WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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WEER SRI LANKA 2024

Vol. 51 No. 39 **21st– 27th Sep 2024**

Global Action on Neglected Tropical Diseases - Part II

This is the second article of two in a series on "Global Action on Neglected Tropical Diseases"

To prioritize actions, the WHO maintains a list of high-priority NTDs. The current list includes a diverse range of parasitic, bacterial, viral, and fungal diseases, which is updated depending on disease epidemiology, advances in science, and the evolving priorities in global health. The twenty-one NTDs in the list have been identified considering the impact on public health; disease burden; neglect in research and funding; geographical distribution and amenability to control.

Accordingly, the road map recognized the following 21 diseases for international action.

1. Buruli ulcer: A chronic skin infection caused by Mycobacterium ulcerans.
2. Chagas disease: A potentially life-threatening illness caused by the protozoan parasite Trypanosoma cruzi.
3. Dengue and chikungunya: Viral diseases transmitted by mosquitoes
4. Dracunculiasis (Guinea-worm disease): A parasitic infection caused by Dracunculus medinensis.
5. Echinococcosis: A parasitic disease caused by tapeworms of the genus Echinococcus.
6. Foodborne trematodiases: Infections caused by liver, lung, and intestinal flukes.
7. Human African trypanosomiasis (sleeping sickness): A parasitic disease caused by Trypanosoma brucei, transmitted by tsetse flies.
8. Leishmaniasis: A disease caused by protozoan parasites of the genus Leishmania, transmitted by sandflies.
9. Leprosy (Hansen's disease): A chronic infectious disease caused by Mycobacterium leprae.
10. Lymphatic filariasis: A parasitic infection caused by filarial worms, leading to severe swelling and disability.
11. Mycetoma, chromoblastomycosis, and other deep mycoses: Chronic fungal infections affecting the skin, subcutaneous tissue, and bones.
12. Onchocerciasis (river blindness): A parasitic disease caused by Onchocerca volvulus, transmitted by blackflies, leading to blindness and skin disease.
13. Rabies: A viral infection that affects the central nervous system, fatal if not treated promptly
14. Scabies and other ectoparasites: Skin conditions caused by mites, fleas, lice, and ticks.
15. chistosomiasis: A parasitic infection caused by blood flukes of the genus Schistosoma.
16. Soil-transmitted helminthiases: Infections caused by intestinal worms, including roundworms, hookworms, and whipworms.
17. Snakebite envenoming: A life-threatening condition caused by venomous snakebites, leading to paralysis, tissue damage, and death.
18. Taeniasis /cysticercosis: Infections caused by the tapeworm Taenia solium, leading to neurological and other complications.

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19. Trachoma: A bacterial infection caused by Chlamydia trachomatis, leading to blindness.

20. Yaws (endemic treponematoses): A chronic bacterial infection caused by Treponema pallidum pertenue, affecting the skin, bones, and joints.

Noma a severe gangrenous disease of the mouth and face, predominantly affecting children was added as the 21st NTD on December 2023.

This fight against NTDs is a collaborative effort that involves a wide range of organizations, each bringing unique strengths and perspectives. From global health authorities like WHO, to the Special Program for Research and Training in Tropical Diseases (TDR) co-sponsored by WHO, UNICEF, UNDP, and the World Bank, to philanthropic organizations and Universities. To date, 50 countries have successfully eliminated an NTD, demonstrating that progress is achievable and by 2020, 600 million fewer people needed interventions against NTDs compared to 2010.

While the WHO's list of NTDs serves as a critical tool for prioritizing neglected infectious diseases, as the next step it is essential to consider the inclusion of other diseases, that meet the criteria for neglect and public health impact as global health priorities evolve. For this purpose, continued funding and support for projects focused on developing new diagnostics, treatments, vaccines, and control strategies for NTDs including research to address knowledge gaps and improve disease management, advocacy to influence health policy by providing evidence-based recommendations and promoting the integration of research findings into international health policies need to be pursued.

Additionally, strengthening the research capabilities of scientists and health professionals and investing in operational research in endemic countries while enabling research networks and collaborations to enhance the sharing of knowledge and resources, while addressing challenges in the implementation of NTD control and elimination programs are essential to achieving the goal of eventually eradicating NTDs.

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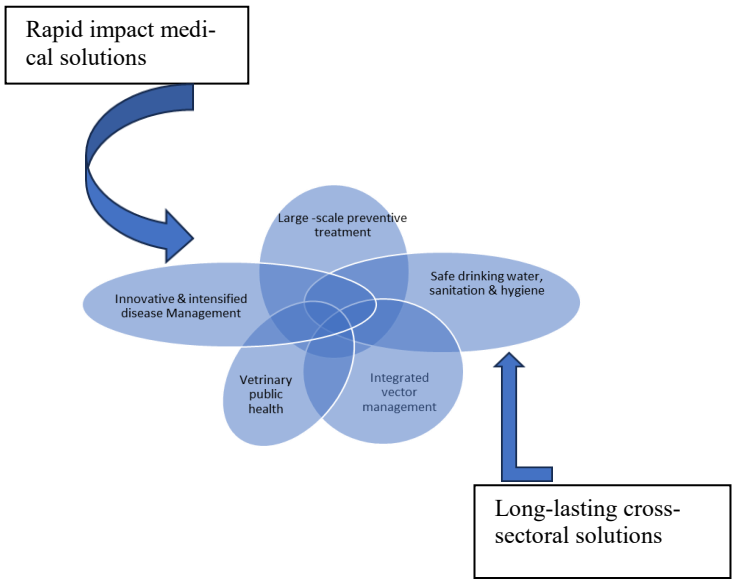

The five public health interventions recommended by the World Health Organization to overcome the impact of neglected tropical disease globally
*Adapted from Engels & Zhou 2020

Table 1: Selected notifiable diseases reported by Medical Officers of Health 14th – 20th Sep 2024 (38th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		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	B	T*	C**
Colombo	202	9068	0	28	0	11	0	47	2	22	10	399	0	8	1	9	0	0	5	423	0	33	0	2	28	1612	**78**	**72**
Gampaha	96	4179	1	37	0	30	0	13	0	75	23	584	1	10	0	8	0	0	9	330	2	107	2	23	19	925	**64**	**7**
Kalutara	34	2233	1	26	0	2	0	31	0	36	12	593	0	8	0	9	0	1	6	486	1	52	0	1	18	468	**80**	**60**
Kandy	64	3619	0	32	0	3	0	9	0	56	2	196	0	28	0	11	0	2	5	325	0	13	3	46	19	493	**100**	**100**
Matale	16	622	0	13	0	1	0	8	0	21	1	81	0	3	1	6	0	0	0	124	1	13	5	260	1	97	**100**	**69**
Nuwara Eliya	6	291	1	110	0	7	0	10	0	201	1	147	0	37	0	7	0	0	3	200	0	15	0	1	4	207	**77**	**69**
Galle	32	1696	0	43	0	20	0	12	2	92	19	635	1	96	0	9	0	1	20	620	1	68	0	3	4	331	**85**	**20**
Hambantota	10	705	0	26	0	3	0	5	0	45	4	387	2	45	0	6	0	2	2	262	0	26	4	380	4	129	**100**	**58**
Matara	28	822	0	8	0	6	0	2	0	26	8	400	0	20	0	9	0	0	6	293	0	65	0	93	7	133	**88**	**29**
Jaffna	8	5235	1	57	0	2	0	24	0	34	0	17	3	450	0	7	0	1	4	181	1	25	0	1	0	199	**93**	**86**
Kilinochchi	0	286	0	15	0	0	0	2	0	2	0	18	0	11	0	0	0	2	0	9	0	6	0	1	1	20	**100**	**100**
Mannar	14	274	0	9	0	0	0	1	0	4	1	22	0	12	0	1	0	0	1	8	0	5	0	1	3	46	**100**	**100**
Vavuniya	2	166	1	13	0	1	0	1	0	21	4	86	0	5	0	4	0	0	0	37	2	21	0	9	2	33	**75**	**100**
Mullaitivu	4	202	0	8	0	0	0	0	0	18	0	67	0	11	0	0	0	2	0	6	0	5	0	10	0	27	**83**	**83**
Batticaloa	16	1417	0	105	3	13	0	7	3	58	0	64	0	2	1	20	0	2	5	102	0	42	0	4	3	124	**93**	**64**
Ampara	1	225	0	29	0	3	0	0	1	19	1	164	0	1	0	5	0	1	0	99	1	33	0	20	0	97	**71**	**14**
Trincomalee	3	628	1	15	0	1	0	3	0	9	0	134	0	12	0	3	0	0	2	75	2	19	0	16	0	94	**58**	**83**
Kurunegala	22	1935	2	42	0	32	0	3	0	351	14	516	2	24	0	5	0	4	11	440	8	222	7	477	4	393	**100**	**34**
Puttalam	16	938	0	8	0	3	0	3	0	3	2	204	0	33	0	4	0	1	1	113	0	58	0	30	21	171	**85**	**46**
Anuradhapura	3	641	0	31	0	6	0	2	0	38	1	355	0	29	0	12	0	1	3	227	0	44	5	679	0	225	**91**	**43**
Polonnaruwa	5	324	0	20	0	3	0	1	0	15	0	230	0	2	1	51	0	0	4	124	1	29	1	408	0	86	**89**	**78**
Badulla	8	728	0	30	0	6	1	7	1	56	8	421	0	36	4	33	0	0	6	292	1	31	3	36	6	183	**88**	**50**
Monaragala	19	690	0	15	1	4	0	3	0	84	7	584	1	29	6	40	0	1	4	121	3	85	1	201	2	98	**91**	**55**
Ratnapura	32	2297	2	94	0	7	0	8	4	21	47	1472	0	24	0	22	0	2	7	275	1	111	1	140	6	263	**80**	**40**
Kegalle	26	1716	0	17	1	7	0	9	0	11	15	581	1	25	0	9	0	1	8	691	2	55	0	23	9	281	**73**	**27**
Kalmunai	4	671	0	17	0	0	0	2	0	28	0	63	0	5	0	4	0	0	4	194	0	13	0	0	3	112	**92**	**69**
SRILANKA	**671**	**41608**	**10**	**848**	**5**	**171**	**1**	**213**	**13**	**1346**	**180**	**8420**	**11**	**966**	**14**	**294**	**0**	**24**	**116**	**6057**	**27**	**1196**	**32**	**2865**	**164**	**6781**	**86**	**60**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 20th 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

14th – 20th Sep 2024 (38th 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*	01	01	00	00	00	00	00	01	01	02	00	56	72	-22.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	02	00	00	00	00	03	00	03	00	08	06	218	180	21.1 %
Measles	00	00	00	00	00	00	00	00	00	00	36	285	527	-45.9 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	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 Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	06	02	200 %
Whooping Cough	02	00	00	01	00	00	00	00	00	03	00	47	07	571.4 %

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

Number of Malaria Cases Up to End of September 2024,

03

All are Imported!!!

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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