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# EPIDEMIOLOGICAL BULLETIN

## SRI LANKA

*Fourth Quarter*  
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## EPIDEMIOLOGY UNIT

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## 1. POLIOMYELITIS

Twenty one (21) Acute Flaccid cases were notified to the Epidemiology Unit during the 4<sup>th</sup> quarter 2014. This is lower compared to reported AFP cases of 33 during the 4<sup>th</sup> quarter 2013. Reported number of AFP cases for the quarter is below the expected number of AFP cases per quarter of the annual surveillance target of 2:100,000 under 15 - year age population, which is 24 according to the current census survey population. The non-polio AFP rate for the fourth quarter of 2014 was 1.6 :100,000.

### Notification of AFP Cases from Hospitals

All hospitals where Consultant Paediatricians are available are considered as sentinel sites for AFP surveillance. A total of 69 sentinel sites are currently functioning and last updated in 2013. All sentinel sites are expected to report immediately on AFP case admissions to the Epidemiology Unit and to the Regional Epidemiologist of the respective area of patient's residence

Majority of the cases (71.4%) were notified from the sentinel site hospitals for AFP, the Lady Ridgeway Children's Hospital (LRH), Sirimavo Bandaranayake Specialized Children's Hospital, Teaching Hospital (TH) Peradeniya and TH Kurunegala. Particulars of all hospitals which reported AFP cases are given in Table 01.

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

The highest number of cases were reported from Kandy district with 5 cases. The complete list of distribution of AFP cases according to the province, district and MOH area is given in Table 02.

### Age and Sex Distribution of AFP Cases

Majority of the cases were girls during the 4<sup>th</sup> quarter 2014 and this was opposite when compared to the trend reported during the 4<sup>th</sup> quarter 2013 in which majority was (70%) of boys in the reported AFP cases.

Majority (67%) of the cases was between 1-9 years during the 4<sup>th</sup> quarter this year and the trend was more or less similar compared to the compatible quarter in the previous year.

The table 03 shows the age distribution in the 4<sup>th</sup> quarter 2014.

**Table 01: Notification of AFP cases by sentinel hospitals - 4th quarter 2014**

Hospital	No: of cases reported
LRH	7
SBSCH	4
T.H.Kurunegala	2
T.H.Peradeniya	2
T.H.Karapitiya	1
G.H.Badulla	1
T.H.Kalubovila	1
G.H. Ratnapura	1
TH Batticaloa	1
NHSL	1
<b>Total</b>	<b>21</b>

### Seasonal Distribution of AFP Cases

Majority of AFP cases were reported during October (43%). This is similar to the compatible quarter in 2013 which reported the highest proportion in the same month.

**Table 02: Geographical distribution of AFP cases - 4th quarter 2014**

Province	District	MOH Area	Number of AFP cases		
Western	Colombo	Kolonnawa	1		
		Kaduwela	1		
		Nugegoda	1		
		Borelesgamuwa	1		
		Gampaha	Seeduwa	1	
Southern	Hambanhotu	Sooriyawewa	1		
Central	Kandy	Gampola	2		
		Hasalaka	1		
		Galaha	1		
		Udunuwara	1		
		Matale	Galewela	1	
Eastern	Batticaloa	Kattankudy	1		
		Sabaragamuwa	Ratnapura	Eheliyagoda	1
			Ratnapura	1	
North Central	Kegalle	Mawanella	1		
		Anuradhpura	Galnewa	1	
			Polonnaruwa	Elahera	1
North western	Kurunegala	Udubeddawa	1		
		Alawwa	1		
Uva	Moneragala	Bibile	1		
<b>Total</b>			<b>21</b>		

**Table 03: Distribution of AFP cases by Age & Sex, 4th quarter 2014**

Age	Total
< 1 year old	00
1-4 year old	08
5-9 year old	07
10-15 year old	06
<b>Total</b>	<b>21</b>

**Final diagnoses of AFP cases**

Majority (91%) of the reported AFP cases were finally diagnosed as Guillain Barre Syndrome (GBS). Final diagnoses of all 21 cases of AFP are given in table 04.

**Table 04: Final diagnoses of AFP patients reported during 4th quarter 2014**

Final Diagnoses	Frequency
<b>GBS</b>	19
<b>Transverse Myelitis</b>	01
<b>Meningitis</b>	01
<b>Total</b>	<b>21</b>

**Laboratory exclusion of poliomyelitis in AFP patients**

Two stool samples collected within 14 days of onset of paralysis are required at the Virology laboratory (Medical Research Institute, WHO regional reference laboratory) for exclusion of polio virus. 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'.

Out of all cases 17 AFP cases (81%) had both stool samples collected timely and sent to MRI for polio virology.

## 2. MEASLES

Out break situation experience in the country continued during the 4th quarter 2014 with declining tendency. Three hundred and forty five cases were suspected of possible measles during the 4th quarter 2014 but only 330 cases were identified as compatible with clinical case definition of "fever and maculopapular rash with one of the signs of cough, coryza or conjunctivitis". Other suspected cases were discarded as non measles cases. These clinical cases were field investigated (60%) by the respective medical officers of health (MOH) of the patients' residential areas and special field investigation reports have been sent to the Epidemiology Unit. Of the cases compatible with clinical case definition of measles 41% were below 1 year of age whom measles vaccination is not indicated. Western province (40%) and sabaragamuwa province (20%) reported majority of measles cases. Laboratory investigations of suspected measles or rubella patients (299) from October to December who were with fever and maculopapular rash with one of cough, coryza or conjunctivitis were investigated in the WHO accredited virology laboratory at the medical research institute (MRI) and identified 219 cases were serology positive for measles Igm antibodies. Outbreak of measles was considered as continuing at declining tendency during the fourth quarter.

## 3. LEPTOSPIROSIS

During the 4<sup>th</sup> quarter 2014, 1391 cases and 20 deaths (CFR 1.43 %) due to Leptospirosis were notified to the Epidemiology Unit compared to 601 cases and 10 deaths in the previous quarter and 1111 cases and 15 deaths during corresponding quarter of 2013.

**Table 05: Selected characteristics of leptospirosis patients (%) - 4th quarter 2014**

Age Group	Sex	
	Male	Female
0-9 years	0.28	0.94
10-19 years	6.53	3.77
20-29 years	16.76	5.66
30-39 years	20.73	22.64
40-49 years	24.00	23.58
50-59 years	19.17	23.58
>60 years	11.22	17.92
<b>Total</b>	<b>100.00</b>	<b>100.00</b>

## 4. HUMAN RABIES

Two Human Rabies cases were reported in 4th quarter 2014 compared to 03 cases in the previous quarter and 06 cases in the corresponding quarter of year 2013.

### Animal Rabies

During this quarter, 148 dogs were reported positive for rabies, compared to 162 positive in the previous quarter and 178 positive in the same period in the last year at MRI.

Cats-33, Cows- 01, Domestic Ruminants — 00.

### Rabies Control Activities

**Dog vaccination** - 595607 dogs were immunized during the quarter under review when compared to 384499 in previous quarter and 416897 in corresponding Quarter of last year.

### Animal Birth control

4660 female dogs were injected with progesterone and 59904 female dogs were sterilized by surgical method.

## 5. VIRAL HEPATITIS

In the 4<sup>th</sup> quarter 2014, a total of 586 cases of Viral Hepatitis were reported to the Epidemiology Unit. This was in comparison to the 612 cases in the previous quarter and 608 cases in the corresponding quarter of 2013. Ratnapura(117 cases) reported the highest number of cases followed by Kandy District (91 cases).

## 6. ENTERICFEVER

In the 4<sup>th</sup> quarter, a total of 393 cases of Enteric fever were reported to the Epidemiology Unit, compared to 190 cases in the previous quarter and 237 cases in the corresponding quarter of 2013. The district of Jaffna (152) reported the highest number of cases, followed by Vavuniya (54 cases)

## 7. DYSENTERY

In the 4<sup>th</sup> quarter, a total of 2052 cases of Dysentery were reported to the Epidemiology Unit, in comparison to 976 cases in the previous quarter and 1480 cases in the corresponding quarter of 2013. Jaffna (625 cases) and Anuradhapura (172 cases) reported the highest number of cases

## 8. MALARIA

There were no indigenous malaria cases reported during the 4th quarter of 2014. ( Table 06 )

## 9. JAPANESE ENCEPHALITIS (JE)

During the 4<sup>th</sup> quarter of 2014, 38 cases of clinically suspected Encephalitis cases were reported to the Epidemiology Unit through the routine disease notification system. Out of this, 21 cases were clinically confirmed by the Public Health Inspectors during their field investigations.

During the 4<sup>th</sup> quarter of 2014, not a single lab confirmed JE case was reported.

**Table 06: Results of Blood smear examination for malaria parasites - 4th quarter 2014**

	4th quarter 2013	4th quarter 2014
<b>No. of blood smears examined</b>	254,890	269,912
<b>No. of positives</b>	0	0
<b>No. of <i>P. vivax</i></b>	0	0
<b>No. of <i>P. falciparum</i></b>	0	0
<b>No. of mixed infections</b>	0	0
<b>No. of infant positives</b>	0	0
<b>Slide positivity rate (S.P.R.)</b>	0	0
<b>P.v. : P.f. ratio</b>	0	0
<b>Percentage of infants positive</b>	0	0

**Table 07**

**Selected characteristics of confirmed cases of JE – 4th quarter 2014**

(Total number of cases reported = 19)

<b>Sex</b>	<b>Male</b>	12 (63%)
	<b>Female</b>	07 (37%)
<b>Age group</b>	< 1 Y	02 (11%)
	1-10 Y	04 (21%)
	11-20 Y	00 (00%)
	21-50 Y	05 (26%)
	> 50 Y	08 (42%)
<b>District</b>	Gampaha	04 (21%)
	Kalutara	01 (05%)
	Matale	01 (05%)
	NuwaraEliya	01 (05%)
	Matara	01 (05%)
	Batticaloa	01 (05%)
	Kurunegala	03 (16%)
	Polonnaruwa	01 (05%)
	Moneragala	01 (05%)
	Ratnapura	03 (16%)
Kegalle	01 (05%)	

Table 08: Distribution of blood smears examined by district RMO –4th quarter 2014

RMO	October	November	December	Total
Colombo	6594	7940	5680	20214
Gampaha	3217	1852	2761	7830
Kalutara	1019	2046	1916	4981
Kandy	4617	4440	3554	12611
Matale	3002	2923	2860	8785
Nuwara Eliya	137	213	250	600
Galle	1453	1454	2003	4910
Matara	1943	1960	1506	5409
Hambantota	1852	2310	2215	6377
Jaffna	6819	6402	7760	20981
Kilinochchi	3205	5310	4118	12633
Vavuniya	4168	4555	4630	13353
Mannar	2838	3465	3613	9916
Mullaitivu	1126	2943	4344	8413
Batticaloa	4568	4791	3653	13012
Ampara	1602	1484	1827	4913
Kalmunei	3474	3930	3663	11067
Trincomalie	2535	1900	2721	7156
Kurunegala	5536	5935	5814	17285
Maho	1843	1397	1635	4875
Puttalam	2657	3445	2586	8688
Anuradhapura	6118	6229	6145	18492
Pollonnaruwa	4835	5131	3649	13615
Badulla	2679	2565	3296	8540
Monaragala	2780	3040	3097	8917
Rathnapura	2354	2812	2584	7750
Kegalle	3036	3032	2521	8589
<b>Total</b>	<b>86007</b>	<b>93504</b>	<b>90401</b>	<b>269912</b>

Table 09: Morbidity and mortality due to DF/DHF -- 4th quarter 2014

RDHS Division	Cases	Percentage (%)	Deaths
Colombo	3952	26.01	07
Gampaha	3124	20.63	02
Kalutara	525	3.46	01
Kandy	1079	7.12	00
Matale	290	1.91	00
N' Eliya	80	0.52	00
Galle	354	2.33	01
Hambantota	143	0.94	00
Matara	271	1.78	02
Jaffna	954	6.38	01
Kilinochchi	44	0.29	01
Mannar	270	1.78	00
Vavuniya	37	0.24	00
Mulativu	48	0.31	00
Batticaloa	311	2.05	00
Ampara	31	0.20	00
Trincomalee	156	1.03	01
Kurunagale	867	5.72	01
Puttalam	390	2.57	01
A'pura	213	1.40	00
Polonnaruwa	142	0.93	00
Badulla	581	3.83	00
Moneragala	92	0.60	00
Ratnapura	395	2.60	01
Kegalle	407	2.68	00
Kalmunai	384	2.53	00
<b>Total</b>	<b>15,140</b>	<b>100.00</b>	<b>19</b>

**Table 10: DF/DHF Statistics from Department of Virology, MRI –4th quarter 2014**

Month	Clinically suspected cases of DF/DHF	Serologically Confirmed Cases of DF/DHF
October	342	161
November	290	130
December	186	77
<b>Total</b>	<b>818</b>	<b>368</b>

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

During the 4<sup>th</sup> Quarter of 2014, 15,140 cases of DF/DHF and 19 deaths were reported (0.125% CFR) when compared to 12,383 cases of DF/DHF and 24 deaths (0.19 % CFR) reported during the 3<sup>rd</sup> quarter of 2014. Proportion of cases notified in October, November and December were 23.38%, 36.01%, and 35.60% respectively.

Table 09 shows the distribution of DF/DHF cases and deaths in the RDHS divisions during the 4<sup>th</sup> Quarter of 2014

Special surveillance data on 1349 confirmed cases were received and analyzed for the 4<sup>th</sup> quarter of 2014. Age distribution of reported cases were <4 years of age in 77 (5.70%), 5- 9 years of age in 164 (12.15%), 10 - 14 years of age in 153 (11.34%), 15 – 19 years of age in 150 (11.11%), 20 - 24 years of age in 206 (15.27%), 25 - 29 years of age in 163 (12.08%), 30 - 34 years of age in 114 (8.45%), 35 - 39 years of age in 84 (6.22%), 40 - 44 years of age in 57 (4.22%), 45 - 49 years of age in 53 (3.92%), 50 – 54 years of age in 54 (4.0%), 55 - 59 years of age in 30 (2.22%), >60 years of age in 29 (2.14%) .

According to the clinical findings majority of the reported cases 1249 (92.65%) were classified as dengue fever, 6.15 % were classified as Dengue haemorrhagic fever without shock , 0.81% were Dengue haemorrhagic fever with shock while 0.074% falling into unusual dengue category.

During the 4<sup>th</sup> quarter of 2014, 818 blood samples were tested using IgM capture ELISA test at the Department of Virology, MRI. From the total, 368 (44.98%) samples were confirmed as positive (Table 10).

#### **11. RUBELLA AND CONGENITAL RUBELLA SYNDROME (CRS)**

During the whole quarter, 2 suspected Rubella disease cases were reported and one of them were compatible with surveillance case definition [fever and maculopapular rash, with arthralgia arthritis, lymphadenopathy (suboccipital, post auricular and cervical ) or conjunctivitis] during field investigations. Outbreaks were not reported during the quarter for rubella infection and one were laboratory confirmed . No CRS cases were reported during the quarter and not detected at the laboratory during investigations of babies for TORCH screen.

#### **12. CHOLERA**

No confirmed cases of cholera were reported to the Epidemiology Unit during the 4<sup>th</sup> Quarter 2013. Last case of cholera was reported in the country in January 2003.

#### **13. TETANUS**

MOH MC-Matara of RDHS Matara and MOH Balangoda of RDHS Ratnapura reported clinically confirmed one tetanus case each. Total cases for the fourth quarter were two.

According to the data available there were total of 10 cases of clinically confirmed tetanus were reported in the year 2014 of which four (40%) were male and six (60%) were female. All patients were more than 30 years old. Out of the 10 patients 08 patients received post exposure tetanus toxoid. Final outcome of these 10 patients, 06 died while 04 recovered.

#### 14. SURVEILLANCE REPORT ON AEFI

Surveillance of Adverse Events Following Immunization (AEFI) effectively continued in the 4<sup>th</sup> Quarter of 2014 has reached 94.2% of completeness of reports, while 45.1% reports were received in time at the Epidemiology Unit indicating the need for more attention on good compliance for the system by the MOOH. Badulla, Mannar, Mullativu and Polonnaruwa were able to send all reports. The best timeliness was reported from the Jaffna district (77.1%) followed by Kegalle (65.6%), Matara (64.0%) and Badulla (60.4%). (Table 1)

The highest percentage of nil reports were received from Vavuniya (54.5%) followed by Ampara district (52.9%), which is more than two fold of the Sri Lanka average (24.5%) indicating the need for more attention for surveillance. Gampaha district has the lowest 'Nil return' of 6.8%, followed by Badulla (8.3) and Jaffna districts (8.6%) indicating the good surveillance system in place. The highest rate (400.7 per 100,000 immunizations) of AEFI was reported from Mannar district, while Kandy reported the highest number of 284 AEFI cases in the fourth quarter 2014.

For the fourth quarter, the highest number of AEFI (n=1404) was reported against Pentavalent vaccine, where as the highest rate of AEFI (729.9/100,000 doses administered) was reported against DTP vaccine. The rate of AEFI for Pentavalent (01<sup>st</sup>, 02<sup>nd</sup> & 03<sup>rd</sup> dose) is 541.8 per 100,000 doses administered. High Fever (884), Allergic Reaction (585), Nodule (412) and injection site abscesses (178) are the leading AEFI reported. Highest numbers of fever cases reported were following Pentavalent (505 cases: 194.9 per 100,000 doses administered) and DPT (275 cases: 312.2 per 100,000 doses administered) vaccines. For Allergic reactions, it was largely due to LJE (224 cases: 100.5 per 100,000 doses administered), where as nodules, it was largely due to the Pentavalent vaccine (303 cases: 116.9 per 100,000 doses administered). An increasing number of injection site abscesses and local site reactions including nodules have been reported, indicating the possible immunization related errors by MOH staff, which is preventable.

**Table 11: Completeness and timeliness of monthly reporting and receipt of "NIL" reports of AEFI by RDHS division - 4th quarter 2014**

DPDHS	completeness %	Timely returns %	Nil Returns %	No. of AEFI	AEFI Rate (100,000 vaccine doses)
Colombo	86.3	50.0	13.6	265	211.4
Gampaha	97.8	40.9	6.8	154	120.3
Kalutara	92.3	25.0	22.2	115	149.3
Kandy	95.8	47.8	24.6	284	185.2
Matale	94.9	59.5	16.2	92	255.8
Nuwara Eliya	92.3	44.4	38.9	49	69.9
Galle	98.3	55.9	44.1	99	150.7
Hambantota	86.1	45.2	22.6	88	183.0
Matara	98.0	64.0	18.0	114	211.5
Jaffna	97.2	77.1	8.6	135	390.2
Kilinochchi	75.0	55.6	22.2	14	177.5
Mannar	100.0	40.0	33.3	30	400.7
Vavuniya	91.7	45.5	54.5	26	206.3
Mullativu	100.0	13.3	20.0	25	246.5
Batticaloa	97.6	48.8	29.3	113	290.8
Ampara	81.0	11.8	52.9	19	96.9
Trincomalee	93.9	38.7	45.2	44	134.6
Kurunegala	98.8	56.3	32.5	201	183.6
Puttalam	94.4	14.7	41.2	70	124.0
Anuradhapura	80.7	32.6	19.6	115	164.5
Polonnaruwa	100.0	19.0	23.8	54	172.2
Badulla	100.0	60.4	8.3	224	222.0
Moneragala	97.0	46.9	18.8	75	207.2
Ratnapura	96.3	25.0	25.0	127	161.7
Kegalle	97.0	65.6	15.6	138	191.0
Kalmunai	92.3	22.2	19.4	95	283.6
<b>Sri Lanka</b>	<b>94.2</b>	<b>45.1</b>	<b>24.9</b>	<b>2765</b>	<b>183.1</b>

Table 12: Number of Selected Adverse Events by Vaccines – 4th quarter 2014

	BCG	OPV	PVV	DPT	MMR	LJE	DT	TT	aTd	Total number of AEFI reported
<b>Total Number of AEFI Reported</b>	08		1404	643	159	365	102	38	36	2755
<b>AEFI reporting rate/100,000 doses administered</b>	9.5		541.8	729.9	87.2	163.8	118.4	50.6	45.0	
<b>High Fever (&gt;39°C)</b>			505	275	30	53	18	3		884
<b>Reporting rate/100,000 doses administered</b>			194.9	312.2	16.4	23.8	20.9	4.0		
<b>Allergic reactions</b>			136	94	84	224	27	15	05	585
<b>Reporting rate/100,000 doses administered</b>			52.5	106.7	46.1	100.5	31.3	20.0	6.3	
<b>Severe local reactions</b>			69	24	3	36	2	3	1	138
<b>Reporting rate/100,000 doses administered</b>			26.6	27.2	1.6	16.2	2.3	4.0	1.3	
<b>Seizure (Febrile/Afebrile)</b>			34	38	3	9	1			85
<b>Reporting rate/100,000 doses administered</b>			13.1	43.1	1.6	4.0	1.2			
<b>Nodules</b>			303	91	3	4	9	2		412
<b>Reporting rate/100,000 doses administered</b>			116.9	103.3	1.6	1.8	10.4	2.7		
<b>Injection site abscess</b>	6		149	10	5		6	2		178
<b>Reporting rate/100,000 doses administered</b>	7.1		57.5	11.4	2.7		7.0	2.7		
<b>HHE</b>			3	1						04
<b>Reporting rate/100,000 doses administered</b>			1.2	1.1						

Note: The total number of AEFI reported in monthly returns include all vaccines in use, where as this table shows only selected vaccines. Therefore the total numbers of AEFI in these two tables are not the same.

## 15. TUBERCULOSIS

A total of 2157 TB patients were notified to the NPTCCD by H816A, and 2332 patients were registered at chest clinics for the 4th Quarter 2014. Out of this 2332 TB patients, 2138 (91.7%) were New TB Cases, 103 (4.4%) were Re-treatment Cases and 91 (3.9%) were Other Cases. Out of New TB cases 1047 (49%) were New Smear Positive TB, 451 (22%) were New Smear Negative TB and 640 (29.9%) were New Extra Pulmonary TB Cases. A total of 2010 TB patients were screened for HIV, out of them **three** patients were found positive. **Two** Multi Drug Resistant TB patients were detected during above quarter. Distribution of TB Patients by RDHS division is given in the Table 13.

**Table 13: Tuberculosis patients by RDHS divisions - 4th quarter 2014**

RDHS DIVISION	New				Retreatment & other	Total
	PTB	PTB	EPTB	Total		
Colombo	270	104	167	541	71	612
Gampaha	127	47	53	227	23	250
Kalutara	76	18	52	146	12	158
Kandy	57	40	44	141	06	147
Matale	19	07	12	38	02	40
Nuwara Eliya	29	17	23	69	02	71
Galle	47	24	38	109	10	119
Matara	31	11	18	60	05	65
Hambantota	08	04	07	19	01	20
Jaffna	21	18	20	59	08	67
Vavuniya	08	04	04	16	00	16
Batticaloa	08	12	07	27	01	28
Ampara	01	06	06	13	00	13
Kalmunai	15	17	06	38	00	38
Trincomalee	11	09	12	32	01	33
Kurunegala	67	35	35	137	25	162
Puttalam	22	02	12	36	02	38
Anuradhapura	33	09	12	54	02	56
Polonnaruwa	19	03	08	30	01	31
Badulla	23	05	16	44	04	48
Monaragala	14	03	05	22	00	22
Rathnapura	65	18	41	124	08	132
Kegalle	57	31	28	116	06	122
Mannar	04	03	04	11	00	11
Mulathivu	05	00	04	09	01	10
Kilinochchi	10	04	06	20	03	23
<b>Total</b>	<b>1047</b>	<b>451</b>	<b>640</b>	<b>2138</b>	<b>194</b>	<b>2332</b>

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 2014, is as follows;

		Total
A.	Yellow fever	932
B.	Meningococcal meningitis	190
C.	Oral polio	195

## 17. SURVEILLANCE AT AIRPORT

Surveillance activities carried out at the International Airport, Katunayake during the 4th Quarter 2014 is given below.

### 1. Yellow Fever Surveillance

a. No. with valid certificate	-	326
b. No. without valid certificate & Deported	-	-
c. No. without valid certificate & Isolated	-	-

### 2. Disinsection of Aircrafts

a No. of flights arrived	-	6201
b No. of flights has to be disinsected	-	5357
c No. of flights disinsected	-	4972

### 3. Passenger Arrivals & departures

a No. Of passengers Arrived	-	996636
b No. of Passengers Departures	-	—

### 4. Release of Human Remains

a. No. of human Remains released	-	123
b. No. of released to J.M.O. For post-mortern	-	01
c. No. Alleged suicide	-	07

### 5 Surveillance of other infectious diseases

### 6 Airport Sanitation

a No of sanitary inspections carried out including Food establishment	-	10
b No. Of food samples taken under Food Act	-	03
c No. Found defective	-	-
d No. of court cases / prosecuted / Warned	-	-

### 7 Other Health Activities

a Polio Vaccination No - of doses given	-	-
b Health talk given to staff	-	08
<b>8</b>		
a. No. of water samples taken for Bacteriological Analysis	-	07
b. No. Reported Contaminated	-	-

## 18. LEPROSY

Table 14: Quarterly return of Leprosy statistics –4th quarter 2015

## 1. National

	At the end of the quarter			Cumulative for end of the quarter		
	4th QTR,2014	4th QTR,2013	Diff (%)	2014	2013	Diff (%)
<b>New patients detected</b>	545	515	5.82	2277	2069	10.05
<b>Children</b>	52	51	1.96	216	190	13.68
<b>Grade 2 Deformities</b>	34	36	-5.55	170	138	23.18
<b>Multi-Bacillary</b>	257	241	6.63	1100	1011	8.80
<b>Females</b>	224	202	10.89	892	847	5.31

## 2. Districts

District	New patients	G2-Deformity	Children	MB	Females
<b>Central</b>	18	02	01	08	05
Kandy	11	02	01	04	04
Matale	03	00	00	01	01
NuwaraEliya	04	00	00	03	00
<b>Eastern</b>	<b>65</b>	<b>02</b>	<b>09</b>	<b>27</b>	<b>25</b>
Ampara	10	00	01	04	03
Batticaloa	30	00	05	09	11
Kalmunai	18	02	02	10	08
Trincomalee	07	00	01	04	03
<b>Northern</b>	<b>21</b>	<b>02</b>	<b>01</b>	<b>13</b>	<b>09</b>
Jaffna	12	00	00	06	03
Mannar	02	00	00	02	01
Mulathivu	05	02	01	03	03
Vauniya	02	00	00	02	02
<b>North Central</b>	<b>36</b>	<b>02</b>	<b>03</b>	<b>18</b>	<b>15</b>
Anuradhapura	17	00	03	07	08
Pollonnaruwa	19	02	00	11	07
<b>North Western</b>	<b>63</b>	<b>04</b>	<b>02</b>	<b>36</b>	<b>31</b>
Kurunegala	38	01	00	21	16
Puttalam	25	03	02	15	15
<b>Sabaragamuwa</b>	<b>38</b>	<b>03</b>	<b>04</b>	<b>20</b>	<b>11</b>
Kegalle	08	02	02	04	01
Rathnapura	30	01	02	16	10
<b>Southern</b>	<b>59</b>	<b>07</b>	<b>06</b>	<b>28</b>	<b>27</b>
Galle	19	06	01	11	08
Hambanthota	19	00	03	08	08
Matara	21	01	02	09	11
<b>Uva</b>	<b>12</b>	<b>01</b>	<b>00</b>	<b>06</b>	<b>09</b>
Baddulla	07	00	00	05	05
Monaragala	05	01	00	01	04
<b>Western</b>	<b>233</b>	<b>11</b>	<b>26</b>	<b>101</b>	<b>92</b>
Colombo	118	04	14	50	53
Gampaha	64	04	04	37	26
Kalutara	51	03	08	14	13
<b>Sri Lanka</b>	<b>545</b>	<b>34</b>	<b>52</b>	<b>257</b>	<b>224</b>

Source : Anti Leprosy Campaign

## 19. SEXUALLY TRANSMITTED DISEASES

Table 15: New episodes of STD/HIV/AIDS reported or treated at STD clinics in Sri Lanka –4th quarter 2014

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 <sup>1</sup>		46	14	60	159	62	221
AIDS		11	02	13	47	14	61
	Early Syphilis <sup>2</sup>	45	20	65	179	76	255
Syphilis	Late Syphilis <sup>3</sup>	159	112	271	760	425	1185
	Congenital Syphilis <sup>4</sup>	03	02	05	15	11	26
Gonorrhoea <sup>5</sup>		111	28	139	464	110	574
Ophthalmia Neonatorum <sup>6</sup>		01	00	01	02	01	03
Non specific cervicitis/urethritis		124	404	528	583	1492	2075
Chlamydial infection		02	04	06	02	04	06
Genital Herpes		292	402	694	1260	1626	2886
Genital Warts		263	208	471	1068	804	1872
Chancroid		01	00	01	03	00	03
Trichomoniasis		07	20	27	12	97	109
Candidiasis		248	425	673	882	1504	2386
Bacterial Vaginosis		00	329	329	02	1221	1223
Other sexually transmitted diseases <sup>7</sup>		72	43	115	389	140	529
Non venereal		853	468	1321	3819	2024	5843

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

<sup>1</sup> - Includes AIDS cases

<sup>2</sup> - Diagnosed within 2 years of infection and considered to be infectious

<sup>3</sup> - Diagnosed after 2 years of infection and considered to be non-infectious

<sup>4</sup> - Includes both early and late cases

<sup>5</sup> - Includes presumptive Gonorrhoea

<sup>6</sup> - Includes both gonococcal and chlamydial conjunctivitis in neonatal period

<sup>7</sup> - Includes Lymphogranuloma venerium, Granuloma inguinale, Molluscum contagiosum, Scabies, Tinea, Hepatitis B etc.

<sup>8</sup> - Number of STD clinic attendees who were not having sexually transmitted diseases.

**20. BACTERIOLOGY REPORT, MEDICAL RE-SEARCH INSTITUTE**

Table 16

	OCT	NOV	DEC
<b>(A) CHOLERA</b>			
No. of stool specimens Examined	22	265	51
No. of positives	0	0	0
<b>(B) SALMONELLA</b>			
No of blood specimens examined			
S.typhi			
S.paratyphi A			
No of stools specimens examined	70	297	103
S.typhi	0	0	0
S.paratyphi A	0	0	0
Others	3	8	1
<b>(C) SHIGELLA</b>			
No of stool specimens examined	70	297	103
Sh.sonnei	0	1	0
Sh.flexneri 1	0	1	0
Sh.flexneri 2	0	0	2
Sh.flexneri 3	0	0	0
Sh.flexneri 4	0	0	0
Sh.flexneri 5	0	0	0
Sh.flexneri 6	0	0	0
<b>(D) ENTERO PATHOGENIC E.COLI</b>			
No of stool specimens examined	5	5	1
No of positive	0	0	0
<b>(E) CAMPYLOBACTER</b>			
No of stool specimens examined	30	23	26
No of Positives	0	0	1
<b>(F) ISOLATES</b>			
Clinical	21	16	21
S. Typhi	2	0	0
S. Paratyphi A	1	0	1
Other Salmonella	4	4	8
Shigella spp	7	1	6

**21. SURVEILLANCE OF MENINGITIS**

Meningitis is a notifiable disease condition in Sri Lanka since year 2005. During the 4<sup>th</sup> quarter 2014, 240 cases of suspected meningitis cases were reported to the Epidemiology Unit through the routine disease notification system.

Out of this 213 cases were clinically confirmed by the Public Health Inspectors during their field investigations. Highest number of meningitis cases were reported from the Colombo and Badulla districts (20 each) followed by Jaffna (16) and Rathnapura (16) districts.

Thirty seven percent of the clinically confirmed meningitis cases belonged to the age group less than one year, another 24% belonged to the age group 1-5 years and 21% belonged to age group 6 – 15 years. Sixty three percent of the clinically confirmed cases were males and 37% were females.

**Table 17: Summary findings for special investigations carried out for clinically confirmed cases of Meningitis from 1st January to 31st December 2014.**

<b>CSF Culture Report</b>		
CSF Culture	Number	(%)
CSF results available	<b>238</b>	<b>43%</b>
• No Growth	<b>(225)</b>	
• Group B streptococci	<b>(08)</b>	
• Haemophilus influenza	<b>(03)</b>	
• Streptococcus Pneumoniae	<b>(02)</b>	
Culture results not known		
Not done	<b>298</b>	<b>54%</b>
<b>Total</b>	<b>10</b>	<b>02%</b>
	<b>548</b>	<b>100%</b>
<b>Final outcome of the patient</b>		
Outcome	Number	(%)
Cured	<b>517</b>	94%
Died	<b>09</b>	02%
Information not available	<b>16</b>	<b>03%</b>
<b>Total</b>	<b>548</b>	<b>100%</b>
<b>Final Diagnosis (based on clinical and lab findings)</b>		
Diagnosis	Number	(%)
Culture confirmed	12	02%
Probable bacterial meningitis	61	11%
Probable viral meningitis	44	08%
Suspected Meningitis	<b>431</b>	79%
<b>Total</b>	<b>548</b>	<b>100%</b>

## 22. INFLUENZA SURVEILLANCE

### Human Influenza Surveillance

Human Influenza surveillance comprises of 2 components; **Influenza like illness (ILI) surveillance and Severe Acute Respiratory Infections (SARI) surveillance**. Epidemiological data are collected from 19 sentinel hospitals throughout the country. Respiratory samples are collected from 13 sentinel hospitals for ILI and 4 sentinel hospitals for SARI and are analyzed at the National Influenza Center (NIC), Medical Research Institute (MRI).

### Epidemiological Component

#### ILI Surveillance

In the 4th quarter of year 2014, 11 hospitals out of 19 have reported with a reporting rate of 57.8% Total number of ILI cases were 5205, which amounted to 1.00% of the total OPD visits (n=517286). The highest number of ILI cases were reported from Teaching Hospital Anuradhapura (n=3144, 60.4%) and majority of the patients were in the age group 15 – 49 years (n= 1271; 24.4%).

#### SARI Surveillance

A total of 128 SARI cases were reported for the 4th quarter of 2014 from the SARI sentinel hospitals. Out of all hospital admissions during (N=6810) the quarter, 1.88% were due to SARI.

### Laboratory Component

#### ILI Surveillance

A total of 247 ILI respiratory samples were received by the MRI from sentinel hospitals during the 4<sup>th</sup> quarter of 2014; 88 samples in October, 94 in November and 65 in December. IDH (n=33) had sent the highest number of samples followed by Provincial General Hospital Ratnapura (n=29), Teaching Hospital Kalubowila (n=25), Teaching Hospital Batticaloa (n=23) and Teaching Hospital Anuradhapura (n=23). (Table 01). All sentinel hospitals except General Hospital Vavuniya, General Hospital Ampara had sent samples within the quarter. Out of sub-typed samples, influenza A (H3N2) was the predominant circulating Influenza viral strain identified, followed by Influenza B (Table 20).

### SARI Surveillance

A total of 24 respiratory samples were sent to the MRI during the 4th quarter of year 2014, by all four SARI sentinel hospitals. Lady Ridgeway Children's Hospital (LRH) had sent the highest number of samples (n=16). Out of sub-typed samples, influenza A(H3N2) was the predominant circulating Influenza viral strain identified (Table 21).

**Table 18: Monthly performance of sentinel hospitals in the laboratory component of the ILI surveillance for the 3<sup>rd</sup> quarter of the year 2014**

	Oct	Nov	Dec	Total
NHSL	0	4	10	14
THKalubowila	9	15	1	25
IDH	19	8	6	33
GH Nuwaraeliya	6	0	11	17
TH Karapitiya	0	9	0	9
TH Jaffna	5	6	3	14
TH Batticaloa	9	9	5	23
TH Kurunegala	5	10	5	20
GH Chillaw	5	0	0	5
TH Anuradhapura	10	13	0	23
GH Polonnaruwa	4	5	7	16
PGH Badulla	6	6	7	19
PGH Rathnapura	10	9	10	29
Total	88	94	65	247

(Source: Epidemiology Unit)

**Table 19: Monthly performance of sentinel hospitals in the laboratory component of the SARI surveillance for the 4th quarter of the year 2014**

	Oct	Nov	Dec	Total
TH Ragama	2	1	0	3
TH Peradeniya	4	0	0	4
GH Matara	1	0	0	1
LRH	6	5	5	16
<b>Total</b>	<b>13</b>	<b>6</b>	<b>5</b>	<b>24</b>

(Source: Epidemiology Unit)

**Table 20: Types of respiratory viruses isolated in ILI samples for the 4<sup>th</sup> quarter of the year 2014**

Month	Total	Influenza A	pdm09	A(H3N2)	Untyped	Influenza B	RSV
Oct	88	09	00	07	02	03	00
Nov	94	25	01	10	14	03	00
Dec	65	23	00	13	10	09	00
<b>Total</b>	<b>247</b>	<b>57</b>	<b>01</b>	<b>30</b>	<b>25</b>	<b>15</b>	<b>00</b>

(Source: NIC/MRI)

**Table 21: Types of respiratory viruses Isolated in SARI samples for the 4<sup>th</sup> quarter of the year 2014**

Month	Total	Influenza A	pdm09	A (H3N2)	Untyped	Influenza B	RSV
Oct	13	3	0	0	3	1	0
Nov	6	3	0	2	0	0	0
Dec	5	0	0	0	0	0	0
<b>Total</b>	<b>24</b>	<b>6</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>0</b>

(Source: NIC/MRI)

### Bird Influenza Surveillance

Sri Lanka has been considered a high risk country for Avian Influenza because of its location in the South East Asian Region and due to the country's poultry industry with a considerable proportion of people engaged in backyard poultry. Also the country being a tropical island which attracts over two hundred species of migratory birds every year in two migratory seasons is another risk factor that necessitates continuing bird influenza surveillance. Bird surveillance is conducted by the Department of Animal Production and Health (DAPH) with serum samples collected from poultry farms on a monthly basis and fecal samples collected from migratory bird hotspots during the two migratory seasons where fifteen fecal samples are collected from each bird hotspot, pooled in bottles with five samples in each and analyzed at the at the virology laboratory at Polgolla.

**Table 22: Animal samples collected by month and district for the 4<sup>th</sup> quarter of the year 2014**

Month	Number of Samples		Districts Samples were collected from
	Pooled fecal	Serum	
Oct	1264	598	Colombo,Gampaha,Vavunia, Puttalam,Hambanthota, Kegalle, Polonnaruwa,Kurunegala, Jaffna
Nov	919	315	Colombo, Gampaha, Puttalam, Hambantota, Matara, Rathnapura, Anuradhapura, Vavunia, Kegalle, Jaffna
Dec	1667	877	Colombo,Gampaha,Badulla, Chilaw,Vavunia,Hambanthota,Matara,Ratnapura, Kurunegala,Polonnaruwa,Jaffna, Gal- le
<b>Total</b>	<b>3850</b>	<b>1790</b>	

(Source:DAPH)

### 23. SPECIAL REPORT

#### Surveillance Report on AEFI - 2014

Surveillance of Adverse Events Following Immunization (AEFI) effectively continued in 2014 has reached 92.8% of completeness of reports, while only 33.8% reports were received in time at the Epidemiology Unit indicating the need of attention for the system by the MOOH.

Only the district of Mannar was able to send all reports. This performance is necessarily reflecting that both at district (Regional Directors of Health Services and Regional Epidemiologists) and MOH level shall give more attention to improve the AEFI surveillance system in the respective districts/MOOH areas. The best timeliness was reported from the Kegalle district (63.6%) followed by Matara (53.6%). (Table 23)

The highest percentage of nil reports were received from Ampara(62.5%) followed by Galle(56.4%) and Puttalam (56.0%) districts, while the country average is 40.7%. Jaffna district has reported the lowest of 7.7% 'Nil return', Indicating the more vigilant nature of surveillance system in place.

Therefore, districts and MOOH where the "Nil return" rates are high, need to ensure that possible under reporting is minimized. A total of 6959 AEFI cases were reported during the year 2014, giving AEFI reporting rate of 123.7 per 100,000 immunizations, indicating that Sri Lanka has a functioning AEFI surveillance system in the country.

The highest rate (408.8 per 100,000 immunizations) of AEFI was reported from the Jaffna district, while Colombo has reported the highest number of 739 AEFI cases in 2014.

For year 2014, the highest number of AEFI (n=3339) was reported against Pentavalent vaccine, whereas the highest rate of AEFI (552.9/100,000 doses administered) has been reported against DTP vaccine

The rate of AEFI for Pentavalent (01<sup>st</sup>, 02<sup>nd</sup>& 03<sup>rd</sup> dose) is 321.8 per 100,000 doses administered. High Fever (2434), Allergic Reaction (1275), Nodule (960) are the leading AEFI reported. Highest numbers of fever cases reported were following Pentavalent (1326 cases: 127.8 per 100,000 doses administered) and DTP (781 cases: 224.3 per 100,000 doses administered) vaccines.

For Allergic reactions, it was largely due to LJE (328 cases: 60.7 per 100,000 doses administered), Pentavalent (306 cases: 29.5 per 100,000 doses administered) and DTP (270 cases: 77.5 per 100,000 doses administered) vaccines.

Febrile seizures following whole cell pertussis containing vaccines is an expected adverse reaction, but reported rates of 34.5 and 6.5 per 100,000 doses administered following DTP and Pentavalent vaccines respectively.

It is important to note that all reported vaccine specific adverse reactions are within the expected rates, as reported in published medical literature (Reference : *Global manual on surveillance of adverse events following immunization, WHO 2014* [http://www.who.int/vaccine\\_safety/publications/aefi\\_surveillance/en/](http://www.who.int/vaccine_safety/publications/aefi_surveillance/en/))

Table 23: Report on monthly return of AEFI by District – 2014

S: No:	DPDHS Division	% Completeness	% Timely Returns	% of Nil Returns	No. of AEFI	AEFI Rate ( 100,000 doses)
1.	Colombo	91.2	46.2	28.5	739	144.0
2.	Gampaha	96.1	46.8	36.4	315	61.6
3.	Kalutara	87.2	19.9	41.9	244	79.6
4.	Kandy	81.9	32.2	47.0	510	114.4
5.	Matale	92.9	45.5	51.0	179	123.6
6.	NuwaraEliya	90.4	39.7	53.2	173	75.5
7.	Galle	94.6	46.7	56.4	231	90.6
8.	Hambantota	94.4	20.6	41.2	278	149.0
9.	Matara	96.1	53.6	35.7	303	140.2
10.	Jaffna	98.6	28.9	7.7	578	408.8
11.	Kilinochchi	85.4	14.6	22.0	83	239.9
12.	Mannar	100.0	15.0	50.0	86	280.3
13.	Vavuniya	97.9	23.4	53.2	76	152.2
14.	Mullativu	88.3	3.8	26.4	107	306.0
15.	Batticaloa	98.2	46.1	40.0	313	198.5
16.	Ampara	79.8	22.4	62.7	44	58.0
17.	Trincomalee	97.0	30.5	40.6	170	134.3
18.	Kurunegala	96.0	21.2	38.6	536	126.4
19.	Puttalam	86.8	16.0	56.0	154	67.9
20.	Anuradhapura	83.3	16.8	34.7	304	111.7
21.	Polonnaruwa	96.4	14.8	40.7	132	109.4
22.	Badulla	97.9	52.1	30.3	456	157.9
23.	Moneragala	97.7	43.4	48.1	166	113.4
24.	Ratnapura	95.8	17.9	50.7	269	90.7
25.	Kegalle	97.7	63.6	25.6	302	117.0
26.	Kalmunai	94.2	32.0	40.8	211	158.1
	<b>Sri Lanka</b>	<b>92.8</b>	<b>33.8</b>	<b>40.7</b>	<b>6959</b>	<b>123.7</b>

Table 24: Number of Selected Adverse Events by Vaccines –2014

	BCG	OPV	PVV	DPT	MMR	LJE	DT	TT	aTd	Total number of AEFI reported
<b>Total Number of AEFI Reported</b>	29	3	3339	1925	478	597	335	74	142	<b>6922</b>
<b>AEFI Reporting rate/100,000 doses administered</b>	8.8	0.2	321.8	552.9	68.0	110.5	98.0	24.0	47.9	
<b>High Fever (&gt;39°C) Reporting rate/100,000 doses administered</b>	4		1326	781	110	124	78	5	6	<b>2434</b>
	1.2		127.8	224.3	15.7	23.0	22.8	1.6	2.0	
<b>Allergic reactions Reporting rate/100,000 doses administered</b>			306	270	231	328	77	30	33	<b>1275</b>
			29.5	77.5	32.9	60.7	22.5	9.7	11.1	
<b>Severe local reactions Reporting rate/100,000 doses administered</b>	1		165	90	12	40	21	4	2	<b>335</b>
	0.3		15.9	25.8	1.7	7.4	6.1	1.3	0.7	
<b>Seizure (Febrile/ Afebrile) Reporting rate/100,000 doses administered</b>			67	120	10	27	3		1	<b>228</b>
			6.5	34.5	1.4	5.0	0.9		0.3	
<b>Nodules Reporting rate/100,000 doses administered</b>	1		662	244	11	9	35	3	3	<b>960</b>
	0.3		63.8	70.1	1.6	1.7	10.2	1.0	1.0	
<b>Injection site abscess Reporting rate/100,000 doses administered</b>	14		309	59	7	1	15	3	3	<b>411</b>
	4.3		29.8	16.9	1.0	0.2	4.4	1.0	1.0	
<b>HHE Reporting rate/100,000 doses administered</b>			7	2	2				1	<b>12</b>
			0.7	0.6	0.3				0.3	

\*PVV- Pentavalent vaccine

\*\*Total given only for nine vaccines listed in the table

## 24. SUMMARY OF NOTIFIABLE DISEASES

Table 25

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	49	04	37	148	00	105	61	00	00	01	19	03	3952	229	62	05	13	00
Gampaha	34	00	09	08	00	246	61	00	00	07	81	01	3124	195	45	05	22	01
Kalutara	30	05	19	25	00	148	24	00	00	02	08	00	525	36	56	04	11	00
Kandy	31	02	27	03	00	45	12	05	00	13	91	00	1079	104	33	07	08	01
Matale	30	01	04	01	00	13	04	00	00	05	26	00	290	40	07	01	03	06
Nuwara-Eliya	96	00	05	03	00	15	00	02	00	07	16	01	80	58	44	06	21	00
Galle	25	01	01	00	01	104	31	04	00	36	11	02	354	134	71	11	13	00
Hambantota	28	03	01	01	00	19	04	01	00	07	03	01	143	21	22	02	05	83
Matara	20	00	01	03	00	61	20	01	01	30	26	01	271	65	47	12	10	21
Jaffna	625	03	152	19	00	09	01	17	00	190	10	04	954	71	09	05	16	00
Kilinochchi	65	02	09	00	00	00	00	01	00	04	01	00	44	23	01	00	00	00
Mannar	37	00	06	00	00	00	00	00	00	04	02	00	270	18	01	00	00	02
Vavuniya	75	01	54	10	00	01	00	00	00	08	00	00	37	18	01	00	07	04
Mullaitivu	29	01	05	08	00	05	01	00	00	01	00	00	48	11	00	00	02	00
Batticaloa	161	00	09	03	00	02	07	01	00	01	01	00	311	29	15	02	05	00
Ampara	26	00	01	08	00	09	03	01	00	01	01	00	31	13	51	07	02	01
Trincomalee	47	01	03	05	00	04	05	01	00	07	01	00	156	34	20	03	05	04
Kurunegala	59	02	06	08	00	86	41	00	00	11	24	00	867	159	136	10	12	37
Puttalam	41	01	04	02	00	07	24	00	00	07	03	03	390	21	13	01	10	03
Anuradhapura	172	01	01	19	01	97	15	06	00	05	09	03	213	49	42	12	13	82
Polonnaruwa	42	01	01	01	00	28	00	00	01	00	06	00	142	36	25	06	06	46
Badulla	93	00	05	08	00	09	03	00	00	25	47	00	581	57	41	05	24	01
Moneragala	74	00	00	00	00	44	01	01	00	16	18	01	92	21	29	03	05	06
Ratnapura	62	04	12	08	00	167	18	01	01	20	117	04	395	66	42	02	18	06
Kegalle	15	01	21	00	00	165	08	00	00	12	64	06	407	106	50	08	06	00
Kalmunai	86	00	00	09	00	02	01	01	00	00	01	00	384	34	25	02	03	00
<b>Total</b>	<b>2052</b>	<b>34</b>	<b>393</b>	<b>300</b>	<b>02</b>	<b>1391</b>	<b>345</b>	<b>43</b>	<b>03</b>	<b>420</b>	<b>586</b>	<b>30</b>	<b>15140</b>	<b>1648</b>	<b>888</b>	<b>119</b>	<b>240</b>	<b>304</b>

No polio cases. (from AFP surveillance system).

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This document is available on the internet [www.epid.gov.lk](http://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:

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