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Role of malaria mobile clinics in screening malaria cases in the malaria elimination programme in the Hambantota District

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Malaria elimination is the interruption of locally infected malaria transmission. It does not require the elimination of disease vectors or a complete absence of reported malaria cases in the country. Imported malaria cases may enter the country due to international travel and are detected at relevant locations to avoid introduced malaria cases. Therefore, early detection and prompt treatment is very important in the malaria elimination programme. Reduction of malaria should be accompanied by an annual blood screening programme. Therefore, in a malaria elimination programme, early detection of malaria cases is strengthened by active case detection in addition to normal passive surveillance at hospitals. Thus active surveillance becomes very important. Malaria Mobile Clinics (MMC) are one of the components of active case detection. Environmental conditions in many areas of the Hambantota District are favorable for malaria transmission and therefore the population in that area is at risk for malaria. Only 2 cases were reported from the Hambantota District in 2007. However, as an increased number of cases are being reported since 2008, medical officers and other officials at government hospitals were asked to refer all fever cases for blood filming. Since this was not successful MMC were promoted in locations where more malaria cases were reported and high risk conditions prevailed. A MMC unit consists of four people. All the necessary equipment including a microscope, surgical items and chemicals (including Giemsa stain, Anisol, surgical spirit) and Rapid Diagnostic Test kits (RDT) are taken to the field. Blood smears are prepared from almost all the people present on such occasions. If a *Plasmodium vivax* (Pv) case is found, the patient is treated immediately or referred to the nearest hospital depending on the condition of the patient. If a *Plasmodium falciparum* (Pf) case is found, the individual is definitely referred to a hospital where microscopy facilities are available. As most of the cases were reported from army camps in the Tissamaharama MOH area, a majority of the MMC were conducted in this area. Even in 2010, ABER for the whole district was 4.24%. During 2009 and 2010, respectively 8 and 13 malaria positive cases were detected by MMC. When the entire Hambantota District was considered, the blood smear percentage that contributed to the surveillance system by MMC was about 41%. However, MMC contributes to 63% of the blood smears in Tissamaharama. In 2012, only 2 malaria cases were reported from Hambantota and no indigenous cases have been reported in 2013 up till May. In the current malaria elimination programme malaria mobile clinics are a very important tool. To obtain the maximum advantage of the MMC, the clinics should be planned in an appropriate way.