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

This is the second 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.

The External Programme Review 2025

Recognising these persistent challenges, Sri Lanka has invited the World Health Organisation (WHO), the World Organisation for Animal Health (WOAH), and international subject matter experts to conduct an external review of its rabies control programme in September 2025. This review will assess the epidemiological situation, surveillance and response systems, PEP access and completion, laboratory capacity, dog vaccination and sterilisation strategies, and the overall sustainability of interventions.

The review will also evaluate multisectoral collaboration under a One Health approach and identify strategies for mitigating risks of rabies introduction from endemic countries. Field assessments will take place in Galle, Ratnapura, and Kandy, with consultations involving hospitals, MOH offices, veterinary services, NGOs, and local authorities. Findings will be consolidated into a mission report and presented to the Hon. Minister of Health and national stakeholders, ensuring a country-owned pathway to accelerate elimination efforts.

The Way Forward

Eliminating rabies in Sri Lanka requires building on existing achievements while addressing long-standing challenges. Priority actions include expanding mass dog vaccination programs informed by accurate population surveys and supported by increased numbers of trained vaccinators. Surveillance systems should be modernised through electronic bite registers and the adoption of digital tools, while laboratory capacity across provinces should be strengthened with external quality assurance and integration of genomic epidemiology. Legal frameworks also need reform to promote responsible pet ownership and effective dog registration.

Complementing these efforts, large-scale awareness campaigns targeting social media, schools, and workplaces should be implemented alongside ensuring an uninterrupted supply of human anti-rabies vaccines (ARV) and rabies immunoglobulins. Central to these efforts is the establishment of a formal national multisectoral One Health committee to provide unified leadership and coordination for rabies elimination.

To ensure optimal use of resources and program sustainability, it is critical to integrate **cost-effectiveness considerations** into rabies prevention planning. A comprehensive analysis should include **direct costs** incurred by the Ministry of Health and its associated agencies, such as vaccines and syringes supplied through the Medical Supplies Division (MSD), dog vaccination logistics supported by Provincial Health Veterinary Services (PHVS), laboratory testing and surveillance facilitated by the Medical Research Institute (MRI), and community awareness initiatives conducted by the Health Promotion Bureau (HPB). In addition, **human resource costs** for vaccinators, Public Health Inspectors (PHIs), and other staff involved in planning, implementing, and monitoring vaccination campaigns should be accounted for.

By evaluating the health impact per unit cost, cost-effectiveness analysis can guide resource allocation, prioritise interventions with the greatest benefit, and identify opportunities for efficiency improvement. Incorporating such assessments into program monitoring and evaluation will strengthen strategic planning, enhance sustainability, and provide evidence to support continued investment in rabies prevention and elimination in Sri Lanka.

Conclusion

Sri Lanka has achieved significant reductions in human rabies deaths through coordinated dog vaccination, post-exposure prophylaxis, and community engagement. Remaining challenges include gaps in surveillance, dog population management, laboratory capacity, and resource constraints. Strengthening legal frameworks, expanding vaccination coverage, modernising surveillance, and ensuring an uninterrupted vaccine supply are critical next steps. Integrating cost-effectiveness analysis, accounting for vaccines, syringes, logistics, and human resources, will guide efficient resource allocation and program sustainability. Continued multisectoral collaboration under a One Health framework is essential to maintain progress and move towards a rabies-free Sri Lanka.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 12th–18th July 2025 (29th 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	226	7537	0	18	1	5	0	9	1	24	14	289	0	5	1	13	0	0	17	324	2	40	0	3	38	1131	**100**	**100**
Gampaha	193	4892	0	28	1	25	0	1	0	123	6	478	0	8	0	11	0	0	8	519	1	97	2	27	41	657	**100**	**100**
Kalutara	80	1569	0	28	0	6	1	12	0	42	17	419	0	2	0	4	0	0	17	548	1	30	0	1	9	345	**65**	**100**
Kandy	184	2634	0	37	0	3	0	5	0	21	5	185	1	37	0	7	0	0	14	312	1	17	1	41	14	389	**96**	**100**
Matale	19	820	3	19	0	1	0	0	0	50	7	157	0	4	0	7	0	0	4	78	0	7	6	174	0	84	**100**	**100**
Nuwara Eliya	24	200	6	58	0	5	0	4	3	50	8	80	2	42	0	0	0	0	4	169	2	21	0	0	4	162	**100**	**100**
Galle	43	1297	2	28	0	3	1	4	3	48	12	517	1	52	0	8	0	1	8	468	2	104	0	3	16	286	**95**	**100**
Hambantota	46	589	3	19	1	5	0	0	0	4	6	261	0	20	4	9	0	0	5	206	2	17	9	175	5	87	**100**	**100**
Matara	41	1057	0	11	0	2	0	1	2	10	16	318	0	12	0	10	0	0	5	250	0	26	1	62	7	96	**88**	**100**
Jaffna	31	835	2	58	0	2	0	11	1	39	1	125	5	383	0	2	0	2	4	243	0	16	0	0	5	126	**93**	**93**
Kilinochchi	3	69	0	11	0	1	0	4	0	5	0	61	0	11	0	1	0	0	0	4	0	0	0	2	0	31	**100**	**100**
Mannar	2	117	0	5	0	0	0	0	0	2	0	20	0	14	0	0	0	0	0	17	0	12	0	2	5	31	**100**	**100**
Vavuniya	3	64	0	9	0	0	0	1	0	36	2	67	1	8	0	0	0	0	0	32	0	15	0	14	0	35	**100**	**100**
Mullaitivu	0	48	0	5	0	0	0	1	0	23	0	51	1	8	0	0	0	0	0	21	0	5	0	2	2	21	**100**	**100**
Batticaloa	19	1496	5	98	2	14	0	0	1	146	3	83	0	2	1	20	0	0	1	135	0	25	0	1	0	82	**86**	**100**
Ampara	12	178	1	32	0	10	0	0	2	15	9	149	0	2	1	6	0	1	13	129	1	30	1	19	0	34	**100**	**100**
Trincomalee	11	869	2	35	0	2	0	1	1	32	4	113	0	9	0	5	0	0	1	84	0	10	0	5	9	77	**100**	**100**
Kurunegala	49	1061	1	34	1	13	0	1	4	29	15	495	0	23	0	6	0	1	29	527	5	104	22	359	9	203	**97**	**100**
Puttalam	12	437	0	22	0	3	0	0	0	5	3	195	0	31	0	1	0	1	2	100	3	62	0	22	1	113	**100**	**100**
Anuradhapura	12	404	1	26	0	6	0	3	9	26	3	294	1	19	0	12	0	0	9	212	0	46	25	463	7	173	**78**	**100**
Polonnaruwa	14	238	0	12	1	5	0	1	0	8	5	204	0	1	0	18	0	0	4	119	2	15	20	257	1	49	**88**	**90**
Badulla	37	530	0	22	0	8	0	3	0	2	4	202	1	20	3	37	0	0	5	264	2	47	3	33	5	172	**94**	**100**
Monaragala	19	581	2	16	0	3	0	0	0	4	10	407	2	25	1	19	0	0	6	96	0	35	6	126	6	80	**82**	**100**
Ratnapura	93	3349	1	81	0	6	0	3	10	47	35	979	2	21	1	10	0	1	11	279	2	77	2	123	14	249	**95**	**100**
Kegalle	41	992	2	46	0	12	0	9	0	32	18	495	1	9	1	13	0	0	22	552	1	73	1	22	3	168	**100**	**100**
Kalmunai	5	294	2	23	1	5	0	0	0	18	2	78	0	1	0	3	0	1	4	101	1	33	0	0	5	79	**100**	**100**
SRILANKA	**1219**	**32157**	**33**	**781**	**8**	**145**	**2**	**74**	**37**	**841**	**205**	**6722**	**18**	**769**	**13**	**222**	**0**	**8**	**193**	**5789**	**28**	**964**	**99**	**1936**	**206**	**4960**	**95**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 25th July, 2025 Total number of reporting units 360 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 12th – 18th July 2025 (29th 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*	01	00	00	00	00	0	00	00	01	02	00	36	40	-10%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	02	01	01	01	03	02	00	01	01	12	04	151	162	-6.7 %
Measles	00	00	00	00	00	00	00	00	00	00	02	01	226	-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	03	13	34	-61.7 %

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

Number of Malaria Cases Up to End of July 2025,

07

All are Imported!!!

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. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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