SRI LANKA 📕





Signage inside Ragama General Hospital in Colombo, Sri Lanka.

OVERVIEW

Sri Lanka is in the second year of a five-year award. Prior to support from the Centers for Disease Control and Prevention (CDC), pandemic influenza preparedness and response activities began with guidance and support from both the World Health Organization (WHO) and the World Organization for Animal Health (OIE). The Epidemiology Unit and Medical Research Institute's (MRI), National Influenza Centre (NIC) of the Ministry of Health (MoH), are responsible for the influenza-related activities in the CDC grant. Key partners include the Health Education Bureau (HEB) of the MoH and the Department of Animal Production and Health (DAPH) of the Ministry of Livestock Development and Agriculture.

Since CDC funding commenced, progress has been made in a few key areas. Sri Lanka now collects consistent, reliable, detailed epidemiologic data on severe acute respiratory infection (SARI) and maintains a web-based system able to generate and routinely share relevant data and analysis.

SURVEILLANCE

Influenza surveillance in humans and animals is conducted as part of the Avian/Pandemic Influenza Preparedness Programme. Influenza surveillance in animals is carried out by DAPH and human influenza surveillance is conducted in selected sentinel hospitals by the Epidemiology Unit. Human influenza surveillance includes both influenza-like illness (ILI)

HIGHLIGHTS

- Collected and provided epidemiological data and specimens from four SARI sites and 19 ILI sites.
- Produced quarterly and annual influenza surveillance reports in addition to the weekly and monthly influenza reports; all are available on the Epidemiology Unit website.
- Collected ILI and SARI epidemiologic data, including the number of patients reporting ILI and SARI symptoms and the number of outpatient visits and in-patient admissions.

surveillance and SARI surveillance. ILI surveillance is carried out in 19 sentinel hospitals and SARI surveillance in four of the 19 sentinel sites.

In 2014, ILI surveillance identified 63,524 (1.4%) ILI patients from a total of 4,541,297 out-patient department visits in 18 hospitals. That same year, SARI surveillance identified 4,246 (3.9%) SARI patients from a total of 107,760 in-patients in four hospitals.

SURVEILLANCE ACTIVITIES

- Posted one surveillance officer at each of the four SARI sites.
- Developed standard operating procedures to streamline sentinel surveillance activities.
- Conducted sentinel site visits to review influenza surveillance activities and provide technical assistance to hospital surveillance staff.
- Developed a web-based system that links data between the Unit, MRI, and the sentinel sites which facilitates data analysis.
- Printed and distributed weekly, quarterly, and annual influenza surveillance reports/bulletins to stakeholders; also published on the health website www.epid.gov.lk.

LABORATORY

MRI was designated a WHO NIC in 1968. The NIC functions as the main national diagnostic laboratory for the Ministry of Health. It has capacity to conduct real-time RT-PCR and viral isolation and to receive and test large numbers of specimens as needed.

LABORATORY ACTIVITIES

- Characterized seasonal/circulating influenza viruses by type and subtype.
- Tested 1,005 ILI samples; 13.6% (137) were influenza A positive and 1.8% (18) were influenza B (2014).
- Tested 317 SARI samples; 10.7% (34) were influenza A virus positive and 0.63% (2) were influenza B.
- Submitted virologic data through FluNet.
- Submitted seasonal influenza viruses to a WHO Collaborating Centre (CC) twice a year.

PREPAREDNESS

A sustainability plan was developed under the guidance of Ministry of Health Sri Lanka and with stakeholders from the National Technical Committee on Avian/Pandemic Preparedness. The plan includes sustaining ILI and SARI surveillance, sample collection and epidemiologic data reporting. It also includes standard operating procedures (SOP) for each institution.

PREPAREDNESS ACTIVITIES

- Designated the National Technical Committee on Avian/Pandemic Influenza Preparedness and Response to conduct monthly meetings and streamline the country's response to pandemics.
- Distributed awareness materials to all districts and regional epidemiologists who were trained on rapid response.
- Discussed preparedness for MERS-CoV, avian influenza A (H7N9) virus, Ebola virus, and seasonal influenza epidemics at the avian influenza (AI) monthly meetings.
- Provided comprehensive guidelines on MERS-CoV and Ebola to relevant stakeholders.
- Provided revised guidelines on seasonal influenza epidemics to all relevant stakeholders.
- Conducted advocacy meetings and awareness programmes for relevant officials at ports of entry.
- Started an awareness program at the airport by having a 24-hour health desk for MERS-CoV.
- Upgraded the NIC's capacity to test samples from suspected cases of MERS-CoV.



Respiratory collection kit and case report form at the Medical Research Institute in Colombo, Sri Lanka.

TRAINING

- Conducted a training program on influenza surveillance for Medical Administrators and Infection Control Nursing Officers who are responsible for ILI and SARI surveillance in sentinel hospitals.
- Conducted a training program on the web-based influenza surveillance system for Infection Control Nursing Officers who are responsible for ILI and SARI surveillance in sentinel hospitals.
- Conducted a special awareness program for Directors, Medical Officers, and Infection Control Nursing Officers at sentinel hospitals to strengthen surveillance activities.

INFLUENZA VACCINE ACTIVITIES

Influenza vaccination was discussed at the National Immunization Summit held in January 2015 and at the Advisory Committee on Communicable Diseases in June 2015. A decision on influenza vaccination has not been made yet.