

## **WEEKLY EPIDEMIOLOGICAL REPORT**

## A publication of the Epidemiology Unit Ministry of Health

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Filariasis in Sri Lanka (Part II)

### Vol. 43 No.05

### 23<sup>rd</sup> - 29<sup>th</sup> January 2016

This is the second in the series of three articles on filariasis in Sri Lanka.

#### Achievements

- One of the main strategies adopted for elimination was the interruption of transmission through MDA once yearly to the entire endemic population for at least five years. With the support of the international partners and the WHO, Sri Lanka successfully completed five rounds of MDA in 2006 which covered more than 80% of the population residing in endemic districts.
- Transmission Assessment Surveys (TAS) conducted among grade 1 and 2 school children in endemic districts in 2008 and 2011 with the financial and logistic support of WHO and international partners, further confirmed the elimination.
- In Sri Lanka, MF rate was below 1% over the past 15-20 years and current (2014) MF rate is 0.05%. This is very much below the WHO elimination target of < 1%.</p>
- Sri Lanka is one of the first countries in South -East Asia Region suitable to work towards certification on elimination of filariasis. AFC has submitted a report (dossier) to WHO for the consideration of granting certification of elimination.
- Field staffs were instructed to collect 60 microliters of blood per person during the preparation of night blood films (NBFs) to enhance identification of cases with low mf densities.

 Website of AFC (WWW.filariasiscampaign.health.gov.lk) was launched on 02/07/2013

#### Results of activities done in 2014 and 2015

### A) Parasitological activities in endemic districts

In 2014, 344,861 night blood films were examined for microfilaria by the thick blood smear technique from endemic districts. Persons in endemic areas were screened at the night blood filming centers, through house to house visits and during special surveys. Microfilaria rate for 2014 was 0.05 %. (mf rate-number of microfilaria positive persons per 100 persons tested). The majority of positives were detected from Galle district.

Figure 1 shows the microfilaria rate in endemic districts. Microfilaria rate is far below 1% which is the filariasis elimination cut off.

Figure 1 - The microfilaria rate in endemic districts



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#### B) Entomological activities in endemic districts

#### 1. Infected and infective rates

Infected rate [number of *Culex quinquefaciatus* mosquitoes with filarial parasite stages (mf, L1, L2 and L3) per 100 *Culex quinquefasciatus* mosquitoes] and infective rate [number of *Culex quinquefaciatus* mosquitoes with infective (L3) parasite stages per 100 *Culex quinquefaciatus* mosquitoes dissected] were 0.55% and 0.007% respectively for the year 2014.

#### 2. Molecular biological Assays

Female *Culex quinquefaciatus* and *Mansonia* species of mosquitoes collected from endemic districts were subjected to PCR testing at AFC to determine the *Wucheraria bancrofti* parasite DNA in *Culex quinquefaciatus* mosquitoes and *Brugia malayi* in *Mansonia* mosquitoes.

#### C) Clinical activities in endemic districts

#### 1. Clinic visits of lymphoedema patients

In 2014, the numbers of first visit lymphoedema patients attending the clinics of AFC and RAFUs were 1027, and the numbers of clinic visits of past lymphoedema patients were 8871.

# Figure 2 - Lymphoedema cases (visits) managed at AFC and RAFUs(1995-2014)



#### **D) Special Research activities**

#### 1. Molecular xenomonitoring survey in Galle district

With the collaboration of foreign partners and RAFUs, AFC conducted "Molecular xenomonitoring Surveys for *Wuchereria bancrofti* DNA in mosquitoes in two evaluation units (Inland and Coastal) in Galle District in 2014.

Thirty PHM areas each were randomly selected from eleven (11) Coastal Medical Officer of Health (MOOH) areas and an-

other 30 PHM areas were randomly selected from nine (9) inland MOOH areas in Galle District. *Culex quinquefacsiatus* mosquito pools were collected from these areas and subjected to PCR to determine *Wucheraria bancrofti* parasite DNA.

### 2. Antigen and molecular xenomonitoring survey in 6 Public Health Inspector (PHI) areas in Galle, Matara, Kalutara and Gampaha districts in 2015

Antigen testing using ICT test kits was done among community and school children (Grade 1 and 2) to identify *Wuchereria bancrofti*. Antigen rate is 3.05% (above the elimination cut off of 2%) in Balapitiya PHI area.

*Culex quinquefasciatus* female mosquito pools (20 mosquitoes in each pool) were collected using 50 trap sites in each PHI area and subjected to PCR testing to detect *Wuchereria bancrofti* DNA.

#### 3. Antigen survey in Galle district in 2015

*Wucheraria bancrofti* antigen survey in the community was conducted in Galle district, using Field Test Strip (FTS). Galle MC and Balapitiya have shown high antigen rates above 2%.

#### 4. Special surveys in non-endemic districts

Special entomological and *Wucheraria bancrofti* antigen surveys were conducted in Mannar district in 2014 and Kegalle district in 2015.

In Mannar district, *Wucheraria bancrofti* antigen surveys were done among 800 persons using ICT kits. Twenty two (22) *Culex quinquefaciatus* mosquito pools (20 mosquitoes per pool) were subjected to PCR and 23 mosquitoes were dissected.

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Anti Filariasis Campaign Ministry of Health Sri Lanka

## 23<sup>rd</sup> – 29<sup>th</sup> January 2016

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## Table 2: Vaccine-Preventable Diseases & AFP

## 16th - 22nd Jan 2016 (04th Week)

23<sup>rd</sup> – 29<sup>th</sup> January 2016

Disease			Ν	lo. of Cas	ses by P	rovince	I	Number of cases during current	Number of cases during same	Total number of cases to	Total num- ber of cases to	Difference between the number of cases to date			
	w	С	S	N	E	NW	NC	U	Sab	week in 2016	week in 2015	date in 2016	date in 2015	in 2016 & 2015	
AFP*	01	00	00	00	00	00	00	00	00	01	00	04	06	-33.3%	
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%	
Mumps	00	00	03	01	01	02	00	00	02	09	11	28	27	+4.1%	
Measles	01	01	02	01	02	00	02	00	00	09	32	53	108	-51.1%	
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	02	-50%	
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	01	00	01	-100%	
Neonatal Teta- nus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%	
Japanese En- cephalitis	00	00	00	00	00	00	00	00	00	00	00	00	02	-100%	
Whooping Cough	00	00	01	00	00	01	00	00	00	02	02	10	08	+25%	
Tuberculosis	68	16	20	02	37	05	15	11	32	429	206	795	710	+12.1%	

#### 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

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

**Dengue Prevention and Control Health Messages** 

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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

## **ON STATE SERVICE**

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