



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Public Health Legislation, provisions of Establishment Code and Social services related to Leprosy and its disabilities -part ii

1. No 19 of 2017 Sri Lanka Sustainable Development Act

The objectives of this act are to encapsulate with legal provisions at the time of achieving the seventeen Sustainable Development Goals (SDG) adopted by the United Nations by follow-up and monitoring the progress through the national agencies of the countries. The national health agency of Sri Lanka (Ministry of Healthcare and Nutrition) mainly guides the third SDG which is described as "Good Health and Well-Being-Ensure healthy lives and promote well-being for all at all ages". Under SDG 3, a separate subcategory numbered 3 showed as by 2030 end of the epidemic of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. Then further sub-categorization was on the third sub-objective as the number of people requiring interventions against neglected tropical diseases, which was grouped Leprosy as one of its diseases. Since the national body under the Ministry of health responsible for the disease authorizes through Anti Leprosy Campaign of Sri Lanka and its plan of implementation over the achievements on objectives were already submitted to the commission of SDG council, ALC is legally bound on progress. The list of the objectives was as follows.

To reduce the rate of new cases per 100 000 population per year at the district level below 10 in all districts in 2020

- To reduce the rate of newly diagnosed leprosy patients with visible deformities < 1 per million in all districts in 2020
- To reduce the number of children diagnosed with leprosy and visible deformity to zero in 2020
- To improve the percentage of early reporting (< 6 months of the onset of symptoms) up to 90% in 2020
- To improve treatment completion rate in all districts to more than 90% in 2020
- To reduce the proportion of treatment defaulters to less than 5% in all districts by 2020
- To reduce the percentage of child cases in newly reported cases to less than 7% by 2020
- Supporting community-based rehabilitation for people with leprosy-related disabilities
- To investigate all the relapse cases in the country at CLC for drug resistance by 2020

- To establish a leprosy research centre at ALC to conduct basic and operational research in all aspects of leprosy by 2020
- To achieve zero stigmas and discrimination and ensure rights for patients affected by leprosy in the country by 2020
- To improve the current surveillance and health information system to a web-based system with geographical mapping of all leprosy cases by 2020.
- To establish at least 2 satellite clinics in each district to improve access with a special emphasis on children, women and underserved populations by 2020
- To establish at least one rehabilitation centre in each district for people with leprosy-related disabilities by 2020

2. No 21 of 1974 Leprosy Association of Sri Lanka

This law incorporates the Leprosy Association of Sri Lanka for the purpose of effectually carrying out and transacting all matters connected with the said Association according to the rules agreed to by its members. Objectives of the law provide support to the government or local authority in every possible way to control and prevention of Leprosy in Sri Lanka. Further, the association could communicate and collaborate with local or foreign authorities on a similar project on research work, information and prevention of disabilities and rehabilitation. Council has the power to maintain the property, bank accounts and seals and must appoint His excellency of the state as Patron and may appoint nominated member-categories.

3. No 03 of 1897 Quarantine and prevention of diseases ordinance

Leprosy became a disease notifiable in 2017 in Sri Lanka. Followed with the discretion of the Anti-Leprosy Campaign and consensus at National Advisory Committee of Communicable Diseases through Epidemiology Unit, Sri Lanka, notification of the disease was carried out in the Department of Health and the name of the disease was included in the notification form called H-544. Coming statistics begins more challenging than previous with the notice of notification in the department, and however, it is continuing more strategic in case of accessing patients' private residences for the procedure of investigating case-based scenarios by Public health teams working at ground level. The

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legal covering of that aspects was encapsulated through the No 03 of 1897 Quarantine and prevention of diseases ordinance setting out as an Extra-Ordinary Gazette defining Leprosy as a quarantinable disease.

Chapter X of provision 59 explained the duty of the notification of quarantinable disease to the Director of Health Services by Medical officer of health, medical officer, urban councils, sanitary authorities and municipalities, as Director of Health Services may require it for compliance with International Sanitary Convention 1926.

Regulations under Quarantine and Prevention of Diseases Ordinances named "Regulations relating to storage of Grains and Regulations relating to Anchylostomiasis" has authorized by provision 83 on right to entry to the place or house at all reasonable hours of the day in to or upon any house or premises the purpose of inspecting same, and for carrying out any provisions of any regulations framed under this ordinance, or for the inspection of houses or premises for the presence of rats by the proper authority, public health inspector, or any other person generally or specially authorized in writing by proper authority.

The way forward: The fear of leprosy leading to the stigma and discrimination and due to lack of understanding and knowledge about leprosy - which increases misconceptions about the disease's transmission and treatment and some misconceptions encompassed by the laws of the countries should be stopped.

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Table 1 : Water Quality Surveillance
Number of microbiological water samples March 2021

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	NR
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	NR
Jaffna	12	72	NR
Kilinochchi	4	24	32
Manner	5	30	NR
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	NR
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	18
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	NR
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
 NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 08th - 14th May 2021 (20th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus Fe-		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	36	1254	0	8	0	0	0	3	2	3	2	96	0	1	0	2	0	2	0	20	0	6	1	1	56	88
Gampaha	10	625	0	1	0	1	0	1	0	0	1	121	0	2	0	3	0	2	0	13	0	5	0	3	35	70
Kalutara	18	448	0	11	0	2	0	0	0	0	16	277	0	3	0	1	0	1	0	54	0	9	0	0	40.5	100
Kandy	9	280	2	15	0	1	0	1	1	2	1	74	1	23	0	1	0	0	0	25	0	9	0	16	59	100
Matale	1	43	0	3	0	4	0	0	0	0	0	33	0	4	0	1	0	0	0	9	0	1	0	100	61	100
NuwaraEliya	1	24	0	10	0	1	0	1	0	0	0	33	0	29	1	2	0	0	3	19	0	4	0	1	36	90
Galle	3	112	0	2	0	1	0	5	0	4	6	359	0	20	0	2	0	0	0	26	0	18	0	1	49	95
Hambantota	7	137	0	6	0	2	0	2	0	4	5	125	0	35	0	6	0	0	0	28	0	14	10	204	76	100
Matarata	4	155	0	3	0	0	0	1	0	0	1	128	0	12	0	2	0	0	3	38	0	3	6	163	40	100
Jaffna	2	103	0	31	0	3	0	12	0	25	0	12	1	407	0	0	0	1	0	23	0	2	0	2	19	88
Kilinochchi	1	21	1	13	0	0	0	0	1	9	1	39	1	52	0	0	0	0	0	8	0	0	0	1	50	100
Mannar	0	19	0	0	0	0	0	4	0	0	0	23	0	1	0	0	0	0	0	3	0	8	0	1	51	80
Vavuniya	0	28	0	2	0	1	0	0	0	0	0	17	0	2	0	1	0	0	0	5	0	1	0	1	39	100
Mullaitivu	0	5	0	1	0	0	0	0	0	0	0	23	1	7	0	0	0	0	0	8	0	4	0	0	24	98
Batticaloa	29	2875	0	17	0	3	0	2	0	15	1	30	0	0	0	1	0	0	0	8	0	17	0	0	45	100
Ampara	1	18	0	5	0	0	0	1	0	0	0	37	0	0	0	1	0	0	2	26	0	9	0	3	62	100
Trincomalee	0	92	0	0	0	0	0	0	0	0	0	3	0	0	0	2	0	0	1	12	0	2	0	0	41	82
Kurunegala	13	462	1	11	0	3	0	0	0	3	4	160	0	7	0	0	0	0	0	29	0	71	3	189	46	95
Puttalam	1	187	0	1	0	1	0	0	0	0	0	15	0	14	0	0	1	2	14	0	21	0	7	49	93	
Anuradhapur	7	94	0	8	0	0	0	0	0	3	2	176	0	20	0	2	0	0	2	21	0	18	13	111	33	82
Polonnaruwa	0	34	0	3	0	0	0	2	0	1	1	69	0	2	0	1	0	0	1	18	0	1	6	206	40	100
Badulla	3	53	0	9	0	0	0	1	0	0	3	158	3	25	1	6	0	0	2	26	0	11	0	12	49	94
Monaragala	2	51	0	5	0	0	0	2	0	3	2	172	0	13	0	38	0	0	19	0	31	1	11	44	99	
Ratnapura	10	255	1	21	0	5	0	0	0	4	4	422	0	16	0	5	0	1	0	34	0	41	4	43	40	98
Kegalle	7	226	0	4	0	6	0	0	0	0	5	144	0	7	0	1	0	0	7	63	2	14	1	11	46	100
Kalmune	8	230	0	9	0	1	0	1	0	1	0	14	0	0	0	2	0	2	0	9	0	5	0	2	42	100
SRI LANKA	173	7831	5	199	0	35	0	39	4	77	55	2760	7	702	2	80	0	10	23	558	2	325	45	1089	46	94

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk).

*T=Timeliness refers to returns received on or before 14th May, 2021 Total number of reporting units 357 Number of reporting units data provided for the current week: 352 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

08th – 14th May 2021 (20th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021 & 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	01	20	12	66.66%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	00	00	00	00	00	00	01	41	63	34.92%
Measles	00	00	00	00	00	00	00	00	00	00	01	08	26	-69.23%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
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	02	03	-33.33%
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	01	00	08	-100%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	04	-100%
Tuberculosis	51	04	00	12	00	15	00	22	00	104	132	2481	1587	56.33%

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

Covid-19 Prevention & Control
For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.

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. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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