



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: <http://www.epid.gov.lk>

Vol. 46 No. 13

23rd – 29th March 2019

It is time to know your TB status, for a TB free Sri Lanka Part II

• Sustainability in treatment

Treatment should be initiated for all the diagnosed TB patients following a thorough counselling by a medical officer. Both patients and family members should be made aware of all the relevant aspects of TB including the importance of continuing treatment.

The risk conditions for the interruption, such as drug addiction, lack of family support etc should be identified at the initial discussion and remedial actions should be taken early. Building good rapport with the patients will help them to sustain treatment.

Patient-friendly Directly Observed Treatment (DOT) services are another key component in the prevention of treatment interruption and timely detection of drug adverse effects.

• Tracing of treatment interrupters

Treatment interruption may lead to the development of resistance to anti TB drugs. Treatment of drug-resistant forms of TB including multi-drug resistant & extensively drug-resistant TB is usually prolonged and costly. These conditions are difficult to treat and may have poor treatment outcomes.

Therefore, tracing of interrupters early and bringing them back for treatment is crucial in TB management and prevention. The support of field health staff is very important in tracing the interrupters and for continuous monitoring and follow up of treatment.

• Community Empowerment

TB is a disease associated with stigma. The myths and beliefs in the community affect the health-seeking behaviour of the community and decisions taken on healthier choices of life. The community should be empowered with adequate knowledge and skills on TB for improvement in health-seeking behaviour, better acceptance and sustainability of treatment and reducing stigma.

• Addressing social determinants of health

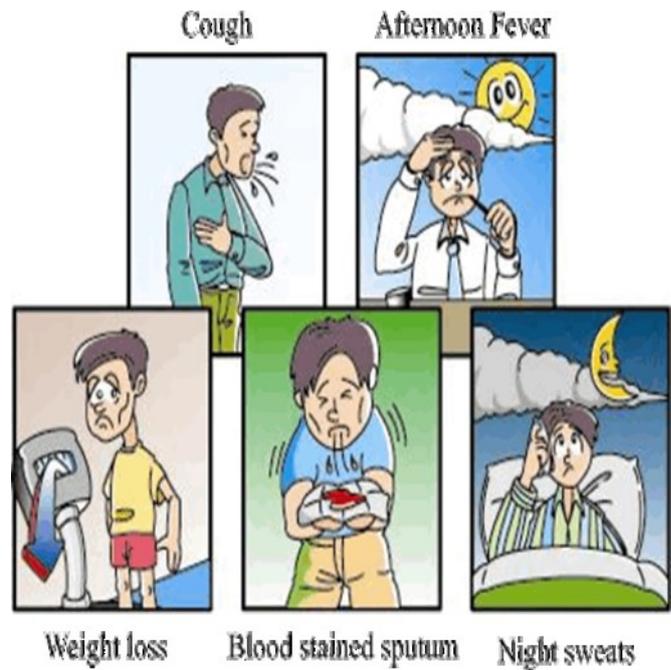
TB is a disease associated with poverty. Every possible measure should be taken to improve the socio-economic status of patients and their families. It is important in improving the utilization of health care services and sustaining patients in TB care and treatment. Multi-sector involvement is very important in this aspect.

WEBER SRI LANKA 2019

Contents	Page
1. Leading Article – It is time to know your TB status, for a TB free Sri Lanka Part II	1
2. Summary of selected notifiable diseases reported (16 th – 22 nd March 2019)	3
3. Surveillance of vaccine preventable diseases & AFP (16 th – 22 nd March 2019)	4

Social benefits scheme can be provided through the Department of Social Services. Support of the nongovernmental organizations/community-based organizations need to be obtained for the provision of transport facilities, organising screening programmes, introducing micro-financing activities to affected families and provision of incentives to patients.

Distribution of microscopy centres in Sri Lanka



Compiled by

Dr. Nirupa Pallewatte
MD (Minsk), MSC, MD. Colombo
Consultant Epidemiologist

References

Global Tuberculosis Report – 2018 WHO, Geneva
http://www.stoptb.org/events/world_tb_day
Pallewatte N.C. Samaraweera S.D., Vidanagama, D.
Diagnosis of Tuberculosis (TB) – From yesteryear to recent days, Journal of College of Community Physicians, 2017 vol 23, issue 2, pp 88-90.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 16th - 22nd March 2019 (12th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	184	2697	0	12	1	2	0	5	0	8	7	45	0	7	0	3	0	0	10	135	1	18	0	2	44	100
Gampaha	101	1592	0	3	0	1	0	0	1	12	2	24	0	1	0	0	0	0	7	94	1	7	1	27	56	95
Kalutara	43	716	0	20	0	3	0	4	1	26	10	129	0	3	0	2	0	0	12	222	1	29	0	3	63	85
Kandy	35	698	0	16	0	3	0	1	0	5	0	21	2	24	0	1	0	1	3	55	1	12	1	9	59	100
Matale	7	169	0	11	0	2	0	0	1	1	0	20	0	3	0	3	0	1	1	23	0	3	0	75	54	100
NuwaraEliya	3	52	0	6	0	1	0	1	0	0	0	12	1	23	0	4	0	0	0	13	1	16	0	0	24	100
Galle	13	390	2	15	0	4	0	1	1	1	6	74	0	16	0	2	0	0	12	116	1	24	0	1	61	100
Hambantota	9	289	0	3	0	0	0	0	1	2	2	22	1	48	0	1	0	0	6	112	2	13	7	181	72	100
Matarra	11	431	1	4	0	4	0	1	0	2	4	69	0	15	0	8	0	0	5	91	0	3	14	153	62	100
Jaffna	64	1580	3	41	2	5	1	6	0	1	1	20	4	232	0	0	0	0	5	78	0	5	0	0	21	93
Kilinochchi	3	71	0	5	0	1	1	9	0	0	0	13	1	18	0	1	0	0	1	3	0	2	0	4	40	100
Mannar	2	53	0	0	0	1	0	7	0	1	0	0	2	6	0	0	0	0	0	0	0	0	0	0	47	97
Vavuniya	13	131	0	3	0	2	0	13	0	3	3	29	1	4	0	0	0	0	4	27	0	6	0	1	44	100
Mullaitivu	1	86	0	6	0	0	0	4	0	1	0	11	0	4	0	0	0	0	0	0	0	2	0	1	34	89
Batticaloa	34	561	3	32	0	0	0	7	0	1	0	13	0	0	0	0	0	1	4	52	0	3	0	0	52	98
Ampara	6	68	0	9	0	0	0	0	3	4	1	13	0	0	0	4	0	0	0	47	0	2	0	2	50	100
Trincomalee	30	377	0	2	0	0	0	0	0	4	1	2	0	2	0	0	0	0	1	57	0	1	0	0	36	76
Kurunegala	25	473	1	18	0	5	0	3	0	3	3	64	0	8	1	11	0	0	11	176	0	14	26	246	57	98
Puttalam	9	185	0	9	0	0	0	1	0	0	1	11	0	7	0	0	0	0	3	57	1	9	0	3	59	100
Anuradhapura	12	161	0	7	0	5	2	3	0	0	1	59	0	17	0	7	0	0	10	162	1	29	7	129	42	94
Polonnaruwa	2	77	0	7	0	1	0	0	0	0	1	29	1	2	0	2	0	0	11	100	0	9	0	65	57	99
Badulla	13	206	3	14	0	1	0	4	0	55	3	58	2	33	1	9	0	0	6	75	3	50	2	9	65	100
Monaragala	13	138	0	17	0	2	0	0	0	72	15	94	3	38	2	26	0	0	12	60	3	44	2	9	61	100
Ratnapura	30	471	3	27	1	12	0	2	0	6	14	158	1	9	1	7	0	1	10	128	2	44	0	42	45	99
Kegalle	15	340	1	11	0	8	0	0	0	19	5	41	3	16	7	9	0	0	14	145	0	9	0	10	59	100
Kalmune	17	272	1	18	0	0	0	1	0	0	1	12	0	1	0	1	0	0	3	56	4	5	0	0	60	99
SRILANKA	695	12284	18	316	4	63	4	73	8	227	81	1043	22	537	12	101	0	4	151	2084	22	359	60	972	53	97

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 22nd March, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 325 C**=Completeness A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

16th – 22nd March 2019 (12th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2019	Number of cases during same week in 2018	Total number of cases to date in 2019	Total number of cases to date in 2018	Difference between the number of cases to date in 2019 & 2018
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	00	24	11	118.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	00	00	00	00	02	00	01	05	17	86	85	1.1 %
Measles	01	01	00	01	02	00	00	00	00	05	06	43	29	48.2 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	04	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	06	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	04	06	- 33.3 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	01	07	12	- 41.6 %
Whooping Cough	00	00	01	00	00	00	00	00	00	01	02	20	09	122.2 %
Tuberculosis	13	14	46	11	14	13	05	02	00	118	133	1997	1761	13.4 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.
Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,
Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
CRS** =Congenital Rubella Syndrome
NA = Not Available

Number of Malaria Cases Up to End of March 2019,

01

All are Imported!!!

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

Dr. SAMITHA GINIGE
 ACTING DEPUTY EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10