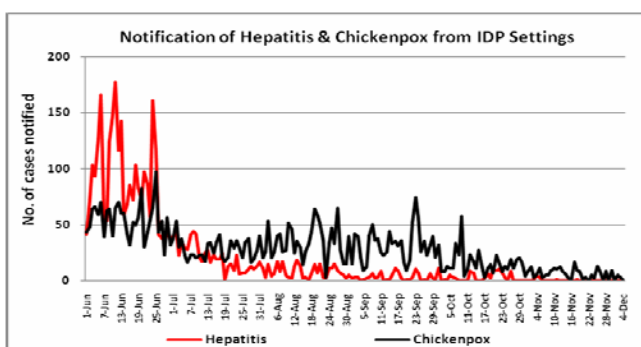
Fig III: Trend for weekly incidence of dysentery since 1st week of June, 2009



Hepatitis A

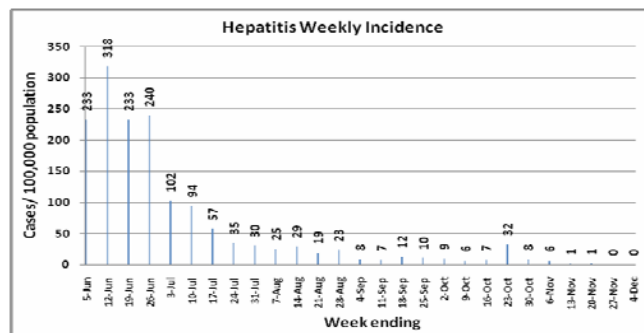
Field notification: The outbreak of hepatitis, which peaked during May - June, 2009, is no more now (Fig. IV). No cases were reported from the zones during the reporting period.

Fig IV: Field notification of hepatitis and chickenpox cases 01 June - 04 December 2009



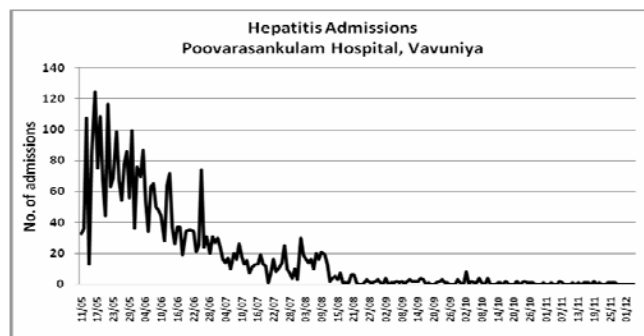
Weekly incidence: The falling incidence of hepatitis over time was clearly visible in Fig. V.

Fig V: Trend for weekly incidence of hepatitis since 1st week of June, 2009



Hospital admissions: The decreasing trend in the number of field notifications and incidence of hepatitis was well reflected on the number of hospital admissions also (Fig. VI). Since the beginning of isolation at Poovarasankulam Divisional Hospital (i.e. 11 May 2009) up to 04 December 2009, the cumulative total of hepatitis admissions was 3580. There were no admissions during the last week of reporting period (November 28 - December 04). However, during the previous week five patients had been admitted, all from welfare centres.

Fig. VI: Trend for hepatitis admissions to the isolation facility from 11 May - 04 December 2009

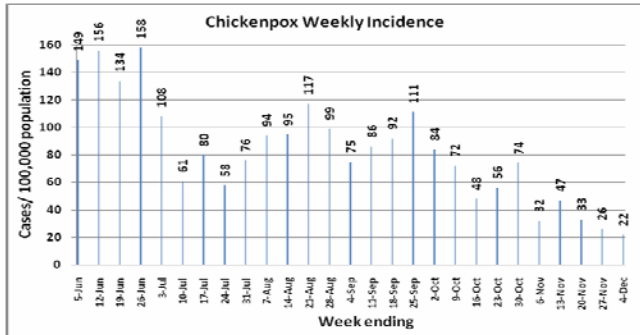


Chickenpox

Field notification: Despite the gradual reduction in the total number of chickenpox field notifications since 2nd week of November (Fig. IV), during the reporting period (21 November - 04 December, 2009), zones 0 and 2 reported relatively large number of cases (16 each). Zone 4 reported 12 cases during the same period. A total of 31 cases were reported during November 21-27 and 26 were reported during November 28 - December 04 from all zones.

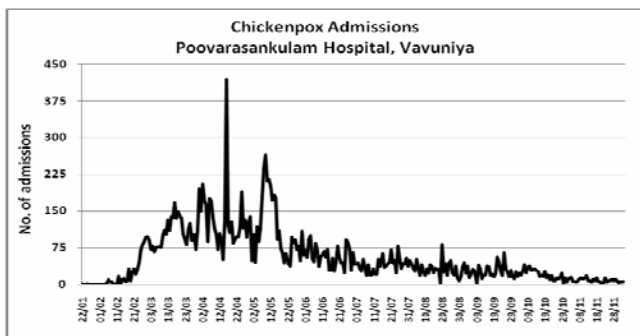
Weekly incidence: Since 2nd week of November, incidence has been coming down (Fig. VII). The lowest incidence of 22/100,000 was reported during Nov 28 - Dec 04. However, during the above period incidence for zone 4 (53/100,000) & zone 0 (23/100,000) were more than the average incidence.

Fig VII: Trend for weekly incidence of chickenpox since 1st week of June, 2009



Hospital admissions: Since the beginning of isolation at Poovarasankulam Hospital (i.e. 22 January 2009) up to 04 December 2009, the cumulative total of chickenpox admissions was 17,155. The number of admissions during the last week of reporting period was 43 (Fig. VIII). A significant number of admissions were from welfare centres.

Fig. VIII: Trend for chickenpox admissions to the isolation facility from 22 January - 04 December 2009

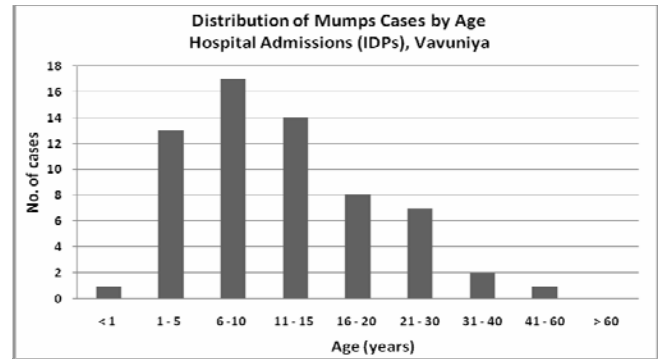


Mumps

Up to December 4th, 2009, a total of 75 mumps patients (IDP) have been treated in Hospitals. Details of 63 patients were available & accordingly most were in the age group of 6 - 10 years (27%) followed by 11 - 15 years (22%) & 1 - 5 years (21%) (Fig. IX). Among these patients, 46% were from zone 6 and lately cases have been reported from zone 5 also. A death due to mumps encephalitis has been reported on December 2, 2009 from GH, Vavuniya (50 years old

female from zone 5). Investigation into this death showed delay in care seeking. It should be noted that there is no vaccination available against mumps in the National Immunization Programme.

Fig. IX: Distribution of mumps patients (IDPs) admitted to hospitals in Vavuniya by age group



Dengue

An outbreak is currently going on among the host population mainly in the Vavuniya MOH area. This outbreak started in early September and during the last reporting week (Nov 28 - Dec 04) alone 75 cases have been notified. Up to December 4th, 2009, the total number of notifications received by the MOH, Vavuniya was 387. In addition, 14 cases have been notified to the MOH, Cheddikulam.

Among IDPs, since the 1st case of dengue reported on September 11th, only 04 cases had been notified. However, because of the “free movement”, there is a very high chance for the spread of dengue among IDPs also. It is high time to strengthen the prevention activities further.

Novel Influenza H1N1

A 28 years old pregnant mother confirmed as a case of novel influenza H1N1 is currently getting treatment at the General Hospital, Vavuniya. She was one of the returnees settled in Mallavi (Mullaitivu District). As per the guidelines issued by the Epidemiology Unit, all patients with influenza like symptoms should be screened to assess the severity of their illness and only those with severe or progressive symptoms should be admitted to hospitals. Those with mild illness can be managed as outpatients. The “high risk” groups should be given proper advice and closely monitored. The antiviral drug oseltamivir is available at GH Vavuniya & BH Cheddikulam.

Annexure: Field notification of priority diseases by IDP site (Reporting week Nov 28 - Dec 04, 2009)

Disease	IDP Site	Cumulative total of cases	No. of cases reported during	Weekly Incidence Rate
		reported during June 01 - December 04, 2009	Nov 28 - Dec 04, 2009	Nov 28 - Dec 04, 2009 (per 100,000)
Hepatitis	Zone 0	367	00	00
	Zone 1	827	00	00
	Zone 2	556	00	00
	Zone 3	892	00	00
	Zone 4	533	00	00
	Zone 5	144	00	00
	Zone 6	06	00	00
	Zone 7	22	00	00
	Smaller/Transit sites	511	Not reported/ Closed	
	Total	3858	00	00
Chickenpox	Zone 0	507	03	23
	Zone 1	511	06	21
	Zone 2	1373	06	21
	Zone 3	481	03	13
	Zone 4	1218	08	53
	Zone 5	100	00	00
	Zone 6	20	00	00
	Zone 7	12	00	00
	Smaller/Transit sites	1060	Not reported/ Closed	
	Total	5282	26	22
Dysentery	Zone 0	51	01	08
	Zone 1	448	00	00
	Zone 2	434	00	00
	Zone 3	283	01	04
	Zone 4	1198	00	00
	Zone 5	14	00	00
	Zone 6	02	00	00
	Zone 7	14	00	00
	Smaller/Transit sites	84	Not reported/ Closed	
	Total	2528	02	02
Diarrhoea	Zone 0	1585	15	115
	Zone 1	3511	34	118
	Zone 2	4505	39	137
	Zone 3	4069	24	107
	Zone 4	3150	00	00
	Zone 5	736	03	102
	Zone 6	210	00	00
	Zone 7	184	00	00
	Smaller/Transit sites	2933	Not reported/ Closed	
	Total	20883	115	98

Data sources: Epidemiology Unit, Cheddikulam Coordination Centre, Vavuniya & Cheddikulam MOH Offices,

RDHS Office Vavuniya, Poovarasankulam Hospital and District Secretariat, Vavuniya

Compilation and analysis: WHO Field Unit, Vavuniya