



Epidemiology Unit
Ministry of Health

COMMUNICABLE DISEASE WEEKLY UPDATE

Internally Displaced Persons, Vavuniya District

No 11; Week 38 (12 - 18 September 2009)



As of 15 September 2009, the total number of IDPs was 246,641 (77,371 families). About 89% of them IDPs (i.e. 220,653) were settled in relief villages, named from zone 0 to 7 (i.e. 8 zones) located in the Cheddikulam MOH area. In addition, there were 3 welfare centres in Vavuniya South MOH area, where 15,709 IDPs (6%) were looked after. The remaining 10,279 (4%) were in Vavuniya MOH area in 5 centres, which are smaller in size and transit in nature.

Disease Surveillance

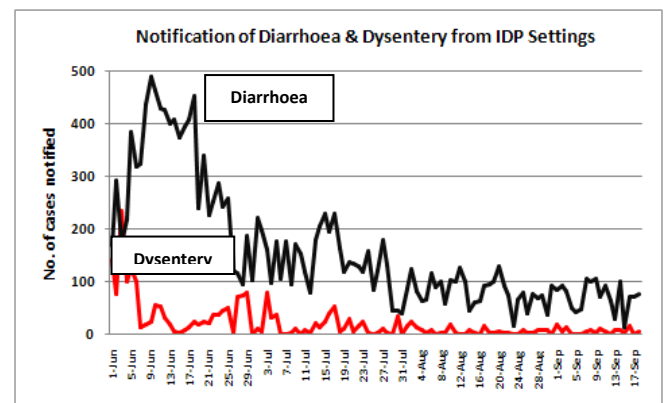
Disease surveillance in zones located in Cheddikulam MOH area is coordinated by the Cheddikulam Coordination Centre. In the IDP sites in Vavuniya and Vavuniya South MOH areas, disease surveillance activities are conducted by the range PHII under the guidance of the relevant MOH. However, the flow of disease surveillance data has not been organized well from the newly opened zones 6 and 7, and the welfare centre at Tharmapuram.

The following table shows the trend of weekly incidence for priority diseases based on the notifications received from field hospitals and mobile health units during the last 8 weeks. For diarrhoea, a considerable reduction in the incidence rate has been observed during the reporting week (September 12-18, 2009). However, though the magnitude was small, incidence rates for chickenpox, hepatitis and dysentery showed increase during the same period.

Diarrhoea

Field notification: The daily reporting of diarrhoea during the period of analysis was in the range of 15 - 100 cases (Fig. I). Zones 1 and 2, most highly populated IDP sites, reported a cumulative total of more than 100 cases of diarrhoea during the reporting week.

Fig I: Field notification of diarrhoea and dysentery cases 01 June - 18 September 2009

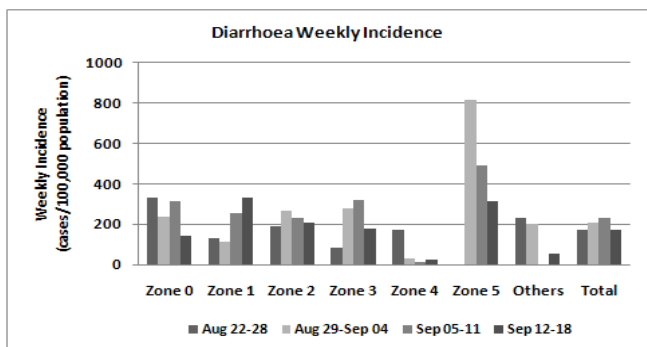


The incidence rates of diarrhoea for the reporting week (September 12 - 18) in zone 1 (333/100,000), zone 5 (315/100,000), zone 2 (205/100,000) and zone 3 (179/100,000) were more than the average incidence for all IDP sites (175/100,000) (Fig II). Since 1st week of September, the weekly incidence for diarrhoea in zone 4 has been much lower than that of other IDP sites. Under reporting should be excluded before commenting on this observation.

Table 1: Trend of weekly incidence for priority diseases from 25 July to 18 September 2009

Disease	Weekly Incidence/ 100,000 population							
	July 25-31	Aug 01-07	Aug 08-14	Aug 15-21	Aug 22-28	Aug 29-Sep 04	Sep 04-11	Sep 12-18
Hepatitis A	30	25	29	19	23	08	07	12
Chickenpox	76	94	95	117	99	75	86	92
Dysentery	23	33	17	16	14	25	19	20
Diarrhoea	254	254	256	257	173	209	233	175

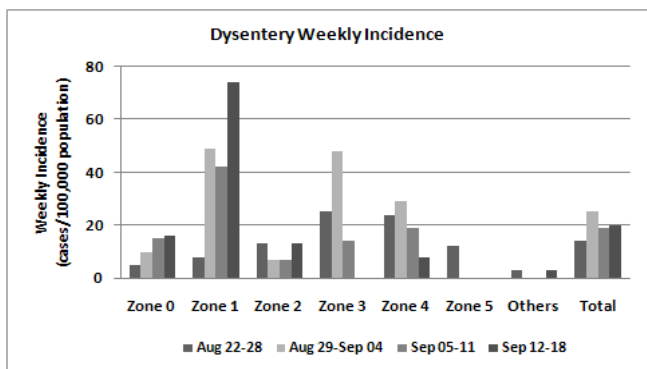
Fig II: Trend of weekly notification of diarrhoea cases



Dysentery

Field notification: An outbreak was reported from zone 1. (Out of the 49 cases, 35 were from zone 1). Earlier also, similar outbreaks had been reported from zone 1. During the reporting period, zone 1 recorded a very high incidence rate of 74/100,000 compared to the average incidence for all IDP sites (20/100,000) (Fig. III).

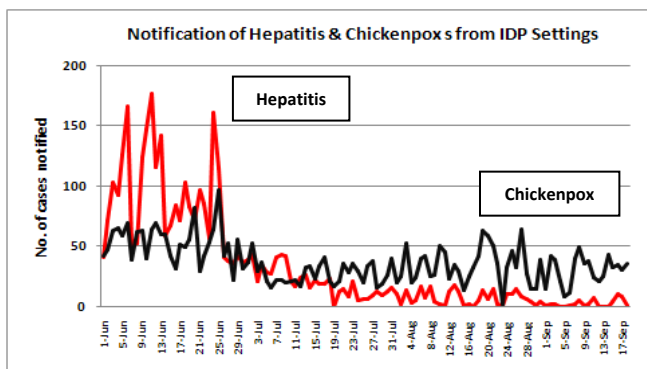
Fig III: Trend of weekly notification of dysentery cases



Hepatitis A

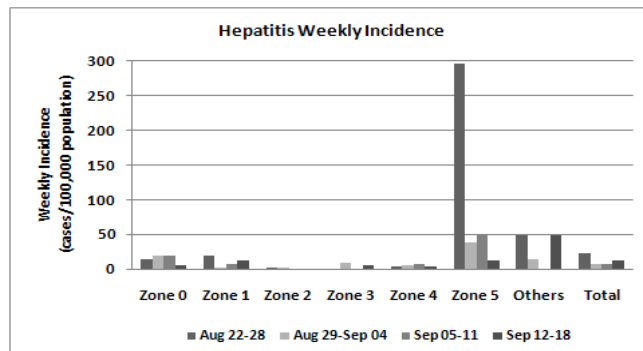
Field notification: Hepatitis outbreak peaked during May & June is currently tapering off (Fig. IV). However, during the reporting week, increased numbers of notifications were observed from Veerapuram & Sumathipuram.

Fig IV: Field notification of hepatitis and chickenpox cases 01 June – 18 September 2009



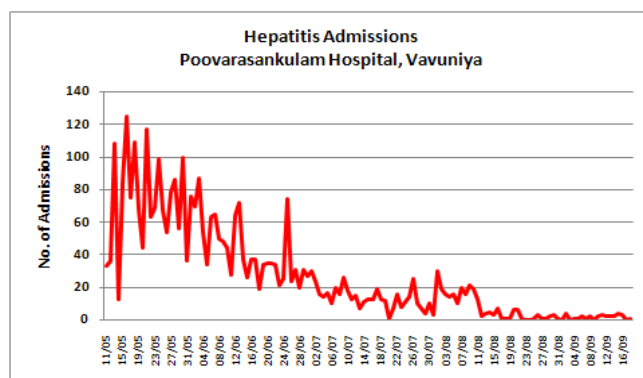
Out of the 29 cases reported, 18 were from these two welfare centres. As shown in Fig. V, incidence rate for the reporting period in smaller sites which included welfare centres (49/100,000) was much higher than the average incidence rate of hepatitis for all IDP sites (12/100,000).

Fig V: Trend of weekly notification of hepatitis cases



Hospital admissions: Since the beginning of isolation at Poovarasankulam Hospital (i.e. May 11th) up to 18 Sep 2009, the cumulative total of admissions was 3518. Out of 29 field notifications made during the reporting week, only 14 were admitted (admission rate 48%). In the case of hepatitis A, transfer to hospital was recommended mainly for reasons other than isolation (i.e. close observation to detect complications early, provision of nutritional supplements and adequate rest).

Fig. VI: Trend of hepatitis admissions to the isolation facility from 11 May – 18 September 2009

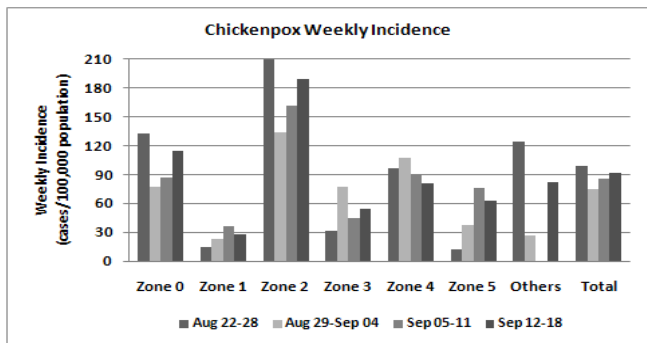


Chickenpox

Field notification: Occasional ‘peaks’ were observed in the number of notifications during the reporting week (Fig. IV). These ‘peaks’ were mainly due to increased reporting from zone 2. Out of the 227 cases reported, 103 were from zone 2. As shown in Fig. VII, incidence of chickenpox in the

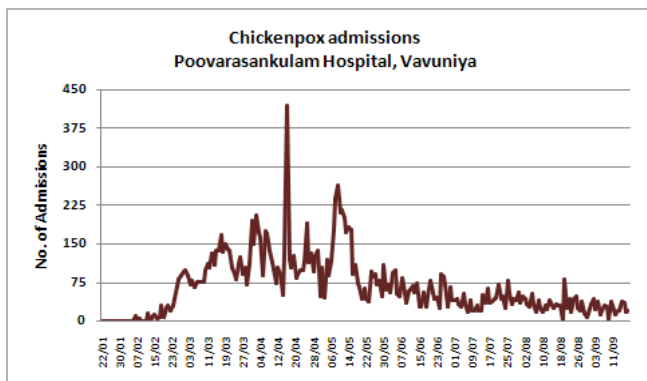
reporting week was higher in zone 2 (189/100,000) & zone 0 (115/100,000) than the average incidence of chickenpox for all IDP sites (92/100,000).

Fig VII: Trend of weekly notification of chickenpox cases



Hospital admissions: Since the beginning of isolation at Poovarasankulam Hospital (i.e. 22 January 2009) up to 18 September 2009, the cumulative total of chickenpox admissions was 15,875. Out of 163 field notifications made in the reporting week, 163 were admitted (admission rate 72%). Unlike for hepatitis, early detection & isolation plays a major role in the prevention & control of chickenpox.

Fig. VIII: Trend of chickenpox admissions to the isolation facility from 22 January - 18 September 2009

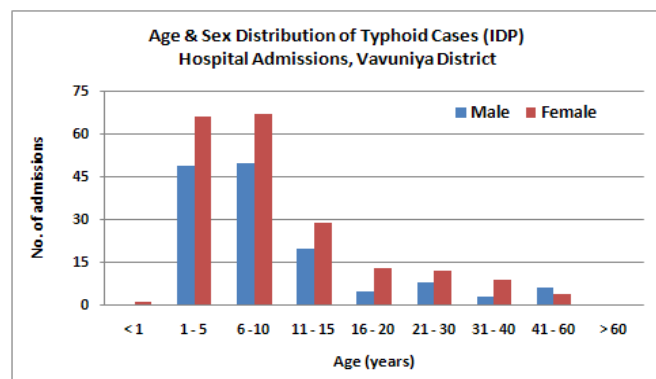


Dengue: During the reporting week, 2 cases were reported among IDPs. Both were notified from GH, Vavuniya (a 43 years old female from zone 2 & a 23 years old male from Technical College transit camp). Despite increased reporting of dengue among host population since August 2009, this was the first occasion dengue reported among IDPs. Notification of above cases was based on clinical diagnosis. Though the confirmatory laboratory test was not done due to logistic issues, clinical history & basic laboratory investigations strongly favoured a diagnosis of dengue. In the host population, during the current year up

to now, 54 patients have been notified. Out of these, 32 were notified in September (up to 18th) alone. There is clear evidence for local transmission and strengthening prevention & control activities is a very high priority.

Typhoid fever: Since 01 June up to 18 September 2009, 418 cases were notified from the field hospitals operating in IDP sites. The number of notifications during the reporting period was 28, out of them 13 were from zone 1. During the same period, as per the notifications received by MOH Offices, a total of 342 patients (in-ward) were treated in Cheddikulam BH (188), Vavuniya GH (150) & Poovarasankulam DH (04). It should be noted that some of the cases notified from the field were managed at the field level itself without being transferred to hospitals outside. There is also a possibility of patients being transferred to hospitals outside without being diagnosed as typhoid at field level e.g. transferred as cases of “pyrexia of unknown origin”. As shown in Fig. IX, majority of patients treated at hospitals were females (59%). About 68% were in the age group of 1-10 years (34% each in 1 - 5 years & 6 - 10 years age groups).

Fig. IX: Distribution of typhoid patients admitted to Hospitals by age & sex (June 01 - September 18, 2009)



Malaria: Up to now, 314 cases were notified from IDP sites. Except for 3 (confirmed by blood film), all were notified on clinical suspicion. There were no notifications during the reporting week.

Leptospirosis: Up to now, 2 cases have been reported among IDPs (one each from zone 1 & 2).

Annexure: Distribution of notified cases of priority diseases by IDP site (Period of analysis 12 - 18 September 2009)

Disease	IDP Site	No. of cases reported during September 12 - 18, 2009	Cumulative total of cases reported during June 01 - Sep 18, 2009	Blocks (within zones) & smaller camps reported large number of cases
	Hepatitis	Zone 0	01	362
Zone 1		06	822	Blocks J,K,M,U
Zone 2		00	555	Nil reporting
Zone 3		02	891	No significant reporting
Zone 4		01	528	Block D2
Zone 5		01	139	No significant reporting
Smaller camps/ sites		18	423	Sumathipuram & Veerapuram
Total		29	3720	
Chickenpox	Zone 0	22	378	Block D
	Zone 1	13	444	Blocks J,K,N,P,T,U
	Zone 2	103	896	Blocks 6,13,19,25,36,43
	Zone 3	24	340	Widespread reporting
	Zone 4	30	1025	Blocks D2,E7
	Zone 5	05	97	No significant reporting
	Smaller camps/ sites	30	1009	Sumathipuram & Veerapuram
	Total	227	4189	
Dysentery	Zone 0	03	46	No significant reporting
	Zone 1	35	414	Blocks F,J,R,Q,U
	Zone 2	07	423	No significant reporting
	Zone 3	00	274	Nil reporting
	Zone 4	03	1178	No significant reporting
	Zone 5	00	05	Nil reporting
	Smaller camps/ sites	01	56	No significant reporting
	Total	49	2396	
Diarrhoea	Zone 0	27	1293	Block B
	Zone 1	157	2707	Widespread reporting
	Zone 2	112	3500	Blocks 8,10,13,25,38, 39
	Zone 3	79	3548	Blocks 25,27,28
	Zone 4	10	3102	Block E8
	Zone 5	25	634	Widespread reporting
	Smaller camps/ sites	21	2851	Sumathipuram & Veerapuram
	Total	431	17635	

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