

# Community Medicine Clinical Clerkship Appointment



Faculty of Medical Sciences  
University of Sri Jayewardenepura



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Department of Community Medicine  
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4<sup>th</sup> Edition

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## Introduction to clinical clerkship appointment

Community Medicine clinical clerkship appointment is designed to facilitate you to gain knowledge, skills and perspectives of community health that are necessary to practice as a doctor in any part of Sri Lanka. The specific educational objectives of the clinical clerkship appointment focus on exposing students to preventive health care in Sri Lanka through an understanding of the community context of health, illness, and health care. It is hoped that the field appointment will help foster an informed sense of social responsibility, accountability in you and develop skills and attitudes needed to become a capable, empathic and a caring doctor.

## Outcome of the clinical clerkship appointment

The outcome of this clinical clerkship appointment is to provide you with an opportunity to study the services available to a community for the improvement of their health status by the health and other sectors. You will have an opportunity of meeting the persons responsible for providing these services and to gain access to community field health services, data collection, monitoring, surveillance mechanisms and health promotion.

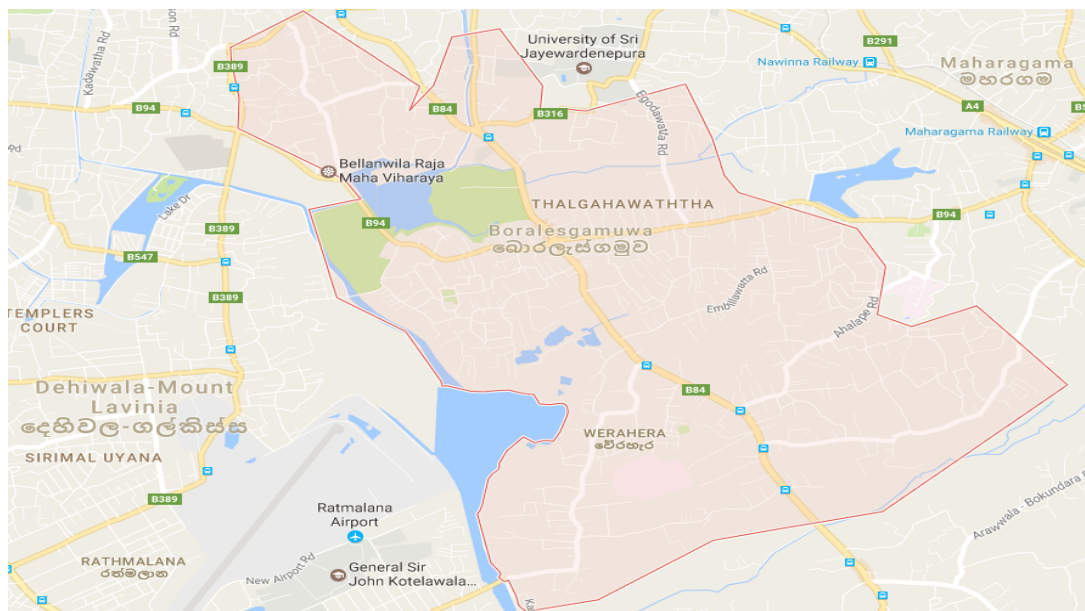


Figure 1: Boralessgamuwa MOH area

# Logistics

## 1. Course timing and time allocation

1. Course timing: Third or the fourth year
2. Time allocation: Four weeks

## 2. Organization

1. A group of 38 - 40 students will be attached to the Department of Community Medicine for 4 weeks during the fourth year. This group will be divided into two or three groups (10 to 12 students) for the field visits.
2. Each student will receive field objectives and the programme for the month on the 1<sup>st</sup> day of the appointment.
3. Faculty will provide transport only for certain visits.
4. The group leader will be given letters of introduction and other relevant documents to the Heads of the institutions you are expected to visit.

## 3. Attendance Policy

Attendance is 80% for all field activities. Absence from a scheduled examination or other learning activity requires a **valid excuse** which implies a Medical Certificate which should be endorsed by the University Medical Officer and accepted by the Faculty of Medical Sciences. The student/s will be given the opportunity if possible to make up for the absent days by joining the subsequent clerkship groups.

The compulsory visits are:

1. Medical officer of Health (MOH) office
2. Antenatal Clinic (ANC)
3. Child Welfare Clinic (CWC)
4. Well Woman Clinic (WWC)
5. Home visit with PHM

## Assessment

The assessment for the clinical clerkship will take place at the end of the assignment of four weeks. Total marks assigned for the end-of Community Medicine Clinical Clerkship Appointment assessment is 10% of the 2<sup>nd</sup> Examination for MBBS Degree Part II in Community Medicine.

The assessment will comprise of the following.

- a. Objective Structured Practical Examination (OSPE) and Objective Structured Clinical Examination (OSCE)- 10 questions
- b. Structured Essay Questions (SEQ)- 4 questions
- c. Reflective writing is compulsory for completion of the appointment. It is compulsory for the students to reflect on one of the following visits:
  1. Provision of antenatal care and postnatal care
  2. Provision of childcare (Child Welfare Clinic)
  3. School Medical Inspection (SMI)

The reflective writings should be handed over to the Department office before the signatures are placed on the clinical logbook by the head of the department.

### Plagiarism

Plagiarism is the unacknowledged use of another person's ideas, words or work. **IT IS CONSIDERED BY THE UNIVERSITY AS A DISCIPLINARY MATTER.**

All the work submitted for this, and any other assignment must be your own and you should acknowledge your sources within the work and supply a clear list of references. Copying a passage from any source (i.e., textbook, original article, web site), changing some words and passing it off as your own **is PLAGIARISM**. Copying the structure of an article from an unacknowledged source and using that as the basis for your own work **is PLAGIARISM**.

Although you are encouraged to discuss your work with your colleagues, you should on no account copy their work, and you should not allow another student to copy your work. Following discussions with your colleagues you should work independently.

**At the end of the appointment, you should be able to acquire knowledge and skills on:**

1. the services provided to the community by the MOH and his/her team
2. services provided to the pregnant mother
3. services provided to the child
4. services provided by the PHI under the guidance of MOH
5. services provided to prevent of spread of communicable diseases
6. services provided for special groups in the community
7. special campaigns in preventing communicable and non-communicable diseases
8. study patient satisfaction, discharge, support, and services available at home and community by following up a chronic patient
9. conducting health promotion activities

# 1. Medical Officer of Health

The first health unit in Asia was established at *Kalutara-Totamune*, Sri Lanka, in 1926, and since then there are 340 Medical Officer of Health (MOH) Offices, distributed throughout the country to provide preventive health services at the doorstep of the community. A MOH is responsible for providing services for a community, varied from 30, 000 to 150,000,

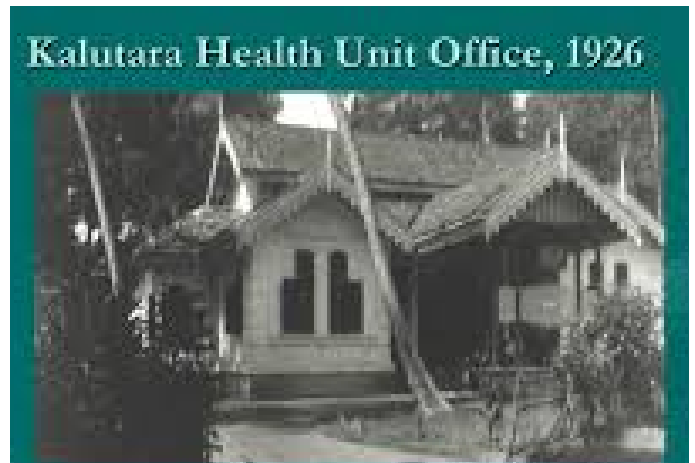


Figure 2: First Health Unit Office

according to the extent and the population density of the area. He/She is supported by several categories of primary health care workers including Public Health Midwives, Public Health Inspectors and Public Health Nursing Sisters. Further, there are nearly 3500 field Maternal and Child welfare clinics to serve the population.

## Objectives

**At the end of this visit you should be able to:**

1. Describe the organizational structure of the MOH office and briefly describe the role of different categories of officers for provision of preventive health care.
2. Identify and evaluate the role of the MOH as a health manager, community physician and leader for health development, teacher, and an educator.
3. Appraise the planning of preventive health programmes monthly, annually by different category of staff at the MOH office (Advance programme of all public health personals, and annual/quarterly programmes of school health programmes).
4. Evaluate how the MOH obtain inter-sectoral and intra-sectoral coordination to facilitate his duties e.g.: AGA office, local governments, urban council, NGO etc...).
5. Observe, learn, and interpret critically the maps and charts available at the MOH Office and how they are maintained.

**Administration**

-Area Map



<b>Epidemiology</b>	-Spot Maps I and II -Specific communicable diseases -Non communicable diseases
<b>Maternal and child health-</b>	-Births; hospital & home deliveries, and comprehensive antenatal and post-natal care etc.
<b>Environmental health</b>	-Food safety, water supply, occupational health, solid waste management
<b>School health</b>	-SMIs, specific defects /defects corrected, Immunization, school sanitary survey
<b>Health education</b>	-Health education during SMIs.
<b>Public health statistics</b>	-Population, vital statistics, confirmed communicable diseases, sanitation, water supply, food safety, school health, occupational health, medical institutions & pharmacies, welfare centers

6. Learn and apply the surveillance of notifiable diseases at the MOH level and about related registers (Notification & Infectious disease registers), reports and returns.
7. Observe, learn, and interpret the health information system available in the MOH office relevant to MCH, Expanded programme of immunization (EPI) and school health, Health Education staff performance. And study the flow of information from periphery to the MOH office and MOH to the RDHS and central level.
8. Describe and relate vaccine management at the MOH office, cold chain maintenance (refrigerator, how to keep vaccine in vaccine carriers, equipment, sterility, transportation, maintaining cold chain at the peripheral clinic and AEFI & maintaining in the CHDR).
9. Appraise the role of the MOH in providing services for mental health promotion (Community Support centers), women's health (Well woman clinic), non-communicable diseases (screening for NCDs & lifestyle modifications at Healthy lifestyle centers (HLCs))

and special campaigns (Dengue control programme, TB control programme and adolescent health programmes).

10. Analyze the methods used for evaluation of staff performances by the MOH- at local conferences and monthly MOH conference, quarterly performance reports, supervisory personnel's reports etc....

### **Activities**

1. Observe and evaluate the role of different categories of officers for provision of preventive health care.
2. Observe and interpret the maps and charts available at the MOH Office and evaluate how they are maintained.
3. Observe the health information system available in the MOH office relevant to, 
  - a. Monthly return of PHM
  - b. Clinic returns
  - c. EPI return
  - d. Family planning new acceptors
  - e. Quarterly return
4. Observe the vaccine management and maintenance of cold chain at the MOH office.

## **2. Maternal and reproductive health services**

### **Objectives:**

To identify, observe, evaluate, and analyze the services provided by the MOH staff for mothers and children at the MCH clinic and in the field for:

- 2.1 Pre pregnancy care at the MCH clinics
- 2.2 Antenatal Care at the MCH clinic
- 2.3 Domiciliary care provided by the PHMM for maternal and child health
- 2.4 Family planning services provided in the FP clinic
- 2.5 Post-natal care in post-natal clinic
- 2.6 Service provided at Well Women Clinic (WWC)

### **2.1 Pre pregnancy care at the field clinics**

#### **Objectives:**

**At the end of this visit you should be able to:**

1. Describe the responsibility of marriage registrar in pre-conception care (providing Booklet of Newly Married and directing to PHM)
2. Identify and appraise the eligible participants for pre-pregnancy care and the importance of conducting pre-pregnancy clinic, how they are referred to the clinic.
3. Evaluate the activities carried out by the PHM for the participating couples in the field.
4. Describe and apply the services provided at the MCH clinic for both male and female partners.
5. Observe and carry out examination and screening of both partners
6. Interpret the pre pregnancy record, the information in the record and the importance of those information.
7. Describe and analyze the expected outcomes of pre pregnancy clinics.

#### **Outcome**

Discuss the Importance of pre conception care, services conducted at this clinic, and records maintained.

## 2.2 Antenatal care at the field clinic

### Objectives:

#### At the end of the visit, you should be able to:

1. Describe the new ante natal care package and to be familiar with the pregnancy records and follow up of the antenatal mother.
2. Evaluate and carry out confirmation of pregnancy, monitoring of progress of pregnancy at scheduled clinic and field visits and assessment of maternal and fetal wellbeing including nutritional status.
3. Apply screening of pregnant mothers for anemia, heart diseases, gestational diabetes, syphilis, HIV etc.
4. Evaluate and carry out detection of problems complicating pregnancy, appropriate referral and follow up at the clinic and the field.
5. Describe and interpret interventions during pregnancy including micronutrient supplementation, immunization, Thrioposha, de-worming, health education on breast feeding and family planning, parent craft classes etc.



### Activities

Clinical discussion in small groups will be facilitated by an academic staff member/MOH team member at the end of the observatory visit.

You will present your observations according to the objectives at the clinical discussion session and will be discussed with the academic staff, MOH team and your peer.

1. Observe registration of pregnant mothers. (Booking visit)
2. Anthropometric measurements,
  - a. Measure and interpret the symphysis fundal height through plotting it on the graph in pregnancy record.
  - b. Measure weight and height of a pregnant woman, calculate the Body Mass Index and plot it on the graph in the pregnancy record.

- c. Interpret the weight gain for the relevant POAs with the BMI at booking visit.
- 3. Observe the investigations conducted at the booking visit.
- 4. Observe the investigations conducted at subsequent visit.
- 5. Gather the history from the pregnant woman (personal ,past & present medical history, family history, present pregnancy history, contraceptive history, obstetric history and interventions & special peri natal conditions)
- 6. Perform a systemic and obstetric examination of the pregnant woman.
- 7. Observe the cold chain maintenance and describe the indications for tetanus immunization.
- 8. Observe the nutrition supplementations for a pregnant woman.
- 9. Observe the risk assessment and referral procedure in shared care.
- 10. Discuss the interventions at the field antenatal clinic for a high risk mother.
- 11. Observe health education by the PHMM at antenatal sessions and develop the competency on health education of a pregnant mother according to relevant POA.

### **2.3 Domiciliary care provided by the PHM (Field visit with PHM)**

You will accompany a PHM from Boralesgamuwa MOH area during her home visits and observe the activities of such visits with reference to

- an antenatal mother
- a post-partum mother and a neonate at home

#### **Objectives:**

#### **At the end of this visit you should be able to:**

1. Identify and evaluate the PHMM target population and how she plans to provide domiciliary care.
2. Appraise how she provides holistic domiciliary care for eligible families (visit at least once in 6 months), preconception care for newly married couples, antenatal care, intra-natal care, post-natal care and care for infants and children.
3. Identify and describe care provided for risk mothers and for mothers with home risk factors.
4. Carry out and relate the planning and implementation of nutrition education programmes in the field including field weighing posts.
5. Appraise the role of the PHMM for providing FP services at the field level.

6. Describe and interpret the important registers maintained by the PHMM.

### Activities

1. Observe eligible family registration and maintenance of eligible family register
2. Observe and discuss services provided during domiciliary care of antenatal mother on following aspects.
  - Registration in the pregnant mothers register .
  - Number of ome visits .
  - Identification of risk factors on pregnancy and marking in Part A and B of pregnancy record.
  - Completion of the birth and emergency preparedness plan.
  - Education of pregnant woman on identification of danger signs during pregnancy.
3. Observe provision of post-natal care and examination of a post natal mother with respect to,
  - General examination.
  - Breast examination.
  - Abdominal examination.
  - Vaginal examination if necessary .
4. Observe and perform examination of a new born baby with respect to,
  - General examination
  - Examination of the fontanelle
  - Examination for any congenital defects
  - Examination of mouth and eyes
  - Examination of umbilicus
5. Observe and develop skill on provision of health education of the post natal mother on,
  - self-care
  - nutrition
  - exclusive breast feeding
  - family planning



- post-partum exercises
  - Identification and education on danger signs during postpartum period
6. Learn the frequency of home visits during post-partum period.
  7. Observe registration in Birth and immunization register and date to come to first post natal clinic visit.

## 2.4 Family planning clinic

### Objectives:

#### At the end of the visit, you should be able to:

1. Describe and evaluate the care given to women seeking family planning services, observe how counseling is being done.
2. Evaluate and carry out the assessment of the contraceptive choice for clients of different age groups

### Activities

The students will be assigned to small groups. Each student should observe how family planning services are provided in the clinic for clinic attendees and how follow up care is provided. Students should observe how staff members conduct counseling. Clinical discussion will be facilitated by an academic staff member/MOH team member.

1. Assess the contraceptive methods available for different age groups.
2. Enumerate the modern family planning methods: 
  - Oral pills, Intra Uterine Contraceptive device (IUCD)condoms (both male and female), Depo-Provera injection, LRT, sub dermal implants –Jadelle
3. Describe each method under following aspects.
  - How effective is each method
  - Side effects, benefits, and health risks
  - Myths & misunderstandings
  - Who can and who cannot use
  - When to prescribe FP method
  - How to introduce a FP method (eg OCP) to a client
  - Follow up in the clinic & the field

- Overcome common side effects of FP methods
4. Observe and learn how to prescribe FP for the following categories of women.
    - Non pregnant having menstrual period
    - Breast feeding mother
    - Not breast feeding mother
    - No monthly bleeding after the child birth
    - After miscarriage or abortion
    - After emergency contraception
  5. Observe and learn emergency contraception and their indications.
  6. Observe registers and records available for follow up in the clinic

## 2.5. Postpartum clinics

### Objectives:

#### At the end of the visit, you should be able to:

1. Evaluate and carry out planning and the importance of postpartum clinic.
2. Describe and appraise the services provided to the postpartum mother at the clinic.
3. Evaluate and carry out completion of the pregnancy record including partum care given to the mother.
4. Appraise and carry out the care given to the newborn at the postpartum clinic.



### Activities

1. Observe and learn the importance of postpartum clinic visits.
2. Observe the post-natal care in the clinic set up and obtain competency in following.
  - Examination of the mother and fill the section in the pregnancy record.
  - Interpretation of Edinburgh post-natal depression scale and necessary interventions for post-natal mothers with depression.
  - Observe and develop competency in health education for post natal mothers.

- Observe issuing micronutrients during post-partum period.
3. Observe the care given to the new born baby under following aspects.
- Checking for the diagnosis card for any changes of urine output ,bowel habits and sleeping.
  - Complete examination of the baby
  - Measure head circumference and the weight of the baby and enter in the CHDR
  - Check for BCG scar.
  - Assess breast feeding technique, attachment and identify any problems that need correction.
  - Identify problems such as umbilical granuloma, poor weight gain, murmur etc and discuss necessary interventions needed.

## 2.6 Well women clinic

### Objectives:

#### At the end of this visit you should be able to:

1. Describe the rationale for conducting and the target population for screening at WWC
2. Evaluate the activities carried out at these clinics
3. Appraise and apply the conditions at the clinic and how they are managed including referral system.

### Activities

1. Identify the target population for screening at WWC and observe how assessment of target population for screening is done.
2. Observe and learn the facilities available and activities carried out at WW clinics such as,
  - Health education
  - Screening services conducted at the clinic.
  - Investigations and examinations carried out in the clinic
  - Maintenance of WW Clinic register , cards, returns and files

Observe the referral system in the clinic for necessary contions identified at the clinic level.

## 3. Child health activities

### 3.1. Child welfare clinic

#### Objectives:

#### At the end of this visit you should be able to:

- Describe and appraise the role of the MOH and the team in providing care for physical and mental development of children (promoting child psychosocial care).
- Evaluate and describe the services provided to neonates, infants and children and the importance of neonatal screening and referral.
- Appraise knowledge on CHDR and its usefulness for child, mother and the health worker and identification of growth faltering and application of tailor-made management of appropriate nutritional interventions.
- Evaluate screening of pre-school children for nutritional deficiencies, developmental delays, and nutritional interventions (dietary assessments, supplementation of Thripasha, vitamin A, Food demonstration etc) at the clinic and field.
- Interpret and apply the Expanded Programme of Immunization schedule (EPI), maintenance of cold chain to ensure safety and potency of vaccines given to an infant / child, route of administration, true and false contraindications for immunization, and AEFI reporting and monitoring.
- Explain how to restart immunization schedule in a child with defaulted vaccinations, child from abroad etc.
- Cater the advice given to a mother seen at a field clinic regarding the management of a child with one of the following conditions (Diarrhoea, Respiratory Tract Infection, Malnutrition (under nutrition & obesity)).
- Evaluate and carry out record keeping in the CW Clinic.



## Activities

The students will be assigned to small groups. Each student should follow up an infant/child from the time of registration and observe. Take part in all the activities concerning the child during the clinic visit. During this activity the student should observe the activities of the PHM, PHNS and the MOH in the clinic.

1. Observe registration of a baby.
2. Observe and perform growth monitoring of children under following categories and plot the relevant data on CHDR.
  - Measure growth parameters of an infant.
    - 0-6 months
    - 6-12 months
  - Mark the weight in CHDR B part
    - Check the Weight for Growth faltering
  - Plot weight in CHDR chart A according to the age
  - Measuring length or height depending on the age of the child/ability to stand
    - < 2 years – measure length
    - >2 years – measure height
  - Mark the length/height in CHDR B part
    - Height
  - Plot the height in CHDR chart A, according to the age
3. Learn frequency of measurement height/length and weight according to age category.
4. Check for development milestones.
5. Inquire and learn whether baby is breast fed or started on complementary feeding according to age.
6. Observe and learn about preschool medical examination
7. Learn and discuss about nutritional advises given at the clinic for children of different age groups.
8. Identify growth faltering infants/children
9. Learn how to obtain 24 dietary recall/ diet history
10. Advise on feeding practices (breast feeding and complementary feeding)
11. Identify nutritional constituents and nutrition value of Thripasha and identify criteria of Thripasha distribution.
12. Learn about age appropriate immunization and vaccine management in the clinic.
13. Observe and learn about adverse events following immunization and what they document in the register

14. Observe for equipment and medicines available in the emergency tray

15. Observe and learn about following record keeping in the clinic.

- Birth & Immunization register
- AEFI register
- Clinic Immunization register
- Clinic register

### **3.2 School health programme**

School health programme consists of several activities, of which school medical inspection (SMI) is one such important activity.

#### **Objectives of the school health programme:**

1. To screen school children for early detection and correction of health problems

#### **The students also need to know the following,**

1. To strengthen the partnership between health and education sectors for health promotion of the school child
2. To identify the range of needs of the school children for optimal development
3. To provide appropriate health promotional activities to enable children to have control over and promote their own health
4. To empower school children to act as change agents to improve health within the family and community
5. To promote healthy and safe school environment that would facilitate learning
6. To protect children from communicable and non-communicable diseases
7. To improve nutritional status of schoolchildren by continuous monitoring and appropriate interventions and improve good health practices
8. To enhance community participation for the promotion of school health activities
9. To provide a system of monitoring and evaluation to assess the effectiveness of the school health programme





## **Objectives of the school health programme visit**

### **At the end of this session you should be able to:**

1. Identify and interpret the objectives of a school health programme and the frequency of conducting SMI.
2. Critically appraise the role of the MOH in school health programme (from the annual planning of SMI dates and the teams to visit the schools, to the activities at the programme itself).
3. Evaluate the role of the school authorities, including the principle and the class teachers, parents, and volunteers.
4. Carry out the planning and implementation of SMI.
5. Appraise and evaluate the role of the PHI in school sanitary survey, planning and conducting SMI (screening in three stages, Immunization and follow up).
6. Describe and apply the health promoting school concept- establishment of school health clubs, implementing healthy canteen policy, adolescent health monitoring and life skill programmes and health education.
7. Evaluate the micronutrients given to school children (frequency, dosage and monitoring and distribution).
8. Critically appraise the School Dental service.
9. Describe and interpret Records and returns used in school health programme. (School Health record in the CHDR, the School Health Referral card, defects sheet and Quarterly school health returns).
10. Conduct health education session to school children.

### **Activities**

1. You will participate in the SMI, examine children, and learn the skill of filling the school health record and write an appropriate referral.
2. Learn about school sanitary survey and sanitation facilities.
3. Observe and learn the following activities carried out in school medical inspection.

#### Activities conducted during the planning stage

- Collection of SMI cards from the class teacher in advance

- Screening by PHI
- Assessment of nutritional status & health problems
- Identify children with learning & behavioural problems directed by teachers

#### During the School medical Inspection

- Pay special attention to defects identified
- Confirmation of diagnosis and appropriate referral by MOH
- Examine children identified as having behavioral problems & appropriate referral
- Assistance of PHI in completing the referral card (H606)
- Immunization given by PHI
- Distribution of micronutrient supplementation and worm treatment
- Observe school dental services.

#### Follow up activities

##### Referrals for

- Children with defects
- Obtaining spectacles, hearing aids
- Learning difficulties

4. Observe and learn on health promotion during school health programme under following categories.

- Awareness programmes to students
- Ensure the safety of children
- Development of life skills among students
- Physical activity programmes in the school
- School midday meal programme
- Maintain hygiene of food handlers in the school
- How to ensure control of mosquito breeding sites in the school
- Assist and guide school health clubs

5. Observe and evaluate the use of following records.

- CHDR
- Student Health Record
- Referral card
- Adolescent school Health record
- School Health Record of defects (H-456)

## 4. Health education and prevention

Health education is any combination of learning experiences designed to help individuals and communities to improve their health, by increasing their knowledge and influencing favorable attitudes and practices. The purpose of health education is to positively control the behaviors of individuals and communities as well as the living and working conditions to improve their health status. Health education builds students' knowledge, skills, and positive attitudes about health and motivates students to improve and maintain their health to prevent disease and reduce risky behaviors. Health educators focus on helping groups of people, from family units to large urban communities, by developing educational campaigns and programs to promote healthy habits and environments. Health education is very important and at all four levels of disease prevention models (primordial, primary, secondary, and tertiary) to achieve desirable health and psychosocial outcomes.

Participating practically in the health education session you will be able to conduct good information delivery sessions for individuals and groups in the hospital as well as in the community.

### Activities

You will be divided into several groups to conduct **health education programme**. Each group should select an appropriate topic for a health education (HE) session for school children/ any community group and organize the health education activity.

Groups must seek inputs from resource persons from the Department of Community Medicine. Each of the above groups is expected to prepare a poster to be displayed in the respective classroom. The contents should be discussed and approved by a staff member from the Department of Community Medicine.

E.g.: - The relevant topics for the health education activity are listed below:

- b. Proper hand washing technique
- c. Proper oral hygiene
- d. Nutrition
- e. Dengue prevention and control
- f. Risk taking behavior

- g. Adolescent health
- h. Sexual health
- i. Healthy lifestyle
- j. Prevention of non-Communicable diseases

The students can select any other appropriate topic of their choice in discussion with the academic staff at the department

### **Activities**

- Learn and carry out health education for different classes.
- Incorporate teaching techniques and teaching aids.

## **5. Environmental health and occupational health**

An environment is the natural world which surrounds the earth and makes a particular geographical area in which human beings, animals, plants and other living and non-living things exist to grow and develop naturally.

Environmental pollution is one of the main threats for the world experienced over the last few decades due to rapid industrialization and urbanization. Pollution destroys the natural living environment and causes many communicable and non-communicable diseases. Although, the economy finds many benefits in technological development, toxic emissions due to the work of factories, transportation, construction sites pollute the environment substantially. There are many pollutions which is injurious to human health like sound pollution (noise pollution), water pollution, air pollution, soil pollution etc. The environment in which people live has a significant effect on their health and wellbeing. Good health starts at where we live, where we work and learn, and where we play.

In this context health care providers should have comprehensive knowledge and practical experience on providing water, food, and air sanitation, excreta, refusal and sewage disposal, vector and vermin control and housing to prevent and control diseases in the community.

The activities under Environmental Health (EH) and Occupational Health (OH) include the following:

- 5.1 PHI and his contribution towards EH
- 5.2 Visit to a food handling establishment
- 5.3 Provision of occupational health by the PHI
- 5.4 Visit to a factory
- 5.5 Visit to mass treatment of sewage and water treatment plant

### **5.1 PHI and his contribution towards EH**

**Objectives:**

**At the end of this session, you should be able to:**

1. Interpret and evaluate PHI sanitation register- Information available in the sanitation register (demographic data, water supply, light and ventilation, latrines, solid & liquid waste management).
2. Appraise and describe sanitary excreta disposal in the community.
  - Promote and assist householders to construct sanitary latrines.
  - Support given by Ministry of Health for latrine construction.
  - Awareness on proper use of sanitary latrines and health consequences of improper excreta disposal.
3. Describe and evaluate safe water supply and community awareness to the community.
  - Regular monitoring of quality of drinking water in all public water sources.
  - Water quality monitoring of community water sources.
    - Sanitary inspection (physical structure, environmental factors which may pollute water (latrine, factories).
    - Water sampling (main outlet & selected peripheral end points).
    - Testing for chemical parameters (1500 ml water to be collected in a clean bottle).
      - a. Measuring the free residual chlorine content at the source and point of consumption (PHI use comparators & reagents for this).
      - b. Basic chemical parameters.
    - Testing for bacteriological parameters.
      - a. Learn how to take a water sample.
      - b. Frequency of collection, how the samples are transported, where analysis is done.
  - Chlorination of wells when pollution is suspected after floods and during diarrhea epidemics.
  - Household water treatment, Rural water supply and sanitation.
4. Critically evaluate the health assessment of new constructions of buildings, houses, and dwellings (health approval of plans).
  - How health assessment being made.
  - Issuing certificate of conformity and approval of temporary building.
5. Describe and identify the hazardous waste disposal in factories and health institutions.



- Waste management principles and techniques and actions taken for improper disposal of waste.
- 6. Identify and evaluate measures taken to provide hygienic meat and safe milk for consumers
- 7. Identify and evaluate health and sanitation at festivals and public events.
- 8. Identify and evaluate health in natural disasters,
  - Disaster management plan in each MOH office
  - Management of refugees displaced and their environment.
  - Ensure safe drinking water and food sanitation.
    - Management of waste and excreta disposal.
    - Temporary dwellings, their safety and habitability.
    - Prevention of communicable diseases and injuries etc.

### **Activities**

You will visit with above areas with the PHI to ensure sanitation, which is an important aspect looked after by PHI.

- Learn about the frequency of water sampling.
- Observe and learn the sanitary facilities that available.
- Learn the steps in chlorination of wells.

## 5.2 Food handling establishment

### Objectives:

**At the end of this session, you should be able to:**

1. Appraise the provisions under the Food Act No 26 of 1980 and food (amendment) act, No 29 of 2011 and National Medicinal Regulatory authority act No 5, 2015 (NMRA).
2. Identify and evaluate the implementing and authorizing officers of the Food Act.
3. Describe the main functions of the authorizing officers.
4. Identify and evaluate duties and responsibilities of PHI in implementing the Food Act.
5. Appraise and evaluate inspection of food handling establishment and food factory.
6. Identify and evaluate inspection of food handling and trade.
  - The storage of raw materials including dry foods and milk, meat etc.
  - The food storage and refrigerators.
  - The food processing and cooking facilities and state of the kitchen.
  - The hygienic condition of chefs and their attire.
  - The hygienic condition of kitchen, restaurant, and food displays hygiene.
7. Describe and interpret grading of food establishments and follow up.
8. Evaluate the food raids and food sampling -how samples are obtained, the process of sampling, transport of samples, and where analysis is done.
9. Describe and interpret the water and sanitary facilities of workers (is it adjacent to kitchen etc.).
10. Describe and interpret food handlers' hygiene.

*Refer to Annexure I on- Hand out on Food act.*



## **Activities**

You will visit a food handling establishment in Boralesgamuwa MOH area with the PHI.

- Learn how PHI ensure Food hygiene.
- Observe and learn inspection of the kitchen.
- Observe the water supply to the relevant food establishment.
- Observe and learn about grading of food establishment
- Observe how garbage disposal is done.
- Observe and learn about the hygiene of food handlers .
- Learn about typhoid vaccination for food handlers.

### **5.3. Provision of occupational health by the PHI**

Occupational health is a multidisciplinary field concerned with the safety, health, and welfare of people at work. The main aim of occupational health service is the promotion and maintenance of the highest degree of physical, mental, and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs. Work can give rise diseases, can exacerbate existing diseases, illness may affect a worker's ability to work efficiently and safely while work can promote good health.

Work-related accidents or diseases are very costly and can have many serious direct and indirect effects on the lives of workers and their families. One of the most obvious indirect costs is the human suffering caused to workers' families, which cannot be compensated with money. The costs to employers of occupational accidents or illnesses are also estimated to be enormous.

Therefore the knowledge on occupational health is a priority need of the health care workers since their recommendation would be very useful to improve workers health and safety to prevent unfavorable outcomes.

### **5.3 Factory visit**

**Objectives:**

**At the end of this session, you should be able to:**

1. Identify and describe material in the factory incoming/receiving section.
2. Evaluate the status of the workers, talk with the workers/Observe their posture, movements-frequency, type of work, working hours of different sections etc.
3. Appraise availability of medical services, counseling services, Health promotion working environment (healthy diet in the canteen, exercises, cigarette smoke free environment).
4. Identify and interpret maintenance of personal health records of individual workers, (preplacement and periodical medical examination reports) and environmental records.
5. Identify and evaluate the hazards in the working environment, the steps taken to minimize hazards (administrative control).
6. Evaluate environment-temperature, ventilation, housekeeping, vessels & pipes, lighting, noise, likelihood of injuries and illnesses. Signs and labels in chemicals, the evidence of environmental pollution in the surrounding area.
7. Evaluate the status of the factory premises, the health and psychological status of the workers, the relevant safety measures adapted.
8. Identify and evaluate notification of accidents at the factory and maintaining a database in occupational settings on accidents, hazards, and health problems of workers.
9. Identify and evaluate emergency management systems -First Aid, eye wash solution.
10. Identify and evaluate the welfare facilities available for workers, the availability of medical care, first aid training and medications.
11. Appraise the maintenance of health reports and notification of accidents at the factory.
12. Evaluate the factory waste management – liquids, gases, toxin materials etc. the recycling or disposal of factory waste
13. Evaluate awareness programmes conducted at the work site-seminars, workshops etc.

**Activity**

You will visit a factory with the PHI and learn the procedure of carrying out an inspection of a factory.

Critically assess the environmental and occupational health promotional activities and the role of the PHI and observe in providing preventive health services at occupational setting.

Walk-through survey

- During the Walk-through survey
  - Observe and learn the occupational hazards.
- Observe and learn regarding environmental and occupational health promotional activities.
- Observe and learn the preventive health services at occupational setting.
- Observe and learn the importance of personal protective equipment.

## 5.5 Water treatment and sewage purification plant

### Objectives:

**At the end of this session, you should be able to:**

1. Identify and describe the different stages in water treatment process to ensure quality of safe drinking water.
2. Appraise steps involved in sewage treatment to ensure safety of the effluent discharged into the waterways.
3. Evaluate the advantages of a large-scale sewage treatment plant.



*Figure 8: To ensure public health proper water treatment and sewerage purification facilities are essential.*

### Activity

You will visit a mass treatment plant, where you will observe the water treatment and the sewage purification process.

- Observe and learn the different stages of water purification.
- Observe and learn the different stages of sewerage treatment

## **6. Communicable disease prevention and control**

Communicable diseases are ranked first for centuries, following wars, disasters and famines as major challenges to human progress and survival and remain among the leading causes of death and disability worldwide. The National Expanded Programme of Immunization (EPI) in Sri Lanka established in 1978, has an excellent record, with extremely low incidence of EPI diseases with high coverage of all EPI vaccines and EPI disease surveillance.

But epidemics of new and old infectious diseases (emerging and re-emerging diseases) such as Leptospirosis, Dengue, cutaneous Leishmaniasis and other zoonotic diseases periodically emerge, throughout the history greatly magnifying the communicable disease burden in the country. Studies of these emerging infections reveal the evolutionary properties of pathogenic microorganisms and the dynamic relationships between microorganisms, their hosts, and the environment. Therefore, prevention and control of communicable diseases need to be a continued process with its focus on reducing excess mortality and morbidity especially among the poor and marginalized.

Therefore, it is mandatory for all the students to be competent in prevention and control of communicable diseases under the preview of following control programmes. Students should learn the prevention methodologies adopted in the past and should be able to identify strong and weaker areas in implementation.

*Further details of all the activities of the control programmes are mentioned in the Essentials of public health in Sri Lanka 2018.*

### **6.1 Central chest clinic**

#### **Objectives:**

**At the end of this session, you should be able to:**

1. Describe and interpret the global epidemiology, local epidemiology of Tuberculosis.
2. Describe the management for TB and the preventive measure undertaken

3. Evaluate and interpret the service delivery structure of the NPTCCD and at peripheral level, pathway of notification and field response once a case is detected, with its strengths and weaknesses.
4. Appraise the challenges faced by the TB programme/ SWOT.

### **Activity**

You will visit a chest clinic, where you will learn the main diagnostic criteria for TB and DOTs therapy.

- Observe and learn the special notification form available for a TB patient.
- Learn the surveillance activities conducted.
- Learn and observe how DOTS therapy is given.
- Learn the measures taken to prevent drug resistance.

## **6.2 Anti- Filariasis campaign (AFC)**

### **Objectives:**

**At the end of this session, you should be able to:**

1. Identify and critically evaluate epidemiology, prevention, and control and elimination strategies of Lymphatic Filariasis in Sri Lanka.
2. Appraise and evaluate the services provided by AFC and their implementation units.
3. Describe the morbidity management strategies used for Filariasis patients with chronic complications and the preventive measure undertaken.
4. Describe entomological surveillance strategies (entomology, parasitology and disease) carried out for elimination of the disease, vector control and its importance to disease control.
5. Critically appraise constraints and limitations of the programme

### **Activity**

- Learn about the epidemiology of Filariasis.



- Learn how entomological surveillance and vector control is done.
- Learn how parasitological surveillance and case detection is done
- Learn how to manage lymphoedema
- Explain the organization structure of the Anti Filariasis Campaign
- Critically discuss the challenges faced by the Anti-Filariasis campaign.

### **6.3 Anti- Malaria campaign (AFC)**

#### **Objectives:**

#### **At the end of this session, you should be able to:**

1. Describe and interpret the global epidemiology and local epidemiology of Malaria.
2. Understand the organizational structure and service delivery mechanism of anti-malaria campaign
3. Appreciate how Malaria was controlled in the country in the past, understand the strategies taken today and the importance of surveillance.
4. Appraise the challenges faced by the Anti Malaria campaign.

#### **Activity**

- Learn about the epidemiology of Malaria.
- Learn the activities taken to prevent re-establishment of malaria in the country.
- Critically discuss the challenges faced by the Anti-Malaria campaign.
- Learn the steps to be taken by travelers who visit malaria endemic countries to prevent contracting malaria

### **6.4 Anti- Rabies campaign (ARC)**

#### **At the end of this session, you should be able to:**

1. Describe and interpret the global epidemiology & local epidemiology of Rabies.
2. Describe how Rabies is spread and the current control measures in the country.
3. Describe the Post Exposure Therapy (PET) regimes to control rabies and relevant

criteria

4. Appraise the challenges faced by the Anti Rabies campaign.

### **Activity**

- Learn about the epidemiology of Rabies.
- Learn the activities taken to control Rabies in the country.
- Learn Post Exposure Therapy (PET)
- Critically discuss the challenges faced in controlling Rabies.

## **6.5 Infectious disease notification process**

You will visit the infection control nurse of the CSTH.

### **Objectives:**

**At the end of this session, you should be able to:**

1. Describe the notifiable diseases in Sri Lanka.
2. Perform completion of a notification form.
3. Evaluate the purpose, importance, and procedure of the surveillance system in the hospital and in the field.
4. Interpret and evaluate how a notifiable disease is investigated by the MOH and the PHI.
5. Critically appraise the strengths and weakness of the notification procedure.

The following list is the notifiable diseases (Group B) e.g. Acute Flaccid Paralysis, chicken pox, dengue fever/ dengue hemorrhagic fever, Diphtheria, Dysentery, Encephalitis, Enteric fever, Food poisoning, Human Rabies, Leptospirosis, Malaria, Measles, Meningitis, Mumps, Rubella/ Congenial Rubella Syndrome, simple continued fever of over 7 days duration, Tetanus, Neonatal tetanus, Typhus Fever, viral Hepatitis, Whooping cough, Tuberculosis).

officer responsible for notification and reporting the problems in the notification system

### **Activities**

You are expected to meet the Deputy Director/ Public Health, hospital PHI and Infections Control Nurse at the CSTH and learn the process of notification from the hospital.

You will be given the opportunity to meet the field PHI and learn how a notifiable disease is investigated and reported from the field level.

- The measures taken at the hospital to control of communicable diseases.
- Observe the Universal precautions taken.
- Learn the notification procedure from hospital and how they inform the relevant MOH.
- List the notifiable diseases of group A and B.
- Learn the steps in investigation of the notifiable disease by the PHI.
- Learn and evaluate the importance of filling the Weekly return of Communicable diseases to Epidemiology unit.

## 6.6 Infectious Disease Hospital (IDH)

### Objectives:

**At the end of this session, you should be able to:**

1. Identify and describe the different functional units in the IDH.
2. Evaluate and appraise the universal precautions (barrier-nursing practices etc.) practiced in the IDH.
3. Identify and evaluate the activities with respect to 'epidemic preparedness'.
4. Identify and describe how patients with communicable diseases are referred from other health institutions.
5. Evaluate the role Infectious Control Nursing officer (ICNO).
6. Appraise the care provided to HIV patients by the government.
7. Describe and evaluate the quarantine practices adhered to at the IDH.

### Activity

The student will visit the IDH, where they will acquire the knowledge and skills on,

- The measures taken to control of communicable diseases.
- Observe the Universal precautions taken.
- Learn about the types of patients treated.
- Learn regarding the epidemic preparedness activities.

## **7.Non-communicable diseases prevention and control**

Globalization, industrialization, rapid and unplanned urbanization, experienced over the last few decades in the country made a significant impact on people behaviors leading to a lifetime exposures and influences of common shared risk factors for chronic Non-Communicable Diseases (NCDs) such as smoking, use of alcohol, unhealthy diet, and lack of physical activity. Seventy one percent (71%) of all annual deaths in the country are owing to the chronic NCDs; out of those deaths, Cardiovascular Diseases, Diabetes, Cancers, and Chronic Obstructive Pulmonary Diseases (COPD) accounted for 29.6%, 9.4%, 3.9% and 8.5% respectively.

Changing lifestyle of people by preventing tobacco, alcohol, energy dense unhealthy diet and engaging WHO recommended levels of physical activities since the early days of life would be able to delay the development of these degenerating diseases.

Besides its utmost importance to develop and strengthen health systems to provide essential affordable technologies and medicines for early detection and management of risk factors and diseases appropriately through primary and secondary levels of prevention. The WHO Risk prediction charts provide approximate estimates of CVD risk in people who do not have established coronary heart disease, stroke, or other atherosclerotic disease. They are useful as tools to help identify those at high cardiovascular risk, and to motivate them, particularly to change behavior and, when appropriate, to take antihypertensive, lipid-lowering drugs and aspirin. These services are provided to the community through Health Lifestyle centers in Primary health care institutions in order to increase the Healthy Life Expectancy of nation.

### **7.1 Healthy life style center (HLC)**

#### **Objectives:**

#### **At the end of the visit you should be able to:**

1. Identify and perform the referral methods to the HLC.
2. Evaluate the facilities available at HLCs for NCDs screening.
3. Evaluate and interpret the screening process.
4. Appraise about personal health record (PHR).

4. Evaluate and interpret the cardiovascular risk assessment using multiple risk assessment chart, referral and follow up.
5. Evaluate and interpret the health guidance for lifestyle modification.
6. Critically appraise about registers, returns available in the clinic.

*Refer annexure X on guideline for care provided at the Healthy Lifestyle Centers (HLC)*



### Activity

1. Observe and learn the methods of referrals to HLCs and facilities and services that are available.
2. observe and learn the screening process, cardiovascular risk assessment using multiple risk assessment charts, referral and follow up at HLC under following sub categories. 
  - Screening for risk factors for NCDs
  - Learn about the risk factors used for cardiovascular risk categorization
  - Learn to categorize clients according to the cardio vascular risk.
  - Management of clients for different degree of risk according to the management protocol
  - Follow up process
3. Observe health guidance and life style modification given for prevention of four modifiable risk factors.

## 7.2 Cancer early detection center, Narahenpita

**Objectives:****At the end of this session, you should be able to:**

1. Learn and critically evaluate the trends in incidence of cancer and mortality in Sri Lanka
2. Conduct early detection of cancer screening practices
3. Appraise the diagnostic and treatment facilities available throughout the country.

**Activity**

- Observe and learn the types of screening done for common cancers.
- Observe the facilities that are available in the center for screening of common cancers.
- Observe the referral of patients to higher institutions for necessary treatments.

**7.3 Ragama rehabilitation center****Objectives:****At the end of this visit you should be able to:**

1. Identify and appraise the procedure of referral of patients to this institution.
2. Appraise the facilities available for rehabilitation.
3. Learn and evaluate about disability – definition /spectrum / burden.
4. Identify and learn function of institutional rehabilitation and rehabilitation hospital in this context.
5. Learn and evaluate about community-based rehabilitation.
6. Describe and appraise common physical rehabilitation problems encountered – rheumatology / stroke / spinal cord injury / childhood conditions.
7. Evaluate role of physiotherapy and occupational therapy in rehabilitation.
8. Appraise about place of prosthetic and orthotic in rehabilitation.
9. Critically evaluate short term or long-term management of a quadriplegic or a paraplegic adult.
10. Critically evaluate short term or long-term management of a cerebral palsy or a differently abled child.



Figure 10: Ragama rehabilitation hospital is the pioneer institute for rehabilitation services in the country.

### Activities

- Learn the steps in the referral of a patient from any hospital to Ragama rehabilitation hospital.
- Learn the types of patients that are referred.
- Observe holistic care in management of the patients.
- Observe the learn the types of rehabilitation that are available to different types of patients.

## 7.4 Special care centers for differently abled

### Objectives:

**At the end of this session, you should be able to:**

1. Interpret and evaluate the referral procedure to the special centers.
2. Appraise the services and facilities available.
3. Evaluate the resources 3M & T (men, money, material, time) available and type of funding if any.
4. Evaluate the type of support given to care givers.
5. Identify and appraise the different types of rehabilitation programmes available.

### Activities

- Observe and learn the services and facilities provided at these institutions.
- Learn how to refer a child to these institutions.
- Learn what documents are needed for referrals.
- Observe and learn the type of support given to care givers.

- Observe and learn the different types of rehabilitation programmes available.



## 8. Estate Health

People in Sri Lanka's estate sector are one of the most marginalized groups in the country. Because most of them descended from indentured labour brought from India in the early 1900s and they were not granted citizenship status, they lived for decades without state provision of social services. Large inequalities exist in their access to and the utilization of health services. Estate workers are largely dependent on the estate's management for their basic needs – housing, health, and education. The deterioration of roads was linked to the difficulties in seeking medical care. The lack of proper infrastructure such as roads and transport, impact many areas of community life, such as access to income generating activity and moving out of poverty. In the estate sector, households' socio-economic status is considerably lower than in the rural and urban sectors. According to the studies almost 61% of its households fall into the poorest category, families working in estates are among the country's poorest in terms of nutrition. About 30% of children under the age of five are underweight, nearly 1 in 3 babies have low birth weight, and one-third of women of reproductive age are malnourished.

Reduction of inequities of services including health within and between countries is one of the sustainable development goals identified. Therefore, it is highly recommended to identify health problems and the causes among the estate community to plan and implement necessary interventions.

### **Objectives:**

#### **At the end of this session, you should be able to:**

1. Describe the social, economic, and cultural status that influence the health and the disease.
2. Identify and evaluate the health problems and the health needs of the estate sector.
3. Critically appraise the primary care services / institutions providing health care to the estate community.
4. Identify and evaluate the facilities available to infants and pre-school children in child developmental centers (creches).

5. Identify, describe and evaluate the health and non-health challenges faced by mothers and children in the estate sector.
6. Identify, describe, and evaluate the availability and quality of water supply and sanitation facilities.
7. Evaluate the role of the Estate Medical Assistants (EMA).
8. Evaluate the role of Estate Midwives.
9. Evaluate the role of child development assistants at child development centers.
10. Identify and evaluate the special nutritional services in the estates.

### **Activity**

You will visit an estate and observe the facilities provided for the estate workers.



## **9. Port Health Services (PHS)**

Health and diseases have no political boundaries. Diseases in any part of the world is a constant threat to other parts. Following historical evidence of spread of cholera and plague across borders, international trade and travel has been a major contributory factor for spread of such diseases. The Quarantine & Prevention of Diseases Ordinance chapter 222, No.3 of 1897 makes provision for preventing introduction of plague and all other contagious and infectious diseases into Sri Lanka and preventing the spread of said diseases in and outside Sri Lanka. According to the International Health Regulations (IHR) 2005, Quarantine Unit of Ministry of Health and Epidemiology Unit had been designated as national IHR focal point to be always accessible with WHO IHR focal points. Activities related to implementation of IHR in Sri Lanka are being carried out by both the units in collaboration with each other.

The objectives of quarantine services in Sri Lanka are prevention of entry of person with communicable diseases especially yellow fever and plague and infected vectors and rodents into the country through seaports and airports and prevention of establishment of disease reservoirs in and around the country.

### **Objectives:**

#### **At the end of this session, you should be able to:**

1. Identify and describe organization of port health services in Sri Lanka.
2. Identify and evaluate the diseases considered and the activities carried out for prevention of trans-oceanic transmission under the port health services.
3. Appraise the duties and responsibilities of the Port Health Officer.
4. Describe the international health certificate and requirements to be fulfilled to obtain it
5. Evaluate the examination procedure of a ship by the port health officer before issuing Certificate of Pratique.
6. Describe and appraise the fumigation process to prevent disease transmission to the country

### **Activities**

- Observe and learn the activities carried out for prevention of diseases entering the country.
- Learn the types of Vaccinations given.
- Learn how pratique is granted to ships.
- Learn how rodent control is carried out in the port.
- Learn the activities done to prevent acquiring diseases to the country through sea and airports.

## **10. Quality of data on morbidity and mortality**

In the curative sector clinical information and health system related information is documented in Indoor Morbidity and Mortality Return (IMMR), civil registration and vital statistics, health information system etc. IMMR is routinely collected and is a major health related data. The sources include IMMR, OPD return, clinic return, maternal return, dental return, staff return. Thereafter it is all collated and sent to REDH and Medical statistics Unit for data processing and tabulation for dissemination.

IMMR is the main source of morbidity data and is based on the 10<sup>th</sup> revision of International Classification of Diseases (ICD-10). Web based system was introduced in 2012.

### **Objectives:**

**At the end of this session, you should be able to:**

1. Describe and identify the importance of ICD-10 and mortality coding to maintain the quality.
2. Evaluate and perform the general instructions for certification of cause of death.
3. Appraise the guidelines for recording specific conditions.
4. Evaluate the assessing of quality of death certification.
5. Identify and interpret e recording of morbidity and mortality and describing the data flow.

### **Activity**

- Learn about how the diseases and deaths are entered into the Indoor morbidity and mortality register.
- Learn the importance of ICD-10 and mortality coding to maintain the quality of data.

# 11. Presentations

## 11.1 Presentation on follow-up of a chronic patient

It is important to learn the patient's main chronic disease condition, how they had developed the disease, the epidemiology, and the risk factors.

### Activity

**A group of five students are expected to visit the home of the patient and observe the facilities available for patient care under following aspects.**

- the epidemiological and social factors that influence the chronic disease condition of the patient.
- the influence of the past medical history that has led to the chronic disease condition of the patient with the role and task of health and social care professionals involved in the process and prevention.
- past medical history that has led to the chronic disease condition of the patient with the role and task of health and social care professionals involved in the process and prevention.
- the doctors' management in the ward.
- the advice has been given to them at the time of discharge.
- the patient's illness experience.
- the impact on the patient and the family members.

Following are patients you can select for follow-up:

- an amputee; disability after a Road Traffic Accident
- a patient with a non-communicable disease,
  - Ischemic Heart Disease
  - Diabetes Mellitus
  - Cancer
  - Stroke
  - Epilepsy
  - Asthma
- a child with a non-communicable disease

- parents with a congenitally abnormal child
- an alcoholic patient
- chronic respiratory disease (COPD)
- arthritis

The students should write a case report and present it taking into consideration the following relevant factors and present it at the seminar.

1. Social factors
2. Health factors
3. Disease situation
4. Patient/ caregiver's satisfaction in the ward, on treatment etc
5. Advice given at discharge
6. Factors available at home to prevent complications
7. Primary, secondary, and tertiary prevention measures relevant to the patient's illness.

## 12. Ministry of Health

### 12.1 Family Health Bureau

Family Health Bureau (FHB) is the focal point for Maternal and Child Health (MCH) in Sri Lanka. The organization is responsible for planning, coordinating, monitoring and evaluating the Reproductive, Maternal, Child, Adolescent and Youth Health [RMNCAYH] programme in Sri Lanka.

They function with the mission to contribute to the attainment of highest possible levels of health of all women, children, and families through provision of comprehensive, sustainable, equitable and quality Maternal and Child Health services in a supportive, culturally acceptable and family friendly settings.

#### Activity

- Observe and learn the activities conducted by the Family Health Bureau
- Observe and learn how monitoring and evaluation of services are done at the central level.

### 12.2 Epidemiology unit

Epidemiology unit functions with focusing on to promote health and quality of life by preventing and controlling disease, injury, and disability.

The Epidemiology Unit was established in 1959 with assistance from the World Health Organization (WHO) to strengthen surveillance of communicable diseases.

#### Activity

- Observe and learn the surveillance activities for vaccine preventable diseases and other diseases of importance.
- Observe and learn the vaccine management at the central level.
- Learn about the importance of Weekly Epidemiological return.



### **12.3 Health Promotion Bureau**

The Health Promotion Bureau (HPB) is the centre of excellence in Sri Lanka for health education, health promotion and publicity of health information. Empowering and mobilizing communities for the improvement of their quality of life through health promotion principles is the main achievement gained during the last few years.

#### **Activity**

- Observe and learn the health promotion activities conducted at Health Promotion Bureau.
- Learn how mass media education is carried out with regard to health sector .

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# Annexure I

සෞඛ්‍ය / සෞභ්‍ය / Health - 544

## බෝවෙන රෝග පිළිබඳ නිවේදනය நோற்றுநோய் பற்றிய அறிவிப்பு NOTIFICATION OF A COMMUNICABLE DISEASE

දායකතා / நிகலையம் / Institute ..... රෝගය / நோய் / Disease .....

රෝගියාගේ නම\*  
 நோயாளியின் பெயர் } .....  
 Name of Patient } .....

\*මූලික රෝගීන්ගේ මව/පියා/භාරකරුවන්ගේ නම හෙවත් පදනම් කරගත්  
 நோயாளி சிறுவராயின் பெற்றோர்/பாதுகாவலர் பெயர் .....  
 Paediatric Patients-Name of Mother/Father/Guardian .....

පැමිණි දිනය  
 ஆரம்பித்த திகதி } .....  
 Date of Onset } .....

පැමිණි දිනය  
 அனுமதிக்க திகதி } .....  
 Date of admission } .....

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පැදි ඉහලින් දායක  
 කැදුමේ මි.නි.න. අංක. } .....  
 B.H.T. No. } .....

වැටුප්  
 விடுதி } .....  
 Ward } .....

වයස  
 வயது } .....  
 Age } .....

ජ්‍යෙෂ්ඨ/පුරුෂ භාවය  
 பால் } .....  
 Sex } .....

රසායනාගාර වාර්තා (පිළිබඳව තිබේනම්)  
 முக்கிய ஆய்வு முடிவுகள் (உறுத்தக்கூடியதாக இருப்பின்)  
 Laboratory Results (If available)

රෝගියාගේ නිවෙස් ලිපිනය (මහජන සෞඛ්‍ය පරීක්ෂකට නිරන්තරයෙන් සොයා ගැනීමට භාවිත කරයි)  
 நோயாளியின் வீட்டு விவரம் (நோயாளியின் வீட்டை அடையாளம் காண்பதற்கு வசதியாக)  
 Home address of Patient (for the Public Health Inspector to trace the patient's residence)

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රෝගියාගේ නිවෙස් දුරකථන අංකය  
 நோயாளியின் வீட்டு தொலைபேசி இல. } .....  
 Patient's Home Telephone No. } .....

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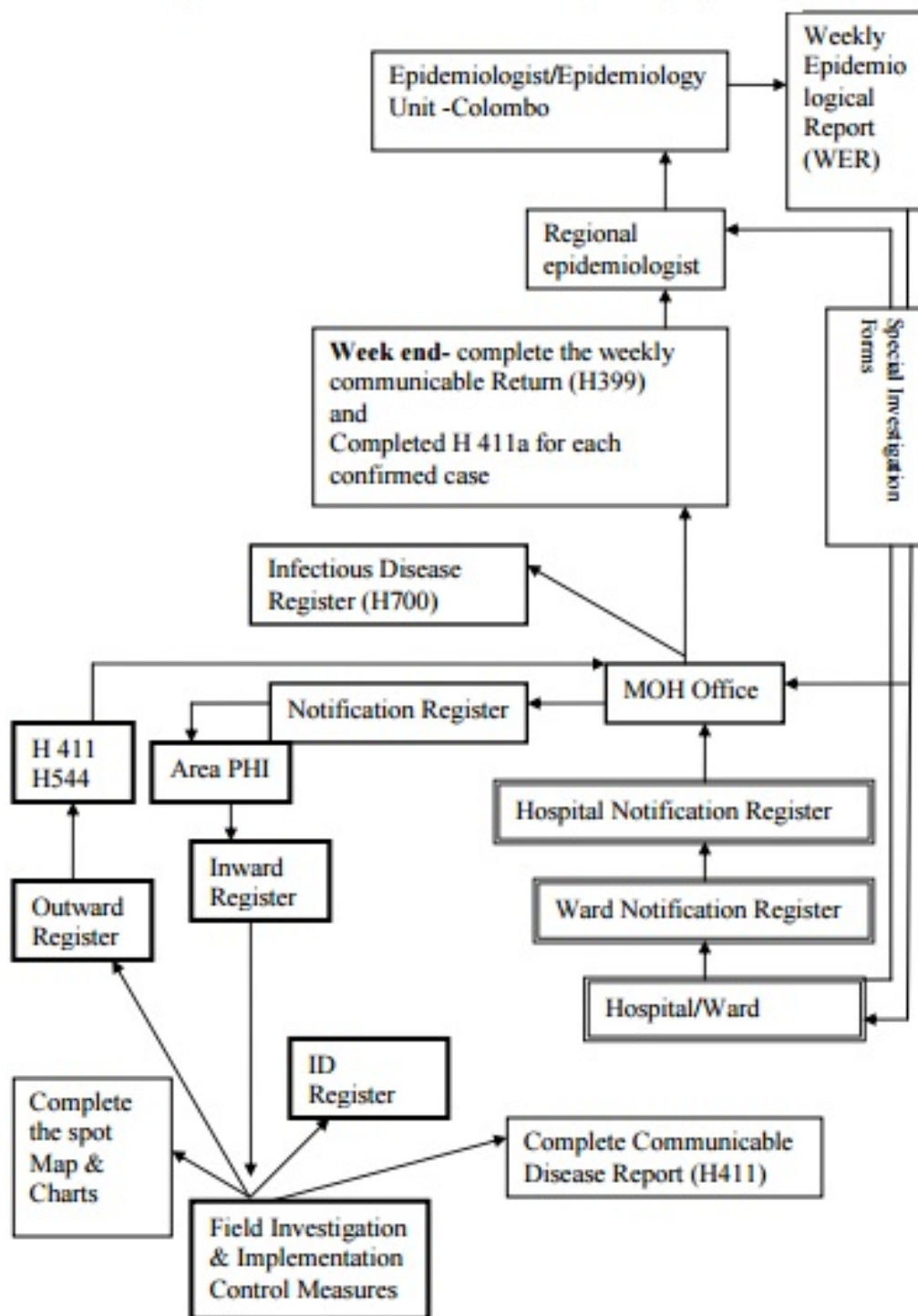
දැනුම් දෙන්නාගේ අත්සන அறிவிப்பவரின் கையொப்பம் Signature of Notifier	නම பெயர் Name	තරම அந்தஸ்து Status	දිනය திகதி Date
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බෝවෙන රෝග පිළිබඳ ලැයිස්තුව පදනම් කරගත් පිටුව මත  
 ஏறுத்தக்கூடியவை அறிவிக்கப்படவேண்டிய நோய்களின் பட்டியலைப் பார்க்கவும்  
 Please see overleaf for the list of Notifiable Diseases.

## Annexure II

PHI Manual - Chapter 7

**Figure II: Notifiable Diseases Reporting System**



## Recommended reading material

- Annual Health Bulletin of Sri Lanka Available in - <http://www.health.gov.lk> (Ministry of Health Sri Lanka)
- Bonita R, Beaglehole R, Kjellstrom T, Basic Epidemiology (2<sup>nd</sup> Edition) WHO publication
- Essentials of public health in Sri Lanka 2018 Department of Community Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura ISBN:978-955-4908-57-4
- Lal S., Adarsh, Pankaj ,Text book of Community Medicine – 6<sup>th</sup> Edition)
- Oxford Textbook of Community Medicine (5<sup>th</sup> Edition)
- Park K. ,Text book of Preventive and Social Medicine (26<sup>th</sup> Edition)
- Swinscow T D V, Campbell M J,Statistics at Square One (10<sup>th</sup> Edition)
- Weekly Epidemiological Report Available in - <http://www.epid.gov.lk> (Epidemiology Unit, Sri Lanka)