



WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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World AIDS Day 2024: Prioritizing the rights of young people through evidence-based interventions

World AIDS Day 2024, celebrated on December 1st, provides an essential opportunity to reflect on the progress made in the global battle against HIV and highlight the work that remains, particularly in addressing the challenges faced by young people. The theme of the year 2024, "Take the rights path: My health, my right!" emphasizes the critical need to prioritize the rights of adolescents and young adults in efforts to end the AIDS epidemic by 2030. The focus is on the inequalities that continue to obstruct access to essential health services and the need for comprehensive, evidence-based interventions that empower young people to take care of their health.

The importance of addressing HIV among adolescents and young adults:

Adolescents and young adults, aged 10-24 years, continue to be disproportionately affected by HIV, with significant gaps in access to services across the HIV cascade, including prevention, testing, treatment, and care. This vulnerable group faces unique barriers to accessing HIV-related healthcare due to a combination of social, economic, and health system challenges. These barriers include stigma, discrimination, laws, gender inequalities, and inadequate health services tailored to the needs of young people.

In 2023, an estimated 1.5 million adolescents between the ages of 10 and 19 were living with

HIV, and 140,000 new infections were reported. Despite ongoing efforts to address these gaps, the global response to HIV remains insufficient, particularly for young people from key populations, such as those living in high-prevalence regions like southern Africa, or those involved in high-risk behaviours. Young women, especially those aged 15-24, are still significantly affected by new HIV infections, making targeted interventions for this group crucial to reversing the epidemic

As scientific evidence on effective HIV prevention, treatment, and care improves, there is a growing recognition that the health needs of adolescents extend beyond HIV to other co-infections, such as tuberculosis (TB), sexually transmitted infections (STIs), and hepatitis B and C. Integrated and evidence-based approaches are necessary to meet the comprehensive health needs of this age group.

An evidence-based approach to HIV prevention and care for young people

The World Health Organization (WHO) has been at the forefront of promoting a comprehensive and integrated approach to HIV prevention and care.

Summary of the global HIV epidemic, 2023

	People living with HIV	People acquiring HIV	People dying from HIV-related causes
Total	39.9 million [36.1-44.6 million]	1.3 million [1.0-1.7 million]	630 000 [500 000-820 000]
Adults (15+ years)	38.6 million [34.9-43.1 million]	1.2 million [950 000-1.5 million]	560 000 [430 000-730 000]
Women (15+ years)	20.5 million [18.5-22.9 million]	520 000 [400 000-690 000]	240 000 [180 000-320 000]
Men (15+ years)	18.1 million [16.2-20.3 million]	660 000 [540 000-840 000]	320 000 [250 000-420 000]
Children (<15 years)	1.4 million [1.1-1.7 million]	120 000 [83 000-170 000]	76 000 [53 000-110 000]

Source: UNAIDS/WHO estimates, 2024.

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SRI LANKA 2024

NOVEMBER

In the context of World AIDS Day 2024, WHO launched a new technical document outlining evidence-based interventions and recommendations for HIV prevention, testing, treatment, and care, with a particular focus on adolescents and young adults. This document highlights the importance of combination prevention programs that use a mix of biomedical, behavioural, and structural interventions to address the unique needs of this group.

WHO emphasizes that interventions must be practical, sustainable, and context-specific to be effective. To this end, the document prioritizes those interventions that are most likely to improve health outcomes for adolescents and young people. It provides a comprehensive set of recommendations to guide healthcare providers, policymakers, and program managers in implementing interventions that have proven to be effective in addressing the challenges faced by adolescents and young adults living with HIV.

Key recommendations include expanding access to HIV testing and treatment services, ensuring that HIV services are adolescent-friendly, and integrating HIV care with services addressing other health issues, such as mental health and sexual and reproductive health. The WHO guideline emphasizes the importance of peer-driven, adolescent-friendly health services, which are shown to improve engagement and treatment outcomes for young people.

The role of peer-driven, adolescent-friendly health services

Meaningful engagement of young people is critical to achieving better health outcomes. It is important to have peer-driven initiatives, where young people play an active role in their care and the design and implementation of health services. This approach is effective in ensuring the acceptance of quality HIV services among adolescents and young adults.

The engagement of young people in their care goes beyond treatment; it involves empowering them to take leadership roles in their health journey. This includes engaging them in advocacy for their health rights, facilitating peer education, and supporting them in accessing HIV prevention, treatment, and care services in a way that aligns with global standards and best practices.

Peer support networks and community-based outreach also play an important role in reducing the stigma surrounding HIV and encouraging young people to seek the care they need. Stigma remains one of the biggest barriers to HIV care for adolescents, particularly in regions where cultural norms and gender inequalities make it difficult for young people to discuss sexual and reproductive health issues openly. By involving peers in the process, young people are more likely to feel comfortable accessing services and receiving support from others who understand their experiences.

HIV testing and treatment for children and adolescents

While the focus on HIV in young people often emphasizes prevention, testing and treatment are also crucial. An estimated 1.4 million children aged 0-14 were living with HIV at the end of 2023, with 120,000 new infections and 76,000 deaths from AIDS-related illnesses. WHO emphasizes the urgent need for early testing and treatment to reduce HIV-related mortality and morbidity among children.

WHO recommends that infants born to mothers living with HIV be tested for HIV by two months of age and that they continue to be tested during breastfeeding. Early diagnosis and the initiation of antiretroviral therapy (ART) are essential for ensuring that children living with HIV have the best

chance of surviving into adulthood. However, despite the clear need, access to ART remains insufficient for children, with only 57% of children receiving ART in 2023 compared to 77% of adults. The lack of child-friendly formulations of antiretroviral drugs further exacerbates this issue.

Adolescents living with HIV also face challenges in accessing treatment and maintaining adherence to ART. The unique developmental needs of adolescents, coupled with the stigma and discrimination they often face, make it harder for them to engage with healthcare services consistently. WHO stresses the importance of adolescent-friendly health services to improve access to HIV care and ensure that treatment is tailored to the specific needs of this age group. This includes offering services that address the social and psychological challenges faced by adolescents living with HIV.

Addressing the wider health needs of adolescents and young adults

The needs of adolescents and young adults go beyond HIV, and as such, several other health conditions disproportionately affect this group, such as TB, STIs, and hepatitis. The relationship between HIV, TB, and STIs emphasizes the need for integrated care models that address these co-infections together.

HIV-related services must be part of a broader, person-centred approach to adolescent health that includes mental health support, sexual and reproductive health services, and education on healthy lifestyles. Addressing the psychosocial aspects of living with HIV is particularly important, as mental health issues such as depression and anxiety are common among adolescents living with the virus.

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References:

1. Treatment and care in children and adolescents. www.who.int. <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/treatment/treatment-and-care-in-children-and-adolescents>
2. World AIDS Day 2024.(2024). Who.int. <https://www.who.int/campaigns/world-aids-day/2024>
3. WHO (2024, December 2) World AIDS Day 2024: prioritizing the rights of young people through evidence-based interventions. Who.int; World Health Organization: WHO. <https://www.who.int/news/item/02-12-2024-world-aids-day-2024--prioritizing-the-rights-of-young-people-through-evidence-based-interventions>
4. World Health Organization. (2024). Implementing WHO evidence-based interventions for adolescents and young adults living with and at risk of HIV. World Health Organization. <https://iris.who.int/bitstream/handle/10665/379634/9789240100411-eng.pdf?sequence=1>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 26th-01st Nov 2024 (44th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabies		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	T*	C**	
Colombo	141	10034	1	36	0	11	0	49	1	23	12	474	0	8	0	9	0	0	8	508	0	42	0	2	33	1852	94	100
Gampaha	103	4787	0	39	0	35	0	14	0	77	19	767	0	11	0	11	0	0	10	416	3	128	1	26	11	1008	67	100
Kalutara	40	2476	1	31	0	2	1	37	1	38	29	769	0	8	0	11	0	1	15	587	3	60	0	2	0	494	100	100
Kandy	66	4019	0	34	1	6	0	9	0	59	3	232	1	34	1	12	0	3	4	365	0	13	0	55	10	538	96	100
Matale	35	777	0	17	1	2	0	8	1	28	3	95	0	6	0	8	0	0	1	137	2	22	26	334	2	110	100	100
Nuwara Eliya	6	325	5	135	0	7	0	11	0	208	3	158	1	42	0	9	0	0	14	242	1	18	0	1	6	240	100	100
Galle	26	1886	2	49	0	22	0	12	2	103	29	821	2	114	1	11	0	1	13	739	4	86	0	4	11	390	100	100
Hambantota	10	769	0	28	0	4	0	6	0	48	5	434	0	47	0	7	0	2	2	283	0	28	2	443	0	131	85	100
Matara	18	1048	0	11	0	6	0	2	1	29	15	515	1	28	1	24	0	0	5	333	1	71	2	106	0	146	82	100
Jaffna	30	5319	1	63	0	2	0	27	0	47	4	22	7	484	0	7	0	1	0	204	1	31	0	1	2	229	100	93
Kilinochchi	3	295	0	17	0	0	0	2	0	2	0	20	0	11	0	0	0	2	1	13	0	6	1	2	0	25	100	100
Mannar	5	299	1	15	0	0	0	1	0	6	0	27	0	13	0	1	0	0	0	10	0	5	0	1	0	56	100	100
Vavuniya	1	172	0	13	0	1	0	2	0	22	2	100	0	5	0	4	0	0	0	41	0	24	0	10	0	34	100	100
Mullaitivu	1	207	0	9	0	0	0	0	0	18	0	68	0	11	0	0	0	2	0	9	0	5	0	13	0	30	83	100
Batticaloa	6	1473	1	117	0	15	0	7	0	64	0	70	1	3	0	23	0	2	11	141	0	45	0	4	2	141	100	100
Ampara	0	243	1	34	0	4	0	0	0	23	2	176	0	2	1	6	0	1	2	118	0	36	0	22	0	105	100	100
Trincomalee	9	653	0	16	0	1	0	3	0	11	0	138	0	12	0	3	0	0	7	89	0	22	0	18	0	105	100	100
Kurunegala	30	2063	1	48	1	36	0	3	0	351	86	704	8	38	0	8	0	4	19	545	8	253	11	572	7	431	100	100
Puttalam	21	1052	0	11	0	4	0	3	0	3	11	238	2	38	0	4	0	1	2	123	0	72	1	35	4	190	92	100
Anuradhapura	9	684	0	33	1	7	0	2	0	43	5	399	1	31	0	14	0	1	2	264	1	58	11	790	8	251	96	100
Polonnaruwa	3	360	0	26	0	3	0	1	1	32	3	242	0	2	2	56	0	1	4	139	0	30	8	455	5	96	100	100
Badulla	10	782	2	38	1	10	0	8	2	58	5	455	3	46	4	49	0	0	0	341	0	37	2	41	6	219	94	100
Monaragala	26	869	0	19	0	5	0	3	0	86	10	607	0	31	4	54	0	1	4	156	0	94	2	229	12	118	82	100
Ratnapura	61	2570	4	110	2	10	0	9	1	32	79	1808	1	31	1	29	0	2	5	337	6	128	9	159	20	335	100	100
Kegalle	8	1821	0	26	0	10	0	10	0	14	29	721	1	31	1	13	0	1	19	803	5	73	1	27	7	320	100	100
Kalmunai	1	684	0	17	0	0	0	2	1	29	0	67	0	5	0	4	0	0	7	216	2	19	0	0	4	130	100	100
SRILANKA	669	45667	20	992	7	203	1	231	11	1454	354	10127	29	1092	16	377	0	26	155	7159	37	1406	77	3352	150	7658	95	99

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

Table 2: Vaccine-Preventable Diseases & AFP

26th – 01st Nov 2024 (44th 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*	02	00	00	00	00	00	00	00	00	02	01	65	80	-18.8%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	03	00	00	00	00	01	00	01	03	02	246	208	18.2 %
Measles	01	01	00	00	00	00	00	00	00	02	20	289	697	-58.5 %
Rubella	00	00	00	00	00	00	00	00	00	00	01	02	09	-77.8%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	02	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	06	-16.6 %
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	11	02	450 %
Whooping Cough	00	00	01	00	01	00	01	00	00	00	00	59	07	742.8 %

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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ON STATE SERVICE

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