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Ministry Of Health
No. 231, De Saram Place,
Colombo.10
www.epid.gov.lk

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1. POLIOMYELITIS

AFP Surveillance

Twenty-three patients of acute flaccid paralysis were notified to the Epidemiology Unit during the 1st quarter of 2023, while the expected number for the quarter was 28 (as per the annual surveillance target of 2 AFP patients:100,000 under 15-year population). Therefore, the non-polio AFP rate among under 15-year population for the first quarter of 2023 was 1.7:100,000.

Notification of AFP patients from hospitals

Upon detection, all AFP patients should immediately be reported to the Epidemiology Unit and to the Regional Epidemiologist of the respective district of the patient's residence, in addition to notifying to the MOH of the patient's residence. The highest number of AFP patients for the quarter was notified from the Lady Ridgeway Hospital, Colombo, which is the main sentinel site for AFP surveillance in the country (n=8). All hospitals that reported AFP patients during the 1st quarter were tertiary care referral centers receiving patients from other hospitals, except for one private hospital in Colombo which has reported one case (Nawaloka Hospital).

Table 01. Notification of AFP Cases from Hospitals, 1st quarter 2023

Hospital	No of patients reported
Lady Ridgeway Hospital for Children	08
Teaching Hospital, Peradeniya	03
Teaching Hospital, Karapitiya	03
Colombo North teaching Hospital (Ragama)	02
Teaching Hospital Anuradhapura	02
Teaching Hospital Jaffna	01
National Hospital, Kandy	01
Teaching hospital, Kurunegala	01
Sirimavo Bandaranaike Specialized Children's Hospital	01
Nawaloka Hospital	01
Total	23

Distribution of AFP patients according to the province, district & MOH area

The highest number of AFP patients was reported from Gampaha district in the Western province (n=5, 21.7%). The distribution of AFP patients according to the province, district and MOH area is given in Table 2.

Table 02. Distribution of AFP patients by district & MOH

Province	District	MOH Area	No. of AFP cases	
Western	Colombo	Homagama	01	
		Avissawella	01	
		CMC	01	
	Gampaha	Minuwangoda	01	
		Biyagama	01	
		Wattala	01	
		Mahara	01	
		Meerigama	01	
Central	Kandy	Manikhinna	01	
		Wattegama	01	
	Nuwara Eliya	Rikillagaskada	01	
Southern	Galle	Niyagama	01	
		Elpitiya	01	
	Matara	Kotapola	01	
		Hambantota	Angunukola-pelassa	01
		Katuwana	01	
North Central	Anuradhapu-	Galnewa	02	
		Anuradhapura (CNP)	01	
	Polonnaruwa	Siripura	01	
Sabragamuwa	Ratnapura	Opanayaka	01	
Northern	Jaffna	Sandilipay	01	
Eastern	Ampara	Dehiattakandiya	01	
Total			23	

Seasonal distribution of AFP cases

A significant seasonal variation in reporting AFP patients was not observed during the period.

Age and sex distribution of AFP patients

There was a slight male preponderance in patients, with 12 out of 23 patients being males (52.1%). The age and sex distribution are given in Table 3.

Table 03. Distribution of AFP cases by Age and Sex

Age Group	Sex		Total	%
	Male	Female		
<1 year old	01	01	02	8.7
1–4-year-old	04	02	06	26.0
5–9-year-old	03	07	10	43.5
10–15-year-old	04	01	05	21.7
Total	12	11	23	100.0

Final diagnoses of AFP cases

All of the patients were diagnosed with Guillain-Barre Syndrome (GBS).

Laboratory exclusion of poliomyelitis in AFP patients

The exclusion of poliovirus requires two stool samples collected within 14 days of the onset of the symptoms. These samples should be sent to the virology laboratory at the Medical Research Institute (WHO regional reference laboratory for poliomyelitis) for the exclusion of poliovirus. According to WHO criteria these samples should be collected in a timely manner and be in 'good condition' upon receipt to the laboratory. A sample is determined to be in 'good condition' if it fulfills the following criteria: available in correct quantity (8 - 10g), sent in a leak proof container with no evidence of spillage or leakage, and presence of ice in the container on receipt to the lab. In order for the samples to be considered timely, the two samples should be collected within 14 days of onset of paralysis and the two samples should be collected 24 hours apart. Accordingly, in the majority of patients both stool samples had been collected on time and sent in 'good condition' to the MRI for polio virology (n=18, 78.3%).

Sentinel site monitoring

Any hospital where the services of a Consultant Paediatrician is available is considered a sentinel site for AFP surveillance. Currently, a total of 104 hospitals function as sentinel sites. These hospitals send a weekly report of all AFP, measles, rubella, CRS patients reported from the hospital for the given week, including zero reporting. This is considered a complementary measure to the routine surveillance.

2. MEASLES

There were 25 suspected measles patients reported during the first quarter of 2023 which were compatible with the clinical case definition of "fever and maculopapular rash with one of the signs of cough, coryza or conjunctivitis". Measles incidence of 0.4/100000 population had been identified for laboratory-confirmed measles cases which were field investigated and confirmed for curtailing the outbreak. The respective medical officers of the patients' residential areas field investigated these clinical cases. Special case-based investigation forms were received at the Epidemiology Unit to identify vaccination status, risk categories and exposure status in relevant cases.

Table 04: Number of Fever rash cases tested for Measles:

District	Cases	District	Cases
Colombo	07	Batticaloa	02
Gampaha	08	Ampara	00
Kalutara	01	Trincomalee	00
Kandy	02	Kurunegala	01
Mannar	00	Puttalam	00
Kalmunai	01	Anuradapura	00
Galle	01	Polonnaruwa	01
Hambantota	00	Badulla	00
Matara	00	Moneragala	00
Jaffna	00	Rathnapura	01
Vavuniya	00	Kegalle	00
Kilinochchi	00	Nuwaraeliya	00
Matale	00		

Western Province reported the highest number of fever and maculopapular rash cases suspected of measles cases (16) of which Gampaha district reported the highest (n=8). Guidelines for measles and rubella elimination have been changed since February 2018, including broadening the case definition to identify all possible measles and rubella cases to be tested and excluded as non-measles and non-rubella cases. Laboratory investigations of 25 fever and maculopapular rash patients suspected of measles or rubella were carried out in the WHO-accredited virology Laboratory at the Medical Research Institute (MRI) for Measles or Rubella IgM testing. The laboratory testing rate of the suspected measles cases was around 96.9% during the 1st quarter and achieved the expected target of >80%.

3. LEPTOSPIROSIS

During the 1st Quarter of 2023, **1974** cases and 57 deaths (CFR 2.8) due to Leptospirosis were notified to the Epidemiology Unit compared to 2668 cases and **58 deaths** in the previous quarter and **1048** cases and **15** deaths during the corresponding quarter of 2022.

The age and sex distribution of patients, revealed by the special surveillance data is given in Table 06.

Table 05: Selected characteristics of Leptospirosis patients (%) – 1st Quarter 2023

Age Group	Sex	
	Male	Female
0 – 9 years	4	3
10 – 19 years	87	82
20 – 29 years	208	180
30 – 39 years	256	230
40 – 49 years	367	296
50 – 59 years	314	240
> 60 years	244	194
Total	82.54%	0.94%

4. HUMAN RABIES

Three cases of Human Rabies were reported to the Epidemiology Unit in the 1st quarter, of 2023 compared to four cases in the previous quarter and four cases in the corresponding quarter of 2022. All reported cases were laboratory-confirmed.

Animal Rabies

During the first quarter, 59 dogs were reported positive for rabies compared to 86 in the previous quarter and 64 positives in the same period in 2022.

Rabies Control Activities

Animal Rabies 1st quarter 2023

During 1st quarter, 59 dogs were reported positive for rabies, compared to 86 in the previous quarter and 64 positives in the same period in the last year.

Rabies Control Activities

Dog vaccination - 139114 dogs were vaccinated during the 1st Quarter under review compared to 258526 in the previous quarter and 330162 in the corresponding Quarter of the last year.

Rabies Control Activities – 1st quarter 2023

Animal Birth control

Chemical– Discontinued

Surgical–1722 female dogs were sterilized by surgical method during the quarter review compared to 11221 in the previous quarter and 4130 in the corresponding quarter of last year.

5. VIRAL HEPATITIS

In the 1st Quarter of 2023, a total of 78 cases of Viral Hepatitis were reported to the Epidemiology Unit. This

6. ENTERIC FEVER

In the 1st Quarter of 2023, a total of 12 cases of Enteric fever were reported to the Epidemiology Unit, compared to 25 cases in the previous quarter and 43 cases in the corresponding quarter of 2022. The districts of Jaffna and Batticaloa reported the highest number of cases (03 each).

7. DYSENTERY

In the 1st Quarter of 2023, a total of 195 cases of Dysentery were reported to the Epidemiology Unit, in comparison to 271 cases in the previous quarter and 140 cases in the corresponding quarter of 2022. Batticaloa district (48 cases) and Jaffna district (23 cases) reported the highest number of cases.

8. MALARIA

There were no indigenous malaria cases reported during the 1st quarter of 2023. Sixteen imported malaria cases were reported in the 3rd quarter of 2018.

9. JAPANESE ENCEPHALITIS (JE)

During the 1st quarter of 2023, 62 cases of clinically suspected Encephalitis cases were reported to the Epidemiology Unit through the routine disease notification system. Out of this, 40 cases were clinically confirmed by the Public Health Inspectors during their field investigations.

MRI has reported two lab-confirmed JE cases during the 1st quarter of 2023. Out of these two confirmed JE cases, all (100%) were investigated by the MOH.

Both were over 50 years of age. The confirmed JE cases were reported from Polonnaruwa and Kurunegala districts. One confirmed JE case has not been immunized and the immunization status of the other patient is not confirmed.

Table 06
SELECTED CHARACTERISTICS OF CONFIRMED CASES OF JE—1st Quarter 2023

Variable	Category	Percentage
	Sex	Male
	Female	01 (50%)
Age group	< 1 y	00 (00%)
	1-10 y	00(00%)
	11- 20	00 (00%)
	21-50Y	00 (00%)
	> 50 Y	102(100%)
District	Polonnaruwa	01(50%)
	Kurunegala	01(50%)

Table 07 - Results of Blood smear examination for malaria parasites - 1st Quarter 2023

	1st quarter 2022	1st quarter 2023
No. of blood smears examined	201,130	184,619
No. of positives	0	9
No. of <i>P. vivax</i>	0	1
No. of <i>P. falciparum</i>	0	7
No. of mixed infections	0	0
No. of infant positives	0	0
Slide positivity rate (S.P.R.)	0.00	0.00
P.v. : P.f. ratio	0	1:7
Percentage of infant positives	0	0

Table 08

**DISTRIBUTION OF NUMBER OF BLOOD SMEARS
EXAMINED BY DISTRICT RMO- 1ST QUARTER 2023**

RMO	January	February	March	Total
Ampara	1698	1979	1705	5382
Anuradhapura	3,529	3,527	3,131	10,187
Badulla	3079	2357	2704	8140
Batticaloa	5343	5129	4715	15187
Colombo	3257	3785	3572	10614
Embilipitiya	3750	3562	3643	10955
Galle	1870	1887	1683	5440
Gampaha	3871	1840	3346	9057
Hambantota	2398	2442	2194	7034
Jaffna	1884	1859	1954	5697
Kalmune	3156	2742	3021	8919
Kalutara	396	291	121	808
Kandy	5284	5383	4952	15619
Kegalle	1589	1619	1654	4862
Kilinochchi	1176	979	692	2847
Kurunegala	5260	4665	3367	13292
Maho	1313	1282	1144	3739
Mannar	664	733	921	2318
Matale	2679	2105	2813	7597
Matara	1649	1689	1640	4978
Moneragala	2438	2120	2121	6679
Mulativu	1886	1856	1868	5610
Nuwara eliya	944	0	840	1784
Polonnaruwa	2108	1746	1864	5718
Puttalam	2077	1915	1962	5954
Trincomalee	1064	1076	1008	3148
Vavuniya	1167	823	1064	3054
Sri Lanka	65529	59391	59699	184619

Table 09

**MORBIDITY AND MORTALITY DUE TO DF/DHF -1ST
QUARTER 2023**

Province/RDHS	Cases	%	Deaths	CFR
Western Province	10856	49.1	3	0.03
Colombo	4707	21.3	1	0.02
Gampaha	4879	22.1	2	0.04
Kalutara	1270	5.7	0	0.00
Central Province	1257	5.7	1	0.08
Kandy	910	4.1	1	0.11
Matale	313	1.4	0	0.00
Nuwara-Eliya	34	0.2	0	0.00
Southern Province	1231	5.6	2	0.16
Galle	561	2.5	0	0.00
Hambantota	280	1.3	0	0.00
Matara	390	1.8	2	0.51
Northern Province	1085	5.0	0	0.00
Jaffna	904	4.1	0	0.00
Kilinochchi	40	0.2	0	0.00
Mannar	41	0.2	0	0.00
Vavuniya	56	0.3	0	0.00
Mullaitivu	44	0.2	0	0.00
Eastern Province	2490	11.3	1	0.04
Batticaloa	736	3.3	1	0.14
Ampara	41	0.2	0	0.00
Trincomalee	655	3.0	0	0.00
Kalmunai	1058	4.8	0	0.00
North-Western Province	2890	13.0	3	0.10
Kurunegala	781	3.5	0	0.00
Puttalam	2109	9.5	3	0.14
North-Central Province	328	1.5	0	0.00
Anuradhapura	158	0.7	0	0.00
Polonnaruwa	170	0.8	0	0.00
Uva Province	463	3.8	1	0.22
Badulla	347	1.6	1	0.29
Monaragala	116	0.5	0	0.00
Sabaragamuwa Province	1491	6.8	0	0.00
Ratnapura	723	3.3	0	0.00
Kegalle	768	3.5	0	0.00
Total	22091	100.0	11	0.05

10. DENGUE FEVER(DF)/DENGUE HAEMORRHAGIC FEVER(DHF)

During the 1st quarter of 2023, 22,091 cases of confirmed or clinically suspected DF / DHF were reported from all districts with 11 deaths (CFR 0.05%) when compared to 13,704 cases of DF/DHF with 15 deaths (CFR 0.1%) in the 1st quarter of 2022.

Table 10 The distribution of DF/DHF cases by month for the 1st quarter 2023

Month	Number of cases	Proportion of cases
January	8963	40.6%
February	6709	30.4%
March	6419	29.0%

Table 11: The age distribution of DF/DHF cases for the 1st quarter of 2023

Quarter 1	<1yr	1-4yr	5-9yr	10-14yr	15-19yr	20-24yr	25-49yr	50-64yr	>=65yr
No of cases	95	942	1360	1750	2594	2977	8574	2712	1087
%	0.4	4.2	6.2	7.9	11.7	13.5	38.8	12.3	4.9

Source: Dengue Control Unit

11. RUBELLA AND CONGENITAL RUBELLA SYNDROME (CRS) - 1st Quarter 2023

During the whole quarter, 25 suspected Rubella disease cases were reported and 2 of them were compatible with surveillance case definition [fever and maculopapular rash, with arthralgia/arthritis, lymphadenopathy (suboccipital, postauricular and cervical) or conjunctivitis but none were laboratory confirmed by investigation of rubella IgM. These reported cases for the quarter were more reported (20) during the compatible quarter in 2022.

Congenital Rubella Syndrome, 1st Quarter 2023

There were 393 samples tested for the TORCH during the quarter. None of the infants were identified as CRS.

12. CHOLERA

No confirmed cases of cholera were reported to the Epidemiology Unit during the 1st Quarter 2023. Last case of cholera was reported in the country in January 2003.

13. TETANUS

In 2023, six patients in the age group of 55-80 years with tetanus were notified and confirmed. Three deaths have been reported among these patients.

No neonatal tetanus cases were reported during 2023 and no tetanus cases were reported during pregnancy.

Two cases were reported and clinically confirmed as Tetanus in the first quarter of 2023 from Anuradhapura and Batticaloa districts.

14. SURVEILLANCE REPORT ON AEFI –1ST QUARTER 2023

Surveillance of Adverse Events Following Immunization (AEFI) effectively continued in the 1st Quarter of 2023. The reporting has reached 98% of completeness of reports, while only 63.8% of reports were received in time at the Epidemiology Unit indicating the need for more attention by the MOOH. Gampaha, Kalutara, NIHS, Kandy, Matale, Nuwara Eliya, Galle, Hambantota, Matara, Kilinochchi, Mannar, Vavuniya, Mullaitivu, Batticaloa, Ampara, Trincomalee, Puttalam, Plolonnaruwa, Moneragalle, Rathnapura and Kegalle were able to send all reports. The best timeliness was reported from the Hambantota district (97.2 %) followed by Matara (92.2%), Batticaloa (88.1%), Mullaitivu (83.3%) and Kandy (83.3) (Table 1)

The highest rate (916.0 per 100,000 immunizations) of AEFI was reported from Batticaloa district, while Batticaloa reported the highest number of 512 AEFI cases in 1st quarter of 2023

For the first quarter, the highest number of AEFI (n=1288) was reported against the Pentavalent vaccine, whereas the highest rate of AEFI (1054.9 /100,000 doses administered) was reported against the DPT vaccine. The rate of AEFI for Pentavalent (01st, 02nd& 03rd doses) is 655.2 per 100,000 doses administered. High Fever (1418), Nodule (424), and Allergic Reaction (328) are the leading AEFI reported. The highest numbers of fever cases reported were following Pentavalent (841 cases: 427.8 per 100,000 doses administered) and DPT (447 cases: 621.3 per 100,000 doses administered) vaccines. For Nodules, it was largely due to PVV (299 cases: 152.1 per 100,000 doses administered) and DPT (108 cases: 150.1 per 100,000 doses administered). Allergic reactions, it was largely due to DPT (107 cases: 148.7 per 100,000 doses administered) PVV (84 cases: 42.7 per 100,000 doses administered), and MMR (82 cases: 51.9 per 100,000 doses administered).

Table 12
COMPLETENESS AND TIMELINESS OF MONTHLY REPORTING AND RECEIPT OF “NIL” REPORTS OF AEFI BY RDHS DIVISIONS

DPDHS	Completeness%	Timly Returns %	No. of AEFI	AEFI Rate (100,000 doses)
Colombo	98.2	67.3	237	228.5
Gampaha	100	82.2	148	121.7
Kalutara	100	61.5	73	139.3
NIHS	100	16.7	16	71.8
Kandy	100	83.3	180	207.4
Matale	100	78	141	413.8
Nuwara Eliya	100	51.3	58	109.3
Galle	100	81.7	129	194.5
Hambantota	100	97.2	71	162.6
Matara	100	92.2	95	179.8
Jaffna	97.6	78.6	295	684.3
Kilinochchi	100	25	38	358.6
Mannar	100	66.7	18	166.2
Vavuniya	100	58.3	73	561.3
Mullaitivu	100	83.3	47	493.1
Batticaloa	100	88.1	512	916.0
Ampara	100	28.6	23	113.1
Trincomalee	100	77.8	30	75.2
Kurunegala	98.9	49.4	168	168.0
Puttalam	100	47.6	33	56.8
Anuradhapura	98.6	37.7	103	158.2
Polonnaruwa	100	37	40	134.3
Badulla	95.8	60.4	50	108.0
Moneragala	100	57.6	102	259.6
Ratnapura	100	43.3	114	161.0
Kegalle	100	69.7	107	206.5
Kalmunai	97.4	46.2	55	117.7
Sri Lanka	98	63.8	2956	217.5

Table 13 : Number of Selected Adverse Events by Vaccines – 1st Quarter 2023

	BCG	OPV	IPV	PVV**	DPT	MMR	LJE	DT	TT	HPV	aTd	Total ** num- ber of AEFI re-
Total Number of AEFI Re- ported	7	7	10	1288	759	136	58	87	4	6	3	2365
AEFI reporting rate/100,000 doses admin- istered	4.8	2.1	7.5	655.2	1054.9	86.2	75.3	123.6	5.3	11.1	8.4	
High Fever (>39°C)	0	5	7	841	447	41	34	41	1	0	1	1418
Reporting rate/100,000 doses administered	0	1.5	5.2	427.8	621.3	25.9	44.2	58.2	1.3	0	2.8	
Allergic reactions	0	1	0	84	107	82	13	32	2	5	2	328
Reporting rate/1 00,000 doses administered	0	0.3	0	42.7	148.7	51.9	16.9	45.4	2.6	9.2	5.6	
Severe local reactions	1	0	0	9	19	1	0	1	0	1	0	32
Reporting rate/100,000 doses administered	0.7	0.0	0.0	4.6	26.4	0.6	0.0	1.4	0.0	1.8	0	
Seizure (Febrile/Afebrile)	0	1	0	24	67	8	11	2	0	0	0	113
Reporting rate/100,000 doses administered	0	0.3	0.0	12.2	93.1	5.1	14.3	2.8	0.0	0.0	0.0	
Nodules	2	0	3	299	108	3	0	9	0	0	0	424
Reporting rate/100,000 doses administered	1.4	0	2.2	152.1	150.1	1.9	0.0	12.8	0.0	0.0	0.0	
Injection site abscess	4	0	0	31	10	1	0	2	1	0	0	49
Reporting rate/100,000 doses administered	2.7	0.0	0.0	15.7	13.9	0.6	0.0	2.8	1.3	0.0	0.0	
HHE	0	0	0	0	1	0	0	0	0	0	0	1
Reporting rate/100,000 doses administered	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0	

Note: PVV-Pentavalent vaccine **Total given only for eleven vaccines listed in the table

15. Tuberculosis Report 1st quarter -2023

A total of **2244** TB patients were notified to the NPTCCD by H816A (TB Notification Form) for the 1st quarter of 2023, while 2425 patients were registered at chest clinics during the same quarter according to the quarterly report on case finding (TB 08). Of these 2246 TB patients (92.6%) were new TB cases, 177 (7.3%) were retreatment cases and no cases were identified for previous treatment history unknown category. (Please refer to Annex 1) Out of new TB cases, **1268**(56.5%) were bacteriologically confirmed TB, **389** (17.3%) were clinically diagnosed (sputum negative) TB and 589 (26.2%) were new extrapulmonary TB cases. Out of these **retreatment cases, 107**(60.5 %) patients **relapsed**, 37 (20.9%) patients were **treated after failure**, **27** (15.3%) patients were **lost to follow** and **6** (3.4%) patients were **previously treated**. A total of 2094 TB patients were screened for HIV; out of them **5** patients were **positive** for HIV. There were **7** patients with known positive HIV status at the time of TB diagnosis. A total of 12 patients were TB co-infection. **5** Multi-drug resistant TB patients were detected during the above quarter. The distribution of TB Patients by RDHS divisions is given in the annexed table.

Table 14: TUBERCULOSIS PATIENTS BY RDHS DIVISIONS - 1st Quarter 2023

RDHS DIVISION	New				Retreatment & other	Total
	PTB sp+ve	PTB sp-ve	EPTB	Total		
Colombo	334	61	113	508	16	563
Gampaha	177	51	71	299	6	328
Kalutara	109	36	46	191	5	207
Kandy	67	35	25	127	0	134
Matale	15	11	13	39	1	41
Nuwara Eliya	31	13	18	62	1	65
Galle	56	28	44	128	1	133
Matara	13	7	17	37	0	40
Hambantota	14	7	16	37	0	41
Jaffna	20	18	21	59	1	63
Vavuniya	9	4	4	17	0	17
Batticaloa	26	5	7	38	1	39
Ampara	12	2	5	19	0	19
Kalmunai	31	6	5	42	1	48
Trincomalee	23	0	10	33	1	34
Kurunegala	65	31	34	130	2	142
Puttalam	36	5	9	50	1	53
Anuradhapura	34	19	19	72	0	75
Polonnaruwa	11	9	4	24	0	28
Badulla	44	12	32	88	5	95
Monaragala	15	5	15	35	0	38
Rathnapura	64	9	30	103	0	107
Kegalle	45	7	24	76	1	78
Mannar	7	1	2	10	0	14
Mulathivu	5	2	3	10	0	10
Kilinochchi	5	5	2	12	0	13
Total	1268	389	589	2246	43	2425

PTB-Pulmonary Tuberculosis

EPTB- Extra Pulmonary Tuberculosis

SP + ve - Sputum Positive

SP - ve - Sputum Negative

Data from Central TB Register

16. SURVEILLANCE AT SEA PORT

Details of the vaccinations carried out by the Assistant Port Health Office during the 1st quarter 2023, is as follows;

Table 15:

	Vaccine	Total
A.	Yellow fever	2192
B.	Meningococcal meningitis	-
C.	Oral polio	85

17. SURVEILLANCE AT AIRPORT

Surveillance activities carried out at the International Airport, Katunayake during the 1st Quarter 2023 is given below.

Table 16:

Emerging and reemerging disease (Ebola/MERS CoV/ SARS.... Etc)	
Ebola	
No. of passengers screened	00
No. of suspected cases transferred	00
Zika	
No. of passengers screened	00
No. of suspected cases transferred	00
Malaria	
No. of passengers visited to Health office	23
No. of passengers drug issued	10
No. of blood films done (R.D.T.)	23
Referred to I.D.H./Other unit	0
Yellow Fever	
No. of yellow fever cards inspected	195
No. Invalid/without Yellow Fever cards	10
Referred to I.D.H/Other units	00

18. LEPROSY

TABLE 17: QUARTERLY RETURN OF LEPROSY STATISTICS - 1ST QUARTER 2023

1. National

	At the end of the quarter			Cumulative for end of the quarter		
	1st quarter 2023	1st quarter 2023	Diff (%)	2023	2022	Diff (%)
New patients detected	383	355	+7.89	383	355	+7.89
Children	42	34	+23.53	42	34	+23.53
Grade 2 Deformities	25	29	-13.79	25	29	-13.79
Multi-Bacillary	258	229	+12.66	258	229	+12.66
Females	161	143	+12.59	161	143	+12.59

2. Districts

District	New patients	G2-Deformity	Children	MB	Females
Central	18	2	1	12	6
Kandy	10	0	0	8	3
Matale	5	2	1	3	3
NuwaraEliya	3	0	0	1	0
Eastern	67	3	8	49	24
Ampara	6	0	0	4	1
Batticaloa	42	2	5	26	15
Kalmunai	12	1	2	12	5
Trincomalee	7	0	1	7	3
Northern	14	3	2	10	6
Jaffna	5	3	0	5	1
Kilinochchi	1	0	0	0	1
Mannar	3	0	2	2	2
Vavuniya	5	0	0	3	2
Mullaitivu	0	0	0	0	0
North Central	15	3	4	10	6
Anuradhapura	5	1	1	3	1
Pollonnaruwa	10	2	3	7	5
North Western	41	2	6	30	15
Kurunegala	26	2	5	18	9
Puttalam	15	0	1	12	6
Sabaragamuwa	23	1	1	15	9
Kegalle	5	0	1	2	0
Rathnapura	17	1	0	13	9
Southern	56	2	5	36	23
Galle	24	2	2	16	12
Hambanthota	19	0	3	11	6
Matara	13	0	0	9	5
Uva	13	1	1	7	8
Baddulla	10	0	1	6	6
Monaragala	3	1	0	1	2
Western	136	8	14	89	64
Colombo	52	3	8	37	21
CMC	6	2	1	3	1
Gampaha	45	0	4	27	25
Kalutara	33	2	1	22	17
Sri Lanka	383	25	42	258	161

Source : Anti Leprosy Campaign

19. SEXUALLY TRANSMITTED DISEASES

Table 18: NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA 1st Quarter 2023

Disease	New cases or new disease episodes during the quarter			Total new cases or new episodes for the calendar year up to end of the quarter **			
	Male	Female	Total	Male	Female	Total	
HIV positives ¹	145	20	165	145	20	165	
	Early Syphilis ²	65	14	79	65	14	79
Syphilis	Late Syphilis ³	147	75	222	147	75	222
	Congenital Syphilis ⁴	1	0	1	1	0	1
Gonorrhoea ⁵	222	64	286	222	64	286	
Ophthalmia Neonatorum ⁶	0	0	0	0	0	0	
Non specific cervicitis/urethritis	225	551	776	225	551	776	
Chlamydial infection	1	0	1	1	0	1	
Genital Herpes	309	404	713	309	404	713	
Genital Warts	333	288	621	333	288	621	
Pelvic Inflammatory dis.		27	27		27	27	
Trichomoniasis	1	9	10	1	9	10	
Candidiasis	448	477	925	448	477	925	
Bacterial Vaginosis		377	377		377	377	
Other sexually transmitted diseases ⁷	108	51	159	108	51	159	
Non venereal	2,138	906	3,044	2,138	906	3,044	

Source: NSACP

*Central STD clinic Colombo and peripheral STD clinics of National STD/AIDS Control Programme of Sri Lanka

Includes adjustments for revised diagnosis , reporting delays or any other amendments

1-Includes AIDS cases

2-Diagnosed within 2years of infection and considered to be infectious.

3-Diagnosed after 2 years of infection and considered to be non-infectious

4-Includes both early and late cases

5-Includes presumptive Gonorrhoea

6-Includes both gonococcal and chlamydial conjunctivitis in neonatal period

7-Includes Lympho granuloma venerium, Granuloma inguinalae, Molluscum contagiosum, Scabis,Tinea, Hepatitis- B etc

8-.Number of STD clinic attendees who were not having sexually transmitted diseases

20. BACTERIOLOGY REPORT, MEDICAL RESEARCH INSTITUTE

Table 19: Bacteriological report, MRI 1st Quarter 2023

	Jan	Feb	Mar
(A) CHOLERA			
No. of stool specimens Examined	0	01	0
No. of positives El. Tor <i>Cholera</i>	0	0	0
<i>Ogawa</i>	0	0	0
<i>Inaba</i>	0	0	0
<i>Cholera</i> o139	0	0	0
(B) SALMONELLA			
Blood– No. Examined	0	0	0
<i>S.typhi</i>	0	0	0
<i>S.paratyphi A</i>	0	0	0
Stools—No. examined	12	13	18
<i>S.typhi</i>	0	0	0
<i>S.paratyphi A</i>	0	01	0
Others	1	01	01
(C) SHIGELLA			
No. Examined	12	13	18
<i>S.flexneri</i> I	0	0	0
<i>S.flexneri</i> ii	0	0	0
<i>S.flexneri</i> iii	0	0	0
<i>S.flexneri</i> iv	0	0	0
<i>S.flexneri</i> v	0	0	0
<i>S.flexneri</i> vi	0	0	0
<i>S.Sonnei</i>	0	0	0
<i>S.dysenteriae</i>	0	0	0
(D) ENTEROPATHOGENIC E.COLI			
No.Examined	1	01	0
No. positive	1	0	0
(E) CAMPYLOBACTER			
No.Examined	12	13	18
No. Positive	0	0	0
(F) Special			

21. SURVEILLANCE OF MENINGITIS—1st quarter 2023

Meningitis has been a notifiable disease in Sri Lanka since 2005. During the 1st quarter of 2023, 353 suspected meningitis cases were reported to the Epidemiology Unit through the routine disease notification system.

Out of this 292 cases were clinically confirmed by the Public Health Inspectors during their field investigations. The highest number of meningitis cases were reported from the Ratnapura district (n=67) followed by Kurunegala (n=52) and Moneragala (n=26) districts.

About 63% (n= 145) of the clinically confirmed meningitis cases belonged to the age group less than one year, another 11.7 % (n=27) belonged to the age group 1- <5 years and 8% (n=19) belonged to the age group 5 – <15 years. Fifty-eight per cent of the clinically confirmed cases were males and 42% were females.

Table 20

Summary findings for special investigations carried out for clinically confirmed cases of Meningitis up to 31st March 2023

CSF Culture Report		
CSF Culture	Number	(%)
CSF Results available	93	40.4%
No Growth	(83)	
Coliform	02	
Streptococcus spp.	02	
Culture results not known	132	57.4%
Not done	05	2.2%
Total	230	100%
Final outcome of the patient		
Outcome	Number	(%)
Cured	194	84.3%
Died	03	1.3%
Information not available	33	14.4
Total	230	100%
Final Diagnosis (based on clinical and lab findings)		
Diagnosis	Number	(%)
Culture confirmed	02	0.9%
Probable bacterial meningitis	31	13.5%
Probable viral meningitis	44	19.1%
Suspected Meningitis	153	66.5%
Total	230	100%

22. INFLUENZA SURVEILLANCE - 1st quarter 2023

Human Influenza surveillance

Surveillance of human influenza is carried out under two main components; Influenza-like illness (ILI) surveillance and Severe Acute Respiratory Infections (SARI) surveillance. As for the ILI surveillance, epidemiological data and respiratory samples are collected from 19 sentinel hospitals throughout the country (GH Ampara, TH Karapitiya, GH Matara, LRH, NIID, NHSL, TH Kalubowila, TH Peradeniya, TH Ratnapura, TH Kurunegala, GH Vavunia, GH Nuwara Eliya, GH Badulla, TH Anuradhapura, GH Polonnaruwa, TH Ragama, GH Chilaw, TH Batticaloa, TH Jaffna). Under SARI surveillance epidemiological data and respiratory samples are collected from four sentinel hospitals (GH Matara, TH Peradeniya, TH Ragama and LRH). These respiratory samples are tested and analyzed at the National Influenza Centre (NIC), and Medical Research Institute (MRI). The Influenza testing facility is also available at TH Kandy, TH Karapitiya, and TH Anuradhapura.

Epidemiological Component

ILI Surveillance

In the 1st quarter of the year 2023, 18 sentinel hospitals reported ILI data with a reporting rate of 94.7%. A total of 50,988 ILI cases were reported, accounting for 7.2 % of all OPD visits (n=712,590). Out of all the ILI patients, the highest number of ILI cases were reported from TH Anuradhapura (n=10,451, 20.5%) and most of the patients were in the age group 15 — 49 years (n=18,418, 36.1 %). For the first quarter, the highest proportion (55.3%) of infants were reported from TH Anuradhapura.

SARI Surveillance

A total of 992 SARI cases were reported for the 1st quarter of 2023 from four sentinel hospitals, including GH Matara, LRH, TH Peradeniya and TH Ragama. Out of 28,425 admissions during the 1st quarter, to the medical and paediatrics wards in the relevant hospitals, 3.5 % were due to SARI. Out of all the SARI patients, the highest number of SARI cases were reported from GH Matara (n=647, 65.2%).

Laboratory Component

A total of 634 respiratory samples were received at the MRI, TH Kandy, TH Karapitiya and TH Anuradhapura during the 1st quarter of 2023. The months of January, February and March have received 235, 184 and 215 samples respectively. Eighty samples were positive for influenza A and 23 were positive for Influenza B during the 1st quarter of 2023. Therefore, influenza A was the predominant circulating Influenza viral strain identified.

Table 21: TYPES OF INFLUENZA VIRUSES ISOLATED IN THE SAMPLES FOR THE 1st QUARTER OF THE YEAR 2023

Month	Total tested	Total posi-	Influenza A	A (H1N1)	A (H3N2)	Not typed	Influenza B
January	235	31	24	16	3	5	7
February	184	39	37	30	1	6	2
March	215	33	19	18	1	0	14
Total	634	103	80	64	5	11	23

(Source: NIC/MRI, TH Kandy, TH Karapitiya, TH Anuradhapura)

The total positive rate for influenza A and B was 16.2% of respiratory samples in the first quarter of the year

Bird Influenza Surveillance

Sri Lanka has been recognized as carrying a high risk for Avian Influenza (AI) making bird influenza surveillance an important component of the influenza surveillance system. This high risk is mainly due to its location in the South East Asian Region. The country's poultry industry with a significant proportion of people engaged in backyard poultry and the commercial-level poultry industry adds to this risk. Also, the country being a hotspot for migratory birds, attracting over two hundred species of migratory birds annually in two migratory seasons, is another risk factor that makes bird influenza surveillance necessary.

Bird surveillance is conducted by the Department of Animal Production and Health (DAPH) with serum samples collected from poultry farms every month and faecal samples collected from migratory bird hotspots during the two migratory seasons, where fifteen faecal samples are collected from each birding hotspot, pooled in bottles with five samples in each and analyzed at the virology laboratory at Polgolla.

Table 22: Animal samples collected by month and district for the 1st quarter of the year 2023

Month	Pool samples for embryonated chicken egg passage	District samples collected from	Serum Samples for ELISA	District samples collected from
January	2698	Ampara, Anuradhapura, Chilaw, Dambulla, Homagama, Jaffna, Kalutara, Kegalle, Kilinochchi, Kundasale, Mullaitivu, Moneragala, Trincomalee, Vavuniya, Welisara, AQB	382	Ampara, Badulla, Dambulla, Homagama, Kundasale, Mullaitivu, Moneragala, Pannala, Welisara, AQB
February	2364	Ampara, Anuradhapura, Chilaw, Dambulla, Galle, Jaffna, Kegalle, Kilinochchi, Kundasale, Mullaitive, Polonnaruwa, Trincomalee, Vavuniya, Welisara, AQB, AQC	549	Ampara, Anuradhapura, Chilaw, Dambulla, Galle, Jaffna, Kegalle, Kundasale, Polonnaruwa, Trincomalee, Wariyapola, Welisara, AQB
March	2457	Anuradhapura, Batticaloa, Chilaw, Dambulla, Galle, Hambanthota, Homagama, Jaffna, Kalutara, Kegalle, Vavuniya, Welisara, AQB, AQC	477	Anuradhapura, Badulla, Galle, Kegalle, Pannala, Welisara, AQB
Total	3159		2189	

*AQB — Animal Quarantine office Katunayaka, AQC — Animal Quarantine office Colombo, AQB — Animal Quarantine office Maththala

(Source: Department of Animal Production and Health)

All samples were negative for AI virus isolation for the 1st quarter of 2023.

23. SPECIAL REPORT –

SURVEILLANCE OF CHICKENPOX

Of the 1386 notified Chickenpox cases, 1254 (90.5%) were confirmed for the 1st quarter of 2023. The highest district reporting was Kurunegala (177) followed by Kegalle (115), Galle (111), Kalutara (95) and Kandy (92). March was the highest month reporting (666) in the 1st quarter. According to the case-based investigation, the maximum presentation of cases was 21 - 40 years of age (53.1%) and Male (53.9%). The majority (84.7%) was found as no complications. Secondary bacterial infection 2 cases, Pneumonia 1 case and myocarditis 2 cases were found as complications. One death was reported.

SURVEILLANCE OF MUMPS

Of the 63 notified Mumps cases, 45 (71.4%) were confirmed for the 1st quarter, of 2023. The highest district reporting was Kegalle (9) followed by Gampaha (6), Matale (5), Galle (5) and Kurunegala (5). March (33) was the highest month reporting in the 1st quarter. According to the case-based investigation, the maximum presentation of cases was 21-40 years of age (48.6%) and female (51.3%). The majority of cases (70.2%) were found as no complications. One case of Orchitis was reported.

SURVEILLANCE OF whooping cough

Altogether seven patients were notified while only three cases were clinically confirmed as whooping cough-like illness during 2023. Their ages ranged from one month to two years.

Three patients were notified while only one was clinically confirmed as whooping cough-like illness in the first quarter of 2023. The patient was a two years old male from Ratnapura district, and had received three doses of DPT-containing vaccine at the time of development of symptoms.

SURVEILLANCE OF LEISHMANIASIS

Of 2183 examined suspected Leishmaniasis patients, 1083 (49.6%) were confirmed for the 1st quarter of 2023. The highest district reporting was Kurunegala (222) followed by Anuradhapura (179) Hambantota (173) Matara (133) and Matale (66). March was the highest month reporting (375) in the 1st quarter.

24. SUMMARY OF NOTIFIABLE DISEASES

Table 24– 1st quarter 2023

Health Region	Dysentery	Encephalitis	Enteric Fever	Food Poisoning	Human Rabies	Leptospirosis	Measles	Simple C. n. Fever	Tetanus	Typhus Fever	Viral Hepatitis	Whooping Cough	Dengue Fever / DHF	Tuberculosis	Chickpox	Mumps	Measles	Leishmaniasis
Colombo	3	8	1	6	0	73	5	0	0	0	2	0	4105	569	83	1	9	4
Gampaha	5	9	1	1	0	135	1	0	0	2	6	0	4290	180	80	6	28	13
Kalutara	8	1	0	3	1	175	0	1	0	1	1	1	1229	168	119	5	26	1
Kandy	11	0	2	10	1	52	0	0	0	23	1	0	932	174	92	4	6	11
Matale	1	0	1	2	0	35	0	0	0	3	2	0	355	32	18	5	2	89
Nuwara-Eliya	21	0	0	7	0	28	0	0	0	19	0	0	50	49	33	2	4	0
Galle	12	7	0	9	0	222	1	0	0	22	0	0	544	144	111	5	4	1
Hambantota	1	0	0	4	0	70	0	0	0	34	7	0	305	50	41	1	7	152
Matara	7	2	0	3	0	163	0	1	0	11	2	0	483	16	76	1	7	40
Jaffna	27	1	5	8	1	4	0	8	0	396	1	0	982	67	80	1	0	2
Kilinochchi	2	0	0	0	0	6	0	0	0	4	0	0	48	16	4	1	0	0
Mannar	5	0	1	0	0	18	0	1	0	4	0	0	34	18	1	0	2	0
Vavuniya	5	1	0	0	0	16	0	0	0	6	1	0	57	19	8	0	1	2
Mullaitivu	8	0	2	6	0	17	0	0	0	3	0	0	26	11	5	3	0	1
Batticaloa	59	6	3	6	0	22	1	0	1	1	1	0	697	35	22	1	12	0
Ampara	1	1	0	0	0	24	0	0	0	1	1	0	54	22	24	3	12	4
Trincomalee	3	1	0	4	0	18	0	0	0	9	0	0	672	31	14	2	4	1
Kurunegala	12	6	0	0	1	70	1	0	0	7	5	0	867	131	177	5	49	115
Puttalam	4	1	0	0	0	11	0	1	0	6	1	0	2014	42	44	2	16	7
Anuradhapura	2	0	1	1	0	116	0	2	1	23	1	0	168	74	80	3	9	152
Polonnaruwa	5	3	0	6	0	48	1	0	0	5	7	0	209	14	27	1	9	125
Badulla	11	3	0	6	0	94	0	0	0	16	37	0	407	107	54	0	9	7
Moneragala	8	2	0	0	0	140	0	0	0	18	8	0	123	35	21	1	29	55
Ratnapura	10	8	1	7	0	291	1	0	0	14	6	0	594	102	42	0	64	51
Kegalle	5	0	0	4	0	115	0	1	0	12	2	2	730	75	115	9	16	11
Kalmunai	18	2	0	0	0	11	0	0	0	0	0	0	1078	46	15	1	10	0
Total	254	62	18	93	4	1974	11	15	2	640	92	3	21053	2227	1386	63	335	844

The Bulletin is compiled and distributed by the:

Epidemiology Unit, Ministry of Health, 231, De Saram Place, Colombo 10.

Telephone : 2695112, FAX No : 2696583, E-mail: chepid@slt.net.lk

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Figures given may be subject to revision.

The editor welcomes accounts of interesting cases, outbreaks or other public health problems of current interest to health officials.

Such reports should be addressed to:

The Editor, Quarterly Epidemiological Bulletin

ON STATE SERVICE

DR. SAMITHA GINIGE

Actg. CHIEF EPIDEMIOLOGIST

EPIDEMIOLOGY UNIT

231, DE SARAM PLACE

COLOMBO 10.

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