



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

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>

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Leishmaniasis Part I

An emerging threat to public health in Sri Lanka

Leishmaniasis is one of the neglected tropical diseases in the world. It mainly affects the poorer communities in countries and more common in rural areas than in the urban. Environmental factors, both manmade and natural also have a great impact on the distribution of the disease. Rapid urbanization resulting people to migrate and settle in dwellings with poor living and sanitary conditions, overcrowding, deforestation and agricultural activities leading to increase of human-vector contact are leading contributory factors for the spread of disease. Malnutrition and impaired immunological status also have an impact on acquiring the disease.

Global Situation

Leishmaniasis is prevalent both new world (the southern hemisphere) & old world (the eastern hemisphere) countries. The geographical distribution of the disease has expanded widely during the recent past and there is a potential to expand further due to climate and other environmental changes. According to the World Health Organization, It is endemic in 97 countries and territories in the world in 2017. Out of this, 22 countries are endemic to cutaneous leishmaniasis (CL), 10 countries are endemic to visceral leishmaniasis (VL) and 65 countries are endemic to both visceral and cutaneous leishmaniasis. Over 90% of the global VL case burden is from seven countries namely Brazil, Ethiopia, India, Kenya, Somalia, South Sudan and Sudan and nearly 85% of the global CL burden is from 10

countries i.e. Afghanistan, Algeria, Brazil, Colombia, Iraq, Pakistan, Peru, the Syrian Arab Republic, Tunisia and Yemen.

It is estimated that there are 700,000 to 1 million new cases of leishmaniasis occur annually in the globe. The estimated number of deaths due to leishmaniasis is 30,000.

Country Situation

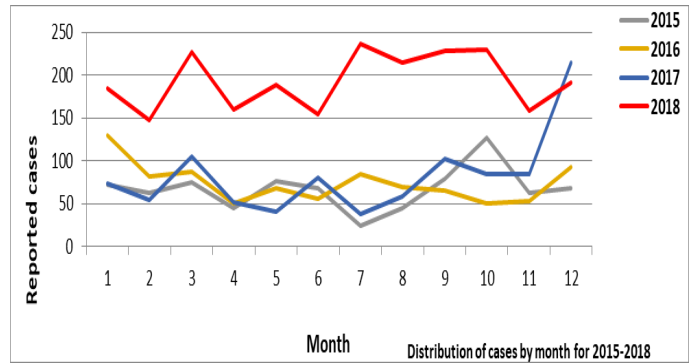
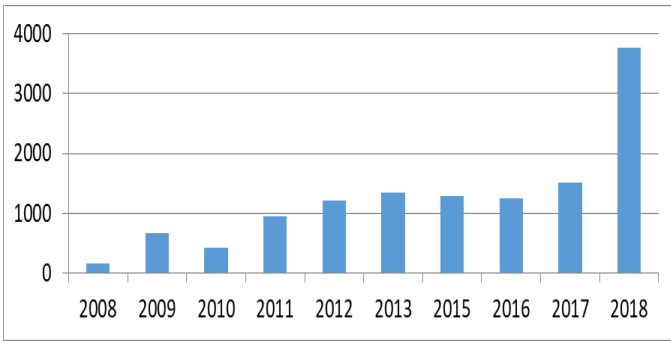
Leishmaniasis was considered as an imported disease till the 1990s and few cases were detected among people returning from abroad. The first case of locally acquired case of cutaneous leishmaniasis was reported in 1992 and few sporadic cases were reported up to 2001. A large number of suspected cases were identified in consequent years. The civil war existed in the country during those years may have contributed to this situation due to movement of military personnel to previously uninhabited areas near forests and due to resettlement of civilians away from conflict zones. Leishmaniasis was made a notifiable disease since 2009.

Distribution of notified Leishmaniasis cases by year

WEBER SRI LANKA 2019

Contents

	Page
1. Leading Article – Leishmaniasis Part I	1
2. Summary of selected notifiable diseases reported (09 th – 15 th February 2019)	3
3. Surveillance of vaccine preventable diseases & AFP (09 th – 15 th February 2019)	4



An increasing trend of notifications has been observed during the recent years and 3271 cases were notified to the Epidemiology unit in 2018. Almost 90% of this total caseload was reported from five districts namely, Anuradhapura, Hambantota, Polonnaruwa, Kurunegala and Matara. In addition, a significantly large number of cases were notified from adjoining districts i.e Mathale, Monaragala & Gampaha. A seasonal trend of leishmaniasis has been observed over the years. There are two peaks, from February to March and July to October following monsoon rains.

Cutaneous leishmaniasis is the predominantly reported form of leishmaniasis in Sri Lanka though there were few sporadic cases of visceral and mucosal leishmaniasis reported in the past.

Compiled by

Dr. Nirupa Pallewatte
MD (Minsk), MSc, MD. (Colombo)
Consultant Epidemiologist

Table 1 : Water Quality Surveillance
Number of microbiological water samples January 2019

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	30
Nuwara Eliya	13	78	90
Galle	20	120	NR
Matara	17	102	109
Hambantota	12	72	8
Jaffna	12	72	119
Kilinochchi	4	24	30
Manner	5	30	NR
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	97
Ampara	7	42	39
Trincomalee	11	66	NR
Kurunegala	29	174	99
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	16
Badulla	16	96	145
Moneragala	11	66	47
Rathnapura	18	108	78
Kegalle	11	66	15
Kalmunai	13	78	75

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

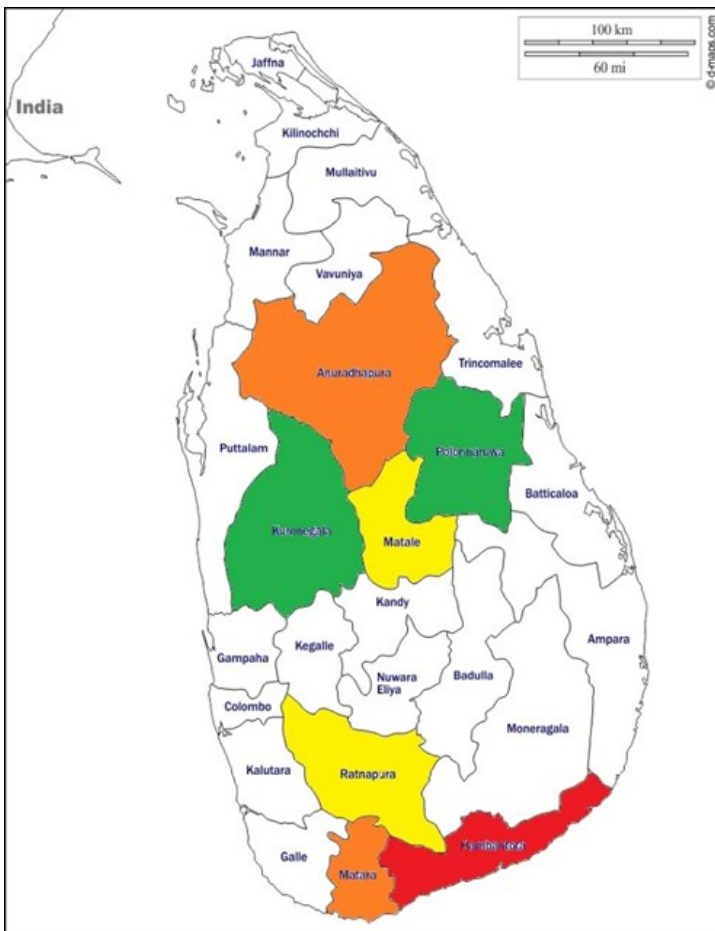


Table 1: Selected notifiable diseases reported by Medical Officers of Health 09th - 15th Feb 2019 (7th Week)

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	215	1873	0	7	0	1	0	2	1	2	4	23	0	6	1	3	0	0	11	72	0	9	1	2	47	100	
Gampaha	107	1097	0	1	0	1	0	0	0	11	1	7	0	1	0	0	0	0	6	61	1	4	5	21	52	97	
Kalutara	42	477	1	11	0	3	0	1	0	25	6	82	0	1	1	1	0	0	20	150	3	21	0	3	60	85	
Kandy	58	470	2	9	2	2	0	0	2	4	2	19	0	13	0	1	0	1	12	38	2	7	3	6	58	100	
Matale	6	100	5	7	1	1	0	0	0	0	0	17	0	0	0	2	0	1	2	16	1	3	8	62	55	100	
NuwaraEliya	4	39	0	2	1	1	0	0	0	0	2	10	0	11	2	3	0	0	0	9	0	8	0	0	19	100	
Galle	27	236	4	11	0	2	0	1	0	0	10	45	0	13	0	1	0	0	9	64	3	15	0	1	61	100	
Hambantota	30	219	0	3	0	0	0	0	1	1	1	9	3	33	0	1	0	0	9	75	2	7	5	119	71	100	
Matarra	29	331	0	1	0	3	0	1	0	1	7	23	0	14	1	4	0	0	9	53	0	2	9	85	64	100	
Jaffna	86	1268	5	26	0	2	0	2	0	1	0	15	23	174	0	0	0	0	12	39	1	5	0	0	22	93	
Kilinochchi	5	51	0	4	0	1	0	4	0	0	0	10	0	8	0	1	0	0	0	1	0	1	0	4	46	100	
Mannar	2	40	0	0	0	0	0	7	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	0	53	91	
Vavuniya	15	81	0	1	0	1	1	8	0	2	5	16	0	3	0	0	0	0	2	16	1	2	0	1	39	100	
Mullaitivu	7	48	0	4	0	0	1	2	0	0	2	7	0	2	0	0	0	0	0	0	0	0	1	0	1	34	83
Batticaloa	48	316	0	22	0	0	2	4	0	0	0	7	0	0	0	0	0	1	4	24	0	2	0	0	54	100	
Ampara	3	39	0	8	0	0	0	0	0	0	1	10	0	0	0	4	0	0	2	31	0	1	2	2	47	100	
Trincomalee	17	233	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	3	15	0	1	0	0	27	85	
Kurunegala	31	319	1	11	0	5	0	2	0	2	5	38	1	7	0	9	0	0	10	111	1	9	21	139	57	98	
Puttalam	14	125	1	7	0	0	0	0	0	0	0	7	0	4	0	0	0	0	6	31	1	2	0	1	58	100	
Anuradhapura	11	105	1	5	0	5	0	0	0	0	3	50	1	11	1	5	0	0	15	102	3	17	7	80	37	100	
Polonnaruwa	3	52	0	5	0	1	0	0	0	0	4	18	0	1	0	2	0	0	9	53	0	6	0	35	55	100	
Badulla	15	130	2	10	0	1	1	3	0	54	3	41	2	17	0	4	0	0	7	41	3	31	0	2	63	100	
Monaragala	7	90	1	11	0	1	0	0	0	0	4	49	0	20	2	8	0	0	2	35	3	23	0	5	64	100	
Ratnapura	34	304	0	17	1	10	0	2	0	2	8	97	1	6	0	3	1	1	12	72	1	30	0	13	44	100	
Kegalle	22	219	2	6	0	5	0	0	0	15	3	25	1	5	0	1	0	0	13	75	0	3	0	4	57	100	
Kalmune	31	182	2	14	0	0	1	1	0	0	1	11	0	0	0	0	0	0	3	32	0	1	0	0	58	100	
SRILANKA	869	8444	27	203	5	46	6	40	4	120	72	636	34	355	8	53	1	4	178	1216	26	211	61	586	52	98	

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 15th February, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 344 C**=Completeness
 A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

09th – 15th Feb 2019 (7th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2019	Number of cases during same week in 2018	Total number of cases to date in 2019	Total number of cases to date in 2018	Difference between the number of cases to date in 2019 & 2018
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	01	02	01	15	07	114.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	03	01	00	00	02	00	00	00	07	07	49	35	40 %
Measles	01	00	00	01	00	00	00	00	01	00	02	30	13	130.7 %
Rubella	00	00	00	00	00	00	00	00	00	00	01	00	03	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	01	00	00	00	00	01	00	03	04	- 25 %
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	02	09	- 77.7 %
Whooping Cough	00	00	00	00	00	01	00	00	00	01	00	11	07	57.1 %
Tuberculosis	113	23	01	13	08	02	08	18	17	203	125	1242	1036	19.8 %

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
February	93	23	14	9	1649	930	0

Source: Medical Research Institute & Veterinary Research Institute

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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**

ON STATE SERVICE

Dr. S.A.R. Dissanayake
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10