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2. Enteric Fever Surveillance
3. Viral Hepatitis Surveillance
4. Bacillary Dysentery Surveillance
5. Cholera Surveillance
6. Tetanus Surveillance
7. Measles Surveillance
8. Human Rabies Surveillance
9. Tuberculosis Quarterly Report
10. Malaria Surveillance
11. Japanese Encephalitis Surveillance
12. Leprosy Surveillance
14. Entomological Surveillance of Dengue Vectors
15. Leptospirosis Surveillance
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1. POLIOMYELITIS

A total of 18 cases of Acute Flaccid Paralysis (AFP) was notified in the 3rd quarter of 2004 compared to 26 cases notified in the previous quarter.

The distribution of these 18 cases of AFP according to the Deputy Provincial Directors of Health Services (DPDHS) divisions and Medical Officers of Health/Divisional Directors of Health Services (MOOH/DDDHS) areas is as follows:

<table>
<thead>
<tr>
<th>DDPHs Kandy</th>
<th>MOH Nawalapitiya</th>
<th>MOH Wattegama</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDPHs Galle</td>
<td>MOH Karandeniya</td>
<td>MOH Galle</td>
</tr>
<tr>
<td>DDPHs Gampaha</td>
<td>MOH Divulapitiya</td>
<td>MOH Katana</td>
</tr>
<tr>
<td>DDPHs Jaffna</td>
<td>MOH Point Pedro</td>
<td></td>
</tr>
<tr>
<td>DDPHs Matara</td>
<td>MOH Thihagoda</td>
<td></td>
</tr>
</tbody>
</table>

Age and Sex Distribution

Table 1 shows the age and sex distribution of the 18 cases reported during the quarter.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 1 year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 – 4 years</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5 – 9 years</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>10 – 14 years</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>15 – 19 years</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>
Surveillance

The distribution of these 18 cases of AFP according to notifications from hospitals is as follows:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lady Ridgeway Hospital (LRH)</td>
<td>03</td>
</tr>
<tr>
<td>T.H. Ragama</td>
<td>01</td>
</tr>
<tr>
<td>T.H. Kandy</td>
<td>02</td>
</tr>
<tr>
<td>T.H. Peradeniya</td>
<td>03</td>
</tr>
<tr>
<td>T.H. Karapitiya</td>
<td>02</td>
</tr>
<tr>
<td>T.H. Jaffna</td>
<td>01</td>
</tr>
<tr>
<td>G.H. Matara</td>
<td>01</td>
</tr>
<tr>
<td>G.H. Batticaloa</td>
<td>01</td>
</tr>
<tr>
<td>G.H. Badulla</td>
<td>01</td>
</tr>
<tr>
<td>G.H. Ratnapura</td>
<td>01</td>
</tr>
<tr>
<td>B.H. Negombo</td>
<td>01</td>
</tr>
<tr>
<td>B.H. Diyalathalawa</td>
<td>01</td>
</tr>
</tbody>
</table>

T.H. - Teaching Hospital
G.H.- General Hospital
B.H. - Base Hospital

Table 2.

LABORATORY SURVEILLANCE OF STOOL SAMPLES FOR POLIO VIROLOGY

<table>
<thead>
<tr>
<th>No. of AFP cases from whom -</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) At least 1 stool sample collected (the lab data was reviewed at the Epidemiological Unit with the Virologist/MRI)</td>
<td>18</td>
<td>100.0</td>
</tr>
<tr>
<td>(2) At least 1 stool sample collected within 14 days of onset of paralysis (and received by MRI, Colombo)</td>
<td>18</td>
<td>100.0</td>
</tr>
<tr>
<td>(3) Two stool samples collected within 14 days of onset of paralysis (and received by the MRI, Colombo)</td>
<td>18</td>
<td>100.0</td>
</tr>
</tbody>
</table>

MRI – Medical Research Institute

3. VIRAL HEPATITIS

In the 3rd quarter of 2004, 622 cases of viral hepatitis were reported to the Epidemiological Unit, compared to 636 cases in the previous quarter and 543 cases in the corresponding quarter of 2003. Among the reported cases, 543 were investigated and confirmed as viral hepatitis.

4. BACILLARY DYSENTERY

A total of 2,493 bacillary dysentery cases was reported in the 3rd quarter of 2004, compared to 2,478 cases in the previous quarter of 2004 and 1,739 cases in the corresponding quarter of last year. The highest number of cases were reported from the following MOH areas.

5. CHOLERA

In the 3rd quarter of 2004, one case of suspected cholera was reported to the Epidemiological Unit, Colombo from DPDHS area Nuwara Eliya, which was later found to be negative.

No cases were reported in the previous quarter and no confirmed cases of cholera were reported in the corresponding quarter of last year.
6. TETANUS

During the 3rd quarter of 2004, 10 cases of tetanus were notified to the Epidemiological Unit, out of which 6 cases were confirmed after investigation when compared to 14 notifications and confirmed cases in the 3rd quarter 2003.

Table 3.

DISTRIBUTION OF TETANUS CASES BY DPDHS DIVISIONS - 3RD QUARTER 2004

<table>
<thead>
<tr>
<th>DPDHS Division</th>
<th>No. notified</th>
<th>No. confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandy</td>
<td>02</td>
<td>01</td>
</tr>
<tr>
<td>Mannar</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Batticaloa</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Kurunegala</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Polonnaruwa</td>
<td>01</td>
<td>-</td>
</tr>
<tr>
<td>Badulla</td>
<td>03</td>
<td>01</td>
</tr>
<tr>
<td>Moneragala</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>06</td>
</tr>
</tbody>
</table>

Out of the 06 confirmed cases of tetanus, 04 had been fatal (CFR 66.6%). No cases of neo-natal tetanus were reported during this period.

7. MEASLES

A total of 23 cases of measles were notified to the Epidemiological Unit, out of which 8 cases were confirmed during the 3rd quarter of 2004. During the same period in 2003, 9 cases of measles were reported.

Table 4.

DISTRIBUTION OF CONFIRMED CASES OF MEASLES BY DPDHS DIVISIONS - 3RD QUARTER 2004

<table>
<thead>
<tr>
<th>DPDHS Division</th>
<th>No. of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matale</td>
<td>02</td>
</tr>
<tr>
<td>Kurunegala</td>
<td>02</td>
</tr>
<tr>
<td>Anuradhapura</td>
<td>01</td>
</tr>
<tr>
<td>Ratnapura</td>
<td>01</td>
</tr>
<tr>
<td>Kilinochchi</td>
<td>01</td>
</tr>
<tr>
<td>Kandy</td>
<td>01</td>
</tr>
<tr>
<td>Total</td>
<td>08</td>
</tr>
</tbody>
</table>

8. HUMAN RABIES

In the 3rd quarter of 2004, 30 human rabies cases were notified to the Epidemiological Unit, compared to 25 cases in the previous quarter and 19 cases in the 3rd quarter of 2003. Among the reported cases 24 were confirmed as human rabies.

Highest incidence of rabies was reported from Kalutara district i.e. (4 cases) compared to 1 case in the previous quarter and no cases in the corresponding quarter of last year (one case of rabies was not notified to the Epidemiological Unit).

Animal Rabies*

One hundred and twenty six (126) dogs were reported positive for rabies compared to 122 positives in the previous quarter and 107 positives in the same period in the last year.

In addition the following animals were also reported positive for rabies.

Cats – 07,  Wild animals – 01,
Domestic ruminants – 02

Rabies Control Activities*

Dog vaccination – A total of 186,467 dogs were immunized during the 3rd quarter 2004 compared to 201,847 in the previous quarter and 127,732 in the corresponding quarter of last year.

Stray dogs elimination – A total of 26,144 dogs were destroyed during the 3rd quarter 2004 compared to 21,203 in the previous quarter and 27,583 in the corresponding quarter of last year.

* Source – Director/PHVS

9. TUBERCULOSIS

A total of 2,312 tuberculosis patients were registered for the 3rd quarter by the National Programme for Tuberculosis Control and Chest Diseases.

Of this total, 1,902 suffered from pulmonary tuberculosis, while the balance 410 patients suffered from non pulmonary tuberculosis.
There were 1,221 bacteriologically confirmed cases and the bacteriological confirmation rate was 64.1%.

The distribution of tuberculosis patients registered for the 3rd quarter 2004 by age, sex and DPDHS divisions is given in Table 5 and 6 respectively.

One thousand two hundred and twenty five (1225) tuberculosis patients and 1133 other patients were admitted to government hospitals for treatment during the quarter.

Table 5.

<table>
<thead>
<tr>
<th>Age group in years</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Under 5</td>
<td>18</td>
<td>50.0</td>
<td>18</td>
</tr>
<tr>
<td>5 – 9</td>
<td>16</td>
<td>64.0</td>
<td>9</td>
</tr>
<tr>
<td>10 – 14</td>
<td>10</td>
<td>37.0</td>
<td>17</td>
</tr>
<tr>
<td>15 – 19</td>
<td>39</td>
<td>39.7</td>
<td>59</td>
</tr>
<tr>
<td>20 – 24</td>
<td>108</td>
<td>56.3</td>
<td>84</td>
</tr>
<tr>
<td>25 – 29</td>
<td>102</td>
<td>54.3</td>
<td>86</td>
</tr>
<tr>
<td>30 – 34</td>
<td>109</td>
<td>57.7</td>
<td>80</td>
</tr>
<tr>
<td>35 – 39</td>
<td>111</td>
<td>69.4</td>
<td>49</td>
</tr>
<tr>
<td>40 – 44</td>
<td>170</td>
<td>75.6</td>
<td>55</td>
</tr>
<tr>
<td>45 – 49</td>
<td>157</td>
<td>68.9</td>
<td>71</td>
</tr>
<tr>
<td>50 – 54</td>
<td>194</td>
<td>73.5</td>
<td>70</td>
</tr>
<tr>
<td>55 – 59</td>
<td>153</td>
<td>74.3</td>
<td>53</td>
</tr>
<tr>
<td>60 – 64</td>
<td>118</td>
<td>74.2</td>
<td>41</td>
</tr>
<tr>
<td>65 – 69</td>
<td>87</td>
<td>68.0</td>
<td>41</td>
</tr>
<tr>
<td>70 – 74</td>
<td>85</td>
<td>75.2</td>
<td>28</td>
</tr>
<tr>
<td>75 +</td>
<td>50</td>
<td>67.6</td>
<td>24</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1527</td>
<td>64.6</td>
<td>785</td>
</tr>
</tbody>
</table>

Source: National Programme for Tuberculosis Control and Chest Diseases.
Table 6.

**REGISTRATION OF TUBERCULOSIS PATIENTS BY DPDHS DIVISIONS**  
**3RD QUARTER 2004**

<table>
<thead>
<tr>
<th>DPDHS Division</th>
<th>* P.T.B.</th>
<th>** O.T.B.</th>
<th>Total</th>
<th>Pulmonary TB Direct Smear Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colombo</td>
<td>378</td>
<td>85</td>
<td>463</td>
<td>287</td>
</tr>
<tr>
<td>Gampaha</td>
<td>194</td>
<td>25</td>
<td>219</td>
<td>169</td>
</tr>
<tr>
<td>Kalutara</td>
<td>128</td>
<td>30</td>
<td>158</td>
<td>98</td>
</tr>
<tr>
<td>Kandy</td>
<td>163</td>
<td>27</td>
<td>190</td>
<td>78</td>
</tr>
<tr>
<td>Matale</td>
<td>60</td>
<td>08</td>
<td>68</td>
<td>25</td>
</tr>
<tr>
<td>Nuwara Eliya</td>
<td>35</td>
<td>09</td>
<td>44</td>
<td>18</td>
</tr>
<tr>
<td>Hambantota</td>
<td>17</td>
<td>07</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Matara</td>
<td>38</td>
<td>14</td>
<td>52</td>
<td>23</td>
</tr>
<tr>
<td>Galle</td>
<td>104</td>
<td>19</td>
<td>123</td>
<td>89</td>
</tr>
<tr>
<td>Jaffna</td>
<td>44</td>
<td>10</td>
<td>54</td>
<td>35</td>
</tr>
<tr>
<td>Vavuniya</td>
<td>20</td>
<td>05</td>
<td>25</td>
<td>11</td>
</tr>
<tr>
<td>Mannar</td>
<td>11</td>
<td>03</td>
<td>14</td>
<td>09</td>
</tr>
<tr>
<td>Trincomalee</td>
<td>44</td>
<td>06</td>
<td>50</td>
<td>09</td>
</tr>
<tr>
<td>Ampara</td>
<td>46</td>
<td>05</td>
<td>51</td>
<td>29</td>
</tr>
<tr>
<td>Batticaloa</td>
<td>45</td>
<td>10</td>
<td>55</td>
<td>14</td>
</tr>
<tr>
<td>Puttalam</td>
<td>27</td>
<td>11</td>
<td>38</td>
<td>20</td>
</tr>
<tr>
<td>Kurunegala</td>
<td>168</td>
<td>29</td>
<td>197</td>
<td>61</td>
</tr>
<tr>
<td>Polonnaruwa</td>
<td>27</td>
<td>09</td>
<td>36</td>
<td>08</td>
</tr>
<tr>
<td>Anuradhapura</td>
<td>64</td>
<td>16</td>
<td>80</td>
<td>41</td>
</tr>
<tr>
<td>Badulla</td>
<td>42</td>
<td>20</td>
<td>62</td>
<td>33</td>
</tr>
<tr>
<td>Moneragala</td>
<td>18</td>
<td>08</td>
<td>26</td>
<td>15</td>
</tr>
<tr>
<td>Ratnapura</td>
<td>110</td>
<td>30</td>
<td>140</td>
<td>63</td>
</tr>
<tr>
<td>Kegalle</td>
<td>106</td>
<td>21</td>
<td>127</td>
<td>63</td>
</tr>
<tr>
<td>Kilinochchi</td>
<td>10</td>
<td>02</td>
<td>12</td>
<td>09</td>
</tr>
<tr>
<td>Mullativu</td>
<td>03</td>
<td>01</td>
<td>04</td>
<td>02</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1902</td>
<td>410</td>
<td>2312</td>
<td>1221</td>
</tr>
</tbody>
</table>

* PTB – Pulmonary Tuberculosis    **OTB – Other Tuberculosis  
Source: National Programme for Tuberculosis Control and Chest Diseases.
10. MALARIA

During the 3rd quarter of 2004, there was a significant reduction in the incidence of malaria in comparison with the same period of 2003 as seen in the table below.

Table 7.
RESULTS OF BLOOD SMEAR EXAMINATION FOR MALARIA PARASITES
3RD QUARTER 2003/2004

<table>
<thead>
<tr>
<th></th>
<th>3rd Quarter 2003</th>
<th>3rd Quarter 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of blood smears examined</td>
<td>295,834</td>
<td>296,996</td>
</tr>
<tr>
<td>No. of positives</td>
<td>1,661</td>
<td>738</td>
</tr>
<tr>
<td>No. of P. vivax</td>
<td>1,427</td>
<td>602</td>
</tr>
<tr>
<td>No. of P. falciparum</td>
<td>203</td>
<td>124</td>
</tr>
<tr>
<td>No. of mixed infections</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>Slide Positivity Rate (S.P.R.)</td>
<td>0.6%</td>
<td>0.2%</td>
</tr>
<tr>
<td>P.v. : P.f. ratio</td>
<td>6 : 1</td>
<td>5 : 1</td>
</tr>
<tr>
<td>No. of infant positives</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>Percentage of infant positives</td>
<td>1.4%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

11. JAPANESE ENCEPHALITIS (J.E.)

In the 3rd quarter of 2004, 20 cases of Encephalitis were notified to the Epidemiological Unit (Table 15).

During this period, special investigation on Encephalitis revealed 19 cases of Japanese Encephalitis with 3 deaths (clinically confirmed) and a CFR of 15.8%. This is in comparison to 32 cases and 3 deaths in the 2nd quarter 2004 (CFR 9.4%) and 10 cases and 02 deaths in the 3rd quarter of 2003 (CFR 20%).

The distribution of Japanese Encephalitis cases by DPDHS divisions reported during the 3rd quarter 2004 is given in Table 8.

Table 8.
DISTRIBUTION OF JAPANESE ENCEPHALITIS CASES AND DEATHS BY DPDHS DIVISIONS - 3RD QUARTER 2004

<table>
<thead>
<tr>
<th>DPDHS Area</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colombo</td>
<td>05</td>
<td>01</td>
</tr>
<tr>
<td>Kalutara</td>
<td>02</td>
<td>01</td>
</tr>
<tr>
<td>Galle</td>
<td>03</td>
<td>00</td>
</tr>
<tr>
<td>Kandy</td>
<td>02</td>
<td>01</td>
</tr>
<tr>
<td>Batticaloa</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>Anuradhapura</td>
<td>03</td>
<td>00</td>
</tr>
<tr>
<td>Badulla</td>
<td>02</td>
<td>00</td>
</tr>
<tr>
<td>Ratnapura</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>03</td>
</tr>
</tbody>
</table>

12. LEPROSY

A total of 539 cases of leprosy was registered during the quarter. Table 9 and 10 give the distribution of 539 cases of leprosy by districts, sex and type of patients.
Table 9.

SEX DISTRIBUTION OF 539 NEW CASES OF LEPROSY
3RD QUARTER 2004

<table>
<thead>
<tr>
<th>RDHS Division</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Colombo</td>
<td>57</td>
<td>50.0</td>
</tr>
<tr>
<td>Gampaha</td>
<td>40</td>
<td>59.7</td>
</tr>
<tr>
<td>Kalutara</td>
<td>28</td>
<td>62.2</td>
</tr>
<tr>
<td>Kandy</td>
<td>06</td>
<td>42.9</td>
</tr>
<tr>
<td>Matale</td>
<td>04</td>
<td>80.0</td>
</tr>
<tr>
<td>Nuwara Eliya</td>
<td>02</td>
<td>66.7</td>
</tr>
<tr>
<td>Galle</td>
<td>08</td>
<td>80.0</td>
</tr>
<tr>
<td>Hambantota</td>
<td>15</td>
<td>55.6</td>
</tr>
<tr>
<td>Matara</td>
<td>13</td>
<td>52.0</td>
</tr>
<tr>
<td>Jaffna</td>
<td>04</td>
<td>57.1</td>
</tr>
<tr>
<td>Kilinochchi</td>
<td>00</td>
<td>0.0</td>
</tr>
<tr>
<td>Mannar</td>
<td>02</td>
<td>50.0</td>
</tr>
<tr>
<td>Vavuniya</td>
<td>01</td>
<td>100.0</td>
</tr>
<tr>
<td>Mullativu</td>
<td>01</td>
<td>100.0</td>
</tr>
<tr>
<td>Ampara</td>
<td>10</td>
<td>62.5</td>
</tr>
<tr>
<td>Batticaloa</td>
<td>27</td>
<td>57.4</td>
</tr>
<tr>
<td>Trincomalee</td>
<td>07</td>
<td>70.0</td>
</tr>
<tr>
<td>Kurunegala</td>
<td>25</td>
<td>58.1</td>
</tr>
<tr>
<td>Puttalam</td>
<td>12</td>
<td>60.0</td>
</tr>
<tr>
<td>Anuradhapura</td>
<td>13</td>
<td>81.3</td>
</tr>
<tr>
<td>Polonnaruwa</td>
<td>06</td>
<td>46.2</td>
</tr>
<tr>
<td>Badulla</td>
<td>07</td>
<td>53.8</td>
</tr>
<tr>
<td>Moneragala</td>
<td>05</td>
<td>71.4</td>
</tr>
<tr>
<td>Kegalle</td>
<td>06</td>
<td>85.7</td>
</tr>
<tr>
<td>Ratnapura</td>
<td>08</td>
<td>57.1</td>
</tr>
<tr>
<td>Kalmunai</td>
<td>04</td>
<td>44.4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>311</strong></td>
<td><strong>57.7</strong></td>
</tr>
</tbody>
</table>

Source: Leprosy Campaign
Table 10.

**DISTRIBUTION OF 539 NEW CASES OF LEPROSY BY TYPE OF DISEASE AND DISTRICT – 3RD QUARTER 2004**

<table>
<thead>
<tr>
<th>RDHS Division</th>
<th>Multi Bacillary (M.B.)</th>
<th>Pauci Bacillary (P.B.)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M.B. Adult</td>
<td>M.B. Children</td>
<td>P.B. Adult</td>
</tr>
<tr>
<td>Colombo</td>
<td>30</td>
<td>02</td>
<td>63</td>
</tr>
<tr>
<td>Gampaha</td>
<td>23</td>
<td>01</td>
<td>39</td>
</tr>
<tr>
<td>Kalutara</td>
<td>11</td>
<td>02</td>
<td>28</td>
</tr>
<tr>
<td>Kandy</td>
<td>04</td>
<td>00</td>
<td>09</td>
</tr>
<tr>
<td>Matale</td>
<td>03</td>
<td>00</td>
<td>02</td>
</tr>
<tr>
<td>Nuwara Eliya</td>
<td>01</td>
<td>00</td>
<td>02</td>
</tr>
<tr>
<td>Galle</td>
<td>04</td>
<td>00</td>
<td>04</td>
</tr>
<tr>
<td>Hambantota</td>
<td>12</td>
<td>00</td>
<td>12</td>
</tr>
<tr>
<td>Matara</td>
<td>12</td>
<td>00</td>
<td>09</td>
</tr>
<tr>
<td>Jaffna</td>
<td>03</td>
<td>00</td>
<td>04</td>
</tr>
<tr>
<td>Kilinochchi</td>
<td>00</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>Mannar</td>
<td>02</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>Vavuniya</td>
<td>01</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Mullativu</td>
<td>01</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Ampara</td>
<td>08</td>
<td>00</td>
<td>08</td>
</tr>
<tr>
<td>Batticaloa</td>
<td>18</td>
<td>00</td>
<td>27</td>
</tr>
<tr>
<td>Trincomalee</td>
<td>06</td>
<td>00</td>
<td>04</td>
</tr>
<tr>
<td>Kurunegala</td>
<td>23</td>
<td>01</td>
<td>18</td>
</tr>
<tr>
<td>Puttalam</td>
<td>05</td>
<td>00</td>
<td>10</td>
</tr>
<tr>
<td>Anuradhapura</td>
<td>08</td>
<td>00</td>
<td>08</td>
</tr>
<tr>
<td>Polonnaruwa</td>
<td>09</td>
<td>00</td>
<td>04</td>
</tr>
<tr>
<td>Badulla</td>
<td>04</td>
<td>00</td>
<td>09</td>
</tr>
<tr>
<td>Moneragala</td>
<td>04</td>
<td>00</td>
<td>03</td>
</tr>
<tr>
<td>Kegalle</td>
<td>02</td>
<td>00</td>
<td>04</td>
</tr>
<tr>
<td>Ratnapura</td>
<td>05</td>
<td>01</td>
<td>08</td>
</tr>
<tr>
<td>Kalmunai</td>
<td>04</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>TOTAL</td>
<td>203</td>
<td>09</td>
<td>279</td>
</tr>
</tbody>
</table>

Source: Leprosy Campaign
13. DENGUE FEVER (D.F.) / DENGUE HAEMORRHAGIC FEVER (D.H.F.)

A total of 5948 cases of Dengue Fever (DF)/Dengue Haemorrhagic Fever (DHF) and 18 deaths were reported during the 3rd quarter 2004 (CFR 0.3%). This compares with 577 suspected DF/DHF cases and 4 deaths in the corresponding quarter of last year (CFR 0.7%). (Data from routine notification system).

Table 10 shows the distribution of DF/DHF cases in the DPDHS divisions during the 3rd quarter 2004. The 48 MOH areas which were recognized as “high risk” based on the incidence rates for the purpose of enhanced surveillance and control activities are given in Table 11.

14. ENTOMOLOGICAL SURVEILLANCE OF DENGUE VECTORS

Results of the entomological surveillance carried out by the Medical Research Institute, in selected MOH areas of Colombo and Gampaha districts, for the 3rd quarter 2004 are given below (Table 12).

Breteau Index

\[ \text{Breteau Index} = \frac{\text{No. of Positive containers}}{\text{No. of premises inspected}} \times 100 \]

Table 10.

<table>
<thead>
<tr>
<th>DPDHS Division</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colombo</td>
<td>1731</td>
<td>07</td>
</tr>
<tr>
<td>Gampaha</td>
<td>1257</td>
<td>04</td>
</tr>
<tr>
<td>Kalutara</td>
<td>603</td>
<td>01</td>
</tr>
<tr>
<td>Kandy</td>
<td>670</td>
<td>01</td>
</tr>
<tr>
<td>Matale</td>
<td>130</td>
<td>01</td>
</tr>
<tr>
<td>Nuwara Eliya</td>
<td>31</td>
<td>-</td>
</tr>
<tr>
<td>Galle</td>
<td>111</td>
<td>02</td>
</tr>
<tr>
<td>Hambantota</td>
<td>15</td>
<td>-</td>
</tr>
<tr>
<td>Matara</td>
<td>217</td>
<td>-</td>
</tr>
<tr>
<td>Jaffna</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>Kilinochchi</td>
<td>01</td>
<td>-</td>
</tr>
<tr>
<td>Mannar</td>
<td>01</td>
<td>-</td>
</tr>
<tr>
<td>Vavuniya</td>
<td>21</td>
<td>-</td>
</tr>
<tr>
<td>Mullativu</td>
<td>00</td>
<td>-</td>
</tr>
<tr>
<td>Batticaloa</td>
<td>08</td>
<td>-</td>
</tr>
<tr>
<td>Ampara</td>
<td>35</td>
<td>-</td>
</tr>
<tr>
<td>Trincomalee</td>
<td>17</td>
<td>-</td>
</tr>
<tr>
<td>Kurunegala</td>
<td>208</td>
<td>01</td>
</tr>
<tr>
<td>Puttalam</td>
<td>245</td>
<td>01</td>
</tr>
<tr>
<td>Anuradhapura</td>
<td>131</td>
<td>-</td>
</tr>
<tr>
<td>Polonnaruwa</td>
<td>108</td>
<td>-</td>
</tr>
<tr>
<td>Badulla</td>
<td>35</td>
<td>-</td>
</tr>
<tr>
<td>Moneragala</td>
<td>23</td>
<td>-</td>
</tr>
<tr>
<td>Ratnapura</td>
<td>194</td>
<td>-</td>
</tr>
<tr>
<td>Kegalle</td>
<td>140</td>
<td>-</td>
</tr>
<tr>
<td>Kalmunai</td>
<td>02</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5948</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

10
**Table 11.**

**HIGH RISK AREAS IDENTIFIED FOR DF/DHF – SEPT. 2004**

<table>
<thead>
<tr>
<th>DPDHS Division</th>
<th>MOH Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colombo</td>
<td>MC Colombo, Piliyandala, Kaduwela, Maharagama, Moratuwa, Nugegoda</td>
</tr>
<tr>
<td>Gampaha</td>
<td>Ja-Ela, Kelaniya, Mahara, Wattala</td>
</tr>
<tr>
<td>Kalutara</td>
<td>Horana, Panadura</td>
</tr>
<tr>
<td>Kandy</td>
<td>Gangawatakorale, Harispattuwa, Kundasale, MC Kandy, Udunuwara, Wattegama, Yatinuwara</td>
</tr>
<tr>
<td>Matale</td>
<td>Ukuwela, MC Matale</td>
</tr>
<tr>
<td>Galle</td>
<td>MC Galle</td>
</tr>
<tr>
<td>Matara</td>
<td>Matara MC</td>
</tr>
<tr>
<td>Hambantota</td>
<td>Hambantota</td>
</tr>
<tr>
<td>Vavuniya</td>
<td>Vavuniya</td>
</tr>
<tr>
<td>Trincomalee</td>
<td>Trincomalee</td>
</tr>
<tr>
<td>Batticaloa</td>
<td>Kattankudy</td>
</tr>
<tr>
<td>Ampara</td>
<td>Dehiattakandiyana</td>
</tr>
<tr>
<td>Kalmunei</td>
<td>Akkareipattu, Ninthavur, Addalachchenei</td>
</tr>
<tr>
<td>Kurunegala</td>
<td>Kurunegala MC</td>
</tr>
<tr>
<td>Puttalam</td>
<td>Puttalam MC, Dankotuwa, Marawila</td>
</tr>
<tr>
<td>Anuradhapura</td>
<td>Anuradhapura</td>
</tr>
<tr>
<td>Polonnaruwa</td>
<td>Hingurakgoda, Medirigiriya, Polonnaruwa</td>
</tr>
<tr>
<td>Badulla</td>
<td>Badulla</td>
</tr>
<tr>
<td>Ratnapura</td>
<td>Eheliyagoda, Kuruwila, Pelmadulla, Ratnapura</td>
</tr>
<tr>
<td>Kegalle</td>
<td>Kegalle, Mawanella, Yatiyantota, Warakapola</td>
</tr>
</tbody>
</table>

**Table 12.**

**AEDES LARVAL DENSITIES (BRETEAU INDEX) IN COLOMBO AND GAMPAHA DISTRICTS – 3<sup>rd</sup> QUARTER 2004**

<table>
<thead>
<tr>
<th>Area</th>
<th>July</th>
<th>August</th>
<th>Septemb</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A)</td>
<td>(B)</td>
<td>(A)</td>
</tr>
<tr>
<td>Colombo MC</td>
<td>7.1</td>
<td>5.5</td>
<td>4.5</td>
</tr>
<tr>
<td>Maharagama</td>
<td>4.3</td>
<td>13.3</td>
<td>2.6</td>
</tr>
<tr>
<td>Kuduwea</td>
<td>4.0</td>
<td>8.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Angoda</td>
<td>2.4</td>
<td>3.2</td>
<td>2.1</td>
</tr>
<tr>
<td>Moratuwa</td>
<td>13.5</td>
<td>12.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Ja-Ela</td>
<td>9.3</td>
<td>17.3</td>
<td>6.8</td>
</tr>
<tr>
<td>Ragama</td>
<td>0.0</td>
<td>21.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Kelaniya</td>
<td>8.0</td>
<td>5.3</td>
<td>5.2</td>
</tr>
</tbody>
</table>

(A) = Aedes aegypti  
(B) = Aedes albopictus

**15. LEPTOSPIROSIS SURVEILLANCE**

In the 3<sup>rd</sup> quarter 2004, 259 leptospirosis cases were notified to the Epidemiological Unit compared to 309 cases in the previous quarter and 592 cases in the 3<sup>rd</sup> quarter of 2003. Among the reported cases 216 were confirmed as leptospirosis.

Out of the total cases reported during this quarter, majority (93.8%) were from the districts of Gampaha (34%), Colombo (25.1%), Kalutara (22.4%) and Matara (12.7%). Thirty six cases (13.9%) were reported from the MOH area Homagama while the MOH areas Horana and Meerigama contributed 33 (12.7%) and 22 (8.5%) cases respectively.
16. SEXUALLY TRANSMITTED DISEASES QUARTERLY SUMMARY

Statistics relating to sexually transmitted diseases including HIV/AIDS received from the National STD/AIDS Control Programme are given in Table 13.

Table 13.

NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA* - 3RD QUARTER 2004

<table>
<thead>
<tr>
<th>Disease</th>
<th>New cases or new disease episodes during the quarter</th>
<th>Total new cases or new episodes for the calendar year up to end of the quarter **</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>HIV positives</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>AIDS</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Syphilis</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Early Syphilis</td>
<td>78</td>
<td>106</td>
</tr>
<tr>
<td>Late Syphilis</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>330</td>
<td>83</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Chlamydial Infection</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Ophthalmia neonatorum</td>
<td>200</td>
<td>253</td>
</tr>
<tr>
<td>Non specific cervicitis/urethritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital Herpes</td>
<td>222</td>
<td>200</td>
</tr>
<tr>
<td>Genital Warts</td>
<td>162</td>
<td>74</td>
</tr>
<tr>
<td>Chancroid</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Trichomoniastis</td>
<td>2</td>
<td>46</td>
</tr>
<tr>
<td>Candidias</td>
<td>235</td>
<td>256</td>
</tr>
<tr>
<td>Bacterial Vaginosis</td>
<td>-</td>
<td>231</td>
</tr>
<tr>
<td>Other sexually transmitted diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-venerial</td>
<td>840</td>
<td>569</td>
</tr>
</tbody>
</table>

* Central STD clinic Colombo and peripheral STD clinics of National STD/AIDS Control Programme of Sri Lanka

** - includes adjustments for revised diagnosis, reporting delays or any other amendments

1 - includes AIDS cases

2 – Diagnosed within 2 years of infection and considered to be infectious

3 - Diagnosed after 2 years of infection and considered to be non-infectious

4 – includes both early and late cases

5 – includes presumptive gonorrhoea

6 – includes both gonococcal and chlamydial conjunctivitis in neonatal period
7 – includes Lympho granuloma venerium, Granuloma inguinalae, Molluscum contagiosum, Scabies, Tinea, Hepatitis B.
8 – Number of STD clinic attendees who were not having sexually transmitted diseases.

17. SURVEILLANCE AT AIR PORT

Report of the surveillance activities carried out at the International Airport, Katunayake is given below.

1. Yellow Fever Surveillance

a. No. with valid certificate - 04
b. No. without valid certificate and deported - Nil
c. No. without valid certificate and isolated - Nil

2. Granting Pratique to Aircrafts

a. No. issued - 3539

3. Passenger Arrival & Departure

a. No. of passengers arrived - 563262
b. No. of passengers departed - 561329

4. Release of human remains

a. No. of human remains released - 65
b. No. referred to J.M.O. for postmortem - 03

5. Surveillance of other infectious diseases - Nil

6. Airport Sanitation

7. Other health activities

a. Night blood filming of staff - Nil
b. Health talks given to staff - Nil

8. Food consignments

a. No. of food consignments inspected - 240
b. No. released - 240
c. No. rejected - Nil

9. Water sampling

a. No. of water samples taken for bacteriological analysis - 06
b. No. reported contaminated - Nil
### MEDICAL RESEARCH INSTITUTE

#### 18. BACTERIOLOGY REPORT – 3RD QUARTER 2004

Table 14.

<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>August</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(A) CHOLERA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of stool spe. examined</td>
<td>04</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>No. of El. tor cholera</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ogawa</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inaba</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cholera 0139</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>(B) SALMONELLA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood No. examined</td>
<td>83</td>
<td>66</td>
<td>40</td>
</tr>
<tr>
<td>S. typhi</td>
<td>-</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>S. paratyphi</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Stools – No. examined</td>
<td>431</td>
<td>332</td>
<td>199</td>
</tr>
</tbody>
</table>
### (C) SHIGELLA

<table>
<thead>
<tr>
<th>No. of spec. examined</th>
<th>No. +ve Sh. flexneri 1</th>
<th>Sh. flexneri 2</th>
<th>Sh. flexneri 3</th>
<th>Sh. flexneri 4</th>
<th>Sh. flexneri 5</th>
<th>Sh. flexneri 6</th>
<th>Sh. sonnei</th>
<th>Sh. others dysenteriae</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>431</td>
<td>01</td>
<td>13</td>
<td>-</td>
<td>-</td>
<td>02</td>
<td>68</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>332</td>
<td>03</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>48</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>199</td>
<td>05</td>
<td>03</td>
<td>03</td>
<td>30</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### (D) ENTEROPATHOGENIC

<table>
<thead>
<tr>
<th>E. coli</th>
<th>No. of spec. examined</th>
<th>No. +ve Group A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>250</td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>149</td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>94</td>
<td>05</td>
</tr>
</tbody>
</table>

### (E) CAMPYLOBACTOR SPECIES

|                      | 18 | 11 | 06 |

Table 15.

<table>
<thead>
<tr>
<th>Health Region</th>
<th>Cholera</th>
<th>*Acute Flaccid Paralysis (AFP)</th>
<th>Dysentery</th>
<th>Dengue Haemorrhagic Fever</th>
<th>Encephalitis</th>
<th>Enteric Fever</th>
<th>Food Poisoning</th>
<th>Human Rabies</th>
<th>Leptospiriosis</th>
<th>Measles</th>
<th>Simple Contd. Fever</th>
<th>Tetanus</th>
<th>Typhus Fever</th>
<th>Viral Hepatitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colombo</td>
<td>0</td>
<td>2</td>
<td>58</td>
<td>1731</td>
<td>2</td>
<td>9</td>
<td>27</td>
<td>3</td>
<td>23</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Gampaha</td>
<td>0</td>
<td>2</td>
<td>78</td>
<td>1257</td>
<td>0</td>
<td>21</td>
<td>2</td>
<td>2</td>
<td>20</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>47</td>
</tr>
<tr>
<td>Kalutara</td>
<td>0</td>
<td>0</td>
<td>159</td>
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* No polio cases. (from AFP surveillance system).