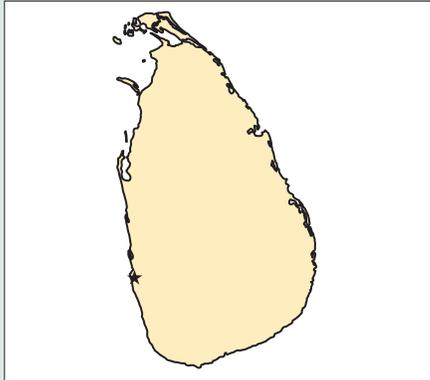


Sri Lanka



- **Capital:** Colombo
- **Area:** 65,610 sq km
- **Population:** 21,481,334 (July 2012 est.)
- **Age Structure:** 0-14 years: 24.9% (male 2,705,953/female 2,599,717); 15-64 years: 67.2% (male 6,993,668/female 7,313,440); 65 years and over: 7.9% (male 720,219/female 950,916) (2011 est.)
- **Life Expectancy at Birth:** Total population: 75.94 years; male: 72.43 years; female: 79.59 years (2012 est.)
- **Infant Mortality Rate:** Total: 9.47 deaths/1,000 live births; male: 10.44 deaths/1,000 live births; female: 8.45 deaths/1,000 live births (2012 est.)
- **Literacy Rate:** Total population: 90.7%; male: 92.3%; female: 89.1% (2001 census)
- **GDP:** \$116.2 billion (2011 est.)
- **GDP per Capita:** \$5,600 (2011 est.)

Highlights

- The three severe acute respiratory infection (SARI) sites established the previous year are now functioning optimally and are routinely collecting and sending epidemiologic data and the requested number of specimens.
- Major equipment was purchased for the National Influenza Center (NIC) that enhanced the capacity to process and store influenza specimens.
- The NIC continues to submit seasonal influenza samples to World Health Organization (WHO) Collaborating Centers (CC) twice a year and has been fulfilling NIC requirements as outlined by WHO.

U.S. CDC Direct Country Support

Sri Lanka is a developing nation with a sound public and curative health infrastructure. The Epidemiology Unit of the Ministry of Health (MOH), which is the government agency responsible for communicable disease surveillance, control and prevention, was awarded their first cooperative agreement in September 2009. The agreement is currently in its third year of a four-year award. The program's goal is to build the country's capacity to detect and respond to pandemic threats by building routine influenza surveillance, laboratory, planning and communications capacities.

Key collaborating partners include the Medical Research Institute (MRI), the national laboratory which serves as the country's NIC, the Health Education and Promotion Bureau and the Department of Animal Production and Health.

Surveillance

Human and animal influenza surveillance in Sri Lanka began in 2005 as part of their avian influenza preparedness program. With World Bank funding, the MOH established 20 sentinel hospitals, each of which set up influenza-like illness (ILI) surveillance. U.S. Centers for Disease Control and Prevention (CDC) funds are now used to help maintain the ILI surveillance in these and carry out SARI surveillance in three of the 20 sentinel sites.

Surveillance Activities

- All 20 ILI sentinel sites and three SARI sites showed considerable progress in targeted ILI and SARI surveillance in FY 2011.
- In order to strengthen the surveillance program, the Epidemiology Unit provided all ILI and SARI surveillance sites with stocks of commercial throat swabs (with and without viral transport media) and information technology equipment to units of Infection Control Nursing Officers (ICNO) in these sites.
- The Epidemiology Unit recruited a surveillance officer for each SARI site who is responsible for identifying patients meeting the case definition, collecting epidemiologic data and assuring swabs are taken.
- Epidemiology Unit staff conducted sentinel site visits to review procedures and provide technical assistance.
- The Unit conducted a special awareness program for directors and Officer Professional Development medical officers, and three training programs for ICNO of sentinel hospitals to strengthen surveillance activities.
- Sri Lanka regularly enters virological data via FluNet.

Laboratory

MRI was designated a WHO NIC in 1968. MRI also functions as the main national diagnostic laboratory in the MOH. The NIC has capacity to conduct real-time RT-PCR and viral isolation.

Laboratory Activities

- The NIC processed 2,066 ILI samples from the 20 sentinel sites and 389 SARI samples from the three SARI sites in FY 2011.
- MRI characterizes the influenza type and subtype of seasonal/circulating influenza viruses as well as avian influenza A (H5) using real-time RT-PCR and conventional PCR.
- The NIC submits seasonal influenza samples to a WHO CC twice a year and fulfills NIC requirements as outlined by WHO.
- With CDC funds, the Epidemiology Unit procured an incubator, a class II biosafety cabinet and -70°C freezer, and reagents and essential consumables were purchased for the MRI to enhance laboratory surveillance activities.

Preparedness

The *National Influenza Preparedness Plan*, originally drafted in 2005, was updated with experience gathered from the two waves of the pandemic.

Preparedness Activities

- Epidemiologists at central and regional levels held regular capacity-building sessions.

- The updated, revised preparedness plan was finalized and posted on the Unit website and moves are underway to print the document.
- The Epidemiology Unit initiated development of a web-based system that links data between the Unit and the NIC. This will facilitate data analysis.
- The national technical committee on influenza preparedness held monthly meetings to streamline the country's response to the second wave of the pandemic.

Training

The Epidemiology Unit hosted and attended the following training activities in 2011:

- Health care workers in sentinel hospitals were trained in pandemic preparedness and the national influenza preparedness plan.
- Infection control nursing officers who are responsible for ILI and SARI surveillance at sentinel hospitals were trained in laboratory and epidemiological components of ILI and SARI surveillance and infection control.
- Regional epidemiologists attended trainings on field epidemiology, including influenza surveillance and pandemic preparedness.
- Hospital administrators and senior medical officers in outpatient departments from all sentinel hospitals attended training sessions on the importance of ILI surveillance and pandemic preparedness.
- Two regional epidemiologists attended a field epidemiology training course conducted in India, July–October 2011.
- In November 2010, an epidemiologist participated in informal consultations at the South-East Asia Regional Office in New Delhi regarding the development of a national pandemic strategic response assessment tool.

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