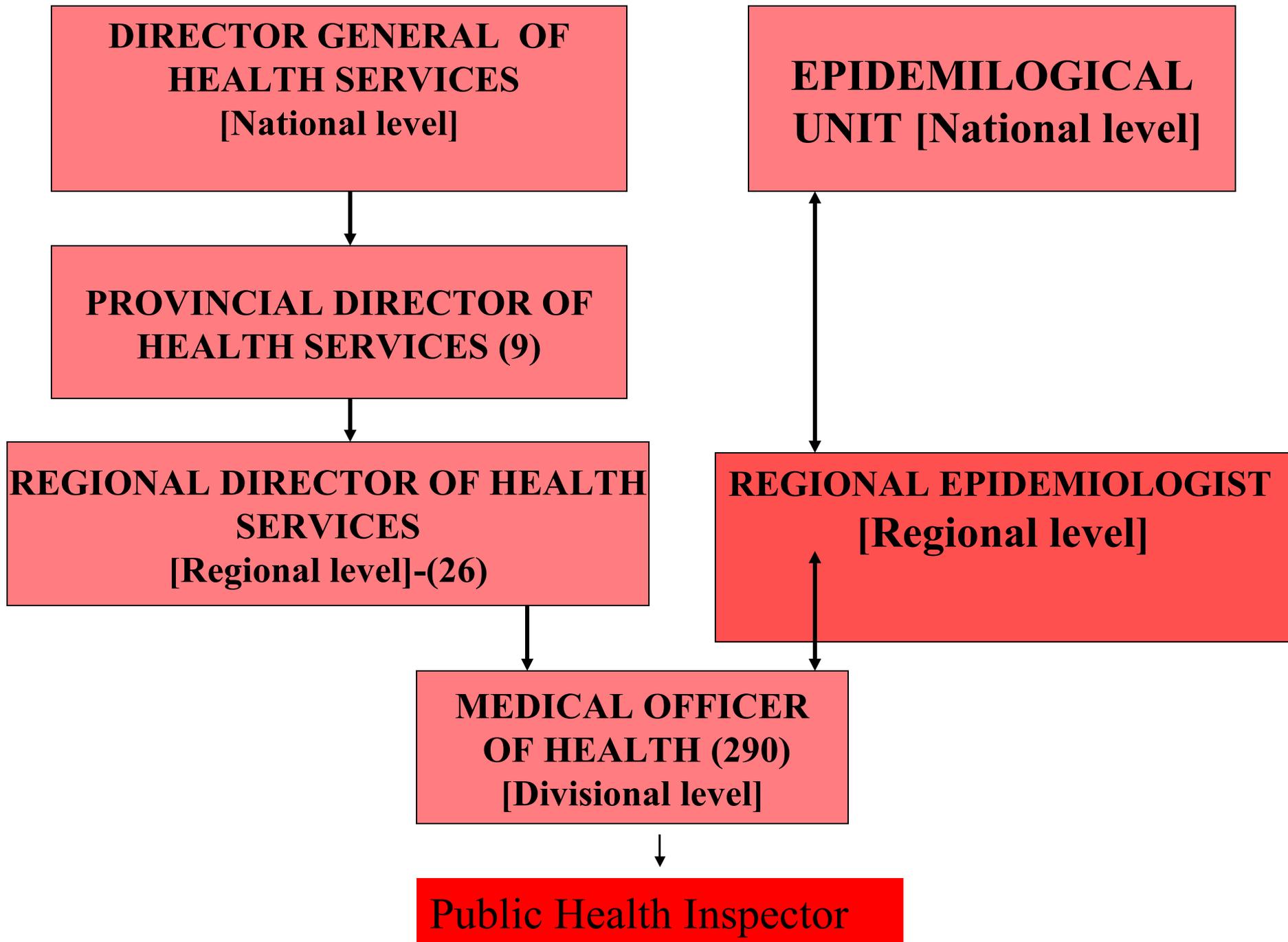


DISEASE SURVEILLANCE PROGRAMME IN SRI LANKA

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Consultant Epidemiologist
Epidemiology Unit Sri Lanka



DIRECTOR GENERAL OF HEALTH SERVICES
[National level]

EPIDEMIOLOGICAL UNIT [National level]

PROVINCIAL DIRECTOR OF HEALTH SERVICES (9)

REGIONAL DIRECTOR OF HEALTH SERVICES
[Regional level]-(26)

REGIONAL EPIDEMIOLOGIST
[Regional level]

MEDICAL OFFICER OF HEALTH (290)
[Divisional level]

Public Health Inspector

Disease surveillance system consist of

- Routine notification of communicable diseases
- Special surveillance on selected communicable diseases
- Sentinel site surveillance

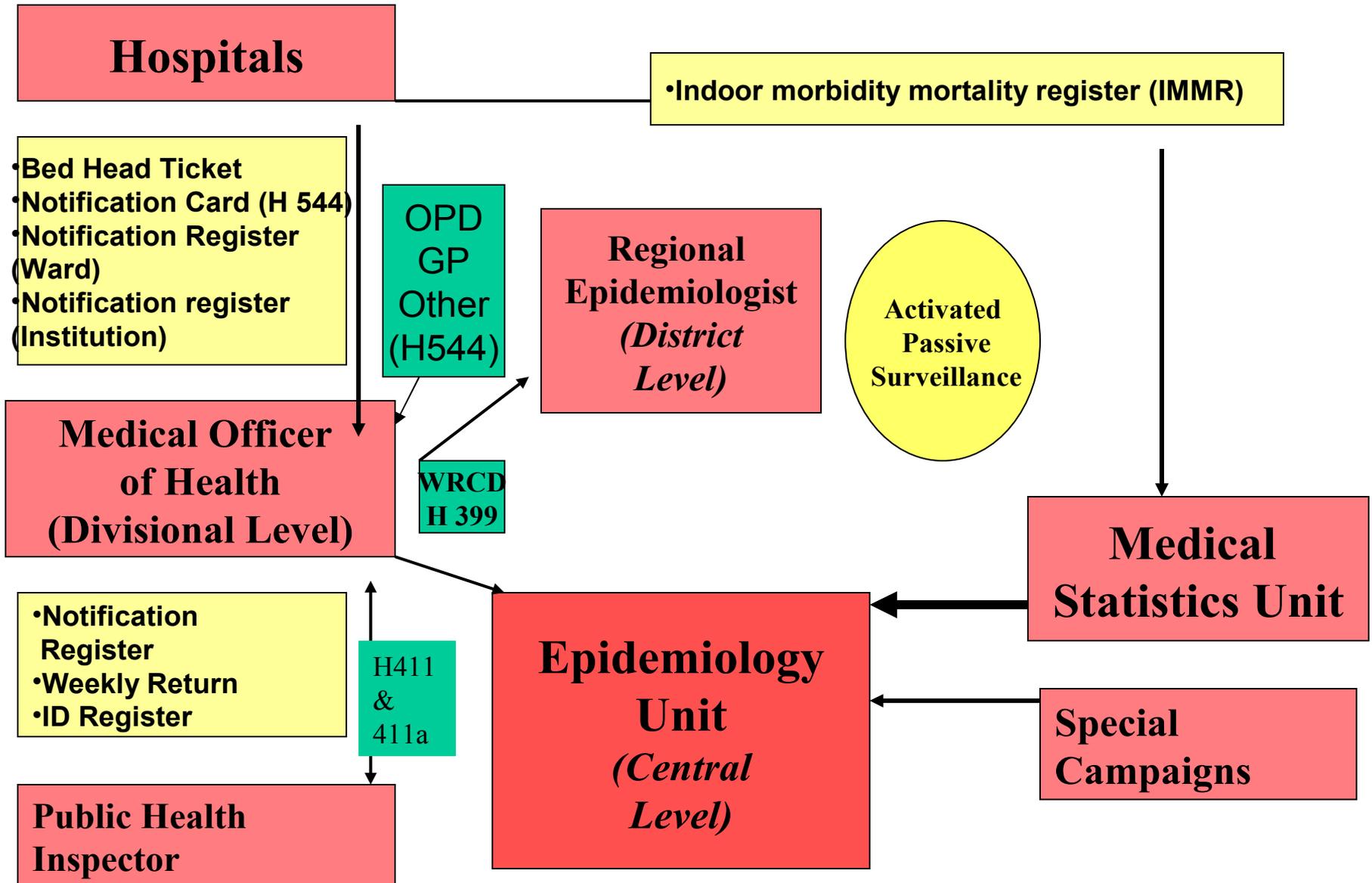
Notification system

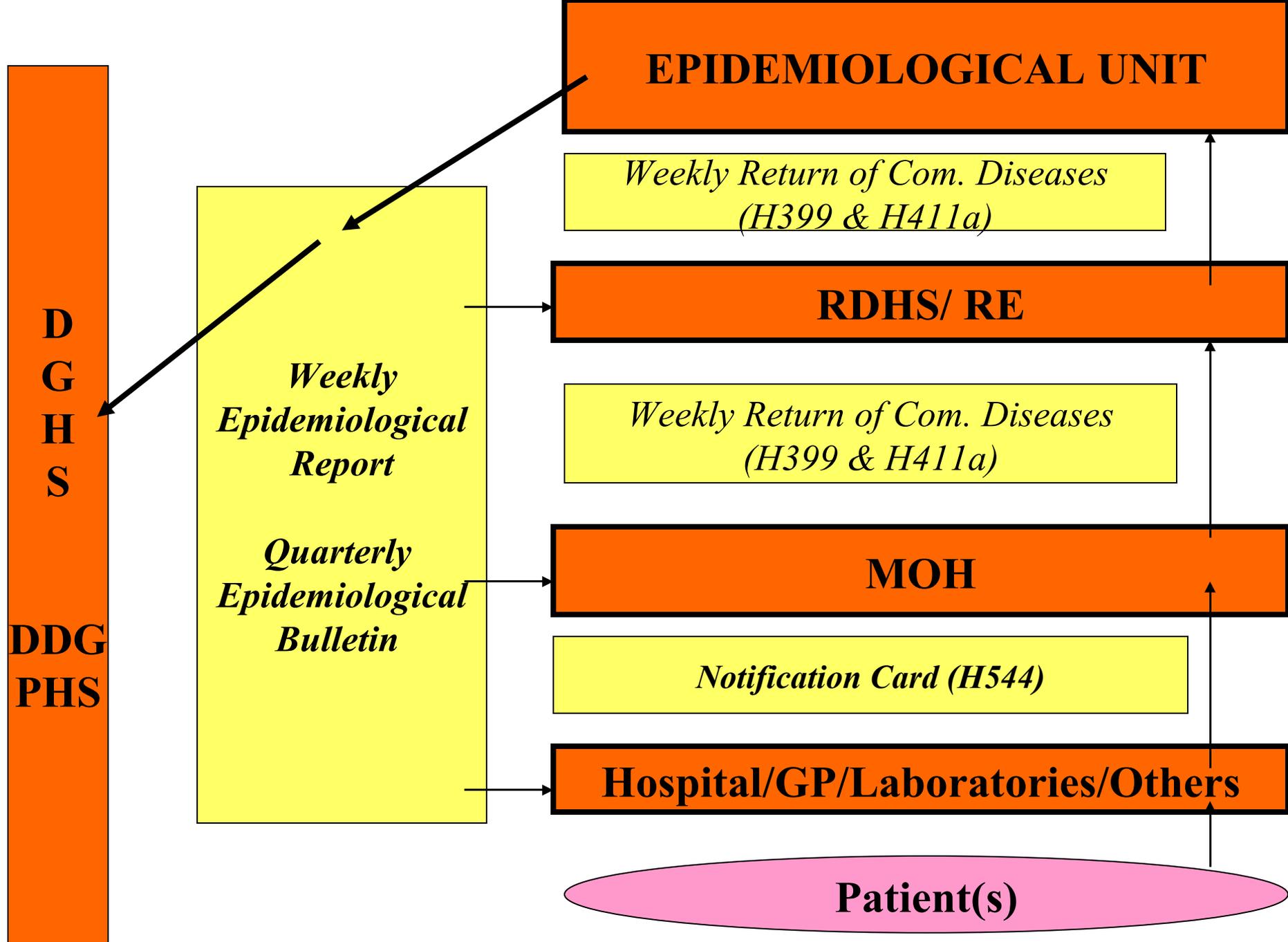
- Notification of communicable diseases is a legal requirement in Sri Lanka since 1897
- Every medical practitioner or person professing to treat diseases, who attends on any person suffering from any disease in the list shall notify to the proper authority
- Any person who contravenes this regulation shall be guilty of an offence and such person shall be prosecuted in Magistrate Court.

List of Notifiable Diseases in Sri Lanka

Disease	Authority	Mode of notification
Group A : Cholera, Plague, Yellow Fever	DGHS, DDG(PHC) Epidemiologist, RE,MOH	TP, Fax, Telegram, H544
Group B: - AFP /Poliomyelitis - Enteric Fever - Tetanus - Chicken pox - Food Poisoning - Typhus Fever -DHF/DF - Human Rabies - Whooping cough - Diphtheria - Leptospirosis - Tuberculosis - Dysentery - Malaria - Viral Hepatitis - Encephalitis - Measles - Mumps -Rubella /CRS -Meningitis -Simple cont. Fever > 7 Days - Any other disease occurring in epidemic proportion		MOH BY H-544
SARS/Suspected SARS	DGHS, DDG(PHC) Epidemiologist, RE,MOH Director Quarentine Airport/port health officer	TP, Fax, Telegram, H544

Mechanism of Data Collection





Current Status: Notification System

- Reporting is mandatory
- Covers all [290] MOH areas in the country
- Receive 70% WRCD within 10 days
- Data collected is entered in a central database at Epid unit
- Has an in-built monitoring system at: Divisional, District and National level
- Linked with special investigation for selected diseases
- Feedback information on notifiable diseases is communicated through the Weekly Epidemiological Report and Quarterly Epidemiological Bulletin both of which are available at web also

Monitoring & Evaluation

- WRCD – Screen for clarity, timeliness and completeness at all three levels
- RE's Quarterly Reviews

Strengths

- This provides us the basis for control and prevention of any disease which has a potential to become a threat to the health of the public
- National network covering whole island
- Availability of technical experts at each levels
- Close monitoring and evaluation
- Feedback (WER, Quarterly Bulletin)

Weaknesses

- No active Surveillance: Only Activated-passive and Passive Surveillance
- Timeliness is not very satisfactory
- Lack of Laboratory Surveillance
- Limited to inward cases; minimum contribution from OPD / Private sector

Special Surveillance



- Cholera
- All EPI Diseases (TB, Diphtheria, Pertussis, Measles, Polio /AFP, Neonatal Tetanus)
- Japanese Encephalitis
- Dengue Fever
- Human Rabies
- Hepatitis
- Leptospirosis

Thank you

