WEEKLY EPIDEMIOLOGICAL REPORT

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231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

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Contact tracing in leprosy: Looking beyond the visible (Part II)

This is the second in the series of two articles on contact tracing in leprosy: looking beyond the visible.

Contact tracing: Evidence based practice

In selecting cost effective leprosy control strategies we have to consider following lessons learned from the existing strategies.

- Population-based approaches are no longer cost-effective
- Risk of exposure in the general community is very low
- In the contacts of new, untreated cases the risk of exposure is high
- Increasing proportion of new cases will be from household contacts

This paved the way for focusing on contact tracing strategy in leprosy, aiming to reduce the transmission of the disease in the community. There is abundant evidence base that suggest there is an increase risk of leprosy among contacts of patients affected by the disease.

Contact tracing is generally defined as the process of identification (and diagnosis) of persons who may have come into contact with an patient who is infected with a particular disease. The setting of the process (identification of contacts) can be at a clinic or at field level. The latter is more efficient and successful for diseases like TB and Leprosy where there is an already established system of routine communicable disease notification. The process of contact tracing can be broken down into several steps; diagnosis of new leprosy cases and start on MDT (usually at the dermatology clinics), identify close contacts (home visit by the range PHI), examine the contacts (by the MOOH), and referral of the newly identified cases for treatment (referral by the MOOH to dermatology clinic).

Role of MOOH/PHII in contact tracing

For successful implementation of the above strategy MOOH and the range PHII have to play key roles in the process. The identified specific activities of this strategy are quite similar to any other communicable disease investigation at field level.

The MOOH should ensure all notified cases of leprosy are investigated by the range PHII, and all notified cases of leprosy are entered in the Notification register, ID register followed by entering all confirmed leprosy cases in the Weekly Return of Communicable Diseases (WRCD) H399. The MOOH should also ensure that the Contact tracing register (a special register maintained at the MOOH offices) is maintained by the SPHI, and all information on contacts is entered to this register by the range PHII. Furthermore, the MOOH should organize contact tracing clinics at least once a month according to the number of contacts referred by the Range PHII in the area. The MOOH is also entrusted with the responsibility of screening all contacts for leprosy

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and refer suspected leprosy cases to the dermatology clinic for confirmation. The MOOH should send a quarterly return of contacts to the RE each quarter for monitoring activities.

The range PHII should ensure all notified leprosy cases are entered into the Infectious Disease register and investigate all confirmed cases of leprosy according to the guidelines. They should also provide all contacts with referral cards (will be available with the Leprosy control PHII in the district) indicating date and time for MOH to examine the contacts. They should also enter all contacts details in the Contact tracing register maintained at the MOH office.

The success of this strategy will not only lie in the hand of the MOOH/PHII. Similar to all other communicable diseases the curative sector also has its own role. The diagnosing Dermatologist/ Medical Officer at the dermatology clinic should promptly complete the H-544 form at the clinics and hand it over to ICNO to post it to MOOH. The Consultant Dermatologists /Medical Officers should also attend to all suspected contacts referred by the MOOH and treat identified cases. The overall monitoring of the process should be the responsibility of the RE at district level and Anti Leprosy Campaign at national level.

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Complied by Dr. Supun Wijesinghe MBBS, MSc, MD
Consultant Community Physician, Anti Leprosy Campaign, Ministry of Health Nutrition and Indigenous Medicine

Table 1: Selected notifiable diseases reported by Medical Officers of Health 20th – 26th Feb 2016 (09th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmani-asis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	287	3506	2	24	0	0	0	11	0	0	4	27	0	2	1	8	0	0	15	77	2	8	0	0	**81**	**94**
Gampaha	45	1260	2	9	0	4	0	6	0	0	6	38	1	5	0	12	0	0	18	91	2	15	0	2	**47**	**87**
Kalutara	45	598	0	17	0	1	2	8	0	5	6	95	1	4	2	5	0	0	8	55	2	14	0	0	**71**	**100**
Kandy	38	511	0	26	0	8	0	8	0	11	1	51	1	14	2	19	0	0	2	25	1	8	0	4	**87**	**96**
Matale	12	89	1	8	0	1	0	4	1	1	2	32	0	8	1	6	0	0	1	8	1	17	1	11	**77**	**100**
NuwaraEliya	6	65	1	10	0	1	2	11	8	8	1	11	0	9	0	2	0	0	6	34	1	6	0	0	**92**	**100**
Galle	29	409	2	16	0	3	0	1	0	2	6	83	1	23	0	4	0	0	9	55	0	16	0	1	**85**	**100**
Hambantota	15	175	0	11	0	0	0	0	34	34	2	32	0	25	1	10	0	0	5	52	1	2	11	89	**100**	**100**
Matara	13	231	3	15	0	1	0	1	0	26	5	29	3	16	1	9	0	0	11	51	1	1	9	62	**100**	**100**
Jaffna	33	924	3	54	0	1	2	24	0	13	0	7	19	418	2	3	0	0	11	53	1	6	0	0	**100**	**100**
Kilinochchi	1	24	1	8	0	0	0	12	0	0	0	7	0	12	0	0	0	0	0	0	0	3	0	0	**50**	**75**
Mannar	1	59	0	2	0	3	0	6	0	1	0	7	1	27	0	0	0	0	0	1	0	0	0	0	**40**	**100**
Vavuniya	2	90	0	2	0	0	0	5	0	6	0	8	0	5	0	2	0	0	1	6	0	0	0	2	**25**	**100**
Mullaitivu	4	43	1	5	0	0	2	6	4	4	0	8	0	4	0	0	0	0	0	1	0	1	1	4	**80**	**100**
Batticaloa	9	182	6	71	0	0	1	5	45	46	2	12	1	3	0	4	0	0	2	13	0	3	0	1	**64**	**100**
Ampara	0	44	0	4	0	0	0	0	0	0	0	7	0	0	0	2	0	0	0	7	0	0	0	1	**0**	**71**
Trincomalee	10	154	1	14	0	0	0	5	0	0	0	2	0	4	0	20	0	1	3	38	0	2	0	1	**75**	**92**
Kurunegala	31	398	4	41	0	4	0	0	0	5	1	37	2	6	2	7	0	1	9	70	0	8	1	19	**93**	**93**
Puttalam	25	322	2	11	0	0	0	3	0	0	3	19	1	37	0	0	0	0	4	19	0	9	0	0	**46**	**62**
Anuradhapura	18	155	1	21	0	1	0	0	0	18	3	114	1	10	0	7	0	0	3	41	3	10	3	42	**74**	**95**
Polonnaruwa	6	102	0	9	0	2	0	7	0	2	1	41	0	1	0	1	0	0	2	18	0	3	2	30	**57**	**86**
Badulla	6	122	1	21	0	4	0	1	0	2	1	34	1	18	1	27	0	0	5	35	7	47	0	0	**71**	**88**
Monaragala	5	83	1	9	0	1	0	1	0	0	6	78	4	25	1	29	0	1	1	18	0	10	1	6	**73**	**91**
Ratnapura	18	335	2	41	1	9	1	10	4	13	3	60	0	7	4	30	0	0	2	36	1	30	0	0	**83**	**89**
Kegalle	20	334	1	8	1	6	0	11	0	7	1	53	0	5	0	6	0	0	3	84	1	5	0	0	**82**	**91**
Kalmune	23	238	0	18	1	1	0	3	0	5	1	4	0	0	0	0	0	4	2	13	0	5	0	0	**85**	**100**
SRILANKA	**702**	**10453**	**35**	**475**	**3**	**51**	**10**	**149**	**96**	**209**	**55**	**896**	**37**	**688**	**18**	**213**	**0**	**7**	**123**	**901**	**24**	**229**	**29**	**275**	**76**	**93**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 26th February, 2016 Total number of reporting units 339 Number of reporting units data provided for the current week: 319 **C****-Completeness

A = Cases reported during the current week. **B** = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

20th – 26th Feb 2016 (09th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2016	Number of cases during same week in 2015	Total number of cases to date in 2016	Total number of cases to date in 2015	Difference between the number of cases to date in 20156& 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	01	00	00	01	00	00	00	03	00	11	10	+10%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	01	02	00	01	01	00	00	01	07	09	78	70	+11.4%
Measles	03	00	01	00	00	01	01	00	00	06	29	129	273	-53.1%
Rubella	00	00	00	01	00	00	00	00	00	01	00	05	04	+25%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	01	02	-50%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	00	03	-100%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	18	16	+12.5%
Tuberculosis	54	00	07	02	04	00	00	00	00	67	251	1652	1699	-3.1%

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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ON STATE SERVICE

Dr. P. PALIHAWADANA
CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10