



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Health, Nutrition & Indigenous Medicine

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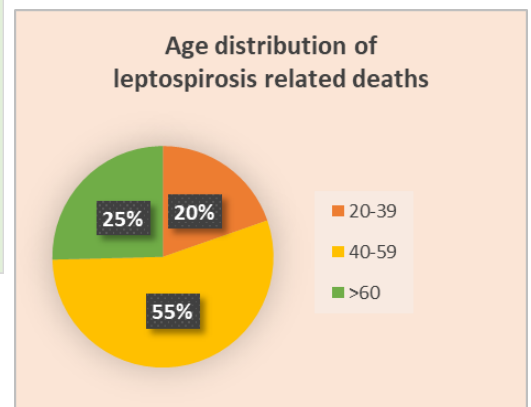
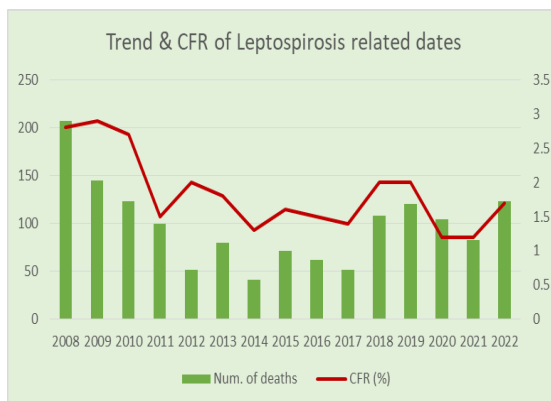
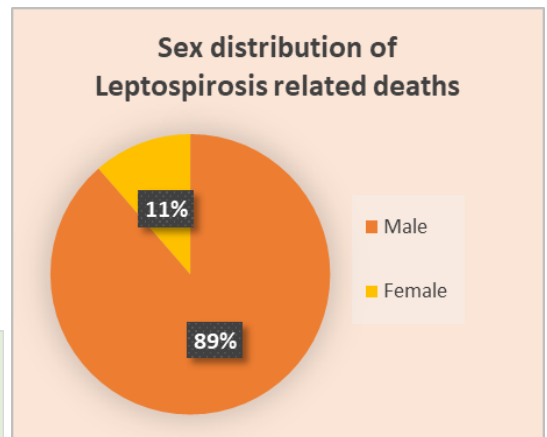
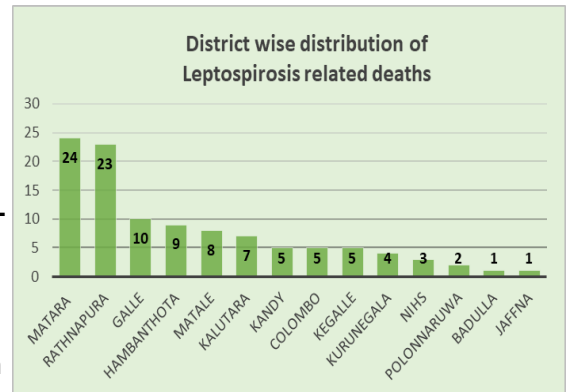
06<sup>th</sup> – 12<sup>th</sup> May 2023

## Trends of Leptospirosis in Sri Lanka for the year 2022 Part II

This is the last article of series of two articles that describes about Trends of Leptospirosis in Sri Lanka for the year 2022

### What about mortality in relation to leptospirosis?

The year 2022 displayed a slight increase in leptospirosis-related deaths (n=123) with a case fatality rate (CFR) of 1.7%. District-wise distribution revealed that Matara (n=24) & Rathnapura (n=23) had the highest number of deaths. The majority of deaths were among males (n=109; 89%) and primarily in the 40-59year age category (n=67; 55%).



### Contents

Contents	Page
1. Marburg Virus Disease Trends of Leptospirosis in Sri Lanka for the year 2022 Part II	1
2. Summary of selected notifiable diseases reported (29 <sup>th</sup> – 05 <sup>th</sup> May 2023)	3
3. Surveillance of vaccine preventable diseases & AFP (29 <sup>th</sup> – 05 <sup>th</sup> May 2023)	4

**WEB SRI LANKA 2023**

**How can surveillance be strengthened?**

- The importance of accurately and completely filling the notification and case investigation formats is highlighted. This will go a long way in furthering the knowledge of the burden of leptospirosis and thus carry out preventive activities in a timely manner.
- High risk groups should be made aware of the importance of taking prophylaxis correctly.
- As the diagnosis of leptospirosis is frequently missed due to its varying clinical presentations, it is crucial to consider it as a differential diagnosis during clinical management, including notifying health authorities **ON SUSPICION**.
- Whenever possible, laboratory confirmation should be carried out, preferably with MAT or PCR.
- Suspected leptospirosis deaths should be informed to the Epidemiology Unit by the institution.
- Common patterns of leptospirosis being a disease associated with agriculture or traditional occupational exposures is shifting and the index for suspicion should not be lowered in other instances such as during recreational activities.
- Medical community and the general public need to be aware of the increased risk of diseases especially after events like floods.
- Community education can also greatly assist in identification of risk factors, prevention of illness, and reduction of duration of disease and its severity through early recognition of suspicious symptoms.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 29th-05th May 2023 (18th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		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	266	5219	0	3	0	7	0	1	0	6	4	96	0	0	1	3	0	0	1	102	0	12	0	5	23	92
Gampaha	132	5113	0	6	0	6	0	1	0	1	0	179	0	2	0	6	0	0	5	90	0	30	0	13	1	87
Kalutara	96	1687	1	11	0	1	0	0	4	4	21	288	0	1	0	1	0	1	14	177	1	33	0	1	40	100
Kandy	103	1451	1	15	0	0	0	3	0	12	3	93	0	30	0	2	0	1	10	121	0	10	1	14	79	100
Matale	36	519	0	2	0	0	0	1	0	4	2	57	0	6	0	3	0	0	1	25	0	2	3	128	20	98
NuwaraEliya	1	62	11	42	0	0	0	0	0	9	0	31	1	26	0	1	0	0	1	47	0	4	0	0	53	100
Galle	53	797	1	16	0	9	2	2	0	12	27	390	0	23	0	0	0	0	4	142	0	7	0	1	30	100
Hambantota	36	549	1	3	0	1	0	1	0	8	10	122	2	46	0	9	0	0	2	66	1	12	7	224	30	100
Matara	23	642	2	9	0	5	0	0	0	5	5	228	0	17	0	2	0	0	8	102	0	7	1	64	47	100
Jaiffna	38	1270	0	38	0	1	2	8	0	9	0	7	2	434	0	1	0	1	2	98	0	2	0	2	58	93
Kilinochchi	0	55	0	3	0	0	0	0	0	15	0	6	0	5	0	0	0	0	1	7	0	0	0	0	17	97
Mannar	2	46	0	5	0	0	0	1	0	0	0	24	0	4	0	0	0	0	1	0	2	0	0	0	20	98
Vavuniya	2	80	0	5	0	1	0	0	0	0	0	21	0	6	0	1	0	0	1	10	0	1	0	2	0	100
Mullaitivu	1	43	0	8	0	0	0	2	0	11	0	22	0	3	0	0	0	0	0	10	0	0	0	3	22	99
Batticaloa	102	1264	2	67	0	6	0	4	1	9	1	37	0	1	0	3	0	0	2	28	0	14	1	1	45	100
Ampara	0	40	0	1	0	1	0	0	0	0	0	12	0	0	0	1	0	0	0	17	0	7	0	2	15	52
Trincomalee	101	1261	0	4	0	1	0	0	0	4	1	30	0	9	0	0	0	0	0	19	1	7	0	1	23	95
Kurunegala	33	1118	0	13	0	6	0	0	0	1	2	111	0	9	0	7	0	1	5	222	2	62	7	165	20	98
Puttalam	25	2114	0	4	0	1	0	1	0	0	1	14	0	6	0	1	0	0	1	52	1	19	0	9	15	91
Anuradhapur	4	220	0	3	0	0	0	1	0	1	4	146	0	23	0	2	0	0	2	102	0	15	4	203	18	99
Polonnaruwa	5	263	0	5	0	4	0	0	0	6	4	77	0	5	0	8	0	0	38	0	9	9	179	29	99	
Badulla	18	489	0	12	0	3	0	0	8	26	4	128	1	25	0	50	0	0	6	73	0	17	0	8	61	100
Monaragala	15	214	0	11	0	3	0	0	0	0	11	282	0	26	1	13	0	0	4	32	0	33	1	65	24	100
Ratnapura	20	787	1	15	0	9	0	1	0	8	6	452	0	14	0	8	0	1	5	68	0	76	0	77	33	100
Kegalle	62	1046	0	6	0	1	0	1	0	8	12	195	0	18	0	2	0	0	11	163	0	24	1	13	28	99
Kalmune	35	1272	2	27	1	7	0	0	0	0	1	16	0	0	0	0	0	0	1	24	1	11	0	0	38	100
<b>SRI LANKA</b>	<b>120</b>	<b>27621</b>	<b>22</b>	<b>334</b>	<b>1</b>	<b>73</b>	<b>4</b>	<b>28</b>	<b>9</b>	<b>159</b>	<b>11</b>	<b>3064</b>	<b>6</b>	<b>739</b>	<b>2</b>	<b>12</b>	<b>0</b>	<b>5</b>	<b>87</b>	<b>1836</b>	<b>7</b>	<b>416</b>	<b>35</b>	<b>1180</b>	<b>32</b>	<b>97</b>

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 05th May, 2023. Total number of reporting units 358. Number of reporting units data provided for the current week: 312. C\*\*=Completeness

**Table 2: Vaccine-Preventable Diseases & AFP**

**29th– 05th May 2023(18th Week)**

Disease	No. of Cases by Province									Number of cases during current week in 2023	Number of cases during same week in 2022	Total number of cases to date in 2023	Total number of cases to date in 2022	Difference between the number of cases to date in 2023 & 2022
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	01	00	00	00	00	00	00	02	01	29	32	- 12.5 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	00	00	00	00	00	01	02	01	77	15	413.3 %
Measles	00	00	00	00	00	00	00	00	00	00	01	12	11	9.0 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	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	01	04	- 75 %
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	02	01	100 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	03	01	200 %
Tuberculosis	40	00	09	01	15	12	10	10	06	103	88	3020	2534	19.1 %

**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  
**NA** = Not Available

**Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.**

**It is provided free by the MOH office / Public Health Inspectors.**

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@slt.net.lk](mailto:chepid@slt.net.lk). **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

**ON STATE SERVICE**

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