WEEKLY EPIDEMIOLOGICAL REPORT
A publication of the Epidemiological Unit,
Ministry of Healthcare & Nutrition
231, de Saram Place, Colombo 01000, Sri Lanka
Tele:(+94-011)2695112, Fax:(+94,011) 2696583, E-Mail:epidunit@sltnet.lk
Epidemiologist:(+94-011) 2681548, E-mail:chepid@sltnet.lk

WER Sri Lanka - 2007

Vol. 34 No. 8 17th - 23rd February 2007

HIV/AIDS in Sri Lanka: Where Are We?

AIDS has become the world's leading cause of death among women and men aged 15 to 59 years. One in every seven deaths around the world in this age group is attributed to AIDS. This is about twice as many as those by Ischaemic Heart Disease or Tuberculosis. It remains incurable, and has devastated individuals, families and populations across the globe. Since the start of the epidemic nearly a quarter of a century ago, an estimated 60 million people worldwide have been infected with HIV, and one-third of them have succumbed to it.

HIV/AIDS: Situation in Sri Lanka

So far, the dynamics of the disease in Sri Lanka have not been devastating. It is estimated that about 5000 HIV-infected persons live in Sri Lanka at the moment. There is a wide gap between the estimated and the reported HIV infections as a majority of people do not know that they are infected. Although Sri Lanka is considered a low prevalence country for HIV/AIDS, the following reasons indicate the potential for an epidemic:

- Emerging sexually active youth population (17-19% of the total population)
- Increasing numbers of sex workers (estimated 30,000)
- Internal migrant working population (estimates 200,000)
- Population of overseas migrants (180,000 people for a year, majority women)
- Existence of sub-populations of other high risk occupational groups

Sri Lankan Response to HIV/AIDS

For a developing country with limited financial resources, the control activities for AIDS in the country have so far been swift. The National STD/AIDS Control Programme (NSACP) was created in the mid-eighties, and the first national plan was carried out in 1993. Sentinel surveillance was started in 1993. The second national strategic plan was prepared for five years in 2001. The necessary infrastructure at the centre and in the periphery was developed, voluntary counseling and testing (VCT) was started and awareness raising through mass media has been done. Universal screening of blood for HIV/AIDS, Syphilis and HBV before transfusion, Antiretroviral Treatment (ARV) for HIV/AIDS patients and the Comprehensive Care and Treatment (CCT) programme were also introduced. Training of healthcare personnel in counseling and caring for patients and in CCT are being done.

CURRENT HIV/AIDS SITUATION IN SRI LANKA

- **815 people have been diagnosed with HIV up to the end of September, 2006**
- **129 HIV-infected people were detected in the year 2005**
- **85% of the transmission appears to be due to heterosexual contact**
- **1.4:1 male to female ratio**
- **24 paediatric cases have been reported so far**
- **Majority of the infected persons are in the age group 30-39 years**
- **60% of the cases have been reported from the Western Province**

Contents ***Page***

All of these have been planned as part of the multi-sectoral approach for the prevention of AIDS in Sri Lanka. External reviews have been carried out on the STI and AIDS prevention activities in Sri Lanka in the year 2000 and once again in 2006. A new strategic plan for the country is to be developed for the period 2007-2011.

Although the national AIDS control programme is the focal point for the prevention and control AIDS, other relevant stakeholders should be partners in planning and implementing as well as in the review of HIV prevention strategies. The current information on:

- the HIV epidemiological and behavioural surveillance
- the social, economic and cultural context
- the barriers and opportunities for HIV prevention

should be analyzed in depth in order to understand the existing national AIDS situation in the country.

Anybody can acquire HIV infection especially when they are sexually active. Since people are aware of their behaviour, it is high time that those who are at higher risk are motivated to come forward and get tested. There are nearly 26 STD clinics islandwide which test people for HIV whilst guaranteeing confidentiality and offering simultaneous counseling. The testing is always voluntary, and the consent of the individual is obtained at testing. The issues regarding the clinical and prevention benefits of testing, the follow-up services that will be offered and the importance of informing the others who may continue to be exposed if the result is positive, will be dealt with by the staff at these clinics.

Human Rights and AIDS

World Health Organization in 1988 established the World AIDS Day to be commemorated on the first of December every year. The theme in the recent years has mainly focussed on the need for accountability with regard to the pledges of commitment that have been made by various governments and organizations.

At the 2006 World AIDS Day seminar on "Legal and Ethical Issues on HIV/AIDS" organized by the Ministry of Healthcare and Nutrition, the guest speaker from India Mr. Anand Grover shared the Indian experience in drafting the HIV Bill and Legislation. The objective of the Bill has been to integrate and empower the legal response to AIDS in India. He expressed the view that HIV/AIDS has to be tackled with rights-based interventions and empowerment approaches. His opinion was that by disempowering, criminalising and marginalising HIV/AIDS-infected individuals, the epidemic will be driven underground, thus creating a fertile ground for the spread of the disease.

Similar to the views expressed above, the control and prevention of HIV/AIDS is being increasingly addressed as a rights-based issue in some parts of the world. Policies, laws and regulations encapsulating HIV/AIDS as a human right issue have been formulated to protect the rights of those infected, and to prevent discrimination against them. Many experts with experience in epidemiology and disease control are yet to be convinced about the scientific rigor and the societal consequences of this approach. They point out the need to focus on all 3 dimensions of the epidemiological triad (agent, host, environment) to break disease transmission rather than a fragmented socio-political concept driven by principles conceived in alien cultures.

Similarly, the successes in the control of Leprosy and Tuberculosis in Sri Lanka point to the accepted norm where diseased individuals are identified (or sometimes traced) and counseled in addition to drug therapy so that their right to healthcare as well as those of others to be free from disease are both respected. In Avian Influenza, those affected will be quarantined while being treated! In the minds of some, it is high time that we openly discuss AIDS and dismantle the social fabric that promotes its spread, rather hide behind thin veils artificially constructed to prevent realities being discovered. If not, AIDS will be relegated to the underground forever.

BILL TO PREVENT MOSQUITO BREEDING TO COME SOON

The Prevention of Mosquito Breeding Act has already been approved by the Parliament of Sri Lanka. The Act aims to provide for the prevention of mosquito breeding and for the eradication of places of mosquito breeding.

The Act includes clauses that prohibit the creation of conditions favourable to the breeding of mosquitoes and for directions to be given for such occupants of premises to take measures to eliminate breeding places within a specified time period. The Act also specifies provisions for conviction and punishment to be meted out for errant occupants who fail to comply with orders to do so.

The Director-General of Health Services as the Competent Authority has been vested with powers to enter such premises and inspect and carryout measures to remove breeding places.

In addition to targeting individuals, Local Authorities who are entrusted with the maintenance of drains, canals, swamps which can become conducive to mosquito breeding in the absence of proper maintenance, are also covered by the Act. The Competent Authority has been given the power to issue directions to such bodies in order to eliminate mosquito breeding habitats. Failure to comply will lead to prosecution.

The prosecution procedure has been laid down in detail along with items that would be relevant to special situations such as provisions to enter places of worship.

It is the fervent hope of everyone that this will go a long way towards eliminating the morbidity and mortality due to mosquito-borne diseases in the country

Table 1: Vaccine-preventable diseases & AFP

10th - 16th Feb 2007 (7th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006
	W	C	S	NE	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	00	00	01 RP=1	01	01	13	23	-43.5%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00.0%
Measles	02 GM=2	00	00	00	00	01 PO=1	00	00	03	01	04	03	33.3%
Tetanus	00	00	00	00	00	00	00	00	00	00	07	09	-22.2%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	06	10	-40.0%
Tuberculosis	171	55	11	76	11	08	07	00	359	119	1372	1404	-2.3%

Table 2: Diseases under Special Surveillance

10th - 16th Feb 2007 (7th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006
	W	C	S	NE	NW	NC	U	Sab					
DF/DHF*	50	09	04	00	04	03	01	04	75	157	1104	1685	-34.5%
Encephalitis	01 GM=1	00	01 MT=1	01 MU=1	00	00	00	00	03	00	43	16	+168.7%
Human Rabies	02 GM=1 KL=1	00	00	00	01 KR=1	00	00	00	03	02	16	12	+33.3%

Table 3: Newly introduced Notifiable Diseases

10th - 16th Feb 2007 (7th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Total number of cases to date in 2007
	W	C	S	NE	NW	NC	U	Sab		
Chickenpox	46	01	05	00	04	02	03	08	69	351
Meningitis	00	01 MT=1	00	00	00	00	00	00	01	36
Mumps	05 CB=2 GM=2 KL=1	00	00	00	00	02 AP=2	01 BD=1	01 KG=1	09	88

*__DF / DHF__ refers to Dengue Fever / Dengue Haemorrhagic Fever.
__NA__= Not Available.
Sources:
Weekly Return of Communicable Diseases:
Diphtheria, Measles, Tetanus, Whooping Cough, Human Rabies, Dengue Haemorrhagic Fever, Japanese Encephalitis, Chickenpox, Meningitis, Mumps.
Special Surveillance:
Acute Flaccid Paralysis.
National Control Program for Tuberculosis and Chest Diseases:
Tuberculosis.
Details by districts are given in Table 5.

Provinces: W=Western, C=Central, S=Southern, NE=North & East, NC=North Central, NW=North Western, U=Uva, Sab=Sabaragamuwa.
DPDHS Divisions: CB=Colombo, GM=Gampaha, KL=Kalutara, KD=Kandy, ML=Matale, NE=Nuwara Eliya, GL=Galle, HB=Hambantota, MT=Matara, JF=Jaffna, KN=Killinochchi, MN=Mannar, VA=Vavuniya, MU=Mullaitivu, BT=Batticaloa, AM=Ampara, TR=Trincomalee, KM=Kalmunai, KR=Kurunegala, PU=Puttalam, AP=Anuradhapura, PO=Polonnaruwa, BD=Badulla, MO=Moneragala, RP=Ratnapura, KG=Kegalle.

Table 4: Laboratory Surveillance of Dengue Fever

10th - 16th Feb 2007 (7th Week)

Samples	Number tested	Number positive	Serotypes				
			D_1	D_2	D_3	D_4	Negative
Number for current week	15	00	00	00	00	00	00
Total number to date in 2007	179	08	00	01	02	00	04

Source: Genetech Molecular Diagnostics & School of Gene Technology, Colombo.

Table 5: Selected notifiable diseases reported by Medical Officers of Health

10th - 16th Feb 2007 (7th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptos-pirosis		Typhus Fever		Viral Hepatitis		Returns Re-ceived Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	42	335	02	30	00	03	01	17	00	01	02	24	00	01	00	07	**93**
Gampaha	05	116	04	35	01	05	03	10	00	01	02	09	01	06	03	24	**64**
Kalutara	03	79	02	38	00	01	00	09	00	04	01	18	00	00	01	09	**73**
Kandy	05	146	03	35	00	00	00	10	00	02	04	17	02	15	11	41	**73**
Matale	04	45	00	27	00	03	00	03	00	00	01	11	00	02	03	33	**75**
Nuwara Eliya	00	17	01	29	00	00	03	17	00	00	01	04	00	08	04	52	**86**
Galle	00	34	02	19	00	04	02	04	00	03	02	13	00	09	02	06	**75**
Hambantota	02	13	03	10	00	00	00	02	00	01	00	09	01	13	00	03	**73**
Matara	02	34	03	41	01	02	04	09	00	01	03	19	08	47	01	04	**94**
Jaffna	00	02	00	18	00	01	00	90	00	00	00	00	00	58	00	04	**00**
Kilinochchi	00	00	00	00	00	00	00	02	00	00	00	00	00	00	00	02	**25**
Mannar	00	06	00	10	00	00	01	22	00	00	00	00	00	00	00	02	**25**
Vavuniya	00	08	00	10	00	00	00	07	00	05	00	02	00	00	00	03	**50**
Mullaitivu	00	00	00	03	01	02	00	08	00	00	00	00	00	00	00	00	**40**
Batticaloa	00	02	03	25	00	02	00	06	00	02	00	00	00	00	09	59	**27**
Ampara	00	00	00	18	00	00	00	00	00	00	00	00	00	00	00	02	**14**
Trincomalee	00	17	01	14	00	01	01	07	00	17	00	00	00	00	01	05	**89**
Kurunegala	02	82	04	48	00	00	01	14	00	00	03	08	00	16	01	05	**72**
Puttalam	02	52	01	20	00	09	02	13	00	00	00	03	00	00	09	23	**89**
Anuradhapura	01	11	02	21	00	04	00	11	00	00	00	08	00	05	01	14	**53**
Polonnaruwa	02	15	03	37	00	02	00	03	00	00	02	11	00	00	02	03	**86**
Badulla	01	09	10	70	00	00	06	14	04	05	02	11	03	16	04	35	**87**
Monaragala	00	05	03	37	00	00	00	09	00	00	01	10	00	11	00	02	**70**
Ratnapura	02	32	12	75	00	04	00	16	00	04	02	12	00	03	03	17	**69**
Kegalle	02	43	01	25	00	00	00	07	00	00	00	20	02	06	00	11	**82**
Kalmunai	00	01	02	15	00	00	00	03	00	00	00	00	00	00	06	35	**67**
SRI LANKA	**75**	**1104**	**62**	**710**	**03**	**43**	**24**	**313**	**04**	**46**	**26**	**209**	**17**	**216**	**61**	**401**	**68**

Source: Weekly Returns of Communicable Diseases (WRCD).
***Dengue Fever / DHF** refers to Dengue Fever / Dengue Haemorrhagic Fever.
****Timely** refers to returns received on or before 24 Feb. 2007. Total number of reporting units = 290. Number of reporting units data provided for the current week: 218.
A = Cases reported during the current week. **B** = Cumulative cases for the year.

PRINTING OF THIS PUBLICATION IS FUNDED BY THE UNITED NATIONS CHILDREN'S FUND (UNICEF).

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk.

ON STATE SERVICE

Dr. M. R. N. ABEYSINGHE
EPIDEMIOLOGIST
EPIDEMIOLOGICAL UNIT
231, DE SARAM PLACE
COLOMBO 10