Cover Story

Malaria in Sri Lanka: navigating through Prevention of Re-establishment (PoR) Phase

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Malaria is a devastating vector-borne disease that is prevalent in tropical regions of the world which leads to acute life-threatening illness and, in some instances, to chronic debilitating illness. It is one of the major global public health problems the world faces (1). Since 2015, the World Health Organization (WHO) European Region has been freed of malaria; however, other regions continue to remain under threat.

As depicted in the cover picture of this Issue, Sri Lanka transitioned from Pre- Elimination Phase of malaria to the Elimination Phase, with the last case of indigenous malaria being reported in November 2012. Sustaining zero cases for more than three consecutive years, Sri Lanka was certified by the WHO as a malaria-free country in September 2016 (2). In December 2018 however, the first case of locally transmitted case of *P. vivax* malaria (classified as an 'introduced' case) was reported from Siyambalanduwa in Moneragala District. However, onward transmission from this case was successfully prevented through an effective entomological and case surveillance and rapid response system of Anti Malaria Campaign (AMC) which included prompt and effective vector control. Since the newly 'introduced case' in 2018, the new focus of AMC has transitioned from Prevention of Re-introduction Phase to Prevention of Re-establishment (PoR) Phase of malaria (3).

The cover picture of this Issue also portrays a malaria vector mosquito which may pose a potential threat as Sri Lanka navigates through the Prevention of Re-establishment Phase. It is the newly discovered, potentially-invasive urban vector for malaria; "*Anopheles stephensi*". This vector was first reported from Mannar during routine entomological investigations. Currently available data reveal the *An. stephensi* breeds primarily in used and/or abandoned wells and has the potential to breed in containers, similar to *Aedes aegypti*, the vector mosquito for dengue. At present *An. stephensi* reporting is confined to Jaffna, Mannar and Vavuniya Districts and Kalmunai Regional Director of Health Services (RDHS) region (4).

Since elimination, Sri Lanka has been reporting around 50 imported malaria cases every year, with

the majority reported from urban areas. Expansion of urban vectors into these areas where imported cases are found could lead to devastating consequences. The cover story highlights the need to continue with stringent strategies and investments to keep the country malaria-free.

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