



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Tuberculosis: An update

Background

Tuberculosis (TB) is a communicable disease which is a significant public health problem in the globe. It is one of the top 10 causes of death worldwide and the leading cause of death from a single infectious agent (other than COVID-19). The bacillus *Mycobacterium tuberculosis* is the causative agent of TB. The disease typically affects the lungs (pulmonary TB) but can also affect other organs (extrapulmonary TB). About one-quarter of the world's population is infected with *M. tuberculosis*. TB is curable and preventable.

Tuberculosis develops in two stages. At the initial stage, the bacilli enter an individual's body but remain dormant without causing the disease; this stage is called a tuberculous infection, which is not infectious. Later, the second stage develops where the infected individual develops the disease. This second stage is called tuberculosis or tuberculous disease, which usually displays symptoms and spreads the infection to others.

Approximately 10% of people infected with bacillus without any other concomitant immunosuppressive condition will develop the active disease during their lifetime. The majority (90%) will not develop the disease, and the only evidence of infection in these people may be a positive tuberculin skin test. The organisms may remain dormant within the body, and the disease can develop over time. The chance of developing the disease is highest within the first two years and decreases as time passes, but the risk remains for a lifetime. Weakening of the immune system (e.g., HIV infection, diabetes,

malnutrition, prolonged steroid therapy, chronic alcoholism, and malignancies) can cause rapid progress of the infection to the disease status. Pulmonary tuberculosis is the most common form of tuberculosis, and the lungs are affected in around 75% of cases.

Common symptoms of pulmonary tuberculosis can be divided into respiratory and constitutional symptoms.

Respiratory symptoms	Constitutional symptoms
<ul style="list-style-type: none"> Cough, which usually lasts for more than two weeks. However, in immunosuppressed and in the presence of any other risk factor, a cough of any duration should lead to screening for TB 	<ul style="list-style-type: none"> Fever and night sweats
<ul style="list-style-type: none"> shortness of breath 	<ul style="list-style-type: none"> Loss of appetite
<ul style="list-style-type: none"> chest pain 	<ul style="list-style-type: none"> Loss of weight or failure to gain weight in the case of children
<ul style="list-style-type: none"> haemoptysis 	<ul style="list-style-type: none"> Tiredness

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Symptoms of EPTB usually depend on the organ involved. Patients may present with constitutional features mentioned above and the system affected. The most common form of EPTB is lymph nodes; the presentation could be swelling of lymph nodes with or without discharge.

Global situation

Of the world population, 23% (1.7 billion) are infected with TB, and 10.6 million have the active disease. Among these, 11% (1.1 million) are children, 56% (5.6 million) are men, and 33 % (3.3 million) are women. Two-thirds of the caseload is live in 8 countries, which include India, China, Indonesia, Philippines, Pakistan, Nigeria, Bangladesh and South Africa.

Sri Lankan situation

Sri Lanka is a low-burden country for TB, the second lowest in the region. The overall case detection has been relatively constant over the years but has decreased drastically during the COVID-19 pandemic. Nevertheless, in 2022, a significant rise in case detection has been noted. According to the 2023 data, the TB incidence in 2023 was 41.6 per 100,000 people. All TB cases are 9538, and there are 8821 new cases. In Sri Lanka, the highest caseload is from the Western province. Most cases are concentrated in the Colombo district, mainly from the Colombo municipal council area. The district-wise TB incidence in 2022 is demonstrated in the following diagram. (figure 1)

Most patients are females at Younger ages (0-24 years); however, with increasing age, the pattern shifts, where cases are predominant among males. Moreover, TB is more common among older age groups owing to the current demographic transition of the country and due to the activation of Latent TB infection among the elderly.

Diagnosis and treatment

According to the current national policy, patients with signs and symptoms suggestive of Pulmonary Tuberculosis should undergo sputum examination and chest X-ray. If two or more sputum AFB positive OR one or more sputum AFB positive and CXR positive, the patient should be started on Anti TB Treatment.

In Sri Lanka, 26 District Chest Clinics provide TB care free of charge. Furthermore, no referral is needed to obtain District Chest Clinic (DCC) facilities. Anyone suspected of having TB can walk in and get themselves tested. We have 34 Xpert MTB/RIF machines distributed around the island, covering all the districts. The Xpert MTB/RIF is the WHO-recommended rapid diagnostic test for TB and resistance to rifampicin. Furthermore, it is more sensitive than microscopy.

TB is a notifiable disease in Sri Lanka, and it is being notified after the diagnosis is made. Once the TB notification form (H-816) arrives at the MOH, the SPHI enter it in the notification register and the TB notification register. Furthermore, he informs the relevant range of PHI. Then, the range PHI enters it in the TB investigation register (TB -19) and conducts the case investigation and periodic contact screening. Following the case investigation, he sent the H-816 B form to the District Tuberculosis Control Officer. Moreover, the range PHI fills the Communicable Disease Report part A (H-411). After the case investigation, the following records registered at the MOH office will also be updated, including the TB notification register, Infectious disease register, Weekly Record of Communicable Diseases (H-399) and Communicable Disease report part II (H-411a).

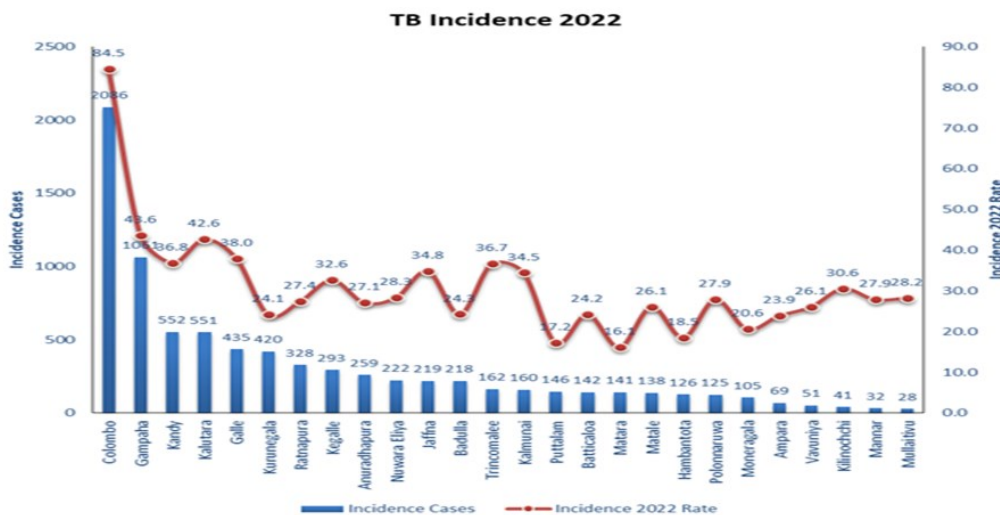
Anti-TB drugs are available as fixed-dose combinations and are only available at DCCs. This stringent measure has been taken to prevent unnecessary use of anti-TB drugs and thus to prevent multi-drug resistant TB. All TB patients need to be registered in DCC to issue medicines.

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References:

<https://www.nptccd.health.gov.lk/>



(figure 1)

Table 1: Selected notifiable diseases reported by Medical Officers of Health 17th-23rd Feb 2024 (08th Week)

RDHS	Dengue Fever		Dysentery		Encephali		Enteric		Food Poison-		Leptospirosis		Typhus		V. Hep.		H. Rabi.		Chickenpox		Meningitis		Leishmania-		WRCD		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**	
Colombo	269	3110	1	5	0	1	2	0	3	8	56	0	0	3	0	0	10	64	2	8	0	0	100	100			
Gampaha	111	1261	1	5	0	4	0	2	0	18	88	0	0	11	45	4	25	0	3	87	100						
Kalutara	77	770	0	7	0	0	3	0	0	16	98	0	0	17	105	1	13	0	0	93	100						
Kandy	83	1239	0	5	0	0	0	0	3	11	53	0	2	0	1	0	27	128	2	4	2	4	96	100			
Matale	18	251	0	1	0	0	1	0	4	1	31	0	0	0	3	11	0	1	15	52	92	99					
Nuwara Eliya	9	136	1	14	0	2	1	3	5	6	58	1	7	0	1	0	9	35	0	2	0	0	92	100			
Galle	42	764	0	10	0	6	0	1	2	13	167	1	22	1	3	0	13	92	3	17	0	3	83	100			
Hambantota	35	291	1	3	0	0	0	0	0	15	181	3	11	0	1	0	7	46	2	9	17	93	100				
Matara	29	247	0	2	0	2	0	0	2	7	72	1	3	0	0	0	6	48	0	31	8	21	82	100			
Jaffna	224	4225	1	19	0	1	0	0	3	6	11	32	244	0	2	0	2	56	0	3	0	0	100	93			
Kilinochchi	12	224	0	0	0	0	0	0	1	3	9	2	5	0	0	0	0	1	0	2	0	0	100	100			
Mannar	4	157	0	0	0	0	1	0	0	11	0	11	0	5	0	0	0	4	0	1	0	1	100	100			
Vavuniya	4	107	0	0	0	0	0	0	0	3	39	0	1	0	3	0	5	7	0	4	1	1	75	100			
Mullaitivu	9	155	0	2	0	0	0	0	2	0	38	1	6	0	0	0	0	2	0	0	0	0	1	83	100		
Batticaloa	70	755	6	30	2	3	0	1	3	0	16	0	1	0	3	0	1	13	3	13	0	1	100	100			
Ampara	5	90	0	8	0	1	0	0	1	4	81	0	1	0	3	0	2	31	1	13	0	3	71	100			
Trincomalee	26	294	0	3	0	0	1	0	0	2	60	2	4	0	0	0	0	6	0	3	0	4	100	100			
Kurunegala	61	929	0	5	0	4	0	0	0	335	21	180	0	7	1	2	9	73	2	50	7	87	100	100			
Puttalam	29	505	0	0	0	1	0	0	0	2	100	1	4	0	0	1	31	1	8	1	3	82	98				
Anuradhapura	53	307	2	3	0	0	0	0	1	2	9	130	0	9	0	4	0	35	0	12	32	156	91	100			
Polonnaruwa	17	121	0	5	0	0	0	0	2	8	87	0	1	0	1	0	8	38	0	6	5	75	100	100			
Badulla	15	427	1	7	0	1	0	0	4	8	131	1	6	0	5	0	8	61	0	5	1	3	100	99			
Monaragala	27	260	0	3	0	0	0	0	0	11	292	1	12	0	6	0	1	19	1	28	8	31	73	100			
Ratnapura	57	556	1	15	0	0	0	0	2	28	309	3	8	3	7	0	10	58	3	20	34	45	100	100			
Kegalle	71	689	0	3	0	2	0	0	0	16	101	0	4	1	4	0	27	131	2	14	0	10	100	100			
Kalmunai	20	385	0	7	0	0	0	0	0	2	29	0	1	0	0	0	5	24	1	3	0	0	100	100			
SRILANKA	1377	18255	15	162	2	28	2	13	12	388	212	2428	49	364	7	56	1	3	191	1164	28	295	131	597	92	99	

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 23rd Feb, 2024. Total number of reporting units 358. Number of reporting units data provided for the current week: 357. C**=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

17th–23rd Feb 2024 (08th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2024	Number of cases during same week in 2023	Total number of cases to date in 2024	Total number of cases to date in 2023	Difference between the number of cases to date in 2024 & 2023
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	00	00	00	00	00	00	01	03	12	13	-7.69 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	02	01	00	00	01	01	01	02	02	10	02	47	27	74.07 %
Measles	00	00	03	00	00	01	00	00	00	04	00	115	00	0 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	01	-100 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	01	0 %
Tuberculosis	73	11	13	11	11	05	04	04	15	147	185	1343	1280	4.92%

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

NA = Not Available

Number of Malaria Cases Up to End of February 2024,

03

All are Imported!!!

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

ON STATE SERVICE

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