

### **01. Respiratory Disease Control Unit**

The resurgence of tuberculosis globally, and its association with HIV and the emergence of multi-drug resistant TB has made tuberculosis a communicable disease of high priority. Matale and Nuwaraeliya Respiratory Disease control units, are attached to District General Hospitals. Respiratory Disease control unit Kandy is functioning separately at Bogambara while inward patients care located at Teaching Hospital Kandy. All three units are functions under purview of the consultants' chest physicians.

### **02. STD HIV/AIDS Control Programme**

Early case detection and management, partner notification, contact tracing, health education, counseling, condom promotion, surveillance and dissemination of information are the major strategies adopted by the National Sexually Transmitted Diseases/ AIDS Control Programme (NSACP), for the prevention and control of STI and HIV/AIDS. Main clinic in the Province is situated at the premises of the Teaching Hospital Kandy, while Matale and Nuwaraeliya clinics are situated in the respective District General Hospitals.

### **03. Rabies Control activities**

Rabies control measures were launched in Sri Lanka in 1975 and were decentralized to the Provinces in the early 90s. The Central Province initiated the streamlining of rabies control activities in 1998 through the formation of dog vaccination teams and destruction teams. During mid 2006 the Ministry of Healthcare and Nutrition revised the strategy to be more humane towards dogs by promoting dog birth control measures instead of dog destruction. The CP has already implemented this change of strategy in the Provincial strategy. There are 3 dog vaccination teams in the Central Province with one for each district. Dog sterilization programmes are conducted with the support of qualified veterinary teams.

### **04. Malaria Control Programme.**

Malaria is an important public health problem in the Central Province of Sri Lanka. Thousands of malaria cases have been reported with periodic epidemics every 3-6 years prior to 1992. However, since 1992, the number malaria cases in the Province showed a decreasing trend of malaria, and in the year 2007, only 04 *P. vivax* cases were reported with no indigenous transmission of malaria in the Central Province. This is a significant achievement for the

Province.

Some of the very important contributory factors for this success were:

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1. Institution of evidence based malaria control activities,
2. Support given by the Provincial and Central government authorities
3. Implementation of Global Malaria control strategies in 1993
4. Institution of rotational and rational residual insecticide spraying based on the GN level stratification according to the risk of malaria transmission
5. Institution of integrated vector control measures using insecticide treated bed nets, use of larvicides, introduction of larvivorous fish and source reduction where ever applicable
6. Conducting Mobile clinics in remote areas and to cover migratory populations such as security camp, gem mining areas, development project sites and chena cultivation areas for early detection and prompt treatment of malaria cases in order to reduce the parasite reservoir in the human population,
7. Investigation of cases and carrying out timely remedial measures including mass blood surreys and focal spraying and
8. The improvement of the socio-economic status even in the rural communities.

The Anti malaria programme embarked into pre elimination phase of malaria in Sri Lanka in early 2008. Within this concept, the Central Province was placed as an area to maintain zero level transmission of malaria. Thus, the objective of the malaria control programme for the Central Province will be “to maintain zero level transmission of malaria in the Central Province”.