



WEEKLY EPIDEMIOLOGICAL REPORT

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

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It is time to know your TB status, for a TB free Sri Lanka

World Tuberculosis (TB Day) is commemorated by millions of people around the globe on 24th March each year. This day marks the discovery of causative agent of Tuberculosis by the German scientist Dr Robert Koch in 1982.

TB still remains a major public health problem in the globe causing significant morbidity and mortality. Around 1/3 of the world's population (1.7 billion people) is infected with TB and there were an estimated 10 million patients with active TB in 2017. Each day around 30,000 people fell ill with TB and nearly 4500 people die from TB. It is the number one killer from a single infectious disease and among the 10 leading causes of death worldwide. It is also the leading cause of death among patients living with HIV and the major cause of antimicrobial drug resistance related deaths.

Prompt diagnosis and proper treatment have resulted in saving millions of deaths due to TB each year and reduced the burden of TB. But still, there were significant gaps in case detection and treatment. The progress made so far in TB control is not sufficient enough to achieve the intended targets towards ending TB and intensified efforts would be needed in this regard.

World TB day, 2019 is designed to create public awareness about the devastating health, social and economic consequences of TB, and to step up efforts to end the global TB epidemic.

The global theme of World TB day, "It's time" focuses on the acceleration of actions taken by the countries to,

- scale up access to prevention and treatment

- build accountability
- ensure sufficient and sustainable financing including for research
- promote an end to stigma and discrimination, and
- promote an equitable, rights-based and people-centred TB response.

This year's theme of the World TB Day adopted by Sri Lanka is "It is time to know your TB status, for a TB free Sri Lanka" It highlights the importance of early diagnosis and timely treatment to end TB epidemic.

Delay in the diagnosis of TB will result in the spread of the disease in the community. An infectious TB patient who is not on treatment can transmit the disease to 10-15 people. Further, delay in diagnosis will lead to complications of TB & difficulties in the management of patients affecting treatment success.

Early diagnosis of TB depends on several important factors:

Availability and accessibility to the services.

There are several methods to diagnose TB.

- Sputum microscopy is still, the most cost-effective and widely available diagnostic method for TB. There are over 150 functioning microscopy centres in the country. But the sensitivity is low and depends on the quality of the sample and skills of the technician. In order to diagnose TB in a sputum sample, a microbe load need to be more than 10,000 per ml of sputum.
- A sputum culture is highly sensitive and specific but it needs 6-8 weeks to obtain the results. In Sri Lanka, only five labora-

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tories including National TB Reference Laboratory (NTRL) have facilities to carry out cultures. But only NTRL has the capacity to do the drug sensitivity testing.

- WHO recommended Rapid Diagnostic (WRD,) using in Sri Lanka is X pert (MTB/RIF). It is at present, established in 23 health institutions in the country including National Hospital, prison hospital, several teaching and provincial general hospitals. X pert (MTB/ RIF) is used for diagnosis of TB and to the detect rifampicin resistance.
- Chest X-ray is an important tool in screening suspects of TB. But it has a limited value in confirming diagnosis due to low specificity. X-ray facilities are available in most of the hospitals and chest clinics all over the country.

Optimal utilisation of diagnostic services

Though most of the diagnostic services are available up to grass root level, and easily accessible to all layers of the society, including marginalised populations, utilization of them is at a sub-optimal level.

TB suspects are not adequately referred for sputum microscopy or other TB tests from “out patients department” of hospitals, by the general practitioners or other private and public health care providers who may be the first contact with the health services for most of the patients with respiratory symptoms.

Therefore, it is very important to involve all the public and private health care providers in TB care and prevention by improving their knowledge, attitudes & practises on identifying TB suspects early and further management.

In addition, awareness of the community on early signs and symptoms of TB and other important aspects will improve the utilisation of services and self-referral to diagnostic centres.

Quality of Services

All the public and private laboratories conducting TB diagnostic test should be subjected to internal and external quality assurance conducted periodically. Capacity building of laboratory technicians should be carried out through regular in-service programmes and uninterrupted supply of reagents, cartridges and other laboratory consumables also essential for providing quality services.

TB is a totally curable and preventable disease with prompt treatment. Initiation of anti TB treatment early & timely and sustainability in treatment throughout full

treatment course ensure better treatment outcomes and prevent the spread of TB. Majority of patients become non-infectious following two weeks of proper treatment.

In order to create “TB Free Sri Lanka” measures should be taken to improve the following:

- o affected families and provision of incentives to patients.

Compiled by

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

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	88
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	7
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	NR
Jaffna	12	72	NR
Kilinochchi	4	24	29
Manner	5	30	NR
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	75
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	47
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	4
Kalmunai	13	78	71

* 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 March 2019 (11th 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	173	2513	0	12	0	1	1	5	1	8	5	38	0	7	0	3	0	0	14	125	5	17	0	2	44	100	
Gampaha	103	1491	0	3	0	1	0	0	0	11	1	22	0	1	0	0	0	0	5	87	0	6	2	26	56	96	
Kalutara	35	673	1	20	0	3	2	4	0	25	16	119	1	3	0	2	0	0	12	210	2	28	0	3	61	86	
Kandy	52	661	3	16	0	3	1	1	1	5	0	21	2	22	0	1	0	1	1	52	0	11	2	8	58	100	
Matale	6	162	0	11	0	2	0	0	0	0	1	20	1	3	1	3	0	1	3	22	0	3	1	75	54	100	
Nuwareliya	2	49	1	6	0	1	0	1	0	0	0	12	1	22	0	4	0	0	2	13	2	15	0	0	20	100	
Galle	50	377	1	13	0	4	0	1	0	0	5	68	0	16	0	2	0	0	8	104	3	23	0	1	60	100	
Hambantota	12	280	0	3	0	0	0	0	0	1	5	20	1	47	0	1	0	0	9	106	1	11	22	174	70	100	
Mataru	33	420	0	3	0	4	0	1	0	2	10	65	0	15	2	8	0	0	4	86	1	3	16	139	61	100	
Jaffna	57	1516	1	38	0	3	1	5	0	1	0	19	5	228	0	0	0	0	5	73	0	5	0	0	21	93	
Kilinochchi	2	68	1	5	0	1	0	8	0	0	0	13	2	17	0	1	0	0	0	2	0	2	0	4	39	100	
Mannar	1	47	0	0	0	0	0	7	1	1	0	0	0	3	0	0	0	0	0	0	0	0	0	0	52	87	
Vavuniya	7	118	1	3	0	2	0	13	0	3	3	26	0	3	0	0	0	0	2	23	1	6	0	1	43	100	
Mullaitivu	1	85	0	6	0	0	0	4	0	1	1	11	1	4	0	0	0	0	0	0	0	0	2	0	1	31	92
Batticaloa	53	527	1	29	0	0	0	7	0	1	1	13	0	0	0	0	0	1	10	47	0	3	0	0	53	98	
Ampara	7	62	0	9	0	0	0	0	0	1	1	12	0	0	0	4	0	0	7	47	0	2	0	2	49	100	
Trincomalee	38	347	0	2	0	0	0	0	0	4	0	1	0	2	0	0	0	0	10	56	0	1	0	0	33	78	
Kurunegala	21	448	0	17	0	5	0	3	0	3	7	61	0	8	0	10	0	0	15	165	1	14	22	220	56	99	
Puttalam	14	176	0	9	0	0	0	1	0	0	1	10	2	7	0	0	0	0	10	54	0	8	0	3	59	100	
Anuradhapura	8	150	1	7	0	5	0	1	0	0	5	58	2	17	2	7	0	0	16	151	3	28	13	120	42	97	
Polonnaruwa	3	75	1	7	0	1	0	0	0	0	1	28	0	1	0	2	0	0	9	89	0	9	9	65	59	100	
Badulla	23	193	0	11	0	1	0	4	0	55	3	55	3	31	1	8	0	0	7	69	0	47	0	7	64	100	
Monaragala	11	125	1	17	0	2	0	0	0	72	13	79	3	35	6	24	0	0	1	48	4	41	0	7	61	100	
Ratnapura	35	441	2	24	1	11	0	2	0	6	9	144	2	8	3	6	0	1	10	118	2	42	5	42	43	100	
Kegalle	28	325	1	10	2	8	0	0	0	19	3	36	3	13	1	2	0	0	17	131	0	9	3	10	58	100	
Kalmune	19	255	2	17	0	0	0	1	0	0	0	11	0	1	0	1	0	0	6	53	0	1	0	0	61	99	
SRILANKA	794	11584	18	298	3	58	5	69	3	219	91	962	29	514	16	89	0	4	183	1931	25	337	95	910	52	98	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 15th March, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 333 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

09th – 15th March 2019 (11th 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	01	00	00	00	00	00	01	03	00	23	11	109.9%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	02	01	01	01	01	01	00	01	01	09	09	81	68	19.1 %
Measles	00	00	00	00	00	00	00	00	00	00	01	38	22	72.7 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	04	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	06	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	04	06	- 33.3 %
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	01	07	12	- 41.6 %
Whooping Cough	01	01	00	00	00	00	00	01	00	03	00	19	07	171.4 %
Tuberculosis	66	22	05	10	04	06	00	03	10	131	178	1879	1628	15.4 %

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

Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
March	129	29	27	2			

Source: Medical Research Institute & Veterinary Research Institute

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ON STATE SERVICE

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