



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Health

231, de Saram Place, Colombo 01000, Sri Lanka  
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk  
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk  
Web: <http://www.epid.gov.lk>

Vol. 42 No. 17

18<sup>th</sup> – 24<sup>th</sup> April 2015

## Malaria (Part III)

This is the final article of the series of articles on Malaria

### Surveillance

Tracking progress is a major challenge in malaria control. In 2012, malaria surveillance systems detected only around 14% of the estimated global number of cases. Stronger malaria surveillance systems are urgently needed to enable a timely and effective malaria response in endemic regions, to prevent outbreaks and resurgences, to track progress, and to hold governments and the global malaria community accountable.

### Elimination

Malaria elimination is defined as interrupting local mosquito-borne malaria transmission in a defined geographical area, i.e. zero incidence of locally contracted cases. Malaria eradication is defined as the permanent reduction to zero of the worldwide incidence of malaria infection caused by a specific agent; i.e. applies to a particular malaria parasite species.

On the basis of reported cases for 2013, 55 countries are on track to reduce their malaria case incidence rates by 75%, in line with World Health Assembly targets for 2015. Large-scale use of WHO-recommended strategies, currently available tools, strong national commitments, and coordinated efforts with partners, will enable more countries – particularly those where malaria transmission is low and unstable – to re-

duce their disease burden and progress towards elimination.

In recent years, 4 countries have been certified by the WHO Director-General as having eliminated malaria: United Arab Emirates (2007), Morocco (2010), Turkmenistan (2010) and Armenia (2011).

### Vaccines against malaria

There are currently no licensed vaccines against malaria or any other human parasite. One research vaccine against *P. falciparum*, known as RTS, S/AS01, is the most advanced. This vaccine has been evaluated in a large clinical trial in 7 countries in Africa and has been submitted to the European Medicines Agency under art. 58 for regulatory review. A WHO recommendation for use will depend on the final results from the large clinical trial and a positive regulatory review. The recommendation as to whether or not this vaccine should be added to existing malaria control tools is expected in late 2015.

### WHO response

The WHO Global Malaria Programme (GMP) is responsible for charting the course for malaria control and elimination through

- setting, communicating and promoting the adoption of evidence-based norms, standards, policies, technical strategies, and guidelines
- keeping independent score of global progress

WEEKLY SRI LANKA - 2015

## Contents

## Page

- |   |   |
|---|---|
| 1. <i>Leading Article – Malaria – (Part III)</i>  | 1 |
| 2. <i>Summary of selected notifiable diseases reported – (11<sup>th</sup> – 17<sup>th</sup> April 2015)</i>       | 3 |
| 3. <i>Surveillance of vaccine preventable diseases &amp; AFP – (11<sup>th</sup> – 17<sup>th</sup> April 2015)</i> | 4 |

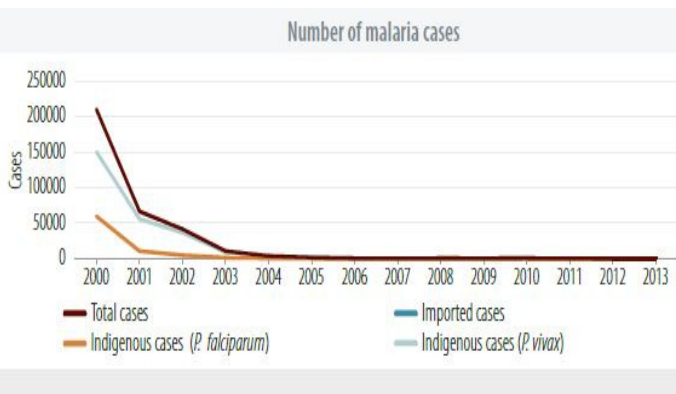
- developing approaches for capacity building, systems strengthening, and surveillance
- identifying threats to malaria control and elimination as well as new areas for action.

GMP serves as the secretariat for the Malaria Policy Advisory Committee (MPAC), a group of 15 global malaria experts appointed following an open nomination process. The MPAC, which meets twice yearly, provides independent advice to WHO to develop policy recommendations for the control and elimination of malaria. The mandate of MPAC is to provide strategic advice and technical input, and extends to all aspects of malaria control and elimination, as part of a transparent, responsive and credible policy setting process.

WHO is also a co-founder and host of the Roll Back Malaria partnership, which is the global framework to implement coordinated action against malaria. The partnership mobilizes for action and resources and forges consensus among partners. It is comprised of over 500 partners, including malaria endemic countries, development partners, the private sector, nongovernmental and community-based organizations, foundations, and research and academic institutions.

**Response in Sri Lanka**

Anti Malaria Campaign was established in 1911, and the campaign has been responsible for the control of the disease in the country. Currently the Anti Malaria Campaign, the equivalent of the National Malaria Control Programme, is a specialized campaign of the Ministry of Health and comprises the Directorate and twenty district-level Regional Offices. It functions as a decentralized campaign, the Directorate coming under the purview of the Line Ministry of Health (Central Ministry) and the Regional Offices belonging to the nine Provincial Health Administrations.



**Table 1-Number of Malaria cases in Sri Lanka 2000-2013**

**Sources:**

Malaria, available at <http://www.who.int/mediacentre/factsheets/fs094/en/>

Current Malaria Situation, available at <http://www.malariacampaign.gov.lk/>

**Compiled by Dr. C U D Gunasekara of the Epidemiology Unit**

**Table 1 : Water Quality Surveillance  
Number of microbiological water samples March/ 2015**

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	90
Gampaha	15	90	82
Kalutara	12	72	NR
Kalutara NIHS	2	12	16
Kandy	23	138	NR
Matale	12	72	3
Nuwara Eliya	13	78	8
Galle	19	114	NR
Matara	17	102	25
Hambantota	12	72	49
Jaffna	11	66	22
Kilinochchi	4	24	0
Manner	5	30	0
Vavuniya	4	24	15
Mullatvu	4	24	22
Batticaloa	14	84	0
Ampara	7	42	34
Trincomalee	11	66	6
Kurunegala	23	138	111
Puttalam	9	54	6
Anuradhapura	19	114	NR
Polonnaruwa	7	42	0
Badulla	15	90	76
Moneragala	11	66	53
Rathnapura	18	108	22
Kegalle	11	66	59
Kalmunai	13	78	0

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 11th - 17th April 2015 (16th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		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	56	3614	3	65	0	4	0	27	0	48	1	90	1	3	0	15	0	3	10	181	0	14	0	0	81	19
Gampaha	28	1673	1	23	0	3	1	8	0	10	7	166	0	6	8	67	0	0	2	64	0	8	0	0	80	20
Kalutara	11	606	1	34	0	4	0	14	0	65	1	112	0	0	2	13	0	1	4	105	0	14	0	0	100	0
Kandy	12	539	1	46	0	4	0	13	1	3	2	25	0	25	0	67	0	0	1	90	0	4	0	1	74	26
Matale	1	292	0	21	0	0	4	0	3	3	1	20	0	4	0	18	0	0	0	7	1	3	0	3	77	23
NuwaraEliya	0	76	1	96	0	1	1	9	0	0	0	10	1	29	0	36	0	0	1	25	0	18	0	0	85	15
Galle	0	283	0	24	0	0	2	0	6	0	55	0	22	0	4	0	0	0	0	60	0	13	0	0	0	100
Hambantota	3	139	0	11	0	0	4	0	4	0	32	1	18	0	17	0	0	0	6	41	0	4	0	0	100	0
Matara	7	192	0	27	0	3	0	4	0	44	1	73	0	17	0	11	0	0	2	89	0	9	1	22	100	0
Jaffna	13	982	9	227	1	8	4	126	0	28	1	10	4	463	0	7	0	1	11	81	0	6	0	0	92	8
Kilinochchi	0	32	2	34	0	0	0	3	0	25	0	1	0	8	0	0	0	0	1	10	0	0	0	0	50	50
Mannar	0	68	0	4	0	0	4	0	1	0	8	0	0	15	0	0	0	0	2	2	0	0	0	0	100	0
Vavuniya	1	57	0	10	0	4	1	25	0	3	0	10	0	11	0	1	0	1	0	32	0	3	0	1	50	50
Mullaitivu	3	67	0	10	0	2	0	4	0	1	0	3	0	6	0	2	0	0	0	1	0	2	0	3	40	60
Batticaloa	18	957	3	107	0	4	2	10	2	97	0	2	0	0	0	0	0	0	2	15	0	10	0	0	79	21
Ampara	0	20	1	18	0	0	0	1	0	2	0	6	0	0	0	2	0	0	1	85	0	3	0	0	86	14
Trincomalee	9	343	0	17	0	0	0	15	1	23	0	11	0	3	0	6	0	1	2	32	0	2	0	1	83	17
Kurunegala	7	648	3	61	0	2	0	3	0	10	1	95	0	13	0	15	0	1	4	160	0	7	1	32	78	22
Puttalam	2	379	0	13	0	2	0	1	0	6	0	17	0	7	0	1	0	0	0	28	1	9	0	1	62	38
Anuradhapura	1	239	1	24	0	1	0	2	0	48	3	115	1	14	1	8	0	0	1	77	0	12	1	85	89	11
Polonnaruwa	0	109	0	22	0	2	0	6	0	0	0	39	0	1	0	3	0	0	0	49	0	11	4	42	71	29
Badulla	0	298	0	49	0	3	0	3	1	6	0	23	0	36	8	55	0	2	5	49	0	22	0	5	76	24
Monaragala	2	92	2	40	0	1	0	8	0	2	3	96	2	29	2	26	0	1	0	33	0	5	1	10	91	9
Ratnapura	4	401	2	105	0	3	0	21	0	1	1	118	0	24	0	119	0	0	1	39	0	12	0	4	83	17
Kegalle	5	221	0	30	1	7	0	34	0	3	6	94	1	22	3	46	0	0	2	78	4	19	0	0	73	27
Kalmune	1	348	1	44	0	0	0	1	1	20	0	2	0	0	0	0	0	0	0	49	0	4	0	0	46	54
<b>SRILANKA</b>	<b>184</b>	<b>12675</b>	<b>31</b>	<b>1162</b>	<b>2</b>	<b>58</b>	<b>9</b>	<b>352</b>	<b>6</b>	<b>459</b>	<b>28</b>	<b>1233</b>	<b>11</b>	<b>776</b>	<b>24</b>	<b>539</b>	<b>0</b>	<b>12</b>	<b>57</b>	<b>1482</b>	<b>6</b>	<b>214</b>	<b>8</b>	<b>301</b>	<b>75</b>	<b>25</b>

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 17th April, 2015. Total number of reporting units 337. Number of reporting units data provided for the current week: 257. C\*\*=Completeness

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

11<sup>th</sup> - 17<sup>th</sup> April 2015 (16<sup>th</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2015	Number of cases during same week in 2014	Total number of cases to date in 2015	Total number of cases to date in 2014	Difference between the number of cases to date in 2014 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	02	00	00	00	00	00	00	00	02	01	22	26	-15.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Mumps	01	00	00	00	01	00	00	01	00	03	06	118	241	-51.0%
Measles	12	04	05	01	01	01	04	02	00	30	25	655	1418	-53.8%
Rubella	00	00	00	00	00	00	00	00	00	00	01	04	08	-50%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	03	%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
Japanese Encephalitis	00	00	00	00	00	00	00	00	01	01	00	07	17	-59.1%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Whooping Cough	01	00	00	00	00	00	00	00	00	01	00	30	19	58.1%
Tuberculosis	21	12	31	02	01	31	03	00	27	128	64	2816	3152	-89.3%

**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

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
March	3935	111	19	7	11	1023	352	0

Source: Medical Research Institute & Veterinary Research Institute

**PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).**

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**

**Dr. P. PALIHAWADANA**  
 CHIEF EPIDEMIOLOGIST  
 EPIDEMIOLOGY UNIT  
 231, DE SARAM PLACE  
 COLOMBO 10