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1. POLIOMYELITIS

Nineteen (19) Acute Flaccid Paralysis (AFP) cases were notified to the Epidemiology Unit during the 3rd quarter 2012. This is less than number reported during the corresponding quarter in 2011 which is 25. This number is below the expected number of AFP cases per quarter which is 27 according to WHO surveillance criteria making the reporting rate of 70% (according to 2012 updated population of Population Census). The expected Non-polio AFP rate for South East Asia Region is calculated as considering the rate of 2 per 100,000 below 15 year age group population which is the rate considered for endemic regions. The non Polio AFP rate calculated for the quarter is 1.4/100,000 below 15 year age group population.

Notification of AFP Cases from Hospitals

Lady Ridgeway Hospital ,Colombo (7) and Sirimavo-Bandaranayake Specialized Children Hospital, Peradeniya (4) reported majority of AFP cases during the 3rd quarter 2012. The list of hospitals that reported AFP cases with the number reported in the quarter are given below.

Table 01

Notification of AFP cases by sentinel Hospital 3rd Quarter 2012

Hospital	No: of cases
LRH	7
SBMCH	4
TH Kandy	2
TH Karapitiya	1
TH Anuradhapura	1
GH Ratnapura	1
TH Peradeniya	1
BH Horana	1
GH Kalutara	1
Total	19

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

Districts of Colombo(4) and Gampaha(4) from the Western Province reported the highest proportion of cases (42%) for the quarter. The complete list of distribution of AFP cases according to the province, district and MOH area is given below.

Table 02.

Distribution of AFP cases by district & MOH area, 3rd quarter 2012

Province	District	MOH Area	Number of AFP cases	
Western	Colombo	Maharagama	1	
		Colombo Municipality	2	
		Piliyandala	1	
	Gampaha	Meerigama	1	
		Minuwangoda	1	
		Attanagalle	1	
		Kelaniya	1	
Central	Kandy	Yatinuwara	1	
		Thalathuoya	1	
	Matale	Pallepola	1	
	Southern	Galle	Udugama	1
			Induruwa	1
North Western	Puttalam	Puttalam	1	
North central	Anuradhapura	Ipalogama	1	
	Polonnaruwa	Hingurakgoda	1	
Sabaragamuwa	Ratnapura	Godakawela	1	
		Kegalle	Mawanella	1
Uva	Monaragala	Badalkumbura	1	

Age and Sex Distribution of AFP Cases

Majority of the AFP cases (10. 53%) reported in the 3rd quarter this year was between 5-9 years of age, compared to 48% of 1-4 years of age during the corresponding quarter in the previous year.

The table below shows the age and sex distribution of AFP cases in 3rd quarter 2012.

Table 03. **Distribution of AFP cases by Age and Sex for 3rd Quarter 2012**

Age Group	Sex		Total
	Male	Female	
<1 year old	0	0	0
1-4 year old	4	3	7
5-9 year old	5	5	10
10-14 year	1	1	2
Total	10	9	19

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 make the samples of 'good condition'.

Of the 19 AFP cases reported, one patient was left without collecting stool samples who was finally diagnosed as Neuroblastoma. All others had at least one stool sample sent to MRI for polio virology. Of the 18 remaining, 3 cases had late stool samples collected, comprising stool collection rate of 79%. This rate is less than the corresponding quarter (87%) in the previous year. The main reasons for late stool collection rate was the transfer of patients from first admitted hospital to another hospital with better facilities.

Sentinel site reporting of AFP cases

All Of the 72 sentinel site hospitals completeness in receiving the weekly return is 87% and this is satisfying the WHO monitoring indicator of >80%. But timeliness in receiving the report at the Epidemiology Unit is around 62% which is much lower than the expected timeliness of >80%.

2. CHOLERA

No confirmed cases of cholera were reported to the Epidemiology Unit during the 3rd Quarter 2012. Last case of cholera was reported in the country in January 2003.

3. TETANUS

During the 3rd Quarter 2012, 05 suspected Tetanus cases were notified to the Epidemiology Unit. This is in comparison to the 5 cases reported in the corresponding quarter of 2011 .

4. MEASLES

Seventeen suspected Measles cases were reported during the third quarter 2012 and out of them 9 were identified as clinically compatible cases after field investigations. This is in contrast with the 32 suspected cases and 25 clinically compatible cases during the third quarter 2011. Seven of these field investigated cases were compatible with the surveillance case definition of measles which is "fever and rash with one of the signs of cough, coryza or conjunctivitis". Majority (6) of them were above 20 years of age. These clinically confirmed cases were reported from the districts of Colombo (Dehiwala, Kolonnawa, Moratuwa) and Kurunegala (Galgamuwa).

Laboratory investigations of 24 fever and rash patients suspected of Measles or Rubella were carried out in the WHO accredited virology Laboratory at the Medical Research Institute (MRI) and only one patient was positive for IgM antibodies. Outbreaks of measles were not reported during the quarter.

Table 04

**SELECTED CHARACTERISTICS
OF CONFIRMED CASES (WITH SPECIAL INVESTIGATIONS) OF MEASLES – 3rd QUARTER 2012**

Sex	Male	4
	Female	3
Age group	10-19 years	2
	20-29 years	2
	> 40 years	3
Immunization status	Non immunized	6
	Immunized	1

5. LEPTOSPIROSIS

During the 3rd Quarter 2012, 588 cases and 10 deaths (CFR 1.7%) due to Leptospirosis were notified to the Epidemiology Unit compared to 595 cases and 8 deaths in the previous quarter and 1174 cases and 20 deaths during corresponding quarter of 2011.

Age and sex distribution of patients, revealed by the special surveillance data is given in table 05

Table 05

SELECTED CHARACTERISTICS OF LEPTOSPIROSIS PATIENTS(%) - 3rd QUARTER 2012

Age Group	Sex	
	Male	Female
0-10 years	1.03	0.00
11-20 years	9.62	0.69
21-30 years	15.46	3.09
31-40 years	25.09	1.37
41-50 years	14.78	2.06
51-60 years	13.75	2.75
>60years	9.28	1.03
Total	89.01	10.99

6. HUMAN RABIES

Seven cases of Human Rabies were notified to the Epidemiology Unit in the 3rd quarter 2012 compared to 11 cases in the previous quarter and 11 cases in the corresponding quarter of year 2011.

Among the notified cases all the cases (07) were investigated and confirmed as Human Rabies, 5 (71.43%) were males and 2 (28.57%) were females.

Kurunegala district reported the highest number of cases (2 cases) accounting for 28.57% of the total case load. Colombo, Gampaha, Puttalam, Ratnapura and Kalmunai reported one case from each district.

Animal Rabies

During this quarter 156 dogs were reported positive for rabies, compared to 143 in the previous quarter and 150 positive in the same period in the last year. In addition the following animals were also reported positive;

Cats-26, Wild animals-06, Domestic Ruminants-00

Rabies Control Activities

Dog vaccination - A total of 355356 dogs were immunized during the quarter under review when compared to 305889 in the previous quarter and 333148 in corresponding quarter of the last year.

Animal Birth control

Chemical - A total of 12,062 female dogs were injected with birth control injections (Progesterone) during the quarter under review.

Surgical -35,733 female dogs were subjected to sterilization by surgical method during the quarter under review.

7. ENTERIC FEVER

In the 3rd Quarter 2012, a total of 314 cases of Enteric fever were reported to the Epidemiology Unit, compared to 246 cases in the previous quarter and 469 cases in the corresponding quarter of 2011. The district of Jaffna (87) reported the highest number of cases followed by Colombo (65 cases).

8. VIRAL HEPATITIS

In the 3rd Quarter 2012, a total of 593 cases of Viral Hepatitis were reported to the Epidemiology Unit. This was in comparison to the 585 cases in the previous quarter and 541 cases in the corresponding quarter of 2011. Kegalle (216 cases) reported the highest number of cases followed by Gampaha (88).

9. DYSENTERY

In the 3rd Quarter 2012, a total of 1028 cases of Dysentery were reported to the Epidemiology Unit, in comparison to 731 cases in the previous quarter and 1673 cases in the corresponding quarter of 2011. Batticaloa (104), Kalmunai (79) and Trincomalee (76 cases) reported the highest number of cases.

10. MALARIA

The number of positive cases detected during the 3rd quarter of 2012, shows a considerable reduction compared to the number of malaria cases detected during the same period of 2011. (Table 07)

11. JAPANESE ENCEPHALITIS (JE)

During the 3rd quarter of 2012, 66 cases of clinically suspected Encephalitis cases were reported to the Epidemiology Unit through the Weekly Return of Communicable Diseases (WRCD). The number of cases that were subjected to case based investigation during the 3rd quarter of 2012 was 30 (45.6%). Among these cases, 04 were found to be lab confirmed as JE. All these 04 (100%) cases were investigated by the MOH. Among them one (25%) was under 20 years of age. The highest number of confirmed JE cases were (3) reported from Gampaha district. In the majority of confirmed JE cases, immunization status was unknown. One death due to JE was reported during the quarter.

This is in comparison to 29 cases of encephalitis , 3 lab confirmed JE and no deaths reported in the corresponding quarter of 2011 .

Table 06

SELECTED CHARACTERISTICS OF CONFIRMED CASES OF JE – 3rd QUARTER 2012

Sex	Male	03
	Female	01
Age group	11-20 Y	01
	41-50 Y	01
	51-60 Y	01
	71-80 Y	01
District	Gampaha	03
	Colombo	01
MOH Areas	Dompe	01
	Kaduwela	01
	Kelaniya	01
	Gampaha	01
Immunization	Immunized	01
	Non immunized	01
	Unknown	02

Table 07

Results of Blood smear examination for malaria parasites - 3rd Quarter 2012

	3rd quarter 2011	3rd quarter 2012
No. of blood smears examined	250,999	227,259
No. of positives	15	4
No. of <i>P. vivax</i>	15	3
No. of <i>P. falciparum</i>	0	1
No. of mixed infections	0	0
No. of infant positives	0.	0
Slide positivity rate (S.P.R.)	0.01%	0.001%
P.v. : P.f. ratio	15:0	3:1
Percentage of infant positives	0%	0%

Table 08

**DISTRIBUTION OF MALARIA CASES BY RMO-
3RD QUARTER 2012**

RMO	Blood smears	Positives	P.v.	P.f.	Mixed
Colombo	17258	0	0	0	0
Gampaha	73397	0	0	0	0
Kalutara	3376	0	0	0	0
Kandy	11239	0	0	0	0
Matale	5922	0	0	0	0
Nuwara Eliya	578	0	0	0	0
Galle	4039	0	0	0	0
Matara	6752	0	0	0	0
Hambantota	8031	2	1	1	0
Jaffna	13294	0	0	0	0
Kilinochchi	10276	1	1	0	0
Vavuniya	9430	0	0	0	0
Mannar	8196	0	0	0	0
Mullaitivu	7249	0	0	0	0
Batticaloa	12709	0	0	0	0
Ampara	6477	0	0	0	0
Kalmune	10688	0	0	0	0
Trincomalee	10567	0	0	0	0
Kurunegala	15325	0	0	0	0
Maho	3503	0	0	0	0
Puttalam	5360	0	0	0	0
Anuradhapura	17671	0	0	0	0
Pollonnaruwa	9308	0	0	0	0
Badulla	5968	0	0	0	0
Monaragala	7681	1	1	0	0
Rathnapura	6694	0	0	0	0
Kegalle	2271	0	0	0	0
TOTAL	227259	4	3	1	0

P.v.- Plasmodium vivax

P.f. - Plasmodium falciparum

Table 09

**MORBIDITY AND MORTALITY DUE TO DF/DHF -
3RD QUARTER 2012**

RDHS Division	Cases	Percentage (%)	Deaths
Colombo	3070	23.05%	13
Gampaha	2332	17.51%	11
Kalutara	843	6.33%	3
Kandy	777	5.84%	3
Matale	137	1.03%	0
N' Eliya	81	0.61%	0
Galle	536	4.03%	0
Hambantota	162	1.22%	1
Matara	568	4.27%	2
Jaffna	103	0.77%	1
Kilinochchi	25	0.19%	0
Mannar	32	0.24%	0
Vavuniya	39	0.29%	0
Mullaitivu	10	0.08%	0
Batticaloa	39	0.29%	0
Ampara	51	0.38%	0
Trincomalee	28	0.21%	0
Kurunegala	1127	8.46%	4
Puttalam	493	3.70%	5
A'pura	91	0.68%	0
Polonnaruwa	72	0.54%	0
Badulla	123	0.92%	1
Moneragala	85	0.64%	1
Rathnapura	1579	11.86%	4
Kegalle	890	6.68%	1
Kalmunai	23	0.17%	1
Total	13316	100.00%	51

Table 10

**RESULTS OF LARVAL SURVEY CARRIED OUT BY DEPARTMENT OF ENTOMOLOGY, MRI
3RD QUARTER 2012**

Area	July 2012		August 2012		September 2012	
	Breteau index		Breteau index		Breteau index	
	Ae. aegypti	Ae. albopictus	Ae. aegypti	Ae. albopictus	Ae. aegypti	Ae. albopictus
CMC	1.8	0.0	3.0	0.7	4.0	1.6
Moratuwa	0.0	0.0	0.9	0.0	3.0	5.5
Kaduwela	0.0	8.0	0.0	3.0	0.0	10.0
Nugegoda	4.5	1.0	0.5	0.5	5.0	5.0
Piliyandala	0.0	3.0	0.0	4.0	0.0	10.0
Ragama	0.9	4.4	0.0	2.9	0.0	5.0
Ja Ela	1.1	2.3	1.0	3.5	8.0	13.7
Kelaniya	2.3	5.1	0.5	1.0	0.9	2.7
Mahara	0.0	9.8	0.6	3.1	0.0	1.8
Wattala	3.6	2.7	1.9	1.9	4.3	8.6
Seeduwa	0.4	3.3	0.7	4.1	3.9	9.7
Minuwangoda	0.0	2.5	—	—	0.0	13.2
Mirigama	0.0	7.7	0.0	6.5	0.0	7.0
Kalutara	—	—	—	—	0.0	8.0

Table 11

DHF STATISTICS FROM DEPARTMENT OF VIROLOGY, MRI 3RD QUARTER 2012

Month	Clinically suspected cases of DF/DHF	Serologically Confirmed Cases of DF/DHF
July	863	433
August	674	366
September	446	238
Total	1983	1037

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

During the 3rd quarter 2012, 13316 cases of DF/DHF and 51 deaths were reported (0.38%CFR) when compared to 10,538 cases of DF/DHF and 56 deaths were reported (0.53% CFR) during the 2nd quarter 2012. Proportion of cases notified in July, August, September was 39.00 %, 39.55%, and 21.45% respectively.

Table 09 shows the distribution of DF/DHF cases and deaths in the RDHS divisions during the 3rd quarter 2012.

Special surveillance data on 2664 confirmed cases were received and analyzed for the 3rd quarter 2012. Age distribution of reported cases were <4 years of age in 232(8.71%), 5 - 9 years of age in 420 (15.77%), 10 - 14 years of age in 327(12.27%), 15 – 19 years of age in 215(8.07%), 20 - 24 years of age in 251(9.42%), 25 - 29years of age in 251(9.42%), 30 - 34 years of age in 229(8.60%), 35 - 39 years of age in176(6.61%),

40 - 44 years of age in 123(4.62%), 45 - 49 years of age in 123 (4.62%), 50 – 54 years of age in 119 (4.47%), 55 - 59 years of age in 69(2.59%), >60 years of age in 121 (4.54%) .

According to the clinical findings majority of the reported cases (90.35%) were classified as dengue fever and 9.61% were classified as DHF with 5.48%,3.19%,0.6%,0.34% falling into DHF I, DHF II,DHF III,DHF IV categories respectively .

Results of entomological surveillance carried out in the Western Province by the Department of Entomology, MRI during the current quarter is given in Table 10.

During the 3rdquarter 2012, 1983 blood samples were tested using IgM capture ELISA test at the Department of Virology, MRI. From the total 1037 (52.29%) samples were confirmed as positive (Table 11) .

13. RUBELLA DISEASE AND CONGENITAL RUBELLA SYNDROME

During the whole quarter 8 suspected Rubella disease cases were reported and out of them 6 cases were field investigated. Special investigation reports were received at the Epidemiology Unit with the special investigation rate of 75%. Out of these specially investigated cases 5 were identified as compatible with the clinical surveillance case definition of Rubella disease. Out of the confirmed cases (5) of Rubella, 3 were females. Majority (3) were between 30– 39 years. Outbreaks were not reported during the quarter for rubella infection.

Laboratory investigations of fever and rash patients suspected of Measles or Rubella (8) were carried out in the WHO accredited Virology Laboratory in the Medical Research Institute (MRI) and identified 2 cases were serology positive for Rubella IgM antibodies.

Four cases of Rubella IgM positive babies were reported from the MRI Virology Laboratory identified by serological investigations received for TORCH screen or from suspected CRS cases. Two of IgM positive cases were identified with congenital abnormalities and considered as Congenital Rubella Syndrome. These two IgM positive cases were reported from Piliyandala and Imaduwa MOH areas.

14. SURVEILLANCE REPORT ON AEFI - 3rd quarter 2012

Surveillance of Adverse Events Following Immunization (AEFI) effectively continued in the 3rd Quarter of 2012 has reached 97.2% of completeness of reports, while 54.2% reports were received in time at the Epidemiology Unit indicating good compliance for the system by the MOOH. Almost 59.6% districts in the country have found at least one adverse event during a month probably due to good awareness and enthusiasm for surveillance by the health staff in MOH areas.

Colombo, Nuwara Eliya, Matara, Jaffna, Mannar, Vavuniya, Ampara, Puttalam, Anuradhapura, Polonnaruwa and, Kalmunai were able to send all the reports, for Sri Lanka it was 97.2%. The completeness for Kurunegala (98.7%), Galle (98.2%), Badulla (97.9%), Batticaloa (97.6%), Hambantota (97.2) were too high.

The best timeliness was reported from Jaffna district (88.9%) followed by Vavuniya (83.3%) and Kegalle (81.3%). (Table 12)

The highest percentage of nil reports were received from Galle (73.2%) followed by Kandy district (70.1%) which is much higher than the Sri Lanka average (40.4%) indicating the need for more attention for surveillance. The lowest percentage (7.1%) of such returns was received from the Colombo district followed by Jaffna (13.9) and Polonnaruwa (19%) districts indicating enhanced AEFI surveillance in district. The highest rate (586.2 per 100,000 immunizations) of AEFI was reported from the Mullativu district with the number of 38 AEFI. The highest number (344) and rate of AEFI (396.7 per 100,000 doses antigen administered) were reported against PVV 1st dose vaccine. Pentavalent (01st, 02nd & 03rd dose) total (713) and rate of AEFI (280.5 per 100,000 doses administered). High Fever (450), Allergic Reaction (388), Nodule (173) are the leading AEFI reported. The highest numbers of fever cases reported were following Pentavalent (284 cases: 111.7 per 100,000 doses administered) and DPT (72 cases: 92.5 per 100,000 doses administered) vaccines. For Allergic Reactions, it was largely due to MMR (88 cases: 49.3 per 100,000 doses administered) and PVV (124 cases: 48.8 per 100,000 doses administered)

Table 12

COMPLETENESS AND TIMELINESS OF MONTHLY REPORTING AND RECEIPT OF "NIL" REPORTS OF AEFI BY RDHS DIVISIONS - 3RD QUARTER 2012

DPDHS	% completeness	% Timely returns	% Nil Returns	No. of AEFI	AEFI Rate (100,000 vaccine doses)
Colombo	100.0	59.5	7.1	150	121.6
Gampaha	95.6	67.4	30.2	56	42.8
Kalutara	94.9	48.6	27.0	91	114.3
Kandy	93.1	47.8	70.1	35	38.0
Matale	91.7	51.5	39.4	48	130.0
Nuwara Eliya	100.0	38.5	43.6	33	55.8
Galle	98.2	60.7	73.2	44	66.3
Hambantota	97.2	71.4	22.9	56	125.5
Matara	100.0	58.8	41.2	57	102.2
Jaffna	100.0	88.9	13.9	126	365.3
Kilinochchi	91.7	9.1	45.5	10	111.2
Mannar	100.0	33.3	46.7	14	155.3
Vavuniya	100.0	83.3	58.3	34	276.6
Mullativu	75.0	44.4	22.2	38	586.2
Batticaloa	97.6	36.6	68.3	39	92.3
Ampara	100.0	23.8	66.7	11	60.5
Trincomalee	90.9	36.7	60.0	18	57.1
Kurunegala	98.7	55.8	27.3	128	116.3
Puttalam	100.0	30.3	30.3	46	81.4
Anuradhapura	100.0	49.1	31.6	106	154.8
Polonnaruwa	100.0	66.7	19.0	49	161.6
Badulla	97.9	74.5	27.7	100	163.8
Moneragala	97.0	75.0	50.0	31	85.3
Ratnapura	96.3	44.2	42.3	58	76.2
Kegalle	97.0	81.3	18.8	78	148.0
Kalmunai	100.0	35.9	56.4	34	101.1
Sri Lanka	97.2	54.2	40.4	1490	108.2

Table 13

NUMBER AND RATE OF SELECTED AEFI REPORTED BY VACCINE AND BY TYPE OF AEFI , 3rd Quarter 2012

Vaccine	Seizure	Allergic Reaction	Injection Abscess Site	Severe Reactions Local	High Fever	HHE	Meningitis	Nodule	Arthralgia	Encephalitis	Lymphadenitis	Anaphylactic Shock	Persistent Screaming	Injection Reaction	Parotitis	Others	Total
BCG	0	0	4	0	0	0	0	2	0	0	1	0	0	0	0	1	8
DPT	7	51	10	18	72	0	0	30	0	0	0	0	3	0	0	41	232
Penta 1st	10	67	8	9	137	14	0	34	0	0	0	0	16	1	0	48	344
Penta 2nd	1	30	5	15	70	0	0	47	0	0	0	0	6	0	0	20	194
Penta 3rd	10	27	4	4	77	0	1	34	0	0	0	0	2	0	0	16	175
OPV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
DT	1	40	8	13	19	1	0	11	0	0	0	1	0	1	0	38	133
TT	0	5	1	1	0	0	0	0	0	0	0	0	0	0	0	6	13
JE	11	53	1	3	40	0	1	6	0	0	0	0	3	0	0	22	140
aTd	0	7	0	0	1	0	0	1	1	0	0	1	0	0	0	3	14
MR	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2
MMR	5	88	0	4	33	1	0	6	0	1	0	1	1	0	32	36	208
Hexavalent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measels	0	20	0	0	0	0	0	2	0	0	0	0	0	0	0	3	25
Total	45	388	41	67	450	16	2	173	1	1	1	3	31	2	32	237	1490

15. TUBERCULOSIS

A total of 2344 Tuberculosis patients were registered for 3rd Quarter 2012 by the National Programme for Tuberculosis Control and Chest Diseases. Of this total 1527 patients had pulmonary TB and 604 patients were with extra pulmonary TB. Of these patients, 1080 were smear positive. The distribution of tuberculosis patients by RDHS division is given in Table 14

Table 14

TUBERCULOSIS PATIENTS BY RDHS DIVISIONS - 2nd Quarter 2012

RDHS DIVISION	New				Retreat-ment & other	Total
	PTB sp+ve	PTB -ve	sp EPTB	Total		
Colombo	299	97	147	543	56	599
Gampaha	88	42	41	171	18	189
Kalutara	90	24	41	155	5	160
Kandy	46	49	45	140	13	153
Matale	13	6	12	31	0	31
Nuwara Eliya	27	7	13	47	4	51
Galle	65	32	32	129	8	137
Matara	36	8	10	54	6	60
Hambantota	12	3	5	20	4	24
Jaffna	22	16	28	66	9	75
Vavuniya	12	4	4	20	1	21
Batticaloa	28	3	14	45	8	53
Ampara	5	3	1	9	1	10
Kalmunai	20	13	9	42	5	47
Trincomalee	19	8	9	36	2	38
Kurunegala	49	33	26	108	37	145
Puttalam	29	6	23	58	1	59
Anuradhapura	44	10	23	77	3	80
Polonnaruwa	14	15	12	41	2	43
Badulla	22	8	14	44	9	53
Monaragala	10	3	9	22	0	22
Rathnapura	66	17	47	130	7	137
Kegalle	50	22	33	105	10	115
Mannar	9	5	5	19	0	19
Mulathiv	3	4	1	8	2	10
Kilinochchi	2	9	0	11	2	13
Total	1080	447	604	2131	213	2344

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 3rd quarter 2012, is as follows;

	Total
A. Yellow fever	984
B. Meningococcal meningitis	77

17. SURVEILLANCE AT AIRPORT

Surveillance activities carried out at the International Airport, Katunayake during the 3rd Quarter 2012 is given below.

1. Yellow Fever Surveillance

a. No. with valid certificate	-	72
b. No. without valid certificate & Deported	-	00
c. No. without valid certificate & Isolated	-	00

2. Disinfection of Aircrafts

a No. of flights arrived	-	5816
b No. of flights has to be disinfected	-	4980
c No. of flights disinfected	-	4296

3. Surveillance of other Infectious diseases - Nil

4. Airport Sanitation

a. No. of sanitary inspections carried out including food establishments	-	36
b. No. of food sample taken under food act	-	00
c. No. found defective	-	00
d. No. of court cases/prosecuted/warned	-	00

5 Release of Human Remains

a No. of Human Remains released	-	99
b No .of released to J.M.O. for post mortem	-	03
c No. of alleged suicide	-	08

6 Other Health activities

^a Polio Vaccination No of doses given	-	00
b Health talk given to staff	-	19

18. LEPROSY**QUARTERLY RETURN OF LEPROSY STATISTICS - 3RD QUARTER 2012**

Table 15

1. National

	At the end of the quarter			Cumulative for end of the quarter		
	3rd QTR,2012	3rd QTR,2011	Diff (%)	2012	2011	Diff (%)
New patients detected	595	603	-1.33	1744	1730	0.81
Children	44	61	-27.87	136	167	-18.56
Grade 2 Deformities	56	46	21.74	130	119	9.24
Multi-Bacillary	291	296	-1.69	853	843	1.19
Females	272	249	9.24	739	729	1.37

2. Districts

District	New patients	Deformities	Children	MB	Females
Central	33	04	05	15	10
Kandy	24	01	05	12	09
Matale	05	01	00	01	00
NuwaraEliya	04	02	00	02	01
Eastern	76	10	03	44	33
Ampara	08	03	00	06	02
Batticaloa	41	04	03	21	19
Kalmunai	15	02	00	08	08
Trincomalee	12	01	00	09	04
Northern	12	03	03	06	06
Jaffna	08	02	03	04	04
Vavuniya	02	00	00	00	01
Mannar	01	00	00	01	00
Killinochchi	01	01	00	01	01
Mulathivu	00	00	00	00	00
North Central	38	04	00	27	19
Anuradhapura	28	04	00	22	14
Pollonnaruwa	10	00	00	05	05
North Western	65	06	05	29	34
Kurunegala	44	03	01	20	24
Puttalam	21	03	04	09	10
Sabaragamuwa	22	02	00	11	11
Kegalle	09	02	00	04	05
Rathnapura	13	00	00	07	06
Southern	88	08	07	42	45
Galle	52	06	06	25	28
Hambanthota	14	00	00	04	07
Matara	32	02	01	13	10
Uva	08	01	00	04	04
Baddulla	02	00	00	01	02
Monaragala	06	01	00	03	02
Western	253	18	21	113	110
Colombo	129	10	11	56	58
Gampaha	70	04	05	30	32
kaluthara	54	04	05	27	20
Sri Lanka	595	56	44	291	272

Source : Anti Leprosy Campaign

19. SEXUALLY TRANSMITTED DISEASES

Table 16

NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA**3RD QUARTER 2012**

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		35	18	53	84	50	134
AIDS		10	3	13	27	13	40
	Early Syphilis ²	70	15	85	174	54	228
Syphilis	Late Syphilis ³	163	73	236	375	207	582
	Congenital Syphilis ⁴	2	1	3	5	3	8
Gonorrhoea ⁵		90	31	121	219	60	279
Ophthalmia Neonatorum ⁶		1	1	2	1	1	2
Non specific cervicitis/urethritis		143	324	467	417	940	1357
Chlamydial infection		0	0	0	1	3	4
Genital Herpes		325	366	691	887	1156	2043
Genital Warts		278	192	470	780	568	1348
Chancroid		0	0	0	0	0	0
Trichomoniasis		1	18	19	3	49	52
Candidiasis		217	368	585	672	1061	1733
Bacterial Vaginosis		0	298	298	0	851	851
Other sexually transmitted diseases ⁷		106	49	155	301	161	462

(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

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 Lymphogranuloma venerium, Granuloma inguinale, Molluscum contagiosum, Scabies, Tinea, Hepatitis B etc.

**20. BACTERIOLOGY REPORT,
MEDICAL RESEARCH INSTITUTE
3rd QUARTER 2012**

Table 17

	JUL	AUG	SEP
(A) CHOLERA			
No. of stool specimens Examined	35	136	182
No. of positives	-	-	-
(B) SALMONELLA			
Blood- No. Examined	61	67	34
S.typhi	1	-	-
S.paratyphi A	1	0	3
Stools—No. examined	192	214	224
S.typhi	-	-	-
S.paratyphi A	-	-	-
Others	1	1	8
(C) SHIGELLA			
No. Examined	192	214	224
Sh.flexneri 1	-	-	-
Sh.flexneri 2	-	-	-
Sh.flexneri 3	-	-	-
Sh.flexneri 4	-	-	-
Sh.flexneri 5	-	-	-
Sh.flexneri 6	-	-	-
Sh. sonnei	-	-	-
(D) ENTEROPATHOGENIC E.COLI			
No.Examined	6	2	3
No.+ve	-	-	-
(E) CAMPYLOBACTER			
No.Examined	28	12	11
No. Positive	2	-	-
(F) ISOLATES			
Clinical	21	6	17
S. Typhi	-	1	2
S. Paratyphi A	7	5	6
Other Salmonella	4	0	2
Shigella spp	-	-	1

**21. SURVEILLANCE OF MENINGITIS—
3rd quarter 2012**

Meningitis is a notifiable disease condition in Sri Lanka since year 2005. During the 3rd quarter 2012, 216 suspected meningitis cases were reported to the Epidemiology Unit through the routine disease notification system .

Out of this 184 cases were clinically confirmed by the Public Health Inspectors during their field investigations. Highest number of meningitis cases were reported from the Kurunegala district (31), followed by Ratnapura(24) and Colombo (16) districts.

Fifty six percent of the clinically confirmed meningitis cases belonged to the age group less than one year, another 9% belonged to the age group 1-4 years and 9% belonged to age group 5-14 years. 63% of the clinically confirmed cases were males and 37% were females.

Table 18

Summary findings for special investigations carried out for clinically confirmed cases of Meningitis for year 2012

CSF Culture Report		
CSF Culture	Number	(%)
CSF results available	139	38%
• No Growth	124	
• Group B streptococci	09	
• Haemophilus influenza	04	
• Meningococcal	01	
• TB	01	
• Staphylococcus	02	
Culture results not known	219	60%
Not done	05	02%
Total	363	100%
Final outcome of the patient		
Outcome	Number	(%)
Cured	330	91%
Died	06	02%
Information not available	27	07%
Total	363	100%
Final Diagnosis (based on clinical and lab findings)		
Diagnosis	Number	(%)
Culture confirmed	17	05%
Probable bacterial meningitis	35	10%
Probable viral meningitis	41	11%
Suspected Meningitis	270	74%
Total	363	100%

22 INFLUENZA SURVEILLANCE

Influenza surveillance is one of the main activities of the national preparedness programme with the objectives of detecting early warning of a possible pandemic by routinely monitoring the circulating influenza viral patterns and assessing the disease burden in the country.

Human Influenza surveillance

ILI Surveillance – Laboratory Component

Under ILI laboratory surveillance a total of 802 samples were received from sentinel hospitals for the said quarter. There were 304 samples in July, 212 in August and 286 in September. Colombo South Teaching Hospital (CSTH) (72), National Hospital of Sri Lanka (NHSL) (68) and Teaching Hospital Peradeniya (67) sent in the highest number of samples. All sentinel hospitals except Teaching Hospital Jaffna had sent in samples within the quarter. There were 34 samples from GH Vavuniya, 8 samples from GH Ampara and 33 from TH Batticaloa.

Table 19 below shows the performance of sentinel hospitals in the laboratory component of the ILI surveillance programme for this quarter.

These samples were processed at the Medical Research Institute (MRI) which is the National Influenza Centre (NIC) for the country. Table 20 below shows the subtypes of influenza viruses isolated from samples tested within the laboratory component by month in third quarter 2012.

Similar to the previous quarter Influenza B was the predominant influenza viral strain circulating during the quarter with strong presence of Influenza A (H1N1pdm) 2009 as the second commonest circulating viral strain. Presence of all 3 viruses; Influenza B, Influenza A (H1N1pdm) 2009 and Influenza A (H3N2) were being observed as seasonal influenza viral strains globally during this time which was reflected in the local circulating viral pattern.

These results show that 17% of ILI samples tested within this quarter had an influenza viral strain. This is slightly higher than the previous quarter of the year where 13% of the ILI samples tested became positive for any influenza. Within the quarter, the proportion of influenza yield can be observed to be gradually decreasing from a high 21% in July to a lower 12% in September. This may indicate the tail end of the mid-year peak of influenza activity before it starts to pick up for the year-end peak.

ILI Surveillance – Epidemiological Component

A total of 19,099 ILI visits had been recorded for the quarter. This is out of a total of 1173579 OPD visits in these hospitals. In July there were 7602 ILI cases visiting OPD of sentinel hospitals and 6229 in August and 5268 in September. TH Jaffna remained the only hospital that did not comply with the activity. TH Anuradhapura and GH Ampara had performed well in sending in data while GH Ratnapura had sent in extraordinarily large numbers.

According to these numbers, contribution of ILI to OPD visits during the quarter is 1.62% which seems highly underestimated. Although ILI data may be underestimated, the trends of disease activity can be observed over the years. The following graph in figure 1 shows the monthly distribution of the proportion of ILI in sentinel hospitals for the years 2009 to 2012 to date.

In 2009 the country suffered from the Influenza A H1N1 pandemic and in 2010 its second wave was reported which ended by the beginning of 2011. Pandemic disrupted routine ILI surveillance activities and resulted in marked changes in healthcare seeking behaviours. Therefore seasonal trends cannot be detected with these years' data. Years 2011 and 2012 to date had been non-pandemic years. Evidence of a early mid-year peak and another at the end of the year can be seen in 2011 and a slight increasing trend from a small mid-year peak is seen by the third quarter can be seen this year.

Severe Acute Respiratory Infections (SARI) Surveillance

Laboratory Component

There were a total of 207 samples from SARI patients in above 3 hospitals received by the MRI for the 3rd quarter 2012. All 3 hospitals had performed equally sending a satisfactory number of samples within the quarter. TH Peradeniya had sent in a fewer number of samples in August. Table 21 below shows the performance of 3 SARI sentinel hospitals in the laboratory component of the SARI surveillance for this quarter.

Along with ILI samples, these SARI samples are processed at the NIC, MRI. Table 22 below shows the results yielded for SARI samples in the 3rd quarter 2012 at NIC.

Similar to ILI lab findings this quarter, Influenza B featured as the predominantly seen viral strain among inward SARI patients with strong presence of Pandemic Influenza A(H1N1pdm) 2009. A similar pattern was seen in the previous quarter.

The results show that 23% of SARI patients tested within this quarter as having an influenza viral strain. This is much higher than that recorded for the previous quarter (9%). This high proportion is expected with the year end flu' peak with a higher influenza activity starting to pick up around this time of year.

Within the quarter, proportion of influenza yield among inward SARI patients can be observed to be ranging from one fifth to a quarter of the total samples processed. This is much higher than the yield observed in ILI component among OPD patients.

SARI Surveillance – Epidemiological surveillance

There were a total of 840 patients treated inward for severe respiratory tract infections within the 3rd quarter 2012. GH Matara reported the highest number of SARI patients (431) in the quarter. The highest number of patients was reported in August (314). Table 23 below shows the distribution of SARI patients in the 3 hospitals by month in the 3rd quarter 2012. In this quarter, there had been 23617 total admissions to these units from which SARI cases are selected. Therefore SARI had contributed to 3.5% of total admissions in these units in 2012.

Animal Influenza Surveillance

There were 940 pooled samples and 3963 serum samples collected and tested at the VRI for HPAI. None of the samples had yielded HPAI. The following table 24 shows the number of samples collected by month and the districts they were collected from.

Figure 1: Distribution of OPD ILI visits by month – 2009 - 2012

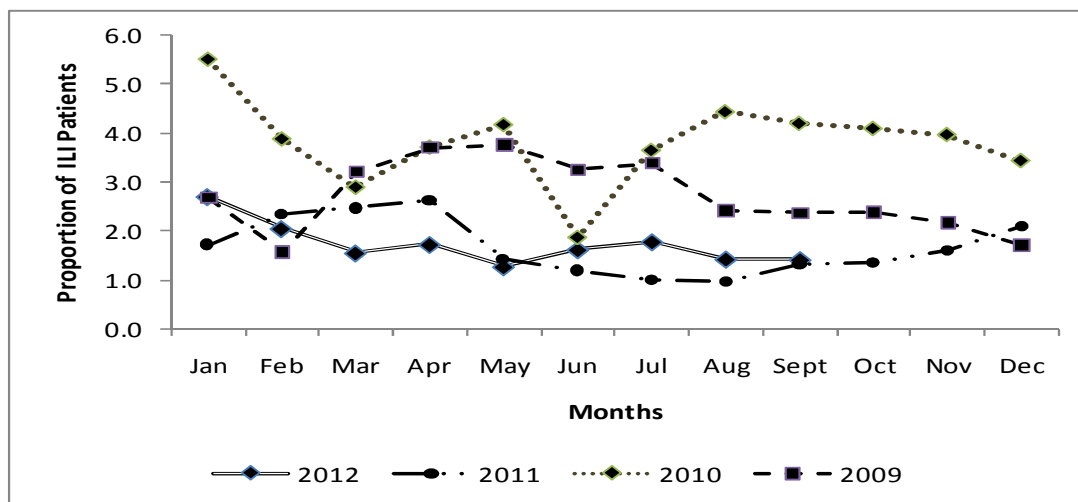


Table 19 performance of sentinel hospitals in the laboratory component of the surveillance programme - 3rd Quarter 2012

Institution	July	August	Sept	Total
LRH	25	15	20	60
NHSL	21	28	19	68
CSTH	32	23	17	72
IDH	10	27	26	63
NCTH	23	8	15	46
TH Peradeniya	30	7	30	67
GH Nuwara Eliya	12	12	6	30
TH Karapitiya	28	6	22	56
GH Matara	10	7	5	22
TH Jaffna	0	0	0	0
GH Vavuniya	8	9	17	34
GH Ampara	8	0	0	8
TH Batticaloa	13	11	19	43
TH Kurunegala	17	18	23	58
GH Chilaw	9	0	6	15
TH Anuradhapura	20	7	30	57
GH Polonnaruwa	14	12	5	31
GH Badulla	5	8	11	24
GH Ratnapura	19	14	15	48
Total	304	212ii	286	802

Table 20 : Types of Respiratory Viruses Isolated in ILI samples – 3rd Quarter 2012

MONTH	TOTAL	INFLU B	A(H1N1pdm)	A(H3N2)	A UN-TYPED	Influenza yield
July	304	38	24	1	3	21%
Aug	212	24	7	5	0	17%
Sept	286	19	8	1	6	12%
Total	802	81	39	7	9	17%

Table 21: performance of sentinel hospitals in the laboratory component of the SARI surveillance - 3rd Quarter 2012

Institution	Jul	Aug	Sep	Total
LRH	20	32	19	71
GH Matara	23	28	22	73
TH Peradeniya	28	6	29	63
Total	71	66	70	207

Table 22: Types of Respiratory Viruses Isolated in SARI Samples - 3rd Quarter 2012

MONTH	TOTAL	IN-FLU B	A (H3N2)	(H1N1 pdm) 2009	A un-typed	Influenza yield
Jul	71	8	0	5	3	22%
Aug	66	8	1	6	2	26%
Sep	70	6	4	4	0	20%
Total	207	22	5	15	5	23%

Table 23: Distribution of SARI patients by month – 3rd Quarter 2012

Institution	Jul	Aug	Sep	Total
LRH	83	80	73	236
GH Matara	114	182	135	431
TH Peradeniya	70	52	51	173
Total	267	314	259	840

Table 24: Animal samples collected by month and district – 3rd Quarter 2012

Month	No. of samples		Districts samples were collected from
	Pooled	Serum	
July	209	1140	Ampara, Anuradhapura, Puttalam, Colombo, Jaffna, Vavuniya
Aug	271	1194	Anuradhapura, Badulla, Gampaha, Kegalle, Kurunegala, Puttalam, Colombo, Ratnapura
Sep	460	1629	Matale, Chilaw, Jaffna, Ratnapura, Badulla, Kegalle, Kurunegala, Colombo, Trincomalee
Total	940	3963	

Special Report

Dengue fever/ Dengue Haemorrhagic fever surveillance 2011

Dengue Fever was serologically confirmed in Sri Lanka in 1962 and the first outbreak was reported in 1965. At present it is endemic in the country and epidemics have been experienced almost every other year since 2002 (Figure 2- Dengue cases and deaths notified during 1992 – 2011).

During the year 2011, 28473 suspected Dengue Fever /Dengue Haemorrhagic Fever cases and 186 deaths (CFR 0.65 %) were reported to the Epidemiology Unit. When compared to 2010, the case fatality rate has reduced (in 2010, 34105 cases and 246 deaths with a CFR of 0.72%). The incidence rate for DF/DHF in 2011 was 140.42 per 100,000 population.

The usual seasonal increase in case reporting which occurs in June-July in relation to the South Western monsoon rains was well marked in 2011. This was not marked until 2009 after 2004, but, a level of high endemicity prevailed throughout the period since 2005.

The cases of DF/DHF were distributed in almost all the districts but the majority of the cases were reported from the Western Province which accounted for 55.89% of the total case load.

Batticaloa, Kandy, Ratnapura, districts reported a high case load accounting for 5.95%, 5.74% and 4.07% of the total case load respectively.

Distribution of cases by RDHS divisions/district is given in Table 25.

Thirteen districts and 42 'high-risk' MOH areas reported a significant number of cases during the year 2011. Colombo Municipal Council area reported 3224 cases (11.32% of the total case load) followed by the MOH areas Kolonnawa (1771 cases i.e. 6.22%), Dehiwala (1384 cases i.e. 4.86%), Eravur (869 cases i.e. 3.05%). The MOH areas which had a major contribution to the caseload are given in Table 26.

Special Surveillance of DF/DHF

Special surveillance data were received from Infection Control Nursing Officers in health institutions where dengue patients were treated. Lady Ridgway Hospital for Children, General Hospital Matara, General Hospital Kalutara, General Hospital Kegalle, Base Hospital Mawanella, Teaching Hospital Peradeniya provided a major proportion of special surveillance data.

Figure 2 DENGUE CASES AND DEATHS NOTIFIED DURING 1992 - 2011

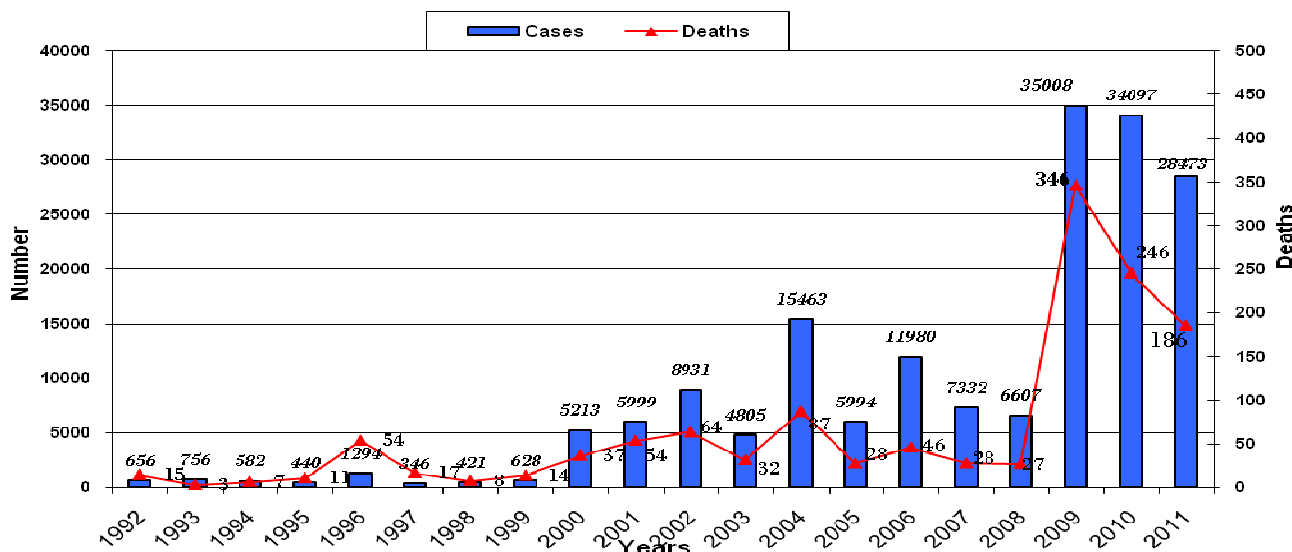


Table 25- DISTRIBUTION OF NOTIFIED CASES AND DEATHS DUE TO DF/DHF BY RDHS DIVISION-2011

RDHS Division	No of cases	%	Incidence Rate (per 100'000 population)	No of Deaths	CFR%
Colombo	10123	35.55%	435.62	78	0.77
Gampaha	4374	15.36%	190.29	36	0.82
Kalutara	1416	4.97%	116.55	11	0.78
Kandy	1635	5.74%	119.50	8	0.49
Matale	365	1.28%	75.67	0	0.00
NuwaraEliya	252	0.89%	35.68	0	0.00
Galle	879	3.09%	83.00	3	0.34
Hambantota	416	1.46%	69.81	0	0.00
Matara	795	2.79%	98.06	5	0.63
Jaffna	400	1.40%	68.60	4	1.00
Killinochchi	66	0.23%	58.47	0	0.00
Mannar	100	0.35%	100.95	1	1.00
Vavuniya	81	0.28%	46.88	1	1.23
Mulativu	19	0.07%	20.60	2	10.53
Batticaloa	1693	5.95%	322.36	11	0.65
Ampara	196	0.69%	79.57	0	0.00
Trincomalee	177	0.62%	47.03	1	0.56
Kurunegala	1040	3.65%	64.54	5	0.48
Puttalam	571	2.01%	75.05	7	1.23
Anuradhapura	299	1.05%	34.95	2	0.67
Polonnaruwa	304	1.07%	75.27	1	0.33
Badulla	632	2.22%	77.91	1	0.16
Monaragala	312	1.10%	69.61	1	0.32
Ratnapura	1160	4.07%	107.18	4	0.34
Kegalle	1080	3.79%	129.00	4	0.37
Kalmunai	88	0.31%	18.78	0	0.00
National	28473	100.00%	140.42	186	0.65

Special surveillance data in respect of 7362 cases were received for the year 2011. All age groups were affected by the disease with 33.24% of the cases (2447) being less than 15 years old while 13.79% of the cases (1015) were in the 20-24 year age group (Figure3). Deaths due to DF/DHF had occurred among all age groups

The highest case fatality rate was for those 50-54 of age followed by <1 year group. The highest number of deaths was among the 10-14 year age group (Figure 5). Distribution of cases by sex showed that there was a male preponderance with 4223 cases, 58% (female—3056 cases, 42%) and distribution of deaths by sex showed that

Figure 3- Distribution of Confirmed DF/DHF Cases by Age group- 2011

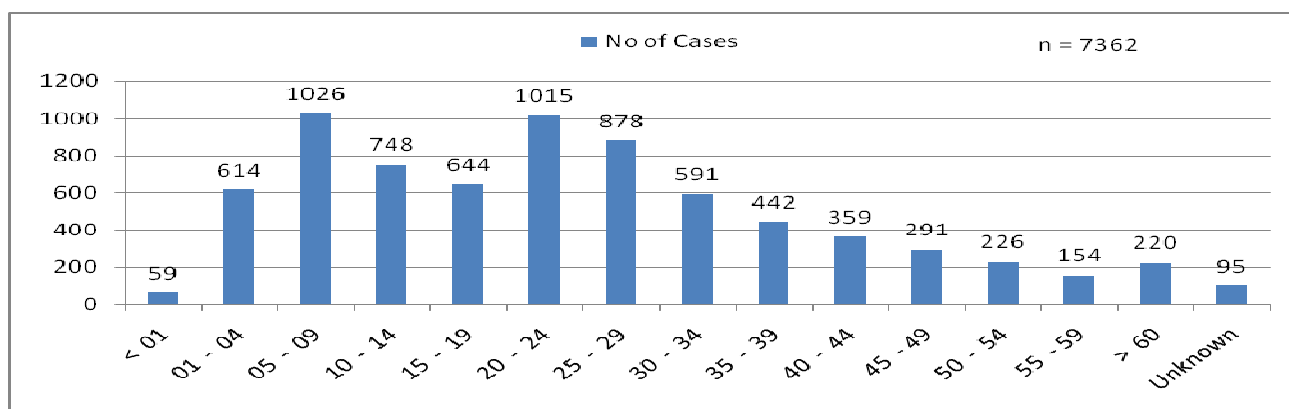


Table 26

DISTRIBUTION OF NOTIFIED CASES OF DF/DHF CASES BY HIGH RISK MOH AREAS – 2011

RDHS Division	MOH Area	No. cases	% of the country total	Incidence per 100,000 population	
Colombo	Dehiwala	1384	4.86%	576.62	
	Piliyandala	369	1.30%	212.62	
	Homagama	360	1.26%	171.21	
	Kaduwela	464	1.63%	193.36	
	Kolonnawa	1771	6.22%	964.94	
	Kotte	379	1.33%	532.41	
	Maharagama	629	2.21%	389.81	
	MC-Colombo	3224	11.32%	438.82	
	Moratuwa	480	1.69%	236.78	
	Nugegoda	522	1.83%	492.28	
	Hanwella	236	0.83%	220.45	
	Gampaha	Biyagama	325	1.14%	165.92
		Gampaha	287	1.01%	138.73
Ja-Ela		253	0.89%	163.89	
Katana		77	0.27%	68.17	
Kelaniya		450	1.58%	275.22	
D o m p e (Kirindiwela)		292	1.03%	184.61	
Mahara		413	1.45%	192.27	
MC-Negombo		210	0.74%	119.59	
Meerigama		207	0.73%	118.54	
Wattala		704	2.47%	388.35	
Kalutara	Beruwala	149	0.52%	91.54	
	Panadura	351	1.23%	148.27	
Ratnapura	Pelmadulla	90	0.32%	94.94	
Kurunegala	Polgahawela	79	0.28%	81.46	
Kandy	Akurana	47	0.17%	77.17	
	Gangawata-korele	28	0.10%	43.02	
	MC-Kandy	253	0.89%	225.00	
	Wattegama	58	0.20%	65.73	
	Batticaloa	MC-Batticaloa	187	0.66%	204.72
Chenkalady		93	0.33%	118.63	
Eravur		869	3.05%	2326.76	
Galle	MC-Galle	112	0.39%	111.87	
Matara	MC-Matara	225	0.79%	306.31	
Kalmunai	Samanthurai	13	0.05%	20.15	
	Puttalam	Dankotuwa	42	0.15%	27.18
Kegalle	Puttalam	124	0.44%	118.79	
	Deraniyagala	65	0.23%	137.44	
Mannar	Kegalle	187	0.66%	202.64	
	Mawanella	220	0.77%	205.83	
	Ruwanwella	87	0.31%	140.18	
	Mannar	81	0.28%	159.02	

there was a female preponderance with 98 deaths, 53% (male -88 deaths, 47%).

Severity of the disease

According to the WHO disease classification 6329 cases (86.36%) received through the special surveillance mechanism were classified as dengue fever while the remaining 1000 cases (13.64%) were classified as DHF. Majority of the DHF cases were classified as DHF I (559 cases i.e. 55.9%), followed by DHF II (156 cases i.e. 15.6%). Out of the DHF cases 28.5% (285) had developed Dengue shock (DHF III & IV) (Figure 4).

Confirmation of the diagnosis

Department of Virology, Medical Research Institute, Colombo had tested 3708 samples during the year using IgM capture ELISA test and Haem Agglutination Inhibition test and 2149 (57.96%) were serologically confirmed.

Figure 4

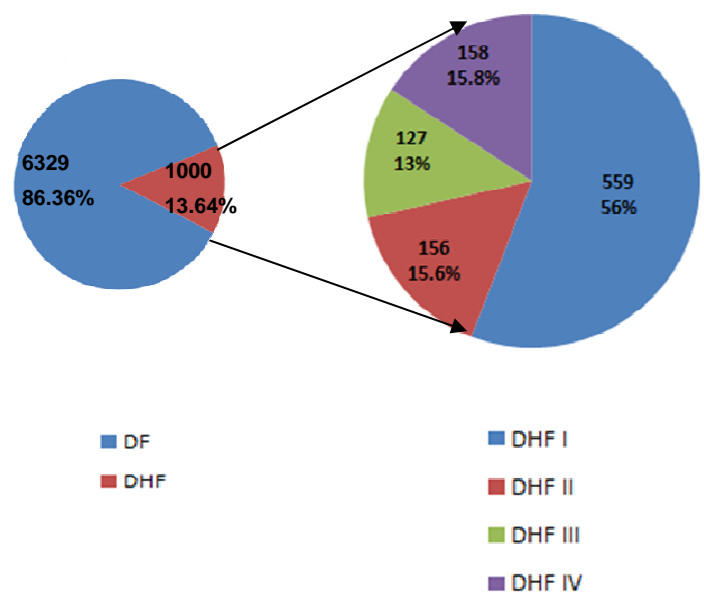
CLASSIFICATION OF THE CASELOAD BY WHO CLASSIFICATION - 2011


Table 27

SUMMARY OF NOTIFIABLE DISEASES - 3rd QUARTER 2012

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	Rubella	Chickenpox	Mumps	Meningitis	Leishmaniasis
Colombo	39	3	65	13	1	70	4	1	0	2	36	1	3070	2	60	72	16	2
Gampaha	22	7	16	16	0	75	0	2	0	11	88	2	2332	2	46	41	19	0
Kalutara	25	4	15	3	0	61	0	2	1	1	9	2	843	0	36	74	9	0
Kandy	42	1	6	11	0	23	0	0	0	25	50	0	777	0	38	17	5	0
Matale	25	0	2	35	0	8	0	0	0	1	5	1	137	0	15	10	6	12
Nuwara-Eliya	60	3	8	5	0	12	1	1	0	14	4	1	81	0	43	49	2	0
Galle	39	4	3	7	0	27	1	56	0	32	0	4	536	0	40	38	4	0
Hambantota	17	2	2	12	0	11	1	5	0	19	5	0	162	0	12	21	6	119
Matara	30	2	6	2	0	51	0	26	0	20	49	6	568	0	43	53	6	27
Jaffna	56	6	87	49	1	0	0	0	1	7	9	1	103	0	17	22	6	0
Kilinochchi	11	0	7	3	0	0	0	0	1	0	0	0	25	0	0	1	0	1
Mannar	19	1	11	3	0	6	1	0	0	3	0	0	32	0	4	1	3	1
Vavuniya	17	1	3	12	0	2	0	1	0	3	0	0	39	0	8	2	13	1
Mullaitivu	6	0	7	1	0	1	0	0	0	0	1	0	10	0	1	1	2	0
Batticaloa	104	0	1	277	0	2	0	0	0	0	1	0	39	0	9	5	0	0
Ampara	24	3	3	1	0	6	0	2	0	0	1	0	51	0	33	64	6	1
Trincomalee	76	0	0	11	0	2	0	0	0	10	1	1	28	0	25	46	4	8
Kurunegala	91	7	21	8	2	21	2	1	0	10	43	0	1127	0	79	76	31	10
Puttalam	53	1	2	9	1	10	0	0	0	3	3	0	493	0	12	35	3	0
Anuradhapura	24	7	8	12	0	14	6	1	0	2	11	8	91	3	42	92	20	215
Polonnaruwa	29	2	2	0	0	9	0	0	0	1	4	1	72	0	34	41	13	22
Badulla	42	4	16	0	0	11	0	1	1	50	14	1	123	0	26	20	3	0
Moneragala	12	2	7	1	0	9	0	1	0	24	47	0	85	0	21	21	1	1
Ratnapura	67	4	9	7	0	95	1	3	0	12	45	4	1579	0	39	84	24	16
Kegalle	19	2	6	1	0	56	0	0	0	21	164	1	890	0	59	86	13	1
Kalmunai	79	0	1	18	2	6	0	0	1	1	3	0	23	0	25	43	1	0
Total	1028	66	314	517	7	588	17	103	5	272	593	34	13316	7	767	1015	216	437

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:

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ON STATE SERVICE

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