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Epidemiology Unit
Ministry of Health



1. POLIOMYELITIS

Seventeen (17) Acute Flaccid Paralysis cases were notified to the Epidemiology Unit during the 4th quarter 2015. This is lower than the reported AFP cases during the 4th quarter 2014, which is 21. Reported number of AFP cases for the quarter is below the expected number of AFP cases per quarter of the annual surveillance target of 2:100,000 under 15 - year age population, which is 24 according to the current census survey population. The non-polio AFP rate for the first quarter of 2015 was 1.3 :100,000 under 15 year age population.

Notification of AFP Cases from Hospitals

All hospitals where Consultant Paediatricians are available are considered as sentinel sites for AFP surveillance. A total of 75 sentinel sites are currently functioning and last updated in 2014. All sentinel sites are expected to report immediately on AFP case admissions, to the Epidemiology Unit and to the Regional Epidemiologist of the respective area of patient's residence .

Major hospitals; Lady Ridgeway Children's Hospital (LRH), Sirimavo Bandaranayake Specialized Children's Hospital, NHSL, Teaching Hospital (T.H.) Peradeniya, T.H.Jaffna, T.H.Kandy, T.H.Anuradhapura and T.H. Karapitiya have reported the highest proportion (64%) of AFP cases. All hospitals reporting AFP cases are given in Table 1.

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

The highest number of cases was reported from Gampaha district and Kalutara district 2 cases each. The complete list of distribution of AFP cases according to the province district and MOOH area is given in table 02.

Seasonal Distribution of AFP Cases

Majority of cases were reported during the month of December (47%). In the compatible quarter in 2014, the highest proportion was reported in October.

Table 01

Notification of AFP cases by sentinel hospitals
4th Quarter 2015

Hospital	No: of cases reported
LRH	5
SBSCH	1
TH Peradeniya	1
TH Karapitiya	2
GH Badulla	1
TH Jaffna	1
TH Kandy	1
TH Anuradhaoura	1
GH Trincomalee	1
BH Horana	1
GH Polonnaruwa	1
NHSL	1
Total	17

Table 02 : Geographical distribution of AFP cases
4th quarter 2015

Province	District	MOH Area	Number of AFP cases
Western	Colombo	Piliyandala	1
	Gampaha	Gampaha	2
		Kalutara	Ingiriya
	Southern	Matara	Madurawala
Pasgoda			1
Hambantota		Tangalle	1
Central	Kandy	Wattegama	1
	Matale	Ukuwela	1
Sabaragamuwa	Ratnapura	Eheliyagoda	1
North Western	Kurunegala	Rideegama	1
		Puttalam	Puttalam
Eastern	Trincomalee	Kinniya	1
North Central	Polonnaruwa	Dimbulagala	1
Uva	Badulla	Badulla	1
Northern	Vavuniya	Vavuniya	1
	Jaffna	Chavakachcheri	1
Total			17

Age and Sex Distribution of AFP cases

Majority of the cases were boys during the 4th quarter 2015 and this was similar when compared to the trend reported during the 4th quarter in which majority was (70.5%) boys in the reported AFP cases.

Majority (76.4%) of the cases were between 1-9 years during the 4th quarter this year and the trend was higher compared to the compatible quarter in the previous year. Table 03 shows the age distribution in the 4th quarter 2015.

Table 03. Distribution of AFP cases by Age 4th Quarter 2015.

Age Group	Total
<1 year old	0
1-4 year old	5
5-9 year old	8
10-15 year old	4
Total	17

Final diagnoses of AFP cases

Majority (70.58%) of the reported AFP cases were finally diagnosed as Guillain Barre Syndrome (GBS). Final diagnoses of all 17 cases of AFP are given in table 04. The GBS rate was 0.9/100,000 under 15 population.

Table 04: Final diagnoses of AFP patients reported during 4th quarter 2015.

Final Diagnoses	Frequency
GBS	12
Transverse Myelitis	1
Viral Myositis	1
Patchy Myelitis	1
Encephalitis	2
Total	17

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, WHO regional reference laboratory) for exclusion of polio virus. According to WHO criteria these samples should be of 'good condition' as well as timely. Being of correct quantity (8-10g), being 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 be completed to make the samples of 'good condition'.

Out of all cases 13 AFP cases (76.4%) had both stool samples collected timely and sent to MRI for Polio virology.

2. Surveillance of Measles

Total suspected measles and rubella cases for the quarter was 230 for the 4th quarter 2015. Out of that 202 were tested at the laboratory with a lab testing rate of 87.8%. Out of the lab tested cases only 77 were positive for measles IgM. Bases on the laboratory data non measles non rubella rate was 2.5 / 100,000 population for the quarter.

All suspected cases were field investigated and those who were not tested at the laboratory were considered for clinical confirmation bases on the clinical case definition.

Suspected case compatible with the case definition 'fever with macular popular rash and one of cough, coryza, and conjunctivitis' was considered as a clinically confirmed case.

Due to unexpectedly high number of suspected cases the laboratory resources were inadequate for continuous sample testing. In fact the measles and rubella elimination programme considers all suspected cases compatible with clinical case definition as a possible confirmed case. The total clinically confirmed measles cases were 153 for the 4th quarter 2015.

Measles incidence was 46/ million population based on clinical case definition and 15/ million population based on lab confirmation.

The programme identifies a bipolar distribution of laboratory confirmed cases. Out of the laboratory confirmed cases the highest proportion was < 1 year (n=41, 53.2%). Further, 19 (24.6 %) were above the age of 30 years.

Out of the 230 suspected measles cases majority (n=81, 35.2%) were from Western province (with 37 from the kalutara district) followed by 49(21.3%) from Southern and 38(16.5%) from Sabaragamuwa provinces. There were no districts which did not report any measles case for the quarter.

3. LEPTOSPIROSIS

During the 4th Quarter 2015, 1771 cases and 26 deaths (CFR=1.46 %) due to Leptospirosis were notified to the Epidemiology Unit compared to 654 cases and 8 deaths in the previous quarter and 1391 cases and 20 deaths during corresponding quarter of 2014.

Age and sex distribution of patients, revealed by the special surveillance data is given in the table 6.

Table 06: SELECTED CHARACTERISTICS OF LEPTOSPIROSIS PATIENTS(%)- 4th QUARTER 2015.

Age Group	Sex	
	Male	Female
0 - 9 years	0.3	0.0
10 - 19 years	5.16	2.86
20 - 29years	15.17	6.67
30 - 39years	21.84	18.09
40 - 49years	25.48	24.76
50 - 59 years	19.11	28.57
>60years	12.94	19.05
Total	100.0	100.0

4. HUMAN RABIES

Six Human Rabies cases were notified to the Epidemiology Unit in the 4th quarter 2015 compared to 04 cases in the previous quarter and 1 case in the corresponding quarter of year 2014.

Animal Rabies

During this quarter, 127 dogs were reported positive for rabies, compared to 111 in the previous quarter and 158 positive in the same period in the last year. In addition the following animals were also reported positive;

Cats-36, Squirrel—02 , Cows—03, mongoose—05

Rabies Control Activities

Dog vaccination - A total of 377,448 dogs were immunized during the Quarter under review when compared to 405,244 in the previous quarter and 363,884 in corresponding Quarter of the last year.

Animal Birth control

Chemical- A total of 750 female dogs were injected with birth control injections (Progesterone) during the quarter under review in compared to 1585 in previous quarter and 4132 in corresponding quarter of last year.

Surgical– 29,659 female dogs were subjected to sterilization by surgical method during the quarter under review when compared to 36,709 in previous quarter and 61,790 in corresponding quarter of the last year.

5. VIRAL HEPATITIS

In the 4th Quarter 2015, a total of 644 cases of Viral Hepatitis were reported to the Epidemiology Unit. This was in comparison to the 550 cases in the previous quarter and 586 cases in the corresponding quarter of 2014. Monaragala (168 cases) reported the highest number of cases followed by Ratnapura District(119 cases).

6. ENTERIC FEVER

In the 4th Quarter 2015, a total of 184 cases of Enteric fever were reported to the Epidemiology Unit, compared to 201 cases in the previous quarter and 393 cases in the corresponding quarter of 2014. The district of Kegalle (27) reported the highest number of cases, followed by Jaffna (25 cases).

7. DYSENTERY

In the 4th Quarter 2015, a total of 1512 cases of Dysentery were reported to the Epidemiology Unit, in comparison to 1080 cases in the previous quarter and 2052 cases in the corresponding quarter of 2014. Jaffna (378 cases) and Kurunegala (125 cases) reported the highest number of cases.

8. MALARIA

There were no indigenous malaria cases reported during the 4th quarter of 2015. Results blood smear examination for malaria parasites during 4th quarter 2015 is given in table 07. Distribution of number of blood smears examined by district Regional Malaria Officer is given in table 9.

9. JAPANESE ENCEPHALITIS (JE)

During the 4th quarter 2015, 83 cases of clinically suspected Encephalitis were reported to the Epidemiology Unit through the routine disease notification system. Out of this, 58 cases were clinically confirmed by the Public Health Inspectors during their field investigations. During the 4th quarter of 2015, MRI has reported 15 lab confirmed JE cases. All 15 JE cases(100%) were investigated by the MOH . Among them 03 (20%) were less than 10 years, another 01 (7%) was between 11-20 years of age and 11 (73%) were over the age of 20 years.

Districts of Gampaha, Colombo, Ratnapura and Kurunegala have reported two lab confirmed JE cases each for the year 2015.

Table 07

Results of Blood smear examination for malaria parasites - 4th Quarter 2015

	1st quarter 2014	1st quarter 2015
No. of blood smears examined	269,912	294,134
No. of positives	0	0
No. of <i>P. vivax</i>	0	0
No. of <i>P. falciparum</i>	0	0
No. of mixed infections	0	0
No. of infant positives	0	0
Slide positivity rate (S.P.R.)	0.00	0.00
P.v. : P.f. ratio	0	0
Percentage of infant positives	0%	0

Table 08

SELECTED CHARACTERISTICS OF CONFIRMED CASES OF JE— 4th Quarter 2015 (N= 15)

Sex	Male	06(40%)
	Female	09(60%)
Age group	< 1 y	00(0%)
	1-10 y	03(20%)
	11- 20 y	01(07%)
	>20y	11(73%)
District	Colombo	02(13%)
	Gampaha	02(13%)
	Kurunegala	02(13%)
	Ratnapura	02(13%)
	Mannar	01(07%)
	Badulla	01(07%)
	Ampara	01(07%)
	Batticaloa	01(07%)
	Kegalle	01(07%)
	Puttalam	01(07%)
	Polonnaruwa	01(07%)

Table 09

DISTRIBUTION OF NUMBER OF BLOOD SMEARS EXAMINED BY DISTRICT RMO– 4TH QUARTER 2015

RMO	Oct	Nov	Dec	Total
Colombo	7724	6681	7974	22379
Gampaha	5728	4460	3679	13867
Kalutara	1332	1758	2256	5346
Kandy	4366	4708	4179	13253
Matale	2994	2737	2897	8628
Nuwara Eliya	261	320	272	853
Galle	1818	1591	1995	5404
Matara	2707	2351	2139	7197
Hambantota	2557	1557	1710	5824
Jaffna	6546	5828	6725	19099
Kilinochchi	4183	3583	3931	11697
Vavuniya	3244	3252	3411	9907
Mannar	4393	4386	4560	13339
Mullaitivu	2158	1961	3024	7143
Batticaloa	4250	3965	3800	12015
Ampara	2459	2321	2748	7528
Kalmunei	3351	2862	3599	9812
Trincomalee	2101	2396	3187	7684
Kurunegala	6250	6759	6626	19635
Maho	2452	2655	2272	7379
Puttalam	2486	2181	2526	7193
Anuradhapura	6472	5940	5540	17952
Pollonnaruwa	4237	3749	3987	11973
Badulla	4256	4098	4145	12499
Monaragala	4589	4369	4737	13695
Rathnapura	4072	3764	4177	12013
Kegalle	3746	3462	3612	10820
TOTAL	100732	93694	99708	294134

Table 10

MORBIDITY AND MORTALITY DUE TO DF/DHF - 4TH QUARTER 2015

RDHS Division	Cases	Percentage (%)	Deaths	CRF
Colombo	3138	36.2	9	0.29
Gampaha	1171	13.5	4	0.34
Kalutara	505	5.8	0	0
Kandy	449	5.2	0	0
Matale	54	0.6	0	0
N' Eliya	56	0.6	0	0
Galle	414	4.8	1	0.24
Hambantota	163	1.9	0	0
Matara	157	1.8	1	0.64
Jaffna	729	8.4	1	0.14
Kilinochchi	32	0.4	0	0
Mannar	26	0.3	0	0
Vavuniya	94	1.1	0	0
Mulativu	30	0.3	0	0
Batticaloa	146	1.7	0	0
Ampara	21	0.2	0	0
Trincomalee	70	0.8	0	0
Kurunagale	267	3.1	0	0
Puttalam	194	2.2	0	0
A'pura	84	1.0	0	0
Polonnaruwa	75	0.9	0	0
Badulla	137	1.6	0	0
Moneragala	71	0.8	0	0
Ratnapura	250	2.9	0	0
Kegalle	247	2.9	0	0
Kalmunai	84	1.0	0	0
Total	8664	100.0	16	0.18

Table 11

DHF STATISTICS FROM DEPARTMENT OF VIROLOGY, MRI - 1ST QUARTER 2015

Month	Clinically suspected cases of DF/DHF	Serologically Confirmed Cases of DF/DHF
October	73	30 (41.0%)
November	125	62 (49.6%)
December	128	57 (44.5%)
Total	326	149 (45.7%)

10. DENGUE FEVER (D.F.)/ DENGUE HAEMORRHAGIC FEVER (D.H.F.)

During the 4th Quarter 2015, 8,664 cases of DF/DHF were reported from all districts (Table 10) and 16 deaths were reported (CFR=0.18%) when compared to 4,828 cases of DF/DHF and 6 deaths (CFR=0.2%) reported during the 3rd Quarter 2015. Proportion of cases notified in October, November and December were 24%,32.5% and 43.5% respectively.

Table 10 shows the distribution of DF/DHF cases and deaths in the 4th quarter of 2015.

Special surveillance data on 1305 confirmed cases were received and analyzed for the 4th quarter of 2015. Age distribution of reported cases were 89 (6.8%) in <4 years age group, 145 (11.1%) in 5-9 years of age group, 140 (10.7%) in 10-14 years of age, 147 (11.3%) in 15–19 years of age, 188 (14.4%) in 20-24 years of age, 157 (12.0%) in 25-29 years of age, 114 (8.7%) in 30-34 years of age, 97 (7.4%) in 35-39 years of age, 54 (4.1%) in 40-44 years of age, 68 (5.2%) in 45-49 years of age, 34 (2.6%) in 50–54 years of age, 30 (2.3%) in 55-59 years of age and 42 (3.2%) in >60 years of age.

According to the clinical findings majority of the reported cases 1173 (88.9%) were classified as dengue fever while 120 (9.1%) were classified as Dengue fever without shock and 3 cases (0.2%) was Dengue fever with shock.

During the 4th quarter of 2015, 326 blood samples were tested using IgM capture ELISA test at the Department of Virology, Medical Research Institute (MRI) and 149 (45.7%) samples were confirmed as positive (Table 11).

11. RUBELLA AND CONGENITAL RUBELLA SYNDROME (CRS)

There were no Congenital rubella Syndrome patients for the 4th quarter 2015.

12. CHOLERA

No confirmed cases of cholera were reported to the Epidemiology Unit during the 4th Quarter 2015. Last case of cholera was reported in the country in January 2003.

13. TETANUS

Two tetanus cases were reported during the 4th quarter 2015. Uppuveil and Ginigathena were the MOH areas which reported Tetanus cases.

14. SURVEILLANCE REPORT ON AEFI

Surveillance of Adverse Events Following Immunization (AEFI) effectively continued in the 4th Quarter of 2015, has reached 98.4 % of completeness of reports, while only 52.7% reports were received in time at the Epidemiology Unit indicating that compliance for the system by the MOOH yet to be improved. Gampaha, Kandy, Matale, Galle, Hambantota, Jaffna, Kilinochchi, Mannar, Vavuniya, Mullativu, Anuradhapura, Polonnaruwa, Monaragala, Rathnapura Anuradhapura, and Kegalle were able to send all reports. The best timeliness was reported from the Jaffna district (94.4%) followed by Mannar (73.3%) Mullativu (73.3%) ,Kegalle(72.7%) and Trincomalee (71.9%) (Table 12).

The highest percentage of nil reports were received from Puttalam (34.3%) followed by Batticaloa district (34.1%) which is approximately two fold of the Sri Lanka average (17.4 %) indicating the need for more attention for surveillance reporting form both MOH staff and hospitals. Kegalle district has no 'nil returns' followed by Jaffna (2.8%), Colombo (6.0%), and Gampaha (6.7%) districts indicating the good surveillance system in place. The highest rate (837.1 PER 100,000 immunization) of AEFI was reported from Vavuniya district, while Colombo reported the highest number of 297 AEFI cases in 4th quarter 2015.

For the first quarter, the highest number of AEFI (n= 1712) was reported against Pentavalent vaccine, whereas the highest rate of AEFI (1083.7/100,000 doses administered) reported against DTP vaccine (Table 13). The rate of AEFI for Pentavalent (01st, 02nd & 03rd dose) is 676.5 per 100,000 doses administered. High Fever (1100), Nodule (577) Allergic Reaction (470), are the leading AEFI reported. Highest numbers of fever cases reported were following Pentavalent (640 cases: 252.9 per 100,000 doses administered) and DPT (356 cases: 395.5per 100,000 doses administered) vaccines. For Allergic reactions, it was largely due to MMR(160 cases: 63.2 per 100,000 doses administered), PVV (160cases: 63.3 per 100,000 doses administrated) and LJE (37 cases : 29.3 per 100,000 doses administered).

Table 12

COMPLETENESS AND TIMELINESS OF MONTHLY REPORTING AND RECEIPT OF "NIL" REPORTS OF AEFI BY RDHS DIVISIONS - 4TH QUARTER 2015

DPDHS	% completeness	% Timely returns	% Nil Re- turns	No. of AEFI	AEFI Rate (100,000 vaccine doses)
Colombo	98.0	38.0	6.0	297	220.6
Gampaha	100.0	42.2	6.7	188	145.5
Kalutara	94.9	51.4	16.2	154	197.4
Kandy	100.0	62.5	15.3	232	227.8
Matale	100.0	59.0	15.4	81	216.7
Nuwara Eliya	97.4	34.2	10.5	103	180.3
Galle	100.0	61.7	28.3	118	170.7
Hambantota	100.0	58.3	11.1	179	382.1
Matara	96.1	65.3	10.2	128	239.6
Jaffna	100.0	94.4	2.8	182	523.5
Kilinochchi	100.0	66.7	25.0	35	408.5
Mannar	100.0	73.3	13.3	64	712.1
Vavuniya	100.0	33.3	25.0	93	837.1
Mullativu	100.0	73.3	26.7	49	695.1
Batticaloa	97.6	53.7	34.1	76	172.8
Ampara	85.7	22.2	33.3	35	175.9
Trincomalee	97.0	71.9	25.0	72	217.9
Kurunegala	97.5	51.9	13.9	183	162.8
Puttalam	97.2	31.4	34.3	86	154.5
Anuradhapura	100.0	40.4	29.8	131	184.0
Polonnaruwa	100.0	14.3	9.5	137	442.6
Badulla	97.9	63.8	19.1	129	194.4
Moneragala	100.0	60.6	9.1	129	318.2
Ratnapura	100.0	38.9	18.5	192	254.8
Kegalle	100.0	72.7	0.0	111	180.3
Kalmunai	97.4	28.9	28.9	55	159.8
Sri Lanka	98.4	52.7	17.4	3239	227.6

Table 13 : Number of Selected Adverse Events by Vaccines – 4th Quarter 2015

	BCG	OPV	PVV ¹	DPT	MMR	LJE	DT	TT	aTd	Total number of AEFI reported
Total Number of AEFI Reported	1	22	1712	976	237	117	79	20	17	3191
AEFI reporting rate/1,000,000 doses administered	12.8	4.9	676.5	1083.7	140.8	92.7	73.3	27.4	25.1	
High Fever (>39°C)	3	5	640	356	39	33	22	1	1	1100
Reporting rate/1,000,000 doses administered	3.5	1.1	252.9	395.5	23.2	26.1	20.4	1.4	1.5	
Allergic reactions		3	160	118	116	37	23	9	4	470
Reporting rate/1,000,000 doses administered		0.7	63.2	131.0	68.9	29.3	21.4	12.3	5.9	
Severe local reactions	1		65	48	4	7	5	2		132
Reporting rate/1,000,000 doses administered	1.2		25.7	53.3	2.4	5.5	4.6	2.7		
Seizure (Febrile/Afebrile)		3	29	54	8	7				101
Reporting rate/1,000,000 doses administered		0.7	11.5	60.0	4.8	5.5				
Nodules	2	3	444	115	5	1	3	3	1	577
Reporting rate/1,000,000 doses administered	2.3	0.7	175.5	127.7	3.0	0.8	2.8	4.1	1.5	
Injection site abscess	2	1	156	40	2	4	6			211
Reporting rate/1,000,000 doses administered	2.3	0.2	61.6	44.4	1.2	3.2	5.6			
HHE			5	1						6
Reporting rate/1,000,000 doses administered			2.0	1.1						

1-PentaValent Vaccine

Note: Total given only for nine vaccines listed in the table

15. TUBERCULOSIS

A total of 2238 TB patients were notified to the NPTCCD by H 816A (TB notification form) for 4th quarter 2015 while 2401 patients were registered at chest clinics during the same quarter according to the quarterly report on case finding.

Out of this total, 2267 (94.4%) TB patients were new cases, 132 (5.5%) were Re-treatment cases and 02 (0.1%) cases are in the previous treatment history unknown category.

Out of new TB cases, 1091 (45.4%) were bacteriological confirmed TB, 469 (19.5%) were clinically diagnosed (sputum negative) TB and 707 (29.4%) were New Extra Pulmonary TB cases. A total of 1951 TB patients were screened for HIV, out of them none were detected positive for HIV. There were 7 patients with known positive HIV status at the time of TB diagnosis. A total of 7 patients were with TB/HIV co infection. One Multi Drug Resistant TB patients was detected during this quarter.

Distribution of TB patients by RDHS divisions is given in table 14.

Table 14: TUBERCULOSIS PATIENTS BY RDHS DIVISIONS - 1st Quarter 2015

RDHS DIVISION	New					Retreat-ment & previous Hx unknown	Total
	PTB +VE	PTB sp-ve , Culture positive	PTB sp-ve WRD pos	EPTB	Total		
Colombo	255	0	1	184	543	43	586
Gampaha	108	0	0	70	254	16	270
Kalutara	70	5	0	38	136	7	143
Kandy	54	1	0	50	139	12	151
Matale	23	0	0	20	51	1	52
Nuwara Eliya	81	0	0	26	132	4	136
Galle	63	1	0	44	129	6	135
Matara	25	0	2	19	52	0	52
Hambantota	11	0	0	10	25	2	27
Jaffna	26	0	0	22	58	2	60
Vavuniya	13	0	0	5	23	1	24
Batticaloa	14	0	0	7	28	1	29
Ampara	10	0	0	7	22	3	25
Kalmunai	26	1	0	10	55	3	58
Trincomalee	12	0	0	3	34	1	35
Kurunegala	39	0	0	36	94	10	104
Puttalam	11	0	0	15	33	4	37
Anuradhapura	33	1	0	21	59	1	60
Polonnaruwa	22	0	0	11	38	3	41
Badulla	33	1	0	26	75	2	77
Monaragala	13	0	0	9	25	0	25
Rathnapura	59	10	0	40	139	7	146
Kegalle	52	1	0	25	94	3	97
Mannar	6	0	0	0	7	2	9
Mulathivu	5	0	0	5	13	0	13
Kilinochchi	3	0	0	4	9	0	9
Total	1067	21	3	707	2267	134	2401

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 2015, is as follows;

		Total
A.	Yellow fever	989
B.	Meningococcal meningitis	109
C.	Oral polio	225

17. SURVEILLANCE AT AIRPORT

Surveillance activities carried out at the International Airport, Katunayake during the 4th Quarter 2015 is given below.

1. Yellow Fever Surveillance

a.	No. with valid certificate	-	53
b.	No. without valid certificate & Departed	-	00
c.	No. without valid certificate & Isolated	-	00

2. Disinfection of Aircrafts

a.	No. of flights arrived	-	6867
b.	No. of flights has to be disinfected	-	6618
c.	No. of flights disinfected	-	6010

3. Passenger Arrivals & departures

a.	No. of passengers arrived	-	1,099,162
b.	No. of passengers departures	-	—

4. Release of Human Remains

a.	No. of human Remains released	-	125
b.	No. of released to J.M.O. For post-mortem	-	08
c.	No. Alleged suicide	-	09

5 Surveillance of other infectious diseases

6 Airport Sanitation

a.	No of sanitary inspections carried out including Food establishment	-	52
b.	No. of food samples taken under Food Act	-	08
c.	No. Found defective	-	00
d.	No. of court cases / prosecuted / Warned	-	00

7 Other Health Activities

a.	No of food referrals from custom	-	
	1. Passenger		601
	2. food		1842
b.	Health talk given to staff	-	30
8 a.	No. of water samples taken for Bacteriological Analysis	-	09
b.	No. Reported Contaminated	-	00

18. LEPROSY**QUARTERLY RETURN OF LEPROSY STATISTICS - 4TH QUARTER 2015****Table 15****1. National**

	At the end of the quarter			Cumulative for end of the quarter		
	4th quarter 2015 (a)	4th quarter 2014 (b)	Percent increase (a/b) / a %	2015(ac)	2014(bd)	Percent increase (a/b) / a %
New patients detected	464	525	-11.6%	1658	2277	-27.18%
Children	57	52	9.62%	176	216	-18.52%
Grade 2 Deformities	67	34	97.06%	184	170	8.24%
Multi-Bacillary	254	257	-1.17%	879	1100	-20.09%
Females	236	224	5.36%	718	892	-19.51%

2. Districts

District	New patients	G2-Deformity	Children	MB	Females
Central	13	1	2	6	8
Kandy	4	1	0	3	1
Matale	6	1	1	3	5
NuwaraEliya	3	0	1	0	2
Eastern	25	3	7	13	25
Ampara	0	0	0	6	5
Batticaloa	13	1	4	5	13
Kalmunai	10	2	2	2	7
Trincomalee	0	0	0	0	0
Northern	33	1	4	25	12
Jaffna	14	0	3	11	3
Kilinochchi	2	1	0	3	2
Mannar	5	0	0	5	3
Mullaitivu	3	0	0	3	1
Vavuniya	9	0	1	3	3
North Central	43	9	6	27	30
Anuradhapura	24	3	3	16	7
Pollonnaruwa	19	6	3	11	13
North Western	71	6	5	36	19
Kurunegala	50	5	4	29	19
Puttalam	21	1	1	7	0
Sabaragamuwa	50	8	5	30	24
Kegalle	21	7	1	18	4
Rathnapura	29	1	4	12	20
Southern	77	2	13	33	32
Galle	20	0	6	9	11
Hambanthota	21	0	2	9	8
Matara	36	2	5	15	13
Uva	19	5	1	12	5
Baddulla	0	4	0	8	4
Monaragala	9	1	1	4	1
Western	133	22	21	72	77
Colombo	54	11	11	37	37
Gampaha	43	7	5	18	21
Kalutara	36	2	5	17	19
Sri Lanka	464	57	67	254	236

19. SEXUALLY TRANSMITTED DISEASES

Table 16

NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA

4TH QUARTER 2015

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		47	21	68	174	61	235
AIDS		9	6	15	37	17	54
	Early Syphilis ²	27	12	39	125	55	180
Syphilis	Late Syphilis ³	145	74	219	613	342	955
	Congenital Syphilis ⁴	0	0	0	7	7	14
Gonorrhoea ⁵		71	39	110	329	125	454
Ophthalmia Neonatorum ⁶		1	1	2	2	1	3
Non specific cervicitis/urethritis		140	442	582	556	1663	2219
Chlamydial infection		2	7	9	35	31	66
Genital Herpes		301	470	771	1218	1727	2945
Genital Warts		296	227	523	1145	855	2000
Chancroid		0	0	0	4	4	8
Trichomoniasis		5	26	31	15	104	119
Candidiasis		247	441	688	971	1618	2589
Bacterial Vaginosis		0	380	380	0	1426	1426
Other sexually transmitted diseases ⁷		120	62	182	466	192	658
Non venereal		844	465	1309	3380	1963	5343

Source: NSACP

(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 Lymphogranuloma venereum, Granuloma inguinale, Molluscum contagiosum, Scabies, Tinea, Hepatitis B etc.

8 - Number of STD clinic attendees who were not having sexually transmitted diseases.

20. BACTERIOLOGY REPORT, MEDICAL RESEARCH INSTITUT 4th QUARTER 2015

Table 17: Bacteriological report, MRI 1st Quarter 2015.

	Oct	Nov	Dec
(A) CHOLERA			
No. of stool specimens Examined	51	204	120
No. of positives	0	0	0
(B) SALMONELLA			
Blood– No. Examined	0	0	0
S.typhi	0	0	0
S.paratyphi A	0	0	0
Stools—No. examined	161	497	283
S.typhi	1	1	1
S.paratyphi A	0	1	0
Others	8	14	13
(C) SHIGELLA			
No. Examined	161	497	283
Sh.flexneri 1	0	1	0
Sh.flexneri 2	6	2	0
Sh.flexneri 3	0	0	0
Sh.flexneri 4	0	0	0
Sh.flexneri 5	0	0	0
Sh.flexneri 6	2	1	1
S.Sonnei	1	4	1
S.dysentwriae	0	0	0
(D) ENTEROPATHOGENIC E.COLI			
No.Examined	5	11	14
No.+ve	0	0	0
(E) CAMPYLOBACTER			
No.Examined	110	293	163
No. Positive	0	1	0
(F) Special	31	20	18

21. SURVEILLANCE OF MENINGITIS 1st quarter 2015

Meningitis is a notifiable disease condition in Sri Lanka since year 2005. During the 4th quarter 2015, 276 suspected meningitis cases were reported to the Epidemiology Unit through the routine disease notification system .

Out of this 230 cases were clinically confirmed by the Public Health Inspectors during their field investigations. Highest number of meningitis cases were reported from the Badiulla (31) followed by Matale(25) and Gampaha (19) districts

Forty percent of the clinically confirmed meningitis cases belonged to the age group less than one year, another 25% belonged to the age group 1-5 years and 14% belonged to age group 6 – 14years. Sixty percent of the clinically confirmed cases were males and 40% were female.

Table 18

Summary findings for special investigations carried out for clinically confirmed cases of Meningitis up to 30th March 2015.

CSF Culture Report		
CSF Culture	Number	(%)
CSF results available	212	42%
No growth	199	
Grp.B Streptococci	3	
H. Influenza	1	
Coliform	1	
Strept. Pneumoniae	1	
Other	7	
Culture results not known	279	55%
Not done	16	03%
Total	507	100%
Final outcome of the patient		
Outcome	Number	(%)
Cured	483	96%
Died	16	03%
Information not available	08	0.5%
Total	507	100%
Final Diagnosis (based on clinical and lab findings)		
Diagnosis	Number	(%)
Culture confirmed	14	03%
Probable bacterial meningitis	54	11%
Probable viral meningitis	26	05%
Suspected meningitis	413	81%
Total	507	100%

22. INFLUENZA SURVEILLANCE-

1st quarter 2015

Human Influenza surveillance

Surveillance of human influenza is carried out under 2 main components; **Influenza like illness (ILI) surveillance and Severe Acute Respiratory Infections (SARI) surveillance**. As for the ILI surveillance, epidemiological data are collected from 19 sentinel hospitals throughout the country, out of which respiratory samples are collected from 13 sentinel hospitals. Under SARI surveillance more detailed epidemiological data and respiratory samples are collected from 4 sentinel hospitals. Respiratory samples are analyzed at the National Influenza Center (NIC), Medical Research Institute (MRI).

Epidemiological Component

ILI Surveillance

In the 4th quarter of year 2015, fourteen hospitals out of nineteen have reported ILI data with a reporting rate of 73.6 %. A total of 9702 ILI cases were reported, accounting for 1.25% of the all OPD visits (n=775626).

The highest number of ILI cases were reported from Teaching Hospital Anuradhapura (n=3207 33.0%) and the majority of the patients were in the age group 15 – 49 years (n=3463, 35.69%).

SARI Surveillance

A total of 440 SARI cases were reported from the 4th quarter of 2015 from all 4 sentinel hospitals (Teaching Hospital Ragama, General Hospital Matara, Teaching Hospital Peradeniya and Lady Ridgeway Hospital for children). Out of 12,307 all hospital admissions during the quarter, 3.5% were due to SARI . The highest number of SARI cases were reported from Teaching Hospital Matara (n= 257, 58.40%).

Laboratory Component

ILI Surveillance

A total of 169 ILI respiratory samples were received by the MRI from sentinel hospitals during the 4th quarter of 2015; 41 samples in October, 72 in November and 56 in December . NHSL (N=35) had sent the highest number of samples followed by general Hospital Ratnapura (n=30), Teaching Hospital Batticaloa (n=22), IDH (n=21), General Hospital Polonnaruwa (n=17) General Hospital Nuwara Eliya (n=15), General hospital Badulla(n=15).

All sentinel hospitals except GH Chillaw and Teaching Hospital Jaffna had sent samples within the quarter. Influenza A (H3N2) was the predominate circulating influenza viral strain identified.

SARI Surveillance

A total of 48 samples were sent to the MRI during the 4th quarter of year 2015, by three SARI sentinel hospitals . General Hospital Matara (n=35) had sent the highest number of samples followed by Lady Ridgeway Hospital (n=12) and Teaching Hospital Peradeniya (n=1) (Table 20). Influenza A was the predominant circulating Influenza viral strain identified (table 22).

Table 19: The monthly performance of sentinel hospitals in the laboratory component of the ILI surveillance in the 4th quarter of the year 2015.

	Oct.	Nov.	Dec.	Total
NHSL	10	10	15	35
CSTH	0	1	0	1
IDH	4	10	7	21
GH Nuwara Eliya	5	10	0	15
TH Karapitiya	0	3	1	4
TH Jaffna	0	0	0	0
TH Batticaloa	6	8	8	22
TH Kurunegala	0	5	0	5
GH Chilaw	0	0	0	0
TH Anuradhapura	0	4	0	4
GH Polonnaruwa	5	5	7	17
GH Badulla	6	6	3	15
GH Ratnapura	5	10	15	30
Total	41	72	56	169

Table 20: Monthly performance of sentinel hospital in the laboratory component of the SARI surveillance in the 1st quarter of the year 2015

Institution	Oct.	Nov.	Dec.	Total
CNTH Ragama	0	0	0	0
TH Peradeniya	0	1	0	1
GH Matara	6	23	6	35
LRH	2	5	5	12
Total	8	29	11	48

Table 21: Types of Respiratory Viruses Isolated in ILI samples in the 4th quarter of the year 2015

Month	Total	Influenza A	A (H1N1) pdm09	A(H3N2)	A Un-typed	Not typed	Influenza B
October	41	7	0	5	2	0	1
November	72	13	0	12	1	0	1
December	56	20	0	18	1	1	0
Total	169	40	0	35	4	1	2

Table 22: Types of Respiratory Viruses Isolated in SARI Samples in the 4th quarter of the year 2015

Month	Total	Influenza A	A (H1N1)	A (H3N2)	A Un-typed	Not typed	Influenza B
January	8	2	0	2	0	0	-
February	29	9	0	7	0	2	-
March	11	4	0	3	0	1	1
Total	48	15	0	12	0	3	1

Bird Influenza Surveillance

Sri Lanka has been recognized as carrying a high risk for Avian Influenza (AI) making bird influenza surveillance an important component of the influenza surveillance system. This high risk is mainly due to its location in the South East Asian Region. The country's poultry industry with a significant proportion of people engaged in backyard poultry and the commercial level poultry industry add to this risk. Also the country being a hotspot for migratory birds, attracting over two hundred species of migratory birds annually in two migratory seasons, is another risk factor that makes bird influenza surveillance necessary.

Bird surveillance is conducted by the Department of Animal Production and Health (DAPH) with serum samples collected from poultry farms on a monthly basis and fecal samples collected from migratory bird hotspots during the two migratory seasons, where fifteen fecal samples are collected from each bird hotspot, pooled in bottles with five samples in each and analyzed at the virology laboratory at Polgolla.

Table 23: Animal samples collected by month and district for the 1st quarter of the year 2015

Month	No. of samples		Districts samples were collected from
	Pooled fecal samples	Serum samples	
Oct.	1021	511	Colombo, Gampaha, Ampara, Kandy, Trincomalee, Matara, Hambantota, Anuradhapura, Jaffna, Kegalle, Monaragala, Puttalam
Nov.	1354	400	Colombo, Gampaha, Nuwara Eliya, Kurunegala, Hambantota, Jaffna, Kegalle, Ratnapura, Monaragala, Puttalam
Dec.	1546	421	Colombo, Gampaha, Nuwara Eliya, Kurunegala, Hambantota, Jaffna, Kegalle, Ampara, Anuradhapura, Matale, Trincomalee, Kandy, Vavuniya, Galle, Puttalam
Total	3921	1332	

Special Report

Human Influenza surveillance

ILI Surveillance – Laboratory Component

Under ILI laboratory surveillance a total of 570 ILI samples were received from hospitals identified as sentinel surveillance sites during the year. National Hospital Sri Lanka (NHSL) sent in the highest number of samples (77) while General Hospital (GH) Ratnapura sent 75 samples and Infectious Disease Hospital (IDH) sent 70 samples being the 2nd and 3rd highest. Samples were not received from Teaching hospital Jaffna, General Hospital Chilaw, Lady Ridgeway Hospital, North Colombo Teaching Hospital, Teaching hospital Peradeniya, General Hospital Matara, General Hospital Ampara and General Hospital Vavunia. The laboratory component of the surveillance was temporarily suspended in the 3rd quarter due to the onset of the Influenza outbreak. Table 24 below shows the performance of sentinel hospitals in the laboratory component of the surveillance programme in 2015.

Table 24: Performance of sentinel hospitals in laboratory component of ILI surveillance - 2015

ILI Lab Data for year 2015													
Institution	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
NHSL	10	10	7	0	5	Lab component of the sentinel surveillance was temporarily suspended during this period as per a decision taken at the avian influenza technical committee meeting. (Influenza Pandemic period)			10	10	10	15	77
CSTH	3	3	2	2	1				2	0	1	0	14
IDH	16	0	15	10	6				2	4	10	7	70
GH Nuwara Eliya	0	6	9	5	12				5	5	10	0	52
TH Karapitiya	0	4	18	4	2				0	0	3	1	32
TH Jaffna	0	0	0	0	0				0	0	0	0	0
TH Batticaloa	7	6	15	6	6				0	6	8	8	62
TH Kurunegala	0	5	9	9	10				0	0	5	0	38
GH Chilaw	0	0	0	0	0				0	0	0	0	0
TH Anuradhapura	5	10	10	10	5				0	0	4	0	44
GH Polonnaruwa	5	5	8	10	10				0	5	5	7	55
GH Badulla	5	2	8	5	4				2	6	6	3	41
GH Rathnapura	10	5	10	10	10				0	5	10	15	75
TOTAL Received	61	56	111	71	71					10	21	41	72
Total Tested	61	56	111	71	71	0	0	10	21	41	72	56	570
Total Positive	19	13	23	8	13	0	0	0	0	8	13	20	117

These samples were processed at the Medical Research Institute (MRI) which is the National Influenza Centre (NIC) for the country. During the first quarter the predominant strain was Influenza B while Influenza A (H3N2) and Influenza A untyped strains emerged strongly towards the latter part of the year. However, majority of the samples tested throughout the year were of Influenza A strain accounting for 77 out of 117 positive samples. There were few cases of Influenza A (H1N1pdm09) identified during the latter part of the first quarter. Table 25 below shows the subtypes of influenza isolated from samples, in the laboratory component of human influenza surveillance by month during the year 2015.

Table 25: subtypes of influenza isolated from samples, in the laboratory component of human influenza surveillance by month during the year 2015

Month	Total tested Samples	Number positive	%	Influenza A	A-H1N1 pdm09	A H3N2	A Untyped	Influenza B
January	61	61	61	61	61	61	61	61
February	56	56	56	56	56	56	56	56
March	111	111	111	111	111	111	111	111
April	71	71	71	71	71	71	71	71
May	71	71	71	71	71	71	71	71
June	0	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0	0
August	10	10	10	10	10	10	10	10
September	21	21	21	21	21	21	21	21
October	41	41	41	41	41	41	41	41
November	72	72	72	72	72	72	72	72
December	56	56	56	56	56	56	56	56
Total	570	570	570	570	570	570	570	570

Laboratory surveillance findings shows that 20.5% of ILI samples tested within the year had an influenza viral strain. Figure 01 below shows the seasonal changes in the influenza positivity within the laboratory component of the surveillance programme in 2015.

Figure 01: seasonal changes in the influenza positivity within the laboratory component of the surveillance programme in 2015

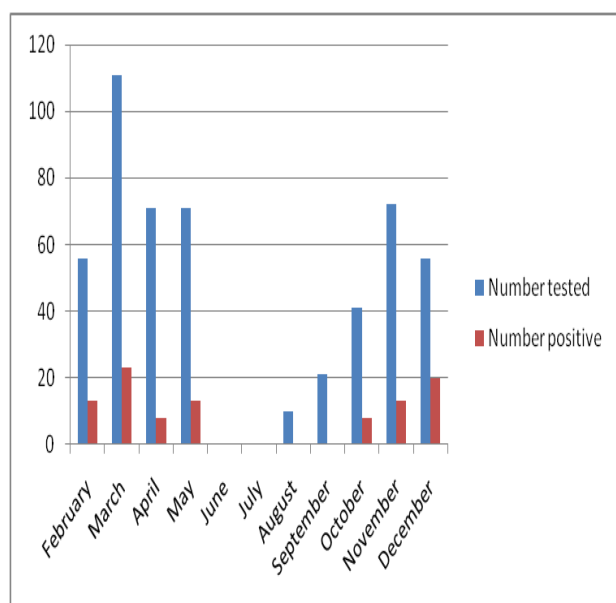


Figure 02: Influenza test positive samples according to the viral strain and the positivity rate within the ILI surveillance laboratory component for the year 2015

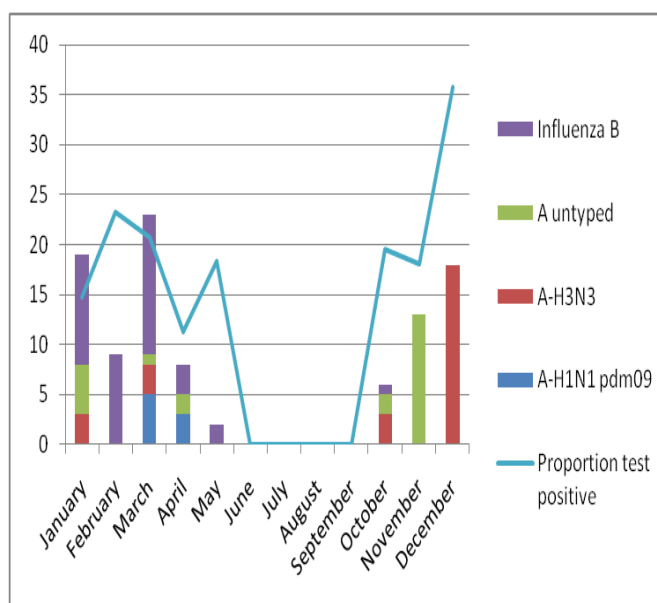


Figure 02 above shows Influenza test positive samples according to the viral strain and the proportion tested positive.

This positivity rate shows two prominent peaks. The higher peak is in the colder months towards the end of the year and the other peak is during February and May. Flu activity is higher during these two periods and that coincides with high influenza positivity.

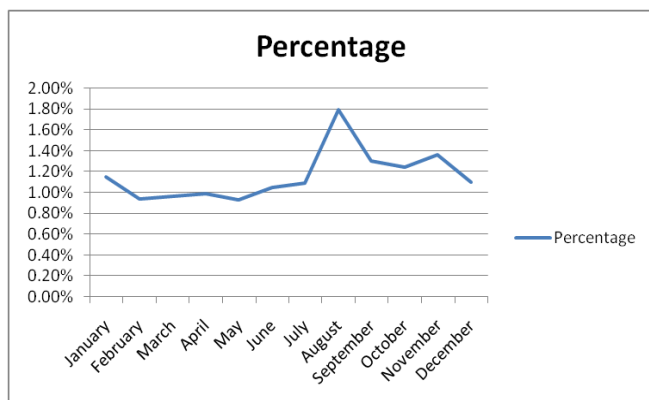
ILI Surveillance – Epidemiological Component

In year 2015 there were 35426 ILI cases visiting OPD of sentinel hospitals out of 3009173 total OPD visits. TH Anuradhapura reported the highest number of ILI visits while GH Ampara, TH Peradeniya, GH Matara and TH Ratnapura also reported high numbers. Table 26 below shows the performance of sentinel hospitals in the epidemiological component of the surveillance programme in 2015.

Table 26: Performance of sentinel hospitals in the epidemiological component of the surveillance programme in 2015

Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
GH Ampara	352	439	543	530	619	1336	1406	988	942	794	761	0	8710
TH Karapitiya	4	10	14	3	2	0	0	0	0	0	2	9	44
GH Matara	389	178	263	213	372	652	447	432	399	491	504	468	4808
LRH	261	267	320	274	341	283	421	272	216	310	127	0	3092
IDH	430	185	189	74	374	415	467	178	175	278	245	53	3063
NHSL	0	0	0	0	0	0	0	0	0	0	0	0	0
TH Kalubowila	16	17	6	6	1	0	0	14	0	0	3	0	63
TH Peradeniya	964	547	512	213	406	690	830	308	102	70	562	104	5308
TH Ratnapura	762	765	626	0	0	0	0	203	647	930	643	169	4745
TH Kurunegala	19	26	88	121	174	178	115	68	132	116	170	181	1388
GH Vavunia	0	0	0	0	0	517	402	195	0	0	0	0	1114
GH Nuwara Eliya	320	225	188	0	0	0	0	0	0	0	0	0	733
GH Badulla	28	17	29	20	41	19	23	20	22	29	15	12	275
TH Anuradhapura	1231	986	999	933	1260	1037	1250	906	959	1227	993	987	12768
GH Polonnaruwa	205	103	143	43	424	312	198	82	165	465	356	0	2496
TH Ragama	103	35	15	20	4	71	111	18	9	16	0	0	402
GH Chilaw	735	351	79	0	580	343	427	242	203		214	87	3261
TH Batticaloa	8	6	13	13	4	0	0	1577	797	732	62	31	3243

Figure 03: Distribution of the proportion of OPD ILI visits by month - 2015



In 2015, ILI had contributed to 1.18% of OPD visits. Although data obtained are underestimated the trend of the proportion of ILI out of total OPD visits, changes over the months of the year. Figure 03 below shows the monthly distribution of the proportion of ILI in sentinel hospitals for the year 2015.

Table 27

24. SUMMARY OF NOTIFIABLE DISEASES - 1ST QUARTER 2015

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	Tuberculosis	Chickenpox	Mumps	Meningitis	Leishmaniasis
Colombo	36	8	18	12	1	91	35	2	0	3	22	1	3138	216	117	8	14	1
Gampaha	23	9	9	6	0	150	24	2	0	1	22	0	1171	236	125	7	16	1
Kalutara	40	5	21	75	1	187	33	0	0	5	9	1	505	77	73	4	23	0
Kandy	85	1	6	33	0	42	12	0	0	21	41	1	449	150	63	4	15	5
Matale	16	1	1	8	0	13	4	1	0	1	9	0	54	50	11	4	25	20
Nuwara-Eliya	57	2	17	3	0	23	1	1	1	16	21	0	56	49	35	1	10	1
Galle	33	0	3	9	0	108	35	7	0	34	6	2	414	135	68	4	20	1
Hambantota	22	4	1	6	0	97	7	1	0	18	17	0	163	23	52	2	2	94
Matara	20	6	1	3	1	119	17	0	0	20	21	1	157	54	52	7	3	57
Jaffna	378	2	25	18	0	7	3	12	0	222	3	0	729	62	43	3	6	0
Kilinochchi	54	1	11	0	0	6	0	0	0	6	0	0	32	18	5	1	2	0
Mannar	10	2	1	3	0	1	0	0	0	3	0	0	26	4	0	0	2	0
Vavuniya	18	3	13	19	0	4	0	0	0	2	0	1	94	25	2	0	6	2
Mullaitivu	23	0	5	15	0	17	0	0	0	0	4	0	30	13	0	0	3	2
Batticaloa	81	1	4	2	0	22	18	0	0	0	3	0	146	33	11	2	2	0
Ampara	3	1	1	2	0	11	0	0	0	0	7	1	21	18	42	8	0	1
Trincomalee	63	0	8	22	0	5	4	1	1	4	86	1	70	16	44	4	4	2
Kurunegala	128	6	1	15	4	168	18	1	0	3	10	7	267	130	99	9	13	43
Puttalam	112	4	2	0	1	18	11	0	0	13	1	4	194	26	28	1	12	0
Anuradhapura	79	2	2	8	0	225	13	1	0	8	12	3	84	58	52	6	10	70
Polonnaruwa	31	1	5	1	0	95	13	0	0	0	6	0	75	39	43	3	5	34
Badulla	85	9	4	12	0	32	10	1	0	26	61	1	137	81	41	2	46	2
Moneragala	27	1	2	0	0	69	12	0	0	16	171	0	71	28	25	6	6	5
Ratnapura	76	7	5	2	0	157	31	0	0	19	124	1	250	153	84	8	12	3
Kegalle	33	6	27	11	0	99	18	0	0	11	9	2	247	108	101	5	14	0
Kalmunai	47	1	2	17	1	5	1	0	0	1	4	0	84	54	13	0	5	0
Total	1580	83	195	302	9	1771	320	30	2	453	669	27	8664	1856	1229	99	276	344

No polio cases. (from AFP surveillance system).

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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:

ON STATE SERVICE

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