



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Leprosy Situation in Sri Lanka (Part II)

This is the second in a series the two articles on Leprosy.

Leprosy Child case rates is shown in figure 5. According to the statistics, 46% of new cases identified in year 2013, were late presentations (more than six months after onset of symptoms) and this causes to 7-8% patients to present with deformities. It has been observed that lack of awareness among health staff especially medical offices has contributed to this late diagnosis. Therefore including leprosy in continuous medical education and refresher training is crucial in early diagnosis of leprosy.

Still there is fairly higher percentage of leprosy child cases in the country, indicating presence of leprosy bacilli in the environment, which indicates the active transmission of the disease. Considerable higher percentage of child cases has been identified from the Jaffna district. This may be due to the increase of case detection rate after the war. Children with leprosy are detected early, during the school health inspection. However, this signals the presence of disease transmitting adults in the society.

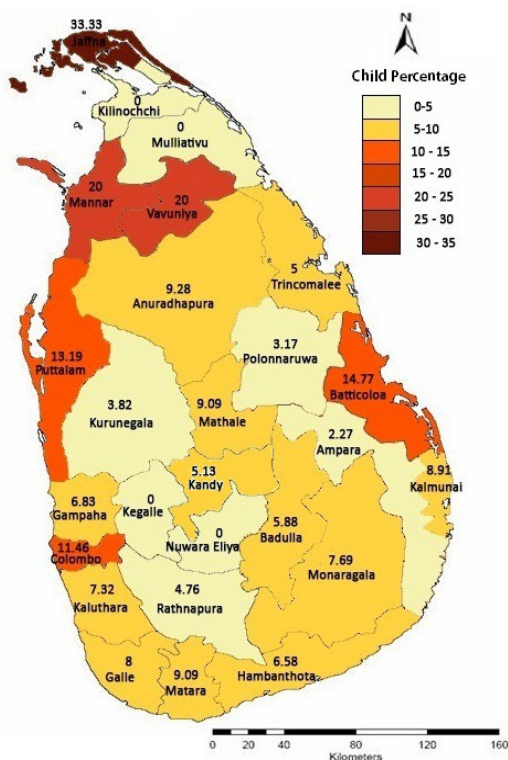


Figure 4: Leprosy Child case rates according to districts-2013

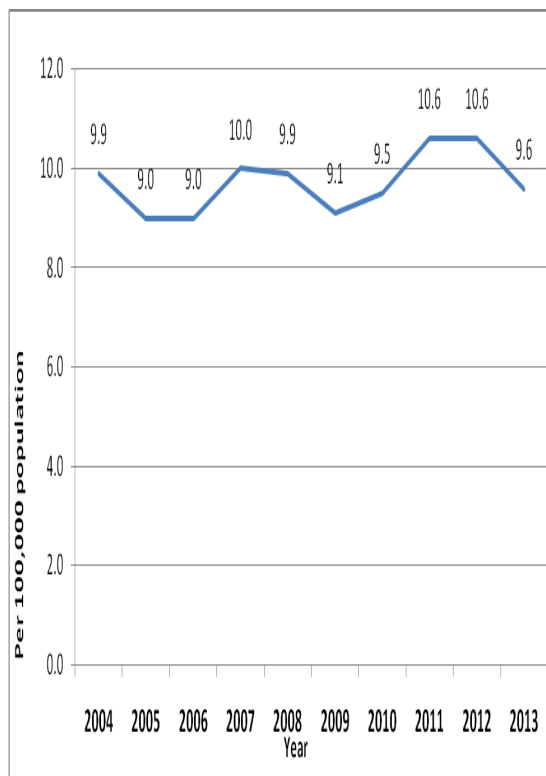


Figure 5: New Case Detection Rates of leprosy in Sri Lanka from year 2003 to 2013

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In 1991 the World Health Organization (WHO) had set a target of eliminating leprosy as a public health problem by year 2000. Even though Sri Lanka has achieved the elimination target (10 cases per 100,000 population) set by WHO in 1995 there have been around 2000 new cases of leprosy reported every year for the past 15 years(ALC 2013). New case detection rate remains at the same level (10 per 100, 000 population) for the past 5-6 years and approximately 10% of the new cases are child cases which indicates the on-going transmission of the disease.

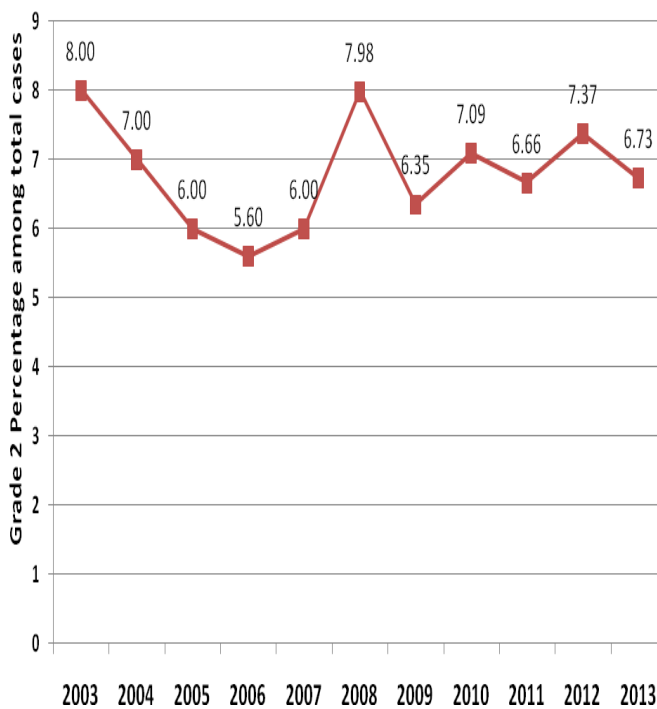


Figure 6: Percentages of Grade 2 deformity in Sri Lanka from year 2003 to 2013

Leprosy remains a serious public health problem due to its ability to cause disability. The prevention of leprosy ultimately lies in the early diagnosis and treatment of the individuals suspected or diagnosed as having leprosy, thereby preventing further transmission of the disease to others. Diagnosing and treating the leprosy patients is the main approach in interrupting the transmission of leprosy.

However, certain challenges have been identified in the programme to control leprosy. Unabated active transmission of

the disease is a major problem in the country. According to the background information inadequacy of knowledge among health care staff remains an obstacle in identifying, referring, diagnosing and treating patients with leprosy. Delayed presentation and defaulting treatments are also challenges in the leprosy control programme. All aspects of quality clinical management are not accounted at the service delivery points and services offered to patients needing rehabilitation are not satisfactory. Inadequacy of trained personnel for leprosy control is another obstacle in controlling leprosy. Inadequate supervision, monitoring and evaluation is another challenge.

Several approaches have been made to overcome the challenges. For example the increase of public awareness on leprosy via social marketing programmes and making leprosy services more accessible have resulted in the increase in new case detection. The concept of establishing satellite clinics at peripheral health facilities is used to improve access to leprosy services. By bringing the services closer to the needy communities; case detection, regular follow-up, compliance to treatment and reduction in number of defaulters are expected to be ensured.

This approach helps to reduce the delayed presentation. By increasing awareness among people is being used to increase compliance to treatment. Improving quality services in all treatment centers, provision of satisfactory rehabilitation services to all leprosy patients with disabilities, training human resources, strengthening and monitoring and evaluation are other major approaches to control leprosy.

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>

Dr. Monika Wijerathne

Consultant Community Physician-Anti Leprosy Campaign

Table 1: Selected notifiable diseases reported by Medical Officers of Health 27th - 03rd Oct 2014 (40th Week)

RDHS Division	Dengue Fever		Dysentery		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	T*	C**		
Colombo	149	10709	4	118	0	11	4	88	0	172	2	120	1	3	0	40	0	4	345	0	49	0	3	69	31	
Gampaha	115	5632	2	113	0	11	0	32	0	24	26	240	1	19	8	204	0	5	239	1	55	0	2	53	47	
Kalutara	27	2114	1	136	0	6	1	44	0	59	11	237	0	2	2	18	0	1	206	0	62	0	0	100	0	
Kandy	39	1284	0	77	1	6	1	20	0	17	0	39	0	72	5	141	0	1	160	2	24	0	4	70	30	
Matale	6	363	0	57	0	2	0	17	0	17	0	33	0	2	0	115	0	1	47	0	45	0	26	46	54	
NuwaraEliya	2	234	5	215	0	3	0	17	0	69	1	23	0	55	0	29	0	0	103	1	29	0	0	46	54	
Galle	7	847	0	98	0	6	0	8	0	33	2	143	1	81	0	6	0	4	353	0	43	0	3	60	40	
Hambantota	4	523	0	41	0	4	0	10	1	16	1	76	0	62	0	16	0	3	127	0	40	2	294	58	42	
Matara	29	506	2	83	0	4	1	23	0	18	4	71	4	49	0	33	0	1	147	0	27	0	73	100	0	
Jaffna	29	914	34	448	0	7	5	178	0	56	0	8	3	272	0	8	0	1	120	2	48	0	1	100	0	
Kilinochchi	0	46	0	78	0	1	0	22	0	0	0	1	0	19	0	0	0	0	15	0	6	0	11	25	75	
Mannar	11	100	2	34	0	10	0	34	0	9	0	4	0	24	0	1	0	0	10	0	7	1	4	20	80	
Vavuniya	0	105	1	43	0	1	3	30	0	22	0	9	0	6	0	5	0	0	11	1	14	0	2	50	50	
Mullaitivu	0	85	0	52	0	0	1	11	0	18	0	8	0	11	0	0	0	2	5	0	5	0	7	100	0	
Batticaloa	4	663	11	248	0	3	1	30	0	30	1	15	0	2	0	7	0	1	49	0	6	0	0	86	14	
Ampara	0	126	2	61	0	1	0	3	0	10	0	15	0	12	1	5	0	1	86	0	8	0	10	86	14	
Trincomalee	2	502	2	41	0	1	0	4	0	9	0	16	0	20	0	2	0	0	86	1	14	0	5	42	58	
Kurunegala	42	1637	3	110	0	26	0	17	0	25	4	79	0	42	0	48	0	1	341	0	64	0	115	74	26	
Puttalam	4	525	2	60	0	2	1	12	1	11	0	58	0	21	0	3	0	3	73	0	22	0	6	46	54	
Anuradhapura	1	418	2	125	0	5	0	3	0	45	0	80	0	27	0	10	0	1	192	0	43	5	337	58	42	
Polonnaruwa	6	421	0	39	0	4	0	6	0	1	0	57	0	8	1	7	0	0	133	0	25	5	112	43	57	
Badulla	20	551	1	130	0	9	0	11	0	9	0	46	2	94	4	121	0	2	65	1	108	0	0	53	47	
Monaragala	7	228	2	51	0	4	0	8	0	33	1	64	2	144	3	105	0	2	71	1	21	0	27	64	36	
Ratnapura	29	2457	3	188	1	22	0	23	0	26	16	312	5	93	8	363	0	1	166	0	37	0	28	61	39	
Kegalle	10	1326	1	93	0	9	1	38	0	34	4	149	1	52	6	211	0	1	218	0	67	0	2	55	45	
Kalmune	2	135	3	105	0	1	0	6	0	74	0	1	0	0	0	0	0	0	88	1	8	0	0	31	69	
SRI LANKA	545	32451	83	2844	2	159	19	695	2	837	73	1904	20	1192	38	1498	0	19	37	3456	11	877	13	1072	64	36

Source: Weekly Returns of Communicable Diseases (WRCD).

*T= Timeliness refers to returns received on or before 03rd October, 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 217 C**-Completeness A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

27th – 03rd Oct 2014 (40th 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 2013& 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	01	00	00	00	02	03	63	71	-11.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	00	01	01	01	01	02	00	00	00	06	13	546	1237	-55.9%
Measles	20	01	03	00	01	07	01	01	00	34	74	2777	3080	-10.1%
Rubella	00	00	00	00	00	00	01	00	00	01	01	17	26	-34.6%
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	00	11	19	-42.1%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	22	66	66.6%
Whooping Cough	01	00	00	01	00	00	01	00	00	03	02	53	68	-22.1%
Tuberculosis	58	22	17	12	23	00	08	07	04	151	24	7593	6386	-19.1%

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

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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

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