

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@sltnet.lk Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk Web: http://www.epid.gov.lk

Vol. 41 No. 40

27th - 03rd October 2014

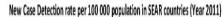
Leprosy Situation in Sri Lanka (Part - I)

What is Leprosy?

Leprosy is a curable chronic infectious disease caused by the Mycobacterium leprae, which causes damage to the skin and the peripheral nervous system .The disease develops slowly; incubation period is about 5 years. The disease mainly affects the skin, peripheral nerves, mucosa of the upper respiratory tract and also the leyes. Leprosy is a highly stigmatizing disease. It is transmitted via droplets, from the nose and mouth, during close and frequent contacts with untreated cases. Early diagnosis and treatment with multidrug therapy (MDT) remain the key in eliminating the disease as a public health concern. Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs and eyes. Besides the physical impairment it often affects the patient's socio-economic status.

Current situation

Official figures from 115 countries show the global registered prevalence of leprosy at 189 018 at the end of 2012 and during the same year, 232 857 new cases have been reported (WHO, 2014). About 95% of leprosy cases have been detected in 16 endemic countries including Sri Lanka.



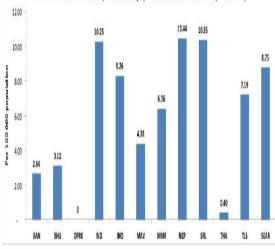


Figure 1: Leprosy new case detection rates in SEAR countries-2011

Distribution of Deformities and Types										
Total registered cases	2131									
New cases	1990									
New case detection rate (NCDR)	9.60									
New MB cases	947									
New MB rate	48.8%									
New Grade II deformity cases	133									
Grade II deformity rate	6.7%									
New child cases	182									
Child rate	9.2%									
Relapses	59									
Defaulters restarting treatment	82									

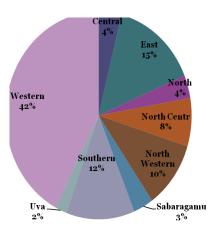
Contents	Page
1. Leading Article – Leprosy Situation in Sri Lanka- (part I)	1
2. Summary of selected notifiable diseases reported – $(20^{\circ} - 26^{\circ} \text{ September 2014})$	3
3. Surveillance of vaccine preventable diseases & AFP - (20 th - 26 th September 2014)	4

WER Sri Lanka - Vol. 41 No. 40

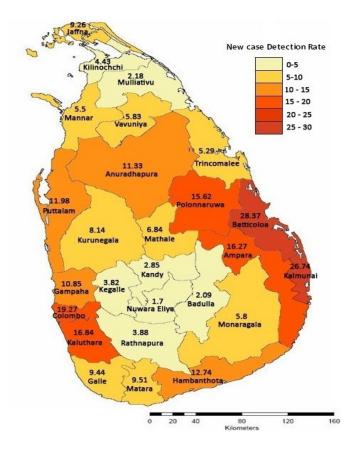
27th - 03rd October 2014

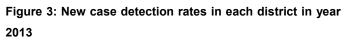
For the year 2013, two thousand one hundred and thirty one new cases have been detected in Sri Lanka and new case detection rate of leprosy is 9.6 per 100,000 populations. Further 48.8% of diagnosed leprosy cases were Multi-Bacillary type indicating high risk of transmission. A majority of leprosy cases have been detected in the Western province and Eastern province is the second high endemic province.

Figure 2: Leprosy disease burden by provinces 2013

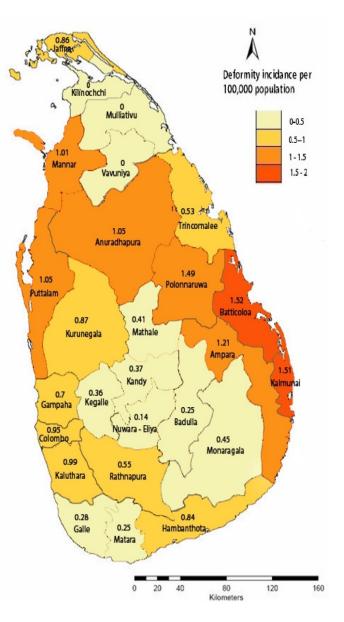


High endemic districts have been identified within these provinces. New case detection rate of leprosy is shown in figure 3.





Page 2



Grade 2 deformity rate is shown in figure 4.

Figure 4: Grade 2 Deformity rates per 100,000 populations in year 2013 in each district

Sources

PubMed-(Walker & Lockwood,2007).-availale at http://www.ncbi.nlm.nih.gov/pubmed/17350495

Leprosy statistics - latest data-WHO 2014-available at http://www.who.int/wer/2013/wer8835.pdf?ua=1

Compiled by Dr. Monika Wijerathne

Consultant Community Physician-Anti Leprosy Campaign

WER Sri Lanka - Vol. 41 No. 40 .

27th - 03rd October 2014

Table 1: Selected notifiable diseases reported by Medical Officers of Health 20th - 26th Sep 2014 (39th W																													
8	* 5	25	47	0	•	ø	23	35	ø	0	ø	75	20	25	6	2	0	33	4	38	37	29	12	0	33	27	15	19	
WRCD	*	75	23	100	100	92	77	65	92	100	92	25	80	75	60	93	100	67	96	62	63	71	88	100	67	73	85	81	
nani-	۵	ε	2	0	4	26	0	e	292	73	1	11	m	2	7	0	10	5	115	6	324	104	0	27	27	2	0	1047	
Leishmani- asis	۲	0	0	0	0	0	0	0	11	4	0	0	0	0	0	0	1	0	9	0	12	0	0			0	0	36	
gitis	۵	49	23	62	22	45	28	43	40	27	46	9	~	13	5	9	8	13	64	22	43	25	107	20	37	67	7	865	
Meningitis	٩	0	0		0	2	2	1	0	0	4	0	1	0	0	0	0	0	1	0	2	0	4	m	0	-	0	22	
xodue	۵	340	235	203	160	46	97	348	124	146	118	15	10	11	ß	48	85	86	339	73	189	132	63	69	166	215	88	3411	
Chickenpox	٩	7		ъ	4	2	2	9	5	4	2	н	0	0	0	1	m	4	ы	2	4	1	m	2	2	Μ	1	70	
Human Rabies	m	0	ъ				0	0	0	0	0	0	0	0	2	1	1	0		З	0	0	0	2		0	0	19	
Hur Rab	◄	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	-	
Viral Hepatitis	•	36	196	16	136	115	29	9	16	33	8	0		ß	0	7	4	2	48	ε	10	9	116	102	349	205	0	1449	
Ĩ	۲		ъ	2	4			0			0	0	0	0	0	0	0	0	9	0	0	0	0	m	m	11	0	39	
Typhus Fever	B	2	18	2	72	2	55	80	62	45	268	19	24	9	11	2	12	20	42	21	27	8	92	142	87	51	0	1170	
Туры	۲	0	2	0	0	0	0	0	с	4	0	0	0	0	0	0	0	0	2	0	0	1	9	2	2	ω	0	25	
Leptospirosi s	m	116	208	226	39	33	22	141	75	67	7	н	4	6	ø	14	15	16	75	58	80	57	46	63	291	143	H	1815	
Lepto	◄	5	25	16	2	H	2	2	2	9	0	0	0	0	0	0	0	0	2	0	0	0	2	-	4	∞	0	78	
Food Poisoning	۵	171	24	59	17	17	69	33	15	18	55	0	6	22	18	30	10	6	25	10	45	1	6	33	26	34	74	833	
Pois	۲	2	0	0		0	0	0	2	0	ч	0	0	-	-	0	0	0	0	0	0	0		0	0	0	0	σ	
Enteric Fever	m	84	32	43	19	17	17	8	10	22	173	21	34	27	10	29	m	4	17	11	е	9	11	8	23	37	9	675	
Fe	۲	e	0	2	0			0	0		4	0	0	0	0		1	0		0	0	0	0	0	0	9	0	21	
Encephaliti s	B	11	10	9	ы	2	m	9	4	4	7		10	1	0	m	1	1	26	2	5	4	6	4	21	6	1	156	
Ence	◄	0	0	0		0	0	н	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	m	G
Dysentery	m	113	111	135	77	57	208	97	41	81	412	77	32	42	52	237	59	39	107	58	123	39	128	49	185	92	102	2753	ases (WR
Dyse	۲	2	2	m	0	4	9	2	0	1	23	0	0	2	m	9	0	2	m	2	ю	2	۷	4		0	с	81	ble Dise
Fever	m	10521	5422	2087	1245	357	232	836	519	477	882	46	68	105	85	657	126	500	1595	520	416	414	531	221	2415	1311	133	31742	mmunicat
Dengue Fever	۲	158	85	34	40	ß	ы	13	7	27	18	0	14	-	2	4	1	e	60	5	9	4	29	4	12	17	е	557	turns of Co
RDHS Division		Colombo	Gampaha	Kalutara	Kandy	Matale	NuwaraEliya	Galle	Hambantota	Matara	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kurunegala	Puttalam	Anuradhapura	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle	Kalmune	SRILANKA	Source: Weekly Returns of Communicable Diseases (WRCD).

Page 3

Table 2: Vaccine-Preventable Diseases & AFP

27th – 03rd October 2014

Disease	W	С	N S	lo. of Cas	ses by P E	rovince	NC	Number of cases during current week in	Number of cases during same week in	Total number of cases to date in 2014	Total num- ber of cases to date in 2013	Difference between the number of cases to date in 2013& 2014			
										2014	2013				
AFP*	00	00	00	00	00	00	00	00	00	00	00	61	68	-10.3%	
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%	
Mumps	01	00	02	00	00	00	00	01	01	05	19	539	1223	-56.1%	
Measles	12	01	08	01	02	02	03	03	00	32	96	2733	2971	-8.0%	
Rubella	00	01	00	00	00	00	00	00	00	01	01	16	25	-36%	
CRS**	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%	
Tetanus	00	00	00	00	00	00	00	00	00	00	01	01 11		-42.1%	
Neonatal Teta- nus	00	00	00	00	00	00	00	00	00	00	00	00	00	%	
Japanese En- cephalitis	00	00	00	00	00	00	00	00	00	00	00	22	66	-66.7%	
Whooping Cough	00	00	02	00	00	00	00	00	01	03	01	50	66	-24.2%	
Tuberculosis	56	15	30	09	22	00	13	10	30	185	98	7442	6362	+17.1%	

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

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

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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