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CONTENTS	PAGE NO
1. Surveillance of Poliomyelitis	02
2. Surveillance of Cholera	03
3. Surveillance of Tetanus	03
4. Surveillance of Measles	03
5. Surveillance of Leptospirosis	04
6. Surveillance of Human Rabies	04
7. Surveillance of Enteric Fever	04
8. Surveillance of Viral Hepatitis	04
9. Surveillance of Dysentery	04
10. Surveillance of Malaria	04
11. Surveillance of Japanese Encephalitis	05
12. Surveillance of Dengue Fever	06
13. Surveillance of Rubella	07
14. Surveillance of Tuberculosis	08
15. Surveillance at Sea Port	08
16. Surveillance at Air Port	08
17. Surveillance of Leprosy	09
18. Surveillance report on A E F I	10
19. Sexually Transmitted Diseases	12
20. Pattern of Enteric Pathogens isolated	13
21. Surveillance of IBD	13
22. Influenza Surveillance	14
23. Special Report	17
Surveillance Report on Human Rabies 2009	
24. Summary of Notifiable Diseases	20



1. POLIOMYELITIS

AFP SURVEILLANCE : POLIOMYELITIS ERADICATION INITIATIVE 3rd QUARTER 2010 SUMMARY

Twenty three (23) Acute Flaccid Paralysis (AFP) cases were notified to the Epidemiology Unit during the 3rd quarter 2010. This is higher than the 15 reported cases in the corresponding quarter in 2009 and reflects improved reporting of AFP cases during this year. This number is below the expected number of AFP cases per quarter which is 30 according to WHO surveillance criteria making the reporting rate of 77%. The required number for the quarter or 120 AFP cases per year (according to 2010 updated population data) makes up a non-polio AFP rate of 2 per every 100,000 under 15 year olds. However the non - polio AFP rate was 1.2 per 100,000 under 15 populations when the expected standard was considered as 1 case per every 100,000 under 15 year olds for the quarter.

NOTIFICATION OF AFP CASES FROM HOSPITALS

More than one third of AFP cases (10) were reported from the main sentinel site, Lady Ridgeway Children's Hospital (LRH), Colombo. LRH as a tertiary care center receives referrals from other hospitals in the country. Other cases were reported from T.H.Karapitiya (3), Sirimavo Bandaranayake Memorial Children Hospital (SBMCH)-Peradeniya, GH Ratnapura, GH Badulla, North Colombo Teaching Hospital (NCTH)-Ragama, TH Peradeniya, GH Gampaha, and GH Ampara. The list of hospitals that reported AFP cases with the number reported in the quarter are given below.

LRH	10
TH Karapitiya	3
SBMCH	2
GH Ratnapura	2
GH Badulla	2
NCTH	1
TH Peradeniya	1
GH Gampaha	1
GH Ampara	1

DISTRIBUTION OF AFP CASES ACCORDING TO PROVINCES, DISTRICTS & MOH AREAS

Gampaha district in the Western Province had the highest number of AFP cases reported during the 3rd quarter compared to the highest number reported from Kurunegala in the North Western Province during the compatible quarter of 2009. The number of cases reported from the Gampaha district was 4 (17%). Nearly 40% of reported AFP cases are from the Western province (Districts of Colombo, Kalutara and Gampaha). Two districts of Kandy and Nuwara Eliya from Central Province reported 3 cases each during the quarter comprising one fourth (25%) of the reported cases. Other provinces, districts and Medical Officer of Health (MOH) areas with reported number of cases are given in the table below.

Table 1. DISTRIBUTION of AFP CASES BY DISTRICT & MOH AREA

Province	District	MOH Area	No of AFP cases
Western	Colombo	CMC	1
		Kotte	1
		Piliyandala	1
	Gampaha	Mahara	3
		Gampaha	1
		Kalutara	Bandaragama
		Horana	1
South-ern	Matara	Kirinda	1
Central	Kandy	Gampola	1
		Harispattuwa	1
		Thalathuoya	1
	Nuwara Eliya	Maturata	1
		Thalawakele	2
		Sa-baragamuwa	Ratnapura
	Pelmadulla		1
	Kegalle		Ruwanwella
Eastern	Ampara	Ampara	1
Uva	Badulla	Welimada	1
		Badulla	1
North	Jaffna	MC Area	1

SEASONAL DISTRIBUTION OF AFP CASES

July recorded maximum number of AFP cases (9) comprising 40% of all reported cases during the quarter and the proportion reported is lower than the compatible month during the previous year. Months of August and September reported 35% (8) and 25% (6) of the total cases reported during the quarter.

AGE & SEX DISTRIBUTION OF AFP CASES

Majority of the AFP cases (11, 48%) reported in the 3rd quarter this year was between 1-4 years of age, compared to 5 -9 years of age during the corresponding quarter in the previous year. In this quarter, 9 (39 %) children belonged to 5-9 year age group and 3 (13%) children belonged to 10-14 years.

Over half (61%) of the reported AFP cases were boys and this is compatible with the pattern (53%) observed during the corresponding quarter of the previous year.

The table below shows the age and sex distribution in 3rd quarter 2010.

Table 2. **DISTRIBUTION OF AFP CASES BY AGE & SEX FOR 3RD QUARTER 2010**

Age Group	Sex		Total
	Male	Female	
<1 year old	0	0	0
1-4 year old	8	3	11
5-9 year old	4	5	9
10-14 year old	2	1	3
Total	14	9	23

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'.

All twenty three AFP cases reported in the quarter had at least one stool sample sent to MRI for polio virology. One case had one late stools sample. Medical Research Institute received two timely stool samples from the remaining 22 cases (96%) and timely stool sample collection rate is greater than the corresponding quarter (87%) in the previous year.

SENTINEL SITE REPORTING OF AFP CASES

All sentinel surveillance sites of AFP are expected to send a weekly return to the Epidemiology Unit and completeness and timeliness of this return is closely monitored. Out of the 57 sentinel sites where a Paediatrician is expected to be, 3 hospitals in the Northern Province (Kilinochchi, Mulativu and Mannar) were not functioning during the time period considered during the third quarter. Of the functioning sentinel sites (54) completeness in receiving this return is 86% and this is satisfying the WHO monitoring indicator of >80%. But timeliness in receiving the report at the Epidemiology Unit is around 50% 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 2010. Last case of cholera was reported in the country in January 2003.

3. TETANUS

During the 3rd Quarter 2010, 04 suspected tetanus cases were notified to the Epidemiology Unit. This is in comparison to 04 cases reported during the previous quarter and 05 cases in the corresponding quarter of 2009.

Of the notified, 2 cases were compatible with case definition and field investigations were carried out. No deaths were reported and characteristics of investigated cases are given in Table 3.

4. MEASLES

During the 3rd quarter 2010, 28 cases of suspected measles were notified to the Epidemiology Unit compared to 82 cases notified during the 3rd quarter 2009. Of the notified cases, 17 were compatible with the clinical case definition on stated during field investigations carried out by the relevant Medical Officers of Health (MOH). Of the 17 cases compatible with the case definition only 11 special investigations were received at the Epidemiology Unit. Eight of them were clinically/ Laboratory confirmed as Measles and of them 6 cases were from Kalutara. Remaining 2 were from Colombo and Nuwara Eliya.

Laboratory investigations of fever and rash patients suspected of Measles/Rubella (32) were carried out in the WHO accredited Laboratory in Medical Research Institute (MRI). Laboratory investigations identified 17 of them to be positive for Measles IgM antibodies with a detection rate of 53% during the 3rd quarter, 2010. (Table 4)

Table 3

SELECTED CHARACTERISTICS OF CONFIRMED CASES OF TETANUS – 3RD QUARTER

Sex	Male	2
	Female	0
Age Group	>60 years	2
Districts	Kegalle	1
	Ratnapura	1
Immunization Status	Immunized	0
	Non - Immunized	1
	Unknown	1

Table 4

SELECTED CHARACTERISTICS OF CONFIRMED CASES (WITH SPECIAL INVESTIGATIONS) OF MEASLES – 3RD QUARTER 2010

Sex	Male	4
	Female	4
Age group	<1 year	0
	10-14 years	3
	15-19 years	1
	20-24 years	2
	25-29 years	2
Immunization status	Non immunized	2
	Unknown	5
	Immunized	1

5. LEPTOSPIROSIS

During the 3rd Quarter 2010, 926 cases and 35 deaths (CFR 3.8%) due to Leptospirosis were notified to the Epidemiology Unit compared to 949 cases and 29 deaths in the previous quarter and 1567 cases and 61 deaths during corresponding quarter of 2009 .

The special surveillance conducted regarding Leptospirosis reveal that majority (63.6%) were in the 21-50 years age group and male female ratio is 5:1.

6. HUMAN RABIES

Five (5) cases of Human rabies were notified to the Epidemiology Unit in the 3rd Quarter 2010, compared to 15 cases in the previous quarter and 12 cases in the corresponding quarter of year 2009. Distribution of cases by district is given in Table 30.

Animal Rabies

During the quarter 113 dogs were reported positive for rabies compared to 129 in the previous quarter and 188 in the corresponding quarter of 2009. In addition the following animals were also reported positive;

Cats-19, Domestic Ruminants-08,

Wild Animals –03

Rabies Control Activities*

Dog vaccination - A total of 307400 dogs were immunized during the 3rd Quarter 2010 when compared to 220233 in the previous quarter and 319944 in the corresponding quarter of previous year.

Animal Birth Control

Chemical - 13682 female dogs were injected with birth control injections (Progesterone) during the quarter under review.

Surgical - 23428 female dogs were subjected to sterilization by surgical method during the quarter under review.

*Source – Director/PHVS

7. ENTERIC FEVER

In the 3rd Quarter 2010, a total of 427 cases of enteric fever were reported to the Epidemiology Unit, compared to 309 cases in the previous quarter and 831 cases in the corresponding quarter of 2009. The district of Jaffna (115) reported the highest number of cases. Followed by Colombo (80cases) and Kegalle (27 cases). (Table 30)

8. VIRAL HEPATITIS

In the 3rd Quarter 2010, 424 cases of Viral Hepatitis were reported to the Epidemiology Unit. This was in comparison to 294 cases in the previous quarter. Kandy district reported the highest number of cases (83) and Kegalle (48 cases) and Kurunegala was third with 40 cases. (Table 30)

9. DYSENTERY

In the 3rd Quarter 2010, 1612 cases of Dysentery were reported to the Epidemiology Unit, in comparison to 1661 cases in the previous quarter. Rathnapura (125 cases) , Colombo (115 cases), Kurunegala (113 cases), Kalmune (111 cases) and Galle (100 cases) reported the highest number of cases.

10. MALARIA

The number of microscopically confirmed malaria cases detected during the 3rd quarter of 2010 was higher than the number detected during the corresponding period of 2009 as seen in Table 7.

The number of P.vivax infections reported during the period under review has increased. This increase can be attributed to enhance disease surveillance in the North-East province during year 2010.

11.JAPANESE ENCEPHALITIS (JE)

During the 3rd quarter 2010, 63 cases of Acute Encephalitis were reported to the Epidemiology Unit. This is in comparison to 57 cases of encephalitis, reported during the corresponding quarter of 2009. Among the reported acute encephalitis cases 22 (35%) were subjected to special investigation and 06 (9.5%) were found to be clinico - Laboratory confirmed as JE. This was compatible with the number confirmed in the 3rd quarter of the 2009.

All confirmed JE cases were subjected to case based investigation by the MOH. Cases were evenly distributed among males and females. The highest number of confirmed JE cases had been reported among those who were above 50 years. Confirmed JE cases had been reported from Galle (2), Kurunegala (2), Gampaha (1), Matara (1). These cases were reported from the Neluwa, Akmeemana, Matara PS, Panduwasnuwara, Kuliapitiya, and Gampaha MOH areas. The majority of the confirmed JE cases (3) had not been vaccinated. The vaccination status was unknown in 3 patients. However, except the confirmed JE case in the age group < 20, others could not have been exposed to vaccination as vaccination was started in 1989 in Sri Lanka. No deaths were reported due to JE during the quarter.

Table 5
SELECTED CHARACTERISTICS OF CONFIRMED CASES OF JE REPORTED IN THE 3RD QUARTER 2010

Sex	Male	3
	Female	3
Age group	<20y	1
	20y - 30y	1
	30y - 40y	1
	50y - 80y	3
District	Matara	1
	Gampaha	1
	Galle	2
	Kurunegala	2
Immunization status	Immunized	0
	Non - immunized	3
	Unknown	3

Table 6

RESULTS OF THE LABORATORY SURVEILLANCE OF AES CASES FOR JAPANESE ENCEPHALITIS

Month	Serum specimens	No positive for JE (%)	CSF mens	speci-No positive for JE (%)
July	20	01 (5%)	73	03 (4.1%)
August	21	00 (0%)	60	02 (3.3%)
September	09	00 (0%)	60	00 (0%)
Total	50	01 (2%)	193	05 (2.6%)

Under the WHO coordinated JE lab surveillance network, the virology section of the Medical Research Institute received 50 specimens of serum and 193 specimens of CSF from Acute Encephalitis patients. Only one serum specimen was positive for JE (2%) while 5 CSF samples were positive for JE (2.6%).

Table 7

RESULTS OF BLOOD SMEAR EXAMINATION FOR MALARIA PARASITES—3RD QUARTER 2010

	3rd Quarter 2009	3rd Quarter 2010
No. of blood smears examined	200270	246437
No. of positives	137	171
No. of <i>P. vivax</i>	135	169
No. of <i>P. falciparum</i>	2	2
No. of mixed infections	-	-
No. of infant positives	-	-
Slide positivity rate (S.P.R.)	0.07%	0.07%
P.v. : P.f. ratio	67 : 1	85 : 1
Percentage of infant positives	0%	0%

Table 8

**DISTRIBUTION OF MALARIA CASES BY RMO
DIVISION - 3RD QUARTER 2010**

RMO	Blood smears	Positives	P.v.	P.f./ Mixed
Colombo	15552	3	2	1
Gampaha	8168	0	0	0
Kalutara	3058	0	0	0
Kandy	6873	0	0	0
Matale	5240	0	0	0
Nuwara Eliya	346	0	0	0
Galle	3702	0	0	0
Matara	5002	0	0	0
Hambantota	6887	20	20	0
Jaffna	17149	0	0	0
Kilinochchi	9489	13	13	0
Mannar	4143	34	33	1
Vavuniya	10652	17	17	0
Mullaitivu	11203	50	50	0
Batticaloa	17191	2	2	0
Ampara	5319	0	0	0
Trincomalee	15950	4	4	0
Kurunegala	16241	0	0	0
Maho	5732	0	0	0
Puttalam	7176	1	1	0
Anuradhapura	21014	3	3	0
Polonnaruwa	16819	2	2	0
Badulla	5516	1	1	0
Moneragala	10035	21	21	0
Ratnapura	6129	0	0	0
Kegalle	2846	0	0	0
Kalmunai	9035	0	0	0
TOTAL	246467	171	169	2

P.v.– Plasmodium vivax

P.f.- Plasmodium falciparum

Table 9

**MORBIDITY AND MORTALITY DUE TO DF/DHF
- 3RD QUARTER 2010**

RDHS Division	Cases	Percentage (%)	Deaths
Colombo	331	13.92	22
Gampaha	154	6.48	10
Kalutara	211	8.87	4
Kandy	92	3.87	1
Matale	16	0.67	0
Nuwara Eliya	72	3.03	0
Galle	117	4.92	5
Hambantota	104	4.37	2
Matara	250	10.51	4
Jaffna			4
Kilinochchi	14	0.59	0
Mannar	10	0.42	5
Vavuniya	8	0.34	0
Mullaitivu	2	0.08	0
Batticaloa	31	1.30	0
Ampara	14	0.59	0
Trincomalee	19	0.80	1
Kurunegala	17	0.71	1
Puttalam	9	0.38	3
Anuradhapura	147	6.18	1
Polonnaruwa	26	1.09	0
Badulla	399	16.78	3
Moneragala	29	1.22	0
Ratnapura	72	3.03	3
Kegalle	233	9.80	2
Kalmunai	1	0.04	0
TOTAL	2378	100	71

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

During the 3rd Quarter 2010, 12144 cases of DF/DHF and 71 deaths were reported (CFR 0.58%) when compared to 7391 cases and 73 deaths (CFR 0.98%) reported during the previous quarter. Highest proportion of cases were reported in July (50.33%) followed by August (34.32%) and September (15.34%).

Table 9 shows the distribution of DF/DHF cases and deaths in the RDHS divisions during the quarter.

Special surveillance data on 2378 confirmed cases were received and analysed for the third quarter 2010. Age distribution of reported cases showed that 654 cases (27.5%) were below 15

years of age. The majority of the cases, 337 (14.17%) were between 20-24 years of age.

According to the clinical findings, majority of the reported cases (84.4%) were classified as dengue fever. sixteen percent were classified as DHF with 10.2%, 4.5%, and 0.8% falling into DHF I, DHF II, DHF III 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 3rd Quarter 2010, 1557 blood samples were tested using IgM capture ELISA test and Haem Agglutination Inhibition test (HAI) at the Department of Virology, MRI and 983 samples were confirmed as positive. (Table 11).

Table 10

**RESULTS OF LARVAL SURVEY CARRIED OUT BY DEPARTMENT OF ENTOMOLOGY,
MRI 3RD QUARTER 2010**

Area	July		August		September	
	Breteau Index		Breteau Index		Breteau Index	
	Ae. aegypti	Ae. albopictus	Ae. aegypti	Ae. albopictus	Ae. aegypti	Ae. albopictus
Colombo						
Maharagama	4.1	20.8	00	02	1.9	5.8
Piliyandala	0.5	2.95	00	0.49	00	2.0
Nugegoda	3.3	6.0	00	0.5	00	3.0
Kaduwela	00	6.0	00	4.0	0.57	11.42
Moratuwa	1.16	3.7	0.5	0.5	2.0	5.0
Gampaha						
Mahara	00	3.13	1.0	1.0	00	1.9
Kelaniya	0.3	4.3	0.36	1.8	00	3.0
Wattala	0.4	2.6	00	2.6	3.0	1.0
Ragama	00	5.76	00	1.2	00	1.88
Ja-Ela	2.9	8.6	0.57	4.57	2.0	6.5
Negombo	1.0	6.0	1.0	3.0	00	1.0

Table 11

DHF STATISTICS FROM DEPARTMENT OF VIROLOGY, MRI 3RD QUARTER 2010

Month	Clinically Suspected cases of DF	Serologically confirmed Cases of DF
July	792	547
August	560	300
September	205	136
Total	1557	983

13. RUBELLA

During the 3rd quarter only 4 suspected cases were reported and 2 of them were found to be compatible with surveillance case definition during field investigations. This number is lower than the reported cases (5) during the corresponding quarter in 2009. But out of the 32 suspected Measles/ Rubella specimens received at the Medical Research Laboratory (MRI), 4 specimens were positive for Rubella IgM and of them Rubella virus isolation was done in one patient. Of the Laboratory confirmed cases, 3 of them were presented from Military Hospital and one case was from Infectious Disease Hospital (IDH). All 4 laboratory confirmed cases were above 18 year males, including 3 from Military services. Possible under reporting is observed in routine surveillance system in notifying Rubella during this quarter.

14. TUBERCULOSIS

A total of 2706 Tuberculosis patients were registered for 3rd Quarter 2010 by the National Programme for Tuberculosis Control and Chest Diseases. Of this total, 2054 suffered from pulmonary disease, and the balance 652 patients from non-pulmonary disease. Of these patients 1,449 were bacteriologically confirmed with a bacteriological confirmation rate of 70.55%. The distribution of tuberculosis patients by RDHS division is given in Table 12.

B.C.G. Vaccination

A total of 91,700 B.C.G. vaccinations were carried out during the quarter with 93.17% coverage.

Table 12.

TUBERCULOSIS PATIENTS BY RDHS DIVISIONS - 3RD QUARTER 2010

RDHS DIVISION	PTB	EPTB	Total	Pulmonary TB Direct Smear	
				No. +VE	%
Colombo	615	212	827	520	84.55
Gampaha	171	50	221	131	76.61
Kalutara	129	36	165	90	69.77
Kandy	138	35	173	66	47.83
Matale	38	7	45	22	57.89
Nuwara Eliya	52	11	63	32	61.54
Galle	83	36	119	59	71.08
Hambantota	29	6	35	17	58.62
Matara	54	18	72	27	50.00
Jaffna	72	18	90	30	41.67
Vavunia	19	3	22	11	57.89
Kilinochchi	17	1	18	4	23.53
Mannar	1	2	3	1	100.0
Mullativu	5	2	7	3	60.00
Ampara	57	9	66	22	38.60
Batticaloa	26	8	34	23	88.46
Trincomalee	56	16	72	25	44.64
Kurunegala	100	45	145	66	66.00
Puttalam	18	9	27	14	77.78
Anuradhapu-	36	20	56	28	77.78
Polonnaruwa	24	3	27	18	75.00
Badulla	69	30	99	52	75.36
Monaragala	33	17	50	18	54.55
Kegalle	131	29	160	109	83.21
Ratnapura	81	29	110	61	75.31
Kalmunai	0	0	0	0	0.00
Total	2054	652	2706	1449	70.55

PTB-Pulmonary Tuberculosis

EPTB- Extra Pulmonary Tuberculosis

Data from Central TB Register

Source - National TB Register

15. SURVEILLANCE AT SEA PORT

Details of the vaccinations carried out by the Assistant Port Health Office during the 3rd quarter 2010, is as follows;

	Total
a. Yellow fever	852
b. Meningococcal meningitis	84

16. SURVEILLANCE AT AIRPORT

Surveillance activities carried out at the International Airport, Katunayake during the 3rd Quarter 2010 is given below.

1. Yellow Fever Surveillance

a. No. with valid certificate	-	03
b. No. without valid certificate & Deported	-	-
c. No. Without valid certificate isolated	-	-

2. Airport Sanitation

a. No. of sanitary inspections carried out including food establishments	-	81
b. No. of food samples taken under Food Act	-	00
c. No. found defective	-	00
d. No. of court cases/prosecuted/warned	-	00
e. No. of water samples tested	-	09
f. No. reported contaminated	-	00

3. Release of Human Remains

a. No. of Human Remains released	-	112
b. No. referred to JMO for post-mortem	-	02
c. No. alleged suicide	-	03

4. Other Health Activities

a. Polio Vaccination No. of doses given	-	00
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17. LEPROSY**QUARTERLY RETURN OF LEPROSY STATISTICS - 3RD QUARTER 2010**

Table 13

1. National

	At the end of the quarter			Cumulative for end of the quarter		
	3rd Quarter 2010	3rd quarter 2009	Diff. (%)	2010	2009	Diff. (%)
New patients detected	544	502	8.36	1572	1440	9.16
Children	54	50	8.00	153	138	10.86
Grade 2 Deformities	36	35	2.85	104	97	7.21
Multi-Bacillary (MB)	252	247	2.02	725	698	3.86
Females	246	213	15.4	692	628	10.19

2. Districts

District	New patients	Deformities	Child	MB	Females
Colombo	112	5	14	46	58
Gampaha	55	2	7	24	23
Kalutara	44	4	10	18	15
Western	211	11	31	88	96
Galle	7	1	0	5	1
Matara	24	0	1	8	11
Hambantota	22	3	0	10	9
Southern	53	4	1	23	21
Kandy	17	0	3	6	9
Matale	5	0	0	4	0
Nuwara Eliya	4	0	0	2	1
Central	26	0	3	12	10
Anuradhapura	17	4	2	13	3
Polonnaruwa	23	1	0	10	8
North Central	40	5	2	23	11
Kurunegala	42	4	2	28	25
Puttalam	39	4	7	14	21
North Western	81	8	9	42	46
Kegalle	12	3	1	6	5
Ratnapura	25	0	0	14	13
Sabaragamuwa	37	3	1	20	18
Badulla	8	1	0	3	2
Moneragala	12	0	0	5	3
Uva	20	1	0	8	5
Trincomalee	6	0	0	3	1
Batticaloa	44	1	6	18	24
Ampara	11	2	0	5	3
Kalmunai	8	1	0	4	6
Eastern	69	4	6	30	34
Jaffna	2	0	0	2	1
Vavuniya	5	0	1	3	4
Mannar	-	-	-	-	-
Mullativu	-	-	-	-	-
Kilinochchi	-	-	-	-	-
Northern	7	0	1	5	5
Sri Lanka	544	36	54	251	246

Source : Anti Leprosy Campaign

18. SURVEILLANCE REPORT ON AEFI

Surveillance of Adverse Events Following Immunization (AEFI) has been effective up to 3rd quarter 2010. Completeness of reports has reached 96.8% while only 42.7% reports were received in time at the Epidemiology Unit indicating that timeliness is yet to be improved.

Nuwara Eliya, Hambantota, Ampara, Kurunegala, Anuradhapura, Polonnaruwa, Badulla, Monaragala, Kegalle were able to send all the reports while Galle (99.4%), Gampaha (99.3%) Colombo (99.2%) and Kandy (99.1%) also performed well. Sri Lanka average for completeness is 96.8%. Best timeliness was reported from Kegalle (71.7%) followed by Vavuniya district (60.0%).

Highest percentage of nil reports were received from Killinochchi (93.5%) and Mannar district (75%) and followed by Vavuniya district (74.3%) which is much higher than the Sri Lanka average of 40.3%, indicating the need for more attention for surveillance.

The lowest percentage (12.7%) of such returns was received from the Gampaha district and followed by Kegalle district (13.1). Interpretation of 'nil report' needs to be cautioned; while sending 'nil' reports assure that the system of reporting is in place, the high number of nil reports indicate the need for more scrutiny for surveillance to ensure that there is no missing AEFI cases.

Highest rate of AEFI (941.1 per 100,000 immunizations) was reported from Mullaitivu district with the number of 50 AEFI. Highest number (583) was reported from the Kurunegala district with the rate of 169.1 per 100,000 immunizations. The highest number (1849) and rate of AEFI (490.9 per 100,000 immunizations) were reported against DPT vaccine. The number and rates of reported different AEFI against different vaccines are given in table 15.

Table 14

COMPLETENESS AND TIMELINESS OF MONTHLY REPORTING AND RECEIPT OF "NIL" REPORTS OF AEFI BY RDHS DIVISIONS - 3RD QUARTER 2010

RDHS Division	(%) Completeness	(%) Timeliness	(%) "Nil" Returns	Reported AEFI	
				Number	Rate
Colombo	99.2	44.0	19.2	315	76.3
Gampaha	99.3	47.0	12.7	373	88.5
Kalutara	98.1	26.4	38.7	212	87.4
Kandy	99.1	35.0	37.4	231	87.4
Matale	96.3	48.1	33.7	154	141.2
Nuwara Eliya	100.0	35.9	61.5	64	44.8
Galle	99.4	39.4	52.9	131	61.4
Hambantota	100.0	44.4	23.2	214	154.7
Matara	97.4	58.4	63.1	84	49.9
Jaffna	92.9	57.6	28.3	306	258.8
Kilinochchi	86.1	22.6	93.5	2	14.0
Mannar	53.3	8.3	75.0	10	53.5
Vavuniya	97.2	60.0	74.3	17	30.6
Mullaitivu	44.4	12.5	56.3	50	941.1
Batticaloa	97.6	37.4	60.2	126	92.4
Ampara	100.0	27.0	52.4	73	96.4
Trincomalee	91.9	46.2	67.0	57	56.7
Kurunegala	100.0	42.8	13.9	583	169.1
Puttalam	98.8	51.3	16.3	169	90.4
Anuradhapura	100.0	44.4	22.8	327	145.4
Polonnaruwa	100.0	52.4	41.3	95	106.2
Badulla	100.0	49.6	40.7	146	89.9
Moneragala	100.0	44.4	47.5	91	88.4
Ratnapura	95.1	29.2	44.8	186	82.0
Kegalle	100.0	71.7	13.1	238	161.3
Kalmunai	98.3	31.3	73.9	49	43.1
Sri Lanka	96.8	42.7	40.3	4303	101.6

* Rate Per 100,000 immunizations

• Included Vitamin A Mega Dose & Other Vaccines

Table 15

NUMBER AND RATE OF SELECTED AEFI REPORTED BY VACCINE AND BY TYPE OF AEFI

Vaccine	Seizure	Allergic reaction	Abscess	Severe Local reactions	High Fever	Lymphadenitis	Encephalitis	Paralysis of body	Meningitis	Anaphylactic Shock	Nodule	Arthralgia	Encephalopathy	Persistent screening	Injection Reaction	Toxic Shock Syndrome	*Death	Others	HHE	Total	Rate/ 100,000 dosed
BCG	1	3	6	2	3	6	0	0	0	0	2	0	0	1	0	0	0	1	0	25	9.5
DPT	156	312	190	171	582	0	0	0	1	0	226	11	0	30	0	1	1	164	4	1849	490.9
Penta	55	182	32	48	500	0	0	0	3	0	79	3	1	38	0	0	4	120	29	1094	172.4
OPV	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	3	0	5	0.4
Measles	10	73	1	3	54	0	0	0	0	0	3	1	0	0	0	0	0	15	1	161	60.8
DT	6	44	10	17	31	0	0	0	0	1	9	0	0	0	0	0	0	30	4	152	60.5
TT	0	20	2	2	2	0	0	0	0	1	1	0	0	0	0	0	0	6	0	34	14.3
JE	23	312	3	24	108	0	1	0	0	0	2	0	1	1	0	0	0	59	3	537	114.8
aTd	0	13	0	0	2	0	0	0	0	1	1	0	0	0	5	0	0	56	1	79	77.7
MR	5	237	0	8	45	0	0	0	1	0	0	2	0	0	0	0	1	22	1	322	126.0
Hep	0	4	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	7	6.0
Others	1	0	1	2	0	0	0	0	0	0	1	0	0	1	0	0	0	2	0	8	-
Total	257	1200	246	277	1329	6	1	1	5	3	324	17	2	71	5	1	6	479	43	4273	101.6

* There were 06 deaths reported up to 3rd quarter 2010. AEFI expert committee reviewed all cases and excluded the causality by the vaccine.

• Excluded Vitamin A Mega Dose & Other Vaccines

19. SEXUALLY TRANSMITTED DISEASES

Table 16

NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA* 3RD QUARTER 2010

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	24	12	36	60	29	89	
AIDS	13	3	16	18	5	23	
Syphilis	Early Syphilis ²	34	2	36	125	32	157
	Late Syphilis ³	66	63	129	214	202	416
	Congenital Syphilis ⁴	0	4	4	3	4	7
Gonorrhoea ⁵	68	33	101	195	78	273	
Ophthalmia Neonatorum ⁶	1	1	2	4	1	5	
Non specific cervicitis/urethritis	147	314	461	393	903	1296	
Chlamydial Infection	13	10	23	13	10	23	
Genital Herpes	292	293	585	842	941	1783	
Genital Warts	245	146	391	671	455	1126	
Chancroid	10	8	18	10	10	20	
Trichomoniasis	3	37	40	11	74	85	
Candidiasis	278	384	662	683	1090	1773	
Bacterial Vaginosis	0	290	290	0	830	830	
Other sexually transmitted diseases ⁷	126	34	160	361	123	484	
Non-venerial ⁸	666	511	1177	2429	1569	3998	

* - 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 Lympho granuloma venerium, Granuloma inguinalae, Molluscum contagiosum, Scabies, Tinea, Hepatitis B etc.

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

20. BACTERIOLOGY REPORT –3RD QUARTER 2010 –MEDICAL RESEARCH INSTITUTE

Table 17

	Jul	Aug	Sep
(A) CHOLERA			
No. of stool specimens Examined	103	133	155
El Tor Cholera	00	00	00
Ogawa	00	00	00
Inaba	00	00	00
Cholera 0139	00	00	00
(B) SALMONELLA			
Blood– No. Examined	73	81	68
S.typhi	00	00	00
S.paratyphi A	01	00	03
Stools—No. examined	236	196	180
S.typhi	00	00	00
S.paratyphi A	00	00	00
Others	03	02	00
(C) SHIGELLA			
No. Examined	236	196	180
Sh.flexneri 1	01	00	00
Sh.flexneri 2	00	01	00
Sh.flexneri 3	00	00	00
Sh.flexneri 4	00	00	00
Sh.flexneri 5	00	00	00
Sh.flexneri 6	00	00	00
Sh. sonnei	04	00	00
Sh. Others	00	00	00
(D) ENTEROPATHOGENIC E.COLI			
No.Examined	04	02	01
No.+ve Group A	00	00	00
(E) CAMPYLOBACTER			
No.Examined	125	39	25
No. Positive	00	02	00
(F) SPECIAL TESTS			
	39	35	41

21. SURVEILLANCE REPORT ON INVASIVE BACTERIAL DISEASES 3RD QUARTER - 2010

Surveillance of Invasive Bacterial Disease (IBD) was carried out by the Epidemiology Unit and the Microbiology laboratory of the LRH in collaboration with the SEAR office of the World Health Organization. Surveillance was conducted among children aged 2-59 months of age admitted to LRH for invasive bacterial infection (IBI). The total admissions in the wards where surveillance is carried out during the 3rd quarter of 2010 was 15332. Total admissions in the surveillance age group (2-59 months) were 7396 (48.2%). Total number of IBI (pneumonia, Meningitis, sepsis) in the age group of 2-59 months was 787 (11%). Of these 787 patients, 383 patients (48.7%) were enrolled for the IBD surveillance.

No of blood cultures performed among enrolled patients were 189. Three *S.pneumoniae* isolates (1.6%) and one (0.5%) *Haemophilus influenzae* were isolated from blood cultures during the surveillance period. Number of CSF samples eligible for surveillance was 71. Neither *pneumococcus* nor *Haemophilus influenzae* were isolated from CSF cultures. Number of LATEX tests performed among patients enrolled was 253. None was tested positive for *S.pneumoniae* while 07(2.8%) were positive for group B streptococcus. The number positive for Haemophilus Influenza B was 6 (2.4%).

Among 383 patients with IBI, the number of children positive for *S. pneumoniae* was 03 (0.8%). One (0.3%) child had IBD of *Haemophilus influenzae* aetiology, while 06 (1.6%) had group Haemophilus influenzae type B (Hib) infection. However, it is essential to note that Hib etiological diagnosis was possible for CSF samples on which LATEX tests were run. Hence, the number of Haemophilus influenzae type B patients was an under estimation.

Table 18 :

RESULTS OF SURVEILLANCE OF INVASIVE BACTERIAL INFECTIONS - 3RD QUARTER 2010

Month	Blood cultures			Cerebro spinal fluid (Cultures)			Cerebro spinal fluid (Latex test)			No of children				
	No of blood cultures	Positive for S.Pneumoniae	Positive for Haemophilus influenza	Total CSF samples	Positive for S.Pneumoniae	Positive for Haemophilus influenza	No tested with Latex antigen	Positive for S.Pneumoniae	Positive for Haemophilus influenza b	Positive for Gr. B Streptococci	No enrolled	Positive for S.Pneumoniae	Positive for Haemophilus influenza	Positive for Haemophilus influenza b
July	80	01 (1.3%)	01	32	0	0	104	0	01 (0.9%)	04 (3.8%)	143	01 (0.7%)	01 (0.7%)	01 (0.7%)
August	53	01 (1.9%)	00	17	0	0	77	0	04 (5.2%)	03 (3.9%)	119	01 (0.8%)	0	04 (3.3%)
Sep	56	01 (1.8%)	00	22	0	0	72	0	01 (1.4%)	0	121	01 (0.8%)	0	01 (0.8%)
Total	189	03 (1.6%)	01 (0.5%)	71	0	0	253	0	06 (2.4%)	07 (2.8%)	383	03 (0.8%)	01 (0.3%)	06 (1.6%)

22 INFLUENZA SURVEILLANCE

As part of the pandemic preparedness activities that was initiated in the country for Avian/Pandemic Influenza in 2005 following global preparedness programme, influenza surveillance in animals and humans were initiated by the Department of Animal Production and Health (DAPH) and Epidemiology Unit respectively. Both these activities are supervised by the National Technical Committee for Avian/Pandemic Influenza Preparedness.

Human Influenza Surveillance**ILI Surveillance – Laboratory Component**

Under ILI surveillance a total of 357 samples were received from hospitals identified as sentinel sur

veillance sites for Avian/Pandemic Influenza for this quarter. There were 120 samples in July, 86 in August and 151 in September. Lady Ridgeway Hospital (LRH) and Teaching Hospital (TH) Peradeniya were consistent and regular in sending samples within the quarter and LRH contributed 64 samplers while the latter sent 59 samples. General Hospital (GH) Ratnapura (49 samples), North Colombo Teaching Hospital (NCTH) (28 samples) and TH Batticaloa (21 samples) also performed well throughout the quarter. Infectious Diseases Hospital (IDH), Sri Jayawardanapura General Hospital (SJGH), TH Karapitiya, GH Ampara, GH Chilaw and GH Badulla did not send any samples within the quarter. Table 19 shows the performance of sentinel hospitals in the laboratory component of the surveillance programme for the said quarter.

Table 19:

**Performance of sentinel hospitals
in the laboratory component of the surveillance
programme 3rd Quarter 2010**

Institution	JUL	AUG	SEP
LRH	21	15	28
NHSL	14	0	10
CSTH	4	0	4
IDH	0	0	0
SJGH	0	0	0
NCTH	17	7	4
TH Peradeniya	27	10	22
GH Nuwara Eliya	5	5	6
TH Karapitiya	0	0	0
GH Matara	0	10	10
TH Jaffna	0	0	0
GH Vavuniya	0	0	5
GH Ampara	0	0	0
TH Batticaloa	9	5	7
TH Kurunegala	13	7	0
GH Chilaw	0	0	0
TH Anuradhapura	0	0	22
GH Polonnaruwa	0	13	8
GH Badulla	0	0	0
GH Rathnapura	10	14	25
Total	120	86	151

These samples were processed in the Medical Research Institute (MRI) which is the National Influenza Centre (NIC) for the country. In July, 1 sample was positive for Influenza A (H3N2). There were no positive isolates for any of the antigens in August. In September 2 samples were positive for Influenza A and untyped while 2 were positive for Influenza A Pandemic H1N1 which marked the onset of the second wave of the Influenza A H1N1 pandemic in the country. Table 20 shows the results yielded for Influenza samples in the 3rd quarter 2010 at MRI.

ILI Surveillance – Epidemiological Component

In the sentinel hospitals ILI patients are diagnosed by the medical officers of the Out Patients' Departments on the surveillance case definition adopted. ICNO would collect information on the number of total OPD attendees and the number with ILI at the end of the day and consolidate this information into a weekly return that is sent to the Epidemiology Unit.

In July 2010 there were 4348 ILI cases visiting OPD of sentinel hospitals and 4230 in August with 4344 in September. However it has to be noted that these numbers are grossly underestimated since only a handful of sentinel hospitals had sent in these data

The graph in figure 1 shows the distribution of ILI attendance in OPD by month 2008-2010.

Animal Influenza Surveillance

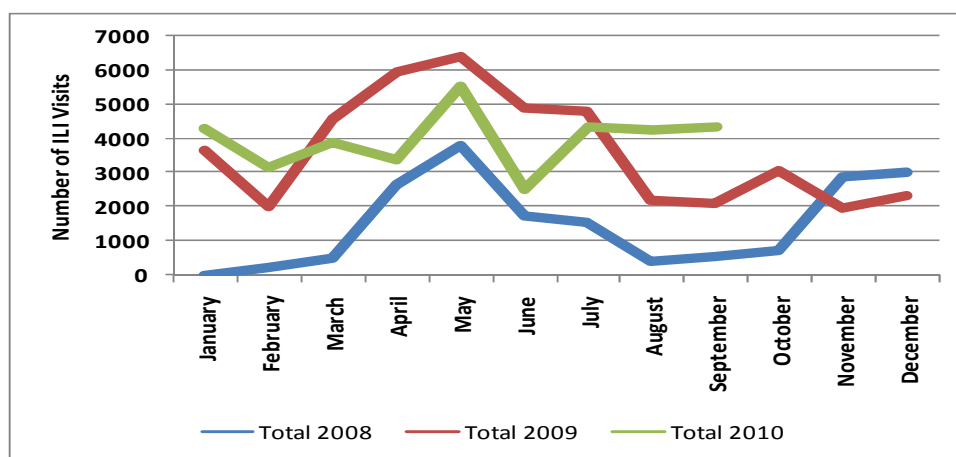
This is carried out by the Department of Animal Production and Health (DAPH) of the Ministry of Livestock Development who is the partner of the Ministry of Health in Avian/Pandemic Preparedness activities. Under routine animal influenza surveillance, pooled and serum samples are collected randomly from backyard farms, industrial farms and hot spots for migratory birds. These also include identified special targets such as wet markets, processing plants, parent stocks, pet birds and ducks. Any unusual bird deaths or disease outbreaks are also investigated. Sampling is mainly carried out by the Veterinary Investigation Officers (VIO). These samples are tested for Highly Pathogenic Avian Influenza (HPAI) viral strains at their central laboratory, Veterinary Research Institute (VRI) at Peradeniya.

In the 3rd quarter 2010 there were 451 pooled samples and 1231 serum samples collected and tested at the VRI for HPAI. None of the samples had yielded HPAI.

The following table 21 shows the number of samples collected by month and the districts they were collected from.

Table 20: **Types of Respiratory Viruses Isolated in ILI samples – 3rd Quarter 2010**

MONTH	TOTAL SAMPLES	ADENO	INFLU B	PARA Infl	RSV	PA(H1N1)	H1N1	H3N2	A UNTYPED
JUL	120	0	0	0	0	0	0	1	0
AUG	86	0	0	0	0	0	0	0	0
SEP	151	0	0	0	0	2	0	0	2

Figure 1: **Distribution of OPD ILI visits by month – 2008 - 2010**Table 21: **Animal samples collected by month and district – 3rd Quarter 2010**

Month	No. of samples		Districts samples were collected from
	Pooled	Serum	
July	145	809	Gampaha, Colombo, Polonnaruwa, Puttalam, Badulla, Jaffna, Matara, Hambantota, Matara, Kegalle
August	109	357	Gampaha, Colombo, Polonnaruwa, Kandy, Puttalam, Kurunegala, Ampara
September	197	65	Gampaha, Colombo, Polonnaruwa, Puttalam, Kurunegala, Badulla, Jaffna, Ratnapura

23. HUMAN RABIES SURVEILLANCE REPORT – 2009

Human rabies is a notifiable disease in Sri Lanka. The number of human rabies deaths declined from 133 in 1991 to 58 in 2009 (Table 22). Fifty eight (58) cases of human rabies were reported through the routine notification system and all cases had been confirmed as human rabies (Table 22). The distribution of notification and confirmed cases of human rabies cases by Regional Director of Health Services divisions is given in Table 23. In 2009, the highest numbers of cases were notified from district of Gampaha (8), Colombo (7), Anuradhapura (6), Batticaloa (6) and Galle (6).

Age and Sex Distribution

The age distribution of investigated / confirmed cases of rabies for the year 2009 is given in Table 24. The highest percentage of cases 38 (65%) occurred in the age group 20-59 years. Similar pattern of age distribution was shown during 2001 – 2008, where the age group 20-59 years was the most affected. Reported male: female ratio of 3:1 (approximately) highlights the increased susceptibility of males. (Table 25)

Exposure Information

According to data analyzed through confirmed rabies cases 81% (47 cases) human rabies were due to stray dogs/unknown origin. The dog (82%) is the main reservoir (48 cases) as well as the transmitter of rabies in the country. (Tables 26& 27).

Since the National Rabies Control Programme (NRCP) commenced in 1975, animal vaccination and elimination activities were strengthened to a greater extent; dog vaccination has increased significantly from 1975 to 2009 (Table 28). It is important to maintain the dog vaccination strategy as a control measure. Around one fifth of human rabies cases (Table 26) were due to household / neighbours' animals, which show high susceptibility and poor vaccination practices

among household animals and the lack of responsibility by the dog owners. Routine dog vaccination is essential. It not only protects the animal, but also makes the public less susceptible. It also helps to arrest the transmission of virus among the animal too. However, partial and ad hoc dog vaccination practice may lead to an increase in the risk of rabies, particularly due to the false trust on the safety of the animal. Epidemiological investigation has revealed that in some cases post exposure treatment (PET) was not taken or not given assuming that the animal was immunized, but actually the animal has not been vaccinated completely and thereby not protected. Though the public support for the dog vaccination is remarkable, there is a tendency of resistance for dog elimination, particularly from the animal lovers. Similar to dog vaccination, stray dog elimination has increased steadily from 1975 to 2001. But since 2006 onwards local government authorities have completely stopped the dog elimination activities.

Table 29 shows the Positivity rate of human brains tested for rabies at the laboratory of the Medical Research Institute, Colombo.

Rabies Control Programme

The Public Health Veterinary Services (PHVS) Unit is the body to control and prevent human and animal rabies in the country. The Epidemiology Unit is the national centre for disease surveillance and carries out all surveillance activities related to human rabies in the country through its wide network at the regional and divisional levels. Strategies of rabies control in Sri Lanka are; surveillance of rabies, promotion of responsible dog ownership, immunization of domestic, community and stray dogs against rabies, birth control for dogs, destruction of stray dogs suspected of incubating the rabies virus, post-exposure treatment, training and health education, enforcement of rabies

control legislation and promotion of multi-sectoral co-operation and community participation.

Ministry of Health has appointed the National Task Force for rabies elimination in 2004. This Task Force will develop a national action plan for the elimination of rabies and at present sub committees are developing and piloting the prevention and control strategies. The Task Force is focusing on the implementation of most of these activities through the local government authorities with the cooperation of the MOOH. The necessary legislations have been developed.

Most of the lives would have been saved, if they had received the PET as recommended. Public awareness on PET should be strengthened. Also the rational post exposure treatment practices at the hospital should be reviewed regularly as a part of the clinical audit for PET. This is the most expensive single item among the drug allocations of the Ministry. Exposure opportunities are to be minimized by integrated activities of control of dog population and vaccination. Periodical review of the efficacy of dog vaccination is another aspect for future research. Strengthening present regulations and creating community responsibility, particularly in dog ownership are equally important in rabies control activities in the country.

Table 22 : **Mortality and Notification of Human Rabies Cases 1991 - 2009**

Year	No. of Suspected notified ■	Cases Confirmed	
		Number	*Rate
1991	133	136	0.79
1992	112	112	0.64
1993	104	98	0.55
1994	122	105	0.58
1995	178	124	0.68
1996	195	110	0.59
1997	150	135	0.72
1998	123	111	0.59
1999	194	110	0.58
2000	132	109	0.56
2001	105	83	0.43
2002	78	64	0.33
2003	86	76	0.39
2004	97	98	0.5
2005	55	55	0.3
2006	74	68	0.37
2007	55	55	0.27
2008	51	51	0.27
2009	58	58	0.28

Source – Rabies Control Programme

■ Epidemiology Unit (H399 & H411 and Special Investigation forms).

* Rate per 100,000 population.

Table 23 : **Number of confirmed cases of Human Rabies by RDHS divisions - 2009**

RDHS DIVISION	Number of Cases confirmed	Rate / 100,000 population
Ampara	1	0.16
Anuradhapura	6	0.73
Badulla	1	0.12
Batticaloa	6	1.15
Colombo	7	0.28
Galle	6	0.56
Gampaha	8	0.33
Jaffna	5	0.83
Kalutara	3	0.26
Kandy	1	0.07
Kegalle	1	0.12
Kurunegala	4	0.26
Matale	2	0.42
Matara	1	0.12
Moneragala	2	0.44
Puttalam	1	0.12
Ratnapura	2	0.18
Trincomalee	1	0.28
SRI LANKA	58	0.32

Source – Epidemiology Unit

Table 24 : Age distribution of confirmed Human Rabies Cases 2001- 2009

Age Group	2001	2002	2003	2004	2005	2006	2007	2008	2009
<1 year	0	0	0	0	0	0	0	0	0
1 - 4 years	8	2	6	3	0	2	3	3	1
5 - 19 years	17	15	19	17	11	18	6	9	9
20 - 59 years	31	29	48	46	30	32	35	31	38
60 & Over	10	10	3	16	9	16	11	8	10

Table 25: Sex distribution of confirmed Human Rabies Cases 2001 - 2009

Sex	2001	2002	2003	2004	2005	2006	2007	2008	2009
Male	51	38	58	59	38	54	37	40	42
Female	15	18	18	22	12	14	18	11	16

Table 26: Distribution of Human Rabies Cases by nature of animal 2001-2009

Type of animal	2001	2002	2003	2004	2005	2006	2007	2008	2009
Household Pet	34	29	18	13	11	13	10	13	8
Neighbors' Pet	6	4	9	7	8	11	4	5	3
Stray	16	18	35	36	24	28	21	24	8
Unknown	10	5	14	24	7	16	20	9	39

Table 27: Distribution of Human rabies Cases by type of animal 2001 –2009

Animal	2001	2002	2003	2004	2005	2006	2007	2008	2009
Dog	49	36	63	69	42	58	45	43	48
Cat	5	5	4	2	1	1	4	2	3
Other	3	15	4	2	0	2	0	4	1
Unknown	9	6	5	7	7	7	6	2	6

Table 28: Rabies control activities and number of human deaths from Rabies

Year	Vaccination of dogs	Elimination of dogs	Animal brains examined at MRI		Human rabies deaths	
			Number	% Positive	Number	Rate *
1975	42,252	1,610	456	64.7	377	2.7
1980	120,143	36,845	420	52.5	209	1.4
1985	268,561	58,238	344	55.5	113	0.7
1990	412,586	63,233	963	70.2	154	0.9
1995	452,828	106,862	1,217	69.7	124	0.7
2000	657,597	117,790	559	88.5	109	0.6
2001	770,375	119,761	NA	NA	83	0.4
2002	797,565	117,790	NA	NA	64	0.3
2003	664,493	84,350	NA	NA	76	0.4
2004	844,123	89,530	NA	NA	98	0.5
2005	818,162	62,693	NA	NA	55	0.3
2006	964,242	12,091	1413	57.9	68	0.3
2007	1037617	-	1412	53.3	55	0.3
2008	1103258	-	1627	53.1	51	0.3
2009	1189157	-	1479	864 (57.2)	58	0.2

Source : Rabies Control programme (PHVS), Medical Research Institute, Epidemiology Unit. * Per 100,000 population

Table 29: Human brains tested for suspected Rabies deaths, 2003-2009

Year	No. brains tested	No. brain positive	Rate (%)
2003	33	15	45
2004	42	24	57
2005	28	20	71
2006	44	31	70
2007	38	32	84
2008	43	30	70
2009	48	44	90

Source: Medical Research Institute

Table 30

SUMMARY OF NOTIFIABLE DISEASES - 3RD QUARTER 2010

Health Region	Dysentery	Encephalitis	Enteric Fever	Food Poisoning	Human Rabies	Leptospirosis	Measles	Tetanus	Typhus Fever	Viral Hepatitis	Whooping Cough	DHF	Rubella	Chicken Pox	Mumps	Meningitis	Leishmaniasis
Colombo	115	1	80	12	0	112	5	0	1	23	3	2723	0	43	24	11	0
Gampaha	81	10	15	11	0	129	0	0	8	38	0	1277	0	36	16	20	1
Kalutara	93	2	12	9	0	116	12	0	1	14	0	757	0	57	17	32	0
Kandy	78	3	10	11	0	40	0	0	32	83	1	662	0	18	19	0	0
Matale	59	3	14	5	1	18	0	0	2	20	0	163	0	11	5	15	1
Nuwara-Eliya	80	0	21	2	0	7	1	0	12	11	1	110	0	21	11	5	0
Galle	100	4	3	5	0	40	1	0	15	5	0	502	0	37	20	14	0
Hambantota	23	4	2	3	0	21	0	0	30	8	0	350	0	11	2	4	33
Matara	52	5	7	7	0	106	0	0	38	6	1	320	1	37	18	4	1
Jaffna	94	1	115	3	0	0	3	0	6	16	0	372	0	12	9	2	0
Kilinochchi	12	0	9	1	0	3	0	0	0	1	0	35	0	1	1	1	0
Mannar	17	2	8	0	0	0	0	0	1	4	0	378	0	0	7	0	0
Vavuniya	20	1	11	2	0	0	0	0	0	0	0	61	0	4	6	2	0
Mullaitivu	4	0	2	0	0	0	1	0	0	1	1	17	0	0	3	1	0
Batticaloa	69	2	18	8	0	1	0	0	3	1	0	88	0	16	0	4	0
Ampara	43	0	2	59	0	1	1	0	1	2	0	70	0	38	20	5	1
Trincomalee	40	4	4	2	1	7	0	0	8	1	0	156	0	12	4	25	6
Kurunegala	113	4	15	6	0	56	1	0	23	40	0	592	2	97	51	42	10
Puttalam	71	2	8	0	0	11	0	0	1	4	0	268	0	10	3	9	1
Anuradhapura	35	8	6	6	0	22	1	0	3	16	0	210	0	67	21	26	39
Polonnaruwa	40	0	2	1	0	7	1	0	1	9	1	102	1	37	20	14	12
Badulla	58	0	18	14	0	28	0	1	42	27	0	811	0	16	10	26	0
Moneragala	38	0	9	3	2	5	0	0	41	16	1	598	0	11	15	10	2
Ratnapura	125	1	6	4	0	94	0	1	18	27	4	1176	0	38	41	45	1
Kegalle	41	8	27	3	0	99	0	1	14	48	0	329	0	61	54	16	1
Kalmunai	111	2	3	7	0	3	1	1	0	3	0	20	0	25	6	18	0
Total	1612	67	427	184	4	926	28	4	301	424	13	12147	4	716	403	351	109

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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