WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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Preventive chemotherapy as a Public Health Strategy

Preventive chemotherapy (PC) is the public health strategy defined as the administration of a safe medicine, either alone or in combination, as a public health tool against selected neglected tropical diseases (NTDs).

PC is characterized by

- Population-based diagnosis
- Population-based treatment
- Implementation at regular intervals.

PC is currently recommended by WHO as one of the key public health strategies for control or elimination of a number of NTDs, namely lymphatic filariasis, onchocerciasis, soil-transmitted helminthiasis, schistosomiasis and blinding trachoma, together with other interventions such as:

- chronic case and disability management
- vector and intermediate host control
- provision of safe water supply, sanitation and hygiene.

Integrated implementation of the PC strategy

In 2012, WHO published Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation. This global NTD road map reconfirmed scale-up of PC interventions worldwide as a priority towards reaching global elimination and control of the selected diseases by 2020.

Table 1presents key facts on the diseases targeted by PC. These diseases frequently affect the same human population in the same environment in developing tropical and subtropical countries, where poverty prevails, safe water supply and sanitation is lacking and disease vectors thrive. Some of the antihelminthic medicines recommended for a specific disease are broad spectrum and effective against multiple diseases. In countries or areas where PC is re-

Table 1-Neglected tropical diseases currently targeted by preventive chemotherapy (PC)*(source-Who)*

	WHO Region	Lymphatic filariasis	Onchocerciasis	Schistosomiasis	STH	Blinding trachoma
Population requiring PC (2011)		1 410 million	127 million	243 million	873 million	281 million
	African	Present	Present	Present	Present	Present
	Americas	Present	Present	Present	Present	Present
	Eastern Mediterranean	Present		Present	Present	Present
	European			Present		
	South-East Asia	Present		Present	Present	Present
	Western Pacific	Present		Present	Present	Present

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quired for more than one disease, an integrated and coordinated implementation of the PC strategy is expected to improve cost-effectiveness, logistic convenience, acceptability by affected populations, ancillary and synergic impacts of the intervention and political attention through increased visibility, while reducing the risk of drug resistance. The overall goal is to optimize programme efficiency. Integration is therefore promoted by WHO as the strategic approach to accelerate global scale-up of PC implementation for all relevant diseases.

How to integrate PC implementation

Delivery of PC interventions involves a group of activities such as

- Advocacy
- Social mobilization
- Training of health workers
- Monitoring treatment coverage
- Evaluating outcomes of the intervention

Integrated and coordinated implementation of such activities across multiple disease programmes is seen as an opportunity to promote complementary actions by building on existing capacity and the human and physical infrastructure of established programmes.

Where delivery of PC is required for multiple diseases over the same area, each planned activity can be compared across multiple disease-specific programmes and optimal integration opportunities can be selected based on decision-making criteria such as

- Cost-effectiveness,
- Synergic impacts,
- Political advantages,
- Logistic convenience,
- Acceptability
- Safety.

In this integrated and coordinated planning process, it is essential to understand the differences and commonalities of recommended modalities of PC intervention among different diseases, such as

- Types of medicines,
- Treatment policies and
- Targeted age groups

to ensure that co-implementation for multiple diseases leads to improved efficiency. In addition, since disease epidemiology, socioeconomic and ecological factors, status of existing operational units, resources and capacity vary by country, by region and even by community, the process of decision-making in integrated planning should defer to the local situation and involve all levels of the national programmes.

Implementation of integrated PC

The successful roll-out of integrated PC relies on factors such as commitment of the national governments, collaboration, and evidence-based decision-making.

To attain these elements, the first steps should involve establishment of a focal point to coordinate between the disease-specific programmes and with other stakeholders and partners. Development of a national strategic action plan for delivering integrated PC also demonstrates commitment. Establishment of a national task force (or steering committee) and regular convening of national meetings, involving all relevant disease programme managers, in-country partners and other stakeholders is often helpful in facilitating coordination and collaboration for planning, resource harmonization and monitoring of the programmes.

Integrated work planning should be reconvened on annual basis in order to make appropriate decisions on integration opportunities based on evidence drawn from monitoring and evaluation of PC intervention; the annual work planning process should also reinforce effective management of the integrated PC interventions and thus enhance its progressive scale -up to full national scale

Tools to support integrated PC implementation

A package of programmatic tools has been developed by WHO in collaboration with Member States and partners to facilitate integrated planning and costing, integrate requests for drugs and to simplify and consolidate annual reporting.

Annual Workplan a template designed to summarize the key activities to be implemented by national programmes, to present timelines and show gaps in financial and technical resources for implementation. The work plan allows monitoring of progress of national programmes closely and coordinate provision of support where necessary. A Tool for Integrated Planning and Costing (TIPAC) is available to guide integrated work planning across multiple disease-specific programmes. In addition, Joint Request for Selected PC Medicines and a Joint Reporting Form (to report treatment data in a standardized format) has been developed.

These tools could be utilized to build managerial capacity within the national programmes and facilitate integration and coordination with all relevant stakeholders at country level

Conclusion

Delivery of PC requires a rational decision-making process for the optimal use and management of resources. The integrated approach for planning, implementation and management of PC across multiple disease-specific programmes aims to optimize overall programme efficiency.

Adoption of this integrated approach is expected to contribute to accelerating the scale-up of PC interventions in all endemic countries and hence the achievement of the global elimination or control goals set for lymphatic filariasis, onchocerciasis, soil-transmitted helminthiasis, schistosomiasis and blinding trachoma. WHO urges Member States to promote this integrated PC approach to coordinate and benefit from each programme's activities and enhance their overall public health impact at all levels. Likewise, donors, partners, international organizations and private sector is encouraged to support the Member States in their efforts to roll out and scale up the integrated PC approach for elimination and/or control of these diseases.

Source

Rolling out and scaling up integrated preventive chemotherapy for selected neglected tropical diseases-available from

http://www.who.int/wer/2013/wer8816.pdf

Compiled by Dr. Madhava Gunasekera of the Epidemiology Unit

Table 1: Vaccine-preventable Diseases & AFP

20th – 26th April 2013 (17th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2013	Number of cases during same week in 2012	Total number of cases to date in 2013	Total number of cases to date in 2012	Difference between the number of cases to date in 2013 & 2012
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	00	00	00	00	00	03	21	29	- 27.5 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	09	05	05	00	00	01	00	01	00	21	00	235	20	+ 1075.0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	07	04	- 75.0 %
Whooping Cough	00	00	01	00	00	00	00	00	00	01	00	27	32	- 15.6 %
Tuberculosis	68	42	00	23	05	05	12	25	15	195	308	2734	2912	- 06.0 %

Table 2: Newly Introduced Notifiable Disease

20th – 26th April 2013 (17th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2013	Number of cases during same week in 2012	Total number of cases to date in 2013	Total number of cases to date in 2012	Difference between the number of cases to date in 2013 & 2012
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	14	15	17	06	06	15	05	03	07	88	25	1530	1980	- 23.3 %
Meningitis	02 KL=1 GM=1	01 KD=1	02 GL=1 MT=1	07 VU=4 JF=2 KN=1	00	01 KR=1	04 AP=3 PO=1	02 MO=2	03 RP=2 KG=1	22	05	373	224	+ 66.5 %
Mumps	02	01	02	07	00	01	04	02	03	24	32	547	1779	- 69.2 %
Leishmaniasis	00	01 ML=1	04 HB=3 MT=1	01 KN=1	00	01 KG=1	02 AP=2	00	00	09	00	377	232	+ 62.5 %

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.

DPDHS 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008. .

Dengue Prevention and Control Health Messages

Reduce, Reuse or Recycle the plastic and polythene collected in your home and help to minimize dengue mosquito breeding.

Table 4: Selected notifiable diseases reported by Medical Officers of Health

20th – 26th April 2013 (17th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	60	2748	3	51	0	9	1	44	1	12	4	98	0	5	1	30	0	0	**54**
Gampaha	47	1219	2	44	0	7	1	14	0	10	7	117	0	6	3	82	0	0	**87**
Kalutara	16	568	1	51	0	8	0	32	0	7	2	167	0	1	1	6	0	0	**62**
Kandy	12	611	2	33	0	5	0	7	0	6	3	28	4	49	1	47	0	0	**96**
Matale	4	163	0	33	0	1	0	2	0	0	0	19	0	1	1	16	0	0	**77**
NuwaraEliya	1	77	0	27	0	2	1	3	0	2	0	8	1	33	0	4	0	0	**54**
Galle	22	254	1	31	0	8	0	1	0	4	9	104	1	21	1	6	0	1	**89**
Hambantota	7	132	0	18	0	2	2	7	0	9	2	111	3	34	1	57	0	0	**83**
Matara	7	208	1	20	0	8	1	8	0	5	1	85	1	31	4	82	0	1	**100**
Jaffna	16	363	6	74	0	4	9	180	0	7	1	1	7	281	0	8	0	0	**92**
Kilinochchi	1	20	0	12	0	0	0	5	0	1	0	9	0	12	0	0	0	0	**50**
Mannar	0	44	0	16	0	1	0	43	0	11	0	8	1	11	0	0	0	0	**40**
Vavuniya	1	33	0	20	0	9	0	4	3	8	0	29	0	2	0	0	0	1	**75**
Mullaitivu	4	54	1	4	0	1	0	4	0	2	0	10	0	4	0	0	0	2	**60**
Batticaloa	5	264	7	56	0	3	0	0	0	3	0	15	0	2	0	4	0	0	**64**
Ampara	0	50	1	39	0	0	0	1	0	0	0	7	0	0	0	1	0	0	**29**
Trincomalee	5	115	2	23	0	1	0	2	0	1	1	46	0	4	0	2	0	1	**58**
Kurunegala	19	1578	0	77	3	17	0	20	0	2	5	126	0	14	2	24	0	1	**69**
Puttalam	2	461	0	20	0	4	0	5	30	31	0	12	0	9	0	1	0	0	**50**
Anuradhapu	13	258	0	28	0	11	0	1	0	2	20	191	0	10	1	11	0	0	**63**
Polonnaruw	4	158	0	33	0	0	0	7	0	0	1	86	0	1	1	17	0	1	**71**
Badulla	5	164	1	42	0	1	0	5	0	1	0	15	0	24	1	18	0	0	**65**
Monaragala	5	101	2	34	0	3	0	6	0	18	20	143	2	21	0	30	0	1	**82**
Ratnapura	50	678	3	151	1	75	0	16	0	12	8	167	0	15	2	107	0	1	**72**
Kegalle	23	405	0	22	0	10	0	6	0	3	3	48	2	38	1	92	0	0	**82**
Kalmune	2	407	0	32	0	1	0	3	0	17	0	4	0	2	0	4	0	0	**62**
SRI LANKA	**331**	**11133**	**33**	**991**	**04**	**191**	**15**	**426**	**34**	**175**	**87**	**1654**	**22**	**2**	**20**	**649**	**00**	**10**	**72**

Source: Weekly Returns of Communicable Diseases WRCD).
***Dengue Fever / DHF** refers to Dengue Fever / Dengue Haemorrhagic Fever.
****Timely** refers to returns received on or before 26th April, 2013 Total number of reporting units 336. Number of reporting units data provided for the current week: 241
A = Cases reported during the current week. **B** = Cumulative cases for the year.

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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.**

ON STATE SERVICE

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