



COMMUNICABLE DISEASE WEEKLY UPDATE

Internally Displaced Persons, Vavuniya District

No 16; Weeks 46 & 47 (07 - 20 November 2009)

Epidemiology Unit
Ministry of Health



Due to the accelerated resettlement programme, the number of total IDPs in the Vavuniya District is rapidly declining. According to the District Secretariat as of 09 November 2009, the total number of IDPs was 135,392. About 94% of these IDPs (i.e. 127,509) were in relief villages (Zone 0 to 7) set up in the Cheddikulam MOH area. The remaining 7883 (6%) were in three welfare centres located in the Vavuniya South MOH area. All the transit camps functioned in the Vavuniya MOH area were closed during last two weeks.

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. Non-availability of regular surveillance data from the welfare centres and rapidly changing population size were two important factors affected the data analysis for this update. The discrepancy in the number of field notifications and the number of hepatitis and chickenpox patients admitted to the Poovarasankulam Hospital was mainly due to under-notification from the welfare centres (i.e. total number of field notifications for chickenpox and hepatitis was less than the number of hospital admissions). Considering the irregular flow of surveillance data from the welfare centres, population in these centres was excluded from the denominator for the calculation of disease incidence rates. Further, for the data analysis, population distribution of IDPs as of November 9th, 2009 was used.

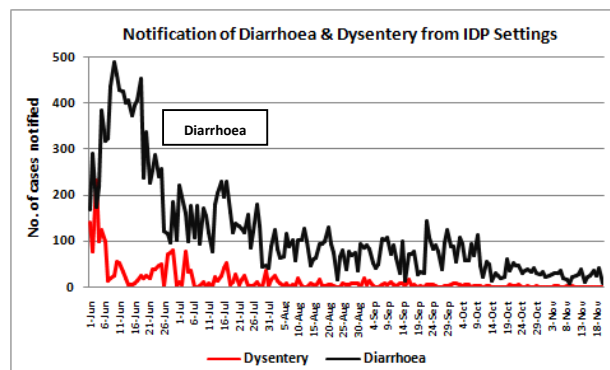
The trend of field notification of priority diseases (absolute numbers and weekly incidence rates) over time has been summarized below. This analysis was based on the notifications received from field hospitals and mobile health units. In addition, details of admission of IDP patients to the isolation facility located in Poovarasankulam Hospital were also given. For most of the priority diseases

analyzed, a marked reduction in the field notifications and a moderate reduction in incidence rates have been observed during the period of analysis (November 07-20, 2009). 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 (November 07-20, 2009), a marked reduction was observed in the number of diarrhoea cases (Fig. I). For the first time since data analysis began in June 2009, the number of diarrhoea cases reported per week fell below 200. A total of 165 cases were reported during November 07-13 and 172 cases were reported during November 14-20.

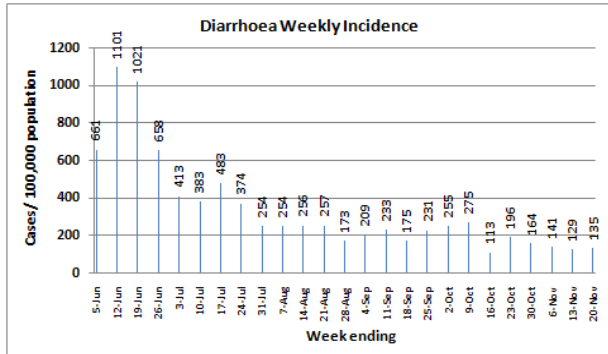
Fig I: Field notification of diarrhoea and dysentery cases 01 June - 20 November 2009



Weekly incidence: However, only a moderate reduction was observed in the weekly incidence of diarrhoea during the period of analysis (Fig. II). This was mainly due to rapidly declining number of IDPs (i.e. denominator). The incidence rates of diarrhoea for the last week of reporting period (14-20 November) in zone 6 (380/100,000), zone 5 (292/100,000), zone 7 (167/100,000), zone 3 (150/100,000) and zone 1 (144/100,000) were more than the average incidence for all IDP sites (135/100,000). Since 1st week of September due to gross under reporting of diarrhoea cases, weekly incidence for zone 4 had been much lower than that

of other IDP sites. (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, health workers were requested to notify diarrhoea cases also).

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

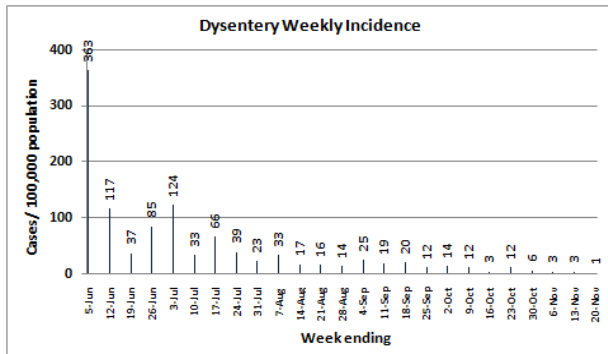


Dysentery

Field notification: During the reporting period (November 07-20, 2009), for most of the days there was ‘nil reporting’ (Fig. I). Only one case was reported during the last week of reporting period (14-20 November) i.e. from zone 1.

Weekly incidence: Since the analysis began in June 2009, the lowest number of field notifications (n = 1) and incidence rate for dysentery (1/100,000) was recorded during the last week of reporting period (Fig. I & III).

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

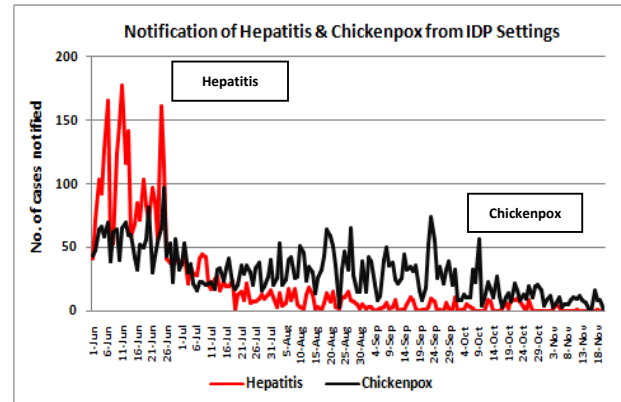


Hepatitis A

Field notification: The outbreak of hepatitis peaked during May - June, 2009 is well under control now and only isolated cases were reported during the reporting period

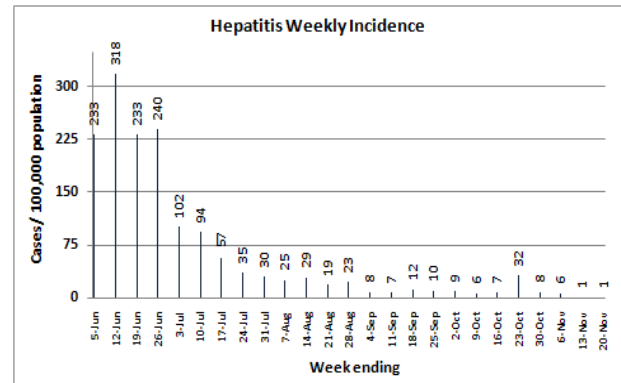
(Fig. IV). During the last week of reporting period (14-20 November) only one case was notified i.e. from zone 7.

Fig IV: Field notification of hepatitis and chickenpox cases 01 June - 20 November 2009



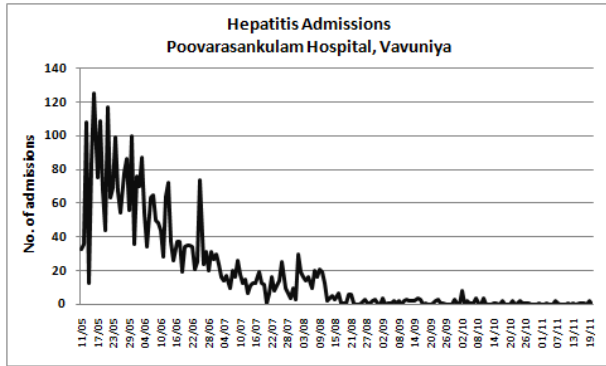
Weekly incidence: The falling incidence of hepatitis over time was clearly visible in Fig. V. The overall weekly hepatitis incidence for the last week of reporting period (November 14-20) was 1/100,000. The incidence rate in zone 7 which reported the only case for the week was 56/100,000.

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 20 November 2009, the cumulative total of hepatitis admissions was 3575. The number of admissions during the last week of reporting period (November 14-20) was 05.

Fig. VI: Trend for hepatitis admissions to the isolation facility from 11 May - 20 November 2009

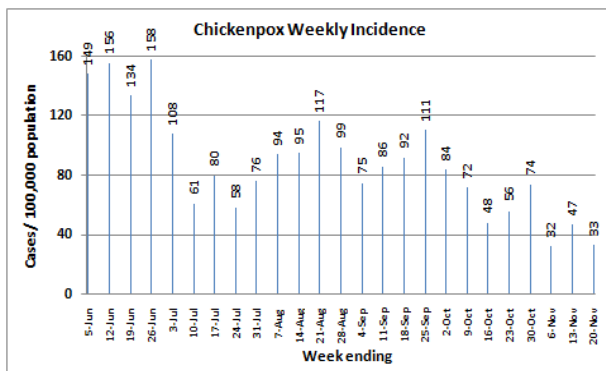


Chickenpox

Field notification: Despite a general reduction in the chickenpox field notifications (Fig. IV), during the reporting period zone 2 reported relatively large number of cases. During the last week of reporting period (November 14-20), a total of 42 chickenpox cases were reported and out of them 50% (n = 21) were from zone 2.

Weekly incidence: Despite a general declining trend in the weekly chickenpox incidence, frequent fluctuations were observed over time (Fig. VII). Comparatively a low incidence rate of 33/100,000 was reported during the last week of reporting period (November 14-20). However, during the above period incidence rates for zone 2 (68/100,000), zone 6 (60/100,000) and zone 4 (45/100,000) were more than the average incidence of chickenpox for all IDP sites.

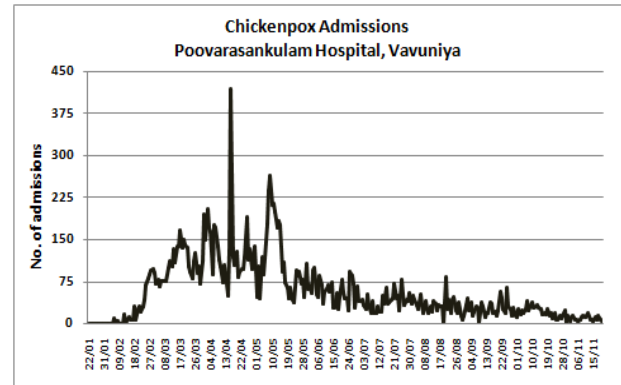
Fig VII: Trend for weekly incidence of chickenpox since 1st week of June, 2009



Hospital admissions: Since the beginning of isolation at Poovarasankulam Divisional Hospital (i.e. 22 January 2009) up to 20 November 2009, the cumulative total of chickenpox admissions was 17,063. The number of

admissions during the last week of reporting period was 55 (Fig. VIII).

Fig. VIII: Trend for chickenpox admissions to the isolation facility from 22 January - 20 November 2009



Measles

Hospital admissions: Since June 27 up to October 08, 2009, a total of 90 suspected measles cases (IDPs) were admitted to hospitals (Poovarasankulam Hospital - 64, Cheddikulam Base Hospital - 22 and Vavuniya General Hospital - 04). Notably, during the same period, there were no measles notifications from the host population. Since October 8th, there were no notifications even among IDPs clearly demonstrating the effectiveness of recently conducted measles immunization programme.

Typhoid fever

Since 01 June up to 20 November 2009, 515 cases of enteric fever were notified from field hospitals/ mobile health units functioning in IDP sites. Only two cases were notified in the last week of reporting period (14-20 November) and both were from zone 1.

Mumps

Since the 1st case was admitted on June 25th up to November 20, 2009, a total of 59 mumps patients (IDP) have been treated at Poovarasankulam Hospital. In addition, one patient was managed at Cheddikulam Base Hospital. Most of the cases were from zones 6 and 7 and almost 75% were in the age group of 1 - 15 years. It should be noted that there is no vaccination available against mumps in the National Immunization Programme.

Annexure: Field notification of priority diseases by IDP site (Reporting week November 14 - 20, 2009)

Disease	IDP Site	Cumulative total of cases	No. of cases reported during	Weekly Incidence Rate
		reported during June 01 - November 20, 2009	November 14 - 20, 2009	November 14 - 20, 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	01	56
	Smaller/Transit sites	511	Not reported/ Closed	
	Total	3858	01	01
Chickenpox	Zone 0	491	03	25
	Zone 1	503	03	09
	Zone 2	1357	21	68
	Zone 3	477	05	20
	Zone 4	1206	07	45
	Zone 5	100	00	00
	Zone 6	19	03	60
	Zone 7	12	00	00
	Smaller/Transit sites	1060	Not reported/ Closed	
	Total	5225	42	33
Dysentery	Zone 0	47	00	00
	Zone 1	448	01	03
	Zone 2	434	00	00
	Zone 3	281	00	00
	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	2522	01	01
Diarrhoea	Zone 0	1565	16	131
	Zone 1	3448	49	144
	Zone 2	4415	38	124
	Zone 3	4019	37	150
	Zone 4	3149	00	00
	Zone 5	720	10	292
	Zone 6	205	19	380
	Zone 7	183	03	167
	Smaller/Transit sites	2933	Not reported/ Closed	
	Total	20637	172	135

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