

Volume 53
October-December
2012

EPIDEMIOLOGICAL BULLETIN

SRI LANKA

Fourth Quarter
2012

EPIDEMIOLOGY UNIT

A publication of the Epidemiology Unit
Ministry Of Health
No. 231, De Saram Place,
Colombo.10
www.epid.gov.lk

CONTENTS	PAGE NO
1. Surveillance of Poliomyelitis	02
2. Surveillance of Measles	03
3. Surveillance of Leptospirosis	04
4. Surveillance of Human Rabies & Control activities	04
5. Surveillance of Viral Hepatitis	04
6. Surveillance of Enteric Fever	04
7. Surveillance of Dysentery	04
8. Surveillance of Malaria	05
9. Surveillance of Japanese Encephalitis	05
10. Surveillance of Dengue Fever	07
11. Surveillance of Rubella and Congenital Rubella Syndrome	08
12. Surveillance of Cholera	08
13. Surveillance of Tetanus	08
14. Surveillance report on A E F I	08
15. Surveillance of Tuberculosis	10
16. Surveillance at Sea Port	11
17. Surveillance at Air Port	11
18. Surveillance of Leprosy	12
19. Sexually Transmitted Diseases	13
20. Pattern of Enteric Pathogens isolated	14
21. Surveillance of Meningitis	14
22. Influenza Surveillance	15
23. Special Report Surveillance Report on Acute Flaccid Paralysis	17
24. Summary of Notifiable Diseases	20



1. POLIOMYELITIS

Eleven (11) Acute Flaccid Paralysis cases were notified to the Epidemiology Unit during the 4th quarter 2012. This is less than the number of AFP cases (16) reported during 4th quarter 2011. One of the expected surveillance monitoring criteria of the World Health Organization is 2 AFP cases per 100,000 under 15 year child population. However, the number reported during the quarter was below this expected surveillance criteria with 1 per 100,000 under 15 year child population was achieved.

Notification of AFP Cases from Hospitals

Currently 71 hospitals are functioning as sentinel sites for AFP surveillance and sentinel sites for AFP are defined as hospitals with availability of Consultant Pediatricians' services. Three cases were reported from Lady Ridgeway Children's Hospital (LRH) and other reported cases are

Distribution of AFP Cases according to Provinces, Districts & MOH Areas

The Western province reported three cases (27%) with one from each district (Colombo, Kalutara and Gampaha). Reported AFP cases including the district and MOH areas are given in table 02.

Age and Sex Distribution of AFP Cases

More than half of all AFP cases [7 (64%)] reported in the 4th quarter this year were above 5 years of age and the pattern is compatible with the corresponding quarter of the previous year.

Over half (54%) of the reported AFP cases were boys and this is compatible with the pattern observed during the previous quarter of the same year (53%) and corresponding quarter of the previous year (69%).

The table 03 shows the age distribution of AFP cases in 4th quarter 2012.

Table 01

Notification of AFP cases by sentinel hospitals 4th Quarter 2012

Hospital	No: of cases reported
LRH	3
TH Peradeniya	1
T.H.Kurunegala	1
TH Jaffna	1
T.H. Baticaloa	1
G.H.Badulla	1
G.H.Kalutara	1
B.H.Awissawella	1
G.H.Nawalapitiya	1
Total	11

Table 02.

Geographical distribution of AFP cases 4th quarter 2012

Province	District	MOH Area	Number of AFP cases
Western	Colombo	CMC	1
	Gampaha	Walallawita	1
	Kalutara	Attanagalle	1
North Western	Puttalam	Karuwalagaswewa	1
		Marawila	1
Central	Nuwara Eliya	Bagawantalawa	1
		Kothmale	1
Northern	Jaffna	Nallur	1
Eastern	Batticaloa	Kiran	1
Uva	Badulla	Kandeketiya	1
Sabaragamuwa	Ratnapura	Eheliyagoda	1
Total			11

Seasonal Distribution of AFP Cases

The month of November reported highest number of cases (5) comprising a proportion of 45%. Months of October and December reported equal number of cases (3) in each month.

Table 03. **Distribution of AFP cases by Age**
4th Quarter 2012

Age Group	Total
<1 year old	0
1-4 year old	4
5-9 year old	2
10-15 year old	5
Total	11

Laboratory Surveillance of AFP Cases

Two stool samples collected within 14 days of onset of paralysis are required at the Medical Research Institute for polio virology. According to WHO criteria these samples should be of 'good condition' as well as timely. Being of correct quantity (8-10g), being sent in a leak proof container with no evidence of spillage or leakage and presence of ice in the container on receipt are the criteria to be completed to make the samples of 'good condition'. Nine AFP cases (80%) reported in the 4th quarter 2012 had two timely collected stool samples sent to MRI for polio virology and the minimum expected surveillance monitoring criteria of 80% is satisfied for the quarter. All reported AFP cases for the quarter were investigated and finally discarded as some other differential diagnosis and no polio cases.

2. MEASLES

Thirty seven measles cases were reported during the 4th quarter 2012 and out of them 4 were identified as compatible with clinical case definition of "fever and maculopapular rash with one of the signs of cough, coryza or conjunctivitis". All other cases were discarded as non measles cases.

Of the cases compatible with clinical case definition of Measles all 4 were below 9 years and 3 of them were males.

These clinically confirmed cases were reported from the districts of Colombo (1), Mannar (1), and Anuradhapura (2). Age groups and vaccination status of field investigated clinically confirmed measles cases are given in table 04.

The exact ages of 4 cases who were less than 9 years were 8 months, 4 years and 10 months, one and a half years and 7 and a half years respectively. Of them, one patient's immunization record was not available (from Mannar MOH area) and the other one was unvaccinated and reported from Colombo Municipality area.

Fever and rash patients suspected of Measles and admitted to any hospital or treated as an out-patient in OPD or presented to General Practitioners or if primary health personnel identified in the community are requested to investigate by testing IgM for Measles, ideally a blood sample collected within 3rd to 28th day of the onset of rash. Importance of laboratory confirmation is highlighted and requested to send 3ml blood/serum sample to the virology laboratory at the Medical Research Institute (MRI). Twenty five (25) of such patients were tested at the laboratory during the 4th quarter 2012 and 6 patients were positive for Measles IgM antibodies. Three of these cases were below 1 year of age who were not due for age appropriate measles vaccination and one patient was 18 months of age in whom vaccination history was not available.

Table 04
SELECTED CHARACTERISTICS OF CONFIRMED CASES (WITH SPECIAL INVESTIGATIONS) OF MEASLES
4th QUARTER 2012

Sex	Male	3
	Female	1
Age group	<9years	4
	10-19 years	0
	20-29 years	0
Immunization status	Non immunized	2
	Immunized	1
	Unknown	1

3. LEPTOSPIROSIS

During the 4th Quarter 2012, 750 cases and 20 deaths (CFR 2.67%) due to Leptospirosis were notified to the Epidemiology Unit compared to 1615 cases and 10 deaths in the previous quarter and 1148 cases and 17 deaths during corresponding quarter of 2011.

Table 05

SELECTED CHARACTERISTICS OF LEPTOSPIROSIS PATIENTS(%)- 4th QUARTER 2012

Age Group	Sex	
	Male	Female
0-10 years	2.97	0.33
11-20 years	6.60	0.99
21-30 years	15.18	0.33
31-40 years	22.44	1.32
41-50 years	13.20	2.64
51-60 years	17.82	1.65
>60years	11.88	2.64
Total	90.10	9.90

4. HUMAN RABIES

Eight cases of Human Rabies were notified to the Epidemiology Unit in the 4th quarter 2012 compared to 07 cases in the previous quarter and 12 cases in the corresponding quarter of year 2011.

Among the notified cases all the cases (08) were investigated and confirmed as Human Rabies, all (100%) were males.

The highest number of cases (2) were reported from Matale and Vavuniya districts.

Animal Rabies

During this quarter 147 dogs were reported positive for rabies, compared to 156 in the previous quarter and 134 positive in the same period in the last year. In addition the following animals were also reported positive;

Cats-22, Wild animals-05, Domestic Ruminants-00

Rabies Control Activities

Dog vaccination - A total of 355046 dogs were immunized during the Quarter under review when compared to 355780 in the previous quarter and 240903 in corresponding Quarter of the last year.

Animal Birth control

Chemical- A total of 12,341 female dogs were injected with birth control injections (Progesterone) during the quarter under review.

Surgical- 30,727 female dogs were subjected to sterilization by surgical method during the quarter under review.

5. VIRAL HEPATITIS

In the 4th Quarter 2012, a total of 410 cases of Viral Hepatitis were reported to the Epidemiology Unit. This was in comparison to the 593 cases in the previous quarter and 687 cases in the corresponding quarter of 2011. Kegalle (115 cases) reported the highest number of cases followed by Gampaha District(73).

6. ENTERIC FEVER

In the 4th Quarter 2012, a total of 357 cases of Enteric fever were reported to the Epidemiology Unit, compared to 314 cases in the previous quarter and 607 cases in the corresponding quarter of 2011. The district of Jaffna (126) reported the highest number of cases, followed by Colombo (51 cases) and Mannar (49 cases).

7. DYSENTERY

In the 4th Quarter 2012, a total of 1524 cases of Dysentery were reported to the Epidemiology Unit, in comparison to 1028 cases in the previous quarter and 1639 cases in the corresponding quarter of 2011. Kalutara (142) and Ratnapura (128 cases) reported the highest number of cases.

8. MALARIA

The number of positive cases detected during the 4th quarter of 2012 is similar to the number of malaria cases detected during the same period of 2011. (Table 07)

9. JAPANESE ENCEPHALITIS (JE)

During the 4th quarter of 2012, 33 cases of clinically suspected Encephalitis were reported to the Epidemiology Unit through the routine disease notification system. Out of this, 24 cases were clinically confirmed. During the 4th quarter of 2012, MRI has reported 27 lab confirmed JE cases. Out of these 27 confirmed JE cases, 22 cases (82%) were investigated by the MOH. Among them 16 (60%) were over 50 years of age, another 8 (30%) were between 20 -50 years, while other three were 3 months, 5 years and 17 years of age.

The highest number of confirmed JE cases were (7) reported from Kurunegala district followed by 6 cases from Ratnapura district. Two death due to JE was reported during the quarter. In the correspond-

-ing quarter of 2011, there were 38 reported cases of Encephalitis, with 03 lab confirmed JE cases and no deaths.

Table 06

SELECTED CHARACTERISTICS OF CONFIRMED CASES OF JE – 4th QUARTER 2012

Sex	Male	09
	Female	18
Age group	10<Y	2
	11-20Y	1
	21-30Y	3
	31-40Y	1
	41-50Y	3
	51-60Y	6
	> 60Y	10
District	Kurunegala	07
	Ratnapura	06
	Kalutara	03
	Puttalam	03
	Kegalle	03
	Gampaha	01
	Colombo	01
	Galle	01
	Trincomalee	01
	No data	01

Table 07

Results of Blood smear examination for malaria parasites - 4th Quarter 2012

	4th quarter 2011	4th quarter 2012
No. of blood smears examined	249,352	235,060
No. of positives	2	2
No. of <i>P. vivax</i>	1	1
No. of <i>P. falciparum</i>	0	1
No. of mixed infections	1	0
No. of infant positives	0	0
Slide positivity rate (S.P.R.)	0.0008%	0.0008%
P.v. : P.f. ratio	1:1	1:1
Percentage of infant positives	0%	0%

Table 08

DISTRIBUTION OF MALARIA CASES BY RMO-
4TH QUARTER 2012

RMO	Blood smears	Positives	P.v.	P.f.	Mixed
Colombo	17377	0	0	0	0
Gampaha	9946	0	0	0	0
Kalutara	3557	0	0	0	0
Kandy	11350	0	0	0	0
Matale	5350	0	0	0	0
Nuwara Eliya	648	0	0	0	0
Galle	3776	0	0	0	0
Matara	6267	0	0	0	0
Hambantota	5649	0	0	0	0
Jaffna	16555	0	0	0	0
Kilinochchi	9857	0	0	0	0
Vavuniya	9737	0	0	0	0
Mannar	5329	1	0	1	0
Mullaitivu	7003	1	1	0	0
Batticaloa	18855	0	0	0	0
Ampara	6907	0	0	0	0
Kalmune	12065	0	0	0	0
Trincomalie	10682	0	0	0	0
Kurunegala	16361	0	0	0	0
Maho	3239	0	0	0	0
Puttalam	4707	0	0	0	0
Anuradhapura	17818	0	0	0	0
Polonnaruwa	10179	0	0	0	0
Badulla	5406	0	0	0	0
Monaragala	6443	0	0	0	0
Rathnapura	7321	0	0	0	0
Kegalle	2676	0	0	0	0
TOTAL	235060	2	1	1	0

P.v.- Plasmodium vivax

P.f. - Plasmodium falciparum

Table 09

MORBIDITY AND MORTALITY DUE TO DF/DHF -
4TH QUARTER 2012

RDHS Division	Cases	Percentage (%)	Deaths
Colombo	2261	20.83%	11
Gampaha	1796	16.55%	5
Kalutara	548	5.05%	1
Kandy	548	5.05%	3
Matale	160	1.47%	0
N' Eliya	60	0.55%	0
Galle	196	1.81%	0
Hambantota	146	1.35%	1
Matara	454	4.18%	0
Jaffna	532	4.90%	1
Kilinochchi	15	0.14%	0
Mannar	60	0.55%	0
Vavuniya	33	0.30%	0
Mullaitivu	20	0.18%	0
Batticaloa	109	1.00%	0
Ampara	31	0.29%	0
Trincomalee	38	0.35%	0
Kurunegala	1407	12.96%	4
Puttalam	675	6.22%	0
A'pura	180	1.66%	0
Polonnaruwa	79	0.73%	0
Badulla	144	1.33%	1
Moneragala	65	0.60%	0
Rathnapura	606	5.58%	3
Kegalle	461	4.25%	0
Kalmunai	229	2.11%	1
Total	10853	100.00%	31

Table 10

**RESULTS OF LARVAL SURVEY CARRIED OUT BY DEPARTMENT OF ENTOMOLOGY, MRI
4TH QUARTER 2012**

Area	October 2012		November 2012		December 2012	
	Breteau index		Breteau index		Breteau index	
	Ae. aegypti	Ae. albopictus	Ae. aegypti	Ae. albopictus	Ae. aegypti	Ae. albopictus
CMC	05.50	01.80	06.67	03.67	02.12	02.12
Ja-ela	02.00	14.50	03.64	18.18	03.00	12.50
Kaduwela	00.70	05.30	00.00	15.43	00.00	24.00
Kalutara	00.00	06.90	00.00	05.00	-	-
Kelaniya	00.60	00.00	02.29	04.57	00.00	02.86
Mahara	03.10	03.10	03.43	03.92	00.70	13.99
Mirigama	00.00	12.30	00.00	08.28	-	-
Moratuwa	02.40	05.60	00.50	03.00	00.00	00.00
Nugegoda	01.50	04.00	01.71	06.86	01.00	02.00
Piliyandala	01.00	05.90	00.00	11.39	00.00	10.67
Ragama	00.00	04.80	00.00	07.34	00.00	03.00
Seeduwa	01.50	07.50	00.00	02.68	-	-
Wattala	07.30	09.20	02.86	05.71	-	-

Table 11

DHF STATISTICS FROM DEPARTMENT OF VIROLOGY, MRI 4TH QUARTER 2012

Month	Clinically suspected cases of DF/DHF	Serologically Confirmed Cases of DF/DHF
October	402	230
November	464	217
December	406	193
Total	1272	640

**10. DENGUE FEVER (D.F.)/ DENGUE
HAEMORRHAGIC FEVER (D.H.F.)**

During the 4th quarter 2012, 10853 cases of DF/DHF and 31 deaths were reported (0.28% CFR) when compared to 13316 cases of DF/DHF and 51 deaths (0.38% CFR) reported during the 3rd quarter 2012. Proportion of cases notified in October, November, December was 29.31%, 37.17%, and 33.52% respectively Table 09 shows the distribution of DF/DHF cases and deaths in the RDHS divisions during the 4th quarter.

Special surveillance data on 1716 confirmed cases shows that the age distribution of reported cases were <4 years of age in 164 (9.56%), 5- 9 years of age in 306(17.83%), 10 - 14 years of age in 214 (12.47%) 15 – 19 years of age in 160 (9.32%), 20 - 24 years of age in 181 (10.55%), 25 - 29 years of age in 148 (8.62%), 30 - 34 years of age in 138 (8.04%), 35 - 39 years of

age in 95 (5.54%), 40 - 44 years of age in 77 (4.49%), 45 - 49 years of age in 72 (4.20%), 50 – 54 years of age in 53 (3.09%), 55 - 59 years of age in 38 (2.21%), >60 years of age in 60(3.50%) .

According to the clinical findings majority of the reported cases (90.79%) were classified as dengue fever ,9.21% were classified as DHF with 5.48%, 3.21%, 0.35%, 0.17% falling into DHF I, DHF II, DHF III, DHF IV categories respectively.

Results of entomological surveillance carried out in the Western Province by the Department of Entomology, MRI during the current quarter is given in Table 10.

During the 4th quarter 2012, 1272 blood samples were tested using IgM capture ELISA test at the Department of Virology, MRI. From the total, 640 (50.31%) samples were confirmed as positive (Table 11).

11. RUBELLA AND CONGENITAL RUBELLA SYNDROME

During the whole quarter, 3 suspected cases were reported and all of them were compatible with surveillance case definition during field investigations carried out by the Medical Officer of Health. Comparing the compatible quarter in the previous year (2011), 6 suspected Rubella cases were reported and 4 of them were compatible with the surveillance case definition. Rubella disease outbreaks were not reported during the quarter.

Laboratory investigations of fever and rash patients suspected of Measles/Rubella (25) were tested for Rubella IgM, by sending 3ml blood samples, collected within 3rd to 28th day of the onset of rash to Virology Laboratory at Medical Research Institute (MRI) and only 2 cases were identified positive for Rubella IgM antibodies.

Four Rubella IgM positive cases below 1 year of age were identified in the laboratory from TORCH screen or suspected CRS patients during the fourth quarter. Of them 2 patients were identified as Congenital Rubella Syndrome considering congenital abnormalities of them.

12. CHOLERA

No confirmed cases of cholera were reported to the Epidemiology Unit during the 4th Quarter 2012. Last case of cholera was reported in the country in January 2003.

13. TETANUS

During the 4th Quarter 2012, 04 suspected Tetanus cases were notified to the Epidemiology Unit. This is in comparison to 05 cases in the previous quarter.

14. SURVEILLANCE REPORT ON AEFI

Surveillance of Adverse Events Following Immunization (AEFI) effectively continued in the 4th Quarter of 2012 has reached 96.4% of completeness of reports, while 57.2% reports were received in time at the Epidemiology Unit indicating good compliance for the system by the MOOH. Almost 68.9% districts in the country have found at least one adverse event during a month probably due to good awareness and enthusiasm for surveillance by the health staff in MOH areas.

Nuwara Eliya, Hambantota, Jaffna, Mannar, Vavuniya, Batticaloa, Polonnaruwa, Badulla, Monaragala and, Kegalle were able to send all reports. For Sri Lanka it was 96.4%.

The best timeliness was reported from the Jaffna district (86.1%) followed by Kegalle (84.8%) and Monaragala (78.8%) (Table 12).

The highest percentage of nil reports were received from Nuwara Eliya (66.7%) followed by Ampara district (58.8%) which is much higher than the Sri Lanka average (31.1%) indicating the need for more attention for surveillance. The lowest percentage (5.6%) of such returns was received from the Jaffna district followed by Polonnaruwa (9.5%) and Colombo districts (10.3%). The highest rate (469.6 per 100,000 immunizations) of AEFI was reported from Jaffna district with the number of 188 AEFI.

For the 4th quarter, the highest number of AEFI (n=790) was reported against Pentavalent vaccine, whereas the highest rate of AEFI (463.4/100,000 doses administered) reported against DTP vaccine. The rate of AEFI for Pentavalent (01st, 02nd & 03rd dose) is 296.8 per 100,000 doses administered. High Fever (586), Allergic Reaction (533), Nodule (245) are the leading AEFI reported. Highest numbers of fever cases reported were following Pentavalent (316 cases: 118.7 per 100,000 doses

administered) and DPT (150 cases: 171.6 per 100,000 doses administered) vaccines.

For Allergic reactions, it was largely due to LJE (216 cases: 91.0 per 100,000 doses administered) and PVV (99 cases: 37.2 per 100,000 doses administered).

For the year 2012, a total of 6455 cases of AEFI have been reported in the country. The highest number of AEFI (n=2735) was reported against Pentavalent vaccine, whereas the highest rate of AEFI (361.9/100,000 doses administered) was reported against DTP vaccine. The rate of AEFI for Pentavalent (01st, 02nd & 03rd dose) is 259.5 per 100,000 doses administered.

High Fever (1933), Allergic Reaction (1720), Nodule (756), severe local reactions (239), seizures (212) and injection site abscesses (207) are the leading AEFI reported.

Highest numbers of fever cases reported were following Pentavalent (1108 cases: 105.1 per 100,000 doses administered) and DPT (430 cases: 125.7 per 100,000 doses administered) vaccines. For Allergic reactions, it was largely due to DPT (66.4 per 100,000 doses administered), LJE (60.8 per 100,000 doses administered) and MMR (52.4 per 100,000 doses administered). The highest number of nodules was reported following PVV with 488 cases (46.3 per 100,000 doses administered).

Table 12

COMPLETENESS AND TIMELINESS OF MONTHLY REPORTING AND RECEIPT OF "NIL" REPORTS OF AEFI BY RDHS DIVISIONS - 4TH QUARTER 2012

DPDHS	% completeness	% Timely returns	% Nil Returns	No. of AEFI	AEFI Rate (100,000 vaccine doses)
Colombo	92.9	48.7	10.3	188	154.0
Gampaha	93.3	71.4	11.9	111	78.8
Kalutara	97.4	34.2	47.4	46	53.2
Kandy	98.6	35.2	36.6	96	85.2
Matale	97.2	60.0	40.0	47	117.8
Nuwara Eliya	100.0	38.5	66.7	36	50.8
Galle	98.2	57.1	35.7	83	110.1
Hambantota	100.0	77.8	19.4	87	150.6
Matara	98.0	72.0	28.0	111	162.2
Jaffna	100.0	86.1	5.6	188	469.6
Kilinochchi	91.7	36.4	54.5	11	113.8
Mannar	100.0	53.3	20.0	43	420.7
Vavuniya	100.0	58.3	33.3	39	322.8
Mullativu	66.7	37.5	37.5	11	125.3
Batticaloa	100.0	52.4	45.2	48	105.7
Ampara	81.0	41.2	58.8	9	44.9
Trincomalee	90.9	40.0	40.0	73	181.9
Kurunegala	94.9	68.9	16.2	190	168.5
Puttalam	93.9	45.2	22.6	97	149.0
Anuradhapura	96.5	67.3	38.2	104	131.7
Polonnaruwa	100.0	71.4	9.5	76	226.7
Badulla	100.0	70.8	22.9	85	113.4
Moneragala	100.0	78.8	24.2	90	199.7
Ratnapura	98.1	41.5	39.6	60	66.1
Kegalle	100.0	84.8	18.2	61	102.8
Kalmunai	89.7	25.7	51.4	28	74.6
Sri Lanka	96.4	57.2	31.1	2018	129.5

Table 13 Number of Selected Adverse Events by Vaccines – 4th Quarter 2012

	BCG	OPV	PVV	DPT	MMR	LJE	DT	TT	aTd	Total number of AEFI reported
Total Number of AEFI Reported	8	3	790	405	230	388	139	19	26	2018
AEFI reporting rate/1,000,000 doses administered	8.9	0.7	296.8	463.4	129.3	163.5	153.4	23.1	30.9	
High Fever (>39°C)	1	3	316	150	38	55	20	1	1	586
Reporting rate/1,000,000 doses administered	1.1	0.7	118.7	171.6	21.4	23.2	22.1	1.2	1.2	
Allergis reactions			99	66	95	216	37	8	8	533
Reporting rate/1,000,000 doses administered			37.2	75.5	53.4	91	40.8	9.7	9.5	
Severe local reactions	1		25	20	3	7	7	1	2	66
Reporting rate/1,000,000 doses administered	1.1		9.4	22.9	1.7	2.9	7.7	1.2	2.4	
Seizure (Febrile/Afebrile)			24	25	2	10	4			65
Reporting rate/1,000,000 doses administered			9	28.6	1.1	4.2	4.4			
Nodules			156	62	3	7	13	2		245
Reporting rate/1,000,000 doses administered			58.6	70.9	1.7	2.9	14.3	2.4		
Injection site abscess	3		35	12	3	13	6	1	1	74
Reporting rate/1,000,000 doses administered	3.3		13.1	13.7	1.7	5.5	6.6	1.2	1.2	
HHE			2		2	2				6
Reporting rate/1,000,000 doses administered			0.8		1.1	0.8				

Table 14 Number of Selected Adverse Events by Vaccines in 2012

	BCG	OPV	PVV	DPT	MMR	LJE	DT	TT	aTd	Total number of AEFI reported
Total Number of AEFI Reported	36	18	2735	1238	837	746	457	62	155	6455
AEFI reporting rate/1,000,000 doses administered	10.3	1	259.5	361.9	122.2	125.6	129.5	19.1	55.8	
High Fever (>39°C)	1	5	1108	430	144	159	72	1	8	1933
Reporting rate/1,000,000 doses administered	0.3	0.3	105.1	125.7	21	26.8	20.4	0.3	2.9	
Allergis reactions	2	4	422	227	359	361	145	30	38	1720
Reporting rate/1,000,000 doses administered	0.6	0.2	40	66.4	52.4	60.8	41.1	9.3	13.7	
Severe local reactions	3		82	83	15	13	34	3	5	239
Reporting rate/1,000,000 doses administered	0.9		7.8	24.3	2.2	2.2	9.6	0.9	1.8	
Seizure (Febrile/Afebrile)		2	73	76	19	33	8			212
Reporting rate/1,000,000 doses administered		0.1	6.9	22.2	2.8	5.6	2.3			
Nodules	3		488	183	17	15	37	5	2	756
Reporting rate/1,000,000 doses administered	0.9		46.3	53.5	2.5	2.5	10.5	1.5	0.7	
Injection site abscess	19		101	38	5	14	25	2	2	207
Reporting rate/1,000,000 doses administered	5.5		9.6	11.1	0.7	2.4	7.1	0.6	0.7	
HHE			24		3	3	2		1	33
Reporting rate/1,000,000 doses administered			2.3		0.4	0.5	0.6		0.4	

15. TUBERCULOSIS

A total of 2200 Tuberculosis patients were registered for 4th Quarter 2012 by the National Programme for Tuberculosis Control and Chest Diseases. Of this total 1450 patients had pulmonary TB and 544 patients

extra pulmonary TB. Of these patients, 1050 were smear positive. The distribution of tuberculosis patients by RDHS division is given in Table 15.

Table 15

TUBERCULOSIS PATIENTS BY RDHS DIVISIONS - 4th Quarter 2012

RDHS DIVISION	New				Retreat-ment & other	Total
	PTB sp+ve	PTB sp-ve	EPTB	Total		
Colombo	250	93	116	459	58	517
Gampaha	135	37	55	227	21	248
Kalutara	97	22	42	161	9	170
Kandy	42	46	51	139	28	167
Matale	18	8	8	34	0	34
Nuwara Eliya	27	9	9	45	4	49
Galle	68	25	28	121	12	133
Matara	20	4	18	42	8	50
Hambantota	9	5	7	21	1	22
Jaffna	33	18	32	83	10	93
Vavuniya	13	2	2	17	0	17
Batticaloa	16	3	29	48	4	52
Ampara	3	3	2	8	1	9
Kalmunai	20	11	6	37	2	39
Trincomalee	15	5	10	30	3	33
Kurunegala	53	16	23	92	25	117
Puttalam	19	5	16	40	0	40
Anuradhapura	32	4	12	48	4	52
Polonnaruwa	11	11	5	27	2	29
Badulla	30	11	10	51	3	54
Monaragala	11	3	4	18	1	19
Rathnapura	63	27	26	116	7	123
Kegalle	49	18	24	91	2	93
Mannar	11	6	2	19	0	19
Mulathiv	1	0	4	5	0	5
Kilinochchi	4	8	3	15	1	16
Total	1050	400	544	1994	206	2200

PTB-Pulmonary Tuberculosis

EPTB- Extra Pulmonary Tuberculosis

SP + ve - Sputum Positive

SP - ve - Sputum Negative

Data from Central TB Register

Source - National TB Register

16. SURVEILLANCE AT SEA PORT

Details of the vaccinations carried out by the Assistant Port Health Office during the 4th quarter 2012, is as follows;

		Total
A.	Yellow fever	998
B.	Meningococcal meningitis	183
C.	Oral polio	74

17. SURVEILLANCE AT AIRPORT

Surveillance activities carried out at the International Airport, Katunayake during the 4th Quarter 2012 is given below.

1. Yellow Fever Surveillance

a. No. with valid certificate	-	03
b. No. without valid certificate & Deported	-	00
c. No. without valid certificate & Isolated	-	00

2. Disinfection of Aircrafts

a No. of flights arrived	-	5868
b No. of flights has to be disinfected	-	4963
c No. of flights disinfected	-	4482

3. Surveillance of other Infectious diseases - Nil

4. Airport Sanitation

a. No. of sanitary inspections carried out including food establishments	-	29
b. No. of food sample taken under food act	-	02
c. No. found defective	-	00
d. No. of court cases/prosecuted/warned	-	00

5 Release of Human Remains

a No. of Human Remains released	-	116
b No. of released to J.M.O. for post mortem	-	05
c No. of alleged suicide	-	06

6 Other Health activities

a Polio Vaccination: No of doses given	-	00
b Health talk given to staff	-	20

18. LEPROSY**QUARTERLY RETURN OF LEPROSY STATISTICS - 4TH QUARTER 2012**

Table 16

1. National

	At the end of the quarter			Cumulative for end of the quarter		
	4th QTR,2012	4th QTR,2011	Diff (%)	2012	2011	Diff (%)
New patients detected	469	487	-3.69	2212	2229	-0.76
Children	33	70	-52.87	169	238	-28.99
Grade 2 Deformities	33	29	13.79	163	149	9.39
Multi-Bacillary	238	226	5.30	1091	1075	1.48
Females	209	204	2.45	946	936	1.06

2. Districts

District	New patients	G2-Deformity	Children	MB	Females
Central	23	4	2	13	9
Kandy	15	2	2	7	5
Matale	4	1	0	4	3
NuwaraEliya	4	1	0	2	1
Eastern	72	10	4	43	33
Ampara	13	4	1	8	6
Batticaloa	36	3	3	20	21
Kalmunai	16	1	0	9	6
Trincomalee	7	2	0	6	0
Northern	13	0	0	5	9
Jaffna	11	0	0	4	8
Vavuniya	0	0	0	0	0
Mannar	2	0	0	1	1
Killinochchi	0	0	0	0	0
Mulathivu	0	0	0	0	0
North Central	40	4	2	19	9
Anuradhapura	25	2	1	12	6
Pollonnaruwa	15	2	1	7	3
North Western	44	3	1	21	19
Kurunegala	23	2	0	12	8
Puttalam	21	1	1	9	11
Sabaragamuwa	21	2	3	12	11
Kegalle	6	1	0	2	3
Rathnapura	15	1	3	10	8
Southern	57	3	7	27	25
Galle	22	2	4	11	8
Hambanthota	15	1	2	5	8
Matara	20	0	1	11	9
Uva	16	0	1	10	6
Baddulla	10	0	1	9	3
Monaragala	6	0	0	1	3
Western	183	7	13	88	88
Colombo	69	1	7	35	31
Gampaha	63	2	3	29	31
Kalutara	51	4	3	24	26
Sri Lanka	469	33	33	238	209

Source : Anti Leprosy Campaign

19. SEXUALLY TRANSMITTED DISEASES

Table 17

NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA

4TH QUARTER 2012

Disease	New cases or new disease episodes during the quarter			Total new cases or new episodes for the calendar year up to end of the quarter **		
	Male	Female	Total	Male	Female	Total
HIV positives ¹	31	21	52	115	71	186
AIDS	9	9	18	36	22	58
Early Syphilis ²	50	23	73	224	77	301
Syphilis Late Syphilis ³	117	90	207	492	297	789
Congenital Syphilis ⁴	3	1	4	8	4	12
Gonorrhoea ⁵	88	38	126	307	98	405
Ophthalmia Neonatorum ⁶	0	1	1	1	2	3
Non specific cervicitis/urethritis	167	372	539	584	1312	1896
Chlamydial infection	0	0	0	1	3	4
Genital Herpes	227	369	596	1164	1525	2689
Genital Warts	258	186	444	1038	754	1792
Chancroid	0	0	0	0	0	0
Trichomoniasis	0	19	19	3	68	71
Candidiasis	208	345	553	880	1406	2286
Bacterial Vaginosis	0	291	291	0	1142	1142
Other sexually transmitted diseases ⁷	122	72	194	423	233	656
Non venereal	844	507	1351	2882	2048	4930

Source: NSACP

(Includes cases diagnosed and reported to the 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 Lymphogranuloma venerium, Granuloma inguinalae, Molluscum contagiosum, Scabies, Tinea, Hepatitis B etc.

⁸ - Number of STD clinic attendees who were not having sexually transmitted diseases.

**20. BACTERIOLOGY REPORT,
MEDICAL RESEARCH INSTITUTE
4th QUARTER 2012**

Table 18

	OCT	NOV	DEC
(A) CHOLERA			
No. of stool specimens Examined	26	241	24
No. of positives	-	-	-
(B) SALMONELLA			
Blood- No. Examined	51	34	26
S.typhi	-	-	1
S.paratyphi A	2	0	0
Stools—No. examined	65	304	46
S.typhi	-	-	-
S.paratyphi A	1	-	-
Others	8	8	-
(C) SHIGELLA			
No. Examined	65	304	46
Sh.flexneri 1	-	-	-
Sh.flexneri 2	-	-	-
Sh.flexneri 3	-	-	-
Sh.flexneri 4	-	-	-
Sh.flexneri 5	-	-	-
Sh.flexneri 6	-	-	-
Sh. sonnei	-	-	-
(D) ENTEROPATHOGENIC E.COLI			
No.Examined	3	3	3
No.+ve	-	-	-
(E) CAMPYLOBACTER			
No.Examined	33	25	26
No. Positive	2	1	-
(F) ISOLATES			
Clinical	10	10	5
S. Typhi	5	0	0
S. Paratyphi A	3	1	0
Other Salmonella	2	2	1
Shigella spp	0	0	1

**21. SURVEILLANCE OF MENINGITIS—
4th quarter 2012**

Meningitis is a notifiable disease condition in Sri Lanka since year 2005. During the 4th quarter 2012, 225 suspected meningitis cases were reported to the Epidemiology Unit through the routine disease notification system .

Out of this 193 cases were clinically confirmed by the Public Health Inspectors during their field investigations. Highest number of meningitis cases were reported from the Kalutara district (29), followed by Anuradhapura (28) and Kurunegala (23) districts.

Forty percent of the clinically confirmed meningitis cases belonged to the age group less than one year, another 22% belonged to the age group 1-4 years and 21% belonged to age group 5 – 14 years. 62% of the clinically confirmed cases were males and 37% were females.

Table 19

Summary findings for special investigations carried out for clinically confirmed cases of Meningitis for year 2012

CSF Culture Report		
CSF Culture	Number	(%)
CSF results available	180	38%
• No Growth	161	
• Group B streptococci	09	
• Haemophilus influenza	06	
• Meningococcal	01	
• TB	01	
Staphylococcus	02	
Culture results not known	282	60%
Not done	11	02%
Total	473	100%
Final outcome of the patient		
Outcome	Number	(%)
Cured	430	91%
Died	07	1.5%
Information not available	37	7.5%
Total	473	100%
Final Diagnosis (based on clinical and lab findings)		
Diagnosis	Number	(%)
Culture confirmed	19	04%
Probable bacterial meningitis	54	11%
Probable viral meningitis	58	12%
Suspected Meningitis	340	72%
Total	363	100%

22 INFLUENZA SURVEILLANCE

Human Influenza surveillance comprises of 2 components; Influenza like illness (ILI) surveillance and Severe Acute Respiratory tract Infections (SARI) surveillance.

Human Influenza surveillance

ILI Surveillance – Laboratory Component

Under ILI laboratory surveillance a total of 575 samples were received from sentinel hospitals for the said quarter. There were 208 samples in October, 216 in November and 151 in December. Lady Ridgeway Children's Hospital (LRH) (67) sent in the highest number of samples with GH Ratnapura sending in 58 samples and National Hospital of Sri Lanka (NHSL), 54 samples. All sentinel hospitals except General Hospital Ampara had sent in samples within the quarter. There were 8 samples from GH Vavuniya and 4 from TH Jaffna.

Table 20 shows the performance of sentinel hospitals in the laboratory component of the ILI surveillance programme for this quarter.

Table 21 shows the subtypes of influenza viruses isolated from samples tested within the laboratory component by month in third quarter 2012.

In contrast to the previous quarter, Influenza A (H3N2) had emerged as the predominant influenza viral strain circulating during the quarter with strong presence of Influenza B as the second commonest circulating viral strain. These results show that 22% of ILI samples tested within this quarter had an influenza viral strain. This is slightly higher than the previous quarter of the year where 17% of the ILI samples tested became positive for any influenza. Within the quarter, the proportion of influenza yield can be observed to be gradually increasing from a lower 18% in October to a much higher 28% by December. This indicates the year-end peak of influenza activity.

Figure 1 shows the seasonal changes in the circulating influenza viral strains and influenza percent positivity among tested samples within the laboratory component in ILI surveillance during the quarter.

ILI Surveillance – Epidemiological Component

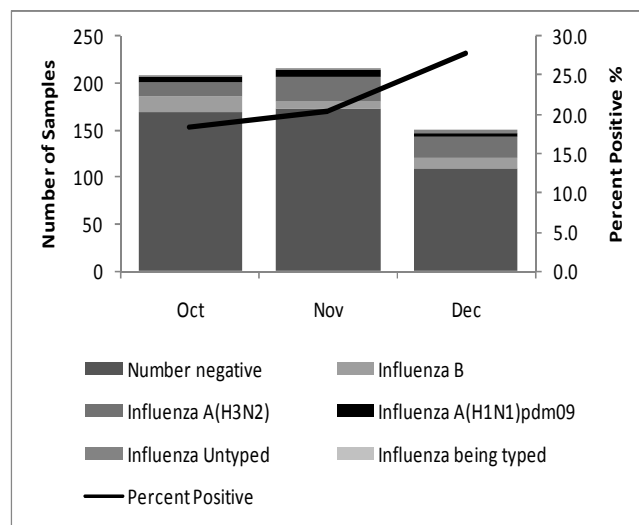
A total of 17,717 ILI visits had been recorded for the quarter. This is out of a total of 978,809 OPD visits in these hospitals. In October there were 5113 ILI cases visiting OPD of sentinel hospitals and 6223 in November and 6381 in December. TH Jaffna remained the only hospital that did not comply with the activity. TH Anuradhapura had performed well in sending in data while GH Ratnapura and GH Ampara had sent in extraordinarily large numbers.

According to these numbers, contribution of ILI to OPD visits during the quarter is 1.8% which seems highly underestimated as in the previous quarter (1.62%).

The following graph in figure 2 shows the monthly distribution of the proportion of ILI in sentinel hospitals for the years 2009 to 2012 to date.

Figure 1: Seasonal Patterns in Influenza Positivity within the ILI laboratory component

4th Quarter 2012



Severe Acute Respiratory Infections (SARI) Surveillance

Laboratory Component

There were a total of 207 samples from SARI patients in above 3 hospitals received by the MRI for the 4th quarter 2012. TH Peradeniya had sent in a fewer number of samples in August. Table 22

shows the performance of 3 SARI sentinel hospitals in the laboratory component of the SARI surveillance for this quarter.

Table 23 shows the results yielded for SARI samples in the 4th quarter 2012 at NIC.

Similar to ILI lab findings this quarter, Influenza A (H3N2) featured as the predominantly seen viral strain among inward SARI patients with strong presence of Influenza B. In contrast to the pattern seen in ILI surveillance, presence of Influenza A(H1N1pdm) 2009 was poorly felt.

The results show that 32% of SARI patients tested within this quarter as having an influenza viral strain. This is higher than that recorded for the previous quarter (23%). This high proportion is expected with the year end flu' peak with a higher influenza activity being present at this time of year.

Within the quarter, proportion of influenza yield among inward SARI patients can be observed to be ranging from one fourth to a higher 40% of the total samples processed. This is much higher than the yield observed in ILI component among OPD patients.

SARI Surveillance –

Epidemiological surveillance

There were a total of 745 patients treated inward for severe respiratory tract infections within the 4th quarter 2012. GH Matara reported the highest number of SARI patients (338) in the quarter. The highest number of patients was reported in November (367). Only LRH had reported SARI patients in December. Table 24 shows the distribution of SARI patients in the 3 hospitals by month in the 4th quarter 2012. SARI had contributed to 3.8% of total admissions in these units within this quarter. Although there were incomplete data this quarter, this proportion compares with that of the previous quarter (3.5%).

Animal Influenza Surveillance

In the 4th quarter 2012 there were 925 pooled samples and 1065 serum samples collected and tested at the VRI for HPAI. None of the samples had yielded HPAI.

The table 25 shows the number of samples collected by month and the districts they were collected from.

Figure 2: Distribution of Proportion of SARI cases by month – 2011 & 2012

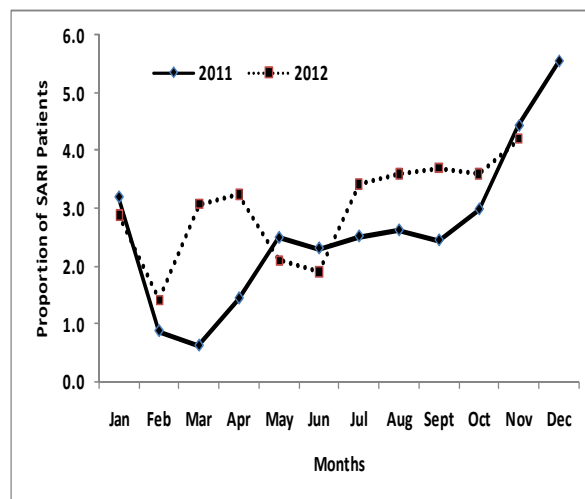


Table 20 Performance of sentinel hospitals in the laboratory component of the surveillance programme - 4th Quarter 2012

	Oct	Nov	Dec	Total
LRH	19	23	25	67
NHSL	20	12	22	54
CSTH	10	0	0	10
IDH	12	17	10	39
NCTH	18	13	7	38
TH Peradeniya	15	11	0	26
GH Nuwara Eliya	6	0	13	19
TH Karapitiya	6	14	8	28
GH Matara	7	16	1	24
TH Jaffna	4	0	0	4
GH Vavuniya	8	0	0	8
GH Ampara	0	0	0	0
TH Batticaloa	16	11	2	29
TH Kurunegala	14	19	16	49
GH Chilaw	5	15	0	20
TH Anuradhapura	14	14	21	49
GH Polonnaruwa	6	17	13	36
GH Badulla	8	8	1	17
GH Ratnapura	20	26	12	58
Total	208	216	151	575

Table 21 : Types of Respiratory Viruses Isolated in ILI samples – 4th Quarter 2012

MONTH	TOTAL	INFLU B	A(H1N1pdm) 2009	A(H3N2)	A UNTYPED	Influenza yield
Oct	208	16	5	15	2	18%
Nov	216	9	9	25	1	20%
Dec	151	12	4	21	5	28%
Total	575	37	18	61	8	22%

Table 22: performance of sentinel hospitals in the laboratory component of the SARI surveillance - 4th Quarter 2012

Institution	Oct	Nov	Dec	Total
LRH	31	24	26	81
GH Matara	16	14	6	36
TH Peradeniya	16	25	0	41
Total	63	63	32	158

Table 23: Types of Respiratory Viruses Isolated in SARI Samples - 4th Quarter 2012

Month	Total	Influenza B	A (H3N2)	(H1N1pdm) 2009	A untyped	Influenza yield
Oct	63	9	6	1	2	29%
Nov	63	6	15	3	1	40%
Dec	32	3	0	0	5	25%
Total	158	18	21	4	8	32%

23. Special Report

Acute Flaccid Paralysis (AFP) Surveillance – 2011

Poliomyelitis is a highly infectious acute viral disease, affecting mainly young children with irreversible paralysis or death. During the 19th and 20th centuries, poliomyelitis was an epidemic, more frequently observed, reaching its peak in the mid 1950s globally. The worldwide prevalence of this infection has decreased significantly since then because of aggressive immunization programmes. Global Polio Eradication Initiative started in 1988 with eradication strategies and at the end of the year 2011 only 4 endemic countries were identified globally; i.e. Nigeria, Afghanistan, Pakistan and India.

Table 24: Distribution of SARI patients by month – 4th Quarter 2012

Institution	Oct	Nov	Dec	Total
LRH	79	113	77	269
GH Matara	153	185	NR*	338
TH Peradeniya	69	69	NR*	138
Total	301	367	77	745

Table 25: Animal samples collected by month and district – 4th Quarter 2012

Month	No. of samples		Districts samples were collected from
	Pooled	Serum	
Oct	309	705	Matara, Ratnapura, Kurunegala, Colombo, Puttalam
Nov	457	300	Nuwara Eliya, Ratnapura, Badulla, Colombo, Hambantota, Jaffna, Vavunia
Dec	159	60	Matale, Ratnapura, Nuwara Eliya, Colombo, Jaffna
Total	925	1065	

But India has not reported cases since January 2011 and intensified immunization programmes of polio is continuing and planned to declare polio non endemic after completion of polio free for one year. India was the only endemic country in the South East Asia Region and the Region would be polio free if all regional countries are obliged in maintaining high polio immunization coverage, strengthened AFP surveillance, Laboratory containment and wild polio virus detection at the laboratory. However, wild polio virus type 2 out of the 3 sub types is not detected globally since 1999.

Present polio eradication strategies in Sri Lanka

Routine Immunization of OPV

Uniform high OPV immunization coverage is maintained in all districts with 5 doses of OPV given at 2, 4, 6, months of age and boosters at 18 months and 5 years. Immunization of OPV 3 coverage by each district is given in table 26.

Supplementary OPV immunization for returnees & travelers

Special supplementary OPV immunization strategy is being carrying out in Sri Lanka since 2004. , Puttalam and NuwaraEliya districts, carryout immunization of children less than 15 years of age who return to Sri Lanka from South India and other countries, with 2 doses of OPV vaccination. Also, since November 2007 all pilgrims departing for pilgrimages to India and especially to Buddhagaya should receive a dose of OPV at least 2 weeks prior to their travel date. This immunization activity is being carried out at all MOH offices and also at the Port Health Office in Colombo.

AFP surveillance

Geographical Distribution of AFP cases 2011

A total of 88 AFP cases were reported for the year 2011 (Fig.3). This yielded a non polio AFP rate of 1.4 per 100,000 under 15 year age child population. This is calculated according to the population estimates for 2011 in the country. The highest number of cases, 10 (11%) was reported from the district of NuwaraEliya. Districts of Mullaitivu and Killinochchi from the Northern province did not report any cases for the year. Countries in the endemic regions expected to report 2 non polio AFP cases per 100,000 under 15 year age child population per year and Sri Lanka needs more reported cases of AFP to achieve this expected surveillance target.

Sentinel site notification of AFP -2011

The main sentinel site for AFP, out of the 64 sentinel sites in the country, Lady Ridgeway Children Hospital (LRH), Colombo had reported 24% of the

total case load (21cases) in 2011. Teaching Hospital Kandy, and Teaching Hospital Karapitiya had reported 18 cases (20%) during the year. Table 28 shows the distribution of AFP cases notified from hospitals during the year.

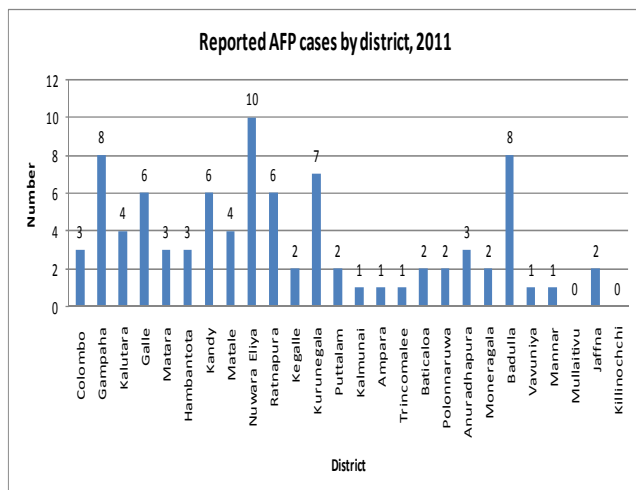
Sentinel site hospitals are expected to notify AFP cases admitted to their institutions as early as possible to the Epidemiology Unit, Regional Epidemiologist and the relevant Medical Officer of Health of the patient's residence for necessary outbreak response activities and for completion of patient investigation and surveillance activities.

The timely stool collection rate in 2011 was 89%.

Table 26 :

OPV3 Immunization Coverage by District- 2011

District	Number of Doses	OPV3 Coverage
Colombo	17,463	91.5
Gampaha	31,850	94.7
Kalutara	14,985	93.2
Galle	16,039	92.8
Matara	13,366	90.8
Hambantota	11,256	93.1
Kandy	22,937	92.3
Matale	8,782	92.6
NuwaraEliya	13,713	95.4
Ratnapura	18,390	92.5
Kegalle	13,614	94.1
Kurunegala	33,301	95.2
Puttalam	14,305	94.5
Ampara	3,683	94.0
Kalmunai	8,710	94.6
Trincomalee	8,385	95.3
Batticaloa	7,430	92.9
Polonnaruwa	7,932	92.8
Anuradhapura	17,854	92.5
Moneragala	9,005	93.4
Badulla	14,069	92.4
Vavuniya	3,506	94.2
Mannar	1,626	95.1
Kilinochchi	1,784	95.4
Jaffna	8,990	93.7
Mulativu	1,467	95.4
Total	324,442	93.4

Figure 3: Reported AFP cases by district, 2011**Age and sex distribution of AFP cases in 2011**

Of the 88 reported cases males are little higher (53%) than females. During 2010 similar pattern was observed as 64% males and 36% females from the 81 reported AFP cases. Majority of the reported cases were between 1-9 years (70%, 62 cases). This trend of presentation was compatible with the presentation of AFP cases for the previous year which was 81% (66 cases).

Table 27: Distribution of Final Classification of AFP cases –2011

Diagnosis	Number	Percentage (%)
GuillanBarre Syndrome	72	81%
Transverse Myelitis	2	2.3%
Meningo Encephalitis	2	2.3%
Acute Cerebellitis	3	3.4%
Miller Fisher Syndrome	1	1.1%
Encephalomyelitis	2	2.3%
Anterior Spinal Artery Thrombosis	1	1.1%
Cerebral tumour (Ependyma)	1	1.1%
Post viral Myositis	1	1.1%
Meningomyelocoele	1	1.1%
Retinoblastoma with secondary brain metastasis	1	1.1%
Possible VAPP	1	1.1%

Table 28: Number of AFP cases reported from sentinel site hospitals

Hospital	No: of cases reported
LRH	21
TH Kandy, GH Karapitiya	09
TH Peradeniya	07
GH Badulla	06
GH Nuwara Eliya, GH Ratnapura	04
SBSCH, TH Batticaloa, GH Anuradhapura	03
BH Diyatalawa, GH Monaragala, GH Vavuniya, GH Matara, TH Ragama, TH Jaffna	02
BH Galgamuwa, GH Hambantota, BH Dikoya, GH Puttalam, GH Polonnaruwa, NHSL, TH Kurunegala	01

National Polio Expert Committee Meetings 2011

The National Polio Expert Committee discussed necessary cases left without proper final diagnoses and a 3 month old baby presented with paralysis after 31 days of first dose of OPV in whose both stool samples detected Sabin Like Polio vaccine virus was classified as possible Vaccine Associated Paralytic Polio (VAPP). This is the second possible VAPP case identified after 1993.

Table 29: AFP surveillance performance indicators

Indicator	Expected	2011	2010
Non Polio AFP Rate)	2:100,000, <15 years	1.4	1.3
Two timely stools Rate	>80%	89%	81%
Investigation within 48hrs	>80%	100%	100%
60 Day Follow up Rate by the Regional Epidemiologist	>80%	99%	90%
Detection of Non Polio Enterovirus Rate % in the Laboratory	>10%	5%	5.1%
Timeliness of weekly reporting from sentinel site hospitals including "nil" returns	>80%	78%	73%
Timeliness of monthly reporting by Regional Epidemiologists at district level	>80%	64%	54%
Reporting time of laboratory results within 28 days	>80%	100%	100%

Table 28

24. SUMMARY OF NOTIFIABLE DISEASES - 4th QUARTER 2012

Health Region	Dysentery	Encephalitis	Enteric Fever	Food Poisoning	Human Rabies	Leptospirosis	Measles	Simple Con. Fever	Tetanus	Typhus Fever	Viral Hepatitis	Whooping Cough	Dengue Fever /DHF	Tuberculosis	Chickenpox	Mumps	Meningitis	Leishmaniasis
Colombo	42	4	51	25	0	68	4	4	1	5	21	1	2261	209	136	45	12	1
Gampaha	25	6	12	9	1	130	1	0	0	3	73	1	1796	197	51	29	15	1
Kalutara	142	1	16	0	0	100	1	0	0	1	5	1	548	0	39	19	29	2
Kandy	38	2	5	2	0	26	0	2	0	23	49	0	548	141	39	11	4	0
Matale	68	0	4	15	2	16	1	1	0	0	3	0	160	27	12	7	10	15
Nuwara-Eliya	27	0	3	1	0	12	3	1	0	8	2	0	60	41	24	25	2	0
Galle	25	1	6	0	0	43	0	14	0	15	2	0	196	192	70	28	10	1
Hambantota	20	0	6	1	0	37	0	3	1	11	11	0	146	17	35	3	2	85
Matara	53	1	3	26	0	71	2	9	0	18	35	1	454	42	100	16	3	23
Jaffna	109	0	126	1	1	1	1	16	0	110	4	2	532	98	25	22	10	0
Kilinochchi	46	1	10	2	0	0	0	0	0	2	0	2	15	9	2	2	0	3
Mannar	30	0	49	0	0	8	2	0	0	3	0	0	60	21	3	2	6	3
Vavuniya	36	0	4	10	2	1	0	1	0	0	2	0	33	17	8	4	5	8
Mullaitivu	24	0	6	0	0	0	1	0	0	0	0	0	20	5	1	2	2	9
Batticaloa	111	3	1	1	0	4	0	0	0	0	2	1	109	47	2	3	2	0
Ampara	31	0	0	12	0	2	1	0	0	0	0	0	31	14	22	56	14	1
Trincomalee	118	0	0	2	0	6	0	0	0	2	1	0	38	37	9	21	1	8
Kurunegala	96	3	24	10	0	35	2	1	1	10	13	1	1407	87	97	51	23	13
Puttalam	32	2	2	2	0	6	1	0	0	1	1	0	675	11	23	19	6	1
Anuradhapura	41	0	1	11	1	24	14	3	0	8	8	6	180	43	56	42	28	136
Polonnaruwa	37	0	1	8	0	32	2	1	0	0	11	0	79	34	38	19	7	34
Badulla	42	0	3	3	0	2	0	0	0	21	4	0	144	49	25	11	6	0
Moneragala	126	1	7	17	0	18	1	1	0	15	14	0	65	24	16	34	6	1
Ratnapura	128	4	8	3	1	57	0	2	0	8	35	4	606	111	55	23	17	10
Kegalle	8	3	7	10	0	50	0	0	1	11	115	0	461	101	41	34	4	1
Kalmunai	69	1	2	9	0	1	0	0	0	0	0	0	229	41	23	11	1	0
Total	1524	33	357	180	08	750	37	59	4	275	411	20	10853	1615	952	539	225	356

No polio cases. (from AFP surveillance system).

The Bulletin is compiled and distributed by the:

Epidemiology Unit, Ministry of Health, 231, De Saram Place, Colombo 10.

Telephone : 2695112, FAX No : 2696583, E-mail: chepid@slt.net.lk

This document is available on the internet www.epid.gov.lk.

Figures given may be subject to revision.

The editor welcomes accounts of interesting cases, outbreaks or other public health problems of current interest to health officials.

Such reports should be addressed to:

The Editor, Quarterly Epidemiological Bulletin

Epidemiology Unit, P.O. BOX 1567, Colombo, SRI LANKA.

ON STATE SERVICE

**DR. P. PALIHAWADANA
EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10.**