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SRI LANKA

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Epidemiology Unit
Ministry of Health

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1. POLIOMYELITIS

Twenty eight (28) Acute Flaccid Paralysis cases were notified to the Epidemiology Unit during the 2nd quarter 2006. This compares with the 27 and 25 AFP cases each reported during the 2nd quarter 2005 and 2004 respectively. The reported number of cases for the current quarter exceeds the expected number of AFP cases per quarter which is 27 according to WHO surveillance criteria. One hundred and six AFP cases are expected for a year, which makes up a non-polio AFP rate of 2 per every 100,000 under 15-year olds. At completion of 6 months of the year by the end of this quarter, 71 AFP cases have been reported which yields a much higher rate than required.

Notification of AFP cases from Hospitals

Lady Ridgeway Children's Hospital (LRH), Colombo has reported six cases (21%). The main sentinel site for AFP out of the 55 sentinel sites in the country, LRH is a tertiary care center which receives referrals from other hospitals in the country. Teaching Hospital Kandy also reported 6 AFP cases (21%) for the quarter Colombo South Teaching Hospital (CSTH) and General Hospital Anuradhapura reported 3 AFP cases (11%) each. Other hospitals that notified the AFP cases in the 2nd quarter are as follows:

Table 1.

DISTRIBUTION OF AFP CASES BY MEDICAL INSTITUTION – 2ND QUARTER 2006

Hospital	No. of cases
T.H. Karapitiya	02
T.H. Ragama	01
T.H. Badulla	02
T.H. Peradeniya	01
G.H. Polonnaruwa	01
G.H. Kurunegala	01
B.H. Chilaw	01
B.H. Matale	01
B.H. Avissawella	01

Distribution of AFP cases according to provinces, districts and MOH areas

Colombo district in the Western Province had the highest number of AFP cases reported from a district for the quarter. The number of cases reported from Colombo was 6 (21%). Nuwara Eliya of the Central Province had reported 4 (14%) cases. Matale district in the Central Province had 3 AFP cases (11%) reported. No cases were reported from districts in the Northern Province. However all districts in the

Eastern Province except Trincomalee reported AFP cases in the 2nd quarter. All heads of sentinel sites in these districts were sent reminders to strengthen AFP surveillance activities. The complete list of distribution of AFP cases according to the province, district and MOH area is given below.

Table 2.

DISTRIBUTION OF AFP CASES – 2ND QUARTER 2006

Province	District	MOH Area	No. of AFP cases	
Western	Colombo	CMC	1	
		Boralesgamuwa	1	
		Dehiwala	1	
		Homagama	1	
		Maharagama	1	
		Hanwella	1	
	Gampaha	Divulapitiya	1	
Southern	Galle	Elpitiya	1	
		Akmeemana	1	
	Matara	Matara MC	1	
		Hambantota	Tissamaharamaya	1
Central	Kandy	Thalathuoya	1	
		Werellagama	1	
	Matale	Ukuwela	3	
		Nuwara Eliya	Walapane	1
			Thalawakele	1
			Kotagala	1
			Ginigathhena	1
	Sabaraga	Kegalle	Deraniyagala	1
muwa				
North	Kurunegala	Mahawa	1	
Western	Puttalam	Ibbagamuwa	1	
		Chilaw	1	
North	Anuradhapura	Galnewa	1	
Central	Polonnaruwa	Elahera	1	
Uva	Badulla	Badulla	1	
		Uva Paranagama	1	
Total			28	

Seasonal Distribution of AFP cases

June recorded the highest number of the AFP cases reported in the 2nd quarter. The number reported for the month was 12 (43%). This trend was similarly seen in the 2nd quarter last year where the highest number of cases was reported in the same month. In April and May, 8 (29%) cases each were reported respectively.

Age and Sex Distribution of AFP cases

Almost half (46%) of the AFP cases (13) reported in the 2nd quarter this year were between 1 - 4 years of age. In comparison most (46%) of the AFP cases (12) reported in the 2nd quarter 2005 were older and were between 5 - 9

years of age. Eight (29%) children belonged to 5-9 year age group and 6 (21%) were between 10-15 years of age.

Fifty four percent of the AFP cases (15) in the 2nd quarter 2006 were girls. This is in contrast to the same quarter in 2005 where an equal number of male and female cases were reported (13 each). More boys were affected in the less than 5 year old age group and more girls than boys were seen among the 5 – 15 year olds. Such a trend was not observed in the corresponding quarter of 2005.

The table below shows the age and sex distribution in 2nd quarter 2006.

Table 3.

DISTRIBUTION OF AFP CASES BY AGE AND SEX – 1ST QUARTER 2006

Age group	Sex		Total
	Male	Female	
<1 year old	1	0	1
1-4 year old	7	6	13
5-9 year old	3	5	8
10-15 year old	2	4	6
Total	13	15	28

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 complete to make the samples of 'good condition'.

Twenty two cases out of the 28 AFP cases (79%) reported in the 2nd quarter 2006 had two timely stool samples sent to MRI for polio virology. Six AFP cases reported (21%) had stool samples collected late from respective institutions. However Medical Research Institute received at least two stool samples from all 28 cases in this quarter regardless of the timeliness. This compares with 2 out of 26 AFP cases (8%) that did not have any stool samples collected in the respective quarter 2005

National Polio Expert Committee

The National Polio Expert Committee consists of experts from fields of paediatrics, virology, epidemiology, clinical neurology and neurophysiology. The expert committee meets once every quarter of the year to discuss AFP cases that could not be discarded on laboratory results. In 2nd quarter 2006 4 AFP cases, which had persistent residual paralysis with negative virology results from samples collected late,

were forwarded to the Expert Committee. In the corresponding quarter 2005, 2 such AFP cases were presented to the committee for deliberations.

2. CHOLERA

In the 2nd quarter of 2006, no confirmed cases of cholera were reported to the Epidemiological Unit.

No confirmed cases of cholera were reported in the previous quarter or the corresponding quarter of last year.

3. TETANUS

During the 2nd quarter of 2006, 20 cases of tetanus were notified to the Epidemiological Unit. Out of these cases, 16 were investigated and 14 cases were confirmed as shown in Table 4.

Table 4.

DISTRIBUTION OF TETANUS CASES BY DPDHS DIVISIONS – 2ND QUARTER 2006

DPDHS Division	No. notified	No. confirmed
Colombo	02	02
Gampaha	01	01
Kalutara	02	01
Nuwara Eliya	01	01
Jaffna	03	03
Batticaloa	03	01
Badulla	01	01
Ratnapura	04	01
Kegalle	02	02*
Kalmune	01	01
Total	20	14

Out of the 14 confirmed cases of tetanus two cases reported from Colombo and Kalutara had been fatal.

4. MEASLES

During the 2nd quarter of 2006, 10 cases of measles were notified to the Epidemiological Unit when compared to 7 cases notified during the previous quarter and 15 cases notified in the corresponding quarter of last year.

During the 2nd quarter 2006, 06 cases were investigated and 05 were confirmed as measles (Table 5).

Table 5.

**SELECTED CHARACTERISTICS OF
CONFIRMED CASES OF MEASLES –
2ND QUARTER 2006. (N = 06)**

*both infants aged 5 /12 **1 year 6/12 old baby

Sex	Male	4
	Female	2
Age group	< 1 *	2
	1-5	1
	>5	3
District	Matara	1
	Kalutara	1
	Moneragala	1
	Kurunegala	2
	Nuwara Eliya	1
Immunization status	Immunized**	1
	Non immunized	5

5. LEPTOSPIROSIS

In the 2nd quarter of 2006, 475 leptospirosis cases were notified to the Epidemiological Unit compared to 313 cases in the previous quarter (1st quarter 2006) and 349 cases during the corresponding quarter of the previous year. Among the reported cases 194 were confirmed as leptospirosis.

Out of the total cases reported during this quarter, majority were from the districts of Kegalle (20%) and Gampaha (14%). The following MOH areas reported a large number of cases.

Mawanella	29
Mahara	19
Homagama	16
Kegalle	14
Rambukkana	13
Warakapola	13

6. HUMAN RABIES

Fifteen cases of human rabies were notified to the Epidemiological Unit in the 2nd quarter of 2006, compared to 15 cases in the previous quarter and 15 cases in the corresponding quarter of the last year.

Highest number of rabies cases were reported from Matara, Ratnapura, Badulla and Jaffna districts (02 cases per each district).

Animal Rabies*

One hundred and eighty nine (189) dogs were reported positive for rabies compared to 175 positives in the previous quarter and 106 positives in the same period in the last year.

Rabies Control Activities*

Dog vaccination – A total of 236571 dogs were immunized during the 1st quarter 2006 under review when compared to 208377 in the previous quarter and 190765 in the corresponding quarter of last year.

Stray dog elimination – A total of 4039 dogs were destroyed during the 1st quarter 2006 under review when compared to 6786 in the previous quarter and 20814 in the corresponding quarter of last year.

Source – Director/PHVS

7. MALARIA

Distribution of malaria cases by districts is shown in Table 6. During the 2nd quarter of 2006, there was a significant reduction in the incidence of malaria in comparison with the same period of 2005 as seen in Table 7.

Table 6.

RESULTS OF BLOOD SMEAR EXAMINATION – 2ND QUARTER 2006

District	B.F.	Posi- tives	P.v.	P.f./ Mixed
Colombo	12791	0	0	0
Gampaha	6582	3	2	1
Kalutara	1722	0	0	0
Kandy	7071	1	0	0
Matale	3899	1	0	1
Nuwara Eliya	196	0	0	0
Galle	373	0	0	0
Matara	2190	3	3	0
Hambantota	8769	6	6	0
Jaffna	25011	1	1	0
Kilinochchi	7789	0	0	0
Vavuniya	6953	4	4	0
Mannar	2670	0	0	0
Mullativu	7189	0	0	0
Batticaloa	25149	3	3	0
Ampara	5093	0	0	0
Kalmunai	9586	0	0	0
Trincomalee	7139	32	32	0
Kurunegala	31591	29	26	3
Puttalam	6757	0	0	0
Anuradhapura	29951	10	10	0
Polonnaruwa	10971	0	0	0
Badulla	5378	1	1	0
Moneragala	15599	0	0	0
Ratnapura	5345	0	0	0
Kegalla	1182	0	0	0
Total	246946	94	88	6

Table 7

**RESULTS OF BLOOD SMEAR EXAMINATION FOR MALARIA PARASITES - 2ND QUARTER
2005/2006**

	2nd Quarter 2005	2nd Quarter 2006
No. of blood smears identified	251148	246946
No. of positives	261	94
No. of <i>P. vivax</i>	227	88
No. of <i>P. falciparum</i>	27	4
No. of mixed infections	7	2
No. of infants positive	3	2
Slide positivity rate (S.P.R.)	0.1%	0.04%
P.v. : P.f. ratio	8:1	22:1
Percentage of infant positives	1.14%	2.13%

8. JAPANESE ENCEPHALITIS (J.E.)

During the 2nd quarter of 2006, 39 cases of Encephalitis were reported to the Epidemiological Unit.

Among the reported cases, 20 cases were investigated and 8 were found to be clinically confirmed as JE. No deaths were reported during the quarter.

This is in comparison to 3 cases and 2 deaths reported during the previous quarter (CFR 66.6%) and 3 cases and 2 deaths in the corresponding quarter of the last year (CFR 66.6%).

Table 8

DISTRIBUTION OF JAPANESE ENCEPHALITIS CASES BY DPDHS DIVISIONS - 2ND QUARTER 2006

DPDHS Area	Cases
Gampaha	1
Matale	1
Hambantota	1
Jaffna	1
Badulla	2
Ratnapura	2
Total	8

9. ENTERIC FEVER

In the 2nd quarter of 2006, a total of 533 cases of enteric fever were notified to the Epidemiological Unit, compared to 650 cases in the previous quarter and 602 cases in the corresponding quarter of 2005. The districts of

Badulla(58), Mannar(53) and Nuwara Eliya(52) recorded the highest number of cases (Table 24).

The following MOH areas notified a large number of cases during the 2nd quarter.

MOH Area	No. of cases
Murunkan	30
Nintavur	23
Mannar	22
Bandarawela	22

10. VIRAL HEPATITIS

In the 2nd quarter of 2006, 743 cases of viral hepatitis were reported to the Epidemiological Unit, compared to 794 cases in the previous quarter (1st quarter 2005) and 509 cases in the corresponding quarter of 2005. Among the reported cases, 177 were investigated and confirmed as viral hepatitis. DPDHS area Kegalle recorded the highest number of cases (272) accounting for 37% of the case load and the following MOH areas recorded the highest number of cases.

MOH Area	No. of cases
Aranayaka	128
Mawanella	116
Godakawela	53
Kattankudy	25

11. DYSENTERY

In the 2nd quarter of 2006, a total number of 1551 cases of dysentery was notified to the Epidemiological Unit, compared to 1527 cases in the previous quarter and 1632 cases in the corresponding quarter of the previous year.

The following MOH areas notified a large number of cases.

MOH Area	No. of cases
Ginigathhena	68
Ratnapura	44
Rattota	43
Badulla	36
Bandarawela	36

12. DENGUE FEVER (D.F.) / DENGUE HAEMORRHAGIC FEVER (D.H.F.)

During the 2nd quarter 2006, 2058 cases of DF/DHF and 12 deaths were reported (CFR 0.58%) when compared to 2821 cases and 06 deaths (CFR 0.21%) reported during the previous quarter and 891 cases and 11 deaths (CFR 1.23%) reported during the corresponding quarter of last year.

Table 9 shows the distribution of DF/DHF cases and deaths in the DPDHS divisions during the 2nd quarter 2006.

During the 2nd quarter 2006, 17 blood samples were tested using Ig M capture ELISA test and Haemagglutination Inhibition test at the Department of Virology, MRI and 12 samples were confirmed as positive.

Table 10.

DHF STATISTICS FROM DEPARTMENT OF VIROLOGY, MRI – 2ND QUARTER 2006

Month	Clinically Suspected	Serologically confirmed
April	5	4
May	6	4
June	6	4

12.1 SENTINAL LABORATORY SURVEILLANCE OF DENGUE FEVER

Nested PCR test was carried out to determine the serotype of the dengue virus in 265 patients by Genetech Laboratory, Colombo 8 and 100 were found to be positive. The results are shown in Table 11.

Table 9

MORBIDITY AND MORTALITY DUE TO DF/DHF – 2ND QUARTER 2006

DPDHS Division	Cases	Deaths
Colombo	999	3
Gampaha	528	4
Kalutara	255	0
Kandy	351	3
Matale	79	0
Nuwara Eliya	13	0
Galle	35	0
Hambantota	65	1
Matara	122	1
Jaffna	6	0
Kilinochchi	0	0
Mannar	0	0
Vavuniya	2	0
Mullativu	0	0
Batticaloa	5	0
Ampara	9	0
Trincomalee	11	0
Kurunegala	188	1
Puttalam	98	0
Anuradhapura	17	0
Polonnaruwa	9	0
Badulla	58	0
Moneragala	11	0
Ratnapura	97	0
Kegalle	145	0
Kalmunai	1	0
TOTAL	3104	16

Table 11.

RESULTS OF PCR TEST AT GENETECH LABORATORY

	April	May	June
No tested	71	86	108
No positive	21	38	41
Serotype D1	1	7	4
D2	5	14	14
D3	14	14	20
D4	0	0	2
Negative	0	2	1
Total	20	37	41

12.2. ENTOMOLOGICAL SURVEILLANCE OF DENGUE VECTORS

Results of the entomological surveillance carried out by the Medical Research Institute and Entomological Unit, Western Province, in selected MOH areas of Colombo, Gampaha and Kalutara districts, for the 2nd quarter 2006 are given in Table 12.

Table 12

AEDES LARVAL DENSITIES (BRETEAU INDEX) IN COLOMBO, GAMPAHA AND KALUTARA DISTRICTS - 2ND QUARTER 2005/2006

	April		May		June	
	A	B	A	B	A	B
Nugegoda	5.3	7.5	5.7	7.5	10.2	21.7
	5.0	13.0	1.0	5.0	-	-
Maharagama	6.8	8.4	1.2	7.2	5.0	14.0
	0	6.0	0	9.0	8.0	10.0
	0	11.0	0	7.0	0	10.0
Moratuwa	8.0	12.5	6.5	12.0	1.8	13.6
	0	1.0	2.0	1.0	5.0	9.0
	7.0	2.0	16.0	3.0	9.0	7.0
Kaduwela	1.6	1.2	4.0	9.6	5.3	10.3
	12.0	19.0	10.0	7.0	14.0	32.0
	7.0	15.0	0	16.0	-	-
Dehiwala	7.7	10.0	7.0	6.0	3.0	2.0
Kotte	3.0	10.0	2.0	6.0	1.0	6.0
Kolonnawa	10.0	26.0	6.0	17.0	14.0	19.0
Piliyandala	4.0	11.0	2.0	10.0	1.0	6.0
Boralesgamuwa	9.0	13.0	16.0	19.6	8.0	15.0
Homagama	0	7.0	0	11.0	5.0	5.0
Kelaniya	7.6	8.8	8.3	9.8	5.5	14.5
Ragama	2.0	15.6	1.8	11.5	1.3	10.2
Ja-Ela	10.0	17.6	1.1	10.2	2.9	13.1
Wattala	3.8	5.8	4.5	4.5	10.8	18.9
Mahara	9.0	21.0	15.0	10.0	5.0	20.0
	18.0	13.0	19.0	15.0	-	-
Gampaha	0	38.0	-	-	-	-
Negombo	-	-	6.6	13.3	-	-
Katana	-	-	9.3	7.3	-	-
Panadura	1.0	17.0	2.0	9.0	9.0	31.0
	-	-	4.0	17.0	-	-
	-	-	3.0	16.0	-	-
Bandaragama	1.0	19.0	-	-	0	19
Horana	4.0	8.0	1.0	5.0	0	15
	0	11.0	4.0	4.0	-	-

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

Number of premises examined per area = 300

Surveillance activities were carried out in locations identified as 'high-risk' by the respective MOOH and action was taken to eliminate the breeding sites detected.

Breteau Index

$$= \frac{\text{No. of Positive containers} \times 100}{\text{No. of premises inspected}}$$

13. LEPROSY

2. District

QUARTERLY RETURN OF LEPROSY STATISTICS -2ND QUARTER 2006

Table 13.

	At the end of the quarter			Cumulative for end of the quarter		
	2 nd Quarter 2006	2 nd Quarter 2005	Diff. (%)	2006	2005	Diff. (%)
New patients detected	419	527	-20.4	892	976	-8.6
Children	34	44	-22.7	84	110	-23.6
Grade 2 Deformities	25	27	-7.4	53	74	-28.3
Multi-Bacillary	191	228	-16.2	391	411	-4.8
Females	183	218	-16.0	395	402	-1.7

1. National

District	New patients	Deformities	Child	MB	Females
Colombo	113	7	4	47	54
Gampaha	60	4	9	27	30
Kalutara	37	1	6	18	16
Western	210	12	19	92	100
Galle	10	2	0	7	2
Matara	17	1	1	3	6
Hambantota	19	0	0	9	6
Southern	46	3	1	19	14
Kandy	8	0	0	5	3
Matale	5	1	0	4	2
Nuwara Eliya	0	0	0	0	0
Central	13	1	0	9	5
Anuradhapura	20	2	2	10	6
Polonnaruwa	12	1	0	4	5
North Central	32	3	2	14	11
Kurunegala	17	2	1	11	7
Puttalam	14	1	0	6	6
North Western	31	3	1	17	13
Kegalla	7	0	1	5	2
Ratnapura	22	0	1	11	9
Sabaragamuwa	29	0	2	16	11
Badulla	4	1	1	1	2
Moneragala	3	0	0	1	2
Uva	7	1	1	2	4
Trincomalee	5	1	0	3	1
Bataloa	19	1	3	10	10
Ampara	13	0	2	6	6
Kalmunai	10	0	2	3	6
Eastern	47	2	7	22	23
Jaffna	1	0	0	0	1
Vavuniya	2	0	1	0	1
Mannar	0	0	0	0	0
Mulativu	0	0	0	0	0
Kilinochchi	1	0	0	0	0
Northern	4	0	1	0	2
Sri Lanka	419	25	34	191	183

Source: Leprosy Campaign

14. SURVEILLANCE AT SEA PORT

Surveillance activities carried out by the Port Health Office at Colombo Sea Port during the 1st quarter 2006 is given below.

1. Yellow Fever Vaccination

Total number vaccinated - 50

2. Granting Pratique to Vessels

Number issued - 1178

3. Deratting Certification

Number issued - 80

Vaccinations carried out by the Assistant Port Health Office, Colombo 8, during the 1st quarter 2006 is given below.

15. SURVEILLANCE AT AIRPORT

	Total
a. Yellow fever	517
b. Meningococcal meningitis	404

Surveillance activities carried out at the International Airport, Katunayake during the 1st quarter 2006 is given below.

1. Granting Pratique to Aircrafts

a. Number issued - 3562

2. Airport Sanitation

a. No. of sanitary inspections carried out including food establishments - 14

b. No. of food samples taken under Food Act - 0

c. No. found defective - 0

d. No. of court cases/prosecuted - 0

3. Food Consignments

a. No. of food consignments inspected - 234

b. No. released - 234

c. No. rejected - 0

4. Release of human remains

No. of human remains released - 79

No. referred to JMO for post-mortem - 03

MEDICAL RESEARCH INSTITUTE

16. BACTERIOLOGY REPORT – 2ND QUARTER 2006

Table 14.

	April	May	June
(A) CHOLERA			
No. of stool specimens examined	01	-	-
No. of El. tor cholera	-	-	-
Ogawa	-	-	-
Inaba	-	-	-
Cholera 0139	-	-	-
(B) SALMONELLA			
No. of Blood specimens examined	52	28	31
S. typhi	01	03	-
S. paratyphi	-	-	-
No. of stool specimens examined	98	124	189
No. positive S. typhi	-	-	-
S. paratyphi A	-	-	-
Others	04	02	02
(C) SHIGELLA			
No. of specimens examined	98	124	189
No. positive Sh. flexneri 1	-	-	01
Sh. flexneri 2	02	02	02
Sh. flexneri 3	-	-	-
Sh. flexneri 4	-	-	-
Sh. flexneri 5	-	-	-
Sh. flexneri 6	-	-	01
Sh. sonnei	-	05	04
Sh. others	-	-	-
(D) ENTEROPATHOGENIC E. COLI			
No. of specimens examined	46	35	55
No. positive Group A	01	-	-
(E) CAMPYLOBACTER SPECIES			
	01	01	05

17. SEXUALLY TRANSMITTED DISEASES

Table 15.

NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA* - 2ND QUARTER 2006

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	7	7	14	25	17	42
AIDS	0	0	0	6	0	6
Early Syphilis ²	19	16	35	45	30	75
Syphilis Late Syphilis ³	69	57	126	138	149	287
Congenital Syphilis ⁴	0	0	0	4	3	7
Gonorrhoea ⁵	195	52	247	428	139	567
Ophthalmia neonatorum ⁶	3	2	5	8	6	14
Non specific cervicitis/urethritis	123	190	313	245	442	687
Chlamydial Infection	1	22	23	6	32	38
Genital Herpes	175	234	409	398	462	860
Genital Warts	132	78	210	277	167	444
Chancroid	0	0	0	0	0	0
Trichomoniasis	0	27	27	6	72	78
Candidiasis	194	275	469	438	640	1078
Bacterial Vaginosis	0	174	174	0	408	408
Other sexually transmitted diseases ⁷	112	35	147	286	98	384
Non-venereal ⁸	696	443	1139	1470	922	2392

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

** - 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 inguinale, Molluscum contagiosum, Scabies, Tinea, Hepatitis B etc.

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

Data from STD clinics in Kegalle and Kurunegala has not been received.

18. TUBERCULOSIS

A total of 2091 tuberculosis patients were registered for the second quarter 2006 by the National Programme for Tuberculosis Control and Chest Diseases. Of this total, 1716 suffered from pulmonary disease, while the balance, 375 patients from non-pulmonary disease. One thousand two hundred and nineteen (1219) of these patients were bacteriologically confirmed with a bacteriological confirmation rate of 71.3%. The distribution of tuberculosis patients by districts is given in Table 16. One thousand nine hundred and ninety six (1996) cultures were done during this period at the Central Laboratory.

B.C.G. vaccination

A total of 87412 B.C.G. vaccinations were carried out during the quarter with 94% coverage.

Table 16.

TUBERCULOSIS PATIENTS BY DPDHS DIVISIONS – 2ND QUARTER 2006

DPDHS DIVISION	PTB	OTB	Total	+ve	Pulmonary TB Direct SS +ve
Colombo	421	54	475	345	81.9
Gampaha	206	44	250	184	89.3
Kalutara	98	33	131	76	77.6
Kandy	86	11	97	42	48.8
Matale	39	12	51	21	53.8
Nuwara Eliya	69	16	85	30	43.5
Galle	59	17	76	41	69.5
Hambantota	24	9	33	21	87.5
Matara	42	10	52	27	64.3
Jaffna	68	26	94	38	55.9
Vavunia	11	6	17	6	54.5
Kilinochchi	4	0	4	4	0.0
Mannar	6	2	8	5	0.0
Mullativu	8	0	8	8	100.0
Ampara	19	3	22	14	73.7
Batticaloa	53	24	77	43	81.1
Trincomalee	31	3	34	12	38.7
Kurunegala	100	29	129	33	33.0
Puttalam	51	5	56	39	76.5
Anuradhapura	44	12	56	34	77.3
Polonnaruwa	20	2	22	14	70.0
Badulla	43	9	52	32	74.4
Monaragala	21	5	26	17	81.0
Kegalle	71	20	91	49	69.0
Ratnapura	76	19	95	53	69.7
Kalmune	46	4	50	31	67.4
Total	1716	375	2091	1219	71.0

PTB-Pulmonary Tuberculosis OTB-Other Tuberculosis
Data from Central TB Register

19. SURVEILLANCE OF MEASLES AND RUBELLA 2000-2005

With the objective of reducing the morbidity and mortality due to measles infection, the measles vaccine was introduced to the Expanded Programme on Immunization during the latter part of 1984. The morbidity and mortality due to measles has continued to come down since then. In spite of a relative low incidence of measles during the past decade, an outbreak of the disease occurred in Sri Lanka in September 1999– June 2000 due to the accumulation of susceptible population over the years. Over 15,000 suspected cases of measles were notified to the Epidemiology Unit during this period.

The rubella vaccine was introduced in the Expanded Programme on Immunization in 1996 targeting all females aged 11 –14 years with the objective of preventing Congenital Rubella Syndrome (CRS). In the school based programme females aged 11-15 years were immunised and the rest were immunised in the community. In 2001 MR vaccine was introduced to all children (male and female) aged 3 years with the objective of preventing rubella infection in addition to preventing CRS.

The National Immunization schedule has been further revised and Rubella vaccine introduced to all children at the age of 8 years in schools since October 2001.

Objectives of the measles and rubella control programme

- Reduction of morbidity and mortality due to measles and rubella
- Prevention of outbreaks of measles and rubella
- Reduction of morbidity and mortality due to Congenital Rubella Syndrome and morbidity due to rubella infection

Strategies for measles and rubella control programme

- Maintain high routine immunization coverage
- Regular monitoring of accumulation of susceptible cases.
- Prediction of outbreaks and control of outbreaks
- Conduct 'catch up' and 'follow up' immunization campaigns
- Strengthening of measles and rubella surveillance and laboratory surveillance.

Table .17

INCIDENCE OF MEASLES AND RUBELLA 2000– 2005

Year	Measles	Rubella
2000	13216	24
2001	267	4
2002	139	2
2003	114	3
2004	86	7
2005	48	1

Source: Notification data

Table 2 shows the distribution of measles cases by districts and this information was obtained from weekly return of communicable diseases received by the Epidemiology unit. The disease trend shows a steady decline over the years in most of the districts. Galle district has reported relatively higher number of cases which could be due to small scale outbreaks of measles or rubella occurring in 2001-2003.

Table 18

DISTRIBUTION OF MEASLES CASES BY DISTRICT 2000-2004

DPDHS	2000	2001	2002	2003	2004	2005
Colombo	539	4	5	4	2	1
Gampaha	953	15	10	3	6	0
Kalutara	746	1	2	1	3	0
Kandy	320	14	9	12	3	3
Matale	296	7	4	5	8	5
Nuwara Eliya	45	3	1	5	8	5
Galle	575	68	42	24	1	0
Hambantota	774	14	4	4	4	1
Matara	766	10	5	2	1	3
Jaffna	139	30	2	2	1	0
Vavunia	185	1	0	0	0	1
Kilinochchi	39	1	0	0	1	2
Mannar	-	-	0	0	1	1
Mullativu	-	-	0	0	2	0
Ampara	106	12	0	0	2	0
Batticaloa	18	3	0	0	2	0
Trincomalee	227	4	5	20	11	13
Kurunegala	127	15	6	11	4	0
Puttalam	394	8	1	2	1	0
Anuradhapura	672	5	13	3	7	3
Polonnaruwa	628	9	3	2	0	3
Badulla	570	10	4	2	1	1
Monaragala	869	7	2	2	4	1
Kegalle	618	13	12	5	9	5
Ratnapura	161	13	12	5	9	5
Kalmunai	0	0	2	0	0	0
Total	13216	267	139	114	86	48

Source—Notification data

Table19

DISTRIBUTION OF MEASLES CASES BASED ON SPECIAL SURVEILLANCE BY DISTRICT 2000-2004

DPDHS DIVISION	2000	2001	2002	2003	2004	2005
Colombo	276	2	2	1	2	1
Gampaha	346	4	6	2	1	1
Kalutara	271	0	1	0	3	0
Kandy	99	2	4	8	1	2
Matale	128	1	2	0	2	0
Nuwara Eliya	17	0	1	0	0	0
Galle	360	66	38	22	1	0
Hambantota	226	1	2	0	1	0
Matara	84	1	1	0	0	0
Jaffna	71	8	1	0	1	0
Vavunia	7	1	0	0	0	0
Kilinochchi	0	0	0	0	0	0
Mannar	0	0	0	0	0	0
Mullativu	0	0	0	0	0	0
Ampara	139	6	0	0	0	0
Batticaloa	0	0	0	0	1	0
Trincomalee	116	4	2	8	8	14
Kurunegala	220	0	0	5	1	0
Puttalam	223	4	0	1	1	0
Anuradhapura	380	2	11	1	3	0
Polonnaruwa	340	7	2	1	0	0
Badulla	41	0	0	1	0	0
Monaragala	17	2	1	1	2	1
Kegalle	400	8	8	1	5	3
Ratnapura	354	3	0	0	0	0
Kalmunai	0	0	2	0	0	0
Total	4111	122	84	52	33	21

Table 19 shows the distribution of measles cases investigated by the MOOH during the period 2000– 2005. The number of cases investigated is much less than the number of cases notified during this period. An outbreak of measles was reported in 2000 when 13216 cases were notified of which 4115 were investigated. The probable reason for this outbreak is the accumulation of susceptible population due to primary immunization failure as a result of interference to development of immunity by the maternal antibodies since the vaccination is carried out at the age of 9 months. Secondary immunization failure due to waning of the immunity among the seroconverted population over time would have further contributed to this outbreak.

In 2005 an outbreak of measles occurred in the Navy camp in Trincomalee where 14 cases were reported. Measles cases have occurred throughout the year and peak seasons cannot be identified.

Age and sex distribution

Almost 70% of the cases were in the 10-39 year age group which indicates that a large proportion of susceptible population were present in this age group (Figures 1 & 2). Some of the individuals in this age group were born before measles immunization was introduced to the EPI programme and some may have received only a single dose of measles vaccine. Since the vaccine coverage was low during the initial years some in this age group would have not received measles vaccine.

There is a male preponderance among the cases through out this period (Table 20).

Table 20

DISTRIBUTION OF MEASLES CASES BY SEX 2000—2005

	2000	2001	2002	2003	2004	2005
Male	2118	101	64	44	25	16
Female	1993	21	20	8	8	5
Total	4111	122	84	52	33	21

Measles / Rubella catch-up campaigns

To prevent occurrence of outbreaks again and to interrupt the chains of transmission, the susceptible population in the community need to be reduced to a minimum. With this primary objective Phase 1 of the measles catch-up immunization programme was conducted in 2003 targeting all children between 10-14 years. Phase 2 of the programme has been conducted in 2004 targeting all persons between 16-20 years. The analysis of the age specific morbidity pattern of the 1999/2000 measles outbreak and measles incidence in subsequent years clearly demon-

strates that the majority of the susceptible population belongs to the above age groups.

Since the target population for Phase 2 of the measles catch-up immunization programme in 2004 is all persons aged 16-20 years and seropositivity of rubella is estimated to be found 70-80% (Palihawadana, 2000), it is more prudent to use the MR vaccine instead of the measles vaccine alone (as done in Phase 1) during the Phase 2 of the measles catch-up immunization programme.

The US government through Centers for Disease Control has granted Sri Lanka over 150 million rupees worth of vaccines and injection equipment to make this campaign a reality. Sri Lankan Red Cross society, WHO and UNICEF also has contributed over 12 million rupees on this campaign.

Figure 2 . **Distribution of measles cases by age group, 2000**

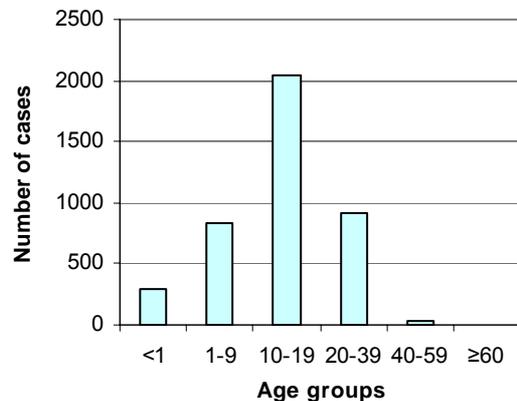
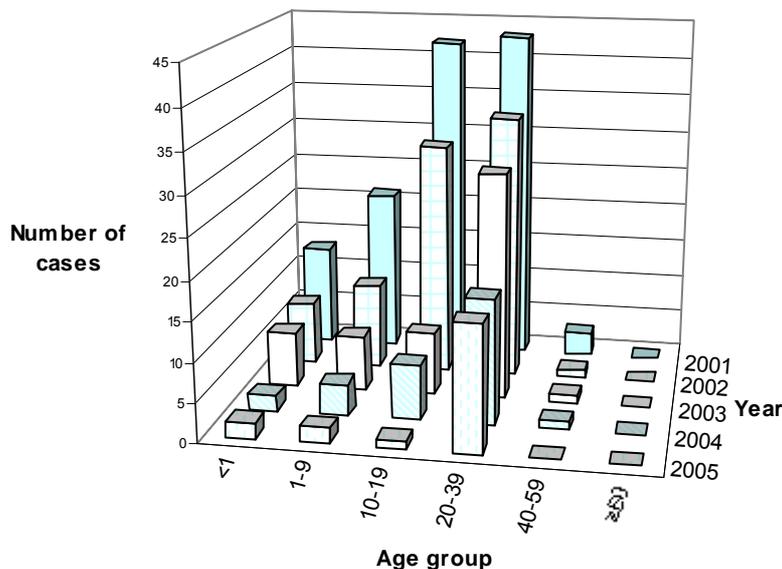


Figure 1 **Distribution of measles cases by age group, 2001—2005**

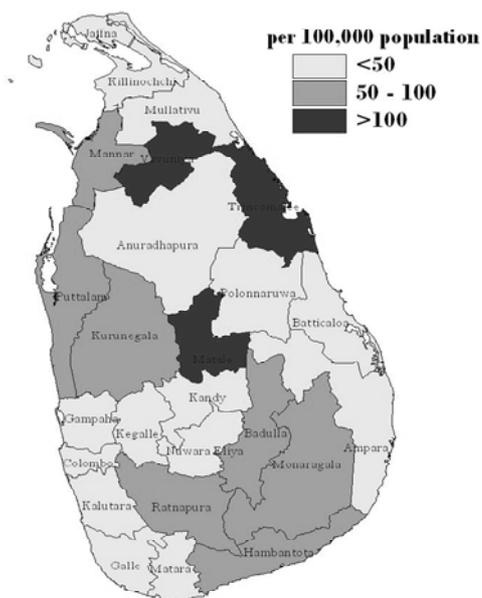


20. DYSENTERY SURVEILLANCE REPORT – 2005

Total number of 7987 cases of dysentery was notified to the Epidemiological unit in the year 2005. This is in comparison to 10201 cases notified in the previous year.

Figure 3.

NOTIFICATION OF DYSENTERY BY DPDHS DIVISION IN YEAR 2005



A total of 7987 dysentery cases were notified in 2005 from the entire country at a notification rate of 40.64 notifications per 100,000 population. Highest number of notifications was received from the districts of Kurunegala (828) and Badulla (715).

However the highest notification rate was from Vavuniya and Matale districts which had a notification rate of 145.14 and 117.03 per 100,000 population respectively.

Highest number of notifications were received during the months of November (1034 cases) and December (1461 cases) in the year 2005.

Figure 4.

Notification of Dysentery by month for 2005

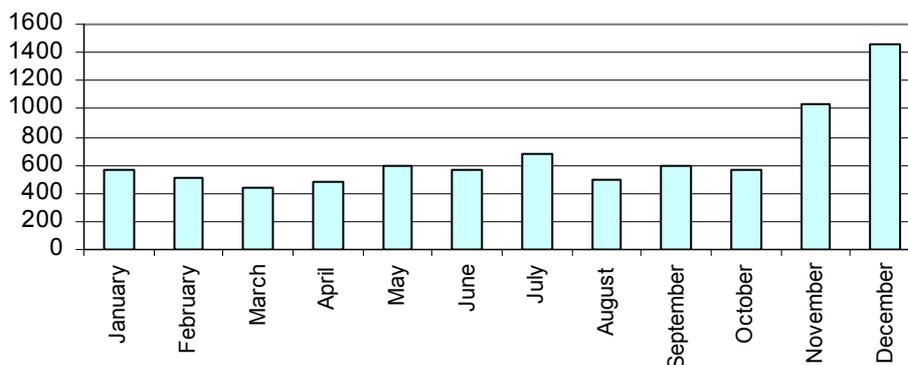


Table 21

DISTRIBUTION OF DYSENTERY CASES BY DPDHS AREAS - 2005

District	Dysentery	
	No	Rate
Colombo	297	12.54
Gampaha	350	16.49
Kalutara	480	43.76
Kandy	488	36.42
Matale	543	117.03
Nuwara eliya	316	43.29
Galle	157	15.27
Hambantota	283	52.41
Matara	210	26.42
Jaffna	214	35.73
Killinochchi	67	46.53
Mannar	53	54.08
Vavuniya	209	145.14
Mullaituvu	21	14.69
Batticaloa	44	8.04
Ampara	130	38.52*
Trincomalee	418	108.29
Kurunegala	828	55.09
Puttalam	392	53.26
Anuradhapura	258	32.99
Polonnaruwa	82	21.81
Badulla	715	86.98
Moneragala	249	60.00
Ratnapura	689	64.94
Kegalle	389	48.63
Kalmunai	105	38.52*
Total	7987	40.64

Rate – per 100000 population

* Ampara and Kalmunai DPDHS division rate taken for Ampara district

Source: Epidemiological Unit

2. Enteric Fever surveillance Report – 2005

Total number of 2376 cases of Enteric fever was notified to the Epidemiological Unit in the year 2005. This is in comparison to 3029 cases notified in the previous year.

Table 22.

THE DISTRIBUTION OF ENTERIC FEVER BY DPDHS DIVISIONS IN 2005

District	Enteric fever	
	No	Rate
Colombo	65	2.74
Gampaha	71	3.34
Kalutara	53	4.83
Kandy	141	10.52
Matale	27	5.82
Nuwara Eliya	215	29.45
Galle	19	1.85
Hambantota	13	2.41
Matara	37	4.65
Jaffna	342	57.10
Killinochchi	12	8.33
Mannar	62	63.27
Vavuniya	202	140.28
Mullaituvu	32	22.38
Batticaloa	9	1.65
Ampara	6	6.23*
Trincomalee	42	10.88
Kurunagala	80	5.32
Puttalam	174	23.64
Anuradhapura	30	3.84
Polonnaruwa	76	20.21
Badulla	219	26.64
Moneragala	87	20.96
Ratnapura	291	27.43
Kegalle	39	4.88
Kalmunai	32	6.23*
Total	2376	12.09

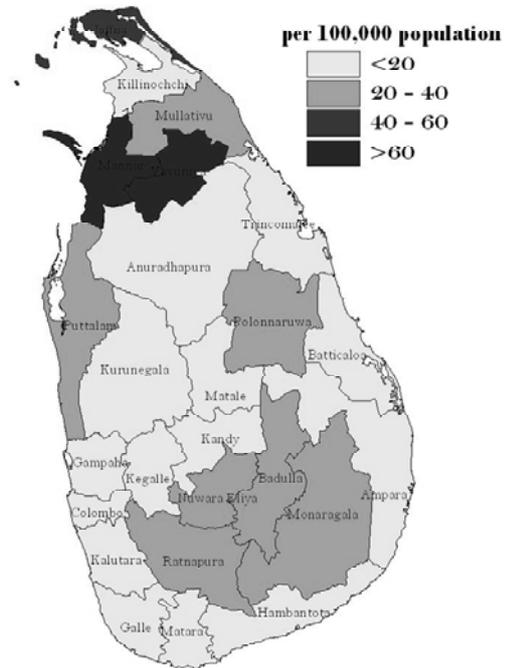
Rate – per 100000 population

* Ampara and Kalmunai DPDHS division rate: taken for Ampara district

Source: Epidemiological Unit

Figure 5.

Notification of Enteric Fever by DPDHS division in year 2005



A total of 2376 enteric fever cases were notified in 2005 from the entire country at a notification rate of 12.09 notifications per 100,000 population. Highest number of notifications was received from the districts of Jaffna (342) and Ratnapura (291).

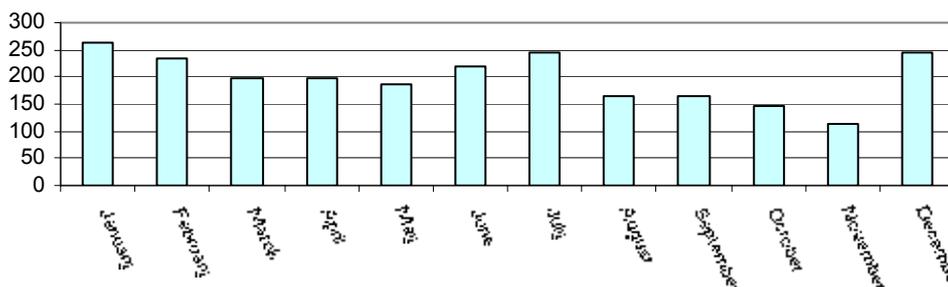
However, Vavuniya district had the highest notification rate with 140.28 notifications per 100,000 population.

Cholera surveillance Report – 2005

No confirmed cases of cholera were reported to the Epidemiological unit in the year 2005.

No confirmed cases of cholera were reported in the previous year.

Figure 6. **Notification of Enteric Fever cases by month for 2005**



21. SURVEILLANCE REPORT ON ACUTE FLACCID PARALYSIS - 2005

Poliomyelitis was made a notifiable disease in Sri Lanka in 1944. A standard case definition of a suspected case of Poliomyelitis was circulated among the medical profession in 1988 as a strategy for polio eradication. This definition cited a suspected case of Poliomyelitis as a case of Acute Flaccid Paralysis occurring in a child under 15 years age. The last case of confirmed polio from the country was reported in 1993, in a female child aged 2 years from Kataragama in the DPDHS Division of Moneragala. Polio virus (P1 wild) was isolated and it was found that the child had been immunized with only 2 doses of OPV.

Epidemiological Unit is the central co-ordinating agency for the National Poliomyelitis programme, receiving information about AFP cases from Medical officers in curative institutions where the patients seek treatment as well as from Medical Officers of Health (MOOH).

In addition to the routine surveillance, active surveillance is carried out in the premier Children's Hospital in Colombo (Lady Ridgeway Hospital). An Epidemiologist from the Central Epidemiological Unit visits the hospital at least three days a week and checks the wards for cases of AFP. In addition, 55 sentinel surveillance sites have been set up since 1996 in major hospitals in every DPDHS Division where Consultant Paediatricians are in place. Regional Epidemiologists are expected to visit their respective sentinel sites in the regions at least once a week. A monthly report of cases of AFP including a nil report is received from the Regional Epidemiologist at the Epidemiological Unit in Colombo.

In addition weekly reports of AFP cases includ-

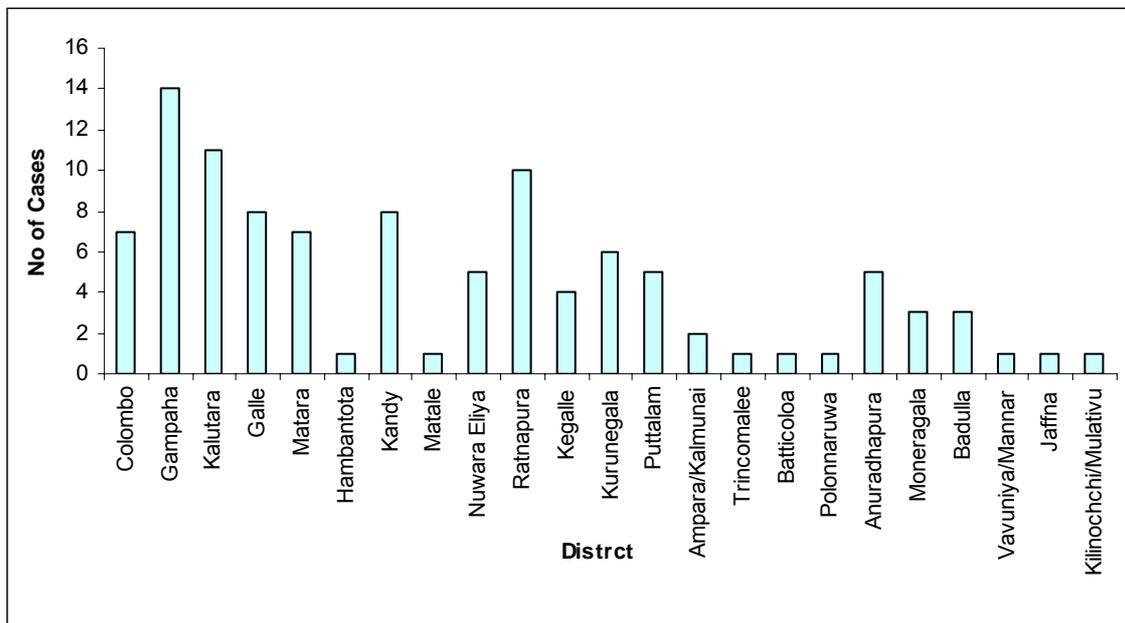
ing zero or nil reports from the 55 sentinel sites in the entire country are being monitored at the Central Epidemiological Unit. Infection Control Nurses (ICN) of each sentinel site are responsible for sending this weekly return.

As a measure to counteract the threat posed from the neighbouring countries that report polio cases, MOOH in every district in northern and eastern provinces, Puttalam district and Nuwara Eliya district, carry out immunization of the children less than 15 years of age who return to Sri Lanka from South India with an extra dose of OPV. A register of these South Indian returnees is maintained and updated regularly in each such MOH office. A monthly return summarizing the number of children under 15 years of age among the returnees, their OPV immunization coverage etc is sent to the relevant Regional Epidemiologist who sends a consolidated district report to the Epidemiological Unit monthly.

Geographical Distribution of AFP cases 2005

A total of 110 AFP cases were reported for the year 2005 (Fig.7). The highest number of cases, 14 was reported from Gampaha DPDHS Division. Eleven cases were reported from Kalutara DPDHS Division. Ratnapura DPDHS division reported 10 AFP cases. Eight cases each were reported from Galle and Kandy DPDHS Divisions while 7 cases were reported from Colombo and Matara. All the DPDHS divisions had reported expected number or more cases of AFP during the year 2005.

FIGURE 1. MONTHLY DISTRIBUTION OF AFP CASES 2005



Monthly Distribution of AFP Cases 2005

February recorded the highest number of cases for the year. The number reported was 16. Fourteen cases were reported in November and 13 cases were reported in June. Ten cases each were reported in the months of January and October. There were 9 cases each in the months of March, April and December. Least number of cases (05) each were reported in May, July August and September. The figure II below shows the distribution of AFP cases for the year 2005(Fig. 8).

Age and Sex Distribution of AFP Cases 2005

There were more female AFP cases than male AFP cases reported in 2005. Out of the total of 110 AFP cases, 50 (45%) were males and 60 (55%) were female children. There were 47 (43%) children less than 5 years of age and 33 (30%) AFP cases were between 5 – 9 years of age. Thirty (27%) children were between 10 – 14 years of age (Fig.8).

Immunization Status of AFP Cases Reported in 2005

All AFP cases (100%) reported during the year 2005 were age appropriately immunized with OPV. Data supporting the immunization status of the children had been obtained from the Child Health Development Record (CHDR) by the medical officers treating the patients or by the Medical Officer of Health (MOH) team.

Final Diagnosis of AFP Cases

In 2005 all 110 cases reported were assigned a final diagnosis. A majority of the cases were diagnosed as Guillan Barre syndrome (GBS) by the respective clinicians who reported these cases. This amounted to 89% of the total caseload in the year. This trend has been observed in the surveillance programme of the country throughout the recent years.

There were 3 cases (3%) of Transverse Myelitis

and Viral encephalitis each. Two (2%) cases were diagnosed as Acute Cerebellitis and there was one case each from Muscle Wasting due to Lipotrophy, Cerebral Abscess, Aseptic Meningitis and Proximal Myopathy

Table 23.

DISTRIBUTION OF FINAL DIAGNOSIS OF AFP CASES 2005

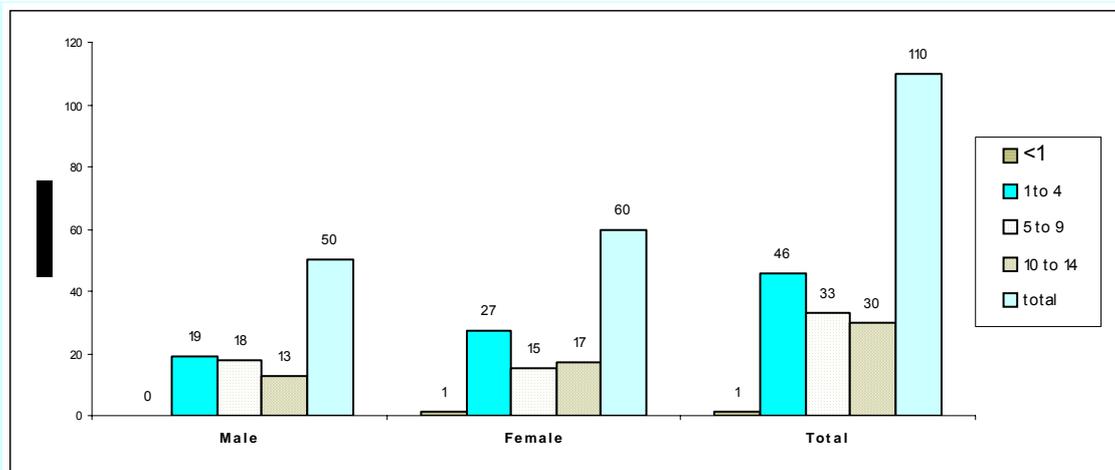
Diagnosis	Number of AFP Cases (%)
Guillan Barre Syndrome	98 (89)
Transverse Myelitis	03 (3)
Viral Encephalitis	03 (3)
Acute Cerebellitis	02 (2)
Muscle Wasting due to Lipotrophy	01 (0.9)
Cerebral Abscess	01 (0.9)
Aseptic Meningitis	01 (0.9)
Proximal Myopathy	01 (0.9)
Total	110

Feedback Information on AFP Cases

Feed back information on AFP cases reported from institutions are sent to the respective clinicians once the cases are discarded with a final diagnosis. This has proved to be an effective method of obtaining their cooperation for the surveillance programme. Copies of these feedback forms are sent to the respective Regional Epidemiologists and MOH.

Apart from this case based individual feedback, information is sent routinely to all the Deputy Provincial Directors of Health Services (DPDHS), Regional Epidemiologists (RE), MOH, Heads of Health Institutions and all the clinicians through the Weekly Epidemiological Report (WER). The Epidemiological Unit has been publishing the WER since 1973 with the objective of

Figure 8 . AGE AND SEX DISTRIBUTION OF AFP CASES 2005



providing a quick feedback in the form of a weekly statement on the notifiable diseases reported on the Weekly Return on Communicable Diseases from the Medical Officer of Health (MOH) areas.

In addition to the feedback sent through these two methods, Quarterly Epidemiological Bulletin published by the Epidemiological Unit provides summary information on AFP surveillance activities for each quarter.

Indicators of AFP Surveillance and Laboratory performance 2005

Performance of an AFP surveillance Programme is considered to be of adequate standard if a number of performance criteria were achieved. Firstly the system should detect at least one case of non-polio AFP for every 100,000 population of children aged less than 15 years. Secondly two adequate diagnostic stool specimens (2 stools specimens collected at least 24 – 48 hours apart within 14 days of onset of paralysis and received in good condition at the laboratory) should be collected from at least 80% of AFP cases reported. The other criteria are based on the performance of the laboratory processing the specimens, monitoring mechanisms in place to streamline the reporting system and the clinical investigation procedures involved.

Non polio AFP rate in children < 15 yrs. of age (Target $\geq 1/100,000$)

Sri Lanka achieved a non-polio AFP rate (Number reported/number expected) of 2.1 during the year 2005. This exceeds the expected rate of 1 per 100,000 population of under 15 year old children. This rate is an improvement compared to the non-polio AFP rate of 2/100,000 under 5 year old population reported in 2004.

In the year 2005 all the districts in the country have reported the expected number or more AFP cases. The AFP rate is monitored for each district and surveillance is strengthened in those districts where the AFP rate has been low during the previous year.

2. Completeness of reporting

Weekly reporting of Notifiable Diseases

All Medical Officers of Health (MOOH) send a weekly return of notifiable diseases to the Epidemiological Unit. Completeness (number received/number expected) of these returns and their timeliness are monitored by the Epidemiological Unit. The returns are expected to be received within a week to be timely.

In the previous year the completeness of weekly notifiable disease reporting was 92%.

Weekly reporting of AFP cases from institutions

Fifty five hospitals around the country have been identified as sentinel sites (compared to 50 sites in 2004) which routinely report on AFP cases from the respective institutions. These weekly returns are monitored centrally for their completeness and the timeliness.

In 2005 the completeness of weekly reporting of AFP cases from those institutions was 69%.

Monthly reporting of AFP cases by Regional Epidemiologists (REE) (Target $>90\%$)

Regional Epidemiologists in all 26 districts send a monthly return on AFP to the Epidemiological Unit. Completeness and timeliness of these returns are monitored centrally. In the previous year the completeness of monthly reporting was 83%.

3. Timeliness of reporting

Weekly reporting of Notifiable Diseases

The weekly reports from MOH on notifiable diseases received within a week from the due date are considered as timely. During the year 2005 the timeliness of reporting was 63%.

Weekly reporting of AFP cases from institutions

During the year 2005 the timeliness of weekly reporting of AFP was extremely poor at 35%. Steps have been taken to educate the infection control nurses who are responsible for this activity in sentinel sites with repeated supervisions by the central as well as the regional level authorities.

Monthly reporting of AFP cases by REE (Target $> 80\%$)

The monthly reports received from REE before the 20th of the following month are considered as timely. Timeliness of monthly reporting in 2005 was 36%.

4. Reported AFP cases investigated within 48 hrs of reporting (Target $\geq 80\%$)

All AFP cases notified should be examined and investigated by an epidemiologist (at central or regional level) within 48 hrs of notification. In the year 2005, 98% of the AFP cases reported were investigated by an epidemiologist within 48 hours of notification.

5. Reported AFP cases with 2 stools specimens collected within 14 days of onset of paralysis (Target $> 80\%$)

All cases of AFP reported should have two stool samples collected within 14 days of onset of the paralysis. Eighty percent of cases should have two such timely stool samples to fulfill the criteria

stipulated by the WHO.

In 2005, 2 samples of stools were collected for virology within 14 days of the onset of paralysis from 90 cases (82%) of the 110 cases reported. Samples of stools have been collected from 107 out of the 110 cases reported, irrespective of the timeliness.

The target (80%) for the above indicator has been achieved for the previous year.

Stool samples from contacts

Following notification, stools samples are collected from 3 to 5 contacts of all AFP cases during the outbreak response activities carried out by the respective MOH. The contact stool sampling was satisfactory during the previous year and samples of stools were collected from contacts of 94 (85%) AFP cases of the 110 cases reported in 2005.

6. Reported AFP cases with a follow-up examination at 60 days after onset of paralysis to verify the presence of residual paralysis or weakness (Target $\geq 80\%$)

All the reported AFP cases should be followed up at 60 days of onset of paralysis by an epidemiologist at central or regional level for presence of residual paralysis. In 2005, 108 cases (98%) out of the 110 cases reported were followed up after 60 days of onset of paralysis

7. Specimens of stools arriving at National Laboratory (MRI) within 03 days of being collected (Target $> 80\%$)

In the year 2005, 25 samples out of the total of 238 samples collected have been received after 3 days of being collected. This amounts to a 89.5% of the samples of stools being received timely. Twenty samples (8.4%) were received within 7 days of being collected and a further 5 (2.1%) samples were late for more than 7 days.

8. Specimens of stools arriving at the National Laboratory in good condition

(Target $> 80\%$)

In 2005, out of the 238 samples of stools collected from 110 AFP cases and 220 samples were in 'good' condition (92.4%) on arrival at the laboratory.

Good condition means that upon arrival:

- a) There is ice in the container
- b) Specimen volume is adequate
- c) There is no evidence of leakage or desiccation
- d) Appropriate documentation is complete

9. Specimens of stools with a turn around time < 28 days (Target $> 80\%$)

In the previous year out of the 238 samples of stools collected and sent, results of 236 specimens of stools were reported within 28 days. This achieved the target with a percentage of 99.2%. Results of the other 2 samples were reported between 28-42 days.

10. Stool specimens from which non-polio enterovirus was isolated (Target $> 10\%$).

Non polio enterovirus was isolated from samples of stools of 16 cases out of the total 110 cases (14.5%). This is well above the expected target of 10%. Wild poliovirus was not isolated at the MRI during 2005.

National Polio Expert Committee Meetings 2005

The National Polio Expert Committee consists of experts from fields of paediatrics, virology, epidemiology, clinical neurology and neurophysiology. The expert committee meets once every quarter to discuss AFP cases that could not be discarded on laboratory results. In 2005, 7 such AFP cases were presented to the committee for deliberations. Five of these cases had late stools and 2 cases had no stool samples collected. All of them were reviewed and discarded by the Expert committee as non Polio AFP cases with diagnosis of Guillain Barre' Syndrome in 5 of the cases, Dengue Fever in 1 case and Acute Cerebellitis in the other case.

Table 24

22. SUMMARY OF NOTIFIABLE DISEASES –2ND QUARTER (APRIL—JUNE) 2006

Health Region	Cholera	Acute Flaccid Paralysis (AFP)	Dysentery	Dengue Haemorrhagic Fever	Encephalitis	Enteric Fever	Food Poisoning	Human Rabies	Leptospirosis	Measles	Simple Contd. Fever	Tetanus	Typhus Fever	Viral Hepatitis
Colombo	0	6	61	542	5	19	7	1	53	0	5	2	1	15
Gampaha	0	1	56	315	5	18	25	1	69	0	3	1	1	23
Kalutara	0	0	112	203	2	26	22	0	28	1	5	2	1	9
Kandy	0	2	96	165	1	27	4	0	28	1	3	0	24	32
Matale	0	3	101	75	4	1	2	0	15	0	0	0	0	5
Nuwara Eliya	0	4	153	3	0	52	3	0	2	1	1	1	11	19
Galle	0	2	40	41	1	3	4	0	10	0	1	0	2	0
Hambantota	0	1	25	67	2	10	10	1	9	0	1	0	17	4
Matara	0	1	38	86	0	11	1	2	45	3	0	0	22	4
Jaffna	0	0	20	12	2	43	10	2	1	0	3	3	8	18
Kilinochchi	0	0	14	0	0	4	0	0	0	0	0	0	0	2
Mannar	0	0	11	1	0	53	0	0	0	0	0	0	0	3
Vavuniya	0	0	33	5	1	23	29	0	1	0	3	0	0	0
Mullativu	0	0	9	1	0	6	9	0	0	0	0	0	0	3
Batticaloa	0	0	16	21	0	3	0	1	1	0	0	3	0	54
Ampara	0	0	20	8	0	7	0	0	5	0	0	0	0	5
Trincomalee	0	0	35	5	0	12	9	0	1	0	0	0	1	19
Kurunegala	0	2	59	105	2	9	13	1	23	3	1	0	1	28
Puttalam	0	1	44	35	1	22	2	0	3	0	0	0	0	17
Anuradhapura	0	1	19	46	0	8	22	1	21	0	2	0	15	14
Polonnaruwa	0	1	14	15	1	1	1	1	7	0	0	0	0	3
Badulla	0	2	241	24	2	58	22	2	16	0	1	1	45	51
Moneragala	0	0	79	10	3	22	12	0	14	0	1	0	33	29
Ratnapura	0	0	157	166	6	36	8	2	25	1	4	4	6	72
Kegalle	0	0	56	88	0	20	6	0	97	0	1	2	17	272
Kalmunai	0	0	45	21	1	39	6	0	1	0	1	1	0	42
TOTAL	0	28	1554	2058	39	533	227	15	475	10	36	20	213	743

No polio cases. (from AFP surveillance system).

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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

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