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CONTENTS	PAGE NO
1. Surveillance of Poliomyelitis	02
2. Surveillance of Measles	03
3. Surveillance of Leptospirosis	04
4. Surveillance of Human Rabies & Control activities	04
5. Surveillance of Viral Hepatitis	04
6. Surveillance of Enteric Fever	04
7. Surveillance of Dysentery	05
8. Surveillance of Malaria	05
9. Surveillance of Japanese Encephalitis	05
10. Surveillance of Dengue Fever	07
11. Surveillance of Rubella and Congenital Rubella Syndrome	07
12. Surveillance of Cholera	07
13. Surveillance of Tetanus	07
14. Surveillance report on A E F I	08
15. Surveillance of Tuberculosis	10
16. Surveillance at Sea Port	10
17. Surveillance at Air Port	10
18. Surveillance of Leprosy	11
19. Sexually Transmitted Diseases	12
20. Pattern of Enteric Pathogens isolated	13
21. Surveillance of Meningitis	13
22. Influenza Surveillance	14
23. Special Report	16
Surveillance of Chickenpox	16
Surveillance of Mumps	17
Surveillance of Leishmaniasis	17
24. Summary of Notifiable Diseases	18



Epidemiology Unit
Ministry of Health



Table 03. Distribution of AFP cases by Age 2nd Quarter 2018.

Age Group	Sex		Total
	Male	Female	
<1 year old	0	0	00
1-4 year old	3	2	05
5-9 year old	5	2	07
10-15 year old	6	1	07
Total	14	5	19

Final diagnoses of AFP cases

Majority (84%) of the reported AFP cases were finally diagnosed as Guillain-Barre Syndrome (GBS). Final diagnoses of all 19 cases of AFP are given in table 4.

Table 04: Final diagnoses of AFP patients reported during 2nd quarter 2018.

Final Diagnoses	Frequency
GBS	16
Transverse Myelitis	1
Cerebella	1
Spinal Cord Compressive lesion	1
Total	19

Laboratory exclusion of poliomyelitis in 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 to the lab are the criteria to be completed to make the samples of 'good condition'. Out of 19 AFP cases, 18 cases (95%) had both stool samples collected timely and sent to MRI for polio virology.

2. MEASLES: 2ND QUARTER 2018

Forty three (43) fever and maculopapular rash Patients suspected of measles and rubella were reported and investigated for confirming measles or rubella. This number was little lower than the number reported for the first quarter which was 47. The number is only satisfying the 50% of the expected number for the quarter, which was 100/100,000 population for the quarter to meet the non-measles, non-rubella discarded rate. Awareness and reminders together with the updated circular was sent to hospitals to inform the requirement of notifying "fever and maculopapular rash" cases, ensuring the strengthened surveillance. Identification and investigation of all fever and maculopapular rash patients at community level during field level activities were highlighted in achieving elimination targets by 2020 and training programmes were conducted for health care staff for better awareness and for detecting cases for the notification. All fever and maculopapular rash cases were field investigated by the respective Medical Officers of Health of the patients' residential areas and special investigation forms were received and reviewed at the Epidemiology Unit.

Table 05: Number of Measles cases by district: 2nd Quarter 2018

District	cases	District	cases
Colombo	5	Batticaloa	1
Gampaha	4	Ampara	0
Kalutara	1	Trincomalee	2
Kandy	4	Kurunegala	4
Matale	8	Puttalam	1
Kalmunai	5	Anuradhapura	9
Galle	0	Polonnaruwa	2
Hambantota	0	Badulla	0
Matara	0	Monaragala	0
Jaffna	1	Ratnapura	0
Vavuniya	0	Kegalle	1
Kilinochchi	0		
Kalmunai	0	Nuwara Eliya	1

Central Province reported the highest number of fever rash suspected cases for measles and rubella. The programme identified districts in terms of not satisfying the monitoring indicator of >2 per 100,000 population with non measles non rubella cases after testing at the laboratory for relevant surveillance improvements.

Laboratory investigations of 35 out of the 47 fever and maculopapular rash patients suspected of Measles or Rubella were carried out in the WHO accredited virology Laboratory at the Medical Research Institute (MRI) for Measles or Rubella for measles IgM testing. The programme has identified the laboratory measles IgM testing rate as 81% and achieved satisfactory levels of monitoring target of >80%.

3. LEPTOSPIROSIS

During the 2nd Quarter 2018, 1178 cases and 20 deaths (CFR 1.7 %) due to Leptospirosis were notified to the Epidemiology Unit compared to 938 cases and 19 deaths in the previous quarter and 776 cases and 8 deaths during the corresponding quarter of 2017.

Age and sex distribution of patients, revealed by the special surveillance data is given in Table 06.

Table 06: SELECTED CHARACTERISTICS OF LEPTOSPIROSIS PATIENTS(%)- 2nd QUARTER 2018.

Age Group	Sex	
	Male	Female
0 - 9 years	0.72	0.00
10 - 19 years	8.96	2.13
20 - 29years	18.64	6.38
30 - 39years	19.65	14.89
40 - 49years	18.79	28.72
50 - 59 years	18.21	28.72
>60years	15.03	19.15
Total	100.00	100.00

4. HUMAN RABIES

Four cases of Human Rabies were notified to the Epidemiology Unit in the 2nd quarter, 2018 compared to 07 cases in the previous quarter and 6 cases in the corresponding quarter of year 2017. The four notified cases have been confirmed.

Animal Rabies

During this quarter, 98 dogs were reported positive for rabies, compared to 87 in the previous quarter and 110 positive in the same period in the last year.

Rabies Control Activities

Dog vaccination - A total of 18654 dogs were immunized during the Quarter under review when compared to 134084 in the previous quarter and 317181 in corresponding Quarter of the last year.

Animal Birth control

Chemical- A total of 34 female dogs were injected with birth control injections (Progesterone) during the quarter under review. **Surgical**- No female dogs were subjected to sterilization by surgical method during the quarter under review.

5. VIRAL HEPATITIS

In the 2nd Quarter 2018, a total of 58 cases of Viral Hepatitis were reported to the Epidemiology Unit. This was in comparison to the 53 cases in the previous quarter and 116 cases in the corresponding quarter of 2017. Monaragala district (10 cases) reported the highest number of cases followed by Nuwaraeliya District (9 cases).

6. ENTERIC FEVER

In the 2nd Quarter 2018, a total of 63 cases of Enteric fever were reported to the Epidemiology Unit, compared to 85 cases in the previous quarter and 77 cases in the corresponding quarter of 2017. The district of Colombo (12 cases) reported the highest number of cases, followed by Vavuniya (10 cases).

7. DYSENTERY

In the 2nd Quarter 2018, a total of 349 cases of Dysentery were reported to the Epidemiology Unit, in comparison to 385 cases in the previous quarter and 318 cases in the corresponding quarter of 2017. Rathnapura district (39 cases) and Kurunegala (32 cases) reported the highest numbers of cases.

8. MALARIA

There were no indigenous malaria cases reported during the 2nd quarter of 2018. Nine imported malaria cases were reported in the 2nd quarter of 2018.

Table 07: SELECTED CHARACTERISTICS OF CONFIRMED CASES OF JE – UP TO 2nd QUARTER 2018

Variable	Category	Percentage
Sex	Male	08 (42%)
	Female	11 (58%)
Age group	< 1 y	01 (05%)
	1-10 y	04 (21%)
	11- 20	01 (05%)
	21-50Y	06 (32%)
	> 50 Y	07 (37%)
District	Ratnapura	06(32%)
	Gampaha	01(05%)
	Matara	01 (05%)
	Vavuniya	01 (05%)
	Batticaloa	01 (05%)
	Galle	02(11%)
	Kurunagela	04 (21%)
	Anuradhapura	02 (11%)
	Kandy	01(11 %)

9. JAPANESE ENCEPHALITIS (JE)-2ND QUARTER 2018

During the 2nd quarter of 2018, 47 cases of clinically suspected Encephalitis cases were reported to the Epidemiology Unit through the routine disease notification system. Out of this, 38 cases were clinically confirmed by the Public Health Inspectors during their field investigations.

During the 2nd quarter of 2018, MRI has reported 05 lab confirmed JE cases. Out of these 05 confirmed JE cases, all (100%) were investigated by the MOH. Up to 2nd Quarter (Jan –June) 2018, MRI has reported altogether 19 lab confirmed JE cases

Among them, 07 (37%) were over 50 years of age, another 06 (32%) were between 21 -50 years, another 01(05%) was between 11 - 20 years, another 4 (21%) were 1-10 years while one (5%) was less than one year.

The highest number of confirmed JE cases (06) were reported from Ratnapura, Kurunagela (4), Galle (2), Anuradhapura (2), Gampaha(1) Vavuniya (1), Batticaloa (1) Matara (1), Vavuniya (1) and Kandy (1). The majority of confirmed JE cases have not been immunized

Table 08: Results of Blood smear examination for malaria parasites - 2nd Quarter 2018

	2 nd quarter 2017	2 nd quarter 2018
No. of blood smears examined	221,153	270,024
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 09: Distribution of number of blood smears examined by district RMO– 2nd Quarter 2018

RMO	April	May	June	Total
Ampara	1526	2022	2167	5715
Anuradhapura	3539	4711	3961	12211
Badulla	3351	3667	3535	10553
Batticaloa	5405	5911	5208	16524
Colombo	7354	8999	9878	26231
Embilipitiya	3363	4610	3948	11921
Galle	1559	1858	1745	5162
Gampaha	4052	5390	5464	14906
Hambantota	1776	1850	1756	5382
Jaffna	5060	4687	5210	14957
Kalmune	4026	4663	4743	13432
Kalutara	1552	995	910	3457
Kandy	4210	6038	5308	15556
Kegalle	1862	2550	2268	6680
Kilinochchi	2391	2240	2434	7065
Kurunegala	5388	7572	6934	19894
Maho	1465	1359	1735	4559
Mannar	2039	3994	3020	9053
Matale	2364	2881	2790	8035
Matara	1963	1972	2333	6268
Moneragala	3147	4039	4650	11836
Mulativu	2098	2519	2297	6914
Nuwara eliya	576	584	612	1772
Polonnaruwa	2919	2652	2808	8379
Puttalam	2547	2922	3188	8657
Trincomalee	2830	2804	2841	8475
Vavuniya	1898	2276	2256	6430 ⁶
Sri Lanka	80260	95765	93999	270024

Table 10:**MORBIDITY AND MORTALITY DUE TO DF/DHF - 2ND QUARTER 2018**

RDHS	No of Cases reported in 2 nd Quarter 2018	%	Deaths	CFR
Colombo	2310	19.76	6	0.26
Gampaha	1076	9.20	0	0.00
Kalutara	632	5.41	0	0.00
Kandy	847	7.24	0	0.00
Matale	276	2.36	0	0.00
Nuwara Eliya	45	0.38	0	0.00
Galle	196	1.68	0	0.00
Hambantota	140	1.20	0	0.00
Matara	134	1.15	1	0.75
Jaffna	625	5.35	0	0.00
Kilinochchi	83	0.71	0	0.00
Mannar	16	0.14	0	0.00
Vavuniya	137	1.17	0	0.00
Mulativu	26	0.22	0	0.00
Batticaloa	2074	17.74	4	0.19
Ampara	61	0.52	0	0.00
Trincomalee	402	3.44	1	0.25
Kurunegala	404	3.46	0	0.00
Puttalam	260	2.22	0	0.00
Anuradhapura	209	1.79	3	1.44
Polonnaruwa	78	0.67	0	0.00
Badulla	117	1.00	0	0.00
Moneragala	176	1.51	0	0.00
Ratnapura	657	5.62	2	0.30

Table 11

DHF STATISTICS FROM DEPARTMENT OF VIROLOGY, MRI - 2ND QUARTER 2018

Month	Clinically Suspected Cases Tested for DF/DHF	Serologically Confirmed Cases as DF/DHF
April	67	6 (9.0%)
May	156	21 (13.5%)
June	172	28 (16.3%)
Total	395	55 (13.9%)

10. DENGUE FEVER (DF) / DENGUE HAEMORRHAGIC FEVER (DHF) – 2nd QUARTER 2018

During the 2nd quarter of 2018; 11,691 cases of DF/DHF were reported from all districts (Table 10) while 17 deaths were reported (CFR 0.15%) when compared to 15,148 cases of DF/DHF reported with 15 deaths (CFR 0.10%) being reported during the 1st quarter of 2018. Proportion of cases notified in April, May and June were 22.39%, 30.45% and 47.16% respectively.

Special surveillance data of confirmed cases were received and analyzed for the 2nd quarter of 2018. Age distribution of reported cases were 3.4% in <4 years age group, 11.3% in 5-9 years of age group, 11.1% in 10-14 years of age, 9.2% in 15-19 years of age, 10.6% in 20-24 years of age, 9.4% in 25-29 years of age, 8.9% in 30-34 years of age, 8.5% in 35-39 years of age, 5.4% in 40-44 years of age, 4.8% in 45-49 years of age, 3.9% in 50-54 years of age, 3.7% in 55-59 years of age and 6.4% in >60 years of age groups.

According to the Special surveillance data on clinical findings majority of the reported cases 81.3% were classified as dengue fever (DF) while 18.6% were classified as dengue Haemorrhagic fever (DHF).

During the 2nd quarter of 2018, 395 blood samples were tested using IgM capture ELISA test at the Department of Virology, Medical Research Institute (MRI) and 55 (13.9%) samples were confirmed as positive. (Table 10)

11. RUBELLA AND CONGENITAL RUBELLA SYNDROME (CRS)**Rubella:**

The same suspected 43 fever and maculopapular rash cases were tested for rubella. There was no continuation of indigenous transmission of measles in the country. No rubella confirmed cases for the quarter.

CRS

There were no congenital rubella cases after adequate investigation of all notified suspected CRS cases and cases investigated at the laboratory for TORCH screening. All cases positive for rubella IgM were thoroughly investigated at field level to identify and excluded as not congenital rubella syndrome.

12. CHOLERA

No confirmed cases of cholera were reported to the Epidemiology Unit during the 2nd Quarter 2018. Last case of cholera was reported in the country in January 2003.

13. TETANUS

Out of 4 reported Tetanus cases 3 were clinically confirmed (75%) during the 2nd Quarter 2018. Kandy, Jaffna, Trincomalee and Anuradhapura were the reporting districts during the 2nd Quarter and reported one Tetanus case per district. All reported cases were 30 - > 60 years of age and males (100%).

14. SURVEILLANCE REPORT ON AEFI

Surveillance of Adverse Events Following Immunization (AEFI) effectively continued in the 2nd Quarter of 2018 has reached 100% of completeness of reports, while 56.2% reports were received in time at the Epidemiology Unit indicating good compliance for the system by the MOOH. Colombo, Gampaha, Kalutara, Kandy, Matale, Nuwara Eliya, Galle, Hambantota, Matara, Jaffna, Kilinochchi, Mannar, Mullativu, Batticaloa, Ampara, Trincomalee, Kurunegala, Puttalam, Anuradhapura, Polonnaruwa, Badulla, Moneragala, Rathnapura, Kegalle, Kalmunai were able to send all reports. The best timeliness was reported from the Jaffna district (94.9%) followed by Kilinochchi (75.0%) and Matale (74.4%). (Table 1)

The highest percentage of nil reports were received from Ampara (61.9%) followed by Kalmunai district (41.0%), which was more than two fold of the Sri Lanka average (21.1%) indicating the need for better attention for surveillance. followed by Kegalle (3.0%) and Colombo districts (5.9%) indicating the good surveillance system in place. The highest rate (762.8 per 100,000 immunizations) of AEFI was reported from Mullativu district, while Colombo reported the highest number of 206 AEFI cases in the second quarter 2018.

For the second quarter, the highest number of AEFI (n=1350) was reported against Pentavalent vaccine, whereas the highest rate of AEFI (1232.9/100,000 doses administered) was reported against DTP vaccine. The rate of AEFI for Pentavalent (01st, 02nd & 03rd dose) is 596.8 per 100,000 doses administered. High Fever (937), Allergic Reaction (323), Nodule (494) are the leading AEFI reported. Highest numbers of fever cases reported were following Pentavalent (489 cases: 220.9 per 100,000 doses administered) and DPT (372 cases: 458.9 per 100,000 doses administered) vaccines. For Allergic reactions, it was largely due to DPT (130 cases: 148.5 per 100,000 doses administered) and PVV (105 cases: 46.3 per 100,000 doses administered).

Table 12

COMPLETENESS AND TIMELINESS OF MONTHLY REPORTING AND RECEIPT OF "NIL" REPORTS OF AEFI BY RDHS DIVISIONS - 2ND QUARTER 2018

DPDHS	% completeness	% Timely returns	% Nil Re-returns	No. of AEFI	AEFI Rate (100,000 vaccine doses)
Colombo	100.0	53.1	5.9	206	144.8
Gampaha	100.0	48.7	6.7	128	95.0
Kalutara	100.0	55.0	16.7	124	154.4
Kandy	100.0	42.3	12.5	178	172.4
Matale	100.0	74.4	20.5	52	138.2
Nuwara Eliya	100.0	28.2	25.6	107	190.6
Galle	100.0	42.0	25.0	122	160.3
Hambantota	100.0	36.6	8.3	178	331.0
Matara	100.0	48.2	13.7	92	164.4
Jaffna	100.0	94.9	7.1	220	637.8
Kilinochchi	100.0	75.0	16.7	35	379.6
Mannar	100.0	72.7	40.0	48	555.3
Vavuniya	100.0	67.6	27.3	60	477.6
Mullaitivu	100.0	21.2	33.3	57	762.5
Batticaloa	100.0	42.9	38.1	67	144.9
Ampara	100.0	30.6	61.9	19	92.5
Trincomalee	100.0	42.7	27.8	70	180.5
Kurunegala	100.0	48.2	33.3	172	455.4
Puttalam	100.0	29.4	35.9	67	59.4
Anuradhapura	100.0	35.3	19.3	138	224.3
Polonnaruwa	100.0	32.6	19.0	60	81.9
Badulla	100.0	68.7	14.6	121	369.4
Monaragala	100.0	58.5	18.2	69	108.9
Ratnapura	100.0	49.4	14.8	134	326.7
Kegalle	100.0	58.5	3.0	88	114.8
Kalmunai	100.0	25.4	41.0	36	65.7
Sri Lanka	100.0	56.2	21.1	2648	179.9

Table 13: Number of Selected Adverse Events by Vaccines – 2nd Quarter 2018

	BCG	OPV	PVV ¹	DPT	MMR	LJE	DT	TT	aTd	Total number of AEFI reported
Total Number of AEFI Reported	5		1350	1031	126	60	48	10	18	2648
AEFI reporting rate/1,000,000 doses administered	4.9		596.8	1232.9	74.5	77.3	58.1	7.7	22.4	
High Fever (>39°C)	1		489	372	40	25	10			937
Reporting rate/1,000,000 doses administered	1.2		220.9	458.9	22.9	29.7	9.3			
Allergic reactions			105	130	48	22	12		6	323
Reporting rate/1,000,000 doses administered			46.7	148.5	28.6	25.9	15.1		7.7	
Severe local reactions			25	45			2	2	1	75
Reporting rate/1,000,000 doses administered			11.6	58.0			2.3	1.4	1.3	
Seizure (Febrile/Afebrile)			18	86	7	12	1			124
Reporting rate/1,000,000 doses administered			8.2	104.5	4.5	14.7	1.2			
Nodules	0		360	120	1	1	7	2	3	494
Reporting rate/1,000,000 doses administered	0		160.4	148.6	0.6	1.2	8.3	1.4	4.3	
Injection site abscess	0		105	25	2		1			133
Reporting rate/1,000,000 doses administered	0		47.9	28.1	1.2		1.2			
HHE			2	1						3
Reporting rate/1,000,000 doses administered			0.9	1.2						

1-PentaValent Vaccine

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

15. TUBERCULOSIS

A total of 2066 TB patients were notified to the NPTCCD by H816A (TB notification form) for the second quarter 2018, while 2040 patients were registered at chest clinics during the same quarter according to the Quarterly Report on Case Finding (TB 08). Out of this, 1930 (94.8%) TB patients were new TB cases, 110 (5.4%) were 're-treatment cases' and there wasn't any cases identified for 'previous treatment history unknown' category. Out of new TB cases, 990 (51.3%) were bacteriologically confirmed TB, 364 (18.9%) were clinically diagnosed (sputum negative) TB and 576 (29.8%) were new extra pulmonary TB cases. Out of this 're-treatment' cases, 71 (64.5%) patients were 'relapse', 22 (20%) patients were 'Treatment After Failure', 16 (14.5%) patients were 'loss to follow-up' and 01 (0.9%) was 'other previously treated'. A total of 1914 TB patients were screened for HIV, out of which two were positive for HIV. A total of 03 patients were TB/HIV co-infection. Three Multi-Drug Resistant TB patients were detected during the above quarter.

Table 14: TUBERCULOSIS PATIENTS BY RDHS DIVISIONS

RDHS DIVISION	New				Retreatment & previous history unknown	Total
	PTB sp+ve	PTB sp-ve	EPTB	Total		
Colombo	249	91	127	467	14	481
Gampaha	139	46	65	250	24	274
Kalutara	67	19	25	111	8	119
Kandy	56	27	42	125	3	128
Matale	13	0	16	29	4	33
Nuwara Eliya	25	11	14	50	0	50
Galle	36	12	24	72	6	78
Matara	31	13	28	72	2	74
Hambantota	11	6	10	27	1	28
Jaffna	20	19	19	58	10	68
Vavuniya	12	1	3	16	0	16
Batticaloa	20	5	8	33	2	35
Ampara	8	11	7	26	2	28
Kalmunai	13	22	10	45	2	47
Trincomalee	25	1	8	34	32	34
Kurunegala	47	12	31	90	4	94
Puttalam	20	6	12	38	2	40
Anuradhapura	40	4	20	64	5	69
Polonnaruwa	22	19	6	47	1	48
Badulla	34	5	12	51	4	55
Monaragala	15	4	7	26	1	27
Rathnapura	39	6	47	92	5	97
Kegalle	36	20	29	85	7	92
Mannar	2	0	3	5	1	6
Mullaitivu	2	3	1	6	0	6
Kilinochchi	8	1	4	13	0	13
Total	990	364	576	1930	110	2040

PTB-Pulmonary Tuberculosis EPTB- Extra Pulmonary Tuberculosis
SP + ve - Sputum Positive SP - ve - Sputum Negative

Table 15 : TB/HIV status

TB/HIV States	Number
TB patients screened for HIV in the 2nd quarter	1914
No. of patients found to be positive for HIV in the same semester	2
Known positive HIV patients in 1st quarter	1
Total HIV/TB co infection	3

16. SURVEILLANCE AT SEA PORT

Details of the vaccinations carried out by the Assistant Port Health Office during the 2nd quarter 2018, is as follows;

Table 16: Surveillance at SEA port : 2nd Quarter 2018

Vaccination data		Total
A.	Yellow fever	1031
B.	Meningococcal meningitis	376
C.	Oral polio	223

17. SURVEILLANCE AT AIRPORT

Details of surveillance activities carried out at the International Airport, Katunayake during the 2nd Quarter 2018 are given below.

Table 17: Surveillance at airport : 2nd Quarter 2018

Emerging and reemerging disease (Ebola/MERS CoV/ SARS.... Etc)	
Ebola	
No. Of passengers screened	00
No. Of suspected cases transferred	00
Zika	
No. Of passengers screened	00
No. Of suspected cases transferred	00
Malaria	
No. of passengers visited to Health office	286
No. of passengers drug issued	02
No. of blood films done (R.D.T.)	285
Referred to I.D.H./Other unit	00
Yellow Fever	
No. of yellow fever cards inspected	985
No. Invalid/without Yellow Fever cards	33
Referred to I.D.H./Other units	01

18. LEPROSY**QUARTERLY RETURN OF LEPROSY STATISTICS - 2ND QUARTER 2018****1. NATIONAL****Table 18**

	At the end of the quarter			Cumulative for end of the quarter		
	2 nd quarter 2018	2 nd quarter 2017	Diff (%)	2018	2017	Diff (%)
New patients detected	383	460	-(16.73)	813	929	-(12.48)
Children	35	53	-(33.96)	69	100	-(31.00)
Grade 2 Deformities	23	33	-(30.30)	49	66	-(25.75)
Multi-Bacillary	245	266	-(7.89)	501	532	-(5.82)
Females	142	184	-(22.82)	315	378	-(16.66)

2. Districts

District	New patients	G2-Deformity	Children	MB	Females
Central	14	1	1	8	4
Kandy	6	0	0	3	1
Matale	7	1	1	4	3
NuwaraEliya	1	0	0	1	0
Eastern	43	1	6	30	17
Ampara	7	1	1	4	2
Batticaloa	24	0	4	16	11
Kalmunai	11	0	1	9	4
Trincomalee	1	0	0	1	0
Northern	17	1	2	9	10
Jaffna	12	1	2	7	8
Kilinochchi	0	0	0	0	0
Mannar	1	0	0	0	1
Vavuniya	2	0	0	1	0
Mullaitivu	2	0	0	1	1
North Central	26	2	3	18	10
Anuradhapura	16	2	2	11	8
Pollonnaruwa	10	0	1	7	2
North Western	31	2	1	18	10
Kurunegala	20	1	0	12	8
Puttalam	11	1	1	6	2
Sabaragamuwa	26	2	0	17	7
Kegalle	10	1	0	6	3
Rathnapura	16	1	0	11	4
Southern	24	5	1	16	6
Galle	11	2	1	7	2
Hambanthota	4	0	0	2	2
Matara	9	3	0	7	2
Uva	19	0	1	11	7
Baddulla	9	0	1	6	3
Monaragala	10	0	0	5	4
Western	183	9	20	118	71
Colombo	60	3	6	36	27
CMC	15	1	1	10	3
Gampaha	54	3	6	38	20
Kalutara	54	2	7	34	21
Sri Lanka	383	23	35	245	142

Source : Anti Leprosy Campaign

19. SEXUALLY TRANSMITTED DISEASES

Table 19

**NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA
2ND QUARTER 2018**

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	69	17	86	144	32	176
AIDS	13	1	14	26	3	29
Early Syphilis ²	13	1	14	19	3	22
Syphilis	125	61	186	265	121	386
Late Syphilis ³						
Congenital Syphilis ⁴	1	1	2	1	1	2
Gonorrhoea ⁵	47	16	63	90	30	120
Ophthalmia Neonatorum ⁶	1	0	1	1	0	1
Non specific cervicitis/urethritis	207	461	668	412	907	1319
Chlamydial infection	6	2	8	6	2	8
Genital Herpes	324	452	776	628	885	1513
Genital Warts	348	252	600	650	526	1176
Pelvic inflammatory diseases	0	25	25	0	47	47
Trichomoniasis	3	11	14	6	19	25
Candidiasis	299	463	762	618	943	1561
Bacterial Vaginosis	0	351	351	0	700	700
Other sexually transmitted diseases ⁷	130	70	200	231	136	367
Non venereal	830	495	1325	1768	1042	2810

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 venerium, Granuloma inguinalae, 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 INSTITUTE 2nd QUARTER 2018
Table 20: Bacteriological report, MRI 1st Quarter 2018.

		2 nd Quarter 2018		
		APRIL	MAY	JUNE
(A) CHOLERA				
No. of stool specimens Examined		0	10	23
No. of positives El. Tor <i>Cholera</i>		0	0	0
<i>Ogawa</i>		0	0	0
<i>Inaba</i>		0	0	0
<i>Cholera O139</i>		0	0	0
(B) SALMONELLA				
Blood—No. Examined		5	0	0
<i>S.typhi</i>		0	0	0
<i>S.paratyphi</i>		0	0	0
Stools—No. examined		49	94	47
<i>S.typhi</i>		0	0	0
<i>S.paratyphi</i>		0	0	0
Others		4	3	0
(C) SHIGELLA				
No. of specimens examined		49	94	47
<i>Sh.flexner i I</i>		0	0	0
<i>Sh.flexner i II</i>		0	0	0
<i>Sh.flexner i III</i>		0	0	0
<i>Sh.flexner i IV</i>		0	0	0
<i>Sh.flexner i V</i>		0	0	0
<i>Sh.flexner i VI</i>		0	0	0
<i>S. sonnei</i>		1	1	1
<i>S.dysenteriae</i>		0	0	0
(D) ENTEROPATHOGENIC E.COLI				
No.Examined		4	6	6
No.+ve		1	1	0
(E) CAMPYLOBACTER				
No.Examined		49	94	47
No. Positive		0	0	2
(F) SPECIAL				
		69	71	128

**21. SURVEILLANCE OF MENINGITIS—
2nd quarter 2018**

Meningitis is a notifiable disease condition in Sri Lanka since year 2005. During the 2nd quarter 2018, 279 cases of suspected meningitis cases were reported to the Epidemiology Unit through the routine disease notification system.

Out of this 243 cases were clinically confirmed by the Public Health Inspectors during their field investigations. Highest number of meningitis cases were reported from the Monaragala district (32) followed by Badulla (25) and Kurunegala (25) districts.

Forty four percent of the clinically confirmed meningitis cases belonged to the age group less than one year, another 16% belonged to the age group 1-5 years and 11% belonged to age group 6 – 14 years. Fifty seven percent of the clinically confirmed cases were males and 43% were females.

Table 21

Summary findings for special investigations carried out for clinically confirmed cases of Meningitis up to 30th March 2018

CSF Culture Report		
CSF Culture	Number	(%)
CSF Reports available	140	46
No Growth	138	
Streptococcal pneumonia	01	
TB	01	
Culture results not known	152	50
Not done	08	03
Total	302	100
Final outcome of the patient		
Outcome	Number	(%)
Cured	290	96
Died	07	02
Information not available	05	02
Total	302	100
Final Diagnosis (based on clinical and lab findings)		
Diagnosis	Number	(%)
Culture confirmed	02	01
Probable bacterial meningitis	24	08
Probable viral meningitis	29	10
Suspected Meningitis	247	82
Total	302	100

22. INFLUENZA SURVEILLANCE-2nd quarter 2018

Human Influenza surveillance

Surveillance of human influenza is carried out under two 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 13 sentinel hospitals were selected for the laboratory surveillance where respiratory samples are collected. Under SARI surveillance epidemiological data and respiratory samples are collected from four sentinel hospitals. These respiratory samples are tested and analyzed at the National Influenza Centre (NIC), Medical Research Institute (MRI).

Epidemiological Component

ILI Surveillance

In the 2st quarter of year 2018, all sentinel sites (19 hospitals) have reported ILI data with a reporting rate of 100%. A total of 32510 ILI cases were reported, accounting for 2.7 % of all OPD visits (n=1182997). The highest number of ILI cases were reported from District General Hospital, Vavuniya (n=5281, 6.7%) and the majority of the patients were in the age group 15 — 49 years (n=1928, 6.6 %). For the 2nd quarter highest proportion (14.7%) of patients reported from DGH Matara from the infants.

SARI Surveillance

A total of 2789 SARI cases were reported for the 2nd quarter of 2018 from four sentinel hospitals (Teaching Hospital Ragama, District General Hospital Matara, Teaching Hospital Peradeniya and LRH). Out of 47831 admissions during the 2nd quarter, to the medical and paediatrics wards in the relevant hospitals 5.8 % were due to SARI. The highest number of SARI cases were reported from DGH Matara (n=1449, 14.1 %).

Laboratory Component

ter. Distribution of TB patients by RDHS division is as under

ILI Surveillance

A total of 65 ILI respiratory samples were received at the MRI from sentinel hospitals during the 2nd quarter of 2018. Nine samples were positive for influenza A and two were positive

Samples for ILI were sent from 13 sentinel sites namely, NHSL, Csth, NIID, DGH Nuwaraeliya, TH Karapitiya, TH Jaffna, TH Batticaola, TH Kurunegala, DGH Chilaw, TH Anuradhapura, GH Polonnaruwa, PGH Badulla and PGH Ratnapura (Table 21).

SARI Surveillance

A total of 530 respiratory samples were received at MRI from all over the island for the 2nd quarter of year 2018. 101 samples were positive and 94 were influenza A and 06 were influenza B.

Samples for SARI were sent from all SARI sentinel sites namely, CNTH Ragama, TH Peradeniya, DGH Matara and LRH (Table 22).

Table 22: Types of Influenza Viruses Isolated in ILI samples in the 2nd quarter of the year 2018.

Month	Total tested	Total positives				
		Influenza A	A (H1N1)	A (H3N2)	Not typed	Influenza B
April	15	5	3	-	-	2
May	31	2	2	-	-	0
June	19	4	4	-	-	0
Total	65	11	9	-	-	2

(Source: NIC/MRI)

Total positive rate for influenza A was 9 (13.8%) and were the predominant strains identified for the 2nd quarter of 2018.

Table 23: Types of Influenza Viruses Isolated in SARI Samples in the 2nd quarter of the year 2018

Month	Total Tested	Total positives				
		Influenza A	A(H1N1)	A(H3N2)	Not typed	Influenza B
April	60	12	11	-	1	-
May	263	53	48	-	-	5
June	207	36	35	-	-	1
Total	530	101	94	-	-	6

(Source: NIC/MRI)

Influenza A was the predominant circulating Influenza viral strain identified for the 2nd quarter of 2018.

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 foecal samples collected from migratory bird hotspots during the two migratory seasons, where fifteen foecal samples are collected from each bird hotspot, pooled in bottles with five samples in each and analyzed at the virology laboratory at Polgolla.

Table 24: Animal samples collected by month and district for the 2nd quarter of the year 2018

Month	Pool samples for embryonated chicken egg passage	District samples collected from	Serum Samples for ELISA	District samples collected from
April	1853	Colombo, Gampaha, Puttalam, Kandy, Moneragala, Polonnaruwa, Ratnapura, Trincomalee, Mullaitivu, Kegalle, Batticaloa,, Anuradhapura, Kurunegala, Jaffna, Hambantota, Ampara Vavuniya	974	Colombo, Gampaha, Matale, Badulla, Trincomalee, Kandy, Moneragala, Polonnaruwa, Ratnapura, Trincomalee, Mullaitivu, Kegalle, Batticaloa,, Anuradhapura, Kurunegala, Jaffna, Hambantota, Ampara Vavuniya
May	1165	Colombo, Gampaha, Kalutara, Kandy, Matale, , Kegalle, Polonnaruwa,, Batticaloa, Trincomalee, ,Anuradhapura, Vavuniya, Kurunegala, Hambantota, Ampara	720	Colombo, Gampaha, Kalutara, Kandy, , Moneragala, Kegalle, Polonnaruwa,, Batticaloa, Trincomalee, ,Anuradhapura, Vavuniya, Kurunegala, ,Ampara
June	1950	Colombo, Gampaha, Kalutara, Kandy, Matale, , Mullaitivu, Polonnaruwa,, Kilinochchi, Trincomalee, ,Anuradhapura, Badulla, Vavuniya, Kurunegala, , Nuwaraeliya, Ampara	810	Colombo, Gampaha, Matale, , Mullaitivu, Polonnaruwa,, Kilinochchi, Trincomalee, Vavuniya, Kurunegala, , Jaffna, Nuwaraeliya, Ampara
Total		4968	2504	

All samples were negative for AI virus isolation for the 2nd quarter of 2018.

23. SPECIAL REPORT

SURVEILLANCE OF CHICKENPOX

Out of the 1965 notified Chickenpox cases, 1,752 (89.2%) were confirmed for the 2nd quarter, 2018. Highest district reporting was Gampaha (183) followed by Colombo (181), Kalutara (162), Kurunegala (136) and Anuradhapura (129). May was the highest month reporting (703) in the 2nd quarter. According to case based investigation, maximum presentation of cases were 21 - 40 years of age (45.2%) and male (53.8%). Majority (96.9%) was found as no complications. Secondary bacterial infection 3 cases, Myocarditis 4 cases and Pneumonia 1 case were found as complications.

SURVEILLANCE OF MUMPS

Out of the 82 notified Mumps cases, 71 (86.6%) were confirmed for the 2nd quarter. Highest district reporting was Ampara (12) followed by Colombo (10), Kandy (7), Kalutara, Ratnapura and Kurunegala reporting 6 cases each. June (31) was the highest month reporting in the 2nd quarter. According to case based investigation, maximum presentation of cases were 21 - 40 years of age (33.9%) and male (55.9%). Majority (94.9%) was found as no complications. One orchitis case was found as a complication.

SURVEILLANCE OF LEISHMANIASIS

Out of 647 notified Leishmaniasis cases, 522 (80.7%) were confirmed for the 2nd quarter 2018. Highest district reporting was Hambantota (187) followed by Matara (102), Anuradhapura (99) and Polonnaruwa(63). May was the highest month reporting (234) in the 2nd quarter. According to case based investigation, maximum presentation of cases were 30 - above 60 years of age (66.2%) and male (62.7%).

Table 31

25 SUMMARY OF NOTIFIABLE DISEASES - 2nd QUARTER 2018

Health Region	Dengue Fever	Dysentery	Encephalites	Enteric Fever	Food Poisoning	Leptospirosis	Typhus Fever	Viral Hepatitis	Human Rabies	Chickenpox	Meningitis	Leishmaniasis	Mumps	Measles	Tetanus	Whooping Cough	Tuberculosis	Simple Contd. Fever
Colombo	2310	25	2	14	18	54	3	1	0	181	8	1	10	8	0	2	502	0
Gampaha	1076	22	2	4	5	51	2	6	0	183	12	16	3	2	0	2	200	0
Kalutara	480	21	1	2	4	138	3	0	0	133	10	3	5	2	0	4	68	3
Kandy	847	24	0	2	4	19	33	8	0	78	10	8	7	1	1	0	128	0
Matale	276	3	0	1	21	35	1	0	0	10	4	26	2	5	0	0	30	1
Nuwaraeliya	45	29	2	4	7	8	37	9	0	52	12	0	1	0	0	0	45	0
Galle	196	15	2	0	0	112	6	1	0	94	16	1	4	0	0	0	71	3
Hambantota	140	6	3	1	0	15	3	2	1	70	0	187	0	0	0	1	30	7
Matara	134	14	2	1	1	73	10	4	0	63	2	102	2	1	0	2	52	16
Jaffna	625	52	1	13	31	4	43	1	2	84	4	3	2	0	1	0	67	0
Kilinochchi	83	12	0	0	1	1	5	0	0	8	2	1	1	0	0	0	16	0
Mannar	16	5	0	0	0	0	0	0	0	13	0	2	1	0	0	1	6	0
Vavuniya	137	12	0	11	4	11	1	0	0	23	2	1	3	0	0	0	14	0
Mullaitivu	26	3	0	3	1	3	1	0	0	4	1	0	1	0	0	0	6	1
Batticaloa	2074	39	1	0	11	18	0	1	1	41	4	0	1	1	0	0	29	0
Ampara	61	18	1	0	1	12	0	1	1	67	8	0	12	0	0	0	11	0
Trincomalee	402	15	1	2	3	22	8	0	0	62	3	11	2	2	1	0	27	0
Kurunegala	404	37	3	6	1	37	5	5	0	136	21	61	6	4	0	0	77	0
Puttalam	260	9	0	0	0	11	0	1	0	45	17	0	2	1	0	0	22	0
Anuradhapura	209	13	4	1	31	39	2	2	1	129	16	99	3	4	1	2	54	0
Kalmunai	375	9	0	0	7	2	0	0	0	61	4	0	0	0	0	0	37	0
Polonnaruwa	78	6	1	0	6	22	0	2	0	74	4	63	1	2	0	0	37	0
Badulla	117	30	4	1	5	48	18	10	0	86	36	3	0	0	0	1	36	0
Monaragala	176	15	0	0	0	103	31	10	0	45	39	10	4	0	0	4	31	0
Ratnapura	657	44	7	8	2	205	8	7	0	88	26	41	6	0	0	0	98	0
Kegalle	335	19	2	2	17	89	21	2	0	106	13	3	2	0	0	1	81	0
NIHS Kalutara	152	0	0	2	0	46	0	2	0	29	5	5	1	0	0	0	19	0
Total	11691	497	39	78	181	1178	241	75	6	1965	279	647	82	33	4	20	1794	31

No polio cases. (from AFP surveillance system).

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