



# WEEKLY EPIDEMIOLOGICAL REPORT

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

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## Food Safety and Law – part i

This is the first of a series of 3 articles

Safe and nutritious food is the key to beginning and sustaining life and promote good health. Unsafe food creates a vicious cycle of disease and malnutrition, particularly affecting infants, young children, the elderly and the sick. Hazardous food has been a serious public health problem since history was first recorded, and many food safety problems encountered today are not new. Infections and diseases arising from contaminated food remain threats to global public health. The importance of achieving satisfactory human health through food safety was reiterated in the Statement adopted at the Second International Conference on Nutrition (ICN2), held in Rome in November 2014 by the Food and Agriculture Organization of United Nations /World Health Organization (FAO/WHO) focusing attention on achieving the Sustainable Development Goals.

### 1.1 Definition

Food safety is defined by the FAO/WHO as the assurance that foods consumed in the usual manner will not cause harm to human health and wellbeing. Food safety is of utmost importance in the twenty-first century,

since unsafe food is a major public health problem in both developed and developing countries. Food quality and safety are the totality of characteristics of the food products that bear on their ability to satisfy all legal, customer and consumer requirements. To follow global standardization, many countries adhered to Good agricultural practices (GAP), Good distribution practices (GDP), Good manufacturing practices (GMP), Good hygiene practices (GHP) and Hazard analysis and critical control point (HACCP) systems.

A food safety management system consists of continuous vigilance at critical control points, where the risk of food contamination could be high and operates based on Hazard Analysis and Critical Control Point (HACCP) principles. HACCP, as a risk management system for the production or preparation of food products, has been reported to be effective for the prevention of food borne diseases

Food safety in Sri Lanka is ensured through the Sri Lanka Food Act enacted by the Parliament in 1980 with 2 amendments made in 1991 and 2011, plus 40 Food Regulations which help to streamline and enforce the principal food laws in a comprehensive manner in the country. The main Food Act

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of Sri Lanka was developed based on the Canadian Food Act, delegating immense powers to enforcement officers to control and systematically regulate the manufacture, import, storage, distribution and sale of food products and to combat fraudulent practices carried out by unscrupulous traders. Since 1972 Sri Lanka has been a member of the Codex Alimentarius Commission, which was established by the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) to protect consumer health and promote fair practices in food trade by opting governments to use food safety guidelines, standards and codes of practices. Codex standards serve as a benchmark for national food legislation in many countries.

Food borne diseases occur commonly in developing countries predominantly due to poor food handling and sanitation practices, inadequate food safety laws, weak regulatory systems, lack of financial resources to invest in safer equipment, and lack of education for food handlers.

Many small food outlets and retail food establishments opened in the last few years, and the inadequate food safety in these establishments is a significant contributor to the burden of food-borne diseases, which must be addressed as the food system develops. The commitment and compliance of public health institutes and a responsible general public are crucial for the proper assurance of food safety, and for discharging the food laws and measures over unsafe food establishments and food-borne diseases.

**Compiled by: Dr Krishan Hirimuthugoda  
MBBS(Colombo)Msc (Com.med), MD  
(Com.med.), MRSPH (UK), LLB (reading)  
Senior Registrar in Community Medicine,  
Epidemiology Unit.**

**Table 1 : Water Quality Surveillance  
Number of microbiological water samples February  
2021**

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	NR
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	25
Jaffna	12	72	90
Kilinochchi	4	24	24
Manner	5	30	0
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	NR
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	29	174	14
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	23
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	0
Kalmunai	13	78	NR

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 13th - 19th Mar 2021 (12th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus Fe-		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	145	634	0	3	0	0	0	0	0	0	5	46	0	0	0	1	0	2	2	6	0	5	0	0	59	92
Gampaha	45	362	0	1	0	1	0	1	0	0	16	87	1	1	0	1	0	0	1	8	1	5	0	2	34	76
Kalutara	49	240	1	7	1	1	0	0	0	0	71	202	0	2	0	1	0	1	3	28	3	5	0	0	43.5	100
Kandy	16	150	3	11	0	1	0	0	0	0	3	55	2	15	0	1	0	0	1	17	1	5	2	10	60	100
Matale	1	28	0	2	0	1	0	0	0	0	0	18	0	3	0	1	0	0	0	8	0	1	3	73	64	100
NuwaraEliya	2	12	1	1	0	1	0	0	0	0	2	21	1	19	0	1	0	0	0	9	1	1	0	1	36	95
Galle	6	49	0	2	0	1	0	3	0	2	48	205	3	14	0	2	0	0	1	17	0	12	0	1	47	99
Hambantota	15	73	0	5	0	1	0	0	0	1	10	67	1	26	1	5	0	0	3	21	3	11	6	140	74	100
Matarata	5	80	0	1	0	0	0	1	0	0	7	76	1	9	0	2	0	0	0	24	0	2	12	124	35	100
Jaffna	4	83	1	27	0	2	0	9	2	6	1	10	35	373	0	0	0	0	0	14	0	2	0	1	17	88
Kilinochchi	0	16	2	8	0	0	0	0	3	7	2	23	3	42	0	0	0	0	0	5	0	0	0	1	54	100
Mannar	0	13	0	0	0	0	0	3	0	0	4	20	0	1	0	0	0	0	2	2	0	6	0	1	48	80
Vavuniya	0	20	1	2	0	0	0	0	0	0	1	11	0	0	1	0	0	0	0	5	0	0	0	0	31	100
Mullaitivu	0	3	0	1	0	0	0	0	0	0	2	12	0	5	0	0	0	0	0	1	0	3	0	0	22	100
Batticaloa	72	2458	1	10	0	1	0	1	1	11	1	14	0	0	0	1	0	0	1	4	3	11	0	0	47	100
Ampara	1	10	0	5	0	0	0	1	0	0	3	12	0	0	0	0	0	0	3	21	0	6	0	1	57	100
Trincomalee	3	70	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	9	0	2	0	0	40	90
Kurunegala	35	232	1	7	0	2	0	0	3	8	131	0	7	0	0	0	0	0	1	18	1	53	7	118	48	100
Puttalam	12	109	0	1	0	1	0	0	0	0	0	11	2	11	0	0	0	1	2	6	1	15	0	4	49	94
Anuradhapur	10	39	0	5	0	0	0	0	0	1	9	142	1	20	0	2	0	0	2	13	2	15	6	85	34	90
Polonnaruwa	3	16	1	2	0	0	0	0	0	0	2	37	0	1	0	1	0	0	0	9	0	1	7	115	41	100
Badulla	3	23	1	7	0	0	0	0	0	0	6	101	1	15	0	2	0	0	1	16	0	6	0	9	49	97
Monaragala	10	25	0	3	0	0	0	1	0	0	15	87	3	11	3	22	0	0	2	9	1	21	0	6	29	100
Ratnapura	21	146	0	13	3	3	0	0	1	37	283	1	14	1	3	0	1	1	3	22	2	27	0	26	37	100
Kegalle	10	93	1	3	2	3	0	0	0	0	7	95	0	4	0	0	0	0	5	31	1	9	1	3	43	100
Kalmune	14	122	0	5	0	1	0	1	0	0	2	12	0	0	1	1	1	1	0	1	1	2	1	1	44	100
<b>SRI LANKA</b>	<b>482</b>	<b>5106</b>	<b>14</b>	<b>132</b>	<b>6</b>	<b>20</b>	<b>0</b>	<b>21</b>	<b>6</b>	<b>32</b>	<b>262</b>	<b>1780</b>	<b>55</b>	<b>593</b>	<b>6</b>	<b>48</b>	<b>1</b>	<b>6</b>	<b>33</b>	<b>324</b>	<b>21</b>	<b>226</b>	<b>45</b>	<b>722</b>	<b>45</b>	<b>96</b>

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk).

\*T=Timeliness refers to returns received on or before 19th March, 2021 Total number of reporting units 357 Number of reporting units data provided for the current week: 352 C\*\*\_Completeness

**Table 2: Vaccine-Preventable Diseases & AFP**

13<sup>th</sup> – 19<sup>th</sup> Mar 2021 (12<sup>th</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021 & 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	00	15	09	66.66%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	01	01	00	01	00	00	03	02	28	51	-45.08%
Measles	00	00	00	00	00	00	00	00	00	00	02	05	21	-76.19%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	01	03	-66.66%
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	01	06	- 83.3%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	02	-100%
Tuberculosis	123	11	24	18	01	20	03	02	21	223	00	1590	1455	9.27%

**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
March							

Source: Medical Research Institute & Veterinary Research Institute

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](mailto:chepid@sltnet.lk). **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

**ON STATE SERVICE**

**Dr. Samitha Ginige**  
 Actg. CHIEF EPIDEMIOLOGIST  
 EPIDEMIOLOGY UNIT  
 231, DE SARAM PLACE  
 COLOMBO 10