

Study on notification patterns of communicable diseases from the private sector in Colombo, District**MD. (Community Medicine) - 2009****D 2182**

A retrospective study of notifications from the Colombo district from 2002-2006 was done to describe the notification patterns from private sector. The private sector percentage of notifications was 27 percent or all notifications during the period 2004-2006 which was comparatively higher than their contribution to the total hospital bed strength (14 percent) in the district. Private sector notifications came mainly from hospitals with more than 50 beds with GPs contribution to the private sector notification during this period being a mere 1.5 percent . Notifications from smaller institutions in both the government and the private sector in the district were minimal. The private sector notified only a few diseases and more than 80 percent of notifications were DF/DHF. A similar pattern was seen for OF/DHF in the government sector but more diseases were notified by the government sector. Other diseases notified by private sector included hepatitis, enteric fever and chicken pox. The Colombo Municipal Council area had more notifications from the private sector as it had more private institutions within its geographic limits. Inadequate knowledge on diseases and the follow up process of notifiable diseases among private sector stakeholders was the main reason for the poor response to the surveillance system. Most of the private sector stakeholders had reservations on investigation of the notified cases by the public health staff in the field. Legal implication was not a major concern among both the private and the government sector stakeholders. The private sector highlighted the issues of training, time constraints, lack of forms, cost and feedback on their notifications as some reasons for their poor response. At the post-intervention assessment, the majority of General Practitioners (GPs) were aware of the notification system as the main surveillance system. 87 percent of the surveyed GPs considered HIV/AIDS as a notifiable disease. The majority of the GPs agreed that communicable diseases can be easily suspected, and that public health staff could take action to control the communicable diseases. Most GPs (74 percent) opined that they could provide the necessary advice and advice on control measures that the public health staff provides to their patients. 24 percent did not want public health staff to investigate their patients. More than 50 percent of the doctors were of the opinion that notification is done once the disease is confirmed and less experienced GPs thought that one single doctor cannot contribute much to a national epidemiological surveillance system. GPs having their own practices disagreed that notification interferes with their daily clinical practice (75 percent) and reporting consumes time that they do not always have (64 percent). Most GPs (81 percent) were of the view that they should notify the diseases as a medical practitioner rather than the legal requirement but the majority of GPs with more than 20 years experience were not aware of how the information they supply on notification is used.