



Epidemiology Unit
Ministry of Health

COMMUNICABLE DISEASE WEEKLY UPDATE

Internally Displaced Persons, Vavuniya District

No 20; Week 01, 02 & 03 (02 - 22 January 2010)



World Health
Organization

COUNTRY OFFICE FOR Sri Lanka

As per the statistics available, at the beginning of year 2010, the total number of IDPs in the relief villages (zones) was 97,285, which included 1182 pregnant mothers, 2213 infants and 10,906 pre-school children (1-5 years old).

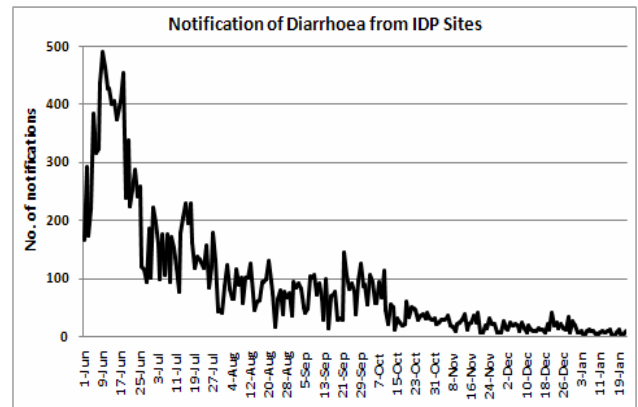
Disease Surveillance

The trend of field notification of priority diseases (absolute numbers and weekly incidence rates) 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 facilities located in Poovarasankulam Hospital and Menik Farm MSF Hospital were also given. Discrepancies in the numbers of field notifications and hospital admissions have been observed for some diseases. As the 'free movement' is allowed now, seeking hospital admissions directly without being referred by field health facilities could be one of the reasons for this observation.

Diarrhoea

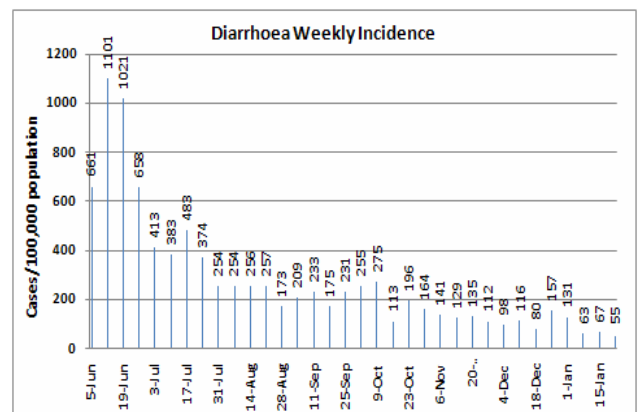
Field notification: A notable reduction in the number of notifications has been observed since the beginning of year 2010 (Fig. I). The number of diarrhoea cases reported during the reporting period (by week): 59 cases during January 02 - 08, 63 cases during January 09 - 15 and 52 cases during January 16 - 22. Zone 2 has been continuously reporting comparatively more cases than other zones. During the reporting period, out of the total 174 cases, 69 (40%) were from zone 2.

Fig I: Field notification of diarrhoea cases 01 June 2009 - 22 January 2010



Weekly incidence: Since the beginning of organized disease surveillance in IDP sites, the lowest incidence rates for diarrhoea were observed during the reporting period (Fig. II). In the last week of the reporting period (January 16 - 22), the incidence was 55/100,000, lowest ever reported. In all 3 weeks of the reporting period, zones 2 and 3 reported higher incidence rates compared to average weekly incidence rates for all IDP sites.

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

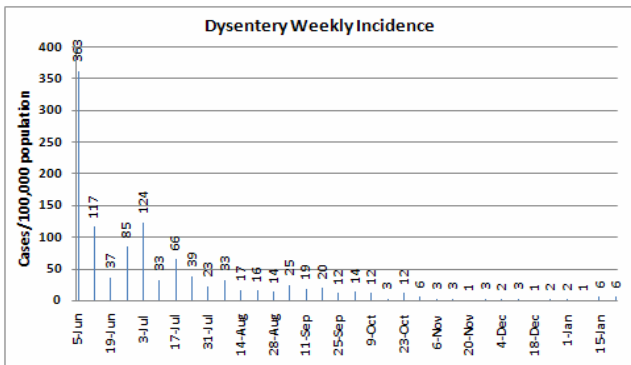


Dysentery

Field notification: The number of dysentery cases notified during the reporting period (by week): a single case during January 02 - 08 and 06 cases each during January 09 - 15 and January 16 - 22. Out of the total 13 cases reported, 07 (54%) were from zone 3.

Weekly incidence: The incidence rate for dysentery has been continuously in 'single digit' figure for the last 13 weeks. However, during the last two weeks of the reporting period, an increase in the incidence was observed (Fig. III). During January 16 - 22, zone 3 recorded a much higher incidence of 19/100,000 compared to that of all IDP sites (6/100,000).

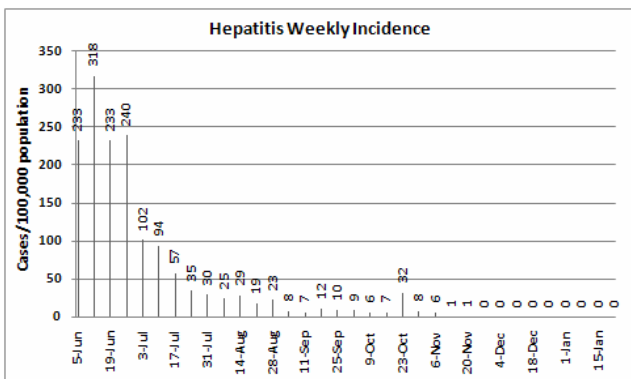
Fig III: Trend for weekly incidence of dysentery since 1st week of June, 2009



Hepatitis A

Field notification: The outbreak of hepatitis peaked during May - June 2009, is no more now. No cases have been notified from the zones for the last nine weeks.

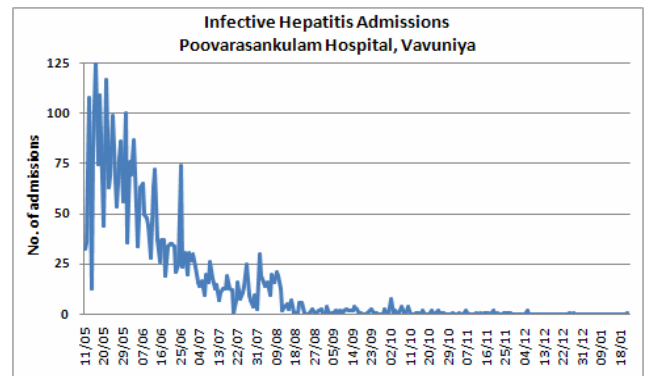
Fig IV: Trend for weekly incidence of hepatitis since 1st week of June, 2009



Weekly incidence: The falling incidence of hepatitis over time was clearly visible in Fig. IV. Since the last week of November 2009, 'zero incidence' was reported for hepatitis from all IDP sites.

Hospital admissions: The decreasing trend in disease incidence is well reflected on the number of hospital admissions (Fig. V). Since the beginning of isolation at Poovarasankulam Hospital (i.e. 11 May 2009), the total number of admissions up to 22 January 2010 was 3585. There was only one admission during reporting period.

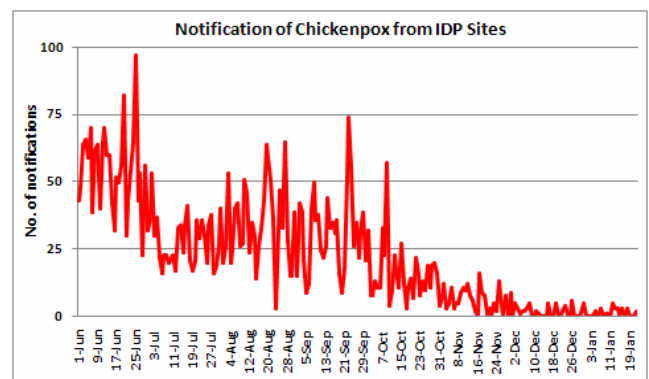
Fig. V: Trend for hepatitis admissions to the isolation facility from 11 May 2009 - 22 January 2010



Chickenpox

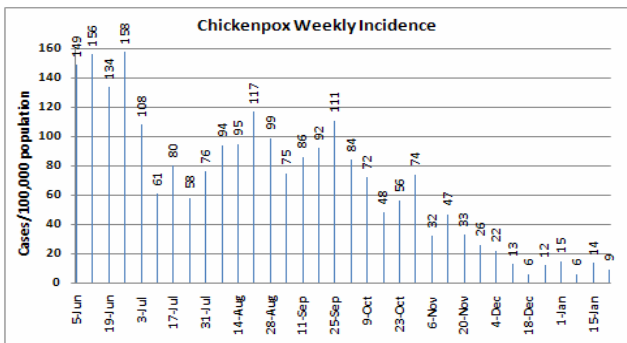
Field notification: As shown in Fig. VI, though there is a declining trend, the number of admissions was around 10 per week for the last two months. During the reporting period, out of the total 27 cases, zones 2 and 4 reported 9 cases (33%) each.

Fig VI: Field notification of chickenpox cases 01 June 2009 - 22 January 2010



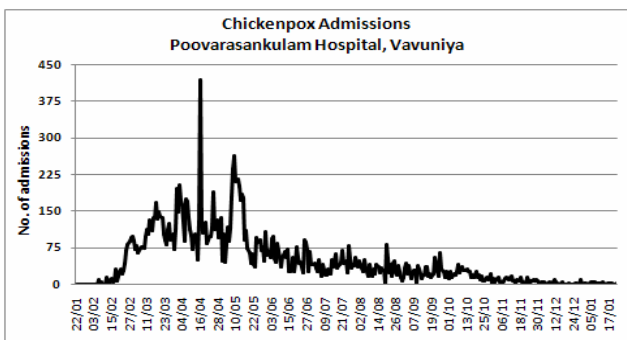
Weekly incidence: During the week January 02 - 08, the lowest weekly incidence of 6/100,000 has been recorded (Fig. VII). During the last week of the reporting period (January 16 - 22), chickenpox incidence rates for zone 0 (15/100,000), zone 4 (14/100,000) and zone 3 (12/100,000) were more than the average incidence for all IDP sites (9/100,000).

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



Hospital admissions: Since the beginning of isolation at Poovarasankulam Divisional Hospital (i.e. 22 January 2009) up to 22 January 2010, the total number of admissions in 2009 was 17,282 (Fig. VIII). The number of admissions during the reporting period was 50 (by week 20, 15 and 15).

Fig. VIII: Trend for chickenpox admissions to the isolation facility from 22 January 2009 - 22 January 2010

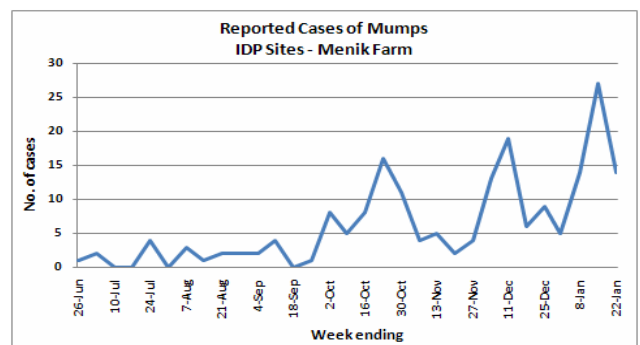


Mumps

Since the first case was reported on 25 June 2009, the cumulative total of mumps cases up to 22 January 2010 was 218. The number of cases reported during the reporting period (by week): 18 cases during

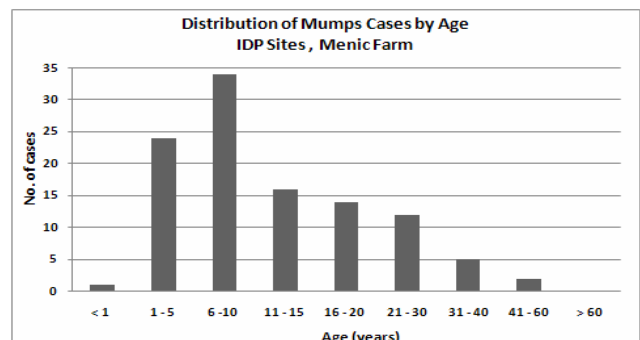
January 02 - 08, 40 cases during January 09 - 15 and 23 cases during January 16 - 22 (Fig. IX). These patients were mainly managed at Poovarasankulam Hospital and Menik Farm MSF Hospital. In addition, a considerable number of patients preferred to stay back at their respective zones. The outbreak is currently more or less confined to zones 3 and 5. However, internal transfer of IDPs may increase the risk of transmission of illness to other zones also.

Fig. IX: Reporting of mumps cases from IDP sites by week from 26 June 2009 - 22 January 2010



The age and sex distribution of 108 patients were available and accordingly most of the cases were in the age group of 6 - 10 years (31%). About 23% were aged 5 years or less (Fig. X). The sex ratio was 1:1 (males and females 54 each).

Fig. X: Distribution of reported mumps cases by age group

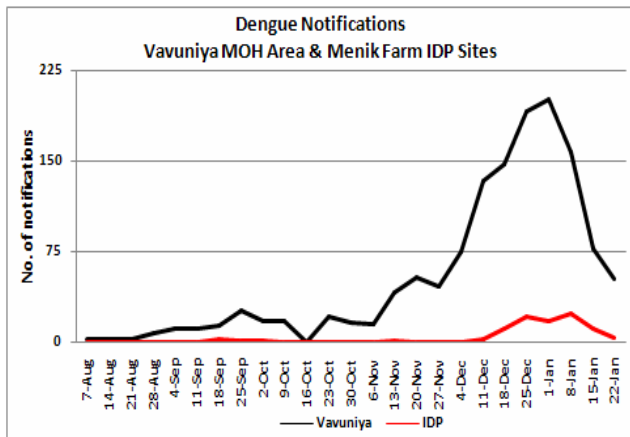


Dengue

The outbreak of dengue, first reported in the Vavuniya MOH area in early September and later spread to other areas including IDP sites, is currently seems to be in the

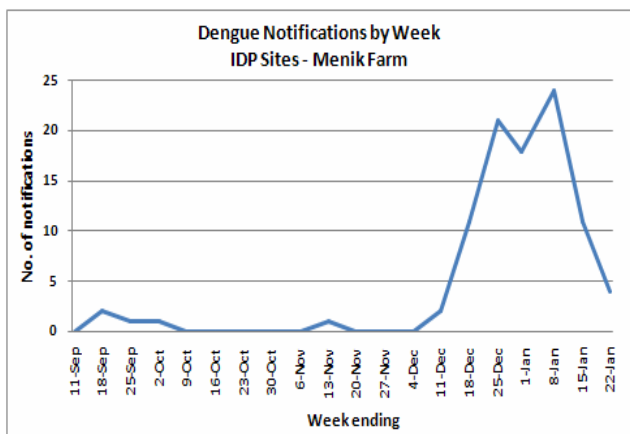
declining phase (Fig. XI). Widespread control activities and public awareness programmes implemented by the health authorities with the cooperation of UN Agencies, INGOs and NGOs contributed immensely to this situation.

Fig. XI: Reporting of suspected dengue cases from Vavuniya MOH Area & IDP sites by week from 07 August 2009 - 22 January 2010



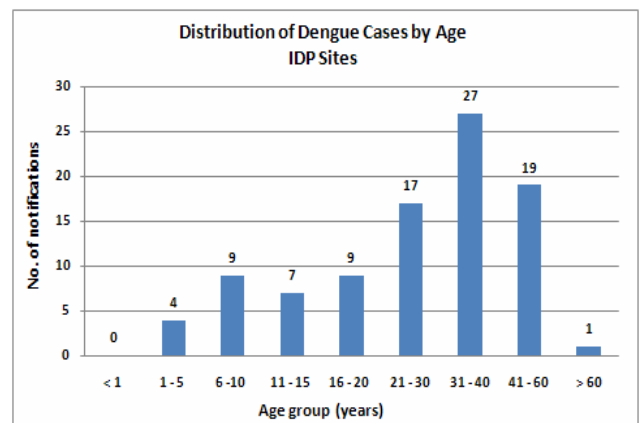
In 2009, a total of 1170 suspected cases were notified from the Vavuniya District which included 22 deaths (case fatality rate 1.9%). From the IDP sites, 57 cases were notified in 2009 (September - 3, October - 1, November - 1 & December - 52). During the reporting period, a total of 39 suspected cases were notified. The weekly trend is shown in Fig. XII. Zones 1 and 3 have reported most of the cases.

Fig. XII: Reporting of suspected dengue cases from IDP sites by week from 11 September 2009 - 22 January 2010



The age-wise distribution of cases reported from IDP sites is shown in Fig. XIII (Details are available for 93 cases). Among the reported cases, most (29%) were in the age group of 21-30. About 69% of the notified cases were aged more than 20 years. This shows shifting of age distribution towards older age groups. The analysis of district level statistics for Vavuniya also showed this trend. However, in contrast to the male preponderance observed in the Vavuniya MOH area, sex distribution of patients reported from IDP sites was more or less the same.

Fig. XIII: Distribution of dengue cases reported from IDP sites by age group in 2009



Typhoid

The cumulative total of field notifications of suspected typhoid cases up to 22 January 2010 was 536. During the reporting period, there was only one notification (from zone 3).

Data sources: Cheddikulam Coordination Centre, Vavuniya & Cheddikulam MOH Offices, RDHS Office Vavuniya, Cheddikulam Base Hospital, Vavuniya General Hospital, Poovarasankulam Hospital and Menik Farm MSF Hospital

Compilation and analysis: WHO Field Unit, Vavuniya



