WEEKLY EPIDEMIOLOGICAL REPORT

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

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

WER SRI LANKA 2021

Vol. 48 No. 15 **03rd – 09thApril 2021**

Food Safety and Law – part iii

Part 2 discussed legal aspects of food handling practices of food handlers, training needed to be conducted as legally authorized, the responsibility upon owners of food establishments to supervise food handlers as legally explained and rights of the consumers on their food purchases.

In an international context, lack of basic infrastructure, lack of knowledge on hygiene among owners, absence of potable water, lack of proper storage facilities and unsuitable environments for food operations (such as proximity to sewers and garbage dumps) are known contributors to poor microbial quality of foods in food establishments. Inadequate facilities for garbage disposal pose further hazards. In addition, poor sanitary practices in food storage, handling, and preparation can create an environment in which bacteria and other infectious agents are more easily transmitted. Moreover, inadequate time and temperature control and cross-contamination in food establishments are responsible for food poisoning outbreaks.

With the abrupt expansion of food establishments in Sri Lanka without proper monitoring and registration, increase numbers of vendors with COVID-19 epidemic due to loss of jobs and a rising trend of small outbreaks can be witnessed shown by the number of victims of food poisoning in the recent past. Surveillance data reveals that more cases are reported in quarters 2 and 4 in any given year, where several religious and socio-cultural festivals are taking place. Further, most cases were reported from Northern, Eastern, Western and Central provinces. Large-scale food poisoning incidents were associated with religious festivals, among construction and factory workers.

1. Food handling practices

Food handling is inevitably involved with food preparation and consumption, and many developing countries operate with manpower for manufacturing, packaging and distributing. Consequently, a major proportion of practical notions of food safety is entangled with food handling practices everywhere. WHO built the Five Keys to Safer Food Programmes to assist the Member States in promoting safe food handling behaviours and educating all food handlers, including consumers, with tools that are easy to adopt and adapt. Improper food handling, preparation and storage can result in food contamination leading to food poisoning and food-related diseases caused by intestinal parasites and pathogenic bacteria.

Food handler means any person who directly handles packaged or unpackaged food, food equipment and utensils or food contact surfaces and is therefore expected to comply with food hygiene requirements. Food handlers play a major role in ensuring food safety throughout the chain of producing, processing, storage, and preparation of food in food establishments. Many of these good practices and norms were stipulated and legally complied with the food codes and regulations of the countries in the world.

2. Training and education of food handlers

Those engaged in food operations who come directly or indirectly into contact with food should be trained, and/or instructed in food hygiene to a level appropriate to the operations they are to perform. The Overall Objective is to train/instruct in food hygiene all those engaged in food operations who come directly or indirectly into contact with food to a level appropriate to the operations they are to perform.

2.1 Scope of training:

Food hygiene training is vitally essential to minimize the potential threats and hazards posed by food and to ensure the safety of food consumed. Since many engage in the field of food handling without undergoing

Contents **Page**

any type of formal or informal training, involving them in some training will generate better inputs to the safety of the food. As 97% of food borne diseases occur due to malpractices of food handlers in food establishments. Any food safety training programme for food handlers should include the contents defining awareness and responsibilities, implementing the training programme, regular instruction and supervision and periodically updated refresher training. A review provided evidence of the effectiveness of food handler training programmes, in conjunction with certification, to improve the knowledge and practices of food handlers. In many studies, training of participants was conducted using multiple training methods such as lectures by audio-visual mode, printed materials such as posters, information on the website and workshops. Therefore, the level of good hygienic practices among food handlers can be improved by training them completely and comprehensively.

Through training according to the standards, food handlers' skills could be improved and demonstrated in food operations after the programs. At the same time, regular ongoing training should be ensured. The results of the meta-analyses confirmed the efficacy of food safety training for increasing knowledge and improving attitudes about good hand hygiene and should be incorporated into refresher training.

2.2 Legislature and reports to support food safety training

Food Control Administration Unit, Directorate of Environmental and Occupational Health of the ministry of health, Sri Lanka, as well as government outbreak reports and food safety policy documents, have identified a need for enhanced food safety education for a whole range of stakeholders such as food business operators (FBO), the government of Sri Lanka, consumers and media consumers in targeted areas. Current food hygiene legislation specifies that in provision 16 section (1) under the Food Act No 26 of 1980, Food (Hygiene) Regulations of 2011, "Owner or occupier of a food establishment shall ensure that food handlers are supervised and instructed and/or trained in food hygiene matters commensurate with their work activity", and supervisors must ensure that this requirement is met. Part (V) of application gazette to be filled by the owner of food premises and part (VI) of checklist to be cross-checked by an authorized officer of food premises seeks information on any training of food handlers, under the Food (Registration of Premises) Regulations of 2019.

3. Consumer empowerment on food safety

During the past, we have witnessed individual experiences and events leading to full-scale people movements. Collective actions generated to alter terms and conditions around them are pervasive. Consumer empowerment is a global concept of strengthening the public to be responsible and critical of their purchases. Many countries, where human rights and free trade prevail, apart from legal frameworks and their legislatures, operate with a significant number of reputed consumer groups as public movements to protect consumer rights and norms.

Consumer groups are globally franchised and extend their networks with interested people of other countries to defend their consumer rights and to extend their influence to members of constitutional councils and similar bodies, targeting to implement existing consumer laws and force the formulation of new laws. In contrast to top-down influencing and reporting approaches, which only allow a passive view of outcomes (e.g., the public reporting of health service performance using predetermined standards), consumer groups represent a bottom-up public influencing and reporting approach, which allows users to generate content in the form of ratings and comments on products and services purchased with their hard-earned finances.

In Sri Lanka, currently, consumer rights movements are operating on a small scale to fight for consumer rights, but hardly empower consumers individually to strengthen their knowledge and awareness of their rights on their purchases. However, provisions of the Consumer Affairs Authority Act of Sri Lanka clearly state the creation of informed groups of the public as consumer organizations, to promote, assist and encourage their rights on purchases. In Public Utilities Commission Act of Sri Lanka is defined to protect the interest of all consumers, consumer groups to be informed and their consensus obtained at the time the commission exercises its power over matters related to industries.

Compiled by: ***Dr Krishan Hirimuthugoda***
MBBS(Colombo)Msc (Com.med), MD (Com.med.), MRSPH (UK), LLB (reading)
Senior Registrar in Community Medicine,
Epidemiology Unit.

References:

Campbell, M. E., Gardner, C. E., Dwyer, J. J., Isaacs, S. M., Krueger.P. D., Ying, J. Y. (1998). Effectiveness of public health interventions in food safety: a systematic review . *Canadian Journal of Public Health*, *89*(3), 197–202.

Codex Alimentarius. (2003). *General Principles of Food Hygiene- CAC/RCP 1-1969*. http://www.fao.org/

Democratic Socialist Republic of Sri Lanka. Public Utilities Commission of Sri Lanka Act, No. 35 of 2002 (2002).

Democratic Socialist Republic of Sri Lanka. Food (Registration of Premises) Regulation 2019 (2019).

Democratic Socialist Republic of Sri Lanka. Consumer Affairs Authority Act, No. 09 of 2003 (2003).

Denise, W., & Griffith, C. J. (2003). A survey of food hygiene and safety training in the retail and catering industry. *Nutrition & Food ence*, *33*(2), 68–79. https://doi.org/10.1108/00346650310466655

Epidemiology unit, Ministry of Health. (2017). *WER - Food poisoning and its investigations: Part 1 (Vol 44 of 51)*. Retrieved March 12, 2018 from http://www.epid.gov.lk. https://www.epid.gov.lk/web/images/pdf/wer/2017/vol_44_no_51-english.pdf

Fielding, J. E., Palaiologos, E., Amber, A. (2001). Electiveness of altered incentives in a food safety inspection program.*Preventive Medicine*, *32*, 239–244.

Timothy F. Jones Bonnie J. LaFleur, L. Amanda Ingram, William Schaffner, B. I. P. (2004). Restaurant Inspection Scores and Foodborne Disease. Retrieved from http://www.cdc.gov/eid

World Health Organization. (2019). The Five Keys to Safer Food

Table 1: Selected notifiable diseases reported by Medical Officers of Health 27th – 02nd Apr 2021 (14th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus Fe-		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	82	773	0	3	0	0	0	2	0	0	5	60	0	1	1	2	0	2	1	9	0	6	0	0	**58**	**91**
Gampaha	34	449	0	1	0	1	0	1	0	0	4	98	1	2	2	3	0	0	2	11	0	5	0	2	**35**	**76**
Kalutara	32	300	1	8	0	1	0	0	0	0	15	244	0	3	0	1	0	1	7	40	0	5	0	0	**48**	**100**
Kandy	18	184	0	13	0	1	0	0	0	1	3	59	0	16	0	1	0	0	3	21	1	6	0	10	**60**	**100**
Matale	1	29	0	2	0	1	0	0	0	0	1	20	0	3	0	1	0	0	0	9	0	1	7	82	**64**	**100**
NuwaraEliya	1	15	2	3	0	1	0	1	0	0	2	26	1	21	0	1	0	0	1	11	1	2	0	1	**36**	**95**
Galle	8	70	0	2	0	1	0	4	0	4	23	272	0	17	0	2	0	0	1	20	1	15	0	1	**49**	**99**
Hambantota	12	90	0	5	0	1	0	0	0	1	5	80	2	30	0	5	0	0	2	23	0	11	1	143	**77**	**100**
Matara	6	98	1	2	0	0	0	1	0	0	8	99	1	10	0	2	0	0	2	29	0	2	4	135	**37**	**100**
Jaffna	0	85	1	28	0	2	0	9	1	7	0	10	2	389	0	0	0	0	1	15	0	2	0	1	**17**	**88**
Kilinochchi	2	19	0	8	0	0	0	0	0	7	3	29	2	48	0	0	0	0	0	6	0	0	0	1	**54**	**100**
Mannar	2	16	0	0	0	0	0	3	0	0	1	22	0	1	0	0	0	0	0	2	0	6	0	1	**46**	**80**
Vavuniya	0	22	0	2	0	0	0	0	0	0	0	11	0	1	0	1	0	0	0	5	0	0	0	0	**36**	**100**
Mullaitivu	0	3	0	1	0	0	0	0	0	0	2	16	0	6	0	0	0	0	0	1	0	3	0	0	**23**	**100**
Batticaloa	48	2589	0	10	1	2	0	1	1	12	4	19	0	0	0	1	0	0	1	5	1	12	0	0	**48**	**100**
Ampara	0	11	0	5	0	0	0	1	0	0	0	12	0	0	0	0	0	0	1	22	0	7	0	2	**59**	**100**
Trincomalee	2	74	0	0	0	0	0	0	0	0	0	2	0	0	0	2	0	0	0	9	0	2	0	0	**42**	**88**
Kurunegala	31	311	1	8	0	2	0	0	0	3	1	136	0	7	0	0	0	0	1	19	2	60	7	135	**48**	**99**
Puttalam	8	136	0	1	0	1	0	0	0	0	0	12	1	14	0	0	0	1	0	6	1	17	0	4	**51**	**94**
Anuradhapur	2	50	1	7	0	0	0	0	1	2	3	150	0	20	0	2	0	0	0	17	1	17	1	90	**34**	**88**
Polonnaruwa	2	20	0	2	0	0	0	1	0	1	0	38	0	1	0	1	0	0	2	12	0	1	5	138	**40**	**100**
Badulla	0	25	0	8	0	0	1	1	0	0	4	116	1	16	1	4	0	0	0	16	1	8	1	10	**50**	**96**
Monaragala	3	33	0	3	0	0	1	2	0	0	16	117	1	12	3	27	0	0	0	11	0	25	1	9	**35**	**100**
Ratnapura	7	179	0	13	0	3	0	0	1	3	16	343	0	14	0	4	0	1	4	28	1	29	0	31	**39**	**100**
Kegalle	15	124	1	4	2	5	0	0	0	0	11	118	0	5	0	0	0	0	3	37	1	10	1	5	**45**	**100**
Kalmune	9	150	0	5	0	1	0	1	1	1	1	13	0	0	0	2	1	2	1	5	0	2	0	1	**43**	**100**
SRILANKA	**325**	**5855**	**8**	**144**	**3**	**23**	**2**	**28**	**5**	**42**	**128**	**2122**	**12**	**637**	**7**	**62**	**1**	**7**	**33**	**389**	**11**	**254**	**28**	**802**	**46**	**95**

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

*T=Timeliness refers to returns received on or before 02nd April , 2021 Total number of reporting units 357 Number of reporting units data provided for the current week: 352 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

27th - 02nd Apr2021 (14th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021& 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	00	00	00	00	00	00	01	00	16	09	77.77%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	01	01	00	00	02	00	00	04	00	32	54	-40.74%
Measles	00	00	00	00	00	00	00	00	00	00	01	05	22	-77.27%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	01	03	-66.66%
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	00	06	-100%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	00	03	-100%
Tuberculosis	47	06	00	05	07	07	10	05	00	87	00	1840	1455	26.46%

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

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

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

Dr. Samitha Ginige
Actg. CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10