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National and international travel: A challenge to elimination of malaria from Sri Lanka

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Forty three malaria patients were reported in the Kandy and Nuwara Eliya districts between January 2009 and May 2010. These patients were investigated as per the current policy of the Anti Malaria Campaign to identify the risk factors, source of infection and the potential risk of malaria transmission in the two districts. All notified malaria patients by the public and private health facilities (hospitals and mobile malaria clinics), Anti Malaria Campaign (AMC) directorate and the Regional Offices of AMC were investigated to collect data on the age, sex, occupation, places visited prior to onset of fever to determine the source of infection, permanent residence and use of protective measures for malaria at both permanent and temporary residence. The data were collected by a trained PHI and/or the RMO using standard malaria case investigation forms (H/AMC/P 7) developed by the AMC directorate. Of the 43 malaria patients, 32 were *P. vivax*, 6 *P. falciparum*, 3 mixed infection with *P. vivax* and *P. falciparum* and 2 clinically suspected cases. Majority of the patients were males (91%) aged between 21-50 years (86%). Also, the majority of patients were members of the security forces (67%) who had served in the northern, eastern and southern districts in the country, while 28% were civilians and one was an United Nations employee in southern Sudan. Eighty one percent (81%) of patients had contracted the disease locally while the rest was from outside the country (India:14%; South Sudan 2%; Libiya 2%). Of the patients, 12% were residents of previously malaria endemic areas while the rest were residents of areas where a potential malaria transmission risk exists in the 2 districts. None of the patients were on regular prophylactic treatment or used insecticide treated nets while staying in malarious areas to prevent malaria infections. Introduction of malaria reservoir with new species and strains of parasite through national and international travel could be a major challenge to the malaria elimination programme in the country. Prevention of re-introduction of malaria from other countries by screening at ports of entry to the country and the early detection and appropriate treatment of locally acquired infections at health facilities coupled with intensified case and vector surveillance will also contribute to moving towards elimination.

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