



WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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Global Action on Neglected Tropical Diseases - Part I

This is the first article of two in a series on “Global Action on Neglected Tropical Diseases”

Neglected tropical diseases (NTDs) encompass a range of illnesses caused by various pathogens leading to severe health, social, and economic impacts. They are predominantly found in impoverished communities within tropical regions, although some extend across broader geographical areas. NTDs cause significant human suffering, chronic pain, disability, disfigurement, and social stigma while contributing to the cycle of poverty by limiting the ability of affected individuals to work, attend school, and participate fully in society. The distribution and behaviour of NTDs are intricate and often influenced by environmental factors as many are transmitted by vectors, have animal reservoirs, and involve complex life cycles. These characteristics contribute to the difficulties in managing and controlling these diseases from a public health perspective. By the early 2000s, it was estimated that nearly 2 billion people were affected by NTDs, which is a combined disease burden comparable to that of HIV/AIDS, tuberculosis, or malaria.

Though imposing significant health burdens in developing countries, as individual diseases these did not represent health priorities on a global scale, therefore historically, NTDs were overlooked when setting global health agendas. The World Health Organization (WHO) identified the need for a coordinated response from all countries and conceived an innovative strategy to combat NTDs as a group of diseases, based on a combination of five strategic public health interventions, i.e., innovative and intensified

disease management, preventive chemotherapy, vector control, veterinary public health, and provision of safe water, sanitation and hygiene to prevent, control, eliminate and eradicate NTDs.

The first two are medical interventions aimed at treating, alleviating, or preventing acute and chronic diseases, while the latter three involve cross-sectoral actions targeting the root causes of NTDs, such as poor living conditions and proximity to animals and vectors. In theory, NTDs can be prevented, controlled, and even eliminated with a suitable combination of these interventions, provided the necessary tools and resources are available. While one intervention may predominate for the control of one specific disease or disease group, a more effective impact on morbidity and transmission occurs when these interventions are combined and delivered simultaneously.

Accordingly, the World Health Organization (WHO) has justified including NTDs in its portfolio based on its ability to (i) make a disease readily amenable to broad control or elimination by employing one or more of the five interventions, and/or (ii) drive innovation and develop solutions in the short-to-medium term to make a disease controllable on a broad scale. These interventions can be adapted to effectively combat various NTDs. Multi-disease strategies are more attractive and cost-effective for endemic countries and other sectors to engage with, compared to implementing multiple disease-specific programs simultaneously.

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The World Health Assembly (WHA) officially designated 30th January as World Neglected Tropical Disease Day through decision WHA74(18), as a day dedicated to enhancing awareness of the severe impact of NTDs on the world's poorest populations. Several important milestones were reached, including the launch of the first NTD roadmap, the London Declaration on NTDs, and the introduction of the roadmap 2021-2030, creating opportunities to rally global support for the control, elimination, and eradication of NTDs.

The roadmap, titled "Ending the Neglect to Attain the Sustainable Development Goals: A Roadmap for Neglected Tropical Diseases 2021–2030," was developed through extensive global consultations, as per decision EB146(9) and was endorsed by the Seventy-third World Health Assembly. The road map outlines global targets and milestones for preventing, controlling, eliminating, or eradicating prioritized diseases and disease groups, alongside cross-cutting targets aligned with the Sustainable Development Goals. To achieve these targets, the roadmap emphasizes three foundational pillars: accelerating programmatic action (pillar 1), intensifying cross-cutting approaches (pillar 2), and changing operating models and culture to ensure country ownership (pillar 3).

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**Table 1 : Water Quality Surveillance
 Number of microbiological water samples August 2024**

District	MOH areas	No: Expected *	No: Received
Colombo	18	108	33
Gampaha	15	90	8
Kalutara	13	78	105
Kalutara NIHS	2	12	12
Kandy	23	138	0
Matale	13	78	1
Nuwara Eliya	13	78	11
Galle	20	120	183
Matara	17	102	176
Hambantota	12	72	10
Jaffna	14	84	NR
Kilinochchi	4	24	22
Mannar	5	30	0
Vavuniya	4	24	44
Mullatvu	6	36	2
Batticaloa	14	84	16
Ampara	7	42	0
Trincomalee	12	72	0
Kurunegala	29	174	NR
Puttalam	13	78	6
Anuradhapura	23	138	0
Polonnaruwa	9	54	28
Badulla	16	96	0
Moneragala	11	66	0
Rathnapura	20	120	86
Kegalle	11	66	28
Kalmunai	13	78	5

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 07th-13th Sep 2024 (37th 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	226	8866	0	28	4	11	0	47	1	20	8	389	0	8	0	8	0	0	21	418	2	33	0	2	41	1584	78	100
Gampaha	84	4083	2	36	1	30	0	13	0	75	12	561	0	9	0	8	0	0	12	321	1	105	2	21	37	906	64	100
Kalutara	23	2199	4	25	0	2	1	31	0	36	31	581	0	8	1	9	0	1	13	480	2	51	0	1	7	450	80	100
Kandy	76	3555	0	32	0	3	0	9	0	56	0	194	0	28	0	11	1	2	7	320	0	13	0	43	6	474	100	100
Matale	22	606	1	13	0	1	1	8	0	21	2	80	0	3	0	5	0	0	1	124	1	12	10	255	1	96	100	100
Nuwara Eliya	5	285	0	109	0	7	0	10	0	201	0	146	0	37	0	7	0	0	6	197	0	15	0	1	6	203	77	100
Galle	35	1664	2	43	0	20	2	12	3	90	23	616	2	95	0	9	0	1	16	600	0	67	0	3	11	327	85	100
Hambantota	14	695	0	26	0	3	0	5	0	45	11	383	2	43	0	6	0	2	6	260	1	26	8	376	0	125	100	100
Matara	22	794	0	8	0	6	0	2	0	26	19	392	0	20	1	9	0	0	11	287	1	65	3	93	9	126	88	100
Jaffna	11	5227	2	56	0	2	0	24	0	34	0	17	3	447	0	7	0	1	4	177	4	24	0	1	0	199	93	93
Kilinochchi	0	286	1	15	0	0	0	2	0	2	0	18	0	11	0	0	0	2	1	9	0	6	0	1	0	19	100	100
Mannar	11	260	2	9	0	0	0	1	0	4	0	21	1	12	0	1	0	0	0	7	1	5	0	1	0	43	100	100
Vavuniya	1	164	0	12	0	1	0	1	0	21	4	82	1	5	0	4	0	0	3	37	0	19	0	9	0	31	75	100
Mullaitivu	2	198	0	8	0	0	0	0	1	18	0	67	0	11	0	0	1	2	1	6	0	5	0	10	4	27	83	100
Batticaloa	17	1401	2	105	0	10	1	7	0	55	2	64	0	2	1	19	0	2	2	97	1	42	0	4	5	121	93	100
Ampara	0	224	1	29	0	3	0	0	0	18	1	163	0	1	0	5	0	1	0	99	0	32	0	20	0	97	71	100
Trincomalee	6	625	1	14	0	1	0	3	2	9	2	134	0	12	0	3	0	0	0	73	1	17	0	16	0	94	58	100
Kurunegala	26	1913	2	40	1	32	0	3	1	351	8	502	2	22	1	5	0	4	20	429	4	214	7	470	8	389	100	100
Puttalam	11	922	0	8	0	3	0	3	0	3	6	202	3	33	0	4	0	1	2	112	2	58	1	30	1	150	85	100
Anuradhapura	8	638	4	31	0	6	0	2	0	38	10	354	0	29	1	12	0	1	13	224	1	44	20	674	10	225	91	100
Polonnaruwa	5	667	0	17	0	0	0	2	1	28	0	63	0	5	0	4	0	0	3	190	0	13	0	0	0	86	89	100
Badulla	6	319	0	20	0	3	0	1	8	15	8	230	0	2	2	50	0	0	5	120	2	28	10	407	5	177	88	100
Monaragala	4	720	2	30	0	6	1	6	2	55	9	413	2	36	3	29	0	0	6	286	1	30	1	33	2	96	91	100
Ratnapura	18	671	0	15	0	3	0	3	0	84	5	577	2	28	0	34	0	1	17	117	3	82	10	200	0	257	80	100
Kegalle	37	2249	2	92	2	7	0	8	1	17	55	1418	0	24	1	22	0	2	11	261	4	110	4	139	0	272	73	100
Kalmunai	24	1690	2	17	0	6	0	9	0	11	14	566	1	24	0	9	0	1	17	683	2	53	0	23	0	109	92	100
SRILANKA	694	40921	30	838	8	166	6	212	20	1333	230	8233	20	955	11	280	2	24	198	5934	34	1169	76	2833	153	6617	86	99

Source: Weekly Returns of Communicable Diseases (esurveillance.avid.gov.lk). T=Timeliness refers to returns received on or before 13th Sep. 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

07th – 13th Sep 2024 (37th 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*	00	01	00	00	00	00	00	01	01	03	05	53	71	-25.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	03	00	00	00	01	01	00	06	03	210	174	20.7 %
Measles	00	01	00	00	00	00	00	00	00	01	52	285	491	-41.9 %
Rubella	00	00	00	00	00	00	00	00	00	00	01	02	05	-60%
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	06	02	200 %
Whooping Cough	02	00	00	00	01	00	00	00	00	03	01	44	07	528.7 %

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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