

# **Current Sri Lankan Disease Notification System**

# Notifiable Diseases

## Group A: Internationally Notifiable Diseases

- Cholera
- Plague
- Yellow Fever

## Group B:

- Polio Myelitis / Acute Flaccid Paralysis
- Diphtheria
- Dysentery
- Pertussis
- Enteric Fever
- Food Poisoning
- Tetanus/ Neonatal tetanus
- Measles
- Malaria
- Rubella/Congenital Rubella Syndrome
- Viral Hepatitis

- Leptospirosis
- Dengue Fever/ Dengue Haemorrhagic Fever
- Encephalitis (including Japanese Encephalitis)
- Human Rabies
- Mumps
- Meningitis
- Chicken Pox
- Simple continued fever of over 7 days or more
- Typhus Fever
- Severe Acute Respiratory Syndrome (SARS)
- Tuberculosis

# Who can do notification

Quarantine and Prevention of Disease Surveillance Ordinance - all medical practitioners or person professing to treat diseases and attending to patients (In government and private medical institutions

- Intern House Officers
- Grade Medical Officers
- Any other Medical Officers
- Consultants
- General Practitioners
- Family Physicians

# What should notify

The disease should be notified immediately **at the time of first suspicion without waiting for laboratory test results** or confirmatory tests.

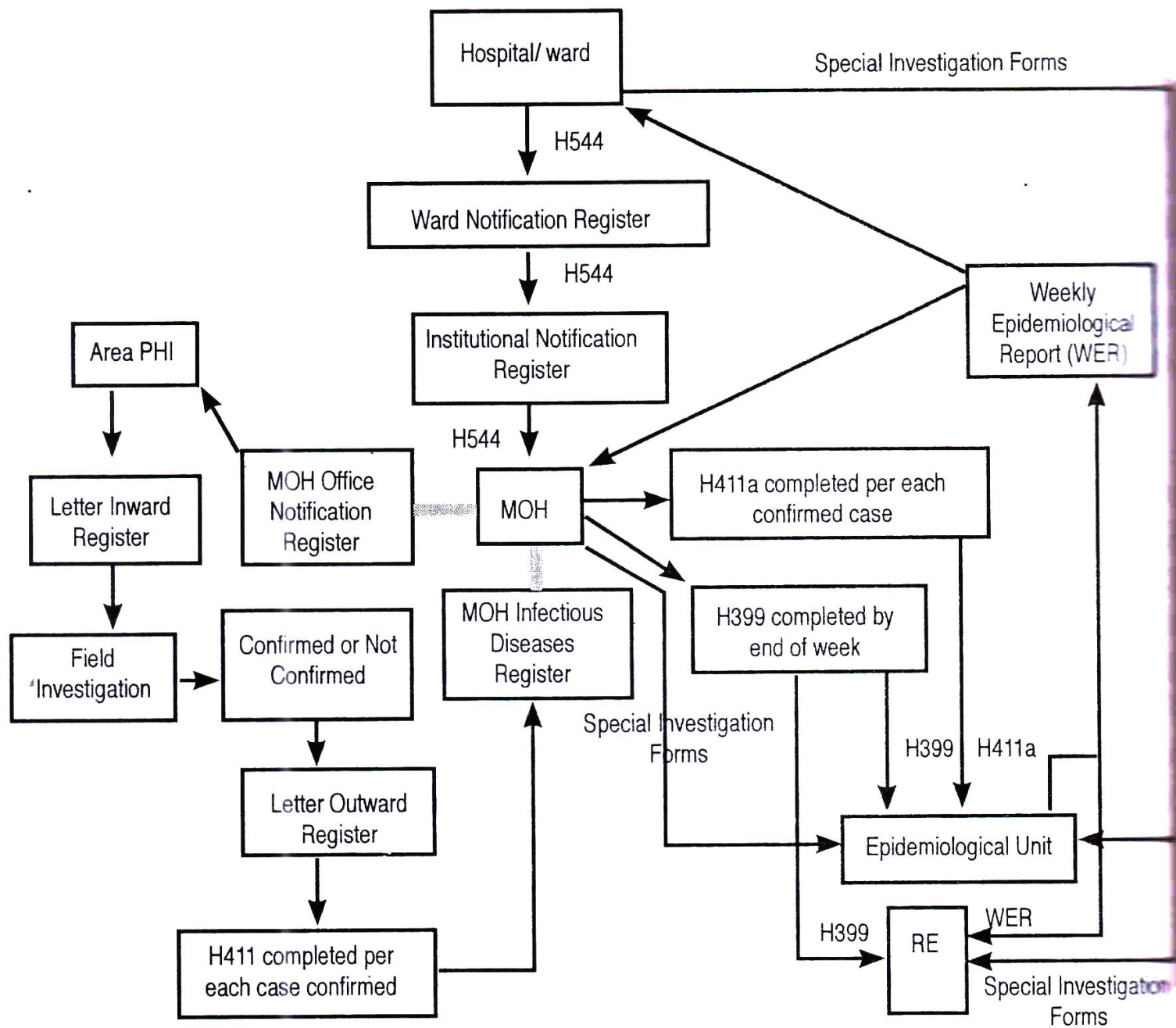
Making the notification at the earliest possible is of paramount importance thus enabling the field public health staff to start the necessary preventive and control measures immediately.

# Authorities

- Group A - Director General of Health Services, Deputy Director General (Public Health Services), Epidemiologist, Regional Epidemiologist, Divisional Director of Health Services and Medical Officer of Health using form I (H-544)
- Group B - Divisional Director of Health Services/Medical Officer of Health using form I (H-544).

- Severe Acute Respiratory Syndrome (SARS) - Director General of Health Services, Deputy Director General (Public Health Services), Director/Quarantine, Air Port Health Officer, Port Health Officer, Epidemiologist, Regional Epidemiologist, Divisional Director of Health Services and Medical Officer of Health using form I (H-544)
- Tuberculosis - Director/National Program for Tuberculosis, Tuberculosis Control and Chest Diseases using form II (H-816)

Figure 1 : Flow chart on the Notification System in Sri Lanka



**தொடர்தகு நோய்களின் அறிவிப்பு**  
**NOTIFICATION OF A COMMUNICABLE DISEASE**

மருத்துவம் / நிறுவனம் / Institute ..... நோய் / நோய் / Disease .....

நோயாளியின் பெயர் }  
 Name of Patient } .....

நோயின் திகதி }  
 Date of Onset } .....

\*குழந்தைகளின் பெயர்/தாய்/தந்தை/பாதுகாப்பாளர் பெயர் }  
 Peditric Patients-Name of Mother/Father/Guardian } .....

நோயின் திகதி }  
 Date of admission } .....

மருத்துவ அளவை }  
 B.H.T. No. } .....

வார்ட் }  
 Ward } .....

வயது }  
 Age } .....

பாலினம் }  
 Sex } .....

மருத்துவ அளவைகள் (பெறக்கூடியதாக இருப்பின்) .....  
 Laboratory Results (If available)

நோயாளியின் வீட்டுவிலாசம் (நோயாளியின் வீட்டை அடையாளம் காண்பதற்கு வசதியாக)  
 Home address of Patient (for the Public Health Inspector to trace the patient's residence)

நோயாளியின் வீட்டு தொலைபேசி இல. }  
 Patient's Home Telephone No. } .....

.....  
 அறிவிப்பவரின் கையொப்பம்  
 Signature of Notifier

.....  
 பெயர்  
 Name

.....  
 அந்தஸ்து  
 Status

.....  
 திகதி  
 Date

தொடர்தகு நோய்களின் பட்டியலை மறுபக்கத்தில் காண்க.  
 Please see overleaf for the list of Notifiable Diseases.



බෝවෙන රෝග වාර්තාව - II කොටස  
COMMUNICABLE DISEASE REPORT PART II

(සතික බෝවෙන රෝග වාර්තාව සමග සෞ. සේ. අ. ට රැස් විය යුතුයි)  
(To be sent with Weekly Return of Communicable Diseases to D. H. S.)

(1) සෞ. සේ. අ. කො. R. D. H. S. Div.	_____	(10) පරීක්ෂණය : ආරෝග්‍යශාලා වෛද්‍ය නිලධාරී Confirmed by : Hospital M.O.	1
(2) සෞ. වෛ. නි. කො. M.O.H. Area	_____	සෞ. වෛ. නි. M. O. H.	2
(3) සෞ. වෛ. නි. ලේ. අංකය M.O.H. Register No.	_____	අනිකුත් රජයේ වෛ. නි. Other Govt. M. O.	3
(4) රෝගියාගේ වයස Age of Patient	_____	ඇපොතිකාරී Apothecary	4
1) ජනී/පුරුෂ භාවය Sex of Patient : Male	_____ 1	පුහුණු වෛද්‍ය Practitioner	5
Female	_____ 2		
(5) රැකියාව Occupation	_____	(11) පරීක්ෂණ ස්වභාවය Nature of confirmation--	
(7) දැනුම් දුන් ස්ථානය - Source of notification--		වෛද්‍ය නික පමණක් Clinical only	1
ආරෝග්‍ය ශාලාව Hospital	... 1	වෛද්‍ය නික සහ වසංගත Clinical and Epidemiological	2
බෙහෙත් කළ Dispensary	... 2	වෛද්‍ය නික සහ ඖෂධ Clinical and Bacteriological	3
එ. සෞ. ජ P. H. I.	... 3	වෛද්‍ය නික සහ මස්තු Clinical and Serological	4
ග්‍රාම සේවක Grama Sevaka	... 4	වෛද්‍ය නික ඖෂධ සහ මස්තු Clinical, Bacteriological and Serological	5
පාසාගාලාචාරී School Teacher	... 5	වෛද්‍ය නික සහ සෘජු පුනර්මේදර්ශන Clinical and direct Microscopy	6
පුද්ගලික පුහුණු වෛද්‍ය Private Practitioner	... 6		
ආයුර්වේද වෛද්‍ය Ayurvedic Physioian	... 7	(12) රෝගය පටන් ගත් දිනය Date of onset	_____
වතු අධිකාරී Estate Superintendent	... 8	(13) දැනුම් දුන් දිනය Date of notification	_____
අනිකුත් Other	... 9	(14) පරීක්ෂණ දිනය Date of confirmation	_____
විස්තර කරන්න ) Specify	_____		
(8) රෝගය දැනුම් දුන් පරිදි Disease as notified	_____	අත්සන/සෞ. වෛ. නි./කා. භා. නි./ Signature of M.O.H/O. I. C.	
(9) රෝගය පරීක්ෂණ පරිදි Disease as confirmed	_____	* කාර්යාලීය ප්‍රයෝජනය සඳහා පමණි * Office Use Only	

පැලකිය යුතුයි. - (1) 5, 7, 10, සහ 11 කරුණු අදාළ කොටුවේ x හැසිරවීමේ පමුරුණ කළ යුතුයි. අනිකුත් කරුණු සලකා ඇති ඉඩ ප්‍රමාණයෙන් පවත්වා කළ යුතුයි. කාර්යාලීය ප්‍රයෝජන සඳහා වෙන් කර ඇති කොටුවේ නිසියම් පටිපාටි නොකරන්න.

(2) 9 වැනි විෂය හැකි පමණ විස්තර සහිතව පමුරුණ කළ යුතුය. උදා. "පැරා උණ සන්නිපාත උණ ව" - විය "ආන්ත්‍රික උණ" නොවේ.

Notes. - (1) Items 5, 7, 10 and 11 should be completed by placing a x in the appropriate box. Other items should be entered in the space provided. Please do not enter anything in space for office use.

(2) Items 9 should be completed in as much detail as possible, e.g., "Paratyphoid A" and NOT "Enteric fever".

ජ 100793-100,000 (87/12) ශ්‍රී ලංකා රජයේ මුද්‍රණ දෙපාර්තමේන්තුව



**Table 4: Selected notifiable diseases reported by Medical Officers of Health**  
25<sup>th</sup> Nov - 1<sup>st</sup> Dec 2006 (48<sup>th</sup> Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	86	3112	04	336	00	07	03	78	00	45	02	131	00	04	01	67	<b>86</b>
Gampaha	25	1673	03	300	00	10	00	57	00	147	03	200	00	11	05	143	<b>64</b>
Kalutara	11	886	11	472	00	07	00	77	00	59	07	114	00	06	02	44	<b>70</b>
Kandy	90	1265	04	425	00	09	03	112	01	35	07	90	02	96	00	129	<b>82</b>
Matale	16	325	09	297	00	06	00	18	00	21	03	26	00	02	03	19	<b>67</b>
Nuwara Eliya	02	37	04	331	00	00	02	182	00	18	00	11	00	38	14	251	<b>86</b>
Galle	06	218	06	182	00	03	00	13	00	12	07	59	01	16	00	04	<b>94</b>
Hambantota	04	210	01	93	00	09	01	32	00	32	02	49	00	83	01	57	<b>90</b>
Matara	15	494	03	176	00	10	03	75	00	34	07	155	08	225	02	14	<b>100</b>
Jaffna	00	48	00	134	00	03	00	158	00	27	00	03	00	129	00	75	<b>00</b>
Kilinochchi	00	01	00	23	00	00	00	06	00	24	00	00	00	00	00	08	<b>00</b>
Mannar	00	01	04	51	00	00	00	135	00	03	00	01	00	00	00	10	<b>40</b>
Vavuniya	02	12	20	140	00	04	00	91	07	79	00	02	00	00	00	08	<b>75</b>
Mullaitivu	00	02	01	24	00	01	00	36	00	09	00	00	00	00	01	10	<b>50</b>
Batticaloa	00	62	06	215	00	03	01	38	00	16	00	06	00	00	06	196	<b>50</b>
Ampara	00	27	00	209	00	00	00	12	00	00	00	10	00	03	00	17	<b>14</b>