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1. POLIOMYELITIS

A total of 22 cases of Acute Flaccid Paralysis (AFP) were notified in the 4th quarter of 2004 compared to 18 cases notified in the previous quarter.

The distribution of these 22 cases of AFP according to the Deputy Provincial Directors of Health Services (DPDHS) divisions and Medical Officers of Health/Divisional Directors of Health Services (MOOH/DDDHS) areas is as follows:

DPDHS KANDY	<u>3</u>
MOH Kundasale	1
MOH Gangawatakorale	1
MOH Hasalaka	1
DPDHS KEGALLE	<u>1</u>
MOH Deraniyagala	1
DPDHS GAMPAHA	<u>2</u>
MOH Divulapitiya	1
MOH Kelaniya	1
DPDHS RATNAPURA	<u>2</u>
MOH Embilipitiya	1
MOH Balangoda	1

DPDHS ANURADHAPURA	<u>1</u>
MOH Ipalogama	1
DPDHS MATALE	<u>3</u>
MOH Ukuwela	2
MOH Pallepola	1
DPDHS KURUNEGALA	<u>5</u>
MOH Mawathagama	2
MOH Kurunegala	1
MOH Wariyapola	1
MOH Gokarella	1
DPDHS COLOMBO	<u>2</u>
MOH Piliyandala	1
MOH Moratuwa	1
DPDHS BADULLA	<u>1</u>
MOH Welimada	1
DPDHS NUWARA ELIYA	<u>2</u>
MOH Nuwara Eliya	2

Age and Sex Distribution

Table 1 shows the age and sex distribution of the 22 cases reported during the quarter.

Table 1.

AGE AND SEX DISTRIBUTION OF 22 AFP CASES – 4TH QUARTER 2004

Age Group	Sex		Total
	Male	Female	
Below 1 year	0	0	0
1 – 4 years	1	3	4
5 – 9 years	8	4	12
10 – 14 years	3	3	6
Total	12	10	22

Surveillance

The distribution of these 22 cases of AFP according to notifications from hospitals is as follows:

Hospital	No. of cases
Lady Ridgeway Hospital (LRH)	06
T.H. Colombo South	01
T.H. Kandy	08
T.H. Peradeniya	02
T.H. Kurunegala	01
T.H. Ratnapura	02
G.H. Badulla	01
National Hospital Sri Lanka (NHSL)	01

T.H. - Teaching Hospital
G.H.- General Hospital

Table 2.

LABORATORY SURVEILLANCE OF STOOL SAMPLES FOR POLIO VIROLOGY

	No.	%
No. of AFP cases from whom -		
(1) At least 1 stool sample collected (the lab data was reviewed at the Epidemiological Unit with the Virologist/MRI)	19	90.0
(2) At least 1 stool sample collected within 14 days of onset of paralysis (and received by MRI, Colombo)	18	86.0
(3) Two stool samples collected within 14 days of onset of paralysis (and received by the MRI, Colombo)	18	86.0

MRI – Medical Research Institute

2. ENTERIC FEVER

In the 4th quarter of 2004, 777 cases of enteric fever were reported to the Epidemiological Unit, compared to 871 cases in the previous quarter and 592 cases in the corresponding quarter of 2003.

DPDHS division Jaffna reported the highest number of cases (207) accounting for 27% of the total case load, while the DPDHS areas of Nuwara Eliya, Ratnapura and Vavuniya reported 90 (12%), 76(10%) and 61(8%) of the total cases respectively during this period.

The following MOH areas recorded the highest number of cases.

MOH Area	No. of cases
Point Pedro	60
Walapane	48
Telippalai	47
Manipay	35

3. VIRAL HEPATITIS

In the 4th quarter of 2004, 492 cases of viral hepatitis were reported to the Epidemiological Unit, compared to 622

cases in the previous quarter and 742 cases in the corresponding quarter of 2003. Among the reported cases, 352 were investigated and confirmed as viral hepatitis.

4. DYSENTERY

A total of 3,866 bacillary dysentery cases was reported in the 4th quarter of 2004, compared to 2,493 cases in the previous quarter of 2004 and 2,337 cases in the corresponding quarter of last year. The districts of Badulla (445 cases), Matale(408 cases), Kurunegala (380 cases), Anuradhapura(338 cases) and Ratnapur (325 cases) accounted for approximately 50% of the total cases during the 4th quarter 2004.

The highest number of cases was reported from the following MOH areas.

MOH Area	No. of cases
Rideemaliyadda	131
Karuwalagaswewa	98
Girandurukotte	85
Godakawela	80
Galewela	78

5. CHOLERA

In the 4th quarter of 2004, no confirmed cases of cholera were reported to the Epidemiological Unit.

No confirmed cases of cholera was reported in the previous quarter or the corresponding quarter of last year.

6. TETANUS

During the 4th quarter of 2004, 9 cases of tetanus were notified to the Epidemiological Unit, out of which 3 cases (33.3%) were investigated and confirmed within the same quarter as shown in Table 3.

Table 3.

**DISTRIBUTION OF TETANUS CASES
BY DPDHS DIVISIONS – 4TH
QUARTER 2004**

DPDHS Division	No. notified	No. confirmed
Colombo	02	01
Gampaha	02	-
Kandy	01	-
Kilinochchi	02	-
Batticaloa	01	01
Anuradhapura	01	01
Total	09	03

Out of the 03 confirmed cases of tetanus, 01 had been fatal. No cases of neo-natal tetanus were reported during this period.

7. MEASLES

A total of 21 cases of measles were reported during the 4th quarter 2004, when compared to 33 cases notified in the 4th quarter 2003.

During the 4th quarter 2004, 20 cases of suspected measles were investigated, out of which 9 cases were confirmed as measles.

8. LEPTOSPIROSIS SURVEILLANCE

In the 4th quarter of 2004, 593 leptospirosis cases were notified to the Epidemiological Unit compared to 259 cases in the previous quarter and 777 cases in the 4th quarter of 2003. Among the reported cases 263 (H411) were confirmed as leptospirosis.

Table 4.

**SELECTED CHARACTERISTICS OF
CONFIRMED CASES OF MEASLES
- 4TH QUARTER 2004**

(N = 9)

Variable	No.
Sex	
Male	07
Female	02
Age group	
<1 year*	01
1- 9 yrs.	03
10 – 19 yrs.	00
20 – 29 yrs.	04
30 – 39 yrs.	01
>40	00
District	
Trincomalee**	04
Ratnapura	02
Gampaha	01
Matale	01
Mulativu	01
Immunization Status	
Immunized	02
Non immunized	02
Unknown	05

* An infant aged 5 months

** 03 cases reported from the Navy camp

9. HUMAN RABIES

In the 4th quarter of 2004, 23 human rabies cases were notified to the Epidemiological Unit, compared to 16 cases in the previous quarter and 20 cases in the corresponding quarter of the last year.

Highest incidence of rabies was reported from Galle district (5 cases) compared to 02 cases in the previous quarter and 02 cases in the corresponding quarter of last year

Animal Rabies*

One hundred and sixty two (162) dogs were reported positive for rabies compared to 126 positives in the previous quarter and 130 positives in the same period in the last year.

In addition the following animals were also reported positive for rabies.

Cats – 08, Wild animals – 0,
Domestic ruminants – 06

Rabies Control Activities*

Dog vaccination – A total of 233,348 dogs were immunized during the 4th quarter 2004 compared to 108,649 in the previous quarter and 120,152 in the corresponding quarter of last year.

Stray dog elimination – A total of 15,929 dogs were destroyed during the 4th quarter 2004 compared to 23,444 in the previous quarter and 24,219 in the corresponding quarter of last year.

* Source – Director/PHVS

10. TUBERCULOSIS

A total of 1,940 tuberculosis patients were registered for the 4th quarter by the National Programme for Tuberculosis Control and Chest Diseases.

Of this total, 1,598 suffered from pulmonary tuberculosis, while the balance 342 patients suffered from non pulmonary tuberculosis.

There were 1,070 bacteriologically confirmed cases and the bacteriological confirmation rate was 67.0%.

The distribution of tuberculosis patients registered for the 4th quarter 2004 by age, sex and DPDHS divisions is given in Table 5 and 6 respectively.

B.C.G. Vaccination

A total of 94061 B.C.G. vaccinations was carried out during the 4th quarter 2004.

Infants (under 1 year)	93295
Pre-school children	766
Total	94061

Table 5.

AGE AND SEX DISTRIBUTION OF TUBERCULOSIS PATIENTS 4TH QUARTER 2004

Age group in years	Male		Female		Total	
	No.	%	No.	%	No.	%
Under 5	21	72.4	8	27.6	29	1.5
5 – 9	10	50.0	10	50.0	20	1.0
10 –14	09	56.3	07	43.7	16	0.8
15 –19	35	48.6	37	51.4	72	3.7
20 –24	102	51.4	87	48.6	189	9.7
25 –29	71	54.6	59	45.4	130	6.7
30 –34	86	62.8	51	37.2	137	7.1
35 –39	102	69.4	45	30.6	147	7.6
40 –44	152	73.4	55	26.6	207	10.7
45 –49	158	76.7	48	23.3	206	10.6
50 –54	186	76.5	57	23.5	243	12.5
55 –59	122	70.5	51	29.5	173	8.9
60 –64	95	80.5	23	19.5	118	6.1
65 –69	75	72.1	29	27.9	104	5.4
70 –74	62	72.9	23	27.1	85	4.4
75 +	48	75.0	16	25.0	64	3.3
TOTAL	1334	68.8	606	31.2	1940	100.0

Source: National Programme for Tuberculosis Control and Chest Diseases.

Table 6.

**REGISTRATION OF TUBERCULOSIS PATIENTS BY DPDHS DIVISIONS
4TH QUARTER 2004**

DPDHS Division	* P.T.B.	** O.T.B.	Total	Pulmonary TB Direct Smear Positive	
				No.	%
Colombo	339	56	395	255	75.2
Gampaha	166	25	191	132	79.5
Kalutara	78	30	108	67	85.8
Kandy	144	48	192	100	69.4
Matale	37	09	46	19	51.3
Nuwara Eliya	41	08	49	24	58.5
Hambantota	28	07	35	16	57.1
Matara	45	08	53	30	66.6
Galle	76	10	86	66	86.8
Jaffna	29	09	38	23	79.3
Vavuniya	14	03	17	11	78.5
Mannar	04	00	04	02	50.0
Trincomalee	21	03	24	08	38.0
Ampara	34	07	41	14	41.1
Batticaloa	39	04	43	24	61.5
Puttalam	35	10	45	24	68.5
Kurunegala	152	27	179	62	40.7
Polonnaruwa	34	03	37	14	41.1
Anuradhapura	54	11	65	34	63.0
Badulla	35	18	53	25	71.4
Moneragala	12	11	23	10	83.3
Ratnapura	71	15	86	43	60.5
Kegalle	105	19	124	64	61.0
Kilinochchi	01	01	02	01	100.0
Mullativu	04	00	04	02	50.0
TOTAL	1598	342	1940	1070	67.0

* PTB – Pulmonary Tuberculosis **OTB – Other Tuberculosis

Source: National Programme for Tuberculosis Control and Chest Diseases.

11. MALARIA

During the 4th quarter of 2004, there was a significant reduction in the incidence of malaria in comparison with the same period of 2003 as seen in the table below.

Table 7.

RESULTS OF BLOOD SMEAR EXAMINATION FOR MALARIA PARASITES 4TH QUARTER 2003/2004

	4 th Quarter 2003	4 th Quarter 2004
No. of blood smears examined	298,087	315,148
No. of positives	1,204	844
No. of <i>P. vivax</i>	1,087	768
No. of <i>P. falciparum</i>	96	65
No. of mixed infections	21	11
Slide Positivity Rate (S.P.R.)	0.4%	0.27%
P.v. : P.f. ratio	9:1	12:1
No. of infant positives	10	4
Percentage of infant positives	0.8%	0.47%

12. JAPANESE ENCEPHALITIS (J.E.)

In the 4th quarter of 2004, 31 cases of Encephalitis were notified to the Epidemiological Unit, out of which 14 cases were confirmed as Japanese Encephalitis clinically and one case had been fatal (CFR 7.1%) (Table 16). This compares with 19 cases and 3 deaths in the previous quarter (CFR 15.8) and 16 cases and 5 deaths in the corresponding quarter of last year (CFR 31.2).

The distribution of Japanese Encephalitis cases by DPDHS divisions reported during the 4th quarter 2004 is given in Table 8.

Table 8.

DISTRIBUTION OF JAPANESE ENCEPHALITIS CASES BY DPDHS DIVISIONS - 4TH QUARTER 2004

DPDHS Area	Cases	Deaths
Gampaha	2	0
Vavuniya	1	0
Kurunegala	3	0
Puttalam	2	0
Badulla	1	0
Moneragala	1	0
Ratnapura	3	0
Kegalle	1	1
TOTAL	14	1

13. LEPROSY

A total of 408 cases of leprosy was registered during the quarter. Table 9 and 10 give the distribution of 408 cases of leprosy by districts, sex and type of patients.

Table 9.

SEX DISTRIBUTION OF 408 NEW CASES OF LEPROSY 4TH QUARTER 2004

RDHS Division	Male		Female	
	No.	%	No.	%
Colombo	43	57.0	33	43.0
Gampaha	33	51.0	32	49.0
Kalutara	20	49.0	21	51.0
Kandy	13	81.0	03	19.0
Matale	02	67.0	01	33.0
Nuwara Eliya	00	0.0	00	0.0
Galle	02	50.0	02	50.0
Hambantota	11	92.0	01	8.0
Matara	14	74.0	05	26.0
Jaffna	01	33.0	02	67.0
Ampara	02	40.0	03	60.0
Batticaloa	15	50.0	15	50.0
Trincomalee	07	78.0	02	22.0
Kurunegala	18	53.0	16	47.0
Puttalam	06	46.0	07	54.0
Anuradhapura	12	71.0	05	29.0
Polonnaruwa	07	50.0	07	50.0
Badulla	05	100.0	00	0
Moneragala	02	100.0	00	0
Kegalle	03	75.0	01	25.0
Ratnapura	23	68.0	11	32.0
Kalmunai	02	100.0	00	0
TOTAL	241	59.0	167	41.0

Source: Leprosy Campaign

Table 10.

DISTRIBUTION OF 408 NEW CASES OF LEPROSY BY TYPE OF DISEASE AND DISTRICT – 4TH QUARTER 2004

RDHS Division	Multi Bacillary (M.B.)		Pauci Bacillary (P.B.)		Total
	M.B. Adult	M.B. Children	P.B. Adult	P.B. Children	
Colombo	24	0	47	5	76
Gampaha	30	1	30	4	65
Kalutara	10	0	26	5	41
Kandy	5	0	10	1	16
Matale	2	0	1	0	3
Nuwara Eliya	0	0	0	0	0
Galle	1	0	3	0	4
Hambantota	7	1	2	2	12
Matara	11	2	4	2	19
Jaffna	1	0	1	1	3
Ampara	3	0	1	1	5
Batticaloa	12	0	16	2	30
Trincomalee	5	0	4	0	9
Kurunegala	23	0	11	0	34
Puttalam	3	0	8	2	13
Anuradhapura	7	0	10	0	17
Polonnaruwa	5	2	7	0	14
Badulla	1	0	4	0	5
Moneragala	0	0	2	0	2
Kegalle	2	0	2	0	4
Ratnapura	11	0	19	4	34
Kalmunai	1	0	1	0	2
TOTAL	164	6	209	29	408

Source: Leprosy Campaign

**14. DENGUE FEVER (D.F.) /
DENGUE HAEMORRHAGIC
FEVER (D.H.F.)**

A total of 1435 cases of Dengue Fever (DF)/Dengue Haemorrhagic Fever (DHF) and 9 deaths were reported during the 4th quarter 2004 (CFR 0.6%). This compares

with 677 suspected DF/DHF cases and 7 deaths in the corresponding quarter of last year (CFR 1.0%).
(Data from routine notification system).

Table 11 shows the distribution of DF/DHF cases in the DPDHS divisions during the 4th quarter 2004.

Table 11.

**MORBIDITY AND MORTALITY DUE
TO DF/DHF - 4TH QUARTER 2004**

DPDHS Division	Cases	Deaths
Colombo	302	01
Gampaha	259	02
Kalutara	81	-
Kandy	112	-
Matale	33	-
Nuwara Eliya	02	-
Galle	26	01
Hambantota	05	-
Matara	43	01
Jaffna	30	-
Kilinochchi	0	-
Mannar	0	-
Vavuniya	09	-
Mullativu	0	-
Batticaloa	0	-
Ampara	0	-
Trincomalee	66	01
Kurunegala	43	-
Puttalam	284	03
Anuradhapura	53	-
Polonnaruwa	32	-
Badulla	13	-
Moneragala	02	-
Ratnapura	17	-
Kegalle	22	-
Kalmunai	01	-
TOTAL	1435	09

**15. ENTOMOLOGICAL
SURVEILLANCE OF DENGUE
VECTORS**

Results of the entomological surveillance carried out by the Medical Research Institute, in selected MOH areas of Colombo and Gampaha districts, for the 4th quarter 2004 are given in Table 12.

Surveillance activities were carried out in locations selected by random sampling technique and action has been taken to eliminate the breeding sites detected.

Breteau Index

$$= \frac{\text{No. of Positive containers} \times 100}{\text{No. of premises inspected}}$$

Table 12.

**Aedes LARVAL DENSITIES (BRETEAU
INDEX) IN COLOMBO AND GAMPAHA
DISTRICTS - 4TH QUARTER 2004**

Area	October		November		December	
	(A)	(B)	(A)	(B)	(A)	(B)
Colombo MC	8.6	6.7	12.5	6.3	8.3	1.8
Ragama	2.3	15.3	3.2	14.4	1.8	11.7
Kelaniya	13.2	17.2	10.2	14.2	6.5	13.1
Ja-Ela	19.3	34.7	18.2	37.5	12.7	25.8
Moratuwa	7.1	11.1	4.4	9.5	7.0	9.0
Kaduwela	4.4	8.4	7.6	12.4	4.0	16.0
Maharagama	6.9	16.0	6.0	18.7	1.8	18.2
Angoda	3.7	14.3	2.0	13.2	4.0	7.0

(A) = *Aedes aegypti*

(B) = *Aedes albopictus*

**16. SEXUALLY TRANSMITTED
DISEASES QUARTERLY
SUMMARY**

Statistics relating to sexually transmitted diseases including HIV/AIDS received from the National STD/AIDS Control Programme are given in Table 13.

Table 13.

NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA* - 4TH QUARTER 2004

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		17	6	23	54	37	91
AIDS		5	0	5	16	2	18
Syphilis	Early Syphilis ²	30	5	35	80	53	133
	Late Syphilis ³	75	78	153	282	355	637
	Congenital Syphilis ⁴	0	1	1	5	4	9
Gonorrhoea ⁵		366	106	472	1294	378	1672
Chlamydial Infection		3	1	4	67	49	116
Ophthalmia neonatorum ⁶		4	3	7	14	10	24
Non specific cervicitis/urethritis		214	283	497	713	897	1610
Genital Herpes		213	184	397	759	719	1478
Genital Warts		143	61	204	530	249	779
Chancroid		4	0	4	4	1	5
Trichomoniasis		2	30	32	8	150	158
Candidiasis		255	325	580	851	1081	1932
Bacterial Vaginosis		0	209	209	0	798	798
Other sexually transmitted diseases ⁷		99	66	165	345	174	519
Non-venerial ⁸		782	507	1289	2927	1993	4920

* 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 2 years 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, Scabies, Tinea, Hepatitis B+C.

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

17. SURVEILLANCE AT AIR PORT

Surveillance activities carried out at the International Airport, Katunayake during the 4th quarter 2004 is given below.

1. Granting Pratique to Aircrafts

a. No. issued - 3268

2. Airport Sanitation

a. No. of sanitary inspections carried out including food establishments - 06
 b. No. of food samples taken under Food Act - Nil
 c. No. found defective - Nil
 d. No. of court cases/prosecuted - Nil

3. Other health activities

a. Night blood filming of staff - Nil
 b. Health talks given to staff - Nil

4. Food consignments

a. No. of food consignments inspected - 171
 b. No. released - 171
 c. No. rejected - Nil

5. Water sampling

a. No. of water samples taken for bacteriological analysis - 09
 b. No. reported contaminated - Nil

18. SURVEILLANCE AT SEA PORT

Surveillance activities carried out by the Port Health Office at Colombo Harbour during the 4th quarter 2004 is given below.

1. Yellow Fever Vaccination

Total number vaccinated - 30

2. Granting Pratique to Vessels

No. issued - 941

3. Deratting Certification

No. issued - 61

Vaccinations carried out by the Assistant Port Health Office, Colombo 8, during the 4th quarter 2004 is given below.

	Oct.	Nov.	Dec.
a. Yellow fever	65	93	78
b. Meningococcal Meningitis	43	44	213
c. TAB	34	40	185

MEDICAL RESEARCH INSTITUTE

19. BACTERIOLOGY REPORT – 4TH QUARTER 2004

Table 14.

	October	November	December
(A) CHOLERA			
No. of stool spe. examined	01	01	01
No. of El. tor cholera	-	-	-
Ogawa	-	-	-
Inaba	-	-	-
Cholera 0139	-	-	-
(B) SALMONELLA			
Blood No. examined	53	61	85
S. typhi	02	-	03
S. paratyphi	-	-	-
Stools – No. examined	202	94	159
No. +Ve S. typhi	-	-	-
S. paratyphi A	-	-	-
Others	03	01	-
(C) SHIGELLA			
No. of spec. examined	202	94	159
No. +ve Sh. flexneri 1	03	01	02
Sh. flexneri 2	04	01	03
Sh. flexneri 3	-	-	-
Sh. flexneri 4	-	-	-
Sh. flexneri 5	-	-	-
Sh. flexneri 6	01	01	-
Sh. sonnei	34	11	11
Sh. others	01	01	-
(D) ENTEROPATHOGENIC			
E. coli			
No. of spec, examined	110	47	64
No. +ve Group A	04	-	04
(E) CAMPYLOBACTOR SPECIES	08	02	06

20. ACUTE FLACCID PARALYSIS SURVEILLANCE - 2003-2004

In 1944 Poliomyelitis was made a notifiable disease in Sri Lanka. In 1988 as a strategy for polio eradication a standard case definition of a suspected case of Poliomyelitis was circulated among the medical personnel as a case of Acute Flaccid Paralysis (AFP) occurring in a child under 15 years of age. The last case of confirmed polio was reported in November 1993 from a female child aged 2 years, a resident in Kataragama in the DPDHS Division of Moneragala. Wild polio virus P1 was isolated from this patient and she had received only 2 doses of OPV.

The Epidemiological Unit is the central co-ordinating agency for the AFP surveillance programme, receiving information about AFP cases from Medical Officers of Health (MOOH) as well as from Medical officers in curative institutions where the patients seek treatment (routine surveillance).

In addition to the routine surveillance, active surveillance is carried out in the premier Children's Hospital in Colombo (Lady Ridgeway Hospital). An Epidemiologist from the Central Epidemiological Unit visits the hospital at least three days a week and checks the wards for cases of AFP. In addition, sentinel surveillance sites have been set up in every DPDHS Division since 1996 where a Regional Epidemiologist (RE) is in place. A monthly report of cases of AFP including a nil report is received from the REs at the Epidemiological Unit in Colombo.

In addition weekly reports of AFP cases including zero or nil reports from 50 large hospitals in the entire country are being monitored at the Central Epidemiological Unit.

For the purpose of monitoring of the surveillance activities, an expected number of AFP cases are calculated for each DPDHS division as per the WHO specifications. Accordingly there should be at least one case of AFP per 100,000 population aged under 15 years per year in each DPDHS division.

Table 15.

GEOGRAPHICAL DISTRIBUTION OF EXPECTED/ REPORTED AFP CASES 2003 - 2004

District	2003		2004	
	Expected No.	Reported No.	Expected No.	Reported No.
Colombo	7	8	7	9
Gampaha	6	7	6	11
Kalutara	3	5	3	5
Galle	3	4	3	4
Matara	2	5	2	3
Hambantota	1	2	1	0
Kandy	5	10	5	15
Matale	1	4	1	4
Nuwara Eliya	2	3	2	8
Ratnapura	3	7	3	6
Kegalle	2	2	2	2
Kurunegala	4	4	4	9
Puttalam	2	3	2	1
Ampara/ Kalmunai	1	2	1	2
Trincomalee	1	2	1	2
Batticaloa	1	4	1	1
Badulla	2	8	2	6
Anuradhapura	2	3	2	2
Polonnaruwa	1	3	1	2
Moneragala	1	6	1	0
Vavuniya/ Mannar	0-1	0	1	3
Jaffna/ Kilinochchi	2	2	1	1
Total	53	94	52	102

Seasonal Distribution of AFP Cases 2003-2004

AFP cases have been reported through out the year during the period concerned which indicates that surveillance activities have been satisfactory. There is an increase in the number of cases reported during the months of January, May and December.

Fig.I. Geographical distribution of AFP cases

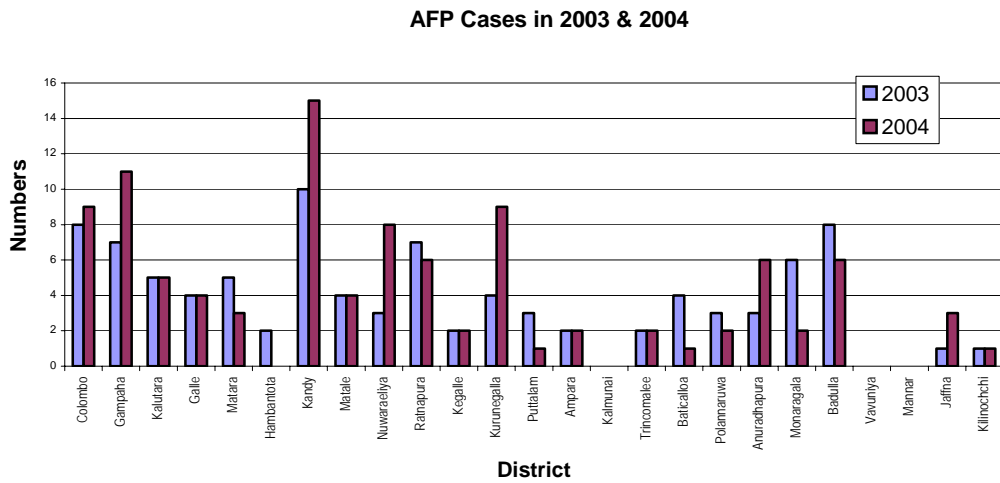
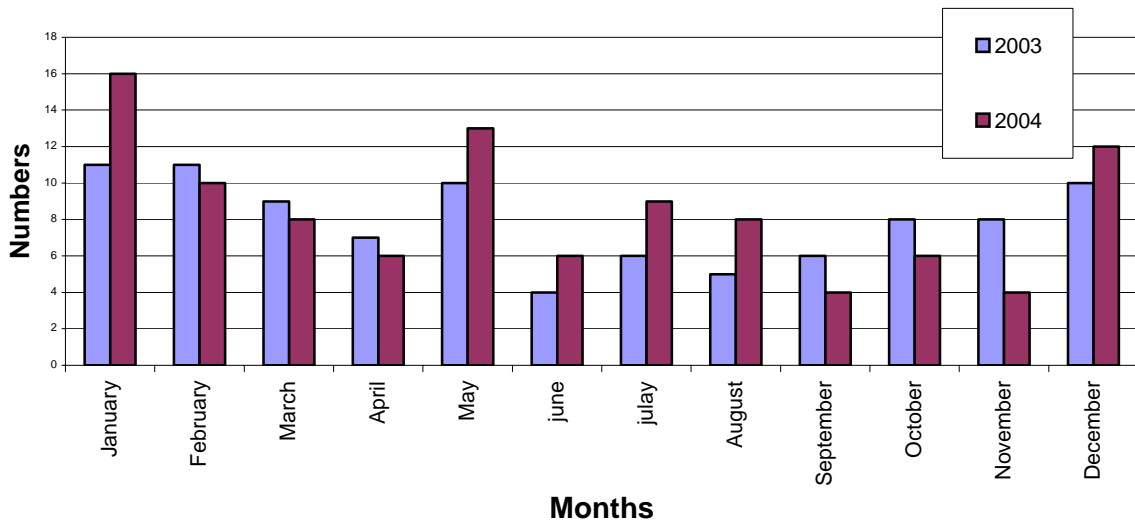


Fig. II. Distribution of AFP Cases 2003 and 2004



Age and Sex Distribution of AFP Cases 2003- 2004

In 2003 out of the total of 94 AFP cases, 55 were males and 39 were female children. There were 24 (25%) cases under 5 years of age and 36 (38%) cases between 5 – 9 years of age. Thirty four (36%) cases between 10 – 14 years of age. (Fig. III).

In the year 2004, out of the 102 cases, half of the children (51) were males and the other half was females. There were 3 (3%) cases under 1 year of age, 31 (30%) cases between 1 – 4 years of age and 42 cases (41%) between 5 – 9 years of age. There were 26 cases (25%) between 10-14 age category (Fig. IV).

Fig. III. Age and Sex Distribution of AFP Cases - 2003

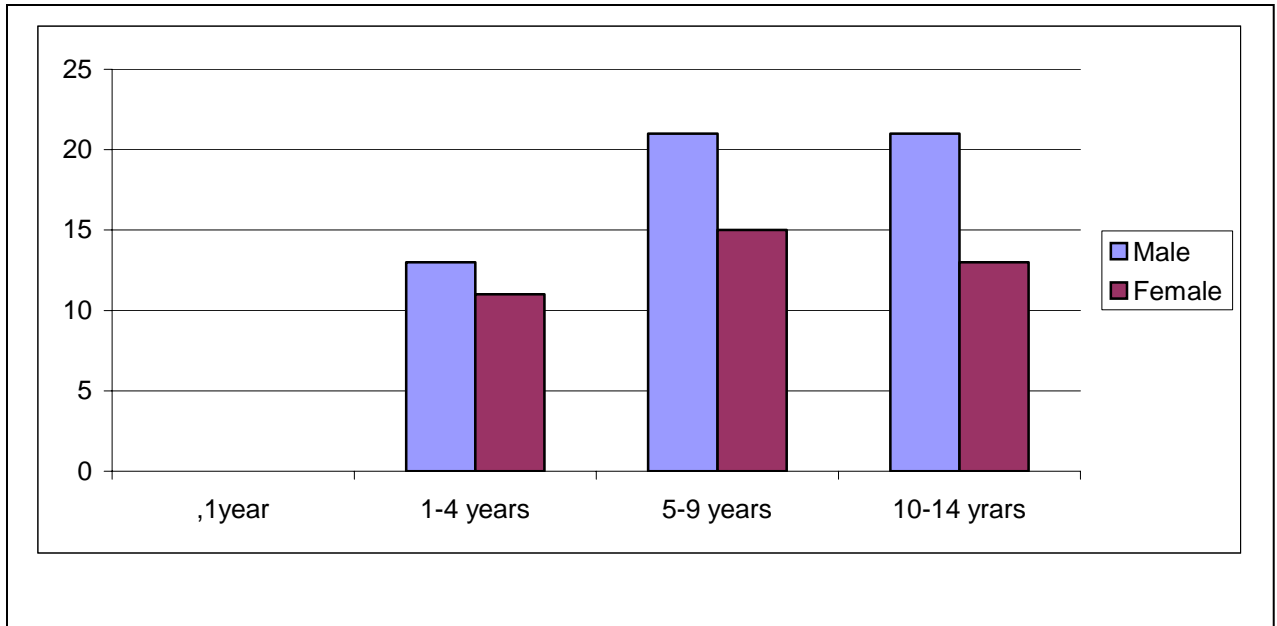
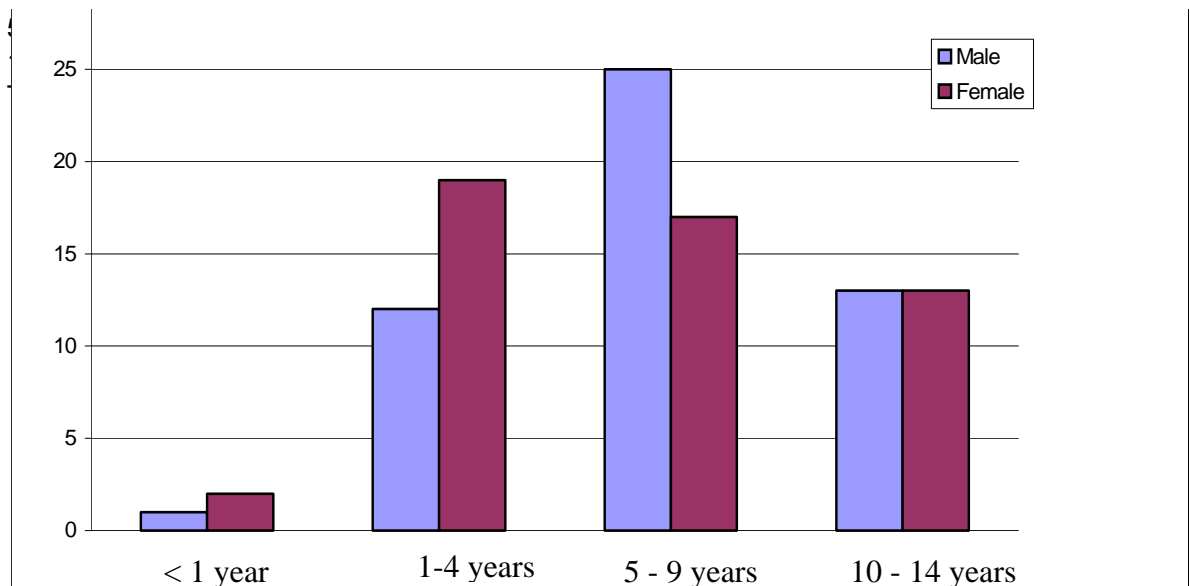


Fig. IV. Age and Sex Distribution of AFP Cases - 2004



Immunization Status of AFP Cases - 2003 - 2004

All AFP cases reported during the year 2004 and 2003 were immunized appropriately to their age.

Final Diagnosis of AFP Cases 2003 and 2003

In 2003 all 94 cases reported were assigned a final diagnosis. Eighty-five cases (90%) were Guillan Barre syndrome (GBS). Two (02) cases were Transverse Myelitis (3%). There

was one case each of Bells palsy, Glioma, Viral Myositis, Hemiplegia, Astrocytoma, Transient sinuvitis and Cerebellitis.

In the year 2004 all 102 cases reported were assigned a final diagnosis. Eighty seven (85%) cases were diagnosed as Guillain-Barre Syndrome (GBS). One (01 case was diagnosed as Transverse myelitis (1%),

Table 16.

DISTRIBUTION OF FINAL DIAGNOSIS OF AFP CASES 2003-2004

Disease	2004	2003
Guillan Barre Syndrome	87	85
Transverse Myelitis	01	02
Encephalomyelitis	01	-
Viral myositis/myalgia	01	01
Inflammatory myopathy	01	-
Craniopharyngioma	01	-
Root lesion	01	-
Cerebellar ataxia	01	-
Periodic paralysis	04	-
Hemiplegia	01	-
Others	03	06
Total	102	94

Feed back of AFP cases reported from each DPDHS area with the specific MOH areas is sent to all the DPDHSs, REs, MOOH, all the Heads of the Institutions and all the clinicians weekly through the Weekly Epidemiological Report. In addition to the feed back sent through the weekly epidemiological report a case based feed back is sent to the Paediatricians, Regional Epidemiologists, MOH of the area and to the Infection Control Nursing Officer or the PHI of the relevant Institution, for each case notified after a final diagnosis is reached.

Indicators of Disease Surveillance and Laboratory performance 2003 and 2004

1. Non polio AFP rate in children < 15 yrs. of age. (Target \geq 1/100,000)

In Sri Lanka during the year 2004 non polio AFP rate (Number reported/number expected) was 1.9/100,000 population under 5 years of age.

In the year 2003, 94 cases of AFP were reported to the Epidemiological Unit giving an AFP rate of 1.77/100,000 population under 15 years.

In 2004 there were three DPDHS areas which reported no AFP cases.

In the year 2003 all the DPDHS areas in the country have reported the expected number or more cases of AFP. The AFP rate is monitored for each DPDHS Division and surveillance is strengthened in those districts where the AFP rate is low during the previous year.

2. Completeness of reporting

2.1. Weekly reporting of Notifiable Diseases

All Medical Officers of Health (MOOH) send a weekly return of all notifiable diseases to the Epidemiological Unit.

In year 2004 the completeness of weekly reporting is 81%.

For the year 2003 the average weekly reporting of notifiable disease was 85%.

2.2. Weekly reporting of AFP cases from institutions

In 2004 there were 50 sentinel sites and the completeness of reporting from those institutions, was 86%.

During 2003, same 50 hospitals were identified as weekly reporting sites. The completeness of weekly reporting of AFP cases in 2003 was 87%. Weekly reporting from the hospitals in these two years were good.

2.3. Monthly reporting of AFP cases by Regional Epidemiologists (REE)/ MOOH (Target >90%)

Since year 2001, 24 institutions were identified as monthly reporting sites and the

completeness of monthly reporting from those 24 sites was 82% during the year 2004.

During the year 2003 the completeness of monthly reporting was 93%. Monthly reporting of cases were poor compared to the previous year because of the vacant Regional Epidemiologist posts.

3. Timeliness of reporting

3.1. Weekly reporting of Notifiable Diseases

The weekly reports received within a week from the due date are considered as timely. During the year 2004 the timeliness of reporting was 60%. In 2003 the timeliness of reporting was 50%.

3.2. Weekly reporting of AFP cases from institutions

During the year 2003 the timeliness of reporting was 70%. In 2002 it was 40% . Timeliness of the returns from institutions in year 2003 was good compared to the previous years and this is due to the strengthened surveillance activities and the repeated supervisions done by the central as well as the regional level.

3.3. Monthly reporting of AFP cases by REE / MOOH. (Target > 80%)

The monthly reports received before the 20th of the following month are considered as timely. Timeliness of monthly reporting was 55% in the year 2004 and 39% in 2003.

4. Reported AFP cases investigated within 48 hrs. of report (Target >= 80%)

In the year 2004 100% of the AFP cases were investigated within 48 hours of notification.

In 2003 also all the cases reported (100%) were investigated by an Epidemiologist within 48 hours of notification.

5. Reported AFP cases with 2 stools specimens collected within 14 days of onset of paralysis. (Target > 80%)

In 2003, 2 samples of stools were collected, within 14 days of the onset of paralysis for virology from 87 (93%) cases of the 94 cases reported. Any samples of stools were sent from 93 (99%) cases.

In 2004, two samples within 14 days of onset of paralysis were collected and sent for virology from 86 cases (84%) of the 102 cases reported. Any sample of stool was sent from all 99 (97%) cases.

The target (80%) for the above indicator has been achieved for both years 2003 and 2004.

Stool samples from contacts

Stools samples are collected from 3 to 5 contacts of AFP cases. The contact stool sampling was satisfactory during 2004 and in 2003. In 2004, samples of stools were collected from contacts of 86 (84%) AFP cases and in 2003 samples of stools were collected from contacts of 79 AFP cases (84%).

6. Reported AFP cases with a follow-up examination at least 60 days after onset of paralysis to verify the presence of residual paralysis or weakness (Target >=80%)

All the reported cases were followed up after 60 days of onset of paralysis by Regional Epidemiologists/ Assistant Epidemiologists for residual paralysis. In cases where the presence of residual paralysis was doubtful, an Assistant Epidemiologist assessed them in the field. In 2004, all the cases (100%) reported were followed up after 60 days of onset of paralysis.

7. Specimens of stools arriving at National Laboratory (MRI) within 03 days of being collected (Target > 80%)

In the year 2003, 99% of the samples of stools had been received within 03 days of being collected. In 2004 samples of stools had been received within 03 days of being collected from 92% of the samples sent.

8. Specimens of stools arriving at the National Laboratory in good condition (Target >80%)

In 2003 143 samples of stools were collected from 94 AFP cases and 136 samples were in good condition (95%)

In the year 2004, 224 samples of stools were collected from the 102 AFP cases. Out of these, 218 (97%) specimens of stools were received at MRI in 'good' condition.

Good condition means that upon arrival:

- a) There is ice in the container
- b) Specimen volume is adequate
- c) There is no evidence of leakage or desiccation
- d) Appropriate documentation is complete

9. Specimens of stools with a turn around time <28 days (Target>80%)

In 2003, out of the total samples of stools collected and sent, results of all specimens of stools were reported within 28 days and in 2004 results of all 102 (100%) samples of stool were reported within 28 days.

10. Stool specimens from which non-polio enterovirus was isolated (Target> 10%)

Non polio enterovirus was isolated from 18 samples of stools out of the total number 143 collected for the year (13%) 2003. In 2004, 8.25% of the samples were positive for non-polio entero viruses, out of the total number collected. Wild poliovirus was not isolated at the MRI during 2003 & 2004.

Polio Expert Committee Meetings 2003 & 2004

The Expert Committee consists of a paediatrician, a virologist, an epidemiologist, a neurologist and a consultant clinical neurophysiologist. The expert committee met once every quarter in 2003 and 2004 and discussed the doubtful cases of AFP which were 6 in number for 2003 and 5 for 2004. All were reviewed and discarded by the Expert committee as non Polio cases.

21. SUMMARY OF NOTIFIABLE DISEASES – 4TH QUARTER (OCTOBER - DECEMBER) 2004.

Table 17.

Health Region	Cholera	*Acute Flaccid Paralysis (AFP)	Dysentery	Dengue Haemorrhagic Fever	Encephalitis	Enteric Fever	Food Poisoning	Human Rabies	Leptospirosis	Measles	Simple Contd. Fever	Tetanus	Typhus Fever	Viral Hepatitis
Colombo	0	2	46	353	0	12	7	0	64	1	10	2	0	27
Gampaha	0	2	89	332	3	18	19	2	51	2	4	2	1	44
Kalutara	0	0	131	91	0	19	8	4	100	0	5	0	1	15
Kandy	0	3	91	116	0	39	10	0	17	0	0	1	6	31
Matale	0	3	408	35	0	5	18	0	10	2	0	0	0	5
Nuwara Eliya	0	2	73	2	0	90	49	0	6	2	0	0	1	5
Galle	0	0	75	26	4	3	70	5	52	0	1	0	2	2
Hambantota	0	0	114	5	0	4	7	1	18	1	4	0	14	1
Matara	0	0	51	44	1	15	15	1	53	0	4	0	33	7
Jaffna	0	0	76	30	1	207	7	2	1	0	9	0	19	14
Kilinochchi	0	0	62	0	0	6	6	0	1	0	0	2	4	2
Mannar	0	0	43	0	0	15	2	0	0	1	0	0	0	5
Vavuniya	0	0	153	11	2	61	1	0	0	0	0	0	0	4
Mullativu	0	0	9	0	0	5	0	0	0	1	0	0	0	3
Batticaloa	0	0	26	1	1	5	0	0	0	0	0	1	0	32
Ampara	0	0	150	0	0	3	5	1	0	0	0	0	0	5
Trincomalee	0	0	222	82	0	26	0	2	0	7	0	0	0	51
Kurunegala	0	5	380	56	5	28	19	1	25	0	5	0	1	20
Puttalam	0	0	170	331	8	34	9	0	2	0	0	0	0	16
Anuradhapura	0	1	338	61	0	8	91	0	25	1	0	1	4	15
Polonnaruwa	0	0	110	42	0	38	6	0	13	0	0	0	0	11
Badulla	0	1	446	13	1	23	10	1	3	0	2	0	3	32
Moneragala	0	0	196	3	1	22	6	1	33	0	1	0	21	32
Ratnapura	0	2	332	20	2	78	54	0	33	2	1	0	1	20
Kegalle	0	1	74	26	2	6	4	0	86	1	0	0	2	28
Kalmunai	0	0	9	1	0	7	2	0	0	0	0	0	0	7
TOTAL	0	22	3874	1681	31	777	425	21	593	21	46	9	113	434

* No polio cases. (from AFP surveillance system).