WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Vol. 36 No. 05 24th - 30th January 2009

SRI LANKA - 2009

WER

Improving quality of disease surveillance

In an assessment made in 2003 the World Health Organization, stated that "*Sri Lanka has a good surveillance system in place. This, coupled with the existence of a competent and well-staffed Epidemiology Unit, is a major strength and a sound base from which one can expect to progress to a strong, effective and integrated surveillance system. Also, an extremely positive aspect is the availability of a legal framework, namely the Quarantine and Prevention of Diseases Ordinance*". There is no doubt that our surveillance system is even better now than at the time this observation has been made. But, there are aspects that can and should be improved.

Twenty six communicable diseases and acute flaccid paralysis are notifiable in Sri Lanka. Chickenpox, mumps, meningitis, chikungunya and leishmaniasis are the diseases that have been recently added to the list. Leishmaniasis is notifiable by the General Circular No: 02/102/2008 issued by the Director General of Health Services on 23rd September 2008 and yet to be gazetted.

A close surveillance and prompt reporting is mandatory for prevention, control and possible elimination of these conditions from the country. However, not all cases that should be notified are notified to the respective Medical Officers of Health (MOOH). The great majority of currently notified cases are inward patients of government hospitals. It should be appreciated that some private healthcare institutions also are notifying cases regularly and needs expansion to other private hospitals too. Even in government healthcare institutions some cases have slipped out without being notified. All treating doctors from the consultants to house officers should take interest and care to promptly notify all such cases. Writing the notification form at the time of the provisional diagnosis should be a habit rather than an exception. Those who are treated at outpatient departments (OPD) are not usually notified. This also should be improved.

In addition to the quantitative improvement, a qualitative improvement is also needed. The most important is to furnish information on the patient's residence that the primary healthcare staff is able to trace. For this, the name of the patient (and the parent/guardian in case of minors), proper address with house number, street name, name of the village etc, should be clearly written in the notification form. One of the drawbacks is that in some regions, especially in villages, there are no house number or street name. In such cases the best advisable practice is to provide a brief description on how to find the address.

It is unnecessary to elaborate the importance of prompt investigation by the primary healthcare staff once notifications are received by the MOH. Common reasons for delays are time lag between the receipt of the notification by the MOH and delivering it to the Public Health Inspector (PHI) and time taken by the PHI to investigate the case. MOH should take innovative measures depending on the local situation to rectify these delays. Not all cases categorised

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as 'untraceable' are actually untraceable. It is the duty of the MOH to personally investigate this especially if there are unacceptable numbers of untraceable notifications.

Codes to be used at the registration number in completion of Form H411a

Disease Name	Code	Disease Name	Code
Acute Flaccid Paralysis	AFP	Leptospirosis	Lep
Acute Poliomyelitis	Polio	Malaria	Mal
Chickenpox	CP	Measles	Mea
Chikungunya	Ckg	Meningitis	Men
Cholera	Chol	Mumps	Mum
Dengue Fever/Dengue Haemorrhagic Fever	Den	Plague	Pg
Diarrhoea	Dia	Rubella	Rub
Diphtheria	Dip	Simple Continued Fever	SCF
Dysentery	Dys	Tetanus	Tet
Encephalitis	Enc	Tuberculosis	TB
Enteric Fever	EF	Typhus Fever	TF
Food Poisoning	FP	Viral Hepatitis	VH
Human Rabies	HR	Whooping Cough	Wpg
Leishmaniasis	Lei	Yellow Fever	YF

Communicable Disease Report Part II (Health 411a) provides basic but essential epidemiological information including age, sex, occupation, source of notification and date of onset. This should be completed for all confirmed cases of notifiable diseases. It is the responsibility of the MOH to ensure that Health 411a for all confirmed cases are completed during the same week as the cases were confirmed and sent to the Epidemiology Unit along with the Weekly Return of Communicable Diseases (Health 399).

Item No 3 of Health 411a – MOH Register Number should be the unique number assigned for the case and will be the same entered in the Infectious Diseases [ID] Register for the relevant cases. In this exercise, the correct coding letters [Box] should be used. It will be convenient if a copy of this list is pasted on the first page of the ID Register. A separate chart also could be maintained for easy reference of the last number assigned for each disease. This prevents assigning the same number for more than one patient which has happened many times as observed it in completed forms sent by MOH to the Epidemiology Unit.

Out of all notifiable diseases special investigations are carried out for selected diseases, supplementary to the routine surveillance. The objective of special surveillance is to obtain detailed surveillance information than that is available through the routine surveillance system. This information is extremely essential for planning, monitoring and evaluation of communicable disease control activities. Further, it helps policy making and assessing health impacts of suggested interventions.

For some selected diseases special investigations are carried out by the health care staff of reporting sentinel sites. For other diseases, investigation is field based and carried out by staff of MOH. Considering issues related to the current practice of special investigation and usefulness of data, the special investigation procedure for some diseases has been amended.

Special investigation procedure for dengue fever and dengue haemorrhagic fever remain same and data will be obtained directly from the reporting medical institutions through the infection control nursing officer (ICNO) or any other responsible officer identified by the head of institution in the absence of the ICNO. The routine investigation is to be carried out by the MOH and his field staff (PHII).

Special investigation of Leptospirosis will be carried out by the hospital staff at selected 58 sentinel hospitals on form EPID/DS/LEPTO/SS/2008. However, irrespective of investigations by sentinel hospitals, all MOOH have to carry out field based special investigation for every confirmed Leptospirosis case on form EPID/DS/LEPTO/FV/2008 through PHII, in addition to the routine investigation. All viral hepatitis cases should also be investigated by the MOH and his public health team on form EPID/ DS/VH/2007. Special investigation of meningitis and encephalitis should necessarily be carried out by the MOH or AMOH and under no circumstances should it be done by somebody else. Nor should the investigation form carry the signature of any officer other than the MOH or AMOH.

Special investigation of poliomyelitis/ acute flaccid paralysis, cholera, diphtheria, pertussis, human rabies, tetanus/ neonatal tetanus, measles, rubella/ congenital rubella syndrome, mumps and chickenpox remain same.

Some of the special investigation forms have been modified and sent to all MOOH offices and hospitals. It is the duty of Regional Epidemiologist to reproduce forms and ensure that they are available in adequate quantities in the respective institutions. It is the duty of MOH and AMOH to explain medical terminology relevant for special investigation in simple terms to PHII. This will improve the quality of data collected by PHII.

MOH and SPHI should ensure that a special investigation form should be attached to the notification card (H 544) where applicable when sending them to the area PHII for field investigation. It is mandatory that a duly filled H 411a along with a special investigation form be sent to the Epidemiology Unit for all confirmed cases of the diseases of special surveillance.

This article is compiled by Dr Sudath Samaraweera, Consultant Community Physician

Table 1: Vaccine-preventable Diseases & AFP

17th - 23rd January 2009 (04th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	01 GM=1	00	00	00	00	00	00	01 BD=1	00	02	01	05	07	-28.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	00	01 HB=1	00	00	00	01 PO=1	00	00	02	00	12	04	+200.0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	04	03	+33.3%
Whooping Cough	00	00	00	00	00	00	00	00	01 KG=1	01	00	09	01	+800.0%
Tuberculosis	130	00	08	03	04	00	00	00	08	153	138	630	912	-30.9%

Table 2: Newly Introduced Notifiable Disease

17th - 23rd January 2009 (04th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	30	32	14	09	10	15	20	08	32	170	94	490	327	+49.8%
Meningitis	03 CB=1 GM=2	01 NE=1	02 GL=2	00	01 KM=1	05 KR=5	00	00	04 RP=1 KG=3	16	26	79	143	-44.8%
Mumps	00	13	04	00	03	03	01	03	03	30	46	159	184	-13.6%
Leishmaniasis	00	00	04 MT=4	00	01 TR=1	00	01 AP=1	00	00	06	Not available*	28	Not available*	-

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.

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.

Data Sources:

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

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Table 3: Laboratory Surveillance of Dengue Fever

17th - 23rd January 2009 (04th Week)

Samples	Number tested	Number positive	Serotypes *				
			D1	D2	D3	D4	Negative
Number for current week	00	00	00	00	00	00	00
Total number to date in 2009	05	02	00	00	02	00	00

Sources: Genetic Laboratory, Asiri Surgical Hospital

* Not all positives are subjected to serotyping.

NA= Not Available.

Table 4: Selected notifiable diseases reported by Medical Officers of Health

17th - 23rd January 2009 (04th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	53	216	5	18	0	1	2	27	0	7	3	31	0	0	0	5	1	1	**85**
Gampaha	24	95	4	12	2	2	1	3	0	1	3	15	0	0	2	9	0	0	**71**
Kalutara	19	53	5	46	0	2	2	6	0	0	3	14	0	0	0	2	0	0	**83**
Kandy	32	127	4	44	0	0	0	0	0	0	6	29	2	10	0	4	0	0	**80**
Matale	20	64	3	10	0	0	0	5	0	2	11	65	0	1	0	1	0	0	**92**
Nuwara Eliya	2	7	6	28	0	0	6	24	0	20	1	6	0	2	3	3	0	0	**100**
Galle	2	5	1	21	1	2	0	0	0	0	4	21	0	1	1	1	0	0	**84**
Hambantota	7	19	3	13	2	3	0	0	0	0	1	6	2	9	0	3	0	0	**82**
Matara	15	88	6	37	0	0	0	3	0	0	6	17	6	20	0	0	0	0	**88**
Jaffna	0	3	0	11	0	3	0	11	0	18	0	0	0	22	0	0	0	1	**00**
Kilinochchi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**00**
Mannar	1	2	1	4	0	0	6	15	0	0	0	0	0	0	1	2	0	0	**50**
Vavuniya	2	2	1	3	0	0	1	1	0	0	2	2	0	0	0	0	0	0	**50**
Mullaitivu	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	**00**
Batticaloa	1	3	1	24	2	4	1	3	0	0	0	0	0	0	0	1	0	0	**73**
Ampara	1	2	0	3	0	0	0	2	0	0	1	2	0	0	0	2	0	0	**43**
Trincomalee	0	2	0	6	0	1	0	0	0	0	0	0	0	2	0	2	0	0	**50**
Kurunegala	25	65	4	20	1	3	1	4	0	1	2	13	2	16	1	5	0	0	**68**
Puttalam	0	9	2	16	2	3	0	10	0	0	0	5	1	10	1	1	0	1	**56**
Anuradhapura	2	4	1	7	0	0	0	1	0	2	8	27	1	3	0	2	0	0	**58**
Polonnaruwa	1	5	1	8	0	0	0	3	0	0	0	24	0	0	0	0	0	0	**86**
Badulla	3	9	7	41	0	0	1	6	0	13	2	14	2	11	11	32	0	0	**93**
Monaragala	2	4	1	8	0	0	0	3	0	0	0	3	1	6	1	8	0	0	**82**
Ratnapura	2	18	7	36	0	4	0	5	0	0	0	4	1	1	0	0	0	0	**67**
Kegalle	14	77	1	13	0	1	1	4	1	1	3	9	1	3	8	14	0	0	**82**
Kalmunai	10	17	11	28	0	0	2	4	0	0	0	1	0	1	1	1	0	0	**69**
SRI LANKA	**238**	**896**	**75**	**459**	**10**	**29**	**24**	**141**	**1**	**65**	**56**	**308**	**19**	**118**	**30**	**98**	**1**	**3**	**72**

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 31 January, 2009 Total number of reporting units =311. Number of reporting units data provided for the current week: 223
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.

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