

ANNUAL REPORT 2024

Tuberculosis Control and Chest Diseases



National Programme for Tuberculosis Control and Chest Diseases

Ministry of Health and Mass Media, Sri Lanka

Annual Report 2024

National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)

Ministry of Health and Mass Media, Sri Lanka

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Data sources: Quarterly Reports on Case Finding (TB-08) and Treatment Outcome (TB-10) submitted by District Chest Clinics; mid-year population estimates for 2024.

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Abbreviations

Abbreviation	Meaning
AFB	Acid Fast Bacilli
AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus Calmette–Guérin
CDS	Central Drug Stores
DCC	District Chest Clinic
DOTS	Directly Observed Treatment, Short course
DR-TB	Drug-Resistant Tuberculosis
DST	Drug Susceptibility Testing
DTCO	District Tuberculosis Control Officer
ePIMS	Electronic Patient Information Management System
EPTB	Extra-Pulmonary Tuberculosis
EQA	External Quality Assessment
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
ICD-10	International Classification of Diseases, 10th Revision
LTFU	Lost to Follow-Up
MDR-TB	Multidrug-Resistant Tuberculosis
MLT	Medical Laboratory Technologist
MOH	Medical Officer of Health
NPTCCD	National Programme for Tuberculosis Control and Chest Diseases
NSP	National Strategic Plan
NTRL	National Tuberculosis Reference Laboratory
OPD	Outpatient Department
PHI	Public Health Inspector
PHLT	Public Health Laboratory Technician
PTB	Pulmonary Tuberculosis
RDHS	Regional Director of Health Services
RR-TB	Rifampicin-Resistant Tuberculosis
SAARC	South Asian Association for Regional Cooperation
SDG	Sustainable Development Goal
STAC	SAARC Tuberculosis and HIV/AIDS Centre
TB	Tuberculosis
TPT	TB Preventive Treatment
TSR	Treatment Success Rate
WHO	World Health Organization
WRD	WHO-recommended Rapid Diagnostic test

Message from the Director

The National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) is pleased to present its Annual Report for 2024. As the national focal point for tuberculosis (TB) prevention and control, the Programme remains committed to the End TB Strategy targets and to the objectives of the National Strategic Plan through early case finding, standardised patient-centred care and strengthened prevention.

In 2024, district chest clinics registered 9,180 people with TB, a notification rate of 41.0 per 100,000 population. Although this represents a 3.8% decline from 2023, the gap between notified and estimated cases indicates that a substantial number of people with TB are still not reached by services. The treatment success rate for the cohort registered in 2023 improved to 79.6%, yet it remains below the global benchmark, with deaths and patients lost to follow-up continuing to be the main reasons for unsuccessful outcomes.

These findings call for renewed focus on active case finding among high-risk groups, earlier diagnosis among older adults and people with comorbidities, stronger treatment adherence support in urban settings, and complete outcome reporting from every district.

I sincerely appreciate the dedication of the District Tuberculosis Control Officers and staff of all district chest clinics, laboratories and field teams, and the commitment of patients and families who completed treatment. I also acknowledge the continued support of the Ministry of Health, provincial health authorities, the World Health Organization, the Global Fund and all partners.

Dr. Pramitha Shanthilatha

Director

National Programme for Tuberculosis Control and Chest Diseases

Preface

The Annual Report of the NPTCCD documents the activities, performance and achievements of tuberculosis and chest disease control in Sri Lanka for the year 2024. Its purpose is to provide timely, reliable information to policy makers, programme managers, clinicians, researchers, development partners and the public.

The report is organised in three parts, followed by statistical annexures:

- **Part I – Progress Report:** analysis of TB surveillance data for 2024 (case detection by type, district, province, age and sex) and treatment outcomes for the cohort of patients registered in 2023.
- **Part II – Activity Report:** TB control activities carried out at national and district level during 2024.
- **Part III – Administration Report:** the administrative framework of the NPTCCD and the diagnostic and preventive services affiliated with TB control.
- **Annexures:** detailed district-level statistical tables, historical trend tables and notes on data sources and data quality.

District Tuberculosis Control Officers and provincial and regional health managers are encouraged to use the district-level analyses to identify local gaps and focus activities towards national targets.

2024 at a Glance

This summary presents the headline indicators for 2024. Case-finding indicators refer to patients registered during 2024; treatment outcome indicators refer to the cohort of patients registered in 2023, whose outcomes were finalised during 2024.

9,180 All TB cases notified -3.8% vs 2023 (9,538)	41.0 Notification rate per 100,000 (2023: 42.8)	8,922 Incident cases (new + relapse) 39.8 per 100,000 (2023: 41.6)	76.8% New PTB bacteriologically confirmed 4,823 of 6,283 new PTB
26.3% EPTB among new cases 2,246 cases; PTB:EPTB = 2.8:1	63.8% Males among new cases M:F ratio 1.76:1	225 Children aged 0–14 years 2.6% of new cases (2023: 208)	24.2% Share from Colombo district 2,218 cases; 89.3 per 100,000
79.6% Treatment success (2023 cohort) Target ≥85% (2022 cohort: 78.1%)	8.2% Died during treatment 780 of 9,538 registered	4.5% Lost to follow-up 54.2% of LTFU from Colombo	8/26 Districts with TSR ≥85% 2023 treatment cohort

Table 1: Key programme indicators, 2023 and 2024

Indicator	2023	2024	Change
All forms of TB notified	9,538	9,180	-3.8%
Notification rate (per 100,000)	42.8	41.0	-4.2%
Incident TB (new + relapse)	9,267	8,922	-3.7%
Incidence rate – notified (per 100,000)	41.6	39.8	-4.3%
New cases	8,821	8,529	-3.3%
New PTB – bacteriologically confirmed	4,832	4,823	-0.2%
New PTB – clinically diagnosed	1,624	1,460	-10.1%
New EPTB	2,365	2,246	-5.0%
Bacteriological confirmation among new PTB (%)	74.8	76.8	+2.0 pts
Previously treated cases	713	643	-9.8%
Relapse	446	393	-11.9%
Relapse share of incident cases (%)	4.8	4.4	-0.4 pts
Children 0–14 years (new cases)	208	225	+8.2%
Male : female ratio (new cases)	1.78	1.76	–
Treatment success rate, all forms (%)*	78.1	79.6	+1.5 pts
Death rate, all forms (%)*	9.0	8.2	-0.8 pts
Lost to follow-up rate, all forms (%)*	4.5	4.5	0.0 pts
Failure rate, all forms (%)*	1.4	1.1	-0.3 pts

* Treatment outcome indicators: "2023" column = cohort registered in 2022 (as published in Annual Report 2023); "2024" column = cohort registered in 2023. Source: TB-08 and TB-10 quarterly returns.

PART I

Progress Report

TB surveillance, case detection and treatment outcomes

1. Introduction

1.1 National Programme for Tuberculosis Control and Chest Diseases

The National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) is a central-level organisation of the Ministry of Health and Mass Media, headed by the Director/NPTCCD, functioning under the Deputy Director General (Public Health Services) 1. The central unit of the NPTCCD, the National Tuberculosis Reference Laboratory (NTRL), the Central Drug Stores (CDS) of the NPTCCD and the District Chest Clinics (DCCs) of Colombo and Gampaha are under the direct administrative purview of the Director/NPTCCD.

NPTCCD is the national focal point for prevention and control of TB. Services are provided through a network of 26 District Chest Clinics, 2 sub-chest clinics, 108 branch clinics and 189 microscopy centres. Culture facilities are available at the NTRL and at intermediate TB laboratories in Ratnapura, Kandy, Jaffna and Galle.

The Programme is responsible for infrastructure development and financial management of institutions under its direct purview, formulation of policies and guidelines for TB and respiratory diseases, planning, implementation, monitoring and evaluation of TB control activities across the country, and national TB surveillance. It provides technical guidance and channels donor funds for district-level activities, trains medical and paramedical staff, conducts public awareness activities, and coordinates with the provincial health sector and with governmental and non-governmental organisations. The Government of Sri Lanka is the main source of funding, with additional support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); the World Health Organization (WHO) and SAARC support research and capacity development.

1.2 TB situation in Sri Lanka, 2024

TB continues to be a public health problem in Sri Lanka. In 2024, **9,180** TB cases of all forms were registered at district chest clinics, of which **92.9% (n=8,529)** were new cases. Around **74.7%** of all cases (n=6,861) had pulmonary TB, and **77.4%** of pulmonary cases (n=5,313) were bacteriologically confirmed. The ratio of new pulmonary to new extra-pulmonary TB was **2.8:1**. The notified incidence (new and relapse cases) was **39.8 per 100,000 population**.

Key messages – 2024

- **8,922** incident TB cases (new and relapse; 39.8 per 100,000) were notified in 2024, 3.7% fewer than in 2023. Compared with the WHO estimated incidence, around **4,961** people with TB may not have been diagnosed or notified.
- TB remains geographically concentrated: the **Western Province** accounted for **44.5%** of all cases, and **Colombo district** alone for **24.2%**, with a notification rate of **89.3 per 100,000** – more than double the national rate.
- The burden falls heavily on **older men**. Males formed 63.8% of new cases; the notification rate among men aged 55–64 years (**208.9 per 100,000**) was about five times the national rate. 45.6% of new cases were aged 55 years or more.
- Diagnostic quality improved: **76.8%** of new pulmonary cases were bacteriologically confirmed (74.8% in 2023), while clinically diagnosed cases fell by 10.1%.
- Only **225** children (0–14 years) were notified (2.6% of new cases), well below the National Strategic Plan target of 600 children annually, suggesting continued under-diagnosis of childhood TB.
- The treatment success rate for the 2023 cohort was **79.6%**, a modest improvement from 78.1% but below the 85% target. Deaths (**8.2%**), loss to follow-up (**4.5%**) and outcomes not evaluated (**6.6%**) were the main contributors to unsuccessful outcomes. Only 8 of 26 districts achieved $\geq 85\%$.
- Previously treated patients had markedly poorer outcomes (treatment success 66.8%; LTFU 10.7%), and Colombo district accounted for 54.2% of all patients lost to follow-up.

1.3 Sustainable Development Goals and the End TB Strategy

The Sustainable Development Goals (SDGs) were adopted by the United Nations General Assembly in 2015 for achievement by 2030. SDG 3 aims to ensure healthy lives and promote well-being for all at all ages; target 3.3 calls for ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases by 2030. The WHO End TB Strategy, linked to the SDGs, aims to end the global TB epidemic by 2035 through milestones and targets set under three high-level indicators (Table 2).

The National Strategic Plan (NSP) for TB control 2021–2025 was developed in line with these goals. Its objectives are:

1. To find and successfully treat, on average between 2021 and 2025, 10,000 cases of drug-sensitive TB annually, including 600 children.
2. To successfully treat, on average each year between 2021 and 2025, 11,600 eligible persons with TB preventive treatment (TPT).
3. To engage the private sector in TB diagnosis and care, so that by the end of 2025, 30% of all notified cases are referred from the private sector.
4. To strengthen monitoring and evaluation of TB control activities at all levels.
5. To significantly increase the quality and quantity of operational research on TB.
6. To significantly improve the organisation, management and control of TB activities.

Table 2: Milestones and targets of the End TB Strategy

Indicator	Milestone 2020	Milestone 2025	SDG target 2030	End TB target 2035
Percentage reduction in the absolute number of TB deaths (baseline 2015)	35%	75%	90%	95%
Percentage reduction in the TB incidence rate (baseline 2015)	20%	50%	80%	90% (≤ 10 per 100,000)
Percentage of TB-affected households facing catastrophic costs due to TB	0%	0%	0%	0%

Source: WHO End TB Strategy.

Progress towards NSP 2021–2025 case-finding targets, 2024

- Drug-sensitive TB cases found: **9,180** against an annual target of 10,000 (**91.8%** achieved).
- Children with TB found: **225** against an annual target of 600 (**37.5%** achieved).
- Incidence rate (notified): 39.8 per 100,000 in 2024 compared with 44.5 in 2015 – a **10.6%** reduction in notified incidence. Note that WHO milestones refer to *estimated* incidence, not notifications.

2. Methods

2.1 Case definitions (WHO revised classification)

Sri Lanka adopted the revised WHO definitions and reporting framework for TB (2013) from 1 January 2015, starting with the cohort of patients registered in 2015. A case of tuberculosis is defined as a patient in whom TB has been either bacteriologically confirmed in the laboratory or clinically diagnosed based on a clinician's decision, taking into account the clinical picture, results of other investigations and risk factors.

Classification based on bacteriological status

Bacteriologically confirmed TB: a patient whose sputum or other biological specimen is positive by smear microscopy, culture or a WHO-recommended rapid diagnostic test (WRD) such as Xpert MTB/RIF.

Clinically diagnosed TB: a patient who does not fulfil the criteria for bacteriological confirmation but has been diagnosed with active TB by a clinician, after consultation with a Consultant Respiratory Physician, and decided to be treated with a full course of TB treatment.

Classification based on anatomical site of disease

Pulmonary tuberculosis (PTB): any bacteriologically confirmed or clinically diagnosed case of TB involving the lung parenchyma or the tracheobronchial tree, with or without involvement of other organs.

Extra-pulmonary tuberculosis (EPTB): any bacteriologically confirmed or clinically diagnosed case of TB involving organs other than the lung parenchyma or tracheobronchial tree, e.g. pleura, lymph nodes, abdomen, genitourinary tract, skin, bones and joints, and meninges.

Classification based on history of previous TB treatment

New patients have never been treated for TB or have taken anti-TB drugs for less than one month. **Previously treated patients** have received one month or more of anti-TB drugs in the past and are further classified by the outcome of their most recent course of treatment:

- **Relapse:** previously treated, declared cured or treatment completed at the end of the most recent course, and now diagnosed with a recurrent episode of TB.
- **Treatment after failure:** previously treated patients whose most recent course of treatment failed.
- **Treatment after loss to follow-up:** previously treated patients declared lost to follow-up at the end of their most recent course (previously known as "treatment after default").
- **Other previously treated:** previously treated patients whose outcome after the most recent course is unknown or undocumented.

Patients with unknown previous TB treatment history do not fit into any of the categories above.

2.2 Notification and reporting system

TB case notification

TB has been a notifiable disease in Sri Lanka since 1948. The NPTCCD receives case notifications on the special notification form (Health 816A) from district chest clinics and from other government and private health institutions. Once diagnosed at a chest clinic, a patient is registered in the District TB Register and notified to the central unit of the NPTCCD and to the national epidemiological surveillance system through the Medical Officer of Health (MOH). Patients diagnosed at other institutions are referred to the relevant chest clinic for registration, notification and further management, including contact tracing, adherence support and health education carried out by the range Public Health Inspector.

TB death notification

TB deaths are notified to the central unit through Health 814. A detailed report on deaths occurring during treatment is collected using form TB 17. Deaths due to TB are also notified to the Registrar General's Department through the vital registration system.

Quarterly records and returns

Data on case detection (TB-08), sputum conversion (TB-09), treatment outcome (TB-10), programme management (TB-12) and TB and non-TB wards (TB-13) are collected quarterly from district chest clinics. The electronic Patient Information Management System (ePIMS), introduced in 2018, is used by all districts alongside paper-based records. TB screening in prisons and OPD returns on presumptive TB are collected monthly. DTCOs are responsible for timely and accurate submission of returns.

Analysis, presentation and dissemination

The NPTCCD analyses the data and compiles national reports. District performance is discussed at quarterly review meetings held at the NPTCCD and at annual district reviews. Information is shared with the Epidemiology Unit and other units of the Ministry of Health, the Central Bank of Sri Lanka, WHO, SAARC/STAC, GFATM and provincial and regional health authorities.

Data used in this report. Case-finding analyses are based on the quarterly TB-08 reports for 2024 aggregated by district of registration. Rates are calculated using 2024 mid-year population estimates (total 22,392,234). Kalmunai RDHS is reported as a separate district, consistent with the programme's reporting structure. Notes on data quality are provided in Annex 21.

2.3 Treatment outcome definitions

All bacteriologically confirmed and clinically diagnosed TB patients, except those with RR-TB or MDR-TB placed on second-line regimens, are assigned one of the following outcomes:

- **Cured:** A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who was smear- or culture-negative in the last month of treatment and on at least one previous occasion.
- **Treatment completed:** A TB patient who completed treatment without evidence of failure but with no record that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative.
- **Treatment failed:** A TB patient whose sputum smear or culture is positive at month 5 or later during treatment.
- **Died:** A TB patient who dies for any reason before starting or during the course of treatment.
- **Lost to follow-up:** A TB patient who did not start treatment or whose treatment was interrupted for two consecutive months or more.
- **Not evaluated:** A TB patient for whom no treatment outcome is assigned, including cases transferred to another unit and those whose outcome is unknown to the reporting clinic.
- **Treatment success:** The sum of cured and treatment completed.

Because some forms of EPTB (e.g. TB meningitis, bone and joint TB) require more than 12 months of treatment, outcome data are presented for the cohort registered in the year before the reporting year. **In this report, treatment outcomes refer to patients registered in 2023.**

2.4 Programme indicators

Table 3: Definitions of the main indicators used to monitor TB control

Indicator	Definition
Notification rate	Number of TB cases (all forms) notified in a year per 100,000 mid-year population of the same year.
Notified incidence rate	Number of new and relapse cases notified in a year per 100,000 mid-year population.
Treatment coverage (case detection rate)	Percentage of estimated incident TB cases (WHO estimate) that were notified in the same year.
Treatment success rate	Percentage of a cohort registered in a given year who were cured or completed treatment.
Sputum conversion rate	Percentage of smear-positive pulmonary cases registered in a period who became smear-negative at the end of the intensive phase.
Lost to follow-up rate	Percentage of a cohort whose treatment was interrupted for two consecutive months or more.
Death rate	Percentage of a cohort who died from any cause during treatment.
Failure rate	Percentage of a cohort whose sputum smear or culture was positive at month 5 or later.

3. Results: Surveillance and Case Detection

3.1 Surveillance of tuberculosis

TB case notifications

Cases of all forms of TB should be notified to the NPTCCD using the H816A form. In 2024, **9,434** H816A notifications were received by the NPTCCD. In addition, all TB cases registered at district chest clinics are reported through TB-08; in 2024 this number was **9,180**.

TB death notifications (H814)

During 2024, **535** TB deaths were notified through H814. This is lower than the 780 deaths recorded among patients registered for treatment in 2023 (Chapter 4), because the two sources count different populations and use different reporting channels.

3.2 Incidence of tuberculosis

The notified incidence rate (new and relapse cases) of TB in Sri Lanka in 2024 was **39.8 per 100,000 population** (8,922 cases), a decline of 4.3% from 41.6 per 100,000 in 2023 (Figure 1). This follows the sharp rebound observed in 2022 and 2023 after the COVID-19-related fall in notifications in 2020–2021, and places the 2024 rate close to the pre-pandemic levels of 2017–2019 (37.8–40.1 per 100,000).

Relapse cases made up **4.4%** of incident cases in 2024 (393 of 8,922), compared with 4.8% in 2023.

Using the most recent WHO estimate available to the Programme (62 per 100,000, the 2023 estimate), approximately 13,883 incident cases were expected in 2024, corresponding to a provisional **treatment coverage of 64.3%** and a gap of about 4,961 cases.

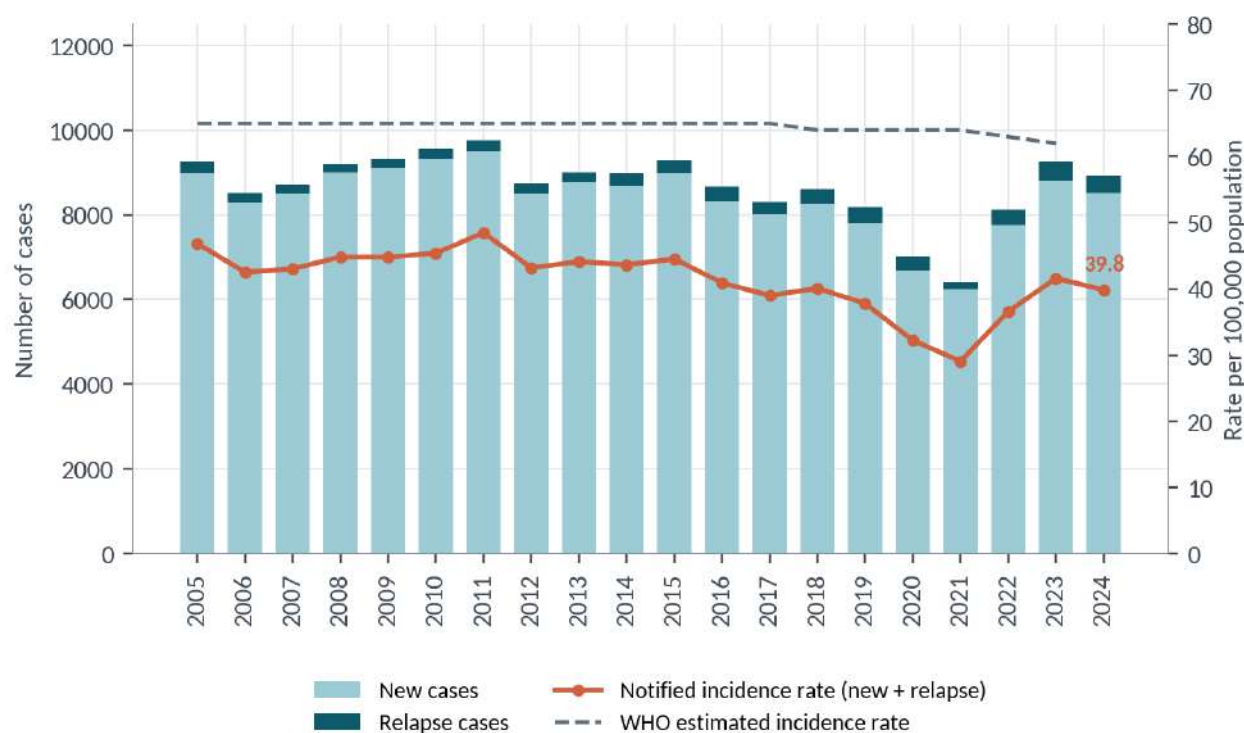


Figure 1: Notified TB incidence (new and relapse cases) and incidence rate, 2005–2024

Source: NPTCCD quarterly TB-08 reports

3.3 Case detection of TB

The total number of TB cases of all forms reported from district chest clinics in 2024 was **9,180**, a decrease of 3.8% from 9,538 in 2023 (Figure 2). Of these, **8,529 (92.9%)** were new cases, **643 (7.0%)** were previously treated cases and **8 (0.1%)** had an unknown previous treatment history.

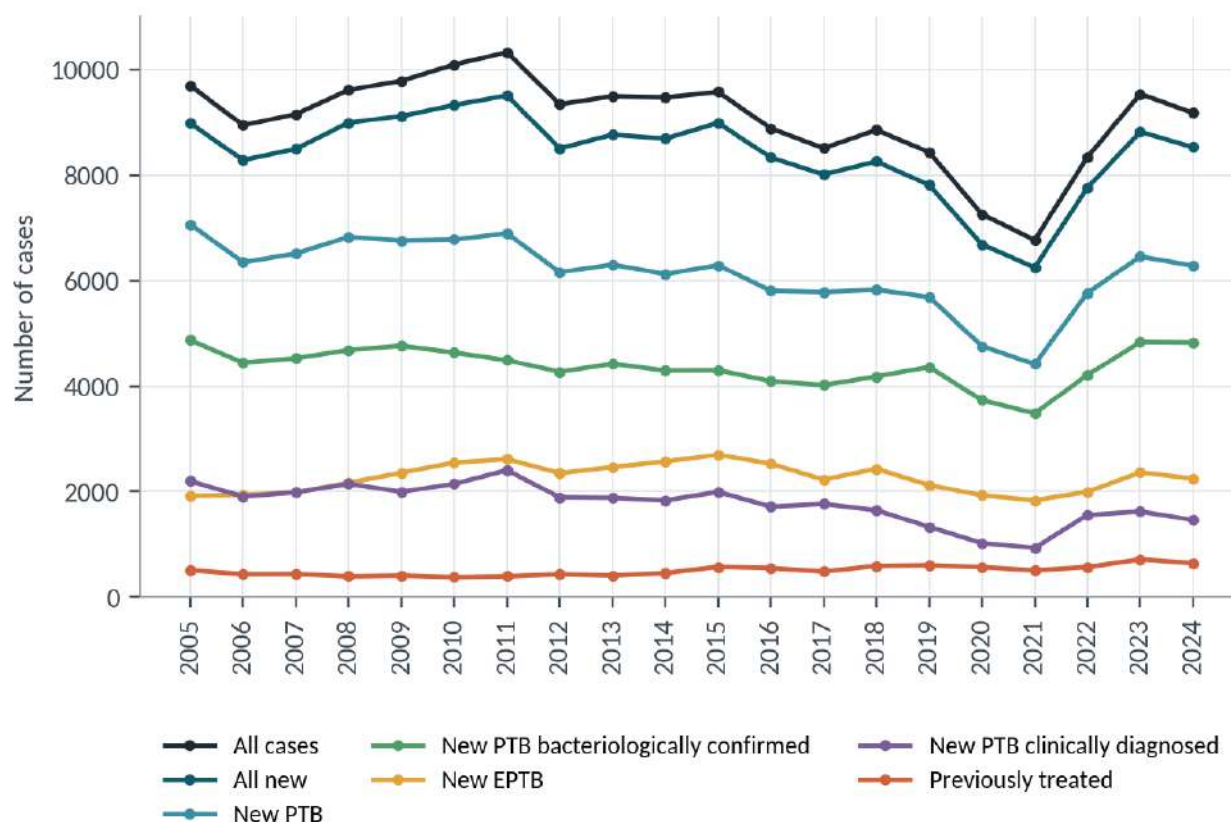


Figure 2: Case detection of TB by type, 2005–2024

Among the 8,529 new cases, **6,283 (73.7%)** were pulmonary TB and **2,246 (26.3%)** were extra-pulmonary TB. Of the new PTB cases, **4,823 (76.8%)** were bacteriologically confirmed and **1,460 (23.2%)** were clinically diagnosed (Figure 3, Table 4). Of the 643 previously treated cases, 483 (75.1%) were bacteriologically confirmed PTB, 87 (13.5%) were clinically diagnosed PTB and 73 (11.4%) were EPTB.

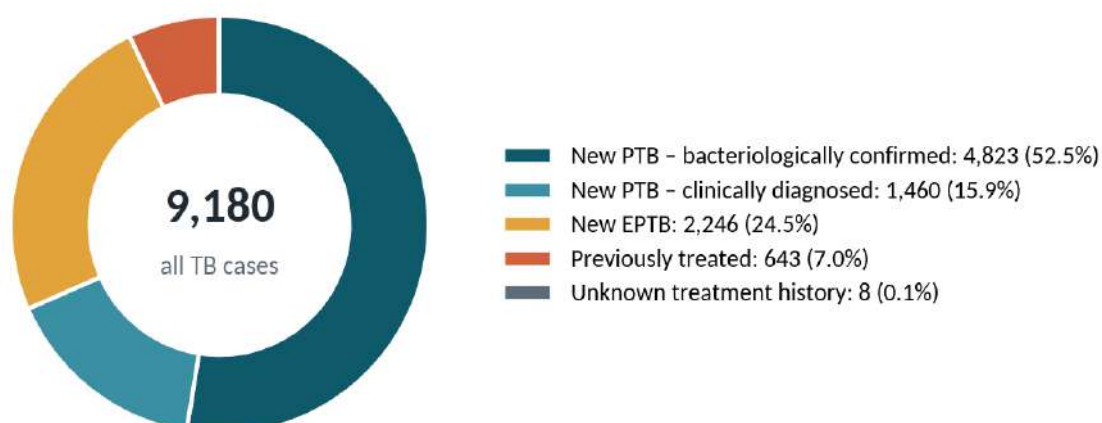


Figure 3: Distribution of TB cases by type, 2024

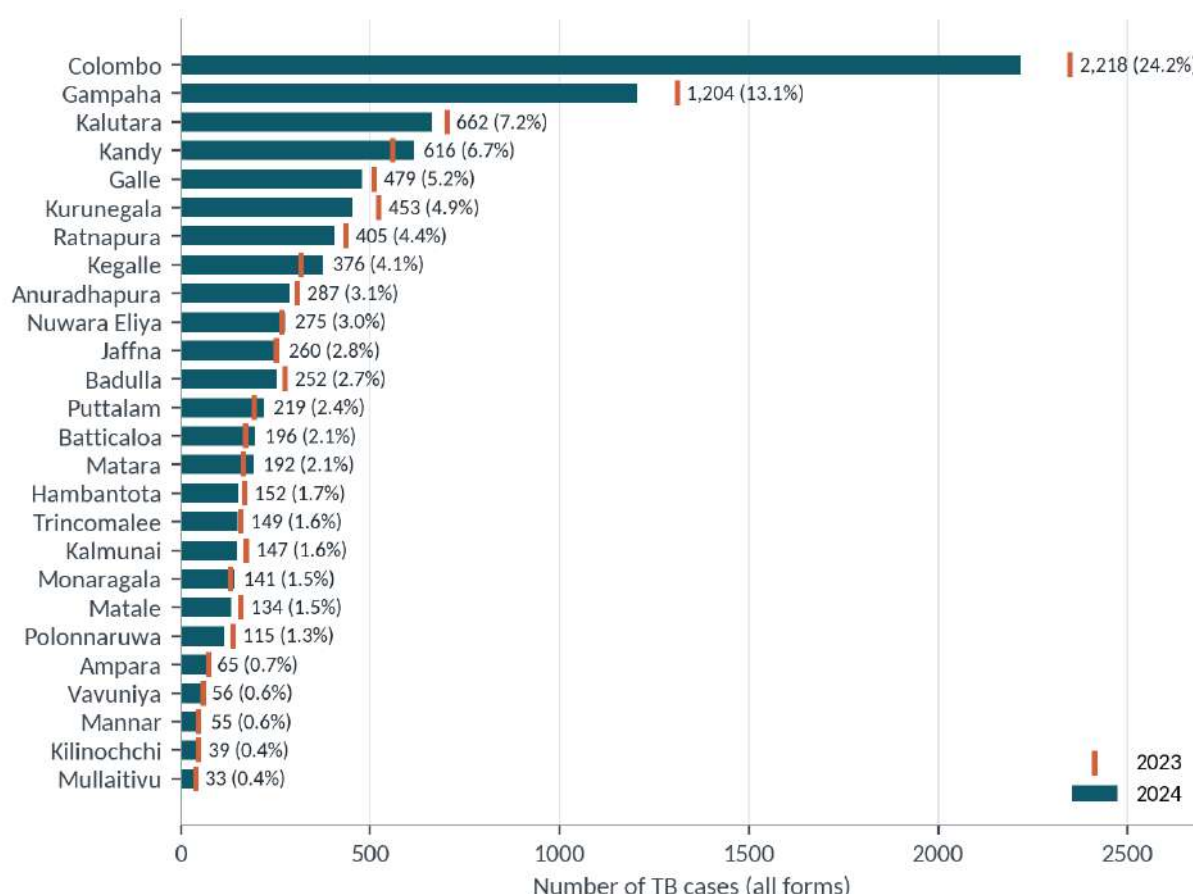
Table 4: TB case detection by type, 2023 and 2024

Category	2023 (n)	2023 (%)	2024 (n)	2024 (%)	Change
New – PTB bacteriologically confirmed	4,832	50.7	4,823	52.5	-0.2%
New – PTB clinically diagnosed	1,624	17.0	1,460	15.9	-10.1%
New – EPTB	2,365	24.8	2,246	24.5	-5.0%
All new cases	8,821	92.5	8,529	92.9	-3.3%
Relapse	446	4.7	393	4.3	-11.9%
Treatment after failure	116	1.2	103	1.1	-11.2%
Treatment after loss to follow-up	108	1.1	122	1.3	+13.0%
Other previously treated	43	0.5	25	0.3	-41.9%
All previously treated cases	713	7.5	643	7.0	-9.8%
Unknown previous treatment history	4	0.0	8	0.1	+100.0%
All forms of TB	9,538	100.0	9,180	100.0	-3.8%

Source: TB-08 quarterly reports.

Case detection by district of registration

TB case detection varied widely among districts (Figure 4, Annex 1). The highest number of cases was reported from **Colombo (n=2,218; 24.2%)**, followed by Gampaha (n=1,204; 13.1%), Kalutara (n=662; 7.2%), Kandy (n=616; 6.7%) and Galle (n=479; 5.2%). Together, these five districts reported 56.4% of all cases. The lowest numbers were reported from Mullaitivu (33), Kilinochchi (39) and Mannar (55).

**Figure 4: TB case detection by district of registration, 2024 (with 2023 for comparison)**

Compared with 2023, notifications declined in 17 districts and increased in 9 (Figure 5). The largest relative increases were in Mannar (+19.6%), Kegalle (+18.2%), Matara (+16.4%) and Batticaloa (+15.3%), while the steepest declines were in Kilinochchi (-18.8%), Polonnaruwa (-17.3%), Matale (-16.2%), Kalmunai (-15.5%) and Mullaitivu (-15.4%).

Large year-on-year changes in smaller districts should be interpreted with caution because of small numbers, but they warrant review of case-finding activities and referral patterns at district level.

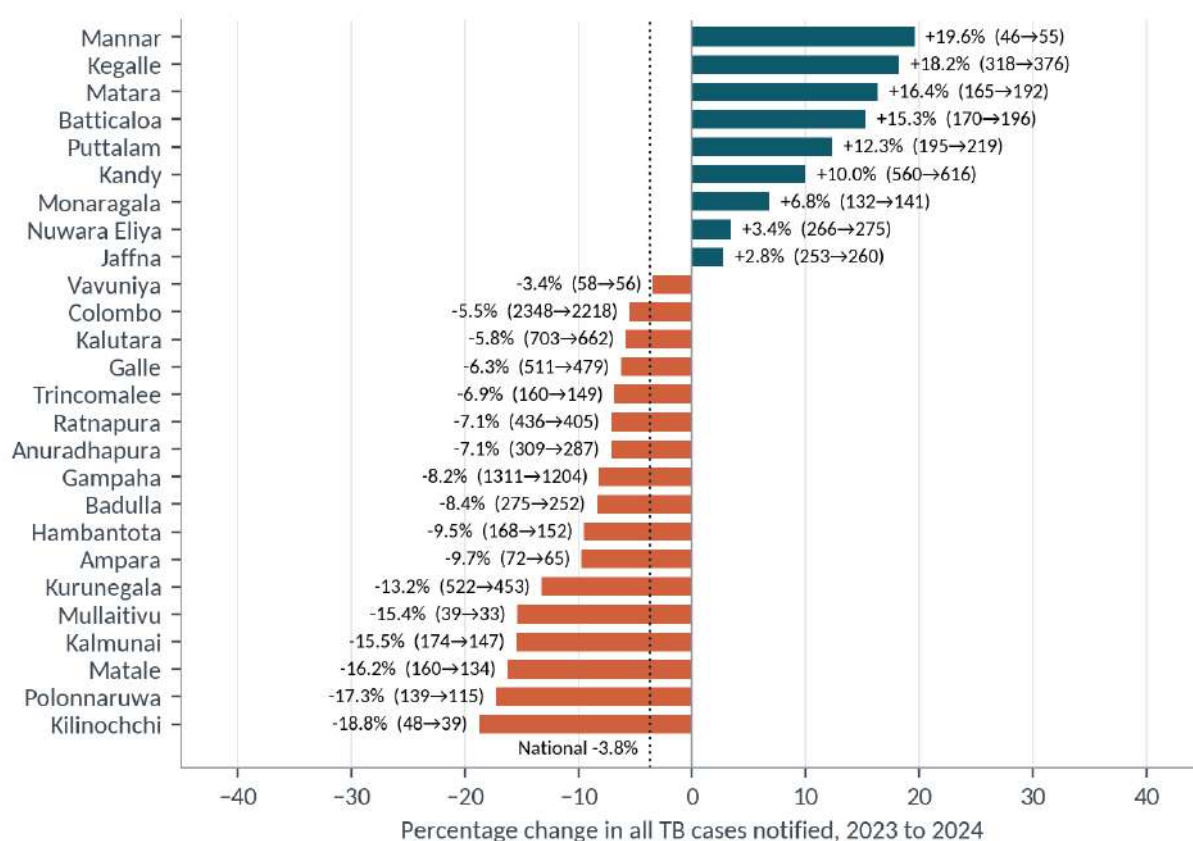


Figure 5: Percentage change in TB case notifications by district, 2023 to 2024

Notification rates, which account for differences in population size, also varied markedly (Figure 6, Annex 2). Colombo had by far the highest rate (**89.3 per 100,000**), followed by Kalutara (51.0), Gampaha (49.3), Mannar (46.8) and Kegalle (41.5). The lowest rates were in Matara (21.8), Hambantota (21.9), Ampara (22.0) and Matale (25.1). Only six districts – Colombo, Kalutara, Gampaha, Mannar, Kegalle and Galle – had rates above the national average of 41.0 per 100,000.

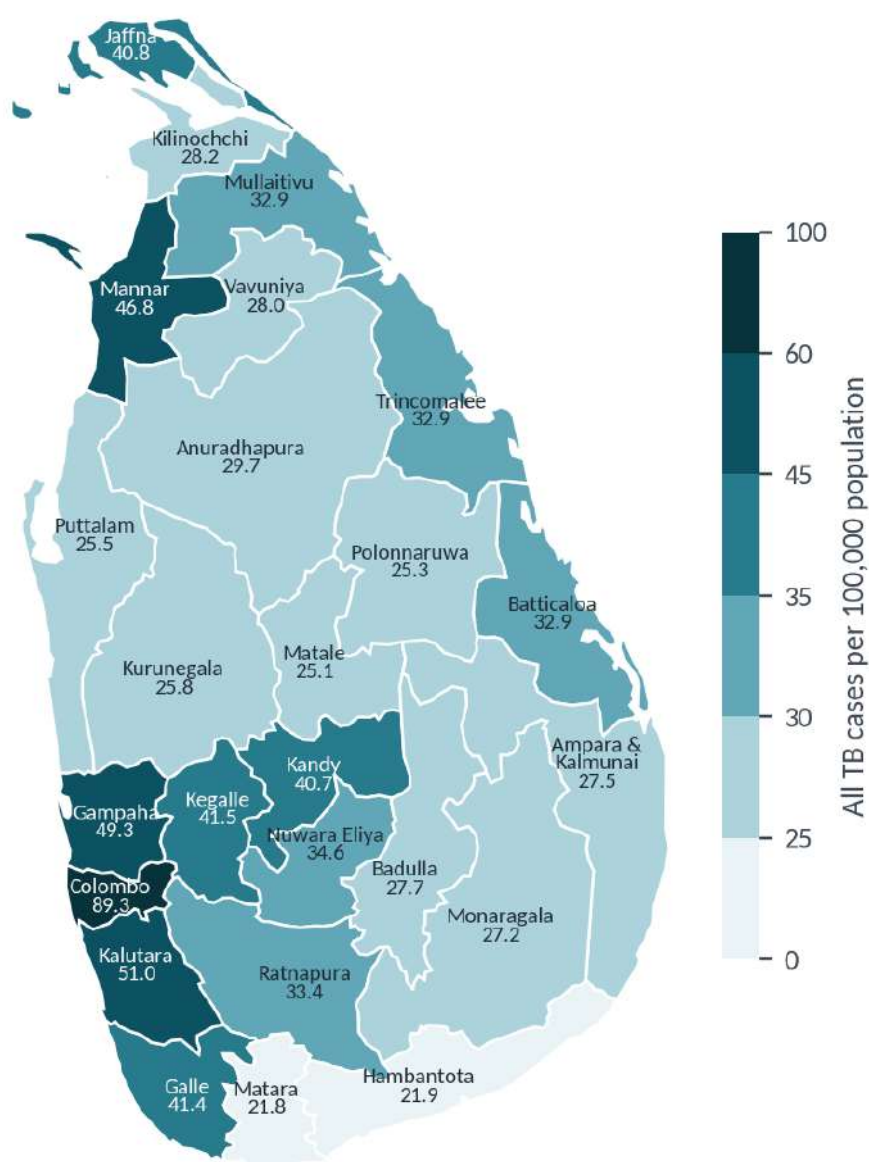


Figure 6: Notification rate of all forms of TB by district, Sri Lanka, 2024

Kalmunai RDHS is combined with Ampara district for mapping purposes (combined rate shown). Boundaries are indicative only.

Case detection by province

The Western Province reported **4,084 cases (44.5%)** with a notification rate of **65.6 per 100,000**, far exceeding all other provinces (Figure 7, Table 5). The Northern (37.1), Sabaragamuwa (36.9) and Central (36.1) Provinces had the next-highest rates, while North Western Province had the lowest (25.7 per 100,000). Compared with 2023, notifications increased in the Central (+4.0%) and Sabaragamuwa (+3.6%) Provinces, and declined most in North Central (-10.3%), Western (-6.4%) and North Western (-6.3%) Provinces.

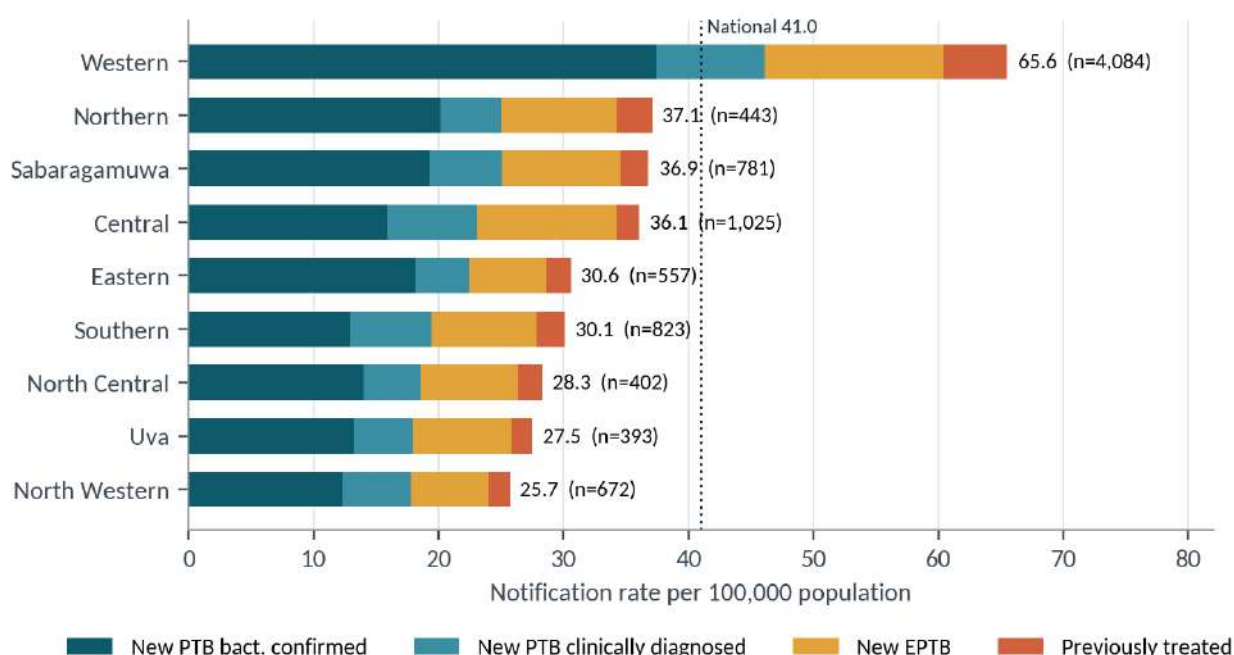


Figure 7: Notification rate of TB by type and province, 2024

Table 5: Distribution of TB cases by province, 2023 and 2024

Province	2023		2024				Change
	All TB	%	All TB	%	Pop. (mid-year)	Rate /100,000	
Western	4,362	45.7	4,084	44.5	6,226,458	65.6	-6.4%
Northern	444	4.7	443	4.8	1,193,505	37.1	-0.2%
Sabarakgamuwa	754	7.9	781	8.5	2,119,203	36.9	+3.6%
Central	986	10.3	1,025	11.2	2,841,708	36.1	+4.0%
Eastern	576	6.0	557	6.1	1,819,205	30.6	-3.3%
Southern	844	8.8	823	9.0	2,730,601	30.1	-2.5%
North Central	448	4.7	402	4.4	1,420,883	28.3	-10.3%
Uva	407	4.3	393	4.3	1,428,460	27.5	-3.4%
North Western	717	7.5	672	7.3	2,612,210	25.7	-6.3%
Sri Lanka	9,538	100.0	9,180	100.0	22,392,234	41.0	-3.8%

Provinces sorted by 2024 notification rate. Eastern Province includes Kalmunai RDHS.

3.4 New TB cases

The distribution of new TB cases by type differed considerably among districts (Figure 8). The proportion of new cases that were bacteriologically confirmed PTB ranged from **76.0% in Kalmunai** to **44.2% in Kandy** (national 56.5%). The proportion clinically diagnosed ranged from 31.9% in Hambantota to 8.0% in Matale (national 17.1%). EPTB made up the highest proportion of new cases in Galle (35.6%) and the lowest in Kalmunai (15.5%). Districts with a low proportion of bacteriological confirmation and a high proportion of EPTB or clinically diagnosed PTB should review access to sputum microscopy, WRD testing and specimen transport.

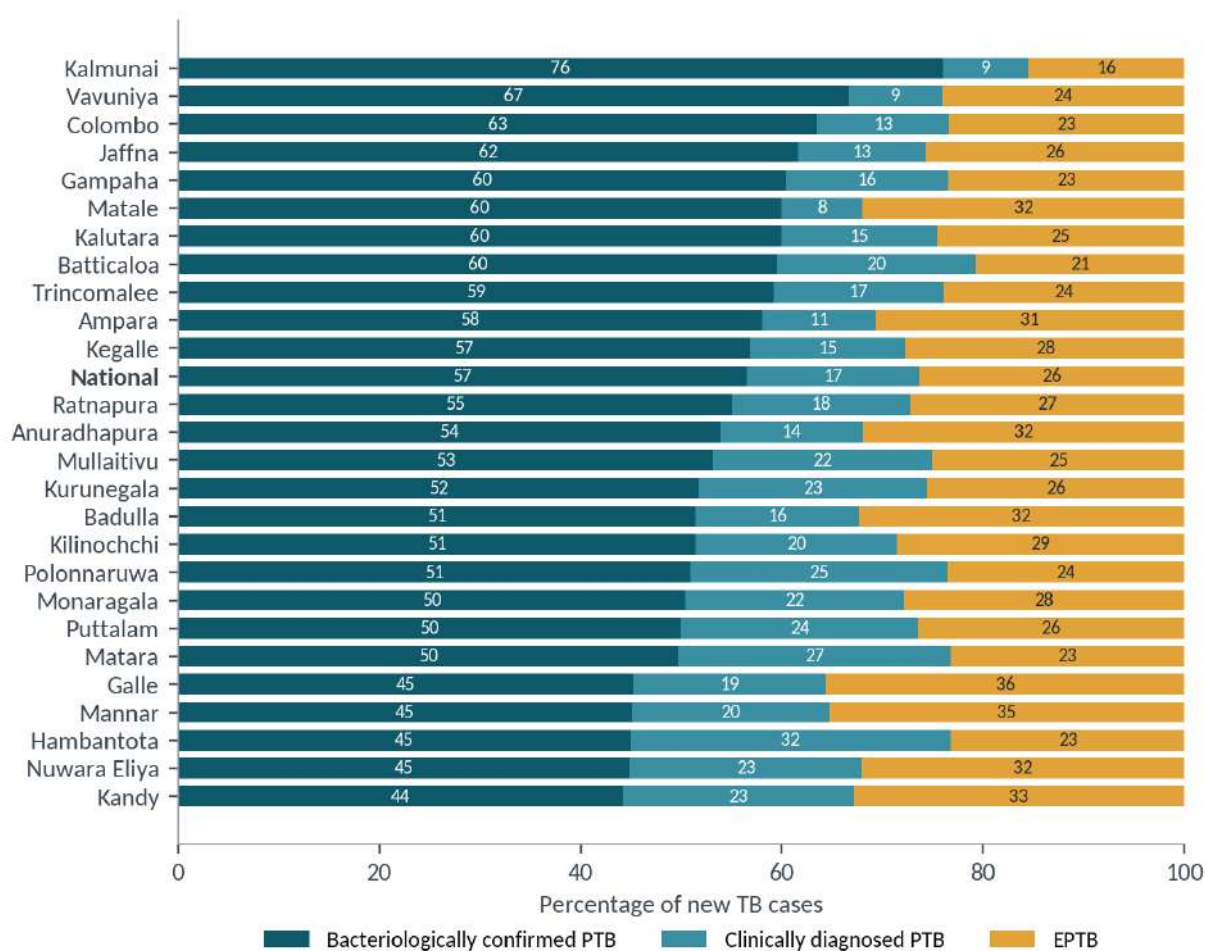


Figure 8: Percentage distribution of new TB cases by type and district, 2024

Bacteriologically confirmed new pulmonary TB

A total of **4,823** new bacteriologically confirmed PTB cases were notified in 2024 (21.5 per 100,000), almost unchanged from 4,832 in 2023. The highest number was reported from Colombo (n=1,287; 51.8 per 100,000), followed by Gampaha (n=666; 27.2 per 100,000) and Kalutara (n=378; 29.1 per 100,000). The Colombo rate was nearly twice that of any other district (Figure 9). The lowest numbers were reported from Mullaitivu (17), Kilinochchi (18) and Mannar (23).

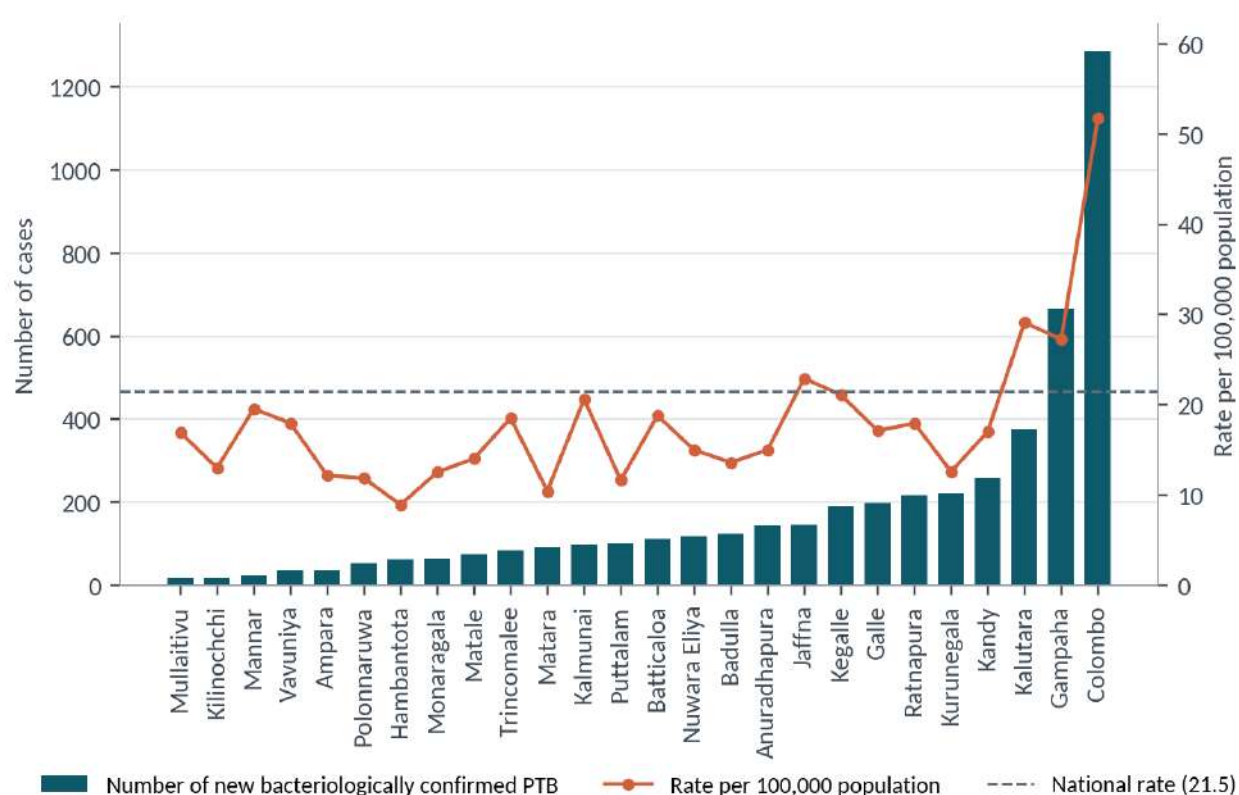


Figure 9: Number and rate of new bacteriologically confirmed pulmonary TB cases by district, 2024

Clinically diagnosed new pulmonary TB

A total of **1,460** new PTB cases (17.1% of all new cases) were clinically diagnosed in 2024 (6.5 per 100,000). Colombo reported the highest number ($n=266$) and rate (10.7 per 100,000), followed by Gampaha ($n=178$) and Kandy ($n=134$; 8.9 per 100,000). Mannar (8.5 per 100,000) and Nuwara Eliya (7.7 per 100,000) also had high rates relative to their population (Figure 10).

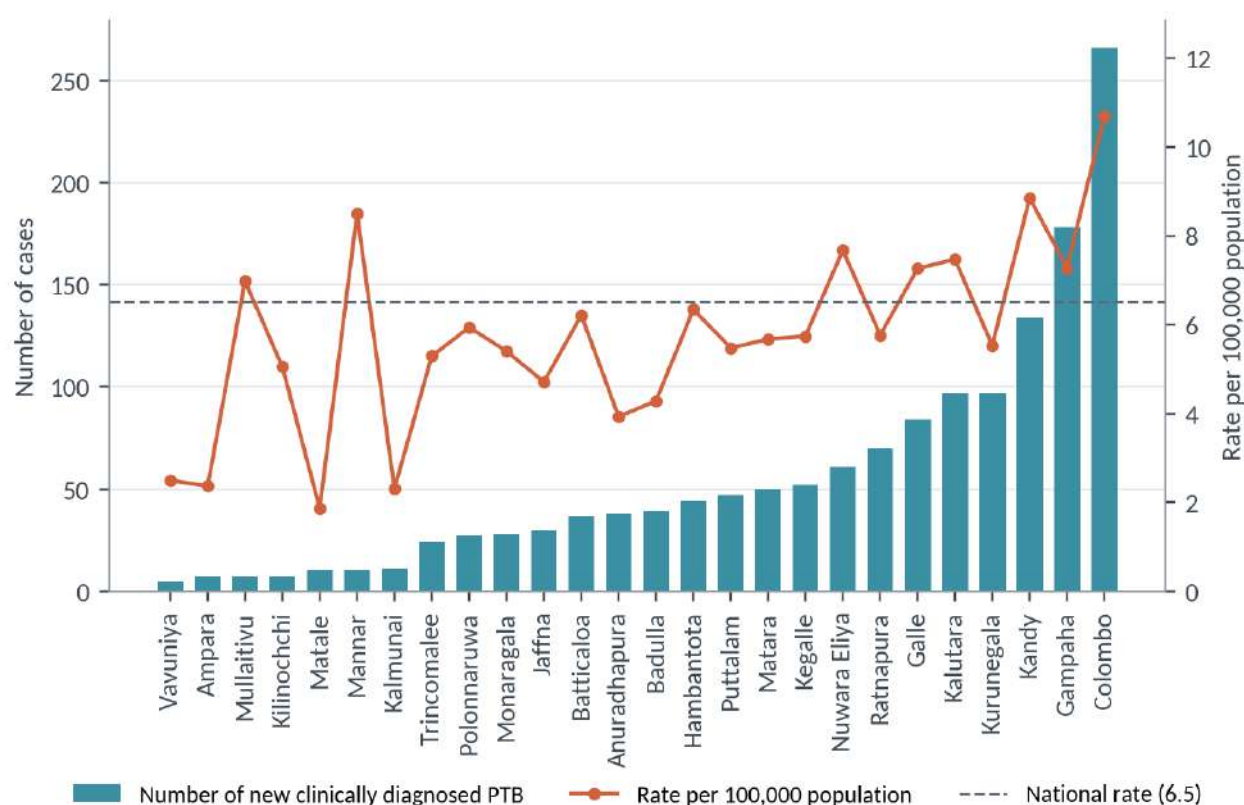


Figure 10: Number and rate of new clinically diagnosed pulmonary TB cases by district, 2024

Extra-pulmonary TB

A total of **2,246** new EPTB cases were reported in 2024 (10.0 per 100,000), 5.0% fewer than in 2023. Colombo accounted for the highest number ($n=474$; 19.1 per 100,000), followed by Gampaha ($n=259$), Kandy ($n=192$) and Galle ($n=156$). Relative to population, Mannar (15.3), Galle (13.5) and Kandy (12.7) had high rates. The lowest numbers were reported from Mullaitivu (8), Kilinochchi (10) and Vavuniya (13) (Figure 11).

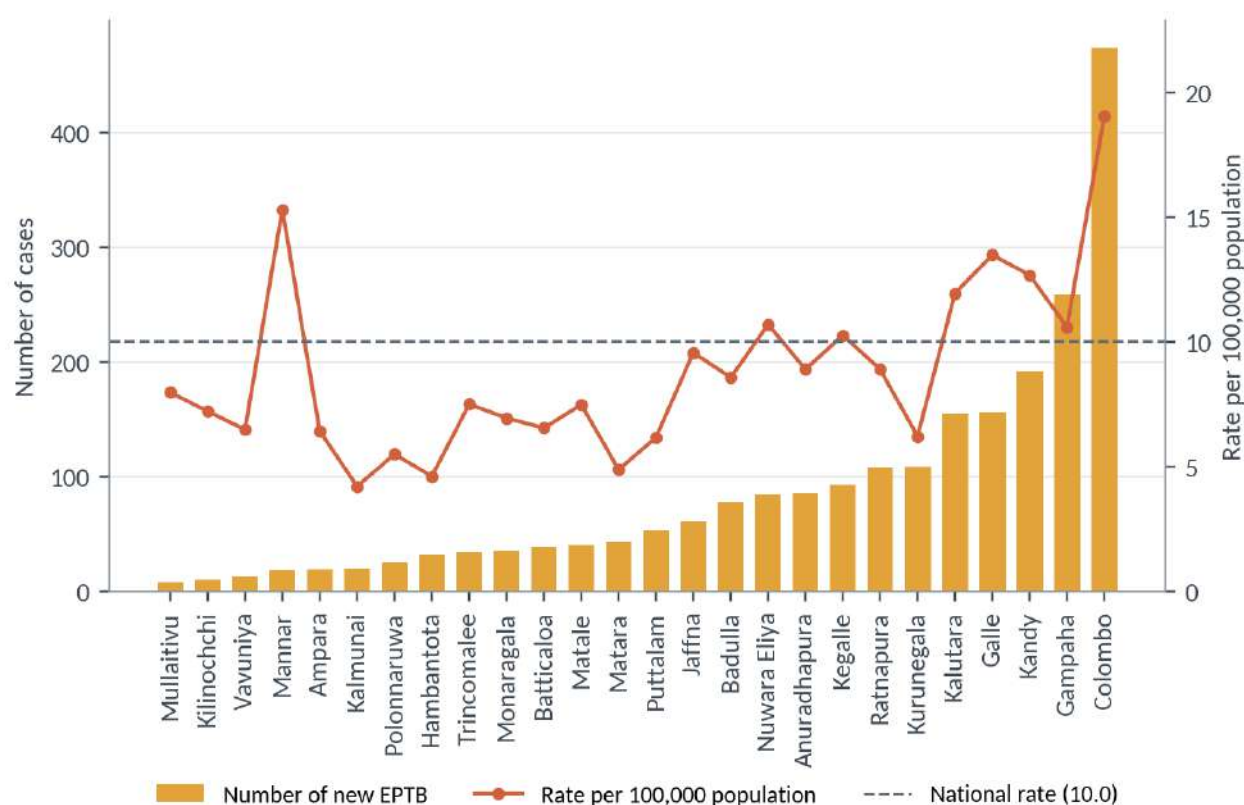


Figure 11: Number and rate of new extra-pulmonary TB cases by district, 2024

Sites of EPTB

The anatomical distribution of extra-pulmonary TB cases is shown in Table 6. Tuberculous peripheral lymphadenopathy was the commonest site, followed by tuberculous pleurisy and spinal TB. Tuberculosis of the nervous system, which carries the highest risk of death and disability, accounted for 216 cases (10.4%), including 144 cases of tuberculous meningitis.

Table 6: Distribution of extra-pulmonary TB cases by site, 2024

ICD-10 code	Site	Number of cases	%
A15	Respiratory TB, bacteriologically and histologically confirmed	94	4.5
A15.4	TB of intrathoracic lymph nodes	28	1.4
A15.6	Tuberculous pleurisy	66	3.2
A15.8 / A15.9	Other and unspecified respiratory TB	0	0.0
A16	Respiratory TB, not confirmed bacteriologically or histologically	521	25.2
A16.3	TB of intrathoracic lymph nodes	63	3.0
A16.4	TB of larynx, trachea and bronchus	125	6.0
A16.5	Tuberculous pleurisy	303	14.7
A16.8	Other respiratory TB (mediastinal, nasopharyngeal, nose, sinus)	25	1.2
A16.9	Respiratory TB unspecified	5	0.2
A17	TB of the nervous system	216	10.4
A17.0	Tuberculous meningitis	144	7.0
A17.1	Meningeal tuberculoma	15	0.7
A17.8 / A17.9	Other and unspecified TB of the nervous system	57	2.8
A18	TB of other organs	1,069	51.7
A18.0	Spinal TB (including vertebral column)	232	11.2
A18.0	TB of other bones and joints (excluding spinal TB)	47	2.3
A18.1	TB of the genitourinary system	50	2.4
A18.2	Tuberculous peripheral lymphadenopathy (TB adenitis)	471	22.8

ICD-10 code	Site	Number of cases	%
A18.3	TB of intestines, peritoneum and mesenteric glands	89	4.3
A18.4	TB of skin and subcutaneous tissue	44	2.1
A18.5	TB of the eye	131	6.3
A18.6 / A18.7	TB of the ear and of the adrenal glands	5	0.2
A18.8	TB of other specified organs	167	8.1
	Pericardium	10	0.5
	Disseminated	20	1.0
	Breast	2	0.1
	Site not specified	11	0.5
	Other	124	6.0
Total		2,246	100.0

3.5 Age and sex distribution of new TB cases

Of the 8,529 new cases, **5,438 (63.8%) were male** and **3,091 (36.2%) were female**, a male-to-female ratio of 1.76:1. The notification rate among males (50.0 per 100,000) was nearly twice that among females (26.8 per 100,000) (Table 7).

The number of new cases increased steadily with age. The highest number was in the **65 years and above** age group (n=2,003; 23.5%), followed by 55–64 years (n=1,890; 22.2%). Children aged 0–14 years formed the smallest group (n=225; 2.6%). Just over half of new cases (**4,411; 51.7%**) were in the economically productive age group of 15–54 years (Figure 12).

Among females, cases outnumbered males in the 15–24 age group (448 vs 393), whereas from 25 years onwards male cases predominated, with the gap widening sharply after 35 years. Age-specific notification rates peaked in the **55–64 age group** for both sexes – **208.9 per 100,000 among men** and 108.7 per 100,000 among women – and were lower in those aged 65 years and above (Figure 13). Age-specific rates were broadly similar to 2023, with small declines among men aged 35–64 years.

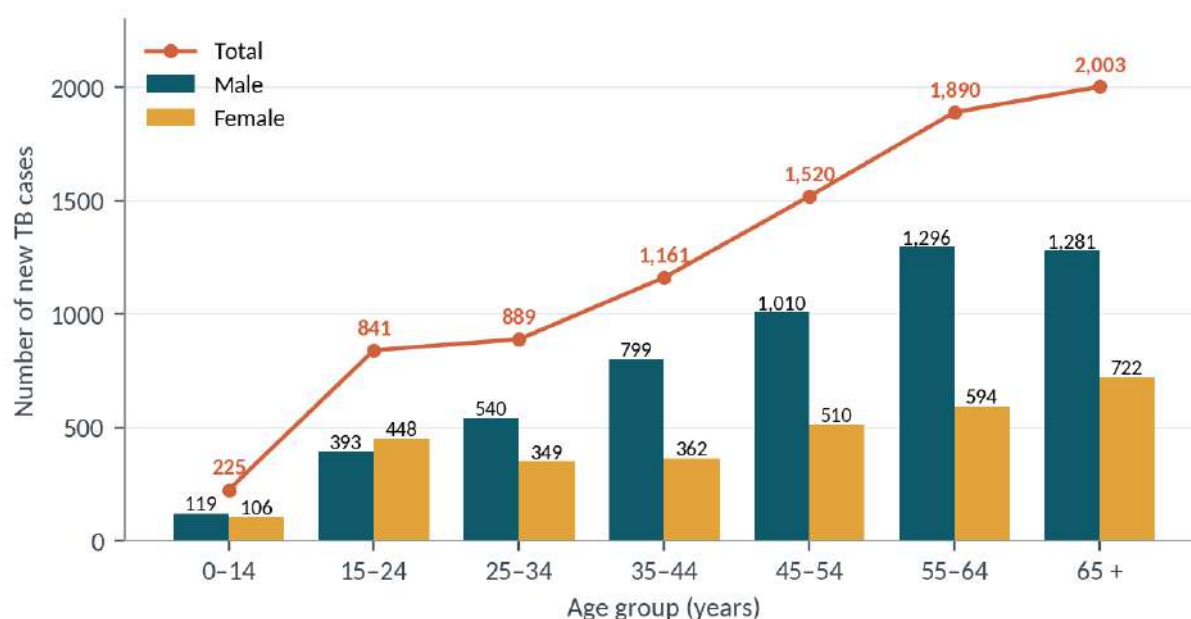


Figure 12: Distribution of new TB cases by age group and sex, 2024

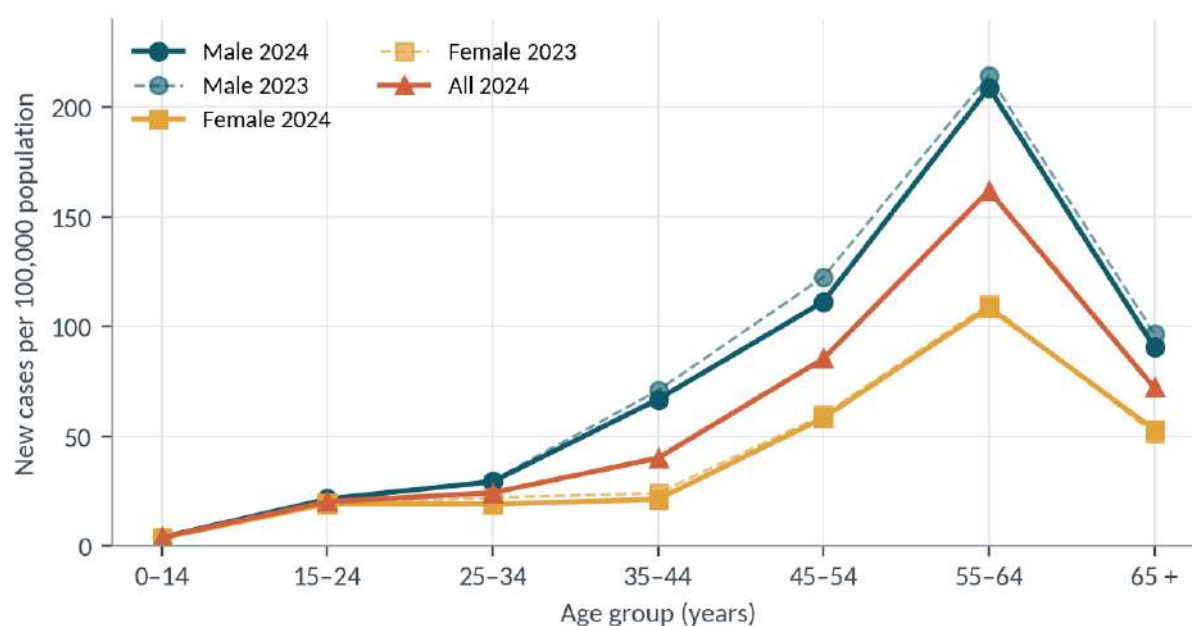


Figure 13: Age- and sex-specific notification rates of new TB cases, 2023 and 2024

Table 7: New TB cases and notification rates by age group and sex, 2024

Age group (years)	Male		Female		All new cases			2023 all new	
	n	Rate	n	Rate	n	%	Rate	n	Rate
0–14	119	3.9	106	3.7	225	2.6	3.8	208	3.5
15–24	393	21.4	448	19.2	841	9.9	20.2	815	19.7
25–34	540	29.3	349	19.1	889	10.4	24.3	947	26.0
35–44	799	66.8	362	21.3	1,161	13.6	40.1	1,250	43.4
45–54	1,010	111.4	510	58.4	1,520	17.8	85.4	1,625	91.8
55–64	1,296	208.9	594	108.7	1,890	22.2	162.0	1,922	165.6
65 +	1,281	90.5	722	53.0	2,003	23.5	72.1	2,054	74.3
Total	5,438	50.0	3,091	26.8	8,529	100.0	38.1	8,821	39.6

Rates per 100,000 mid-year population of the respective age and sex group.

The type of TB also varied by age (Figure 14). EPTB made up a larger share of cases among children (40.4%) and young adults aged 15–34 years, whereas bacteriologically confirmed PTB predominated from 35 years onwards (about 56–61% of cases). Clinically diagnosed PTB was most common among those aged 65 years and above (23.9%), reflecting difficulties in obtaining sputum and bacteriological confirmation among older patients.

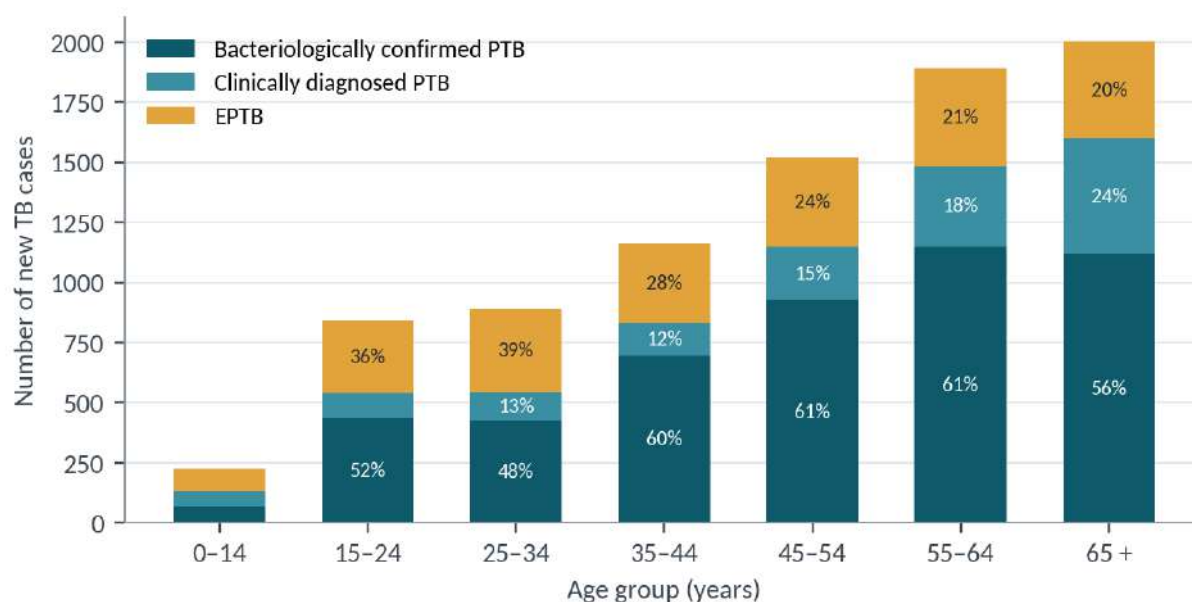


Figure 14: New TB cases by age group and type of TB, 2024

District age profiles (Figure 15, Annex 6) show that the share of new cases aged 55 years and above was particularly high in Kalmunai, Kilinochchi, Mullaitivu and Batticaloa, while Mullaitivu, Ampara, Vavuniya and Mannar had relatively more cases in the 25–44 age groups. Such differences may reflect local demography, risk-factor distribution (e.g. diabetes, smoking, alcohol use) and case-finding approaches.

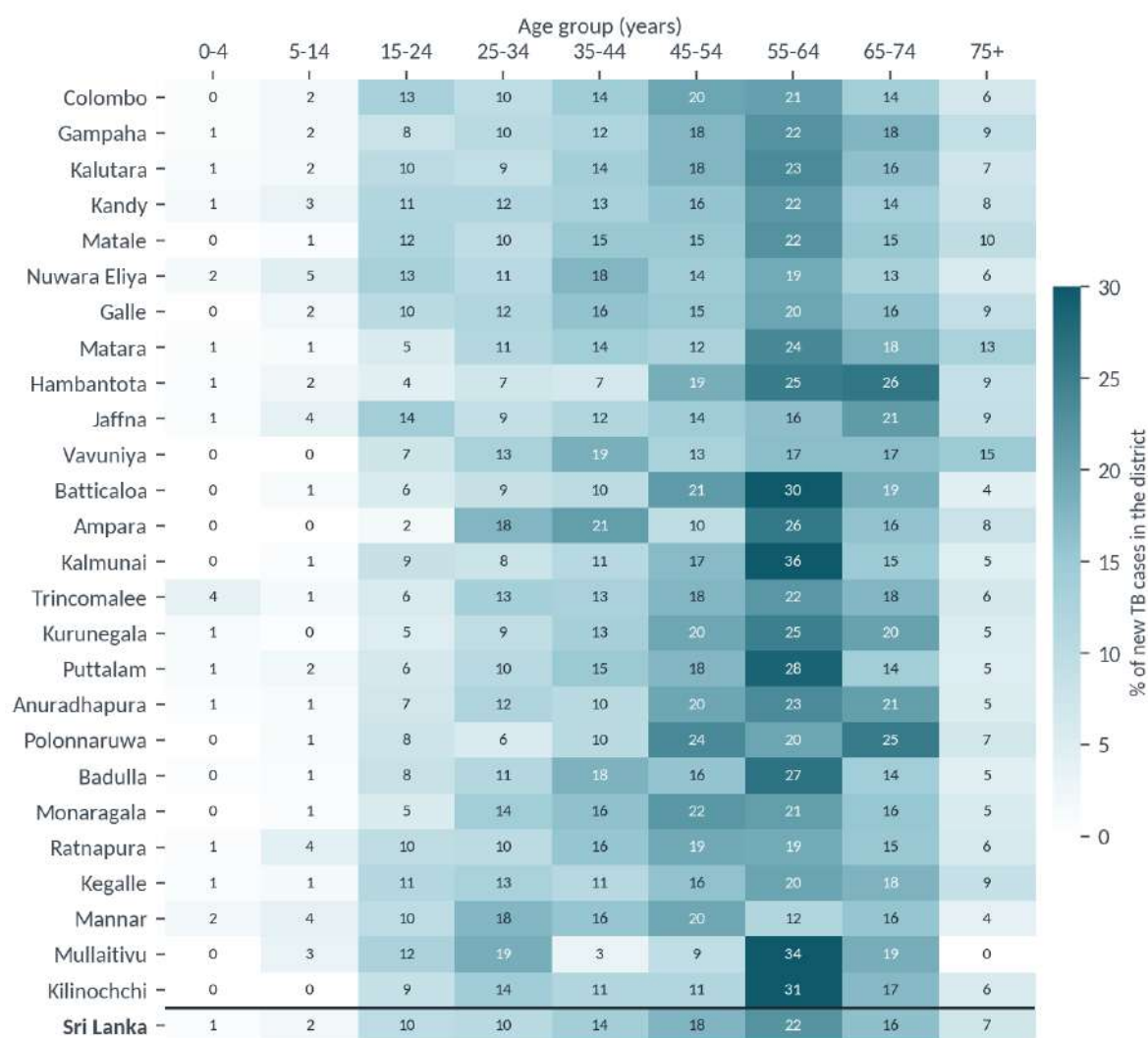


Figure 15: Age distribution of new TB cases within each district, 2024 (% of district new cases)

Childhood TB (0–14 years)

A total of **225 children** aged 0–14 years were notified with TB in 2024 (2.6% of new cases), compared with 208 in 2023. Of these, 60 were aged 0–4 years and 165 were aged 5–14 years; 119 were boys and 106 were girls. EPTB accounted for 91 (40.4%) of childhood cases, bacteriologically confirmed PTB for 68 and clinically diagnosed PTB for 66 (Figure 16). Colombo (48), Gampaha (26) and Kandy (26) reported the most childhood cases. The proportion of children among new cases (2.6%) remains well below the 6–10% generally expected in settings with similar epidemiology, indicating likely under-diagnosis. Strengthening contact investigation of bacteriologically confirmed index cases, paediatric specimen collection and use of WRD tests, together with TPT for child contacts, remain priorities.

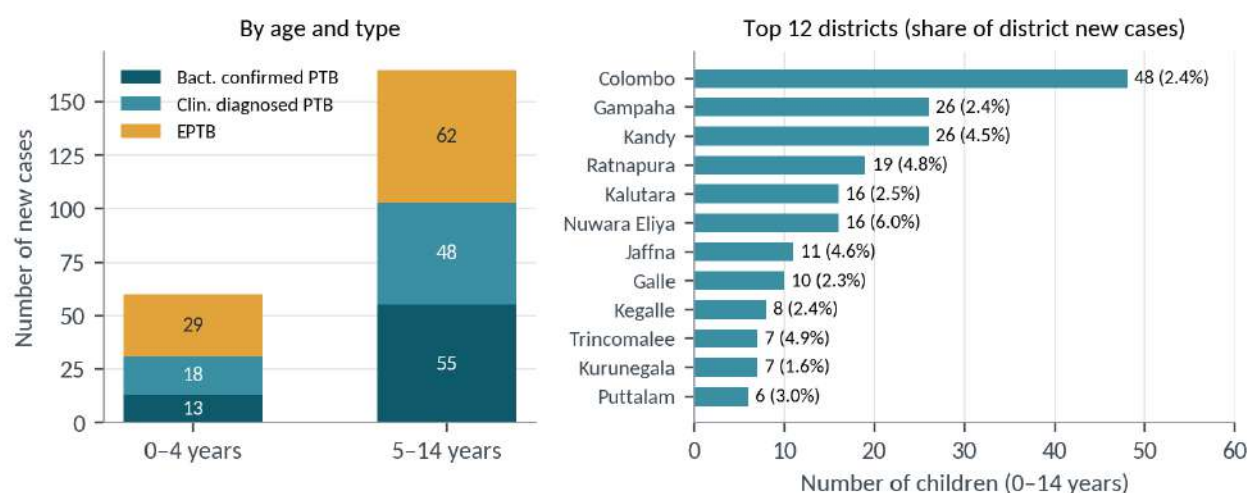


Figure 16: Childhood TB (0–14 years) by age group, type and district, 2024

3.6 Previously treated TB cases

In 2024, **643 (7.0%)** previously treated cases were reported, 9.8% fewer than in 2023 (713). These comprised **393 relapses (61.1%)**, 103 (16.0%) treatment after failure, 122 (19.0%) treatment after loss to follow-up and 25 (3.9%) other previously treated cases (Figure 17, Table 8). Three-quarters of previously treated cases (75.1%) were bacteriologically confirmed PTB. Notably, re-registrations after loss to follow-up increased from 108 in 2023 to 122 in 2024.

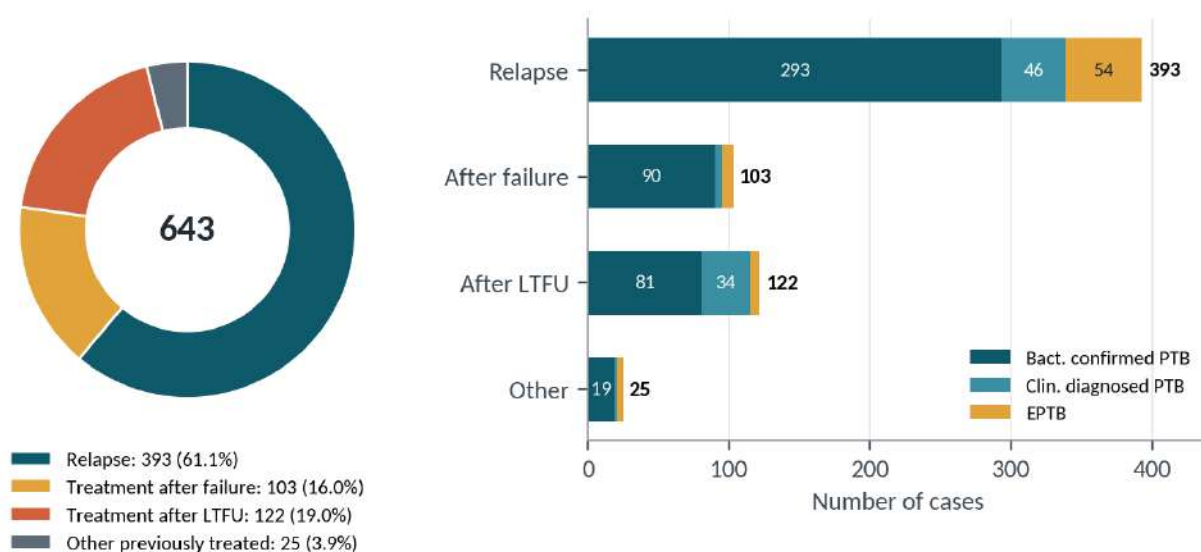


Figure 17: Previously treated TB cases by category and type, 2024

Table 8: Previously treated TB cases by category and type of TB, 2024

Category	PTB bact. confirmed	PTB clin. diagnosed	EPTB	Total	% of prev. treated
Relapse	293	46	54	393	61.1
Treatment after failure	90	5	8	103	16.0
Treatment after loss to follow-up	81	34	7	122	19.0
Other previously treated	19	2	4	25	3.9
All previously treated	483	87	73	643	100.0
Unknown previous treatment history	7	1	0	8	–

The highest numbers of previously treated cases were reported from Colombo (n=187) and Gampaha (n=99), which together accounted for 44.5% of the national total (Figure 18). Colombo reported 97 relapse cases (24.7% of all relapses), 22 cases of treatment after failure (21.4%) and 51 cases of treatment after loss to follow-up (41.8%); Gampaha reported a further 35 (28.7%) of the re-registrations after loss to follow-up. The concentration of treatment interruption in the two most urbanised districts is consistent with the treatment outcome findings in Chapter 4.

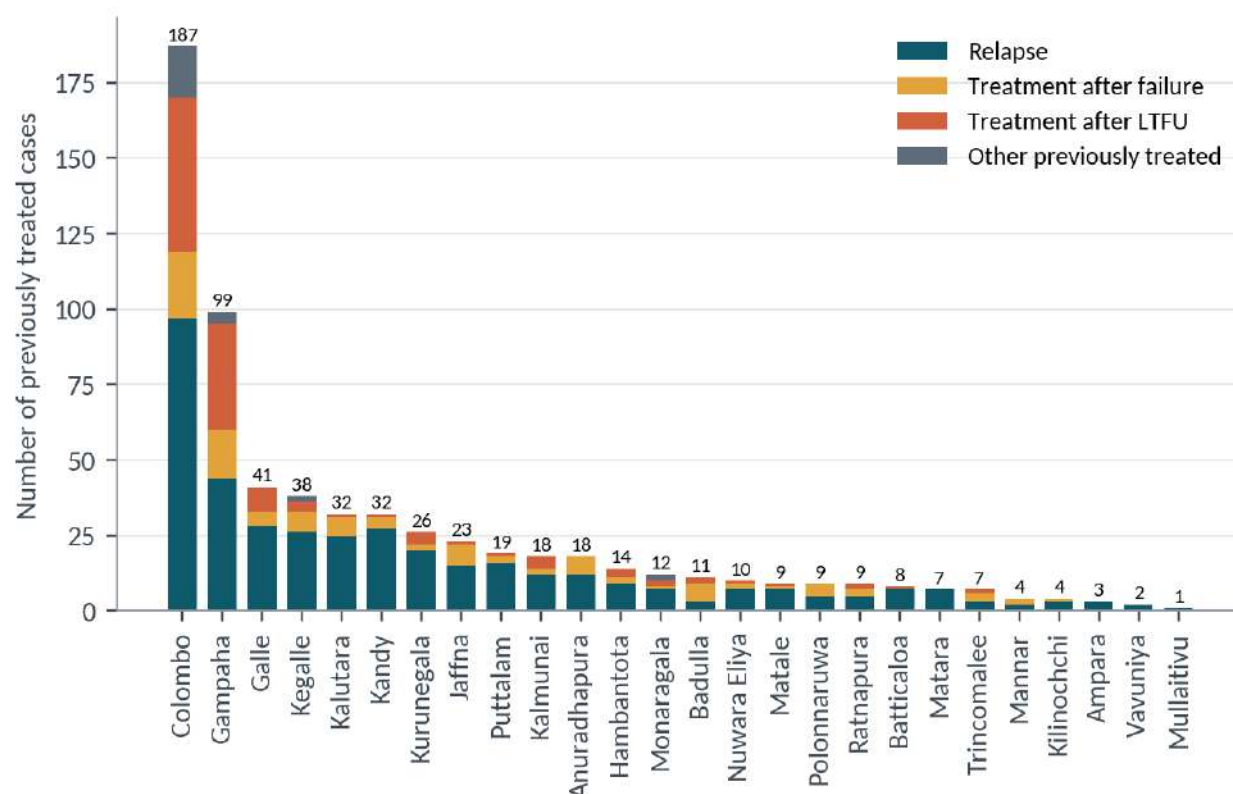


Figure 18: Previously treated TB cases by category and district, 2024

3.7 Drug-resistant TB (MDR/RR-TB)

The incidence of MDR-TB in Sri Lanka is low compared with other countries in the WHO South-East Asia Region. Sri Lanka uses standardised treatment regimens for MDR/RR-TB according to international and national guidelines.

In 2024, 19 patients with MDR-TB were confirmed by the laboratory network and 18 (94.7%) were enrolled on treatment, compared with 28 confirmed and 27 enrolled (96.4%) in 2023. Enrolment on treatment has remained at or above 94% since 2015 (Table 9).

Table 9: MDR/RR-TB patients confirmed and enrolled on treatment, 2012–2024

Year	Confirmed by laboratory	Enrolled on treatment	Enrolled (%)
2012	5	5	100.0
2013	4	4	100.0
2014	13	11	84.6
2015	13	13	100.0
2016	17	17	100.0
2017	25	24	96.0
2018	12	12	100.0
2019	21	21	100.0
2020	14	14	100.0
2021	10	10	100.0

Year	Confirmed by laboratory	Enrolled on treatment	Enrolled (%)
2022	16	15	93.8
2023	28	27	96.4
2024	19	18	94.7

Source: NPTCCD drug-resistance surveillance records. Enrolment includes patients started on treatment in the same or the following year.

Treatment outcomes of MDR-TB patients are reported for earlier cohorts because of the longer duration of second-line treatment. Among patients registered in 2022, treatment success was 78.6%, an improvement over the 2020 (46.2%) and 2021 (62.5%) cohorts (Table 10).

Table 10: Treatment outcome of MDR-TB patients, 2018–2022 cohorts

Cohort year	Registered	Treatment started	Treatment success		Died		Failed / treatment withheld		Lost to follow-up	
			n	%	n	%	n	%	n	%
2018	12	12	11	91.7	0	0.0	1	8.3	0	0.0
2019	21	19	14	73.7	5	26.3	0	0.0	0	0.0
2020	18	13	6	46.2	5	38.5	0	0.0	2	15.4
2021	10	8	5	62.5	1	12.5	0	0.0	2	25.0
2022	16	14	11	78.6	2	14.3	0	0.0	1	7.1

Source: NPTCCD drug-resistance surveillance records. Percentages are of patients who started treatment.

3.8 TB/HIV co-infection

HIV testing of all TB patients has been mandatory since 2013. In 2024, **8,787 TB patients (95.7% of all notified cases)** were screened for HIV – the highest coverage recorded to date – and **68 patients with TB/HIV co-infection** were identified, compared with 43 in 2023 (Figure 19). The rise in co-infections alongside near-universal screening indicates improved detection, but also warrants close collaboration between the NPTCCD and the National STD/AIDS Control Programme to ensure that every co-infected patient starts antiretroviral therapy and co-trimoxazole preventive therapy promptly.

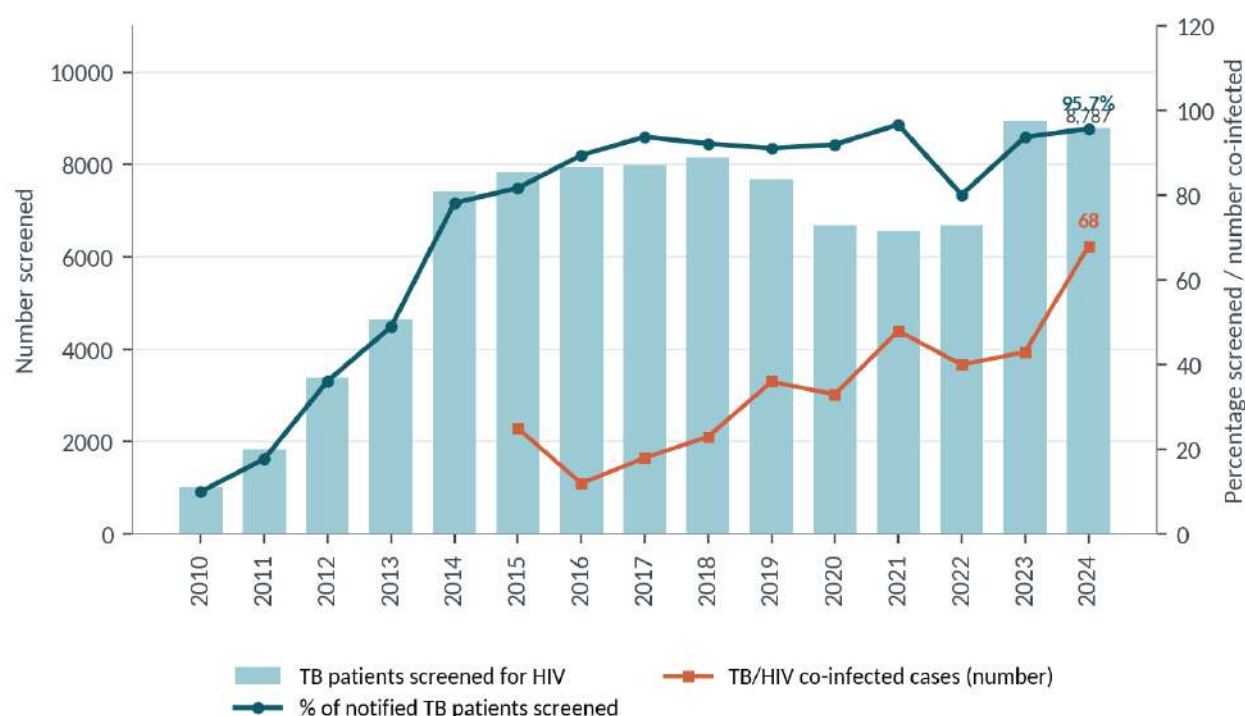


Figure 19: HIV screening among notified TB patients and TB/HIV co-infected cases, 2010–2024

Percentage screened calculated against all notified TB cases for the year. Co-infected cases shown from 2015 onwards.

3.9 TB among health care workers and foreign nationals

In 2024, **30 health care workers** were diagnosed with TB, compared with 36 in 2023. Health care workers remain an occupational risk group, and infection control in chest clinics, laboratories and general wards, together with periodic screening of staff, should continue.

A total of **14 foreign nationals** with TB were reported in 2024 (20 in 2023).

3.10 Sputum conversion among pulmonary TB patients

Sputum conversion is assessed at the end of the intensive phase: at two months for new patients (re-checked at three months if not converted) and at three months for previously treated patients (re-checked at four months if not converted).

The national sputum conversion rate among bacteriologically confirmed pulmonary TB patients in 2024 was **85.2%**, marginally above the 85% benchmark (Figure 20). Eight districts fell below the benchmark: Matara (69.8%), Kilinochchi (73.1%), Nuwara Eliya (78.7%), Colombo (80.9%), Gampaha (82.4%), Kalmunai (82.7%), Kalutara (83.8%) and Mannar (84.6%). Ratnapura (96.1%), Kurunegala (93.6%) and Kegalle (91.3%) recorded the highest conversion rates. Low conversion in the high-burden districts of Colombo and Gampaha is consistent with their high loss to follow-up, and points to the need for stronger adherence support during the intensive phase and timely follow-up smear examination.

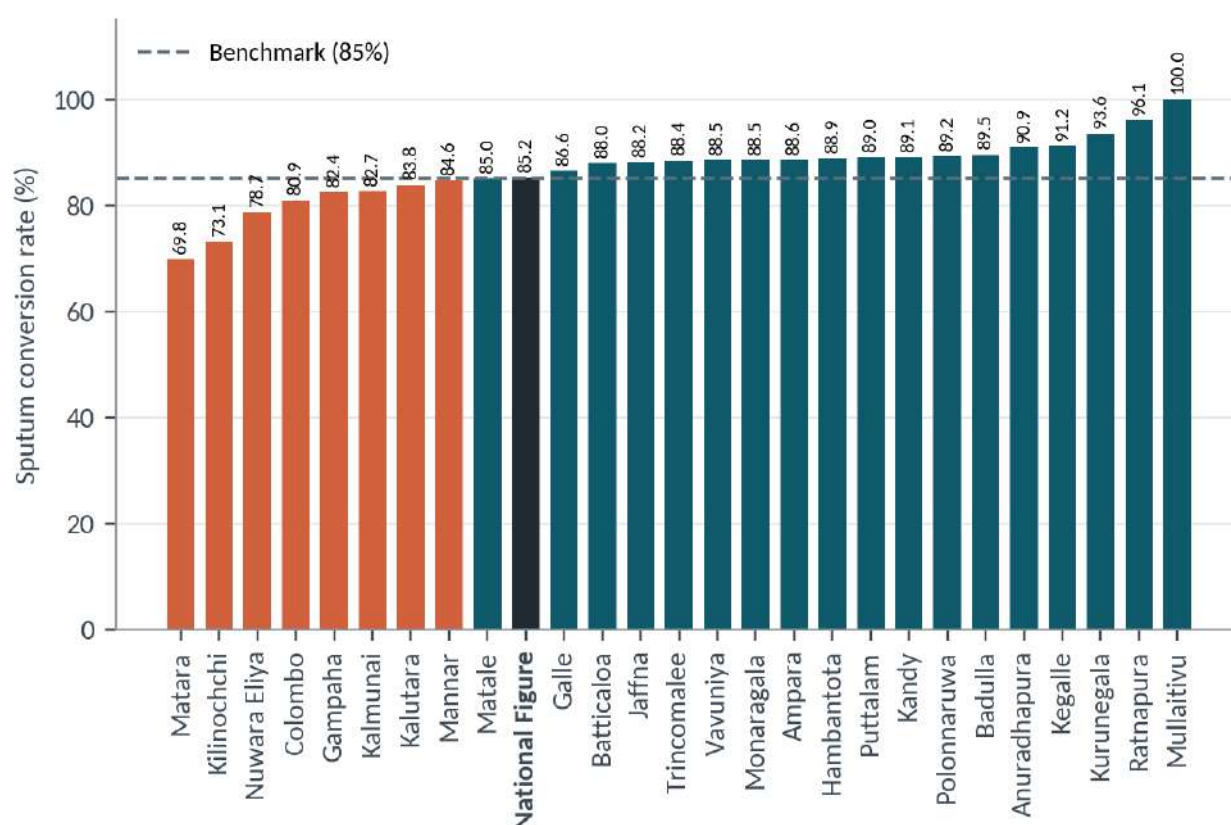


Figure 20: Sputum conversion rate of bacteriologically confirmed pulmonary TB cases at the end of the intensive phase by district, 2024

Source: Quarterly reports on sputum conversion (TB-09). Districts below the 85% benchmark are shown in orange.

4. Results: Treatment Outcomes (2023 cohort)

This chapter presents the treatment outcomes of patients registered for treatment during 2023 (excluding MDR/RR-TB patients on second-line regimens). A total of **9,538** patients were registered in the cohort: 8,821 new patients (6,473 PTB and 2,348 EPTB), 713 previously treated patients, and 4 with unknown treatment history. Detailed district tables are provided in Annexes 11–18.

4.1 Treatment outcome of all forms of TB

Of the 9,538 patients, **4,055 (42.5%)** were cured and a further **3,538 (37.1%)** completed treatment, giving an overall **treatment success rate of 79.6%** (n=7,593). This is an improvement of 1.5 percentage points over the 2022 cohort (78.1%), reversing the downward trend observed since 2019, but remains below the global target of 85% (Figure 21).

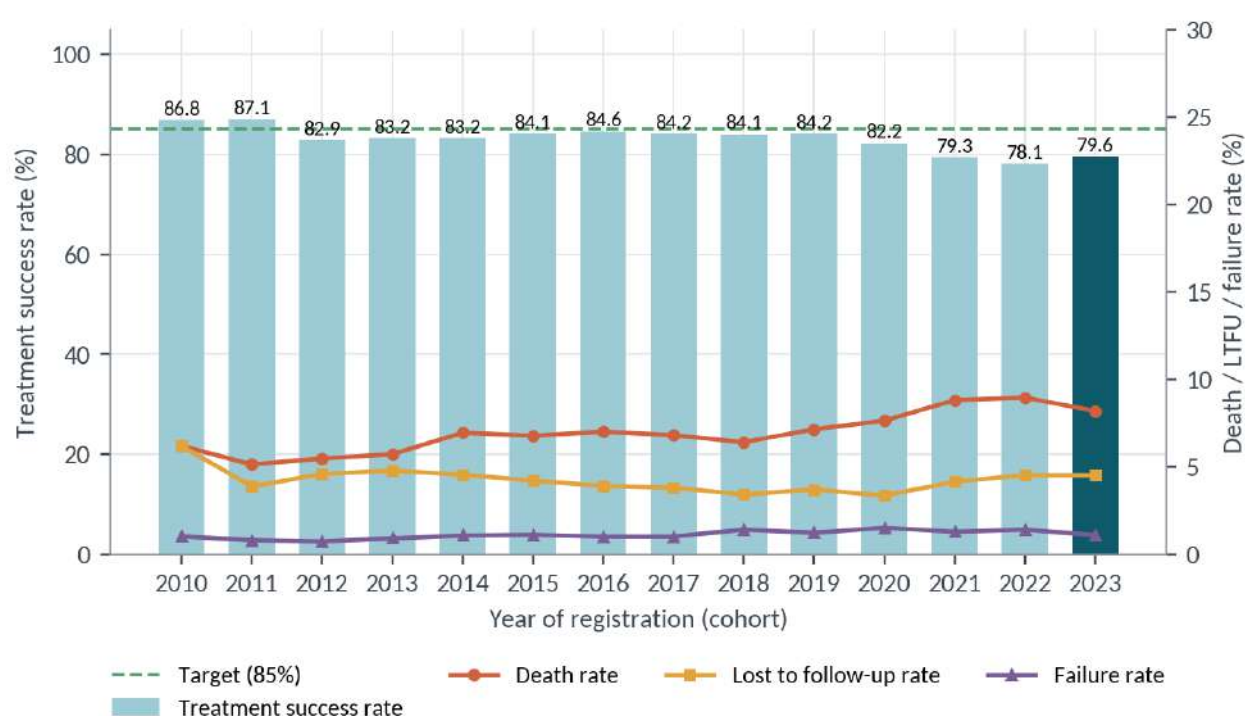


Figure 21: Treatment success, death, loss to follow-up and failure rates of all forms of TB, 2010–2023 cohorts

Unsuccessful outcomes comprised 780 deaths (8.2%), 103 treatment failures (1.1%), 430 patients lost to follow-up (4.5%) and 632 patients whose outcome was not evaluated (6.6%) (Figure 22, Table 11).

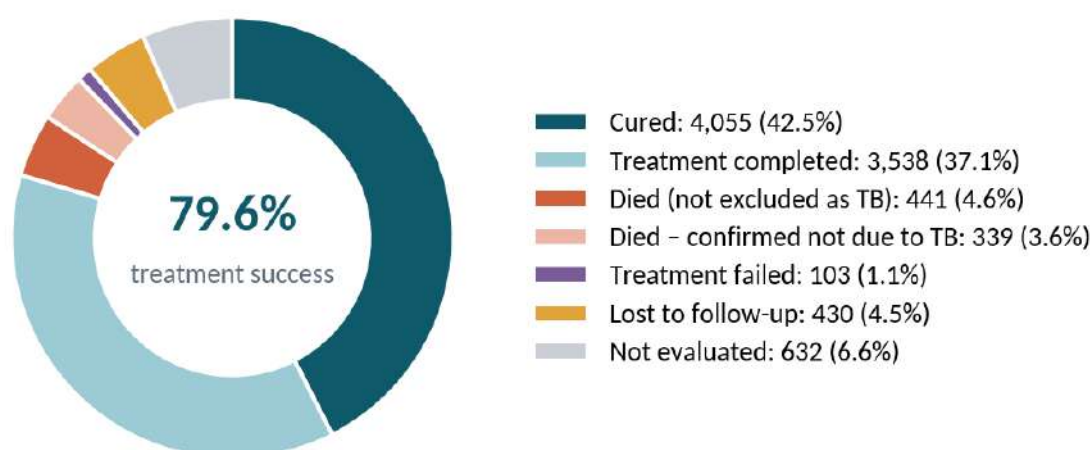


Figure 22: Treatment outcome of all forms of TB, 2023 cohort

Table 11: Summary of treatment outcomes by category of TB, 2023 cohort

Category	Registered	Cured n (%)	Treatment completed n (%)	Treatment success n (%)	Died n (%)	Failed n (%)	LTFU n (%)	Not evaluated n (%)
All forms of TB	9,538	4,055 (42.5)	3,538 (37.1)	7,593 (79.6)	780 (8.2)	103 (1.1)	430 (4.5)	632 (6.6)
All new TB	8,821	3,718 (42.1)	3,397 (38.5)	7,115 (80.7)	718 (8.1)	92 (1.0)	353 (4.0)	543 (6.2)
New PTB	6,473	3,697 (57.1)	1,526 (23.6)	5,223 (80.7)	555 (8.6)	87 (1.3)	288 (4.4)	320 (4.9)
Bacteriologically confirmed	4,909	3,697 (75.3)	273 (5.6)	3,970 (80.9)	406 (8.3)	82 (1.7)	238 (4.8)	213 (4.3)
Clinically diagnosed	1,564	–	1,206 (77.1)	1,206 (77.1)	149 (9.5)	5 (0.3)	50 (3.2)	154 (9.8)
New EPTB	2,348	–	1,892 (80.6)	1,892 (80.6)	163 (6.9)	5 (0.2)	65 (2.8)	223 (9.5)
Previously treated	713	336 (47.1)	140 (19.6)	476 (66.8)	62 (8.7)	11 (1.5)	76 (10.7)	88 (12.3)
Other previously treated*	43	20 (46.5)	11 (25.6)	31 (72.1)	5 (11.6)	0 (0.0)	5 (11.6)	2 (4.7)

* "Other previously treated" is a subset of previously treated cases. LTFU = lost to follow-up. Percentages of registered cohort.

Treatment success rate by district

There was considerable variation in treatment success among districts (Figure 23). **Anuradhapura** reported the highest treatment success rate (89.6%), followed by Mannar (89.1%) and Batticaloa (88.2%). The lowest rates were in **Mullaitivu (66.7%)**, Kilinochchi (70.8%) and Colombo (73.7%). Only 8 districts – Matara, Batticaloa, Ampara, Kurunegala, Puttalam, Anuradhapura, Kegalle and Mannar – achieved the 85% target. Colombo, which registered a quarter of the national cohort, had a success rate of 73.7%, which has a substantial effect on the national figure.

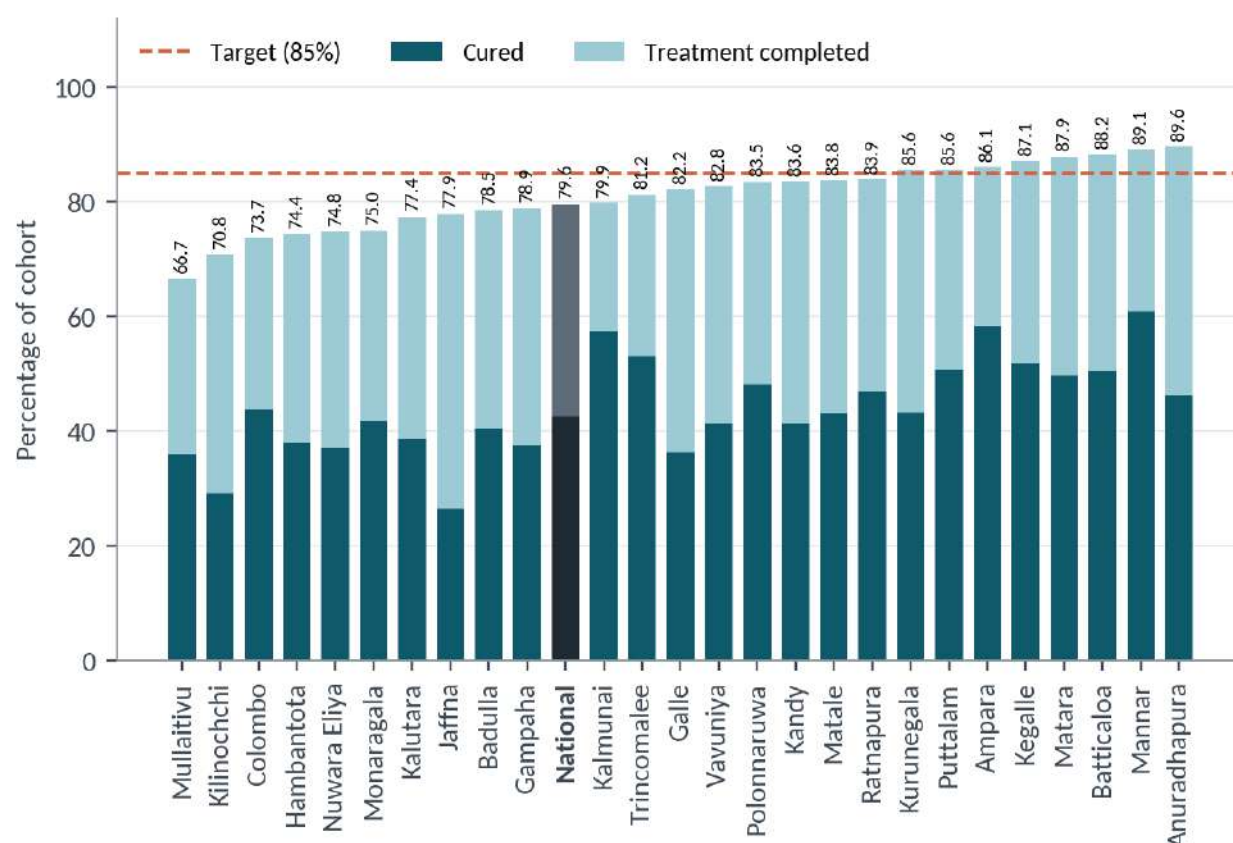


Figure 23: Cure, treatment completion and treatment success rates of all forms of TB by district, 2023 cohort

Death rate

Altogether, **780 deaths (8.2%)** were reported among patients registered in 2023, lower than the 9.0% reported for the 2022 cohort. Of these, TB was excluded as the cause of death in 339 patients (3.6% of the cohort), leaving 441 deaths (4.6%) in which TB could not be excluded. The highest numbers of such deaths were reported from Colombo (n=98), Gampaha (n=59), Kalutara (n=55) and Kandy (n=51). Death rates were highest in Hambantota (16.7%), Kilinochchi (14.6%) and Nuwara Eliya (12.8%) (Figure 24). Clinical experience indicates that late presentation, older age and comorbidities (such as diabetes, chronic lung, liver and kidney disease, and alcohol use) are the main contributors to deaths.

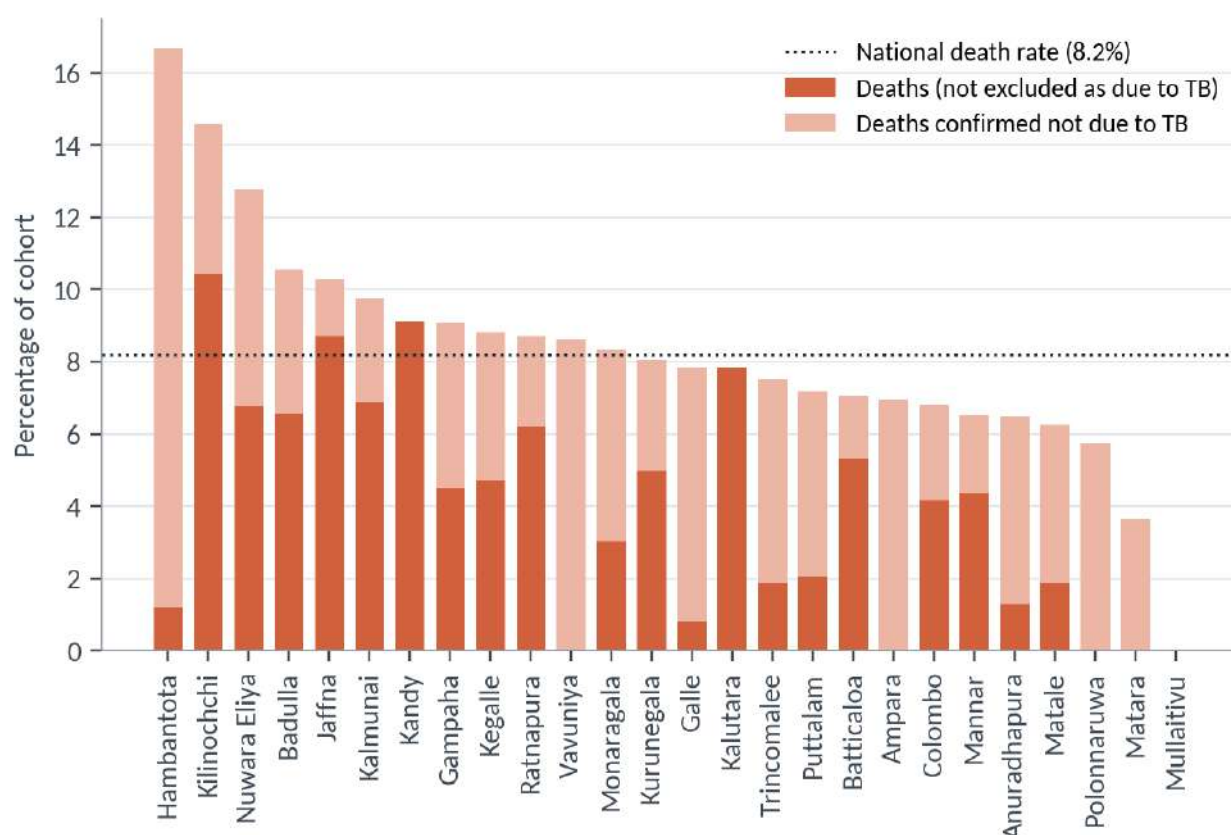


Figure 24: Death rate among TB patients by district, 2023 cohort

Lost to follow-up and not evaluated

The loss to follow-up rate was **4.5%** (n=430), unchanged from the 2022 cohort. **Colombo** had the highest rate (**9.9%**, n=233) and alone accounted for 54.2% of all patients lost to follow-up nationally, followed by Gampaha (6.0%, n=79). These are the only two districts above the 5% benchmark. Ampara, Trincomalee, Polonnaruwa, Mannar and Mullaitivu reported no patients lost to follow-up.

Outcomes were not evaluated for **632 patients (6.6%)**. This was particularly high in Mullaitivu (33.3%), Monaragala (13.6%) and Kalutara (11.4%) (Figure 25). Patients who are not evaluated lower the measured success rate and may conceal unfavourable outcomes; complete follow-up of transfers and timely outcome recording are needed.

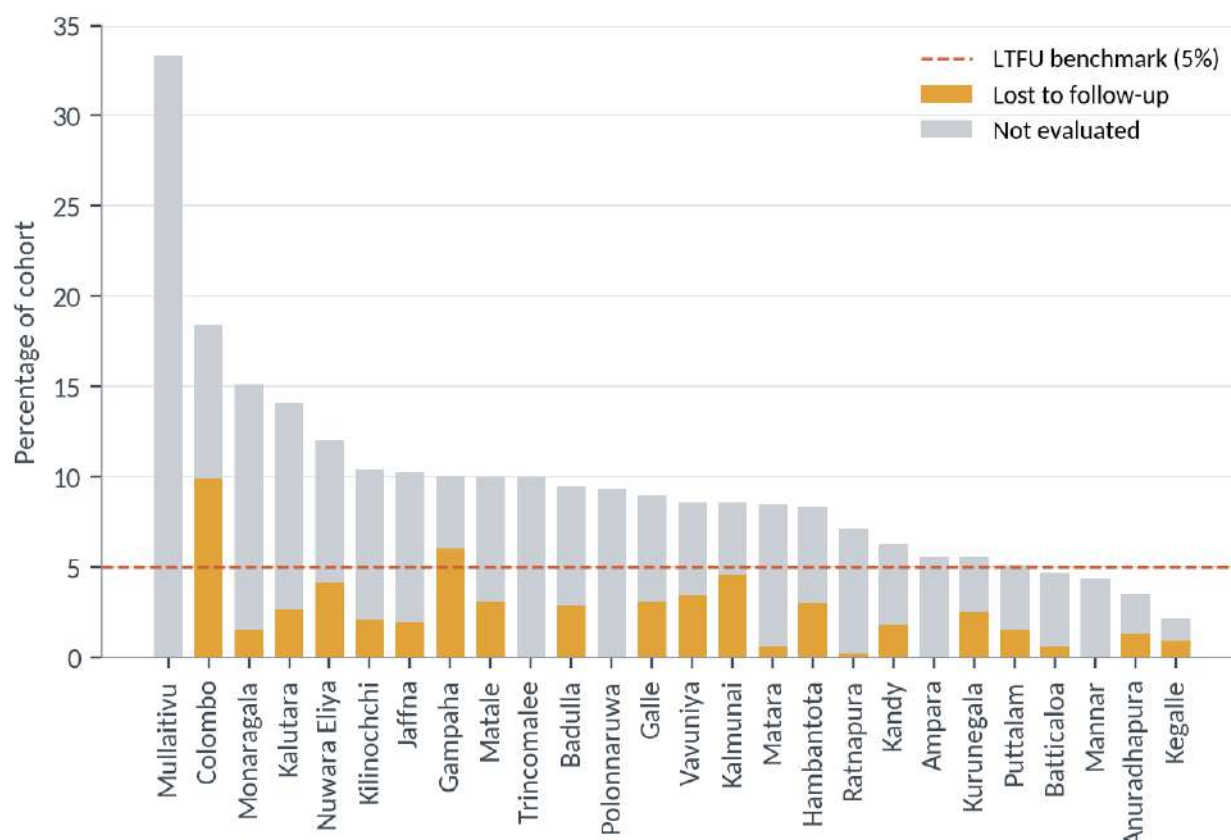


Figure 25: Lost to follow-up and not evaluated rates by district, 2023 cohort

Treatment failure rate

Treatment failed in **103 patients (1.1%)**, lower than the 1.4% reported for the 2022 cohort. The highest failure rates were reported from Kilinochchi (4.2%, n=2), Puttalam (2.1%, n=4) and Gampaha (1.9%, n=25). No treatment failures were reported from 6 districts.

4.2 New and previously treated patients

Treatment outcomes were substantially poorer among previously treated patients (Figure 26). The treatment success rate among new patients was **80.7%**, compared with **66.8%** among previously treated patients. Loss to follow-up was more than twice as high among previously treated patients (10.7% vs 4.0%), as was the proportion not evaluated (12.3% vs 6.2%). Outcomes for each category of TB are compared in Figure 27.

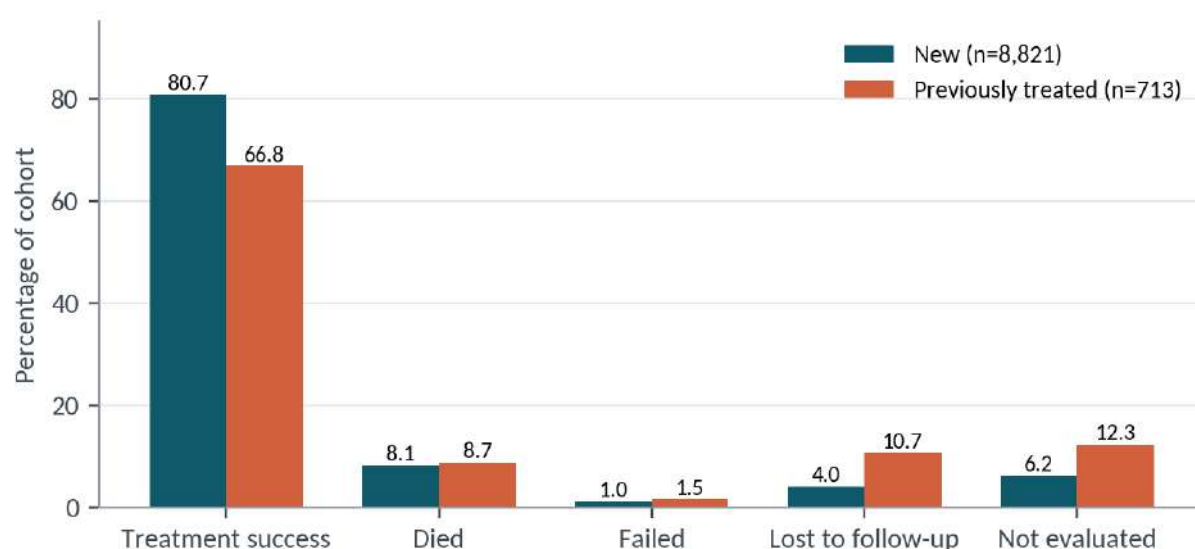


Figure 26: Treatment outcomes of new and previously treated TB patients, 2023 cohort

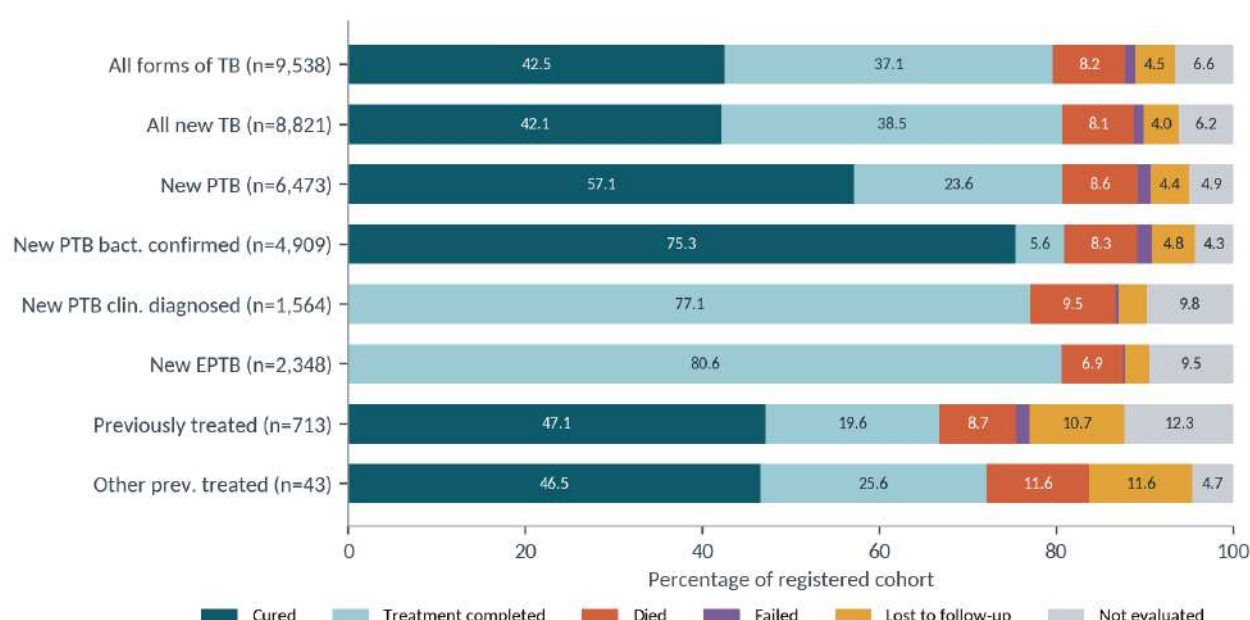


Figure 27: Treatment outcomes by category of TB, 2023 cohort

4.3 Treatment outcome of new pulmonary TB

In 2023, **6,473** new PTB patients were registered for treatment. Their outcomes were: cured 3,697 (57.1%); treatment completed 1,526 (23.6%); died 555 (8.6%, of whom 231 were confirmed as not due to TB); treatment failed 87 (1.3%); lost to follow-up 288 (4.4%); and not evaluated 320 (4.9%). The overall treatment success rate was **80.7%**. The highest success rates were in Matara (93.1%), Batticaloa (90.2%) and Mannar (90.0%), and the lowest in Mullaitivu (62.1%), Nuwara Eliya (67.3%) and Kilinochchi (74.1%). The highest loss to follow-up rate was again in Colombo (10.3%, n=165), and Nuwara Eliya had the highest death rate (18.0%) (Annex 13).

New bacteriologically confirmed pulmonary TB

Of the **4,909** new bacteriologically confirmed PTB patients, 3,697 were cured (**cure rate 75.3%**) and 273 completed treatment, giving a treatment success rate of **80.9%** – marginally higher than the 80.8% reported for the 2022 cohort. Treatment failure was reported among 82 (1.7%), loss to follow-up among 238 (4.8%) and death among 406 (8.3%) patients; 213 (4.3%) were not evaluated. 12 districts achieved a success rate of 85% or more, with the highest

rates in Matara (94.3%), Batticaloa (93.2%) and Puttalam (92.9%). The lowest were in Mullaitivu (63.6%), Nuwara Eliya (68.0%) and Kilinochchi (68.2%); Nuwara Eliya reported a death rate of 20.4% in this group (Figure 28).

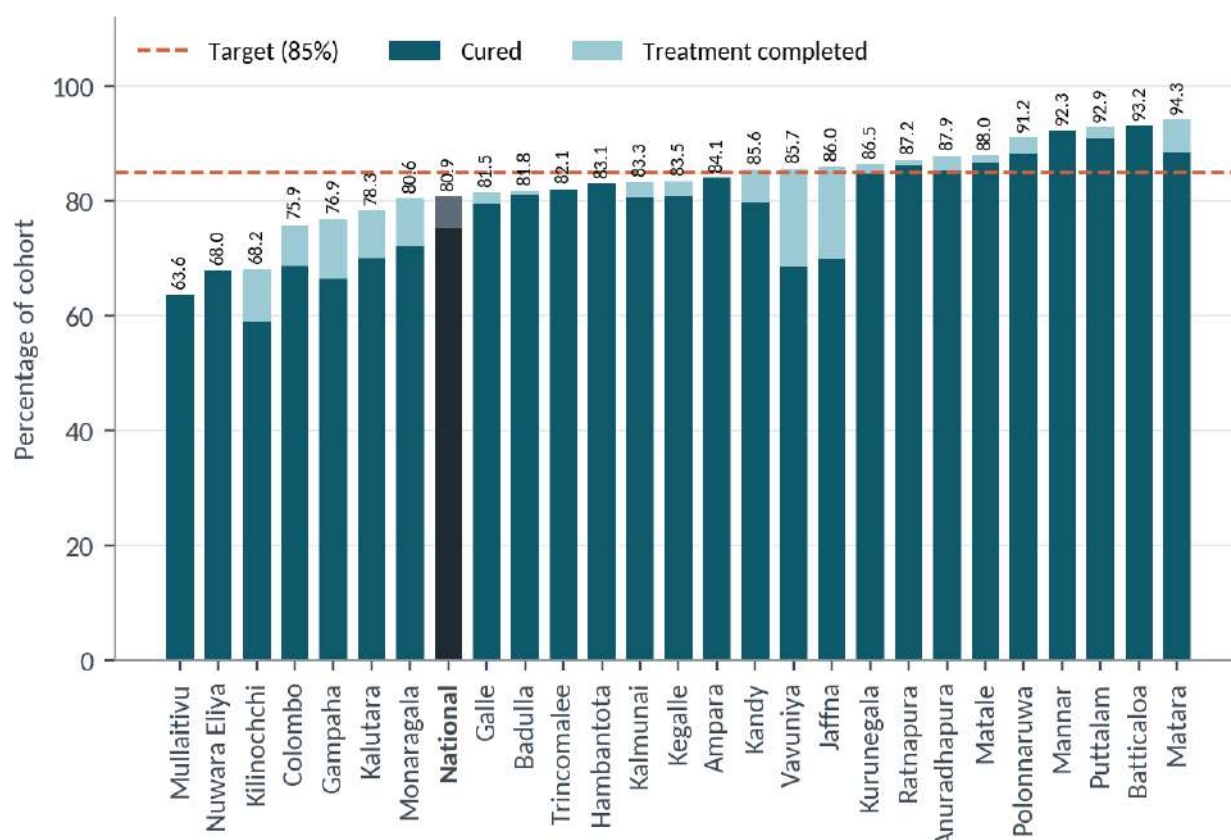


Figure 28: Treatment success of new bacteriologically confirmed PTB cases by district, 2023 cohort

New clinically diagnosed pulmonary TB

Of the **1,564** clinically diagnosed new PTB patients, 1,206 completed treatment (**77.1%**). Deaths were reported among 149 patients (9.5%) – the highest death rate of any new-patient category – of whom 72 were confirmed as not due to TB. A further 50 patients (3.2%) were lost to follow-up, and 154 (9.8%) were not evaluated. Completion rates ranged from 92.6% in Kegalle to 57.1% in Mullaitivu (Figure 29).

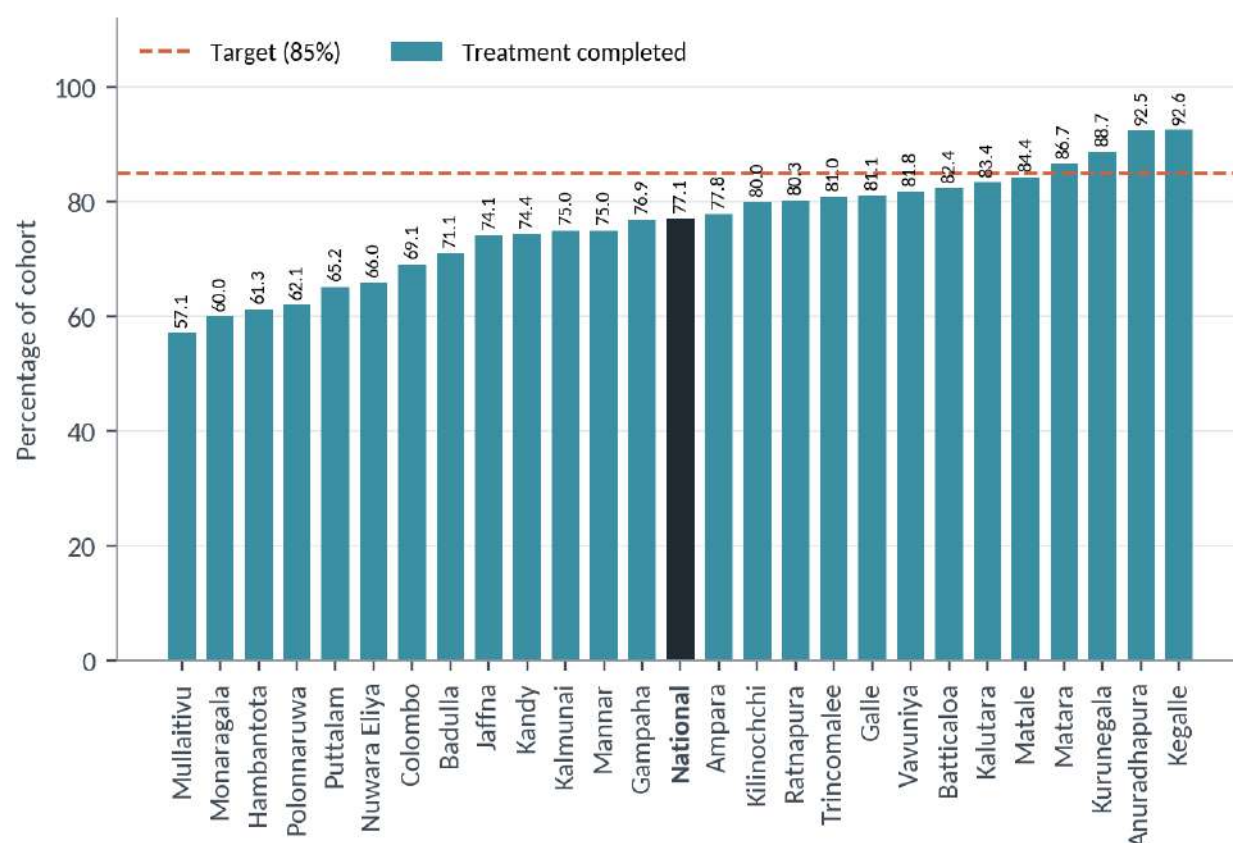


Figure 29: Treatment completion rate of new clinically diagnosed PTB cases by district, 2023 cohort

4.4 Treatment outcome of new extra-pulmonary TB

Of the **2,348** new EPTB patients registered in 2023, 1,892 (**80.6%**) completed treatment, while 163 (6.9%) died, 5 (0.2%) failed, 65 (2.8%) were lost to follow-up and 223 (9.5%) were not evaluated. The relatively high proportion not evaluated partly reflects prolonged treatment for some forms of EPTB. Completion rates were highest in Kegalle (93.2%), Ampara (92.9%) and Anuradhapura (91.7%) (Figure 30).

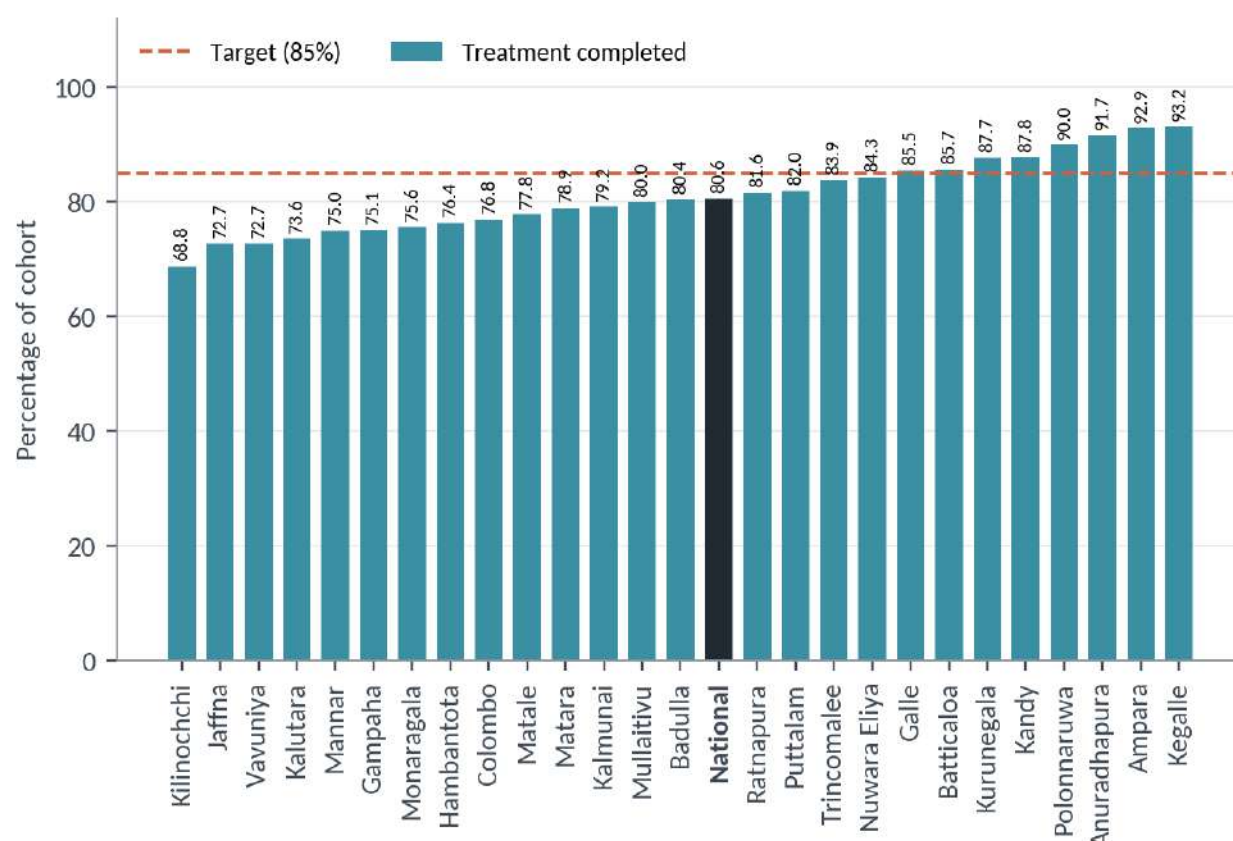


Figure 30: Treatment completion rate of new EPTB cases by district, 2023 cohort

4.5 Treatment outcome of previously treated patients

Among **713** previously treated patients registered in 2023, 336 (47.1%) were cured and 140 (19.6%) completed treatment – a treatment success rate of **66.8%**, similar to the 2022 cohort (67.5%). In addition, 62 (8.7%) died, 11 (1.5%) failed treatment, **76 (10.7%) were lost to follow-up** and 88 (12.3%) were not evaluated. Colombo registered 228 of these patients, with a success rate of 59.2% and 37 lost to follow-up (Annex 17). Among the 43 "other previously treated" patients, treatment success was 72.1% (Annex 18).

5. DOTS Coverage

Directly Observed Treatment, Short course (DOTS) was introduced in Sri Lanka in 1997 in Galle district and expanded progressively. Population coverage of DOTS has been 100% since 2010, when Mannar, Mullaitivu and Kilinochchi districts were covered (Table 12).

Table 12: Expansion of DOTS population coverage, 1997–2010

Year	Districts covered	Cumulative population coverage
1997	Galle	5.4%
1998	Kandy	12.9%
1999	Colombo, Matara, Anuradhapura	32.8%
2000	Kalutara, Ratnapura, Kurunegala, Puttalam	55.4%
2001	Gampaha, Hambantota, Kegalle, Polonnaruwa	73.1%
2002	–	73.1%
2003	–	74.2%
2004	Matale, Nuwara Eliya, Badulla, Monaragala, Vavuniya	87.3%
2005	Ampara, Kalmunai, Batticaloa, Trincomalee, Jaffna	97.5%
2006–2009	–	97.6%
2010	Mannar, Mullaitivu, Kilinochchi	100.0%

6. Discussion and Priority Actions

The 2024 surveillance data show a 3.8% decline in notifications after two years of post-pandemic recovery. Because the WHO estimates that incidence in Sri Lanka has changed only slowly, the fall in notifications is more likely to reflect reduced case finding than a true reduction in disease, and the persistent gap of roughly 5,000 cases between estimated and notified TB remains the Programme's central challenge. The observations below highlight priorities emerging from the data.

Case finding

- **Close the detection gap.** Treatment coverage of about 64.3% (provisional) means roughly one in three people with TB is not notified. Intensified active case finding among contacts, people with diabetes, the elderly, prisoners, urban low-income settlements and plantation communities, with expanded chest X-ray screening and WRD testing, is needed.
- **Target older men.** With men aged 45–64 years showing rates of 111–209 per 100,000, screening in medical clinics, diabetic clinics and workplaces serving middle-aged and older men should be prioritised.
- **Childhood TB.** Only 225 children were notified (37.5% of the NSP target). Systematic contact investigation, paediatric diagnostic capacity (e.g. gastric aspirate/stool Xpert) and TPT for child contacts should be scaled up.
- **District variation.** Districts with sharp declines in notifications (e.g. Kilinochchi, Polonnaruwa, Matale, Kalmunai, Mullaitivu, Kurunegala) and those with low bacteriological confirmation or high proportions of EPTB should review referral pathways, microscopy centre utilisation and specimen transport.
- **Private sector engagement.** Referral from private practitioners and hospitals remains critical to reaching the NSP target of 30% private-sector referrals; data on private-sector contribution should be routinely reported.

Treatment outcomes

- **Reduce deaths.** Deaths (8.2%) remain the largest cause of unsuccessful outcomes. Earlier diagnosis, systematic screening for and management of comorbidities, nutritional support and prompt referral of severely ill patients are required, together with death audits (TB 17) in high-mortality districts such as Hambantota, Kilinochchi and Nuwara Eliya.
- **Urban adherence support in Colombo and Gampaha.** These districts account for most patients lost to follow-up and most re-registrations after loss to follow-up. Patient-centred adherence support (community DOT providers, digital adherence technologies, social and transport support, and prompt tracing of treatment interrupters) should be strengthened.
- **Complete outcome reporting.** 6.6% of patients had no evaluated outcome, rising to over 10% in Mullaitivu, Monaragala and Kalutara. Transfer-out follow-up and ePIMS–register reconciliation should ensure that every patient receives a final outcome.
- **Previously treated patients.** With treatment success of only 66.8%, all previously treated patients should receive rapid drug-susceptibility testing and intensified adherence support.

Data quality

- A small number of internal inconsistencies were identified while compiling the 2024 statistical tables (for example, outcome sub-totals that do not reconcile with their district components, and EPTB site returns that cover fewer cases than were notified). Automated validation checks in ePIMS and at the central unit before tables are finalised would prevent these, and all percentages in this report have been recalculated from the reported counts.

PART II

Activity Report

TB control activities at national and district level, 2024

7. Programme Activities in 2024

During 2024, the National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) continued to implement activities aimed at strengthening TB case detection, diagnosis, treatment, prevention, monitoring and capacity building. Key programme activities are summarised below.

7.1 Capacity building and training

NPTCCD conducted capacity-building and training programmes for healthcare staff involved in TB control activities. Training programmes targeted District Tuberculosis Control Officers (DTCOs), Medical Officers, Nursing Officers, Public Health Inspectors (PHIs) and other relevant staff.

The training activities focused on strengthening knowledge and skills related to TB control, patient management, programme implementation and the use of information systems. Training on the pharmacy and laboratory modules of ePIMS was also conducted in selected districts to improve the use of digital systems for programme and resource management.

7.2 Case finding initiatives

NPTCCD continued to strengthen TB case finding through routine screening and targeted case-finding activities. District-level services were supported through supervision, technical guidance and strengthening of diagnostic pathways.

Targeted screening activities, including contact screening and screening among selected high-risk populations, were undertaken during the year. The programme also continued to strengthen the identification and referral of presumptive TB patients for appropriate diagnostic investigations.

7.3 TB preventive treatment

TB preventive treatment (TPT) continued to be implemented among eligible high-risk groups, including household contacts and other identified priority groups. The programme continued to strengthen the identification, screening and initiation of eligible individuals on TPT, together with follow-up of treatment completion.

7.4 Laboratory network strengthening

The NPTCCD continued to strengthen the laboratory network supporting TB diagnosis and drug-resistance detection. Diagnostic services were provided through the National Tuberculosis Reference Laboratory (NTRL), intermediate culture laboratories, District Chest Clinic laboratories and microscopy centres.

Activities during the year included strengthening diagnostic capacity, laboratory quality assurance and the use of rapid diagnostic technologies. The laboratory network also continued to support culture and drug susceptibility testing according to programme requirements.

7.5 Public awareness, advocacy and World TB Day 2024

The NPTCCD continued public awareness and advocacy activities to improve knowledge regarding TB symptoms, early diagnosis, treatment and prevention.

World TB Day 2024 was observed under the theme “Yes! We can End TB”. Awareness and advocacy activities were conducted with the participation of relevant health sector stakeholders and partners, supporting continued public engagement in TB prevention and control.

7.6 Private sector and multisectoral engagement

NPTCCD continued to engage relevant stakeholders and sectors in TB control activities. A TB stakeholder meeting was conducted during the year, providing a platform to discuss key areas of TB control, including multisectoral accountability, TB control activities in the Army sector, screening of immigrant workers and social support for TB patients.

Such collaboration supported coordination between the health sector and other relevant stakeholders in strengthening the national TB response.

7.7 Monitoring, supervision and programme reviews

Monitoring and supervision remained an important component of the NPTCCD programme during 2024. Regular supervision visits were conducted to District Chest Clinics by the NPTCCD team, including the Director, Consultant Community Physicians and Medical Officers.

The supervision visits assessed service delivery, availability of resources, diagnostic and treatment services, patient care and data management. Technical guidance was provided to district staff to address identified issues and improve the quality of TB services.

The programme also continued the implementation and strengthening of ePIMS. Training on the pharmacy and laboratory modules was conducted in selected districts to support improved digital data management and programme monitoring.

7.8 Research and evidence generation

The NPTCCD continued to promote the generation and use of evidence to support TB programme planning and implementation. Operational and programme-related information generated through routine monitoring, supervision and service delivery was used to identify gaps and guide programme improvements.

7.9 Partner support

The NPTCCD continued to work with national and international partners in implementing TB control activities. Collaboration with stakeholders supported capacity building, programme coordination, technical activities and strengthening of TB services, including support received from the Global Fund, the World Health Organization and other development partners.

PART III

Administration Report

Administrative framework and affiliated services

8. Administration and Services

8.1 Administrative structure

The NPTCCD functions under the Deputy Director General (Public Health Services) 1 of the Ministry of Health and Mass Media and is headed by the Director/NPTCCD. The central unit, NTRL, CDS and the DCCs of Colombo and Gampaha are under the Director's direct administrative control, while other DCCs function under the respective Provincial and Regional Directors of Health Services with technical guidance from the NPTCCD.

8.2 Laboratory services

Sputum smear microscopy

Sputum smear examinations are used for diagnosis and monitoring of treatment. Patients with symptoms suggestive of TB attending health care facilities are investigated by sputum examination, and all pulmonary TB patients are monitored with sputum examinations at specified intervals during treatment.

Sputum culture and drug susceptibility testing

TB culture and DST facilities are available at the National Tuberculosis Reference Laboratory, Welisara. Regional laboratories provide culture facilities. Cultures are performed for smear-negative presumptive PTB cases, all previously treated patients before initiation of treatment, and presumptive MDR-TB cases.

WHO-recommended rapid diagnostics (GeneXpert)

WHO-recommended rapid diagnostic facilities (GeneXpert) have been available in Sri Lanka since 2014 on a limited scale and have been expanded since 2022.

8.3 External quality assurance of sputum microscopy

Quality assurance of smear microscopy is an important component of the programme. Slides from all DCC laboratories and NHRD Welisara are sent to the NTRL for EQA, and smears from microscopy centres in general health institutions are sent to DCC laboratories for EQA.

8.4 X-ray facilities

X-ray facilities, including digital X-ray, are available in almost all chest clinics; other clinics obtain the facility from the nearest hospital.

8.5 BCG vaccination

BCG vaccination is an essential component of the Expanded Programme on Immunization in Sri Lanka. All newborns are vaccinated within 24 hours of delivery, protecting children against severe forms of childhood TB such as TB meningitis and miliary TB. More than 98% of newborns receive BCG. Chest clinics provide revaccination when necessary, such as in the absence of a BCG scar in children under five years..

8.6 Drug supply and logistics

First- and second-line anti-TB medicines are procured, stored and distributed to district chest clinics through the Central Drug Stores of the NPTCCD, with quantification based on district consumption and case-load reports.

Annexures: Detailed Statistical Tables

The following annexures present detailed district-level tables for case finding in 2024 and treatment outcomes of the 2023 cohort, together with historical trend tables and notes on data quality. Abbreviations used in table headers: BC – bacteriologically confirmed pulmonary TB; CD – clinically diagnosed pulmonary TB; EP – extra-pulmonary TB; Tot – total; n – number; % – percentage of registered cohort; LTFU – lost to follow-up; NE – not evaluated. All percentages have been recalculated from the reported counts; two source values that do not reconcile are footnoted in the relevant annex.

Annex 1: All TB case detection by type and district of registration, 2024

District	New cases				Relapse				Treatment after failure				Treatment after LTFU				Other previously treated				All previously treated				Unknown history				Grand total
	BC	CD	EP	Tot	BC	CD	EP	Tot	BC	CD	EP	Tot	BC	CD	EP	Tot	BC	CD	EP	Tot	BC	CD	EP	Tot	BC	CD	EP	Tot	
Colombo	1,287	266	474	2,027	77	10	10	97	15	3	4	22	37	14	0	51	14	1	2	17	143	28	16	187	4	0	0	4	2,218
Gampaha	666	178	259	1,103	33	5	6	44	16	0	0	16	20	12	3	35	2	1	1	4	71	18	10	99	2	0	0	2	1,204
Kalutara	378	97	155	630	20	2	3	25	5	0	1	6	1	0	0	1	0	0	0	0	26	2	4	32	0	0	0	0	662
Kandy	258	134	192	584	19	4	4	27	3	0	1	4	0	0	1	1	0	0	0	0	22	4	6	32	0	0	0	0	616
Matale	75	10	40	125	5	1	1	7	1	0	0	1	1	0	0	1	0	0	0	0	7	1	1	9	0	0	0	0	134
Nuwara Eliya	119	61	85	265	4	0	3	7	1	1	0	2	0	1	0	1	0	0	0	0	5	2	3	10	0	0	0	0	275
Galle	198	84	156	438	18	6	4	28	4	1	0	5	6	1	1	8	0	0	0	0	28	8	5	41	0	0	0	0	479
Matara	92	50	43	185	5	2	0	7	0	0	0	0	0	0	0	0	0	0	0	0	5	2	0	7	0	0	0	0	192
Hambantota	62	44	32	138	5	2	2	9	2	0	0	2	1	2	0	3	0	0	0	0	8	4	2	14	0	0	0	0	152
Jaffna	146	30	61	237	13	0	2	15	7	0	0	7	0	1	0	1	0	0	0	0	20	1	2	23	0	0	0	0	260
Vavuniya	36	5	13	54	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	0	0	0	0	56
Batticaloa	112	37	39	188	5	0	2	7	0	0	0	0	0	1	0	1	0	0	0	0	5	1	2	8	0	0	0	0	196
Ampara	36	7	19	62	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	3	0	0	0	0	65
Kalmunai	98	11	20	129	10	0	2	12	2	0	0	2	4	0	0	4	0	0	0	0	16	0	2	18	0	0	0	0	147
Trincomalee	84	24	34	142	3	0	0	3	3	0	0	3	1	0	0	1	0	0	0	0	7	0	0	7	0	0	0	0	149
Kurunegala	221	97	109	427	13	5	2	20	2	0	0	2	3	1	0	4	0	0	0	0	18	6	2	26	0	0	0	0	453
Puttalam	100	47	53	200	13	3	0	16	2	0	0	2	1	0	0	1	0	0	0	0	16	3	0	19	0	0	0	0	219
Anuradhapura	145	38	86	269	11	0	1	12	6	0	0	6	0	0	0	0	0	0	0	0	17	0	1	18	0	0	0	0	287
Polonnaruwa	54	27	25	106	4	1	0	5	4	0	0	4	0	0	0	0	0	0	0	0	8	1	0	9	0	0	0	0	115
Badulla	124	39	78	241	3	0	0	3	6	0	0	6	2	0	0	2	0	0	0	0	11	0	0	11	0	0	0	0	252
Monaragala	65	28	36	129	5	1	1	7	1	0	0	1	1	1	0	2	2	0	0	2	9	2	1	12	0	0	0	0	141
Ratnapura	218	70	108	396	2	0	3	5	2	0	0	2	1	0	1	2	0	0	0	0	5	0	4	9	0	0	0	0	405
Kegalle	191	52	93	336	17	3	6	26	5	0	2	7	2	0	1	3	1	0	1	2	25	3	10	38	1	1	0	2	376
Mannar	23	10	18	51	1	0	1	2	2	0	0	2	0	0	0	0	0	0	0	0	3	0	1	4	0	0	0	0	55
Mullaitivu	17	7	8	32	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	33
Kilinochchi	18	7	10	35	2	1	0	3	1	0	0	1	0	0	0	0	0	0	0	0	3	1	0	4	0	0	0	0	39
Sri Lanka	4,823	1,460	2,246	8,529	293	46	54	393	90	5	8	103	81	34	7	122	19	2	4	25	483	87	73	643	7	1	0	8	9,180

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2024.

Annex 2: Distribution and rates of all TB cases by district, 2024

District	Mid-year population 2024	All TB cases 2024			Comparison with 2023		Rates 2024 (per 100,000)	
		Number	Rate /100,000	% of national	All TB 2023	Change	New cases	New + relapse
Colombo	2,484,656	2,218	89.3	24.2	2,348	-5.5%	81.6	85.5
Gampaha	2,444,506	1,204	49.3	13.1	1,311	-8.2%	45.1	46.9
Kalutara	1,297,296	662	51.0	7.2	703	-5.8%	48.6	50.5
Kandy	1,513,457	616	40.7	6.7	560	+10.0%	38.6	40.4
Matale	534,292	134	25.1	1.5	160	-16.2%	23.4	24.7
Nuwara Eliya	793,959	275	34.6	3.0	266	+3.4%	33.4	34.3
Galle	1,156,055	479	41.4	5.2	511	-6.3%	37.9	40.3
Matara	881,021	192	21.8	2.1	165	+16.4%	21.0	21.8
Hambantota	693,525	152	21.9	1.7	168	-9.5%	19.9	21.2
Jaffna	636,836	260	40.8	2.8	253	+2.8%	37.2	39.6
Vavuniya	200,261	56	28.0	0.6	58	-3.4%	27.0	28.0
Batticaloa	595,187	196	32.9	2.1	170	+15.3%	31.6	32.8
Ampara	295,628	65	22.0	0.7	72	-9.7%	21.0	22.0
Kalmunai	475,209	147	30.9	1.6	174	-15.5%	27.1	29.7
Trincomalee	453,181	149	32.9	1.6	160	-6.9%	31.3	32.0
Kurunegala	1,753,861	453	25.8	4.9	522	-13.2%	24.3	25.5
Puttalam	858,349	219	25.5	2.4	195	+12.3%	23.3	25.2
Anuradhapura	966,236	287	29.7	3.1	309	-7.1%	27.8	29.1
Polonnaruwa	454,648	115	25.3	1.3	139	-17.3%	23.3	24.4
Badulla	910,390	252	27.7	2.7	275	-8.4%	26.5	26.8
Monaragala	518,070	141	27.2	1.5	132	+6.8%	24.9	26.3
Ratnapura	1,213,816	405	33.4	4.4	436	-7.1%	32.6	33.0
Kegalle	905,387	376	41.5	4.1	318	+18.2%	37.1	40.0
Mannar	117,580	55	46.8	0.6	46	+19.6%	43.4	45.1
Mullaitivu	100,294	33	32.9	0.4	39	-15.4%	31.9	32.9
Kilinochchi	138,533	39	28.2	0.4	48	-18.7%	25.3	27.4
Sri Lanka	22,392,234	9,180	41.0	100.0	9,538	-3.8%	38.1	39.8

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2024. Population: estimated mid-year population 2024.

Annex 3: Distribution of TB cases by type and province, with rates per 100,000 population, 2024

Province	Population	New PTB BC		New PTB CD		New EPTB		All new		Previously treated		Unknown	All TB		
		n	Rate	n	Rate	n	Rate	n	Rate	n	Rate		n	Rate	%
Western	6,226,458	2,331	37.4	541	8.7	888	14.3	3,760	60.4	318	5.1	6	4,084	65.6	44.5
Central	2,841,708	452	15.9	205	7.2	317	11.2	974	34.3	51	1.8	0	1,025	36.1	11.2
Southern	2,730,601	352	12.9	178	6.5	231	8.5	761	27.9	62	2.3	0	823	30.1	9.0
Northern	1,193,505	240	20.1	59	4.9	110	9.2	409	34.3	34	2.8	0	443	37.1	4.8
Eastern	1,819,205	330	18.1	79	4.3	112	6.2	521	28.6	36	2.0	0	557	30.6	6.1
North Western	2,612,210	321	12.3	144	5.5	162	6.2	627	24.0	45	1.7	0	672	25.7	7.3
North Central	1,420,883	199	14.0	65	4.6	111	7.8	375	26.4	27	1.9	0	402	28.3	4.4
Uva	1,428,460	189	13.2	67	4.7	114	8.0	370	25.9	23	1.6	0	393	27.5	4.3
Sabaragamuwa	2,119,203	409	19.3	122	5.8	201	9.5	732	34.5	47	2.2	2	781	36.9	8.5
Sri Lanka	22,392,234	4,823	21.5	1,460	6.5	2,246	10.0	8,529	38.1	643	2.9	8	9,180	41.0	100.0

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2024. Provinces: Western (Colombo, Gampaha, Kalutara); Central (Kandy, Matale, Nuwara Eliya); Southern (Galle, Matara, Hambantota); Northern (Jaffna, Vavuniya, Mannar, Mullaitivu, Kilinochchi); Eastern (Batticaloa, Ampara, Kalmunai, Trincomalee); North Western (Kurunegala, Puttalam); North Central (Anuradhapura, Polonnaruwa); Uva (Badulla, Monaragala); Sabaragamuwa (Ratnapura, Kegalle).

Annex 4: Distribution of new TB cases by age group and type, with rates per 100,000 population, 2024

Age group	Population	New PTB BC		New PTB CD		New EPTB		All new		
		n	Rate	n	Rate	n	Rate	n	Rate	%
0–14	5,936,181	68	1.1	66	1.1	91	1.5	225	3.8	2.6
15–24	4,167,684	437	10.5	105	2.5	299	7.2	841	20.2	9.9
25–34	3,665,609	424	11.6	120	3.3	345	9.4	889	24.3	10.4
35–44	2,897,555	696	24.0	135	4.7	330	11.4	1,161	40.1	13.6
45–54	1,780,183	927	52.1	222	12.5	371	20.8	1,520	85.4	17.8
55–64	1,166,635	1,151	98.7	334	28.6	405	34.7	1,890	162.0	22.2
65 +	2,778,387	1,120	40.3	478	17.2	405	14.6	2,003	72.1	23.5
Total	22,392,234	4,823	21.5	1,460	6.5	2,246	10.0	8,529	38.1	100.0

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2024.

Annex 5: Distribution of new TB cases by age group and sex, with rates per 100,000 population, 2024

Age group	Population	Male		Population	Female		All new cases			M:F ratio
		n	Rate		n	Rate	Population	n	Rate	
0–14	3,047,583	119	3.9	2,888,598	106	3.7	5,936,181	225	3.8	1.1
15–24	1,838,892	393	21.4	2,328,792	448	19.2	4,167,684	841	20.2	0.9
25–34	1,840,642	540	29.3	1,824,967	349	19.1	3,665,609	889	24.3	1.5
35–44	1,195,745	799	66.8	1,701,810	362	21.3	2,897,555	1,161	40.1	2.2
45–54	906,885	1,010	111.4	873,297	510	58.4	1,780,183	1,520	85.4	2.0
55–64	620,265	1,296	208.9	546,371	594	108.7	1,166,635	1,890	162.0	2.2
65 +	1,415,189	1,281	90.5	1,363,198	722	53.0	2,778,387	2,003	72.1	1.8
Total	10,865,201	5,438	50.0	11,527,032	3,091	26.8	22,392,234	8,529	38.1	1.8

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2024.

Annex 6: Age and sex distribution of all new TB cases by district, 2024

District	Male										Female										Total
	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total	
Colombo	5	14	100	110	193	265	296	163	92	1,238	5	24	166	87	98	138	120	114	37	789	2,027
Gampaha	5	10	40	70	103	136	175	120	61	720	1	10	49	44	30	60	71	77	41	383	1,103
Kalutara	4	4	28	25	60	60	110	68	29	388	2	6	36	32	26	52	38	35	15	242	630
Kandy	6	10	30	38	45	52	80	45	29	335	1	9	37	30	31	40	47	36	18	249	584
Matale	0	1	6	7	12	11	15	11	6	69	0	0	9	5	7	8	13	8	6	56	125
Nuwara Eliya	1	3	20	16	31	26	32	22	12	163	3	9	15	12	16	12	19	13	3	102	265
Galle	1	6	27	33	55	49	59	39	28	297	0	3	18	18	15	17	28	31	11	141	438
Matara	0	2	3	16	15	18	33	24	14	125	1	0	7	5	11	5	11	10	10	60	185
Hambantota	1	2	3	5	7	20	31	25	7	101	0	1	3	5	2	6	4	11	5	37	138
Jaffna	1	6	24	11	18	26	17	36	16	155	1	3	9	10	10	8	22	14	5	82	237
Vavuniya	0	0	4	5	7	6	4	4	4	34	0	0	0	2	3	1	5	5	4	20	54
Batticaloa	0	0	5	11	13	25	30	22	5	111	0	2	6	5	6	15	27	13	3	77	188
Ampara	0	0	1	6	8	5	12	6	4	42	0	0	0	5	5	1	4	4	1	20	62
Kalmunai	0	0	6	5	4	15	34	15	5	84	0	1	5	5	10	7	12	4	1	45	129
Trincomalee	5	1	5	15	11	16	19	17	9	98	0	1	3	4	7	9	12	8	0	44	142
Kurunegala	3	0	10	24	45	60	72	51	15	280	2	2	12	16	12	24	35	36	8	147	427
Puttalam	1	4	11	15	24	23	40	21	7	146	1	0	2	6	6	12	17	7	3	54	200
Anuradhapura	1	2	11	19	23	36	40	40	9	181	1	1	7	13	5	17	23	16	5	88	269
Polonnaruwa	0	1	5	5	6	13	14	17	6	67	0	0	3	1	5	12	7	10	1	39	106
Badulla	1	1	10	19	30	28	45	24	8	166	0	1	10	8	14	10	19	10	3	75	241
Monaragala	0	1	5	14	13	23	20	14	6	96	0	0	2	4	8	5	7	6	1	33	129
Ratnapura	1	6	18	30	39	53	56	44	14	261	2	10	20	10	23	24	20	16	10	135	396
Kegalle	2	4	15	28	27	32	41	36	20	205	1	1	23	15	9	22	26	25	9	131	336
Mannar	1	2	4	6	5	6	3	4	2	33	0	0	1	3	3	4	3	4	0	18	51
Mullaitivu	0	0	1	5	1	3	9	1	0	20	0	1	3	1	0	0	2	5	0	12	32
Kilinochchi	0	0	1	2	4	3	9	2	2	23	0	0	2	3	0	1	2	4	0	12	35
Sri Lanka	39	80	393	540	799	1,010	1,296	871	410	5,438	21	85	448	349	362	510	594	522	200	3,091	8,529

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2024.

Annex 7: Age and sex distribution of new bacteriologically confirmed PTB cases by district, 2024

District	Male										Female										Total
	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total	
Colombo	1	5	60	55	144	213	224	102	62	866	2	8	88	41	54	85	70	56	17	421	1,287
Gampaha	2	2	20	43	72	93	119	81	39	471	0	5	21	18	13	33	41	40	24	195	666
Kalutara	0	2	15	15	42	43	76	44	20	257	0	3	19	17	11	23	23	14	11	121	378
Kandy	1	2	11	21	22	27	45	21	10	160	0	3	18	12	11	13	20	16	5	98	258
Matale	0	0	2	2	8	5	13	6	5	41	0	0	5	1	2	6	10	5	5	34	75
Nuwara Eliya	0	1	12	3	18	12	18	9	5	78	0	2	7	3	9	3	10	7	0	41	119
Galle	0	0	8	13	32	32	30	16	14	145	0	1	8	7	9	6	11	7	4	53	198
Matara	0	0	2	6	7	9	22	15	9	70	0	0	3	2	4	1	1	6	5	22	92
Hambantota	1	1	1	4	3	9	14	10	4	47	0	0	1	2	1	4	1	4	2	15	62
Jaffna	0	5	21	5	11	15	10	18	7	92	1	2	9	6	8	5	11	10	2	54	146
Vavuniya	0	0	2	3	3	5	3	4	4	24	0	0	0	1	2	0	3	3	3	12	36
Batticaloa	0	0	3	4	11	16	18	18	2	72	0	1	2	2	2	11	14	6	2	40	112
Ampara	0	0	0	2	1	4	10	4	4	25	0	0	0	4	2	0	2	3	0	11	36
Kalmunai	0	0	5	2	2	12	26	13	5	65	0	0	3	1	7	6	11	4	1	33	98
Trincomalee	1	1	4	12	4	10	12	11	3	58	0	0	2	2	5	5	8	4	0	26	84
Kurunegala	1	0	5	12	28	29	42	23	11	151	0	1	5	6	5	12	19	19	3	70	221
Puttalam	0	0	6	8	17	12	22	15	2	82	1	0	0	3	1	5	4	3	1	18	100
Anuradhapura	0	0	3	9	14	18	24	27	6	101	0	0	6	6	2	7	13	10	0	44	145
Polonnaruwa	0	0	1	3	4	7	10	11	2	38	0	0	1	1	2	5	2	4	1	16	54
Badulla	0	0	5	7	22	12	22	12	4	84	0	1	8	6	8	4	9	3	1	40	124
Monaragala	0	0	3	4	9	17	10	7	3	53	0	0	1	2	3	2	1	2	1	12	65
Ratnapura	0	2	8	18	24	34	34	26	11	157	0	3	15	4	10	11	9	7	2	61	218
Kegalle	1	1	5	14	18	25	28	27	13	132	0	1	6	6	2	14	12	13	5	59	191
Mannar	1	1	1	3	3	3	2	1	1	16	0	0	1	1	2	1	0	2	0	7	23
Mullaitivu	0	0	1	1	1	2	4	1	0	10	0	1	2	0	0	0	1	3	0	7	17
Kilinochchi	0	0	0	0	1	1	6	1	2	11	0	0	2	1	0	0	1	3	0	7	18
Sri Lanka	9	23	204	269	521	665	844	523	248	3,306	4	32	233	155	175	262	307	254	95	1,517	4,823

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2024.

Annex 8: Age and sex distribution of new clinically diagnosed PTB cases by district, 2024

District	Male										Female										Total
	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total	
Colombo	2	4	11	23	13	19	29	34	12	147	2	7	26	8	8	13	20	23	12	119	266
Gampaha	0	3	6	6	11	21	27	26	14	114	0	1	6	6	7	7	16	13	8	64	178
Kalutara	2	2	7	3	2	8	13	12	4	53	2	2	6	4	2	12	5	10	1	44	97
Kandy	4	6	7	8	7	10	20	15	9	86	1	2	3	2	3	10	12	9	6	48	134
Matale	0	0	0	1	1	0	1	1	1	5	0	0	0	1	1	1	1	1	0	5	10
Nuwara Eliya	0	1	3	5	4	10	7	9	4	43	1	3	0	1	1	3	4	3	2	18	61
Galle	0	3	2	5	6	5	12	10	11	54	0	0	2	3	1	1	7	12	4	30	84
Matara	0	1	0	3	4	5	9	7	2	31	0	0	2	0	2	3	4	3	5	19	50
Hambantota	0	1	1	1	2	6	11	9	2	33	0	0	1	0	0	1	2	5	2	11	44
Jaffna	0	0	1	2	3	3	0	5	4	18	0	1	0	0	1	1	4	3	2	12	30
Vavuniya	0	0	0	0	1	0	1	0	0	2	0	0	0	0	0	0	1	1	1	3	5
Batticaloa	0	0	1	1	0	3	7	4	2	18	0	1	1	1	3	2	5	5	1	19	37
Ampara	0	0	0	0	2	1	0	2	0	5	0	0	0	0	1	0	0	0	1	2	7
Kalmunai	0	0	0	1	0	2	6	1	0	10	0	0	1	0	0	0	0	0	0	1	11
Trincomalee	0	0	0	1	3	3	5	3	4	19	0	0	0	0	1	1	2	1	0	5	24
Kurunegala	0	0	1	4	12	16	14	20	3	70	0	0	3	1	0	8	6	7	2	27	97
Puttalam	0	2	0	3	3	1	9	5	4	27	0	0	0	1	3	3	8	3	2	20	47
Anuradhapura	1	0	1	0	2	8	6	6	0	24	1	0	0	1	0	4	3	2	3	14	38
Polonnaruwa	0	0	0	1	2	4	2	4	4	17	0	0	1	0	1	2	2	4	0	10	27
Badulla	0	0	0	2	3	4	9	7	2	27	0	0	1	0	1	1	3	4	2	12	39
Monaragala	0	0	1	4	2	2	9	6	2	26	0	0	0	0	0	0	0	2	0	2	28
Ratnapura	1	2	2	3	2	9	8	11	1	39	0	5	2	0	8	3	4	4	5	31	70
Kegalle	1	1	1	5	3	1	10	4	3	29	0	0	5	3	1	3	4	4	3	23	52
Mannar	0	0	0	2	0	0	0	3	1	6	0	0	0	1	1	1	0	1	0	4	10
Mullaitivu	0	0	0	1	0	0	4	0	0	5	0	0	0	0	0	0	0	2	0	2	7
Kilinochchi	0	0	0	2	1	0	1	0	0	4	0	0	0	0	0	1	1	1	0	3	7
Sri Lanka	11	26	45	87	89	141	220	204	89	912	7	22	60	33	46	81	114	123	62	548	1,460

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2024.

Annex 9: Age and sex distribution of all new PTB cases by district, 2024

District	Male										Female										Total
	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total	
Colombo	3	9	71	78	157	232	253	136	74	1,013	4	15	114	49	62	98	90	79	29	540	1,553
Gampaha	2	5	26	49	83	114	146	107	53	585	0	6	27	24	20	40	57	53	32	259	844
Kalutara	2	4	22	18	44	51	89	56	24	310	2	5	25	21	13	35	28	24	12	165	475
Kandy	5	8	18	29	29	37	65	36	19	246	1	5	21	14	14	23	32	25	11	146	392
Matale	0	0	2	3	9	5	14	7	6	46	0	0	5	2	3	7	11	6	5	39	85
Nuwara Eliya	0	2	15	8	22	22	25	18	9	121	1	5	7	4	10	6	14	10	2	59	180
Galle	0	3	10	18	38	37	42	26	25	199	0	1	10	10	10	7	18	19	8	83	282
Matara	0	1	2	9	11	14	31	22	11	101	0	0	5	2	6	4	5	9	10	41	142
Hambantota	1	2	2	5	5	15	25	19	6	80	0	0	2	2	1	5	3	9	4	26	106
Jaffna	0	5	22	7	14	18	10	23	11	110	1	3	9	6	9	6	15	13	4	66	176
Vavuniya	0	0	2	3	4	5	4	4	4	26	0	0	0	1	2	0	4	4	4	15	41
Batticaloa	0	0	4	5	11	19	25	22	4	90	0	2	3	3	5	13	19	11	3	59	149
Ampara	0	0	0	2	3	5	10	6	4	30	0	0	0	4	3	0	2	3	1	13	43
Kalmunai	0	0	5	3	2	14	32	14	5	75	0	0	4	1	7	6	11	4	1	34	109
Trincomalee	1	1	4	13	7	13	17	14	7	77	0	0	2	2	6	6	10	5	0	31	108
Kurunegala	1	0	6	16	40	45	56	43	14	221	0	1	8	7	5	20	25	26	5	97	318
Puttalam	0	2	6	11	20	13	31	20	6	109	1	0	0	4	4	8	12	6	3	38	147
Anuradhapura	1	0	4	9	16	26	30	33	6	125	1	0	6	7	2	11	16	12	3	58	183
Polonnaruwa	0	0	1	4	6	11	12	15	6	55	0	0	2	1	3	7	4	8	1	26	81
Badulla	0	0	5	9	25	16	31	19	6	111	0	1	9	6	9	5	12	7	3	52	163
Monaragala	0	0	4	8	11	19	19	13	5	79	0	0	1	2	3	2	1	4	1	14	93
Ratnapura	1	4	10	21	26	43	42	37	12	196	0	8	17	4	18	14	13	11	7	92	288
Kegalle	2	2	6	19	21	26	38	31	16	161	0	1	11	9	3	17	16	17	8	82	243
Mannar	1	1	1	5	3	3	2	4	2	22	0	0	1	2	3	2	0	3	0	11	33
Mullaitivu	0	0	1	2	1	2	8	1	0	15	0	1	2	0	0	0	1	5	0	9	24
Kilinochchi	0	0	0	2	2	1	7	1	2	15	0	0	2	1	0	1	2	4	0	10	25
Sri Lanka	20	49	249	356	610	806	1,064	727	337	4,218	11	54	293	188	221	343	421	377	157	2,065	6,283

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2024.

Annex 10: Age and sex distribution of new EPTB cases by district, 2024

District	Male										Female										Total
	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total	
Colombo	2	5	29	32	36	33	43	27	18	225	1	9	52	38	36	40	30	35	8	249	474
Gampaha	3	5	14	21	20	22	29	13	8	135	1	4	22	20	10	20	14	24	9	124	259
Kalutara	2	0	6	7	16	9	21	12	5	78	0	1	11	11	13	17	10	11	3	77	155
Kandy	1	2	12	9	16	15	15	9	10	89	0	4	16	16	17	17	15	11	7	103	192
Matale	0	1	4	4	3	6	1	4	0	23	0	0	4	3	4	1	2	2	1	17	40
Nuwara Eliya	1	1	5	8	9	4	7	4	3	42	2	4	8	8	6	6	5	3	1	43	85
Galle	1	3	17	15	17	12	17	13	3	98	0	2	8	8	5	10	10	12	3	58	156
Matara	0	1	1	7	4	4	2	2	3	24	1	0	2	3	5	1	6	1	0	19	43
Hambantota	0	0	1	0	2	5	6	6	1	21	0	1	1	3	1	1	1	2	1	11	32
Jaffna	1	1	2	4	4	8	7	13	5	45	0	0	0	4	1	2	7	1	1	16	61
Vavuniya	0	0	2	2	3	1	0	0	0	8	0	0	0	1	1	1	1	1	0	5	13
Batticaloa	0	0	1	6	2	6	5	0	1	21	0	0	3	2	1	2	8	2	0	18	39
Ampara	0	0	1	4	5	0	2	0	0	12	0	0	0	1	2	1	2	1	0	7	19
Kalmunai	0	0	1	2	2	1	2	1	0	9	0	1	1	4	3	1	1	0	0	11	20
Trincomalee	4	0	1	2	4	3	2	3	2	21	0	1	1	2	1	3	2	3	0	13	34
Kurunegala	2	0	4	8	5	15	16	8	1	59	2	1	4	9	7	4	10	10	3	50	109
Puttalam	1	2	5	4	4	10	9	1	1	37	0	0	2	2	2	4	5	1	0	16	53
Anuradhapura	0	2	7	10	7	10	10	7	3	56	0	1	1	6	3	6	7	4	2	30	86
Polonnaruwa	0	1	4	1	0	2	2	2	0	12	0	0	1	0	2	5	3	2	0	13	25
Badulla	1	1	5	10	5	12	14	5	2	55	0	0	1	2	5	5	7	3	0	23	78
Monaragala	0	1	1	6	2	4	1	1	1	17	0	0	1	2	5	3	6	2	0	19	36
Ratnapura	0	2	8	9	13	10	14	7	2	65	2	2	3	6	5	10	7	5	3	43	108
Kegalle	0	2	9	9	6	6	3	5	4	44	1	0	12	6	6	5	10	8	1	49	93
Mannar	0	1	3	1	2	3	1	0	0	11	0	0	0	1	0	2	3	1	0	7	18
Mullaitivu	0	0	0	3	0	1	1	0	0	5	0	0	1	1	0	0	1	0	0	3	8
Kilinochchi	0	0	1	0	2	2	2	1	0	8	0	0	0	2	0	0	0	0	0	2	10
Sri Lanka	19	31	144	184	189	204	232	144	73	1,220	10	31	155	161	141	167	173	145	43	1,026	2,246

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2024.

Annex 11: Treatment outcome of all forms of TB by district, 2023 cohort

District	Registered	Cured		Treatment completed		Treatment success		Died – not due to TB		Other deaths		All deaths		Failed		LTFU		Not evaluated	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Colombo	2,348	1,028	43.8	703	29.9	1,731	73.7	62	2.6	98	4.2	160	6.8	24	1.0	233	9.9	200	8.5
Gampaha	1,311	492	37.5	543	41.4	1,035	78.9	60	4.6	59	4.5	119	9.1	25	1.9	79	6.0	53	4.0
Kalutara	703	272	38.7	272	38.7	544	77.4	0	0.0	55	7.8	55	7.8	5	0.7	19	2.7	80	11.4
Kandy	560	232	41.4	236	42.1	468	83.6	0	0.0	51	9.1	51	9.1	6	1.1	10	1.8	25	4.5
Matale	160	69	43.1	65	40.6	134	83.8	7	4.4	3	1.9	10	6.3	0	0.0	5	3.1	11	6.9
Nuwara Eliya	266	99	37.2	100	37.6	199	74.8	16	6.0	18	6.8	34	12.8	1	0.4	11	4.1	21	7.9
Galle	511	186	36.4	234	45.8	420	82.2	36	7.0	4	0.8	40	7.8	5	1.0	16	3.1	30	5.9
Matara	165	82	49.7	63	38.2	145	87.9	6	3.6	0	0.0	6	3.6	0	0.0	1	0.6	13	7.9
Hambantota	168	64	38.1	61	36.3	125	74.4	26	15.5	2	1.2	28	16.7	1	0.6	5	3.0	9	5.4
Jaffna	253	67	26.5	130	51.4	197	77.9	4	1.6	22	8.7	26	10.3	4	1.6	5	2.0	21	8.3
Vavuniya	58	24	41.4	24	41.4	48	82.8	5	8.6	0	0.0	5	8.6	0	0.0	2	3.4	3	5.2
Batticaloa	170	86	50.6	64	37.6	150	88.2	3	1.8	9	5.3	12	7.1	0	0.0	1	0.6	7	4.1
Ampara	72	42	58.3	20	27.8	62	86.1	5	6.9	0	0.0	5	6.9	1	1.4	0	0.0	4	5.6
Kalmunai	174	100	57.5	39	22.4	139	79.9	5	2.9	12	6.9	17	9.8	3	1.7	8	4.6	7	4.0
Trincomalee	160	85	53.1	45	28.1	130	81.3	9	5.6	3	1.9	12	7.5	2	1.3	0	0.0	16	10.0
Kurunegala	522	226	43.3	221	42.3	447	85.6	16	3.1	26	5.0	42	8.0	4	0.8	13	2.5	16	3.1
Puttalam	195	99	50.8	68	34.9	167	85.6	10	5.1	4	2.1	14	7.2	4	2.1	3	1.5	7	3.6
Anuradhapura	309	143	46.3	134	43.4	277	89.6	16	5.2	4	1.3	20	6.5	1	0.3	4	1.3	7	2.3
Polonnaruwa	139	67	48.2	49	35.3	116	83.5	8	5.8	0	0.0	8	5.8	2	1.4	0	0.0	13	9.4
Badulla	275	111	40.4	105	38.2	216	78.5	11	4.0	18	6.5	29	10.5	4	1.5	8	2.9	18	6.5
Monaragala	132	55	41.7	44	33.3	99	75.0	7	5.3	4	3.0	11	8.3	2	1.5	2	1.5	18	13.6
Ratnapura	436	205	47.0	161	36.9	366	83.9	11	2.5	27	6.2	38	8.7	1	0.2	1	0.2	30	6.9
Kegalle	318	165	51.9	112	35.2	277	87.1	13	4.1	15	4.7	28	8.8	6	1.9	3	0.9	4	1.3
Mannar	46	28	60.9	13	28.3	41	89.1	1	2.2	2	4.3	3	6.5	0	0.0	0	0.0	2	4.3
Mullaitivu	39	14	35.9	12	30.8	26	66.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	13	33.3
Kilinochchi	48	14	29.2	20	41.7	34	70.8	2	4.2	5	10.4	7	14.6	2	4.2	1	2.1	4	8.3
Sri Lanka	9,538	4,055	42.5	3,538	37.1	7,593	79.6	339	3.6	441	4.6	780	8.2	103	1.1	430	4.5	632	6.6

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2023.

Annex 12: Treatment outcome of all new TB cases (PTB and EPTB) by district, 2023 cohort

District	Registered	Cured		Treatment completed		Treatment success		Died – not due to TB		Other deaths		All deaths		Failed		LTFU		Not evaluated	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Colombo	2,119	924	43.6	671	31.7	1,595	75.3	57	2.7	84	4.0	141	6.7	20	0.9	196	9.2	167	7.9
Gampaha	1,169	434	37.1	506	43.3	940	80.4	54	4.6	57	4.9	111	9.5	22	1.9	57	4.9	39	3.3
Kalutara	653	255	39.1	257	39.4	512	78.4	0	0.0	51	7.8	51	7.8	5	0.8	16	2.5	69	10.6
Kandy	537	221	41.2	227	42.3	448	83.4	0	0.0	48	8.9	48	8.9	6	1.1	10	1.9	25	4.7
Matale	152	65	42.8	63	41.4	128	84.2	7	4.6	3	2.0	10	6.6	0	0.0	4	2.6	10	6.6
Nuwara Eliya	252	91	36.1	96	38.1	187	74.2	16	6.3	18	7.1	34	13.5	1	0.4	9	3.6	21	8.3
Galle	481	168	34.9	230	47.8	398	82.7	33	6.9	3	0.6	36	7.5	5	1.0	14	2.9	28	5.8
Matara	159	77	48.4	63	39.6	140	88.1	5	3.1	0	0.0	5	3.1	0	0.0	1	0.6	13	8.2
Hambantota	157	59	37.6	61	38.9	120	76.4	23	14.6	0	0.0	23	14.6	1	0.6	4	2.5	9	5.7
Jaffna	228	65	28.5	114	50.0	179	78.5	4	1.8	17	7.5	21	9.2	4	1.8	5	2.2	19	8.3
Vavuniya	57	24	42.1	23	40.4	47	82.5	5	8.8	0	0.0	5	8.8	0	0.0	2	3.5	3	5.3
Batticaloa	164	82	50.0	64	39.0	146	89.0	3	1.8	9	5.5	12	7.3	0	0.0	1	0.6	5	3.0
Ampara	67	37	55.2	20	29.9	57	85.1	5	7.5	0	0.0	5	7.5	1	1.5	0	0.0	4	6.0
Kalmunai	158	92	58.2	37	23.4	129	81.6	5	3.2	12	7.6	17	10.8	1	0.6	5	3.2	6	3.8
Trincomalee	147	78	53.1	43	29.3	121	82.3	8	5.4	3	2.0	11	7.5	2	1.4	0	0.0	13	8.8
Kurunegala	497	213	42.9	221	44.5	434	87.3	13	2.6	24	4.8	37	7.4	4	0.8	9	1.8	13	2.6
Puttalam	183	90	49.2	67	36.6	157	85.8	9	4.9	4	2.2	13	7.1	3	1.6	3	1.6	7	3.8
Anuradhapura	294	134	45.6	130	44.2	264	89.8	16	5.4	4	1.4	20	6.8	1	0.3	3	1.0	6	2.0
Polonnaruwa	127	60	47.2	47	37.0	107	84.3	8	6.3	0	0.0	8	6.3	2	1.6	0	0.0	10	7.9
Badulla	251	98	39.0	102	40.6	200	79.7	11	4.4	17	6.8	28	11.2	3	1.2	7	2.8	13	5.2
Monaragala	123	52	42.3	43	35.0	95	77.2	7	5.7	4	3.3	11	8.9	2	1.6	2	1.6	13	10.6
Ratnapura	423	196	46.3	161	38.1	357	84.4	11	2.6	25	5.9	36	8.5	1	0.2	1	0.2	28	6.6
Kegalle	303	152	50.2	112	37.0	264	87.1	13	4.3	14	4.6	27	8.9	6	2.0	3	1.0	3	1.0
Mannar	38	24	63.2	9	23.7	33	86.8	1	2.6	2	5.3	3	7.9	0	0.0	0	0.0	2	5.3
Mullaitivu	39	14	35.9	12	30.8	26	66.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	13	33.3
Kilinochchi	43	13	30.2	18	41.9	31	72.1	0	0.0	5	11.6	5	11.6	2	4.7	1	2.3	4	9.3
Sri Lanka	8,821	3,718	42.1	3,397	38.5	7,115	80.7	314	3.6	404	4.6	718	8.1	92	1.0	353	4.0	543	6.2

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2023. Percentages recalculated from counts. Shaded rows: districts achieving a treatment success (or completion) rate of 85% or more. "Other deaths" = deaths where TB was not excluded as the cause.

Annex 13: Treatment outcome of all new PTB cases by district, 2023 cohort

District	Registered	Cured		Treatment completed		Treatment success		Died – not due to TB		Other deaths		All deaths		Failed		LTFU		Not evaluated	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Colombo	1,605	924	57.6	276	17.2	1,200	74.8	42	2.6	66	4.1	108	6.7	18	1.1	165	10.3	114	7.1
Gampaha	904	434	48.0	307	34.0	741	82.0	39	4.3	48	5.3	87	9.6	21	2.3	45	5.0	10	1.1
Kalutara	509	255	50.1	151	29.7	406	79.8	0	0.0	42	8.3	42	8.3	4	0.8	14	2.8	43	8.4
Kandy	406	221	54.4	112	27.6	333	82.0	0	0.0	45	11.1	45	11.1	6	1.5	7	1.7	15	3.7
Matale	107	65	60.7	28	26.2	93	86.9	5	4.7	2	1.9	7	6.5	0	0.0	2	1.9	5	4.7
Nuwara Eliya	150	70	46.7	31	20.7	101	67.3	12	8.0	15	10.0	27	18.0	0	0.0	9	6.0	13	8.7
Galle	322	168	52.2	94	29.2	262	81.4	26	8.1	3	0.9	29	9.0	5	1.6	9	2.8	17	5.3
Matara	102	77	75.5	18	17.6	95	93.1	3	2.9	0	0.0	3	2.9	0	0.0	0	0.0	4	3.9
Hambantota	102	59	57.8	19	18.6	78	76.5	16	15.7	0	0.0	16	15.7	1	1.0	3	2.9	4	3.9
Jaffna	151	65	43.0	58	38.4	123	81.5	3	2.0	11	7.3	14	9.3	4	2.6	4	2.6	6	4.0
Vavuniya	46	24	52.2	15	32.6	39	84.8	4	8.7	0	0.0	4	8.7	0	0.0	2	4.3	1	2.2
Batticaloa	122	82	67.2	28	23.0	110	90.2	1	0.8	7	5.7	8	6.6	0	0.0	1	0.8	3	2.5
Ampara	53	37	69.8	7	13.2	44	83.0	5	9.4	0	0.0	5	9.4	1	1.9	0	0.0	3	5.7
Kalmunai	134	92	68.7	18	13.4	110	82.1	5	3.7	10	7.5	15	11.2	1	0.7	4	3.0	4	3.0
Trincomalee	116	78	67.2	17	14.7	95	81.9	7	6.0	2	1.7	9	7.8	2	1.7	0	0.0	10	8.6
Kurunegala	375	213	56.8	114	30.4	327	87.2	11	2.9	18	4.8	29	7.7	4	1.1	9	2.4	6	1.6
Puttalam	122	90	73.8	17	13.9	107	87.7	5	4.1	3	2.5	8	6.6	3	2.5	3	2.5	1	0.8
Anuradhapura	210	134	63.8	53	25.2	187	89.0	13	6.2	1	0.5	14	6.7	1	0.5	2	1.0	6	2.9
Polonnaruwa	97	60	61.9	20	20.6	80	82.5	7	7.2	0	0.0	7	7.2	2	2.1	0	0.0	8	8.2
Badulla	159	98	61.6	28	17.6	126	79.2	6	3.8	12	7.5	18	11.3	3	1.9	4	2.5	8	5.0
Monaragala	82	52	63.4	12	14.6	64	78.0	5	6.1	1	1.2	6	7.3	2	2.4	1	1.2	9	11.0
Ratnapura	298	196	65.8	59	19.8	255	85.6	6	2.0	21	7.0	27	9.1	1	0.3	1	0.3	14	4.7
Kegalle	215	152	70.7	30	14.0	182	84.7	10	4.7	12	5.6	22	10.2	6	2.8	2	0.9	3	1.4
Mannar	30	24	80.0	3	10.0	27	90.0	0	0.0	2	6.7	2	6.7	0	0.0	0	0.0	1	3.3
Mullaitivu	29	14	48.3	4	13.8	18	62.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	11	37.9
Kilinochchi	27	13	48.1	7	25.9	20	74.1	0	0.0	3	11.1	3	11.1	2	7.4	1	3.7	1	3.7
Sri Lanka	6,473	3,697	57.1	1,526	23.6	5,223	80.7	231	3.6	324	5.0	555	8.6	87	1.3	288	4.4	320	4.9

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2023.

Annex 14: Treatment outcome of new bacteriologically confirmed PTB cases by district, 2023 cohort

District	Registered	Cured		Treatment completed		Treatment success		Died – not due to TB		Other deaths		All deaths		Failed		LTFU		Not evaluated	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Colombo	1,346	924	68.6	97	7.2	1,021	75.9	32	2.4	55	4.1	87	6.5	17	1.3	147	10.9	74	5.5
Gampaha	653	434	66.5	68	10.4	502	76.9	22	3.4	40	6.1	62	9.5	20	3.1	31	4.7	38	5.8
Kalutara	364	255	70.1	30	8.2	285	78.3	0	0.0	31	8.5	31	8.5	4	1.1	13	3.6	31	8.5
Kandy	277	221	79.8	16	5.8	237	85.6	0	0.0	23	8.3	23	8.3	6	2.2	5	1.8	6	2.2
Matale	75	65	86.7	1	1.3	66	88.0	3	4.0	2	2.7	5	6.7	0	0.0	2	2.7	2	2.7
Nuwara Eliya	103	70	68.0	0	0.0	70	68.0	8	7.8	13	12.6	21	20.4	0	0.0	5	4.9	7	6.8
Galle	211	168	79.6	4	1.9	172	81.5	16	7.6	2	0.9	18	8.5	4	1.9	9	4.3	8	3.8
Matara	87	77	88.5	5	5.7	82	94.3	3	3.4	0	0.0	3	3.4	0	0.0	0	0.0	2	2.3
Hambantota	71	59	83.1	0	0.0	59	83.1	8	11.3	0	0.0	8	11.3	1	1.4	3	4.2	0	0.0
Jaffna	93	65	69.9	15	16.1	80	86.0	1	1.1	6	6.5	7	7.5	2	2.2	3	3.2	1	1.1
Vavuniya	35	24	68.6	6	17.1	30	85.7	4	11.4	0	0.0	4	11.4	0	0.0	1	2.9	0	0.0
Batticaloa	88	82	93.2	0	0.0	82	93.2	1	1.1	4	4.5	5	5.7	0	0.0	0	0.0	1	1.1
Ampara	44	37	84.1	0	0.0	37	84.1	4	9.1	0	0.0	4	9.1	1	2.3	0	0.0	2	4.5
Kalmunai	114	92	80.7	3	2.6	95	83.3	4	3.5	8	7.0	12	10.5	1	0.9	4	3.5	2	1.8
Trincomalee	95	78	82.1	0	0.0	78	82.1	7	7.4	1	1.1	8	8.4	2	2.1	0	0.0	7	7.4
Kurunegala	251	213	84.9	4	1.6	217	86.5	7	2.8	15	6.0	22	8.8	4	1.6	6	2.4	2	0.8
Puttalam	99	90	90.9	2	2.0	92	92.9	0	0.0	3	3.0	3	3.0	3	3.0	2	2.0	-1	-1.0
Anuradhapura	157	134	85.4	4	2.5	138	87.9	12	7.6	1	0.6	13	8.3	1	0.6	2	1.3	3	1.9
Polonnaruwa	68	60	88.2	2	2.9	62	91.2	4	5.9	0	0.0	4	5.9	2	2.9	0	0.0	0	0.0
Badulla	121	98	81.0	1	0.8	99	81.8	6	5.0	9	7.4	15	12.4	3	2.5	2	1.7	2	1.7
Monaragala	72	52	72.2	6	8.3	58	80.6	4	5.6	1	1.4	5	6.9	2	2.8	0	0.0	7	9.7
Ratnapura	227	196	86.3	2	0.9	198	87.2	5	2.2	17	7.5	22	9.7	1	0.4	0	0.0	6	2.6
Kegalle	188	152	80.9	5	2.7	157	83.5	8	4.3	12	6.4	20	10.6	6	3.2	2	1.1	3	1.6
Mannar	26	24	92.3	0	0.0	24	92.3	0	0.0	2	7.7	2	7.7	0	0.0	0	0.0	0	0.0
Mullaitivu	22	14	63.6	0	0.0	14	63.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	8	36.4
Kilinochchi	22	13	59.1	2	9.1	15	68.2	0	0.0	2	9.1	2	9.1	2	9.1	1	4.5	2	9.1
Sri Lanka	4,909	3,697	75.3	273	5.6	3,970	80.9	159	3.2	247	5.0	406	8.3	82	1.7	238	4.8	213	4.3

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2023.

Annex 15: Treatment outcome of new clinically diagnosed PTB cases by district, 2023 cohort

District	Registered	Treatment completed		Died – not due to TB		Other deaths		All deaths		Failed		LTFU		Not evaluated	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
Colombo	259	179	69.1	10	3.9	11	4.2	21	8.1	1	0.4	18	6.9	40	15.4
Gampaha	251	193	76.9	17	6.8	8	3.2	25	10.0	1	0.4	14	5.6	18	7.2
Kalutara	145	121	83.4	0	0.0	11	7.6	11	7.6	0	0.0	1	0.7	12	8.3
Kandy	129	96	74.4	0	0.0	22	17.1	22	17.1	0	0.0	2	1.6	9	7.0
Matale	32	27	84.4	2	6.3	0	0.0	2	6.3	0	0.0	0	0.0	3	9.4
Nuwara Eliya	47	31	66.0	4	8.5	2	4.3	6	12.8	0	0.0	4	8.5	6	12.8
Galle	111	90	81.1	10	9.0	1	0.9	11	9.9	1	0.9	0	0.0	9	8.1
Matara	15	13	86.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	13.3
Hambantota	31	19	61.3	8	25.8	0	0.0	8	25.8	0	0.0	0	0.0	4	12.9
Jaffna	58	43	74.1	2	3.4	5	8.6	7	12.1	2	3.4	1	1.7	5	8.6
Vavuniya	11	9	81.8	0	0.0	0	0.0	0	0.0	0	0.0	1	9.1	1	9.1
Batticaloa	34	28	82.4	0	0.0	3	8.8	3	8.8	0	0.0	1	2.9	2	5.9
Ampara	9	7	77.8	1	11.1	0	0.0	1	11.1	0	0.0	0	0.0	1	11.1
Kalmunai	20	15	75.0	1	5.0	2	10.0	3	15.0	0	0.0	0	0.0	2	10.0
Trincomalee	21	17	81.0	0	0.0	1	4.8	1	4.8	0	0.0	0	0.0	3	14.3
Kurunegala	124	110	88.7	4	3.2	3	2.4	7	5.6	0	0.0	3	2.4	4	3.2
Puttalam	23	15	65.2	5	21.7	0	0.0	5	21.7	0	0.0	1	4.3	2	8.7
Anuradhapura	53	49	92.5	1	1.9	0	0.0	1	1.9	0	0.0	0	0.0	3	5.7
Polonnaruwa	29	18	62.1	3	10.3	0	0.0	3	10.3	0	0.0	0	0.0	8	27.6
Badulla	38	27	71.1	0	0.0	3	7.9	3	7.9	0	0.0	2	5.3	6	15.8
Monaragala	10	6	60.0	1	10.0	0	0.0	1	10.0	0	0.0	1	10.0	2	20.0
Ratnapura	71	57	80.3	1	1.4	4	5.6	5	7.0	0	0.0	1	1.4	8	11.3
Kegalle	27	25	92.6	2	7.4	0	0.0	2	7.4	0	0.0	0	0.0	0	0.0
Mannar	4	3	75.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	25.0
Mullaitivu	7	4	57.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	42.9
Kilinochchi	5	4	80.0	0	0.0	1	20.0	1	20.0	0	0.0	0	0.0	0	0.0
Sri Lanka	1,564	1,206	77.1	72	4.6	77	4.9	149	9.5	5	0.3	50	3.2	154	9.8

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2023.

Annex 16: Treatment outcome of new EPTB cases by district, 2023 cohort

District	Registered	Treatment completed		Died – not due to TB		Other deaths		All deaths		Failed		LTFU		Not evaluated	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
Colombo	514	395	76.8	15	2.9	18	3.5	33	6.4	2	0.4	31	6.0	53	10.3
Gampaha	265	199	75.1	15	5.7	9	3.4	24	9.1	1	0.4	12	4.5	29	10.9
Kalutara	144	106	73.6	0	0.0	9	6.3	9	6.3	1	0.7	2	1.4	26	18.1
Kandy	131	115	87.8	0	0.0	3	2.3	3	2.3	0	0.0	3	2.3	10	7.6
Matale	45	35	77.8	2	4.4	1	2.2	3	6.7	0	0.0	2	4.4	5	11.1
Nuwara Eliya	102	86	84.3	4	3.9	3	2.9	7	6.9	1	1.0	0	0.0	8	7.8
Galle	159	136	85.5	7	4.4	0	0.0	7	4.4	0	0.0	5	3.1	11	6.9
Matara	57	45	78.9	2	3.5	0	0.0	2	3.5	0	0.0	1	1.8	9	15.8
Hambantota	55	42	76.4	7	12.7	0	0.0	7	12.7	0	0.0	1	1.8	5	9.1
Jaffna	77	56	72.7	1	1.3	6	7.8	7	9.1	0	0.0	1	1.3	13	16.9
Vavuniya	11	8	72.7	1	9.1	0	0.0	1	9.1	0	0.0	0	0.0	2	18.2
Batticaloa	42	36	85.7	2	4.8	2	4.8	4	9.5	0	0.0	0	0.0	2	4.8
Ampara	14	13	92.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	7.1
Kalmunai	24	19	79.2	0	0.0	2	8.3	2	8.3	0	0.0	1	4.2	2	8.3
Trincomalee	31	26	83.9	1	3.2	1	3.2	2	6.5	0	0.0	0	0.0	3	9.7
Kurunegala	122	107	87.7	2	1.6	6	4.9	8	6.6	0	0.0	0	0.0	7	5.7
Puttalam	61	50	82.0	4	6.6	1	1.6	5	8.2	0	0.0	0	0.0	6	9.8
Anuradhapura	84	77	91.7	3	3.6	3	3.6	6	7.1	0	0.0	1	1.2	0	0.0
Polonnaruwa	30	27	90.0	1	3.3	0	0.0	1	3.3	0	0.0	0	0.0	2	6.7
Badulla	92	74	80.4	5	5.4	5	5.4	10	10.9	0	0.0	3	3.3	5	5.4
Monaragala	41	31	75.6	2	4.9	3	7.3	5	12.2	0	0.0	1	2.4	4	9.8
Ratnapura	125	102	81.6	5	4.0	4	3.2	9	7.2	0	0.0	0	0.0	14	11.2
Kegalle	88	82	93.2	3	3.4	2	2.3	5	5.7	0	0.0	1	1.1	0	0.0
Mannar	8	6	75.0	1	12.5	0	0.0	1	12.5	0	0.0	0	0.0	1	12.5
Mullaitivu	10	8	80.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	20.0
Kilinochchi	16	11	68.8	0	0.0	2	12.5	2	12.5	0	0.0	0	0.0	3	18.8
Sri Lanka	2,348	1,892	80.6	83	3.5	80	3.4	163	6.9	5	0.2	65	2.8	223	9.5

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2023..

Annex 17: Treatment outcome of previously treated TB cases by district, 2023 cohort

District	Registered	Cured		Treatment completed		Treatment success		Died – not due to TB		Other deaths		All deaths		Failed		LTFU		Not evaluated	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Colombo	228	104	45.6	31	13.6	135	59.2	5	2.2	14	6.1	19	8.3	4	1.8	37	16.2	33	14.5
Gampaha	140	57	40.7	37	26.4	94	67.1	6	4.3	2	1.4	8	5.7	3	2.1	21	15.0	14	10.0
Kalutara	50	17	34.0	15	30.0	32	64.0	0	0.0	4	8.0	4	8.0	0	0.0	3	6.0	11	22.0
Kandy	23	11	47.8	9	39.1	20	87.0	0	0.0	3	13.0	3	13.0	0	0.0	0	0.0	0	0.0
Matale	8	4	50.0	2	25.0	6	75.0	0	0.0	0	0.0	0	0.0	0	0.0	1	12.5	1	12.5
Nuwara Eliya	14	8	57.1	4	28.6	12	85.7	0	0.0	0	0.0	0	0.0	0	0.0	2	14.3	0	0.0
Galle	30	18	60.0	4	13.3	22	73.3	3	10.0	1	3.3	4	13.3	0	0.0	2	6.7	2	6.7
Matara	6	5	83.3	0	0.0	5	83.3	1	16.7	0	0.0	1	16.7	0	0.0	0	0.0	0	0.0
Hambantota	11	5	45.5	0	0.0	5	45.5	3	27.3	2	18.2	5	45.5	0	0.0	1	9.1	0	0.0
Jaffna	25	2	8.0	16	64.0	18	72.0	0	0.0	5	20.0	5	20.0	0	0.0	0	0.0	2	8.0
Vavuniya	1	0	0.0	1	100.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Batticaloa	6	4	66.7	0	0.0	4	66.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	33.3
Ampara	5	5	100.0	0	0.0	5	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kalmunai	15	8	53.3	2	13.3	10	66.7	0	0.0	0	0.0	0	0.0	2	13.3	3	20.0	0	0.0
Trincomalee	13	7	53.8	2	15.4	9	69.2	1	7.7	0	0.0	1	7.7	0	0.0	0	0.0	3	23.1
Kurunegala	25	13	52.0	0	0.0	13	52.0	3	12.0	2	8.0	5	20.0	0	0.0	4	16.0	3	12.0
Puttalam	12	9	75.0	1	8.3	10	83.3	1	8.3	0	0.0	1	8.3	1	8.3	0	0.0	0	0.0
Anuradhapura	15	9	60.0	4	26.7	13	86.7	0	0.0	0	0.0	0	0.0	0	0.0	1	6.7	1	6.7
Polonnaruwa	12	7	58.3	2	16.7	9	75.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	25.0
Badulla	24	13	54.2	3	12.5	16	66.7	0	0.0	1	4.2	1	4.2	1	4.2	1	4.2	5	20.8
Monaragala	9	3	33.3	1	11.1	4	44.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	55.6
Ratnapura	13	9	69.2	0	0.0	9	69.2	0	0.0	2	15.4	2	15.4	0	0.0	0	0.0	2	15.4
Kegalle	15	13	86.7	0	0.0	13	86.7	0	0.0	1	6.7	1	6.7	0	0.0	0	0.0	1	6.7
Mannar	8	4	50.0	4	50.0	8	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Mullaitivu	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Kilinochchi	5	1	20.0	2	40.0	3	60.0	2	40.0	0	0.0	2	40.0	0	0.0	0	0.0	0	0.0
Sri Lanka	713	336	47.1	140	19.6	476	66.8	25	3.5	37	5.2	62	8.7	11	1.5	76	10.7	88	12.3

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2023.

Annex 18: Treatment outcome of other previously treated TB cases by district, 2023 cohort

District	Registered	Cured		Treatment completed		Treatment success		Died – not due to TB		Other deaths		All deaths		Failed		LTFU		Not evaluated	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Colombo	35	17	48.6	7	20.0	24	68.6	0	0.0	5	14.3	5	14.3	0	0.0	5	14.3	1	2.9
Gampaha	3	2	66.7	1	33.3	3	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kalutara	2	0	0.0	2	100.0	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kandy	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Matale	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Nuwara Eliya	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Galle	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Matara	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Hambantota	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Jaffna	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Vavuniya	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Batticaloa	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Ampara	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Kalmunai	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Trincomalee	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Kurunegala	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Puttalam	1	0	0.0	1	100.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Anuradhapura	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Polonnaruwa	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Badulla	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Monaragala	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Ratnapura	2	1	50.0	0	0.0	1	50.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	50.0
Kegalle	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Mannar	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Mullaitivu	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Kilinochchi	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Sri Lanka	43	20	46.5	11	25.6	31	72.1	0	0.0	5	11.6	5	11.6	0	0.0	5	11.6	2	4.7

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2023.

Annex 19: Trends in TB case detection by type, 2005–2024

Year	All cases	All new	New PTB	New PTB BC	BC % of new PTB	New PTB CD	New EPTB	EPTB % of new	Previously treated	Relapse	New + relapse	Notified incidence rate
2005	9,695	8,983	7,066	4,868	68.9	2,198	1,917	21.3	510	266	9,249	46.8
2006	8,946	8,283	6,347	4,442	70.0	1,905	1,936	23.4	435	227	8,510	42.6
2007	9,155	8,497	6,513	4,528	69.5	1,985	1,984	23.3	438	221	8,718	43.0
2008	9,614	8,996	6,829	4,683	68.6	2,146	2,167	24.1	394	202	9,198	44.8
2009	9,788	9,118	6,760	4,764	70.5	1,996	2,358	25.9	409	196	9,314	44.8
2010	10,095	9,328	6,780	4,635	68.4	2,145	2,548	27.3	380	219	9,547	45.4
2011	10,329	9,508	6,896	4,490	65.1	2,406	2,612	27.5	395	248	9,756	48.5
2012	9,343	8,507	6,158	4,269	69.3	1,889	2,349	27.6	433	245	8,752	43.2
2013	9,496	8,767	6,304	4,423	70.2	1,881	2,463	28.1	410	243	9,010	44.1
2014	9,473	8,692	6,124	4,293	70.1	1,831	2,568	29.5	456	288	8,980	43.7
2015	9,575	8,990	6,291	4,299	68.3	1,992	2,699	30.0	573	303	9,293	44.5
2016	8,886	8,332	5,807	4,093	70.5	1,714	2,525	30.3	550	328	8,660	40.9
2017	8,511	8,013	5,785	4,019	69.5	1,766	2,228	27.8	484	301	8,314	39.0
2018	8,856	8,258	5,827	4,181	71.8	1,646	2,431	29.4	591	355	8,613	40.1
2019	8,434	7,812	5,689	4,359	76.6	1,330	2,123	27.2	604	374	8,186	37.8
2020	7,258	6,686	4,758	3,734	78.5	1,024	1,928	28.8	567	344	7,030	32.2
2021	6,771	6,249	4,416	3,483	78.9	933	1,833	29.3	508	156	6,405	29.1
2022	8,342	7,762	5,767	4,211	73.0	1,556	1,995	25.7	568	347	8,109	36.6
2023	9,538	8,821	6,456	4,832	74.8	1,624	2,365	26.8	713	446	9,267	41.6
2024	9,180	8,529	6,283	4,823	76.8	1,460	2,246	26.3	643	393	8,922	39.8

Source: NPTCCD annual reports (2005–2023) and TB-08 quarterly reports (2024). Incidence rate per 100,000 population.

Annex 20: Trends in treatment outcomes of all forms of TB and deaths among registered patients, 2010–2023 cohorts

Cohort year	Outcome rates, all forms (%)				Deaths among registered patients		
	Treatment success	Died	LTFU	Failed	Total	Male	Female
2010	86.8	6.2	6.2	1.0	–	–	–
2011	87.1	5.1	3.9	0.8	530	388	142
2012	82.9	5.5	4.6	0.7	511	375	136
2013	83.2	5.7	4.8	0.9	542	406	136
2014	83.2	6.9	4.5	1.1	657	495	162
2015	84.1	6.8	4.2	1.1	648	473	175
2016	84.6	7.0	3.9	1.0	620	464	156
2017	84.2	6.8	3.8	1.0	575	419	156
2018	84.1	6.4	3.4	1.4	567	423	144
2019	84.2	7.1	3.7	1.2	602	423	179
2020	82.2	7.6	3.4	1.5	554	404	150
2021	79.4	8.8	4.1	1.3	598	424	174
2022	78.1	9.0	4.5	1.4	747	509	238
2023	79.6	8.2	4.5	1.1	780	548	232

Source: NPTCCD annual reports (2010–2023 cohorts) and TB-10 quarterly reports (2023 cohort).