August 2024

THE CRTM NEWSLETTER

CENTRE FOR RESEARCH IN TROPICAL MEDICINE
UNIVERSITY OF PERADENIYA

COMMITTEE

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Dr Samidi Navaratna
Dr Anura Rajapakshe

INSIDE

DIRECTOR'S MESSAGE

RABIES

UNMASKING NIPAH VIRUS....

THE WAY FORWARD

QUIZ TIME

DIRECTOR'S MESSAGE

PROF S A M KULARATNE

Senior Professor, Chair of Medicine
Director, CRTM
Faculty of Medicine
University of Peradeniya
Sri Lanka

Tropical Medicine is a neglected field of study in the globe. Sri Lanka is a hotspot for tropical medicine where the diversity of the field is wider and unique. Tropical diseases had a close link with the ancient civilization of Sri Lanka along with population migration, invasions, conflicts, and combats. Rich traditions of the indigenous system of medicine enriched by "Ayurveda" kept in check these diseases lost to the dust of antiquity. During the formative years of the introduction of the Western Allopathic System of Medicine to the island, there were no remedies for tropical diseases, but the advancement of science had helped the understanding of these disease conditions better in the past century and also helped to improve the health care delivery system in the country. However, there are many issues remain unsolved, and confronting the emergence of new diseases is a daunting task the global community faces today.

In the world of economic priorities, politics, and conflicts, tropical diseases remain ignored, mostly confined to poor developing nations. Against this backdrop, in 1985 the **"Center for Research in Tropical Medicine (CRTM)"**, was rooted at the Faculty of Medicine, University of Peradeniya, and it was commissioned as a UGC-approved centre in 1994. The founding director was Professor S. N. Arsecularatne who's untiring efforts raised it to international standards when he established collaborations with Hamburg University, Germany for a few years to carry out research in tropical medicine. He was succeeded by Professor Nimal Senanyake who established many toxicology research collaborations in Sri Lanka.

After a period of dormancy, the CRTM was rejuvenated in 2014 by the incumbent Dean Professor M.D. Lamawansa and I was entrusted with making it an active centre and giving leadership. The CRTM committee comprises the dean of the faculty, members representing the relevant academic departments in the Faculty of Medicine, Faculty of Veterinary Medicine & Animal Science, and also the Ministry of Health.

The CTRM undertakes educational and research activities in tropical diseases prevalent in Sri Lanka. International research collaborations of CRTM have transformed it into a hub of research in tropical medicine in Sri Lanka.

The CRTM took upon the monumental task of holding the first international conference on tropical diseases in December 2015 with the collaboration of the International Federation of Tropical Medicine, which was a resounding success. Two years later in 2017, the 2nd international conference in tropical diseases under the theme of **"Global Alliance to Combat Tropical Diseases"** was held with the participation of Prof. Sriyal Malik Peiris from Hong Kong University as the Chief Guest of the event. In 2019, CRTM decided to publish a Tropical Medicine Textbook and the dream was successful with the launch of “Tropical Medicine with special reference to Sri Lanka” in 2020. This is the first book of such nature that covers 20 important topics contributed by experts in the fields.

COVID and the post-COVID economic crisis of the country and the lack of patronage affected the effective functioning of the CRTM, however, since 2023, the activities were resumed with a new committee with the support of the dean of the faculty Prof Vasanthi Pinto. Publishing a newsletter is a new addition to the line-up activities and I have the honour and privilege of sending my greetings to the first newsletter.

CRTM MONTHLY TALKS

FEBRUARY 2023

Prof Veranja Llyanapathirana
Department of Microbiology
Faculty of Medicine
University of Peradeniya

EVOLVING ROLE OF MICROBIOME IN HUMAN HEALTH AND DISEASE

The concept of the microbiome has existed for some time, however the our understanding of it keeps evolving.

Discoveries are being made on the role of the microbiome in maintaining health and disease causation, as well as possible therapeutic applications.

https://www.youtube.com/watch?v=E1nHUkv1Xh0

MARCH 2023

DIAGNOSTICS FOR TROPICAL INFECTIONS; WHERE ARE WE HEADING?

Making a clinical diagnosis is not always possible in medicine. From basic diagnostic tools, diagnostic techniques in medicine have ascended the value chain to a level where data analytics is automated.

https://www.youtube.com/watch?v=FpcYHsdtlz4

Prof Kosala Weerakoon
Department of Parasitology
Faculty of Medicine and Allied Sciences
Rajarata University of Sri Lanka

MAY 2023

Dr. Chathurika Dandeniya
Department of Medicine
Faculty of Medicine
University of Peradeniya

CHALLENGES WITH RHEUMATOLOGICAL DISEASE AMIDST TROPICAL INFECTIONS

There are overlaps in the causation of tropical and rheumatological diseases in more ways than meets the eye.

At the same time tropical infections can mimic common rheumatological diseases and vice versa, causing major problems as the treatment for one category can be counter-productive in the other, especially when immunosuppressive therapy is used.

https://www.youtube.com/watch?v=mFQ1xvNEhmY

CRTM MONTHLY TALKS

JUNE 2023

Dr Duminda Yasaratne
Department of Medicine
Faculty of Medicine
University of Peradeniya

ECHALLENGES IN MANAGING EXTRAPULMONARY TUBERCULOSIS

Tuberculosis is highly prevalent in the tropics. The organism can cause extrapulmonary disease with dire consequences which can be difficult to distinguish from other infectious and non-infectious conditions.

The lack of necessary infrastructure, public unawareness, and stigma supports the great masquerader in its cause.

https://www.youtube.com/watch?v=eqT7xI4NPn0

AUGUST 2023

RABIES

The number of rabies cases has been stagnant over the past few years in Sri Lanka. The lack of knowledge on prevention seems to be the reason for this observation.

However there is a well structured guideline in place, which, along with disease education can be used to achieve targets in rabies control.

https://www.youtube.com/watch?v=CBLLfWlgagI

Dr Usha Bokalamulla
MO OPD
Teaching Hospital Peradeniya

SLMA MONTHLY CLINICAL MEETING
IN COLLABORATION WITH THE CRTM
APRIL 2023

Prof Chamara Dalugama
Department of Medicine
Faculty of Medicine
University of Peradeniya

Prof Udaya Ralapanawa
Department of Medicine
Faculty of Medicine
University of Peradeniya

Prof Manoji Pathirage
Department of Medicine
Faculty of Medicine
University of Peradeniya

The Sri Lanka Medical Association conducts monthly clinical meetings in collaboration with professional colleges and academic bodies on the 3rd Tuesday every month to provide updates on important clinical and public health issues to its membership.

The CRTM collaborated with the SLMA for the Monthly Clinical Meeting held on the 25th April 2023. Three of our committee members participated as resource personnel, and they addressed three important health problems in the country.

https://www.youtube.com/watch?v=qr368aFxp8I

A GREAT MASQUERADE IN THE TROPICS: MELIOIDOSIS

Burkholderia pseudomallei stands out from other gram negative bacteria due to its ability to survive in extreme conditions, the high mortality and morbidity, the wide spectrum of organs and organ systems it can affect, diagnostic difficulties it presents, and the lengthy antibiotic treatment it demands. Melioidosis is being diagnosed more frequently now, presenting diagnostic and therapeutic challenges to treating physicians.

DENGUE: UPDATE ON PRESENTATION AND CLINICAL MANAGEMENT

Dengue is the most common out of the dreaded infections that presents as acute fevers in the tropics. Its management revolves around continuous monitoring to detect plasma leakage, shock, bleeding, and fluid overload, and prompt intervention using the appropriate type of fluid as per the National Guideline. Understanding these two aspects is vital in preventing dengue-related deaths.

CNS INFECTIONS IN THE TROPICS

CNS infections are lethal. They can also lead to serious long-term sequalae. The responsible organisms and sensitivity patterns are different in the tropics compared to temperate countries. Sometimes it is also necessary to suspect less common causes of meningitis and encephalitis to come to a correct diagnosis.

UPADATING OF THE CRTM WEBSITE

https://med.pdn.ac.lk/departments/CRTM/index.php

The CRTM website is part of the main website of the University of Peradeniya. It can be accessed through the university website or by directly searching for it on your search engine.

Whilst the CRTM website was created some time ago, it remained largely inactive till recently. The Coordinator CRTM, Prof. Chamara Dalugama was instrumental in reviving the CRTM website with a brand new interface with technical assistance from Dr. Lahiru Kularatne and Mrs. Udeshika Tilakaratne.

News on recent activities and upcoming events can be viewed by accessing the relevant sections on the website. It is also possible to access previous CRTM lectures in the archives section.

LAUNCHING OF THE YOUTUBE CHANNEL

https://www.youtube.com/@CRTMOfficial

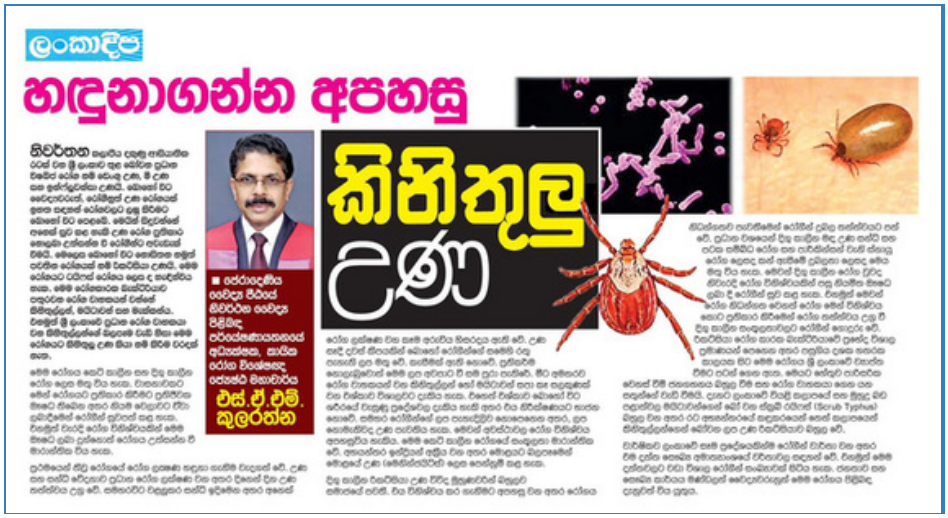
You can subscribe to the newly launched CRTM YouTube channel to stay up to date with CRTM activities. You can use this platform to access recordings of past CRTM lectures. We plan to expand our YouTube channel in the future to include short videos and much more.

NEWSPAPER ARTICLES BY COMMITTEE MEMBERS

2023 had been an year where many emerging and re-emerging diseases were reported. The number of dengue cases in the initial few months of 2023 was very high and predictions were made of a larger outbreak than 2017. With the increase in rainfall the number of leptospirosis cases also increased substantially. With the Covid-19 pandemic coming to an end, other respiratory viral infections were reported more frequently.

Many of these infectious diseases can be prevented by proper education of the general public. The public should be made aware of disease prevention methods, disease identification and myths related to these diseases.

Our committee members fulfilled their social duty by increasing awareness through newspaper articles.



A RABIES-FREE COUNTRY BY THE YEAR 2025

Dr Samidi Navaratna
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Specialist Community Physician
Senior Lecturer
Department of Community Medicine Faculty of Medicine
University of Peradeniya

Introduction

Rabies is a 100% fatal, yet 100% preventable zoonotic disease that manifests as an acute encephalomyelitis in humans. It is caused by the bullet-shaped rabies virus that belongs to the genus Lyssavirus and rhabdo virus family which spread through the bites and scratches (infected saliva) of mammals. The main reservoir of rabies is infected wild animals such as squirrels, giant squirrels, jackals, bats, mongooses, and fishing cats, whilst humans contract the disease mainly through infected domestic animals like dogs, cats, cows, buffalos, and goats. Intact skin seems to be an adequate barrier against transmission, however, exposure of the conjunctivae, mucus membranes, genitals, and skin abrasions to infected saliva and exposure through skinning and handling of infected carcasses can transmit the virus. The virus may transmit by aerosol in laboratories and vampire bats infected caves. Human-to-human transmission other than through organ transplants has not been documented. However, the rabid patients' secretions are positive for the rabies virus. Similar to elsewhere in the world, dog-mediated rabies is the commonest in Sri Lanka.

Epidemiology of Rabies

Rabies is considered to be one of the 20 neglected tropical diseases that account for about 59,000 deaths worldwide. Of these, nearly 45% of cases occur in Asia.

Sri Lanka has identified human rabies as a disease of public health importance, however, animal rabies has not yet been recognised as a notifiable disease. The Directorate of Public Health Veterinary Services (PHVS) of the Ministry of Health (MoH) deals with rabies control activities in Sri Lanka.

The highest number of recorded deaths due to rabies in Sri Lanka was observed in the mid-1970s.Public health interventions implemented since then have drastically brought down the incidence of human rabies and is maintained between 20-30 cases per year during the past 7-8 years. According to the latest statistical bulletin of PHVS of MoH, the deaths due to rabies in the years 2019, 2020, and 2021 are 26,31, and 25 respectively.

A RABIES-FREE COUNTRY....

Clinical Presentation

Usually, the incubation period for rabies varies between 20-90 days but may be as short as 4 days or longer as many years. Shorter incubation periods are observed with bites on the face and other proximal locations on the body.

The virus spreads through the nerves to the brain, leading to inflammation and, ultimately, a range of symptoms and signs. The disease progresses through three stages: prodromal, furious, and paralytic (Table 1). The prodromal symptoms of rabies can be non-specific while symptoms and signs of furious rabies or paralytic rabies will develop later depending on the predominant involvement of the brain, spinal cord, or both. Hydrophobia is considered the most pathognomonic feature of human rabies and is characterised by a combination of jerky inspiratory muscle spasms with or without painful laryngopharyngeal spasms with an associated tremendous terror. It's worth mentioning that the duration and progression of symptoms can vary from person to person. Sometimes, a "dumb form" of rabies may occur, which skips the furious stage and directly enters the paralytic stage.

Table 1: Clinical features of human rabies

Prodromal Stage (2-10 days)	Furious Stage (2-7 days)	Paralytic Stage (2-4 days)
• Fever • Headache • Fatigue • Malaise • Nausea and vomiting • Loss of appetite • Irritability • Anxiety • Sore throat • Muscle aches and weakness • Pain, itching, or tingling at the site of the bite or scratch	• Agitation and restlessness • Anxiety, irritability, and aggressiveness • Hallucinations • Hydrophobia (fear of water) due to painful throat spasms when attempting to drink • Aerophobia (fear of air or drafts) • Excessive salivation or foaming at the mouth • Bizarre or erratic behavior • Hyperactivity • Difficulty swallowing • Seizures	• Weakness or loss of muscle function, starting from the site of the bite or scratch • Paralysis of the limbs, throat, and facial muscles • Shortness of breath or respiratory failure • Inability to speak or produce sounds • Coma • Death

A RABIES-FREE COUNTRY....

Rabies control activities in Sri Lanka

Rabies preventive activities in Sri Lanka typically involve a combination of vaccination campaigns, public awareness programmes, animal control measures, and post-exposure prophylaxis. Some robust key preventive aspects adopted in Sri Lanka are listed below:

1.Vaccination Campaigns: Vaccinating dogs through regular vaccination campaigns without physically eliminating them, is a crucial preventive measure in Sri Lanka that ensures animal welfare. These campaigns are often organized by the PHVS and animal welfare organizations and include mass vaccination programmes, door-to-door visits, and clinic-based ongoing vaccination programme.

2.Public Awareness Programmes: Public awareness campaigns are conducted in Sri Lanka through various media channels, including television, radio, print, and social media. These programmes aim to inform people about the risks associated with rabies, responsible pet ownership including the importance of vaccinating the pets, and actions to take in case of an animal bite.

3.Animal Control Measures: Implementing effective animal control measures helps reduce the number of stray and unvaccinated dogs, thereby minimizing the risk of rabies transmission. PHVS often collaborates with local communities and authorities to sterilize and vaccinate stray dogs. Additionally, efforts are made to improve animal welfare and promote responsible pet ownership to minimize the abandonment of dogs.

4.Post-Exposure Prophylaxis (PEP)/Post-Exposure Therapy (PET): Prompt and appropriate treatment after exposure to rabies is vital. Sri Lanka ensures the availability of anti-rabies vaccines (ARV) and rabies immunoglobulins (RIG) for post-exposure prophylaxis in hospitals and health centres. People who have been bitten or scratched by an animal, particularly dogs or other mammals, should seek medical attention immediately. For the treatment protocol visit: https://drive.google.com/file/d/11cp9F94ALmt1DtD-8PdrnghZRxm_iZH3/view

5.Pre-exposure prophylaxis (PrEP): Individuals at a high risk of exposure, such as laboratory workers who come into contact with the rabies virus, veterinarians, animal handlers, wildlife officials, and people who live in or travel to rabies-endemic areas, are eligible for pre-exposure anti-rabies vaccine in Sri Lanka.

6.Surveillance and Reporting: Timely reporting and surveillance of suspected rabies cases are crucial for effective rabies control. Sri Lanka has surveillance systems in place to monitor and track rabies cases and it’s recognised as a notifiable disease. Veterinary and public health authorities work together to investigate suspected cases, implement necessary control measures, and collect data for planning and evaluation purposes. PHVS of MoH and Medical Research Institute (MRI) plays a major role in this endeavour.

7.Monitoring and Evaluation

A RABIES-FREE COUNTRY....

National Strategic Plan (NSP) to eliminate rabies from Sri Lanka

The "End Rabies Now" campaign, which set a target of zero human rabies deaths by 2030, was launched in February 2015 by the World Health Organisation (WHO), the Food and Agriculture Organisation of the United Nations (FAO), the World Organisation for Animal Health (WOAH), and the Global Alliance for Rabies Control (GARC).

The PHVS of MoH collaborated with WHO Sri Lanka to develop the five-year National Strategic Plan (NSP) 2022–2026 based on the One Health concept to ensure the elimination of dog-mediated human rabies. Sri Lanka is the first Southeast Asian country to develop an NSP to eliminate rabies. The One Health concept is an interdisciplinary approach that recognizes the interconnectedness of human health, animal health, and the environment. The key objectives of the NSP are listed below.

- Commitment: strengthen leadership, legislation, stewardship, and management functions for the elimination of human rabies.
- Access to services: ensure the delivery of comprehensive services to eliminate human rabies and health promotion
- Community engagement: empower communities towards active participation in the elimination of human rabies.

The NSP recommends evidence-based well-coordinated actions to eliminate dog-mediated human rabies by 2025, way before the global target of zero deaths by the year 2030.

Successful implementation of the NSP will not only reduce rabies-related mortality, and reduce the financial toll of rabies but also guarantee that the nation is a secure tourism destination.

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UNMASKING NIPAH VIRUS: TROPICAL MEDICINE'S BATTLE AGAINST A HIDDEN THREAT

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The Nipah virus was first identified in 1998, following an outbreak of neurological and respiratory illnesses in pig farms in Malaysia resulting in 108 deaths. However, Initially it was misdiagnosed as Japanese Encephalitis and the virus was successfully isolated in 1999 leading to its diagnosis. Then the virus was named as “Nipah” owing to the the location “Sungai Nipah,” which translates to “Nipah river,” where the first human case leading to the isolation of the Nipah virus was detected. Nipah virus infection outbreaks have been reported in Malaysia, Singapore, Bangladesh and India.

Nipah virus infection, which is a zoonotic disease, is transmitted to humans through direct contact with infected animals, primarily bats and pigs. Although less common, direct contact with an infected person can also lead to transmission. Individuals who contract Nipah virus infection may develop severe symptoms, including acute respiratory infection and potentially fatal encephalitis. It’s a disease with a very high mortality rate (40-75%). Numerous disease outbreaks caused by Nipah virus have occurred in North East Africa and Southeast Asia. Nipah virus belongs to the genus Henipavirus.

Seroprevalence data and virus isolation studies have revealed that the main reservoir for Nipah virus is Pteropid fruit bats, specifically species such as *Pteropus vampyrus* and *Pteropus hypomelanus*.

Transmission of Nipah virus to man occurs mainly in places where humans, pigs and bats come in close proximity. People rear pigs for economic benefits and fruit bearing trees are also cultivated in and around farms. Bats of *Pteropus* spp. which are reservoirs of the disease are attracted by the fruits, hence the virus gets spilled over to pigs/ animals and also to man. Infected pig meat travels across countries which lead to transmission of the virus from animals in one part of the world to people in another part.

UNMASKING NIPAH VIRUS....

Recently all eyes were turned towards Nipah virus again with the Ministry of Health of India, reporting six laboratory-confirmed Nipah virus cases, including two deaths, in the Kozhikode district, Kerala. As of 27th September 2023, 1288 contacts of the confirmed cases were traced, including high-risk contacts and healthcare workers, who were kept in quarantine and monitored for 21 days. Since the 12th September, 387 samples have been tested, of which six cases were positive for Nipah virus infection, and all remaining samples tested negative. Since the 15th September, no new cases have been detected. This is the sixth outbreak of Nipah virus in India since 2001 with the last one in 2018.

The incubation period for Nipah virus infection can range from four to 45 days. Human infections exhibit a wide spectrum of clinical manifestations, from asymptomatic cases to fatal encephalitis. Typically, infected individuals initially experience flu-like symptoms such as fever, headaches, muscle pain (myalgia), vomiting, and a sore throat. These symptoms may then progress to include dizziness, drowsiness, altered consciousness, and neurological signs that indicate acute encephalitis. In severe cases, individuals can also develop atypical pneumonia and experience severe respiratory issues including acute respiratory distress. The most severe cases may lead to encephalitis and seizures, ultimately progressing to a coma within 24 to 48 hours.

The World Health Organization (WHO) has designated Nipah virus as a priority disease within the WHO Research and Development Blueprint. In the absence of a vaccine or licensed treatment for Nipah virus, the key approach to reducing or preventing infection is by raising awareness about the risk factors and educating people about measures to minimize exposure.

Successful development of preventive vaccines and other therapeutic antibodies or antivirals will pave the way to control the spread and treat the infected patients during an outbreak.

As we navigate the complex world of emerging infectious diseases, our collective awareness and collaborative approach are useful in dealing with diseases like this. The knowledge and experience learned from past outbreaks highlight the importance of continuous surveillance, research, and global cooperation in mitigating the threat of Nipah virus and similar pathogens. Although Sri Lanka has not detected the presence of Nipah virus within the country, the possibility of such an occurrence cannot be safely excluded with multiple outbreaks in Kerala, Southern India in the background of increased international travel, economical and social relationships between India and Sri Lanka.

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WORKSHOP ON TROPICAL MEDICINE

IN COLLABORATION WITH THE PGIMS

The first ever Workshop on Tropical Medicine was organized by the CRTM in collaboration with the Postgraduate Institute of Medical Sciences, University of Peradeniya on 3 non-consecutive Sundays in the months of July-August. The program was held in a hybrid manner allowing many graduates in health sciences from around the country to take part. The lectures were delivered by experts in tropical diseases both inside and outside the university. The participants were emailed an end-course assessment consisting of MCQ questions created from what was taught during the course and awarded certificates on completion.

We are happy to say that we plan to have a similar workshop for those who could not participate in the first. An MSc program on Tropical Medicine offered through the PGIMS is also underway and the CRTM will be playing a major role in with curriculum development and teaching activities.

DAY 1	**Overview of Tropical Medicine**	Prof S A M Kularatne
	Leptospirosis	Prof Chamara Dalugama
	Dengue	Prof Udaya Ralapanawa
	Rabies	Dr Usha Bokalamulla
	CNS Infections in the tropics	Prof Manoji Pathirage
DAY 2	**Tropical Rheumatology**	Dr Chathurika Dandeniya
	Tropical Haematology	Dr Manel Rathnayake
	Tropical Dermatology	Prof Sanjeewani Fonseka
	Malaria	Dr Pubudu Chulasiri
	Tuberculosis	Dr Duminda Yasaratne
DAY 3	**Rickettsial Infections**	Prof S A M Kularatne
	Diarrhoeal Diseases and Enteric Fever	Prof Pathum Dissanayake
	Kidney Diseases in the Tropics	Dr Rajitha Abeysekara
	Melioidosis	Drof Manoji Pathirage

WORKSHOP ON TROPICAL MEDICINE

IN COLLABORATION WITH THE PGIMS

CENTER FOR RESEARCH IN TROPICAL MEDICINE

WORLD RABIES DAY PROGRAM

CRTM conducted an awareness program for World Rabies Day, focusing on the prevention of this emerging and re-emerging tropical disease. Through interactive sessions and informative materials, the program educated the community on recognizing rabies symptoms, the importance of vaccination for humans and animals, responsible pet ownership, and accessing timely treatment. Emphasizing prevention as the best strategy, CRTM highlighted the significance of vaccination and prompt medical care in controlling rabies transmission. By empowering individuals with knowledge and resources, the program aimed to contribute to global efforts to eliminate rabies and protect communities from this preventable yet potentially fatal disease.

EPIDEMIOLOGY AND CLINICAL FEATURES

Dr Samidi Navaratna

Senior Leecturer
Department of Community Medicine
Faculty of Medicine
University of Peradeniya

RABIES PREVENTION IN HUMANS

Dr Usha Bokalamulla

MO OPD
Teaching Hospital Peradeniya

HOW TO PROTECT YOUR DOG FROM RABIES?

Prof Ashoka Dangolla

Head
Department of Clinical Veterinary Medicine
Faculty of Veterinary Medicine and Animal Sciences
University of Peradeniya

SYMPOSIUM ON TROPICAL MEDICINE FOR INTERNATIONAL STUDENTS

International collaboration is one of the main functions of the CRTM. Collaborative activities are carried out to share knowledge and strengthen the relationship between the University of Peradeniya and overseas higher education institutions.

A diverse group of graduates in health sciences that comprised of nutritionists, dieticians, and nurses visited University of Peradeniya for a short stay. The CRTM was able to conduct a short workshop combining tropical medicine and nutrition focusing on the situation in Sri Lanka.

This three hour program was held on the 16th October 2023 in the faculty premises. Nearly 30 students participated and the overall feedback from the participants was excellent. The program came to a close with the Chinese representatives expressing their ideas of sending several more groups of students in the months to come.

SYMPOSIUM ON TROPICAL MEDICINE FOR INTERNATIONAL STUDENTS

THE WAY FORWARD....

SYMPOSIUM ON INFECTIOUS DISEASES
IN COLLABORATION WITH THE UNIVERSITY OF CONNECTICUT

A team from the University of Connecticut, United States of America with academics with special interests in tropical medicine and public health will be visiting Sri Lanka in the last week of October.

The CRTM has organized a Symposium on Infectious Diseases on the 25th October 2023 as a hybrid event. Speakers from the University of Connecticut as well as University of Peradeniya will act as resource personnel at the symposium.

Prof S A M Kularatne
Director, CRTM
Chair Professor of Medicine
Department of Medicine
Faculty of Medicine
University of Peradeniya

Prof Kevin Dieckhaus
Professor of Medicine
Chief, Division of Infectious Diseases
Director of Global Health and International Studies
UCONN Health

Dr Thomas Erwes
Fellow, Infectious Diseases Training Program
Division of Infectious Diseases
University of Connecticut School of Medicine

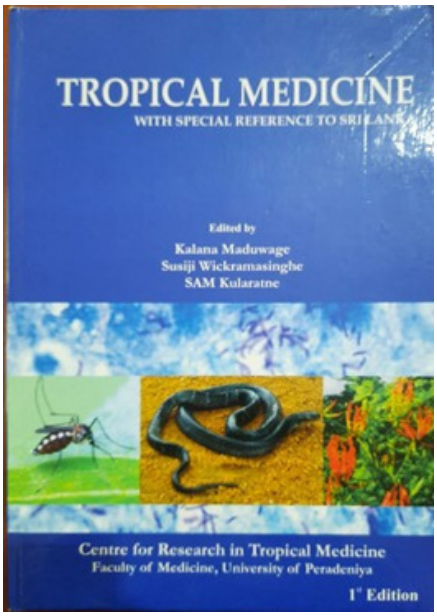
FUTURE PUBLICATIONS

TEXTBOOK ON TROPICAL MEDICINE - 2ND EDITION

The 1st edition of the Textbook on Tropical Medicine with Special Reference to Sri Lanka was published in 2020. The panel of authors included experts in tropical diseases both within and outside the CRTM committee.

Necessary edits and updates are currently being made for the 2nd edition which is planned to be published in 2025. It will be made available both as a hard copy and a soft copy.

The upcoming edition will be more clinically oriented, and be useful as a handbook for practicing clinicians as well as postgraduate trainee doctors. It will also feature several non-infectious diseases that falls within the umbrella of tropical medicine.



PICTURE BOOK ON TROPICAL DISEASES

Even with modern laboratory diagnostic techniques, tropical medicine revolves around the recognition of clinical signs and symptoms. With the differences in genetics and physical characteristics such as build, skin tone, and hair colour, the same clinical features may appear somewhat different and distorted. With almost all standard picture texts being written in Western countries, there is a dire need for a reliable textbook which is more adapt to the Sri Lankan context.

The proposed picture book will feature a unique collection of photographs that can be used by medical undergraduates and postgraduates studying tropical medicine.

Picture contributions are welcome from anyone in the field of health sciences, and their contribution will be recognized in the text. You may contribute by contacting us through the following email address.
crtmoffice@med.pdn.ac.lk

MCQ BOOK ON TROPICAL DISEASES

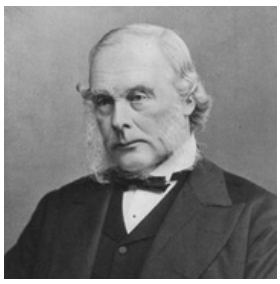
To address the scarcity of resources in studying tropical medicine, we've launched an MCQ book for medical students. This resource offers a structured approach to mastering the subject, with detailed explanations accompanying each question. By providing comprehensive coverage of various aspects of tropical medicine, we aim to enhance students' understanding and confidence in the field. Our initiative seeks to bridge the knowledge gap and empower students to excel in this specialized area of medicine. Ultimately, we aim to cultivate a new generation of healthcare professionals equipped to address emerging infectious diseases and contribute to healthcare initiatives in tropical regions.

QUIZ TIME

Recognize the following VIPs related to the field of Tropical Medicine.

1

2



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1. He is known as the father of Tropical Medicine and authored a famous textbook on the subject. He was also the founding president of the Royal College of Tropical Medicine and Hygiene.

2. He was the fist director of the Centre for Research in Tropical Medicine and a founding member of the Sri Lanka College of Microbiologists (then Ceylon Association of Microbiologists). He was awarded the title of Professor Emeritus by the University of Peradeniya.

3. He is known as the father of modern surgery due to his efforts in promoting the use of antiseptics perioperatively that greatly reduced post-surgical infection rates.

4. She was a member of a team of 3 with Roger Guillemin and Andrew Schally, who discovered the radioimmunoassay and won the Nobel prize for Medicine or Physiology in 1977 for the discovery.

Submit your answers through the link below and get mentioned in the next edition of the CRTM newsletter. https://forms.gle/4VHxNNRCVW3FBNtB7

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