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Journey to malaria elimination and challenges in sustaining Prevention of Re-establishment (PoR) phase of malaria in Sri Lanka - I

This is the frist article of three in a series on "Journey to malaria elimination and challenges in sustaining Prevention of Re-establishment (PoR) phase of malaria in Sri Lanka"

Malaria remains a major global public health challenge, particularly in tropical and subtropical regions. In 2024, an estimated 282 million malaria cases and 610,000 malaria-related deaths were reported across 80 endemic countries, representing an increase of nine million cases and an 8.5% rise in global incidence compared with 2024(1)(2). Sri Lanka has successfully sustained its malaria-free status, reporting only 637 imported malaria cases and 04 malaria related deaths in Prevention of Re-establishment malaria (PoR) phase up to date(3).

By 2026, Sri Lanka had maintained fourteen consecutive years without indigenous malaria transmission. This achievement was sustained through intensified surveillance, rapid case detection and response, quality-assured diagnosis and treatment, integrated vector surveillance and control, and strong programme governance (4)(5).

Milestones in Malaria Control, Elimination, and Prevention of Re-establishment in Sri Lanka

Sri Lanka's malaria programme has evolved through more than a century of sustained public health interventions, progressing from disease control to elimination and the prevention of re-establishment (PoR) (6)(7).

⇒ **1911:** Organized malaria control commenced with the establishment of the first malaria unit in Kurunegala, marking the beginning of a coordinated national response to malaria

⇒ **1934–1935:** Sri Lanka experienced the most devastating malaria epidemic in its recorded history, with more than 1.5 million cases and approximately 80,000 deaths occurring within nine months in a population of about five million.

⇒ **1945:** Indoor residual spraying (IRS) was introduced and progressively expanded nationwide, (along with quinine prophylaxis), significantly strengthening vector control efforts.

⇒ **1958:** Following independence, Sri Lanka launched a national malaria eradication programme based on the global eradication strategy.

⇒ **1963:** Malaria transmission declined to an historic low, with only 17 cases reported nationwide, including six indigenous cases. However, these gains were not sustained because control measures were prematurely relaxed.

⇒ **1967–1969:** A major resurgence occurred, with an estimated 1.5 million malaria infections, necessitating a return from eradication to long-term malaria control.

⇒ **1993:** National malaria control strategies were reoriented toward early case detection, prompt treatment, and targeted vector control in line with recommendations from the Global Ministerial Conference on Malaria.

⇒ **1998–1999:** Implementation of the WHO Roll Back Malaria Initiative strengthened parasitological and entomological surveillance, vector control, and community engagement, initiating a sustained decline in malaria incidence.

⇒ **2004:** Sri Lanka achieved the pre-elimination threshold, with an annual parasite incidence below one case per 1,000 population. However, nationwide elimination efforts were constrained by the ongoing civil conflict.

⇒ **2008:** The country formally entered the pre-elimination phase and adopted Artemisinin-based Combination Therapy (ACT) as the first-line treatment for *Plasmodium falciparum* malaria.

⇒ **2009:** The end of the civil conflict, together with financial support from the Global Fund, enabled the launch of a nationwide malaria elimination programme in collaboration with community and private-sector partners.

⇒ **2011–2012:** Sri Lanka entered the elimination phase, culminating in the reporting of the last indigenous malaria case in October 2012. Elimination of the final transmission focus along the Manik River in the Hambantota, Moneragala region required 22 months of intensive intervention, including innovative larval source management implemented by trained military personnel in otherwise inaccessible areas.

⇒ **2016:** In September, Sri Lanka was certified malaria-free by the World Health Organization. Later that year, the invasive urban malaria vector *Anopheles stephensi* was detected for the first time, underscoring the continuing need for vigilant surveillance and prevention of re-establishment.

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 To be Continued….

Table 1: Distribution of Notified Diseases reported by Medical Officers of Health 06th – 12th July 2026 (28th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poison-		Leptospirosis		Typhus		Viral Hep.		H. Rabies		Chickenpox		Meningitis		Leishman.		Tuberculosis		Leprosy		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	1625	13384	0	16	0	2	0	4	2	19	6	196	0	2	2	11	0	0	8	338	7	64	0	3	47	1012	2	97	**92**	**100**
Gampaha	1224	10765	5	29	1	28	0	0	0	23	13	321	0	5	1	9	0	0	12	540	7	184	1	36	24	556	2	47	**84**	**100**
Kalutara	644	5378	0	33	0	3	0	8	0	62	8	261	0	6	0	17	0	0	15	527	4	89	0	12	7	326	1	49	**74**	**100**
Kandy	555	4183	0	39	0	8	1	7	0	38	5	133	0	26	0	16	0	0	9	422	3	91	0	41	9	292	1	18	**63**	**100**
Matale	89	1908	1	19	0	5	1	2	0	7	6	142	0	3	0	7	0	0	1	133	7	54	7	308	4	99	0	23	**98**	**100**
Nuwara Eliya	68	723	0	34	0	4	0	3	0	15	6	199	0	29	0	13	0	0	6	323	6	142	0	1	5	147	1	8	**98**	**100**
Galle	431	4686	1	21	0	11	0	8	1	54	17	359	1	28	1	17	0	0	13	647	4	108	0	2	7	235	1	32	**69**	**100**
Hambantota	226	2054	0	33	0	2	0	0	0	34	7	155	2	22	0	11	0	0	6	155	4	44	15	304	9	83	1	20	**97**	**100**
Matara	615	4840	1	18	0	3	0	2	0	11	15	241	0	16	0	15	0	0	6	368	1	128	3	89	2	87	0	13	**94**	**100**
Jaffna	46	830	3	48	0	6	0	19	0	88	0	52	3	227	0	1	0	0	3	260	1	33	0	1	3	103	0	11	**96**	**100**
Kilinochchi	17	623	0	10	0	1	1	8	0	1	2	76	0	11	0	3	0	1	0	91	1	12	0	2	0	20	0	2	**100**	**100**
Mannar	11	510	0	1	0	3	0	0	0	3	0	45	0	4	0	3	0	0	0	63	0	20	0	4	2	27	0	3	**100**	**100**
Vavuniya	29	284	0	18	0	4	0	2	0	8	0	96	0	4	0	1	0	0	0	112	1	30	0	21	0	41	0	6	**100**	**100**
Mullaitivu	9	73	0	6	1	2	0	0	0	8	0	34	2	4	0	2	0	0	0	11	1	9	1	9	0	17	1	6	**90**	**100**
Batticaloa	60	1300	2	53	1	9	0	2	0	16	3	132	0	2	1	16	0	0	6	203	0	68	0	21	2	87	2	64	**100**	**100**
Ampara	64	434	0	47	0	1	0	1	1	15	4	111	0	2	1	7	0	0	2	230	2	54	0	12	2	29	0	16	**90**	**100**
Trincomalee	31	643	0	17	0	6	0	2	0	14	3	72	0	8	0	2	0	0	3	142	1	27	0	18	2	92	0	6	**98**	**100**
Kurunegala	262	2442	0	18	1	16	0	3	0	64	6	280	1	24	0	10	0	1	9	522	17	265	13	259	6	180	3	44	**91**	**100**
Puttalam	180	1178	0	16	0	11	0	0	0	7	4	180	0	21	0	7	0	4	3	106	4	112	1	15	1	102	2	18	**68**	**100**
Anuradhapura	146	688	2	17	1	8	0	1	0	49	5	180	0	21	0	8	0	0	11	364	10	113	18	442	5	153	1	35	**99**	**100**
Polonnaruwa	79	602	1	21	0	7	0	2	1	59	4	212	0	7	2	23	0	0	22	313	6	48	7	317	1	50	0	57	**100**	**100**
Badulla	180	1082	1	32	0	8	0	3	0	12	4	177	1	30	3	106	0	0	13	284	5	193	3	84	5	150	1	15	**96**	**100**
Monaragala	99	924	1	14	0	3	0	1	0	5	5	199	0	28	1	40	0	1	2	160	6	73	6	135	7	70	0	13	**94**	**100**
Ratnapura	386	4125	1	25	0	6	0	6	0	16	22	613	0	27	1	11	0	0	4	262	4	64	15	130	5	233	1	24	**100**	**100**
Kegalle	203	1886	5	40	0	4	0	4	0	24	9	250	0	10	0	10	0	0	15	446	3	66	0	12	5	181	1	7	**65**	**100**
Kalmunai	61	803	0	35	0	1	0	1	1	19	1	55	0	1	1	3	0	0	3	347	1	25	0	0	6	73	0	23	**100**	**100**
SRILANKA	**7340**	**66348**	**24**	**660**	**5**	**162**	**3**	**89**	**6**	**671**	**155**	**4771**	**10**	**568**	**14**	**369**	**0**	**7**	**172**	**7369**	**106**	**2116**	**90**	**2278**	**166**	**4445**	**21**	**657**	**91**	**100**

Source: WRCD module of the EPINET.
A = Cases reported during the current week;
T*=Timeliness refers to returns received on or before 12th June, 2026.
B = Cumulative cases for the year.
Total number of reporting units 360
C**-Completeness;
C**-Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP 06th – 12th July 2026 (28th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2026	Number of cases during same week in 2025	Total number of cases to date in 2026	Total number of cases to date in 2025	Difference between the number of cases to date in 2026 & 2025
	W	C	S	N	E	NW	NC	U	Sab					
AFP[1]	00	00	00	00	00	00	00	00	00	00	02	39	34	14.7%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps[2]	01	01	00	00	01	01	01	00	01	06	05	80	88	-9.1 %
Measles[3]	01	01	00	00	00	01	00	00	01	04	00	31	02	1450 %
Rubella[3]	00	00	00	00	00	00	00	00	00	00	00	00	02	-100 %
CRS[2]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus[2]	00	00	00	00	00	00	00	01	00	01	00	04	03	33.3 %
Neonatal Tetanus[2]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis[3]	00	00	00	00	00	00	00	00	00	00	00	00	04	-100 %
Whooping Cough[2]	00	01	00	00	00	00	00	01	00	02	00	19	12	58.3 %

Key to Table 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Mumps, Tetanus, Neonatal Tetanus, Whooping Cough.
Special Surveillance: AFP, Measles, Rubella, CRS.

AFP[1] = No Polio cases
Mumps[2], CRS[2], Tetanus[2], Neonatal Tetanus[2], Whooping Cough[2]—Clinically and/ or laboratory confirmed cases
Measles[3], Rubella[3], Japanese Encephalitis[3]— Laboratory Confirmed cases

AFP—Acute Flaccid Paralysis
CRS = Congenital Rubella Syndrome
NA = Not Available

AFP and all Vaccine Preventable Diseases should be investigated by the MOH Personally.

All patients presenting with fever and a maculopapular rash must be promptly notified and investigated. Blood samples and throat swabs should be collected at the appropriate time window

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiology Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk.** The Epidemiology Unit should be formally acknowledged in all resulting publications as the primary data source.

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