WEEKLY EPIDEMIOLOGICAL REPORT

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Towards Zero by 30: Strengthening Rabies Control in Sri Lanka through External Review - Part I

This is the first article of two in a series on "Towards Zero by 30: Strengthening Rabies Control in Sri Lanka through External Review"

Summary: The Way Forward for Rabies Elimination in Sri Lanka

- Sri Lanka has achieved significant reductions in human rabies deaths through coordinated mass dog vaccination, post-exposure prophylaxis (PEP), and community engagement, demonstrating strong government commitment and effective multisectoral collaboration.
- The **Rabies External Review** will identify ongoing challenges, including gaps in surveillance, dog population management, laboratory capacity, and resource limitations, to guide actions for sustaining progress and achieving rabies elimination in the future.
- Strengthening legal frameworks, expanding vaccination coverage with adequately trained personnel, modernizing surveillance systems, and ensuring uninterrupted supply of human vaccines and rabies immunoglobulins are critical priority actions.
- Integrating cost-effectiveness analysis, accounting for vaccines, syringes, logistics, and human resource costs for vaccinators, will support evidence-based resource allocation, program sustainability, and operational efficiency.
- Continued multisectoral collaboration under a One Health framework, guided by recommendations from the external review, is essential to maintain progress and achieve the goal of a rabies-free Sri Lanka.

Introduction

Rabies is an acute viral zoonotic disease caused by a lyssavirus, almost invariably fatal once clinical symptoms appear. Transmission occurs through the saliva of infected animals, primarily via bites, scratches, or licks on broken skin or mucous membranes. The disease affects all warm-blooded mammals, with dogs recognised as the principal reservoir responsible for over 99% of human rabies cases worldwide. Despite being preventable through timely post-exposure prophylaxis (PEP) in humans and sustained mass vaccination of dogs, rabies remains a major public health problem in many low- and middle-income countries, causing an estimated 59,000 human deaths annually, mostly in Asia and Africa.

Sri Lanka has made remarkable progress in rabies control over the past five decades. In the 1970s, the country reported more than 300 human rabies deaths annually, but today this number has dropped by over 90%. In 2024, there were 20 confirmed human rabies deaths, while only 7 deaths have been reported until August 2025. This success is largely due to the widespread and free provision of post-exposure prophylaxis (PEP) through government hospitals, together with decades of strong public health leadership.

Despite this achievement, dogs remain the commonest source of rabies in Sri Lanka, responsible for the vast majority of human deaths. Almost 90% of human rabies cases are due to exposures from rabid dogs. In recent years, rabies transmission from cats has also increased, but dogs continue to be the principal reservoir driving the persistence of the disease. The presence of rabies in animals, particularly dogs, combined with stagnating progress in vaccination coverage, threatens the ability of Sri Lanka to meet the global goal of eliminating dog-mediated human rabies by 2030.

Current Strategies for Rabies Control

Over the years, Sri Lanka has implemented a range of strategies to control rabies. The key components of the programme include universal access to PEP, mass dog vaccination campaigns, dog population management, strengthened surveillance systems, laboratory-based confirmation, and community awareness campaigns.

The Medical Research Institute (MRI) serves as the national reference laboratory and is supported by the Faculty of Veterinary Medicine, Peradeniya, and the National Hospital, Galle, to confirm cases of both human and animal rabies. In 2024, MRI tested 903 animal samples, of which 234 were positive, and 26 human samples, of which 20 were confirmed rabies. These efforts are complemented by communication strategies aimed at improving awareness of safe behaviour around animals and the need for timely treatment following exposures.

Gaps and Challenges in Rabies Control

Several persistent gaps undermine the effectiveness of rabies control. Dog vaccination coverage has remained below 50% nationally, well below the 70% threshold required to interrupt transmission. Challenges include unreliable dog population estimates, shortages of vaccinators and logistical support, a lack of systematic marking of vaccinated dogs, and inadequate involvement of private veterinary services.

Surveillance systems remain fragmented, with inconsistent hospital bite registers, poor reporting of suspected animal rabies, and an absence of wildlife surveillance. Laboratory services are restricted to a few centres, with inadequate coverage in northern and eastern provinces, supply chain interruptions, staff turnover, and absence of a national external quality assurance programme.

Meanwhile, outdated legal frameworks on rabies and animal disease control have left gaps in areas such as garbage disposal, public dog feeding practices, and mandatory registration of dogs. Public awareness campaigns continue to rely heavily on traditional methods, with limited use of social media, schools, and workplaces. Dog population management activities, including sterilisation, remain unplanned, with limited monitoring and no adoption of chemical sterilisation methods.

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Table 1 : Water Quality Surveillance
Number of microbiological water samples June 2025

District	MOH areas	No: Expected *	No: Received
Colombo	18	108	**0**
Gampaha	15	90	**5**
Kalutara	13	78	**113**
Kalutara NIHS	2	12	**16**
Kandy	23	138	**8**
Matale	13	78	**0**
Nuwara Eliya	13	78	**32**
Galle	20	120	**148**
Matara	17	102	**162**
Hambantota	12	72	**85**
Jaffna	14	84	**151**
Kilinochchi	4	24	**39**
Mannar	5	30	**0**
Vavuniya	4	24	**15**
Mullatvu	6	36	**43**
Batticaloa	14	84	**24**
Ampara	7	42	**0**
Trincomalee	12	72	**0**
Kurunegala	29	174	**13**
Puttalam	13	78	**35**
Anuradhapura	23	138	**34**
Polonnaruwa	9	54	**26**
Badulla	16	96	**175**
Moneragala	11	66	**66**
Rathnapura	20	120	**96**
Kegalle	11	66	**0**
Kalmunai	13	78	**0**

* No of samples expected (6 / MOH area / Month)
NR = Return not received

To be Continued....

Table 1: Selected notifiable diseases reported by Medical Officers of Health 05th–11th July 2025 (28th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		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	T*	C**
Colombo	222	7311	0	18	0	4	2	9	18	23	5	275	0	5	0	12	0	0	5	307	0	38	0	3	40	1093	100	100
Gampaha	154	4699	2	28	0	24	0	1	2	123	11	472	0	8	0	11	0	0	11	511	6	96	2	25	17	616	100	100
Kalutara	66	1489	0	28	0	6	0	11	1	42	10	402	0	2	0	4	0	0	9	531	2	29	0	1	4	336	65	100
Kandy	141	2450	0	37	0	3	0	5	2	21	9	180	0	36	0	7	0	0	11	298	1	16	2	40	7	375	100	100
Matale	12	801	1	16	0	1	0	0	0	50	2	150	0	4	0	7	0	0	0	74	0	7	6	168	0	84	100	100
Nuwara Eliya	10	176	4	52	0	5	0	4	0	47	1	72	0	40	0	0	0	0	11	165	1	19	0	0	5	158	100	100
Galle	56	1254	0	26	0	3	1	3	4	45	14	505	0	51	0	8	0	1	18	460	2	102	0	3	7	270	95	100
Hambantota	31	543	0	16	0	4	0	0	0	4	5	255	0	20	1	5	0	0	6	201	1	15	1	166	0	82	100	100
Matara	28	1016	1	11	0	2	0	1	1	8	5	302	0	12	0	10	0	0	10	245	1	26	1	61	0	89	94	100
Jaffna	26	804	1	56	0	2	0	11	4	38	1	124	3	378	0	2	0	2	4	239	0	16	0	0	1	121	93	93
Kilinochchi	0	66	0	11	1	1	0	4	0	5	1	61	0	11	0	1	0	0	0	4	0	0	1	2	0	31	100	100
Mannar	1	115	0	5	0	0	0	0	0	2	0	20	0	14	0	0	0	0	0	17	0	12	1	2	0	26	100	100
Vavuniya	2	61	0	9	0	0	0	1	0	36	3	65	0	7	0	0	0	0	0	32	0	15	0	14	5	35	100	100
Mullaitivu	0	48	0	5	0	0	0	1	0	23	0	51	0	7	0	0	0	0	1	21	0	5	0	2	1	19	100	100
Batticaloa	13	1477	2	93	0	12	0	0	0	145	4	80	0	2	2	19	0	0	5	134	1	25	0	1	0	82	93	100
Ampara	7	166	1	31	0	10	0	0	2	13	4	140	0	2	0	5	0	1	5	116	1	29	2	18	1	34	100	100
Trincomalee	11	858	2	33	0	2	0	1	2	31	4	109	0	9	0	5	0	0	3	83	0	10	1	5	0	68	100	100
Kurunegala	50	1012	2	33	0	12	0	1	0	25	5	480	0	23	0	6	0	1	35	498	1	99	12	337	10	194	97	100
Puttalam	7	425	0	22	0	3	0	0	0	5	2	192	0	31	0	1	0	1	0	98	0	59	2	22	0	112	100	100
Anuradhapura	8	392	0	25	0	6	0	3	0	17	5	291	1	18	1	12	0	0	4	203	2	46	11	438	7	166	83	100
Polonnaruwa	11	224	0	12	0	4	0	1	0	8	3	199	0	1	0	18	0	0	5	115	1	13	8	237	2	48	88	90
Badulla	16	493	0	22	0	8	0	3	0	2	7	198	1	19	1	34	0	0	9	259	0	45	1	30	6	167	94	100
Monaragala	13	562	1	14	0	3	0	0	0	4	4	397	0	23	0	18	0	0	1	90	1	35	3	120	0	74	82	100
Ratnapura	97	3256	1	80	0	6	0	3	0	37	26	944	0	19	0	9	0	1	9	268	4	75	0	121	10	235	95	100
Kegalle	30	951	0	44	1	12	0	9	0	32	16	477	0	8	1	12	0	0	14	530	1	72	1	21	4	165	91	100
Kalmunai	9	289	0	21	0	4	0	0	0	18	2	76	0	1	1	3	0	1	2	97	3	32	0	0	1	74	92	100
SRILANKA	**1021**	**30938**	**18**	**748**	**2**	**137**	**3**	**72**	**36**	**804**	**149**	**6517**	**5**	**751**	**7**	**209**	**0**	**8**	**178**	**5596**	**29**	**936**	**55**	**1837**	**128**	**4754**	**95**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 18th July, 2025 Total number of reporting units 361 Number of reporting units data provided for the current week: 360 C**-Completeness *
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

05th - 11th July 2025 (28th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2025	Number of cases during same week in 2024	Total number of cases to date in 2025	Total number of cases to date in 2024	Difference between the number of cases to date in 2025 & 2024
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	01	01	00	00	02	01	34	40	-15%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	04	01	01	01	01	01	00	00	00	09	04	139	158	-12 %
Measles	00	00	00	00	00	00	00	00	00	00	04	01	224	-99.5%
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	02	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	04	04	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	04	01	300 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	13	31	-58.1 %

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.

It is provided free by the MOH office / Public Health Inspectors.

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