



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>

Vol. 48 No. 14

27th – 02nd April 2021

Food Safety and Law – part ii

This is the second of a series of 3 articles

1.2 Food Hygiene

In 2012, according to Food (Hygiene) Regulations, food hygiene means all conditions, measures and practices necessary to ensure the safety and suitability of food at all stages of the food chain (Food (Hygiene) Regulations. 2012). By defining legally, it encapsulates the concept and differs from ordinary and everyday meaning.

1.2.1 Food and Hygienity laws of Sri Lanka

Food Act of Sri Lanka, No. 26 of 1980 as amended by Food (Amendment) Act No. 20 of the 1991 and Food (Amendment) Act No. 29 of 2011 regulates and controls the manufacture, importation, sale and distribution of food. This act repealed the food and drugs act of 1948 (chapter 216) and provided for matters connected therewith or incidental thereto.

Food (Hygiene) Regulations of Sri Lanka 2011 should be applied to all establishments dealing with the processing, transport, distribution, handling, storage or sale of food or any other matters related to food establishments. With the operation of the above Regulation, Food Regulation 1988 made under the Food Act, No. 26 of 1980 and published in Gazette Extraordinary No. 560/13 of June 2, 1989, was rescinded.

1.2.2 Enforcement of food law

Food standards are enforced by the states and territories in the United States of America (usually their health or human services departments) or, in some cases, by local government.

These authorities regularly check food products for compliance with the Food Standards Code. In Sri Lanka, the authority lies with the Municipal Councils and Pradeshiya Sabha and Regional Directors as gazetted in 1999. The food industry also regularly monitors food production to ensure that the food supply continues to be safe and of high quality.

1.3 Burden and sources of unhygienic food

An International analysis by WHO revealed in 2019, that an estimated 600 million – almost 1 in 10 persons in the world – fall ill after eating contaminated food and 420 000 die each year, resulting in the loss of 33 million healthy life years (DALYs). Children under 5 years of age carry 40% of the food borne disease burden, with 125 000 deaths every year. Diarrhoeal diseases are the most common illnesses resulting from the consumption of contaminated food, with 550 million falling ill with 230 000 deaths every year.

Indoor Morbidity and Mortality Reports (IMMR) from all government hospitals of Sri Lanka report the burden of intestinal infectious diseases annually to Medical Statistics Unit, Ministry of Health in accordance with A00 – A009 category (A00-Cholera, A01-Typhoid and paratyphoid fevers, A02-Other Salmonella Infections, A03-Shigellosis, A04-Other bacterial Intestinal Infections, A05-Other bacterial food borne intoxications; not elsewhere classified, A06-Amoebiasis, A07-Other protozoal intestinal diseases, A08-Viral and other specified intestinal infections, A09-Infectious gastroenteritis and

Contents

	Page
1. Leading Article – Food Safety and Law – part ii	1
2. Summary of selected notifiable diseases reported (20 th – 26 th March 2021)	3
3. Surveillance of vaccine preventable diseases & AFP (20 th – 26 th March 2021)	4

WEB SRI LANKA 2021

colitis, unspecified) of International Classification of Diseases – 10 (ICD), in which following diseases are described as for coding. Though IMMR is the only source of disease information in Sri Lanka, there are food borne diseases treated at the primary care level in the majority of hospitals without the information being reported to the national level.

In Indoor Morbidity and Mortality statistics in 2017 revealed that categories (A00 – A09), showed a decline of hospitalization due to infectious intestinal diseases from 2010 to 2017 per 100,000 population and as the fourth leading cause for admission. But same statistics defined the rate of mortality due to infectious intestinal diseases for 100,000 population from 2010 to 2017 as a plateau. In 2017, infectious intestinal diseases prevailed in all age categories with the highest rate amidst the working-age group. Considering the above facts, it might be affecting the people contributing to the economy of the country and deaths due to FBD have not been improved with time.

Table 1 describes the number of hospitalization and deaths over 2010-2017 by certain food borne diseases in Sri Lanka according to ICD codes in Annual health statistics 2017. It shows the distribution of hospitalization and deaths per 100,000 population.

Number of Hospitalizations and Deaths over 2010-2017 by Certain Infectious and Parasitic Diseases according to ICD Codes*

*Source: Annual Health statistics 2017

Describing the locations and settings of food con-

	Number of hospitalizations per 100,000 population							
	2010	2011	2012	2013	2014	2015	2016	2017
Certain Infectious and parasitic diseases (A00-A09)	732.4	684.3	634.4	607.5	619.8	625.9	619.4	512.9
	Number of Deaths per 100,000 population							
	2010	2011	2012	2013	2014	2015	2016	2017
Certain Infectious and parasitic diseases (A00-A09)	0.4	0.3	0.2	0.3	0.3	0.3	0.4	0.3

tamination, Canada and USA health bureau summarized places where contaminations are best known to occur. It indicated that an average of 73.4% in Canada over a 10-year analysis and 43.2% in the USA over a 5-year analysis occurred as a primary source by food service establishments following food-borne diseases and outbreaks.

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: Selected notifiable diseases reported by Medical Officers of Health 20th - 26th Mar 2021 (13th 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	57	691	0	3	0	0	2	2	0	0	9	55	1	1	0	1	2	2	8	1	6	0	0	57	91	
Gampaha	53	415	0	1	0	1	0	1	0	0	7	94	0	1	0	1	0	0	1	9	0	5	0	2	35	76
Kalutara	28	268	0	7	0	1	0	0	0	0	27	229	1	3	0	1	1	5	33	0	5	0	0	44.5	100	
Kandy	16	166	2	13	0	1	0	0	1	1	1	56	1	16	0	1	0	1	18	0	5	0	10	60	100	
Matale	0	28	0	2	0	1	0	0	0	0	1	19	0	3	0	1	0	1	9	0	1	0	2	75	100	
NuwaraEliya	2	14	0	1	0	1	1	1	0	0	3	24	1	20	0	1	0	0	1	10	0	1	0	1	37	95
Galle	13	62	0	2	0	1	1	4	2	4	44	249	3	17	0	2	0	2	19	2	14	0	1	47	99	
Hambantota	5	78	0	5	0	1	0	0	1	0	8	75	2	28	0	5	0	0	21	0	11	2	142	75	100	
Matara	12	92	0	1	0	0	0	1	0	0	15	91	0	9	0	2	0	0	3	27	0	2	7	131	37	100
Jaffna	2	85	0	27	0	2	0	9	0	6	0	10	14	387	0	0	0	0	14	0	2	0	1	17	88	
Kilinochchi	1	17	0	8	0	0	0	0	0	7	3	26	4	46	0	0	0	0	1	6	0	0	1	54	100	
Mannar	1	14	0	0	0	0	0	3	0	0	1	21	0	1	0	0	0	0	2	0	6	0	1	48	80	
Vavuniya	2	22	0	2	0	0	0	0	0	0	0	11	1	1	0	1	0	0	5	0	0	0	0	33	100	
Mullaitivu	0	3	0	1	0	0	0	0	0	0	2	14	1	6	0	0	0	0	1	0	3	0	0	23	100	
Batticaloa	83	2541	0	10	0	1	0	1	0	11	1	15	0	0	0	1	0	0	4	0	11	0	0	48	100	
Ampara	1	11	0	5	0	0	0	1	0	0	0	12	0	0	0	0	0	0	21	1	7	1	2	57	100	
Trincomalee	2	72	0	0	0	0	0	0	0	0	0	2	0	0	2	2	0	0	9	0	2	0	0	41	88	
Kurunegala	48	280	0	7	0	2	0	0	3	4	135	0	7	0	0	0	0	0	18	5	58	10	128	47	99	
Puttalam	19	128	0	1	0	1	0	0	0	0	1	12	2	13	0	0	1	0	6	1	16	0	4	50	94	
Anuradhapur	9	48	1	6	0	0	0	0	1	5	147	0	20	0	2	0	0	4	17	1	16	4	89	33	89	
Polonnaruwa	2	18	0	2	0	0	1	1	1	1	1	38	0	1	0	1	0	0	1	10	0	1	18	133	40	100
Badulla	2	25	1	8	0	0	0	0	0	0	11	112	0	15	1	3	0	0	16	1	7	0	9	50	97	
Monaragala	5	30	0	3	0	0	0	1	0	0	14	101	0	11	2	24	0	2	11	4	25	2	8	31	100	
Ratnapura	26	172	0	13	0	3	0	0	1	2	44	327	0	14	1	4	0	1	24	1	28	5	31	38	100	
Kegalle	16	109	0	3	0	3	0	0	0	0	12	107	1	5	0	0	0	3	34	0	9	1	4	43	100	
Kalmune	19	141	0	5	0	1	0	1	0	0	0	12	0	0	1	2	0	1	3	4	0	2	0	1	44	100
SRI LANKA	424	5530	4	136	0	20	5	26	5	37	214	1994	32	625	7	55	0	6	32	356	17	243	52	774	45	96

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

*T=Timeliness refers to returns received on or before 26th 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

20th – 26th Mar2021 (13th 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	01	01	00	00	00	01	00	00	00	03	28	54	-48.14%
Measles	00	00	00	00	00	00	00	00	00	00	00	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	01	00	00	00	00	00	00	00	00	01	00	01	03	-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	69	09	15	07	10	17	06	10	20	163	00	1753	1455	20.48%

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

Number of Malaria Cases Up to End of March 2021,

0

All are Imported!!!

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