

**Remarks by Ambassador A.L.A. Azeez, Permanent Representative of Sri Lanka:
International Seminar on the Importance of Disease Surveillance and Alert
Mechanisms: Lessons for the Biological Weapons Convention (BWC)**

Excellencies, Ladies and Gentlemen

Distinguished participants

The threat of use of biological agents as a weapon breaching national, regional and international security, has been a real concern. This is a sensitive but important topic on which an informed discussion is timely.

We therefore appreciate the opportunity provided to us today to exchange views and experiences on developing and maintaining a better disease surveillance and alert mechanism, to be able to efficaciously meet the commitments arising from the Biological Weapons Convention.

We need to take experiences gained in handling sudden outbreaks of communicable diseases in the past as a baseline for reflection on the path ahead.

Recent outbreaks such as the Severe Acute Respiratory Syndrome (SARS) and Avian Influenza, and potential threats from biological and chemical agents, demonstrate the importance of effective national surveillance within countries and at borders. They also underline the significance of rapid response systems that need to be in place. The International Health Regulations (IHR) 2005 of the WHO clearly manifests the commitment of the international community to the goal of global security. They call upon all Member States to establish and implement effective surveillance and response systems to detect and contain public health threats of national and international concern.

In Sri Lanka, in keeping with these Regulations, initiatives taken for public health emergency preparedness at ports of entry, include the development of a 'National Aviation Preparedness Plan for Public Health Emergencies' and 'Standard operating procedures (SOPs) for prevention, early warning and response to public health events at points of entry'.

Disease Surveillance involves ongoing systematic collection, analysis, and interpretation of outcome-specific data on disease occurrence and public health related events. It includes use of such data in planning, implementing and evaluating public health policies and practices and in the dissemination of the information obtained for prompt public health action.

Although the health system in Sri Lanka is a partially devolved subject, there is a clear structure for disease surveillance with a wide range of medical and administrative networks. These range from national, provincial, and district level hospitals to primary health care units involving all stakeholders. The Epidemiology Unit of the Ministry of Health at the central level, established in 1959, routinely conducts surveillance of

communicable diseases along with regional epidemiologists and Medical Officers of Health (MOH) at divisional levels.

The effective functioning of the health system in this specific area of vital concern to the public life is underpinned by laws and policies, appropriate for adequately addressing the challenge. The Quarantine and Prevention of Diseases Ordinance of 1897, for instance, provides the legal framework, contributing to the further strengthening and empowering of the National Disease Surveillance System.

At present, the National Disease Surveillance System consists of five main areas of responsibility. These range from routine reporting of indoor morbidity and mortality, notification of communicable diseases, event based surveillance system, special surveillance on selected communicable diseases, to sentinel site surveillance.

Indoor Morbidity and Mortality Register is maintained and data is entered once a patient is discharged from hospital according to the WHO Classification of Diseases (ICD). This is then sent to the Medical Statistician to provide information on the morbidity and mortality in Government hospitals.

Every Medical Practitioner treating a case of a notifiable disease should inform such case to the Medical Officer of Health (MOH) of the area where the patient resides, using standard notification card. The Medical Officer of Health maintains a notification register and these notifications are referred to the Public Health Inspector for investigation and confirmation. Following this, all such investigation cards are returned to the Ministry of Health and are recorded in the Central Infectious Disease Register. Each Medical Officer of Health submits a Weekly Return of Communicable Diseases (WRCD) to the Regional Epidemiologist indicating the cases notified.

This system of notification and registration covers all 341 Medical Officers of Health areas in the country. This has an in-built monitoring system with reporting coordinated at three different, but inter-related levels. At divisional level, it is coordinated by the Ministry of Health and Public Health Inspectors; at regional level by Regional Epidemiologists; and at national level by the Epidemiology Unit. The collected data is then entered in a central database at Epidemiology Unit. 70% of the WRCD are received within 10 days.

The system has the capacity to report on unusual outbreaks, and altogether 28 specific diseases are covered. However, it is imperative that the capacity to respond to any unanticipated, sudden outbreaks, as promptly as they occur be strengthened further, through sharing of new technological advances.

Importantly, under the regulations in force in the country, internationally notifiable diseases such as Cholera, Plague, and Yellow Fever must be notified to the Director General of Health Services, Deputy Director General of Primary Health Services, Epidemiology Unit, by the fastest possible means at detection. The same applies to suspected SARS cases, which must be notified as promptly, including to the Director of Quarantine and the Airport Health Officer, at the detection.

Feedback information on notifiable diseases is then disseminated through the Weekly Epidemiological Report and Quarterly Epidemiological Bulletin which are available online.

Under Special Surveillance, seven selected diseases, namely, Cholera, all EPI Diseases (TB, Diphtheria, Pertusis, Measles, Polio, Neonatal Tetanus), Japanese Encephalitis, Dengue Fever, Human Rabies, Hepatitis and Leptospirosis are covered.

In addition to the routine communicable disease surveillance, there is also a sentinel site surveillance system for influenza, polio, measles, rubella, congenital rubella syndrome, neonatal tetanus.

Suspected samples of all vaccine preventable diseases and cases of Japanese Encephalitis, Rubella, Congenital Rubella, Influenza are tested at the Medical Research Institute, and reports are submitted to the Epidemiology Unit.

Surveillance on Anti-Microbial Resistance has been initiated at 25 selected sentinel sites since 2018, and data collection on antibiotic resistance of WHO priority pathogens is carried out by the Laboratory Services of the Ministry of Health in collaboration with Consultant Microbiologists.

Although Sri Lanka has a robust Disease Surveillance System, it requires further modification and improvement to more effectively respond to address any future challenges. Preventing the use of biological agents as a security threat is a key national priority. Effective prevention and control of diseases, including through laboratory management in line with international standards remains an imperative. In this context, a web based surveillance system, that facilitates active surveillance by integrating hospitals at all levels, is in order.

There is a need to increase capacity for incorporating laboratory data in the surveillance system expertise in interpretation/analysis and for data sharing among surveillance systems, so that data management and reporting are synchronized and access made secure and faster. Moreover, expanding the current surveillance systems to include private sector institutions and private practitioners is of critical importance given the fact that over 50% of outpatient curative care is provided by the medical practitioners and medical institutions in the private sector.

An effective pursuit of public-private partnership, which could meaningfully contribute to complementing the existing system remains a policy option that required careful study. Programmes based on such partnership could help feed data into the central recording systems so that all important elements, that can be critical for the overall disease surveillance and alert system, could be harnessed to be able to effectively respond to future challenges.

I thank you.