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1. POLIOMYELITIS

Twenty three (23) Acute Flaccid cases were notified to the Epidemiology Unit during the 1st quarter 2012. This is almost similar to 24 cases reported during the 1st quarter 2011. This number is less than the expected number of AFP cases per quarter to meet the WHO surveillance criteria of 2:100,000 under 15 year population, which is 27 according to the updated current population census survey. The non-polio AFP rate for the first quarter of 2012 was 1.7:100,000.

Notification of AFP Cases from Hospitals

Currently 67 hospitals are functioning as sentinel sites for AFP surveillance and sentinel sites for AFP are defined as hospitals with availability of Consultant Pediatricians' services. Seven cases were reported from Lady Ridgeway Children's Hospital (LRH) during the quarter. Teaching Hospital .Karapitiya and T.H.Kandy have reported 3 patients from each hospitals. All cases reported are given in the table 01 below

Table 01

Notification of AFP cases by sentinel Hospital 1st Quarter 2012

Hospital	Number of Cases Reported
LRH	7
T.H.Karapitiya	3
T.H.Kandy	3
T.H.Jaffna	2
P.G.H.Badulla	2
T.H.Baticaloa	2
T.H.Peradeniya	1
SBMCH	1
T.H.Ragama	1
G.H.Nuwara Eliya	1
Total	23

Distribution of AFP Cases according to Provinces, Districts & MOH Areas

The highest number of cases has reported from districts of Gampaha and Badulla with 3 cases each. The complete list of distribution of AFP cases according to the province, district and MOH area is given below.

Table 02.

Distribution of AFP cases by district & MOH area, 1st quarter 2012

Province	District	MOH Area	Number of AFP cases
Western	Colombo	Piliyandala	1
		Gampaha	Biyagama
		Dompe	1
Southern	Matara	Negambo	1
		Mulatiyana	1
	Galle	Balapitiya	1
		Ambalangoda	1
Central	Hambantota	Beliatta	1
		Nuwara Eliya	Ragala
		Bagawanathalawa	1
Sabaragamuva	Ratnapura	Eheliyagoda	1
Uva	Badulla	Mahiyanganaya	1
			Welimada
		Hali Ela	1
		Moneragala	Madagama
North Central		Bibile	1
		Anuradhapura	Rambawa
		Palagala	1
Northern	Jaffna	Jaffna	1
			Kopay
Eastern	Ampara	Mahaoya	1
		Trincomalee	Kinniya
		Baticaloa	Padippalai

Age and Sex Distribution of AFP Cases

Majority (14, 61 %,) of cases during the quarter were males and is higher than the last quarter (50%).

Majority of cases reported belongs to the age group 5-9 years. And the trend was different compared to the same quarter in the previous year in which the distribution above 1 year age categories was more or less the same.

The table below shows the age distribution in the 1st quarter 2012.

Table 03. **Distribution of AFP cases by Age, 1st Quarter 2012**

Age Group	Total
<1 year old	0
1-4 year old	5
5-9 year old	11
10-15 year old	7
Total	23

Laboratory Surveillance of AFP Cases

Two stool samples collected within 14 days of onset of paralysis are required at the Virology Laboratory, Medical Research Institute for polio virology. According to WHO criteria these samples should be of 'good condition' as well as timely. Being of correct quantity (8-10g), sent in a leak proof container with no evidence of spillage or leakage and presence of ice in the container on receipt are the criteria to complete to make the samples of 'good condition'.

All 23 AFP cases reported (100%) have had at least one stool sample sent to MRI for polio virology irrespective of the time. There were 3 cases with both stool samples collected after 14 days and were late. One case was with only one timely stool sample collected. Altogether 4 cases were considered as having inadequate stool specimen collected. The satisfactory stool specimen collection rate was 83% and this complies with the expected national target of 80%. However satisfactory stool specimen collection rate was below the corresponding quarter in the previous year (92%).

2. CHOLERA

No confirmed cases of cholera were reported to the Epidemiology Unit during the 1st Quarter 2012. Last case of cholera was reported in the country in January 2003.

3. TETANUS

During the 1st Quarter 2012, 3 suspected Tetanus cases were notified to the Epidemiology Unit. This is in comparison to 6 cases in the previous quarter

4. MEASLES

Eighteen (18) suspected cases of Measles were reported during the first quarter 2012 but only 12 cases were clinically confirmed as measles. This is in contrast to the number reported as 25 and clinically confirmed as 18 respectively during the first quarter in the previous year.

Clinical confirmation is considered according to the surveillance case definition of "fever and rash with one of the signs of cough, coryza or conjunctivitis". Of these clinically confirmed 12 cases, all were (100%) field investigated by the Medical Officer of Health (MOH) working at the respective area of residence of the relevant patient and special investigation form being received at the Epidemiology Unit.

These clinically confirmed cases were reported from the districts of Colombo (Kolonnawa), Kurunegala (Ibbagamuwa), Gampaha (Attanagalle), Matale (Galewela), N'Eliya (Maturata), Anuradhapura (Thirappane), Badulla (Badulla), Ratnapura (Balangoda) and Kegalle (Yatiantota). Age groups and vaccination status of field investigated suspected measles cases which are compatible with case definition are given in table 04.

Fever and rash patients suspected of Rubella/ Measles admitted to any hospital, or treated as an out-patient in OPD or presented to General Practitioners or if primary health personnel identified in the community are requested to be investigated with IgM for Measles/ Rubella, ideally a blood sample collected within 3rd to 28 day of the onset of rash. Importance of laboratory confirmation is highlighted and requested to send 3ml blood/serum sample to the virology laboratory at the Medical Research Institute (MRI). Twenty seven (27) of such patients were tested at the laboratory during the 1st quarter 2012 and no cases were positive for Measles IgM antibodies. Outbreaks of measles were not reported during the quarter.

Table 04

SELECTED CHARACTERISTICS OF CONFIRMED CASES (WITH SPECIAL INVESTIGATIONS) OF MEASLES – 1st quarter 2012

Sex	Male	9
	Female	3
Age group	<9years	3
	10-19 years	2
	20-29 years	4
	30-39 years	2
	>40 years	1
Immunization status	Non immunized	5
	Immunized	0
	Unknown	7

5. LEPTOSPIROSIS

During the 1st Quarter 2012, 730 cases and 14 deaths (CFR 1.9%) due to Leptospirosis were notified to the Epidemiology Unit compared to 1148 cases and 17 deaths in the previous quarter and 2437 cases and 48 deaths during corresponding quarter of 2011.

Age and sex distribution of patients, revealed by the special surveillance data is given in table 05

Table 05

SELECTED CHARACTERISTICS OF LEPTOSPIROSIS PATIENTS (%) - 1st QUARTER 2012

Age Group	Sex	
	Male	Female
0-10 years	0.31	0
11-20 years	10.56	1.55
21-30 years	14.59	1.24
31-40 years	20.81	2.48
41-50 years	16.15	4.97
51-60 years	13.67	3.42
>60years	8.69	1.56
Total	84.78	15.22

6. HUMAN RABIES

Eleven cases of Human Rabies were notified to the Epidemiology Unit in the 1st quarter 2012 compared to 12 cases in the previous quarter and 7 cases in the corresponding quarter of year 2011.

Among the notified cases all the cases (11) were investigated and confirmed as Human Rabies. Out of the total of 11 Human Rabies cases, 9 (81.82%) were males and 2 (18.18%) were female cases.

Colombo and Kurunegala districts reported the highest number of cases (2 cases) accounting for 18.18% of the total case load followed by Kalutara (1 case i.e.9.09%), Matara (1 case i.e. 9.09%), Killinochchi (1 case i.e. 9.09%), Batticaloa (1 case i.e. 9.09%) Anuradhapura (1 case i.e. 9.09%) Polonnaruwa (1 case i.e. 9.09%) and Kalmunai(1 case i.e.9.09%)

Rabies Control Activities

Dog vaccination - A total of 231486 dogs were immunized during the 1st Quarter 2012, when compared to 240903 in the previous quarter and 244145 in the corresponding quarter of last year.

Animal Birth Control

Chemical - 12775 female dogs were injected with birth control injections (Progesterone) during the quarter under review.

Surgical - 20309 female dogs were subjected to sterilization by surgical method during the quarter under review.

*Source – Director/PHVS

7. ENTERIC FEVER

In the 1st Quarter 2012, a total of 455 cases of Enteric fever were reported to the Epidemiology Unit, compared to 607 cases in the previous quarter and 352 cases in the corresponding quarter of 2011. The district of Jaffna (151 cases) reported the highest number of cases, followed by Colombo (51 cases) (Table 26)

8. VIRAL HEPATITIS

In the 1st Quarter 2012, a total of 552 cases of Viral Hepatitis were reported to the Epidemiology Unit. This was in comparison to the 687 cases in the previous quarter and 199 cases in the corresponding quarter of 2011. Kegalle(176 cases) & Gampaha Districts(82 cases) reported the highest number of cases (Table 26).

9. DYSENTERY

In the 1st Quarter 2012, a total of 746 cases of Dysentery were reported to the Epidemiology Unit, in comparison to 1639 cases in the previous quarter and 1311 cases in the corresponding quarter of 2011. Rathnapura (73 cases), and Jaffna (63 cases) reported the highest number of cases (Table 26).

10. MALARIA

The number of microscopically confirmed cases of malaria detected during the 1st quarter of the year 2012 shows very marked reduction in comparison to the number of cases detected during the corresponding quarter of 2011(Table 07)

11. JAPANESE ENCEPHALITIS

(JE)

During the 1st quarter of 2012, 83 cases of clinically suspected Encephalitis cases were reported to the Epidemiology Unit through the Weekly Return of Communicable Diseases (WRCD). The number of cases that were subjected to case base investigation during the 1st quarter of 2012 was 38 (43.6%). Among these 38 cases, 18 were found to be lab confirmed as JE. All these 18 (100%) cases were investigated by the MOH. Among them five (27.7%) were under 10 years of age.

The highest number of confirmed JE cases were reported from Ratnapura (6), Kegalle (3), and Puttalam (3) districts. Majority of cases were reported from Palmadulla MOH area. Reedigama, Deraniyagala, Bulathkohupitiya, Dehiowita, Kuruwita, Ratnapura, Balangoda, Morawaka, Vavuniya, Anuradhapura, Chilaw, Kalpitiya, Marawila, Mahara and Kadugannawa MOH areas reported one case each.

In majority of confirmed JE cases, immunization status was unknown. Three deaths were reported due to JE during the quarter.

In the corresponding quarter of 2011, there were 54 reported cases of Encephalitis, with 12 lab confirmed JE and two deaths.

Table 06

SELECTED CHARACTERISTICS OF CONFIRMED CASES OF JE – 1st Quarter 2012

Sex	Male	11
	Female	07
Age group	10<Y	5
	11-20Y	1
	21-30Y	5
	31-40Y	2
	41-50Y	2
	51-60Y	1
	61-70Y	2
District	Ratnapura	06
	Kegalle	03
	Puttalam	03
	Kurunegala	01
	Vavuniya	01
	Matara	01
	Anuradhapura	01
	Gampaha	01
	Kandy	01
Immunization	Immunized	00
	Non immunized	08
	Unknown	10

Table 07

Results of Blood smear examination for malaria parasites - 1st Quarter 2012

	1st Quarter 2011	1st Quarter 2012
No. of blood smears examined	247,376	258,113
No. of positives	80	14
No. of <i>P. vivax</i>	78	13
No. of <i>P. falciparum</i>	2	1
No. of mixed infections	0	0
Slide positivity rate (S.P.R)	0.03%	0.01%
P.v : P.f. ratio	39:1	13:1
No. of infant positives	0	0
Percentage of infant positives	0%	0%

Table 08

DISTRIBUTION OF MALARIA CASES BY RMO DIVISION - 1ST QUARTER 2012

RMO	Blood smears	Positives	P.v.	P.f.	Mixed
Colombo	19194	0	0	0	0
Gampaha	11089	0	0	0	0
Kalutara	3384	0	0	0	0
Kandy	11141	0	0	0	0
Matale	5493	0	0	0	0
Nuwara Eliya	1094	0	0	0	0
Galle	3803	0	0	0	0
Matara	5856	0	0	0	0
Hambantota	6368	0	0	0	0
Jaffna	17659	3	3	0	0
Kilinochchi	15374	2	1	1	0
Vavuniya	9507	2	2	0	0
Mannar	5123	0	0	0	0
Mullaitivu	18061	7	7	0	0
Batticaloa	22095	0	0	0	0
Ampara	7403	0	0	0	0
Kalmune	11324	0	0	0	0
Tricomalie	12971	0	0	0	0
Kurunegala	15249	0	0	0	0
Maho	3204	0	0	0	0
Puttalam	4153	0	0	0	0
Anuradhapura	18186	0	0	0	0
Pollonnaruwa	11485	0	0	0	0
Badulla	4668	0	0	0	0
Monaragala	6076	0	0	0	0
Rathnapura	5854	0	0	0	0
Kegalle	2299	0	0	0	0
TOTAL	258113	14	13	1	0

P.v. – *Plasmodium vivax*P.f. – *Plasmodium falciparum*

Table 09

MORBIDITY AND MORTALITY DUE TO DF/DHF - 1ST QUARTER 2012

RDHS Division	Cases	Percentage (%)	Deaths
Colombo	2440	25.00%	15
Gampaha	1934	19.82%	7
Kalutara	649	6.65%	2
Kandy	578	5.92%	3
Matale	151	1.55%	1
N' Eliya	100	1.02%	1
Galle	371	3.80%	2
Hambantota	169	1.73%	1
Matara	488	5.00%	1
Jaffna	174	1.78%	0
Kilinochchi	15	0.15%	0
Mannar	64	0.66%	0
Vavuniya	23	0.24%	0
Mulativu	4	0.04%	0
Batticaloa	470	4.82%	0
Ampara	28	0.29%	0
Trincomalee	72	0.74%	0
Kurunagale	421	4.31%	2
Puttalam	301	3.08%	3
A'pura	111	1.14%	0
Polonnaruwa	73	0.75%	0
Badulla	75	0.77%	0
Moneragala	62	0.64%	0
Rathnapura	439	4.50%	2
Kegalle	438	4.49%	1
Kalmunai	109	1.12%	1
Total	9759	100.00%	42

Table 10

**RESULTS OF LARVAL SURVEY CARRIED OUT BY DEPARTMENT OF ENTOMOLOGY, MRI
1ST QUARTER 2012**

Area	January 2012		February 2012		March 2012	
	Breteau index		Breteau index		Breteau index	
	Ae. aegypti	Ae.albopictus	Ae. aegypti	Ae. albopictus	Ae. aegypti	Ae. albopictus
CMC	7.7	1.7	2.0	0.9	1.9	0.5
Moratuwa	5.1	4.6	10.6	15.2	2.8	2.8
Kaduwela	1.1	2.8	2.3	6.8	1.1	8.0
Nugegoda	0.5	1.5	0.0	3.0	4.4	4.0
Ragama	0.0	5.6	0.0	3.9	0.0	4.9
Ja Ela	2.8	8.0	2.0	6.0	5.0	12.0
Kelaniya	1.7	2.8	3.5	3.5	1.5	2.5
Maharagama	--	--	--	--	3.9	9.8
Piliyandala	--	--	--	--	0.0	10.6
Wattala	--	--	--	--	2.2	0.7
Mirigama	--	--	--	--	0.0	10.6
Seeduwa	--	--	--	--	0.0	5.6
Minuwangoda	--	--	--	--	0.0	3.0

Table 11

DHF STATISTICS FROM DEPARTMENT OF VIROLOGY, MRI 1ST QUARTER 2012

Month	Clinically suspected cases of DF/DHF	Serologically Confirmed Cases of DF/DHF
January	524	343
February	365	207
March	224	109
Total	1113	659

**12. DENGUE FEVER (D.F.)/ DENGUE
HAEMORRHAGIC FEVER (D.H.F.)**

During the 1st Quarter 2012, 9759 cases of DF/DHF and 42 deaths were reported (0.43% CFR) when compared to 8793 cases of DF/DHF and 46 deaths (0.52% CFR) reported during the 4th Quarter 2011. Proportion of cases notified in January, February, March was 40.84 %, 32.24%, and 26.92% respectively.

Special surveillance data on 2418 confirmed cases were received and analyzed for the 1st quarter 2012. Age distribution of reported cases were <4 years of age in 237 (9.80%), 5- 9 years of age in 346 (14.31%), 10 - 14 years of age in 252 (10.42%) 15 – 19 years of age in 224 (9.26%), 20 - 24 years of age in 285 (11.79%), 25 - 29 years of age in 267 (11.04%), 30 - 34 years of age in 186 (7.69%), 35 - 39 years of age in 141 (5.83%), 40 - 44 years of age in 140 (5.79%), 45 - 49 years of age in 108 (4.47%), 50 – 54 years of age in 76 (3.14%), 55 - 59 years of age in 56 (2.32%), >60 years of age in 92 (3.80%) .

Table 9 shows the distribution of DF/DHF cases and deaths by the RDHS divisions during the 1st quarter.

According to the clinical findings majority of the reported cases (88.92%) were classified as dengue fever and 10.92% were classified as DHF with 8.15 %, 1.53%, 1.17%, 0.12% falling into DHF I, DHF II, DHF III, DHF IV categories respectively. Results of entomological surveillance carried out in the Western Province by the Department of Entomology, MRI during the current quarter is given in Table 10.

During the 1st Quarter 2012, 1113 blood samples were tested using IgM capture ELISA test and Haem Agglutination Inhibition test (HAI) at the Department of Virology, MRI. From the total 659 (59.21%) samples were confirmed as positive (Table 11).

13. RUBELLA

During the 1st quarter 2012, 46 suspected cases were reported and 41 of them were compatible with surveillance case definition during field investigations carried out by the Medical Officer of Health. Comparing the compatible quarter of the previous year (2011), 2 suspected Rubella cases were reported and 1 of them were compatible with the surveillance case definition. The field level investigation rate is 85% (35) for the 1st quarter 2012. One outbreak was reported during the quarter from the district of Gampaha (Minuwangoda). This outbreak was epidemiologically investigated and laboratory confirmed with virus isolation. The total number affected in the outbreak was 30 and the majority (60%) affected were adult (>20years) males.

Laboratory investigations of fever and rash patients suspected of Measles/Rubella (27) were tested for Rubella IgM, by sending 3ml blood samples, collected within 3rd to 28th day of the onset of rash to Virology Laboratory at Medical Research Institute (MRI) and 16 cases were identified positive for Rubella IgM antibodies including 10 cases from the outbreak. 6 cases of Congenital Rubella syndrome were reported during the first quarter .

14. SURVEILLANCE REPORT ON AEFI

Surveillance of Adverse Events Following Immunization (AEFI) has effectively continued in the 1st Quarter of 2012 has reached 97.4% of completeness of MOH monthly reports, while 49.8% reports were received in time at the Epidemiology Unit indicating good compliance with the system by the MOOH. The MOOH of Colombo, Hambantota, Matara, Kilinochchi, Mannar, Vavuniya, Batticaloa,

Ampara, Kurunegala, Puttalam, Anuradhapura, Polonnaruwa, Badulla, Monaragala and, Kegalle, have been able to send all the reports, for Sri Lanka it was 97.4%. The completeness for Rathnapura (98.1%), Trincomalee (97%), Galle (96.5%), Kandy (95.8%), Nuwara Eliya (94.9%), Kalutara (94.9%), Jaffna (94.4%), Gampaha (93.3), Matale (91.7), Kalmunai (89.7) and Mullativu (75%) need to be improved further. Best timeliness was reported from the Gampaha district (85.7%) followed by Kegalle (84.8%). (Table 12)

Highest percentage of nil reports were received from Mannar (73.3%) followed by the Kalmunai district (68.6%) which is much higher than the Sri Lankan average (40.8%) indicating the need for more attention for surveillance. The lowest percentage (8.3%) of such returns received was from the Hambantota district followed by Gampaha (11.9) and Kegalle districts (15.2%).

Highest rate (475.2 per 100,000 immunizations) of AEFI was reported from the Jaffna district with the number of 196 AEFI. The highest number (387) and rate of AEFI (437.3 per 100,000 doses administered) were reported against DPT vaccine. Pentavalent (01st, 02nd & 03rd dose) total and rate of AEFI was 680 and 245.9 per 100,000 doses administered respectively. High Fever (507), Allergic Reaction (439), Nodule (180) are the leading AEFI reported. Highest numbers of fever cases reported were following Pentavalent (292 cases: 105.6 per 100,000 doses administered) and DPT (122 cases: 137.8 per 100,000 doses administered) vaccines. For Allergic Reactions, it was largely due to Pentavalent (108 cases: 39.1 per 100,000 doses administered) and DPT (76 cases: 85.9 per 100,000 doses administered) .

Table 12

COMPLETENESS AND TIMELINESS OF MONTHLY REPORTING AND RECEIPT OF “NIL” REPORTS OF AEFI BY RDHS DIVISIONS - 1st Quarter

RDHS Division	% Completeness	% Timely Returns	% Of Nil	No. of AEFI	AEFI Rate(100,000 doses of antigens)
Colombo	100.0	47.6	16.7	136	105.4
Gampaha	93.3	85.7	11.9	143	106.2
Kalutara	94.9	24.3	45.9	36	45.0
Kandy	95.8	44.9	49.3	59	62.0
Matale	91.7	69.7	57.6	24	65.6
Nuwara Eliya	94.9	40.5	59.5	33	58.0
Galle	96.5	34.5	61.8	33	46.1
Hambantota	100.0	66.7	8.3	108	235.1
Matara	100.0	54.9	39.2	69	120.8
Jaffna	94.4	70.6	35.3	196	475.2
Kilinochchi	100.0	33.3	66.7	5	48.4
Mannar	100.0	20.0	73.3	10	117.3
Vavuniya	100.0	75.0	41.7	32	226.1
Mullativu	75.0	44.4	44.4	19	248.2
Batticaloa	100.0	31.0	57.1	33	72.9
Ampara	100.0	28.6	61.9	10	45.4
Trincomalee	97.0	46.9	59.4	20	61.3
Kurunegala	100.0	59.4	23.2	183	169.0
Puttalam	100.0	33.3	24.2	45	74.7
Anuradhapura	100.0	49.1	31.6	85	123.7
Polonnaruwa	100.0	38.1	28.6	31	101.8
Badulla	100.0	62.5	18.8	93	158.4
Moneragala	100.0	78.8	42.4	54	150.8
Ratnapura	98.1	34.0	66.0	29	38.8
Kegalle	100.0	84.8	15.2	95	172.9
Kalmunai	89.7	17.1	68.6	22	62.6
Sri Lanka	97.4	49.8	40.8	1603	113.2

Table 13

NUMBER AND RATE OF SELECTED AEFI REPORTED BY VACCINE AND BY TYPE OF AEFI , 1st Quarter 2012

Vaccine	Seizure	Allergic Reaction	Injection Site Ab-	Severe Local Reac-tions	High Fever	HHE	Meningitis	Nodule	Arthralgia	Encephalopathy	Encephalitis	Lymphadenitis	Anaphylactic Shock	Persistent Screaming	Others	Total AEFI (by Antigen)	Rate/ 100,000 doses
BCG	0	1	8	0	0	0	0	0	0	0	0	0	0	0	0	9	11.3
DPT	28	76	10	37	122	0	0	55	2	0	0	0	0	2	55	387	437.3
Penta 1st	7	64	6	7	138	5	0	36	2	0	0	0	0	15	53	333	366.0
Penta 2nd	3	23	8	8	78	1	0	51	1	0	0	1	0	1	17	192	203.2
Penta 3rd	5	21	7	7	76	0	1	27	0	0	0	0	0	1	10	155	170.3
OPV	0	0	0	0	1	0	0	0	0	0	0	0	0	0	4	5	1.1
DT	1	31	6	5	13	0	0	4	0	0	0	0	0	0	22	82	96.1
TT	0	4	0	0	0	0	0	2	0	0	0	0	0	0	3	9	11.0
JE	8	52	0	3	35	0	0	1	2	0	0	0	0	1	15	117	89.4
aTd	0	12	1	2	5	1	0	1	0	0	0	0	0	0	35	57	85.3
MR	0	86	0	1	2	0	0	0	0	0	0	0	3	0	13	105	
MMR	6	68	0	4	37	0	0	2	1	0	0	0	0	0	32	150	96.0
Hexa	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
O t h - e r s	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Total	58	439	46	74	507	7	1	180	8	0	0	1	3	20	259	1603	113.2

15. TUBERCULOSIS

A total of 2167 of new Tuberculosis patients were registered for 1st Quarter 2012 by the National Programme for Tuberculosis Control and Chest Diseases. Of this total 1566 patients had pulmonary TB and 601 patients were with extra pulmonary TB. Of these patients, 1050 were sputum smear positive. The distribution of tuberculosis patients by RDHS division is given in Table 14

Table 14

TUBERCULOSIS PATIENTS BY RDHS DIVISIONS - 1st Quarter 2012

RDHS DIVISION	New				Retreat-ment & other	Total
	PTB sp+ve	PTB sp-ve	EPTB	Total		
Colombo	253	63	119	435	83	518
Gampaha	127	45	70	242	17	259
Kalutara	68	23	41	132	11	143
Kandy	55	52	33	140	13	153
Matale	14	9	13	36	3	39
Nuwara Eliya	21	16	16	53	5	58
Galle	48	29	25	102	8	110
Matara	28	2	14	44	7	51
Hambantota	7	5	13	25	3	28
Jaffna	29	19	35	83	0	83
Vavuniya	10	6	6	22	1	23
Mannar	9	4	4	17	1	18
Mulathiv	3	3	3	9	1	10
Kilinochchi	3	8	3	14	1	15
Batticaloa	22	5	8	35	3	38
Ampara	7	10	4	21	0	21
Kalmunai	20	20	7	47	4	51
Trincomalee	11	52	13	76	3	79
Kurunegala	55	42	31	128	25	153
Puttalam	28	7	16	51	3	54
Anuradhapura	50	20	25	95	9	104
Polonnaruwa	16	18	11	45	0	45
Badulla	24	10	16	50	6	56
Monaragala	15	7	6	28	2	30
Rathnapura	81	24	43	148	8	156
Kegalle	46	17	26	89	5	94
Total	1050	516	601	2167	222	2289

PTB-Pulmonary Tuberculosis

EPTB- Extra Pulmonary Tuberculosis

SP + ve - Sputum Positive

SP - ve - Sputum Negative

Data from Central TB Register

Source - National TB Register

16. SURVEILLANCE AT SEA PORT

Details of the vaccinations carried out by the Assistant Port Health Office during the 1st quarter 2012, is as follows;

	Total
A. Yellow fever	1113
B. Meningococcal meningitis	214

17. SURVEILLANCE AT AIRPORT

Surveillance activities carried out at the International Airport, Katunayake during the 1st Quarter 2012 is given below.

1. Yellow Fever Surveillance

- | | | |
|---|---|-----|
| a. No. with valid certificate | - | 149 |
| b. No. without valid certificate & Deported | - | 00 |
| c. No. without valid certificate & Isolated | - | 00 |

2. Airport Sanitation

- | | | |
|--|---|----|
| a. No. of sanitary inspections carried out including food establishments | - | 26 |
| b. No. of food sample taken under food act | - | 00 |
| c. No. found defective | - | 00 |
| d. No. of court cases/prosecuted/warned | - | 01 |

3 Release of Human Remains

- | | | |
|--|---|-----|
| a. No. of Human Remains released | - | 135 |
| b. No. of released to J.M.O. for post mortem | - | 09 |
| c. No. of alleged suicide | - | 03 |

4 Other Health activities

- | | | |
|--|---|----|
| a. Polio Vaccination No of doses given | - | 00 |
|--|---|----|

18. LEPROSY**QUARTERLY RETURN OF LEPROSY STATISTICS - 1ST QUARTER 2012**

Table 15

1. National

	At the end of the quarter			Cumulative for end of the quarter		
	1st QTR, 2012	1st QTR2011	Diff. (%)	2012	2011	Diff. (%)
New patients detected	524	546	-4.02	524	546	-4.02
Children	43	47	-8.50	43	47	-8.50
Grade 2 Deformities	30	38	-21.0	30	38	-21.0
Multi-Bacillary	245	251	-2.39	245	251	-2.39
Females	227	229	-0.87	227	229	-0.87

2. Districts

District	New patients	Deformities	Children	MB	Females
Central	26	4	2	11	13
Kandy	12	1	1	4	4
Matale	10	1	0	3	8
NuwaraEliya	4	2	1	4	1
Eastern	80	2	2	47	35
Ampara	15	2	1	12	7
Batticaloa	36	1	1	19	17
Kalmunai	23	0	0	13	9
Trincomalee	6	1	0	3	2
Northern	5	1		3	2
Jaffna	3	1	0	2	1
Vavuniya	1	0	0	0	1
Mannar	0	0	0	0	0
Killinochchi	1	0	0	1	0
Mulathivu	0	0	0	0	0
North Central	40	3	0	15	18
Anuradhapura	20	2	0	10	7
Pollonnaruwa	20	1	0	5	11
North Western	55	8	6	22	19
Kurunegala	32	2	2	14	12
Puttalam	23	6	4	8	7
Sabaragamuwa	33	0	2	25	17
Kegalle	5	0	0	2	4
Rathnapura	28	0	2	23	13
Southern	56	2	6	34	16
Galle	6	1	1	2	1
Hambanthota	18	1	0	11	6
Matara	32	0	5	21	9
Uva	11	0	0	3	5
Baddulla	7	0	0	1	2
Monaragala	4	0	0	2	3
Western	218	10	25	85	102
Colombo	99	5	14	38	42
Gampaha	66	5	6	28	35
kaluthara	53	0	5	19	25
Sri Lanka	524	30	43	245	227

Source : Anti Leprosy Campaign

19. SEXUALLY TRANSMITTED DISEASES

Table 16

NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA**1ST QUARTER 2012**

Disease	New cases or new disease episodes during the quarter			Total new cases or new episodes for the calendar year up to end of the quarter **		
	Male	Female	Total	Male	Female	Total
HIV positives ¹	25	15	40	25	15	40
AIDS	9	6	15	9	6	15
Early Syphilis ²	36	20	56	36	20	56
Syphilis	101	59	160	101	59	160
Late Syphilis ³						
Congenital Syphilis ⁴	2	1	3	2	1	3
Gonorrhoea ⁵	69	14	83	69	14	83
Ophthalmia Neonatorum ⁶	0	0	0	0	0	0
Non specific cervicitis/urethritis	117	295	412	117	295	412
Genital Herpes	295	392	687	295	392	687
Genital Warts	236	199	435	236	199	435
Chancroid	0	0	0	0	0	0
Trichomoniasis	2	14	16	2	14	16
Candidiasis	213	351	564	213	351	564
Bacterial Vaginosis	0	283	283	0	283	283
Other sexually transmitted diseases ⁷	91	36	127	91	36	127

(Includes cases diagnosed and reported to the Central STD clinic Colombo and peripheral STD clinics of National STD/AIDS Control Programme of Sri Lanka)

** - Includes adjustments for revised diagnosis, reporting delays or any other amendments

1 - Includes AIDS cases

2 - Diagnosed within 2 years of infection and considered to be infectious

3 - Diagnosed after 2 years of infection and considered to be non-infectious

4 - Includes both early and late cases

5 - Includes presumptive Gonorrhoea

6 - Includes both gonococcal and chlamydial conjunctivitis in neonatal period

7 - Includes Lympho granuloma venerium, Granuloma inguinale, Molluscum contagiosum, Scabies, Tinea, Hepatitis B etc.

**20. BACTERIOLOGY REPORT,
MEDICAL RESEARCH INSTITUTE
1st QUARTER 2012**

Table 17

	JAN	FEB	MAR
(A) CHOLERA			
No. of stool specimens Examined	-	26	28
No. of positives	-	-	-
(B) SALMONELLA			
Blood– No. Examined	50	42	43
S.typhi	-	1	0
S.paratyphi A	-	-	-
Stools—No. examined	16	42	40
S.typhi	-	-	-
S.paratyphi A	-	-	-
Others	2	1	1
(C) SHIGELLA			
No. Examined	16	42	40
Sh.flexneri 1	-	-	-
Sh.flexneri 2	-	-	-
Sh.flexneri 3	-	-	-
Sh.flexneri 4	-	-	-
Sh.flexneri 5	-	-	-
Sh.flexneri 6	-	-	-
Sh. sonnei	-	-	-
(D) ENTEROPATHOGENIC E.COLI			
No.Examined	1	4	3
No.+ve	-	-	-
(E) CAMPYLOBACTER			
No.Examined	17	16	12
No. Positive	1	2	-
(F) ISOLATES			
Clinical	14	15	24
S. Typhi	10	6	16
S. Paratyphi A	2	0	1
S. Paratyphi A	1	1	2
Other Salmonella	0	0	4
Shigella spp	-	-	-

21. MENINGITIS

Meningitis is a notifiable disease condition in Sri Lanka since year 2005. During the 1st quarter 2012, 192 cases of suspected meningitis cases were reported to the Epidemiology Unit through the routine disease notification system .

Out of this 136 cases were clinically confirmed by the Public Health Inspectors during their field investigations. Highest number of meningitis cases were reported from the Kurunegala district (31) followed by Ratnapura (29) and Gampaha (14) districts.

Forty seven percent of the clinically confirmed meningitis cases belonged to the age group less than one year, another 16% belonged to the age group 1-4 years and 18% belonged to age group 5 – 14 years. Sixty three percent of the clinically confirmed cases were males and 37% were females.

Table 18

Summary findings for special investigations carried out for clinically confirmed cases of

CSF Culture Report		
CSF Culture	Number	(%)
CSF results available	51	49%
• No Growth	(40)	
• Group B streptococci	(06)	
• Haemophilus influenza	(03)	
• Meningococcal	(01)	
• TB	(01)	
Culture results not known	52	50%
Not done	02	01%
Total	105	100%
Final outcome of the patient		
Outcome	Number	(%)
Cured	94	90%
Died	03	03%
Information not available	08	07%
Total	105	100%
Final Diagnosis (based on clinical and lab findings)		
Diagnosis	Number	(%)
Culture confirmed	11	10%
Probable bacterial meningitis	12	11%
Probable viral meningitis	07	07%
Suspected Meningitis	75	72%
Total	105	100%

22 INFLUENZA SURVEILLANCE

Pandemic/Avian Influenza preparedness activities began in the country in 2005 based on the global Avian/Pandemic preparedness programme. As main components of these activities influenza surveillance in animals and humans were initiated by the Department of Animal Production and Health (DAPH) of Ministry of Livestock Development and Epidemiology Unit of Ministry of Health. These activities are supervised by the National Technical Committee for Avian/Pandemic Influenza Preparedness. This report summarizes progress of influenza surveillance activities for the 1st quarter 2012.

Human Influenza surveillance

Human Influenza surveillance comprises of 2 components; Influenza like illness (ILI) surveillance and Severe Acute Respiratory tract Infections (SARI) surveillance.

ILI surveillance has been initiated in 20 hospitals identified as sentinel surveillance sites for Avian/Pandemic Influenza. These institutions have been selected considering their importance in geographical location and also in being a 'hot spot' for migratory birds. They are expected to send at least thirty (30) respiratory samples (nasal and throat swabs) per month from patients with influenza like illness (ILI) attending OPD to the Medical Research Institute (MRI). MRI is the national Influenza Centre (NIC) in Sri Lanka for human influenza surveillance. For the epidemiology component of this activity the number of total OPD visits and number of ILI patients out of those are counted daily and this information is consolidated into a weekly return that is sent to the Epidemiology Unit.

SARI surveillance has been established in 3 hospitals in the country; Lady Ridgeway Children's Hospital (LRH), General Hospital Matara and Teaching Hospital Peradeniya. These are expected send in up to 30 respiratory samples per month from inward patients admitted with severe acute respiratory tract infections. For the epidemiology component of this activity information on the number of total inward patients admitted to relevant wards and the number with SARI are collected daily and consolidated into a weekly return that is sent to the Epidemiology Unit.

ILI Surveillance – Laboratory Component

Under ILI laboratory surveillance a total of 722 samples were received from sentinel hospitals for the said quarter. There were 341 samples in January, 238 in February and 143 in March. Teaching Hospital (TH) Karapitiya sent in 84 samples with 62 samples in January owing to an outbreak situation. Under routine surveillance, Colombo South Teaching Hospital (CSTH) sent in the highest number of samples (75) with Lady Ridgeway Children's Hospital (LRH) and National Hospital of Sri Lanka (NHSL) sending in 70 and 69 samples respectively. TH Peradeniya sent 63 samples. All sentinel hospitals except General Hospital Ampara sent in samples within the quarter. There were 23 samples each from GH Vavuniya and TH Batticaloa and 1 from TH Jaffna.

These samples were processed in the Medical Research Institute (MRI) which is the National Influenza Centre (NIC) for the country. Influenza B replaced the Influenza A (H3N2) strain to become the predominant influenza viral strain during the quarter with 27, 16 and 3 cases being positive in the months of January, February and March respectively. Thirty four cases (34) of Influenza A (H3N2) were recorded.

Both Influenza B and Influenza A (H3N2) were being reported as seasonal influenza strains globally during this time which was reflected in the local circulating viral pattern. No Influenza A (H1N1pdm) 2009 cases were reported in this quarter.

These results show that 11% of ILI samples tested within this quarter had an influenza viral strain. This is a drop from last quarter where 19% of the samples tested became positive for any influenza. This proves that a higher yield of influenza is expected towards the end of the year when influenza activity in the country is expected to increase. Within the quarter, the proportion of influenza yield can be observed to be gradually decreasing with 26% in December 2011 to 16% in January 2012, 10% in February and to 2% by March.

ILI Surveillance – Epidemiological Component

In the sentinel hospitals ILI patients are diagnosed by the medical officers of the Out Patients' Departments (OPD) on the surveillance case definitions adopted. ICNO would collect information on the number of total OPD attendees and the number with ILI at the end of each day and would consolidate this information into a weekly return that is sent to the Epidemiology Unit. However due to methodological issues this data received from sentinel hospitals are mostly underestimated

A total of 18,294 ILI visits had been recorded for the quarter. This is out of a total of 11,17,405 OPD visits in these hospitals. According to these numbers, contribution of ILI to OPD visits is 1.63% which seems highly underestimated. In January there were 6437 ILI cases visiting OPD of sentinel hospitals and 6051 in February and 5806 in March. GH Ampara and TH Jaffna remain the 2 hospitals that do not comply with the activity. GH Chilaw, LRH, GH Nuwara Eliya, TH Kurunegala and TH Anuradhapura had performed well in sending in data.

Table 19 shows the performance of sentinel hospitals in the epidemiological component of the surveillance programme for this quarter.

The following graph in figure 1 shows the distribution of ILI attendance in OPD by month 2008-2012 to date. In 2009 the country suffered from the Influenza A H1N1 pandemic and in 2010 its second wave was reported which ended by the beginning of 2011. Both 2008 and 2011 were non-pandemic years. Although ILI data may be underestimated, the trend of disease activity can be clearly observed over the years.

The trend for 2008 shows the two influenza peaks within a year with very low influenza activity in between. The first peak occurs in the warmer months from April to June and the second peak occurs towards the end of the year during the colder months of November – January. This trend was seen distorted in 2009 where only a large first peak was seen. ILI surveillance was totally disrupted during the pandemic period which began in October 2009 and therefore the second larger peak was not evident during this year.

In 2010 special measures were taken to sustain the OPD ILI surveillance during the second pandemic wave and a second much higher peak was seen in addition to the smaller first peak. The trend in 2011 corresponded with the expected flu' pattern in the country showing clearly the two peaks within the year. A slight decreasing trend from the year end peak in 2011 is seen for the first 3 months of 2012.

Severe Acute Respiratory Infections (SARI)

Surveillance

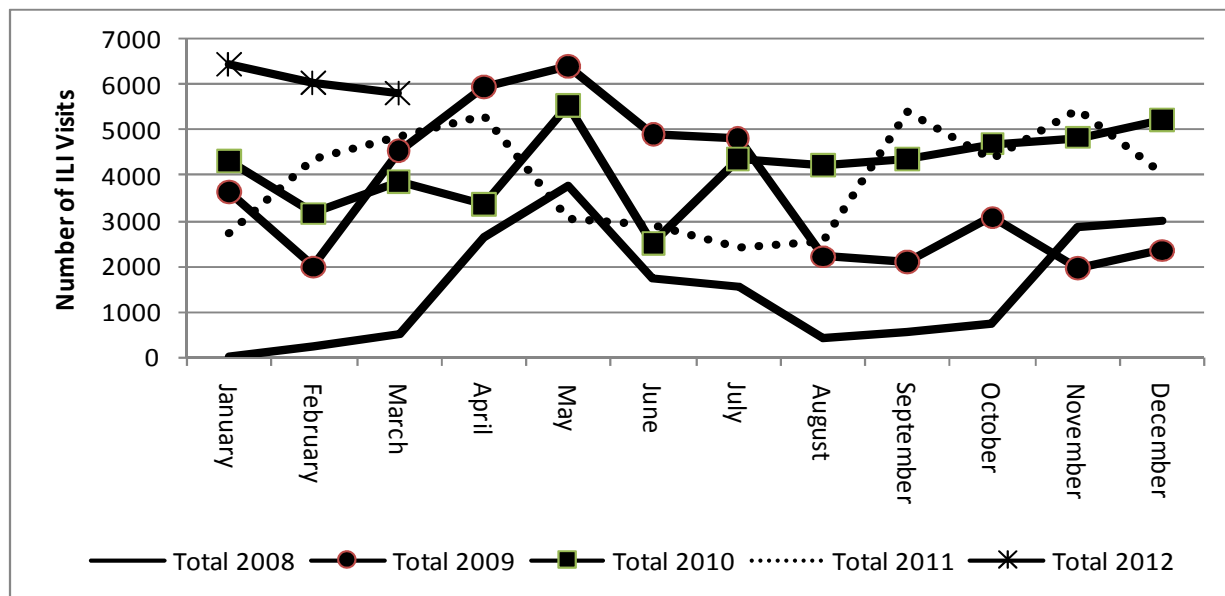
SARI surveillance was initially established in 3 hospitals in the country; Lady Ridgeway Children's Hospital (LRH), Colombo South Teaching Hospital (CSTH) and Teaching Hospital Peradeniya. By end of the 1st quarter 2011, GH Matara replaced CSTH as a SARI surveillance site. These hospitals are expected send in up to 30 respiratory samples from inward patients admitted with severe acute respiratory tract infections. For the epidemiology component of this activity ICNO with the help of surveillance officers of the programme stationed within these hospitals, would collect the information on the number of total inward patients in relevant wards and the number with SARI, daily and consolidate this information into a weekly return that is sent to the Epidemiology Unit.

SARI Surveillance – Lab surveillance

There were a total of 137 samples from SARI patients in above 3 hospitals received by the MRI for the 1st quarter 2012. January had the highest number of samples (69). In February and March there were 36 and 32 samples respectively. For the whole quarter LRH had sent in the highest number of samples (77) with 36 from GH Matara and 24 from TH Peradeniya. Table 3 below shows the performance of 3 SARI sentinel hospitals in the laboratory component of the SARI surveillance for this quarter

Along with ILI samples, these SARI samples are processed at the NIC, MRI. In contrast to the pattern seen in ILI results, Influenza A H3N2 featured as the predominantly seen viral strain among inward SARI patients with Influenza B as the other commoner strain. Presence of Pandemic Influenza A(H1N1) was not observed throughout the quarter. These results show that 15% of SARI patients tested within this quarter as having an influenza viral strain.

Figure 1: Distribution of OPD ILI visits by month – 2008 - 2011



It shows that a higher positivity rate is gained from the SARI samples when compared to the ILI samples (11%). Also the positivity rate for the SARI sample in this quarter is much lower than that recorded for the previous quarter (25%) which is expected with the year end flu' peak drawing gradually to an end over the months of the quarter. Table 20 shows the results yielded for SARI samples in the 1st quarter 2012 at NIC

SARI Surveillance – Epidemiological surveillance

There were total of 464 patients treated inward for severe respiratory tract infections within the 1st quarter 2012. However no epidemiological data on SARI patients were received from TH Peradeniya due to a delay in recruiting its surveillance officer. Two hundred and forty one (241) SARI patients were reported from GH Matara and LRH had treated 223. The highest number of patients was reported in March (200) and January and February had had 181 and 83 cases respectively. Table 22 shows the distribution of SARI patients in the 3 hospitals by month in the 1st quarter 2012.

Animal Influenza Surveillance

This is carried out by the Department of Animal Production and Health (DAPH) of the Ministry of Livestock Development who is the partner of the Ministry of Health in Avian/Pandemic Preparedness activities. Under routine animal influenza surveillance, pooled and serum samples are collected randomly from backyard farms, industrial farms and hot spots for migratory birds. These also include identified special targets such as wet markets, processing plants, parent stocks, pet birds and ducks. Any unusual bird deaths or disease outbreaks are also investigated. Sampling is mainly carried out by the Veterinary Investigation Officers (VIO). These samples are tested for Highly Pathogenic Avian Influenza (HPAI) viral strains at their laboratory, Veterinary Research Laboratory (VRI). In the 1st quarter 2012 there were 1243 pooled samples and 5969 serum samples collected and tested at the VRI for HPAI. None of the samples had yielded HPAI. The table 24 shows the number of samples collected by month and the districts they were collected from.

Table 19 performance of sentinel hospitals in the laboratory component of the surveillance programme – 1st Quarter 2012

Institution	January	February	March	Total
LRH	446	474	696	1616
NHSL	26	14	23	63
CSTH	182	447	188	817
IDH	128	0	25	153
NCTH	231	126	73	430
TH Peradeniya	179	281	267	727
GH Nuwara Eliya	435	569	350	1354
TH Karapitiya	40	56	63	159
GH Matara	151	84	92	327
TH Jaffna	0	1	0	1
GH Vavuniya	498	0	0	498
GH Ampara	0	0	0	0
TH Batticaloa	65	22	13	100
TH Kurunegala	410	588	303	1301
GH Chilaw	812	614	599	2025
TH Anuradhapura	396	352	437	1185
GH Polonnaruwa	130	158	207	495
GH Badulla	331	347	162	840
GH Ratnapura	1977	1918	2308	6203
Total	6437	6051	5806	18294

Table 20 : Types of Respiratory Viruses Isolated in ILI samples – 1st Quarter 2012

MONTH	TOTAL	INFLU B	A(H1N1pdm)	A(H3N2)	A UN-TYPED	Influenza yield
Jan	34	27	0	27	1	16.1%
Feb	23	16	0	7	0	9.6%
Mar	14	3	0	0	0	2.1%
Total	72	46	0	34	1	11.2%

Table 21: Types of Respiratory Viruses Isolated in SARI Samples – 1st Quarter 2012

MONTH	TOTAL	IN-FLU B	A (H1N1pdm) 2009	A (H3N2)	A un-typed	Influenza yield
Jan	69	2	0	8	1	15.9%
Feb	36	3	0	3	0	16.7%
Mar	32	3	0	0	0	9.4%
Total	137	8	0	11	1	14.6%

Table 22: Distribution of SARI patients by month – 1st Quarter 2012

Institution	Jan	Feb	Mar	Total
LRH	110	17	96	223
GH Matara	71	66	104	241
TH Peradeniya	0	0	0	0
Total	181	83	200	464

Table 23: performance of sentinel hospitals in the laboratory component of the SARI surveillance 1st Quarter 2012

Institution	Jan	Feb	Mar	Total
LRH	38	21	18	77
GH Matara	14	8	14	36
TH Peradeniya	17	7	0	24
Total	69	36	32	137

Table 24: Animal samples collected by month and district – 1st Quarter 2012

Month	No. of samples		Districts samples were collected from
	Pooled	Serum	
January	386	718	Colombo, Gampaha, Puttalam, Kurunegala, Jaffna, Polonnaruwa, Vavuniya, Kandy
February	502	3908	Colombo, Gampaha, Puttalam, Kurunegala, Jaffna, Polonnaruwa, Hambantota, Badulla, Anuradhapura, Trincomalee, Ampara and Matale
March	355	1343	Colombo, Gampaha, Kurunegala, Jaffna, Polonnaruwa, Hambantota, Badulla, Anuradhapura, Trincomalee, Kandy, Kegalle
Total	1243	5969	

23. Special Report

Surveillance Report Leptospirosis - 2011

Introduction

Leptospirosis is a potentially fatal bacterial disease that can display a wide array of clinical presentations. It is a zoonotic illness which is transmitted to humans through mucus membranes or abraded skin to water that has been contaminated by urine from infected animals, especially rodents. Leptospirosis is found throughout the world, particularly in tropical and subtropical regions where environmental conditions favour the survival and transmission of leptospires, the causative bacteria which is found in animal hosts.

Leptospirosis is a major public health threat in Sri Lanka with incidence rate of approximately 32 per 100,000 population in 2011.

Special Surveillance of Leptospirosis

In addition to the routine notification system, hospital (sentinel site) and field based special surveillance is carried out by The Epidemiology Unit.

Geographical distribution of Leptospirosis cases

A total of 6689 of cases were reported for the year 2011 (Table 25). The highest number of cases, 1576 was reported from Kurunegala District, followed by Ratnapura, Gampaha and Hambantota Districts. Increased reporting of Leptospirosis cases from non high endemic areas were observed during the year 2011, due to the change in the weather pattern.

Seasonal distribution of Leptospirosis cases

There was a seasonal trend in reported number of Leptospirosis cases through the years from 2008 to 2011 with two peaks occurring in relation to the paddy cultivation season. The outbreak in year 2011 was observed during the harvesting season due to heavy rains and floods experienced in the country.

Prevention and Control

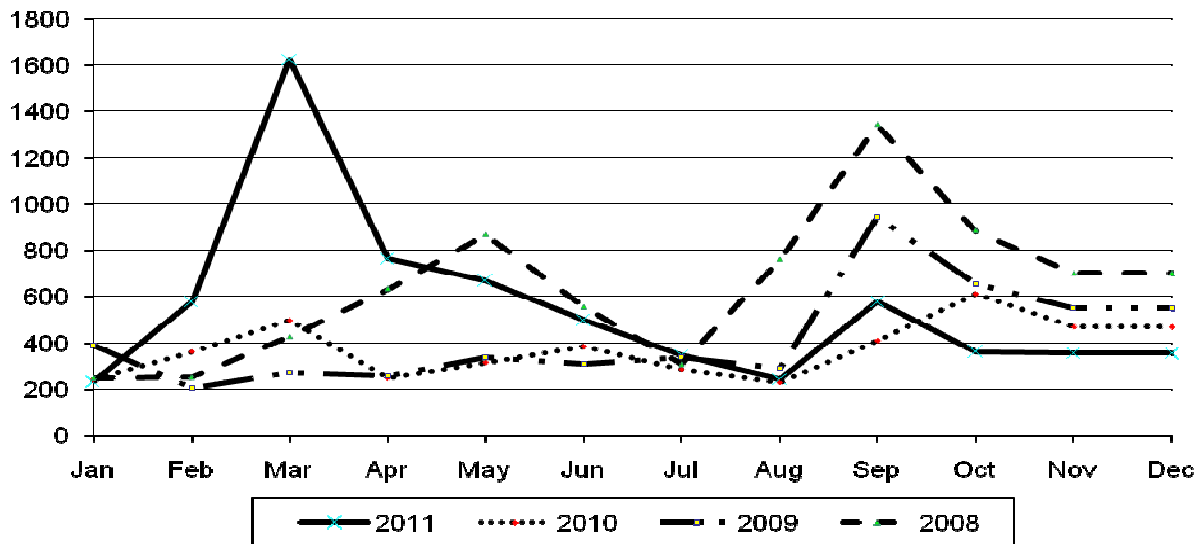
Epidemiology Unit carried out broad district/local level strategies to prevent and control the transmission of Leptospirosis. Surveillance activities were intensified mainly during paddy cultivation season with MOH, RE and central level involvement aimed at early detection of outbreaks. MOH level coordination meetings were conducted in high risk MOH areas with involvement of all stake holders including the health and agricultural sector.

Public awareness programmes were conducted especially for the farming community. Chemoprophylaxis with Doxycyclin was given for selected high risk population under close monitoring by the MOH staff.

Table 25. Geographical distribution of Leptospirosis cases by district-2011

District	No. of cases
Colombo	507
Gampaha	557
Kalutara	400
Kandy	192
Matale	173
N'Eliya	55
Galle	252
Hambantota	517
Matara	392
Jaffna	3
Kilonochchi	2
Mannar	16
Vavuniya	54
Mulativu	10
Batticaloa	29
Ampara	73
Trincomalee	104
Kurunegala	1576
Puttalam	125
Anuradhapura	263
Polonnaruwa	88
Badulla	84
Monaragala	194
Ratnapura	645
Kegalle	371
Kalmunai	7
Total	6689

Figure 2: Distribution of Leptospirosis cases by month 2008-2011



Age and sex distribution of Leptospirosis cases

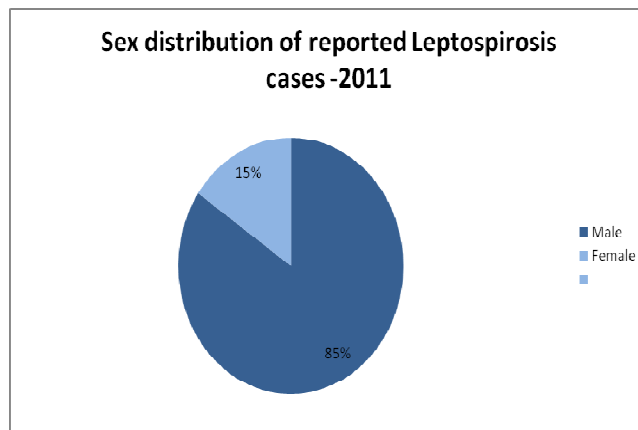
The majority of Leptospirosis cases reported during the year were males (85%).

The age distribution of reported cases of Leptospirosis for the year 2011 is given in Chart 2. The highest percentage of cases occurred in the age group of 40-49 years.

Source of Exposure

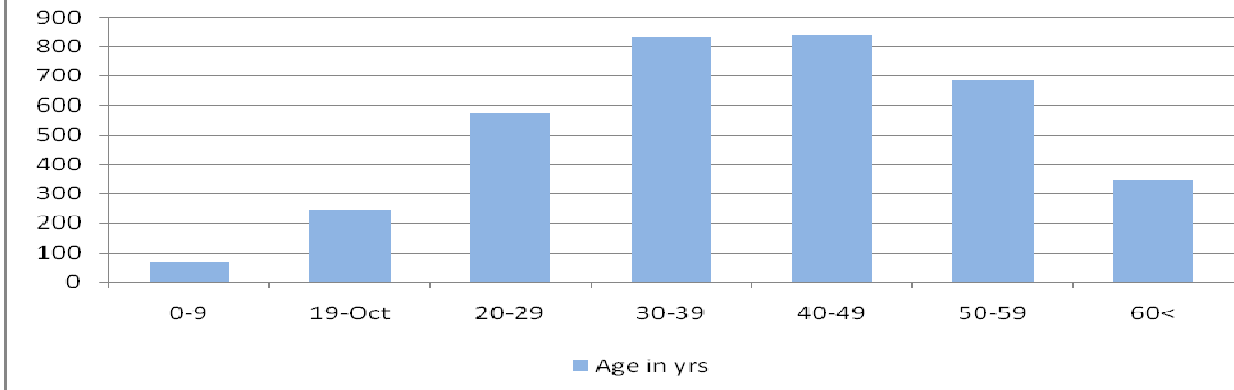
According to the data analyzed through confirmed Leptospirosis cases, the majority (66%) were exposed via paddy field followed by marshy land (14%), other water related sources (7%) and animal husbandry (2%).

Chart 1 Source: Epidemiology Unit, Notification data



Source: Epidemiology Unit, Special surveillance data

Chart 2: **Age distribution of reported Leptospirosis cases- 2011**



Source: Epidemiology Unit, Special Surveillance

Table 26

SUMMARY OF NOTIFIABLE DISEASES - 1st QUARTER 2012

Health Region	Dysentery	Encephalitis	Enteric Fever	Food Poisoning	Human Rabies	Leptospirosis	Measles	Simple Con. Fever	Tetanus	Typhus Fever	Viral Hepatitis	Whooping Cough	Dengue Fever /DHF	Rubella	Chickenpox	Mumps	Meningitis	Leishmaniasis
Colombo	37	5	71	24	1	41	5	0	1	2	19	8	2440	3	213	79	11	1
Gampaha	30	4	25	11	0	61	1	0	0	5	82	0	1934	40	86	49	14	0
Kalutara	33	2	16	3	1	79	0	2	1	1	7	1	649	0	67	167	13	1
Kandy	25	1	9	10	0	24	0	1	0	55	8	1	578	0	33	25	5	0
Matale	30	4	7	4	0	13	1	0	0	2	5	0	151	1	25	33	13	10
Nuwara-Eliya	41	1	15	1	0	10	2	0	0	25	8	1	100	0	35	23	1	0
Galle	34	3	6	4	0	43	1	6	0	17	1	3	371	0	113	50	8	0
Hambantota	16	0	2	7	0	20	0	3	1	19	5	1	169	0	49	28	8	73
Matara	24	4	9	11	0	48	0	8	0	31	45	1	488	0	72	36	4	19
Jaffna	63	5	151	9	0	2	1	5	0	226	2	0	174	0	60	46	2	0
Kilinochchi	6	1	14	39	1	3	0	6	0	24	2	0	15	0	1	4	1	0
Mannar	8	2	10	13	0	15	0	1	0	29	1	0	64	0	4	1	3	0
Vavuniya	5	15	2	3	0	14	0	1	0	0	1	0	23	0	3	0	3	0
Mullaitivu	6	1	3	1	0	2	0	0	0	4	0	0	4	0	4	136	3	0
Batticaloa	45	1	9	5	1	4	0	2	0	0	3	0	470	0	6	36	1	0
Ampara	36	0	2	1	0	15	0	0	0	0	1	0	28	1	58	86	1	0
Trincomalee	44	1	15	1	0	18	0	0	0	1	1	0	72	0	16	28	2	1
Kurunegala	39	6	35	6	2	50	2	0	0	14	20	2	421	0	155	83	31	17
Puttalam	23	3	4	1	0	18	0	0	0	7	0	1	301	0	16	11	6	2
Anuradhapura	23	1	2	1	1	37	1	1	0	15	24	1	111	0	77	59	10	29
Polonnaruwa	11	0	1	0	1	17	0	0	0	2	23	0	73	0	36	103	3	41
Badulla	27	2	9	1	0	14	2	1	0	18	15	2	75	0	53	124	6	0
Moneragala	23	2	8	0	0	33	0	1	0	35	58	1	62	0	41	42	4	0
Ratnapura	73	19	20	2	0	103	1	35	0	15	45	1	439	0	94	39	29	9
Kegalle	25	6	10	5	0	39	1	0	0	19	176	0	438	1	149	105	5	0
Kalmunai	72	1	5	12	1	1	0	5	0	0	5	0	109	0	112	152	5	0
Total	799	90	460	175	9	730	18	78	3	566	557	24	9756	46	1578	1410	192	203

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Figures given may be subject to revision. The editor welcomes accounts of interesting cases, outbreaks or other public health problems of current interest to health officials.

Such reports should be addressed to:

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ON STATE SERVICE

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