



**NATIONAL
STD/AIDS CONTROL
PROGRAMME**

**ANNUAL REPORT
2013**



Ministry of Health Sri Lanka



NATIONAL
STD/AIDS
CONTROL
PROGRAMME

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MINISTRY OF HEALTH

SRI LANKA

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Foreword

I am happy to present the **Annual Report of the National STD/AIDS Control Programme-2013** which contains the latest data on HIV and STIs in Sri Lanka. The National STD/AIDS Control Programme (NSACP) is the focal point of the Ministry of Health of Sri Lanka that is responsible for the prevention and control of sexually transmitted infections (STI) including HIV. NSACP coordinates the national response to HIV epidemic with the involvement of all the stakeholders.

Strategic Information collection and dissemination among all stakeholders is a key function of the NSACP. This report presents data collected and collated primarily from the STD clinics distributed island wide to describe the epidemiology of STI and HIV and to document programmatic efforts to control STI and HIV infections in Sri Lanka during the year 2013. The key information on STI/HIV/AIDS is disseminated via the NSACP website regularly <http://www.aidscontrol.gov.lk> This will be further facilitated by publication of this annual report.

I appreciate the staff of Strategic Information Management (SIM) unit for compiling this useful document with the available limited resources. I would like to take this opportunity to thank all who have contributed to this publication and to the staff of all STD clinics who have submitted data on a regular basis.

Dr Sisira Liyanage

The Director

National STD/AIDS Control Programme

15.06.2014

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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
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
LFU	lost to follow up
LPV	lopinavir
LDL	low density lipoprotein
MAC	mycobacterium avium complex

MCH	maternal & child health
MD	doctor of medicine
MLT	Medical Laboratory Technologist
MO	Medical officer
MS	Medical student
MTCT	mother to child transmission
MSM	Men having sex with men
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
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
SGOT	serum glutamic oxaloacetic transaminase
SGPT	serum glutamic pyruvic transaminase
STI	sexually transmitted infections
STD	sexually transmitted diseases
3TC	lamivudine
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

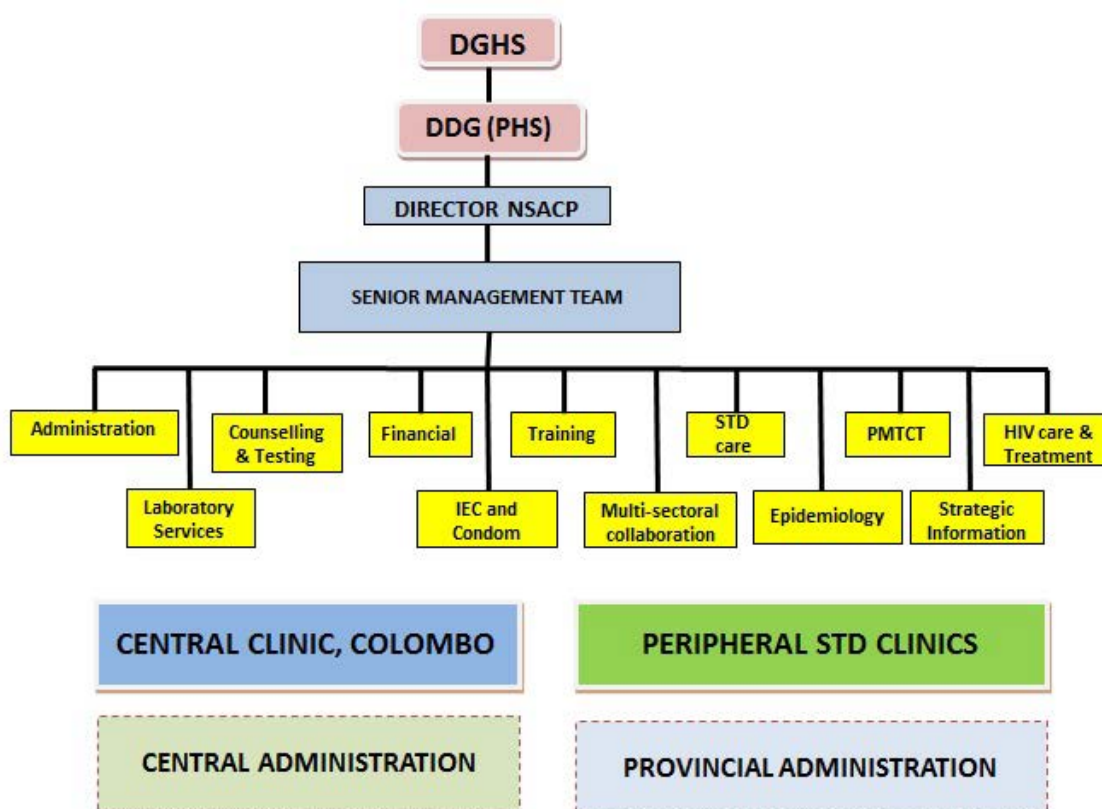
National STD/AIDS Control Programme (NSACP) is a specialized public health programme of the Ministry of Health, Sri Lanka. The Director of the NSACP in consultation with the senior management team (SMT) provides leadership and technical guidance to both preventive and curative services provided by NSACP.

The headquarters of the NSACP is situated at 29, De Saram Place Colombo 10, Sri Lanka and provides both preventive and curative services and networks with 29 full-time STD clinics and 18 branch STD clinics. The central STD clinic, Colombo administratively comes under the line-ministry, while most of the peripheral STD clinics are under the direct administration of provincial health authorities.

Objectives of National STD/AIDS Control Programme

- Prevention of transmission of sexually transmitted infections (STIs) including HIV
- Provision of care and support for those infected and affected with STIs including HIV

Figure 1-1: Organogram of the National STD/AIDS Control Programme (NSACP)



STD clinic attendees include various categories of people, which include the most at risk populations such as sex workers, MSM, drug users, clients of sex workers and also the general population, including youth who seek services from STD clinics. There are also referrals by clinicians in other specialities (neurology, gynaecology & obstetrics, ENT, dermatology etc). Preventive & curative services are provided free of charge by trained staff while maintaining confidentiality of information.

Figure 2-1: New Patients Registered at all STD Clinics during 2013

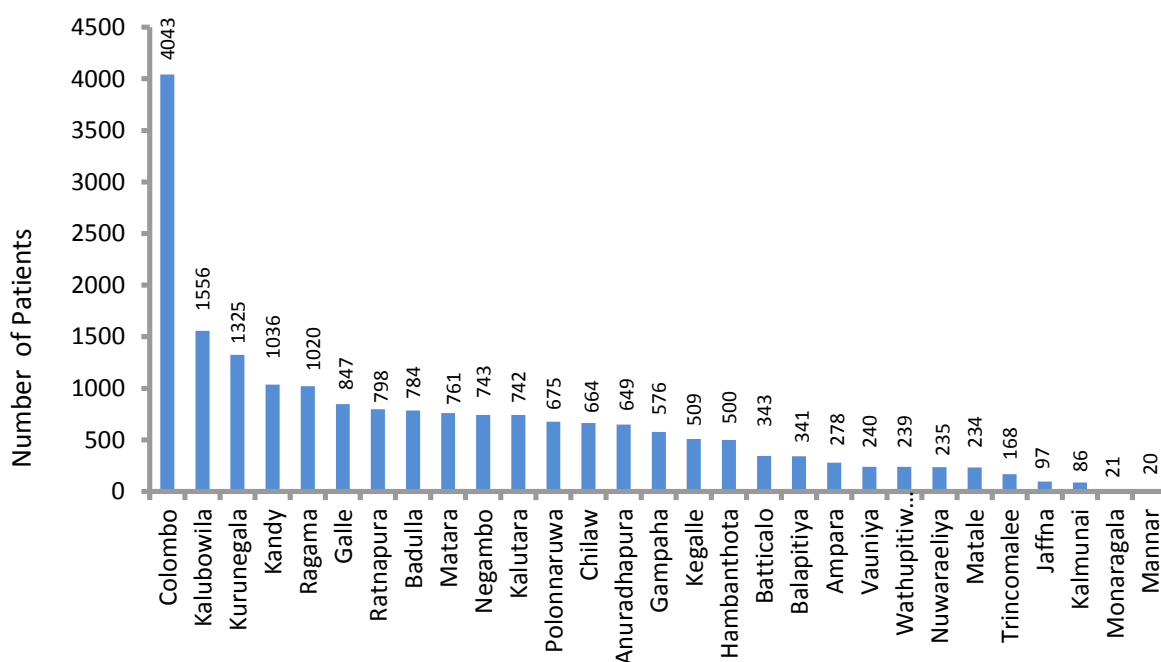


Figure 2-1 shows the number of newly registered patients in each STD clinic during 2013. The Colombo central STD clinic had over 4000 newly registered patients, whereas the Kalubowila, Kurunegala, Kandy and Ragama clinics had over 1000 new clinic attendees. More than half of the STD clinics provided services to over 500 new clients during this period.

Figure 2-2: Percentage of New Patients Registered in 2013

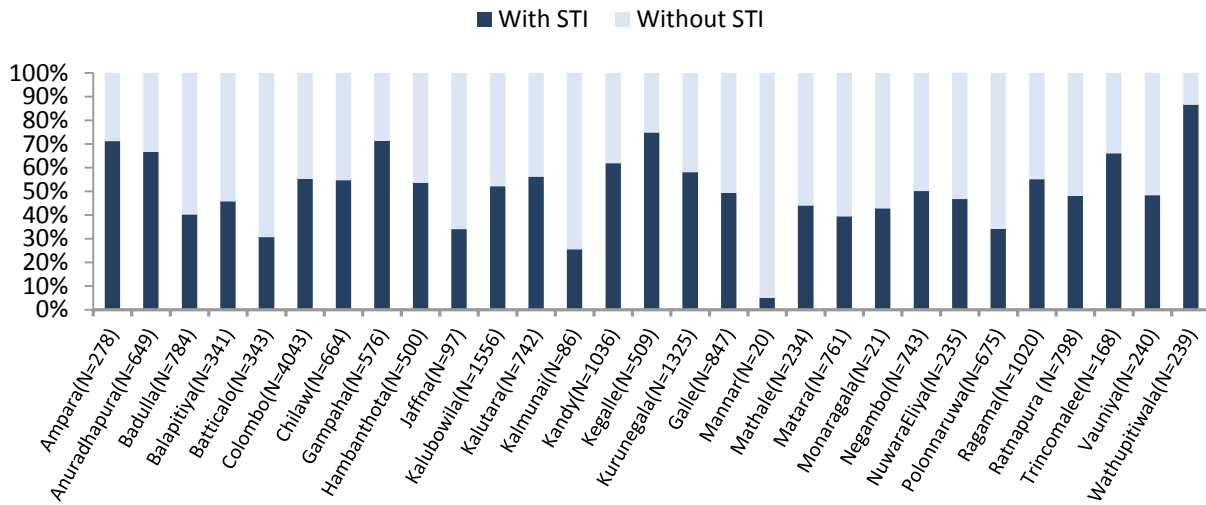
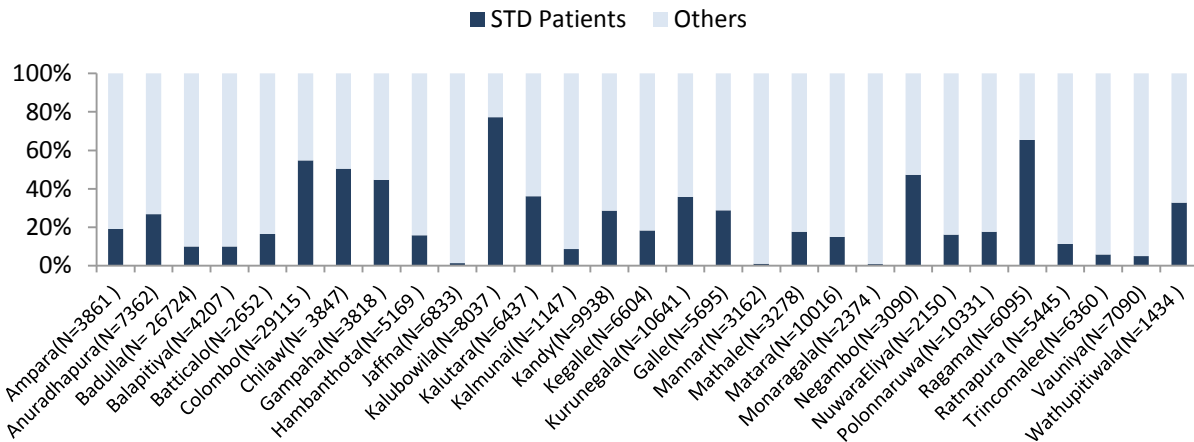


Figure 2-2 given above indicates the proportion of new STD clinic attendees who had at least one sexually transmitted infections (STI). In almost all clinics, over 60-70% of new clinic attendees had one or more STIs.

Figure 2-3: Percentage of Clinic Visits in 2013



In addition to providing services to STD patients, the STD clinics provide a variety of other services to clients, such as pre-employment screening, visa screening and antenatal screening. Figure 2-3 shows the proportion of visits made by clients other than STD patients to the visits by STD patients. Kalubowila, Colombo, Ragama and Chilaw STD clinics had a higher proportion of STD clinic patients, while smaller STD clinics had more clinic visits by non-STD patients.

2.1 Data on Commercial Sex Workers who attended STD clinics

Figure 2-4: Number of New Sex Workers Registered in all STD Clinics -2008 to 2013

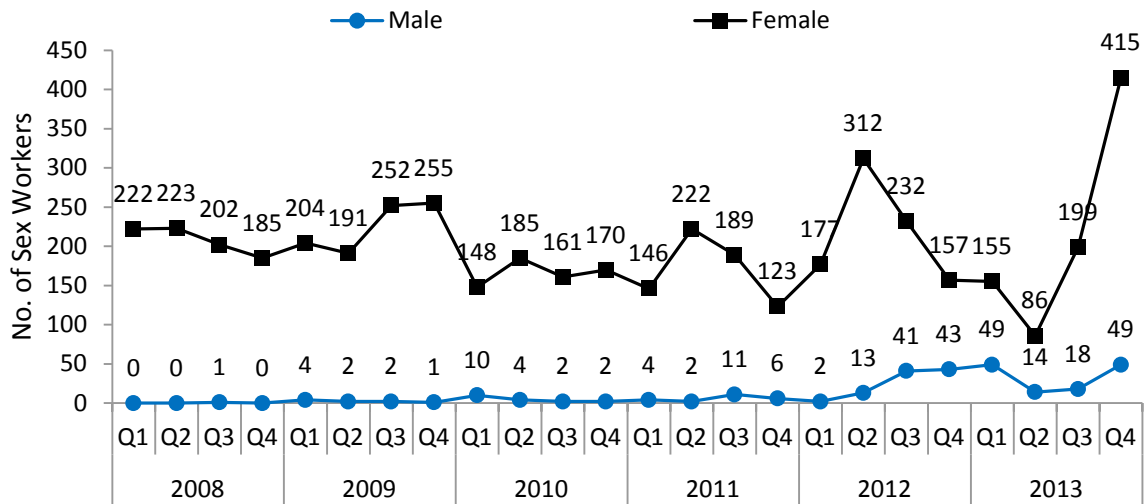


Figure 2-4 shows the number of sex workers that were newly registered in all STD clinics over the last five years. The number of male sex workers is increasing since the beginning of 2013. This trend may be attributed to Global Fund related outreach activities and escorting sex workers to STD clinics by peer educators.

Figure 2-5: Percentage of New Sex workers with STI in 2013

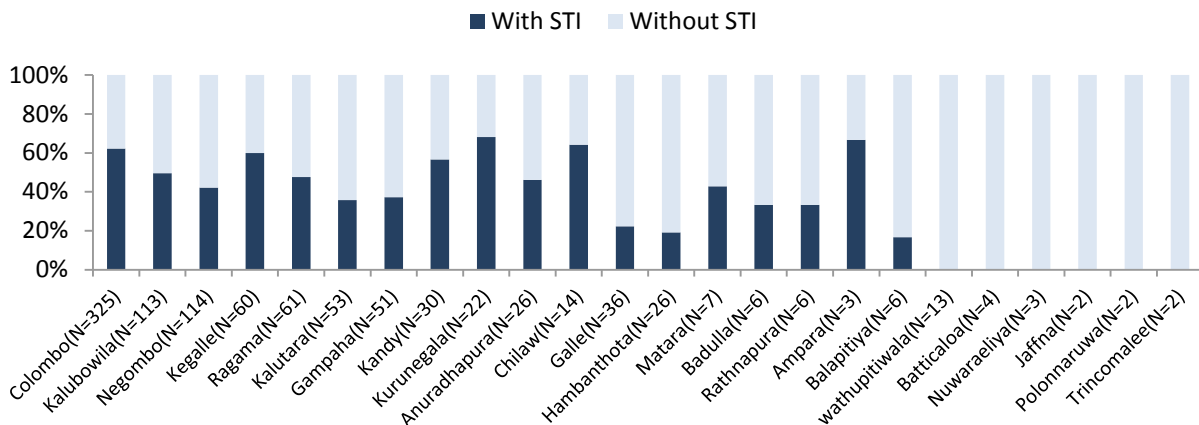


Figure 2-5 shows the number of new sex workers from all STD clinics and their proportion with STIs in 2013. The Colombo central STD clinic has the highest number of sex workers registered (325) whereas Kalubowila (113) and Negambo (114) reported higher numbers compared to other clinics. Eleven STD clinics have had less than ten new sex workers for the whole year. The proportion of sex workers with an STI was higher in Colombo, Kegalle, Kurunegala and Chilaw.

3.1 Condom distribution

Figure 3-1: Condom Distribution in STD Clinics 2013

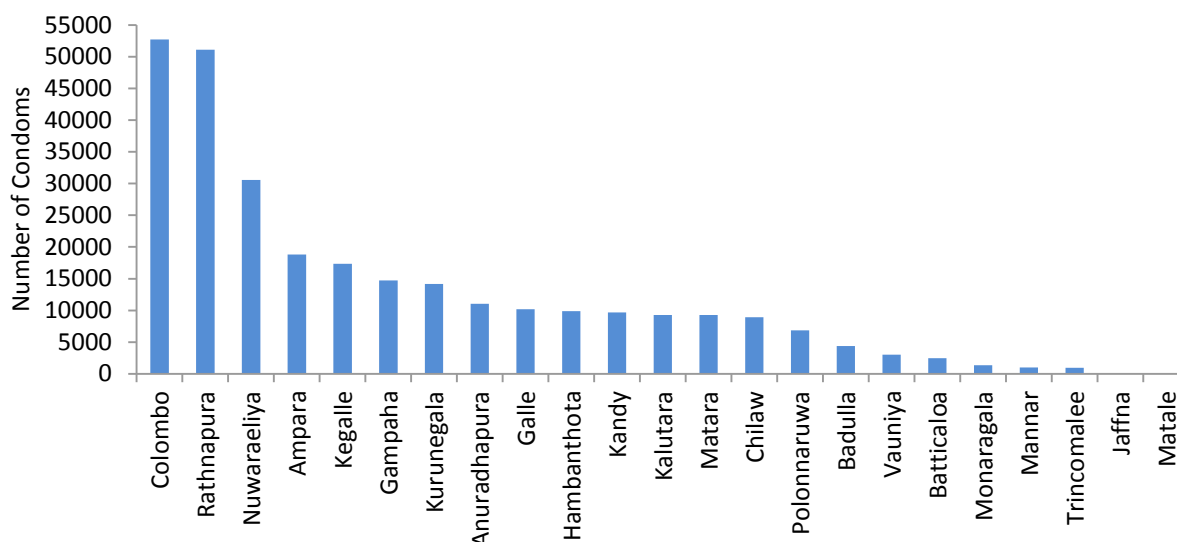


Figure 3-1 shows the number of condoms distributed by STD clinics. Colombo, Rathnapura and Nuwara Eliya STD clinics issued over 30,000 condoms during 2013.

3.2 Screening for syphilis

Figure 3-2: Types of Samples Screened for Syphilis in 2013

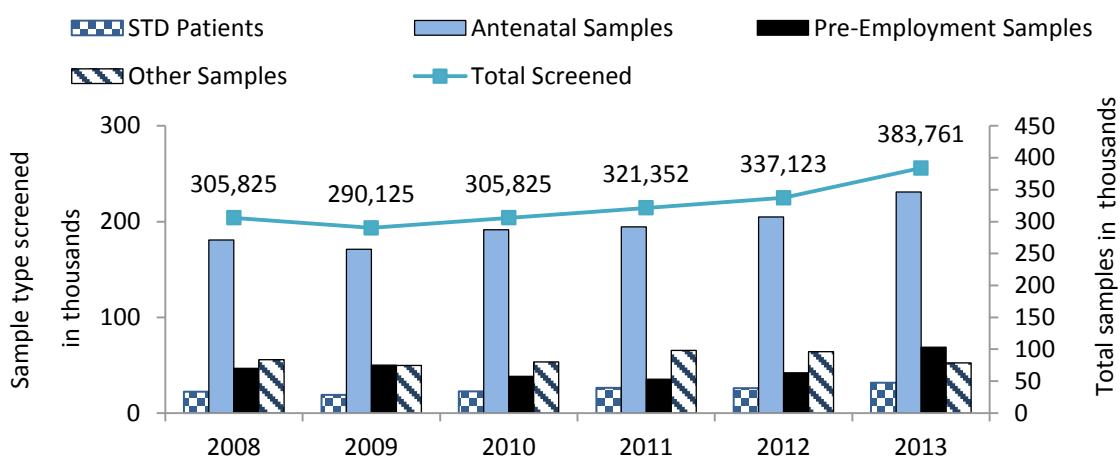


Figure 3-2 shows the numbers of the blood samples that were screened for Syphilis in all STD clinics during 2008-2013. A majority of these samples were from antenatal mothers.

3.4 Screening for HIV

Figure 3-3: Types of Samples Screened for HIV, 2010- 2013

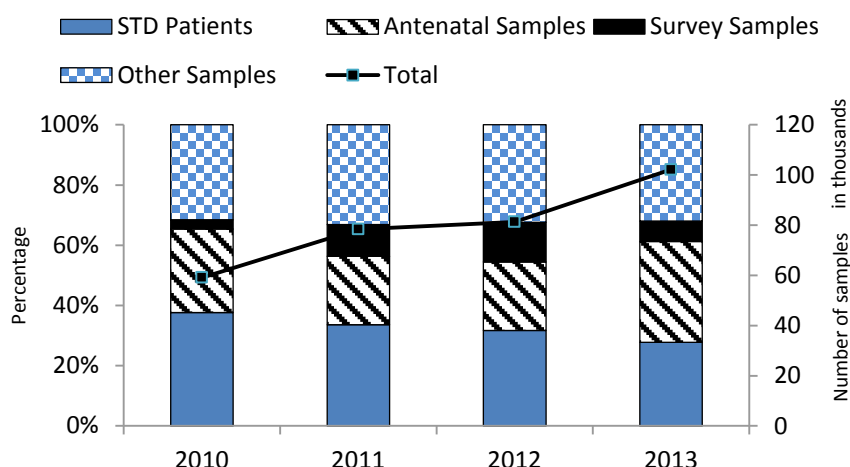


Figure 3-3 shows the HIV testing done in all STD clinics since 2010. The total number of HIV tests have increased gradually since 2010. Over 100,000 samples had been tested for HIV during 2013. As indicated by the graph, HIV testing is carried out for antenatal testing, surveys and other purposes (screening for visa, pre-employment etc.) in addition to screening STD clinic attendees.

3.5 HIV testing and counselling

Figure 3-4: Number of Clients Counsellled & Tested for HIV

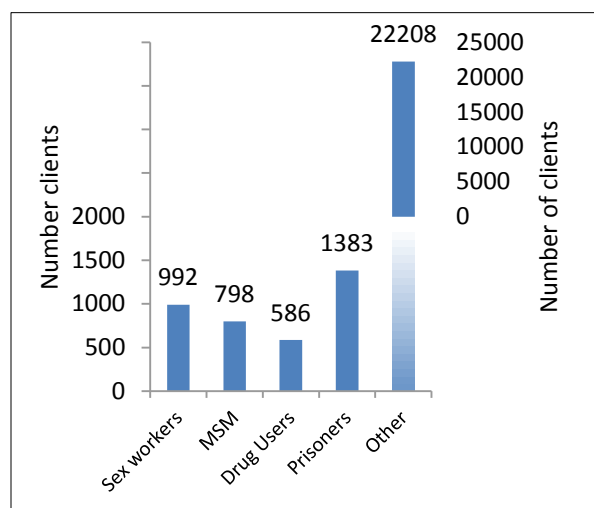


Figure 3-5: Number of Clients that received HIV Test Results

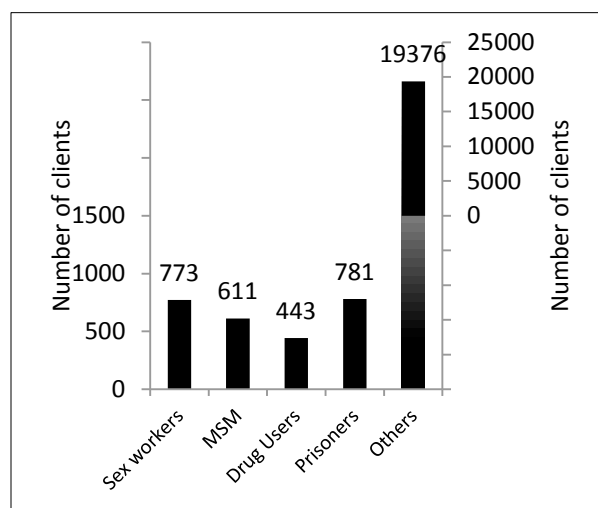
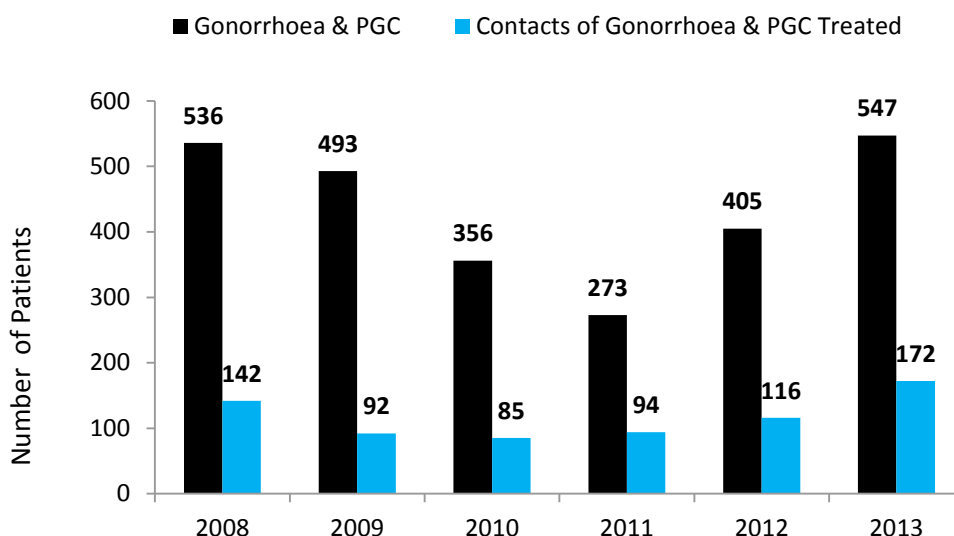


Figure 3-4 and Figure 3-5 (Both figures are plotted so that clarity of numbers groups could be easily identified) show the number of clients for which HIV testing and counselling were provided and the number who came to get the results of the HIV test. Only a small proportion of the most-at-risk groups came for HIV testing and counselling to STD clinics in 2013.

3.6 Partner notification (contact tracing) services

Figure 3-6: Partner Notification of Gonorrhoea for all STD Clinics 2008-2013



Management of contacts of STDs is an important duty of the STD clinic staff. Figure 3-6 shows the number of gonococcal infections and the number of contacts treated during 2008-2013.

Figure 3-7: Treatment of Contacts for Syphilis in all STD Clinics 2008- 2013

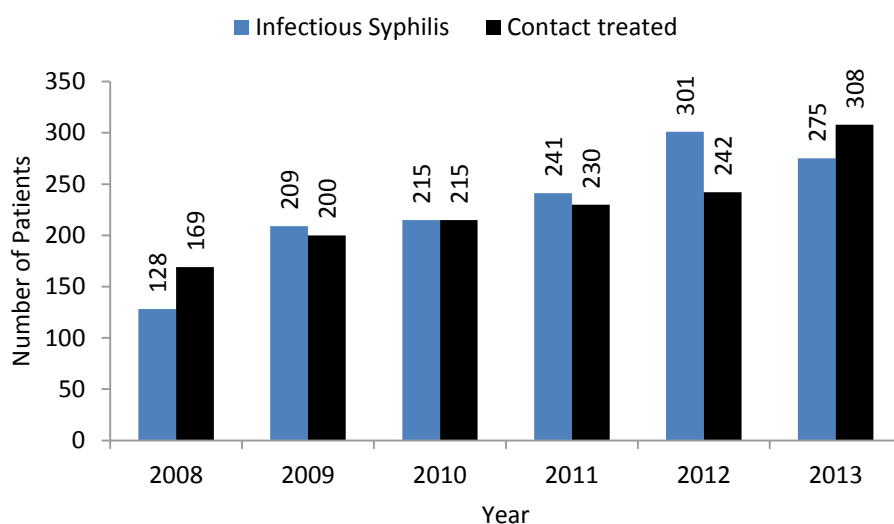
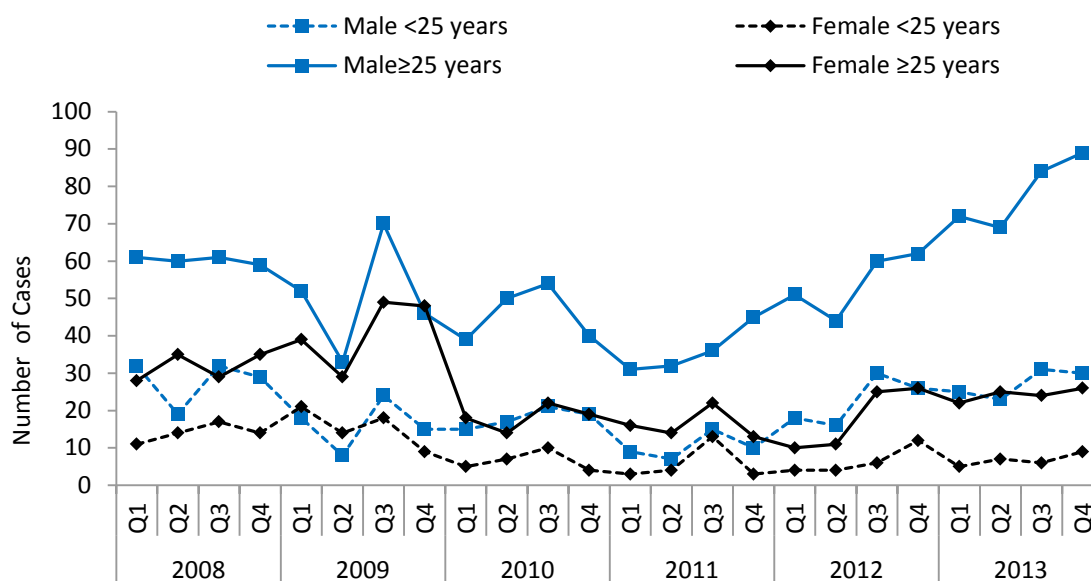


Figure 3-7 shows the number of Infectious syphilis cases and the number of contacts treated in all STD clinics. The number of contacts is fairly equal to the index cases as some of the index cases are single. So there is difficulty in tracing primary contacts as they are very often sex workers or casual partners.

4.1. Gonorrhoea

Figure 4-1 : No. of Gonorrhoea cases in all STD clinics by age and sex, 2008- 2013



Age group & sex distribution of Gonorrhoea (including presumptive gonorrhoea) cases are shown in Figure 4-1. The highest number of cases of gonorrhoea was diagnosed among males over 25 years of age followed by females over 25 years of age. In 2013, there is a remarkable increasing trend in diagnoses of gonorrhoea in males over 25 years.

What is Gonorrhoea?

Gonorrhoea is a sexually transmitted disease (STD) that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is a very common sexually transmitted infection in Sri Lanka.

How is gonorrhoea spread?

You can get gonorrhoea by having anal, vaginal, or oral sex with someone who has gonorrhoea. A pregnant woman with gonorrhoea can give the infection to her baby during childbirth.

What are the common symptoms of Gonorrhoea?

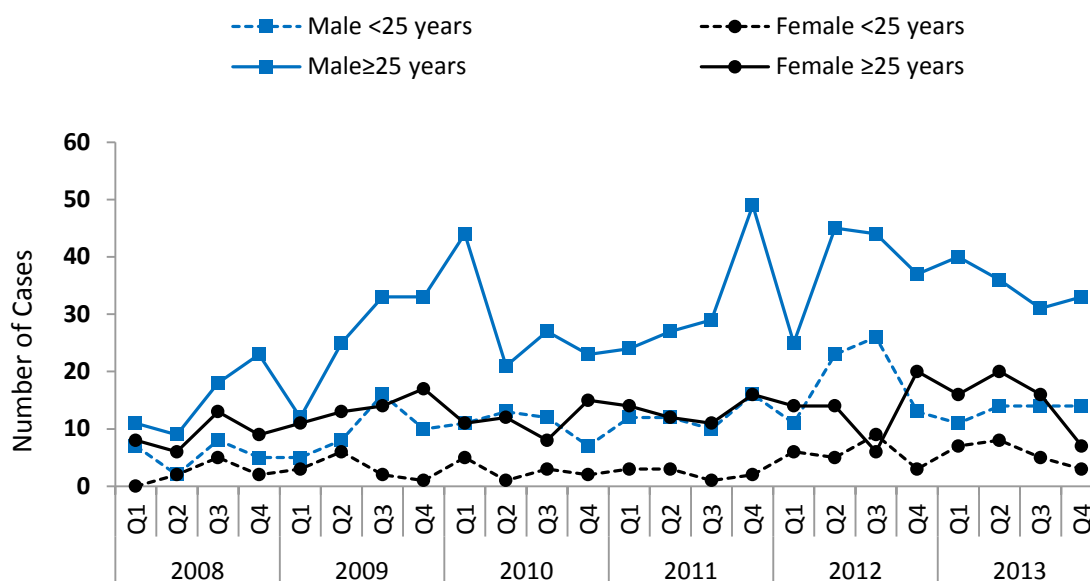
A burning sensation when urinating and a white, yellow, or green discharge from the penis.

Can Gonorrhoea be cured?

Yes, gonorrhoea can be cured with the right antibiotic treatment. Untreated gonorrhoea can cause serious and permanent health problems in both women and men.

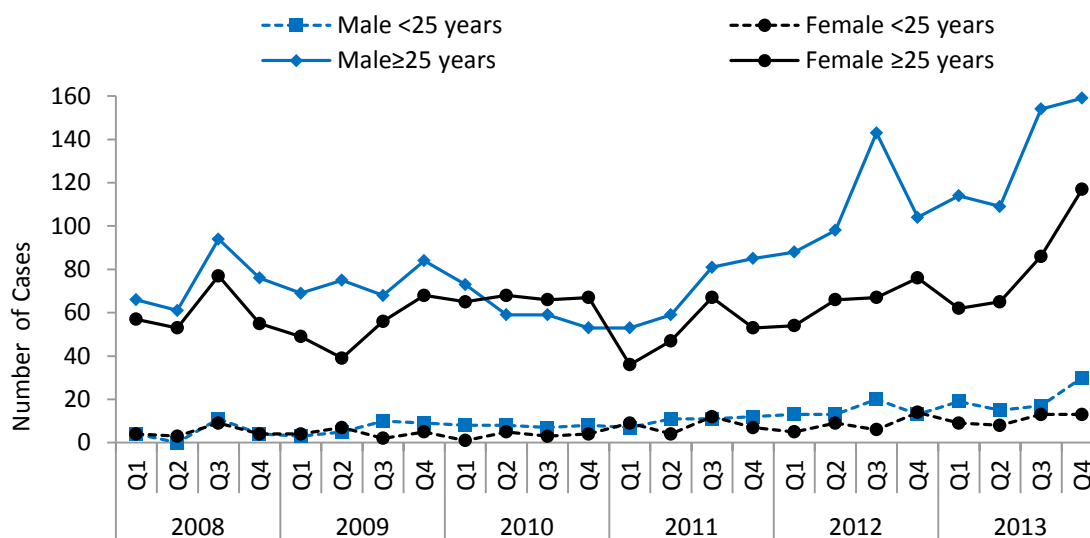
4.2. Syphilis

Figure 4-2: Number of early Syphilis cases reported from all STD clinics by age and sex, 2008- 2013



Early syphilis (infectious syphilis) is a syphilis infection that has been acquired recently (exposure has been within two years). According to Figure 4-2, overall infections among males over the 25 year age group are higher than in other age groups. Trends in the number of cases have been stable among males, while there is a decreasing trend in females.

Figure 4-3: Late Syphilis in all STD Clinics at end of 2013



Late syphilis is non-infectious and the reported cases of late syphilis are higher than the reported cases of infectious syphilis. The trend of late syphilis cases among those above 25 years of age has shown a gradual increase in 2013 (Figure 4-3).

Figure 4-4: Early & Late Congenital Syphilis Cases Reported from all STD Clinics during 2013

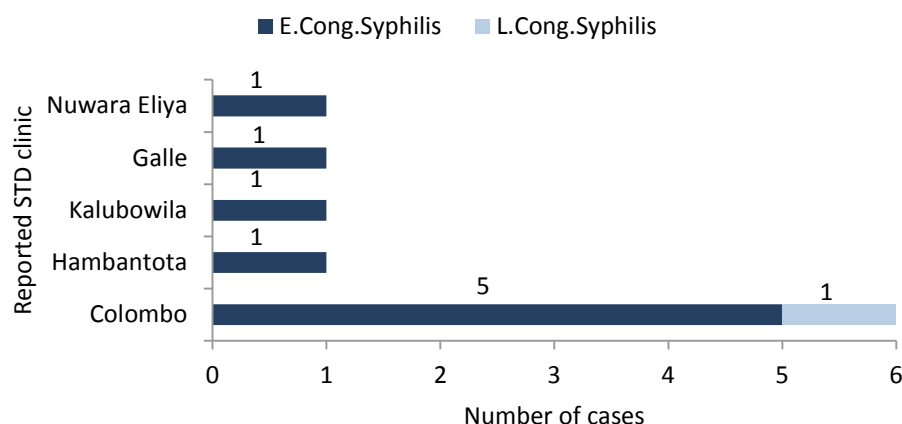


Figure 4-4 shows the number of early & late Congenital Syphilis cases in reported STD clinics during 2013. The Colombo Central clinic reported five cases of early congenital syphilis and one case of late Congenital Syphilis. Sri Lanka has pledged to eliminate congenital syphilis by 2015.

What is Syphilis?

Syphilis is an STD that can cause long-term complications and/or death if not treated correctly. It is a common sexually transmitted infection in Sri Lanka.

How is Syphilis spread?

Syphilis can be spread by direct contact with a person with syphilis during anal, vaginal, or oral sex. Syphilis can also be spread from an infected mother to her unborn baby.

What are the common symptoms of Syphilis?

Symptoms in adults are divided into stages. These stages are primary, secondary, latent, and late syphilis. During the primary stage sores can be found on the penis, vagina, anus, rectum, the lips or in the mouth. There can be skin rashes during the secondary stage. An infected person will not have any symptoms during latent stages.

Can Syphilis be cured?

Yes, syphilis can be cured with the right antibiotic treatment. Untreated syphilis can cause serious and permanent health problems in both women and men.

4.3 Non-Gonococcal urethritis (NGU) in males

Figure 4-5: No. of Non-Gonococcal Urethritis in Males from all STD Clinics by age, 2008-2013

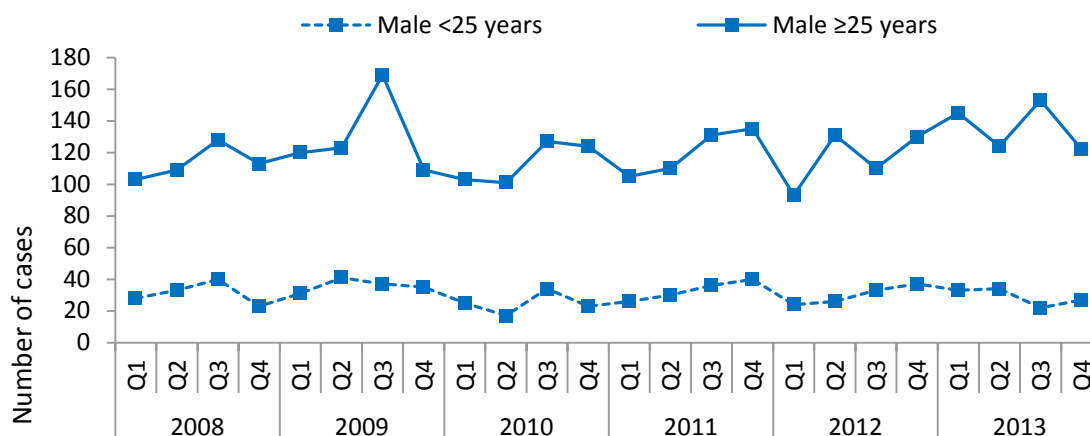
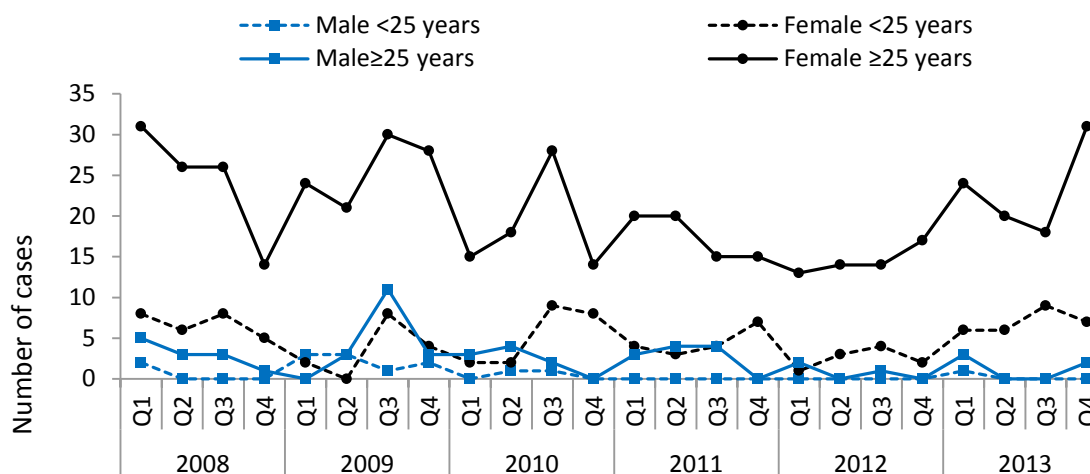


Figure 4-5. shows the trend of male non-gonococcal urethritis cases reported from all of the clinics during last five years. The trend has been stable and number of cases in the older age group is higher than the younger age group.

4.4 Trichomoniasis

Figure 4-6: Trichomoniasis in all STD Clinics at end of 2013



The cases of trichomoniasis (Figure 4-6) declined over the period of 2008 to 2012 but an increased number of cases were reported in 2013. The highest case load was among females over the age group of 25 years.

4.5 Genital Herpes

Figure 4-7: Trend of Genital Herpes cases from all STD clinics by age and sex, 2008-2013

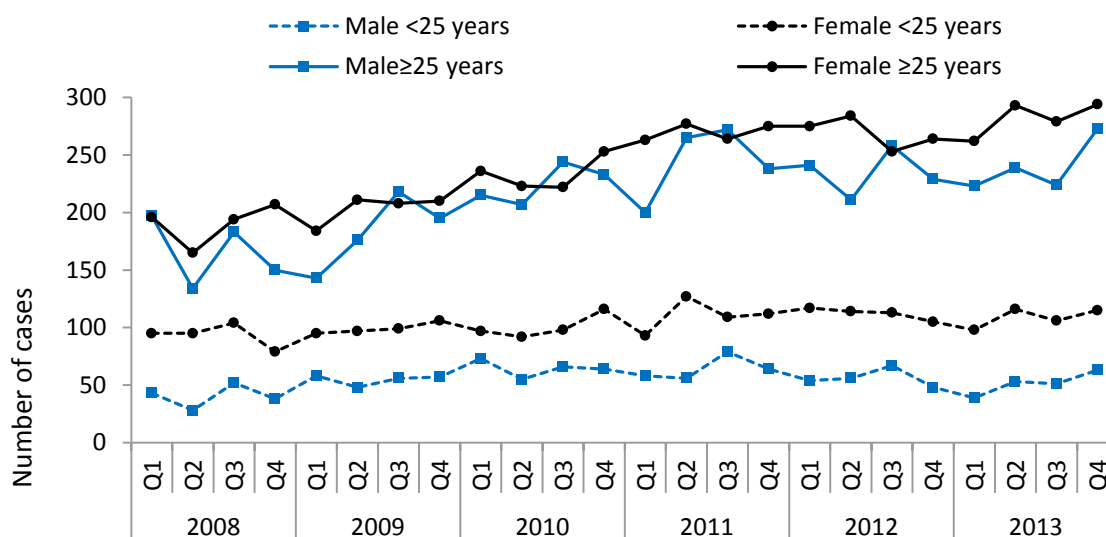


Figure 4-7 shows the number of genital herpes cases from the all STD clinics according to age and sex for the last six years (2008 -2013). Genital herpes is the leading STI among males and females for the last several years. The highest numbers of cases were reported among males and females over 25 years of age. However, the trend of males and females in the less than 25 years of age group remains stable over the five year period. More female cases were in this group (<25 years) compared to male cases.

What is Genital herpes?

Genital herpes is an STD caused by two types of viruses. The viruses are called herpes simplex type 1 and herpes simplex type 2. It is a very common sexually transmitted infection in Sri Lanka.

How is Genital herpes spread?

Genital herpes is spread by having oral, vaginal, or anal sex with someone who has the disease.

What are the common symptoms?

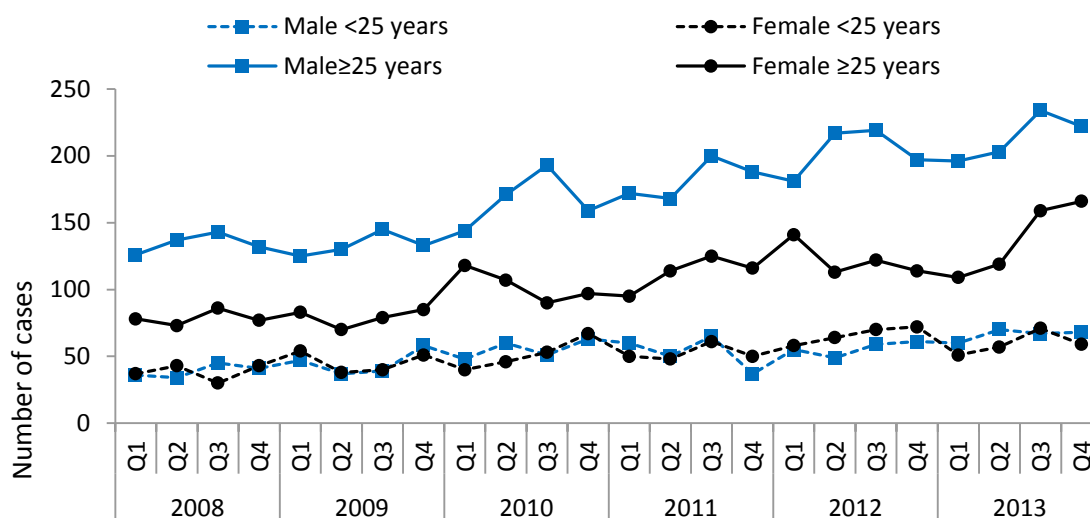
Most people who have herpes have none to very mild symptoms. Those who develop symptoms have sores that appear as one or more blisters on the genitals, rectum or mouth. The blisters break and leave painful sores that may take weeks to heal. Repeat outbreaks of genital herpes are common.

Can Genital herpes be cured?

There is no cure for herpes. However, there are medicines that can prevent or shorten outbreaks.

4.6 Genital Warts

Figure 4-8: Trend of Genital Warts in all STD Clinics by age and sex, 2008-2013



According to Figure 4-8 genital warts were reported more among males over the age group of 25 years during the years 2008-2013. The trend of both males and females in the age group over 25 gradually increased over this period. However, the trend in the age group of <25 years in both males and females was stable.

What are Genital warts?

Genital warts are a very common sexually transmitted infections (STI) that is caused by a virus called Human Papillomavirus (HPV). HPV is a different virus than HIV and HSV (herpes). There are many different types of HPV. Some HPV types can cause health problems including genital warts and cancers.

Can HPV infection be treated?

There is no treatment for the virus itself. However, there are treatments for the health problems that HPV can cause:

1. **Genital warts** can be treated. If left untreated, genital warts may go away, stay the same, or grow in size or number.
2. **Cervical pre cancer** can be treated. Women who get routine Pap tests and follow up as needed can identify problems *before* cancer develops.
3. **Other HPV-related cancers** are also more treatable when diagnosed and treated early.

5.1 HIV infections reported in Sri Lanka

The first Sri Lankan with HIV infection was reported in 1987. Since then as of the end of 2013, 1845 HIV positive persons were reported to the National STD/AIDS Control Programme. A cumulative number of 310 AIDS deaths and 71 Mother to Child transmitted cases have been reported. The male to female ratio of HIV cases is 1.5:1. During 2013, 586,762 HIV screening tests were carried out in the country and 196 were confirmed as HIV positive.

A detailed analysis of data reported during the last five years showed that 42% of the total reported HIV positive cases have been reported during the 2009-2013 period.

Figure 5-1: Annual number of HIV cases reported - 1987 to 2013

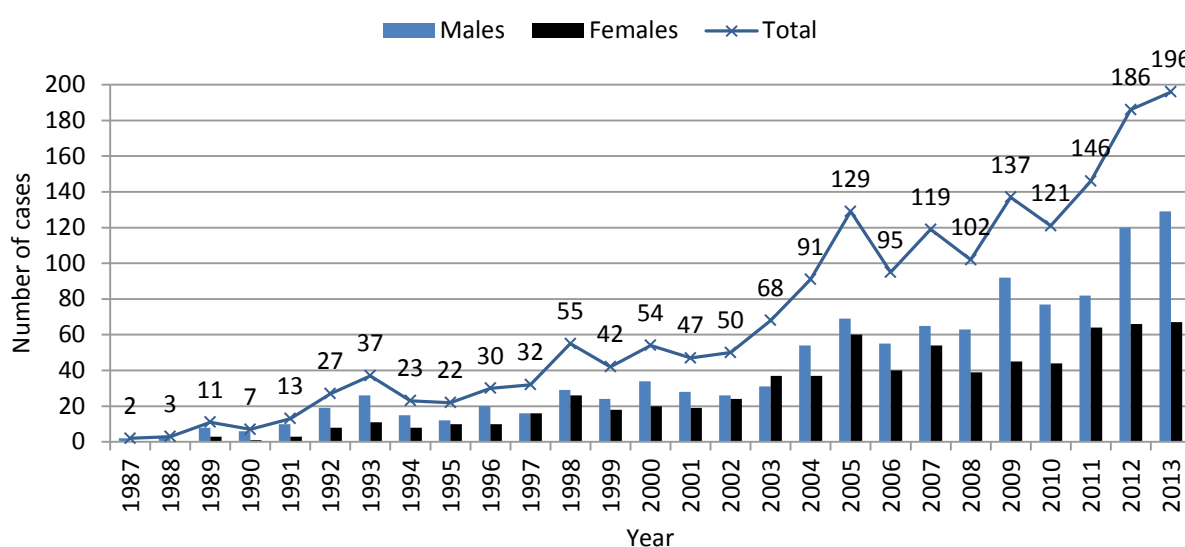
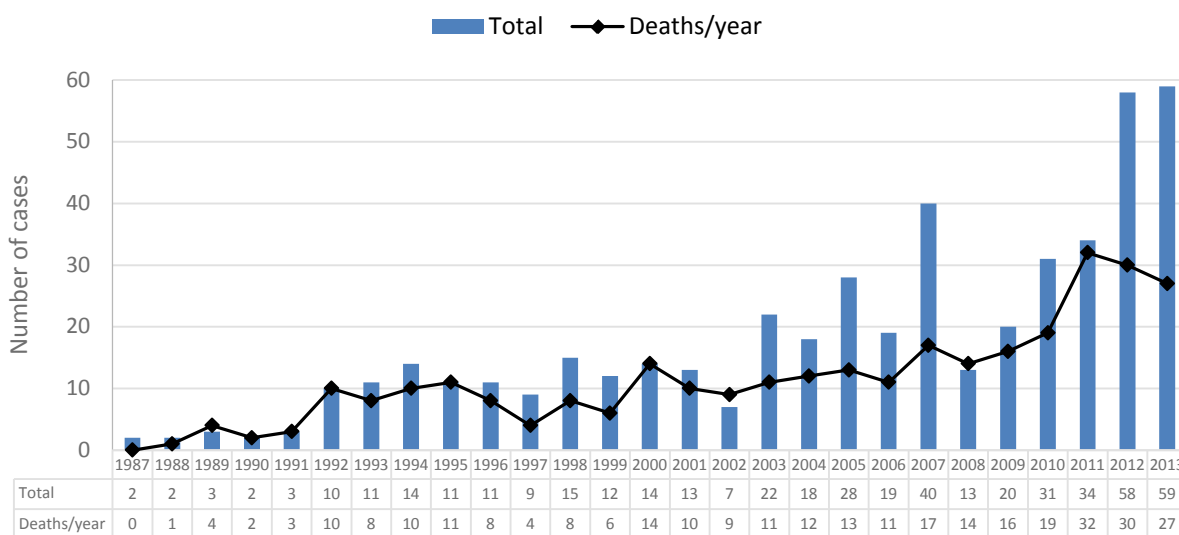


Figure 5-2: Annual number of reported AIDS cases and AIDS deaths



As shown in Figure 5-2, there is an increasing trend in the diagnosis of AIDS cases and deaths over the years. This can be minimised by increasing awareness among people to seek HIV testing following high risk behaviours and improving HIV testing and counselling services in the country. Among reported HIV positive cases, approximately 25% of the cases were found to be with advanced disease (AIDS stage).

Figure 5-3: Mode of transmission of HIV Cases reported up to end of 2013

N=1378 (In 427 (31%) cases mode of transmission is not reported)

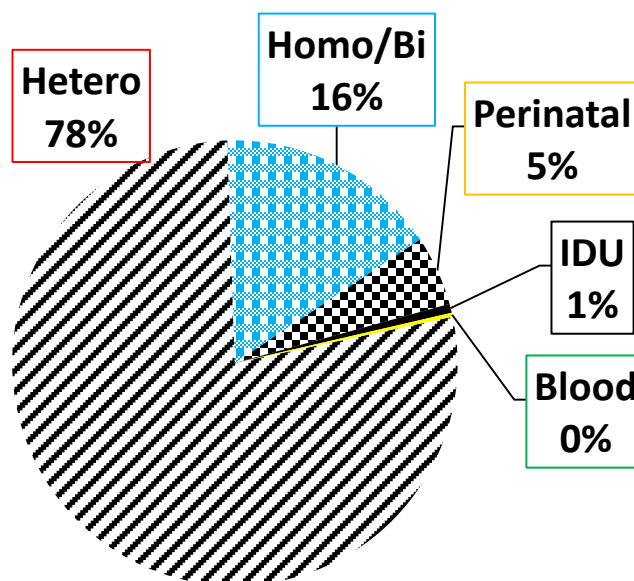


Figure 5-3 shows the probable mode of transmission of HIV infection among 1378 cases reported since 1987. The main mode is heterosexual transmission, followed by same sexual/Bisexual transmission amounting to 16%. Intravenous drug use and sharing of needles/syringes leading to HIV transmission is very low. The Mother to Child transmission of HIV is 5%.

Figure 5-4: Age and Sex of HIV Cases Reported during 1987-2013

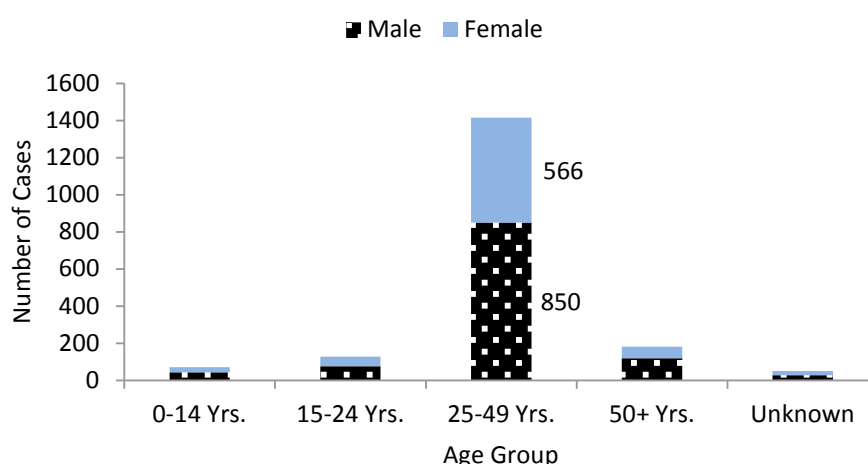


Figure 5-4 shows the age and sex distribution of all HIV infections reported up to the end of 2013. A majority of the cases have been reported in the age group of 25-49.

Percentages of the age and sex distribution of cumulative HIV cases is given below.

Table 5-1 : Percentage of Age and Sex Distribution of Cumulative HIV Cases

Age Group	Male	Female	Total	Percentage(%)
0-14 Yrs.	42	29	71	(4%)
15-24 Yrs.	76	52	128	(7%)
25-49 Yrs.	850	566	1416	(77%)
50+ Yrs.	119	62	181	(10%)
Unknown	28	21	49	(3%)
Total	1115	730	1845	(100%)

Over 75 cases of HIV have been reported from the Colombo, Gampaha, Kalutara, Kurunegala and Kandy districts. In addition to the presence of more risk factors, absolute number of population, higher testing facilities could have been contributed to this observation (Figure 5-5).

Figure 5-5 : Cumulative Number of HIV cases reported by District

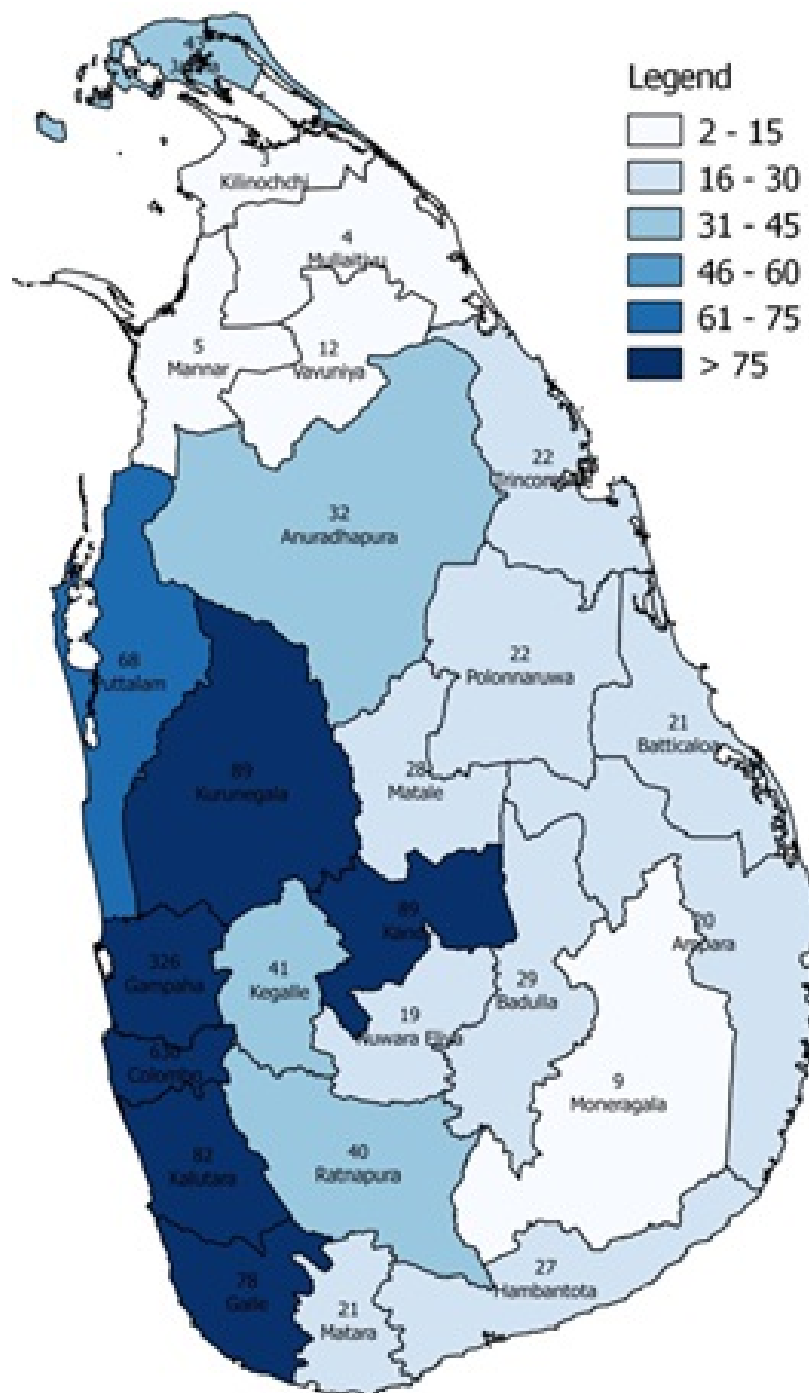
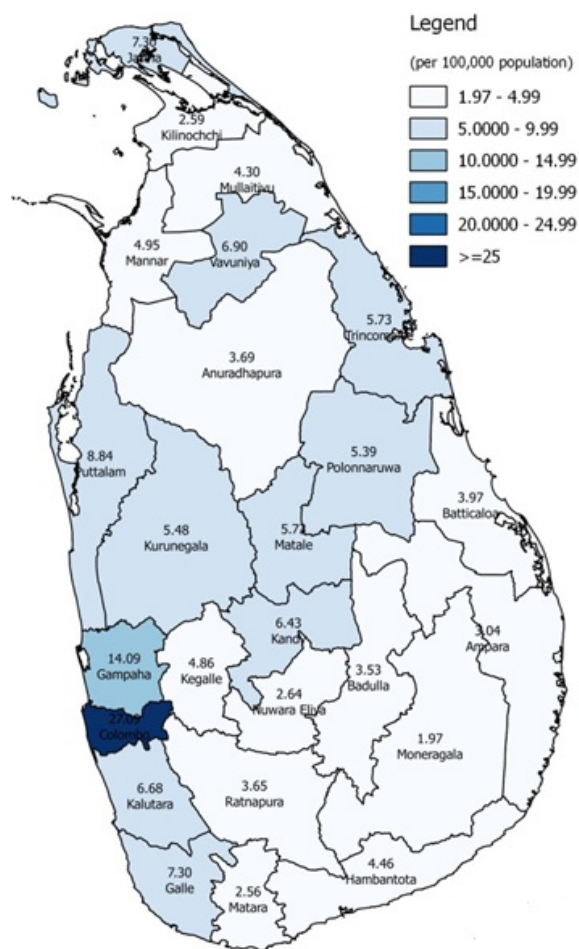


Figure 5-6: Rate of cumulative HIV Cases during 1987 -2013 per 100,000 population



The Figure 5-6 indicates the rate of cumulative HIV infection reported per 100,000. This measure takes into account the population density of the district. Colombo and Gampaha districts have reported the highest rates while Monaragala, Matara and Kilinochchi districts have reported the lowest HIV rates.

Size estimation of most-at-risk- population in 2013

6

In 2013, a new round of national level size estimation of key populations was carried out. This was funded by the Global Fund and implemented by the Family Planning Association, with technical support from the University of Manitoba. Similar to the 2010 survey, the geographical mapping method was used for this study. Four high risk groups, namely FSW, MSM, Drug users and Beach boys were covered. NGOs that represent the high risk groups collaborated in this activity.

Table 6-1: Summary of the most-at-risk-population size estimation survey

District	Female Sex Workers	MSM	Drug users	Injecting Drug users	Beach boys
Ampara	583	180	52	-	453
Anuradhapura	596	292	306	9	41
Badulla	272	21	262	-	-
Batticaloa	91	33	33	-	15
Colombo	6157	3991	3488	179	34
Galle	324	226	649	4	444
Gampaha	1003	791	3428	72	145
Hambantota	215	128	858	-	220
Jaffna	93	241	4	-	-
Kalutara	118	143	456	6	424
Kandy	709	326	1347	17	-
Kegalle	247	30	801	-	-
Killinochchi	37	30	-	-	-
Kurunegala	687	169	1759	27	-
Mannar	6	9	-	-	-
Matale	378	225	754	18	-
Matara	292	258	651	6	185
Monaragala	205	25	83	-	-
Mullativu	25	6	-	-	-
Nuwara Eliya	86	9	43	-	-
Polonnaruwa	839	74	29	-	-
Puttalam	364	121	1409	60	42
Rathnapura	728	177	1051	27	-
Trincomalee	41	33	-	-	-
Vavuniya	34	19	-	-	-
Total	14,130	7,557	17,463	425	2,003

The findings of the 2013 survey were significantly lower than the estimates that came up from the 2010 size estimation survey. This may be partly due to the fact that only the accessible key populations were estimated during this survey. During the 2013 survey, all 25 districts were physically covered by geographical mapping methodology.

The national estimate for female sex workers is 14,132 (range 12,329 – 15,935). The number of FSW hotspots was found to be 3683. More street based FSWs than brothel based sex workers (42 %vs2%) were encountered.

The National estimated average for MSM was 7551 (range 6547- 8554). Most of the hot spots were street spots and were in the Western , Southern and Central Provinces.

Drug user and Injecting Drug user national estimates were given as 17,459 (range 15,338-19,542). Of the drug users, 2.4% were injectors and about 50% of the injecting drug users shared needles. Intravenous drug users were found mainly in the Western Province. The Institutionalized drug users are not included in the estimated numbers.

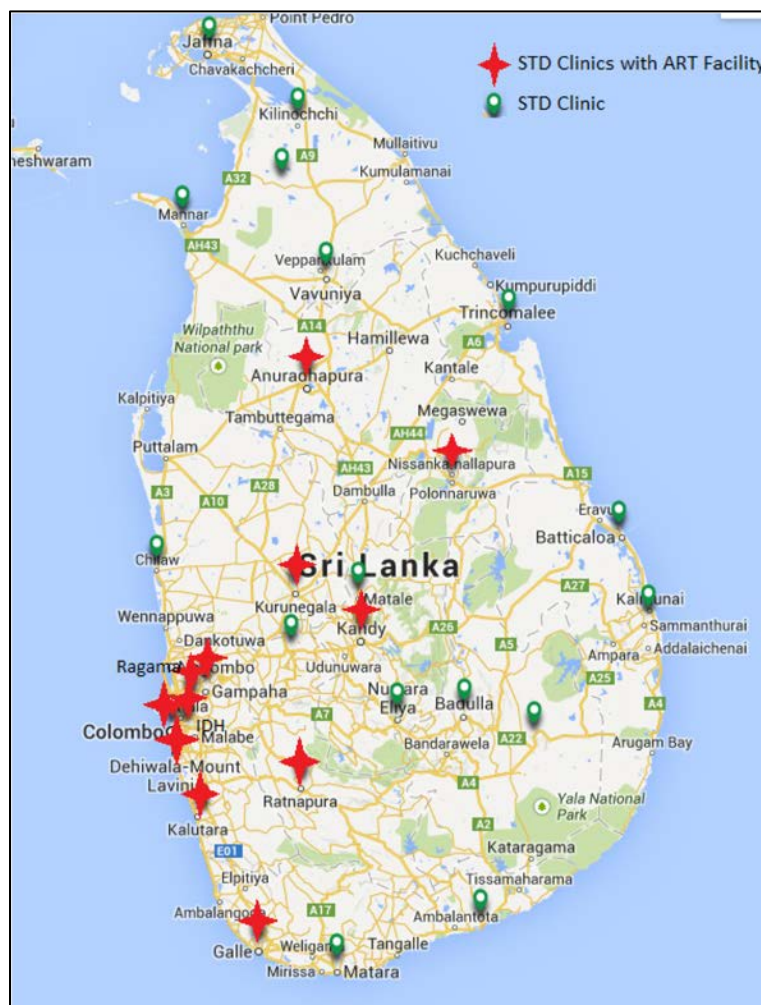
The National average estimate for Beach Boys was 1,314 (range 1142 -1486). They were reported mainly from the Eastern Province and Southern Province.

More details can be found in the report published on this survey. A softcopy can be downloaded from the NSACP website at <http://www.aidscontrol.gov.lk>

Treatment, Care and Support for people living with HIV

Antiretroviral Treatment (ART) is the specific drug treatment available to control HIV infection in an infected persons' body. This medication is indicated depending on the degree of immunological damage as measured by the CD4 lymphocyte count. At the beginning, PLHIVs whose CD4 Cell count <200/ μ L and those who were in WHO stage III and IV diseases were considered as eligible for starting ART. According to the WHO guidelines issued in 2010, Sri Lanka promptly changed these criteria to a CD4 count <350 cells/ μ L and patients who were in WHO stage III and IV diseases. During 2013, based on the new WHO guidelines, this eligibility CD4 count level further increased to a CD4 count <500 cells/ μ L.

Figure 7-1: ART centres and other full time STD Clinics as of end of 2013



In 2013, there were twelve ART centres in the country. Of these five clinics (Kurunegala, Gampaha, Galle, Rathnapura and Polonnaruwa) are branch ART centres while the other seven centres are full time ART centres. Other than the centre at the Base Hospital Angoda (IDH/Infectious Disease Hospital) all other centres are situated in STD clinics. The Colombo ART centre situated in the National STD/AIDS Control Programme functioned as the main centre providing pre ART/ART care in the country. Currently, ART is available in Sri Lanka only through public sector healthcare institutions. This gives the advantage

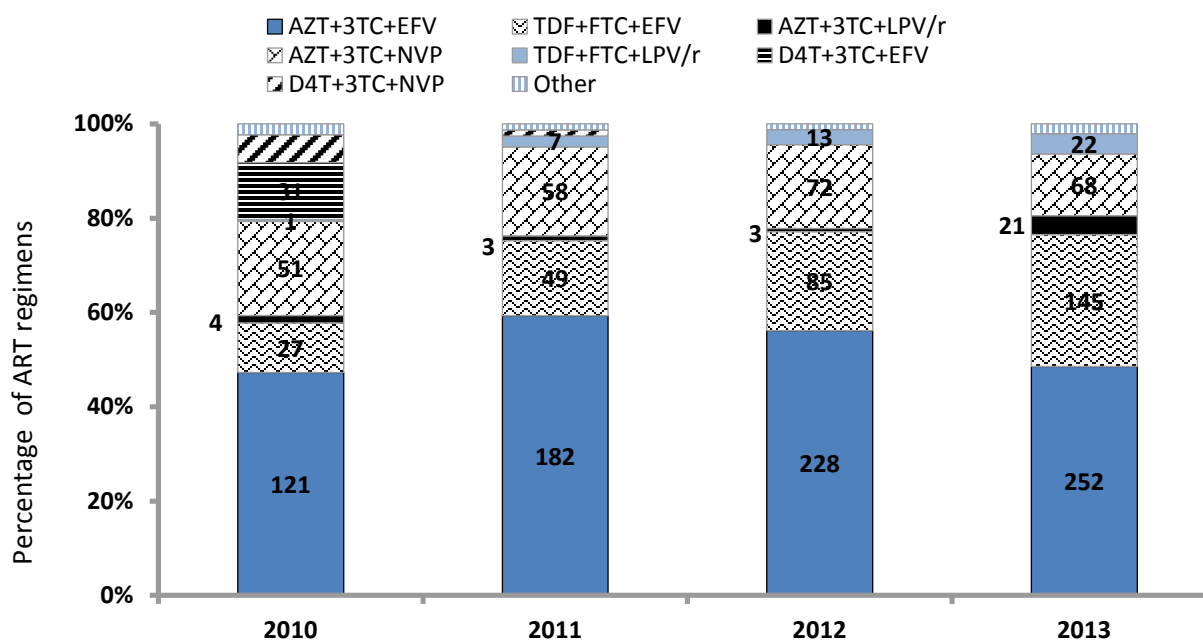
of maintaining the standards of care and proper monitoring and evaluation of the HIV treatment and care provision.

Table 7-1 shows the antiretroviral drugs available during 2013 in Sri Lanka.

Table 7-1: Type of Antiretroviral drugs available and amounts dispensed in 2013

NAME OF THE DRUG/FIXED DRUG COMBINATION	TYPE	ABBREVIATION	AMOUNT DISPENSED
lamivudine 150mg	Tablets	3TC	374
efavirenz 600mg	Tablets	EFV	80,408
efavirenz 200mg	Tablets	EFV	3,260
nevirapine 200mg	Tablets	NVP	2,494
abacavir 300mg	Tablets	ABC	1,830
abacavir 60mg	Tablets	ABC	2,010
lopinavir 200mg/ritonavir 100mg	Tablets	LPV/r	40,044
lopinavir 100mg/ritonavir 25mg	Tablets	LPV/r	3,688
zidovudine 50mg/5ml	syrup	AZT	22
zidovudine 300mg + lamivudine 150mg	Tablets	AZT+3TC	16,3799
zidovudine 60mg + lamivudine 30mg	Tablets	AZT+3TC	21,696
tenofovir 300mg + emtricitabine 200mg	Tablets	TDF+FTC	8,455
abacavir 60mg + lamivudine 30mg	Tablets	ABC+3TC	6,872
zidovudine 300mg + lamivudine 150mg + nevirapine 200mg	Tablets	AZT+3TC+NVP	42,652
zidovudine 60mg + lamivudine 30mg+ nevirapine 50mg	Tablets	AZT+3TC+NVP	21,486
tenofovir 300mg + emtricitabine 200mg + efavirenz 600mg	Tablets	TDF+FTC +EFV	37,354

Figure 7-2: Percentage and number of ARV regimens prescribed during 2010-2013

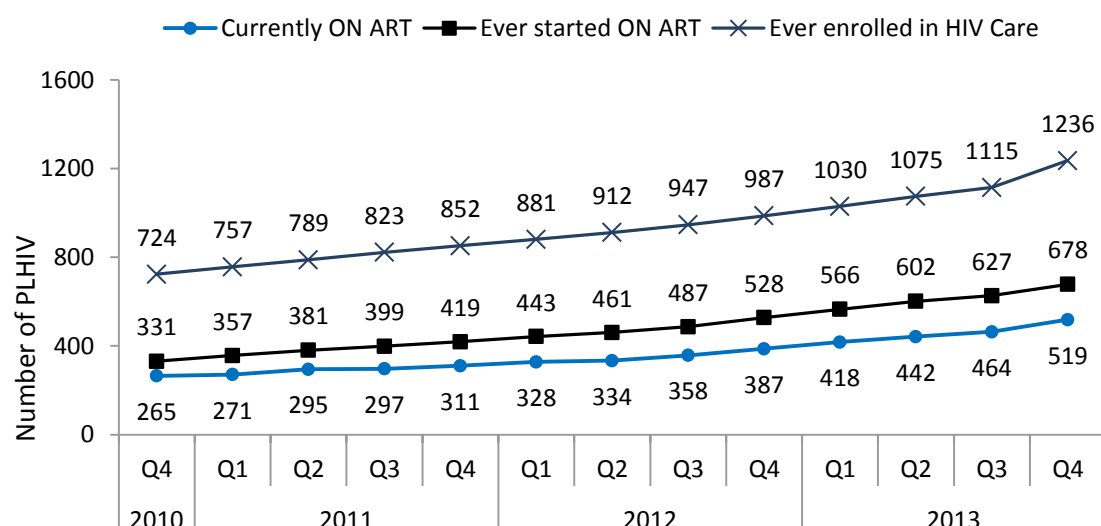


HIV infection needs treatment with a combination of 3-4 drugs. The percentage and number of these drug regimens used during the last four years are given in Figure 7-2. Up to the end 2013, only first and second line ARV regimens were available in Sri Lanka. AZT+3TC+EFV is the main ARV regimen in use since 2010 and it accounts for 48.5 % of all the regimens in 2013. By 2012, all stavudine (D4T) based regimens have been completely phased out as recommended by WHO. The percentage of the TDF+FTC+EFV based regimen has doubled since 2010.

During 2013, 41 percentage of all PLHIV on ART were on a single pill a day fixed dose combination regimens. Simple drug regimens will help maintain a high degree of compliance to ART.

7.1. Enrollment in HIV care and ART programme

Figure 7-3: Cumulative Number of PLHIV in HIV care and ART Programme



There was a cumulative total of 1236 patients ever enrolled in HIV care at the end of 2013. This amounts to 67% of the cumulative total PLHIV reported in Sri Lanka (1845). Since the beginning of the ART programme in 2004, 678 patients have started on ART. Of these, 519 (76%) were alive and on ART at the end of 2013.

Table 7-2 gives the number of PLHIV enrolled in the five main full time ART centres according to the pre-ART (not yet started on ART) and ART stage as of the end of 2013. Branch ART centre data are included in the Colombo ART centre. A majority (66%) of the PLHIV are managed in the Colombo main ART centre.

Table 7-2 : Number of PLHIV in care as of end of 2013

ART Centre	Pre ART stage	Percentage	ART stage	Percentage
Colombo and Rathnapura*	73	44.8	343	66.1
Gampaha	12	7.4	3	0.6
Kandy	9	5.5	28	5.4
IDH	9	5.5	64	12.3
Ragama	18	11.0	49	9.4
Kalubowila	6	3.7	11	2.1
Kalutara	5	3.1	3	0.6
Galle	15	9.2	10	1.9
Kurunegala	11	6.7	4	0.8
Anuradhapura and Polonnaruwa*	5	3.1	4	0.8
Total	163	100.0	519	100.0

* A single ART return is compiled from both ART centres

Figure 7-4: Cumulative Number of PLHIV in all ART centres by the end of the Quarter

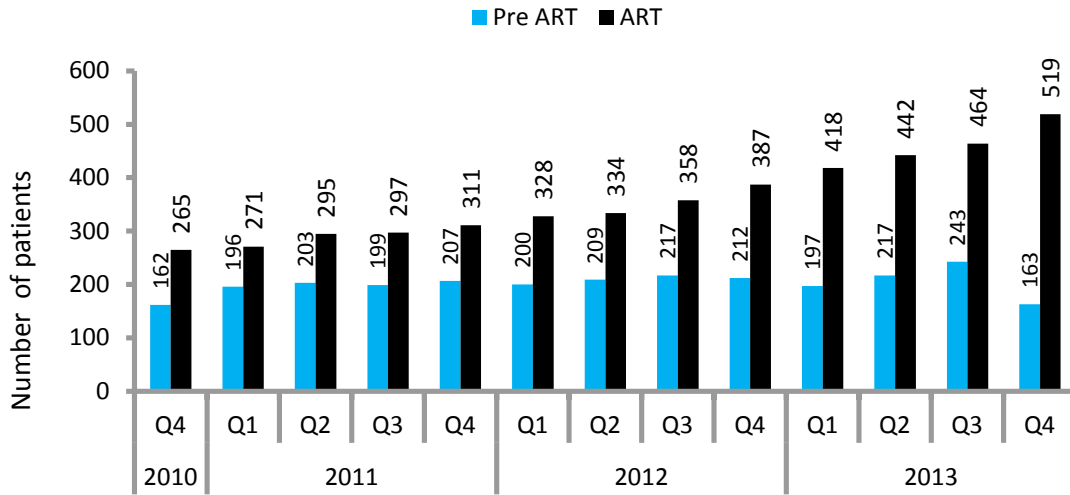
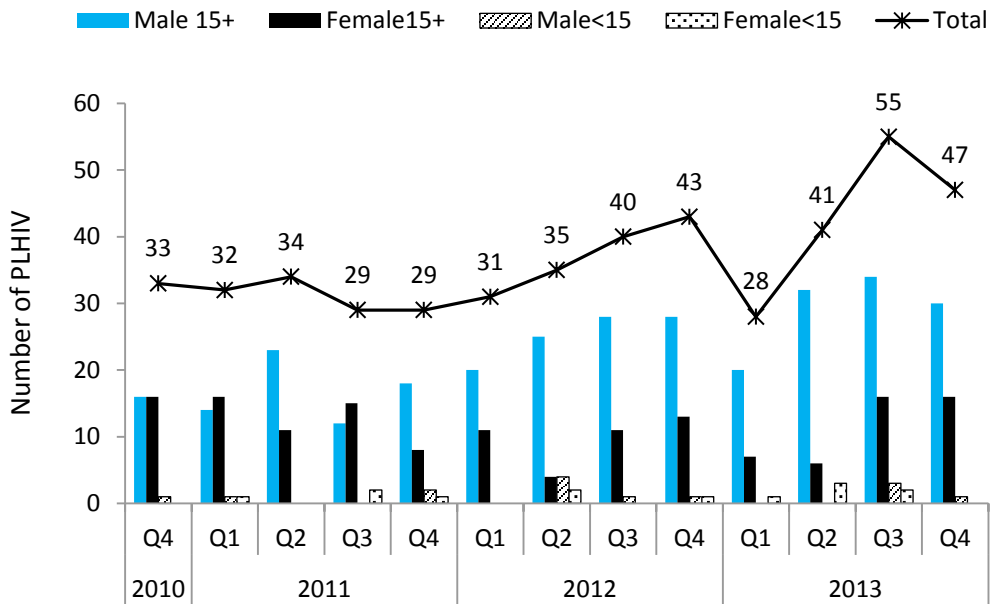


Figure 7-4 shows the quarterly cumulative number of PLHIV on pre-ART and ART stages in Sri Lanka at the end of each quarter from the 4th quarter of 2010 to the 4th quarter 2013.

Figure 7-5: Number of PLHIV newly enrolled in HIV-Care in each quarter by age and sex



7.2.Outcomes on ART

Figure 7-6: Outcome of PLHIV ever started ART by the end of 2013 (N=678)

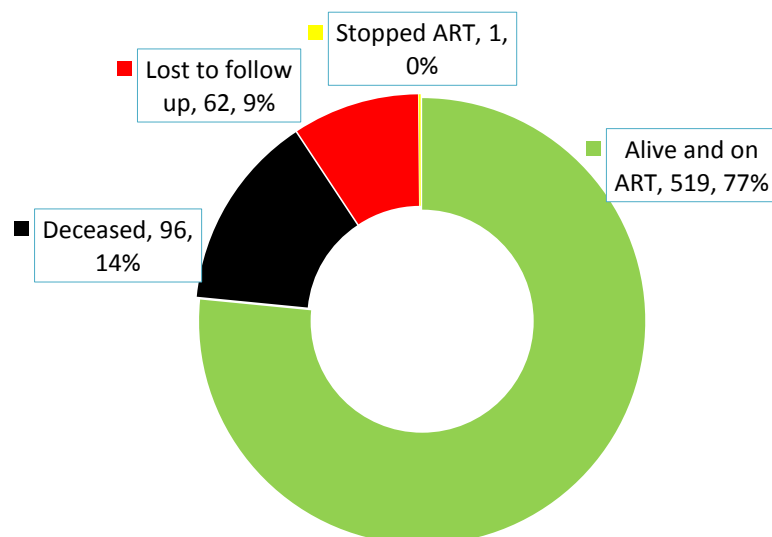


Figure 7-6 shows the outcome of all 678 PLHIV who were ever started on ART by the end of 2013. Of these 77% were alive and on ART. A total of ninety six deaths were reported. The number lost to follow ups, including those who left the country while on ART, is 9%.

Table 7-3 : Details of the ART Regimen of patients who are on ART as of end of 2013

Type of Regimen	Number of Patients
1st Line ART	406
Substituted 1st Line	87
Switched to 2nd Line ART	37
Total on ART	519

Table 7-3 shows that out of the five hundred and nineteen (519) patients who were currently on ART at the end of the 2013 year, a majority (406) remained in the original first line ART regimen. Eighty seven patients were on the substituted 1st line regimen at the end of year 2013. Thirty seven patients switched to the 2nd line regimen by the end of 2013. Four of the patients who were lost to follow-up were re-entered into HIV care during this follow-up period.

Figure 7-7: Number of PLHIV on Different ART Regimens at the end of 2013 (N=519)

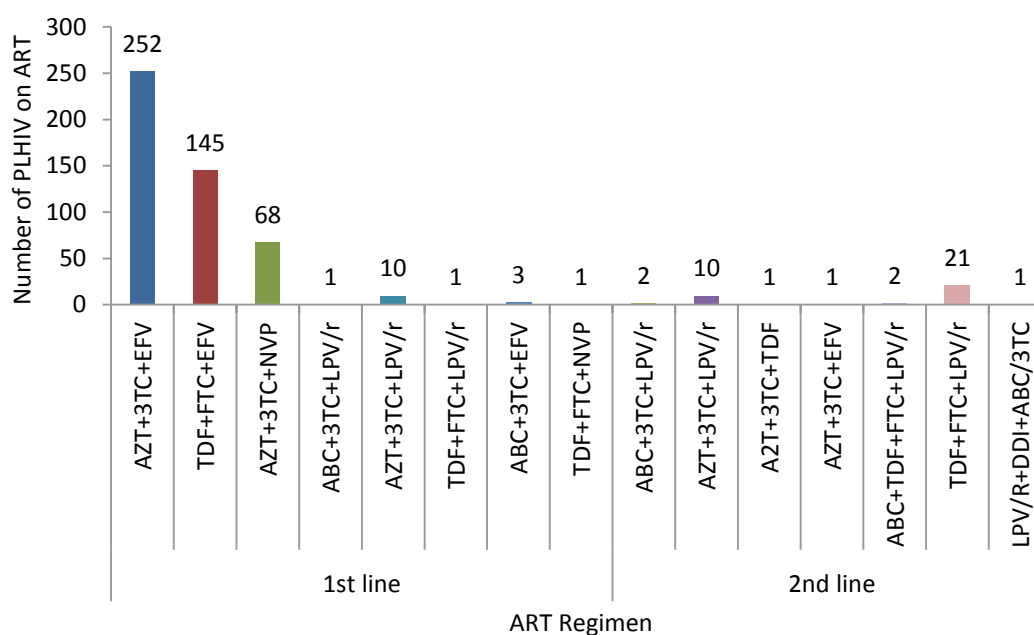


Figure 7-7 illustrates the number of PLHIV on different ART regimens by the end of 2013.

7.3.Data related to HIV/TB Co- infection

According to the TB screening register, patient records, pre-ART & ART registers, seventeen male and two female patients were on Anti Tuberculosis Treatment (ATT) at the time of diagnosis of HIV infection.

- Five HIV positive male patients had a past history of Tuberculosis.
- A total of one hundred and thirty two (132) patients were referred for TB screening during this period. Out of them, twenty one patients were identified as having active tuberculosis with pulmonary or extra pulmonary.
- Twenty eight patients were on DOTs therapy in 2013.
- Nine were on INAH prophylaxis.
- A total of sixty patients were on Cotrimoxazole preventive therapy including paediatric patients.

Based on the above evidence the ART care in the country appears to be satisfactory and well on track with WHO strategies. There needs to be further attention on scaling up of screening for HIV among those who show evidence of TB. Effective strategies need to be devised to retain patients in HIV care programmes.

7.4. Details of other Opportunistic Infections (OI)

- * There were a wide variety of opportunistic infections detected among these patients during 2013.
- * Oral/Oesophageal Candidiasis (65 patients) was the most common OI identified, while Tuberculosis (42 patients) was reported as the second most common OI.
- * Pneumocystis Jirovecii Pneumonia was identified in twenty three patients and bacterial pneumonia was detected in six of the patients.
- * Herpes zoster was reported in nine patients, three patients were presented with chronic diarrhoea.
- * Cryptococcal infection was detected in four patients.
- * Less commonly reported opportunistic infections were MAC infection, CMV retinitis and Toxoplasmosis.
- * Several other OIs, were reported but the numbers were small.

7.5. Cohort analysis of PLHIV on the ART programme

Cohort analysis of patients on ART is done to compare their treatment status/outcome over time and between groups of patients who have had on equal duration of ART. These patients may be from the same ART centre or between different ART centres. 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 6, 12 and 24 months.

Table 7-4: Outcomes of PLHIV twelve (12) month after initiation of ART by ART centre

Twelve (12) month outcome of PLHIV who initiated ART during 2012						
ART Centre	Net no. initiated ART in 2012	Outcome at the 12 month follow up				
		Stopped due to medical reasons	Died	Lost to follow up	No. alive & on ART	Percentage alive & on ART
Colombo	76	0	5	6	65	85.5
IDH	14	0	2	0	12	85.7
Ragama	11	0	1	1	9	81.8
Kandy	6	0	0	0	6	100.0
Kalubowila	1	0	0	0	1	100.0
Kalutara	1	0	0	0	1	100.0
Galle	1	0	0	0	1	100.0
Total	110	0	8	7	95	86.4

Table 7-4 shows the outcome of PLHIV who initiated ART during 2012 after 12 months of initiating ART. The average percentage of PLHIV who are alive and on ART after 12 months of ART initiation is 86.4%.

Table 7-5: Outcomes of PLHIV twenty four (24) months after initiation of ART by ART centre

Twenty four (24) month outcome of PLHIV who initiated ART during 2011						
ART Centre	Net no. initiated ART in 2011	Outcome at the 24 month follow up				
		Stopped due to medical reasons	Died	Lost to follow up	No. alive & on ART	Percentage alive & on ART
Colombo	53	0	2	10	41	77.4
IDH	11	0	5	0	6	54.5
Ragama	11	0	2	1	8	72.7
Kandy	5	0	1	0	4	80.0
Kalubowila	1	0	0	0	1	100.0
Total	81	0	10	11	60	74.1

Table 7-5 shows the outcome of PLHIV who initiated ART during 2011 after 24 months of initiating ART. The average percentage of PLHIV who are alive and on ART after 24 months of ART initiation is 74.1%.

Table 7-6: Outcomes of PLHIV sixty (60) months after initiation of ART by ART centre.

Sixty (60) month outcome of PLHIV who initiated ART during 2008						
ART Centre	Net no. initiated ART in 2008	Outcome at the 60 month follow up				
		Stopped due to medical reasons	Died	Lost to follow up	No. alive & on ART	Percentage alive & on ART
Colombo	28	0	4	1	23	82.1
IDH	8	0	1	0	7	87.5
Kandy	3	0	0	0	3	100.0
Ragama	2	0	1	0	1	50.0
Kalubowila	1	0	0	0	1	100.0
Total	42	0	6	1	35	83.3

Table 7-6 shows the outcome of PLHIV who initiated ART during 2008 after 60 months of initiating ART. The average percentage of PLHIV who are alive and on ART after 60 months of ART initiation is 83.3. The higher percentage of “alive and on ART” among the 60 month cohort compared to the 24 month cohort may be due to their better clinical status at the initiation of ART.

Post exposure prophylaxis for HIV

8. Post exposure prophylaxis for HIV

Post exposure prophylaxis for HIV following occupational injuries in healthcare settings have been available in various parts of the country since 2008. During 2013 it has been scaled up and drugs for PEP are now available in twenty eight government hospitals and nine STD clinics in the country. PEP is offered after counselling and according to guidelines issued by NSACP

Table 8-1: Availability of ART for PEP in the country during 2013

District	Hospitals / STD Clinics	Exact Location	Contact No./Extension
Colombo	National Hospital of Sri Lanka	ETU/OPD	011 2691111 Ext.2429
	Lady Ridgway 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
Gampaha	TH – Ragama	ICU	011 2959261 011 2957199 Ext.258
	STD Clinic – Ragama	STD Clinic	011 2960224
	DGH – Gampaha	Primary Care Unit(PCU)	033 2296897 Ext.112, 113 033 2234385
	DGH – Negambo	MICU	031 2222261 Ext.104
	Chest Hospital - Welisara	OPD/ETU	011 2960509 011 2958271 Ext.349
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
Kurunegala	TH – Kurunegala	ICU-Accident & Emergency	037 2233906 Ext.907, 208
Kandy	TH– Kandy	ETU	081 2233338, 081 2234208
	STD Clinic – Kandy	STD Clinic	081 2203622
Kegalle	STD Clinic – Kegalle	STD Clinic	035 2231222
NuwaraEliya	GH NuwaraEliya	PCU/STD Clinic	052 2234393 Ext.321
Badulla	PGH – Badulla	ETU	055 2222261 Ext.322
	STD Clinic – Badulla	STD Clinic	055 2222578
	BH – Diyathalawa	ICU	057 2229061 Ext.357
Galle	TH – Karapitiya	Pharmacy/ETU	091 2232250 Ext.7813
	STD Clinic – Galle	STD Clinic	091 2245998
Matara	DGH – Matara	ETU	041 2222261 Ext.161
	STD Clinic – Matara	Clinic	041 2232302
Anuradhapura	TH - Anuradhapura	Medical ICU	025 2236461 025 2222261 Ext.1251
	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
Monaragala	STD Clinic - Monaragala	Primary Care Unit	055-2276261 Ext.215, 213

The central STD clinic in Colombo, offered PEP services to 235 health care workers during 2013. The source blood samples were tested for HIV using a WHO recommended Rapid test. Of the 235 healthcare workers, 14 healthcare workers were given ART for post exposure prophylaxis. Table 8-2 includes the different ART regimens that were prescribed to these fourteen healthcare workers.

Table 8-2: PEP Regimen in 2013

PEP regimen	Number of health care workers
AZT + 3TC	9
AZT + 3TC + LPV/r	4
TDF + FTC + LPV/r	1
Total	14

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.

At present, post exposure prophylaxis following sexual exposure is available for HIV negative partners of sero-discordant couples usually following accidental condom ruptures. During 2013, antiretrovirals were prescribed for one such person. This person was given lopinavir based triple ART regimens (TDF + FTC + LPV/r), but the follow up HIV serology was negative at three months following the exposure.

Table 8-3: Type of PEP services provided in 2013

PEP service provided	Number of health care workers
Number counseled after occupational exposure	235
Number started on ART for PEP	14
Number discontinued ART after negative ELISA	5
Number completed ART for 28 days	9 (64.3%)

Antenatal VDRL screening for pregnant mothers has been offered since the early 1950s. The ministry of health has clearly identified this as a major service component for pregnant women and the facilities have been made available throughout the country. Due to the success story, Sri Lanka was supported by the WHO in 2009 to initiate a programme to eliminate congenital syphilis.

VDRL testing is offered as a routine screening test in antenatal services. Around 60% of the tests are arranged through government STD clinic laboratory services. Pregnant women who seek services in the private sector receive VDRL screening through private services.

At the central level, the major institutions responsible for maternal and child health work closely with the NSACP. The Family Health Bureau, which is responsible for maternal and child health services emphasizes the importance of carrying out antenatal screening in their regular training programs and reviews. The links are developed at the primary healthcare level and the district STD clinic and the provincial team including the medical officer of maternal and child health. STD clinic staff consist of both the curative and public health team to provide care services and to work on prevention, which includes the antenatal VDRL screening programme.

Pregnant women confirmed to have syphilis are given appropriate treatment and followed up regularly until delivery. Partner treatment is also completed during this period to prevent repeat infections. The obstetrician responsible for the delivery is informed about the appropriate management of the mother and baby with regard to prevention of mother to child transmission of syphilis.

Smooth functioning of the program depends on the involvement of several stakeholders. While MCH staff is responsible for collecting blood samples from pregnant mothers and delivering samples to the laboratories, the STD clinic provides testing facilities and further management for mothers with syphilis. The link between these units is maintained through regular reviews and in-service training. Continuing advocacy among key players including authorities is also an essential component in the program.

During the last 5 years the prevalence of syphilis among pregnant mothers has remained around 0.02%. In 2013, forty-five pregnant women with confirmed syphilis have been referred to STD clinics through MCH services and all of them have been managed appropriately. In the same year, ten cases of congenital syphilis have been reported island-wide.

There is room for further improvement. Measures need to be taken to improve quality of testing in the private sector and also in data management. The lack of stillbirth or foetal wastage data related to syphilis is a concern.

In Sri Lanka, the rate of congenital syphilis is 0.03 per 1000 births, which is much lower than the target for elimination of mother to child transmission of syphilis (0.5 per 1000 births).

Milestones in prevention of mother to child transmission of syphilis and HIV in Sri Lanka include:

- Prevention of MTCT of syphilis – 1952
- Prevention of MTCT of HIV - 2002
- Elimination of congenital syphilis – 2009
- Elimination of MTCT of HIV – 2013

9.1. Elimination of Mother to Child Transmission of HIV

The prevention of mother to child transmission of HIV programme was launched in 2002. Due to the low prevalence of HIV in the general community antenatal HIV screening was offered routinely in few identified sites until 2012. More emphasis was placed on prong-1 (prevention of HIV among women) and prong-2 (prevention of unintended pregnancies among women) of the four prong strategy of PMTCT. Guidelines were developed on strategies and management of pregnant women with HIV.

A Consultative Meeting was held on May 2013 with relevant stakeholders at the NSACP and a decision was taken to scale up programmes such as “ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF SYPHILIS AND HIV PROGRAMME”.

The important decisions that were made during this meeting include:

- PMTCT to start ART around 14 weeks or if diagnosed later, as early as possible.
- Continue ART after delivery under option B plus.
- Management of pregnant mothers in coordination with the obstetrician according to the available guidelines
- Infant feeding to prevent MTCT of HIV by exclusive breast feeding for six months under ART cover when acceptable, feasible, affordable, safe, sustainable formula feeding is **not** available

It was decided to scale up HIV testing services to provide universal screening for all pregnant mothers in a few years. Until 2012, only De Zoysa Maternity Hospital, Castle Street Hospital for Women, Base Hospital Gamapaha and General Hospital, Kalutara provided HIV testing to ANC clinic attendees.

At the National AIDS Committee held on the 14th October 2013, the secretary, Ministry of Health highlighted the importance of the Elimination of MTCT of HIV programme. It was decided to scale up services to the districts of Colombo, Gampaha, Galle, Matara, Hambantota and Kandy in 2013.

The PMTCT services will be expanded to North Western, North Central and Northern provinces during 2014 and by 2017 all of the provinces will be covered.

9.2. Expected outcomes by end of 2014

- 50% of ANC attendees receive Provider Initiated Counselling and Testing for HIV (PICT)
- 100% of identified HIV-positive pregnant women receive antiretroviral medicines to reduce the risk of mother-to-child transmission
- 100% of infants born to identified HIV-infected mothers receive ARV drugs
- Syphilis prevalence is less than 1% among antenatal women

Table 9-1: Data related to Prevention of Mother to Child Transmission of Syphilis during 2013

	Number
Number of VDRL tests done among pregnant women in 2013 by STD clinics	230,882
Number of VDRL positive samples detected by antenatal screening	1091
Number of TPHA positive samples detected by antenatal screening	101
Number of pregnant women with syphilis offered services	93
Number of pregnant women provided adequate treatment before 36 weeks of POA	90
Number of congenital syphilis cases reported during 2013	10

Table 9-2: Data related to Prevention of Mother to Child Transmission of HIV during 2013

	Number
Number of HIV tests done in 2013 among pregnant women	34,159
Number of pregnant women with HIV reported in 2013 and services offered	6
Number of paediatric HIV infections reported during 2013	11

Six babies were born to six HIV positive mothers who were under PMTCT services during 2013. All mothers had undetectable viral loads at the time of delivery and all babies were confirmed as HIV negative after birth.

During 2013, a national level steering committee was appointed by the Secretary of the ministry of health to enhance PMTCT services. A circular was developed indicating the importance of the EMTCT programme and highlighting the steps that should be taken. Implementation steps were discussed and it was decided to introduce HIV testing through health talks, leaflets and posters. It was further decided to include HIV Testing with the routine antenatal screening package (Hb, Blood group, Blood sugar testing, UFR, VDRL). It was recommended to collect a sample of 5 ml of blood from ANC clinic attendees during the first visit and send it to the STD clinic laboratory for testing of VDRL and HIV. It should be noted that 60% of ANC samples are tested for VDRL through STD clinic laboratories already. The protocol for management of screening positives was also planned.

9.3. Selected targets for PMTCT of syphilis and HIV

- Incidence of congenital syphilis and paediatric HIV < 50 per 100,000 live births
- ANC coverage at least one visit >95%
- Coverage of HIV testing at first ANC visit (before 12 weeks) >50% by end 2014
- Coverage of syphilis testing at first ANC visit (before 12 weeks) >95% by end 2014
- Treatment of syphilis seropositive pregnant women >90%
- ARV coverage of HIV positive pregnant women >90%

The following Indicators will be considered in assessing the performance of different districts:

- Percentage of pregnant women attending ANC identified as having HIV infection
- Percentage of identified HIV infected pregnant women receiving PMTCT services according to national guidelines
- Percentage of pregnant women screened for syphilis at delivery (first trimester)
- Percentage of pregnant women identified as having maternal syphilis
- Percentage of identified women with syphilis receiving effective (penicillin) treatment

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 and functions as a reference laboratory to all of the other peripheral STD clinic laboratories and private sector laboratories in the country.

The Reference Laboratory of NSACP extends its services to provide viral load assay and CD4 count assay for people living with HIV. The new viral load assay (Real time PCR) method has been introduced and this can be considered an important event in laboratory molecular test development. In order to improve treatment and care services for people living with HIV (PLHIV), a full blood count analyser and an electrolyte analyser were also introduced to the laboratory. These are useful to monitor the response to antiretroviral treatment. Early diagnosis of babies born to HIV infected mothers by DNA PCR was added to the routine diagnostic services performed during 2013.

Routine screening of antenatal mothers for syphilis and HIV at the De Soysa Maternity Hospital has been carried out for many years. During 2013 this service was extended to include all antenatal mothers attending Castle Street Hospital for Women. In addition, peripheral STD laboratories conduct a majority of antenatal syphilis screening tests in their respective provinces. To improve HIV testing services, four ELISA machines were supplied to STD clinics in Chilaw, Kalutara, Hambanthota and Polonnaruwa during 2013. This will significantly improve the HIV testing facilities in a cost effective manner.

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 of the HIV and syphilis testing for HIV sentinel surveillance.

Table 10-1: Number of Tests carried out at Central STD Laboratory during 2013

Name of the Test	Number of Tests	Name of the Test	Number of Tests
HIV EIA	46,204	HSV 1-IgM	15
HIV PA	1,265	HSV 1-IgG	15
HIV (RAPID)	1,175	HSV 2-IgM	15
Western blot	575	HSV 2-IgG	15
HIV - viral load	359	Blood sugar	173
CD 4 count	1,287	Bilirubin	475
VDRL	54,754	SGOT	479
TPHA/TPPA	9,781	SGPT	479
Syphilis EIA	18	ALP	363
Syphilis ELISA IgM	05	Serum creatinine	443
G.C. culture	7,078	Blood urea	494
G.C. culture for ABST	118	Lipid profile	134
Hepatitis B S Antigen	1,665	Total cholesterol	134
Cervical cytology	1,104	HDL	134
Urine HCG for pregnancy	75	LDL	134
Full Blood Count	880		

Data relevant to the tests performed in 2013 are given in detail in the Table 10-1 .

To maintain a high quality of the services rendered, as an on-going routine activity, the National Reference Laboratory participates in the following External Quality Assessment Programmes,

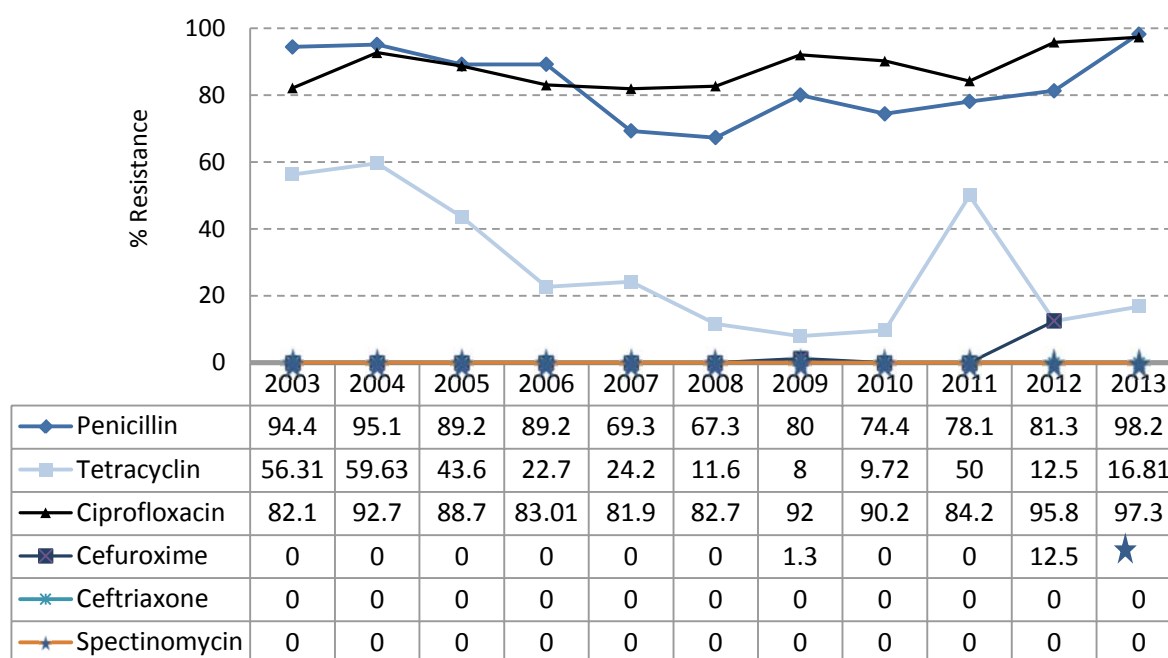
1. External Quality Assessment conducted by the National Reference Laboratory of Australia twice every year for HIV antibody testing.
2. Proficiency testing for Syphilis serology conducted by Centre for Disease Control Atlanta, USA twice every year
3. Gonococcal Antimicrobial Susceptibility Programme quality assessment conducted by WHO collaborative centre in Sydney, twice every year
4. 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. All STD clinic laboratories, blood banks and some private hospitals participate in these programmes where they are assessed periodically and advised accordingly.

Table 10-2: Tests carried out by the Central & Peripheral STD Microscopic Laboratories for 2013

Places	Dry Smears	Wet Smears	Urine Tests	EQA Smears	Total
Central Laboratory in Colombo	8405	4786	1396	4695	19,282
Peripheral STD Laboratories	25,722	10,051	682	0	36,455
Grand Total	34,127	14,837	2078	4695	55,737

Figure 10-1: Gonococcal Resistance Pattern 2003-2013



★ Sensitivity pattern not tested for cefuroxime in 2013

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 organized teaching and training activities related to STD and HIV diagnostics. In-service training programmes were conducted during 2013 in order to update the knowledge of laboratory staff working in the Reference laboratory as well as the peripheral STD laboratories.

Developing partnerships with the non-health sector is an important strategy of the National STD/AIDS Control Programme in planning and implementing programmes aimed at the prevention and control of STIs including HIV.

11.1. HIV prevention among prisoners “A New Light for life of Prison Inmates”



Figure 11-1: A prison sector HIV education programme in progress

An Island-wide life skills based education programme named “A New Light for life of Prison Inmates” was implemented with GFATM funds. The prison programme for HIV prevention also includes advocacy programmes and skills building of the rehabilitation officers and medical staff on sexual health promotion. Peers selected among prison inmates were trained to reach out to fellow prisoners through formal and informal sessions using a variety of communication materials. Flip charts, telefilms, posters and leaflets were designed in all three languages as resource materials. The peers have developed leadership qualities for prevention of HIV. By the end of 2013, about 1430 trained peer leaders were in Island-wide prisons and they provide peer education to more than 14,300 inmates. The four prisons in Colombo participated in the World AIDS day walk while other island-wide prisons conducted separate World AIDS day programmes.

Following these interventions, more than 8693 prison inmates underwent voluntary HIV testing and counselling during 2013. Observations were made during Peer leader interactive reviews that the behaviour change communication package was effective in HIV/AIDS prevention among prison inmates.

11.2. Police sector HIV prevention programme

The National STD/AIDS Control Programme is carrying out skills building and awareness programmes for police officers with support from UNFPA with the aim to:

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



Figure 11-2: Police officers being educated about “Law and HIV Prevention”

This programme has helped create an enabling environment to promote HIV prevention activities among sex workers. As a result arbitrary arrest of sex workers for being in possession of condoms has been reduced and the use of condom as an HIV prevention tool has been understood. The partnership and commitment from the police department is commendable.

During 2013, training of trainers programmes were held using module based participatory training and a total of 255 male and female police officers from Police Training Colleges, Police Academies, Women and Child’s Bureau (including North & East Provinces) were trained. Necessary training tools with IEC materials (educational telefilms and lectures) were provided to trainers to be used as resource materials to maintain a uniform standard.

A one day awareness meeting was carried out among Vice OIC’s & Owners of Massage Parlours in the western province. This awareness was carried out among thirty two Vice OIC’s and 128 owners of massage parlours.

Hand-books on “Laws concerning sex work in Sri Lanka and HIV/AIDS prevention” were distributed among all Island wide police stations and training schools. This book contains the current Laws on sex work in Sri Lanka and current verdicts of the court cases in relation to sex work in Sri Lanka. World AIDS day posters, banners and leaflets were distributed among Island wide police stations in order to provide knowledge.

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 2013. Staff of the Multi-sectoral unit attended most of these programme.

11.3. HIV Prevention Programme for Armed forces

The armed forces conducted different types of programmes to commemorate World AIDS Day 2013. A total of 250 trainers from the health services of the armed forces were trained using a sexual & reproductive health module with the support of the Family Planning Association of Sri Lanka to carry out HIV prevention programmes.

Relevant communication materials, flip charts, telefilms and a documentary were distributed among all divisions of the armed forces to be used during both formal and informal sessions with their colleagues to promote knowledge.

11.4. HIV Prevention Programme for road construction sectors

The multi-sectoral unit of the NSACP was involved in the empowerment of road sector management staff and workers by conducting advocacy programmes and training programmes.

11.5. Other preventive Programmes

Several programmes were carried out in collaboration with the Business Coalition in several private companies which helped to provide awareness of HIV/AIDS. In addition to these, many programmes were carried out in schools on the order to provide knowledge to school children on the prevention of HIV.

12.1. In-service and Pre-service training of healthcare workers

Pre-service training of STD clinic staff was carried out regularly during 2013. Ninety four major staff members of district STD clinics, including ten medical officers were trained in training courses extending from two weeks to two months.

Table 12-1: Trainings conducted by the headquarters of the NSACP in 2013

Type of Training	Duration	No. trained
Pre service Training for STD staff-MO	2 months	2
Pre service Training for STD staff-MO	2 weeks	7
Pre service Training for STD staff-MO Prison Hospital	1 month	1
Pre service Training for STD staff-NO	2 weeks	8
Pre service Training for STD staff-PHNS	2 weeks	1
Pre service Training for STD staff-MLT	2 weeks	3
Pre service Training for STD staff-MLT	5 days	1
In service training on ELISA testing for MLT	5 days	15
In service refresher training for MLT(GFATM)	2 days	23
Pre service Training for STD staff-PHI	2 weeks	6
Pre service Training for STD staff-PHLT	2 weeks	3
In service refresher training for MLT(GFATM)	2 days	22
Pre service Training for supportive staff	5 days	2
Training for Healthcare providers in Comprehensive care and treatment package on stigma and discrimination	2 days	385
Consultative meeting on EMTCT	1 day	16
Counseling and testing for Major staff (GFATM)	2 days	55
In service training programme for central and district level STI/HIV staff on Programme management (WHO)	5 days/3days	136
ART Guideline meetings(09 meetings)	1 day	225
Steering committee meeting on EMTCT (UNICEF) 2 meetings	1 day	50
Training for Health care providers on EMTCT (UNICEF)	1 day	70
Lecture in government Healthcare Institutes	1 Day	400
Medical Students(MS)Colombo	5 days	199
Medical Students(MS) Kotalawala	8 days	44
Medical Physiotherapy	1 day	15
Nursing Students(NS)	4/5 days	442
Intern Pharmacists	1 day	20

Medical students of the Faculty of Medicine Colombo were trained in twelve groups, each consisting of a total of 199 students. Each group had a one week training which included daily clinical sessions as well as lecture discussions. Forty-four medical students of the Kotelawala Defence Academy were also given

training for two weeks. Student nurses from the Nurses Training School also had weekly training in STD and HIV.

12.2. 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 the commencement of a MD Venereology course in 2003. A total of sixty-eight students have followed the course and sixty-four were successful in the Postgraduate Diploma examination. Currently six trainees are undergoing the Postgraduate Diploma in Venereology training. The Diploma in Venereology is the stepping stone to the MD in Venereology.

Twenty-one trainees have completed the MD in venereology examination and local post MD training including nine trainees who are currently undergoing overseas training in UK and Australia. Eight have completed local and overseas training. A major part of the clinical training is given at the NSACP.

Table 12-2: Training of Other Postgraduate Trainee Medical Officers at NSACP in 2013

Type of Training	Duration	Number trained
Community Paediatrics	1 day	35
Dermatology	5 days	5
Virology	1 month	1
Forensic Medicine	1 week	3
MSc Community Medicine	2 days	22
DFM trainees	5 days	8
DTM trainees	2 weeks	6

Financial sources and details of expenditure categories- 2013

13

Ministry of Health and Global Fund were the main financial sources for the activities carried out by the National STD/AIDS Control Programme during 2013 (48% each). Developmental partners from the UN (UNFPA, WHO and UNAIDS) had contributed 4%. The Ministry of Health allocations shown below are the funds allocated to the Central STD clinic of the National STD/AIDS Control Programmes. Health ministry expenditure for the peripheral STD clinics and their programmes are borne by the respective provincial authorities and are not included in the table given below.

Table 13-1 : Financial report for 2013

Source of Funds	Description	Amount, Rs.	Sub Total
Ministry of Health (Recurrent Expenditure)	Salaries and wages	33,437,081	85,283,115
	Overtime and public holiday allowance	9,115,710	
	Other allowance	27,990,782	
	Travelling charges	136,789	
	Stationary and office requirements	552,216	
	Fuel	755,951	
	Waste management	161,631	
	Vehicle maintenance	681,267	
	Machine maintenance	736,362	
	Building maintenance	869,824	
	Postal and communication	585,311	
	Electricity and water	5,631,735	
	Security and cleaning	3,539,726	
	Loan interest	839,734	
	Payments	115,500	
	Other	133,496	
Training programme in 5 "S"	30,000	1,340,712	
Ministry of Health (Capital Expenditure)	Laboratory test	161,460	
	Building construction and repair	82,567	
	Office equipment	934,685	
	Machinery developments	132,000	
Global Fund	Human resources	14,630,694	65,468,530
	Training	9,405,205	
	Technical assistance	7,286,715	
	Health products and health equipment	24,065,485	
	Medicine and pharmaceutical products	923,113	
	Infrastructure and other equipment	4,549,145	
	Communication and other materials	491,516	
	Planning and administration	110,309	
	M&E (Mainly survey contracts)	2,628,415	
	Overheads	1,377,933	
UNFPA	Payments via NSACP	3,380,000	4,583,250
	Payments via Ministry of Health	1,203,250	
WHO	Counselling programmes	1,572,978	1,572,978
UNICEF	EMTCT training programmes	111,176	111,176
		Grand Total Rupees	158,359,761

New website for the National STD/AIDS Control Programme

14



Figure 14-1: Welcome page of the new NSACP website

During 2013, the National STD/AIDS Control Programme developed a new trilingual website as the existing website was subjected to a hacking attack. The World Health Organisation provided financial assistance to the Strategic Information Management (SIM) Unit of NSACP to develop this new website.

This new website is built according to the specifications given by the Information and Communication Technology Agency of Sri Lanka (ICTA) and equipped with updated data and public information in all three languages of Sri Lanka: Sinhalese, Tamil and English. The same URL <http://www.aidscontrol.gov.lk> is used to access the new site.

A large number of the public has sought specific information by emailing at the address given on the website info@aidcontrol.gov.lk.



Figure 14-2: First page of the new NSACP website

ANNEX - I

Number of STIs reported during last five years from all STD clinics

Annex 1- Table 1. Number of Early (Infectious) Syphilis cases reported from STD clinics during 2009-2013

Clinic	2009			2010			2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	7	0	7	1	0	1	0	0	0	2	0	2	0	0	0
Anuradapura	2	2	4	3	0	3	9	1	10	0	0	0	2	2	4
Badulla	9	13	22	3	8	11	3	4	7	6	2	8	3	2	5
Balapitiya	1	1	2	2	1	3	0	0	0	0	0	0	2	1	3
Batticalloa	2	3	5	4	2	6	2	3	5	4	5	9	1	0	1
Colombo	55	21	76	45	14	59	78	27	105	96	30	126	104	37	141
Chilaw	1	1	2	2	0	2	1	0	1	0	0	0	0	0	0
Gampaha	1	0	1	5	0	5	3	0	3	1	0	1	1	0	1
Hambanthota	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Jaffna	0	0	0	5	4	9	0	1	1	1	0	1	2	2	4
Kalubowila	13	3	16	19	2	21	16	5	21	20	4	24	13	1	14
Kalutara	3	2	5	3	0	3	4	1	5	4	2	6	2	3	5
Kalmunai	2	2	4	2	0	2	0	0	0	3	0	3	1	0	1
Kandy	11	3	14	11	5	16	8	2	10	14	2	16	7	3	10
Kegalle	3	1	4	6	3	9	8	2	10	3	2	5	2	3	5
Kurunegala	0	0	0	1	0	1	0	0	0	2	2	4	3	0	3
Galle	2	0	2	5	1	6	5	1	6	15	1	16	8	6	14
Mannar	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0
Matale	0	0	0	0	0	0	0	0	0	0	0	0	4	2	6
Matara	10	4	14	7	4	11	5	2	7	12	7	19	6	3	9
Monaragala	1	0	1	0	1	1	0	0	0	0	0	0	2	1	3
Negombo	0	0	0	0	1	1	1	0	1	6	5	11	3	3	6
NuwaraEliya	1	3	4	0	0	0	2	2	4	2	3	5	5	5	10
Polonnaruwa	1	1	2	1	3	4	2	3	5	0	0	0	1	0	1
Ragama	13	3	16	13	2	15	27	6	33	26	9	35	16	7	23
Ratnapura	2	3	5	6	4	10	4	2	6	4	1	5	0	0	0
Trincomalee	2	1	3	11	2	13	1	0	1	3	1	4	1	0	1
Vauniya	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wathupitiwala	*	*	*	*	*	*	*	*	*	0	1	1	2	1	3

*Not in operation during these years

Annex 1- Table 2. Number of Late Syphilis cases reported from STD clinics during 2009-2013

Clinic	2009			2010			2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	1	0	1	0	1	1	6	5	11	4	3	7	7	2	9
Anuradapura	9	9	18	7	4	11	6	1	7	16	5	21	12	8	20
Badulla	2	1	3	5	6	11	10	8	18	6	7	13	25	23	48
Balapitiya	0	0	0	0	0	0	0	1	1	4	0	4	3	2	5
Batticalloa	1	0	1	1	0	1	4	1	5	3	0	3	5	8	13
Colombo	159	108	267	126	139	265	128	98	226	222	131	353	239	145	384
Chilaw	4	10	14	4	13	17	6	10	16	4	0	4	10	11	21
Gampaha	7	3	10	6	3	9	4	8	12	13	6	19	8	11	19
Hambanthota	4	5	9	1	7	8	11	6	17	17	8	25	23	13	36
Jaffna	0	0	0	0	0	0	3	0	3	0	0	0	2	3	5
Kalubowila	18	10	28	3	12	15	16	14	30	40	17	57	34	17	51
Kalutara	4	10	14	4	3	7	15	7	22	13	10	23	21	13	34
Kalmunai	2	0	2	0	1	1	0	0	0	0	0	0	1	0	1
Kandy	44	13	57	34	14	48	33	19	52	30	14	44	37	18	55
Kegalle	0	2	2	1	0	1	0	0	0	0	0	0	8	3	11
Kurunegala	12	20	32	19	21	40	11	10	21	19	26	45	20	19	39
Galle	8	7	15	11	10	21	13	3	16	23	20	43	48	13	61
Mannar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Matale	1	3	4	1	0	1	0	0	0	0	0	0	0	2	2
Matara	2	0	2	0	0	0	3	2	5	10	3	13	11	3	14
Monaragala	3	2	5	2	3	5	1	0	1	0	0	0	0	1	1
Negombo	2	4	6	8	11	19	4	11	15	6	8	14	16	16	32
NuwaraEliya	2	2	4	3	2	5	1	3	4	0	0	0	0	0	0
Polonnaruwa	10	3	13	7	8	15	1	3	4	6	2	8	1	0	1
Ragama	18	8	26	15	6	21	23	14	37	29	15	44	56	19	75
Ratnapura	5	8	13	11	14	25	8	5	13	18	11	29	18	15	33
Trincomalee	2	2	4	2	1	3	0	0	0	0	0	0	2	2	4
Vauniya	3	0	3	2	1	3	12	6	18	7	11	18	9	4	13
Wathupitiwala	*	*	*	*	*	*	*	*	*	2	0	2	1	2	3

*Not in operation during these years

Annex 1- Table 3. Number of Gonorrhoea cases reported from STD clinics during 2009-2013

Clinic	2009			2010			2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	1	0	1	3	1	4	2	0	2	1	0	1	4	0	4
Anuradapura	15	3	18	18	4	22	16	7	23	18	13	31	24	1	25
Badulla	3	0	3	0	1	1	3	0	3	7	3	10	4	1	5
Balapitiya	0	2	2	4	2	6	5	8	13	2	4	6	9	1	10
Batticalloa	1	1	2	5	2	7	1	4	5	6	1	7	13	3	16
Colombo	47	11	58	47	20	67	30	11	41	75	18	93	108	18	126
Chilaw	2	1	3	3	0	3	3	0	3	2	0	2	3	1	4
Gampaha	3	0	3	2	0	2	8	2	10	5	1	6	13	1	14
Hambanthota	11	8	19	24	5	29	11	0	11	15	4	19	15	18	33
Jaffna	7	1	8	9	3	12	4	1	5	4	0	4	7	0	7
Kalubowila	15	3	18	13	4	17	10	16	26	24	9	33	39	13	52
Kalutara	8	0	8	8	0	8	9	1	10	6	0	6	10	1	11
Kalmunai	3	1	4	0	1	1	2	2	4	1	0	1	1	0	1
Kandy	22	15	37	9	3	12	13	2	15	18	13	31	26	12	38
Kegalle	4	1	5	0	0	0	1	1	2	2	0	2	23	11	34
Kurunegala	12	117	129	8	1	9	3	4	7	3	4	7	18	3	21
Galle	4	0	4	5	5	10	1	2	3	15	2	17	10	3	13
Mannar	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0
Matale	3	0	3	4	0	4	0	0	0	3	1	4	4	0	4
Matara	11	8	19	1	1	2	2	1	3	7	2	9	10	2	12
Monaragala	2	2	4	0	0	0	8	9	17	0	0	0	4	2	6
Negombo	8	4	12	15	5	20	3	2	5	5	1	6	6	1	7
NuwaraEliya	2	0	2	3	0	3	2	2	4	17	15	32	20	22	42
Polonnaruwa	27	3	30	28	16	44	11	3	14	17	0	17	3	1	4
Ragama	12	2	14	9	3	12	13	7	20	14	2	16	16	5	21
Ratnapura	32	41	73	17	21	38	3	3	6	15	4	19	10	2	12
Trincomalee	4	1	5	20	1	21	20	0	20	19	1	20	11	0	11
Vauniya	5	1	6	1	1	2	1	0	1	5	0	5	10	2	12
Wathupitiwala	*	*	*	*	*	*	*	*	*	1	0	1	2	0	2

*Not in operation during these years

Annex 1- Table 4. Number of Non-Gonococcal infections reported from STD clinics during 2009-2013

Clinic	2009			2010			2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	0	1	1	0	1	1	12	0	12	6	0	6	14	0	14
Anuradapura	64	32	96	61	19	80	60	16	76	40	19	59	51	2	53
Badulla	8	1	9	7	2	9	4	0	4	7	8	15	6	6	12
Balapitiya	6	11	17	10	2	12	10	33	43	8	21	29	7	12	19
Batticalloa	0	0	0	0	0	0	0	0	0	1	0	1	2	3	5
Colombo	162	310	472	118	308	426	144	109	253	141	239	380	144	290	434
Chilaw	26	140	166	8	81	89	16	102	118	6	93	99	16	60	76
Gampaha	15	86	101	26	111	137	29	105	134	40	102	142	17	103	120
Hambanthota	2	0	2	16	1	17	5	0	5	10	3	13	13	4	17
Jaffna	0	0	0	0	0	0	13	3	16	17	6	23	3	0	3
Kalubowila	50	47	97	51	42	93	54	43	97	43	81	124	57	82	139
Kalutara	14	115	129	7	85	92	8	96	104	13	33	46	5	45	50
Kalmunai	7	7	14	0	1	1	1	1	2	0	0	0	1	0	1
Kandy	52	153	205	51	163	214	60	218	278	42	226	268	24	242	266
Kegalle	1	0	1	0	0	0	1	3	4	1	0	1	77	50	127
Kurunegala	133	39	172	69	157	226	45	131	176	52	140	192	70	237	307
Galle	13	7	20	15	17	32	15	80	95	31	80	111	23	100	123
Mannar	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Matale	4	1	5	2	2	4	8	3	11	0	0	0	5	3	8
Matara	8	31	39	11	54	65	6	28	34	6	44	50	14	30	44
Monaragala	2	16	18	1	3	4	1	34	35	0	0	0	2	0	2
Negombo	4	47	51	6	60	66	34	75	109	28	108	136	42	124	166
NuwaraEliya	3	0	3	5	0	5	4	2	6	20	18	38	18	14	32
Polonnaruwa	1	0	1	0	0	0	1	0	1	6	0	6	0	0	0
Ragama	52	60	112	36	38	74	39	37	76	46	63	109	22	60	82
Ratnapura	29	25	54	36	56	92	42	56	98	15	17	32	12	4	16
Trincomalee	0	0	0	0	0	0	1	0	1	0	0	0	2	0	2
Vauniya	8	3	11	0	0	0	0	0	0	0	0	0	8	0	8
Wathupitiwala	*	*	*	*	*	*	*	*	*	5	11	16	5	27	32

*Not in operation during these years

Annex 1- Table 5. Number of Genital Herpes cases reported from STD clinics during 2009-2013

Clinic	2009			2010			2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	9	7	16	17	12	29	24	34	58	14	21	35	26	34	60
Anuradapura	85	79	164	100	81	181	86	48	134	58	47	105	53	70	123
Badulla	19	37	56	21	39	60	21	34	55	33	70	103	32	73	105
Balapitiya	21	31	52	20	20	40	30	46	76	26	41	67	29	48	77
Batticalloa	1	5	6	2	4	6	11	6	17	1	6	7	11	11	22
Colombo	193	188	381	194	165	359	195	225	420	195	225	420	227	182	409
Chilaw	40	40	80	52	63	115	54	60	114	39	58	97	38	55	93
Gampaha	24	56	80	38	65	103	25	70	95	45	74	119	29	55	84
Hambanthota	25	20	45	38	47	85	30	37	67	23	26	49	18	38	56
Jaffna	2	3	5	2	4	6	3	3	6	11	7	18	2	3	5
Kalubowila	77	103	180	108	133	241	127	146	273	128	166	294	133	150	283
Kalutara	37	72	109	51	74	125	33	76	109	37	71	108	33	76	109
Kalmunai	3	5	8	3	10	13	2	7	9	2	4	6	2	4	6
Kandy	61	90	151	83	97	180	59	89	148	80	107	187	69	95	164
Kegalle	3	20	23	13	26	39	10	28	38	11	16	27	33	54	87
Kurunegala	81	91	172	75	77	152	109	110	219	94	109	203	79	101	180
Galle	22	50	72	38	63	101	40	65	105	34	66	100	26	78	104
Mannar	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0
Matale	9	20	29	13	24	37	13	35	48	7	20	27	13	32	45
Matara	29	29	58	34	31	65	41	31	72	54	77	131	45	49	94
Monaragala	13	22	35	3	7	10	22	33	55	0	0	0	4	13	17
Negombo	38	32	70	40	39	79	20	33	53	32	44	76	35	36	71
NuwaraEliya	2	12	14	5	8	13	7	13	20	10	6	16	8	12	20
Polonnaruwa	46	48	94	48	79	127	48	52	100	31	54	85	29	50	79
Ragama	41	66	107	45	74	119	70	87	157	58	70	128	53	85	138
Ratnapura	53	71	124	71	72	143	82	124	206	74	102	176	71	97	168
Trincomalee	11	5	16	17	7	24	28	11	39	23	18	41	21	13	34
Vauniya	4	7	11	19	15	34	42	17	59	39	13	52	26	22	48
Wathupitiwala	*	*	*	*	*	*	*	*	*	5	7	12	20	27	47

*Not in operation during these years

Annex 1- Table 6. Number of Genital warts cases reported from STD clinics during 2009-2013

Clinic	2009			2010			2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	7	6	13	11	1	12	25	9	34	21	12	33	18	20	38
Anuradapura	61	31	92	72	29	101	77	21	98	66	48	114	65	40	105
Badulla	11	10	21	17	8	25	21	6	27	13	17	30	14	23	37
Balapitiya	15	12	27	17	12	29	8	6	14	15	11	26	17	7	24
Batticalloa	6	4	10	5	5	10	2	1	3	6	2	8	4	8	12
Colombo	193	86	279	193	114	307	208	120	328	233	115	348	275	110	385
Chilaw	17	18	35	32	26	58	42	31	73	34	21	55	37	25	62
Gampaha	13	22	35	21	30	51	24	27	51	32	32	64	35	42	77
Hambanthota	8	14	22	21	11	32	23	14	37	25	8	33	26	21	47
Jaffna	6	0	6	4	0	4	4	0	4	3	4	7	3	1	4
Kalubowila	63	50	113	69	59	128	85	67	152	102	86	188	90	58	148
Kalutara	28	27	55	44	32	76	31	39	70	27	36	63	50	42	92
Kalmunai	0	1	1	1	3	4	0	0	0	0	1	1	0	3	3
Kandy	41	26	67	43	36	79	40	32	72	63	45	108	52	39	91
Kegalle	6	6	12	13	7	20	20	10	30	22	21	43	58	43	101
Kurunegala	33	23	56	68	55	123	72	69	141	71	66	137	68	78	146
Galle	16	18	34	48	31	79	21	25	46	37	36	73	36	33	69
Mannar	3	0	3	0	0	0	0	0	0	0	0	0	0	1	1
Matale	9	11	20	8	7	15	10	9	19	5	7	12	15	10	25
Matara	13	8	21	11	14	25	18	18	36	26	22	48	39	21	60
Monaragala	6	8	14	1	2	3	6	4	10	0	0	0	5	4	9
Negombo	28	25	53	31	23	54	27	16	43	45	24	69	44	35	79
NuwaraEliya	1	3	4	5	0	5	5	3	8	7	9	16	3	2	5
Polonnaruwa	17	16	33	33	31	64	38	16	54	30	27	57	25	26	51
Ragama	71	49	120	82	42	124	84	61	145	72	55	127	59	47	106
Ratnapura	32	24	56	31	38	69	39	43	82	49	36	85	40	26	66
Trincomalee	10	1	11	10	4	14	10	9	19	17	6	23	17	10	27
Vauniya	0	1	1	4	2	6	0	3	3	15	2	17	15	6	21
Wathupitiwala	*	*	*	*	*	*	*	*	*	2	5	7	10	10	20

*Not in operation during these years

Annex 1- Table 7. Number of Trichomoniasis cases reported from STD clinics during 2009-2013

Clinic	2009			2010			2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
Anuradapura	0	3	3	1	0	1	0	1	1	0	0	0	2	1	3
Badulla	1	5	6	0	10	10	1	3	4	0	4	4	1	10	11
Balapitiya	3	3	6	0	0	0	0	1	1	0	1	1	0	1	1
Batticalloa	1	0	1	0	0	0	0	0	0	0	0	0	0	1	1
Colombo	0	36	36	0	25	25	0	32	32	1	30	31	0	31	31
Chilaw	0	3	3	0	0	0	0	2	2	0	1	1	0	0	0
Gampaha	0	1	1	1	5	6	0	5	5	0	1	1	0	3	3
Hambanthota	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Jaffna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kalubowila	1	7	8	2	9	11	2	1	3	0	6	6	1	6	7
Kalutara	0	3	3	0	6	6	1	2	3	0	0	0	0	1	1
Kalmunai	0	0	0	0	1	1	0	1	1	0	0	0	0	0	0
Kandy	14	27	41	3	13	16	2	11	13	0	12	12	0	15	15
Kegalle	0	2	2	0	0	0	0	1	1	0	0	0	0	15	15
Kurunegala	0	3	3	1	3	4	1	5	6	1	1	2	0	17	17
Galle	0	0	0	0	4	4	0	4	4	0	3	3	0	2	2
Mannar	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Matale	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Matara	0	0	0	0	0	0	0	0	0	0	4	4	0	0	0
Monaragala	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Negombo	0	2	2	0	3	3	0	1	1	0	1	1	0	5	5
NuwaraEliya	2	4	6	0	0	0	0	0	0	0	0	0	0	1	1
Polonnaruwa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ragama	0	6	6	1	1	2	1	3	4	0	1	1	0	4	4
Ratnapura	4	10	14	2	16	18	3	12	15	1	3	4	2	4	6
Trincomalee	0	1	1	0	0	0	0	2	2	0	0	0	0	0	0
Vauniya	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Wathupitiwala	*	*	*	*	*	*	*	*	*	0	0	0	0	0	0

*Not in operation during these years

ANNEX - II

Routine monitoring data from all STD clinics during 2013

Annex 2- Table 1. Number of clinic attendees and details of clinic attendances for STD clinics during 2013

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
Ampara	141	137	278	103	95	198	384	359	743	802	2316	3118
Anuradhapura	385	264	649	243	189	432	1191	779	1970	2290	3102	5392
Badulla	350	434	784	111	205	316	1107	1576	2683	2267	21774	24041
Balapitiya	145	196	341	61	95	156	226	195	421	294	3492	3786
Batticalo	163	180	343	55	50	105	228	211	439	1168	1045	2213
Colombo	2623	1420	4043	1342	892	2234	10109	5836	15945	8384	4786	13170
Chilaw	277	387	664	135	228	363	933	1009	1942	765	1140	1905
Gampaha	204	372	576	144	267	411	693	1010	1703	648	1467	2115
Hambanthota	318	182	500	148	120	268	494	322	816	1316	3037	4353
Jaffna	60	37	97	24	9	33	59	32	91	2157	4585	6742
Kalubowila	959	597	1556	392	420	812	3778	2429	6207	727	1103	1830
Kalutara	349	393	742	152	265	417	1153	1172	2325	1467	2645	4112
Kalmunai	38	48	86	11	11	22	48	52	100	482	565	1047
Kandy	476	560	1036	266	375	641	1188	1659	2847	2545	4546	7091
Kegalle	282	227	509	186	195	381	648	561	1209	1124	4271	5395
Kurunegala	668	657	1325	288	482	770	1909	1902	3811	2112	4718	6830
Galle	447	400	847	165	253	418	864	780	1644	1338	2713	4051
Mannar	15	5	20	0	1	1	27	8	35	598	2529	3127
Mathale	124	110	234	43	60	103	306	273	579	587	2112	2699
Matara	403	358	761	125	175	300	834	673	1507	2371	6138	8509
Monaragala	12	9	21	4	5	9	12	9	21	572	1781	2353
Negambo	325	418	743	144	228	372	622	839	1461	930	699	1629
NuwaraEliya	111	124	235	54	56	110	155	192	347	601	1202	1803
Polonnaruwa	356	319	675	98	133	231	860	956	1816	711	7784	8495
Ragama	594	426	1020	285	277	562	2333	1652	3985	878	1232	2110
Ratnapura	376	422	798	215	169	384	309	306	615	1620	3210	4830
Trincomalee	116	52	168	76	35	111	269	105	374	2544	3442	5986
Vauniya	146	94	240	69	47	116	233	121	354	975	5761	6736
Wathupitiwala	109	130	239	73	134	207	223	247	470	333	631	964

Annex 2- Table 2. Treatment of Contacts for Syphilis, Gonorrhoea , Chlamydia & Trichomoniasis in 2013

Clinic	Contacts of Syphilis treated			Contacts of Gonorrhoea treated			Contacts of Chlamydia* treated			Contact of Trichomoniasis treated		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	1	0	1	0	0	0	-	-	-	0	0	0
Anuradhapura	14	10	24	24	2	26	-	-	-	0	1	1
Badulla	6	8	14	0	0	0	-	-	-	0	0	0
Balapitiya	0	0	0	0	3	3	-	-	-	0	0	0
Batticaloa	8	6	14	2	10	12	-	-	-	0	0	0
Colombo	41	57	98	9	6	15	-	-	-	2	1	3
Chilaw	1	3	4	0	1	1	-	-	-	0	0	0
Gampaha	4	0	4	0	2	2	-	-	-	0	0	0
Hambanthota	8	7	15	1	2	3	-	-	-	0	0	0
Jaffna	2	2	4	0	0	0	-	-	-	0	0	0
Kalubowila	3	11	14	1	10	11	-	-	-	0	0	0
Kalutara	11	4	15	2	2	4	-	-	-	0	0	0
Kalmunai	0	0	0	0	0	0	-	-	-	0	0	0
Kandy	3	2	5	0	2	2	-	-	-	0	0	0
Kegalle	7	6	13	5	12	17	-	-	-	7	3	10
Kurunegala	3	13	16	2	14	16	-	-	-	11	0	11
Galle	1	0	1	0	0	0	-	-	-	0	0	0
Mannar	0	0	0	0	0	0	-	-	-	0	0	0
Mathale	0	0	0	0	0	0	-	-	-	0	0	0
Matara	2	2	4	0	1	1	-	-	-	0	0	0
Monaragala	1	1	2	0	0	0	-	-	-	0	0	0
Negambo	5	5	10	0	1	1	-	-	-	0	1	1
NuwaraEliya	5	6	11	19	25	44	-	-	-	0	1	1
Polonnaruwa	0	0	0	0	0	0	-	-	-	0	0	0
Ragama	1	12	13	0	3	3	-	-	-	0	0	0
Ratnapura	12	5	17	0	5	5	-	-	-	0	1	1
Trincomalee	2	0	2	0	0	0	-	-	-	0	0	0
Vauniya	3	1	4	0	2	2	-	-	-	0	0	0
Wathupitiwala	1	0	1	0	0	0	-	-	-	0	0	0

* Chlamydia diagnostic facilities were not available in 2013.

Annex 2- Table 3. Samples screened for syphilis - 2013

Clinic	Number screened				Number positive				Number confirmed				Number treated			
	STD	ANC	Pre-Emp.	Other	STD	ANC	Pre-emp.	Other	STD	ANC	Pre-emp.	Other	STD	ANC	Pre-emp.	Other
Ampara	327	1917	1086	415	18	4	1	7	23	0	0	4	15	0	0	0
Anuradhapura	1508	12121	3439	8399	64	40	6	6	27	5	0	0	15	5	0	0
Badulla	794	27923	3357	2370	100	214	27	58	51	14	3	9	20	11	2	14
Balapitiya	427	3539	884	28	10	15	4	2	8	0	0	2	4	0	0	1
Batticaloa	343	1829	1141	137	0	0	0	0	2	0	0	0	2	0	0	0
Colombo	9161	14559	5722	23058	1241	217	46	1189	673	27	5	594	219	21	1	0
Chilaw	854	15941	1656	664	8	1	1	0	20	0	1	0	17	0	1	0
Gampaha	926	13719	2755	270	33	70	10	11	13	4	0	12	9	3	0	5
Hambanthota	509	8229	2851	3818	58	92	28	3	41	7	2	1	27	3	1	1
Jaffna	84	5864	1644	735	11	3	0	0	7	3	0	0	7	3	0	0
Kalubowila	2666	829	913	386	134	0	1	3	61	0	0	2	49	0	0	0
Kalutara	757	709	3722	337	42	0	1	1	40	0	1	1	31	0	0	1
Kalmunai	79	4250	1024	1	3	0	0	0	1	0	0	0	1	0	0	0
Kandy	1949	13653	4786	2677	105	18	4	33	39	2	2	24	36	1	2	21
Kegalle	598	7191	3020	994	22	45	9	7	13	2	0	1	12	2	0	1
Kurunegala	1424	22197	6491	686	70	24	0	3	40	3	0	3	39	1	0	2
Galle	1127	6038	3520	1884	142	30	30	46	62	5	4	38	55	5	2	14
Mannar	18	1941	939	237	0	0	0	0	0	0	0	0	0	0	0	0
Mathale	233	5676	1608	159	7	17	5	1	8	0	0	0	0	0	0	0
Matara	878	9918	4947	328	28	0	0	6	56	0	0	5	21	0	0	3
Monaragala	0	1834	1276	186	0	13	8	0	0	3	1	0	0	2	0	0
Negambo	1251	5150	952	269	80	2	0	10	37	2	0	6	34	1	0	5
NuwaraEliya	370	10099	1332	53	22	46	2	0	5	6	0	1	5	6	0	1
Polonnaruwa	1064	7514	1443	1710	26	11	4	3	7	1	1	1	1	0	1	0
Ragama	1875	2983	1395	455	73	51	10	23	70	6	1	21	59	5	1	18
Ratnapura	1430	14971	4219	892	34	55	12	9	24	5	2	15	21	4	2	9
Trincomalee	226	4644	701	725	9	57	11	13	0	2	0	4	0	2	0	1
Vauniya	566	4981	1160	269	33	55	7	0	36	3	0	0	12	2	0	0
Wathupitiwala	224	104	609	25	4	0	2	0	4	0	0	0	4	0	0	0

Annex 2- Table 4. Sex workers Among Clinic Attendees in 2013

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
Ampara	0	3	3	0	2	2	0	3	3	0	16	16
Anuradhapura	3	23	26	3	9	12	1	28	29	7	55	62
Badulla	0	6	6	0	2	2	0	9	9	0	12	12
Balapitiya	0	6	6	0	1	1	0	7	7	0	7	7
atticalo	0	4	4	0	0	0	0	0	0	0	0	0
Colombo	0	14	14	0	9	9	0	48	48	0	48	48
Chilaw	6	319	325	2	200	202	6	1023	1029	15	1760	1775
Gampaha	0	36	36	0	8	8	0	64	64	0	11	11
Hambanthota	3	48	51	2	17	19	4	67	71	6	124	130
Jaffna	0	26	26	0	5	5	0	32	32	0	34	34
Kalubowila	0	2	2	0	0	0	0	0	0	0	3	3
Kalutara	0	0	0	0	0	0	0	0	0	0	0	0
Kalmunai	45	68	113	13	43	56	111	139	250	111	139	250
Kandy	0	53	53	0	19	19	0	33	33	0	86	86
Kegalle	0	30	30	0	17	17	0	91	91	0	96	96
Kurunegala	53	7	60	29	7	36	79	28	107	71	27	98
Galle	0	22	22	0	15	15	0	29	29	0	64	64
Mannar	0	0	0	0	0	0	0	0	0	0	0	0
Mathale	0	0	0	0	0	0	0	0	0	0	0	0
Matara	3	4	7	1	2	3	3	18	21	3	23	26
Monaragala	0	0	0	0	0	0	0	0	0	0	0	0
Negambo	17	97	114	6	42	48	65	158	223	87	177	264
NuwaraEliya	0	3	3	0	0	0	0	39	39	0	42	42
Polonnaruwa	0	2	2	0	0	0	5	34	39	5	36	41
Ragama	0	61	61	0	29	29	3	75	78	5	101	106
Ratnapura	0	6	6	0	2	2	11	31	42	11	38	49
Trincomalee	0	2	2	0	0	0	0	3	3	0	4	4
Vauniya	0	0	0	0	0	0	0	0	0	0	0	0
Wathupitiwala	0	13	13	0	0	0	0	13	13	0	14	14

Annex 2- Table 5. Civil Status of New STD Clinic attendees during 2013

Clinic	Single/ Never married			Married /Living together			Separated /Divorced /Widowed			Not Known		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	48	30	78	94	103	197	0	3	3	0	0	0
Anuradhapura	133	38	171	248	209	457	4	17	21	0	0	0
Badulla	124	171	295	221	256	477	5	2	7	0	5	5
Balapitiya	89	93	182	56	98	154	0	5	5	0	0	0
Batticaloa	38	48	86	120	129	249	1	0	1	4	3	7
Colombo	1267	271	1538	1297	812	2109	59	339	398	0	0	0
Chilaw	116	172	288	151	184	335	10	31	41	0	0	0
Gampaha	214	119	333	227	271	498	6	10	16	0	0	0
Hambanthota	82	111	193	118	224	342	4	37	41	0	0	0
Jaffna	152	26	178	160	147	307	2	5	7	4	4	8
Kalubowila	25	14	39	35	23	58	0	0	0	0	0	0
Kalutara	16	13	29	22	35	57	0	0	0	0	0	0
Kalmunai	522	171	693	427	395	822	10	31	41	0	0	0
Kandy	155	110	265	189	277	466	1	0	1	4	6	10
Kegalle	172	151	323	295	360	655	9	49	58	0	0	0
Kurunegala	111	44	155	169	175	344	2	8	10	0	0	0
Galle	210	115	325	434	494	928	24	48	72	0	0	0
Mannar	3	0	3	12	5	17	0	0	0	0	0	0
Mathale	50	19	69	72	82	154	2	8	10	0	1	1
Matara	207	179	386	186	159	345	10	20	30	0	0	0
Monaragala	14	1	15	29	30	59	1	1	2	0	0	0
Negambo	127	107	234	170	231	371	28	110	138	0	0	0
NuwaraEliya	52	39	91	59	85	144	0	0	0	0	0	0
Polonnaruwa	104	45	149	249	271	520	3	3	6	0	0	0
Ragama	298	99	397	276	274	550	20	53	73	0	0	0
Ratnapura	172	115	287	195	284	479	9	23	32	0	0	0
Trincomalee	38	13	51	77	38	115	1	1	2	0	0	0
Vauniya	45	26	71	95	61	156	6	7	13	0	0	0
Wathupitiwala	38	19	57	68	108	176	3	3	6	0	0	0

Annex 2- Table 6. Occupational Status of New STD clinic attendees in 2013

Clinic	Unemployed			Employed			Student			Retired			Not known		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	15	94	109	119	20	139	8	22	30	0	0	0	0	0	0
Anuradhapura	14	168	182	362	80	442	7	16	23	2	0	2	0	0	0
Badulla	93	276	369	219	54	273	26	95	121	7	3	10	5	6	11
Balapitiya	109	135	244	32	9	41	14	21	35	0	0	0	8	15	23
Batticaloa	49	105	154	91	28	119	5	63	68	0	0	0	0	0	0
Colombo	273	689	962	2226	673	2899	84	58	142	40	2	42	0	0	0
Chilaw	30	202	232	228	98	326	18	87	105	1	0	1	0	0	0
Gampaha	82	238	320	328	106	434	28	56	84	9	0	9	0	0	0
Hambanthota	13	187	200	166	128	294	21	57	78	4	0	4	0	0	0
Jaffna	31	109	140	257	54	311	15	5	20	2	1	3	13	13	26
Kalubowila	24	22	46	33	5	38	0	0	0	0	0	0	3	10	13
Kalutara	16	27	43	15	11	26	6	7	13	0	0	0	1	3	4
Kalmunai	111	296	407	774	230	1004	69	69	138	5	2	7	0	0	0
Kandy	83	254	337	234	70	304	20	44	64	2	5	7	10	20	30
Kegalle	61	336	397	392	155	547	14	64	78	9	5	14	0	0	0
Kurunegala	67	130	197	180	72	252	30	24	54	1	0	1	4	1	5
Galle	63	440	503	548	153	701	41	63	104	16	1	17	0	0	0
Mannar	10	5	15	5	0	5	0	0	0	0	0	0	0	0	0
Mathale	10	78	88	104	19	123	7	10	17	2	2	4	1	1	2
Matara	51	193	244	320	59	379	27	103	130	4	2	6	1	1	2
Monaragala	12	25	37	31	7	38	1	0	1	0	0	0	0	0	0
Negambo	55	131	186	254	264	518	14	22	36	2	1	3	0	0	0
NuwaraEliya	46	58	104	54	38	92	11	28	39	0	0	0	0	0	0
Polonnaruwa	78	241	319	261	56	317	13	22	35	4	0	4	0	0	0
Ragama	75	229	304	489	139	628	22	57	79	8	1	9	0	0	0
Ratnapura	39	229	268	311	101	412	21	90	111	5	2	7	0	0	0
Trincomalee	15	39	54	96	5	101	4	8	12	1	0	1	0	0	0
Vauniya	10	61	71	133	17	150	3	16	19	0	0	0	0	0	0
Wathupitiwala	19	80	99	84	49	133	4	1	5	2	0	2	0	0	0

Annex 2- Table 7. Reason for attendance Among New STD clinic attendees in 2013

Clinic	Contact of patients			Voluntarily			Referral from magistrate/court			Others		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	6	3	9	37	16	53	15	0	15	84	117	201
Anuradhapura	16	12	28	140	56	196	10	26	36	219	170	389
Badulla	81	34	115	67	42	109	69	182	251	133	176	309
Balapitiya	2	8	10	17	7	24	2	54	56	124	127	251
Batticaloa	11	17	28	19	7	26	105	122	227	28	34	62
Colombo	36	19	55	101	60	161	34	166	200	106	142	248
Chilaw	138	133	271	1204	406	1610	40	230	270	1241	653	1894
Gampaha	20	22	42	57	7	64	78	104	182	292	267	559
Hambanthota	25	20	45	72	55	127	16	73	89	91	224	315
Jaffna	20	34	54	52	18	70	148	22	170	98	108	206
Kalubowila	2	2	4	34	13	47	5	14	19	19	8	27
Kalutara	2	0	2	1	0	1	0	0	0	35	48	83
Kalmunai	27	21	48	371	139	510	38	124	162	523	313	836
Kandy	13	16	29	65	64	129	54	47	101	217	266	483
Kegalle	25	33	58	188	81	269	14	45	59	249	401	650
Kurunegala	62	26	88	83	44	127	38	20	58	99	137	236
Galle	121	81	202	330	172	502	31	76	107	186	328	514
Mannar	0	0	0	0	0	0	7	4	11	8	1	9
Mathale	10	5	15	43	32	75	0	8	8	71	65	136
Matara	52	32	84	97	25	122	135	187	322	119	114	233
Monaragala	2	0	2	8	4	12	0	0	0	34	28	62
Negambo	21	21	42	98	95	193	71	162	233	135	140	275
NuwaraEliya	23	10	33	21	5	26	17	10	27	50	99	149
Polonnaruwa	4	2	6	333	302	635	5	2	7	14	13	27
Ragama	50	41	91	170	59	229	36	69	105	338	257	595
Ratnapura	16	13	29	100	53	153	66	138	204	194	218	412
Trincomalee	8	1	9	18	6	24	9	12	21	81	33	114
Vauniya	14	5	19	25	13	38	13	17	30	94	59	153
Wathupitiwala	3	2	5	45	56	101	0	0	0	61	72	133

Annex 2- Table 8. Details of the Awareness Programmes conducted by STD clinics in 2013

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
Ampara	58	3805	8	23000	0	0	0	0
Anuradhapura	37	4530	2	600	1	20	42	2814
Badulla	152	10423	4	1350	6	205	0	0
Batticalloa	19	1611	0	0	4	208	3	373
Balapitiya	11	2175	3	8500	0	0	0	0
Colombo	570	8803	7	16250	63	2578	382	1609
Chilaw	83	4975	1	1500	0	0	0	0
Gampaha	92	5698	0	0	0	0	0	0
Hambanthota	22	3105	0	0	41	1211	0	0
Jaffna	17	583	0	0	0	0	0	0
Kalubowila	16	732	5	480	4	168	26	259
Kalutara	34	2480	1	675	10	1040	6	530
Kalmunai	11	1024	0	0	0	0	5	117
Kandy	78	4315	2	6500	9	480	8	600
Kegalle	78	6886	8	5337	0	0	17	76
Kurunegala	104	9848	1	600	2	102	23	2490
Galle	41	3712	1	1500	1	350	0	0
Mannar	5	150	0	0	3	113	8	1600
Matale	12	856	0	0	0	0	0	0
Matara	119	6599	1	5000	1	40	11	38
Monaragala	18	990	4	1022	0	0	0	0
Negombo	1	60	0	0	0	0	2	55
NuwaraEliya	33	2700	1	3000	0	0	4	200
Polonnaruwa	15	2035	1	1000	0	0	2	500
Ragama	53	2637	0	0	1	30	9	119
Ratnapura	76	7142	1	4000	0	0	0	0
Trincomalee	43	2275	0	0	2	86	1	100
Vauniya	55	3225	1	1200	0	0	1	200
Wathupitiwala	23	2270	0	0	2	145	2	540

Annex 2- Table 9. HIV Testing and Counselling Details from STD clinics during 2013

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
Ampara	3	3	2	2	0	0	0	0	204	197
Anuradhapura	23	23	54	54	1	1	0	0	863	863
Badulla	5	2	0	0	0	0	49	49	1177	1027
Batticalloa	2	2	0	0	0	0	0	0	92	92
Balapitiya	6	3	27	23	0	0	0	0	304	232
Colombo	190	114	202	142	0	0	186	156	5021	3844
Chilaw	15	15	5	5	0	0	0	0	158	158
Gampaha	83	37	5	5	0	0	0	0	863	736
Hambanthota	27	27	1	1	0	0	4	4	500	483
Jaffna	1	1	2	2	0	0	0	0	60	60
Kalubowila	119	91	169	120	193	107	3	2	1591	1468
Kalutara	60	60	33	33	0	0	61	61	898	898
Kalmunai	0	0	0	0	0	0	0	0	53	53
Kandy	33	33	11	11	40	40	164	164	426	424
Kegalle	17	17	32	32	6	6	4	0	127	110
Kurunegala	25	25	0	0	0	0	493	0	1783	1751
Galle	64	54	39	7	80	36	21	21	756	632
Mannar	0	0	0	0	0	0	0	0	227	134
Matale	0	0	1	1	0	0	0	0	232	232
Matara	7	5	3	3	0	0	91	8	1089	695
Monaragala	0	0	0	0	0	0	100	100	55	55
Negombo	170	170	66	66	204	204	173	173	1444	1396
NuwaraEliya	2	2	0	0	0	0	0	0	217	214
Polonnaruwa	33	33	5	5	0	0	237	233	1263	1263
Ragama	67	20	131	89	0	0	6	4	1301	1151
Ratnapura	39	35	8	8	61	48	17	14	755	638
Trincomalee	1	1	0	0	1	1	36	36	315	314
Vauniya	0	0	0	0	0	0	2	2	151	151
Wathupitiwala	12	0	2	2	29	29	0	0	194	148

ANNEX III

Contact details of STD clinics

Ampara District

1. STD Clinic - Ampara

Contact Person	Dr Lalindi Hathurusinghe – Medical Officer /STD
Address	STD clinic, District General Hospital, Ampara
Telephone	063-3-636301
E-Mail	stdclinic.ampara@gmail.com info@aidscontrol.gov.lk

2. STD Clinic - Kalmunai

Contact Person	Dr S M A Azees
Address	STD Clinic, Base Hospital, Kalmunai
Telephone/Fax	067-2-223660
RDHS Office Fax	067-2-222711
E-Mail	stdclinic.kalmunai@gmail.com info@aidscontrol.gov.lk

Anuradhapura District

1. STD Clinic - Anuradhapura

Contact Person	Dr Ajith Karawita – Venereologist
Address	STD clinic, Teaching Hospital, Anuradhapura
Telephone/Fax	025-2236461
E-Mail	stdclinic.anuradhapura@gmail.com info@aidscontrol.gov.lk

Badulla District

1. STD Clinic - Badulla

Contact Person	Dr HG Chrishan Vethanayagam – Medical Officer in charge
Address	STD clinic, Provincial General Hospital, Badulla
Telephone	055-2-222578
E-Mail	stdclinic.badulla@gmail.com info@aidscontrol.gov.lk

Batticaloa District

1. STD Clinic - Batticaloa

Contact Person	Dr Sopanaa Susil – Medical Officer /STD
Address	STD clinic, Teaching Hospital, Batticaloa
Telephone	055-2-222261
E-Mail	stdclinic.batticaloa@gmail.com info@aidscontrol.gov.lk

Colombo District

1. STD Clinic - Colombo

Contact Persons	Dr Sisira Liyanage Dr Lilani Rajapakse Dr Chandrika Wickramasuriya Dr K A M Ariyaratne Dr G Weerasinghe Dr S Benaragama Dr J P Alwitigala Dr Janaki Vidanapathirana Dr Sathya Herath	Director Venereologist Venereologist Venereologist Venereologist Epidemiologist Microbiologist Community Physician Community Physician
Address	National STD/AIDS Control Programme , 29, De Saram Place, Colombo 10	
Telephone	011-2-667163	
Hotline	011-2-695420 (Female), 011-2-695430 (Male)	
Fax	011-5-336873	
E-Mail	stdclinic.colombo@gmail.com info@aidcontrol.gov.lk	
Web	http://www.aidcontrol.gov.lk	

2. STD Clinic - Kalubowila

Contact Person	Dr Nalaka Abeygunasekara - Venereologist
Address	STD clinic, Teaching Hospital, Kalubowila
Telephone/Fax	011-4-891055
E-Mail	stdclinic.kalubowila@gmail.com info@aidcontrol.gov.lk

Galle District

1. STD Clinic - Balapitiya

Contact Person	Dr S. Krishanth Vitharana – Medical Officer/STD
Address	STD clinic, Base Hospital, Balapitiya
Telephone/Fax	091-3-094667
E-Mail	stdclinic.balapitiya@gmail.com info@aidcontrol.gov.lk

2. STD Clinic - Mahamodara

Contact Person	Dr M. H. F. Fahumia – Medical Officer in charge
Address	STD clinic, Teaching Hospital, Mahamodara
Telephone/Fax	091-2-245998
E-Mail	stdclinic.mahamodara@gmail.com info@aidcontrol.gov.lk

Gampaha District

1. STD Clinic - Negambo

Contact Person	Dr Lionel Halahakoon – Medical Officer/STD
Address	STD clinic, Base Hospital, Negambo
Telephone	031-2224156
E-Mail	stdclinic.negambo@gmail.com info@aidcontrol.gov.lk

2. STD Clinic - Ragama

Contact Person	Dr Jayadarie Ranathunge – Venereologist
Address	STD clinic, Teaching Hospital, Ragama
Telephone/Fax	011-2960224
E-Mail	stdclinic.ragama@gmail.com info@aidcontrol.gov.lk

3. STD Clinic - Gampaha

Contact Person	Dr S.B.S.Gamage – Medical Officer/STD
Address	STD clinic, Base Hospital, Gampaha
Telephone/Fax	033-2234383
E-Mail	stdclinic.gamapaha@gmail.com info@aidcontrol.gov.lk

4. STD Clinic - Wathupitiwala

Contact Person	Dr D.P.G.N.Dhanuska – Medical Officer STD
Address	STD clinic, Base Hospital, Wathupitiwala
Telephone	033-2280261
Fax	033-2280927
E-Mail	stdclinic.gamapaha@gmail.com info@aidcontrol.gov.lk

Hambanthota District

1. STD Clinic - Hambanthota

Contact Person	Dr A.L.G.Nalin Chaminda – Medical Officer/STD
Address	STD clinic, Base Hospital, Hambanthota
Telephone/Fax	047-2222247
E-Mail	stdclinic.gamapaha@gmail.com info@aidcontrol.gov.lk

Jaffna District

1. STD Clinic - Jaffna

Contact Person	Dr Tharanee Guruparan – Medical Officer/STD
Address	STD clinic, Teaching Hospital, Jaffna
Telephone	021-3203962, 021-2222261
E-Mail	stdclinic.jaffna@gmail.com info@aidcontrol.gov.lk

Kalutara District

1. STD Clinic - Kalutara

Contact Person	Dr Himali Perera - Venereologist
Address	STD clinic, District General Hospital, Kalutara
Telephone/Fax	034-2236937
E-Mail	stdclinic.kalutara@gmail.com info@aidcontrol.gov.lk

Kandy District

1. STD Clinic - Kandy

Contact Person	Dr S.R.K.T.Gamage – Medical Officer in charge
Address	STD clinic, P.O. Box 207, Kandy
Telephone/Fax	081-2203622
E-Mail	stdclinic.kandy@gmail.com info@aidcontrol.gov.lk

2. General Hospital, Kandy

Contact Person	Dr Ganga Pathirana – Venereologist
Address	General Hospital, Kandy
Telephone/Fax	081-2233337

Kegalle District

1. STD Clinic - Kegalle

Contact Person	Dr M.A. Sunethra Buddhadasa – Medical Officer /STD
Address	STD clinic, District General Hospital, Kegalle
Telephone/Fax	034-2231222
E-Mail	stdclinic.kegalle@gmail.com info@aidcontrol.gov.lk

Kurunegala District

1. STD Clinic - Kurunegala

Contact Person	Dr Nihal Edirisinghe – Medical Officer /STD
Address	STD clinic, Teaching Hospital, Kurunegala
Telephone/Fax	037-2224339
E-Mail	stdclinic.kurunegala@gmail.com info@aidcontrol.gov.lk

Mannar District

1. STD Clinic - Mannar

Contact Person	Dr Priyadarshan – Medical Officer/STD
Address	STD clinic, District General Hospital, Mannar
Telephone/Fax	023-2250573
E-Mail	stdclinic.mannar@gmail.com info@aidcontrol.gov.lk

Matale District

1. STD Clinic - Matale

Contact Person	Dr Azam Sheriffdeen – Medical Officer/STD
Address	STD clinic, District General Hospital, Matale
Telephone	066-2222261 ext. 146
E-Mail	stdclinic.matale@gmail.com info@aidcontrol.gov.lk

Matara District

1. STD Clinic - Matara

Contact Person	Dr S.A.Chandrasena – Medical Officer/STD
Address	STD clinic, District General Hospital, Matara
Telephone/Fax	041-2232302
E-Mail	stdclinic.matara@gmail.com info@aidcontrol.gov.lk

Monaragala District

1. STD Clinic - Monaragala

Contact Person	Dr F.D.Mujthaba – Medical Officer /STD
Address	STD clinic, District General Hospital, Monaragala
Telephone	055-2276261
Fax	055-2276700
E-Mail	stdclinic.monaragala@gmail.com info@aidcontrol.gov.lk

Nuwera Eliya District

1. STD Clinic - Nuwara Eliya

Contact Person	Mrs. A.G.L.K.Wimalasena – Nursing Officer/STD
Address	STD clinic, District General Hospital, Nuwara Eliya
Telephone/Fax	052-2223210
E-Mail	stdclinic.nuwaraeliya@gmail.com info@aidcontrol.gov.lk

Polonnaruwa District

1. STD Clinic - Polonnaruwa

Contact Person	Dr Nihal Jayaweera – Medical Officer /STD
Address	STD clinic, District General Hospital, Polonnaruwa
Telephone	027-2225787
E-Mail	info@aidcontrol.gov.lk Attn: STD-Polonnaruwa

Puttalam District

1. STD Clinic - Chilaw

Contact Person	Dr N.R.Amarajeeva – Medical Officer/STD
Address	STD clinic, District General Hospital, Chilaw
Telephone/Fax	032-2220750
E-Mail	stdclinic.chilaw@gmail.com info@aidcontrol.gov.lk

Ratnapura District

1. STD Clinic - Ratnapura

Contact Person	Dr Azmi Thaibdeen – Medical Officer in Charge
Address	STD clinic, Provincial General Hospital, Ratnapura
Telephone	045-2226561
E-Mail	stdclinic.ratnapura@gmail.com info@aidcontrol.gov.lk

Trincomalee District

1. STD Clinic - Trincomalee

Contact Person	Dr Sri Gowreeswaran – Medical Officer /STD
Address	STD clinic, District General Hospital, Trincomalee
Telephone	026-2222261
E-Mail	stdclinic.trincomalee@gmail.com info@aidcontrol.gov.lk

Vavuniya District

1. STD Clinic - Vavuniya

Contact Person	Dr G.Nanda Kumar – Medical Officer/STD
Address	STD clinic, District General Hospital, Vavuniya
Telephone/Fax	024-2224575
E-Mail	stdclinic.vavuniya@gmail.com info@aidcontrol.gov.lk