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SOME DATA ABOUT MALARIA IN SRI LANKA AND REPUBLIC OF BELARUS

Introduction. Malaria remains one of the most significant infectious diseases worldwide, particularly affecting tropical and subtropical regions. Among the five *Plasmodium* species that infect humans, *Plasmodium falciparum* is responsible for the highest levels of morbidity and mortality and represents a major public health threat in endemic regions, especially in sub-Saharan Africa and South Asia. A small number of countries like Nigeria, the Democratic Republic of the Congo, Uganda, Ethiopia, and Mozambique collectively contribute nearly half of all global malaria cases [1].

Over the past two decades, major advances in malaria control have led to a significant reduction in cases and deaths. These advances include the widespread use of rapid diagnostic tests, highly effective artemisinin-based combination therapies (ACTs), insecticide-treated bed nets, and indoor residual spraying, the introduction of vaccines etc. According to the World Health Organization (WHO), malaria interventions between 2000 and 2024 averted approximately 2.3 billion cases and 40 million deaths globally [1]. Beyond Africa, malaria continues to exert a substantial burden in South and Southeast Asia, with India accounting for a significant proportion of cases within the South-East Asia Region [2]. Although India has achieved remarkable reductions in malaria incidence since independence, transmission persists

in specific ecological and socioeconomically disadvantaged areas, including tribal, forested, and urbanizing regions.

Material and methods. Analysis of the data of malaria distribution in Sri Lanka and Republic of Belarus for the last few years.

Results. Sri Lanka being an endemic country for a long period of time, have successfully interrupted local transmission and maintained a malaria-free status since 2016, following its last indigenous case in 2012 and subsequent WHO certification [1]. Despite this achievement, imported malaria remains a persistent public health concern. Over the decade from 2013 to 2023, a total of 532 imported malaria cases were diagnosed, of which 8.6 % progressed to severe malaria [3]. National surveillance data reported a slight increase in the number of malaria cases for the last few years with a maximum in 2023: 30 cases in 2020, 26 cases in 2021, 37 cases in 2022, 62 cases – in 2023 and 38 cases – in 2024 [1]. All identified cases were imported and among international travelers, with one malaria-related death recorded in 2023 as of Ministry of Health of Sri Lanka. Since 2013 according to annual national reports, approximately 50–100 imported malaria invasions consistently were indicated in Sri Lanka per year, reflecting sustained population mobility and a continued risk of reintroduction, thereby underscoring the need for robust post-elimination surveillance and prevention strategies.

In contrast to endemic regions, malaria transmission is absent in most of Europe, including Eastern European countries such as Belarus, despite the documented presence of certain *Anopheles* species.

The Republic of Belarus is considered a malariogenic territory, where all conditions for endemic circulation of malaria is present [4]: the presence of a susceptible population, a specific vector, and sufficient temperature conditions for the development of plasmodium in the mosquito's body. On the other hand, the combination of unfavorable climate, seasonal limitations on vector survival, low vector capacity and insufficient number of endemic Plasmodium reservoirs explains the continued absence of malaria transmission in the Republic of Belarus. Imported cases of malaria are being recorded in the country. The amount of imported cases of malaria were registered in the Republic of Belarus for a last few years changed wave like line in the range from 10 till 20 cases, particularly with 16 cases in 2020, 11 cases – in 2021, 13 cases in 2022, 10 imported cases – in 2023 and 19 cases – in 2024 [4, 5].

Conclusion. Taking into account the above despite Sri Lanka's high malariogenic potential, it is feasible to sustain malaria-free status, but this depends on the prevention of re-establishment program remaining alert, flexible and highly responsive to external changes. Along with global warming, increased educational, business, travelling peoplemigration, and a number of other factors, the relevance of informing the population of Republic of Belarus about this disease, ways to prevent it, methods of early detection, and timely treatment are obvious.

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