

# Role of IRS in the malaria elimination programme of Sri Lanka

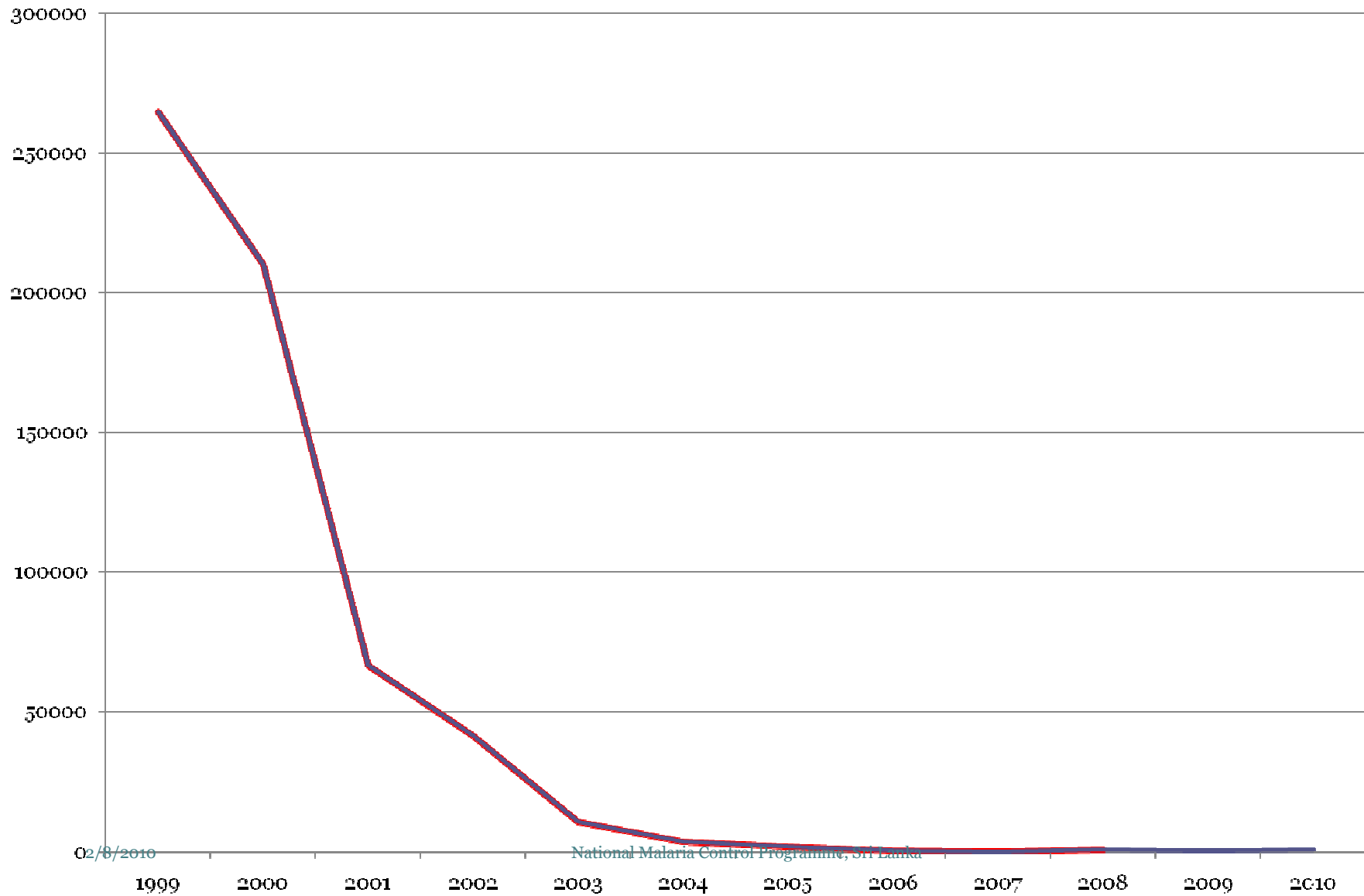
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# Background

- Sri Lanka – Island in the Indian Ocean
- Population – Approx. 19 million
- At risk population – Approx. 5 million
- Land extent – Approx. 68,000 sq. km.
- Phased elimination of indigenous transmission of falciparum malaria by end 2012 and indigenous vivax transmission by end 2014.
- Conflict situation resolved in May 2009.
- Free healthcare services provided by the government.

- Malaria cases reported in Sri Lanka 1999 – 2010.**



# Malaria vectors

- *Anopheles culicifacies*
  - Principle vector – Anthropozoophylic, endophilic and predominantly endophagic.
- *Anopheles subpictus*
- *Anopheles annularis*



# Objectives of IRS programme

- Localized spray operations in at risk locations during high transmission seasons
- Focal spraying around individual cases to interrupt transmission



## Target of IRS

- Currently priority to population resettling in previously conflict affected districts of Northern & Eastern Provinces
- Populations in at risk villages
- Approx. 20% of at risk population protected by IRS

# Stratification for IRS

- Selection of villages for IRS was based on
  - Reported incidence of malaria
  - % of falciparum malaria detected
  - Presence of migrant population groups including IDP
  - Proximity to known vector breeding sources, particularly rivers/streams
- Highest transmission areas were generally selected for IRS due to its proven efficacy in the country



# Spraying programmes

- Resettling populations are provided year round protection.
- Other at risk groups for transmission season immediately before monsoon season
- Focal spraying around individual cases year round





# Spray equipment

- Hand compression type sprayers from Hudson expert
- Twelve (12) litre capacity
- Approx 400 sprayers currently in use.



# IRS Policy

- Essential component of vector control strategy aimed at interrupting malaria transmission.
- IRS application to high priority areas in combination with distribution of LLINs
- Focal spraying around individual cases to prevent secondary transmission



# Monitoring & evaluation

- Strong supervision
- Routine susceptibility & bio assays tests in sentinel sites
- Re assessment and stratification



Thank you.