WEEKLY EPIDEMIOLOGICAL REPORT

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Filariasis in Sri Lanka (Part III)

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

E) Mass Drug Administration in Galle district

Whilst the district data in endemic areas showed low mf rates, routine and special survey data in some Medical Officer of Health (MOOH) areas in Galle District showed higher mf rate, antigen rate and mosquito positivity. With the recommendation of the Technical Advisory Group for National Lymphatic Filariasis Elimination Programme, Anti Filariasis Campaign of Ministry of Health decided to implement MDA programme in fourteen MOOH areas (Akmeemana, Ambalangoda, Balapitiya, Bope-Poddala, Elpitiya, Galle MC, Gonapinuwala, Habaraduwa, Hikkaduwa, Rathgama, Induruwa/Bentota, Baddegama, Imaduwa and Yakkalamulla) out of 20 MOOH areas in Galle district during 2014 and 2015 considering mf positivity in the area or geographical location (located close to a mf positive MOOH area) with the assistance of the Health Authorities and Public Health Staff of the District.

Residents in these 14 MOOH were given a single dose of Diethyl carbamazine citrate (DEC) tablets and one 400mg tablet of albendazole each. It has shown that the annual single-dose co-administration of two drugs (DEC and albendazole) reduces blood microfilariae by 99% for a full year. Hence it is important to co-administer these two drugs regardless of recent intake of anti-helminthic treatment among persons in the area. This treatment was not given to: pregnant mothers; children less than 2 years of age; breast feeding mother to a child less than two years of age; acutely ill persons.

Reported drug distribution coverage in 14 MOOH areas in Galle district was 72.72% in 2014 and 85.3% in 2015.

A coverage survey was done in 11 MOOH areas out of 14 MOOH areas in July 2015 to assess 2014 MDA in Galle. This survey was done while doing an antigen survey in these MOOH areas. Table 1 shows the results of the coverage survey. According to WHO epidemiological coverage should be >65% (Proportion of individuals in the implementation unit who have ingested the MDA drugs of the total population in the implementation unit) to have a successful drug distribution.

Activities required to maintain the elimination status and prevention of disabilities

- Continue night blood filming activities and identify more mf positive persons to give treatment.
- Recruitment of staff to conduct night blood filming as no Public Health Field officers were recruited since 2000 for filariasis control activities. Or else, it is important to allocate Public Health Inspectors to AFC and RAFUs to conduct night blood filming activities. There are lesser numbers of Public Health Labora-

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tory Technicians (PHLTs) working at AFC and RAFUs.

- Special control measures need to be carried out in high risk areas especially in Galle district as some PHI areas and PHM areas in Galle have mf rates more than 1%.
- Continue vector surveys in endemic districts, removal of breeding sites of vector mosquitoes, educate the people in the community on removal of breeding sites and prevention of mosquito bites (e.g. use of mosquito nets etc.).
- Conduct parasitological and vector surveys in non-endemic areas.
- Special surveys to detect *B.malayi* among humans (NBF, anti-body testing). In 2012, AFC has identified 2 *B.malayi* positive cases and in 2013 there were 13 *B.malayi cases* from Galle, Gampaha, Kalutara, Puttalam and Kurunegala districts. All these positive cases were children of 6 years of age or less. According to a survey done among dogs in Western Province by a veterinary surgeon, *B.malayi* positivity was seen among dogs and proved by microscopically and PCR. Studies have reported that the cat is a host for *B.malayi* in Thailand and dog is a host for *B.malayi* in Kerala, India. It is important to conduct further studies to prove the presence or absence of an animal source for *B.malayi* in Sri Lanka.
- Enhance activities to identify and manage lymphoedema patients

Sources

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Table 1- Coverage survey in 11 MOOH areas in Galle to assess the 2014 MDA

SNO	MOOH	No. of Persons tested	No. of persons received the drugs	% received	No. of persons consumed the drugs	% Consumed
1	Akmeemana	349	260	74.50	213	61.03
2	Ambalangoda	434	345	79.49	261	60.14
3	Balapitiya	584	308	52.74	232	39.73
4	Bope Poddala	366	246	67.21	215	58.74
5	Elpitiya	700	552	78.86	510	72.86
6	Galle MC	491	279	56.82	264	53.77
7	Gonapinuala	199	148	74.37	143	71.86
8	Habaraduwa	427	277	64.87	239	55.97
9	Hikkaduwa	416	307	73.80	278	66.83
10	Induruwa	485	360	74.23	278	57.32
11	Rathgama	460	288	62.61	281	61.09
Total		**4911**	**3370**	**68.62**	**2914**	**59.34**

Table 1: Selected notifiable diseases reported by Medical Officers of Health 23rd – 29th Jan 2016 (05th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmani-asis		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	466	2065	1	17	0	0	2	8	0	0	1	9	0	1	3	4	0	0	9	37	1	4	0	0	**81**	**88**
Gampaha	51	565	0	1	0	3	2	3	0	0	1	10	0	2	1	5	0	0	1	33	0	6	1	1	**27**	**87**
Kalutara	48	296	2	12	0	0	3	4	0	0	7	46	0	3	0	2	0	0	8	27	0	6	0	0	**64**	**93**
Kandy	62	307	3	13	1	6	1	5	1	6	3	35	1	10	2	11	0	0	4	14	1	4	2	4	**87**	**100**
Matale	9	42	0	3	0	1	1	3	0	0	1	21	2	5	1	1	0	0	0	3	0	12	1	7	**46**	**100**
NuwaraEliya	7	43	1	4	1	1	2	7	0	0	0	9	3	6	0	1	0	0	7	13	0	1	0	0	**92**	**100**
Galle	42	250	1	7	0	1	0	1	0	2	6	47	2	18	0	3	0	0	2	21	0	13	0	0	**65**	**95**
Hambantota	13	91	0	8	0	0	0	0	0	0	3	22	1	15	0	6	0	0	1	22	0	1	18	50	**83**	**100**
Matara	30	139	3	9	0	1	0	1	0	26	2	20	1	9	2	4	0	0	7	25	0	0	5	37	**100**	**100**
Jaffna	102	687	6	40	0	1	3	14	1	7	1	7	47	301	1	1	0	0	7	19	1	4	0	0	**100**	**100**
Kilinochchi	2	13	1	6	0	0	1	4	0	0	0	3	0	6	0	0	0	0	0	0	0	3	0	0	**50**	**50**
Mannar	11	42	0	2	0	3	2	5	0	0	1	6	6	18	0	0	0	0	0	1	0	0	0	0	**100**	**100**
Vavuniya	8	69	0	2	0	0	1	4	0	4	0	6	0	3	0	0	0	0	0	2	0	0	1	2	**50**	**50**
Mullaitivu	2	26	0	2	0	0	1	3	0	0	2	8	0	1	0	0	0	0	0	0	1	1	0	1	**80**	**100**
Batticaloa	10	119	14	46	0	0	0	2	0	1	4	8	0	0	0	1	0	0	0	4	0	1	0	0	**86**	**100**
Ampara	0	25	0	1	0	0	0	0	0	0	0	4	0	0	0	2	0	0	0	4	0	0	0	0	**0**	**86**
Trincomalee	23	99	2	9	0	0	0	1	0	0	0	1	1	3	4	20	0	0	2	16	0	1	0	0	**83**	**92**
Kurunegala	40	224	3	22	0	2	0	0	0	5	4	28	0	3	0	1	0	0	6	30	0	4	1	11	**70**	**89**
Puttalam	15	186	0	3	0	0	0	1	0	0	3	11	5	29	0	0	0	0	1	12	1	6	0	0	**62**	**92**
Anuradhapura	6	94	1	12	0	1	0	0	0	18	5	87	0	5	2	5	0	0	5	17	0	3	6	24	**58**	**74**
Polonnaruwa	11	54	1	8	0	0	1	6	0	0	1	34	0	0	0	0	0	0	0	9	0	1	1	21	**86**	**86**
Badulla	6	86	3	14	2	2	0	1	0	0	4	20	0	10	6	12	0	0	4	15	4	23	0	0	**76**	**88**
Monaragala	6	54	1	7	0	1	0	1	0	0	9	61	4	12	6	19	0	0	3	10	2	7	0	3	**82**	**91**
Ratnapura	28	165	1	15	1	5	1	6	5	5	5	35	0	5	1	18	0	0	3	16	1	10	0	0	**67**	**89**
Kegalle	25	188	2	4	0	3	0	10	1	6	4	44	0	3	0	4	0	0	5	45	2	4	0	0	**55**	**91**
Kalmune	14	92	1	12	0	0	0	2	0	2	0	1	0	0	0	0	1	1	2	7	0	2	0	0	**62**	**100**
SRILANKA	**1037**	**6021**	**47**	**279**	**5**	**31**	**21**	**92**	**8**	**82**	**68**	**583**	**73**	**468**	**29**	**120**	**1**	**1**	**77**	**402**	**14**	**117**	**36**	**161**	**71**	**92**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 29th January, 2016 Total number of reporting units 339 Number of reporting units data provided for the current week: 314 C**-Completeness

A = Cases reported during the current week. **B** = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

23rd – 29th Jan 2016 (05th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2016	Number of cases during same week in 2015	Total number of cases to date in 2016	Total number of cases to date in 2015	Difference between the number of cases to date in 20156& 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	00	05	06	-17.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	01	01	00	00	00	00	00	00	02	08	36	36	0%
Measles	05	00	03	01	01	03	00	00	00	13	16	73	131	-44.2%
Rubella	00	00	00	00	02	00	00	00	00	02	00	03	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	00	00	01	-100%
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	00	02	-100%
Whooping Cough	00	01	00	01	00	01	00	00	00	03	01	13	09	+44.4%
Tuberculosis	74	03	14	09	01	17	00	10	29	157	186	867	981	+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

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

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