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வட மேல் மாகாண சுகாதார சேவைகள் திணைக்களம்

Department of Health Services – Northwestern Province



කැ.පො. 84, සෞඛ්‍ය සංකීර්ණය,
පුටුතලම,
කුරුනෑගල, 60000

தபாற்பெப்படி 84, சுகாதார வளாகம்
நீர்கொழும்பு வீதி, குருநாகல்
60000

P.O. Box 84, Health Complex,
Negambo Road,
Kurunegala, 60000

Web: www.healthdept.nw.gov.lk
E-Mail: info@healthdept.nw.gov.lk

මගේ අංකය
எனது இல :
My No

NWP/PDHS/CH4/Malaria/2023

ඔබේ අංකය
உமது இல :
Your No

දායක
திகதி :
Date

04.05.2023

Regional Director of Health Services Kurunegala/ Puttalam
All Medical Superintendents, Base Hospital
All MOH, DMO, MO IC

Prevention of re-introduction and re-establishment of malaria (POR)

Malaria was once a significant public health issue in Sri Lanka in past decades and due to sustained efforts in malaria control, the country has now been able to eliminate indigenous transmission of the disease. The elimination of malaria in Sri Lanka is attributed to a combination of factors, including effective vector control measures, prompt diagnosis and treatment, and strong political commitment to eliminating the disease. Sri Lanka is currently in the malaria elimination and prevention of re-introduction phase.

However, the progressively high number of imported cases of malaria has been reported during the last decade, and the risk of reintroduction of Malaria is becoming high.

Hence, you are kindly requested to bring the contents of the attached internal circular to the attention of the clinical staff and other relevant healthcare personnel of your institution. This is referring to the General Circular No: 02-112/2014 issued by the Director General Health Service, Ministry of Health on 18.08.2014.

Please ensure that antimalarial drugs are always available in the medical institution. Antimalarials can be obtained from the Regional Malaria Office at Kurunegala, Maho and Puttalam.


.....
Dr. M.K Sampath Indika Kumara
Provincial Director of Health Services Kumara
NWP
MBBS, MSc MD, MCMA
Provincial Director of Health Services
North Western Province
Kurunegala.

Copy:

01. Secretary, Ministry of Health, Colombo
02. Director General of Health Service, Ministry of Health, Colombo
03. Secretary, Ministry of Health, (NWP)
03. Additional Secretary (Public Health Services), Ministry of Health, Colombo
04. Deputy Directors of General of Health Services, Ministry of Health, Colombo
05. Regional Malaria Officers – Kurunegala, Maho, Puttalam
06. Regional Epidemiologists – Kurunegala, Puttalam

Preventing the re-establishment of malaria in Sri Lanka

Malaria was once a significant public health issue in Sri Lanka, with an estimated 2.5 million cases reported annually in the 1940s, and has been one of the dreadful diseases to have affected Sri Lankans in the past. During the long documented history of its occurrence in Sri Lanka, several major epidemics have been experienced with high mortality and morbidity figures. During the past decade, the malaria situation of the country has dramatically changed and remarkable progress in reducing the burden of malaria has been observed. However, due to sustained efforts in malaria control, the country has now been able to eliminate indigenous transmission of the disease since 2012 October. The country received WHO certification of malaria-free status in 2016 and Sri Lanka is currently in the prevention of re-introduction phase of malaria elimination.

However, according to the national objectives in the prevention of re-introduction and re-establishment of malaria (POR) phase after disease elimination, the Ministry of Health and the Anti-Malaria Campaign in Sri Lanka made a great effort to maintain two objectives of

1. The maintaining of free status of indigenous malaria cases and
2. Maintaining zero deaths due to malaria.

Despite the success achieved in eliminating malaria, progressively increasing imported malaria cases were reported in recent years and the vector mosquitoes are highly prevalent in the dry and intermediate zones of the country. Meanwhile, with the reporting of a malaria death in April 2023 from Beruwala in Kaluthara District (A businessman with a foreign travel history) recently, the 2nd objective of the country programme was breached. This is a major drawback of the prevention of re-establishment programme alarming the shadow of an outbreak soon in the country.

Therefore, it is important to maintain a strong surveillance system and ensure that effective measures are in place to prevent the re-introduction of the disease. Early diagnosis and treatment of malaria cases and case-based preventive measures have become the highest priority for the prevention of re-introduction of malaria.

In every patient with a fever who arrived from abroad within one year /suspected case of malaria, laboratory confirmation by **Microscopic Examination of Blood Smears and/or Rapid Diagnostic Test (RDT)** is mandatory as a baseline investigation.

a) Screening of Malaria suspected patient (passive case detection):

1. Any febrile individual (including foreign nationals):

- ☐ with unexplained fever and a history of recent travel (within 1 year) to a malaria endemic country (esp. India, Pakistan, Haiti, and African countries). Refer to Annex II for a list of countries where malaria transmission occurs).
- ☐ belonging to high-risk groups e.g. businessmen, pilgrims, seamen returning from malaria-endemic countries, re-settled communities, skilled and unskilled foreign workers, illegal/irregular migrants, refugees, asylum seekers, security forces returning from peacekeeping missions, etc.
- ☐ with a history of malaria infection within the past 3 years

☐ with fever of unknown origin

2. Any individual presenting with clinical features of severe malaria (refer Annex I for clinical features of severe malaria)
3. Patients with anaemia of unknown cause
4. Patients with hepatomegaly and/or splenomegaly
5. Recipients of blood or blood products who develop fever within 3 months of transfusion

b). Notification of malaria patients

Any patient strongly suspected of having malaria should immediately be notified via telephone to the Regional Malaria Officer (RMO) and Anti Malaria Campaign Headquarters. In addition, it should be notified to the Medical Officer of Health (MOH) of the area where the patient resides following the standard notification procedure (Form H544).

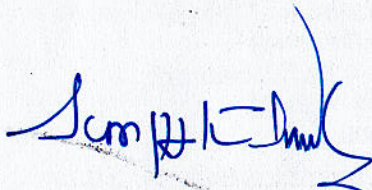
c). Diagnosis of malaria

- In every suspected case of malaria, laboratory confirmation by microscopic examination of blood smears and/or Rapid Diagnostic Test (RDT) is mandatory prior to initiation of anti malarial treatment. Treating malaria based on clinical suspicion without laboratory confirmation should be avoided.
- If there is a strong clinical suspicion of malaria, and the blood smears/RDT are negative at the time of initial testing, a minimum of three consecutive blood smears/RDT should be done prior to concluding that the patient is negative for malaria.

d). Strengthening the Screening of risk groups for malaria (Active case detection at community level)

All suspected risk groups and personals for malaria by microscopy or RDT (skilled and unskilled foreign workers, refugees etc.)

Follow-up screening for malaria of all detected personals for one year



Provincial Director of Health Services (NWP)
Dr. M.K. Sampath Indika Kumara
MBBS, MSc MD, MCMA
Provincial Director of Health Services
North Western Province
Kurunegala.

Annex I. Severe malaria

Definition of Severe malaria

Severe malaria is defined by clinical or laboratory evidence of vital organ dysfunction (WHO, 2012). In a patient with *P. falciparum* asexual parasitaemia and no other obvious cause of symptoms, the presence of one or more clinical or laboratory features classifies the patient as suffering from severe malaria.

Clinical features of severe malaria

- impaired consciousness (including unarousable coma);
- prostration, i.e. generalized weakness so that the patient is unable to walk sit up without assistance;
- multiple convulsions-more than two episodes in 24h;
- deep breathing, respiratory distress (acidotic breathing);
- acute pulmonary oedema and acute respiratory distress syndrome;
- circulatory collapse or shock, systolic blood pressure <80 mm Hg in adults and < 50 mm Hg in children;
- acute kidney injury;
- clinical jaundice plus evidence of vital organ dysfunction; and
- abnormal bleeding

Laboratory findings

- hyperparasitaemia
- hypoglycaemia (blood glucose <2.2 mmol/l or <40mg/dl);
- metabolic acidosis (plasma bicarbonate < 15 mmol/l);
- severe normocytic anaemia (In children: Hb <5g/dl, packed cell volume <15%. In adults: Hb<7g/dl, packed cell volume, PCV< 20%)
- haemoglobinuria;
- hyperlactataemia (lactate > 5 mmol/l);
- renal impairment (serum creatinine> 265 µmol/l);
- pulmonary oedema (radiological)

Reference:

General Circular No: 02-112/2014, Ministry of Health, Colombo

WHO, 2012, *Management of severe malaria, A practical handbook*, 3rd Ed., World Health Organization

Annex II. Countries where malaria transmission occurs.

Afghanistan	Dominican Republic	Madagascar	Saudi Arabia
Angola	Ecuador	Malawi	Senegal
Bangladesh	Equatorial Guinea	Malaysia	Sierra Leone
Belize	Eritrea	Mali	Solomon Islands
Benin	Ethiopia	Mauritania	Somalia
Bhutan	French Guiana	Mayotte	South Africa
Bolivia	Gabon	Mozambique	Sudan
Botswana	Gambia	Myanmar	Swaziland
Brazil	Ghana	Mexico	Suriname
Burkina Faso	Guatemala	Namibia	Thailand
Burundi	Guinea	Niger	Timor Leste
Cambodia	Guinea- Bissau	Nigeria	Togo
Cameroon	Guyana	Nepal	Tajikistan
Central African Rep.	Haiti	Nicaragua	Turkey
Chad	Honduras	Pakistan	Uganda
China	India	Panama	Tanzania
Colombia	Indonesia	Papua New Guinea	Vanuatu
Comoros	Iran	Peru	Vietnam
Congo	Iraq	Philippines	Venezuela
Costa Rica	Kenya	Paraguay	Yemen Socotra Island
Cote d'Ivoire	Lao PDR	Rwanda	Zambia
Djibouti	Liberia	Sao Tome & Principe	Zimbabwe

Note: There are some other countries with very limited malaria risk. For more details please refer International Travel and Health-2012 at http://www.who.int/ith/chapters/ith2012en_countrylist.pdf

Telephone numbers related to Anti Malaria Campaign

Anti Malaria Campaign Headquarters:

Tele: (011) 2588408, (011) 2368173
(011) 2368174
(011) 7626626 (hotline)
e-mail: antimalariacampaignsl@gmail.com
Website: www.malariacampaign.gov.lk

Regional Malaria Offices

Ampara	(063) 2223464	Kandy	(081) 2210687	Monaragala	(055) 2276698
Anuradhapura	(025) 2221844	Kegalle	(035) 2222549	Mullaitivu	(024) 3248341
Badulla	(055) 2226018	Kilinochchi	(024) 3247236	Polonnaruwa	(027) 2226018
Batticaloa	(065) 2222931	Kurunegala	(037) 2222193	Puttalam	(032) 2265319
Hambanthota	(047) 2220135	Maho	(037) 2275254	Ratnapura	(047) 2230301
Jaffna	(021) 2227924	Mannar	(023) 2222326	Trincomalee	(026) 2222584
Kalmunai	(067) 2220206	Matale	(066) 2222295	Vavuniya	(024) 2222954