



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@slt.net.lk
Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk
Web: <http://www.epid.gov.lk>

Vol. 41 No.17

19th – 25th April 2014

HIV/AIDS and Its Challenges (Part I)

This is the first in a series of two articles on HIV/AIDS and Its Challenges.

Introduction

Sexually transmitted infections or STIs have been known since ancient times. They remain as a major public health problem worldwide. The common sexually transmitted infections are as follows according to the surveillance case definitions by the National STD/AIDS control programme, Sri Lanka.

01. HIV infection
02. Infectious Syphilis
03. Late Syphilis
04. Early Congenital Syphilis
05. Late Congenital Syphilis
06. Gonorrhoea
07. Ophthalmia neonatorum
08. (1) NGU (Non-gonococcal urethritis)
(2) NGC (Non-gonococcal cervicitis) / MPC (muco purulent cervicitis)
09. Chlamydia
10. Genital herpes
11. Genital warts (Human Papilloma Virus)
12. Chancroid (*Haemophilus ducreyi*)
13. Trichomoniasis (*Trichomonas vaginalis*)
14. Candidiasis
15. Bacterial Vaginosis
16. Other STI (Granuloma inguinale, Molluscum contagiosum in genital area, Pelvic Inflammatory Disease, Prostatitis, Genital Scabies etc)

Disease Transmission

STIs are transmitted during unprotected sexual intercourse (both heterosexual and homosexual – anal, vaginal or oral). Some of the infectious agents such as HIV, hepatitis B and syphilis can also be transmitted from an in-

fecting mother to her unborn or newborn baby and can be transmitted via blood transfusions. Hepatitis B, C and HIV infections may also be transmitted through contaminated blood products, syringes and needles used for injection and potentially by unsterilized instruments used for acupuncture, piercing and tattooing.

Symptoms

Many infections are asymptomatic, although some common STIs could be presented with genital ulcer, pelvic inflammatory disease, urethral discharge or vaginal discharge.

STIs can result in acute and chronic illness, infertility, long-term disability and death with severe medical and psychological consequences for millions of men, women and children.

HIV Infection

HIV or the Human Immunodeficiency Virus targets the immune system and weakens the surveillance and defence systems of the person against infections and some types of cancer. As the virus destroys and impairs the function of immune cells, infected individuals gradually become immunodeficient. Immune function is typically measured by CD4 cell count. Immunodeficiency results in increased susceptibility to a wide range of infections and diseases that a person with healthy immune systems can fight off.

The most advanced stage of HIV infection is Acquired Immuno-Deficiency Syndrome (AIDS), which can take from 2 to 15 years to develop depending on the individual. AIDS is defined by the development of certain cancers, infections or other severe clinical manifestations.

Contents

Page

- | | |
|---|---|
| 1. <i>Leading Article – HIV/AIDS and Its Challenges (part I)</i> | 1 |
| 2. <i>Summary of selected notifiable diseases (12th – 18th April 2014)</i> | 3 |
| 3. <i>Surveillance of vaccine preventable diseases & AFP (12th – 18th April 2014)</i> | 4 |

WEB SRI LANKA - 2014

HIV infection is usually diagnosed through blood tests detecting the presence or absence of HIV antibodies. There is no cure for HIV infection. However, effective treatment with antiretroviral drugs can control the virus so that people with HIV can enjoy healthy and productive lives.

Global Situation of HIV

HIV continues to be a major global public health issue, having claimed more than 36 million lives so far. There were approximately 35.3 million people in the world living with HIV in 2012. Sub-Saharan Africa is the most affected region, with nearly 1 in every 20 adults living with HIV. Sixty nine per cent of all people living with HIV are living in this region.

History of HIV in Sri Lanka

The first patient of the country was reported in 1987 and he has had homosexual exposure in a foreign country. The first Sri Lankan who acquired the infection locally was diagnosed in 1989. The facilities for management of HIV positive patients were very limited at that period as well as the awareness and attitudes of health care staff and the general public on HIV was also very much different to the situation which prevails today.

The incidence of HIV in Sri Lanka has gradually increased since 1987 and more males were affected than females. By the end of year 2003, most number of cases were reported from the Colombo district. By the end of 2010, heterosexual transmission has contributed to a major proportion of the epidemic (82.5%). The transmission of HIV through homo or bisexual exposure was 11.3% with 4.4% being transmitted perinatally.

Current Situation in Sri Lanka

Sri Lanka is still classified as a low prevalent country for HIV. At the end of 2012, there were 1649 diagnosed HIV positive adults and 58 HIV positive children (below 15 years of age) in the country. Out of them, 1073 adults and 40 children were under the care of National STD/AIDS control Programme and 387 of them were on ART at the end of 2012.

The reason for gradual increase seen in the number of new cases over past few years may be the increased awareness among health care workers leading to more testing and partly the availability of Anti Retroviral Therapy (ART) which encourages people to come forward for testing.

There is a significant difference between the number of reported HIV cases and estimated number of HIV cases. The estimation is done by mathematical calculations taking certain variables into consideration. The undiagnosed HIV positive patients are a major threat, specially if they are among the high risk populations. Therefore, it is the responsibility of all health care workers to encourage people with risk behaviours for voluntary counselling and testing.

National STD/AIDS control programme

The goals of the National STD/AIDS control programme are,

- Maintenance of the current low prevalence of HIV among most-at-risk-populations (MARP) and the general population.
- Improvement of the quality of life of people infected with or affected by HIV.

MARPs or the most-at-risk-populations are the female sex workers and clients, men having sex with men (MSM) and clients of male sex workers, drug users/ intravenous drug users and prisoners. There are many targeted interventions covering this priority group as well as lesser risk groups and general population.

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

**Table 1 : Water Quality Surveillance
Number of microbiological water samples - March/ 2014**

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	55
Gampaha	15	90	67
Kalutara	12	72	43
Kalutara NIHS	2	12	18
Kandy	23	138	12
Matale	12	72	31
Nuwara Eliya	13	78	36
Galle	19	114	80
Matara	17	102	40
Hambantota	12	72	NR
Jaffna	11	66	0
Kilinochchi	4	24	16
Manner	5	30	9
Vavuniya	4	24	13
Mullatvu	4	24	0
Batticaloa	14	84	3
Ampara	7	42	NR
Trincomalee	11	66	48
Kurunegala	23	138	21
Puttalam	9	54	9
Anuradhapura	19	114	26
Polonnaruwa	7	42	NR
Badulla	15	90	68
Moneragala	11	66	65
Rathnapura	18	108	82
Kegalle	11	66	26
Kalmunai	13	78	0

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 2: Selected notifiable diseases reported by Medical Officers of Health 12th - 18th April 2014 (16th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		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	42	2706	0	46	0	8	0	29	2	149	1	36	0	0	0	13	0	0	3	172	0	19	0	3	81	19
Gampaha	12	1196	0	56	0	5	0	17	1	10	0	75	0	5	4	32	1	4	3	149	0	21	0	2	73	27
Kalutara	9	598	1	54	0	3	0	16	0	42	2	103	0	0	0	6	0	0	3	104	0	27	0	0	69	31
Kandy	3	198	0	34	0	1	0	4	0	0	1	13	1	24	3	44	0	0	0	88	0	11	0	1	83	17
Matale	1	93	0	20	0	1	0	9	0	1	0	14	0	2	0	64	0	0	1	19	0	3	0	9	85	15
NuwaraEliya	2	51	3	74	0	1	0	9	57	65	0	0	1	24	0	13	0	0	1	39	0	8	0	0	85	15
Galle	2	252	1	32	0	5	1	1	0	12	0	71	0	24	0	0	0	0	4	171	0	19	0	3	80	20
Hambantota	0	102	0	12	0	3	0	7	4	5	0	38	0	37	1	6	0	0	0	62	0	17	0	86	67	33
Matara	0	101	0	22	0	2	1	20	0	5	0	24	0	21	1	16	0	0	1	87	1	19	0	24	100	0
Jaffna	6	339	6	153	0	3	8	103	0	31	0	5	2	233	0	7	0	0	2	51	0	13	0	0	92	8
Kilinochchi	0	20	0	48	0	1	0	9	0	0	0	0	0	11	0	0	0	0	0	2	0	3	0	4	0	100
Mannar	0	3	0	10	0	8	0	19	0	0	0	4	0	20	0	1	0	0	0	1	0	2	0	1	20	80
Vavuniya	0	23	0	14	0	0	0	4	0	3	0	6	0	3	0	0	0	0	0	4	0	3	0	0	0	100
Mullaitivu	0	42	0	16	0	0	0	6	0	8	0	6	0	5	0	0	0	0	0	4	0	3	0	4	0	100
Batticaloa	16	314	0	93	0	2	0	17	0	11	1	6	0	1	0	5	0	0	0	15	1	4	0	0	93	7
Ampara	2	49	0	21	0	0	0	0	0	8	0	8	0	8	1	2	0	1	3	38	0	2	0	6	100	0
Trincomalee	40	246	0	13	0	1	0	1	0	0	0	7	0	10	0	0	0	0	0	35	0	1	0	0	75	25
Kurunegala	6	376	1	34	0	11	0	8	0	8	1	36	1	31	0	10	0	0	10	172	0	26	1	53	85	15
Puttalam	4	193	0	16	0	0	0	7	0	9	0	45	0	18	0	2	0	0	1	45	0	1	1	3	62	38
Anuradhapura	4	149	0	41	0	2	0	0	0	9	0	47	0	23	0	2	0	0	1	88	0	20	4	112	32	68
Polonnaruwa	0	90	0	12	0	1	0	1	0	0	0	9	0	0	0	1	0	0	0	29	0	2	0	23	0	100
Badulla	0	141	0	36	0	4	1	4	0	3	1	21	1	27	1	14	0	0	0	25	0	24	0	0	76	24
Monaragala	2	75	0	22	0	2	0	2	0	28	1	41	1	48	0	57	0	1	1	34	0	8	0	8	82	18
Ratnapura	0	211	0	69	0	12	0	7	0	7	0	94	2	43	2	130	0	0	2	77	0	11	0	9	61	39
Kegalle	3	220	0	43	0	5	0	13	0	5	0	52	0	26	0	24	0	0	0	102	0	18	0	1	73	27
Kalmune	0	42	0	39	0	1	0	3	0	11	0	1	0	0	0	0	0	0	1	58	0	2	0	0	46	54
SRILANKA	154	7830	12	1030	0	82	11	316	64	432	8	762	9	644	13	449	1	6	37	1671	2	287	6	352	70	30

Source: Weekly Returns of Communicable Diseases (WRCD).

*T= Timeliness refers to returns received on or before 18th April, 2014 Total number of reporting units 337. Number of reporting units data provided for the current week:240 C** Completeness

Table 3: Vaccine-Preventable Diseases & AFP

12th – 18th April 2014 (16th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2014 & 2013
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	02	26	21	+23.8%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	02	01	00	00	01	01	01	00	00	06	18	241	513	-53.0%
Measles	08	02	05	01	04	02	00	02	01	25	11	1418	205	+591.7%
Rubella	01	00	00	00	00	00	00	00	00	01	-	08	-	%
CRS**	00	00	00	00	00	00	00	00	00	00	-	03	-	%
Tetanus	00	00	00	00	00	00	00	00	00	00	01	06	07	-14.2%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	-	17	-	%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	19	26	-27.0%
Tuberculosis	10	27	04	00	02	00	13	00	08	64	32	3152	2539	+24.1%

Key to Table 1,2 & 3

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

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
March	1086	206	74	34	0	413	215	0

Source: Medical Research Institute & Veterinary Research Institute

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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

ON STATE SERVICE

Dr. P. PALIHAWADANA
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10