# National STD/AIDS Control Programme Sri Lanka

# Annual Report 2014/15

Ministry of Health Sri Lanka

National STD/AIDS Control Programme

# NSACP
# ANNUAL REPORT
# 2014/15

**National STD/AIDS Control Programme**

**Ministry of Health**

**Sri Lanka**

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# FOREWORD

*The National STD/AIDS Control Programme (NSACP), Ministry of Health continues to be diligent in contributing to the prevention and control of STIs and HIV in Sri Lanka. NSACP always collaborates with its committed partners. They include government, non-government, private sector agencies as well as UN and other international partners. Together we make HIV prevention and care services more effective, of high quality, and accessible to all, regardless of the service recipients' financial and social status.*

*The Annual Report of the National STD/AIDS Control Programme was first published in 2012. Since then, over the years, it has become a very useful source of STI and HIV related information in Sri Lanka that is sought after by many stakeholders from both national and international organizations.*

*This report summarizes the activities conducted by the NSACP during 2014 and data on STI and HIV collected from all service delivery facilities. In addition, other relevant information was collected from other government sectors and private healthcare institutions for inclusion in this report. For more regular updates of information on STI and HIV, readers are requested to visit the NSACP website which can be found at, http://www.aidscontrol.gov.lk*

*Publication of this Annual Report would not have been possible without the loyal and continuous support throughout the year from the staff in STD clinics and ART centers. NSACP continues to work towards the improvement of data quality of the reporting units and would like to acknowledge the effort taken to submit data on a timely and regular basis.*

*With the limited resources available, it is a formidable task to collect, collate and present information from so many reporting units that are scattered throughout the country. I would like to congratulate the staff of the Strategic Information Management (SIM) unit for compiling this document.*

*I appreciate the support given by all of the coordinators and medical and supporting staff who have contributed to this publication in numerous ways. I would also like to take this opportunity to thank the World Health Organization for the financial assistance that was provided to prepare and print this Annual Report.*

*Dr Sisira Liyanage*
*Director/National STD/AIDS Control Programme*

*2nd June, 2015*

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# ABBREVIATIONS

| | |
|---|---|
| ABC | abacavir |
| ALP | alkaline phosphatase |
| ANC | antenatal clinic |
| ART | antiretroviral treatment |
| ARV | antiretroviral drugs |
| AZT | zidovudine |
| BB | Beach boy |
| DGHS | Director General of Health Services |
| DDGPHS | Deputy Director General of Public Health Services |
| DFM | Diploma in family medicine |
| DRV | darunavir |
| DTM | Diploma in transfusion medicine |
| DU | Drug user |
| D4T | stavudine |
| ECS | early congenital syphilis |
| EFV | efavirenz |
| ELISA | enzyme linked immunosorbent assay |
| EMTCT | elimination of mother to child transmission |
| EIA | enzyme immune assay |
| ETU | emergency treatment unit |
| EQA | external quality assessment |
| FSW | Female sex worker |
| FTC | emtricitabine |
| GFATM | Global Fund to fight AIDS, TB & Malaria |
| HDL | high density lipoprotein |
| HIV | human immunodeficiency virus |
| HPV | human papillomavirus |
| HSV | herpes simplex virus |
| HCG | human chorionic gonadotropin |

| | |
|---|---|
| ICU | intensive care unit |
| ICTA | information and communication technology agency |
| IDU | Injecting drug user |
| IDV | indinavir |
| IEC | information, education & communication |
| KP | key population |
| LFU | lost to follow up |
| LPV | lopinavir |
| LPV/r | lopinavir and ritonavir |
| LDL | low density lipoprotein |
| MAC | mycobacterium avium complex |
| MCH | maternal & child health |
| MARP | most at risk populations |
| MD | Doctor of medicine |
| MLT | Medical laboratory technologist |
| MO | Medical officer |
| MS | Medical student |
| MTCT | mother to child transmission |
| MSM | Men who have sex with men |
| NAITA | National apprentice and industrial authority |
| NGO | nongovernmental organization |
| NGU | non-gonococcal urethritis |
| NNRTI | non-nucleoside reverse transcriptase inhibitor |
| NRTI | nucleoside reverse transcriptase inhibitor |
| NSACP | National STD/AIDS control programme |
| NS | Nursing student |
| NVP | nevirapine |
| OI | opportunistic infections |
| PA | particle agglutination |
| PLHIV | People living with human immunodeficiency virus |
| PHI | Public health inspector |

| | |
|---|---|
| PHNS | Public health nursing sister |
| PGC | presumptive gonococcal infection |
| PI | protease inhibitor |
| PMTCT | prevention of mother to child transmission |
| PEP | post exposure prophylaxis |
| PCU | primary care unit |
| PICT | provider initiated counselling and testing |
| RAL | raltegravir |
| SGOT | serum glutamic oxaloacetic transaminase |
| SGPT | serum glutamic pyruvic transaminase |
| STI | sexually transmitted infections |
| STD | sexually transmitted diseases |
| TB | tuberculosis |
| TDF | tenofovir |
| TPPA | Treponema pallidum particle agglutination assay |
| TPHA | Treponema pallidum hemagglutination assay |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNICEF | United Nations International Children Emergency Fund |
| UNFPA | United Nations Population Fund |
| VDRL | venereal disease research laboratory test |
| WHO | World Health Organization |
| 3TC | lamivudine |

# 1. INTRODUCTION TO NSACP, SRI LANKA

| | |
|---|---|
| ***Vision*** | ***Quality sexual health services for a healthier nation*** |
| ***Mission*** | ***Contributing to a healthier nation through sexual health promotion, emphasizing prevention, control and provision of quality services for sexually transmitted infections including HIV.*** |

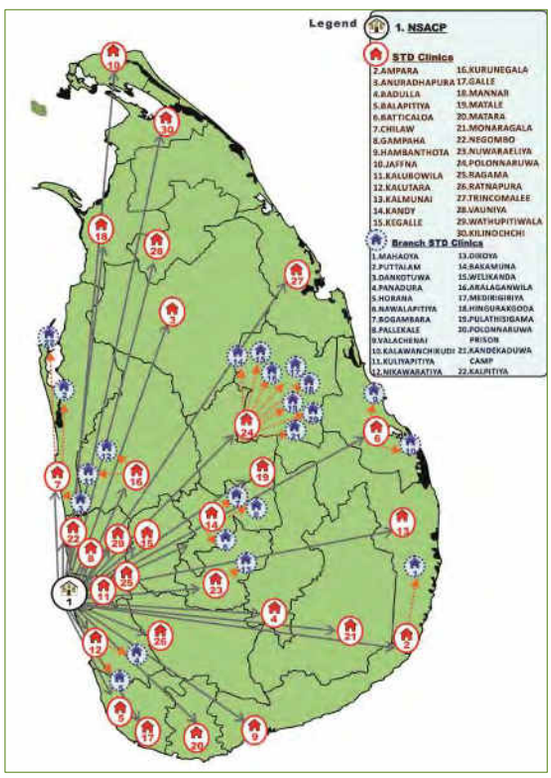



**Figure 1.1 Network of full-time STD clinics and branch STD clinics in Sri Lanka**

The National STD/AIDS Control Programme (NSACP) of Ministry of Health, is the principal government organization that is responsible for the national response to HIV/AIDS in Sri Lanka. Being a specialized public health programme of the Ministry of Health, NSACP is responsible for coordinating, planning and implementation of the HIV National Strategic Plan and AIDS Policy in the country. The headquarters of the NSACP is situated at 29, De Saram Place Colombo 10, Sri Lanka.

As of end 2014, there are 30 full-time STD clinics and 22 branch STD clinics in Sri Lanka. Of these STD clinics, 12 have the capacity to provide antiretroviral treatment (ART) services. The only non-NSACP ART facility is located in the Base Hospital Angoda (IDH). NSACP networks with all these clinics.

Main functions of the National STD/AIDS control programme consists of;

- Coordinating and participating in the national response to HIV epidemic
- Carrying out HIV prevention interventions
- Helping to create an enabling environment for STI and HIV prevention
- Provision of clinical services for sexually transmitted Infections
- Provision of treatment and care for people infected and affected by HIV
- Provision of laboratory services for STI and HIV
- Condom promotion for STI and HIV prevention
- Provision of counselling services for STIs and HIV
- Prevention of mother to child transmission of HIV and syphilis
- Training and capacity building of health and non-health staff
- Carrying out HIV and STI surveillance
- Carrying out research in STI and HIV
- Carrying out Monitoring and evaluation of STI and HIV services
- Dissemination of Strategic information on STI and HIV

The National STD/AIDS control programme (NSACP) provides leadership technical guidance to all STD clinics and ART clinics in the country. The Director of the NSACP and the Senior Management Team meet regularly to discuss issues and necessary actions in STD and HIV prevention and control.

# 2. HISTORY OF STD & HIV CONTROL IN SRI LANKA

It is reasonable to think that sexually transmitted diseases (STDs), syphilis in particular did occur in ancient Sri Lanka. But their prevalence seems to have been low till the Portugese reintroduced them in the sixteenth century[1].

Attempts to control STI have been in operation for about 175 years. The Vagrants Ordinance No. 4 of 1841, the Contagious Diseases Ordinance No. 17 of 1867 and the Brothels Ordinance No. 5 of 1889 were passed with a view of controlling venereal diseases. By 1886 free VD clinics and wards were available in Colombo, Kandy and Galle. As a result of the report of The Venereal Diseases Commission of 1920, STD control was started on an organized basis. In 1938 a Venereal Diseases Control Programme was initiated and the Venereal Diseases Ordinance No. 27 was passed. From 1941, doctors who worked in venereal diseases clinics were trained for three months in Colombo before they started work outstations.

- In 1949, Professor George Leiby, Professor of Syphilology, of the University of California visited Sri Lanka on a WHO assignment and recommended to establish 60 venereal diseases clinics in Sri Lanka.
- In 1951 WHO established the Venereal Diseases Control Project (Ceylon 0005) under the leadership of Dr S. M. Laird.
- Anti-Venereal Diseases Campaign (Anti-VD Campaign) was established in 1952 and Dr E. D. C. Pereira was the first Superintendent.
- Anti-VD Campaign was renamed as the National STD/AIDS Control Programme (NSCAP) in 1985 to provide more attention to prevention of HIV and provision of treatment and care for people infected with HIV. Dr G.N. Jayakuru was the first Director of NSACP.

In 1949, Professor George Leiby, Professor of Syphilology, of the University of California visited Sri Lanka on a WHO assignment. One of his recommendations was the establishment of 60 venereal diseases clinics, staffed by trained medical officers - a number we have not achieved still.

In 1951 the Chief of the Venereal Diseases and Treponematoses Section of the WHO, Geneva visited Sri Lanka. As a result the WHO established the Venereal Diseases Control Project (Ceylon 0005) under the leadership of Dr S. M. Laird[2].

The objectives of the project were to:

- To establish a model venereal diseases clinic in Colombo, which would serve as the chief clinic for the country and the training centre for medical and paramedical personnel.
- To develop a full venereal diseases service with trained staff in the main outstations.
- To establish serological tests for syphilis for expectant mothers to control congenital syphilis.
- To train local staff in simple serological testing.
- To develop diagnosis and treatment facilities for seafarers in the port of Colombo.

As a result of this project the Anti-Venereal Diseases Campaign (Anti-VD Campaign) was established in 1952. Dr E. D. C. Pereira the first Superintendent of the campaign was a dynamic leader. She was able to achieve most of the objectives very soon. Every OPD building of a provincial hospital had rooms demarcated to the VD clinic with separate access because of her initiative. Some of these are still used. Dr Laird revisited Sri Lanka in 1967 and was happy with the progress made[3].

With the 13th Amendment to the Constitution of Sri Lanka implemented in 1989, the Anti-VD Campaign was decentralised. The Director lost control of all the clinics except the Central Clinic in Colombo. With the peripheral clinics going under the management of the provincial health services the quality of the work deteriorated. Some clinics were manned by doctors with no training in Venereology. Though there is more coordination now, the problems created by this legislation have not been fully rectified. In 1996 Cabinet approval was granted to take over to the Central Health Ministry, some STD clinics which were physically located in hospitals managed by it. However, for this to be effective, concurrence was necessary from the provincial governments[4]. That concurrence has been granted only for the STD clinics in Galle (Mahamodera) and Jaffna.

With the advent of HIV/AIDS in the early 1980s, the Anti-VD Campaign was renamed the National STD AIDS Control Programme (NSCAP) in 1985 and more attention was given to prevention of HIV and provision of treatment and care for people infected with HIV. Dr G.N. Jayakuru who was already the Director of the Anti-VD Campaign became the first Director of NSACP.

In 1996, the World Bank committed the major part of its funds under the Health Services Project (IDA/WB/HSP/SL) to strengthen the NSACP. A modern four- storied Central STD complex in Colombo and 21 upgraded or newly constructed provincial/ base hospital clinics were constructed. The Central STD complex houses the administrative and financial units, the Central STD and HIV clinics, the National reference laboratory, the Strategic Information Management (SIM) unit and the Multi-sectoral HIV prevention unit.

Up to 2005, all the Superintendents or Directors of the Anti-VD Campaign and the NSACP were specialists in Venereology. The post of Director NSACP is considered a senior administrative post and they were considered as regional experts in the HIV and STI field.

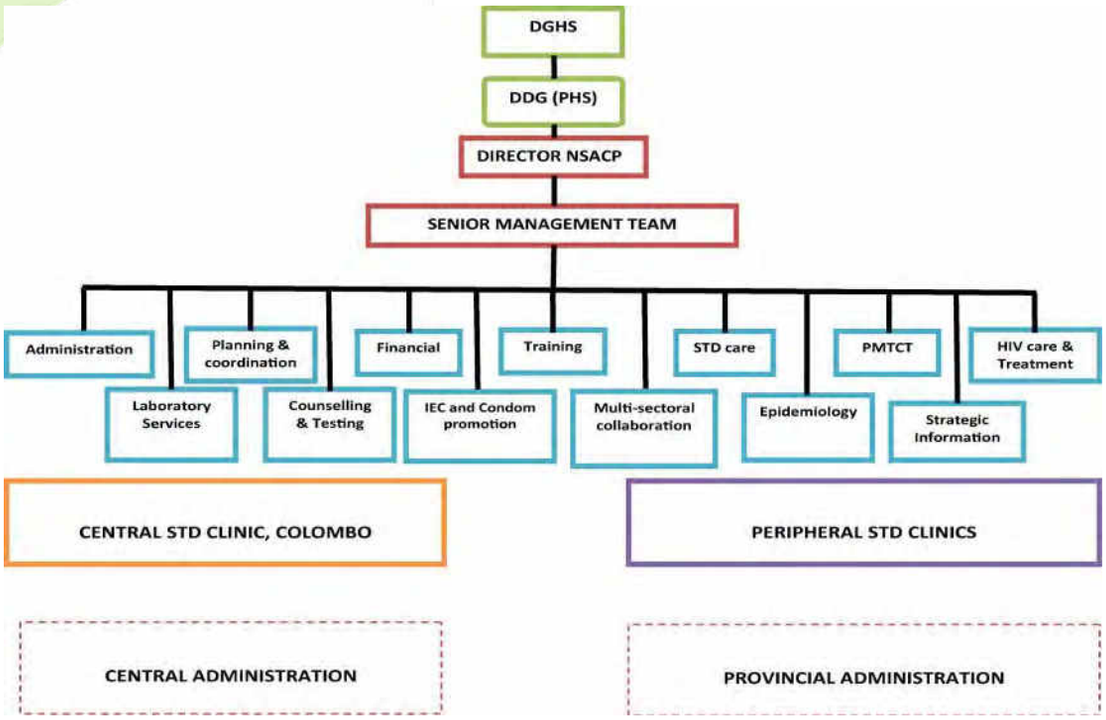
By 2005 the Ministry of Health changed the requirements to be the Director of the NSACP which made it easier for a medical officer who is already in the administrative grade to get the post of Director/NSACP. The first non-venereologist to be the Director/NSACP was Dr N. Edirisinghe (2006-2012). He was succeeded by Dr S. Liyanage (2013 to date).

**Table 2.1 Directors of the National STD/AIDS control programme**

| Directors of National STD/AIDS control programme | |
|---|---|
| **Name** | **Time period** |
| 1. Dr G.N. Jayakuru | 1985 - 1995 |
| 2. Dr T. Arulananthan | 1996 - 1997 |
| 3. Dr I. Abeyewickreme | 1997 - 2004 |
| 4. Dr S. Settinayake *(Part-time)* | 2005 |
| 5. Dr N. Edirisinghe | 2006 - 2012 |
| 6. Dr S. Liyanage | 2013 - to date |

As shown in the figure 2.1, NSACP comes under the Deputy Director General- Public Health Services (DDG-PHS). A senior management team comprised of coordinators of programme areas assists the Director NSACP to take policy decisions on HIV prevention and provision of treatment and care. As mentioned above, all most all peripheral STD clinics come under the administration of provincial directors of health services. However, technical guidance and capacity building of staff are provided to peripheral STD clinics by the National STD/AIDS control programme.

**Figure 2.1 Organisational structure of the NSACP**



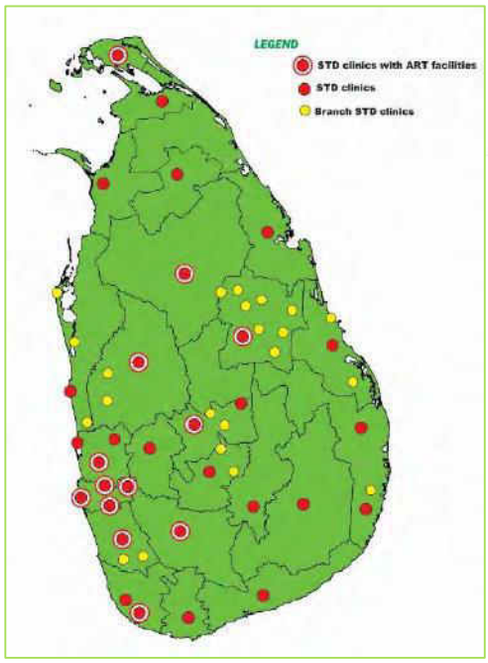

## Postgraduate training in Venereology

From the time of the establishment of the Anti-VD Campaign in 1952, Venereology was considered a specialty within public health. There was a separate cadre of specialists in Venereology. Doctors were selected for a career in Venereology. To apply they had to have at least two years of service as a Medical Officer of Health (MOH). They were trained for three months at the Central VD clinic and then posted to man the outstation clinics. Then they were sent abroad to UK or USA for DPH (or equivalent) and further training in Venereology at a centre/s of excellence. When they returned they were appointed as specialists in the Anti-VD Campaign.

With the establishment of the Postgraduate Institute of Medicine (PGIM), from 1980 the specialist qualification became MD in Community Medicine with local and overseas training in Venereology. The Sri Lanka College of Venereologists (originally called the College of Genitourinary Physicians) was formed in 1995. The college took a decision to revise the training of a specialist in Venereology to accommodate increasing demands in the context of HIV/AIDS epidemic. The college was able to get a Board of Study in Venereology established in the PGIM in 2001. It organized courses for the Postgraduate Diploma in Venereology from 2002 and the MD in Venereology from 2003[5]. Today, there are 68 doctors with the PG Diploma, 40 with MD and 6 Board certified specialists in Venereology.

# 3. MONITORING STD SERVICES OF NSACP

**Figure 3.1 STD and ART service delivery points - 2014**




Monitoring of services provided by 30 STD clinics and 22 branch clinics is one of the important tasks of the Strategic Information Management unit (SIM) of National STD/AIDS control programme. Figure 3.1 shows the distribution of these STD clinics. In addition to provision of STD treatment and care services, all these clinics also provide HIV testing and counselling services and HIV care services for those who are living with HIV. However, specific drug treatment for HIV (antiretroviral treatment) and monitoring of immune function are available only in 13 centers. The Quarterly Return from the STD clinics (QRSTD) is the key document used for monitoring of STD clinics.

Services provided by STD clinics are utilized by variety of people including most at risk populations such as sex workers, MSMs and drug users who are mainly targeted by the programme since they play a major role in the HIV epidemic. Vulnerable groups identified as clients of sex workers, beach boys and prisoners are also important receivers of the services offered by STD clinics. Apart from that, the general population comprising of youth, pregnant women, local and foreign employees are provided with screening services for STIs and HIV. Many in-ward patients are referred by clinicians of other specialties (Gynecology & Obstetrics, Neurology, Dermatology etc.) depending on the clinical symptoms and risk assessment. All these clinic attendees are given specialized care with regard to curative and preventive aspects, free of charge while guaranteeing privacy and confidentiality by specially trained health staff.

**Figure 3.2 New patients registered in STD clinics during 2014**

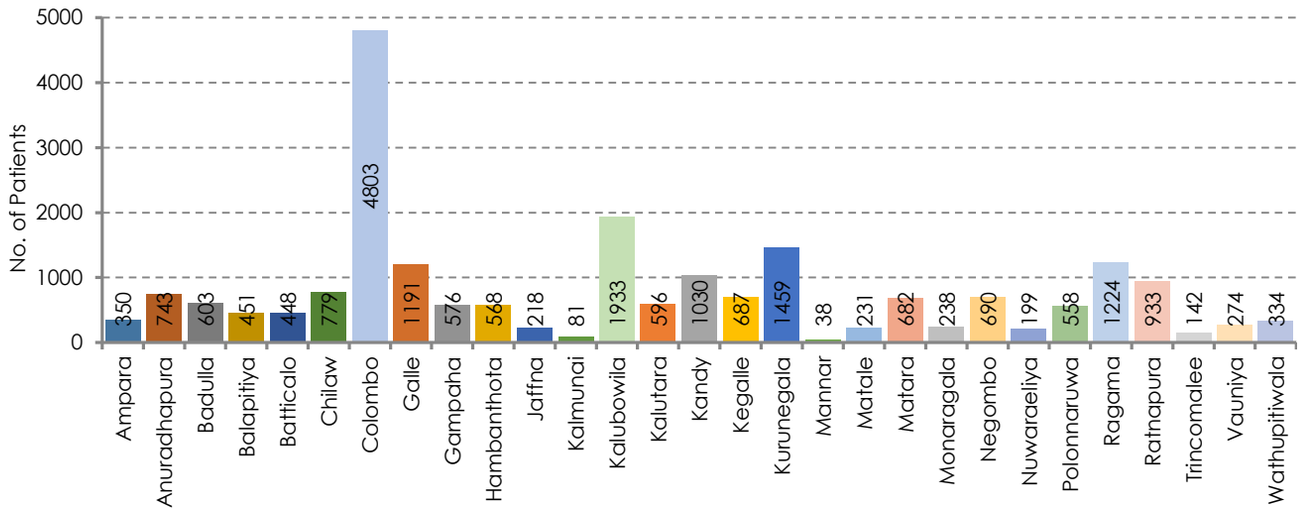



Figure 3.2 shows the number of newly registered patients in central and peripheral STD clinics during 2014. The maximum number of patients was seen at the Colombo STD clinic followed by Kalubowila, Kurunegala and Ragama. The majority of clinics had more than 500 new STD patients during the year 2014.

**Figure 3.3 Percentage of patients diagnosed with a STD in 2014**

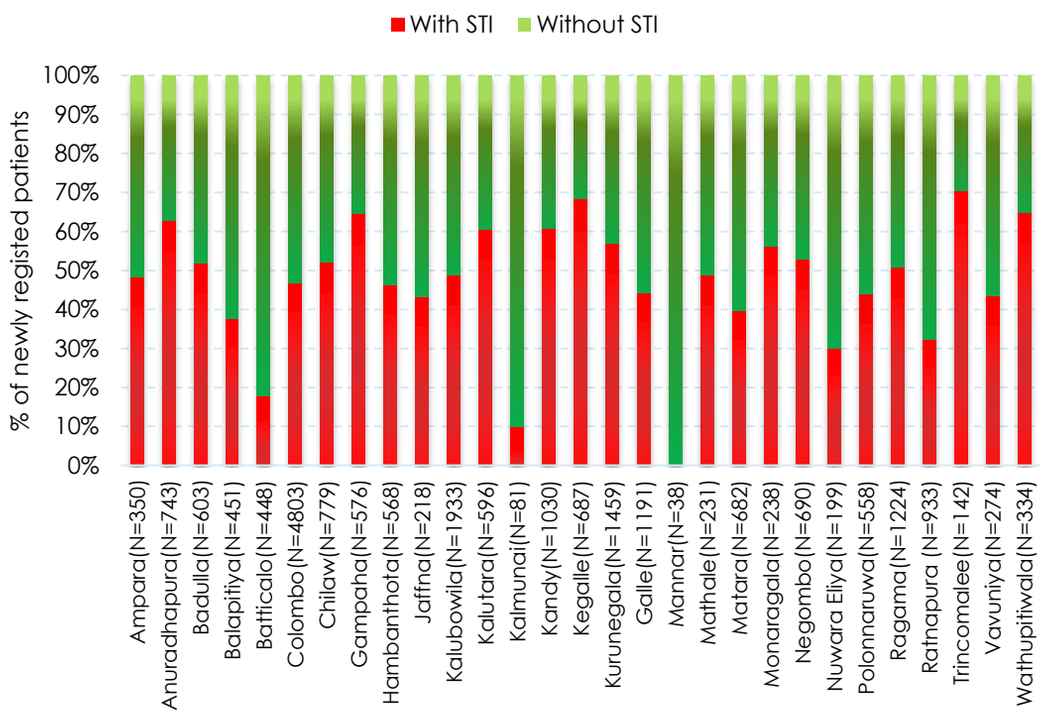


Figure 3.3 indicates the proportion of new STD clinic attendees who were diagnosed to have at least one sexually transmitted infection. In 13 clinics more than half of the new clinic attendees were having at least one STI.

**Figure 3.4 Total number of client visits by STD patients during 2014**

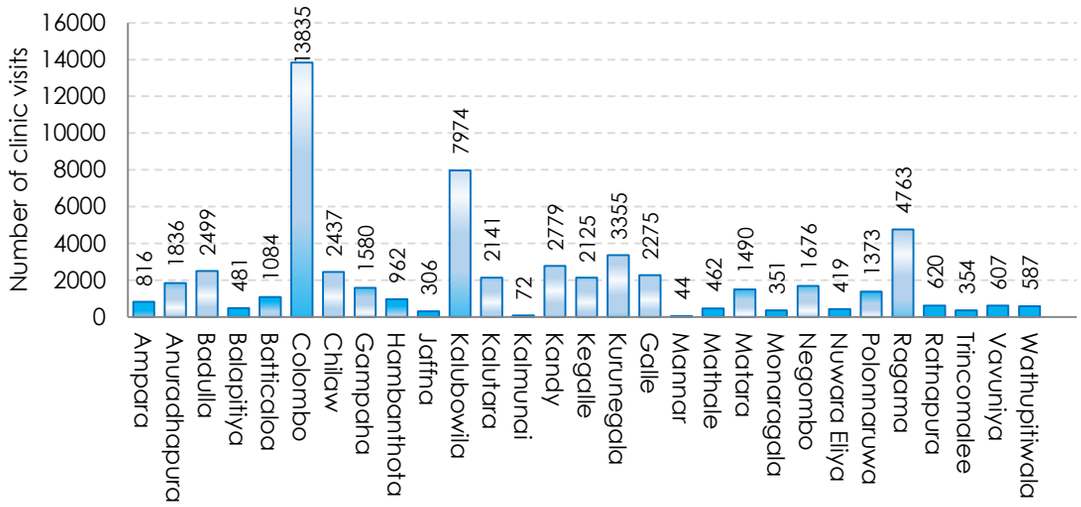



Figure 3.4 indicates the total number of clinic visits by STD clinic attendees including new and previously registered patients on subsequent visits. The central STD clinic Colombo has the highest number of STD patient visits, followed by Kalubowila and Ragama clinics.

**Figure 3.5 Number of client visits other than STD patients during 2014**

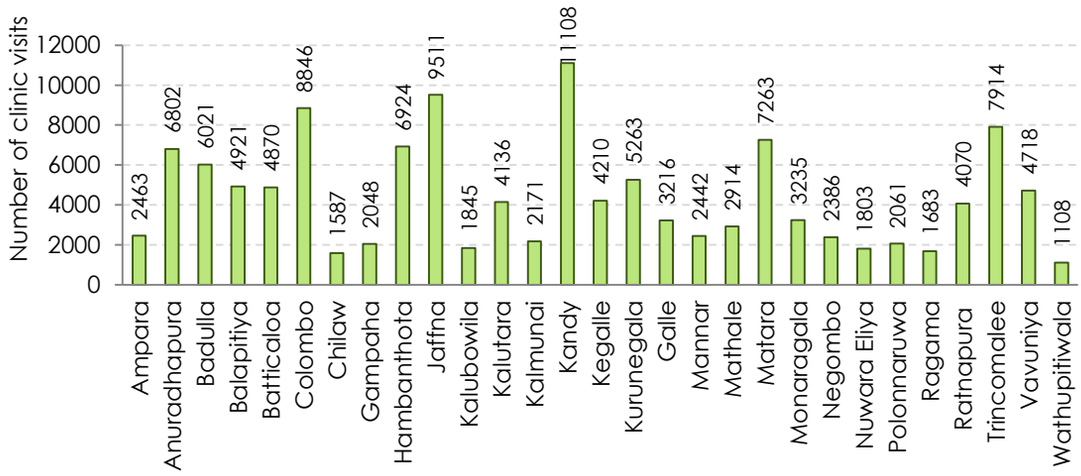



Figure 3.5 illustrates the total number of clinic visits by people other than STD patients. It includes visits for pre-employment screening, antenatal screening and visits on outpatient basis.

**Figure 3.6 Comparison of clinic visits by STD patients and other clients- 2014**

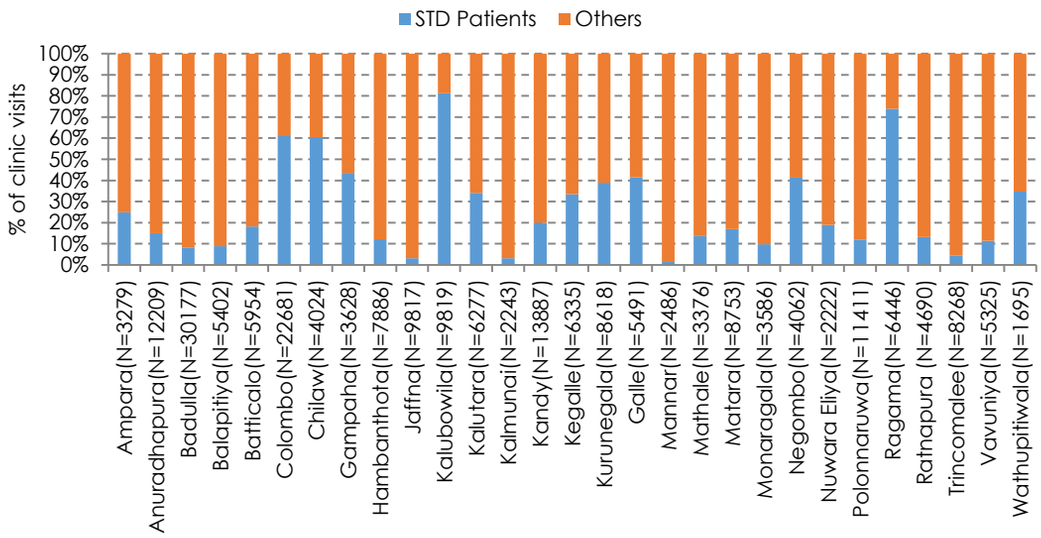



Figure 3.6 indicates the proportions of visits made by STD patients and visits made by others. Others includes those who visit STD clinics for pre-employment screening, screening for visa and antenatal screening. Visits by "other clients" predominate in most of the smaller clinics such as Mannar, Jaffna, Kalmunai and Trinchomalee STD clinics. Over 60% of all visits in Kalubowila, Ragama, Colombo and Chilaw STD clinics had visits by STD patients.

**Figure 3.7 Trend of sex workers registered in STD clinics 2010-2014**

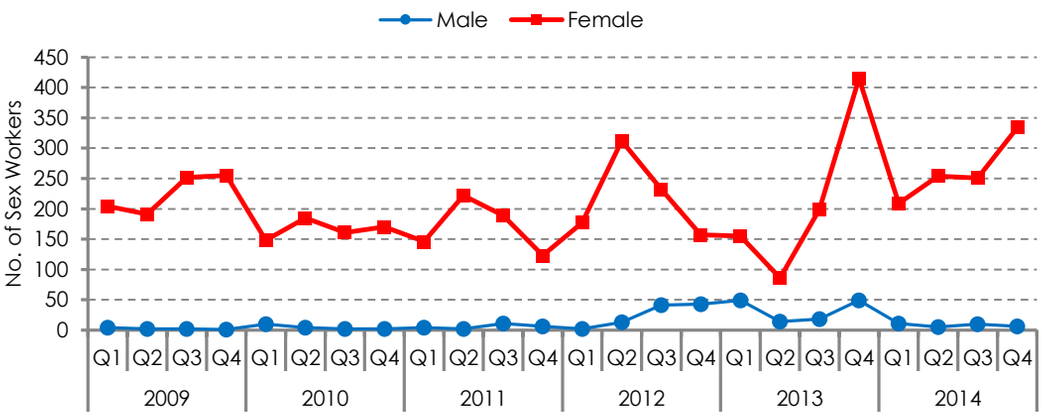



Figure 3.7 shows the number of newly registered sex workers in all STD clinics during last five years for each quarter. There is an increasing tendency with some fluctuations in between among the female sex workers attending the clinic. More and more male sex

workers attended services since 2012. These trends may reflect the outreach activities carried out by Global Fund interventions including escorting sex workers to STD clinics.

## Screening for syphilis

**Figure 3.8 Types of blood samples screened for syphilis end of 2014**

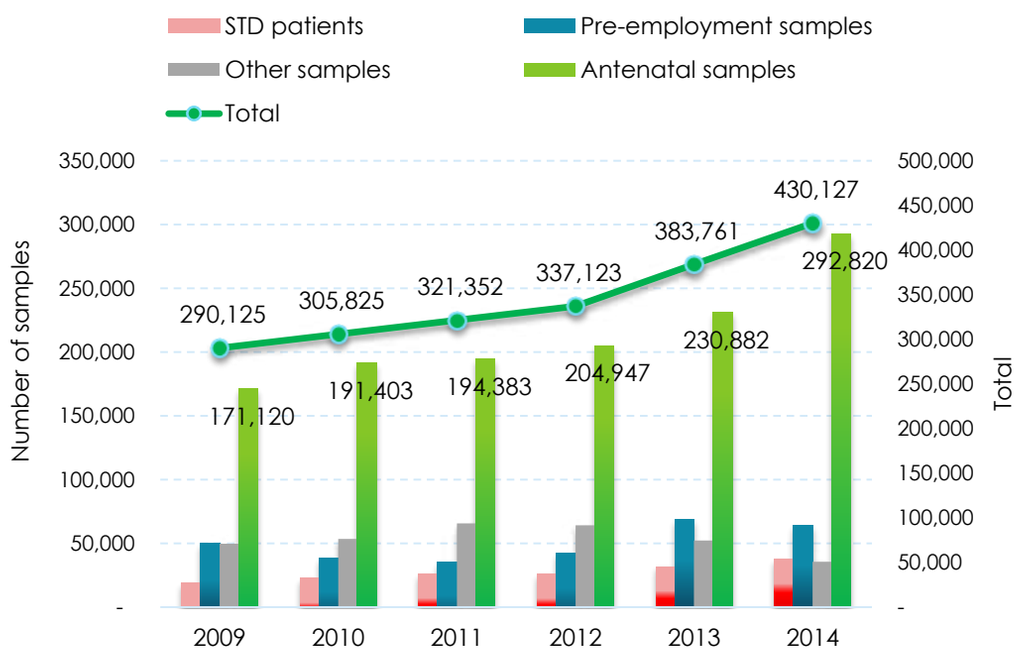



Figure 3.8 indicates the total number of blood samples screened for syphilis during last 6 years using VDRL testing. Most of these samples were from antenatal mothers. The total number screened has been increasing with the scaling up of services.

## HIV screening services

HIV testing is performed by National STD/AIDS control programme for variety of reasons. In addition to testing of STD patients with risk exposures, pregnant women, survey samples and other clients who are coming for pre-employment and visa screening are tested in STD clinic laboratories.

**Figure 3.9 Types of samples screened for HIV during 2011-2014**

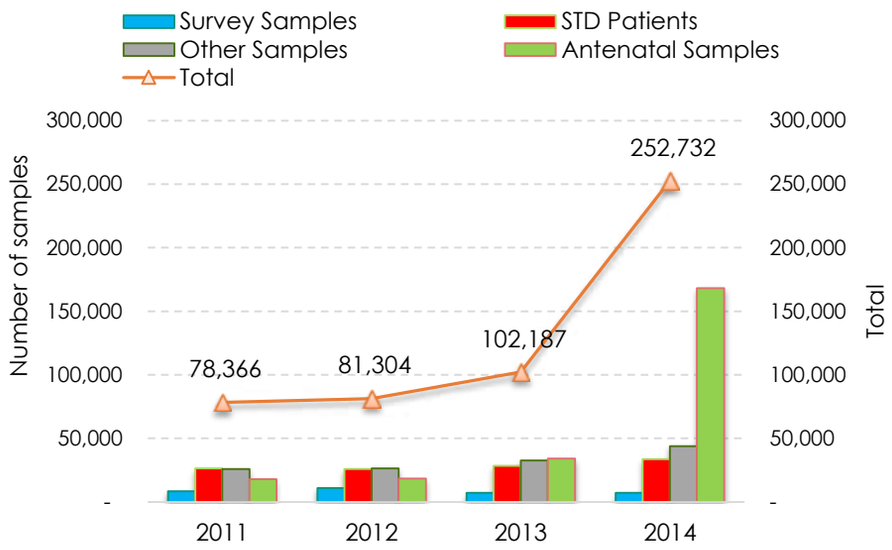
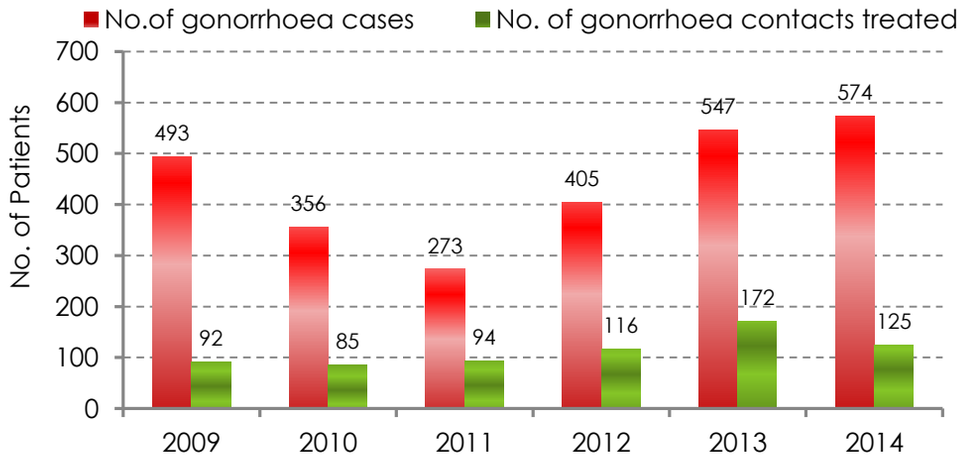



Figure 3.9 shows the total number of blood samples screened for HIV during the last 4 years and proportions of various types of samples. A significant increase in the number tested is observed in 2014 due to expansion of the EMTCT services. Almost 60% of total samples tested during 2014 were from antenatal screening.

## Partner notification (contact tracing) services

**Figure 3.10 Treatment of contacts for gonorrhoea at all STD clinics 2009-2014**




Partner notification and epidemiological treatment is one of the important components of the comprehensive STD care. Graph 3.10 shows the number of confirmed and presumptive gonococcal cases (PGC) and the number of contacts treated during the last 5 years. It is evident that less than one quarter of patients with gonorrhoea have brought their partners to STD clinics for epidemiological treatment.

**Figure 3.11 Treatment of contacts of syphilis, 2009-2014**

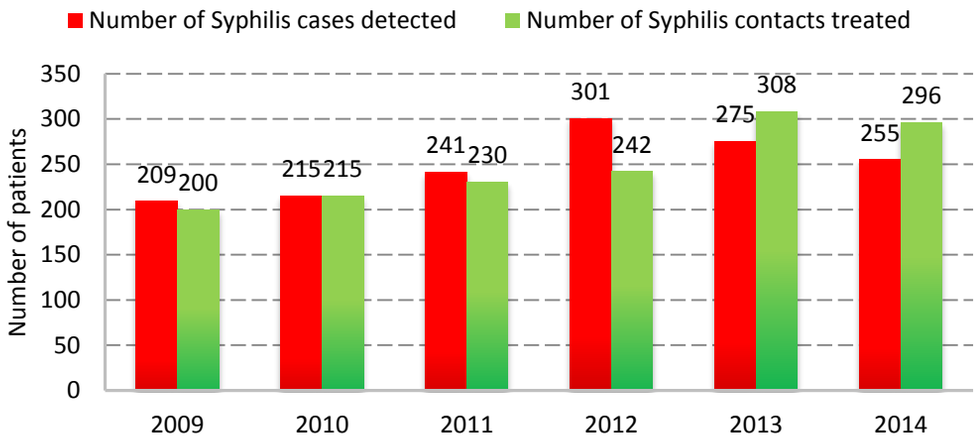



Figure 3.11 shows the number of syphilis cases and the numbers of their partners managed in all STD clinics during last 6 years. In 2013 and 2014 partners managed are more than the number of index syphilis cases as most of these patients are having multiple concurrent sexual contacts.

## Table 3.1 Details of clinic attendances in STD clinics during 2014

| Province | Clinic | New patients registered | | | New patients with STIs | | | Total no. of clinic visits by STD patients | | | Total no. of visits by others | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| Central Province | Kandy | 503 | 527 | 1030 | 248 | 378 | 626 | 1159 | 1620 | 2779 | 2707 | 8401 | 11108 |
| | Matale | 118 | 113 | 231 | 34 | 79 | 113 | 225 | 237 | 462 | 758 | 2156 | 2914 |
| | Nuwara Eliya | 71 | 128 | 199 | 33 | 27 | 60 | 157 | 262 | 419 | 738 | 1177 | 1915 |
| Eastern Province | Ampara | 161 | 189 | 350 | 79 | 90 | 169 | 415 | 401 | 816 | 93 | 2370 | 2463 |
| | Batticaloa | 199 | 249 | 448 | 43 | 37 | 80 | 533 | 551 | 1084 | 633 | 4237 | 4870 |
| | Kalmunai | 39 | 42 | 81 | 3 | 5 | 8 | 29 | 43 | 72 | 996 | 1175 | 2171 |
| | Trincomalee | 81 | 61 | 142 | 69 | 31 | 100 | 211 | 143 | 354 | 2758 | 5156 | 7914 |
| North Central Province | Anuradhapura | 421 | 322 | 743 | 245 | 222 | 467 | 1033 | 803 | 1836 | 2426 | 7947 | 10373 |
| | Polonnaruwa | 279 | 279 | 558 | 128 | 117 | 245 | 644 | 729 | 1373 | 937 | 9101 | 10038 |
| North Western Province | Chilaw | 342 | 437 | 779 | 113 | 293 | 406 | 1077 | 1360 | 2437 | 677 | 910 | 1587 |
| | Kurunegala | 689 | 770 | 1459 | 276 | 556 | 832 | 1579 | 1776 | 3355 | 1894 | 3369 | 5263 |
| Northern Province | Jaffna | 148 | 70 | 218 | 70 | 24 | 94 | 222 | 84 | 306 | 4267 | 5244 | 9511 |
| | Mannar | 17 | 21 | 38 | 0 | 0 | 0 | 28 | 16 | 44 | 376 | 2066 | 2442 |
| | Vavuniya | 141 | 133 | 274 | 82 | 37 | 119 | 359 | 248 | 607 | 1132 | 3586 | 4718 |
| Sabaragamuwa Province | Kegalle | 370 | 317 | 687 | 203 | 267 | 470 | 1111 | 1014 | 2125 | 1047 | 3163 | 4210 |
| | Ratnapura | 525 | 408 | 933 | 141 | 160 | 301 | 272 | 348 | 620 | 1570 | 2500 | 4070 |
| Southern Province | Balapitiya | 224 | 227 | 451 | 75 | 95 | 170 | 233 | 248 | 481 | 458 | 4463 | 4921 |
| | Hambanthota | 322 | 246 | 568 | 152 | 111 | 263 | 531 | 431 | 962 | 1452 | 5472 | 6924 |
| | Galle | 750 | 441 | 1191 | 231 | 297 | 528 | 1233 | 1042 | 2275 | 1473 | 1743 | 3216 |
| | Matara | 348 | 334 | 682 | 129 | 141 | 270 | 813 | 677 | 1490 | 1417 | 5846 | 7263 |
| Uva Province | Badulla | 300 | 303 | 603 | 120 | 193 | 313 | 1232 | 1267 | 2499 | 1830 | 25848 | 27678 |
| | Monaragala | 95 | 143 | 238 | 43 | 91 | 134 | 148 | 203 | 351 | 837 | 2398 | 3235 |
| Western Province | Colombo | 3229 | 1574 | 4803 | 1347 | 904 | 2251 | 9082 | 4753 | 13835 | 5442 | 3404 | 8846 |
| | Gampaha | 257 | 319 | 576 | 158 | 214 | 372 | 759 | 821 | 1580 | 763 | 1285 | 2048 |
| | Kalubowila | 1264 | 669 | 1933 | 425 | 518 | 943 | 4833 | 3141 | 7974 | 740 | 1105 | 1845 |
| | Kalutara | 265 | 331 | 596 | 112 | 249 | 361 | 899 | 1242 | 2141 | 1797 | 2339 | 4136 |
| | Negombo | 368 | 322 | 690 | 161 | 204 | 365 | 796 | 880 | 1676 | 1416 | 970 | 2386 |
| | Ragama | 757 | 467 | 1224 | 332 | 290 | 622 | 2953 | 1810 | 4763 | 776 | 907 | 1683 |
| | Wathupitiwala | 151 | 183 | 334 | 101 | 116 | 217 | 265 | 322 | 587 | 317 | 791 | 1108 |
| **Total** | | **12434** | **9625** | **22059** | **5153** | **5746** | **10899** | **32831** | **26472** | **59303** | **41727** | **119129** | **160856** |

## Table 3.2 Details of partner management in 2014

| Province | STD Clinic | Contacts of Syphilis treated | | | Contacts of Gonorrhoea treated | | | Contacts of Trichomoniasis treated | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| Central Province | Kandy | 4 | 4 | 8 | 3 | 2 | 5 | 0 | 0 | 0 |
| | Matale | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 |
| | Nuwara Eliya | 5 | 2 | 7 | 9 | 3 | 12 | 0 | 0 | 0 |
| Eastern Province | Ampara | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Batticaloa | 9 | 8 | 17 | 1 | 0 | 1 | 3 | 5 | 8 |
| | Kalmunai | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Trincomalee | 2 | 1 | 3 | 1 | 1 | 2 | 0 | 0 | 0 |
| North Central province | Anuradhapura | 13 | 22 | 35 | 13 | 9 | 22 | 0 | 1 | 1 |
| | Polonnaruwa | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| North Western Province | Chilaw | 4 | 5 | 9 | 0 | 0 | 0 | 1 | 0 | 1 |
| | Kurunegala | 11 | 14 | 25 | 0 | 2 | 2 | 6 | 0 | 6 |
| Northern Province | Jaffna | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Mannar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vavuniya | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sabaragamuwa Province | Kegalle | 14 | 8 | 22 | 0 | 7 | 7 | 10 | 0 | 10 |
| | Ratnapura | 5 | 6 | 11 | 1 | 5 | 6 | 3 | 0 | 3 |
| Southern Province | Balapitiya | 1 | 1 | 2 | 2 | 1 | 3 | 1 | 1 | 2 |
| | Galle | 3 | 3 | 6 | 4 | 3 | 7 | 2 | 0 | 2 |
| | Hambanthota | 3 | 1 | 4 | 4 | 5 | 9 | 0 | 0 | 0 |
| | Matara | 0 | 1 | 1 | 0 | 2 | 2 | 0 | 0 | 0 |
| Uva Province | Badulla | 5 | 5 | 10 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Monaragala | 7 | 7 | 14 | 3 | 2 | 5 | 0 | 0 | 0 |
| Western Province | Colombo | 28 | 27 | 55 | 5 | 4 | 9 | 1 | 0 | 1 |
| | Gampaha | 7 | 1 | 8 | 1 | 0 | 1 | 0 | 0 | 0 |
| | Kalubowila | 7 | 4 | 11 | 4 | 9 | 13 | 1 | 4 | 5 |
| | Kalutara | 8 | 6 | 14 | 4 | 2 | 6 | 0 | 0 | 0 |
| | Negombo | 4 | 4 | 8 | 0 | 1 | 1 | 0 | 0 | 0 |
| | Ragama | 5 | 8 | 13 | 2 | 0 | 2 | 0 | 0 | 0 |
| | Wathupitiwala | 4 | 4 | 8 | 7 | 1 | 8 | 0 | 0 | 0 |
| **Total** | | **153** | **143** | **296** | **64** | **61** | **125** | **28** | **11** | **39** |

## Table 3.3. Blood samples screened for syphilis - 2014

| Province | STD Clinic | Number screened | | | | Number VDRL positive | | | | Number confirmed with TPHA | | | | Number treated | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | STD | ANC | Pre-emp. | Other* | STD | ANC | Pre-emp. | Other* | STD | ANC | Pre-emp. | Other* | STD | ANC | Pre-emp. | Other* |
| Central Province | Kandy | 1973 | 24024 | 4739 | 2923 | 112 | 49 | 5 | 30 | 49 | 6 | 2 | 37 | 45 | 2 | 2 | 18 |
| | Mathale | 231 | 6300 | 1484 | 225 | 6 | 3 | 1 | 7 | 7 | 0 | 0 | 5 | 0 | 0 | 0 | 0 |
| | Nuwara Eliya | 412 | 9599 | 1141 | 43 | 6 | 25 | 5 | 0 | 5 | 2 | 0 | 0 | 4 | 2 | 0 | 0 |
| Eastern Province | Ampara | 451 | 2223 | 1111 | 91 | 39 | 7 | 1 | 1 | 26 | 5 | 0 | 0 | 10 | 6 | 0 | 0 |
| | Batticaloa | 448 | 3326 | 2734 | 306 | 3 | 0 | 0 | 0 | 13 | 0 | 1 | 0 | 16 | 0 | 1 | 0 |
| | Kalmunai | 93 | 4601 | 2171 | 14 | 4 | 2 | 0 | 0 | 5 | 1 | 0 | 0 | 4 | 0 | 0 | 0 |
| | Trincomalee | 184 | 4675 | 1803 | 843 | 14 | 40 | 19 | 15 | 4 | 0 | 0 | 5 | 4 | 0 | 0 | 4 |
| North Central province | Anuradhapura | 1384 | 15143 | 2927 | 1781 | 58 | 29 | 1 | 2 | 22 | 7 | 0 | 2 | 22 | 7 | 0 | 2 |
| | Polonnaruwa | 1484 | 8176 | 1405 | 2646 | 6 | 14 | 3 | 28 | 2 | 2 | 1 | 20 | 2 | 2 | 1 | 20 |
| North Western Province | Chilaw | 1151 | 14669 | 1235 | 2063 | 60 | 31 | 3 | 20 | 39 | 2 | 2 | 10 | 37 | 1 | 2 | 5 |
| | Kurunegala | 1559 | 21527 | 4664 | 207 | 127 | 32 | 0 | 7 | 63 | 0 | 0 | 1 | 63 | 3 | 0 | 0 |
| Northern Province | Jaffna | 210 | 8194 | 2324 | 1973 | 8 | 96 | 39 | 18 | 3 | 3 | 0 | 0 | 3 | 2 | 0 | 0 |
| | Mannar | 38 | 1823 | 454 | 169 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vauvniya | 666 | 2855 | 960 | 516 | 13 | 19 | 0 | 3 | 27 | 1 | 0 | 1 | 5 | 1 | 0 | 1 |
| Sabaragamuwa Province | Kegalle | 1265 | 9441 | 2099 | 1612 | 88 | 96 | 11 | 50 | 230 | 4 | 1 | 22 | 23 | 4 | 1 | 0 |
| | Ratnapura | 1352 | 15724 | 3449 | 549 | 68 | 80 | 15 | 19 | 21 | 2 | 0 | 0 | 21 | 1 | 0 | 0 |
| Southern Province | Balapitiya | 375 | 4760 | 594 | 173 | 18 | 8 | 0 | 0 | 21 | 1 | 0 | 0 | 12 | 1 | 0 | 0 |
| | Galle | 3696 | 10038 | 2408 | 2916 | 238 | 91 | 29 | 36 | 95 | 5 | 5 | 6 | 85 | 9 | 3 | 6 |
| | Hambanthota | 654 | 17286 | 2815 | 428 | 18 | 91 | 15 | 7 | 5 | 6 | 0 | 4 | 5 | 6 | 1 | 1 |
| | Matara | 907 | 12572 | 3643 | 409 | 15 | 0 | 0 | 1 | 41 | 0 | 0 | 4 | 14 | 0 | 0 | 0 |
| Uva Province | Badulla | 508 | 28182 | 2424 | 539 | 84 | 360 | 19 | 27 | 50 | 6 | 0 | 26 | 20 | 4 | 0 | 6 |
| | Monaragala | 238 | 2353 | 1138 | 505 | 64 | 44 | 6 | 5 | 3 | 4 | 0 | 0 | 43 | 1 | 0 | 0 |
| Western Province | Colombo | 8969 | 28045 | 8389 | 9628 | 1633 | 283 | 83 | 1061 | 670 | 23 | 5 | 879 | 299 | 23 | 0 | 0 |
| | Gampaha | 1067 | 17942 | 1589 | 695 | 51 | 108 | 2 | 25 | 49 | 7 | 1 | 31 | 23 | 8 | 1 | 5 |
| | Kalubowila | 3612 | 630 | 936 | 829 | 232 | 0 | 0 | 12 | 157 | 8 | 0 | 11 | 86 | 0 | 0 | 7 |
| | Kalutara | 596 | 2537 | 3042 | 392 | 59 | 6 | 7 | 9 | 42 | 2 | 1 | 7 | 39 | 1 | 1 | 7 |
| | Negombo | 1359 | 6992 | 744 | 1955 | 159 | 26 | 0 | 21 | 28 | 8 | 0 | 18 | 24 | 6 | 0 | 10 |
| | Ragama | 2434 | 5348 | 1122 | 1011 | 85 | 84 | 11 | 31 | 85 | 8 | 1 | 20 | 46 | 10 | 1 | 19 |
| | Wathupitiwala | 325 | 205 | 544 | 137 | 17 | 1 | 1 | 0 | 17 | 2 | 1 | 0 | 13 | 1 | 1 | 0 |
| **Total** | | **37641** | **289190** | **64088** | **35578** | **3285** | **1625** | **276** | **1435** | **1779** | **115** | **21** | **1109** | **968** | **101** | **15** | **111** |

** Other samples include samples sent from hospitals for screening or confirmation*

## Table 3.4. Sex workers among clinic attendees in 2014

| Province | STD Clinic | New sex workers registered | | | New sex workers with STI | | | Total no. of Sex workers attended | | | Total Clinic visits by Sex workers | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| Central Province | Kandy | 0 | 67 | 67 | 0 | 38 | 38 | 0 | 120 | 120 | 0 | 158 | 158 |
| | Mathale | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 1 |
| | Nuwara Eliya | 0 | 2 | 2 | 0 | 0 | 0 | 1 | 26 | 27 | 1 | 28 | 29 |
| Eastern Province | Ampara | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 2 | 2 | 0 | 0 | 0 |
| | Batticalo | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Kalmunai | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Trincomalee | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| North Central province | Anuradhapura | 0 | 32 | 32 | 0 | 16 | 16 | 0 | 44 | 44 | 0 | 76 | 76 |
| | Polonnaruwa | 0 | 5 | 5 | 0 | 0 | 0 | 0 | 36 | 36 | 0 | 8 | 8 |
| North Western Province | Chilaw | 0 | 17 | 17 | 0 | 17 | 17 | 0 | 80 | 80 | 0 | 80 | 80 |
| | Kurunegala | 0 | 36 | 36 | 0 | 29 | 29 | 0 | 42 | 42 | 0 | 92 | 92 |
| Northern Province | Jaffna | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 2 |
| | Mannar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vavuniya | 3 | 3 | 6 | 1 | 0 | 1 | 8 | 7 | 15 | 12 | 9 | 21 |
| Sabaragamuwa Province | Kegalle | 0 | 16 | 16 | 0 | 12 | 12 | 0 | 31 | 31 | 0 | 50 | 50 |
| | Ratnapura | 0 | 16 | 16 | 0 | 2 | 2 | 6 | 32 | 38 | 6 | 32 | 38 |
| Southern Province | Balapitiya | 0 | 29 | 29 | 0 | 1 | 1 | 0 | 32 | 32 | 0 | 37 | 37 |
| | Galle | 0 | 59 | 59 | 0 | 24 | 24 | 0 | 96 | 96 | 0 | 203 | 203 |
| | Hambanthota | 0 | 28 | 28 | 0 | 2 | 2 | 0 | 60 | 60 | 0 | 78 | 78 |
| | Matara | 0 | 18 | 18 | 0 | 4 | 4 | 6 | 32 | 38 | 6 | 32 | 38 |
| Uva Province | Badulla | 0 | 4 | 4 | 0 | 1 | 1 | 0 | 6 | 6 | 0 | 7 | 7 |
| | Monaragala | 1 | 3 | 4 | 0 | 3 | 3 | 0 | 3 | 3 | 1 | 3 | 4 |
| Western Province | Colombo | 6 | 357 | 363 | 2 | 212 | 214 | 6 | 451 | 457 | 12 | 1499 | 1511 |
| | Gampaha | 0 | 56 | 56 | 0 | 24 | 24 | 0 | 82 | 82 | 0 | 119 | 220 |
| | Kalubowila | 10 | 121 | 131 | 5 | 94 | 99 | 15 | 268 | 283 | 30 | 274 | 380 |
| | Kalutara | 0 | 16 | 16 | 0 | 11 | 11 | 0 | 20 | 20 | 0 | 29 | 29 |
| | Negombo | 12 | 34 | 46 | 2 | 28 | 30 | 15 | 110 | 125 | 34 | 125 | 279 |
| | Ragama | 0 | 72 | 72 | 0 | 44 | 44 | 0 | 89 | 89 | 0 | 97 | 97 |
| | Wathupitiwala | 0 | 53 | 53 | 0 | 13 | 13 | 0 | 59 | 59 | 0 | 72 | 122 |
| **Total** | | **32** | **1048** | **1080** | **10** | **577** | **587** | **57** | **1730** | **1787** | **102** | **3111** | **3560** |

## Table 3.5 Civil status of new STD clinic attendees during 2014

| Province | Clinic | Single/ Never married | | | Married /Living together | | | Separated /Divorced /Widowed | | | Not Known | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| Central Province | Kandy | 219 | 187 | 406 | 270 | 317 | 587 | 14 | 23 | 37 | 0 | 0 | 0 |
| | Mathale | 41 | 11 | 52 | 71 | 98 | 169 | 6 | 4 | 10 | 0 | 0 | 0 |
| | Nuwaraeliya | 33 | 47 | 80 | 38 | 80 | 118 | 0 | 1 | 1 | 0 | 0 | 0 |
| Eastern Province | Ampara | 60 | 62 | 122 | 101 | 124 | 225 | 0 | 3 | 3 | 0 | 0 | 0 |
| | Batticaloa | 47 | 67 | 114 | 146 | 175 | 321 | 5 | 5 | 10 | 1 | 2 | 3 |
| | Kalmunai | 13 | 17 | 30 | 26 | 25 | 51 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Trincomalee | 39 | 25 | 64 | 42 | 36 | 78 | 0 | 0 | 0 | 0 | 0 | 0 |
| North Central province | Anuradhapura | 153 | 47 | 200 | 258 | 245 | 503 | 10 | 30 | 40 | 0 | 0 | 0 |
| | Polonnaruwa | 82 | 90 | 172 | 191 | 180 | 371 | 6 | 9 | 15 | 0 | 0 | 0 |
| North Western Province | Chilaw | 165 | 219 | 384 | 165 | 185 | 350 | 3 | 39 | 42 | 0 | 0 | 0 |
| | Kurunegala | 253 | 124 | 377 | 422 | 590 | 1012 | 14 | 56 | 70 | 0 | 0 | 0 |
| Northern Province | Jaffna | 73 | 32 | 105 | 66 | 37 | 103 | 7 | 0 | 7 | 0 | 0 | 0 |
| | Mannar | 10 | 14 | 24 | 7 | 7 | 14 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vauniya | 53 | 49 | 102 | 84 | 74 | 158 | 3 | 9 | 12 | 1 | 1 | 2 |
| Sabaragamuwa Province | Kegalle | 99 | 38 | 137 | 261 | 253 | 514 | 10 | 26 | 36 | 0 | 0 | 0 |
| | Ratnapura | 239 | 136 | 375 | 268 | 239 | 507 | 13 | 25 | 38 | 5 | 8 | 13 |
| Southern Province | Balapitiya | 137 | 72 | 209 | 85 | 145 | 230 | 2 | 8 | 10 | 0 | 2 | 2 |
| | Galle | 392 | 155 | 547 | 325 | 261 | 586 | 30 | 21 | 51 | 5 | 2 | 7 |
| | Hambanthota | 164 | 106 | 270 | 152 | 135 | 287 | 6 | 5 | 11 | 0 | 0 | 0 |
| | Matara | 190 | 145 | 335 | 147 | 164 | 311 | 11 | 22 | 33 | 0 | 3 | 3 |
| Uva Province | Badulla | 109 | 82 | 191 | 176 | 214 | 390 | 13 | 2 | 15 | 2 | 1 | 3 |
| | Monaragala | 30 | 49 | 79 | 64 | 91 | 155 | 1 | 3 | 4 | 0 | 0 | 0 |
| Western Province | Colombo | 1631 | 337 | 1968 | 1533 | 857 | 2390 | 60 | 378 | 438 | 5 | 2 | 7 |
| | Gampaha | 115 | 76 | 191 | 139 | 204 | 343 | 3 | 39 | 42 | 0 | 0 | 0 |
| | Kalubowila | 666 | 177 | 843 | 581 | 471 | 1052 | 17 | 21 | 38 | 0 | 0 | 0 |
| | Kalutara | 147 | 56 | 203 | 111 | 269 | 380 | 1 | 0 | 1 | 6 | 6 | 12 |
| | Negombo | 153 | 72 | 225 | 190 | 177 | 367 | 25 | 72 | 97 | 0 | 1 | 1 |
| | Ragama | 434 | 131 | 565 | 295 | 261 | 556 | 28 | 75 | 103 | 0 | 0 | 0 |
| | Wathupitiwala | 74 | 22 | 96 | 77 | 137 | 214 | 2 | 22 | 24 | 0 | 0 | 0 |
| **Total** | | **5821** | **2645** | **8466** | **6291** | **6051** | **12342** | **290** | **898** | **1188** | **25** | **28** | **53** |

## Table 3.6. Occupational status of new STD clinic attendees in 2014

| Province | STD Clinic | Unemployed | | | Employed | | | Student | | | Retired | | | Not known | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| Central Province | Kandy | 58 | 287 | 345 | 392 | 176 | 568 | 28 | 60 | 88 | 17 | 4 | 21 | 8 | 0 | 8 |
| | Mathale | 16 | 81 | 97 | 93 | 26 | 119 | 5 | 4 | 9 | 3 | 1 | 4 | 1 | 1 | 2 |
| | Nuwara Eliya | 18 | 83 | 101 | 47 | 31 | 78 | 3 | 14 | 17 | 1 | 0 | 1 | 2 | 0 | 2 |
| Eastern Province | Ampara | 17 | 114 | 131 | 135 | 26 | 161 | 9 | 49 | 58 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Batticaloa | 49 | 137 | 186 | 162 | 44 | 206 | 12 | 46 | 58 | 1 | 0 | 1 | 0 | 0 | 0 |
| | Kalmunai | 12 | 19 | 31 | 21 | 16 | 37 | 6 | 7 | 13 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Trincomalee | 4 | 42 | 46 | 73 | 2 | 75 | 3 | 17 | 20 | 1 | 0 | 1 | 0 | 0 | 0 |
| North Central province | Anuradhapura | 33 | 202 | 235 | 363 | 103 | 466 | 13 | 16 | 29 | 12 | 1 | 13 | 0 | 0 | 0 |
| | Polonnaruwa | 100 | 195 | 295 | 156 | 34 | 190 | 18 | 50 | 68 | 2 | 0 | 2 | 3 | 0 | 3 |
| North Western Province | Chilaw | 22 | 183 | 205 | 302 | 111 | 413 | 18 | 142 | 160 | 0 | 1 | 1 | 0 | 0 | 0 |
| | Kurunegala | 81 | 517 | 598 | 547 | 186 | 733 | 43 | 58 | 101 | 11 | 2 | 13 | 7 | 7 | 14 |
| Northern Province | Jaffna | 49 | 152 | 201 | 261 | 36 | 297 | 10 | 57 | 67 | 3 | 0 | 3 | 0 | 0 | 0 |
| | Mannar | 9 | 9 | 18 | 5 | 0 | 5 | 3 | 12 | 15 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vavuniya | 16 | 86 | 102 | 122 | 21 | 143 | 3 | 26 | 29 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sabaragamuwa Province | Kegalle | 14 | 202 | 216 | 329 | 102 | 431 | 24 | 13 | 37 | 3 | 0 | 3 | 0 | 0 | 0 |
| | Ratnapura | 53 | 211 | 264 | 439 | 107 | 546 | 25 | 90 | 115 | 8 | 0 | 8 | 0 | 0 | 0 |
| Southern Province | Balapitiya | 139 | 168 | 307 | 39 | 45 | 84 | 19 | 31 | 50 | 0 | 0 | 0 | 2 | 5 | 7 |
| | Galle | 204 | 274 | 478 | 483 | 96 | 579 | 51 | 66 | 117 | 11 | 3 | 14 | 3 | 0 | 3 |
| | Hambanthota | 49 | 46 | 95 | 87 | 6 | 93 | 9 | 18 | 27 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Matara | 41 | 189 | 230 | 263 | 74 | 337 | 38 | 71 | 109 | 6 | 0 | 6 | 0 | 0 | 0 |
| Uva Province | Badulla | 93 | 224 | 317 | 174 | 37 | 211 | 25 | 34 | 59 | 2 | 1 | 3 | 6 | 3 | 9 |
| | Monaragala | 45 | 114 | 159 | 49 | 11 | 60 | 1 | 18 | 19 | 0 | 0 | 0 | 0 | 0 | 0 |
| Western Province | Colombo | 365 | 747 | 1112 | 2660 | 721 | 3381 | 141 | 97 | 238 | 58 | 7 | 65 | 5 | 2 | 7 |
| | Gampaha | 49 | 152 | 201 | 261 | 36 | 297 | 10 | 57 | 67 | 3 | 0 | 3 | 0 | 0 | 0 |
| | Kalubowila | 176 | 311 | 487 | 974 | 298 | 1272 | 102 | 59 | 161 | 10 | 1 | 11 | 2 | 0 | 2 |
| | Kalutara | 65 | 225 | 290 | 162 | 69 | 231 | 21 | 29 | 50 | 10 | 5 | 15 | 7 | 3 | 10 |
| | Negombo | 73 | 141 | 214 | 284 | 163 | 447 | 6 | 17 | 23 | 5 | 1 | 6 | 0 | 0 | 0 |
| | Ragama | 129 | 202 | 331 | 568 | 182 | 750 | 48 | 83 | 131 | 12 | 0 | 12 | 0 | 0 | 0 |
| | Wathupitiwala | 30 | 83 | 113 | 116 | 96 | 212 | 6 | 2 | 8 | 1 | 0 | 1 | 0 | 0 | 0 |
| **Total** | | **2009** | **5396** | **7405** | **9567** | **2855** | **12422** | **700** | **1243** | **1943** | **180** | **27** | **207** | **46** | **21** | **67** |

## Table 3.7 Reason for attendance among new STD clinic attendees in 2014

| Province | STD Clinic | Contact of patients | | | Voluntarily | | | Referral from magistrate/court | | | Others* | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| Central Province | Kandy | 26 | 45 | 71 | 213 | 100 | 313 | 7 | 11 | 18 | 257 | 371 | 628 |
| | Mathale | 6 | 7 | 13 | 39 | 21 | 60 | 0 | 3 | 3 | 73 | 82 | 155 |
| | Nuwara Eliya | 12 | 7 | 19 | 37 | 25 | 62 | 3 | 7 | 10 | 19 | 89 | 108 |
| Eastern Province | Ampara | 22 | 17 | 39 | 70 | 23 | 93 | 25 | 40 | 65 | 44 | 109 | 153 |
| | Batticaloa | 15 | 21 | 36 | 28 | 45 | 73 | 4 | 32 | 36 | 152 | 151 | 303 |
| | Kalmunai | 0 | 4 | 4 | 7 | 3 | 10 | 2 | 5 | 7 | 30 | 30 | 60 |
| | Trincomalee | 4 | 3 | 7 | 23 | 7 | 30 | 6 | 26 | 32 | 48 | 25 | 73 |
| North Central province | Anuradhapura | 9 | 29 | 38 | 96 | 63 | 159 | 29 | 31 | 60 | 287 | 199 | 486 |
| | Polonnaruwa | 1 | 0 | 1 | 246 | 232 | 478 | 5 | 30 | 35 | 27 | 17 | 44 |
| North Western Province | Chilaw | 62 | 31 | 93 | 124 | 73 | 197 | 68 | 212 | 280 | 88 | 121 | 209 |
| | Kurunegala | 115 | 52 | 167 | 314 | 181 | 495 | 56 | 69 | 125 | 204 | 468 | 672 |
| Northern Province | Jaffna | 1 | 6 | 7 | 41 | 12 | 53 | 74 | 38 | 112 | 30 | 13 | 43 |
| | Mannar | 0 | 1 | 1 | 3 | 0 | 3 | 11 | 15 | 26 | 3 | 5 | 8 |
| | Vavuniya | 10 | 8 | 18 | 28 | 11 | 39 | 11 | 35 | 46 | 92 | 79 | 171 |
| Sabaragamuwa Province | Kegalle | 124 | 58 | 182 | 133 | 87 | 220 | 10 | 8 | 18 | 103 | 164 | 267 |
| | Ratnapura | 20 | 26 | 46 | 118 | 61 | 179 | 60 | 155 | 215 | 327 | 166 | 493 |
| Southern Province | Balapitiya | 10 | 7 | 17 | 44 | 16 | 60 | 3 | 36 | 39 | 167 | 168 | 335 |
| | Galle | 24 | 7 | 31 | 100 | 71 | 171 | 206 | 164 | 370 | 422 | 197 | 619 |
| | Hambanthota | 13 | 41 | 54 | 53 | 39 | 92 | 93 | 38 | 131 | 135 | 156 | 291 |
| | Matara | 31 | 25 | 56 | 97 | 35 | 132 | 107 | 140 | 247 | 113 | 134 | 247 |
| Uva Province | Badulla | 49 | 32 | 81 | 62 | 29 | 91 | 35 | 63 | 98 | 154 | 175 | 329 |
| | Monaragala | 15 | 14 | 29 | 7 | 16 | 23 | 0 | 32 | 32 | 72 | 82 | 154 |
| Western Province | Colombo | 126 | 85 | 211 | 1488 | 449 | 1937 | 16 | 179 | 195 | 1599 | 861 | 2460 |
| | Gampaha | 22 | 15 | 37 | 89 | 45 | 134 | 35 | 57 | 92 | 111 | 202 | 313 |
| | Kalubowila | 38 | 39 | 77 | 414 | 135 | 549 | 27 | 117 | 144 | 785 | 378 | 1163 |
| | Kalutara | 22 | 22 | 44 | 96 | 122 | 218 | 67 | 82 | 149 | 80 | 105 | 185 |
| | Negombo | 45 | 29 | 74 | 129 | 101 | 230 | 30 | 47 | 77 | 164 | 145 | 309 |
| | Ragama | 38 | 26 | 64 | 188 | 84 | 272 | 28 | 89 | 117 | 503 | 268 | 771 |
| | Wathupitiwala | 2 | 1 | 3 | 86 | 82 | 168 | 0 | 0 | 0 | 65 | 98 | 163 |
| **Total** | | **862** | **658** | **1520** | **4373** | **2168** | **6541** | **1018** | **1761** | **2779** | **6154** | **5058** | **11212** |

** Referrals from doctors or other healthcare workers, NGOs etc,*

## Table 3.8 . HIV testing and counselling details from STD clinics during 2014

| Province | STD Clinics | Sex Workers | | MSM | | Drug Users | | Prisoners | | Other* | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | No received HIV Testing | No. receive HIV result | No. received HIV Testing | No. received HIV result | No. received HIV Testing | No. received HIV result | No. received HIV Testing | No. received HIV result | No. received HIV Testing | No. received HIV result |
| Central Province | Kandy | 67 | 67 | 107 | 78 | 97 | 97 | 0 | 0 | 2526 | 2470 |
| | Matale | 1 | 1 | 7 | 7 | 0 | 0 | 0 | 0 | 394 | 394 |
| | Nuwara Eliya | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 734 | 722 |
| Eastern Province | Batticalloa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 468 | 468 |
| | Kalmunai | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 86 | 86 |
| | Trincomalee | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 26 | 644 | 644 |
| North Central province | Anuradhapura | 70 | 70 | 68 | 68 | 0 | 0 | 46 | 46 | 2128 | 2128 |
| | Polonnaruwa | 26 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 2957 | 2897 |
| North Western Province | Chilaw | 17 | 17 | 48 | 48 | 8 | 8 | 0 | 0 | 859 | 859 |
| | Kurunegala | 40 | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 1919 | 1900 |
| Northern Province | Jaffna | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 486 | 485 |
| | Mannar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 635 | 112 |
| | Vavuniya | 3 | 3 | 3 | 3 | 0 | 0 | 6 | 6 | 1299 | 1299 |
| Sabaragamuwa Province | Kegalle | 29 | 29 | 50 | 50 | 3 | 3 | 12 | 12 | 2750 | 2750 |
| | Ratnapura | 27 | 27 | 0 | 0 | 224 | 223 | 62 | 54 | 1093 | 1011 |
| Southern Province | Balapitiya | 36 | 26 | 61 | 37 | 14 | 12 | 0 | 0 | 399 | 263 |
| | Galle | 252 | 183 | 405 | 249 | 259 | 161 | 70 | 64 | 1341 | 751 |
| | Hambanthota | 14 | 9 | 2 | 0 | 0 | 0 | 11 | 6 | 699 | 299 |
| | Matara | 27 | 24 | 0 | 0 | 0 | 0 | 95 | 57 | 1087 | 437 |
| Uva Province | Badulla | 2 | 2 | 0 | 0 | 0 | 0 | 47 | 47 | 2627 | 2627 |
| | Monaragala | 4 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 252 | 175 |
| Western Province | Colombo | 218 | 83 | 358 | 244 | 2 | 2 | 127 | 109 | 5017 | 3807 |
| | Gampaha | 66 | 24 | 55 | 33 | 1 | 0 | 0 | 0 | 950 | 803 |
| | Kalubowila | 187 | 80 | 220 | 58 | 358 | 74 | 10 | 10 | 1847 | 1205 |
| | Kalutara | 19 | 19 | 24 | 22 | 2 | 2 | 66 | 66 | 1438 | 1383 |
| | Negombo | 152 | 134 | 62 | 40 | 132 | 132 | 199 | 199 | 1567 | 1515 |
| | Ragama | 72 | 7 | 255 | 82 | 33 | 0 | 22 | 16 | 1475 | 783 |
| | Wathupitiwala | 54 | 25 | 13 | 10 | 4 | 2 | 2 | 2 | 561 | 525 |
| **Total** | | **1388** | **899** | **1740** | **1031** | **1137** | **716** | **803** | **720** | **38,792** | **33,333** |

** Beach boys, client of sex workers, other STD clinic attendees etc.*

**Table 3.9. Details of awareness programmes conducted by STD clinics in 2014**

| Province | STD Clinic | Lectures | | Exhibitions | | Workshops | | Other (specify) | |
|---|---|---|---|---|---|---|---|---|---|
| | | No. of programmes | No. of participants | No. of programmes | No. of participants | No. of programmes | No. of participants | No. of programmes | No. of participants |
| Central Province | Kandy | 75 | 9537 | 3 | 62500 | 12 | 854 | 3 | 360 |
| | Matale | 28 | 1498 | 0 | 0 | 1 | 15 | 0 | 0 |
| | Nuwara Eliya | 32 | 2050 | 3 | 1800 | 0 | 0 | 0 | 0 |
| Eastern Province | Ampara | 89 | 5839 | 1 | 150 | 0 | 0 | 7 | 5200 |
| | Batticalloa | 37 | 2391 | 0 | 0 | 0 | 0 | 1 | 28 |
| | Kalmunai | 4 | 602 | 0 | 0 | 0 | 0 | 2 | 124 |
| | Trincomalee | 19 | 1240 | 0 | 0 | 2 | 100 | 2 | 600 |
| North Central province | Anuradhapura | 61 | 8023 | 0 | 0 | 0 | 0 | 49 | 3853 |
| | Polonnaruwa | 28 | 3168 | 0 | 0 | 0 | 0 | 0 | 0 |
| North Western Province | Chilaw | 97 | 6772 | 2 | 3700 | 0 | 0 | 0 | 0 |
| | Kurunegala | 56 | 7542 | 3 | 10500 | 8 | 483 | 5 | 994 |
| Northern Province | Jaffna | 45 | 2060 | 0 | 0 | 5 | 200 | 0 | 0 |
| | Mannar | 9 | 586 | 0 | 0 | 2 | 198 | 0 | 0 |
| | Vavuniya | 47 | 2709 | 0 | 0 | 1 | 30 | 0 | 0 |
| Sabaragamuwa Province | Kegalle | 75 | 7604 | 1 | 3800 | 9 | 724 | 1 | 1000 |
| | Ratnapura | 104 | 8875 | 0 | 0 | 0 | 0 | 1 | 19226 |
| Southern Province | Balapitiya | 11 | 2155 | 2 | 780 | 1 | 40 | 2 | 462 |
| | Galle | 79 | 9360 | 1 | 20 | 1 | 20 | 12 | 615 |
| | Hambanthota | 9 | 724 | 1 | 1200 | 40 | 2420 | 1 | 24 |
| | Matara | 130 | 8905 | 1 | 15000 | 3 | 71 | 0 | 0 |
| Uva Province | Badulla | 246 | 15957 | 1 | 200 | 0 | 0 | 0 | 0 |
| | Monaragala | 49 | 3954 | 2 | 1000 | 3 | 106 | 3 | 1000 |
| Western Province | Colombo | 66 | 2793 | 14 | 60680 | 13 | 1243 | 732 | 964 |
| | Gampaha | 97 | 8911 | 1 | 1500 | 0 | 0 | 0 | 0 |
| | Kalubowila | 13 | 684 | 2 | 360 | 4 | 210 | 36 | 571 |
| | Kalutara | 73 | 8052 | 0 | 0 | 4 | 356 | 5 | 995 |
| | Negombo | 1 | 30 | 0 | 0 | 1 | 50 | 0 | 0 |
| | Ragama | 65 | 4490 | 0 | 0 | 0 | 0 | 23 | 792 |
| | Wathupitiwala | 21 | 3295 | 0 | 0 | 0 | 0 | 3 | 935 |
| **Total** | | **1666** | **139806** | **38** | **163190** | **110** | **7120** | **888** | **37743** |

# 4. SEXUALLY TRANSMITTED INFECTIONS

National STD/AIDS control programme considers STI surveillance as an important element of the National response to HIV epidemic. STI surveillance gives useful information about the risk of HIV in various populations and geographical areas.

None of the sexually transmitted diseases are notifiable in Sri Lanka. As a result data from STD clinic attendees is the primary source of data for STI surveillance. SIM unit of the NSACP carries out data collection from all STD clinics on a quarterly basis. STI related data are collated, summarized and analyzed prior to regular dissemination via NSACP website www.aidscontrol.gov.lk and through various reports.

| Symptoms of STIs (Many STIs may be asymptomatic) | |
|---|---|
| Males | Females |
| ◆ Ulcers or sores in genitals<br>◆ Discharge from urethra<br>◆ Burning when urinating<br>◆ Warts or lumps in genitals<br>◆ Pain and swelling of testes<br>◆ Enlarged nodes in groins | ◆ Ulcers or sores in genitals<br>◆ Discharge from vagina<br>◆ Burning when urinating<br>◆ Warts or lumps in genitals<br>◆ Lower abdominal pain<br>◆ Enlarged nodes in groins |

**Figure 4.1 Number of sexually transmitted infections in Sri Lanka in 2014**

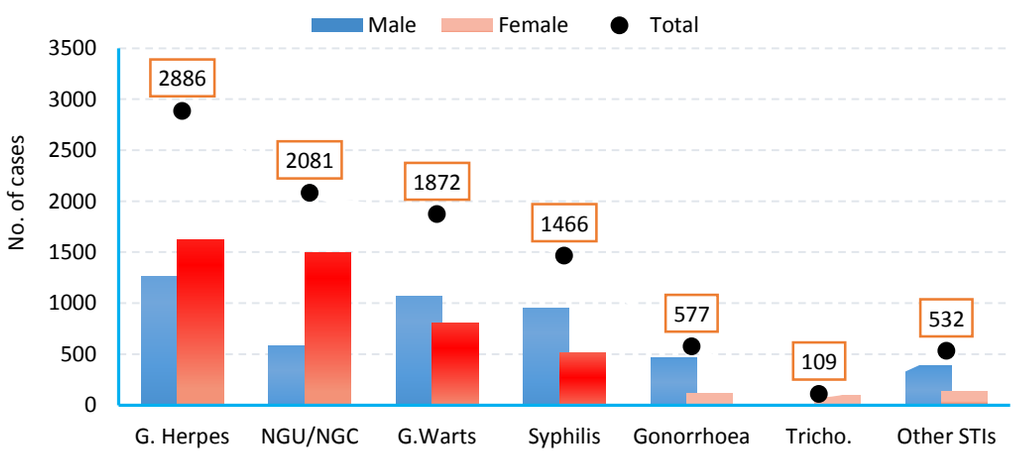
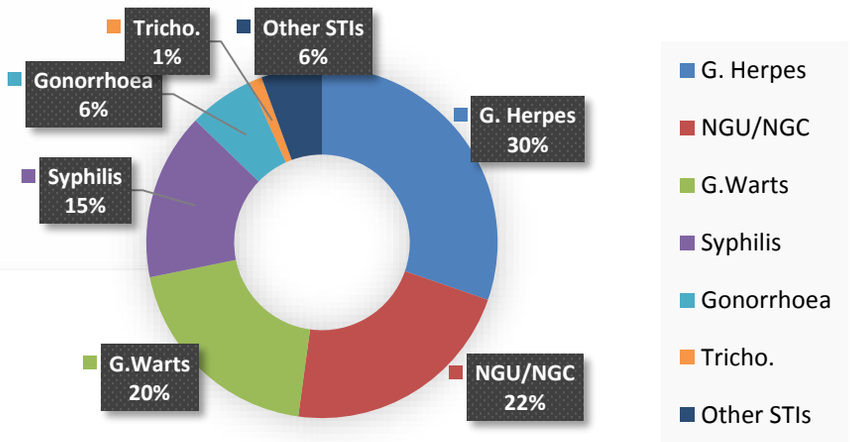


**Figure 4.2 Percentage of Sexually transmitted infections in Sri Lanka in 2014**

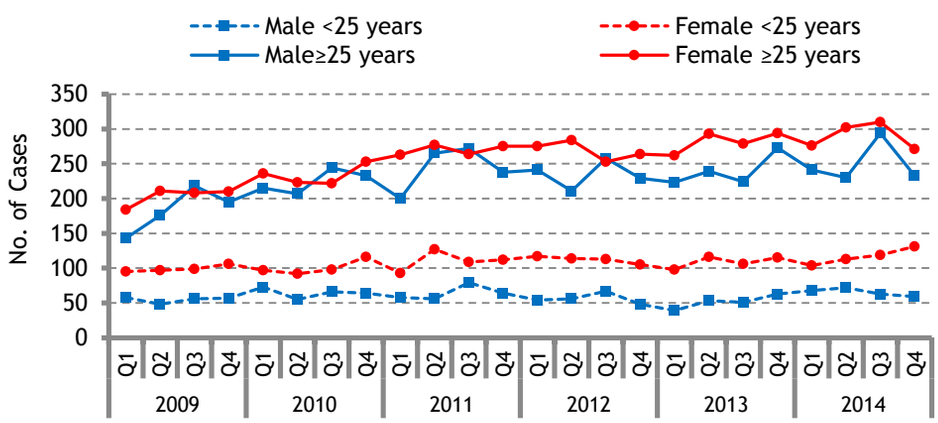



Figures 4.1 and 4.2 show the number and percentages of STIs reported during 2014. Genital herpes, non-gonococcal infections, genital warts were more common STIs followed by syphilis and gonorrhoea. Females were more among reported genital herpes and non-gonococcal infections.

## Genital herpes

Genital herpes is caused by the herpes simplex virus (HSV) that enters the body through small breaks in your skin or mucous membranes. Most people with HSV have no signs or symptoms. When present, signs and symptoms may include, small red bumps, blisters (vesicles) or open sores (ulcers) in the genital and anal areas. Some HSV infected people can have recurrent episodes of genital ulcers.

**Figure 4.3 Trends of genital herpes infections, 2009-2014**




The number of patients presented with genital herpes during 2009 to 2014 is given in the above graph according to the age and sex distribution. It is common among the more than 25 year age group and more females were reported compared to males.

Recurrences being more frequent and more symptomatic among females could be one possible contributing factor. Balapitiya, Chilaw, Kalutara and Ratnapura STD clinics have reported less number of genital herpes cases in 2014.

## Non-gonococcal urethritis and cervicitis

Non-gonococcal urethritis and cervicitis are the second commonest STI reported during 2014. Monitoring the trend of non-gonococcal infections among males is considered a good indicator to monitor trends of new STIs. Symptoms of non-gonococcal infections in males include discharge from urethra and/or burning pain during urination. There are many causative organisms which can give rise to this diagnosis; *Chlamydia trachomatis* being the commonest. However, specific diagnostic facilities for *Chlamydia trachomatis* is not available in STD clinics in Sri Lanka. Therefore all symptomatic chlamydia infections are included in the diagnosis of "non-gonococcal infections".

**Figure 4.4 Trend of reported non-gonococcal urethritis males, 2009-2014**

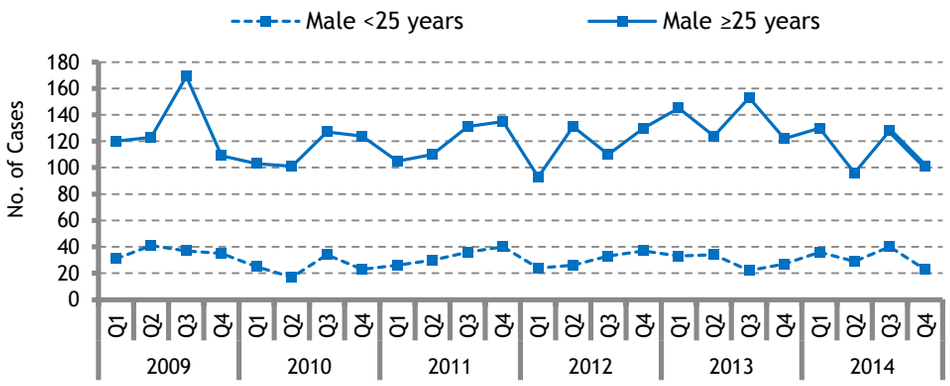



Figure 4.4 illustrates the number and age distribution of the male patients diagnosed with non-gonococcal urethritis. There are more males over 25 years among patients diagnosed with non-gonococcal infections. Trends of reported cases are fairly stable over last six years.

## Genital warts

Genital warts are the third common reported STI during 2014. Genital warts are caused by a virus named Human Papiloma Virus (HPV). In most of the cases HPV infection has no signs or symptoms. But persistent infection of some HPV types can cause cervical cancer in women. Some HPV virus types cause genital warts. The signs and symptoms of genital warts may include small, flesh-coloured or gray swellings in the genital area. The size of the genital warts may be as small as 1 millimeter or may grow into large clusters.

**Figure 4.5 Genital warts reported from STD clinics 2010-2014**

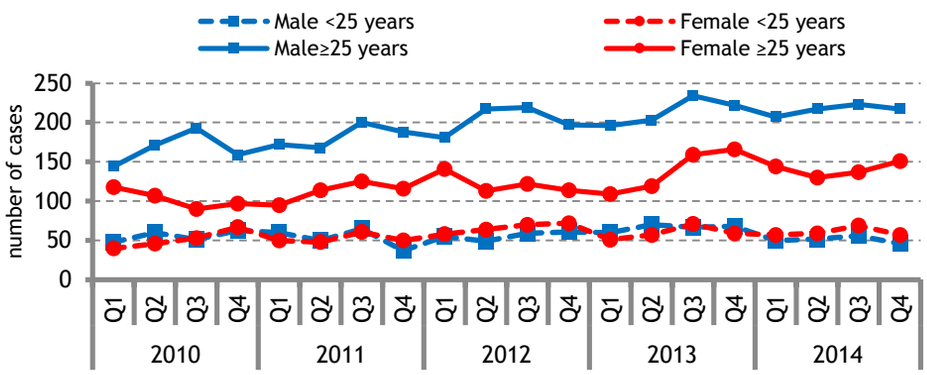



Figure 4.5 shows the number of patients reported with genital warts from all STD clinics. Warts are more common among males compared to females and there is an increasing tendency among both males and females.

## Syphilis

Syphilis is a well-known sexually transmitted disease caused by a bacterium named *Treponema pallidum pallidum*. Clinically and serologically syphilis is divided into 4 stages- primary, secondary, latent and tertiary. There is also a condition known as congenital syphilis, which occurs when a pregnant woman with syphilis passes the infection to her unborn infant. Congenital syphilis can be disabling, even life-threatening, so it's important for a pregnant woman with syphilis to be treated.

Figure 4.6 shows the total number of infectious or early syphilis (exposure to syphilis within last 2 years) during the last 5 year period according to age and sex distribution. More cases have been reported among males aged more than 25 years. The overall trend had been fluctuating with peaks in 2010 and 2011.

**Figure 4.6 Infectious syphilis in all STD clinics 2010- 2014**

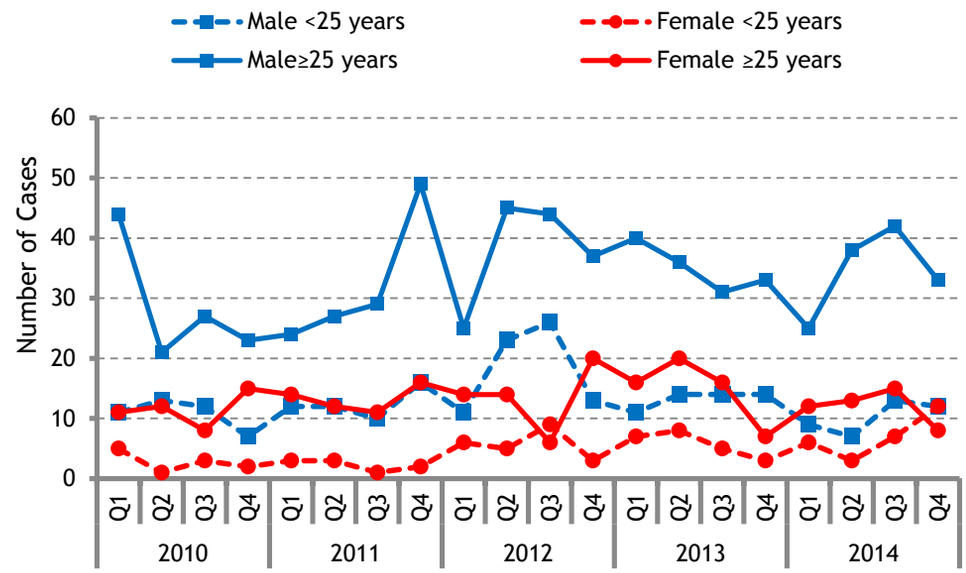



**Figure 4.7 Late syphilis cases in all STD clinics end of 2014**

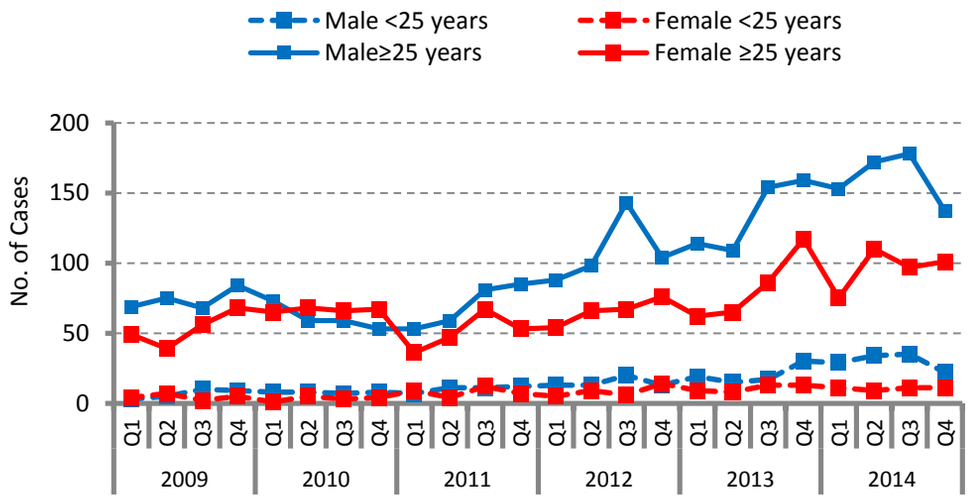



Figure 4.7 illustrates the total number of late or non-infectious syphilis cases reported during the last six year period. There is a rising trend among males and females more than 25 years of age.

**Figure 4.8 Reported congenital syphilis cases in all STD clinics 2003 - 2014**

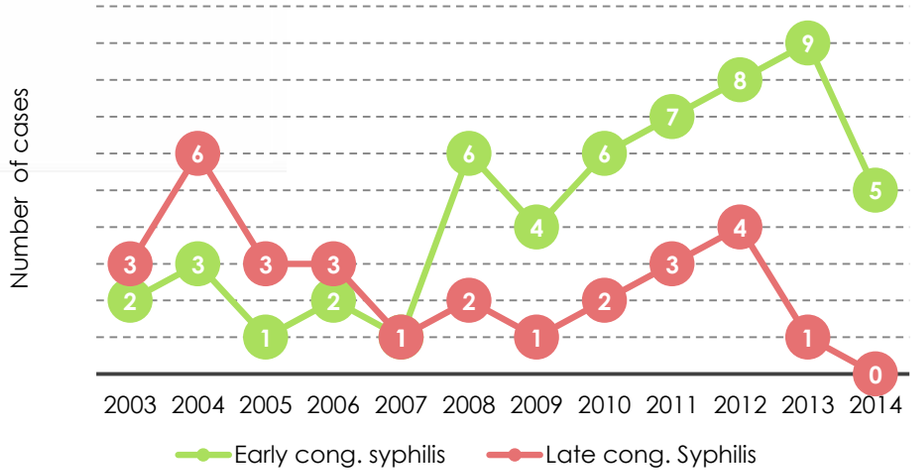



Figure 4.8 illustrates the total number of early and late congenital syphilis cases reported during the last twelve years. During 2014 only 5 cases of early congenital syphilis cases were reported. Two cases were reported from Colombo, and one case each from Hambanthota, Jaffna and Kegalle STD clinics respectively.

All five cases of congenital syphilis reported during 2014 were belonging to the case definition-3 of congenital syphilis. Case definition-3 includes, mother treated less than 4 weeks prior to delivery, mother untreated, treatment status undocumented or unknown and mother not completed the recommended course of penicillin. In addition, mother treated with non-penicillin antibiotics also included in this case definition.

## Gonorrhoea

Gonorrhoea is a bacterial infection caused by *Neisseria gonorrhoeae*. Signs and symptoms of gonorrhoea may include thick, cloudy or pus discharge from the penis or vagina and pain or burning sensation when urinating. However, majority of women with gonorrhoea may not show any symptoms.

**Figure 4.9 Gonorrhoea cases reported from STD clinics 2010-2014**

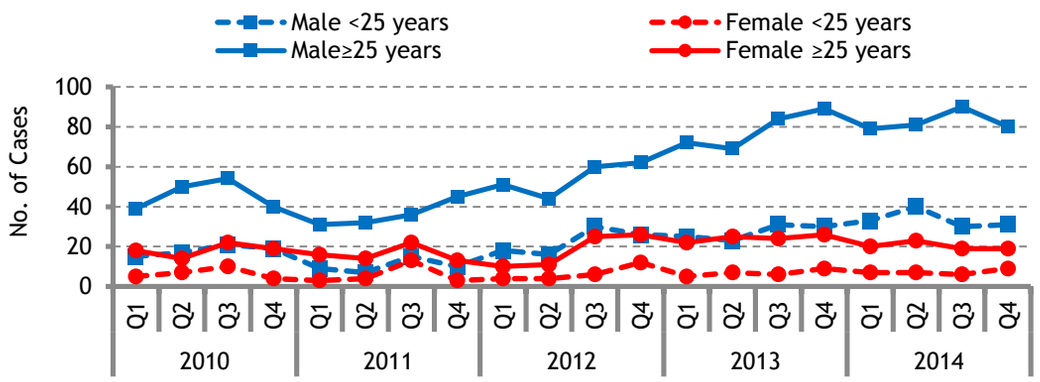



Figure 4.9 indicates the trend of gonorrhoea cases and number treated for their sexual contacts (presumed gonorrhoea cases) detected during the last five years according to age and sex distribution. It is clearly evident that males who are 25 years and older are affected more with a rising trend since 2011. These cases include both confirmed gonococcal as well as presumptive gonococcal infections where confirmatory evidence is not available due to lack of gonococcal culture facilities in majority of STD clinics.

## Trichomoniasis

Trichomoniasis is a sexually transmitted infection caused by a microscopic, one-celled parasite called *Trichomonas vaginalis*. The organism usually infects the urinary tract in men, but often causes no symptoms. Trichomoniasis typically infects the vagina in women. Some of the symptoms and signs of trichomoniasis include, abnormal vaginal discharge, vaginal discomfort, discharge from the penis and painful urination.

**Figure 4.10 Trichomoniasis in all STD clinics 2010-2014**

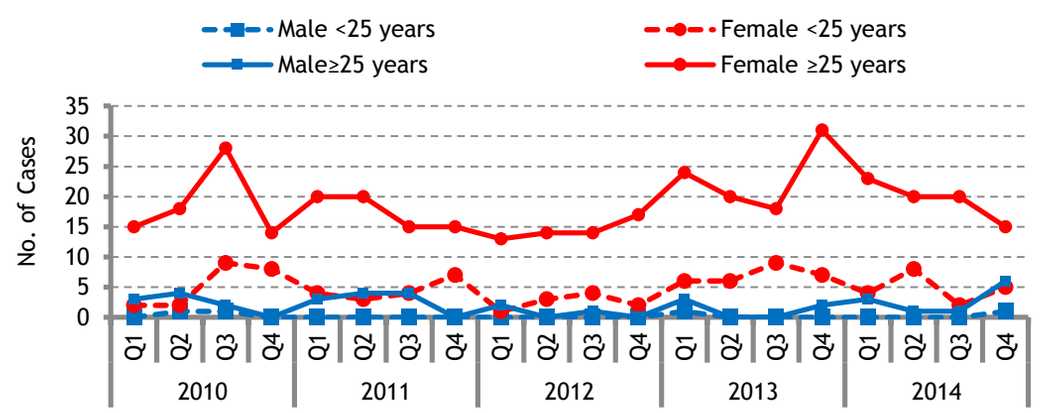



Figure 4.10 illustrates the number of patients diagnosed with trichomoniasis since 2010. It is noticeable that females aged more than 25 years are most affected.

**Table 4.1 Number of reported early (infectious) syphilis cases, 2011-2014**

| Province | STD Clinic | 2011 | | | 2012 | | | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Central Province** | Kandy | 8 | 2 | 10 | 14 | 2 | 16 | 7 | 3 | 10 | 10 | 6 | 16 |
| | Matale | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 6 | 2 | 2 | 4 |
| | Nuwara Eliya | 2 | 2 | 4 | 2 | 3 | 5 | 5 | 5 | 10 | 2 | 2 | 4 |
| **Eastern Province** | Ampara | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Batticaloa | 2 | 3 | 5 | 4 | 5 | 9 | 1 | 0 | 1 | 2 | 3 | 5 |
| | Kalmunai | 0 | 0 | 0 | 3 | 0 | 3 | 1 | 0 | 1 | 0 | 0 | 0 |
| | Trincomalee | 1 | 0 | 1 | 3 | 1 | 4 | 1 | 0 | 1 | 0 | 0 | 0 |
| **North Central province** | Anuradhapura | 9 | 1 | 10 | 0 | 0 | 0 | 2 | 2 | 4 | 1 | 0 | 1 |
| | Polonnaruwa | 2 | 3 | 5 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| **North Western Province** | Chilaw | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 6 |
| | Kurunegala | 0 | 0 | 0 | 2 | 2 | 4 | 3 | 0 | 3 | 1 | 0 | 1 |
| **Northern Province** | Jaffna | 0 | 1 | 1 | 1 | 0 | 1 | 2 | 2 | 4 | 0 | 0 | 0 |
| | Mannar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vavuniya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Sabaragamuwa Province** | Kegalle | 8 | 2 | 10 | 3 | 2 | 5 | 2 | 3 | 5 | 6 | 6 | 12 |
| | Ratnapura | 4 | 2 | 6 | 4 | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Southern Province** | Balapitiya | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 3 | 3 | 0 | 3 |
| | Galle | 5 | 1 | 6 | 15 | 1 | 16 | 8 | 6 | 14 | 20 | 8 | 28 |
| | Hambanthota | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 3 | 3 |
| | Matara | 5 | 2 | 7 | 12 | 7 | 19 | 6 | 3 | 9 | 2 | 3 | 5 |
| **Uva Province** | Badulla | 3 | 4 | 7 | 6 | 2 | 8 | 3 | 2 | 5 | 0 | 0 | 0 |
| | Monaragala | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 3 | 0 | 1 | 1 |
| **Western Province** | Colombo | 78 | 27 | 105 | 96 | 30 | 126 | 104 | 37 | 141 | 83 | 25 | 108 |
| | Gampaha | 3 | 0 | 3 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 |
| | Kalubowila | 16 | 5 | 21 | 20 | 4 | 24 | 13 | 1 | 14 | 20 | 7 | 27 |
| | Kalutara | 4 | 1 | 5 | 4 | 2 | 6 | 2 | 3 | 5 | 3 | 2 | 5 |
| | Negombo | 1 | 0 | 1 | 6 | 5 | 11 | 3 | 3 | 6 | 7 | 2 | 9 |
| | Ragama | 27 | 6 | 33 | 26 | 9 | 35 | 16 | 7 | 23 | 13 | 4 | 17 |
| | Wathupitiwala | - | - | - | 0 | 1 | 1 | 2 | 1 | 3 | 0 | 0 | 0 |
| **Total** | | **179** | **62** | **241** | **224** | **77** | **301** | **193** | **82** | **275** | **179** | **76** | **255** |

**Table 4.2 Number of late syphilis cases reported, 2011- 2014**

| Province | STD Clinic | 2011 | | | 2012 | | | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Central Province** | Kandy | 33 | 19 | 52 | 30 | 14 | 44 | 37 | 18 | 55 | 31 | 17 | 48 |
| | Matale | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 3 | 4 |
| | Nuwara Eliya | 1 | 3 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| **Eastern Province** | Ampara | 6 | 5 | 11 | 4 | 3 | 7 | 7 | 2 | 9 | 6 | 7 | 13 |
| | Batticalloa | 4 | 1 | 5 | 3 | 0 | 3 | 5 | 8 | 13 | 7 | 5 | 12 |
| | Kalmunai | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 2 |
| | Trincomalee | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 4 | 4 | 1 | 5 |
| **North Central province** | Anuradhapura | 6 | 1 | 7 | 16 | 5 | 21 | 12 | 8 | 20 | 15 | 19 | 34 |
| | Polonnaruwa | 1 | 3 | 4 | 6 | 2 | 8 | 1 | 0 | 1 | 21 | 5 | 26 |
| **North Western Province** | Chilaw | 6 | 10 | 16 | 4 | 0 | 4 | 10 | 11 | 21 | 24 | 15 | 39 |
| | Kurunegala | 11 | 10 | 21 | 19 | 26 | 45 | 20 | 19 | 39 | 33 | 32 | 65 |
| **Northern Province** | Jaffna | 3 | 0 | 3 | 0 | 0 | 0 | 2 | 3 | 5 | 1 | 3 | 4 |
| | Mannar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vavuniya | 12 | 6 | 18 | 7 | 11 | 18 | 9 | 4 | 13 | 5 | 3 | 8 |
| **Sabaragamuwa Province** | Kegalle | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 3 | 11 | 14 | 5 | 19 |
| | Ratnapura | 8 | 5 | 13 | 18 | 11 | 29 | 18 | 15 | 33 | 10 | 11 | 21 |
| **Southern Province** | Balapitiya | 0 | 1 | 1 | 4 | 0 | 4 | 3 | 2 | 5 | 5 | 5 | 10 |
| | Galle | 13 | 3 | 16 | 23 | 20 | 43 | 48 | 13 | 61 | 38 | 16 | 54 |
| | Hambanthota | 11 | 6 | 17 | 17 | 8 | 25 | 23 | 13 | 36 | 7 | 1 | 8 |
| | Matara | 3 | 2 | 5 | 10 | 3 | 13 | 11 | 3 | 14 | 4 | 5 | 9 |
| **Uva Province** | Badulla | 10 | 8 | 18 | 6 | 7 | 13 | 25 | 23 | 48 | 33 | 10 | 43 |
| | Monaragala | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 4 | 5 | 9 |
| **Western Province** | Colombo | 128 | 98 | 226 | 222 | 131 | 353 | 239 | 145 | 384 | 264 | 150 | 414 |
| | Gampaha | 4 | 8 | 12 | 13 | 6 | 19 | 8 | 11 | 19 | 27 | 11 | 38 |
| | Kalubowila | 16 | 14 | 30 | 40 | 17 | 57 | 34 | 17 | 51 | 71 | 38 | 109 |
| | Kalutara | 15 | 7 | 22 | 13 | 10 | 23 | 21 | 13 | 34 | 16 | 14 | 30 |
| | Negombo | 4 | 11 | 15 | 6 | 8 | 14 | 16 | 16 | 32 | 31 | 12 | 43 |
| | Ragama | 23 | 14 | 37 | 29 | 15 | 44 | 56 | 19 | 75 | 74 | 23 | 97 |
| | Wathupitiwala | - | - | - | 2 | 0 | 2 | 1 | 2 | 3 | 11 | 8 | 19 |
| **Total** | | **319** | **235** | **554** | **492** | **297** | **789** | **617** | **373** | **990** | **760** | **425** | **1185** |

**Table 4.3 Number of gonorrhoea cases 2011- 2014**

| Province | STD Clinic | 2011 | | | 2012 | | | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Central Province** | Kandy | 13 | 2 | 15 | 18 | 13 | 31 | 26 | 12 | 38 | 25 | 6 | 31 |
| | Matale | 0 | 0 | 0 | 3 | 1 | 4 | 4 | 0 | 4 | 1 | 2 | 3 |
| | Nuwara Eliya | 2 | 2 | 4 | 17 | 15 | 32 | 20 | 22 | 42 | 9 | 3 | 12 |
| **Eastern Province** | Ampara | 2 | 0 | 2 | 1 | 0 | 1 | 4 | 0 | 4 | 1 | 0 | 1 |
| | Batticaloa | 1 | 4 | 5 | 6 | 1 | 7 | 13 | 3 | 16 | 1 | 0 | 1 |
| | Kalmunai | 2 | 2 | 4 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 |
| | Trincomalee | 20 | 0 | 20 | 19 | 1 | 20 | 11 | 0 | 11 | 4 | 1 | 5 |
| **North Central province** | Anuradhapura | 16 | 7 | 23 | 18 | 13 | 31 | 24 | 1 | 25 | 18 | 4 | 22 |
| | Polonnaruwa | 11 | 3 | 14 | 17 | 0 | 17 | 3 | 1 | 4 | 8 | 0 | 8 |
| **North Western Province** | Chilaw | 3 | 0 | 3 | 2 | 0 | 2 | 3 | 1 | 4 | 3 | 0 | 3 |
| | Kurunegala | 3 | 4 | 7 | 3 | 4 | 7 | 18 | 3 | 21 | 6 | 1 | 7 |
| **Northern Province** | Jaffna | 4 | 1 | 5 | 4 | 0 | 4 | 7 | 0 | 7 | 3 | 0 | 3 |
| | Mannar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vavuniya | 1 | 0 | 1 | 5 | 0 | 5 | 10 | 2 | 12 | 13 | 0 | 13 |
| **Sabaragamuwa Province** | Kegalle | 1 | 1 | 2 | 2 | 0 | 2 | 23 | 11 | 34 | 11 | 5 | 16 |
| | Ratnapura | 3 | 3 | 6 | 15 | 4 | 19 | 10 | 2 | 12 | 5 | 1 | 6 |
| **Southern Province** | Balapitiya | 5 | 8 | 13 | 2 | 4 | 6 | 9 | 1 | 10 | 5 | 1 | 6 |
| | Galle | 1 | 2 | 3 | 15 | 2 | 17 | 10 | 3 | 13 | 14 | 12 | 26 |
| | Hambanthota | 11 | 0 | 11 | 15 | 4 | 19 | 15 | 18 | 33 | 19 | 23 | 42 |
| | Matara | 2 | 1 | 3 | 7 | 2 | 9 | 10 | 2 | 12 | 13 | 5 | 18 |
| **Uva Province** | Badulla | 3 | 0 | 3 | 7 | 3 | 10 | 4 | 1 | 5 | 4 | 1 | 5 |
| | Monaragala | 8 | 9 | 17 | 0 | 0 | 0 | 4 | 2 | 6 | 6 | 2 | 8 |
| **Western Province** | Colombo | 30 | 11 | 41 | 75 | 18 | 93 | 108 | 18 | 126 | 168 | 26 | 194 |
| | Gampaha | 8 | 2 | 10 | 5 | 1 | 6 | 13 | 1 | 14 | 7 | 0 | 7 |
| | Kalubowila | 10 | 16 | 26 | 24 | 9 | 33 | 39 | 13 | 52 | 53 | 10 | 63 |
| | Kalutara | 9 | 1 | 10 | 6 | 0 | 6 | 10 | 1 | 11 | 9 | 0 | 9 |
| | Negombo | 3 | 2 | 5 | 5 | 1 | 6 | 6 | 1 | 7 | 17 | 1 | 18 |
| | Ragama | 13 | 7 | 20 | 14 | 2 | 16 | 16 | 5 | 21 | 32 | 3 | 35 |
| | Wathupitiwala | - | - | - | 1 | 0 | 1 | 2 | 0 | 2 | 9 | 3 | 12 |
| **Total** | | **185** | **88** | **273** | **307** | **98** | **405** | **423** | **124** | **547** | **464** | **110** | **574** |

**Table 4.4 Number of non-gonococcal urethritis and cervicitis reported. 2011- 2014**

| Province | STD Clinic | 2011 | | | 2012 | | | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Central Province** | Kandy | 60 | 218 | 278 | 42 | 226 | 268 | 24 | 242 | 266 | 30 | 230 | 260 |
| | Matale | 8 | 3 | 11 | 0 | 0 | 0 | 5 | 3 | 8 | 5 | 4 | 9 |
| | Nuwara Eliya | 4 | 2 | 6 | 20 | 18 | 38 | 18 | 14 | 32 | 4 | 6 | 10 |
| **Eastern Province** | Ampara | 12 | 0 | 12 | 6 | 0 | 6 | 14 | 0 | 14 | 7 | 1 | 8 |
| | Batticaloa | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 3 | 5 | 4 | 4 | 8 |
| | Kalmunai | 1 | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| | Trincomalee | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 |
| **North Central province** | Anuradhapura | 60 | 16 | 76 | 40 | 19 | 59 | 51 | 2 | 53 | 24 | 7 | 31 |
| | Polonnaruwa | 1 | 0 | 1 | 6 | 0 | 6 | 0 | 0 | 0 | 1 | 0 | 1 |
| **North Western Province** | Chilaw | 16 | 102 | 118 | 6 | 93 | 99 | 16 | 60 | 76 | 7 | 85 | 92 |
| | Kurunegala | 45 | 131 | 176 | 52 | 140 | 192 | 70 | 237 | 307 | 35 | 204 | 239 |
| **Northern Province** | Jaffna | 13 | 3 | 16 | 17 | 6 | 23 | 3 | 0 | 3 | 9 | 3 | 12 |
| | Mannar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vauniya | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 8 | 10 | 0 | 10 |
| **Sabaragamuwa Province** | Kegalle | 1 | 3 | 4 | 1 | 0 | 1 | 77 | 50 | 127 | 73 | 14 | 87 |
| | Ratnapura | 42 | 56 | 98 | 15 | 17 | 32 | 12 | 4 | 16 | 16 | 5 | 21 |
| **Southern Province** | Balapitiya | 10 | 33 | 43 | 8 | 21 | 29 | 7 | 12 | 19 | 7 | 4 | 11 |
| | Galle | 15 | 80 | 95 | 31 | 80 | 111 | 23 | 100 | 123 | 18 | 89 | 107 |
| | Hambanthota | 5 | 0 | 5 | 10 | 3 | 13 | 13 | 4 | 17 | 15 | 4 | 19 |
| | Matara | 6 | 28 | 34 | 6 | 44 | 50 | 14 | 30 | 44 | 18 | 14 | 32 |
| **Uva Province** | Badulla | 4 | 0 | 4 | 7 | 8 | 15 | 6 | 6 | 12 | 9 | 1 | 10 |
| | Monaragala | 1 | 34 | 35 | 0 | 0 | 0 | 2 | 0 | 2 | 4 | 12 | 16 |
| **Western Province** | Colombo | 144 | 109 | 253 | 141 | 239 | 380 | 144 | 290 | 434 | 142 | 341 | 483 |
| | Gampaha | 29 | 105 | 134 | 40 | 102 | 142 | 17 | 103 | 120 | 13 | 108 | 121 |
| | Kalubowila | 54 | 43 | 97 | 43 | 81 | 124 | 57 | 82 | 139 | 42 | 114 | 156 |
| | Kalutara | 8 | 96 | 104 | 13 | 33 | 46 | 5 | 45 | 50 | 7 | 17 | 24 |
| | Negombo | 34 | 75 | 109 | 28 | 108 | 136 | 42 | 124 | 166 | 33 | 150 | 183 |
| | Ragama | 39 | 37 | 76 | 46 | 63 | 109 | 22 | 60 | 82 | 46 | 50 | 96 |
| | Wathupitiwala | - | - | - | 5 | 11 | 16 | 5 | 27 | 32 | 4 | 25 | 29 |
| **Total** | | **613** | **1175** | **1788** | **584** | **1312** | **1896** | **660** | **1498** | **2158** | **583** | **1492** | **2075** |

**Table 4.5 Number of genital herpes cases reported, 2011- 2014**

| Province | STD Clinic | 2011 | | | 2012 | | | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Central Province** | Kandy | 59 | 89 | 148 | 80 | 107 | 187 | 69 | 95 | 164 | 65 | 122 | 187 |
| | Matale | 13 | 35 | 48 | 7 | 20 | 27 | 13 | 32 | 45 | 12 | 39 | 51 |
| | Nuwara Eliya | 7 | 13 | 20 | 10 | 6 | 16 | 8 | 12 | 20 | 8 | 7 | 15 |
| **Eastern Province** | Ampara | 24 | 34 | 58 | 14 | 21 | 35 | 26 | 34 | 60 | 28 | 42 | 70 |
| | Batticalloa | 11 | 6 | 17 | 1 | 6 | 7 | 11 | 11 | 22 | 6 | 12 | 18 |
| | Kalmunai | 2 | 7 | 9 | 2 | 4 | 6 | 2 | 4 | 6 | 2 | 2 | 4 |
| | Trincomalee | 28 | 11 | 39 | 23 | 18 | 41 | 21 | 13 | 34 | 22 | 18 | 40 |
| **North Central province** | Anuradhapura | 86 | 48 | 134 | 58 | 47 | 105 | 53 | 70 | 123 | 66 | 69 | 135 |
| | Polonnaruwa | 48 | 52 | 100 | 31 | 54 | 85 | 29 | 50 | 79 | 43 | 52 | 95 |
| **North Western Province** | Chilaw | 54 | 60 | 114 | 39 | 58 | 97 | 38 | 55 | 93 | 25 | 43 | 68 |
| | Kurunegala | 109 | 110 | 219 | 94 | 109 | 203 | 79 | 101 | 180 | 92 | 138 | 230 |
| **Northern Province** | Jaffna | 3 | 3 | 6 | 11 | 7 | 18 | 2 | 3 | 5 | 17 | 3 | 20 |
| | Mannar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vavuniya | 42 | 17 | 59 | 39 | 13 | 52 | 26 | 22 | 48 | 41 | 20 | 61 |
| **Sabaragamuwa Province** | Kegalle | 10 | 28 | 38 | 11 | 16 | 27 | 33 | 54 | 87 | 44 | 85 | 129 |
| | Ratnapura | 82 | 124 | 206 | 74 | 102 | 176 | 71 | 97 | 168 | 52 | 68 | 120 |
| **Southern Province** | Balapitiya | 30 | 46 | 76 | 26 | 41 | 67 | 29 | 48 | 77 | 19 | 39 | 58 |
| | Galle | 40 | 65 | 105 | 34 | 66 | 100 | 26 | 78 | 104 | 41 | 73 | 114 |
| | Hambanthota | 30 | 37 | 67 | 23 | 26 | 49 | 18 | 38 | 56 | 37 | 21 | 58 |
| | Matara | 41 | 31 | 72 | 54 | 77 | 131 | 45 | 49 | 94 | 51 | 44 | 95 |
| **Uva Province** | Badulla | 21 | 34 | 55 | 33 | 70 | 103 | 32 | 73 | 105 | 38 | 71 | 109 |
| | Monaragala | 22 | 33 | 55 | 0 | 0 | 0 | 4 | 13 | 17 | 9 | 26 | 35 |
| **Western Province** | Colombo | 195 | 225 | 420 | 195 | 225 | 420 | 227 | 182 | 409 | 224 | 183 | 407 |
| | Gampaha | 25 | 70 | 95 | 45 | 74 | 119 | 29 | 55 | 84 | 55 | 52 | 107 |
| | Kalubowila | 127 | 146 | 273 | 128 | 166 | 294 | 133 | 150 | 283 | 139 | 167 | 306 |
| | Kalutara | 33 | 76 | 109 | 37 | 71 | 108 | 33 | 76 | 109 | 22 | 57 | 79 |
| | Negombo | 20 | 33 | 53 | 32 | 44 | 76 | 35 | 36 | 71 | 26 | 52 | 78 |
| | Ragama | 70 | 87 | 157 | 58 | 70 | 128 | 53 | 85 | 138 | 54 | 81 | 135 |
| | Wathupitiwala | - | - | - | 5 | 7 | 12 | 20 | 27 | 47 | 22 | 40 | 62 |
| **Total** | | **1232** | **1520** | **2752** | **1164** | **1525** | **2689** | **1165** | **1563** | **2728** | **1260** | **1626** | **2886** |

**Table 4.6 Number of genital warts cases reported, 2011- 2014**

| Province | STD Clinic | 2011 | | | 2012 | | | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Central Province** | Kandy | 40 | 32 | 72 | 63 | 45 | 108 | 52 | 39 | 91 | 41 | 41 | 82 |
| | Matale | 10 | 9 | 19 | 5 | 7 | 12 | 15 | 10 | 25 | 10 | 7 | 17 |
| | Nuwara Eliya | 5 | 3 | 8 | 7 | 9 | 16 | 3 | 2 | 5 | 6 | 2 | 8 |
| **Eastern Province** | Ampara | 25 | 9 | 34 | 21 | 12 | 33 | 18 | 20 | 38 | 19 | 11 | 30 |
| | Batticaloa | 2 | 1 | 3 | 6 | 2 | 8 | 4 | 8 | 12 | 4 | 5 | 9 |
| | Kalmunai | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 3 | 3 | 0 | 1 | 1 |
| | Trincomalee | 10 | 9 | 19 | 17 | 6 | 23 | 17 | 10 | 27 | 5 | 4 | 9 |
| **North Central province** | Anuradhapura | 77 | 21 | 98 | 66 | 48 | 114 | 65 | 40 | 105 | 39 | 30 | 69 |
| | Polonnaruwa | 38 | 16 | 54 | 30 | 27 | 57 | 25 | 26 | 51 | 28 | 18 | 46 |
| **North Western Province** | Chilaw | 42 | 31 | 73 | 34 | 21 | 55 | 37 | 25 | 62 | 34 | 23 | 57 |
| | Kurunegala | 72 | 69 | 141 | 71 | 66 | 137 | 68 | 78 | 146 | 73 | 66 | 139 |
| **Northern Province** | Jaffna | 4 | 0 | 4 | 3 | 4 | 7 | 3 | 1 | 4 | 11 | 6 | 17 |
| | Mannar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| | Vavuniya | 0 | 3 | 3 | 15 | 2 | 17 | 15 | 6 | 21 | 12 | 5 | 17 |
| **Sabaragamuwa Province** | Kegalle | 20 | 10 | 30 | 22 | 21 | 43 | 58 | 43 | 101 | 43 | 34 | 77 |
| | Ratnapura | 39 | 43 | 82 | 49 | 36 | 85 | 40 | 26 | 66 | 29 | 33 | 62 |
| **Southern Province** | Balapitiya | 8 | 6 | 14 | 15 | 11 | 26 | 17 | 7 | 24 | 15 | 13 | 28 |
| | Galle | 21 | 25 | 46 | 37 | 36 | 73 | 36 | 33 | 69 | 54 | 42 | 96 |
| | Hambanthota | 23 | 14 | 37 | 25 | 8 | 33 | 26 | 21 | 47 | 38 | 17 | 55 |
| | Matara | 18 | 18 | 36 | 26 | 22 | 48 | 39 | 21 | 60 | 25 | 28 | 53 |
| **Uva Province** | Badulla | 21 | 6 | 27 | 13 | 17 | 30 | 14 | 23 | 37 | 12 | 20 | 32 |
| | Monaragala | 6 | 4 | 10 | 0 | 0 | 0 | 5 | 4 | 9 | 8 | 5 | 13 |
| **Western Province** | Colombo | 208 | 120 | 328 | 233 | 115 | 348 | 275 | 110 | 385 | 253 | 122 | 375 |
| | Gampaha | 24 | 27 | 51 | 32 | 32 | 64 | 35 | 42 | 77 | 35 | 31 | 66 |
| | Kalubowila | 85 | 67 | 152 | 102 | 86 | 188 | 90 | 58 | 148 | 102 | 86 | 188 |
| | Kalutara | 31 | 39 | 70 | 27 | 36 | 63 | 50 | 42 | 92 | 37 | 41 | 78 |
| | Negombo | 27 | 16 | 43 | 45 | 24 | 69 | 44 | 35 | 79 | 46 | 39 | 85 |
| | Ragama | 84 | 61 | 145 | 72 | 55 | 127 | 59 | 47 | 106 | 72 | 66 | 138 |
| | Wathupitiwala | - | - | - | 2 | 5 | 7 | 10 | 10 | 20 | 17 | 8 | 25 |
| **Total** | | **940** | **659** | **1599** | **1038** | **754** | **1792** | **1120** | **791** | **1911** | **1068** | **804** | **1872** |

**Table 4.7 Number of trichomoniasis cases reported, 2011- 2014**

| Province | STD Clinic | 2011 | | | 2012 | | | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Central Province** | Kandy | 2 | 11 | 13 | 0 | 12 | 12 | 0 | 15 | 15 | 2 | 0 | 2 |
| | Matale | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| | Nuwara Eliya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| **Eastern Province** | Ampara | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Batticaloa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 6 | 8 |
| | Kalmunai | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Trincomalee | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **North Central province** | Anuradhapura | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 1 | 3 | 0 | 1 | 1 |
| | Polonnaruwa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **North Western Province** | Chilaw | 0 | 2 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| | Kurunegala | 1 | 5 | 6 | 1 | 1 | 2 | 0 | 17 | 17 | 0 | 8 | 8 |
| **Northern Province** | Jaffna | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Mannar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vavuniya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 1 | 1 |
| **Sabaragamuwa Province** | Kegalle | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 15 | 15 | 1 | 16 | 17 |
| | Ratnapura | 3 | 12 | 15 | 1 | 3 | 4 | 2 | 4 | 6 | 0 | 2 | 2 |
| **Southern Province** | Balapitiya | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 2 | 2 |
| | Galle | 0 | 4 | 4 | 0 | 3 | 3 | 0 | 2 | 2 | 0 | 0 | 0 |
| | Hambanthota | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| | Matara | 0 | 0 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 1 | 1 |
| **Uva Province** | Badulla | 1 | 3 | 4 | 0 | 4 | 4 | 1 | 10 | 11 | 0 | 3 | 3 |
| | Monaragala | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Western Province** | Colombo | 0 | 32 | 32 | 1 | 30 | 31 | 0 | 31 | 31 | 5 | 20 | 25 |
| | Gampaha | 0 | 5 | 5 | 0 | 1 | 1 | 0 | 3 | 3 | 0 | 2 | 2 |
| | Kalubowila | 2 | 1 | 3 | 0 | 6 | 6 | 1 | 6 | 7 | 0 | 15 | 15 |
| | Kalutara | 1 | 2 | 3 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 1 |
| | Negombo | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 5 | 5 | 0 | 11 | 11 |
| | Ragama | 1 | 3 | 4 | 0 | 1 | 1 | 0 | 4 | 4 | 1 | 7 | 8 |
| | Wathupitiwala | - | - | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | | **11** | **88** | **99** | **3** | **68** | **71** | **6** | **121** | **127** | **12** | **97** | **109** |

# 5. HIV/AIDS IN SRI LANKA

Sri Lanka has been categorized as a country with a low level HIV epidemic. The term 'low-level epidemic' is used for epidemics where HIV prevalence remains less than 1% in the general population and below 5% in any key population. In such a scenario, HIV case reporting and monitoring of HIV programmatic data plays a vital role in understanding the HIV epidemic in the country.

**Figure 5.1 Number of all HIV cases reported by district, 1987-2014**

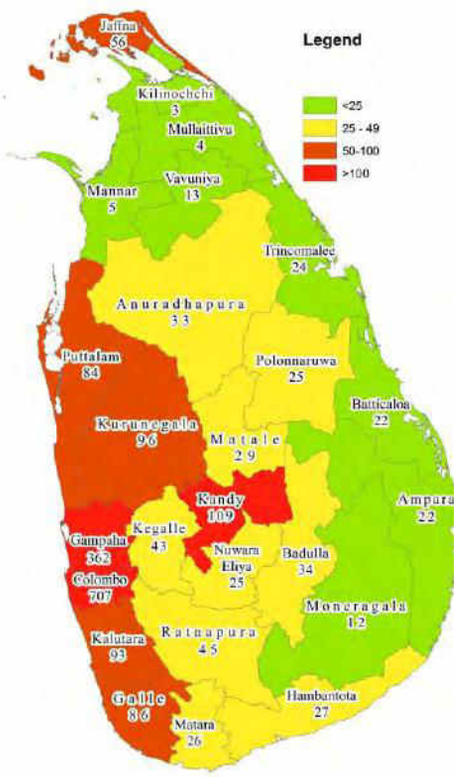
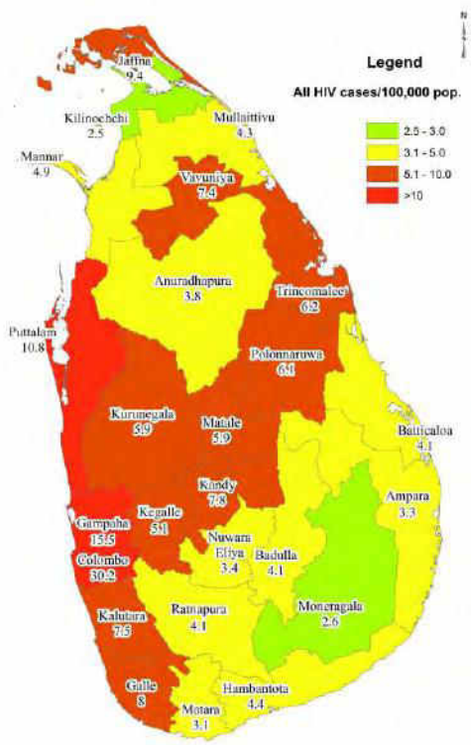



**Figure 5.2 Rate of all HIV cases reported by district per 100,000 pop. , 1987-2014**




Figures 5.1 and 5.2 show the distribution of the total number of HIV cases reported since 1987 (since the first Sri Lankan HIV case reported) and the rates per 100,000 population in each district. Colombo, Gampaha and Puttalam districts shows the highest HIV rates with over 10 HIV cases per 100,000 population of the district.

**Figure 5.3 Number of new HIV cases reported in 2014 by district**

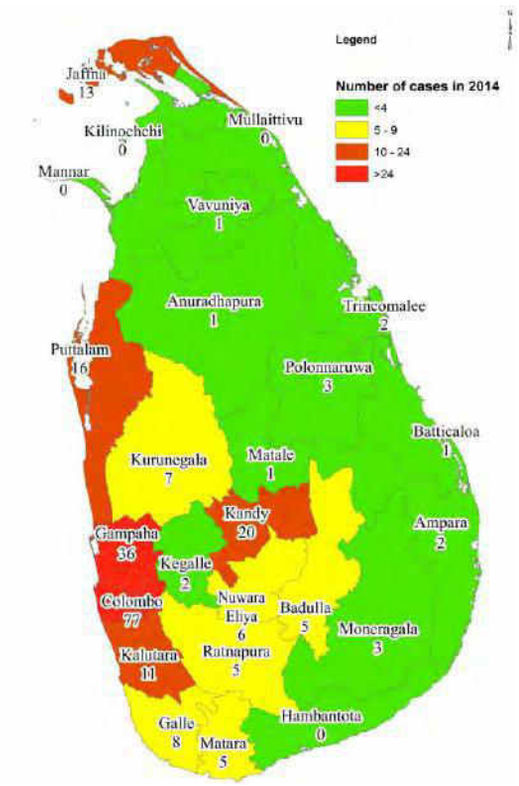
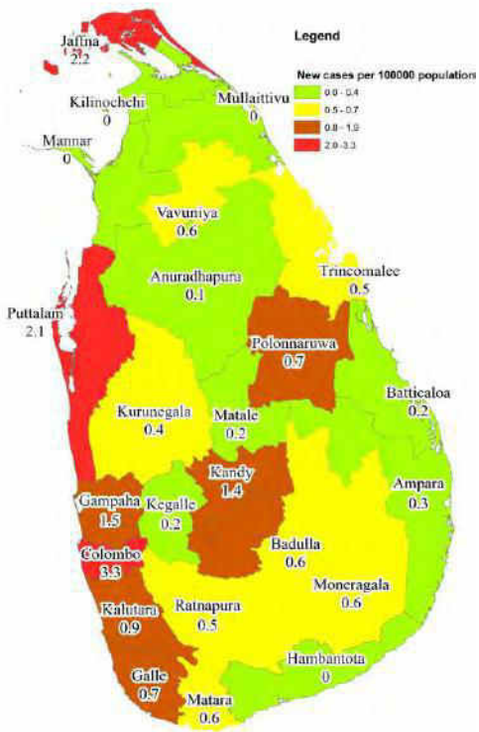


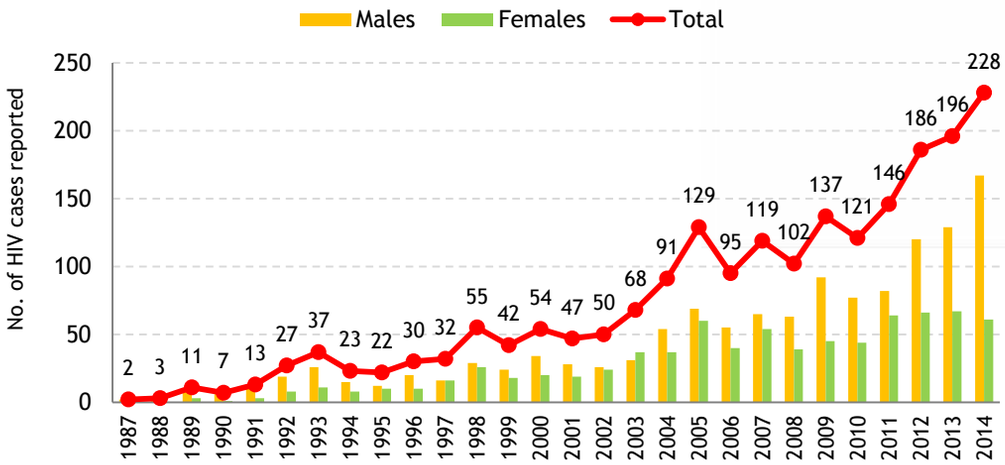

**Figure 5.4 Rate of new HIV cases reported in 2014 by district per 100,000 population**




Figures 5.3 and 5.4 show the number of new HIV cases reported in 2014 and the rates per 100,000 population in each district. Colombo, Puttalam and Jaffna districts show the highest HIV rates with over 2 new HIV cases per 100,000 population in 2014.

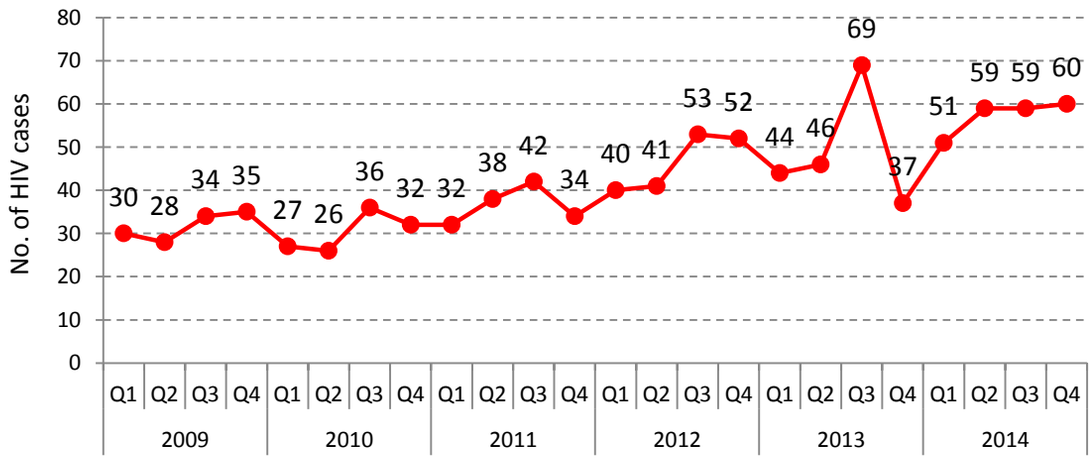
The National STD/AIDS control programme (NSACP) has a HIV case notification system since the beginning of the HIV epidemic in Sri Lanka. HIV confirmatory test, (Western Blot or Line Blot) has been available only at the National reference laboratory at NSACP. This has greatly facilitated the HIV case notification system as all the screening positive HIV blood samples are sent to the NSACP laboratory with a form (Health 1214) containing basic epidemiological information.

**Figure 5.5 Reported HIV positives in Sri Lanka 1987-2014**



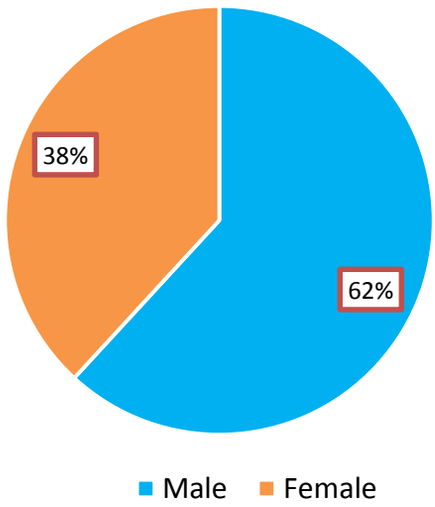

The first HIV positive Sri Lankan patient was reported in 1987. As end of 2014, there were 2073 cumulative HIV positives reported to the National STD/AIDS control programme.

**Figure 5.6 Reported HIV positives in Sri Lanka, 2009-2014**



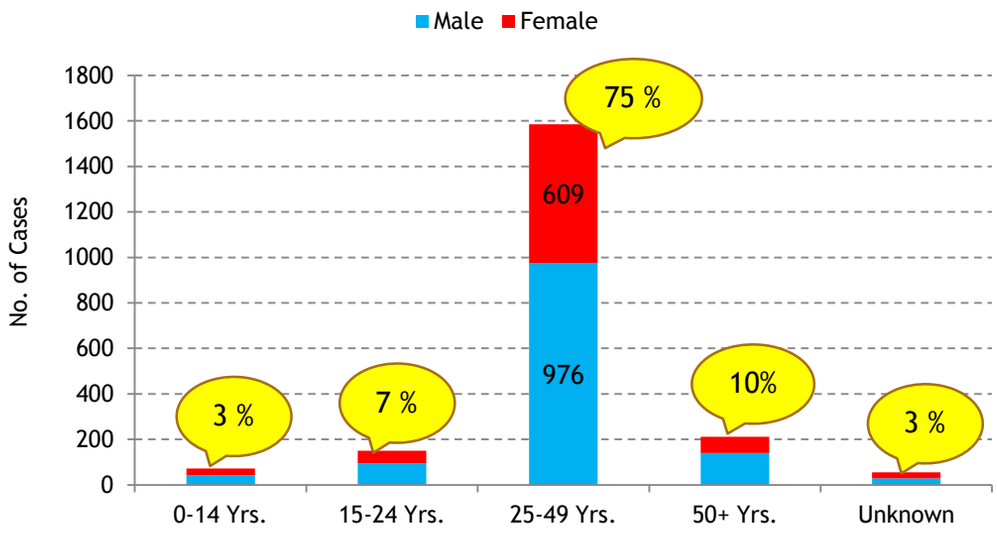

The number of HIV positive persons reported per quarter is regularly disseminated by the National STD/AIDS control programme. Figure 5.6 shows reported numbers have doubled during last 6 years.

**Figure 5.7 Percentage of males and females among reported HIV cases (N=2073)**



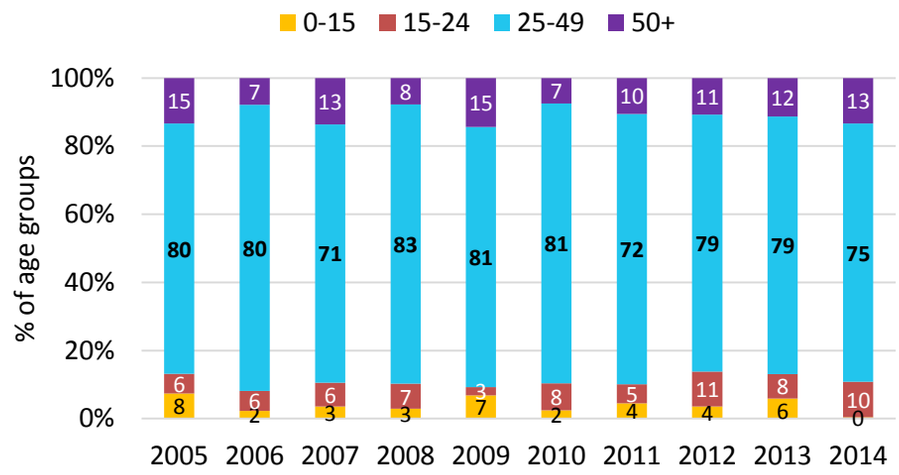

Majority of the reported cases were males (62%) and the male to female ratio is 1.6:1 (Figure 5.7)

**Figure 5.8 Reported HIV cases by age group 1987-2014 (N= 2073)**




Reported HIV cases in Sri Lanka show that majority (76%) of the infected people are in 25-49 year age group (figure 5.8).

**Figure 5.9 Age groups among reported HIV positives 2005-2014**




The trend of percentage of age groups are given in figure 5.9. The 25-49 age group continues to dominate in all the years.

**Figure 5.10 Trend of young HIV positives (15-24 years) - 2003-2014**

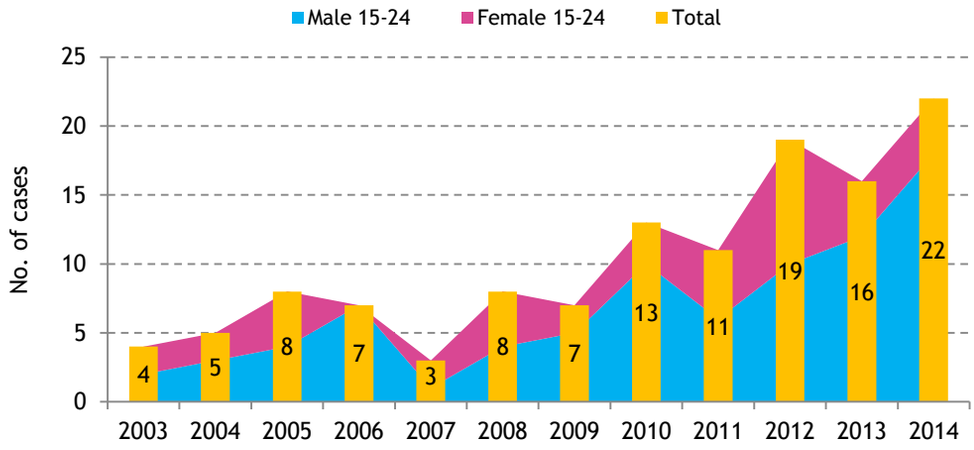
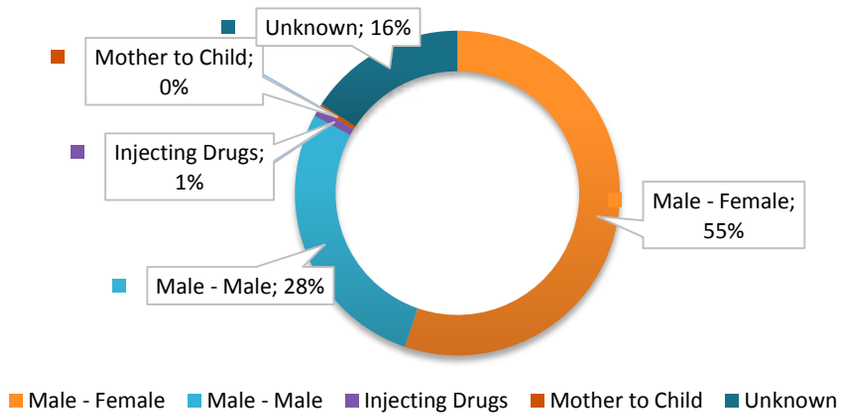



Figure 5.10 shows a slow but steady increasing trend among HIV infected young persons (15-24 years) reported since 2003.

Figure 5.11 shows the probable mode of transmission in 228 cases newly reported in 2014. However, the probable mode of transmission cannot be determined in 16% of the cases, due to incompleteness of the reported data. Sexual contacts constitute for over 80% of the reported new cases {Heterosexual (male-female) 55% and homosexual/bisexual (male-male) contacts among men 28%}. It is noteworthy that

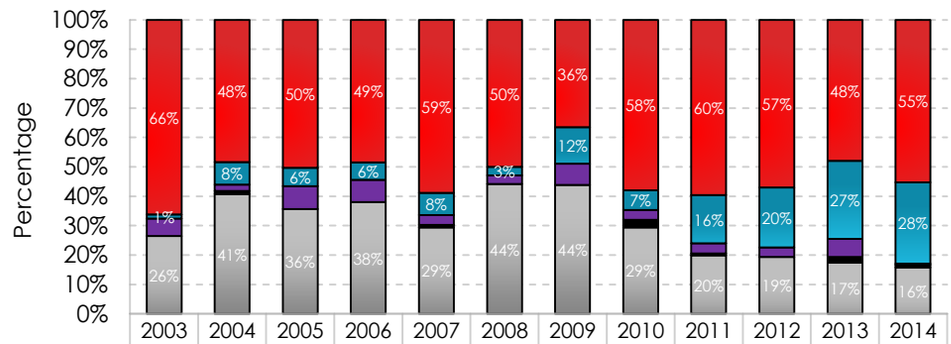
only a single case of mother to child transmission was reported during 2014 (three year old boy) and only 1% of reported cases had a history of injecting drug use.

**Figure 5.11 Probable mode of transmission of new HIV cases in 2014 (N=228)**




A rising trend of male-male or bisexual transmission among men is observed over the years. (Figure 5.12 and figure 5.13). This trend may be due to increasing probing for male to male sex and/or more reporting due to less homophobia in the community. There are no cases of HIV due to blood transfusions since the year 2000. Over the years the "unknown %" has reduced suggesting more comprehensive data collection.

**Figure 5.12 Trend of probable mode of transmission, 2003-2014**




| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Male-Female % | 66% | 48% | 50% | 49% | 59% | 50% | 36% | 58% | 60% | 57% | 48% | 55% |
| Male-Male % | 1% | 8% | 6% | 6% | 8% | 3% | 12% | 7% | 16% | 20% | 27% | 28% |
| Perinatal % | 6% | 2% | 8% | 7% | 3% | 3% | 7% | 3% | 3% | 3% | 6% | 0% |
| IDU % | 0% | 1% | 0% | 0% | 1% | 0% | 0% | 3% | 1% | 0% | 2% | 1% |
| Blood % | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Unknown % | 26% | 41% | 36% | 38% | 29% | 44% | 44% | 29% | 20% | 19% | 17% | 16% |

**Figure 5.13 Trend of male to male/bisexual transmission**

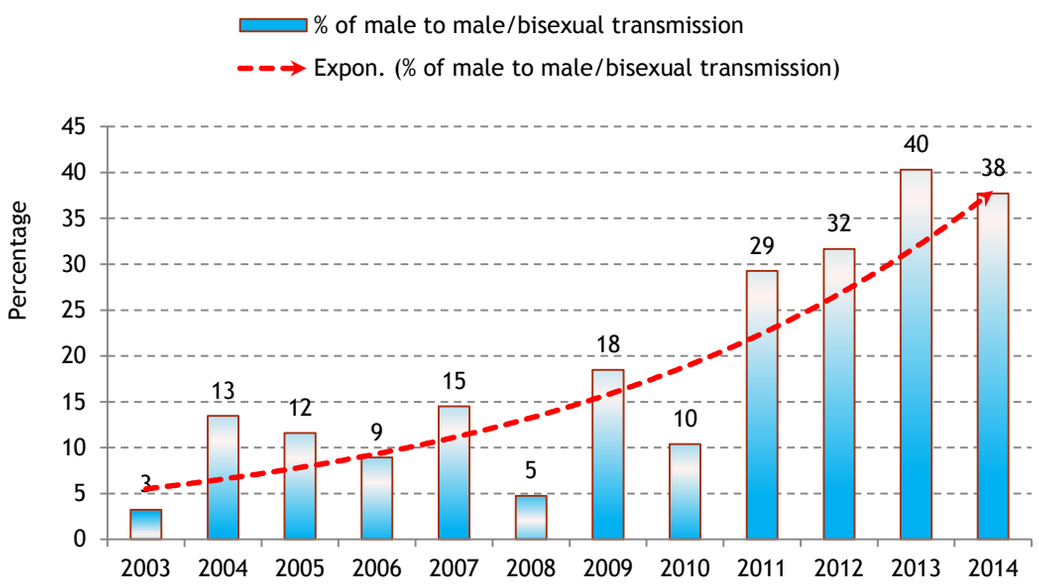
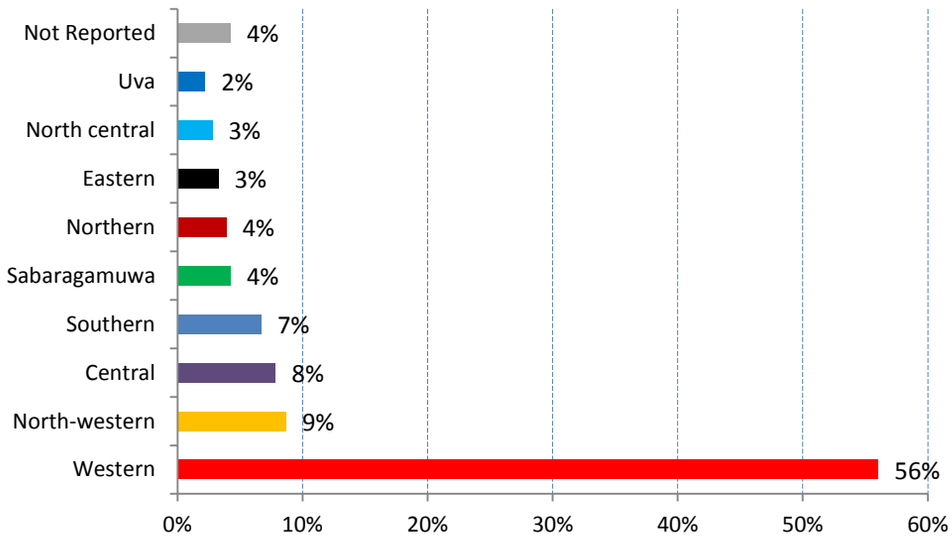



**Figure 5.14 HIV cases by province of residence 1987-2014 (N= 2073)**




Geographical distribution of reported HIV cases (according to the address given at the time of reporting) is shown in the figure 5.14. Majority of cases are coming from the Western province (56%). Each of other provinces has contributed to less than 10% of the total HIV cased reported since 1987. This could be due to a reporting bias as most of the testing facilities are concentrated in and around Western province.

**Table 5.1 Estimated number of people living with HIV in Sri Lanka, 2000-2014**

| Year | PEOPLE LIVING WITH HIV | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | (All ages) | | | (Adults, ages 15+) | | | (Women, ages 15+) | | |
| | *Estimate* | *Low* | *High* | *Estimate* | *Low* | *High* | *Estimate* | *Low* | *High* |
| **2000** | <1000 | <500 | 1000 | <1000 | <500 | <1000 | <200 | <200 | <500 |
| **2001** | <1000 | <500 | 1100 | <1000 | <500 | 1100 | <500 | <200 | <500 |
| **2002** | <1000 | <1000 | 1200 | <1000 | <1000 | 1200 | <500 | <200 | <500 |
| **2003** | <1000 | <1000 | 1400 | <1000 | <1000 | 1400 | <500 | <200 | <500 |
| **2004** | 1100 | <1000 | 1600 | 1100 | <1000 | 1600 | <500 | <500 | <500 |
| **2005** | 1300 | <1000 | 1900 | 1200 | <1000 | 1900 | <500 | <500 | <1000 |
| **2006** | 1500 | 1000 | 2300 | 1500 | 1000 | 2200 | <500 | <500 | <1000 |
| **2007** | 1700 | 1200 | 2700 | 1700 | 1200 | 2600 | <1000 | <500 | <1000 |
| **2008** | 2000 | 1400 | 3100 | 2000 | 1400 | 3100 | <1000 | <500 | <1000 |
| **2009** | 2200 | 1600 | 3500 | 2200 | 1600 | 3500 | <1000 | <500 | 1100 |
| **2010** | 2400 | 1700 | 3900 | 2400 | 1700 | 3800 | <1000 | <1000 | 1200 |
| **2011** | 2600 | 1900 | 4400 | 2600 | 1800 | 4300 | <1000 | <1000 | 1400 |
| **2012** | 2900 | 2000 | 4800 | 2800 | 2000 | 4600 | <1000 | <1000 | 1500 |
| **2013** | 3100 | 2200 | 5200 | 3000 | 2100 | 5100 | <1000 | <1000 | 1700 |
| **2014** | 3300 | 2300 | 5700 | 3200 | 2200 | 5600 | 1000 | <1000 | 1800 |

Table 5.1 indicates the latest estimated number of people living with HIV. It is estimated that there are around 3300 (range 2300 – 5700) people living with HIV as of end 2014. Of these, 97% are estimated to be in over 15 year age group and the majority of them are estimated to be males (69%).

# 6. INTEGRATED BIOLOGICAL AND BEHAVIOURAL SURVEILLANCE SURVEY in 2014

Data amongst key populations (KP) is required to evaluate and guide national response to HIV epidemic and currently only minimal up to date data related to KAP is available. Behavioural Surveillance Survey in 2006/2007 studied behavioural component only. Funding was made available by the Global Fund to fight AIDS, TB and Malaria (GFATM) to carry out the first IBBS survey[7] in Sri Lanka.

Formative assessment (FA) conducted in September 2014 showed undertaking of an integrated biological and behavioural surveillance (IBBS) survey using Respondent Driven Sampling (RDS) was feasible. Participation of IBBS was voluntary, anonymous and consisted of a face to face behavioural questionnaire linked to data from HIV and syphilis.

**Objectives of the IBBS survey**

- To estimate the prevalence of HIV and syphilis and associated risk behaviours amongst four key populations in Sri Lanka
    - Female sex workers (FSW)
    - Men who have sex with men (MSM)
    - People who inject drugs (PWID)
    - Beach boys (BB)
- To assess the use of and access to health and social welfare programs among FSW, MSM, PWID and BB in Sri Lanka

**Methodology of the IBBS survey**

Respondent driven sampling (RDS) is a methodology to undertake an IBBS survey with hard-to-reach populations. This is a type of snowball sampling (chain referral), using mathematical modelling of network sizes to estimate population prevalence. Sampling starts with 'seeds' to recruit their peers. Coupons are used to keep track of recruiters and recruitees. Electronic data collection using electronic tablets were used in the field for the first time in Sri Lanka for IBBS. In addition, HIV and syphilis testing were conducted using rapid testing for the first time in a field survey. Trained counsellors issued the test results to the survey participants and referral to the STD clinics done where necessary for retesting and case management. Data was analysed using RDSAT software.

**Table 6.1 Number of KAP enrolled for IBBS survey by district**

| District | FSW | MSM | PWID | BB | Total |
|---|---|---|---|---|---|
| Colombo | 605 | 504 | 326 | - | 1,435 |
| Kandy | 354 | - | - | - | 354 |
| Galle | 302 | 355 | - | 306 | 963 |
| Anuradhapura | - | 358 | - | - | 358 |
| Total | 1,261 | 1,217 | 326 | 306 | 3,110 |

*(FSW- Female sex workers, MSM- Men who have sex with men, PWID- People who inject drugs, BB- Beach boys)*

## Summary of IBBS survey results

### Men who have sex with men (MSM)

**Table 6.2 MSM aggregate IBBS data from Colombo, Galle and Anuradhapura**

| Characteristic | Overall prevalence/frequency estimate | | |
|---|---|---|---|
| | % | SE* | 95% CI** |
| HIV (Colombo and Galle)*** | 1.03 | 0.0043 | 0.2 – 1.9 |
| HIV (All three sites)*** | 0.88 | - | - |
| Syphilis- Active (Colombo and Galle)*** | 1.96 | 0.0083 | 0.3 – 3.6 |
| Syphilis - Active (All three sites)*** | 1.66 | - | - |
| Composite knowledge | 30.46 | 0.0162 | 27.3 – 33.6 |
| Used a condom at last anal sex | 57.94 | 0.0197 | 54.1 – 61.8 |
| Tested for HIV in the past 12 months and knows result | 15.42 | 0.0169 | 12.1 –18.7 |
| Received free condoms from NGOs or a health care center in the last 12 months | 26.85 | 0.0183 | 23.3 – 30.4 |
| Reached with HIV prevention programs (received free condoms and know where HIV testing can be obtained) | 19.29 | 0.0177 | 15.8 – 22.8 |

**Standard Error (SE) **SE and confidence intervals do not account for variability in population size estimates, making them narrower than they should be.*** Only Colombo and Galle (Total population = 5,069) can have standard error and confidence intervals calculated, as there were no HIV and active syphilis cases in Anuradhapura sample. Current methods cannot calculate confidence intervals when all participants belong to a single group (in this case, all are HIV and syphilis negative in Anuradhapura).*

## Beach boys

**Table 6.3 Summary analysis of key variables beach boys in Galle**

| Characteristic | Overall prevalence/ frequency estimate | |
|---|---|---|
| | % | 95% CI |
| HIV | 0 | -- |
| Syphilis | 0 | -- |
| Composite knowledge | 20.1 | 16.0 – 23.4 |
| Used a condom at last sex with a tourist | 67.6 | 61.8 – 73.3 |
| Tested for HIV in the past 12 months and knows result | 4.3 | 1.5 – 7.4 |
| Received free condoms from NGOs or a health care center in the last 12 months | 15.1 | 10.9 – 18.7 |
| Reached with HIV prevention programs (received free condoms and know where HIV testing can be obtained) | 7.8 | 5.0 – 10.0 |

- **Nature of interaction with tourists**
    - Most BB act as tour guides or hotel related staff
    - More than a third of BB have sex with tourists
    - Frequency of engaging in sex with tourists varies, with just under half indicating 'sometimes', and only just over ten percent indicating 'every time'
    - More than a quarter received money the last time they had sex with a tourist
    - Most of the tourists are European
- **Sex work**
    - Nearly one third have received money, gifts, or favours in exchange for sex, and nearly a quarter have ever paid for sex
- **Condom usage**
    - Over two thirds used a condom last time they engaged in sex with a tourist

## Female sex workers

The average age of a FSW in Colombo is 38.6 years, with most respondents (32.2%) over the age of 45 years. On average, FSW have 2.1 clients a day and are paid 1,286 rupees for last sex act.

**Table 6.4 . FSW aggregate IBBS results from Colombo, Galle and Kandy**

| Characteristic | Overall prevalence/frequency estimate | | |
|---|---|---|---|
| | % | SE* | 95% CI** |
| HIV (Colombo and Galle)*** | 1.03 | 0.0035 | 0.3 – 1.7 |
| HIV (All three sites) | 0.81 | - | - |
| Syphilis- Active (Colombo and Galle)*** | 1.96 | 0.0083 | 0.3 – 3.6 |
| Syphilis - (All three sites) | 0.98 | - | - |
| Composite knowledge | 34.93 | 0.0149 | 32.1– 37.8 |
| Used a condom at last sex with a client | 92.96 | 0.0079 | 91.4 – 94.5 |
| Tested for HIV in the past 12 months and knows result | 35.01 | 0.0154 | 32.0 – 35.0 |
| Received free condoms from NGOs or a health care center in the last 12 months | 37.67 | 0.016 | 34.5 – 40.8 |
| Reached with HIV prevention programs (received free condoms and know where HIV testing can be obtained) | 29.85 | 0.0148 | 15.8 – 22.8 |

**Standard Error (SE), **SE and confidence intervals do not account for variability in population size estimates, making them smaller than they should be. *** SE and CI cannot be calculated for all, as there are HIV cases only in Colombo and Galle, and active syphilis cases only in Colombo. Current methods can calculate confidence intervals when there is at least a single case in all locations.*

## Injecting drug users/ People who inject drugs (IDU/PWID)

Mean age of the PWID was 40.2 (range 18-66). They had 2.7 (range 0-50) mean number of sexual partners during last 12 months.

**Table 6.5 PWID summary analysis key variables**

| Characteristic | Sample proportions | | Population estimates | |
|---|---|---|---|---|
| | n/N | % | % | 95% CI |
| HIV | 0/326 | 0 | 0 | -- |
| Active syphilis | 0/326 | 0 | 0 | -- |
| Composite knowledge | 101/307 | 32.9 | 33.3 | 27.5 – 39.1 |
| Used a condom with last sex sexual partner | 75/290 | 25.9 | 24.0 | 18.8 – 28.9 |
| Tested for HIV in the past 12 months and knows result | 27/326 | 8.3 | 8.7 | 5.8 – 11.8 |
| Received free condoms from NGOs or a health care center in the last 12 months | 19/320 | 5.9 | 6.0 | 3.5 – 8.5 |
| Reached with HIV prevention programs (received free condoms and know where HIV testing can be obtained) | 14/326 | 4.3 | 4.1 | 2.2 – 6.1 |
| Unsafe injecting practices (shared injecting equipment at last injection) | 166/326 | 50.9 | 43.5 | 43.5 – 55.0 |

## Conclusions of the IBBS survey

In all key affected populations surveyed, HIV and syphilis prevalence are low (HIV prevalence <1.0%, syphilis prevalence <2.0%)) but most behavioural indicators are not performing well (low testing, low comprehensive knowledge, and mixed condom usage).

Most KAP know where to obtain an HIV test, but very few have ever been tested, and even fewer have been for a test in the last 12 months and received their results. Reasons for not getting HIV tests include not knowing where to go, too busy, and low risk perception. Those who have been tested, predominantly seek services at government STD clinics, and are satisfied with the services. However, this contradicts the qualitative and anecdotal reports from the IBBS sites, where respondents commented that the services at the IBBS sites were far friendlier, more affordable, and

with less waiting times. One of the main reasons for participating in IBBS survey is for testing, and most HIV tests are currently being done at the government STD clinics. Expanding testing choices with mobile and moonlight HIV testing and counselling (HTC), and engagement with the private sector to expand testing to additional, non-government clinic venues will be beneficial.

There is a need for an impact evaluation of the current awareness, information, education and communication (IEC) and social behaviour change communication (SBCC) campaigns. Overall, media usage is not particularly high, with TV as the most frequent outlet, but radio and newspaper not showing high volumes of usage. Internet usage is poor (including amongst MSM), and therefore online activities and targeting should not be a priority at this time. Mobile phone usage is high, providing the potential for m-health projects, as many of the key populations indicated they would be interested in receiving HIV and heath related text messages.

Alcohol and drug consumption amongst FSW, MSM and BB is not particularly high. However, amongst those few who have injected, most shared injecting equipment.

There are high levels of stigma across all key populations and districts, while most respondents would be willing to care for an HIV positive family member, most do not believe an HIV positive student should be allowed to go to school, and would not buy food from an HIV positive food seller.

Most respondents go to government STD clinics for HIV testing, but not when they have symptoms of an STI. The first point of call is typically a private pharmacy or chemist, illustrating that reported STIs is an underestimate of the STI case load.

## Recommendations from IBBS Survey

**1. Increase awareness and condom usage**

Formulation and implementation of a comprehensive condom policy/strategy national plan, using expanded channels, private sector collaboration, and interventions with clients to create an enabling environment through ongoing advocacy for awareness on HIV/STI and access to condoms.

**2. Increase HIV testing**

Review current peer educator model to assess strengths, weaknesses, impact and areas for improvement and develop tailor made BCC strategies and models for key population sub groups.

**3. Increase participation to address HIV**

Documented approaches around KAP engagement in similar contexts should be explored and piloted in the Sri Lankan context (e.g. KAP led outreach, development of new and continuation of existing MSM, FSW and other KAP collectives and social groups, and strengthening community systems)

**4. Reduce stigma around key populations and HIV**

Social, institutional and personal stigma related to MSMs, as well as HIV related stigma amongst key populations, should be addressed through SBCC interventions

**5. Innovate with HIV interventions**

The potential for m-health (mobile phone-health) interventions should be explored, given the high ownership of mobile phones amongst MSMs and all other key populations.

**6. Additional research needs**

Operational research to explore and document community perceptions, identify gaps in knowledge, attitudes, and skills, and develop strategies to increase the correct and consistent use of condoms and other behaviours.

**Reference:**

This article is a summary of the full IBBS report which is cited as "Integrated Biological and Behavioural Surveillance (IBBS) Survey among Key Populations at Higher Risk of HIV in Sri Lanka, 2014 – Report, Colombo, National STD/AIDS Control Programme, Management Frontiers (Pvt) Ltd and KIT, 2015".

**Figure 6.1 IBBS survey demonstrated that rapid HIV tests can be used for MARP outreach testing programmes**

**Figure 6.2 From the IBBS results dissemination workshop**

# 7. CONDOM PROMOTION

In the early days, condoms were promoted primarily as a family planning method in Sri Lanka. The first family planning clinic of Family Planning Association (FPA) was inaugurated on 2nd September 1953 at De Soysa Maternity Hospital (DMH) in Colombo which provided some contraceptive services including provision of condoms. In early 1970s, FPA conducted a very successful condom social marketing programme where they introduced the brand name *'Preethi'*.

Since 1960s, the Family Health Bureau (FHB) has been in the forefront in bringing modern methods of family planning (FP) including condoms to grass-root level through family health care workers. Promotion of condoms as a FP method is one of the major tasks that has been carried out by FHB since its inception.

It is well accepted that condoms are effective in the prevention of transmission of STIs and HIV in addition to its family planning usage. Therefore, condom promotion is an important strategy adopted by National STD/AIDS control programme (NSACP) to promote sexual health and well-being of people of Sri Lanka. This activity falls in the NSACP programme area of IEC, advocacy & condom promotion.

Initially, condoms were distributed to persons attending STD clinics, to needy persons through outreach activities of NSACP and through NGOs that work with high risk behavior groups. Peer led targeted interventions for female sex workers (FSW), men who have sex with men (MSM), drug users and beach boys (BB) were commenced in year 2011. Condoms and lubricants are essential parts of sexual health services package offered to these population groups.

Around 3 million condoms were procured by the NSACP in 2012 through Global Fund round-9 HIV project for the use in years 2013 - 2014. These were distributed through STD clinics and through Family Planning Association and its sub-recipient NGOs to the high risk populations & other vulnerable population.

Following table shows number of condoms distributed among the high risk behaviour groups through the Family Planning Association in 2013-2014 via peer educators.

**Table 7.1 Condoms distribution according to the risk population in 2013 & 2014**

| Risk Population | Number of condoms distributed | |
|---|---|---|
| | 2013 | 2014 |
| Female Sex Workers (FSW) | 566,439 | 828,460 |
| Men who have sex with men (MSM) | 217,738 | 402,509 |
| Beach boys (BB) | 52,972 | 87,845 |
| Drug users (DU) | 27,411 | 102,142 |
| **Total** | **864,560** | **1,420,956** |

Condom promotion among patients attending STD clinics is an essential part of preventive work that is carried out daily by health care providers within services. Following table shows condom distribution among STD clinic attendees by STD clinic care providers.

**Table 7.2 Number of condoms issued by STD clinics 2010-2014**

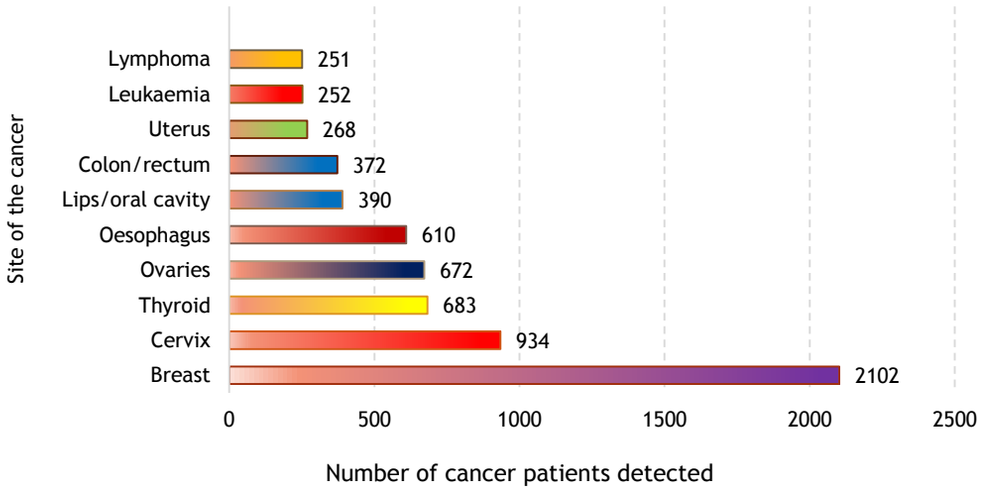
| Province | STD Clinic | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|
| Central Province | Kandy | 5,473 | 10,544 | 14,637 | 9,659 | 9,015 |
| | Matale | 820 | 6,065 | 5,000 | 0 | 1,200 |
| | Nuwara Eliya | 8,298 | 16,286 | 31,078 | 30,540 | 31,300 |
| Eastern Province | Ampara | 15,752 | 7,211 | 11,559 | 18,787 | 16,475 |
| | Batticaloa | 1,200 | 3,048 | 3,024 | 2,476 | 1,300 |
| | Trincomalee | 4,780 | 1,420 | 998 | 934 | 1,570 |
| | Kalmunai | 2307 | 625 | 248 | 192 | 0 |
| North central Province | Anuradhapura | 28,944 | 3,268 | 10,800 | 11,020 | 19,400 |
| | Polonnaruwa | 6,898 | 2,160 | 6,695 | 6,858 | 8,915 |
| Northwestern Province | Chilaw | 4,326 | 17,468 | 6,750 | 8,940 | 13,920 |
| | Kurunegala | 10,080 | 5,900 | 12,982 | 14,180 | 18,000 |
| Northern Province | Jaffna | 0 | 4,659 | 2,360 | 65 | 2,985 |
| | Mannar | 1,650 | 1,530 | 2,016 | 1,024 | 1,728 |
| | Vavuniya | 10,472 | 2,200 | 2,640 | 3,000 | 2,300 |
| Sabaragamua Province | Kegalle | 12,087 | 12,560 | 12,452 | 17,370 | 23,505 |
| | Ratnapura | 44,723 | 28,515 | 32,666 | 51,092 | 31,336 |
| Southern Province | Balapitiya | 2,016 | 1,079 | 1,262 | 2,500 | 3,022 |
| | Galle | 7,470 | 2,298 | 4,962 | 10,200 | 12,387 |
| | Hambantota | 3,036 | 1,946 | 6,091 | 9,881 | 16,000 |
| | Matara | 2,079 | 1,550 | 6,074 | 9,284 | 2,800 |
| Uva Province | Badulla | 6,900 | 5,272 | 5,912 | 4,380 | 7,670 |
| | Monaragala | 400 | 600 | 0 | 1,350 | 1,350 |
| Western Province | Colombo | 32,616 | 7,880 | 39,484 | 52,720 | 45,668 |
| | Gampaha | 16,365 | 11,633 | 18,374 | 14,742 | 15,807 |
| | Kalubowila | 8,632 | 4,659 | 9,792 | 12,102 | 12,638 |
| | Kalutara | 5,825 | 13,010 | 9,202 | 9,288 | 8,900 |
| | Negombo | 2,195 | 4,026 | 12,191 | 6,635 | 6,165 |
| | Ragama | 4690 | 5049 | 5612 | 5772 | 7721 |
| | Wathupitiwala | NA | NA | 70 | 236 | 325 |
| **All** | | **250,034** | **182,461** | **274,931** | **315,227** | **323,402** |

Table 7.2 shows a slow but steady improvement of condom distribution by STD clinics to their attendees since 2011.

# 8. CERVICAL CYTOLOGY SCREENING SERVICES

Cervical cancer is the 4th most common cause of cancer deaths worldwide for females, and the 9th most common cause of cancer deaths overall. Over three-quarters of all new cases of cervical cancer cases are diagnosed among the age group of 25- 64 years. Data published by National Cancer Institute of Sri Lanka in 2006 indicates that it is the 2nd commonest cancer among females of Sri Lanka with a rate of 9.4 per 100,000 population[8].

**Figure 8.1 Leading cancer sites of females in Sri Lanka-2006**




(Source: Cancer Registry, National Cancer Control Programme 2006)

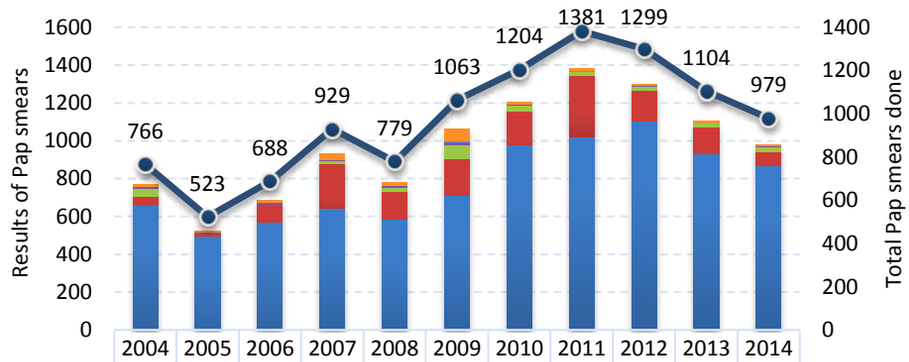
Human Papilloma Virus (HPV) has been implicated in 99.7% of cervical squamous cell cancer cases. STD and HIV clinics are providing services to populations with high risk behaviors who have a higher risk of developing cervical carcinoma. Early detection of cervical neoplasia is the key step in saving the lives of many women in the reproductive age group with a risk of developing cervical malignancy.

Both cervical cancer and the pre-invasive lesions of the cervix (CIN) are significantly more common in HIV-positive women compared to HIV negative women. The risk of having CIN in the setting of HIV appears to be related to the degree of immunosuppression. It is evident that cytological screening is as effective in HIV-positive women as it is in HIV-negative women. Since 1993, invasive cervical cancer in HIV-positive women has been classified as an AIDS-defining illness.

## PAP smear screening at NSACP

Pap smear screening was started in NSACP in year 2004. Currently the screening is done at the central STD clinic Colombo and at 13 peripheral STD clinics. National STD /AIDS Control Programme data shows that total number of pap smears done at the central clinic increased with time from 2009 onwards to more than 1000 smears per year. The screening services offered were able to find out number of lesions suggestive of high grade Intra-epithelial lesions and carcinomas.

**Figure 8.2 Details of Pap smear testing in National STD/AIDS control programme 2004-2014**




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| HPV effect | 6 | 7 | 15 | 28 | 14 | 63 | 9 | 9 | 6 | 9 | 8 |
| Carcinoma | 0 | 1 | 1 | 2 | 4 | 3 | 1 | 4 | 0 | 0 | 0 |
| CINIII/HSIL | 11 | 1 | 6 | 5 | 6 | 19 | 9 | 3 | 5 | 0 | 2 |
| LSIL | 42 | 3 | 4 | 15 | 20 | 71 | 30 | 22 | 23 | 21 | 26 |
| NSI/SI* | 46 | 13 | 92 | 235 | 150 | 197 | 178 | 323 | 162 | 142 | 75 |
| NILM | 661 | 498 | 570 | 644 | 585 | 710 | 977 | 1020 | 1103 | 932 | 868 |
| Total No of Pap done | 766 | 523 | 688 | 929 | 779 | 1063 | 1204 | 1381 | 1299 | 1104 | 979 |

Figure 8.2 shows the total number of Pap smears done from year 2004 to 2014 at the Central STD clinic, Colombo and the results of these Pap smears. As shown in figure 8.2, Pap screening service has detected few patients with cervical carcinoma and a number of precancerous lesions over the years.

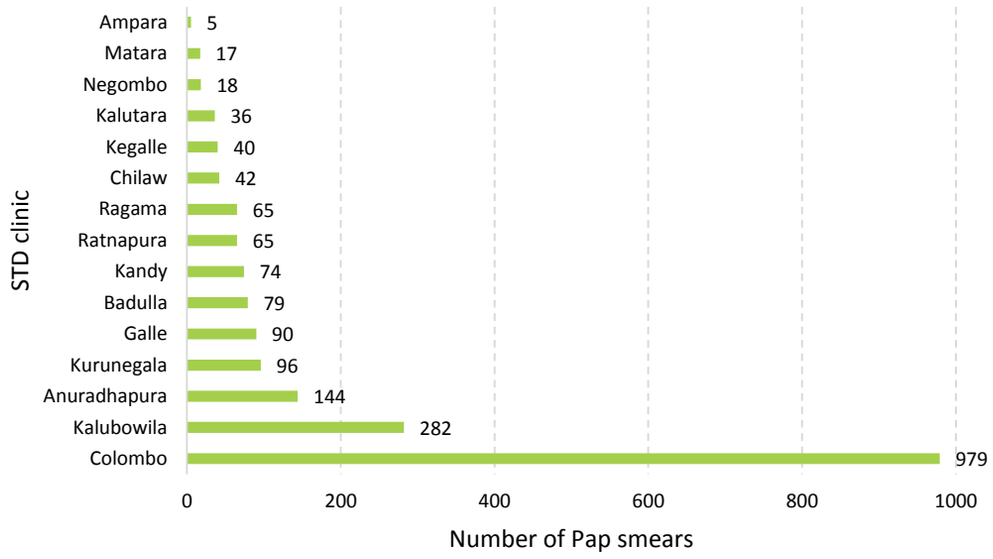
Following table gives the descriptions of abbreviations used to denote Pap smear results.

**Table 8.1 Abbreviations used to indicate the results of Pap smear examination**

| | |
|---|---|
| NILM | *Negative for Intra Epithelial Lesion or Malignancy* |
| NSI/SI | *Non Specific Infection/Specific Infection* |
| LSIL | *Low grade Squamous Intraepithelial Lesion* |
| CIN III/HSIL | *Cervical Intraepithelial Neoplasia grade3 / High grade Squamous Intraepithelial Lesion* |
| HPV effect | *Cellular changes due to Human Papilloma Virus infection* |

In addition to Central STD clinic Colombo, 14 other full time STD clinics have screened clinic attendees during 2014. Figure 8.3 shows the total number of Pap smears done in all the STD clinics in 2014. In the STD clinic setup, there are a number of challenges for Pap screening which include lack of medical laboratory technologists and other logistic issues.

**Figure 8.3 Pap smears done in STD clinics in 2014**




**Recommendations for Pap smear testing for women who attend STD clinics/ with history of STI[9]**

- For all women who do not have documented evidence of a normal Pap test within the preceding 12 months.
- Annual screening for women aged 21-30 years.
- Every 2-3 years for women aged over 30 years if three consecutive annual Pap tests are negative.

**Source: Guidelines for cervical cytology screening and reporting in Sri Lanka 2010 by Sri Lanka college of Pathologists, College of Obstetricians and Gynecologists and Family Health Bureau.**

**What is Pap smear screening?** [10]

The Papanicolaou test (abbreviated as Pap test, known earlier as Pap smear, cervical smear, or smear test) is a method of cervical screening used to detect potentially pre-cancerous and cancerous processes in the cervix (opening of the uterus or womb). Abnormal findings are often followed up by more sensitive diagnostic procedures, and, if warranted, interventions that aim to prevent progression to cervical cancer. The test was invented by and named after the prominent Greek doctor Georgios Papanikolaou.

A Pap smear is performed by opening the vaginal canal with a speculum, then collecting cells at the outer opening of the cervix at the transformation zone (where the outer squamous cervical cells meet the inner glandular endocervical cells). The collected cells are examined under a microscope to look for abnormalities. The test aims to detect potentially pre-cancerous changes (called cervical intraepithelial neoplasia (CIN) or cervical dysplasia; the squamous intraepithelial lesion system (SIL) is also used to describe abnormalities), which are caused by sexually transmitted human papillomaviruses. The test remains an effective, widely used method for early detection of pre-cancer and cervical cancer. While the test may also detect infections and abnormalities in the endocervix and endometrium, it is not designed to do so.

If results are abnormal, and depending on the nature of the abnormality, the test may need to be repeated in six to twelve months. If the abnormality requires closer scrutiny, the person may be referred for detailed inspection of the cervix by colposcopy.

# 9. HIV TESTING AND COUNSELLING

HIV testing and counselling (HTC) is a vital component of the scaling up of HIV prevention, treatment, care and support services. Increasing uptake of HTC leads to earlier diagnosis and more effective care. Early diagnosis can reduce transmission and improve health outcomes due to the availability of effective and affordable antiretroviral treatment (ART) and other preventive interventions.

National STD/AIDS control programme plays a leading role in the provision of HIV testing and counselling services in the country. Populations with risk behaviours attend public STD clinics for HTC services. In addition, attempt has been made to provide these services to most-at-risk populations through outreach activities.

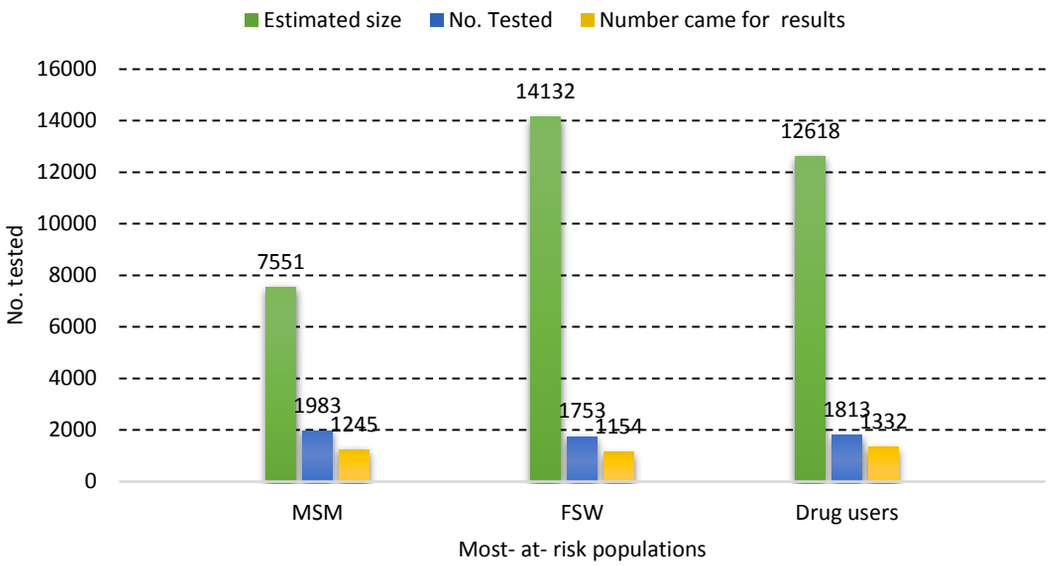
**Table 9.1 Types of blood samples screened for HIV**

| Type of sample | Number tested | No. positive | Test positivity rate |
|---|---|---|---|
| Blood donor screening | 380,367 | 25 | 0.01% |
| Private hospitals and laboratories | 237,605 | 63 | 0.03% |
| Antenatal mothers | 168,221 | 5 | 0.003% |
| STD clinic samples* | 72,063 | 113 | 0.16% |
| Tri forces | 20,191 | 0 | 0.00% |
| Prison HTC programme | 13,803 | 4 | 0.03% |
| TB clinic screening | 7,409 | 18 | 0.24% |
| **Total** | **899,659** | **228** | **0.03%** |

*(* STD clinic samples include STD clinic attendees, testing symptomatic patients and testing of contacts)*

During the year 2014 a total of 902,013 blood samples have been tested for HIV. These tests were carried out at STD clinics, blood banks, hospitals of Tri forces and private sector hospitals & laboratories. Data on HIV testing from 70 private sector hospitals & laboratories were reported to the National STD/AIDS Programme during 2014. The highest test positivity rate is seen among TB clinic attendees (0.2%). A progress was observed in HIV testing among TB patients where 7,409 patients received the test. HIV testing coverage among TB patients increased from 40% during 2013 to 78.8 % during 2014.

**Figure 9.1 HIV testing and counselling among most-at-risk populations in 2014**




Most-at-risk populations such as men who have sex with men (MSM), female sex workers (FSW) and drug users get tested when they attend STD clinics. Coverage of HIV testing among them continued to be low during the year similar to the previous years as shown in the figure 9.1. Only 26% of estimated MSM, 12% of FSW and 14% of drug users were tested by the STD clinics of National STD/AIDS control programme, of which 63-73% attended the clinic to collect the results.

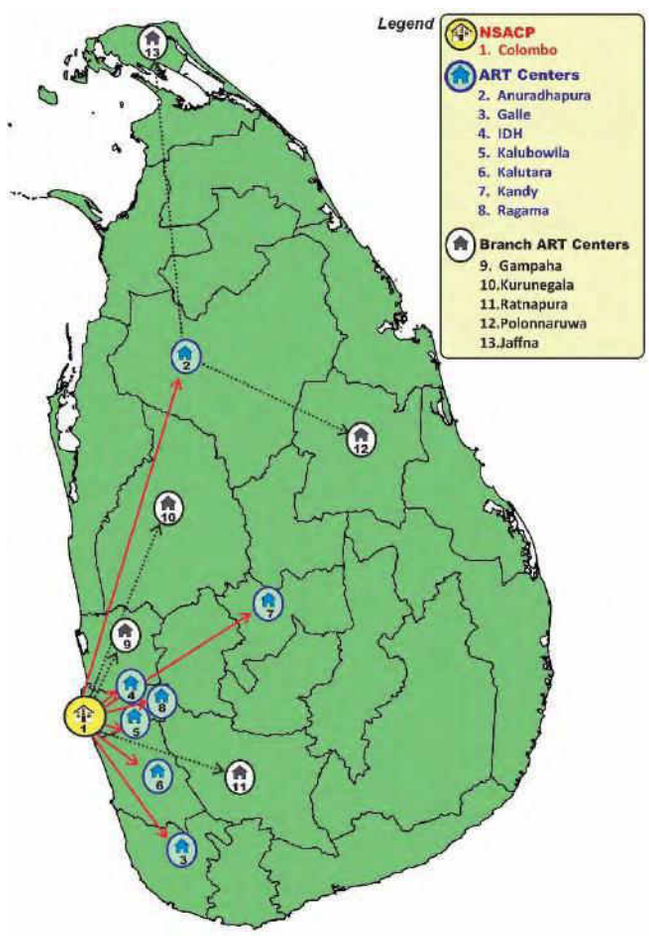
Rapid HIV testing was introduced in Colombo and Kalutara districts in December 2014 to improve the coverage of testing among high risk and vulnerable populations in the community. This was a World AIDS Day initiative which was carried out by staff attached to STD clinics in the above two districts. Scaling up of HIV testing using rapid tests in other districts is planned for 2015. In addition, periodic testing of drug users attending rehabilitation centers in Colombo, Galle, Gampaha and Kandy districts were carried out during the year. Initial steps were taken in collaboration with foreign employment bureau to implement a programme to offer HIV screening to returnee migrants through a general health screening programme.

Of the estimate of 2900 people living with HIV only 1525 (all reported HIV cases (2073) minus reported deaths (548)) have been identified by end 2014 and are aware about their HIV status (52.6%). This emphasizes the need to generate an increase in demand and improve access to testing services to cover the gap.

# 10. ANTIRETROVIRAL TREATMENT AND SERVICES FOR PEOPLE LIVING WITH HIV

The HIV testing and counselling services and HIV care services are provided through all 30 full-time and 22 branch STD clinics in Sri Lanka. This article provides details of people living with HIV who are on antiretroviral treatment (ART) and service delivery points available for prescribing ART.

**Figure 10.1 ART centers in Sri Lanka-2014**



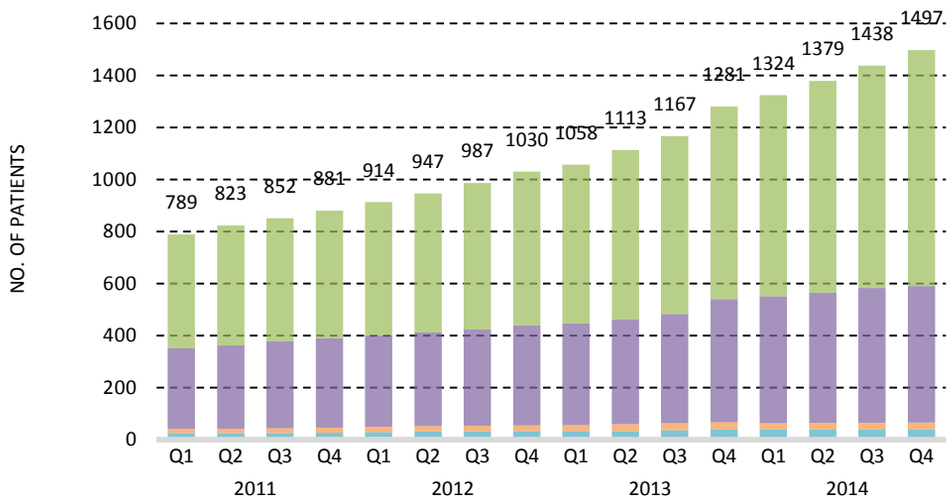

Antiretroviral Treatment (ART) is used to treat people living with HIV infection. These drugs do not eliminate virus or cure the HIV infection. However, when taken in combination they can control replication of the virus. ART has been proven so successful that HIV has become a chronic disease in which progression to AIDS has become increasingly rare.

National STD/AIDS control programme of the Ministry of Health is the sole provider of ART in Sri Lanka as private sector healthcare institutions are not providing this service.

Except Base hospital Angoda (IDH), all other ART dispensing centers are coming under the National STD/AIDS Control Programme.

During the year 2014, ART was procured using funds made available by the Global Fund project. However, it has been decided to include procurement of ART using the Health Ministry budget from the year 2016 onwards. A concept paper on commitment on procurement of ART and its sustainability through the Ministry of Health budget has been approved. In addition, an allocation of Rs.500, 000.00 per year has been approved by MOH for the local purchase of essential drugs for opportunistic infections or emergency ART requirements.

**Figure 10.2 All PLHIV ever enrolled in HIV care up to end of 2014**




| | Q1 2011 | Q2 2011 | Q3 2011 | Q4 2011 | Q1 2012 | Q2 2012 | Q3 2012 | Q4 2012 | Q1 2013 | Q2 2013 | Q3 2013 | Q4 2013 | Q1 2014 | Q2 2014 | Q3 2014 | Q4 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adults (15+) Male | 437 | 460 | 472 | 490 | 514 | 535 | 563 | 591 | 611 | 650 | 684 | 741 | 772 | 814 | 855 | 907 |
| Adults (15+) Female | 310 | 321 | 336 | 344 | 350 | 359 | 370 | 383 | 390 | 403 | 419 | 472 | 488 | 500 | 518 | 524 |
| Children( <15) Female | 16 | 16 | 18 | 19 | 20 | 21 | 21 | 22 | 23 | 26 | 27 | 29 | 25 | 26 | 26 | 26 |
| Children( <15) Male | 26 | 26 | 26 | 28 | 30 | 32 | 33 | 34 | 34 | 34 | 37 | 39 | 39 | 39 | 39 | 40 |
| Total | 789 | 823 | 852 | 881 | 914 | 947 | 987 | 1030 | 1058 | 1113 | 1167 | 1281 | 1324 | 1379 | 1438 | 1497 |

Figure 10.2 indicates the cumulative number of PLHIV enrolled in the clinics of National STD/AIDS control programme for providing medical care since late 1980s. Of the 2073 cumulative number of HIV infected people reported up to 2014, 1497 have been ever enrolled in HIV care (72.2%). These numbers need to be interpreted with caution as the number 2073 includes very early cases of HIV infected people when ART was not available in Sri Lanka or anywhere the world. In addition, possibilities of duplication cannot be ruled out. In Sri Lanka, HIV infection is not a notifiable disease and providers do not have a legal requirement to report all cases to the National STD/AIDS control programme.

In Sri Lanka, the antiretroviral treatment (ART) was added to the HIV care programme in late 2004. ART programme was initiated with the financial support of World Bank and continued with the funding support of Global Fund. From 2016, the government of Sri Lanka will be funding the procurement of antiretroviral drugs.

**Figure 10.3 Number of HIV clinic attendees by pre-ART and ART stages**

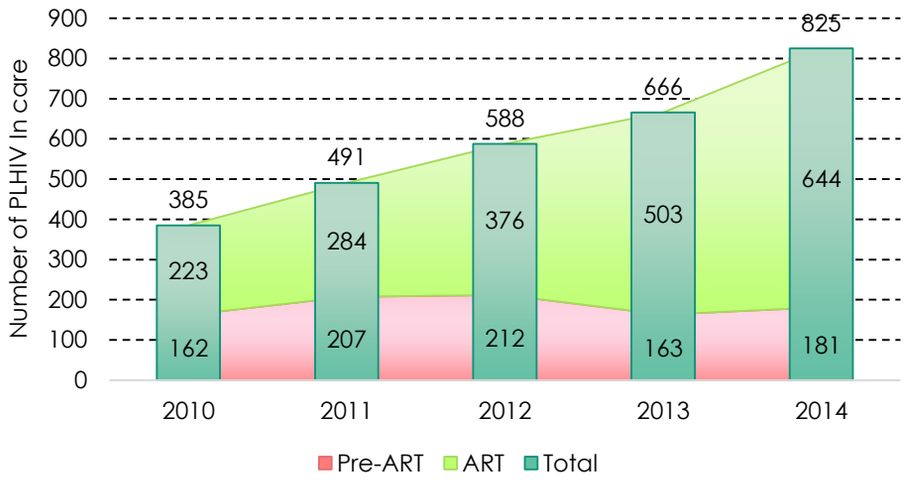


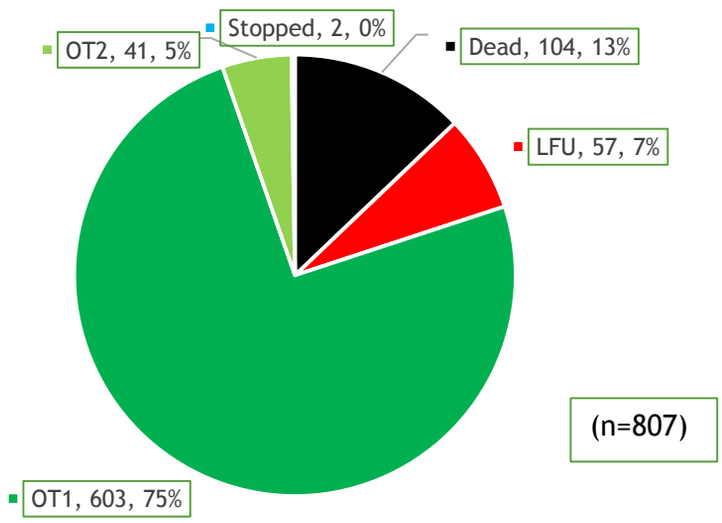

Figure 10.3 shows the number of PLHIV who attend HIV clinic according to pre-ART and ART stage. At the end of 2014 there were 825 PLHIV in 13 ART centers situated in the locations shown in figure 10.1. (These annual numbers excludes deaths, loss to follow ups and those who stopped ART due to medical reasons).

**Table 10.1 Number of HIV clinic attendees by pre-ART and ART stage - end of 2014**

| ART Clinic | Pre-ART | ART | Total |
|---|---|---|---|
| 1. Colombo & Ratnapura | 85 | 396 | 481 |
| 2. Ragama | 20 | 69 | 89 |
| 3. IDH | 9 | 78 | 87 |
| 4. Kandy | 15 | 40 | 55 |
| 5. Galle | 8 | 14 | 22 |
| 6. Kurunegala | 12 | 7 | 19 |
| 7. Kalubowila | 7 | 10 | 17 |
| 8. Gampaha | 12 | 4 | 16 |
| 9. Jaffna | 4 | 10 | 14 |
| 10. Kalutara | 5 | 7 | 12 |
| 11. Anuradhapura | 1 | 6 | 7 |
| 12. Polonnaruwa | 3 | 3 | 6 |
| **Total** | **181** | **644** | **825** |

The total number PLHIV who were initiated on ART since 2004 is 807. Figure 10.4 illustrates the outcome of all these PLHIV who initiated ART as of end 2014. Majority (603, 75%) remains in first-line regimens while 41 (5 %) have switched to second-line regimens. Fifty seven (7%) have been loss to follow up and 104 (13%) have died.

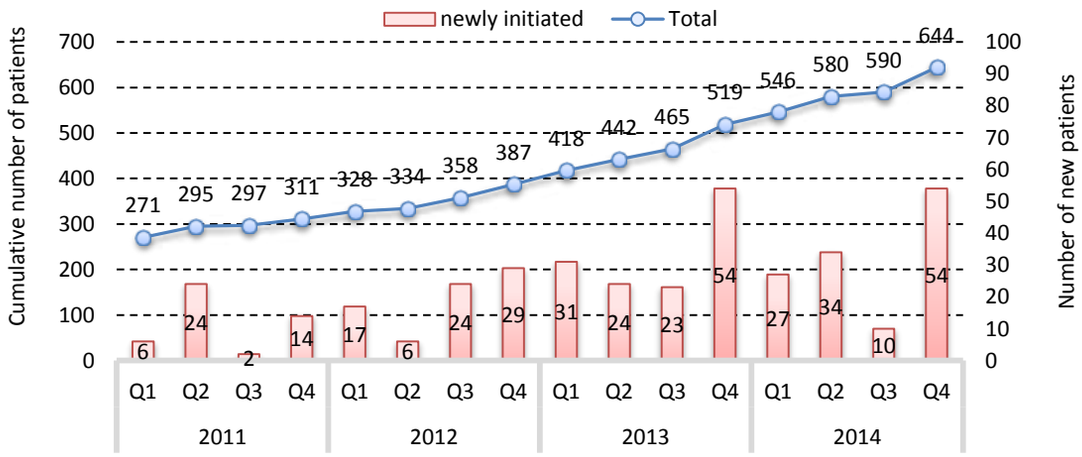
**Figure 10.4 Outcome of all PLHIV who initiated ART since 2004 as of end 2014**




*(OT 1= first-line ART regimen, OT 2=second-line ART regimen, LFU=Loss to follow up)*

Figure 10.5 shows the number of people living with HIV who are on ART. There were 644 on ART at the end of 2014. The bars in the graph shows the number of patients newly initiated ART in each quarter since 2011.

**Figure 10.5 Number of PLHIV on ART 2011-2014**

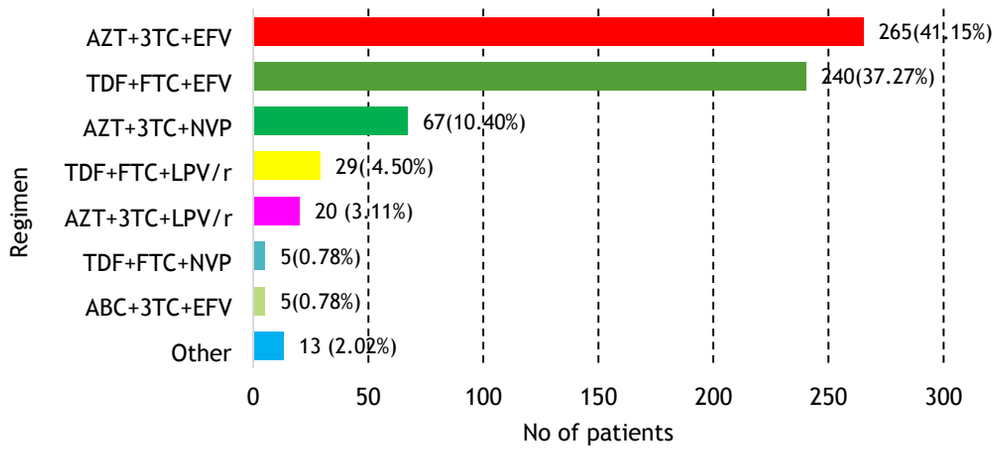



## ART regimens (ART drug combinations)

Zidovudine based ART regimens are being phased out due to their side effects and the regimen of tenofovir, emtricitabine and efavirenz is used as the first-line ART regimen according to the new guidelines. The ART drugs received in 2014 included

newer antiretroviral drugs like atazanavir, darunavir and raltegravir and these are considered as second or third-line options.

**Figure 10.6 Number and the percent of ART regimens used as of end 2014**




*"Other" ART regimens.* AZT+3TC+NVP- (1, 0.16%), ABC+TDF+FTC+LPV/r- (2, 0.31%), AZT+3TC+RAL (1, 0.16%), TDF+FTC+ATV/r- (3, 0.47%), LPV/r+DDI+ABC/3TC- (1, 0.16%), ABC+3TC+LPV/r- (4, 0.62%), RAL+3TC+DRV/r- (1, 0.16%)

Figure 10.6 illustrates the different ART regimens used as of end 2014. As of end 2014, the commonest ART regimen (combination) was zidovudine, lamivudine and efavirenz (41%).

**Table 10.2 ART Regimen used according to the first and second-line**

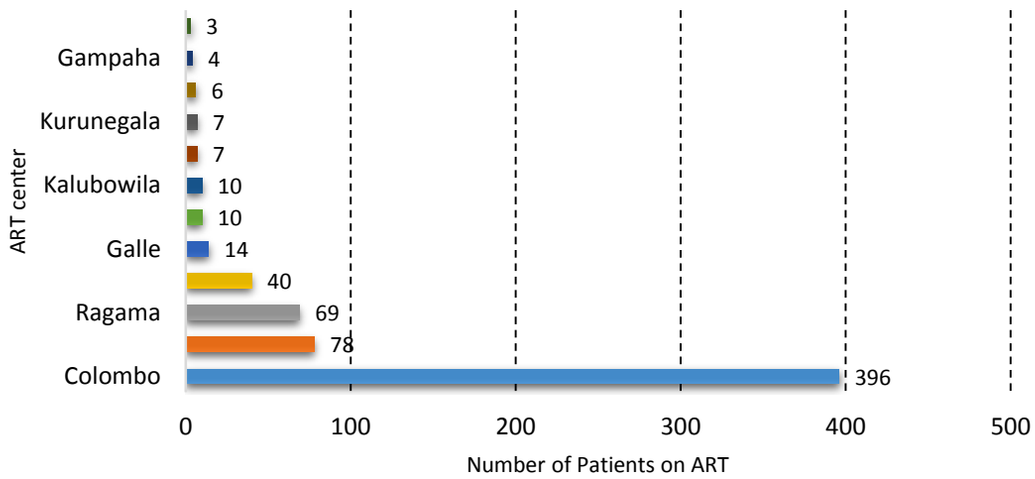
| *ART Regimen* | *First- line* | *Second-line* | *Total* |
|---|---|---|---|
| *AZT+3TC+EFV* | 265 | 0 | 265 |
| *TDF+FTC+EFV* | 235 | 5 | 240 |
| *AZT+3TC+NVP* | 68 | 0 | 67 |
| *AZT+3TC+LPV/r* | 12 | 8 | 20 |
| *TDF+FTC+LPV/r* | 8 | 21 | 29 |
| *TDF+FTC+NVP* | 5 | 0 | 5 |
| *ABC+3TC+EFV* | 4 | 1 | 5 |
| *ABC+3TC+LPV/r* | 3 | 1 | 4 |
| *TDF+FTC+ATV/r* | 1 | 2 | 3 |
| *AZT+3TC+RAL* | 1 | 0 | 1 |
| *RAL+3TC+DRV/r* | 1 | 0 | 1 |
| *ABC+TDF+FTC+LPV/r* | 0 | 2 | 2 |
| *LPV/r+DDI+ABC/3TC* | 0 | 1 | 1 |
| ***Total*** | **603** | **41** | **644** |

Table 10.2 shows the ART regimens used as of end 2014 according to first-line or second-line category as the same ART regimen can be used in either category depending on the circumstance. Of the total number on ART, 94% (n=603) were in first-line ART regimens.

Figure 10.7 illustrates the current number of PLHIV who are on ART according to the ART center at which they are getting treatment. Majority of the PLHIV (396 or 61%) are

managed at Colombo ART center and the second highest number is managed at Base hospital Angoda (IDH) followed by STD clinics Ragama and Kandy.

**Figure 10.7 Number of PLHIV on ART by ART center as of end 2014**




## Cohort analysis of PLHIV on ART

Cohort analysis of patients on ART allow comparison of treatment outcome over time and between groups of patients who have had equal duration of ART. The cohort analysis compares the baseline clinical status of a group of ART patients who started treatment in the same month and year (cohort) with their status at 12, 24 and 60 months.

Figure 10.7/8 shows the outcome of 144 patients those who initiated ART in 2013. At the end of 12 months follow up, 91% were alive and on ART. Deaths consisted of 5% while 3% were lost to follow up. The lost to follow up group includes those who do not attend at the clinic for 3 months from the due date.

**Figure 10.8 Outcome of PLHIV who initiated ART in 2013, after 12 months (N=144)**

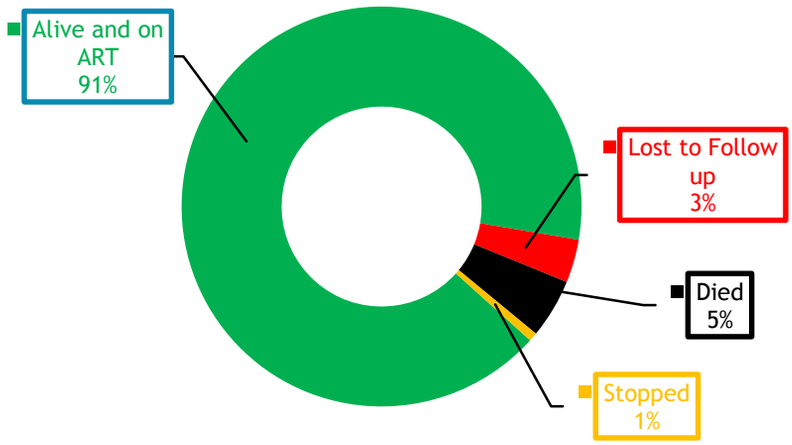
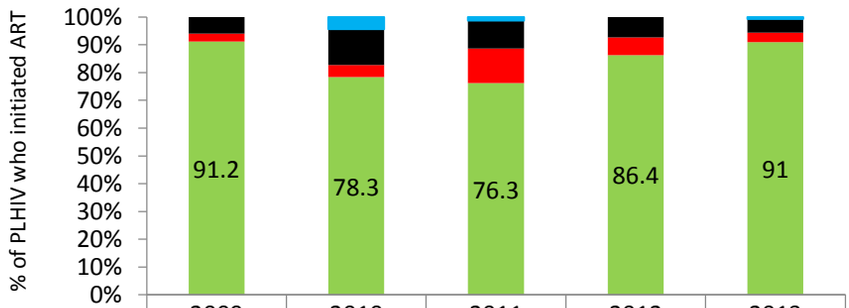



**Figure 10.9 Trend of 12 month outcomes in cohorts of PLHIV, 2009-2013**

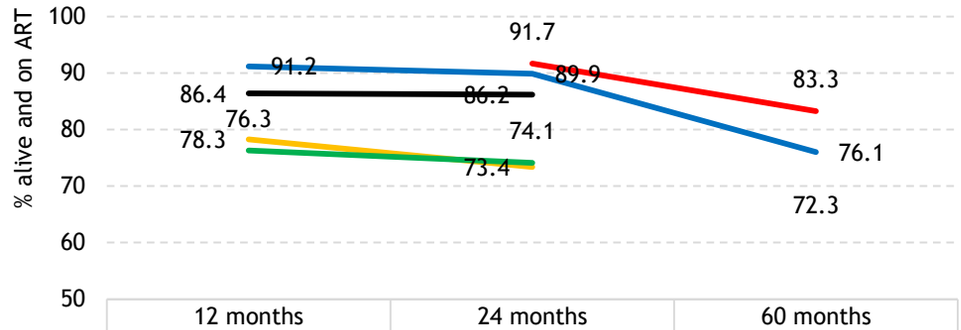



| | 2009 (N=68) | 2010 (N=69) | 2011 (N=80) | 2012 (N=110) | 2013 (N=144) |
|---|---|---|---|---|---|
| Stopped | 0 | 4.3 | 1.3 | 0 | 0.7 |
| Died | 5.9 | 13 | 10 | 7.3 | 4.9 |
| Lost to Follow up | 2.9 | 4.3 | 12.5 | 6.4 | 3.5 |
| Alive and on ART | 91.2 | 78.3 | 76.3 | 86.4 | 91 |

The above graph (Figure 10.9) illustrates the 12 months' outcome of patients who initiated ART in last 5 consecutive years. The number of patients who started on ART has gradually increased from 68 in 2009 to 144 in 2013. Over 90% of patients who initiated ART in 2013 are alive and on ART after 12 months of ART initiation.

Figure 10.10 indicates the percentage who are alive and on ART among PLHIV who initiated ART during 2007 (60 months) 2008 (24 and 60 months) 2009-2012 (12 and 24 months) and in 2013 (12 months). In year 2009, 91% had been alive and on ART at the end of 12 months and it has dropped to 76% at the end of 60 months period.

**Figure 10.10 Trend of 12 month outcomes in cohorts of PLHIV, 2009-2013**




| | 12 months | 24 months | 60 months |
|---|---|---|---|
| 2007 | | | 72.3 |
| 2008 | | 91.7 | 83.3 |
| 2009 | 91.2 | 89.9 | 76.1 |
| 2010 | 78.3 | 73.4 | |
| 2011 | 76.3 | 74.1 | |
| 2012 | 86.4 | 86.2 | |
| 2013 | 91 | | |

**Table 10.3 Cohort analysis for patients who started ART in 2013 (12 months)**

| Cohort analysis for patients who started ART in 2013 (12 months) | | | | | | |
|---|---|---|---|---|---|---|
| Follow-up details of the cohort | | Number of patients who started ART in 2013 | | | | |
| | | All | Male | | Female | |
| | | | <15 | 15+ | <15 | 15+ |
| a. | Original cohort started on ART in this clinic | 144 | 4 | 88 | 1 | 51 |
| | | | | | | |
| b. | Transfers In (Add +) | 11 | | | | |
| c. | Transfers out (Subtract -) | 11 | | | | |
| d. | Net current cohort(N) | 144 | 4 | 88 | 1 | 51 |
| | Status of these patients after 12 months of starting ART | | | | | |
| e. | On original 1st line regimen | 130 | 4 | 77 | 1 | 47 |
| f. | On 2nd line regimen (Switched) | 1 | 0 | 0 | 0 | 1 |
| g. | Stopped (S) | 1 | 0 | 0 | 0 | 1 |
| h. | Died (D) | 7 | 0 | 7 | 0 | 0 |
| i. | Lost to follow-up (F) | 5 | 0 | 4 | 0 | 1 |
| j. | Number alive and on ART(A) {N-(S+D+F)} | 131 | 4 | 77 | 1 | 49 |
| **k.** | **Percent of cohort alive and on ART (A/N*100)** | **91.0** | **100.0** | **87.5** | **100.0** | **96.1** |

Table 10.3 shows the outcome of PLHIV who initiated ART in 2013 by age and sex. Females in the over 15 years had a better treatment outcome than that of males in the same age category. Only one (1) patient had been switched to 2nd line regimen during the 12 months period.

**Table 10.4 Outcomes of PLHIV twelve (12) months of initiation of ART by ART centre**

| Twelve (12) month outcome 0f PLHIV who initiated ART during 2013 by ART center | | | | | | |
|---|---|---|---|---|---|---|
| Clinic of ART initiation | Net no. initiated ART in 2013 | Outcome at the 12 month follow up | | | | |
| | | Stopped due to medical reasons | Died | Lost to follow up | No. alive & on ART | % alive & on ART |
| Colombo | 84 | 1 | 3 | 0 | 80 | 95% |
| IDH | 17 | 0 | 0 | 3 | 14 | 82% |
| Ragama | 21 | 0 | 4 | 1 | 16 | 76% |
| Kandy | 3 | 0 | 0 | 0 | 3 | 100% |
| Kalubowila | 5 | 0 | 0 | 1 | 4 | 80% |
| Kalutara | 2 | 0 | 0 | 0 | 2 | 100% |
| Galle | 7 | 0 | 0 | 0 | 7 | 100% |
| Kurunegala | 2 | 0 | 0 | 0 | 2 | 100% |
| Gampaha | 3 | 0 | 0 | 0 | 3 | 100% |
| **Total** | **144** | **1** | **7** | **5** | **131** | **91%** |

The table 10.4 illustrates the 12 month outcome of PLHIV who initiated ART during 2013 according to the clinic of ART initiation. Lower percentage of "alive and on ART" are seen in IDH and Ragama.

## National ART guideline- 2014

An update of the guideline for use of ART for prevention and treatment of HIV, was developed by the NSACP in 2014. This was developed by a team of consultants including venereologists, physicians, paediatricians, obstetricians etc. This was developed based on the consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infections published by WHO in August 2013. WHO assisted the development and printing of Sri Lankan guidelines.

## Subcommittee of NAC on HIV care and counselling

Subcommittee for HIV care and counselling of the National AIDS Committee had meetings every 4 months during 2014. The members of subcommittee include medical administrators, consultants, PLHIV, donors and other relevant stakeholders. Meetings were held with officials of the Medical Supplies Division of the Ministry of Health to streamline the ART procurement process through the Global Fund.

## Training of healthcare workers on HIV care

Twelve (12) training programmes on comprehensive care for management of PLHIV and to address issues related to stigma and discrimination were conducted in major

hospitals throughout the island. These hospitals are Panadura, Negombo, Ratnapura, Chilaw, Gampaha, Kegalle, Hambantota, Balapitiya, Matale, Vauniya, Ampara and Nuwara Eliya.

## HIV drug resistance early warning indicators

The emergence and transmission of HIV drug resistance (HIVDR) is an unavoidable consequence of ART, even when appropriate drugs are prescribed and adherence is maximally supported. Nonetheless, efforts must be undertaken to limit HIVDR emergence especially because significant population-level HIVDR may necessitate switch from non-nucleoside reverse transcriptase (NNRTI) based first-line regimen to more expensive and less well tolerated boosted protease inhibitor-based second-line regimens[6].

WHO has introduced few early warning indicators which can be used to predict drug resistance among PLHIV who are on ART. The purpose of implementing an HIVDR EWI monitoring system is to assess the extent to which ART programmes are functioning to optimize prevention of HIV DR

Currently Sri Lanka do not have laboratory monitoring facilities to monitor HIV drug resistance mutations. In addition, viral load monitoring is only available on non-regular basis. Therefore it is important to monitor EWI to predict emergence of drug resistance. Lack of a computerized database system for ART centers has made this a challenge to monitor some of the EWI such as on-time drug pick on a regular basis.


**Figure 10.11 Efavirenz is one of the commonly used ARVs**

Table 10.5 shows an attempt to introduce EWI for the first time in Sri Lanka.

**Table 10.5 Early warning indicators for PLHIV who were initiated on ART in 2013**

| Early warning indicator | Early warning indicator - Definition | Indicator value For Sri Lanka |
|---|---|---|
| 1. On-time pill pick-up | Percentage of patients (adult or children) that pick-up ART no more than two days late at the first pick-up after the baseline pick-up. | Data not available |
| 2. Retention in care | Percentage of adults and children known to be alive and on treatment 12 months after initiation of ART. | 91% |
| 3. Pharmacy stock-outs | Percentage of months in a designated year in which there were no ARV drug stock-outs. | 91.6% (there were no stock outs for 11 months) |
| 4. Dispensing practices | Percentage of adults and children prescribed or picking up mono or dual ARV therapy. | 0% |
| 5.Virological suppression | Percentage of patients receiving ART at the site after the first 12 months of ART whose viral load is <1000 copies/ml. | (Only limited data available & Viral load testing was not available throughout the year) |

**Figure 10.12 Patient records are methodically maintained at ART centers of NSACP**

**Figure 10.13 Training of healthcare workers on ART at NSACP pharmacy**


**Figure 10.14 A banner highlighting the importance of HIV testing and treatment**

# 11. POST EXPOSURE PROPHYLAXIS FOR HIV

Post-exposure prophylaxis refers to medications given to prevent HIV infection after exposure to potentially infectious material. Post exposure prophylaxis (PEP) for HIV following occupational exposures in healthcare settings have been available in various parts of the country since 2008. Antiretroviral drugs for PEP are now available in twenty eight (29) government hospitals and nine (9) STD clinics in the country. PEP is offered after counselling and according to guidelines issued by NSACP.

Occupational exposure is defined as any contact with an infectious body fluid as a result of an injury with a needle or any other sharp instrument, via mucous membranes or an existing cutaneous condition (wound, eczema, scratch, etc.) usually in a healthcare setting. Potentially infectious body fluids include: blood, CSF, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, semen, or vaginal secretions. Non-infectious body fluids include faeces, nasal secretions, saliva, sputum, sweat, tears, urine and vomit; as long as these are not visibly contaminated with blood.

The risk of infection following exposure is assessed by the severity of the exposure and the local HIV prevalence.

**Care pathway for people exposed to HIV**

Assessment of the severity of exposure

- Clinical assessment of exposure
- Eligibility assessment for HIV post-exposure prophylaxis
- HIV testing of exposed personnel and source if possible
- Provision of first aid in case of broken skin or other wound

Counselling and support to the affected person by explaining,

- Risk of HIV
- Risks and benefits of HIV post-exposure prophylaxis
- Side effects
- Enhanced adherence counselling if post-exposure prophylaxis to be prescribed
- Specific support in case of sexual assault

Prescription of antiretroviral medication when indicated

- Post-exposure prophylaxis should be initiated as early as possible following exposure (within a maximum duration of 72 hours)
- 28-day prescription of recommended age-appropriate ARV drugs
- Drug information
- Assessment of underlying comorbidities and possible drug-drug interactions

Follow up assessment

- HIV test at 3 months after exposure (repeated in 6 months if medications were given)
- Link to HIV treatment if possible

**Table 11.1 Availability of ART for PEP in the country during 2014**

| District | Hospitals / STD Clinics | Exact Location | Contact No./Extension |
|---|---|---|---|
| Anuradhapura | TH - Anuradhapura | Medical ICU | 025 2236461 |
| Badulla | PGH – Badulla | ETU | 055 2222261 Ext.322 |
| | STD Clinic – Badulla | STD Clinic | 055 2222578 |
| | BH – Diyathalawa | ICU | 057 2229061 Ext.357 |
| Batticaloa | STD clinic - Batticaloa | STD clinic | 065 2222261 |
| Colombo | National Hospital of Sri Lanka | ETU/OPD | 011 2691111 Ext.2429 |
| | Lady Ridgeway Hospital | Indoor dispensary | 011 2693711-2 Ext.219, 242 |
| | De Soysa Maternity Hospital | Theatre | 011 2696224-5 Ext.326 |
| | Castle Street Hospital for Women | Intensive Care Unit(ICU) | 011 2696231-2 Ext.230 |
| | Eye Hospital | Room 4A Injection room | 011 2693911-5 Ext.231 |
| | TH- Sri Jayawardenapura | ETU | 011 2802695-6 Ext.3018, 3019 |
| | TH- Kalubowila | ETU | 011 2763261 Ext.277 |
| | STD Clinic- Kalubowila | STD Clinic | 011 4891055 |
| | National Institute for Mental Health | Pharmacy | 011 2578234-5 Ext.222 |
| | BH- Angoda(IDH) | Infection control unit | 011 2411284 Ext.264 |
| Galle | TH – Karapitiya | Pharmacy/ETU | 091 2232250 Ext.7813 |
| | STD Clinic – Galle | STD Clinic | 091 2245998 |
| Gampaha | TH – Ragama | ICU | 011 2959261 |
| | STD Clinic – Ragama | STD Clinic | 011 2960224 |
| | DGH – Gampaha | Primary Care Unit(PCU) | 033 2296897 Ext.112, 113 |
| | DGH – Negombo | MICU | 031 2222261 Ext.104 |
| | Chest Hospital - Welisara | OPD/ETU | 011 2960509 |
| Jaffna | Teaching hospital Jaffna | OPD | 065 2222261 |
| Kalutara | GH – Kalutara | Accident & emergency unit | 034 2222261 Ext.250 |
| | STD Clinic - Kalutara | STD Clinic | 034 2236937 |
| | BH – Panadura | ETU | 038 2222261 Ext.243 |
| | BH– Horana | Theatre | 034 2261261 Ext.319 |
| Kandy | TH– Kandy | ETU | 081 2233338, 081 2234208 |
| | STD Clinic – Kandy | STD Clinic | 081 2203622 |
| Kegalle | STD Clinic – Kegalle | STD Clinic | 035 2231222 |
| Kilinochchi | Base Hospital -Kilinochchi | STD clinic | 021 2285327 |
| Kurunegala | TH – Kurunegala | ICU-Accident & Emergency | 037 2233906 Ext.907, 208 |

| District | Hospitals / STD Clinics | Exact Location | Contact No./Extension |
|---|---|---|---|
| Matara | DGH – Matara | ETU | 041 2222261 Ext.161 |
| Matara | STD Clinic – Matara | Clinic | 041 2232302 |
| Monaragala | STD Clinic - Monaragala | Primary Care Unit | 055 2276261 Ext.215, 213 |
| NuwaraEliya | GH NuwaraEliya | PCU/STD Clinic | 052 2234393 Ext.321 |
| Polonnaruwa | GH- Polonnaruwa | Infection control unit | 027 2222384 Ext.121 |
| Ratnapura | STD Clinic - Ratnapura | Clinic | 045 2226561 |
| | GH - Ratnapura | ICU | 045 2225396 Ext.225, 337 |
| | BH - Embilipitiya | ICU | 047 2230261 Ext.126, 129 |
| Trinchomalee | STD clinic-Trinchomalee | ICU | |
| Vauniya | District General Hospital-Vavuniya | Emergency treatment unit | 024 2224575 |

The Central STD clinic Colombo offered PEP services to 257 healthcare workers during 2014. The source blood samples were tested for HIV using a WHO recommended Rapid test followed by an ELISA. Of the 257 healthcare workers, 24 healthcare workers were given ART for post exposure prophylaxis. Follow up HIV testing at 6 weeks, 3 months and 6 months after the initial accidental injury is recommended. Uptake of follow up testing by health care workers was not satisfactory.

**Figure 11.1 Post exposure prophylaxis provided during 2014 at NSACP**

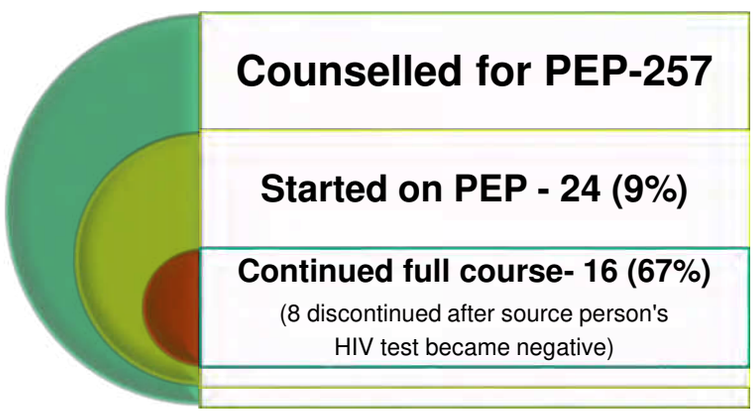
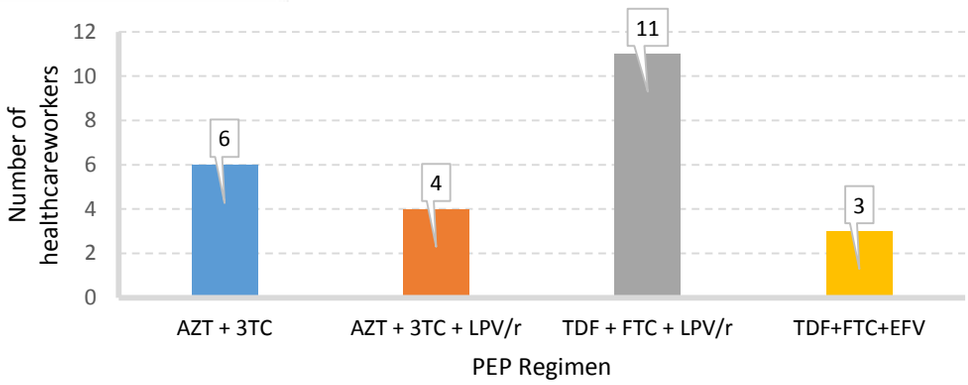


Figure 11.2 includes the different ART regimens that were prescribed to healthcare workers.

**Figure 11.2 Post exposure prophylaxis ART regimen used in 2014**

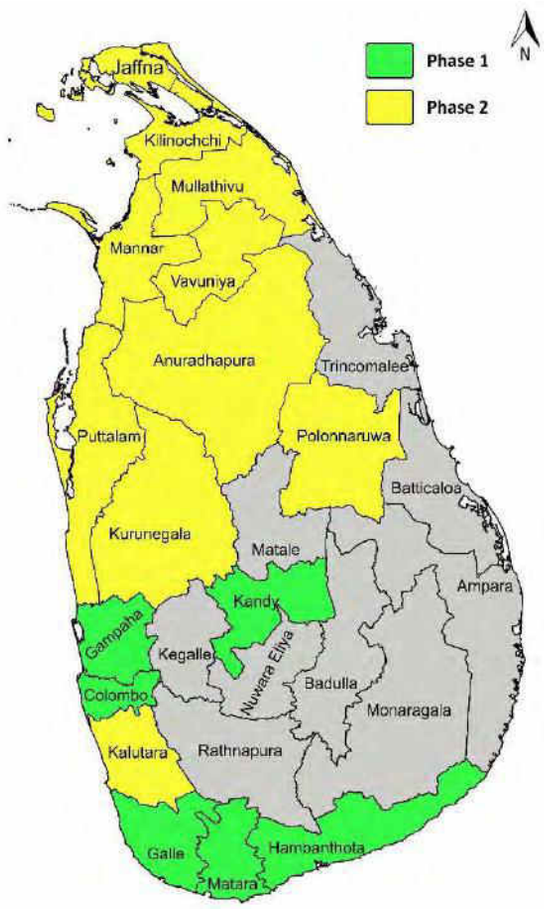



At present, post exposure prophylaxis following sexual exposure is available for HIV negative partners of sero-discordant couples usually following accidental condom rupture, and the NSACP intends to give PEP for all rape victims in future. During 2014, no individuals have received PEP following sexual exposures. Five (5) individuals who presented to the Colombo clinic following accidental needle stick injuries and human bites in non-occupational settings were counselled and offered baseline and follow up HIV testing.

# 12. ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF SYPHILIS AND HIV

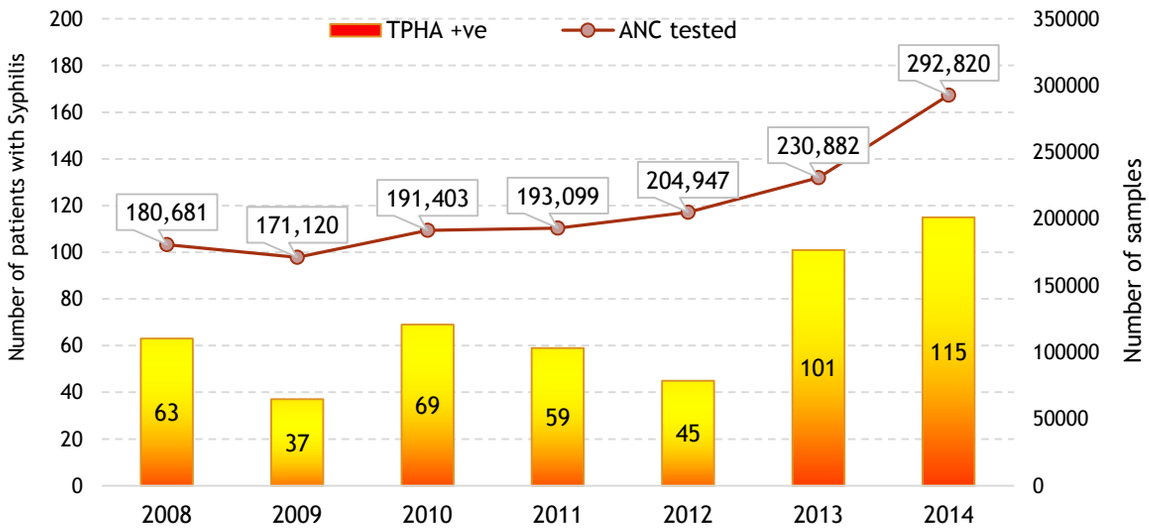
The EMTCT programme for syphilis and HIV in Sri Lanka was further scaled up in 2014. The steering committee regulated and guided programme through regular reviews. High burden districts such as Colombo, Gampaha, Kandy, Matara, Galle and Hambanthota were selected for the initial phase.

**Figure 12.1 Scaling up of antenatal HIV testing by the end of 2014.**




In the year 2014 the screening services were scaled up to cover Northern, North Central and North Western provinces from the 3rd quarter. With further scaling up it is expected to cover the whole country by 2016. International funding agencies UNICEF, World Bank and WHO supported the programme.

**Figure 12.2 Trends of syphilis testing among pregnant women from 2008-2014**




As a result of revival of the programme for EMTCT of HIV and syphilis, the screening for syphilis among pregnant women in government STD clinics increased to 292,820 at the end of 2014 (Figure 12.2).

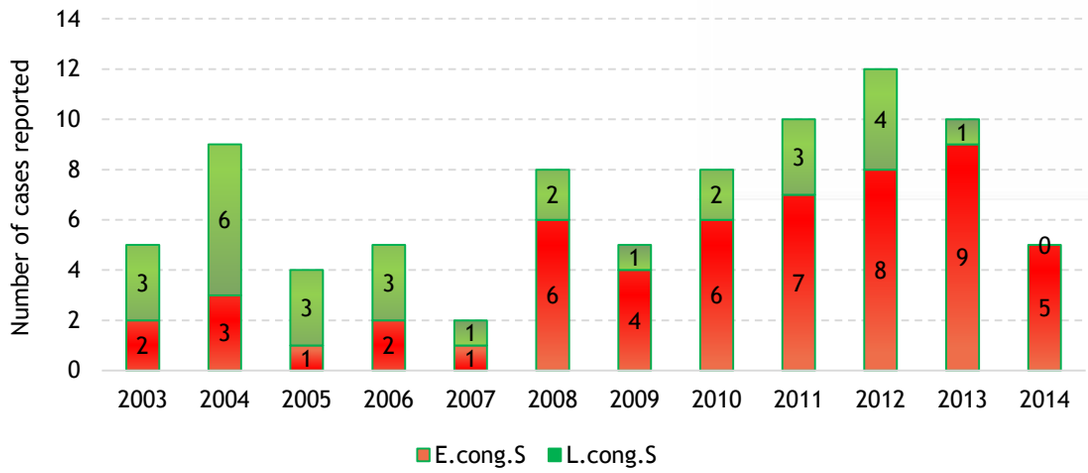
Number of samples tested for HIV among pregnant women increased from 17,000 in 2012 to 168,221 by the end of 2014. In the year 2014, 115 pregnant women were diagnosed as having syphilis while 9 pregnant women were confirmed as having HIV infection. By providing appropriate treatment, mother to child transmission of HIV infections could be eliminated in these cases. Five cases of congenital syphilis have been reported and all of them belong to case definition 3.

Case definition 3 of congenital syphilis.

The babies born to mothers with any of the following conditions will be diagnosed as having congenital syphilis (case definition 3)

- Mother was treated less than 4 weeks prior to delivery.
- Mother was untreated, treatment status undocumented or unknown.
- Mother not completed the recommended course of penicillin during pregnancy.
- Mother treated with non-penicillin antibiotics.

**Figure 12.3 Incidence of congenital syphilis in Sri Lanka 2003-2014**




*(E.cong.S-Early congenital syphilis, L.cong.S-Late congenital syphilis)*

Figure 12.3 shows the number of congenital syphilis cases reported during the period of 2003 to 2014.

**Table 12.1 Expected outcomes and achievements in PMTCT of HIV and syphilis**

| *Expected outcomes by end of 2014* | *Achievement by end of 2014* |
|---|---|
| *1. 50% of ANC attendees receive HIV testing facilities* | 44% |
| *2. 100% of identified HIV positive pregnant women receive ART to reduce mother to child transmission* | 100%* |
| *3. 100% of infants born to identified HIV infected mothers receive ART drugs for 6 weeks as prophylaxis* | 100%* |
| *4. Syphilis prevalence is less than 1% among antenatal women* | 0.04%** |

** Of known cases, ** (115/292820x100)*

Since 2011, all pregnant women diagnosed with HIV infection, who received services for PMTCT delivered HIV uninfected babies. EMTCT services for HIV helps to achieve Millennium Development Goals (MDG) mainly 4, 5 and 6 i.e. reduce child mortality, improve maternal health and combat HIV/AIDS in women and children.

**Table 12.2 Data related to mother to child transmission of syphilis during 2014**

| *Indicator* | *Value in 2014* |
|---|---|
| ***1.*** *Number of VDRL tests done among pregnant women in 2014 (by STD clinics)* | 292,820 |
| ***2.*** *Number of TPPA positive samples detected by antenatal screening in 2014* | 115 |
| ***3.*** *Number of pregnant women with syphilis who were offered services* | 111 |
| ***4.*** *Number of pregnant women provided adequate treatment before 36 weeks of POA* | 107 |
| ***5.*** *Number of congenital syphilis cases reported during 2014* | 5 |

Table 12.2 indicates the VDRL screening services provided for the antenatal population with the service outcome for the year 2014.

**Table 12.3 Data related to mother to child transmission of HIV during 2014**

| *Indicators on HIV positive pregnant women and their babies in 2014* | *Number* |
|---|---|
| *1. Number of HIV tests done among pregnant women* | 168,221 |
| *2. Number of pregnant women with HIV reported (4 known, 5 new cases)* | 9 |
| *3. Number of HIV positive women who received PMTCT services* | 9 |
| *4. Number of abortions among all pregnant women with HIV* | 2 |
| *5. Number of live births among all pregnant women with HIV* | 7 |
| *6. Number of babies born to HIV positive women who received ART prophylaxis* | 7 |
| *7. Number of babies born to HIV positive women who received exclusive formula feeding (No babies received breast feeding)* | 7 |
| *8. Number of HIV positive babies born to mothers who were tested with DNA PCR* | 7 |
| *9. Number of DNA PCR test positives* | 0 |
| *10. Number of previous pediatric HIV infections reported during the year* | 1 |

Table 12.3 indicates the screening services provided for the antenatal population during year 2014 and outcomes. None of the babies born to HIV positive women were infected with HIV. One case of a three (3) year old boy infected with HIV was reported due to mother to child transmission in the year 2014.

Eight (8) consultative workshops and six (6) steering committee meetings were held for the programme of Elimination of Mother to Child Transmission of HIV and Syphilis in 2014. These programmes were conducted with the financial support from UNICEF. In

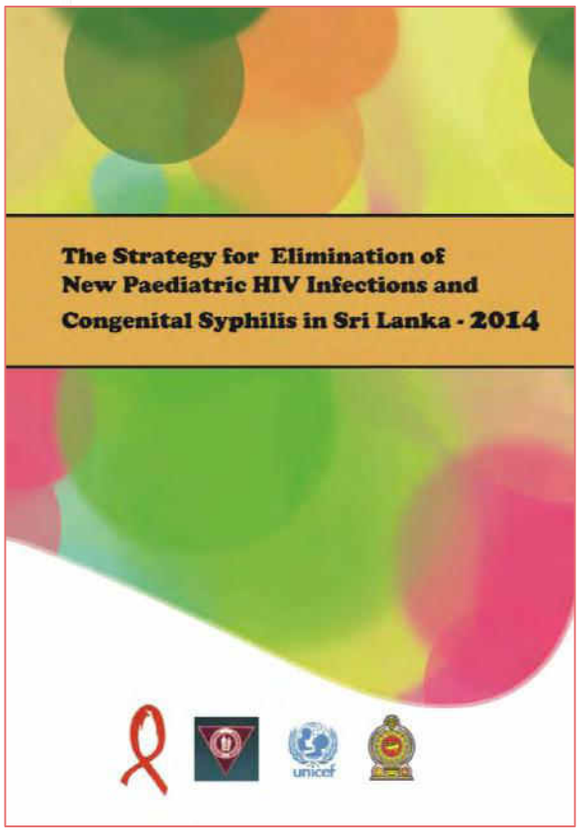
addition, 7 desktop computers, 3 multimedia projectors, 1 fax machine and 5 printers were distributed among National reference laboratory and STD clinics in the Phase-I districts using the same funding source.

IEC materials worth Rs. 1,033,800 were distributed to all the districts involved in the programme from 2013 through Medical officer of district STD clinics and medical officer for maternal and child health in the district.

**Table12.4 Syphilis among pregnant women and % treated by province-2014**

| *Province* | *STD Clinic* | *Pregnant women with syphilis* | | | *Number Treated* | *Treatment %* |
|---|---|---|---|---|---|---|
| | | Early syphilis | Late syphilis | All syphilis | | |
| *Central Province* | Kandy | 1 | 5 | 6 | 6 | 100% |
| | Matale | 0 | 0 | 0 | 0 | - |
| | Nuwara Eliya | 0 | 2 | 2 | 2 | 100% |
| *Eastern Province* | Ampara | 0 | 5 | 5 | 5 | 100% |
| | Batticaloa | 0 | 0 | 0 | 0 | - |
| | Kalmunai | 0 | 1 | 1 | 1 | 100% |
| | Trincomalee | 0 | 0 | 0 | 0 | - |
| *North Central province* | Anuradhapura | 1 | 6 | 7 | 7 | 100% |
| | Polonnaruwa | 0 | 2 | 2 | 2 | 100% |
| *North Western Province* | Chilaw | 0 | 2 | 2 | 2 | 100% |
| | Kurunegala | 0 | 0 | 0 | 0 | - |
| *Northern Province* | Jaffna | 2 | 1 | 3 | 2 | 67% |
| | Mannar | 0 | 0 | 0 | 0 | - |
| | Vavuniya | 0 | 1 | 1 | 1 | 100% |
| *Sabaragamuwa Province* | Kegalle | 1 | 3 | 4 | 4 | 100% |
| | Ratnapura | 2 | 0 | 2 | 2 | 100% |
| *Southern Province* | Balapitiya | 0 | 1 | 1 | 1 | 100% |
| | Galle | 1 | 4 | 5 | 4 | 80% |
| | Hambanthota | 4 | 2 | 6 | 6 | 100% |
| | Matara | 0 | 0 | 0 | 0 | - |
| *Uva Province* | Badulla | 2 | 4 | 6 | 6 | 100% |
| | Monaragala | 0 | 4 | 4 | 4 | 100% |
| *Western Province* | Colombo | 10 | 13 | 23 | 21 | 91% |
| | Gampaha | 0 | 7 | 7 | 7 | 100% |
| | Kalubowila | 4 | 4 | 8 | 8 | 100% |
| | Kalutara | 1 | 1 | 2 | 2 | 100% |
| | Negombo | 1 | 7 | 8 | 7 | 88% |
| | Ragama | 2 | 6 | 8 | 8 | 100% |
| | Wathupitiwala | 0 | 2 | 2 | 2 | 100% |
| *Total* | | 32 | 83 | 115 | 110 | 96% |

**Figure 12.4 A strategy for elimination of paediatric HIV and syphilis**




A strategy document on elimination of paediatric HIV infections and congenital syphilis was published by NSACP in 2014. This document gives directions on elimination of paediatric HIV infections and congenital syphilis as summarised below.

**Management of pregnant woman with syphilis:** All pregnant women should be screened for syphilis at the first antenatal visit preferably before 12 weeks of gestation to prevent congenital infection. Women testing positive should be treated. Their partners should also be treated and plans should be made to treat their infants at birth. Review syphilis test results at subsequent visits and at the time of delivery. If the woman was not tested during pregnancy, syphilis screening should be offered after delivery. All identified pregnant women with positive non-treponemal tests (VDRL/RPR) should be tested further using confirmatory treponemal test (TPPA/TPHA/FTA IgG) to confirm the presence of treponemal infection. If the treponemal test is positive the pregnant woman should be treated with penicillin injections according to the stage of infection.

**Management of pregnant women with HIV:** Scaling up of HIV testing will be done to screen all pregnant women for HIV. When women are identified with HIV during pregnancy, EMTCT services are offered according to the guidelines on Management of HIV infected pregnant women. Antiretroviral therapy for prevention of mother to child transmission is started from 14 weeks or if identified later, as early as possible according to the current guidelines. Patients are managed in coordination with the consultant obstetrician and paediatrician. Babies are given ART from birth to 6 weeks and mothers are counselled on appropriate feeding practices.

# 13. LABORATORY SERVICES

The laboratory services for HIV and STD in the country are provided by the National reference laboratory of NSACP and by district STD clinic laboratories linked in a network manner. The National reference laboratory is situated in the headquarters of the NSACP. In addition, each peripheral STD clinic has their own laboratory situated within their clinic. The National reference laboratory of NSACP provides laboratory services to the Central STD clinic Colombo, Colombo group of hospitals, MOH areas in the Western province and functions as the reference laboratory to all the other peripheral STD clinics and private sector laboratories in the country.

**Figure 13.1 Laboratory technologists at National reference laboratory of NSACP**

The Reference Laboratory of NSACP extends its services with many testing facilities to people living with HIV (PLHIV) in order to improve treatment and care services for them. These tests are useful to monitor the response to antiretroviral treatment. Assays of viral load and CD4 count are two major tests that are required by PLHIV and these are provided with no restriction. A highly sensitive real time PCR method is in place for the viral load assay. A haematological and biochemical analyser are placed in the laboratory to fulfil the test requirements. Early infant diagnosis of babies exposed to HIV is supported by the NSACP through the funds received from global fund (GFATM). HIV drug resistance testing is supported by World Health Organization (WHO). These two tests have been arranged to provide an uninterrupted service to meet the requirement. Routine screening of antenatal mothers for syphilis and HIV is carried out in a phased manner throughout the country. This was started as a pilot project and it has been carried out for many years at De Soysa Maternity Hospital. This service was extended to include all antenatal mothers attending Castle Street Hospital for

Women. During 2013 the service was commenced in Western & Sothern provinces with Kandy district. In 2014 it was expanded to cover 5 provinces. With this service expansion central and district STD laboratories play a major role in providing antenatal syphilis & HIV screening tests in their respective provinces. This has significantly increased the work load of the STD laboratories demanding technical man power which has not yet been met. The National reference laboratory itself experienced an increase of 14,332 tests for HIV screening with expanding the provision of services to the MOH areas of Western province.

Other than routine diagnostic testing, the National reference laboratory contributes to STD and HIV surveillance and research activities on a regular basis and carries out all HIV and syphilis testing for sentinel surveillance. During 2014 it contributed by testing and provision of quality assurance for IBBS conducted by NSACP.

**Table 13.1 Number of tests carried out at National reference laboratory during 2014**

| Name of the Test | Number of Tests |
|---|---|
| HIV EIA | 60,536 |
| HIV PA | 1169 |
| HIV (RAPID) | 978 |
| Western blot | 630 |
| HIV - viral load assay | 581 |
| CD 4 count | 1519 |
| VDRL | 59,469 |
| TPHA/TPPA | 9324 |
| Syphilis EIA | 03 |
| Gonococcal culture | 4683 |
| GC culture for ABST | 200 |
| Hepatitis B S Antigen | 131 |
| Cervical cytology | 979 |
| Urine HCG for pregnancy | 100 |
| Full Blood Count | 1061 |
| HSV 1-IgM | 112 |
| HSV 1-IgG | 112 |
| HSV 2-IgM | 112 |
| HSV 2-IgG | 112 |
| Blood sugar | 156 |
| Bilirubin | 556 |
| SGOT | 566 |
| SGPT | 566 |
| Alkaline Phosphatase | 556 |
| Serum Creatinine | 32 |
| Lipid Profile | 153 |

Data relevant to the number of tests performed in 2014 are given in detail in table 13.1. In addition, samples were sent to India for 19 DNA PCR tests for early infant diagnosis.

To maintain a high quality of services rendered the National reference laboratory participates in the following External Quality Assessment (EQA) Programmes.

i. External Quality Assessment conducted by the National reference laboratory of Australia twice every year for HIV antibody testing.
ii. Proficiency testing for Syphilis serology conducted by Centre for Disease Control Atlanta, USA twice every year.
iii. Gonococcal Antimicrobial Susceptibility Programme quality assessment conducted by WHO collaborative centre in Sydney, twice every year.
iv. Quality Control for CD4 testing by WHO once in every two months.

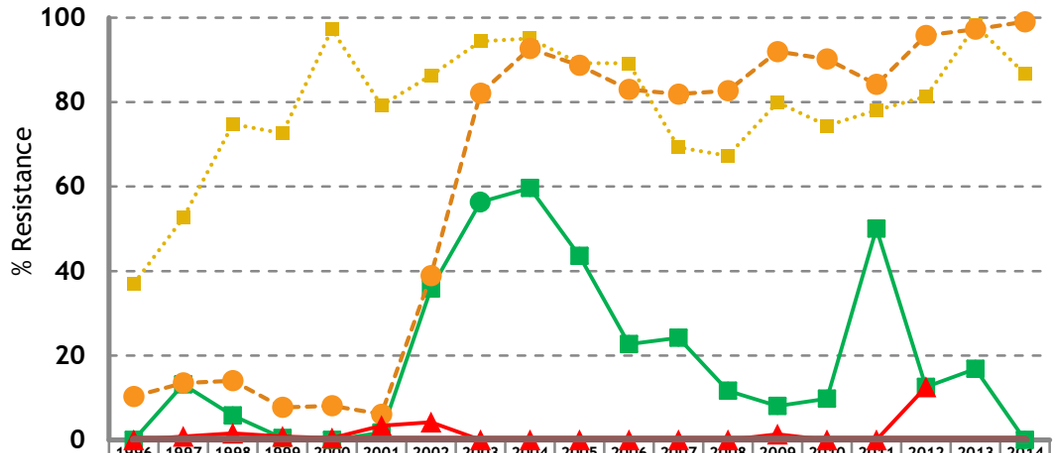
As required by a National reference laboratory, the laboratory of NSACP conducts External Quality Assessment Programmes on HIV serology, syphilis serology and microscopy to all STD clinic laboratories, blood banks and some private hospitals, where they are assessed periodically and advised accordingly.

**Table 13.2: Number of tests carried out in 2014**

| Places | Dry Smears | Wet Smears | Urine Tests | EQA Smears | Total |
|---|---|---|---|---|---|
| Central Laboratory in Colombo | 8424 | 4621 | 1450 | 4861 | 19356 |
| Peripheral STD Laboratories | 26682 | 9915 | 1750 | 00 | 38347 |
| Grand Total | 35106 | 14536 | 3200 | 4861 | 57703 |

**Figure 13.2 Microscopy section of the National reference laboratory of NSACP**

**Figure 13.3 Gonococcal antibiotic resistance pattern 1996-2014***




| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Penicillin | 37 | 52.6 | 74.8 | 72.6 | 97.3 | 79.2 | 86.3 | 94.4 | 95.1 | 89.2 | 89.2 | 69.3 | 67.3 | 80 | 74.4 | 78.1 | 81.3 | 98.2 | 86.7 |
| Tetracyclin | 0 | 13.1 | 5.8 | 0.4 | 0 | 1.7 | 35.8 | 56.31 | 59.63 | 43.6 | 22.7 | 24.2 | 11.6 | 8 | 9.72 | 50 | 12.5 | 16.81 | 0 |
| Ciprofloxacin | 10.3 | 13.5 | 14 | 7.7 | 8.1 | 6.1 | 38.9 | 82.1 | 92.7 | 88.7 | 83.01 | 81.9 | 82.7 | 92 | 90.2 | 84.2 | 95.8 | 97.3 | 99.05 |
| Cefuroxime | 0 | 0.8 | 1.6 | 0.8 | 0.4 | 3.4 | 4.2 | 0 | 0 | 0 | 0 | 0 | 0 | 1.3 | 0 | 0 | 12.5 | | |
| Ceftriaxone | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Spectinomycin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

** Resistance testing for cefuroxime was not carried out in 2013 & 2014*

The National reference laboratory has been conducting Gonococcal Antimicrobial Surveillance in Sri Lanka for many years. During 2012, there were five high level resistant cases of gonorrhoea to cefuroxime axetil, which exceeded 5% resistance level to the recommended first line treatment. As a result, the treatment guideline for uncomplicated gonorrhoea was changed from Cefuroxime to Cefixime in November 2012.

The National reference laboratory organizes teaching and training activities related to STD and HIV diagnostics. In-service training programmes were conducted during 2014 in order to update the knowledge of laboratory staff working in the reference laboratory, the peripheral STD laboratories and the private sector laboratories.

# 14. MULTI-SECTORAL COLLABORATION

The Multi-sectoral unit of NSACP oversees, coordinates and provide technical support for advocacy, capacity building, awareness and internalization of STI and HIV prevention activities of the multi-sectoral institutions (relevant ministries, departments and civil society organizations).

## Prison Sector- HIV prevention programme

Prison sector STD/AIDS intervention programmes have been conducted since 2005. The objective of the prison sector programme is to prevent HIV/AIDS and other sexually transmitted infections among prison community in Sri Lanka, through life skills based education approach and health promotion in prisons. All these interventions are overseen by a steering committee which consists of members of Prison department and National STD/AIDS control programme. The present project is funded by the Global Fund and has several levels of activities. HIV prevention activities in prisons island-wide include advocacy, skill building sessions for welfare officers and medical staff on sexual health promotion. Trained well fare officers will train the prison inmates as peer educators (PE). The PEs are supposed to carry out both formal and informal sessions for inmates using different communication methods such as videos and educational flip charts. These PEs have taken the leadership to prevent HIV/AIDS. These intervention activities are implemented based on a communication strategy developed for the prison sector.

Prison inmates volunteered for HIV testing after peer educator's formal and informal discussions. Island wide 30 mobile HIV testing clinics were started with the help of local STD clinics and were structured in a formal manner in 2014. HIV testing among prisoners through 30 mobile clinics are carried out once a month since year 2012. "**HIV testing guidelines for prison setup"** was developed and followed to conduct HIV testing through mobile clinics from year 2014. This guideline was circulated among both STD and relevant prison staff. The confirmed positive cases are referred for treatment and care services at STD clinics. Same blood samples were used to test for VDRL (syphilis test). Group counselling method is adapted prior to drawing blood samples for HIV testing and negative test results are conveyed by prison medical officer after post-test counseling. Positive results are conveyed by a trained medical officer of the relevant STD clinic.

## Prison sector activities conducted during 2014

The peer educators have developed leadership qualities for prevention of HIV among in-mates. They have provided peer education to 21,800 fellow inmates during 2014 as confirmed by the prison authority. This is reflected by the increased demand for voluntary blood testing in prison settings.

The HIV testing guideline has been introduced to the prison sector and 13,803 inmates underwent voluntary HIV testing and counselling in prisons Island wide during 2014. Of these four (4) HIV positive cases were found giving a sero-positive rate of 0.03% among prison inmates in 2014.

**Table 14.1 Summary of activities carried out in the prison programme 2012-2014**

| Activity | 2012 | | 2013 | | 2014 | |
|---|---|---|---|---|---|---|
| | No. of programmes | No. of participants | No. of programmes | No. of participants | No. of programmes | No. of participants |
| Steering Committee meetings for HIV/AIDS prevention in prison setup | 5 | 112 | 3 | 48 | 4 | 66 |
| Advocacy meetings on HIV prevention for jailors and planing officers | 2 | 68 | 5 | 284 | 4 | 135 |
| Two-day Training of prison inmate peer educators for behavior change communication | 58 | 2339 | 34 | 1320 | 30 | 1200 |
| Peer leader reviews for solving problems of peer educators for behavior change communication | 5 | 271 | 12 | 661 | 0 | 0 |

Different communication materials were distributed among 30 prisons in the island to carryout interventions parallel to the World AIDS Day 2014. All officers recruited to the prison Department in 2014 were given skill based HIV prevention training with emphasis of proper handling of HIV positive prison inmates.

All 30 prisons participated in World AIDS Day 2014 commemoration with the participation of prisoners to develop their skills and awareness. They organized an World AIDS Day walk, art competitions and other relevant activities. Five hundred (500) prisoners from the main four prisons in Colombo (Colombo Remand, Colombo Magazine, Welikada-male and Welikada-female prisons) participated in the World AIDS Day Walk, which helped to increase HIV/AIDS awareness around Borrella and Punchi Borrella area. Posters, banners and decorated vehicles were used to provide HIV prevention messages and the HIV theme of 2014 "Test today" for promotion of HIV testing.

## Police sector- HIV prevention programmes

The National STD/AIDS control programme is carrying out skill building and awareness programmes for police officers with the support from UNFPA.

Following are the objectives of this programme,

1. To improve knowledge and attitudes with regard to HIV/AIDS prevention among police offices
2. To develop positive attitudes toward condoms as a medical device
3. To improve harassment-free law enforcement practices for sex workers

During 2014, five sessions of training of trainers programmes were held based on life skill based participatory training using a three-day module. Total of 264 male and female police officers from Police Training Colleges, Police Academies, Children and Women Bureau were trained. Necessary training tools with IEC materials such as educational tele-films and lectures were provided to trainers to be used as resource materials to maintain uniform standard.

**Table 14.2 HIV prevention programmes conducted for police officers**

| No | Detail Activity | 2012 | | 2013 | | 2014 | |
|---|---|---|---|---|---|---|---|
| | Programme | No. of programmes | No. of participants | No. of programmes | No. of participants | No. of programmes | No. of participants |
| 1 | One day Advocacy programme for highrank officers of the Police at Colombo district on HIV prevention | 1 | 285 | 0 | 0 | 3 | 260 |
| 2 | Three day Training of trainer (TOT) programme for police officers on HIV prevention | 6 | 288 | 5 | 255 | 5 | 264 |

Police programmes have helped to create an enabling environment to promote HIV prevention activities among sex workers and other key affected populations. As a result, arbitrary arrest of sex workers for keeping condoms have been reduced and the use of condoms as an HIV prevention tool has been understood.

In addition three advocacy programmes were carried out for high rank officers in Western, Southern, North western and Central provinces.

A special hand book named "Laws concerning sex work in Sri Lanka and HIV/AIDS prevention" was distributed among officers of the police department. This book gives an introduction to current laws on sex work in Sri Lanka and verdicts of court cases in relation to sex work. Communication materials were prepared and distributed among all police stations and training schools to carry out HIV prevention programmes.

With support from the multi-sectoral unit of the National STD/AIDS control programme, the Inspector General of Police instructed the conduction of HIV prevention programmes among island wide police stations and training schools to commemorate the World AIDS Day 2014.

**Table 14.3 Communication materials distributed in Police programmes during 2014**

| Communication materials | No. of materials printed in 2014 |
|---|---|
| Card packs for brothel house based sex workers | 100 |
| Communication folders for police officers | 2500 |
| Leaflets (Sinhala and Tamil) | 81,266 |
| Book on vagrants ordinance and brothel ordinance for police officers | 3000 |
| Banners on HIV testing promotion for World AIDS Day 2014 | 1500 |

## Youth sector- HIV prevention programme

The Youth Steering Committee for HIV prevention was established under the guidance of Secretary of Health at the National AIDS Committee. This committee recognized the need to take early action to halt an HIV epidemic among youth.

Following activities which were carried out during the year 2014 with the funds allocated by the government of Sri Lanka.

- Developed three-day life skill based participatory training module.
- Training of trainers based on the training module for island wide youth council officers and youth co-op officers. A total of 79 Youth co-op trainers and 277 Youth council officers were trained during 2014

These youth co-op and youth council officers were given 3 days training and all necessary communication materials were handed over to carry out programmes at peripheral level. After the training all these trainers are instructed to implement the HIV/STD programmes in their respective areas using both formal and informal methods.

- Training Programmes for Medical Officers on life skill based sexual health promotion for youth

The training workshops were carried out to train STD clinic medical officers and Prison medical staff on life skill based sexual health promotion for youth in Sri Lanka. The objective of this workshop was to handle youth for developing skills to prevent HIV/AIDS.

- Development and distribution of communication materials for Medical officers who are attached to the STD clinics

A laminated booklet with STI & HIV related pictures and a pen-drive which contained communication materials for different target groups (lecture presentations for different target groups, tele-films, songs, video clips) were distributed among Medical officers of STD.

## Armed forces- HIV prevention programme

The activities of Armed forces training was based on the National Strategic Plan for 2013-2017. The objective of the Armed forces training was to achieve a positive behavior change to improve knowledge and safe sexual behavior among the personnel of Armed forces. At the same time it promoted HIV testing among them. Training of trainers based on the training module were done for selected health and other relevant staff island wide. These trainers were given 3 days training and were provided with all necessary communication materials to carry out programmes at their sector. After the training all these trainers were requested to implement the HIV/STD programmes in both formal and informal ways. Monitoring and evaluation of activities of trained trainers were carried out by the respective forces as instructed by the National STD/AIDS control programme. Under these programmes 90 Armed Force personnel as training of trainer (TOT) programmes and 66 officers appointed to work in South Sudan health sector were trained.

All three armed forces conducted different types of programmes to commemorate World AIDS Day 2014. Relevant communication materials (posters, banners and leaflets) were provided.

## Road construction sector - HIV prevention programme

The multi-sectoral-unit of NSACP was involved in the empowerment of road sector management staff and workers which are managed by the World Bank. The objective of this programme is to improve knowledge and attitudes on HIV/AIDS, and safe sexual practices among workers in road section. In year 2014 activities were carried out for A002 and A003 road sectors. The activities included:

- Advocacy for high rank project staff
- Awareness for middle level staff and contractor staff
- Community awareness programmes including 300 youth of German technical college students

**Table 14.4 Other HIV prevention programmes conducted during 2014**

| Name of the programme | Number trained |
|---|---|
| HIV/AIDS prevention programme for factory officers | 60 |
| Life skill development for teachers | 80 |
| Awareness programme on sexual and reproductive health for out of school youth | 15 |
| HIV/AIDS prevention programme for school teachers | 80 |
| "Mathatathitha" programme for school children | 500 |
| Life skill development programme for school children | 300 |
| Sexual and health communication - Skill development for medical officers | 10 |
| HIV awareness among national schools principals | 350 |
| HIV/AIDS prevention programmes for staff of the NDDCB | 100 |

**Figure 14.1 Educating life skills to a group of young offenders in HIV prevention**

# 15. THE GLOBAL FUND RELATED ACTIVITIES

Aiming at reaching the Global initiative of 3 zeros by 2015, implementation of the Phase 2 of GFATM grant spanning for 3 years for a cost of 1,353,975 USD commenced in mid June 2013. A memorandum of understanding (MOU) was signed between Principal Recipient (PR)-1 (Ministry of Health) and PR-2 (Sri Lanka Family Planning Association) for better coordination & monitoring of activities to achieve objectives & reach targets. Regular Joint Project Implementation Update (JPIU) meetings were conducted to facilitate effective implementation of the project and review the progress.

The service delivery areas & activities were implemented under 3 objectives.

- Prevention interventions for most at risk populations
- Care and treatment for PLHIV
- Generating strategic information, planning & administration of the project

## A. Prevention interventions for most at risk populations.

**Advocacy programmes – for MARPs (FSW/MSM, Drug Users) to create an enabling environment to conduct targeted prevention interventions by community and STI staff**.

Stigma and discrimination towards MARP in health care settings & community are recognised as barriers for effective implementation of targeted preventive interventions. The global fund supported the government principal recipient to reach MARP through community outreach activities carried out by STD clinic staff and non-government PR through community organisations. At various levels support of administrators, policymakers, political leaders, religious and law enforcement officers were sought through advocacy programmes as they play a significant role in creating an enabling environment to conduct these programs. Positive outcomes were seen as a result of advocacy meetings.

Community organisations endorsed that STD clinic staff had less stigmatising attitudes towards MARPs in the project areas. Increase in attendance at STD clinics for services (STI care and HIV testing) was evident. Clear understanding of the role of legal enforcement officers (police) as how to balance law enforcement towards illegal behaviours (sex work, homosexuality and drug use) while supporting HIV prevention activities, was a beneficial outcome of advocacy programmes.

**Table 15.1. Details of the advocacy programmes conducted during 2013-2014**

| Target group & number of programmes conducted | Provinces covered | Districts covered by advocacy programmes | Cumulative expenditure 2013 & 2014 (USD) |
|---|---|---|---|
| FSW (8 out of 10 ) | Central<br>North central<br>Sabaragamuwa<br>Southern<br>Western | Nuwara Eliya<br>Kandy<br>Polonnaruwa<br>Kurunegala<br>Galle<br>Matara<br>Hambantota<br>Kalutara | 4311.00 |
| DU (4 out of 10) | Western<br>Southern<br>Sabaragamuwa | Colombo<br>Galle<br>Ratnapura | 1682.00 |
| MSM (6 out of 10) | Western<br>Southern | Ragama<br>Gampaha<br>Chilaw<br>Wathupitiwala<br>Kalutara<br>Galle | 2989.00 |

**Community outreach activities by STD care providers to support enabling environment & implement sexual health package for MARPs.**

STD clinic staff in Kalubowila, Ragama, Chilaw, Negombo, Kalutara, Ratnapura, Kurunegala, Anuradapura and Galle were engaged in outreach (OR) activities to offer screening for HIV/VDRL, provision of Behavioural Change Communication (BCC) and condom education & distribution to MSM and FSW. This resulted in creating good rapport between STD staff, MARP & community organisations leading to improved attendance at STD clinics. Time, budgetary constraints and logistic problems hampered the implementation of the outreach in some STD clinics. A total sum of USD 1648 was spent for these activities.

**Training of STD staff on voluntary counselling and testing (VCT)**

VCT is an integral part of identifying & linking HIV positives to care services and to sustain & promote preventive messages for HIV negatives. In 2013 , seventy three (73) STD clinic staff who were trained on VCT in 2012 , received follow up training through 3 workshops covering 2 days at NSACP, with special attention to identifying and overcoming challenges. USD 1675 was spent.

## B. Care & support for PLHIV

**Training of HCW in health care settings**

Provision of ART to PLHIV not only reduces mortality but also prevents HIV transmission (treatment as prevention). Addressing stigma & discrimination towards PLHIV in health care settings is critical to link PLHIV to treatment and care services and retain them in continued care.

With the objective of reducing stigma in HCS, 12 consultative training workshops spanning over 2 days covering 375 HCW were conducted in Western, Southern, Uva and Eastern provinces compared to 7 WS covering 225 HCW in 2013 (Base Hospital Awissawella, General Hospital Trincomalee, District General Hospital Kalutara, District General Hospital Matara, provincial general hospital Badulla, District General Hospital Mannar, District General Hospital Monaragala). HCW received comprehensive training including PEP, HIV transmission and prevention, comprehensive care including ART etc. As a result reported discrimination of PLHIV by care givers were none. Improved case detection was noted with 644 HIV positives detected during the year 2014.

**ART visits**

The ARV provision expanded adopting new treatment guidelines in 2013; ARV provision irrespective of CD4 count to sero-discordant couples, MARP and HIV infected pregnant women, TB/ HIV co infected persons in addition to current treatment based on CD4 level. The scaling up of ARV provision has been due to the dedication and commitment of health care staff. A cumulative 644 eligible PLHIV were provided ART as end 2014 through 6 (full time) ART centers & branch clinics (See care & support).

The contribution by Consultant Venereologists who made ART visits (40 visits were made in 2014) to branch ART centres is worthy of note. Kurunegala, Rathnapura, Polonnaruwa & Jaffna clinics where a Consultant Venereologist was not available were covered at a cost of USD 1970. Capacity of MO/STDs strengthened through these supervisory visits as well as through in-service training at the centre. It ensured availability of specialized care to patients in need, improved compliance and minimized patients travel to Colombo for care.

**Provision of ART for PLHIV, PMTCT and post exposure prophylaxis**:

The global fund and MOH signed an agreement to procure ARV & other health /non health products through VPP (voluntary pooled procurement) in 2013. USD 196776 was spent in 2013 on ARV procurement for ARV need in 2014 & to cover additional need for 2013 (deficit); as direct disbursement through GF /VPP method and local purchase of some ARV. A sum of USD 268721.79 was spent for ARV in 2014 compared to 2013 as the number of patients on ART increased. This includes USD 163174 through pooled procurement and local purchase of ARV (LKR. 13, 404,540 USD 105547.5) by MOH as a measure to avoid stock outs.

**Provision of pharmaceuticals, health products and health equipment for strengthening delivery of STI & HIV care**

Test kits for screening STD attendees for chlamydia were provided through VPP method at a cost of USD 70070.20. Many laboratory items were purchased locally including diagnostic tests and reagents for syphilis , HIV in adults and Infants, diagnosis of opportunistic infections and monitoring ARV therapy through CD4 and viral load testing for an amount of USD 122,522 .

Equipment for STI clinics including liquid Nitrogen guns & storage devices , spot lamps, and proctoscopes, have been supplied at a cost of USD 13150, while reagents to carry out laboratory tests for screening of MARP for STI , a sum of USD 5981 was spent in 2014.

In summary a total of USD 205,742 was spent to provide health equipment & reagents for laboratory diagnostics.

Condoms: Over 3 .25 million male condoms, were purchased for 2013-2014 at a cost of Rs.16,970,250.00 & distributed by PR2 &PR1 among high risk populations. Five thousand (5000) female condoms and 500,000 lubricants were purchased at a cost of USD 55113 & 9448 respectively for 2013-2014.USD 144087.2 is allocated to procure nearly 4 million condoms & 3000 sachets of lubricants for 2015 through pooled procurement method (VPP).

## C. Strategic information

**Figure 15.1 IBBS Report 2014/2015**


A softcopy of the IBBS survey report can be downloaded from this link

http://www.aidscontrol.gov.lk/web/images/web_uploads/Research_Documents/IBBS%20Survey%20in%20Sri%20lanka%20-20Report%20print%20version.pdf

Summary results of the IBBS Survey is given in the chapter 6 of this report.

The IBBS capturing risk behaviour's & HIV sero-status of key affected populations (FSW, MSM, IDU and beach boys) commenced in 2014 and the field work completed by end 2014.

**Figure 15.2 Using rapid HIV tests during IBBS survey**

**Table 15.2. Progress of program implementation as of end 2014**

| | Indicator | Baseline | Year | Target | Actual results | % Achievement |
|---|---|---|---|---|---|---|
| Impact indicator 1 Treatment & Care | Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy | 93% | 2009 | 93% | 91% | - |
| 1.1 Prevention | Number of prisoners tested and counselled for HIV who received their test results. | 1,000 | 2012 | 14,979 | 13,178 | 88% |
| 1.2 Prevention | Number and percentage of prisoners reached through peer education with BCC for sexual health/HIV prevention | 16,800 | 2012 | 19,500 | 21,800 | 112% |
| 1.3 Prevention | Number of most-at-risk populations (sex workers, clients of sex workers/male STD clinic attendees, people who use and/or inject drugs, men who have sex with men, beach boys) tested and counselled for HIV who received their test results | 6,742 | 2012 | 23,332 | 23,343 | 100% |
| 2.1 HIV care & treatment | Number of eligible adults and children with HIV infection currently receiving antiretroviral therapy. | 325 | 2011 | 582 | 644 | 111% |
| 2.2 HIV care & treatment | Number of Medical officers, nurses and laboratory staff trained in HIV and AIDS care relevant to their duties. | 1,200 | 2008 | 240 | 343 | 143% |
| 3.1 Strategic information | Number and percentage of districts covered by mapping for size estimation. | 0 | 2012 | 25 | 25 | 100% |

## Financial progress as of end 2014

Financial progress accounts approximately 73% disbursement.

**Table 15.3. Summary budget by service delivery area**

| Service delivery area | Budget allocated in USD | Expenditure in USD |
|---|---|---|
| 1.1. Provide sexual health services for female sex workers | 2,158 | 2,264 |
| 1.2. Provide sexual health services for men who have sex with men | 4,173 | 3,212 |
| 1.3. Provide sexual health services for beach boys | 339 | 589 |
| 1.4. Prepare for provision of comprehensive harm reduction services for drug users | - | 525 |
| 1.5. Provide sexual health services for prisoners | 19,744 | 19,855 |
| 1.6. Procurement of health products - Total SDA | 182,205 | 54,655 |
| 2.1. Increased quality and use of voluntary confidential counselling services - Total SDA | 378 | - |
| 2.2. Increased quality and coverage of HIV and AIDS treatment services - Total SDA | 534,885 | 149,229 |
| 3.1. National integrated biological and behavioural surveillance implement, document and disseminate - Total SDA | 42,799 | 305,099 |
| 3.2. Formative and operational research implemented documented and disseminated - Total SDA | 7,874 | - |
| 3.3. Planning, administration, monitoring and evaluation of project - Total SDA | 118,467 | 100,485 |
| 3.4. National size estimation of female sex workers, men who have sex with men, beach boys and drug users (Shifted from Phase I) - Total SDA | - | 33,159 |
| 3.5 Post intervention Knowledge, Attitude and Practice (KAP) Survey (Shifted from Phase I) - Total SDA | - | 4,223 |
| **Total** | **913,021** | **670,295** |

**Table 15.4. Cost category wise as at 31st December 2014**

| Cost Category | Budget in USD | Expenditure in USD |
|---|---|---|
| Human resources | 75,505 | 76,038 |
| Technical and management assistance | 21,754 | 164,078 |
| Training | 76,645 | 57,377 |
| Health products and health equipment | 360,803 | 188,745 |
| Pharmaceutical products (medicines)* | 279,342 | - |
| Procurement and supply management costs* | 55,630 | - |
| Infrastructure and other equipment | 152 | 4,254 |
| Communications materials | 4,457 | 7,363 |
| Monitoring and evaluation (M&E) | 27,951 | 164,986 |
| Living support to clients/target populations | 197 | - |
| Planning and administration | 2,254 | 509 |
| Overheads | 8,331 | 7946 |
| **Total** | **913,021** | **670,295** |

** ARV drugs were procured, however no payment was made in 2014.*

**Figure 15.3 A meeting with GF country team, Local fund agent and GF project staff**

# 16. TRAINING AND CAPACITY BUILDING

Pre-service training and in-service training of STD clinic staff was carried out regularly during 2014.

**Table 16.1 Trainings conducted by the NSACP in 2014**

| Type of training | Duration | No. trained |
|---|---|---|
| Pre service training for STD staff-MO | 2 months | 0 |
| Pre service training for STD staff-MO | 2 weeks | 24 |
| Pre service training for STD staff-MO | 1 month | 3 |
| Pre service training for STD staff-NO | 2 weeks | 5 |
| Pre service training for STD staff-PHNS | 2 weeks | 1 |
| Pre service training for STD staff-MLT | 2 weeks | 4 |
| Pre service training for STD staff-Pharmacist | 2 weeks | 1 |
| Pre service training for STD staff-PHI | 2 weeks | 5 |
| Pre service training for STD staff-PHLT | 2 weeks | 4 |
| Pre service training for supportive staff | 3 days | 3 |
| Lecture in government Healthcare Institutes (NHSL/NISH) | 1 Day | |
| Medical students, Medical faculty Colombo | 5 days | 76 |
| Medical students, Kotalawala Defence Academy | 2 weeks | 28 |
| Medical physiotherapy students | 1 day | 15 |
| Nursing students | 4/5 days | 190 |
| Intern pharmacists | 1 day | 21 |
| In service refresher training for MLT(GFATM) | 2 days | 22 |
| In service refresher training for PHLT(GFATM) | 2 days | 29 |
| Training programme on MS Excel(GFATM) | 3 days | 35 |
| Training programme on procurement (GFATM) | 3 days | 19 |
| Training for healthcare providers in comprehensive care and treatment package on stigma and discrimination (GFATM) (12 programmes) | 2 days | 405 |
| In service training programme funded by Education Training and Research unit, Ministry of Health (8 prog.) | 1 day | 248 |
| Counselling and testing for healthcare workers | 2 days | 30 |
| Steering committee meeting on EMTCT (UNICEF) x 2 | 1 day | 30 |
| Training for Health care providers on EMTCT X 2 | 1 day | 70 |
| In service programme for the private laboratory staff (MLTs and receptionists) funded by private labs | 1 day | 50 |
| Training of healthcare providers in T.H. Baticaloa, PHC staff | 1 day | 80 |
| Training of healthcare providers in RDHS Killinochchi | 1 day | 75 |
| Training of primary healthcare staff, RDHS, Kilinochchi | 1 day | 70 |
| Training of primary healthcare staff, STD clinic-Trincomalee | 1 day | 76 |

Medical students of the Faculty of Medicine Colombo were trained in 6 groups, total of 76 students. Each group had a one week training which included daily clinical sessions as well as lecture discussions. Twenty-eight medical students of the Kothalawala Defence Academy were also given training for two weeks. Student nurses from the Nurses training school had weekly training on STD and HIV.

## Postgraduate medical training in Venereology

Consultants in the National STD/AIDS control programme initiated and coordinated the postgraduate medical training in Venereology in collaboration with the Postgraduate Institute of Medicine and Ministry of Health.

The Postgraduate Diploma in Venereology course was commenced on 19th July 2002. This was followed by commencement of a MD Venereology course in 2004. A total of 72 students have followed the course and 68 were successful in the postgraduate Diploma examination. Currently 8 trainees are undergoing training for postgraduate Diploma in Venereology. The Diploma in Venereology is the stepping stone to MD in Venereology.

Forty trainees have completed the MD in Venereology examination and local post MD training including seven trainees who are currently undergoing overseas training in UK and Australia. Sixteen have completed local and overseas training. A major part of the clinical training is given at the NSACP.

**Table 16.2 Training of other postgraduate trainee Medical officers at NSACP in 2014**

| Type of Training | Duration | Number trained |
|---|---|---|
| Community Peadiatrics | 1 day | 28 |
| Dermatology | 4/5 days | 2 |
| Virology | 1 month | 1 |
| DFM trainees | 5 days | 20 |

# 17. WORLD AIDS DAY 2014

The 1st of December of each year is designated as the World AIDS Day since 1988. All over the world, this day is dedicated to raising awareness of the AIDS pandemic caused by the spread of HIV infection, and to reminisce those who have died of the disease. Every year, the National STD/AIDS Control Programme together with the non-governmental organizations and other stakeholders observe this day in order to spread information on HIV prevention to the general public.

**Figure 17.1 A scene from the AIDS Day walk in Kilinochchi**

**Figure 17.2 Area politicians and Ministry of Health officials participated in the walk**

For the first time the National event for the World AIDS Day was organized in Kilinochchi in the year 2014. This city which is situated in the Northern Province has poorly developed sexual health services due to the devastating civil war which prevailed for three decades prior to 2009.

Currently Kilinochchi is a rapidly urbanizing city and as per Department of Census and Statistics with a population of 127,263 (males- 63005, females – 64,258 with a 15-59 year old age category consisting of 64% of the population). With the recent trend in urbanization, development, and population transition in the North, it is important to improve sexual health services in the area. In addition, an influx of migrants from Southern India is seen during last couple of years and there is a higher number of HIV cases reported from the Northern Province.

In order to sensitize the general public in the area, it was decided to organize the National event of World AIDS Day in Kilinochchi on December 1st 2014. The main program of the National event was targeted towards young general population from different work forces, healthcare workers, school children and Tri Forces in the area.

The National event was celebrated with the theme "Test Today" to promote HIV testing among high risk and vulnerable populations.

**Figure 17.3 A scene from the World AIDS Day walk in Kilinochchi**

Activities carried out for the National World AIDS Day event in Kilinochchi.

- A special one-week HIV testing programme was organized prior to the national event.

- Pre and post press conferences and media conferences were organized during the month of National event.
- World AIDS Day walk started from the General Hospital kilinochchi to the office of the Divisional Secretariat followed by a general gathering for HIV/ AIDS awareness at Nelum Piyasa Security Hall at Iranamadu, Kilinochchi. In spite of heavy rain in the area, the event successfully captured approximately 1000 general public in the morning session and 500 Tri Forces for the evening session. Political leaders from Kilinochchi district took the lead of the public walk.
- Over 100 people from the staff of National STD/AIDS control programme and officials from the Ministry of Health traveled from Colombo to participate in this event.

## World AIDS day walk by prison sector- programme

Five hundred (500) prisoners from the main four prisons in Colombo (Colombo Remand, Colombo Magazine, Welikada-male and Welikada-female prisons) participated in the World AIDS Day walk, which helped to increase HIV and AIDS awareness around Borrella and Punchi Borrella area. Posters, banners and decorated vehicles were used to display HIV prevention messages and the HIV theme of 2014 "Test today" for promotion of HIV testing.

**Figure 17.4 A scene from the World AIDS day walk in Borella**

Figure 17.5 A scene from the World AIDS Day walk in Borella

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Figure 17.6 Inauguration of the World AIDS Day walk by releasing red balloons

**Table 17.1 Summary of activities conducted by all STD clinics**

| No. | STD clinic | Summary description of the activities for the World AIDS Day-2014 |
|---|---|---|
| 1 | Anuradhapura | World AIDS Day walk on 01st December 2014, with participation of STD clinic staff and prison inmates. Displaying banners and distribution of leaflets done. A meeting was held with 100 participants on the same day. |
| 2 | Kalubowila | A lecture was held for the hospital staff members and an awareness programme was conducted for the drug users who are being rehabilitated at Gangodawila. |
| 3 | Colombo | World AIDS Day walk from Welikada prison to Punchi Borella and back.<br>Displaying banners, distribution of leaflets and showing messages in t-shirts and on umbrellas. Prison Inmates, members of the F.P.A. and NSACP, some NGO's participated in this rally. It was conducted on 29th November 2014. Special youth programmes at Oxford College of business, Horizon campus, Cinec, Sitam, Ananda college, Royal college were held. |
| 4 | Ampara | Awareness programme with the distribution of leaflets at the Ampara town. Lectures were conducted to 80 army personnel and 400 police officers. |
| 5 | Badulla | World AIDS Day walk was held at the same day with participation of prison inmates. Leaflets were distributed and banners were displayed. Two Stage dramas and one guest lecture on "HIV/AIDS and pregnancy' was conducted. |
| 6 | Balapitiya | A walk was held at Hikkaduwa town on the same day with participation of public health staff, STD staff, and student nurses. A lecture was delivered at Town hall, Hikkaduwa. |
| 7 | Batticaloa | A walk with 150 youth participants. Awareness programme for youth was held at RDHS auditorium. Drama and video presentation done.<br>Awareness programmes for school and community were done. |
| 8 | Chilaw | A World AIDS Day walk conducted and distributed leaflets. Blood samples collected from risk groups for HIV testing. Public health staff, Divisional secretarial staff and general public participated. |
| 9 | Gampaha | Lectures conducted for 500 OPD patients on HIV prevention. 200 office staff of the town hall participated in a health education programme on the same day. Separate programmes were conducted for the youth and police officers. |
| 10 | Hambanthota | Poster and essay competition were held among school students.<br>STD exhibition was conducted. Awareness programme for army personnel and hospital staff conducted. |

**Cont. table 17.1**

| No. | STD clinic | Summary description of the activities for the World AIDS Day-2014 |
|---|---|---|
| 11 | Jaffna | Awareness programme conducted at STD clinic, Jaffna.<br>30,000 leaflets distributed among school children, adolescents, and general public. Road dramas were conducted by the Medical students.<br>Awareness programme conducted at prison and Palali Army camp. An art competition was held. |
| 12 | Kaluthara | Awareness programme and two stage dramas conducted at town area. 320 rapid blood tests were performed. Leaflets were distributed. |
| 13 | Kalmunai | Street walk with participation of students, public health staff, and hospital staff. Lecture was held at Athawulla hall for 400 participants about prevention of AIDS. |
| 14 | Kandy | World AIDS Day walk was held with the participation of prison inmates, vocational trainees, public health staff, MSM, FSW groups, Red cross and several NGO's. An exhibition was conducted at E. L. Senanayake hall.<br>An awareness programme conducted at same venue for 450 participants. |
| 15 | Kegalle | World AIDS Day walk at Kegalle town with 500 participants from public health staff, hospital staff and school children. Lecture conducted at town hall for the government servants about HIV prevention. |
| 16 | Kurunegala | Youth programme done for 1000 tuition class students. World AIDS Day walk and stage drama conducted on the same day with participation of several NGOs. Health education done for 250 police officers and 200 army personel. |
| 17 | Galle | An art exhibition and speech competition were held at Mahamodara Hospital. Lecture was done at Boossa Army camp. |
| 18 | Mannar | Awareness programme conducted at RDHS office for the 150 youth participants. Represents at the main World AIDS Day walk at Kilinochchi. |
| 19 | Matale | - |
| 20 | Matara | Lectures done for the prison inmates, hospital staff and public health staff about prevention of AIDS. |
| 21 | Monaragala | World AIDS Day walk with 200 prison inmates participation. Drama activity done in hospital premises. Leaflets and banners were distributed. |
| 22 | Negombo | - |
| 23 | Nyuwara Eliya | - |
| 24 | Polonnaruwa | Awareness programme conducted for 150 participants of hospital staff. Organized exhibition and displaying STI's pictures at hospital premises. 200 school children participated. |
| 25 | Ragama | Lecture done at Mass Active Garment, Katunayake for 160 workers and 30 drug users at rehabilitation center, Ragama. "Viridhu" announcing programme at hot spot areas in Ragama and distributed 1000 leaflets. |
| 26 | Rathnapura | Distribution of 1000 badges and leaflets at the walk. Health education programmes conducted for government servants and high risk groups. |

**Cont. table 17.1**

| No. | STD clinic | Summary description of the activities for the World AIDS Day-2014 |
|---|---|---|
| 27 | Trincomalee | Street walk organized with 250 participants and leaflets distributed.<br>Art, essay and speech competitions were held.<br>Awareness programme conducted for general public. |
| 28 | Vavuniya | Awareness programme done for the 100 youth at STD clinic. |
| 29 | Wathupitawala | A drama conducted at Naiwala Garment Factory with 1000 participants and leaflets were distributed.<br>Lecture delivered at "Nawadiganthaya" rehabilitation centre for 70 drug users. A blood survey done. |

**Figure 17.7 A scene from the World AIDS Day walk in Borella**

**Figure 17.8 A scene from the World AIDS Day walk in Borella**


**Figure 17.9 A scene from the World AIDS Day walk in Kilinochchi**

# 18. SOCIAL EVENTS IN 2014

## Activities of the welfare society

National STD/AIDS Control Program provides welfare facilities through an organized welfare society to the staff to keep them motivated and enthusiastic. The objectives of the NSACP welfare society are to ensure a more satisfactory workplace environ to the NSACP staff, to relieve staff from workplace tension and to improve intellectual, spiritual and cultural aspects of living. Each year the welfare society conducts social events and activities to uplift wellbeing and motivation of NSACP staff.

**Table 18.1 Summary of events conducted by the welfare society in 2014**

| Date | Event |
|---|---|
| 05.04.2014 | Celebrating Sinhala and Tamil new Year<br>NSACP staff and families participated in this event with traditional activities to mark the festival. |
| 13.05.2014 | Preaching of Buddhist sermons and religious activities to mark "Vesak". |
| 13.05.2014 | A competition was held to prepare best "Vesak Lanterns" by each unit of NSACP. |
| 14.12.2014 | Annual trip to Polhena beach in Matara, NSACP staff and families participated. |

## National health programme

The Ministry of Health, Sri Lanka organized a National Health Programme named as "Nirogi Lanka" starting from 1st December for one week in 2014. Each day of this event was marked by set themes.

The objectives were to highlight the availability of free health services, and to uplift knowledge, & attitudes of health care personnel and general public.

In order to provide quality health services in curative and preventive sectors several programmes were conducted island wide. The National STD/AIDS control programme successfully completed activities that are relevant to its mandate.

**Table 18.2 National Health Week activities of National STD/AIDS control programme (1/12/2014-5/12/2014)**

| Date | Theme | Activities |
|---|---|---|
| 01.12.2014 | Day for school children | Lecture discussion on "Prevention of STD/ AIDS and Improving life skills among school children". – Ananda College, Maradana<br>Lecture discussion on "Prevention of STD/ AIDS" – Vocational training center, Narahenpita. |
| 02.12.2014 | Communicable disease prevention | Increase community awareness on STD & HIV/AIDS - Distribution of leaflets by island wide STD clinics. Elimination of dengue breeding sites – NSACP. |
| 03.12.2014 | Nutrition and environment | Lecture discussion on healthy food recipes and distribution of nutrition leaflets. |
| 04.12.2014 | Non communicable diseases | Awareness on 'Non communicable disease to people living with HIV at Positive Women Network- Angoda. Lecture discussion on stress prevention at the workplace. |
| 05.12.2014 | Health promotion for health staff | Healthy life style in NSACP – monitoring BMI, blood pressure, blood sugar. Life skills education to NSACP staff. |

**Figure 18.1 A scene from Sinhalese and Tamil New Year celebration - 2014**

# 19. GLOBAL AIDS RESPONSE PROGRESS REPORTING for 2014

The Strategic Information Management Unit of the National STD/AIDS control programme undertakes a number of international reporting requirements. The Global AIDS Response Progress Reporting (GARPR) is one such annual reporting requirement. These indicators were known as UNGASS indicators prior to 2012.

Reporting 2014 data during early part of 2015 was especially challenging as the online platform was not functioning properly up until April 2015. These indicators are important as they are used to assess progress towards the global targets set in the 2011 UN Political Declaration on HIV and AIDS and the Millennium Development Goals. These data are used widely by the international community and organizations to assess the country situation and to justify fund allocation.

Table 19.1 summarizes the data submitted for 2014 with their source.

**Table 19.1 Summary GARPR indicator results - 2014**

| No. | GARPR Indicator | Results and Source of Data |
|---|---|---|
| 1.1 | Young People: Knowledge about HIV prevention | 17.3%, DHS study -2007 |
| 1.2 | Sex before the age of 15 | 1.4%, DHS study -2007 |
| 1.3 | Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months | No Data |
| 1.4 | Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse | No Data |
| 1.5 | Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results | No Data |
| 1.6 | Percentage of young people aged 15–24 who are living with HIV(ANC) | 0% (0/3920) (ANC data from Castle & DMH Hospitals) |
| 1.7 | Percentage of sex workers reached with HIV prevention programmes | 31.3%, IBBS Survey - 2014 |
| 1.8 | Percentage of sex workers reporting the use of a condom with their most recent client | 93.1%, IBBS Survey - 2014 |
| 1.9 | Percentage of sex workers who received an HIV test in the past 12 months and know their results | 33.9 %, IBBS Survey - 2014 |
| 1.10 | Percentage of sex workers who are living with HIV | 0.8%, IBBS Survey - 2014 |

| No. | GARPR Indicator | Results and Source of Data |
|---|---|---|
| 1.11 | Percentage of men who have sex with men reached with HIV prevention programmes | 20.0%, IBBS Survey - 2014 |
| 1.12 | Percentage of men reporting the use of a condom the last time they had anal sex with a male partner | 47.1%, IBBS Survey - 2014 |
| 1.13 | Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results | 14.1%, IBBS Survey - 2014 |
| 1.14* | HIV prevalence in men who have sex with men. Percentage of men who have sex with men risk who are living with HIV | 0.6 %, IBBS Survey - 2014 |
| 1.15 | Number of health facilities that provide HIV testing and counselling services. | 225 (149:70:6, Public: Private: NGO) |
| 1.16 | HIV testing and counselling in women (ANC) | 161,221 |
| 1.16.1 | Percentage of health facilities dispensing HIV rapid test kits that experienced a stock-out in the last 12 months | 0%, NSACP - 2014 |
| 1.17.1 | Percentage of women accessing antenatal care (ANC) services who were tested for syphilis | 86.2 %, NSACP - 2014 |
| 1.17.2 | Percentage of antenatal care attendees who were positive for syphilis | 0.04% FHB, NSACP - 2014 |
| 1.17.3 | Percentage of antenatal care attendees positive for syphilis who received treatment | 82.1% (penicillin only), NSACP - 2014 |
| 1.17.4* | Percentage of sex workers with active syphilis | 0.6%, IBBS Survey - 2014 |
| 1.17.5* | Percentage of men who have sex with men with active syphilis | 0.8%, IBBS Survey - 2014 |
| 1.17.6 | Number of adults reported with syphilis (primary/secondary and latent/unknown) in the past 12 months. | All-1440, NSACP - 2014 |
| 1.17.7 | Number of reported congenital syphilis cases (live births and stillbirths) in the past 12 months | 8, NSACP - 2014 |
| 1.17.8 | Number of men reported with gonorrhea in the past 12 months | 464, NSACP - 2014 |
| 1.17.9 | Number of men reported with urethral discharge in the past 12 months | No data. |
| 1.17.10 | Number of adults reported with genital ulcer disease the past 12 months | No data. |
| 1.19 | Diagnosis of HIV and AIDS cases | HIV - All - 226, (F-57, M-169), AIDS- All-57, (F-13, M-54) NSACP - 2014 |
| 2.1 | Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programmes | 0 |
| 2.2 | Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse | 25.9%, IBBS Survey - 2014 |
| 2.3 | Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected | 46.3%, IBBS Survey - 2014 |

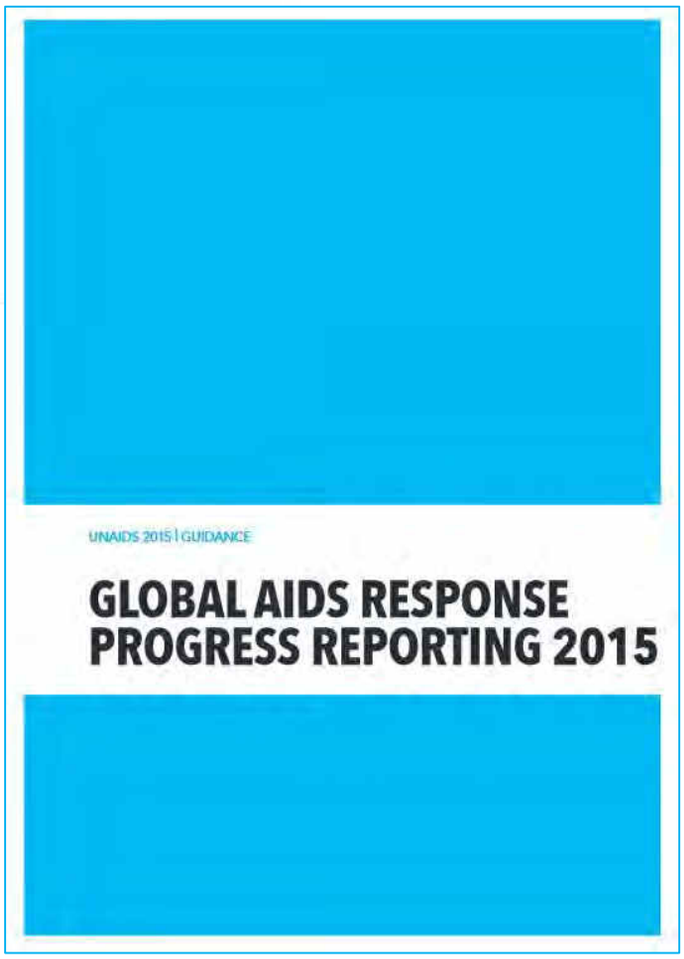
| No. | GARPR Indicator | Results and Source of Data |
|---|---|---|
| 2.4 | Percentage of people who inject drugs who received an HIV test in the past 12 months and know their results | 8.3%, IBBS Survey - 2014 |
| 2.5 | Percentage of people who inject drugs who are living with HIV | 0%, IBBS Survey - 2014 |
| 2.6a | Estimated number of opiate users (injectors and non-injectors) | 45,000(NDDCB) |
| 2.7a | Number of needle and syringe programme sites | 0 |
| 2.7b | Number of opioid substitution therapy sites | 0 |
| 3.1 | Percentage of HIV-positive pregnant women who received antiretroviral medicine to reduce the risk of mother-to-child transmission. | 15.5%, NSACP - 2014 (denominator is the estimated number) |
| 3.1a | Percentage of women living with HIV who are provided with antiretroviral medicines for themselves or their infants during the breastfeeding period | 0%, NSACP - 2014 |
| 3.2 | Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth | 37.3%, NSACP - 2014 |
| 3.3 | Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months | 29.3% |
| 3.4 | Percentage of pregnant women who know their HIV status (tested for HIV and received their results- during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status | 44.5%, NSACP - 2014 (denominator is the estimated number) |
| 3.5 | Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months. | No data. |
| 3.6 | Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing | 8.62%, NSACP - 2014 (denominator is the estimated number) |
| 3.7 | Percentage of infants born to HIV-infected women provided with antiretroviral prophylaxis to reduce the risk of early mother-to-child transmission in the first 6 weeks | 15.5%, NSACP - 2014 (denominator is the estimated number) |
| 3.9 | Percentage of infants born to HIV-infected women started on Cotrimoxazole (CTX) prophylaxis within two months of birth | 0%, NSACP - 2014 |
| 3.10 | Number of ("HIV-exposed infants") born in 2013 Number of infants born to HIV positive mothers in 2013 that are diagnosed as negative for HIV | 09, 09, NSACP - 2014 |
| 3.11 | Number of pregnant women attending ANC at least once during the reporting period | 396,280 Family Health Bureau data; 2013 |
| 3.12 | Percentage of health facilities that provide virological testing services (e.g. polymerase chain reaction) for diagnosis of HIV in infants on site or from dried blood spots | 14.29%, NSACP - 2014 |

| No. | GARPR Indicator | Results and Source of Data |
|---|---|---|
| 4.1 | Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV | <15 years - 41.8% and >15 years - 22%, NSACP-2014 |
| 4.2a | Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy | All-91%, M-88%. F-96.2%, <15-100%, >15-90.6%, NSACP-2014 |
| 4.2b | Percentage of adults and children with HIV known to be on treatment 24 months after initiating treatment among patients initiating antiretroviral therapy during 2012 | All - 86.2%, M - 85.9%. F - 86.8 %, <15-90%, >15 - 85.9% NSACP - 2014 |
| 4.2c | Percentage of adults and children with HIV known to be on treatment 60 months after initiation of antiretroviral therapy | All-76.1%, M-79.5%. F - 70.4%, <15 - 100%, > 15 -74.6% NSACP - 2014 |
| 4.3a | Number of health facilities that offer antiretroviral therapy (ART) | 13, NSACP - 2014 |
| 4.3b | Number of health facilities that offer pediatric antiretroviral therapy | 13, NSACP - 2014 |
| 4.4 | Percentage of health facilities dispensing ARVs that experienced a stock-out of at least one required ARV in the last 12 months | 0%, NSACP - 2014 |
| 4.5 | Percentage of HIV positive persons with first CD4 cell count < 200 cells/µL in 2014 | 22.6%, NSACP - 2014 |
| 4.6 | Total number of adults and children enrolled in HIV care at the end of the reporting period | All -1497, M - 947, F - 550, <15-66, > 15 - 1431 NSACP - 2014 |
| 4.7a | Percentage of people on ART tested for viral load (VL) who were virally suppressed in the reporting period | All -13.2%, NSACP - 2014 |
| 4.7b | Percentage of people on ART tested for viral load (VL) with VL level ≤ 1000 copies/ml after 12 months of therapy | All -16.9%, NSACP - 2014 |
| 4.7c | Percentage of people on ART tested for viral load (VL) with undetectable viral load in the reporting period | All - 34.9%, NSACP - 2014 |
| 5.1 | Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV | All -18, NSACP - 2014 |
| 5.2 | Percentage of adults and children living with HIV newly enrolled in care who are detected having active TB disease | All - 3.5%, NSACP - 2014 |
| 5.3 | Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT) | 4%, NSACP - 2014 |
| 5.4 | Percentage of adults and children enrolled in HIV care who had their TB status assessed and recorded during their last visit | 29.7%, NSACP -2014 |
| 6.1 | Domestic and international AIDS spending by categories and financing sources | No data |
| 7.1 | Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual | No data |

| No. | GARPR Indicator | Results and Source of Data |
|---|---|---|
| | violence from a male intimate partner in the past 12 months | |
| 8.1 | Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV | No data |
| 10.1 | Current school attendance among orphans and non-orphans (10–14 years old, primary school age, secondary school age) | No data |
| 10.2 | Proportion of the poorest households who received external economic support in the last 3 months | No data |

**Refer IBBS report for further details*

**Figure 19.1 Guide for global AIDS response progress reporting**




**What are the Global AIDS Response Progress Reporting (GARPR) indicators?**

The Global AIDS Response Progress Reporting (GARPR) indicators were known as UNGASS indicators prior to 2012. Until 2012, indicator data were collected globally every second year. However, since 2013, GARPR indicator data are collected every year by UNAIDS.

Global AIDS Response Progress Reporting (GARPR) uses a set of core indicators to measure and report on the national response to AIDS epidemic based on the targets arrived at "2011 UN Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS" (General Assembly resolution 65/277), which was adopted at the United Nations General Assembly High Level Meeting on AIDS in June 2011. UNAIDS is mandated to monitor to the commitments made in the 2011 UN Political Declaration on HIV and AIDS.

# 20. SUMMARY FINANCIAL REPORT FOR 2014

**Table 20.1 Summary financial report for 2014**

| Financial Sources | Description | Fund Allocation (LKR) | Fund Utilization (LKR) |
|---|---|---|---|
| **1. Capital Expenditure** | | | |
| Ministry of Health | Building construction & repair | 8,629,270.40 | 655,750.40 |
| | Office equipment | | 2,047,889.00 |
| | Service training programmes | | 2,762,372.12 |
| | Internet services at finance branch | | 279,424.00 |
| | Medical equipment | | 90,300.00 |
| | SAARC study- research on women and children with HIV | | 1,241,311.46 |
| | Sub total | 8,629,270.40 | 7,077,046.98 |
| UNFPA | Consultative workshops, advocacy programmes. printing of publication, | 6,268,834.20 | 6,268,834.20 |
| WHO | Consultative workshops, review meetings. Training modules development. | 2,825,000.00 | 327,953.42 |
| UNICEF | Consultative workshops, review meetings. | 2,034,454.00 | 1,969,148.33 |
| Global Fund | Human resources | 9,589,135.00 | 9,630,537.00 |
| | Technical and management assistance | 2,762,758.00 | 21,624,417.00 |
| | Training | 9,733,915.00 | 7,517,257.00 |
| | Health products & health equipment | 45,821,981.00 | 23,837,773.00 |
| | Pharmaceutical products | 35,476,434.00 | 0.00 |
| | Procurement supply and management cost | 7,065,010.00 | 0.00 |
| | Infrastructure and other equipment | 19,304.00 | 734,822.00 |
| | Communication materials | 566,039.00 | 820,928.00 |
| | Monitoring & evaluation | 3,549,777.00 | 19,739,737.00 |
| | Living support to clients/target pop. | 25,019.00 | 0.00 |
| | Planning and administration | 286,258.00 | 59,182.00 |
| | Overheads | 1,058,037.00 | 1,121,664.00 |
| | Sub total | 115,953,667.00 | 85,086,317.00 |
| ***Total Capital Expenditure*** | | ***135,711,225.60*** | ***100,729,299.93*** |
| **2. Recurrent Expenditure** | | | |
| Ministry of Health | Personal emoluments (salaries etc.) | 100,650,000.00 | 77,185,291.30 |
| | Travelling expenses | | 344,784.63 |
| | Stationary & office requisites | | 721,605.60 |
| | Fuel supplies | | 846,268.34 |
| | Waste management & other | | 244,448.72 |
| | Maintenance expenditure (vehicles etc.) | | 2,575,855.63 |
| | Postal communication | | 731,148.73 |
| | Electricity & water | | 6,355,284.87 |
| | Security, cleaning service & others | | 5,436,583.13 |
| | Loan interest/transfers | | 741,075.61 |
| | Medical supplies | | 355,389.44 |
| ***Total Recurrent Expenditure*** | | ***100,650,000.00*** | ***95,537,736.00*** |
| **Grand Total (LKR)** | | **236,361,225.60** | **196,267,035.93** |


Visit our website for accurate information on HIV and STI situation in Sri Lanka

# http://www.aidscontrol.gov.lk/

# 21. DETAILS OF SERVICE DELIVERY POINTS – 2014/15

| | |
|---|---|
| **Ampara District** | |
| **STD clinic – Ampara** | |
| **Address** | STD clinic, General Hospital, Ampara |
| **Email:** | stdclinic.ampara@gmail.com |
| **Telephone** | 063-3636301, 063-2224239 |
| **Fax** | 063-2222988 |
| Contact Person: | |
| Dr G. K. Basnayaka | Medical officer in charge |
| **STD clinic – Kalmunai** | |
| **Address** | STD clinic, Base Hospital, Kalmunai. |
| **Email:** | stdclinic.kalmunai@gmail.com |
| **Telephone** | 067-2223660 |
| **Fax** | 067-2223660 |
| Contact Person: | |
| Dr S. M. A. Azees | Medical officer in charge |
| **Anuradhapura District** | |
| **STD clinic - Anuradhapura** | |
| **Address** | STD clinic, Teaching Hospital, Anuradhapura |
| **Email:** | stdclinic.anuradhapura@gmail.com |
| **Telephone** | 025-2236461 |
| **Fax** | 025-2236461 |
| Contact Person: | |
| Dr A.D. Karawita | Venereologist |
| Dr H. B. L. P. Dharmasiri | Medical officer in charge |
| **Badulla District** | |
| **STD clinic – Badulla** | |
| **Address** | STD clinic, Room No 73, Daya Gunasekara Mawatha, Badulla. |
| **Email:** | stdclinic.badulla@gmail.com |
| **Telephone** | 055-2222578 |
| **Fax** | 055-2222578 |
| Contact Person: | |
| Dr H.G.C. Vethanayagam | Medical officer in charge |
| **Batticaloa District** | |
| **STD clinic – Batticaloa** | |
| **Address** | STD/AIDS control Programme, 1st floor of chest clinic, Hospital Rd, Batticaloa. |
| **Email:** | stdclinic.batticaloa@gmail.com |
| **Telephone** | 065-2222261 |
| **Fax** | 065-2224401 |
| Contact Person: | |
| Dr S. Anusha | Medical officer in charge |

## Colombo District

### STD clinic - Colombo

| | |
|---|---|
| **Address** | National STD/AIDS control programme, 29, De Saram Place, Colombo 10 |
| **Email** | stdclinic.colombo@gmail.com |
| **Telephone** | 011-2667163 |
| **Hot lines** | 011-2695420 (Female), 011-2-695430(Male) |
| **Fax** | 011-5336873 |
| **Contact Persons:** | |
| Dr S. Liyanage | Director |
| Dr L. I. Rajapakse | Venereologist |
| Dr C. D. Wickramasuriya | Venereologist |
| Dr K.A. M. Ariyaratne | Venereologist |
| Dr G. Weerasinghe | Venereologist |
| Dr S. Benaragama | Epidemiologist |
| Dr J.P. Alwitigala | Microbiologist |
| Dr J. Vidanapathirana | Community Physician |
| Dr S. Herath | Community Physician |

### STD clinic -Kalubowila

| | |
|---|---|
| **Address** | STD Clinic, Room 43, Sunandarama Rd, Kalubowila. |
| **Email:** | stdclinic.kalubowila@gmail.com |
| **Telephone** | 011-4891055 |
| **Fax** | 011-4891055 |
| **Contact Persons:** | |
| Dr Nalaka Abeygunasekara | Venereologist |
| Dr Sumudu Perera | Medical officer in charge |

## Galle District

### STD clinic – Balapitiya

| | |
|---|---|
| **Address** | STD Clinic, Base Hospital, Balapitiya. |
| **Email:** | stdclinic.balapitiya@gmail.com |
| **Telephone** | 091-3094667 |
| **Contact Person:** | |
| Dr S. Krishanth Witharana | Medical officer in charge |

### STD clinic - Mahamodara

| | |
|---|---|
| **Address** | STD clinic, Room 41, Teaching Hospital, Mahamodara, Galle |
| **Email:** | stdclinic.mahamodara@gmail.com |
| **Telephone** | 091-2245998 |
| **Fax** | 091-2232088 |
| **Contact Person:** | |
| Dr Darshani Wijewicrema | Asst. Venereologist |
| Dr M.H.F. Fahumia | Medical officer in charge |

| | |
|---|---|
| **Gampaha District** | |
| **STD clinic – Gampaha** | |
| **Address** | STD Clinic, District General Hospital, Gampaha |
| **Email:** | stdclinic.gampaha@gmail.com |
| **Telephone** | 033-2234383 |
| **Fax** | 033-2222179 |
| **Contact Person:** | |
| Dr S. B. S. Gamage | Medical officer in charge |
| **STD clinic - Negombo** | |
| **Address** | STD clinic, District General Hospital, Negombo |
| **Email:** | stdclinic.negombo@gmail.com |
| **Telephone** | 031-2224156 |
| **Contact Persons:** | |
| Dr Himali Perera | Venereologist |
| Dr Lionel Halahakoon | Medical officer in charge |
| **STD clinic - Ragama** | |
| **Address** | STD clinic, Room 70, North Colombo Teaching Hospital, Ragama |
| **Email:** | stdclinic.ragama@gmail.com |
| **Telephone** | 011-2960224 |
| **Fax** | 011-2960224 |
| **Contact Persons:** | |
| Dr Jayadarie Ranatunga | Venereologist |
| Dr Anjana Rajapaksha | Medical officer in charge |
| **STD clinic - Wathupitiwala** | |
| **Address** | STD Clinic, Base Hospital, Wathupitiwala |
| **Email:** | |
| **Telephone** | 033-2280261 |
| **Fax** | 033-2280927 |
| **Contact Person:** | |
| Dr D.P.G.N. Dhanuska | Medical officer in charge |
| **Hambantota District** | |
| **STD clinic - Hambantota** | |
| **Address** | STD clinic, Base Hospital, Hambantota |
| **Email:** | stdclinic.hambantota@gmail.com |
| **Telephone** | 047-2222247 |
| **Fax** | 047-2222409 |
| **Contact Person:** | |
| Dr Nalin Chaminda Geeganage | Medical officer in charge |

| | |
|---|---|
| **Jaffna District** | |
| **STD clinic – Jaffna** | |
| **Address** | STD Clinic, Teaching Hospital, Jaffna |
| **Email:** | stdclinic.jaffna@gmail.com |
| **Telephone** | 021-2222261, 021-2227751 |
| **Fax** | 021-2222262 |
| **Contact Person:** | |
| Dr Tharanee Guruparan | Medical officer in charge |
| **Kalutara District** | |
| **STD clinic – Kalutara** | |
| **Address** | STD Clinic, General Hospital, Kalutara |
| **Email:** | stdclinic.kalutara@gmail.com |
| **Telephone** | 034-2236937 |
| **Fax** | 034-2236937 |
| **Contact Person:** | |
| Dr A.V. Illangarathne | Medical officer in charge |
| **Kandy District** | |
| **STD clinic – Kandy** | |
| **Address** | STD clinic, P.O. Box 207, Kandy |
| **Email:** | stdclinic.kandy@gmail.com |
| **Telephone** | 081-2203622 |
| **Fax** | 081-2203622 |
| **Contact Persons:** | |
| Dr Ganga Pathirana | Venereologist (General Hospital, Kandy) |
| Dr S.R.K.T. Gamage | Medical officer in charge |
| **Kegalle District** | |
| **STD clinic – Kegalle** | |
| **Address** | STD clinic, District General Hospital, Kegalle |
| **Email:** | stdclinic.kegalle@gmail.com |
| **Telephone** | 035-2231222 |
| **Fax** | 035-2231222 |
| **Contact Person:** | |
| Dr Sunethra Buddhadasa | Medical officer in charge |
| **District Kurunegala** | |
| **STD clinic- Kurunegala** | |
| **Address** | STD Clinic, Teaching Hospital, Kurunegala |
| **Email:** | stdclinic.kurunegala@gmail.com |
| **Telephone** | 037-2224339 |
| **Fax** | 037-2224339 |
| **Contact Person:** | |
| Dr Chithral Hathurusinghe | Asst. Venereologist |
| Dr Nihal Edirisinghe | Medical officer in charge |
| **District Kilinochchi** | |
| **STD clinic- Klinochchi** | |
| **Address** | STD Clinic, Base Hospital, Kilinochchi |
| **Telephone** | 021-2285327 |
| **Contact Person:** | |
| Dr M. Ramanan | Medical Officer |

| | |
|---|---|
| **Mannar District** | |
| **STD clinic – Mannar** | |
| **Address** | STD clinic, District General, Hospital Mannar |
| **Email:** | stdclinic.mannar@gmail.com |
| **Telephone** | 023-2250573 |
| **Fax** | 023-2250573, 023-2250748 |
| **Contact Person:** | |
| Dr Anton Sisil Rajani | Medical officer in charge |
| **Matale District** | |
| **STD clinic- Matale** | |
| **Address** | STD clinic, District General Hospital, Matale |
| **Email:** | stdclinic.matale@gmail.com |
| **Telephone** | 066-2222261-extention 146 |
| **Fax** | 066-2224202 |
| **Contact Person:** | |
| Dr A. Sherifdeen | Medical officer in charge |
| **Matara District** | |
| **STD clinic – Matara** | |
| **Address** | STD clinic, No 43, General Hospital, Matara |
| **Email:** | stdclinic.matara@gmail.com |
| **Telephone** | 041-2232302 |
| **Fax** | 041-2232302 |
| **Contact Person:** | |
| Dr SA Chandrasena | Medical officer in charge |
| **Monaragala District** | |
| **STD clinic – Monaragala** | |
| **Address** | STD clinic, District General Hospital, Monaragala |
| **Email:** | stdclinic.monaragala@gmail.com |
| **Telephone** | 055-2276261, 055-2276826 |
| **Fax** | 055-2276700 |
| **Contact Person:** | |
| Dr F.D. Mujithaba | Medical officer in charge |
| **Nuwara Eliya District** | |
| **STD clinic – Nuwara Eliya** | |
| **Address** | STD clinic, General Hospital, Nuwara Eliya |
| **Email:** | stdclinic.nuwaraeliya@gmail.com |
| **Telephone** | 052-2223210 |
| **Fax** | 052-2223476 |
| **Contact Person:** | |
| Dr Tissa Seneviratne | Medical officer in charge |

| | |
|---|---|
| **Polonnaruwa District** | |
| **STD clinic – Polonnaruwa** | |
| **Address** | STD clinic, General Hospital, Polonnaruwa |
| **Email:** | stdclinic.polonnaruwa@gmail.com |
| **Telephone** | 027-2225787 |
| **Fax** | 027-2223253 |
| **Contact Person:** | |
| Dr Indrani Peiris | Medical officer in charge |
| **Puttalam District** | |
| **STD clinic – Chilaw** | |
| **Address** | STD clinic, General Hospital, Chilaw |
| **Email:** | stdclinic.chilaw@gmail.com |
| **Telephone** | 032-2220750 |
| **Fax** | 032-2223200 |
| **Contact Person:** | |
| Dr N. R. Amarajeewa | Medical Officer In charge |
| **Ratnapura District** | |
| **STD clinic – Ratnapura** | |
| **Address** | STD clinic, Provincial General Hospital Complex, Ratnapura |
| **Email:** | stdclinic.ratnapura@gmail.com |
| **Telephone** | 045-2226561 |
| **Fax** | 045-2224765 |
| **Contact Person:** | |
| Dr Darshani Mallikarachchi | Asst. Venereologist |
| Dr Kanchana Upasena | Medical officer in charge |
| **Trincomalee District** | |
| **STD clinic – Trincomalee** | |
| **Address** | STD clinic, General Hospital, Trincomalee |
| **Email:** | stdclinic.trincomalee@gmail.com |
| **Telephone** | 026-2222261, 026-2222563 |
| **Contact Person:** | |
| Dr V. Srigawriesvaran | Medical officer in charge |
| **Vavuniya District** | |
| **STD clinic – Vavuniya** | |
| **Address** | STD clinic, General Hospital, Vavuniya |
| **Email:** | stdclinic.vavuniya@gmail.com |
| **Telephone** | 024-2224575 |
| **Fax** | 024-2224575, 024-2222892 |
| **Contact Person:** | |
| Dr G. Nandakumar | Medical officer in charge |

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