WEEKLY EPIDEMIOLOGICAL REPORT

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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

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Leprosy the disease Part II

This is the last of a series of 2 articles.

Since there is a possibility of side effects that can occur due to MDT, investigations will be carried out in a leprosy patient. At baseline (before starting treatment); Full Blood Count (FBC), Alanine Transaminase (ALT), Aspartate Transaminase (AST) in all patients and Glucose 6 Phosphatase Dehydrogenate (G6PD) assay in persons living in high-risk areas for (G6PD) deficiency or where facilities are available. During treatment FBC, ALT, AST should be repeated at the end of each month of MDT treatment. Slit Skin Smear (SSS) is useful in both diagnosis and follow up of patients with leprosy. Skin smears should be taken from the most active lesions in ear lobes and eyebrows. A skin biopsy may be performed even in a clear-cut case, but starting MDT should not be delayed until the results of the biopsy are available.

Multi Drug Therapy

Multi Drug Therapy is a combination of drugs that is very safe and effective in treating leprosy to prevent the emergence of drug resistance. It has proved, MDT a powerful strategy in the control of leprosy. In fact, cases that come early and start proper treatment will end up with a good outcome. Supervision of the monthly drugs is important to ensure drug compliance and prevention of relapse.

MDT is safe for women and their babies during pregnancy and breastfeeding. MDT can be given for patients with HIV, those on anti-retroviral therapy and patients with TB. If a leprosy patient is treated for TB, the MDT regime should omit Rifampicin as long as the TB regime contains Rifampicin.

The duration of PB therapy is 6 months and for MB therapy it is 12 months. Hence, a fully compliant pa

tient should complete treatment at the end of 6 months (PB therapy) or 12 months (MB therapy) of starting therapy. MDT is provided in blister packs each containing drugs for 4 weeks of treatment. Specific blister packs are available for MB and PB leprosy as well as for adults and children.

Following leprosy cases needs MDT drugs.

1. Individual with signs of leprosy who have never got treatment before.
2. Relapse patients are treated the same as new cases.
3. People who return from default receive the same treatment as new cases.

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4. People who changed the classification from PB to MB need a full course of MB drugs.

Table 2: WHO MDT Regimes

Type	Monthly drugs	Daily drugs
PB adult (15 years and above)	Rifampicin 600mg	Dapsone 100mg
PB child (10-14 years)	Rifampicin 450mg	Dapsone 50mg
MB adult (15 years and above)	Rifampicin 600mg Clofazimine 300mg	Dapsone100 mg Clofazimine 50mg
MB child (10-14 years)	Rifampicin 450mg Clofazimine 150mg	Dapsone50mg Clofazimine 50mg Every other day

Compiled by
Dr.Nadeeja Liyanage
Acting Consultant Community Physician

Source

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 02nd – 08th Jan 2021 (2nd Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus Fe-		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	30	65	0	2	0	0	0	0	0	0	4	6	0	0	0	0	0	0	1	1	0	0	0	0	**56**	**95**
Gampaha	20	37	0	0	1	1	0	1	0	0	1	3	0	0	0	0	0	0	0	0	0	0	0	1	**19**	**87**
Kalutara	18	36	0	0	0	0	0	0	0	0	12	14	0	0	0	0	0	0	1	2	0	0	0	0	**29**	**100**
Kandy	8	28	1	1	0	1	0	0	0	0	8	16	2	4	0	0	0	0	2	3	0	1	0	0	**65**	**100**
Matale	1	3	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	7	**73**	**100**
NuwaraEliya	0	0	0	0	0	0	0	0	0	0	1	3	2	5	0	0	0	0	0	3	0	0	0	1	**31**	**100**
Galle	7	10	0	0	0	0	0	0	0	0	21	43	1	4	1	2	0	0	0	0	3	6	0	0	**50**	**100**
Hambantota	4	6	0	0	0	0	0	0	0	0	5	8	2	4	1	3	0	0	0	0	0	0	7	16	**75**	**100**
Matara	3	10	0	0	0	0	0	0	0	0	5	10	2	2	0	0	0	0	3	4	0	0	5	6	**32**	**100**
Jaffna	5	11	0	0	0	0	0	1	0	0	1	4	40	61	0	0	0	0	1	1	0	0	0	0	**7**	**88**
Kilinochchi	2	3	0	1	0	0	0	0	0	0	2	4	1	2	0	0	0	0	0	0	0	0	0	0	**75**	**100**
Mannar	1	2	0	0	0	0	0	2	0	0	2	4	1	1	0	0	0	0	0	0	1	6	0	0	**25**	**80**
Vavuniya	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	**13**	**100**
Mullaitivu	2	2	0	0	0	0	0	0	0	0	1	3	1	1	0	0	0	0	1	1	1	1	0	0	**0**	**100**
Batticaloa	265	473	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	1	1	1	2	0	0	**50**	**100**
Ampara	0	0	1	1	0	0	1	1	0	0	0	1	0	0	0	0	0	0	5	6	0	1	0	0	**57**	**100**
Trincomalee	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**29**	**100**
Kurunegala	14	26	0	0	0	0	0	0	0	1	14	37	2	3	0	0	0	0	2	2	9	18	11	20	**52**	**100**
Puttalam	11	19	1	1	0	1	0	0	0	0	2	4	0	3	0	0	0	0	1	1	6	7	1	1	**54**	**100**
Anuradhapur	0	4	1	1	0	0	0	0	0	0	17	28	3	5	0	0	0	0	1	2	0	3	14	29	**39**	**96**
Polonnaruwa	1	1	0	0	0	0	0	0	0	0	2	5	0	0	0	0	0	0	0	0	0	0	5	14	**38**	**100**
Badulla	7	7	0	0	0	0	0	0	0	0	8	21	3	5	0	1	0	0	1	1	0	0	0	1	**47**	**100**
Monaragala	1	1	1	1	0	0	1	1	0	0	2	2	0	1	2	2	0	0	0	0	0	0	2	2	**0**	**100**
Ratnapura	2	4	2	4	0	0	0	0	0	0	30	44	0	0	0	0	0	0	4	6	3	6	0	4	**29**	**100**
Kegalle	11	14	1	1	0	0	0	0	0	0	7	10	0	0	0	0	0	0	3	4	0	0	0	0	**50**	**100**
Kalmune	9	11	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	**35**	**100**
SRILANKA	**423**	**774**	**9**	**14**	**1**	**3**	**2**	**6**	**0**	**1**	**146**	**273**	**60**	**102**	**4**	**8**	**0**	**0**	**28**	**39**	**24**	**51**	**46**	**102**	**43**	**98**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk).

*T=Timeliness refers to returns received on or before 08th January , 2021 Total number of reporting units 357 Number of reporting units data provided for the current week: 352 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

02nd – 08th Jan 2021 (2nd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021& 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	00	01	01	0%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	01	00	00	00	00	00	00	02	03	01	03	01	2%
Measles	00	00	00	00	00	00	01	00	00	01	00	01	03	-100%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	01	00	01	-100%
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	00	00	09	-100%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tuberculosis	27	07	08	10	08	16	02	05	23	106	172	181	172	5.23%

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

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

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. Sudath Samaraweera
CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10