

Member experience on prevention and control for Vector Borne Disease

-Sri Lanka

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Vector Borne Disease situations

Animals:

Lumpy skin disease in cattle

Humans:

Dengue

Zoonotic VBD:

Japanese Encephalitis- incidence is low in children due to vaccination, prevalence in pigs-not known

Possible incursion:

West Nile Fever virus- Migratory birds

Lumpy Skin Disease

- *LSD susceptible livestock – mainly cattle and buffaloes*

Cattle -1.65 Mn (In 2022)

Buffaloes- 491,000 (In 2022)



•First reported in Northern Province in latter part of year 2020 and then to several districts of the country

•No outbreaks after mid of 2021 to latter part of 2022

• Out breaks started again in latter part of 2022 in Northern Province

In 2024- 44 outbreaks and 1373 cases with 17 deaths



Detection capacity

- LSD

Diagnostic and Lab capacities: PCR based testing is carried out by National level laboratory. Samples are collected and sent by regional VIOs for diagnosis

Samples were confirmed by reference lab

- *In 2020 sequencing results showed that Sri Lanka LSD strains were closely related to Kenya and Bangladesh LSD strains*
- *In 2023 sequencing results showed that Sri Lanka LSD strains were closely related to India, Kenya and Bangladesh LSD strains and belongs to LSD subgroup II*

Japanese Encephalitis and West Nile fever virus

- PCR based diagnostic facility is available at national level

Response to LSD

- *Early detection and reporting to DAPH*
- *Isolation of infected animals from Herd*
- *Control of Vector population – keep the farm in clean and use disinfectants, Repellents, insecticide*
- *Strictly control of animal movement -Stop issuing of health certificate, Stop issuing of transport permits*
- *Farmer awareness*
- *Strictly practice of bio security measures on farm level*
- *Minimized nomadic movements of animals*
- *Vaccination is only practised in large farms and AI center only*

Impact of the actions

Vector control- Not very successful, not identified exactly

Vaccination- Expensive, earlier large farms only vaccinated, this year DAPH will purchase vaccines for small scale farmers too

Movement control- not effective

Challenge and possible solutions

- *Limited resources- need to improve the resources especially human resources*
- *No allocation for Procurement of vaccine-*
- *Vector control especially after rain- Need to identify better methods to control*

Collaboration with other sectors under One Health approach

- Currently there is no collaboration with other sectors on VBDs.
- Japanese encephalitis has been identified as priority zoonotic disease
- We may have in future under IHR

Challenge and possible solutions to strengthen the collaboration

Challenges

Lack of resources

Not adequately prepared to prevent and control VBD

No contingency plans

Possible solutions

National strategy for VBD

Awareness among different stakeholders

Thank you

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Expectations for the VBDs workshop (Not Included in the Presentation)

- Surveillance of vectors- identification of vectors ,methods etc
- Efficient methods of vector control
- Important Strategies to control VBD

