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1. POLIOMYELITIS

Twenty five(25) Acute Flaccid Paralysis cases were notified to the Epidemiology Unit during the 2nd quarter 2007. In comparison during the 2nd quarter of 2006 and 2005, 28 and 27 AFP cases were reported respectively. The reported number of cases at completion of the 2nd quarter 2007 does not reach the expected number of AFP cases to be reported at this point which is 28 according to WHO surveillance criteria. One hundred and twelve (112) AFP cases are expected for a year, to make up a non-polio AFP rate of 2 per 100,000 children under 15-year.

Notification of AFP Cases from Hospitals

Lady Ridgeway Children's Hospital (LRH), Colombo, has reported the majority of cases (4, i.e.16%). LRH, the main sentinel site for AFP, is a tertiary care centre which receives referrals from other hospitals in the country. The other hospitals that notified the AFP cases in the 2nd quarter are as follows:

Hospital	No. of cases
LRH	4
TH Peradeniya	2
TH Kandy	2
GH Ratnapura	2
GH Matara	2
GH Chilaw	2
GH Anuradhapura	1
GH Badulla	1
TH Batticaloa	1
BH Mawanella	1
TH Kurunegala	1
Sri Jayawardanapura General Hospital	1
GH Trincomalee	1
BH Matale	1
BH Diyatalawa	1
BH Homagama	1
Sirimavo Bandaranayke Children's Hospital	1

Distribution of AFP Cases by Provinces, Districts & MOH Areas

Kandy district in the Central Province had reported the highest number of AFP cases (6 i.e.24%) for the quarter. Colombo of Western Province reported 3 cases (12%). Batticaloa district and Trincomalee district in the Eastern Province reported 1 AFP case each within the quarter. There were no cases reported from the Northern Province. The complete list of

distribution of AFP cases according to the province, district and MOH area is given in Table 1.

Table 1

GEOGRAPHICAL DISTRIBUTION OF AFP CASES

Province	District	MOH Area	Number of AFP		
Western	Colombo	CMC	1		
		Hanwella	1		
		Homagama	1		
	Gampaha	Biyagama	1		
		Mahara	1		
Southern	Matara	Hakmana	1		
		Kekanadura	1		
	Central	Kandy	Wattegama	1	
Gampola			1		
		Kadugannawa	1		
		Hatara Liyedda	1		
		Hasalaka	1		
		Matale	Yatawatta	1	
			Nuwara Eliya	1	
	Sabara gamuwa	Ratnapura	Embilipitiya	1	
			Godakawela	1	
North Western	Kurunegala	Mahawa	1		
		Puttalam	Arachchikattuwa	1	
		Anamaduwa	1		
		Eastern	Batticaloa	Kattankudi	1
			Trincomalee	Seru Nuwara	1
North Central	Anuradhapura	Mihintale	1		
Uva	Badulla	Haputale	1		

Seasonal Distribution of AFP Cases

During the 2nd quarter 2007, the highest number of AFP cases were reported in the month of June (10 cases i.e.40%). Eight (8 i.e. 32%) cases were reported in April, and 7 cases were reported in May .

Distribution of AFP Cases by Age and Sex

Majority of AFP cases(10 i.e.40%) reported in the 2nd quarter 2007 were among those who were between 1-4 years of age. In comparison the majority of AFP cases reported in the corresponding quarter of 2006 were between 10-

14 years of age and only one case was aged less than 1 year.

Over half (56%) of the AFP cases (14) in the 2nd quarter 2007 were females. This is in contrast to the 2nd quarter 2006 where the majority of the cases were males (55%). In two of the age groups considered namely 1-4 and 10-14 year age groups, the number of males and females reported were similar. Table 2 shows the age and sex distribution of AFP cases in 2nd quarter 2007.

Table 2

DISTRIBUTION OF AFP CASES BY AGE AND SEX 2ND QUARTER 2007

Age Group	Sex		Total
	Male	Female	
<1 year old	0	1	1
1-4 year old	5	5	10
5-9 year old	3	5	8
10-15 year old	3	3	6
Total	11	14	25

Laboratory Surveillance of AFP Cases

Two stool samples collected within 14 days of the onset of paralysis are required at the Medical Research Institute for polio virology. According to WHO criteria these samples should be of 'good condition' as well as timely. Being of correct quantity (8-10g), being sent in a leak proof container with no evidence of spillage or leakage and presence of ice in the container on receipt are the criteria to make the samples of 'good condition'.

All 25 AFP cases (100%) reported in the 2nd quarter 2007 had at least one stool sample sent to MRI for polio virology. Medical Research Institute received at least one timely stool sample from all 25 cases (100%) in this quarter for polio virology and 23 cases (92%) had two timely stool samples sent for polio virology. This is higher than the timely collection rate (83%) achieved out of 42 AFP cases recorded in the respective quarter of 2006.

2. CHOLERA

No confirmed cases of cholera were reported to the Epidemiology Unit during the 2nd quarter 2007 or the corresponding quarter of 2006.

3. TETANUS

During the 2nd quarter 2007, 10 tetanus cases were notified to the Epidemiology Unit. This is in comparison to 9 cases reported during the previous quarter and 20 cases reported during the corresponding quarter of 2006.

Three cases notified during the current quarter, were investigated and confirmed as tetanus. A

child aged 2 years from the MOH area Chilaw in the Puttalam district, who had not received DPT was among the confirmed cases. The other two were adults over 50 years and one case had been fatal.

Table 3

SELECTED CHARACTERISTICS OF CONFIRMED CASES OF TETANUS – 2ND QUARTER 2007

(N = 03)

Sex	Male	2
	Female	1
Age group	< 1	0
	1-5	1
	> 5	2
District	Puttalam	1
	Kalmunai	1
	Kurunegala	1
Immunization status	Immunized	0
	Non immunized	3

4. MEASLES

During the 2nd quarter 2007, 24 cases of measles were notified to the Epidemiology Unit compared to 17 cases notified during the previous quarter and 10 cases in the corresponding quarter of last year.

Six cases notified during the 2nd quarter 2007, were investigated and 04 were confirmed as measles (Table 4).

Table 4

SELECTED CHARACTERISTICS OF CONFIRMED CASES OF MEASLES – 2ND QUARTER 2007

(N = 04)

Sex	Male	4
	Female	0
Age group	< 1	1
	1-5	1
	>5	2*
District	Kegalle	2
	Ratnapura	1
	Badulla	1
Immunization status	Immunized	1**
	Non immunized	3

* two children aged 7 years and 9 years

** a child aged 9 years who had received one dose of measles vaccine

5. LEPTOSPIROSIS

In the 2nd quarter 2007, 330 leptospirosis cases were notified to the Epidemiology Unit compared to 418 cases in the previous quarter (1st quarter 2007) and 475 cases during the corresponding quarter of the previous year. During the current quarter majority of the cases were reported from the districts of Matara (57 cases i.e. 17%) and Gampaha (49 cases i.e. 15%). Among the

reported cases 112 were confirmed as leptospirosis. This includes 78 cases and 3 deaths reported from the 15 hospitals identified as sentinel sites in the high endemic areas.

Analysis of special investigations received from sentinel sites showed that around 20% of them were in the age group 45-49 years and male female ratio was 7:1.

6. HUMAN RABIES

Eleven (11) cases of human rabies were notified to the Epidemiology Unit in the 2nd quarter 2007, compared to 16 cases in the previous quarter and 15 cases in the corresponding quarter of year 2006. Distribution of cases by district is given in Table 31

Animal Rabies

During the quarter 172 dogs were reported positive for rabies compared to 183 in the previous quarter and 164 in the corresponding quarter of 2006. In addition the following animals were also reported positive;

Cat-15, Wild animals- 01, Domestic ruminants-03

Rabies Control Activities*

Dog vaccination – A total of 234517 dogs were immunized during the 2nd quarter 2007 when compared to 281005 in the previous quarter and 236571 in the corresponding quarter of last year.

Stray dog elimination – No stray dogs were eliminated during the 2nd quarter 2007.

Birth Control Activities—20283 free roaming female dogs were injected with Progesterone and 726 female dogs were sterilized by surgical method. In comparison Progesterone injection was administered to 21701 female dogs during the previous quarter .

*Source – Director/PHVS

7. ENTERIC FEVER

In the 2nd quarter 2007 , a total of 372 cases of enteric fever were notified to the Epidemiology Unit, compared to 606 cases in the previous quarter and 533 cases in the corresponding quarter of 2006. The districts of Jaffna (74), Nuwara Eliya (53) and Badulla (32) reported the highest number of cases (Table 31).

The MOH areas Walapone (34) and Telippalai (22), notified a large number of cases during the quarter under review.

8. VIRAL HEPATITIS

In the 2nd quarter 2007 , 2247 cases of viral hepatitis were reported to the Epidemiology Unit, compared to 750 cases in the previous quarter and 743 cases in the corresponding quarter of 2006. Among the reported cases, 209 were investigated and confirmed as viral hepatitis. RDHS area Kandy notified the highest number of cases (1272) accounting for 57% of the total case load followed by Batticaloa (314 cases

i.e.14%) and the MOH areas Gampola (724), Hindagala (214 cases), Kurunduwatta (148 cases) in the Kandy district and Batticaloa(129 cases) reported the highest number of cases.

9. DYSENTERY

In the 2nd quarter 2007 , 2358 cases of dysentery were notified to the Epidemiology Unit, compared to 1266 cases in the previous quarter and 1554 cases in the corresponding quarter of 2006.

The MOH areas Kalavanchikudi(178), Mutur (72), Batticaloa(66), Welimada(58) and Panadura(57) notified the highest number of cases.

10. JAPANESE ENCEPHALITIS (J.E.)

During the 2nd quarter 2007 , 53 cases of Encephalitis were reported to the Epidemiology Unit.

Among the reported cases, 11 cases were investigated and 3 were found to be clinically confirmed as JE. One death was reported during the quarter.

This is in comparison to 20 cases and one death reported during the previous quarter and 8 cases and no deaths in the corresponding quarter of 2006.

Table 5

DISTRIBUTION OF JAPANESE ENCEPHALITIS CASES BY RDHS DIVISION - 2ND QUARTER 2007

RDHS Area	MOH Area	Cases	Deaths
Matara	Dikwella	1	0
Batticaloa	Batticaloa	1	1
Kurunegala	Bingiriya	1	0
Total		3	1

11. MALARIA

During the 2nd quarter 2007 , there was a significant reduction in the incidence of malaria in comparison to the same period of 2006 as seen in Table 6. Distribution of malaria cases by districts is shown in Table 7.

Source : Anti Malaria Campaign

12. DENGUE FEVER (D.F.) DENGUE HAEMORRHAGIC FEVER (D.H.F.)

During the 2nd quarter 2007 , 905 cases of DF/DHF and 3 deaths were reported (CFR 0.33%) when compared to 1499 cases and 9 deaths (CFR 0.37%) reported during the previous quarter and 2058 cases and 12 deaths (CFR 0.58%) reported during the corresponding quarter of last year.

Table 8 shows the distribution of DF/DHF cases and deaths in the RDHS divisions during the quarter.

Table 6

RESULTS OF BLOOD SMEAR EXAMINATION FOR MALARIA PARASITES - 2ND QUARTER 2006/2007

	2 nd Quarter 2006	2 nd Quarter 2007
No. of blood smears examined	246,946	249,292
No. of positives	94	65
No. of <i>P. vivax</i>	88	65
No. of <i>P. falciparum</i>	4	0
No. of mixed infections	2	0
No. of infant positives	2	0
Slide positivity rate (S.P.R.)	0.04%	0.03%
P.v. : P.f. ratio	22:1	65:0
Percentage of infant positives	2.13%	0.0%

Table 7

RESULTS OF BLOOD SMEAR EXAMINATION - 2ND QUARTER 2007

RDHS Division	Blood smears	Positives	P.v.	P.f./ Mixed
Colombo	16687	0	0	0
Gampaha	8501	4	4	0
Kalutara	3181	1	1	0
Kandy	6694	0	0	0
Matale	2940	0	0	0
Nuwara Eliya	122	0	0	0
Galle	127	0	0	0
Matara	3285	1	1	0
Hambantota	9333	0	0	0
Jaffna	24808	0	0	0
Kilinochchi	5309	0	0	0
Mannar	2268	0	0	0
Vavuniya	9991	8	8	0
Mullativu	3799	0	0	0
Batticaloa	13190	0	0	0
Ampara	7639	1	1	0
Trincomalee	16802	43	43	0
Kurunegala	18455	1	1	0
Maho	9106	1	1	0
Puttalam	10324	0	0	0
Anuradhapura	27903	2	2	0
Polonnaruwa	13847	1	1	0
Badulla	5391	0	0	0
Moneragala	11653	0	0	0
Ratnapura	4845	1	1	0
Kegalle	1266	0	0	0
Kalmunai	11826	1	1	0
TOTAL	249292	65	65	0

P.v.- *Plasmodium vivax*P.f.- *Plasmodium falciparum*

Table 8

MORBIDITY AND MORTALITY DUE TO DF/DHF - 2ND QUARTER 2007

RDHS Division	Cases	Percentage	Deaths
Colombo	218	24.1	1
Gampaha	102	10.9	0
Kalutara	54	6.0	0
Kandy	53	5.9	0
Matale	9	1.0	0
Nuwara Eliya	8	0.9	0
Galle	9	1.0	0
Hambantota	8	0.9	0
Matara	34	3.8	0
Jaffna	16	1.8	0
Kilinochchi	1	0.1	0
Mannar	0	0	0
Vavuniya	1	0.1	0
Mullativu	0	0	0
Batticaloa	52	5.7	0
Ampara	2	0.2	0
Trincomalee	14	1.5	2
Kurunegala	101	11.2	0
Puttalam	15	1.7	0
Anuradhapura	53	5.9	0
Polonnaruwa	21	2.3	0
Badulla	6	0.7	0
Moneragala	5	0.6	0
Ratnapura	66	7.3	0
Kegalle	56	6.2	0
Kalmunai	1	0.1	0
TOTAL	905	100	3

During the 2nd quarter 2007, 08 blood samples were tested using Ig M capture ELISA test and Haemagglutination Inhibition test at the Department of Virology, MRI and 03 samples were confirmed as positive. (Table 9)

Table 9

DHF STATISTICS FROM DEPARTMENT OF VIROLOGY, MRI - 2ND QUARTER 2007

Month	Clinically Suspected	Serologically confirmed
April	4	1
May	1	1
June	3	1
Total	8	3

12.1 ENTOMOLOGICAL SURVEILLANCE OF DENGUE VECTORS

Results of the entomological surveillance carried out by the Medical Research Institute and Entomological Unit, Western Province, in selected MOH areas of Colombo and Gampaha districts, for the 2nd quarter 2007 are given in Table 10.

Surveillance activities were carried out in locations identified as 'high-risk' by the respective MOH and action was taken to eliminate the breeding sites detected.

Breteau Index

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

Table 10

AEDES LARVAL DENSITIES (BRETEAU INDEX) IN COLOMBO AND GAMPAHA DISTRICTS - 2ND QUARTER 2007

Area	April		May		June	
	A	B	A	B	A	B
Nugegoda	7.4	10.2	4.0	4.0	6.0	9.5
Maharagama	4.0	4.0	4.6	11.4	5.5	10.1
Moratuwa	6.6	0.6	3.2	1.6	2.4	4.8
Kaduwela	7.4	12.5	12.0	22.0	6.0	16.0
Kelaniya	1.5	24.0	6.1	9.4	5.4	11.4
Ragama	0	14.2	1.9	10.6	1.5	11.0
Ja-Ela	2.3	12.0	9.0	19.5	2.8	10.9
Wattala	2.5	13.8	10.5	20.6	05	6.0
Dompe	-	-	0	15.0	0	25.0
Gampaha	-	-	1.9	37.8	1.0	31.6
Mahara	-	-	2.5	21.80	1.0	17.0

(A) = *Aedes aegypti*

(B) = *Aedes albopictus*

Number of premises examined per area = 300

13. TUBERCULOSIS

A total of 2125 tuberculosis patients were registered for 2nd quarter 2007 by the National Programme for Tuberculosis Control and Chest

Diseases. Of this total, 1662 suffered from pulmonary disease, while the balance, 463 patients from non-pulmonary disease. One thousand one hundred and eighty two (1182) of these patients were bacteriologically confirmed with a bacteriological confirmation rate of 71.1%. During the quarter 1065 TB patients and 1256 other patient were hospitalized.

The distribution of tuberculosis patients by districts is given in Table 11.

B.C.G. vaccination

A total of 92009 B.C.G. vaccinations were carried out during the quarter with 97.2% coverage.

Table 11.

TUBERCULOSIS PATIENTS BY RDHS DIVISIONS - 2ND QUARTER 2007

RDHS DIVISION	PTB	OTB	Total	Pulmonary Direct Smear	
				No. +VE	%
Colombo	389	99	488	318	81.7
Gampaha	159	44	203	131	82.3
Kalutara	119	53	172	86	72.2
Kandy	100	33	133	49	49
Matale	28	08	36	12	42.8
Nuwara Eliya	49	10	59	24	48.9
Galle	82	27	109	62	75.6
Hambantota	31	05	36	19	61.2
Matara	51	15	66	38	74.5
Jaffna	75	12	87	24	32.0
Vavunia	14	03	17	07	50.0
Kilinochchi	10	-	10	08	80.0
Mannar	14	02	16	09	64.2
Mullativu	05	04	09	05	100.0
Ampara	18	02	20	12	66.7
Batticaloa	37	12	49	29	78.3
Trincomalee	20	02	22	06	30.0
Kurunegala	92	32	124	76	82.6
Puttalam	27	02	29	19	70.3
Anuradhapura	51	18	69	40	78.4
Polonnaruwa	33	06	39	23	69.6
Badulla	51	26	77	38	74.5
Monaragala	15	07	22	13	86.6
Kegalle	84	20	104	66	78.5
Ratnapura	41	20	61	34	82.9
Kalmune	67	01	68	34	50.7
Total	1662	463	2125	1182	71.1

PTB-Pulmonary Tuberculosis

OTB-Other Tuberculosis

Data from Central TB Register

14. ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

In the second quarter of 2007, almost 93% of the monthly AEFI returns were received from MOOH, of which 48% were NIL returns. Twenty districts have sent more than 90% of monthly returns while 3 districts (Ratnapura, Kilinochchi and Mullaitivu) have forwarded less than 80% of monthly MOH returns. All the Monthly AEFI returns for the quarter have been sent from Kalutara, Hambantota, Moneragala, Jaffna, Vavuniya and Kalmunai districts.

Forty percent of the total returns received during the current quarter were NIL returns. A smaller number of NIL returns were received from Colombo (10%), Gampaha (16%), Kalutara (30%) and Puttalam (0%) whereas Kilinochchi (86%), Jaffna (100%), Mannar (82%), Vavunia (83%) and Mullaitivu (100%) have forwarded higher number of NIL returns.

The timeliness of the MOH monthly AEFI returns was satisfactory in Badulla (65%), Kegalle (59%), Moneragala (57%) and Puttalam (52%). However, Jaffna, Killinochchi and Mullaitivu have

not sent any single report on time.

Higher incidence rate of AEFI was reported from Hambantota (192/100,000) Colombo (161/100,000), Badulla (158/100,000) and Polonnaruwa (158/100,000). However, a large number of AEFI was reported in Colombo (254), Gampaha (155), Kandy (142) and Badulla (107). (Table 12)

There was a death following DPT vaccination in Wellimada MOH area in the Badulla District. Post mortem had been carried out and confirmed that the death was due to milk aspiration and was categorized as a co-incidental event of AEFI. As serious adverse events seizures were reported for DPT (56), DT (3) and MR vaccine (2) and BCG lymphadenitis (2) were reported from the country. High fever was the commonest AEFI followed by abscess and severe local reaction which followed DPT vaccination (Table 13)

Both the highest number (1118) and the rate (322/100,000) of AEFI were related to DPT vaccine while the lowest number (10) and rate (2/100,000) of AEFI were for OPV. The total reported number of AEFI in the country was 1360 with the incidence rate of 86.98 per 100,000 immunizations (Table 14).

Table 12.

REPORT ON MONTHLY RETURN OF AEFI BY DISTRICTS – 2ND QUARTER 2007

RDHS DIVISION	% Completeness	% Timeliness	% Nil Returns	No. of AEFI	AEFI Rate (/100,000 doses)
Colombo	92.9	33.3	10.3	254	160.5
Gampaha	95.6	41.9	16.3	155	93.7
Kalutara	100.0	33.3	30.3	60	70.2
Kandy	92.4	31.2	37.7	142	132.5
Matale	94.4	29.4	47.1	43	97.8
Nuwara Eliya	90.5	31.6	47.4	29	50.9
Galle	95.8	39.1	69.6	26	33.6
Hambantota	100.0	27.3	30.3	92	192.2
Matara	95.8	50.0	56.5	34	58.4
Jaffna	100.0	0	100.0	0	0
Kilinochchi	58.3	0	85.7	4	33.1
Mannar	91.7	45.5	81.8	3	44.3
Vavuniya	100.0	33.3	83.3	7	42.2
Mullaitivu	66.7	0	100.0	0	0
Batticaloa	87.9	41.4	75.9	17	29.6
Ampara	95.2	10.0	80.0	8	38.9
Trincomalee	85.2	43.5	65.2	19	59.5
Kurunegala	92.6	36.0	36.0	59	46.2
Puttalam	85.2	52.2	0	93	154.2
Anuradhapura	93.0	35.9	56.9	47	66.8
Polonnaruwa	95.2	15.0	35.0	45	157.5
Badulla	95.6	65.1	41.9	107	157.8
Moneragala	100.0	56.7	46.7	25	67.4
Ratnapura	77.1	35.1	54.1	22	27.5
Kegalle	97.0	59.4	25.0	55	86.6
Kalmunai	100.0	38.5	74.4	17	40.3
Sri Lanka	92.6	37.4	47.5	1363	87.2

Table 13.

SELECTED ADVERSE EVENTS BY ANTIGENS - 2ND QUARTER 2007

Vaccine	Seizure	Allergy	Abscess	Severe local reaction	High fever	Lymphadenitis	Encephalopathy	Shock	Arthralgia	Death	Total
BCG	0	1	7	1	1	2	0	0	0	0	12
DPT	56	103	180	114	259	0	0	0	9	1	722
OPV	0	1	0	0	8	0	0	0	0	0	9
Measles	0	10	0	1	2	0	0	0	0	0	13
DT	3	2	1	1	1	0	0	0	0	0	8
TT	0	0	0	2	0	0	0	0	0	0	2
Rubella	0	5	0	0	0	0	0	0	0	0	5
JE	0	0	0	1	0	0	0	0	0	0	1
ATd	0	1	0	0	0	0	0	0	0	0	1
MR	2	10	0	2	0	0	0	0	0	0	14
Hep	0	1	0	0	3	0	0	0	0	0	4
Others*	0	0	0	1	0	0	0	0	0	0	1

Table 14.

REPORTED AEFI BY ANTIGEN - 2ND QUARTER 2007

Vaccine	No of AEFI	Rate (/ 100,000 doses)
BCG	22	24.0
DPT	1118	322.4
OPV	10	2.3
Measles	57	63.4
DT	35	42.2
TT	15	17.0
Rubella	19	29.6
ATd	18	28.7
MR	46	50.9
Hep	14	6.4
Others*	6	
Total	1360	87.0

* Hib and TAB vaccine

15. LEPROSY

QUARTERLY RETURN OF LEPROSY STATISTICS - 2ND QUARTER 2007

Table 15.

1. National

	At the end of the quarter			Cumulative for end of the quarter		
	2 nd quarter 2007	2 nd quarter 2006	Diff. (%)	2007	2006	Diff. (%)
New patients detected	470	419	12.1	856	813	5.3
Children	42	34	23.5	83	76	9.2
Grade 2 Deformities	25	25	0	51	47	8.5
Multi-Bacillary	207	191	8.4	386	345	11.9
Females	212	183	15.8	377	355	6.2

2. Districts

District	New patients	Deformities	Child	MB	Females
Colombo	87	02	13	26	40
Gampaha	69	05	05	25	32
Kalutara	69	05	10	28	34
Western	225	12	28	79	106
Galle	05	0	0	03	02
Matara	23	0	03	07	14
Hambantota	11	01	0	05	04
Southern	39	01	03	15	20
Kandy	05	0	0	01	0
Matale	07	0	02	04	04
Nuwara Eliya	01	0	0	0	01
Central	13	0	02	05	05
Anuradhapura	20	02	01	11	06
Polonnaruwa	19	0	02	07	08
North Central	39	02	03	18	14
Kurunegala	29	0	01	16	15
Puttalam	25	0	0	12	13
North Western	54	0	01	28	28
Kegalla	08	0	0	07	0
Ratnapura	31	03	0	24	09
Sabaragamuwa	39	03	0	31	09
Badulla	10	0	0	04	02
Moneragala	03	01	0	01	02
Uva	13	01	0	05	04
Trincomalee	05	02	01	04	04
Batticaloa	16	01	0	09	08
Ampara	10	01	02	07	07
Kalmunai	12	01	02	04	06
Eastern	43	05	05	24	25
Jaffna	01	0	0	01	0
Vavuniya	02	0	0	0	0
Mannar	0	0	0	0	0
Mullativu	02	01	0	01	01
Kilinochchi	0	0	0	0	0
Northern	05	01	0	02	01
Sri Lanka	470	25	42	207	212

Source : Anti Leprosy Campaign

16. SURVEILLANCE AT SEA PORT

Surveillance activities carried out by the Port Health Office at Colombo Sea Port during the 2nd quarter 2007, is given below.

1. Yellow Fever Vaccination	Total
Total number vaccinated	- 79
2. Granting Pratique to Vessels	
Number issued	- 1111
3. Deratting Certification	
Number issued	- 80

Details of the vaccinations carried out by the Assistant Port Health Office, Colombo 8, during the 2nd quarter 2007, is given below.

	Total
a. Yellow fever	663
b. Meningococcal meningitis	291

17. SURVEILLANCE AT AIRPORT

Surveillance activities carried out at the International Airport, Katunayake during the 2nd quarter 2007 is given below.

1. Airport Sanitation

a. No. of sanitary inspections carried out including food establishments	- 20
b. No. of food samples taken under Food Act	- 4
c. No. found defective	- 0
d. No. of court cases/prosecuted	- 0
e. No. of water samples tested	- 9

2. Release of human remains

No. of human remains released	- 83
No. referred to JMO for post-mortem	- 07

18. BACTERIOLOGY REPORT - 2ND QUARTER - 2007 - MEDICAL RESEARCH INSTITUTE

Table 16.

	April	May	June
(A) CHOLERA			
No. of stool specimens examined	-	-	05
No. of EI. tor cholera	-	-	-
Ogawa	-	-	-
Inaba	-	-	-
Cholera 0139	-	-	-
(B) SALMONELLA			
No. of Blood specimens examined	20	30	49
No. positive S. typhi	-	-	-
S. paratyphi	-	01	-
No. of stool specimens examined	139	182	128
No. positive S. typhi	-	-	-
S. paratyphi A	-	-	-
Others	02	03	02
(C) SHIGELLA			
No. of specimens examined	139	182	128
No. positive Sh. flexneri 1	-	-	-
Sh. flexneri 2	02	01	-
Sh. flexneri 3	-	-	-
Sh. flexneri 4	-	-	-
Sh. flexneri 5	-	-	-
Sh. flexneri 6	01	02	-
Sh. sonnei	08	15	10
Sh. dysenteriae	-	-	-
(D) ENTEROPATHOGENIC E. COLI			
No. of specimens examined	37	70	47
No. positive Group A	02	04	-
(E) CAMPYLOBACTER SPECIES			
	02	02	-

19. SEXUALLY TRANSMITTED DISEASES

Table 17.

NEW EPISODES OF STD/HIV/AIDS REPORTED OR TREATED AT STD CLINICS IN SRI LANKA* - 2ND QUARTER 2007

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	15	9	24	29	19	48
AIDS	7	4	11	12	5	17
Early Syphilis ²	21	11	32	42	22	64
Syphilis	73	63	136	143	132	275
Congenital Syphilis ⁴	0	0	0	0	0	0
Gonorrhoea ⁵	89	38	127	223	83	306
Ophthalmia neonatorum ⁶	2	3	5	3	3	6
Non specific cervicitis/urethritis	129	220	349	253	400	653
Chlamydial Infection	1	22	23	8	32	40
Genital Herpes	156	247	403	343	503	846
Genital Warts	173	79	252	328	200	528
Chancroid	0	0	0	0	0	0
Trichomoniasis	1	38	39	4	69	73
Candidiasis	198	305	503	407	646	1053
Bacterial Vaginosis	0	215	215	0	434	434
Other sexually transmitted diseases ⁷	57	53	110	136	150	286
Non-venerial ⁸	751	560	1311	1659	1257	2916

* - 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 inguinale, Molluscum contagiosum, Scabies, Tinea, Hepatitis B etc.

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

20. LEPTOSPIROSIS SURVEILLANCE REPORT 2006

The number of leptospirosis cases notified to the Epidemiology Unit in 2006 was 1582. This is just a 2% increase, when compared to the 1550 cases reported in 2005. Out of the notified cases, only 1192 (75.4%) were confirmed by the MOOH.

It is an endemic disease in many parts of Sri Lanka, and occurs throughout the year. During the last decade, there has been an increase in the number of leptospirosis cases reported in the country (Figure 1). This increase may be due to the occurrence of outbreaks of leptospirosis in some districts and also due to the improved case detection. The actual incidence of leptospirosis is likely to be more than the hospital admission figures, as a large number of patients with mild form of the disease do not seek treatment at all or are being treated at the OPD or by private practitioners, resulting in the cases not being reported to the Epidemiology Unit.

The highest number of cases (230) as well as the highest incidence (36.0/100,000 population) were reported from Kegalle district. The incidence rate for the country was 8.1/100,000 population (Table 18). The other DPDHS areas where high numbers of leptospirosis cases reported were; Colombo (143 cases, 6.2/100,000 population), Gampaha (211 cases, 9.9/100,000 population), Kalutara (139 cases, 12.7/100,000 population), Matara (175 cases, 22.0/100,000 population), and Kandy (102 cases, 7.7/100,000 population). No cases were reported from RDHS areas Kilinochchi and Mullaitivu. The possibility of under reporting of cases in some RDHS divisions cannot be ruled out.

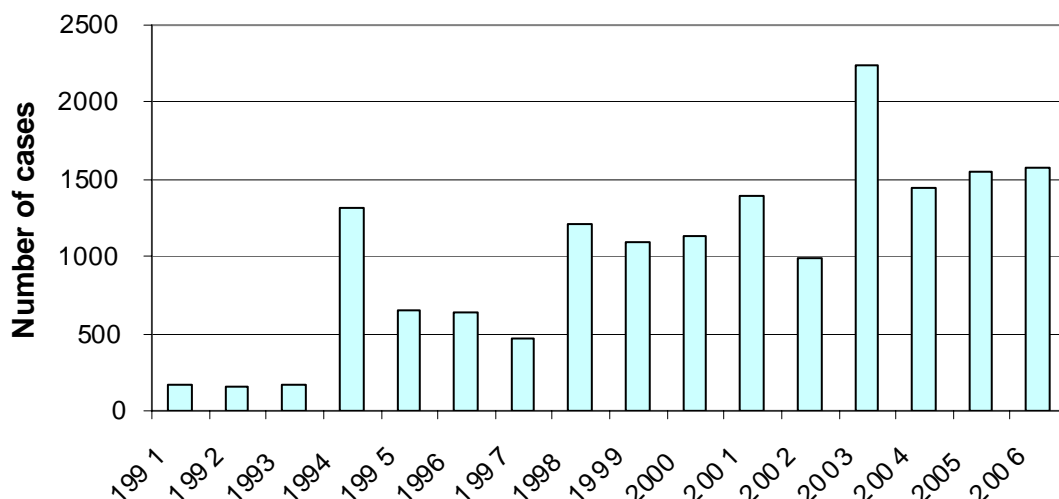
The disease occurrence had increased during March – June and the latter part of the year (Figure 2). In 2006 an endemic pattern of the diseases was observed in the country. However in the previous years, marked seasonality was observed and these seasonal trends were important particularly in targeting preventive activities. Paddy cultivation takes place in most of these endemic areas at the divisional level and the peak incidence is associated with the paddy harvesting seasons. During this period, there is an increase in the rodent population in and around the fields. Majority of the cases (36.7%) had been exposed in the paddy fields, indicating occupational exposure among the farmers, while another 34% had been exposed in muddy or marshy lands indicating the vulnerability among other occupational groups working in the outdoor settings (Figure 3).

The analysis of 648 investigated cases of leptospirosis at sentinel sites in 2006 shows that the male to female sex ratio is around 5.6:1, which shows an increasing vulnerability among the males (Table 19 Figure 4). This further highlights the evidence of occupation related nature of the disease. As in the past years possible increased risk among working and physically active groups was observed. Most of the affected cases were in the age group of 20-44 years (44.9%). Also a substantial number was reported from the age group of 45-64 years (29.3%) (Table 20).

Leptospirosis is one of the notifiable diseases in Sri Lanka. The earliest available evidence of leptospirosis having been diagnosed in Sri Lanka was in 1953. Over 19 leptospiral serovars belonging to over 7 sero-groups have been isolated and incriminated as the causative agent for leptospirosis in man and/or animals in Sri Lanka. It is important to note that the laboratory surveil-

Figure 1.

LEPTOSPIROSIS CASES REPORTED 1991-2006



lance of Leptospirosis needs to be improved as over 90% of these cases were based only on the clinical diagnosis. There is no ongoing national programme for prevention and control of leptospirosis and only ad-hoc programmes are carried out by the interested MOOH at the divisional level. However, Epidemiology Unit has already instructed Regional Epidemiologists in RDHS areas where the disease is endemic to develop district plans for year 2007-2008. These biennial district plans will be focused more on the improved disease surveillance, public awareness, improved clinical management including laboratory surveillance and chemoprophylaxis.

Sentinel site surveillance for leptospirosis was started in 2004 in order to strengthen prevention and control strategies in the affected areas. Initially these activities will be carried out in the areas where the incidence is high considering them as models. The final objective of this is to introduce an effective and sustainable prevention and control programme for the country. Thirteen medical institutions were identified as the sentinel sites and the focal point was the Infection Control Unit / Nurses in the respective medical institutions. Regional Epidemiologists in the respective areas monitored this activity at the district level, while the Epidemiology Unit closely monitored the programme at the national level. As a result, the surveillance activities at these sentinel sites have improved remarkably (Table 21 and 22).

These sentinel sites reported 953 cases of leptospirosis, showing 60.2% coverage of the total reported cases in the country. This indicates the appropriate selection of sentinel sites and their representative nature to cover the prevention and control activities. In 2005, sentinel sites covered only 56%, and this shows that the sentinel sites gradually increased its influx of cases in the country. Out of 40 deaths reported from sentinel sites, 17 were from GH Matara and 13 were from TH Ragama. Increasing number of deaths due to Leptospirosis indicates the importance of early detection of cases and a need for an audit of clinical management of cases of leptospirosis. The case investigation rate at sentinel sites was 93%. GH Ragama, BH Panadura, and BH Karanella had shown 100% investigation rate, indicating the good practice by the Infection Control Nurses designated for the sentinel site surveillance at these institutions.

Table 18.

DISTRIBUTION OF REPORTED AND CONFIRMED CASES OF LEPTOSPIROSIS BY DPDHS -2006

RDHS	No. Notified	No. Confirmed	Reporting Rate/100,000
Colombo	143	86	6.2
Gampaha	211	150	9.9
Kaluthara	139	98	12.7
Kandy	102	83	7.7
Matale	32	30	7.0
Nuwara Eliya	12	10	1.7
Galle	78	57	7.6
Hambantota	53	46	9.8
Matara	175	138	22.0
Jaffna	3	3	0.5
Kilinochchi	0	0	0
Mannar	1	1	1.0
Vavuniya	2	2	1.3
Mulativu	0	0	0
Batticaloa	6	5	1.1
Ampara	15	10	6.1
Kalmunai	3	3	0.8
Trincomalee	3	0	0.8
Kurunegala	75	53	5.0
Puttalama	21	18	2.9
Anuradhapura	47	40	6.1
Polonnaruwa	22	14	5.9
Badulla	39	23	4.8
Moneragala	31	33	7.5
Ratnapura	79	59	7.6
Kegalle	290	230	36.0
SRI LANKA	1582	1192	8.1

Table 19.

DISTRIBUTION OF LEPTOSPIROSIS CASES BY SEX 2006

	Number of Cases	%
Male	549	84.7
Female	99	15.3

Figure 2.

DISTRIBUTION OF LEPTOSPIROSIS CASES BY MONTHS 2003-2006

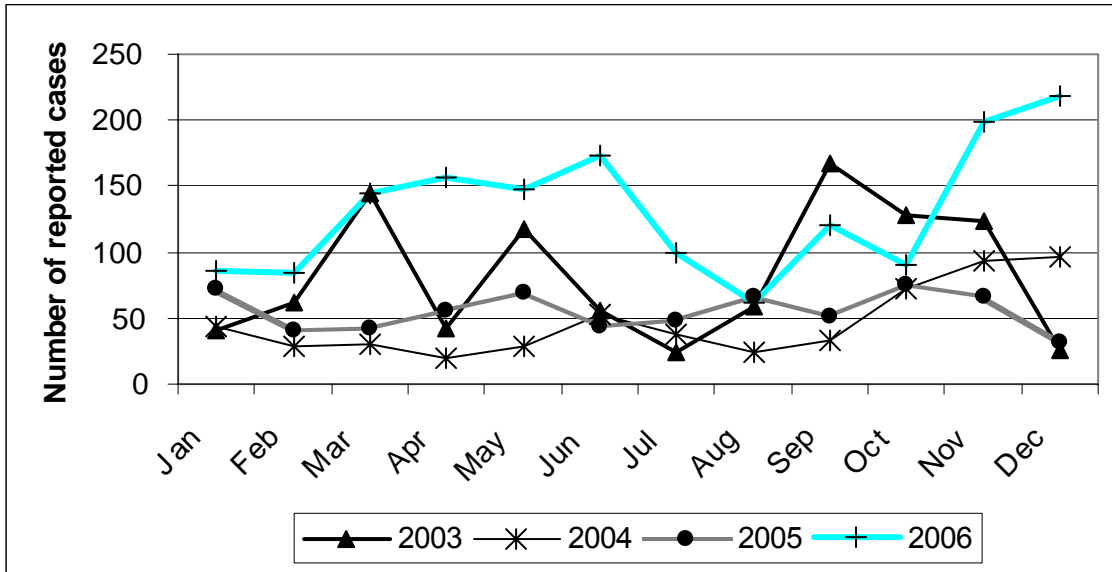


Figure 3.

EXPOSURE PLACE –CASES REPORTED IN 2006

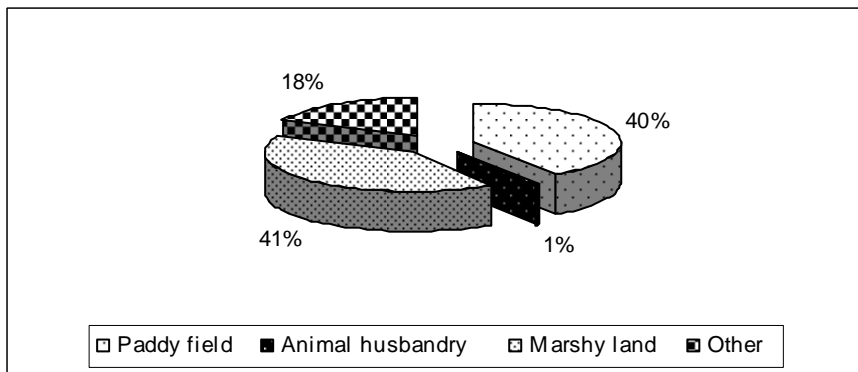


Figure 4

DISTRIBUTION OF LEPTOSPIROSIS CASES BY AGE AND SEX 2006

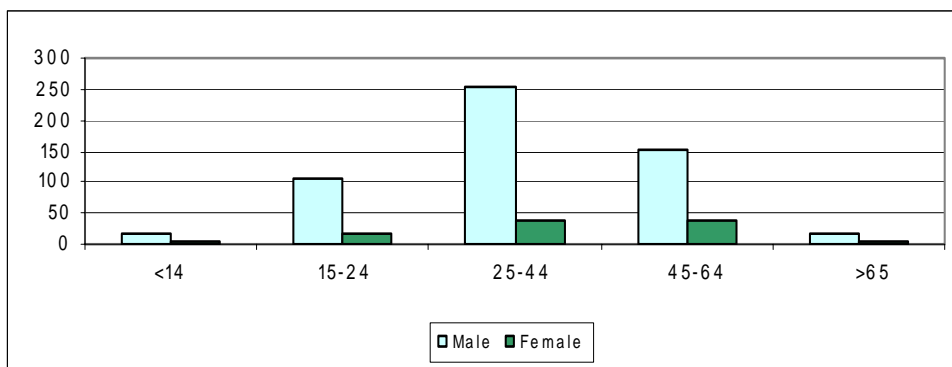


Table 20.

DISTRIBUTION OF LEPTOSPIROSIS CASES BY AGE –2006

Age Group (Years)	Number of Cases	%
Below 1	0	0
1 – 14	23	3.5
15 – 19	124	19.1
20 – 44	291	44.9
45 – 64	190	29.3
65 or above	20	3.2

Table 21.

LEPTOSPIROSIS SENTINEL SITE SURVEILLANCE— 2006

	Total No. Re- ports Received (%) N=24	Total No. Nil Reports (%)	Number of cases reported	Number of cases investi- gated (Investigation rate %)	Number of deaths reported
BH Avissawella	22 (92%)	3(14%)	99	96 (97%)	0
BH Homagama	22 (92%)	13 (59%)	15	1 (7%)	0
GH Ragama	24 (100%)	1 (4%)	134	134 (100%)	13
BH Watupitiwala	23 (96%)	12 (52%)	48	46 (96%)	0
BH Horana	23(96%)	11 (48%)	27	25 (93%)	2
BH Panadura	24 (100%)	11 (46%)	17	17 (100%)	0
GH Kandy	1 (4%)	1 (100%)	0	0 (0%)	0
TH Karapitiya	23 (96%)	5 (22%)	78	66 (85%)	4
GH Matara	23 (96%)	0 (0%)	181	168 (93%)	17
GH Kurunegala	23 (96%)	2 (9%)	63	59 (94%)	4
GH Kegalle	24 (100%)	1 (4%)	214	206 (96%)	0
BH Karawanella	18 (75%)	14 (78%)	7	7 (100%)	0
BH Mawanella	22 (92%)	5 (23%)	70	64 (91%)	0
Total	274 (95%)	81 (30%)	953	889 (93%)	40

Table 22:

SENTINEL SITE SURVEILLANCE BY REGIONAL EPIDEMIOLOGISTS—2006

Regional Epidemiologist	Total No. Reports Received (n=12)	Total No. Reports re- ceived on time	Timeliness %
Colombo	12	2	17%
Gampaha	12	8	67%
Kalutara	12	12	100%
Kandy	8	7	88%
Kurunegala	12	6	50%
Kegalle	11	2	18%
Matara	12	11	92%
Galle	7	1	14%

21. HUMAN RABIES SURVEILLANCE REPORT – 2006

Human rabies is a notifiable disease in Sri Lanka. The number of human rabies deaths declined from 377 in 1975 to 68 in 2006 (Table 23 and 29). Seventy four (74) cases of human rabies were reported through the routine notification system and 68 cases had been confirmed as human rabies (Table 23). The distribution of notification and confirmed cases of human rabies cases by RDDHS divisions is given in Table 24. In 2006, the highest number of 07 cases was notified in RDDHS divisions Gampaha and Jaffna. The RDDHS divisions Matara (06), Puttalam (05), Galle (05), Badulla (04) and Kurunegala (04) also notified a higher number of cases. The highest rate of human rabies cases was reported from the district of Kilinochchi (2.11/100,000 population).

Age and Sex Distribution

The age distribution of investigated / confirmed cases of rabies for the year 2006 is given in Table 25. The highest percentage of cases 32 (47%) occurred in the age group 20-59 years. The next highest percentage of 26.4% (18 cases) occurred in age group 5-19 years followed by the elderly population (>60yrs) with 23.5% (16 cases). No cases were reported in children less than 1 year of age. Similar pattern of age distribution was shown during 2000 – 2005, where the age group 20-59 years was the most affected. Reported male: female ratio of 4:1 (approximately) highlights the increased susceptibility of males. (Table 26)

Exposure Information

According to data analyzed through confirmed rabies cases 41.2% (28 cases) human rabies were due to stray dogs. The dog (85.3%- 58 cases) is the main reservoir as well as the transmitter of rabies in the country. (Table 27 & 28)

Since the National Rabies Control Programme (NRCP) commenced in 1975, animal vaccination and elimination activities were strengthened to a greater extent; dog vaccination has increased significantly from 1975 to 2004, but in 2005 there was a slight drop (Table 29). In 2006 the vaccination increased again. It is important to maintain the dog vaccination strategy as a control measure. At least around one third of human rabies cases were due to household / neighbours' animals, which show high susceptibility and poor vaccination practices among household animals and the lack of responsibility by the dog owners. Routine dog vaccination is essential. It not only protects the animal, but also makes the public less susceptible. It also helps to arrest the transmission of virus among the animal too. However, partial and ad hoc dog vaccination practice may lead to an increase in

the risk of rabies, particularly due to the false trust on the safety of the animal. Epidemiological investigation has revealed that in some cases post exposure treatment (PET) was not taken or not given assuming that the animal was immunized, but actually the animal has not been vaccinated completely and thereby not protected. Though the public support for the dog vaccination is remarkable, there is a tendency of resistance for dog elimination, particularly from the animal lovers. Similar to dog vaccination, stray dog elimination has increased steadily from 1975 to 2001. But in years 2002-2005 some local government authorities have completely stopped the dog elimination activities and as a result dog elimination declined by 10% in 2006 compared to the year 2001 (Table 29). As a result of this decision, the stray dog population may have increased in these areas posing an increased exposure risk to the public.

Table 30 shows the Positivity rate of human brains tested for rabies at the laboratory of the Medical Research Institute, Colombo.

Rabies Control Programme

The Public Health Veterinary Services (PHVS) Unit is the body to control and prevent human and animal rabies in the country. The Epidemiology Unit is the national centre for disease surveillance and carries out all surveillance activities related to human rabies in the country through its wide network at the regional and divisional levels. Strategies of rabies control in Sri Lanka are; surveillance of rabies, promotion of responsible dog ownership, immunization of domestic, community and stray dogs against rabies, birth control for dogs, destruction of stray dogs suspected of incubating the rabies virus, post-exposure treatment, training and health education, enforcement of rabies control legislation and promotion of multi-sectoral co-operation and community participation.

Ministry of Health has appointed the National Task Force for rabies elimination in 2004. This Task Force will develop a national action plan for the elimination of rabies and at present sub committees are developing and piloting the prevention and control strategies. The Task Force is focusing on the implementation of most of these activities through the local government authorities with the cooperation of the MOOH. The necessary legislations have been developed.

Most of the lives would have been saved, if they had received the PET as recommended. Public awareness on PET should be strengthened. Also the rational post exposure treatment practices at the hospital should be reviewed regularly as a part of the clinical audit for PET. This is the most expensive single item among the drug allo-

cations of the Ministry. Exposure opportunities are to be minimized by integrated activities of control of dog population and vaccination. Periodical review of the efficacy of dog vaccination is another aspect for future research. Strengthening present regulations and creating community responsibility, particularly in dog ownership are equally important in rabies control activities in the country.

Table 23.

MORTALITY AND NOTIFICATION OF HUMAN RABIES CASES – 1991- 2006

Year	Cases Confirmed		No. of suspected cases notified ■
	Number	*Rate	
1991	136	0.79	133
1992	112	0.64	112
1993	98	0.55	104
1994	105	0.58	122
1995	124	0.68	178
1996	110	0.59	195
1997	135	0.72	150
1998	111	0.59	123
1999	110	0.58	194
2000	109	0.56	132
2001	83	0.43	105
2002	64	0.33	78
2003	76	0.39	86
2004	98	0.5	97
2005	55	0.3	55
2006	68	0.37	74

Source : ■ Rabies Control Programme
 ■ Epidemiology Unit (H399 & H411 and Special Investigation forms).
 * Rate per 100,000 population.

Table 24.

NUMBER OF CONFIRMED CASES OF HUMAN RABIES BY RDHS DIVISIONS– 2006

RDHS Division	Number of Cases con- firmed	% of Cases con- firmed	Rate / 100,000
Colombo	3	4.4	0.12
Gampaha	7	10.3	0.33
Kalutara	1	1.5	0.09
Kandy	1	1.5	0.07
Matale	1	1.5	0.20
Nuwara Eliya	2	2.9	0.27
Galle	5	7.4	0.48
Hambantota	1	1.5	0.18
Matara	6	8.8	0.74
Jaffna	7	10.3	1.18
Vavuniya	0	-	-
Ampara	2	2.9	0.75
Batticaloa	2	2.9	0.36
Trincomalee	3	4.4	0.76
Kalmunai	1	1.5	0.28
Kurunegala	4	5.9	0.26
Puttalam	5	7.4	0.67
Anuradhapura	3	4.4	0.38
Pollonnaruwa	1	1.5	0.26
Badulla	4	5.9	0.48
Moneragala	0	-	-
Kegalle	2	2.9	0.25
Ratnapura	2	2.9	0.19
Kilinochchi	3	4.4	2.11
Mannar	1	1.5	1.00
Mullativu	1	1.5	0.69
SRI LANKA	68	100.0	0.34

Table 25.

AGE DISTRIBUTION OF CONFIRMED HUMAN RABIES CASES, 2000-2006

Age Group	2000	2001	2002	2003	2004	2005	2006
<1 year	0	0	0	0	0	0	0
1 - 4 years	3	8	2	6	3	0	2
5 - 19 years	30	17	15	19	17	11	18
20 - 59 years	39	31	29	48	46	30	32
60 & Over	23	10	10	3	16	9	16

Source - Epidemiology Unit

Table 26.

SEX DISTRIBUTION OF CONFIRMED HUMAN RABIES CASES, 2000-2006

Sex	2000	2001	2002	2003	2004	2005	2006
Male	70	51	38	58	59	38	54
Female	25	15	18	18	22	12	14

Source - Epidemiology Unit

Table 27.

DISTRIBUTION OF HUMAN RABIES CASES BY TYPE OF BITING ANIMAL, 2000 – 2006

Type of animal	2000	2001	2002	2003	2004	2005	2006
Household Pet	23	34	29	18	13	11	13
Neighbors' Pet	9	6	4	9	7	8	11
Stray	41	16	18	35	36	24	28
Unknown	22	10	5	14	24	7	16

Source - Epidemiology Unit

Table 28.

DISTRIBUTION OF HUMAN RABIES CASES BY TYPE OF BITING ANIMAL, 2000 – 2006

Animal	2000	2001	2002	2003	2004	2005	2006
Dog	67	49	36	63	69	42	58
Cat	8	5	5	4	2	1	1
Other	6	3	15	4	2	0	2
unknown	14	9	6	5	7	7	7

Source - Epidemiology Unit

Table 29.

RABIES CONTROL ACTIVITIES AND NUMBER OF HUMAN DEATHS FROM RABIES, 1975 – 2006

Year	Vaccination of dogs	Elimination of dogs	Heads examined at MRI		Human rabies deaths	
			Number	% Positive	Number	Rate /100,000
1975	42,252	1,610	456	64.7	377	2.7
1980	120,143	36,845	420	52.5	209	1.4
1985	268,561	58,238	344	55.5	113	0.7
1990	412,586	63,233	963	70.2	154	0.9
1995	452,828	106,862	1,217	69.7	124	0.7
2000	657,597	117,790	559	88.5	109	0.6
2001	770,375	119,761	NA	NA	83	0.4
2002	797,565	117,790	NA	NA	64	0.3
2003	664,493	84,350	NA	NA	76	0.4
2004	844,123	89,530	NA	NA	98	0.5
2005	818,162	62,693	NA	NA	55	0.3
2006	964,242	12,091	-	-	68	0.3

Source - Rabies Control Programme (PHVS)

Table 30.

HUMAN BRAINS TESTED FOR SUSPECTED RABIES DEATHS, 2003-2006

Year	No. brains tested	No. brain positive	Rate (%)
2003	33	15	45
2004	42	24	57
2005	28	20	71
2006	44	31	70

Source - MRI

Table 31

22. SUMMARY OF NOTIFIABLE DISEASES –2ND QUARTER 2007

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	3	142	218	4	14	3	0	30	0	4	0	0	43
Gampaha	0	2	146	102	6	19	1	2	49	0	1	1	3	31
Kalutara	0	0	216	54	0	15	7	2	27	0	4	0	0	6
Kandy	0	6	108	53	0	18	2	0	11	0	2	0	17	1272
Matale	0	1	56	9	3	4	0	0	15	3	2	0	0	32
Nuwara Eliya	0	1	111	8	2	53	0	0	2	7	0	1	9	191
Galle	0	0	47	9	2	4	1	2	12	0	1	1	2	6
Hambantota	0	0	21	8	3	9	11	1	16	1	0	0	14	2
Matara	0	2	98	34	6	8	6	0	57	1	3	0	36	10
Jaffna	0	0	50	16	0	74	5	0	0	0	7	2	5	8
Kilinochchi	0	0	0	1	0	1	0	0	0	0	0	0	0	0
Mannar	0	0	0	0	0	8	0	0	1	0	0	0	0	1
Vavuniya	0	0	15	1	2	3	9	0	0	1	0	0	0	2
Mullativu	0	0	4	0	3	4	0	0	0	0	0	0	0	4
Batticaloa	0	1	270	52	5	2	8	1	0	3	0	0	22	314
Ampara	0	0	30	2	0	0	0	0	0	0	0	0	0	8
Trincomalee	0	1	109	14	2	4	5	0	4	2	0	0	3	53
Kurunegala	0	1	182	101	2	21	13	1	6	1	1	1	4	21
Puttalam	0	2	38	15	1	22	3	0	10	1	1	2	4	19
Anuradhapura	0	1	29	53	1	3	10	1	8	0	0	0	6	11
Polonnaruwa	0	0	11	21	0	3	3	0	7	0	0	0	0	11
Badulla	0	1	219	6	1	32	0	0	13	1	0	0	57	86
Moneragala	0	0	132	5	2	20	10	0	18	0	0	0	15	15
Ratnapura	0	2	148	66	4	14	2	1	16	1	19	0	8	22
Kegalle	0	1	110	56	3	15	1	0	28	2	3	1	7	59
Kalmunai	0	0	66	1	1	2	0	0	0	0	0	1	0	20
TOTAL	0	25	2358	905	53	372	100	11	330	24	48	10	212	2247

No polio cases. (from AFP surveillance system).

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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:

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ON STATE SERVICE

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