



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Vol. 38 No.13

26th March– 01st April 2011

Neglected Tropical Diseases (Part 2)

Part 1 of this article which was published in the last issue of the weekly Epidemiological Report discussed on the definition, epidemiology, burden and the types of neglected tropical diseases. This article discusses what has been done to prevent the diseases up to now, key challenges in the future and new strategic approaches.

The prevention, control, elimination and eradication of neglected tropical diseases face several challenges:

International level:

- Limited visibility since the diseases are tied to specific geographical and environmental conditions and do not spread easily to industrialized countries;
- Not on the radar screen of most decision makers, mainstream research and funding agencies;
- Little market incentive to develop medicines and vaccines as mainly poor people are affected.

National level:

- Often hidden as they affect poor populations with little political voice;
- Rarely given priority in poverty reduction strategies and health sector plans;
- Require inter-sectoral collaboration to address underlying determinants of health;
- Interventions often not part of existing national health systems.

Community level:

- More likely to occur where people do not have access to health care, clean water, adequate sanitation, housing, education and information;
- Limited access to preventive measures and treatments;

- Lack of information and education;
- Constitute a source of social stigma, discrimination and poverty.

Activities to prevent and control neglected tropical diseases are now included in the policies and budgets of many endemic countries. This has led to the development of interventions that are appropriate to existing health systems, often with the support of implementing partners. The involvement of the pharmaceutical industry and subsequent donations made to support the control of neglected tropical diseases have increased access to high-quality medicines at low cost or free of charge for hundreds of millions of poor people.

Approaches to overcoming neglected tropical diseases.

WHO recommends five strategies for the prevention and control of NTDs:

- (i) preventive chemotherapy; (ii) intensified case-management; (iii) vector control; (iv) provision of safe water, sanitation and hygiene; and (v) veterinary public health.

Working to overcome individual NTDs or a group of these diseases should rely on a combination of these strategic approaches. For example, in order to control the morbidity caused by lymphatic filariasis, individuals will benefit from preventive chemotherapy; individuals with hydrocoele will require case management. Bringing the vectors of *Wuchereria* and *Brugia* under control will require appropriate management of water resources.

On the other hand some diseases need to be focused on one method more than other methods to control them. For example, Dengue control is mainly done by vector control methods than the other methods.

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Neglected tropical diseases from a human rights perspective- A human rights-based approach

A human rights-based approach is guided by human rights standards and principles. It requires that health interventions support the capacity of duty bearers (primarily government authorities) to meet their obligations and of affected communities to claim their rights.

A human rights-based approach requires that the interventions and processes in response to neglected tropical diseases are guided by human rights principles, such as **participation, nondiscrimination and accountability.**

Participation

People are entitled to participate in taking decisions that directly affect them, such as the design, implementation and monitoring of health interventions. Participation should be active, free and meaningful, and include affected women, men, boys and girls. Specific attention must be focused on people living in poverty and other vulnerable groups. Communities affected by neglected tropical diseases are sometimes involved in prevention, treatment and control programmes, such as vector control programmes or administration of treatment. However, a human rights-based approach requires that affected communities participate not only in implementing programmes, but also in priority-setting at local, national, and international levels.

Non-Discrimination

States have an obligation to ensure equality and non-discrimination in laws, policies and the distribution and delivery of resources, health services and underlying determinants of health. This requires identification and targeting of vulnerable groups. Authorities need to take steps to ensure that prevalence data, mass drug administration and facility-based treatments are available for all at-risk populations.

Accountability

Rights and obligations demand accountability. Governments and other decision makers need to be transparent about process and actions and justify their choices. Also, redress mechanisms should be in place. Accountability comes in many forms. These are some of the possible mechanisms:

- Judicial mechanisms, e.g. incorporating human rights obligations in domestic law, court cases;
- Quasi-judicial mechanisms, e.g. national, human rights commissions or ombudspersons;
- Administrative and policy mechanisms, e.g. development and review of health policies and plans, human rights impact assessments;
- Political mechanisms, e.g. parliamentary processes, monitoring and advocacy by NGOs;
- Ratification and reporting on human rights treaties incorporating the right to health.

what are the challenges for the future?

International support

Despite global economic constraints, bilateral and international support from countries, development agencies and non governmental organizations (NGOs) will need to be sus-

tained. These commitments should encourage others to expand their support for developing the services needed to overcome neglected tropical diseases.

Environmental factors – Planning for the development and control of neglected tropical diseases should take into account the effects of porous borders, population growth and migration, urbanization, the movement of livestock and vectors, and the political and geographical consequences of climate change.

Timely responses – As control interventions reach more people and new technology is embraced, more rapid responses will need to be made to information about the epidemiology, transmission and burden of neglected tropical diseases. Similarly, programme managers will need to react quickly to information about the coverage, compliance, acceptance and impact of interventions.

Professional expertise – Expertise in individual neglected tropical diseases is lacking in some countries, and continues to decline in others. The decline in expertise is particularly marked in the areas of vector control, case-management, pesticide management and veterinary aspects of public health, and should be addressed as a priority. As expansion of prevention and control activities increases, the need to strengthen health systems, and to train and support staff in technical and management expertise, will become more urgent.

Medicines for prevention and treatment – Targets for coverage set by the World Health Assembly for control of lymphatic filariasis, schistosomiasis, soil-transmitted helminthiases and trachoma will not be met, notably in the WHO African and South-East Asia regions, unless implementation of preventive chemotherapy is substantially increased. The provision of medicines to treat the soil-transmitted helminthiases must also be increased significantly. Production of medicines used to treat neglected tropical diseases needs to be made more attractive to companies which manufacture generic pharmaceuticals.

Research – A research strategy is required for the development and implementation of new medicines, particularly for leishmaniasis and trypanosomiasis; new application technologies and products for vector control; vaccines for dengue; and new diagnostics that will be accessible to all who need them.

Sources

Neglected tropical diseases, hidden successes, emerging opportunities- World Health Organization 2009

Working to overcome the global impact of neglected tropical diseases- World Health Organization 2010

A human rights-based approach- Neglected tropical diseases, Fact sheet, World Health Organization

Equity, social determinants and public health programmes, Erik Blas and Anand Sivasankara Kurup, World Health Organization

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Table 1: Vaccine-preventable Diseases & AFP

19th - 25th March 2011(12th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	01	00	00	00	00	00	00	01	07	23	28	- 17.8 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	00	01	00	00	00	01	00	00	02	03	26	27	- 3.7 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	06	06	0.0 %
Whooping Cough	01	00	00	00	00	01	00	00	00	02	00	10	05	+ 100.0 %
Tuberculosis	53	10	00	01	07	11	00	01	00	83	125	1962	2313	- 15.7 %

Table 2: Newly Introduced Notifiable Disease

19th - 25th March 2011(12th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	14	10	21	15	06	12	11	05	13	107	70	1236	958	+ 29.0 %
Meningitis	02 CB=2	01 KD=1	05 GL=3 MT=1 HB=1	00	00	06 KN=5 PU=1	02 AP=1 PO=1	00	02 RP=2	18	12	246	391	- 34.5 %
Mumps	04	02	01	01	00	07	02	00	03	31	09	495	211	+ 134.6 %
Leishmaniasis	00	00	07 HB=5 MT=2	00	00	01 KN=1	16 AP=15 PO=1	00	00	24	07	172	90	+ 91.1 %

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.
 DPDHS 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

Dengue Prevention and Control Health Messages

Check the roof gutters regularly for water collection where dengue mosquitoes could breed.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
19th - 25th March 2011(12th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	81	1020	4	62	0	2	1	49	0	4	17	100	1	4	1	14	0	1	85
Gampaha	25	363	2	29	0	6	1	17	0	8	11	183	1	10	0	23	0	2	67
Kalutara	10	152	1	40	0	2	0	21	0	6	11	60	0	0	1	2	0	0	75
Kandy	4	84	5	115	0	3	0	11	20	23	6	34	2	28	1	17	0	0	87
Matale	7	44	5	42	0	2	0	6	0	3	4	55	0	5	0	4	0	0	100
Nuwara	0	20	7	68	0	1	0	13	0	12	1	15	0	26	0	3	0	0	85
Galle	10	48	2	23	0	1	0	2	1	5		25	0	11	0	6	0	0	58
Hambantota	6	48	0	11	0	2	0	1	0	6	11	144	4	19	0	0	0	0	58
Matara	7	60	3	19	0	0	0	5	0	0	9	98	0	19	0	5	0	1	65
Jaffna	1	112	4	47	0	2	3	88	0	9	0	2	2	144	0	11	1	2	64
Kilinochchi	0	11	0	3	0	2	0	4	0	0	0	1	0	4	0	1	0	0	0
Mannar	0	16	1	4	0	0	0	7	0	0	0	11	0	27	0	0	0	0	60
Vavuniya	1	31	0	11	1	7	1	5	0	2	1	31	0	2	0	0	0	0	100
Mullaitivu	0	5	0	8	0	1	0	1	0	0	0	3	0	0	0	0	0	0	50
Batticaloa	19	168	10	112	0	2	1	3	1	7	1	10	0	0	0	1	0	1	79
Ampara	0	19	1	29	0	0	0	5	0	18	0	28	0	0	0	4	0	0	43
Trincomalee	7	42	28	119	0	0	0	1	0	5	4	49	0	1	0	3	0	0	73
Kurunegala	18	139	1	79	0	4	2	36	0	24	47	977	6	31	0	12	0	0	87
Puttalam	6	182	1	57	0	0	1	6	0	1	6	37	0	5	0	2	0	1	56
Anuradhapu	1	53	2	34	0	1	0	2	1	8	17	163	1	11	1	4	0	0	74
Polonnaruw	1	58	0	19	0	1	0	3	0	8	1	37	0	0	0	4	0	0	100
Badulla	4	56	1	35	1	2	2	16	0	0	3	18	1	7	1	14	0	0	47
Monaragala	8	56	0	21	0	1	1	11	1	4	5	40	4	23	2	20	0	0	82
Ratnapura	7	109	5	115	0	3	0	8	0	5	8	91	0	13	0	16	0	0	44
Kegalle	9	64	5	32	0	6	2	21	0	7	16	80	0	8	1	24	0	0	82
Kalmunai	0	9	2	95	0	0	0	0	0	1	0	2	0	0	0	1	0	0	54
SRI LANKA	232	2969	90	1229	02	51	15	342	24	166	185	2294	22	398	08	191	01	08	70

Source: Weekly Returns of Communicable Diseases WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 25th March, 2011 Total number of reporting units =320. Number of reporting units data provided for the current week: 159

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

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.

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