



# WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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## Implementation of prophylactic treatment for tuberculosis in Sri Lanka

*This is the first article of two in a series on “Implementation of prophylactic treatment for tuberculosis in Sri Lanka.”*

### Current situation of TB in Sri Lanka

Tuberculosis is an infectious disease caused mainly by **Mycobacterium tuberculosis** (MTB). It commonly affects the lungs; however, it can also affect any other organ in the body, except for hair and nails. According to the WHO, out of the estimated 14,000 cases for Sri Lanka in 2022, only 9538 were notified. This leaves around 4500 TB cases undetected per year. In Sri Lanka, TB is the second leading infectious disease and the leading cause of death among infectious diseases. The number of deaths among TB patients ranges from around 600-700 per year. (Figure 1)

Currently, the National TB Programme (NTP) of Sri Lanka has committed to end TB in the country by 2035. The targets include reducing morbidity & mortality due to TB as well as maintaining zero catastrophic costs among the affected families. Being a low-burden country for TB with an estimated incidence of 63/100 000 population, Sri Lanka is at an advantage to achieve these targets. As per the WHO guidelines, certain strategies are proposed to facilitate the progress towards end-TB targets. Implementation of preventive treatment among infected individuals with MTB is an important strategy proposed.

SRI LANKA 2023

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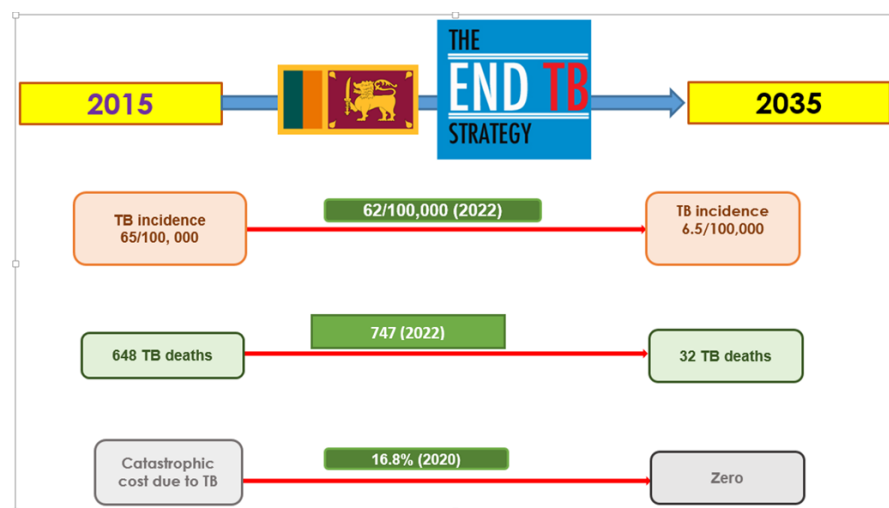


Figure 1: End TB targets with current achievements for Sri Lanka

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**The Latent Tuberculosis Infection (LTBI)**

Once *M. tuberculosis* enters and resides in the body, it is called TB infection. During this stage, *M. tuberculosis bacteria*; the causative agent of TB, remains persistent in the host immune response, without any clinical manifestation of active TB.

feasible nor cost-effective to give prophylaxis to all individuals infected, the above-mentioned high-risk groups were prioritized for TB preventive therapy (TPT).

Implementation of TPT is expected to assist achievement of end TB targets by lowering the number of TB patients by

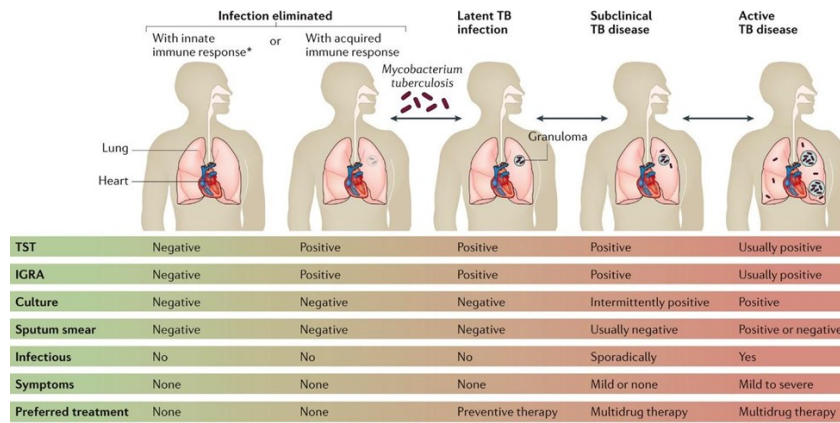


Figure 2: Spectrum of outcome with infection with *M. tuberculosis* in humans

Among those infected, around 10% will go on to develop symptoms and signs of TB, which is called TB disease. Around one-fourth (23%) of the global population is estimated to be infected with TB and of them, annually around 10 million go on to develop active TB disease. Approximately 10% of people infected with bacillus will develop the active disease during their lifetime, with the chance of developing the disease greatest within the **first two years**. (Assuming they are not suffering from any other concomitant immunosuppressive condition.) Among the infected, there are certain high-risk groups with a higher tendency to develop active disease.

These include;

- Close contacts of bacteriologically confirmed Pulmonary TB patients
- PLHIV (People living with HIV)
- Patients on anti-TNF alpha Rx
- CKD patients (stage 3 and above)
- Preparing for organ transplant (Recipient & Donor)
- Preparing for hematopoietic stem cell transplant
- Patients with silicosis
- Prisoners, health workers, immigrants from high TB burden countries, and people who are using illicit drugs may also be considered

To address the risk of developing active TB among the infected, a prophylactic treatment was introduced by the WHO in 2015. Following the WHO guideline, Sri Lanka developed “The Guideline on LTBI management” in 2021. As it is not

reducing those who progress into active disease, and by reducing deaths among TB patients through early diagnosis at the infection stage, thereby preventing complicated late presentations which might result in deaths.

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3. Latent tuberculosis infection: Updated and consolidated guidelines for programmatic management- WHO <https://www.who.int/publications/i/item/9789241550239>
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Table 1: Selected notifiable diseases reported by Medical Officers of Health 24<sup>th</sup>-01<sup>st</sup> Mar 2024 (09<sup>th</sup> Week)

RDHS	Dengue Fever		Dysentery		Encephali		Enteric		Food Poison-		Leptospirosis		Typhus		V. Hep.		H. Rabi.		Chickenpox		Meningitis		Leishmania-		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	T*	C**
Colombo	252	3362	0	5	0	1	0	2	0	3	9	65	0	0	0	3	0	0	16	80	1	9	0	0	100	100
Gampaha	102	1363	0	5	0	4	0	2	0	0	13	101	1	1	0	1	0	0	8	53	0	25	1	4	73	100
Kalutara	54	824	2	9	0	0	0	3	0	0	21	119	1	1	0	5	0	0	12	117	3	16	0	0	80	100
Kandy	58	1297	0	5	0	0	0	0	0	3	2	55	0	2	0	1	0	0	12	140	0	4	5	9	100	100
Matale	16	267	0	1	0	0	0	1	0	4	3	34	0	0	0	1	0	0	4	15	0	1	10	62	92	100
Nuwara Eliya	6	142	2	16	0	2	0	1	4	9	4	62	1	8	0	1	0	0	4	39	1	3	0	0	100	100
Galle	75	839	2	12	0	6	0	1	3	16	16	183	1	23	1	4	0	0	14	106	2	19	0	3	82	99
Hambantota	18	309	0	3	0	0	0	0	0	0	10	191	1	12	1	2	0	0	12	58	0	9	7	100	86	100
Matara	15	262	0	2	0	2	0	0	0	2	6	78	2	5	0	0	0	0	8	56	1	32	1	22	94	100
Jaffna	148	4373	2	21	0	1	0	0	1	7	1	12	31	275	1	3	1	1	7	63	0	3	0	0	100	93
Kilinochchi	9	233	0	0	0	0	0	0	0	1	0	9	1	6	0	0	0	0	0	1	0	2	0	0	100	100
Mannar	4	161	0	0	0	0	0	1	0	0	3	14	0	5	0	0	0	0	0	4	1	2	0	1	100	100
Vavuniya	3	110	0	0	0	0	0	0	0	0	3	42	0	1	0	3	0	0	0	7	0	4	0	1	75	100
Mullaitivu	2	157	1	3	0	0	0	0	0	2	4	42	1	7	0	0	0	0	0	2	0	0	0	1	100	100
Batticaloa	51	806	4	34	1	4	0	1	0	3	0	16	0	1	1	4	0	0	1	14	2	15	0	1	100	100
Ampara	7	97	2	10	0	1	0	0	5	6	4	85	0	1	0	3	0	0	6	37	1	14	0	3	80	100
Trincomalee	26	320	2	5	0	0	0	1	1	1	6	66	0	4	0	0	0	0	1	7	0	3	0	4	58	100
Kurunegala	58	987	0	5	0	4	0	0	0	335	10	190	3	10	0	2	0	2	17	90	5	55	10	97	93	99
Puttalam	21	526	0	0	0	1	0	0	0	0	4	104	0	4	0	0	0	0	0	31	1	9	0	3	75	100
Anuradhapura	50	357	0	3	0	0	0	0	0	2	12	142	3	12	0	4	0	0	0	35	3	15	14	170	95	100
Polonnaruwa	7	128	1	6	0	0	0	0	0	2	6	93	0	1	0	1	0	0	1	39	0	6	11	86	100	100
Badulla	8	435	0	7	0	1	0	0	1	5	10	141	0	6	0	5	0	0	3	64	0	5	4	7	94	100
Monaragala	25	285	0	3	0	0	0	0	0	0	27	319	0	12	1	7	0	0	2	21	3	31	6	37	91	100
Ratnapura	57	613	2	17	0	0	0	0	0	2	36	345	0	8	0	7	0	1	6	64	6	26	5	50	90	100
Kegalle	43	732	0	3	0	2	0	0	0	0	23	124	1	5	0	4	0	0	24	155	3	17	1	11	91	100
Kalmunai	21	406	0	7	0	0	0	0	0	0	1	30	0	1	0	0	0	0	9	33	0	3	0	0	92	100
<b>SRILANKA</b>	<b>1136</b>	<b>19391</b>	<b>20</b>	<b>182</b>	<b>1</b>	<b>29</b>	<b>0</b>	<b>13</b>	<b>15</b>	<b>403</b>	<b>234</b>	<b>2662</b>	<b>47</b>	<b>411</b>	<b>5</b>	<b>61</b>	<b>1</b>	<b>4</b>	<b>167</b>	<b>1331</b>	<b>33</b>	<b>328</b>	<b>75</b>	<b>672</b>	<b>90</b>	<b>99</b>

Source: Weekly Returns of Communicable Diseases (esurveillance.ephid.gov.lk). T=Timeliness refers to returns received on or before 01<sup>st</sup> Mar, 2024. Total number of reporting units 358. Number of reporting units data provided for the current week: 355. C\*\*=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

**Table 2: Vaccine-Preventable Diseases & AFP**

**24<sup>th</sup> – 01<sup>st</sup> Mar 2024 (09<sup>th</sup> Week)**

Disease	No. of Cases by Province									Number of cases during current week in 2024	Number of cases during same week in 2023	Total number of cases to date in 2024	Total number of cases to date in 2023	Difference between the number of cases to date in 2024 & 2023
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	02	12	17	-29.41 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	01	01	01	01	00	01	00	06	01	53	27	96.29 %
Measles	01	00	04	00	01	00	00	00	00	06	00	137	00	0 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	01	-100 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	01	0 %
Tuberculosis	69	22	13	05	22	19	01	05	19	175	233	1518	1513	0.33%

**Key to Table 1 & 2**

**Provinces:** W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.  
**RDHS Divisions:** CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

**Data Sources:**  
**Weekly Return of Communicable Diseases:** Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,  
**Special Surveillance:** AFP\* (Acute Flaccid Paralysis), Japanese Encephalitis  
**CRS\*\*** =Congenital Rubella Syndrome  
**NA** = Not Available

**Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.**

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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, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to [chepid@sltnet.lk](mailto:chepid@sltnet.lk). **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

**ON STATE SERVICE**

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