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Reaching the Grass Root

Leptospirosis Control Through Village Committees

At a stakeholders' meeting in order to prevent and control leptospirosis, it was decided to establish a National Coordinating committee and Coordinating Committees at district, divisional and village levels. The village level committee will be very important in the sense that control activities at grass root level will be carried out by them. This discussion, on some important aspects of village level coordinating committees will provide some guidance to MOOH and PHII how to establish and maintain the committee and what should be expected from the committee.

Why a committee?

Human leptospirosis largely occurs when people interact with the environment while they engage in their occupations. An isolated effort by the primary healthcare staff will not be successful and a wider community participation with involvement of all stakeholders is essential should the disease be controlled satisfactorily. Therefore, at village level there should be a mechanism to keep the public informed and motivate them to engage in desired control activities. A village committee with the representation of all stakeholders will fulfil this demand.

Who should be in the committee?

Apart from the Public Health Inspector (PHI), the Grama Niladhari, Agrarian Research and Production Assistant (ARPA), Agrarian Services Officer and Samurdhi Manager should be members of the committee. They will participate in the committee in their official capacity. In addition, other government officers where relevant should be included in the committee. For example, a teacher from the village school in the committee would be useful to carry out school children targeted activities. Village leaders, volunteers also should have representation in the committee. It is very important to make a strong link with the village community, to take them the message and also to implement any activity designed. In almost all villages, there will be adults whom people respect and obey. It is the PHI's responsibility to identify them if not done so far and get their support. There will be community organizations and NGOO as well, whose help can be sought. Their representation in the village committee will be beneficial mainly to disseminate the information within the community and to mobilize the community for any planned activity.

How large should the committee be?

There could not be any hard and fast rule regarding the number that a committee should consist. However, all 'essential' personnel in their official capacity should be in the committee. Otherwise, it would be difficult to plan and implement the required activities. If the committee is too large, then again, it will not function efficiently. Therefore, it is advisable to limit the committee to 7 -10 members. However, the final decision should be taken by the PHI in concurrence with key figures such as Grama Niladhari and ARPA.

How often should the committee meet?

This also varies from village to village and also will depend on the season. If the disease burden is high, then frequent meetings will be neces-

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sary as there would be more activities to carry out and monitor. Immediately before commencing harvesting and again before field preparation for the next cultivation cycle, more frequent meetings would be necessary than during other periods.

Contents of meetings

Meetings should be based on an agenda and for the first meeting, the PHI can prepare it in concurrence with the Grama Niladhari and ARPA. Thereafter, it should be the responsibility of the head of the committee who will usually be either GN or ARPA. The PHI should keep the head of the committee informed on the expected outcome and matters that should be discussed in each meeting. An appointed Secretary should take notes of the proceedings of the meeting. Notes should be brief but should consist of important matters discussed, decisions arrived at and responsibilities assigned to each and its time frame. There may be occasional disagreements among members regarding what should or should not be done. It is important that all members of the committee agree in such an instance the matter will be forwarded to the MOH for the final decision.

Responsibilities and activities of the committee

This grass root level committee has to decide on what activities to be carried out in the village. Among them, the most important activities would be:

Public awareness: There will be two main approaches, special risk groups and general public. Awareness programmes for high risk groups such as farmers, labourers in agriculture sector, sand/ gem miners, should be organised through the village committee. In addition, awareness programmes for the general public, school children, housewives etc could be arranged. Areas that should be covered include risk behaviours, the disease, when to suspect the disease, importance of early treatment and rodent control. Uses and limitations of prophylactic treatment can be discussed among high risk groups. It should be emphasised that selection of suitable candidates for prophylactic treatment and the duration of treatment have to be decided by PHI under the guidance of MOH.

Identification of high risk groups and high risk areas: Farmers, labourers in agriculture, sand and gem mining, other people who work in similar or other water related environments, and those who handle garbage are especially at a higher risk. Identification of those groups can be done with the help of the village committee. There may be pockets with high disease transmission. It is important to identify these pockets or areas in order to manage the environment properly, to warn the people who use these area and to decide on distribution of prophylaxis.

Organization of rodent control activities: Epidemiological and laboratory data strongly suggest that the main reservoir host for Leptospirosis transmission in Sri Lanka are rodents in paddy fields. Therefore, rodent control in paddy fields and in other agricultural settings should be one of the main strategies in prevention and control of leptospirosis. Proper management of paddy fields, maintenance of cleanliness in surrounding areas of paddy fields and proper farming techniques are essential in rodent control. However, such activities in isolation will not be effective in rodent control and there should be a collective, integrated effort by the whole village. These activities can be planned and implemented through the village committee.

Prophylaxis distribution: The PHI, under the guidance of the MOH should identify eligible people for prophylactic treatment and the duration of treatment. Under no circumstances should this responsibility be delegated to anybody else including other members of the committee and the distribution of prophylaxis should be done by the PHI personally while keeping appropriate records of users.

However, the PHI can obtain the support of the committee to identify individuals who should use prophylaxis. In addition, the committee members can assist the PHI to encourage people to be compliant with treatment.

Improved disease surveillance: Not all cases of notifiable diseases are notified to the relevant MOOH. This is the case with regard to leptospirosis also. Therefore, members of the village committee can be instrumental in identifying new cases and deaths due to leptospirosis overlooked by the routine surveillance system. In addition, the members of the village committee will be instrumental to locate residences of notified cases if PHI could not find them.

What is the role of the PHI?

Initially, the PHI should take an active role in the village committee. He will be the resource person and health expert immediately available to the village community. Once the committee is established and activities are taking place satisfactorily, then the PHI can slowly withdraw by handing over more responsibilities to other members. Thereafter, PHI will be a facilitator for the committee and will continue to function as the authority in prophylaxis distribution. When to change from the leader to a facilitator will depend on the functionality of the committee. For example, if the committee is fairly active from the beginning and shows capability and enthusiasm to carry out work efficiently, then the PHI can withdraw from the leading role very early. Whether it occurs sooner or later, he should remember that the village committee will need his help continuously. Therefore, the PHI should meet committee members regularly and should attend committee meetings as often as possible. He should monitor the functions of the committee and if any drawback or disorientation of tasks is observed, then he should promptly guide them back to the track.

The Editor wishes to acknowledge Dr Devika Mendis for the contribution made in compiling this article.

Table 1: Vaccine-preventable Diseases & AFP

10th - 16th January 2009 (03rd 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	00	00	00	00	00	00	00	00	00	00	01	03	06	-50.0%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	00	00	00	00	00	00	00	00	00	01	07	04	+75.0%
Tetanus	00	00	00	00	00	01 KR=1	00	00	01 RP=1	02	01	04	02	+100.0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	08	01	+700.0%
Tuberculosis	44	00	01	01	06	00	00	13	07	72	219	477	774	-38.3%

Table 2: Newly Introduced Notifiable Disease

10th - 16th January 2009 (03rd 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	33	04	12	07	07	10	03	04	09	89	53	301	226	+33.2%
Meningitis	01 GM=1	01 ML=1	01 GL=1	01 VA=1	01 KM=1	01 KR=1	03 PO=3	02 BD=2	05 RP=2 KG=3	16	32	53	107	-50.5%
Mumps	07	03	06	01	00	02	02	02	07	30	23	124	124	00.0%
Leishmaniasis	00	00	02 HB=1 MT=1	00	00	00	02 AP=2	00	00	04	Not available*	21	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

10th - 16th January 2009 (03rd Week)

Samples	Number tested	Number positive	Serotypes *				
			D1	D2	D3	D4	Negative
Number for current week	01	01	00	00	01	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

10th - 16th January 2009 (03rd 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	57	163	3	13	1	1	5	25	4	7	7	28	0	0	0	5	0	0	100
Gampaha	23	68	1	8	0	0	0	2	0	1	6	11	0	0	1	7	0	0	86
Kalutara	12	28	12	37	1	2	2	3	0	0	5	9	0	0	0	2	0	0	100
Kandy	28	95	1	39	0	0	0	0	0	0	6	23	3	8	2	4	0	0	84
Matale	3	41	0	6	0	0	0	4	0	2	9	51	0	1	0	1	0	0	75
Nuwara Eliya	2	5	7	21	0	0	3	14	0	20	1	5	1	2	0	0	0	0	85
Galle	1	3	6	19	1	1	0	0	0	0	5	17	1	1	0	0	0	0	95
Hambantota	4	12	2	10	1	1	0	0	0	0	5	5	1	7	1	3	0	0	100
Matara	15	60	2	31	0	0	2	3	0	0	3	11	5	14	0	0	0	0	88
Jaffna	0	2	1	10	0	2	0	9	0	18	0	0	1	16	0	0	0	1	13
Kilinochchi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mannar	1	1	1	3	0	0	3	9	0	0	0	0	0	0	0	1	0	0	50
Vavuniya	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100
Mullaitivu	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Batticaloa	2	2	3	19	1	2	1	2	0	0	0	0	0	0	0	1	0	0	82
Ampara	0	0	0	3	0	0	0	2	0	0	0	1	0	0	0	1	0	0	29
Trincomalee	0	2	2	6	1	1	0	0	0	0	0	0	0	2	1	2	0	0	100
Kurunegala	5	31	5	16	0	2	1	2	0	1	4	10	7	13	1	4	0	0	74
Puttalam	2	9	4	14	0	1	1	10	0	0	0	5	5	9	0	0	0	1	100
Anuradhapura	2	2	3	5	0	0	0	0	0	2	2	8	1	2	0	2	0	0	63
Polonnaruwa	3	4	0	7	0	0	2	3	0	0	13	24	0	0	0	0	0	0	100
Badulla	4	6	5	33	0	0	0	5	0	13	3	11	3	8	4	21	0	0	93
Monaragala	1	2	3	7	0	0	2	3	0	0	0	3	0	5	1	7	0	0	91
Ratnapura	5	15	3	27	2	4	0	5	0	0	0	4	0	0	0	0	0	0	61
Kegalle	15	63	3	12	1	1	0	3	0	0	0	6	1	2	1	6	0	0	100
Kalmunai	3	5	2	16	0	0	1	2	0	0	1	1	0	1	0	0	0	0	69
SRI LANKA	**188**	**619**	**69**	**366**	**9**	**18**	**23**	**107**	**4**	**64**	**70**	**233**	**29**	**91**	**12**	**67**	**0**	**2**	**79**

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 January, 2009 Total number of reporting units =311. Number of reporting units data provided for the current week: 247
A = Cases reported during the current week. **B** = Cumulative cases for the year.

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