



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@slt.net.lk
Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk
Web: <http://www.epid.gov.lk>

Vol. 48 No. 20

08th – 14th May 2021

Public Health Legislation, provisions of Establishment Code and Social services related to Leprosy and its disabilities -part 1

Public health legislation plays a significant role encompassing the state moral and political mandate to protect their countrymen from threat to health. As sovereign nations, the formation of public health law is vested on tribes of the countries to protect the public health and welfare of their own. It operates through the channel named Constitutional arm of the state following the series of cross communications for further technical development and accordance with the General Constitution of the country among relevant stakeholders. Following legal documents related to Leprosy with amendments and regulations and Codes of practices in the state sector of Sri Lanka as Establishment Code defined the standard, magnitude and authorities encapsulated to enforce the law and codes over safeguarding the population.

Service, Provincial Councils and Local Governments. Chapter XXIII explains in terms of Special Concessions and Conditions Regarding Officers Suffering from certain Types of Illnesses and further to the chapter showed officers infected with Leprosy could be granted 22 month-paid leave and at the end of the leave, resumption of duties could be provided following approval from a medical board appointed by the head of the department. These outdated codes of application with new treatment protocols for Leprosy began to contradictory over the resolution A/HRC/29/5, the Human Rights Council requested the Advisory Committee to undertake the implementation of the Principles and Guidelines for the Elimination of Discrimination against Persons Affected by Leprosy and their Family Members in 2015.

1. No 4 of 1901 Lepers Ordinance
2. No 21 of 1974 Leprosy Association of Sri Lanka
3. No 28 of 1996 Protection of Rights of the persons with disabilities Act
4. No 33 of 2003 Protection of the Rights of the persons with disabilities (Amendment)
5. No 19 of 2017 Sri Lanka Sustainable Development Act
6. No 03 of 1897 Quarantine and prevention of diseases ordinance
7. Establishment Code of Sri Lanka for government servants

1. Lepers Ordinance

Scope of the legislation: Since commenced in January 1902, it encompasses segregation and treatments of Lepers. Apart from Ordinance has its legal provisions of segregation of patients to Asylums or hospitals, profoundly provisions of rights of lepers in case of isolations, death and support to dependents were defined. In section 9 further described the lawful act of observances to be conducted by the Minister of Health on lepers to provide effective isolation and medical treatment not removable to hospital and from time to time to prescribe rules for observances to secure such isolation.

The Establishment Code has been issued as Volume I in 1972 and Volume II in 1985 with several revisions which are using at present by the Ministry of Public

By No 21 of 1974 act showed the estab-

Contents	Page
1. Leading Article – Public Health Legislation, provisions of Establishment Code and Social services related to Leprosy and its disabilities -part i	1 3
2. Summary of selected notifiable diseases reported (01 st – 07 th May 2021)	4
3. Surveillance of vaccine preventable diseases & AFP (01 st – 07 th May 2021)	

WEB SRI LANKA 2021

lishment of the Leprosy Association of Sri Lanka to assist in every possible way in the prevention and control of Leprosy in Sri Lanka. Though it functions currently inactive status, it was established to provide ground level serious support for the government, patients with leprosy and patients with disabilities.

2. No 28 of 1996 Protection of Rights of the persons with disability act and its amendment No 33 of 2003.

These legal provisions ensure firm background for the national policy on the rehabilitation, welfare and relief of persons with disabilities and in furtherance thereof to make provision for the establishment of a National Council for persons with disabilities. As the definition of a disabled person by the act itself enables and gives effect to the patients, who were disabled due to Leprosy and its complications which have been experienced among 30% of infected patients. It encompasses social assurance, vested community support and state responsibility upon due welfare. Amendment No 33 of 2003 enacted social support on the manner and mode of providing facilities to allow access by disabled persons to public buildings, public places and common services. In accordance with the Protection of the Rights of Persons with Disabilities Act No. 28 of 1996, all existing public buildings, public places and where common services are available, shall be made accessible to persons with disabilities in compliance with the Disabled Persons (Accessibility) Regulations, no 01 of 2006 published in the Government Gazettes Extra Ordinary No 1467/15 on 17.10.2006 and No 1619/24 on 18.09.2009. However, this Gazette extraordinary is being amended to fit the present and actions are in the progress in connection with the awareness on the strong need of providing the accessibility facilities at institutional levels.

In addition, the Department of Social Welfare, Probation and Child Care Services provides services and supports for people with disabilities to fully participate in society and community life through the circulars interrelated with District Secretaries, Divisional Secretaries and Grama Niladhari. Following facilities could be applied by the disabled person by filling the proper form uploaded in the website with the approval of the Divisional Secretary.

- Construction of new house 250,000 (certified copy of deed should be provided by the patient)
- Self-employment assistance (Maximum 25,000 rupees)
- Medical assistance (Maximum 20,000 rupees)
- Medical assistance is provided for surgeries
- Assistive devices (Tricycles, Commode wheel-chairs, hearing aids, spectacles, clutches)
- To purchase medicine and travelling expenses (Maximum 20,000 rupees for the 6-month dura-

tion)

- Payment of 3000 rupees (families with low income – less than 3000 rupees per month)
- Educational assistance (Maximum 10,000 rupees per month for dependants)
- Sign Language courses

Compiled by: Dr Krishan Hirimuthugoda MBBS(Colombo)Msc (Com.med), MD (Com.med.), MRSPH (UK), LLB (reading) Senior Registrar in Community Medicine, Epidemiology Unit.

References:

Ceylon Government. No 4 of 1901 Lepers Ordinance. Democratic Socialist Republic of Sri Lanka. No 21 of 1974 Leprosy Association of Sri Lanka, Government Act.

Democratic Socialist Republic of Sri Lanka. No 28 of 1996 Protection of Rights of the persons with disabilities Act. Government Act.

Democratic Socialist Republic of Sri Lanka. No 33 of 2003 Protection of the Rights of the persons with disabilities (Amendment). Government Gazette.

Democratic Socialist Republic of Sri Lanka. No 19 of 2017 Sri Lanka Sustainable Development Act. Government Act.

Anti-Leprosy Campaign, Sri Lanka. National Leprosy Strategy 2016-2020.

Department of Social Welfare, Probation and Child Care Services, Sri Lanka. Circulars for Welfare for people with disabilities. Retrieved on 26/08/2021 from <http://www.socialproba.cp.gov.lk/en/social-welfare-services/services-for-the-disabled.html>

United Nations Human Rights Council. 29th session in 2015. Elimination of discrimination against persons affected by leprosy and their family members. Retrieved on 27/08/2021 from <https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session29/Pages/ResDecStat.aspx>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 01st - 07th May 2021 (19th 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	84	1218	0	8	0	0	1	3	0	1	5	94	0	1	0	2	0	2	1	20	0	6	0	0	57	88
Gampaha	20	615	0	1	0	1	0	1	0	0	5	120	0	2	0	3	0	2	1	13	0	5	0	3	36	75
Kalutara	14	430	1	11	1	2	0	0	0	0	1	261	0	3	0	1	0	1	2	54	0	9	0	0	43	100
Kandy	15	271	0	13	0	1	0	1	0	1	2	73	1	22	0	1	0	0	1	25	1	9	0	16	60	100
Matale	5	42	0	3	0	4	0	0	0	0	0	33	0	4	0	1	0	0	0	9	0	1	0	100	100	
NuwaraEliya	0	23	0	10	0	1	0	1	0	0	2	33	0	29	0	1	0	0	2	16	0	4	0	1	36	92
Galle	11	109	0	2	0	1	0	5	0	4	12	353	0	20	0	2	0	0	2	26	1	18	0	1	49	97
Hambantota	4	130	0	6	0	2	0	2	0	4	8	120	0	35	0	6	0	0	0	28	2	14	5	194	75	100
Matarata	4	151	0	3	0	0	0	1	0	0	8	127	1	12	0	2	0	0	1	35	0	3	0	157	38	100
Jaffna	5	101	0	31	0	3	1	12	0	25	1	12	0	406	0	0	0	1	0	23	0	2	0	2	19	88
Kilinochchi	0	20	0	12	0	0	0	0	0	8	2	38	0	51	0	0	0	0	0	8	0	0	0	1	50	100
Mannar	0	19	0	0	0	0	1	4	0	0	0	23	0	1	0	0	0	0	0	3	0	8	0	1	51	80
Vavuniya	1	28	0	2	0	1	0	0	0	0	0	17	0	2	0	1	0	0	0	5	0	1	0	1	38	100
Mullaitivu	2	5	0	1	0	0	0	0	0	0	2	23	0	6	0	0	0	0	0	8	0	4	0	0	24	100
Batticaloa	27	2846	1	17	1	3	0	2	2	15	1	29	0	0	0	1	0	0	1	8	0	17	0	0	46	100
Ampara	0	17	0	5	0	0	0	1	0	0	3	37	0	0	0	1	0	0	0	24	1	9	0	3	61	100
Trincomalee	2	92	0	0	0	0	0	0	0	0	0	3	0	0	0	2	0	0	1	11	0	2	0	0	42	85
Kurunegala	18	449	0	10	0	3	0	0	0	3	3	156	0	7	0	0	0	0	2	29	2	71	5	186	46	97
Puttalam	6	186	0	1	0	1	0	0	0	0	0	15	0	14	0	0	0	1	0	12	0	21	0	7	50	94
Anuradhapur	9	87	0	8	0	0	0	0	0	3	1	174	0	20	0	2	0	0	0	19	0	18	1	98	33	85
Polonnaruwa	6	34	1	3	0	0	1	2	0	1	5	68	0	2	0	1	0	0	1	17	0	1	10	200	38	100
Badulla	2	50	0	9	0	0	0	1	0	0	7	155	0	22	0	5	0	0	0	24	0	11	0	12	50	96
Monaragala	3	49	0	5	0	0	0	2	0	3	8	170	0	13	8	38	0	0	0	19	1	31	0	10	42	100
Ratnapura	13	245	2	20	0	5	0	0	0	4	7	418	0	16	0	5	0	1	2	34	1	41	0	39	39	99
Kegalle	18	219	0	4	0	6	0	0	0	0	3	139	0	7	0	1	0	0	6	56	0	12	1	10	45	100
Kalmune	12	222	0	9	0	1	0	1	0	1	0	14	0	0	0	2	0	2	1	9	0	5	0	2	41	100
SRI LANKA	281	7658	5	194	2	35	4	39	2	73	86	2705	2	695	8	78	0	10	24	535	9	323	22	1044	46	95

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

*T=Timeliness refers to returns received on or before 07th May, 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

01st – 07th May 2021 (19th 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	01	01	00	20	11	81.81%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	00	01	01	00	01	03	00	41	62	-33.87%
Measles	00	00	00	00	00	00	00	00	00	00	00	08	25	-68%
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	00	02	03	-33.33%
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	00	07	-100%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	04	-100%
Tuberculosis	67	03	08	04	07	11	05	00	12	117	00	2377	1455	63.36%

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

Covid-19 Prevention & Control
For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.

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@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

Dr. Samitha Ginige
 Actg. CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10