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National Programme for Tuberculosis Control and Chest Diseases

Ministry of Health and Mass Media, Sri Lanka

Annual Report 2025

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 2025.

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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 2025, district chest clinics registered 8,726 people with TB, a notification rate of 38.8 per 100,000 population. Although this represents a 4.9% decline from 2024, 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 2024 was 79.2%, still 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 2025 (case detection by type, district, province, age and sex) and treatment outcomes for the cohort of patients registered in 2024.
- **Part II – Activity Report:** TB control activities carried out at national and district level during 2025.
- **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.

2025 at a Glance

This summary presents the headline indicators for 2025. Case-finding indicators refer to patients registered during 2025; treatment outcome indicators refer to the cohort of patients registered in 2024, whose outcomes were finalised during 2025.

8,726 All TB cases notified -4.9% vs 2024 (9,180)	38.8 Notification rate per 100,000 (2024: 41.0)	8,485 Incident cases (new + relapse) 37.7 per 100,000 (2024: 39.8)	77.1% New PTB bacteriologically confirmed 4,641 of 6,019 new PTB
25.9% EPTB among new cases 2,106 cases; PTB:EPTB = 2.9:1	63.7% Males among new cases M:F ratio 1.76:1	228 Children aged 0–14 years 2.8% of new cases (2024: 225)	23.5% Share from Colombo district 2,054 cases; 82.4 per 100,000
79.2% Treatment success (2024 cohort) Target ≥85% (2023 cohort: 79.6%)	8.5% Died during treatment 781 of 9,180 registered	5.8% Lost to follow-up 52.8% of LTFU from Colombo	6/26 Districts with TSR ≥85% 2024 treatment cohort
98.9% TB patients screened for HIV 62 TB/HIV co-infections	19 MDR/RR-TB patients detected 19 in 2024		

Table 1: Key programme indicators, 2024 and 2025

Indicator	2024	2025	Change
All forms of TB notified	9,180	8,726	-4.9%
Notification rate (per 100,000)	41.0	38.8	-5.5%
Incident TB (new + relapse)	8,922	8,485	-4.9%
Incidence rate – notified (per 100,000)	39.8	37.7	-5.4%
New cases	8,529	8,125	-4.7%
New PTB – bacteriologically confirmed	4,823	4,641	-3.8%
New PTB – clinically diagnosed	1,460	1,378	-5.6%
New EPTB	2,246	2,106	-6.2%
Bacteriological confirmation among new PTB (%)	76.8	77.1	+0.3 pts
Previously treated cases	643	593	-7.8%
Relapse	393	360	-8.4%
Relapse share of incident cases (%)	4.4	4.2	-0.2 pts
Children 0–14 years (new cases)	225	228	+1.3%
Male : female ratio (new cases)	1.76	1.76	–
TB patients screened for HIV (%)	95.7	98.9	+3.2 pts
TB/HIV co-infected patients	68	62	-8.8%
MDR/RR-TB patients detected	19	19	+0.0%
Treatment success rate, all forms (%)*	79.6	79.2	-0.4 pts
Death rate, all forms (%)*	8.2	8.5	+0.3 pts
Lost to follow-up rate, all forms (%)*	4.5	5.8	+1.3 pts
Failure rate, all forms (%)*	1.1	1.2	+0.1 pts

* Treatment outcome indicators: the "2024" column is the cohort registered in 2023 (as published in Annual Report 2024); the "2025" column is the cohort registered in 2024. 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, 2025

TB continues to be a public health problem in Sri Lanka. In 2025, **8,726** TB cases of all forms were registered at district chest clinics, of which **93.1% (n=8,125)** were new cases. Around **75.1%** of all cases (n=6,553) had pulmonary TB, and **77.7%** of pulmonary cases (n=5,094) were bacteriologically confirmed. The ratio of new pulmonary to new extra-pulmonary TB was **2.9:1**. The notified incidence (new and relapse cases) was **37.7 per 100,000 population**.

Key messages – 2025

- **8,485** incident TB cases (new and relapse; 37.7 per 100,000) were notified in 2025, 4.9% fewer than in 2024. Compared with the WHO estimated incidence, around **4,797** people with TB may not have been diagnosed or notified.
- TB remains geographically concentrated: the **Western Province** accounted for **43.5%** of all cases, and **Colombo district** alone for **23.5%**, with a notification rate of **82.4 per 100,000** – more than double the national rate.
- The burden falls heavily on **older men**. Males formed 63.7% of new cases; the notification rate among men aged 55–64 years (**183.9 per 100,000**) was about five times the national rate. 44.6% of new cases were aged 55 years or more.
- Diagnostic quality improved: **77.1%** of new pulmonary cases were bacteriologically confirmed (76.8% in 2024), while clinically diagnosed cases fell by a further 5.6%.
- Only **228** children (0–14 years) were notified (2.8% 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 2024 cohort was **79.2%**, marginally below the 79.6% recorded for the 2023 cohort but below the 85% target. Deaths (**8.5%**), loss to follow-up (**5.8%**) and outcomes not evaluated (**5.2%**) were the main contributors to unsuccessful outcomes. Only 6 of 26 districts achieved ≥85%.
- Previously treated patients had markedly poorer outcomes (treatment success 67.8%; LTFU 14.3%), and Colombo district accounted for 52.8% 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, 2025

- Drug-sensitive TB cases found: **8,726** against an annual target of 10,000 (**87.3%** achieved).
- Children with TB found: **228** against an annual target of 600 (**38.0%** achieved).
- Incidence rate (notified): 37.7 per 100,000 in 2025 compared with 44.5 in 2015 – a **15.3%** 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 2025 aggregated by district of registration. Rates are calculated using 2025 mid-year population estimates (total 22,512,358). 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 2024.**

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 2025, 8751 H816A notifications were received by the NPTCCD. In addition, all TB cases registered at district chest clinics are reported through TB-08; in 2025 this number was **8,726**.

TB death notifications (H814)

TB deaths were notified through H814. Deaths among patients registered for treatment are reported separately in Chapter 4; 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 2025 was **37.7 per 100,000 population** (8,485 cases), a decline of 5.4% from 39.8 per 100,000 in 2024 (Figure 1). This follows the sharp rebound observed in 2022 and 2023 after the COVID-19-related fall in notifications in 2020–2021, and brings the notified incidence rate back to the level last recorded in 2019 (37.8 per 100,000).

Relapse cases made up **4.2%** of incident cases in 2025 (360 of 8,485), compared with 4.4% in 2024.

Using the WHO estimated incidence rate for 2025 (59 per 100,000), approximately 13,282 incident cases were expected, corresponding to a provisional **treatment coverage of 63.9%** and a gap of about 4,797 cases.

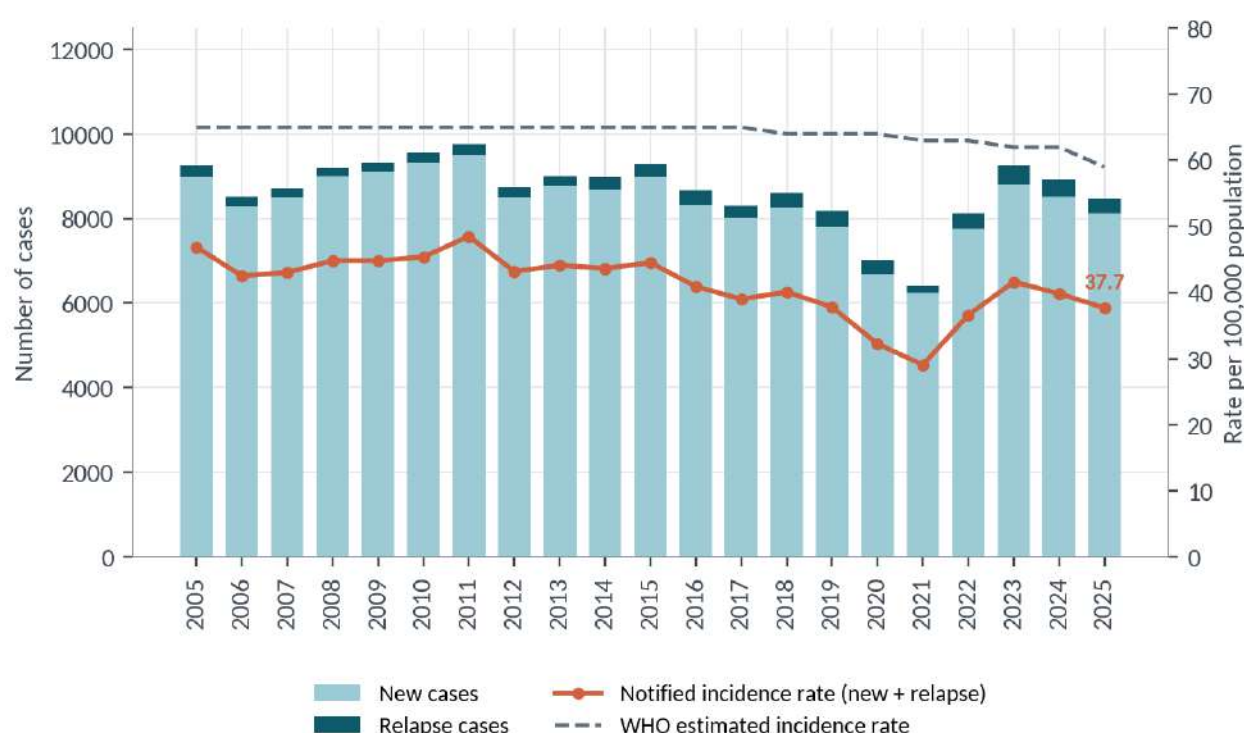


Figure 1: Notified TB incidence (new and relapse cases) and incidence rate, 2005–2025

Source: NPTCCD quarterly TB-08 reports; WHO estimated incidence shown up to 2023.

3.3 Case detection of TB

The total number of TB cases of all forms reported from district chest clinics in 2025 was **8,726**, a decrease of 4.9% from 9,180 in 2024 (Figure 2). Of these, **8,125 (93.1%)** were new cases, **593 (6.8%)** were previously treated cases and **8 (0.1%)** had an unknown previous treatment history.

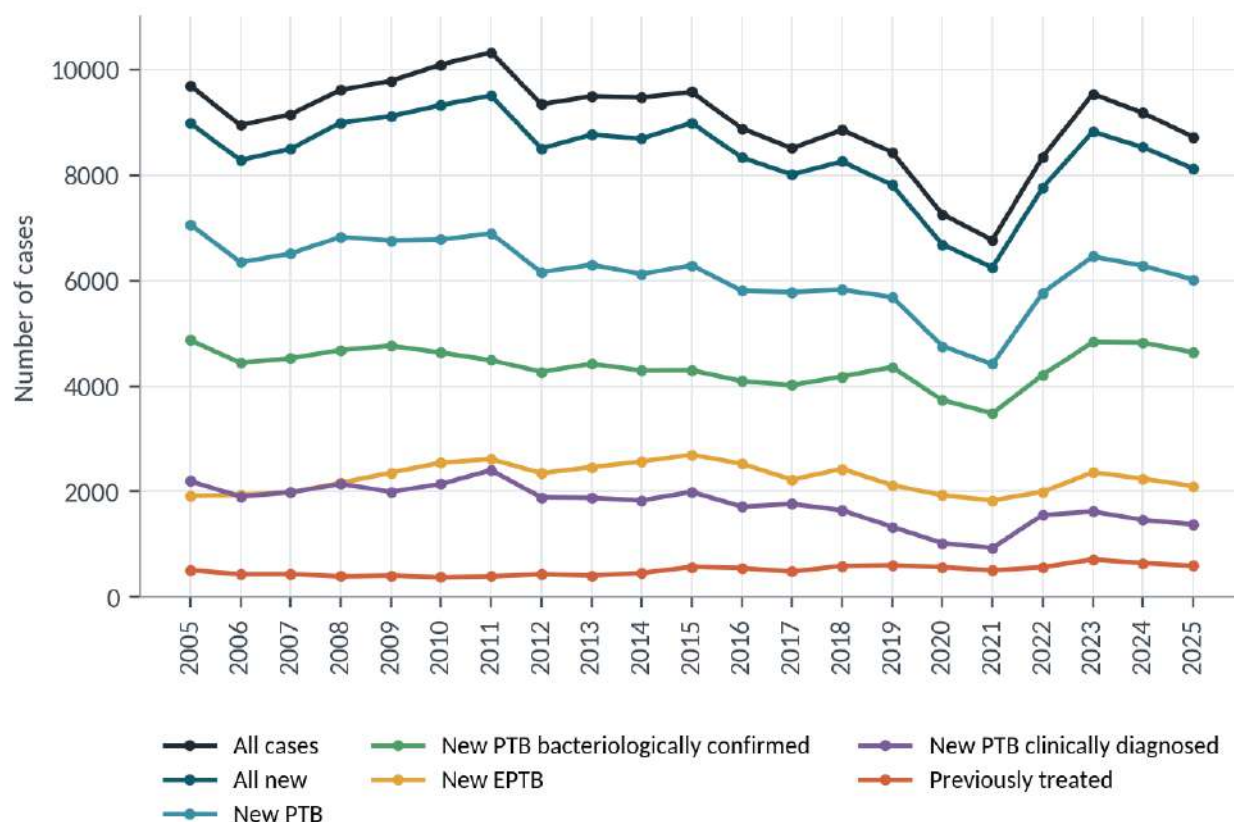


Figure 2: Case detection of TB by type, 2005–2025

Among the 8,125 new cases, **6,019 (74.1%)** were pulmonary TB and **2,106 (25.9%)** were extra-pulmonary TB. Of the new PTB cases, **4,641 (77.1%)** were bacteriologically confirmed and **1,378 (22.9%)** were clinically diagnosed (Figure 3, Table 4). Of the 593 previously treated cases, 446 (75.2%) were bacteriologically confirmed PTB, 80 (13.5%) were clinically diagnosed PTB and 67 (11.3%) were EPTB.

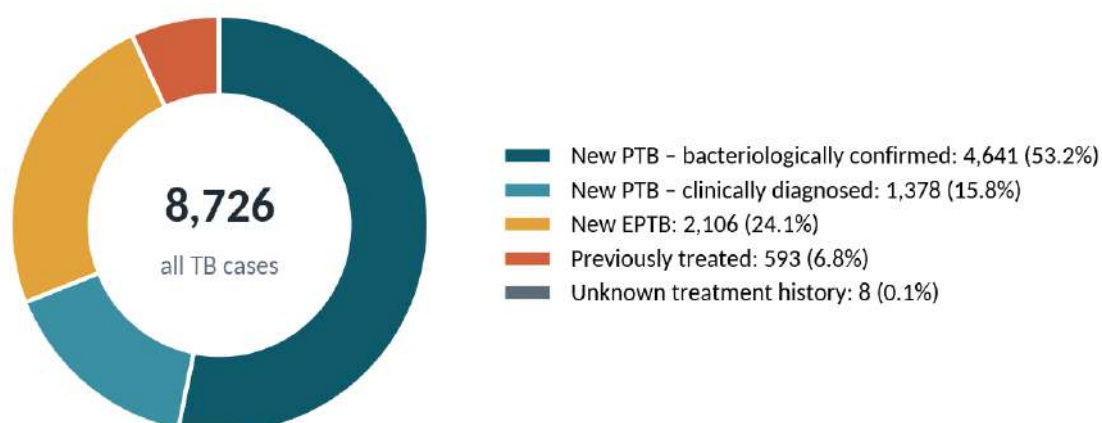


Figure 3: Distribution of TB cases by type, 2025

Among the 4,641 new bacteriologically confirmed pulmonary cases, **3,351 (72.2%)** were sputum smear positive, **1,149 (24.8%)** were smear negative but positive on a WHO-recommended rapid diagnostic test, and **141 (3.0%)** were smear negative and culture positive (Figure 4). The contribution of rapid molecular testing to bacteriological confirmation now approaches one quarter of all confirmed pulmonary cases.

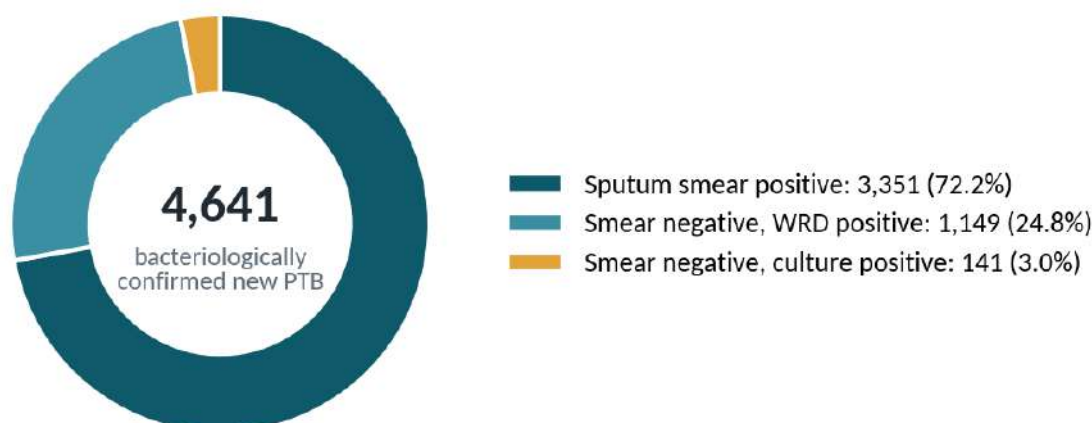


Figure 4: Method of bacteriological confirmation of new pulmonary TB cases, 2025

Source: NPTCCD case-finding returns, 2025.

Table 4: TB case detection by type, 2024 and 2025

Category	2024 (n)	2024 (%)	2025 (n)	2025 (%)	Change
New – PTB bacteriologically confirmed	4,823	52.5	4,641	53.2	-3.8%
New – PTB clinically diagnosed	1,460	15.9	1,378	15.8	-5.6%
New – EPTB	2,246	24.5	2,106	24.1	-6.2%
All new cases	8,529	92.9	8,125	93.1	-4.7%
Relapse	393	4.3	360	4.1	-8.4%
Treatment after failure	103	1.1	107	1.2	+3.9%
Treatment after loss to follow-up	122	1.3	107	1.2	-12.3%
Other previously treated	25	0.3	19	0.2	-24.0%
All previously treated cases	643	7.0	593	6.8	-7.8%
Unknown previous treatment history	8	0.1	8	0.1	+0.0%
All forms of TB	9,180	100.0	8,726	100.0	-4.9%

Source: TB-08 quarterly reports. 2024 figures as published in Annual Report 2024.

Case detection by district of registration

TB case detection varied widely among districts (Figure 5, Annex 1). The highest number of cases was reported from **Colombo (n=2,054; 23.5%)**, followed by Gampaha (n=1,155; 13.2%), Kalutara (n=607; 7.0%), Kandy (n=586; 6.7%) and Galle (n=513; 5.9%). Together, these five districts reported 56.3% of all cases. The lowest numbers were reported from Mullaitivu (38), Kilinochchi (43) and Mannar (50).

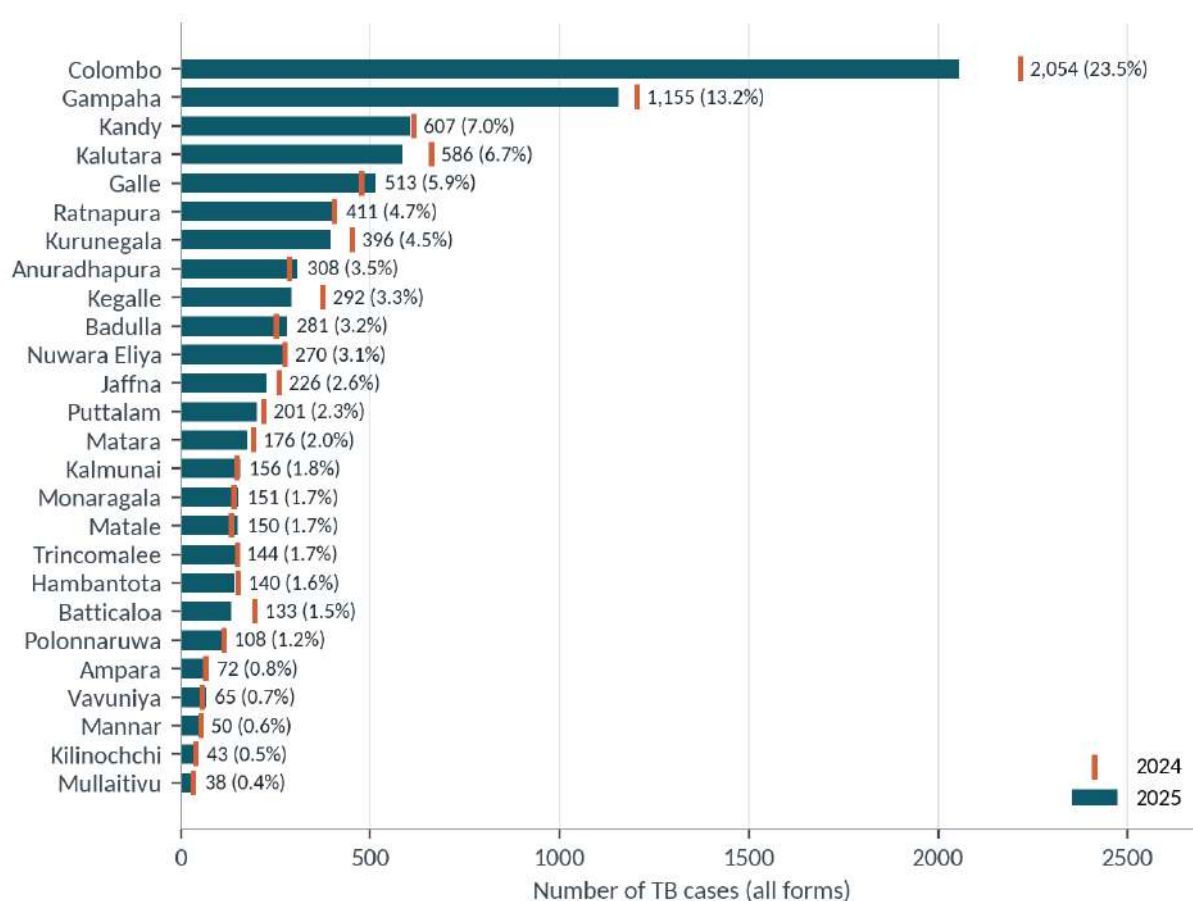


Figure 5: TB case detection by district of registration, 2025 (with 2024 for comparison)

Compared with 2024, notifications declined in 15 districts and increased in 11 (Figure 6). The largest relative increases were in Vavuniya (+16.1%), Mullaitivu (+15.2%), Matale (+11.9%) and Badulla (+11.5%), while the steepest declines were in Batticaloa (-32.1%), Kegalle (-22.3%), Jaffna (-13.1%), Kurunegala (-12.6%) and Kalutara (-11.5%). 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.

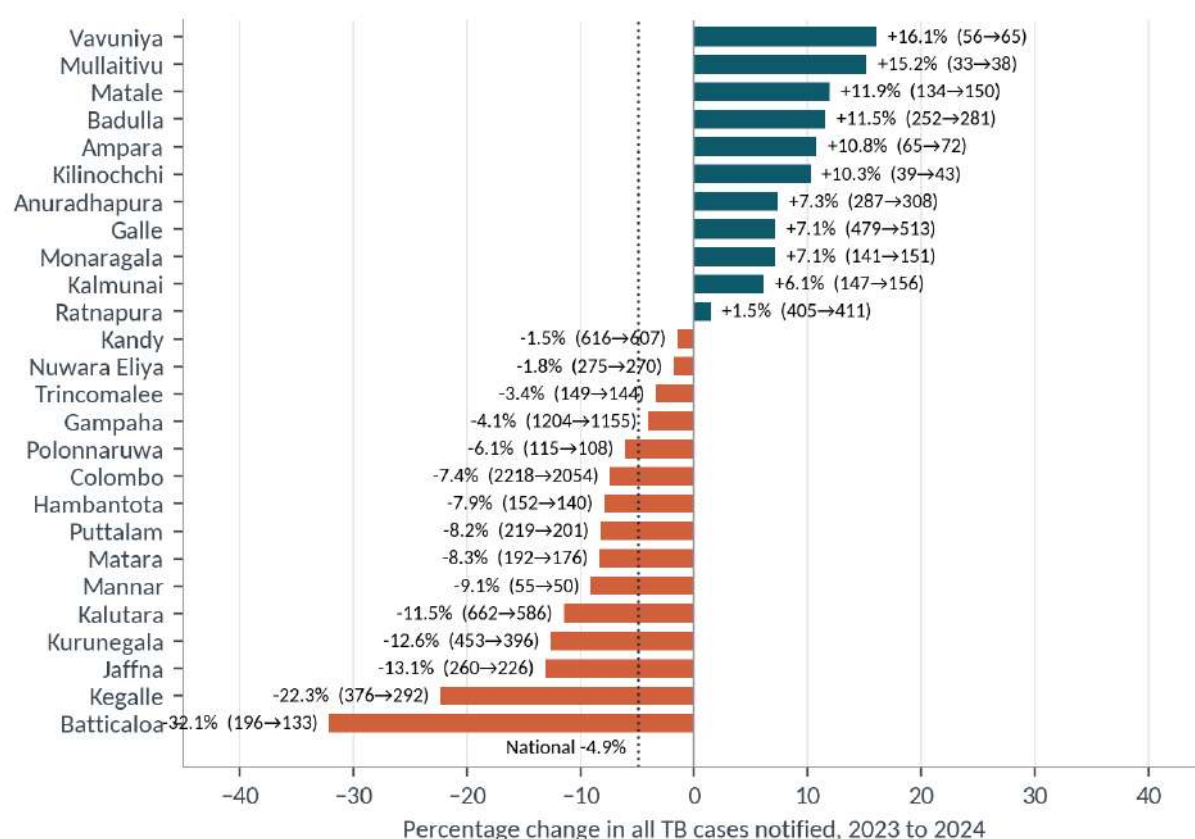


Figure 6: Percentage change in TB case notifications by district, 2024 to 2025

Notification rates, which account for differences in population size, also varied markedly (Figure 7, Annex 2). Colombo had by far the highest rate (**82.4 per 100,000**), followed by Gampaha (47.1), Kalutara (45.1), Galle (44.2) and Mannar (42.0). The lowest rates were in Matara (19.9), Hambantota (20.0), Batticaloa (22.2) and Kurunegala (22.5). Only six districts – Colombo, Gampaha, Kalutara, Galle, Mannar and Kandy – had rates above the national average of 38.8 per 100,000.

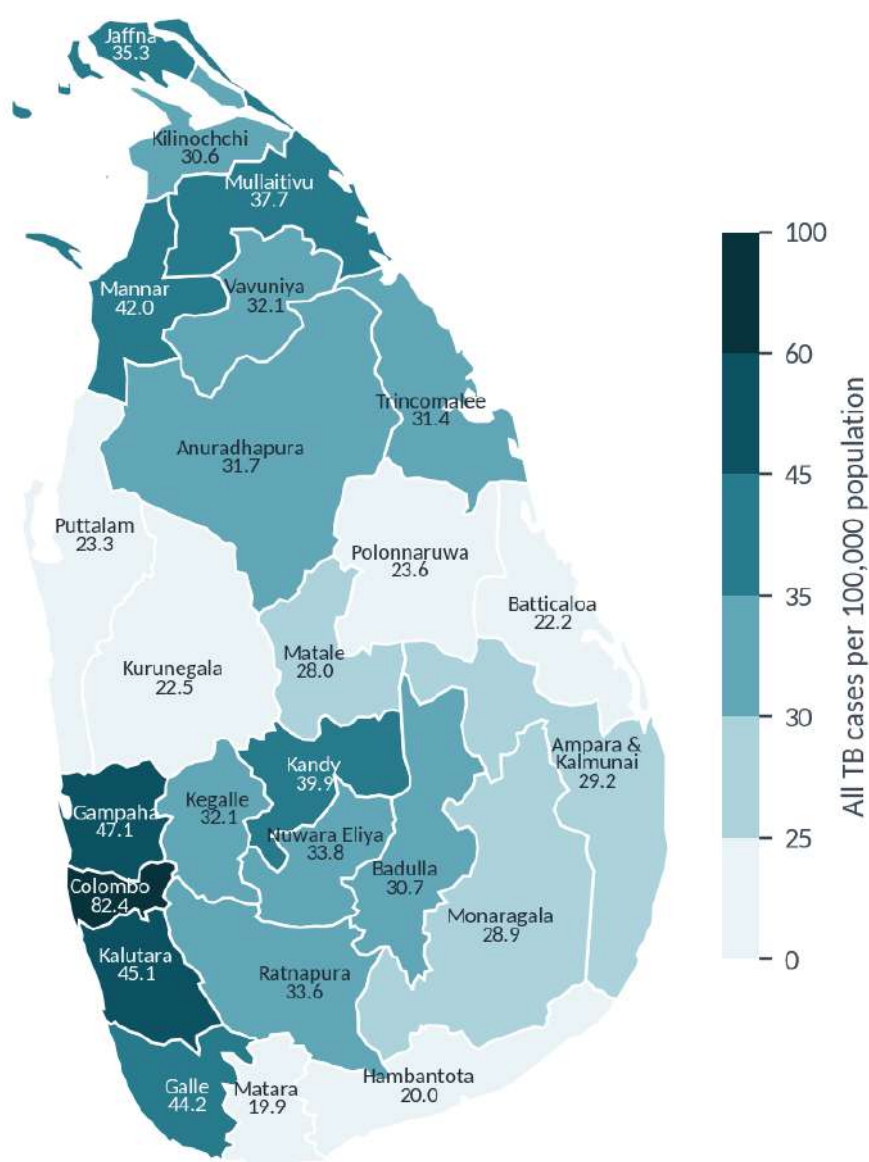


Figure 7: Notification rate of all forms of TB by district, Sri Lanka, 2025

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 **3,795 cases (43.5%)** with a notification rate of **60.8 per 100,000**, far exceeding all other provinces (Figure 8, Table 5). The Northern (35.9), Sabaragamuwa (35.0) and Central (33.0) Provinces had the next-highest rates, while North Western Province had the lowest (22.7 per 100,000). Compared with 2024, notifications increased in the Central (+0.2%) and Sabaragamuwa (+10.0%) Provinces, and declined most in North Central (3.5%), Western (-7.1%) and North Western (-11.2%) Provinces.

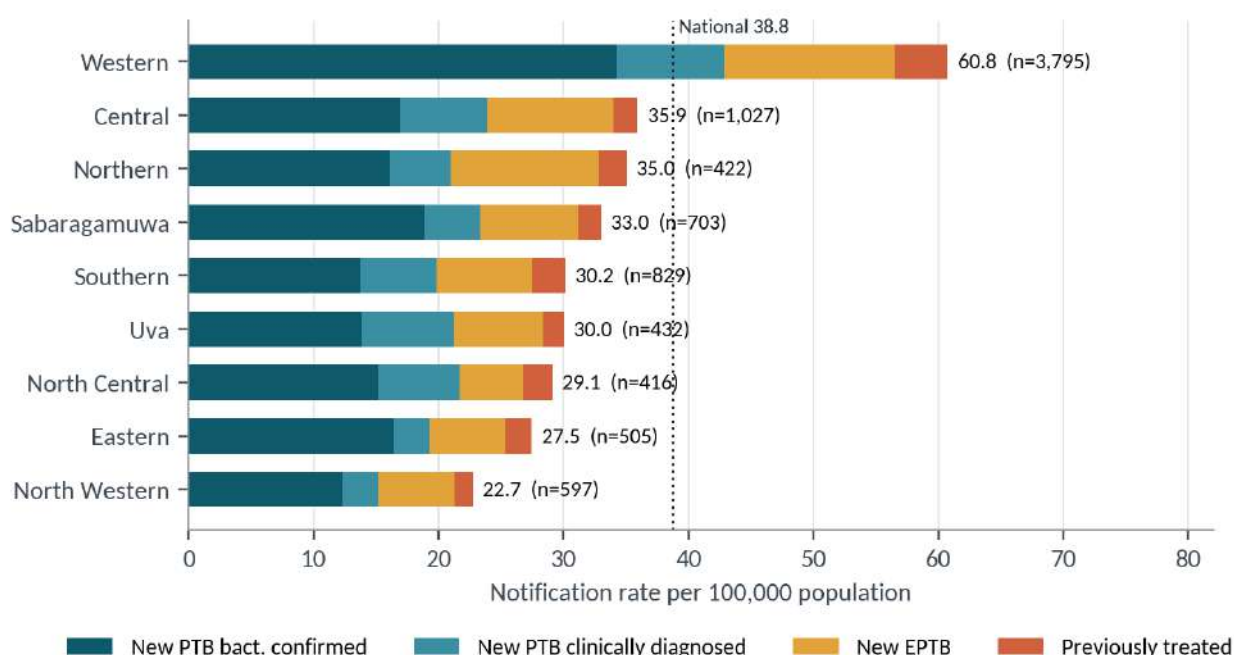


Figure 8: Notification rate of TB by type and province, 2025

Table 5: Distribution of TB cases by province, 2024 and 2025

Province	2024		2025				Change
	All TB	%	All TB	%	Pop. (mid-year)	Rate /100,000	
Western	4,084	44.5	3,795	43.5	6,241,885	60.8	-7.1%
Central	1,025	11.2	1,027	11.8	2,857,097	35.9	+0.2%
Northern	443	4.8	422	4.8	1,204,132	35.0	-4.7%
Sabarakgamuwa	781	8.5	703	8.1	2,131,686	33.0	-10.0%
Southern	823	9.0	829	9.5	2,746,227	30.2	+0.7%
Uva	393	4.3	432	5.0	1,439,003	30.0	+9.9%
North Central	402	4.4	416	4.8	1,429,732	29.1	+3.5%
Eastern	557	6.1	505	5.8	1,837,964	27.5	-9.3%
North Western	672	7.3	597	6.8	2,624,633	22.7	-11.2%
Sri Lanka	9,180	100.0	8,726	100.0	22,512,358	38.8	-4.9%

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 9). The proportion of new cases that were bacteriologically confirmed PTB ranged from **73.4% in Kalmunai** to **41.8% in Jaffna** (national 57.1%). The proportion clinically diagnosed ranged from 28.3% in Monaragala to 4.8% in Batticaloa (national 17.0%). EPTB made up the highest proportion of new cases in Jaffna (39.9%) and the lowest in Polonnaruwa (18.6%). 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.

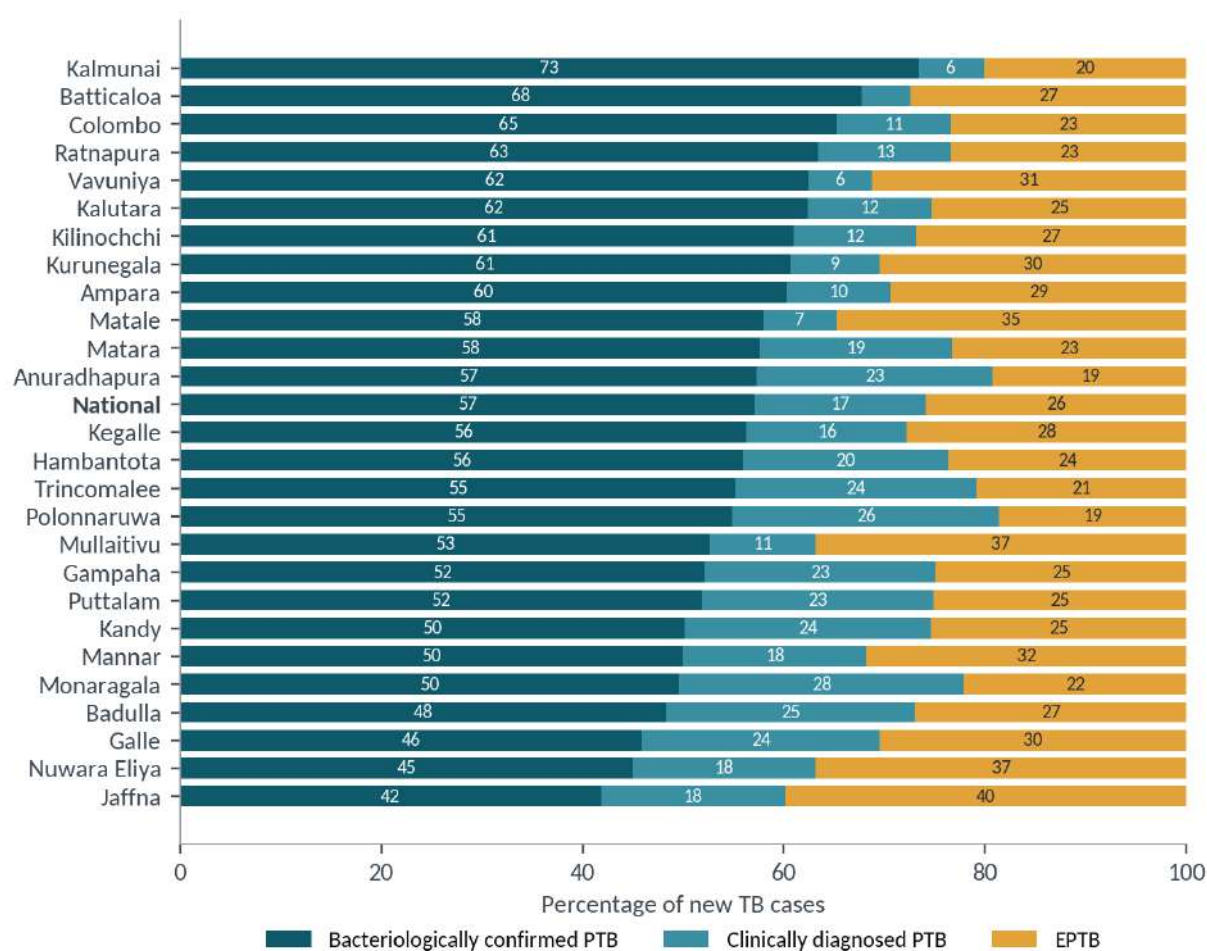


Figure 9: Percentage distribution of new TB cases by type and district, 2025

Bacteriologically confirmed new pulmonary TB

A total of **4,641** new bacteriologically confirmed PTB cases were notified in 2025 (20.6 per 100,000), 3.8% fewer than the 4,823 reported in 2024. The highest number was reported from Colombo (n=1,234; 49.5 per 100,000), followed by Gampaha (n=560; 22.9 per 100,000) and Kalutara (n=348; 26.8 per 100,000). The Colombo rate was nearly twice that of any other district (Figure 10). The lowest numbers were reported from Mullaitivu (20), Mannar (22) and Kilinochchi (25).

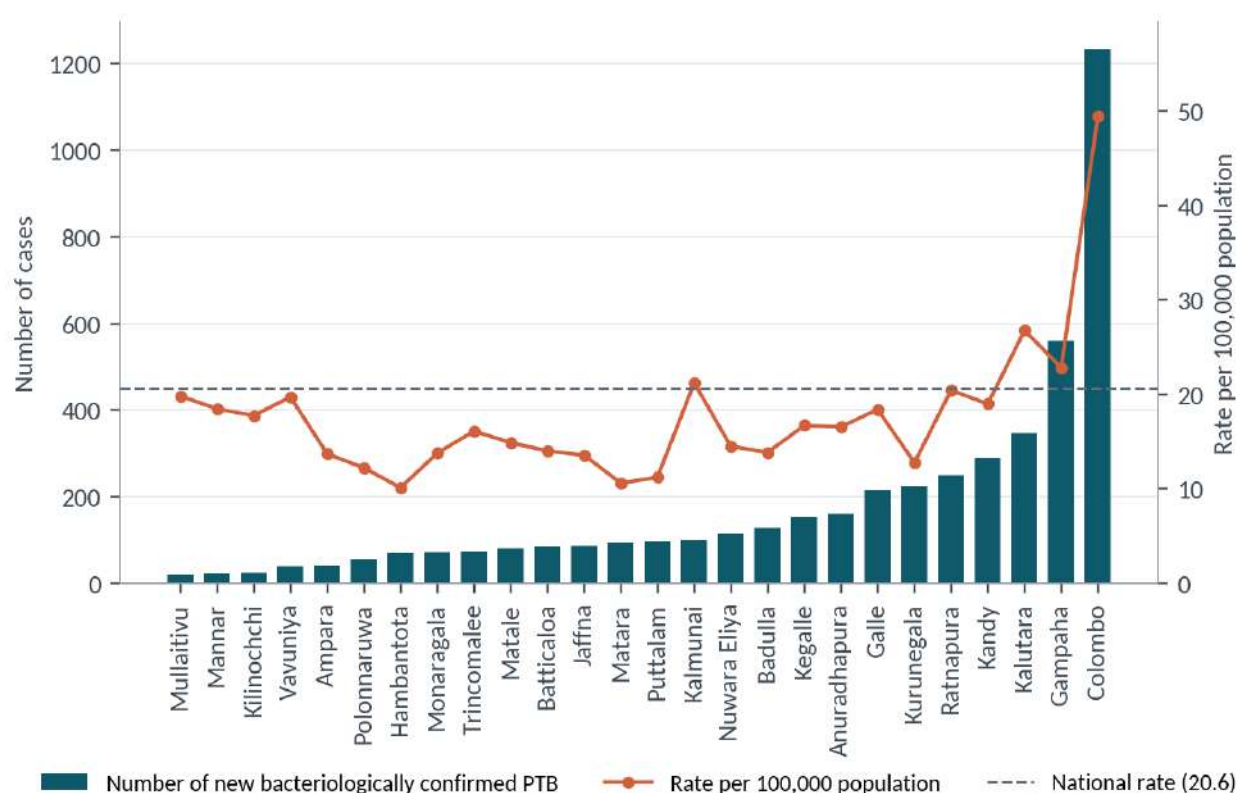


Figure 10: Number and rate of new bacteriologically confirmed pulmonary TB cases by district, 2025

Clinically diagnosed new pulmonary TB

A total of **1,378** new PTB cases (17.0% of all new cases) were clinically diagnosed in 2025 (6.1 per 100,000). Colombo reported the highest number ($n=247$) and rate (10.1 per 100,000), followed by Gampaha ($n=214$) and Kandy ($n=141$; 9.3 per 100,000). Mannar (9.3 per 100,000) and Nuwara Eliya (8.6 per 100,000) also had high rates relative to their population (Figure 11).

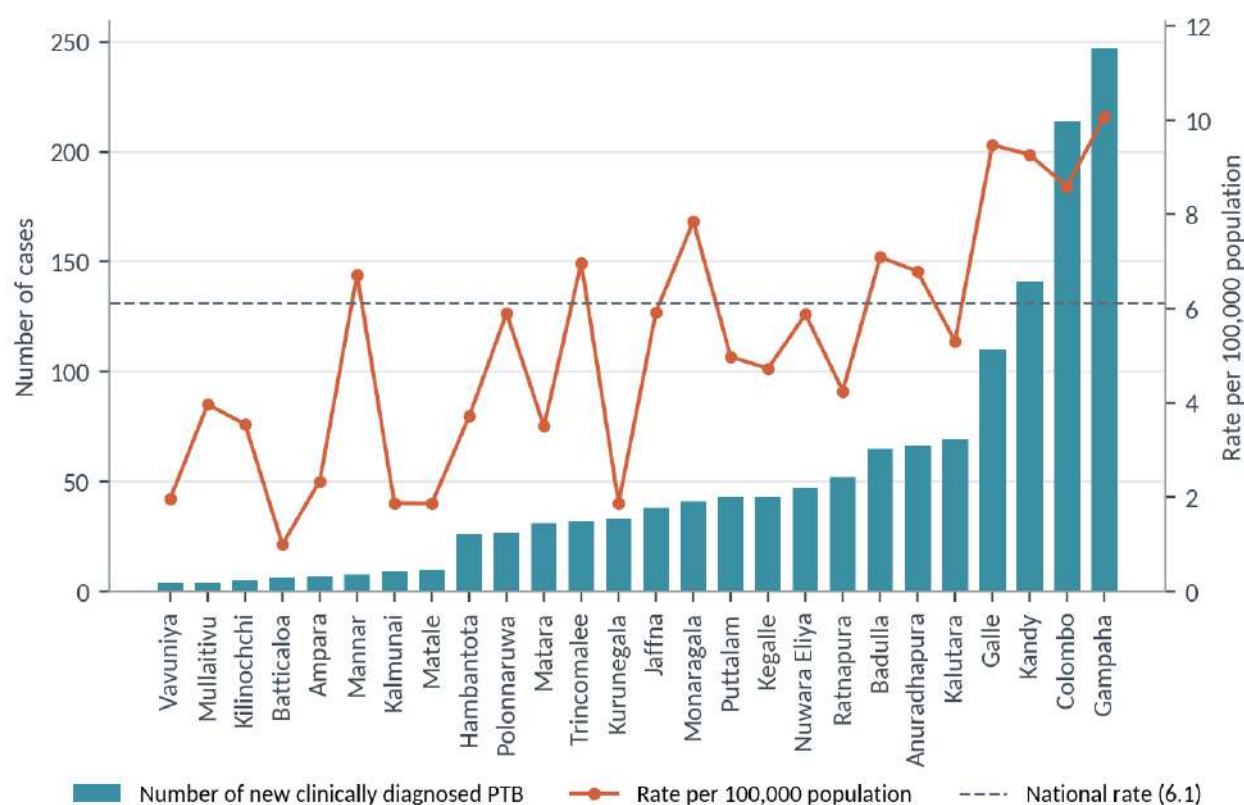


Figure 11: Number and rate of new clinically diagnosed pulmonary TB cases by district, 2025

Extra-pulmonary TB

A total of **2,106** new EPTB cases were reported in 2025 (9.4 per 100,000), 6.2% fewer than in 2024. Colombo accounted for the highest number ($n=443$; 17.8 per 100,000), followed by Gampaha ($n=268$), Kandy ($n=146$) and Galle ($n=142$). Relative to population, Mannar (13.9), Galle (13.0) and Kandy (12.2) had high rates. The lowest numbers were reported from Kilinochchi (11), Mullaitivu (14) and Mannar (14) (Figure 12).

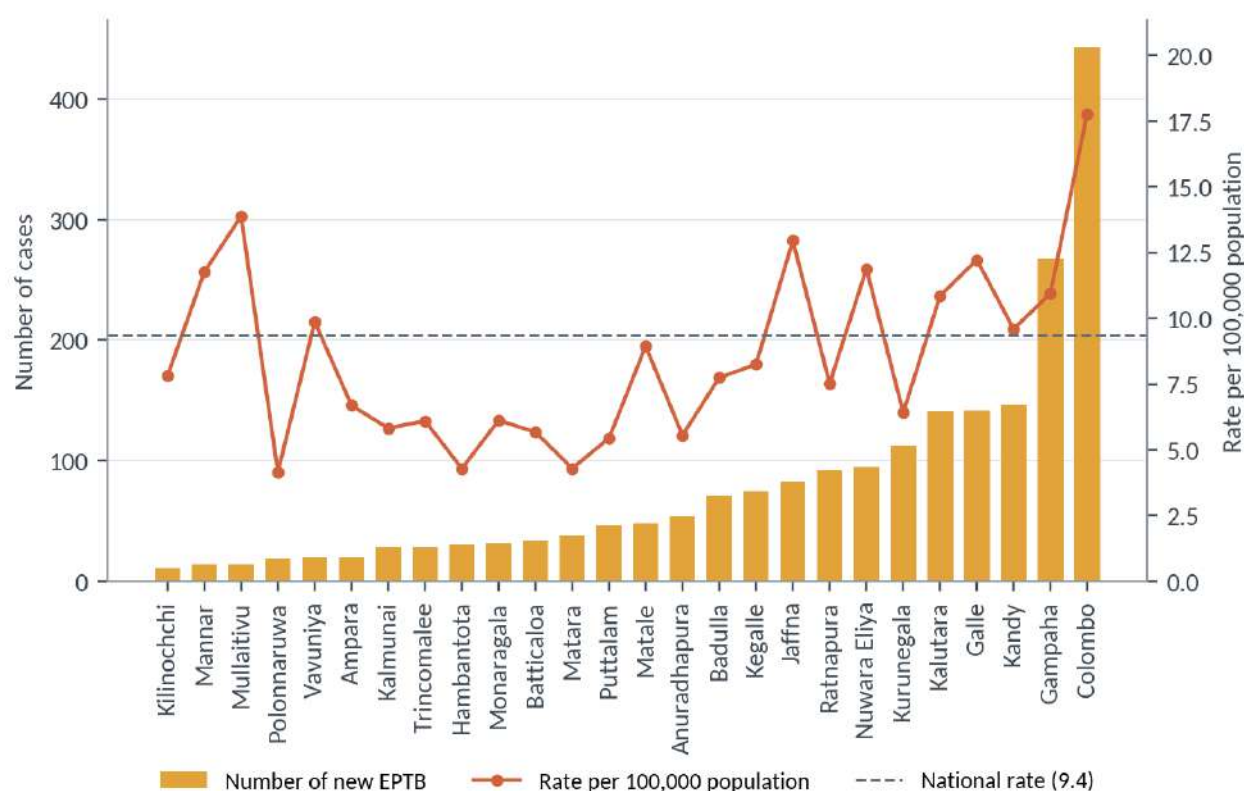


Figure 12: Number and rate of new extra-pulmonary TB cases by district, 2025

Sites of EPTB

A total of **2,173** extra-pulmonary TB cases (2,106 new and 67 previously treated) were notified in 2025. Their distribution by site, classified by ICD-10 code, is shown in Table 6. **Tuberculous pleurisy** was the commonest site (**632 cases; 29.1%**), followed by **tuberculous peripheral lymphadenopathy** (**448 cases; 20.6%**); together these two sites accounted for just under half (49.7%) of all EPTB cases. They were followed by TB of the nervous system (206; 9.5%), TB of bones and joints (201; 9.2%, of which 140 were spinal TB), TB of the intestines, peritoneum and mesenteric glands (162; 7.5%) and TB of the eye (149; 6.9%).

The respiratory TB codes (A15 and A16), which include pleurisy and intrathoracic lymph node disease, accounted for **720 cases (33.1%)**; of these, 136 (6.3%) were bacteriologically or histologically confirmed and 584 (26.9%) were not confirmed. Tuberculosis of other specified organs accounted for a further 179 cases (8.2%), mainly other sites (127), digestive tract organs (29) and the heart (20). For comparison, in 2024 the commonest sites reported were tuberculous peripheral lymphadenopathy (471 cases), tuberculous pleurisy (369) and spinal TB (232).

Table 6: Distribution of extra-pulmonary TB cases by site, 2025

ICD-10 code	Site	Number of cases	%
A15	Respiratory tuberculosis, bacteriologically and histologically confirmed	136	6.3
A15.4	Tuberculosis of intrathoracic lymph nodes	13	0.6
A15.6	Tuberculous pleurisy	112	5.2
A15.8	Other respiratory tuberculosis (mediastinal, nasopharyngeal, nose, sinus [any nasal])	4	0.2
A15.9	Respiratory tuberculosis, unspecified	7	0.3
A16	Respiratory tuberculosis, not confirmed bacteriologically or histologically	584	26.9
A16.3	Tuberculosis of intrathoracic lymph nodes	31	1.4
A16.5	Tuberculous pleurisy	520	23.9
A16.8	Other respiratory tuberculosis (mediastinal, nasopharyngeal, nose, sinus [any nasal])	4	0.2

ICD-10 code	Site	Number of cases	%
A16.9	Respiratory tuberculosis, unspecified	29	1.3
A17	Tuberculosis of the nervous system	206	9.5
A17.0	Tuberculous meningitis	113	5.2
A17.1	Meningeal tuberculoma	23	1.1
A17.8	Other tuberculosis of the nervous system	55	2.5
A17.9	Tuberculosis of the nervous system, unspecified	15	0.7
A18	Tuberculosis of other organs	1,068	49.1
A18.0	Tuberculosis of bones and joints: spinal TB (includes vertebral column, M49.0*)	140	6.4
A18.0	Tuberculosis of bones and joints: other bones and joints (excluding spinal TB)	61	2.8
A18.1	Tuberculosis of the genitourinary system	47	2.2
A18.2	Tuberculous peripheral lymphadenopathy (TB adenitis)	448	20.6
A18.3	Tuberculosis of intestines, peritoneum and mesenteric glands	162	7.5
A18.4	Tuberculosis of skin and subcutaneous tissue	58	2.7
A18.5	Tuberculosis of the eye	149	6.9
A18.6	Tuberculosis of the ear	0	0.0
A18.7	Tuberculosis of the adrenal glands	3	0.1
A18.8	Tuberculosis of other specified organs	179	8.2
A18.81	Tuberculosis of the thyroid gland	0	0.0
A18.82	Tuberculosis of other endocrine glands	2	0.1
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified	29	1.3
A18.84	Tuberculosis of the heart	20	0.9
A18.85	Tuberculosis of the spleen	1	<0.1
A18.89	Tuberculosis of other sites	127	5.8
	Site not specified	0	0.0
Total		2,173	100.0

Includes 2,106 new and 67 previously treated EPTB cases. Percentages are calculated against the total of 2,173 cases and may not add up exactly because of rounding. Source: NPTCCD, extra-pulmonary TB site returns, 2025.

TB meningitis

A total of **113** cases of tuberculous meningitis (A17.0) were reported in 2025, accounting for 5.2% of all EPTB cases and 54.9% of TB of the nervous system (206 cases). This is 31 fewer than the 144 cases reported in 2024 (a decrease of 21.5%). A further 23 cases of meningeal tuberculoma (A17.1) were reported.

3.5 Age and sex distribution of new TB cases

Of the 8,125 new cases, **5,176 (63.7%) were male** and **2,949 (36.3%) were female**, a male-to-female ratio of 1.76:1. The notification rate among males (47.4 per 100,000) was nearly twice that among females (25.4 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=1,979; 24.4%), followed by 55–64 years (n=1,647; 20.3%). Children aged 0–14 years formed the smallest group (n=228; 2.8%). Just over half of new cases (**4,271; 52.6%**) were in the economically productive age group of 15–54 years (Figure 13).

Among females, cases outnumbered males in the 15–24 age group (446 vs 375), 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 – **183.9 per 100,000 among men** and 91.0 per 100,000 among women – and were lower in those aged 65 years and above (Figure 15). Age-specific rates fell across most age groups compared with 2024, with the largest declines among men aged 45–64 years. The distribution of new and relapse cases across nine narrower age bands is shown in Figure 14.

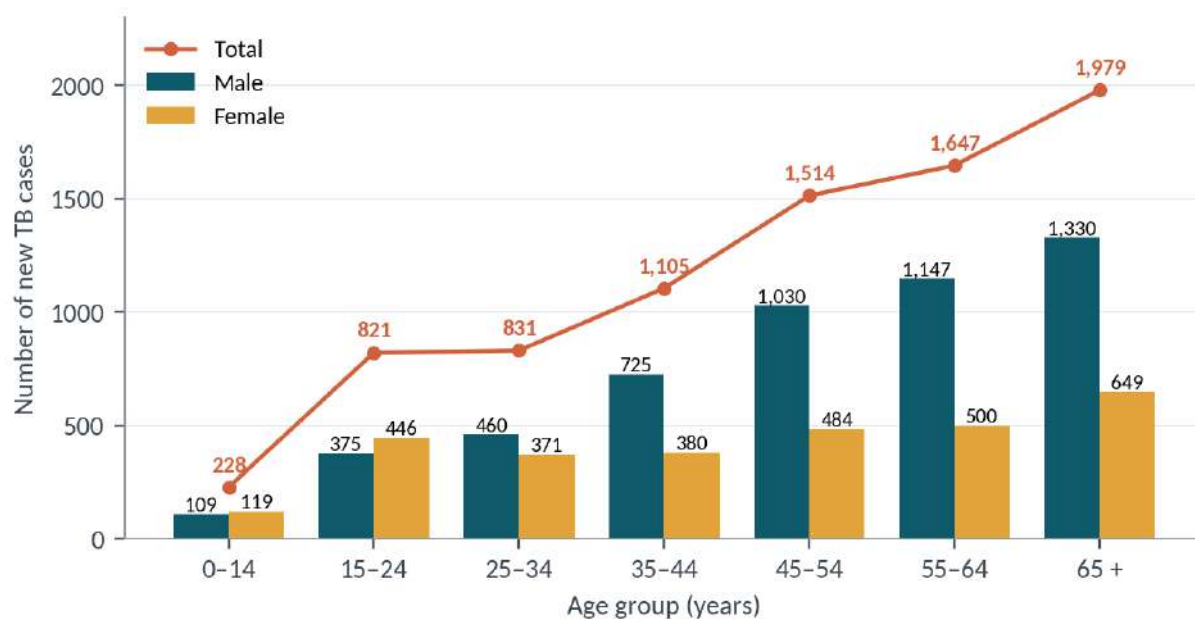


Figure 13: Distribution of new TB cases by age group and sex, 2025

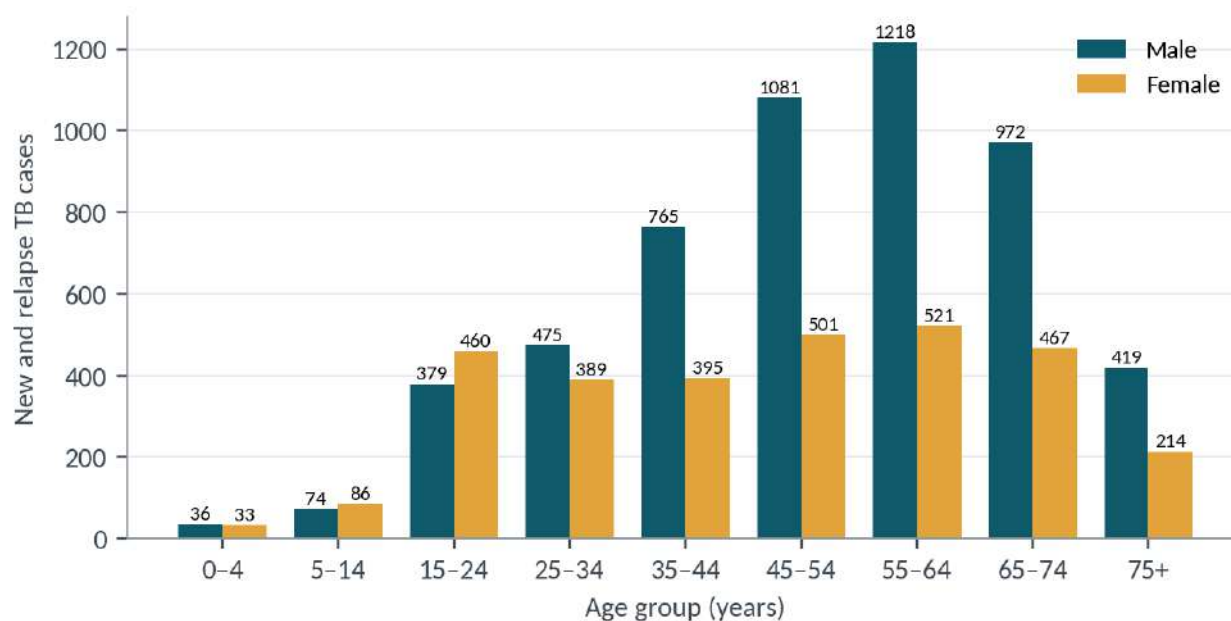


Figure 14: Age and sex distribution of new and relapse TB cases in nine age groups, 2025

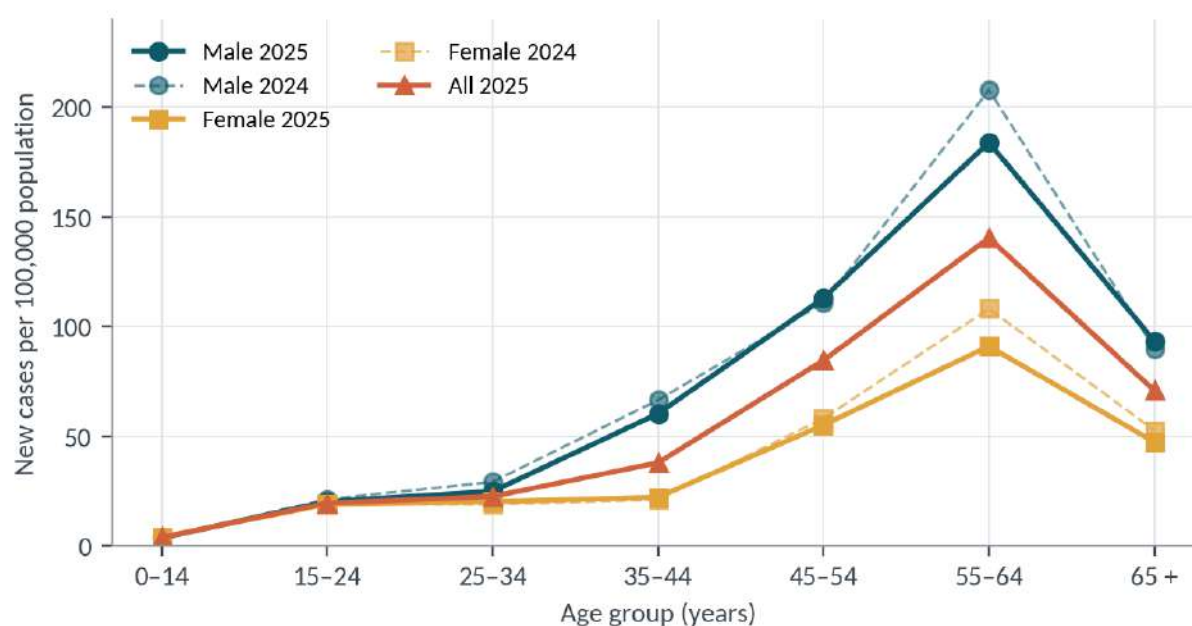


Figure 15: Age- and sex-specific notification rates of new TB cases, 2024 and 2025

Table 7: New TB cases and notification rates by age group and sex, 2025

Age group (years)	Male		Female		All new cases			2024 all new	
	n	Rate	n	Rate	n	%	Rate	n	Rate
0–14	109	3.6	119	4.1	228	2.8	3.8	225	3.8
15–24	375	20.3	446	19.0	821	10.1	19.6	841	20.2
25–34	460	24.9	371	20.2	831	10.2	22.5	889	24.2
35–44	725	60.3	380	22.2	1,105	13.6	37.9	1,161	40.1
45–54	1,030	113.0	484	55.1	1,514	18.6	84.6	1,520	85.4
55–64	1,147	183.9	500	91.0	1,647	20.3	140.4	1,890	162.0
65 +	1,330	93.5	649	47.4	1,979	24.4	70.8	2,003	72.1
Total	5,176	47.4	2,949	25.4	8,125	100.0	36.1	8,529	38.1

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

The type of TB also varied by age (Figure 16). EPTB made up a larger share of cases among children (37.7%) 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 (23.6%), reflecting difficulties in obtaining sputum and bacteriological confirmation among older patients.

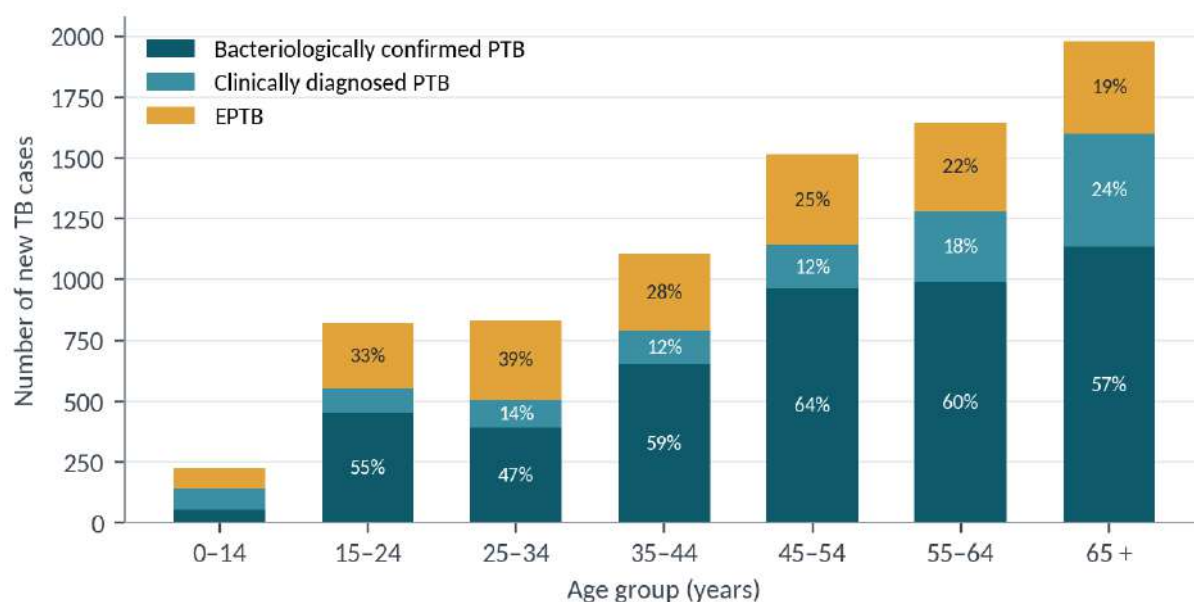


Figure 16: New TB cases by age group and type of TB, 2025

District age profiles (Figure 17, 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.

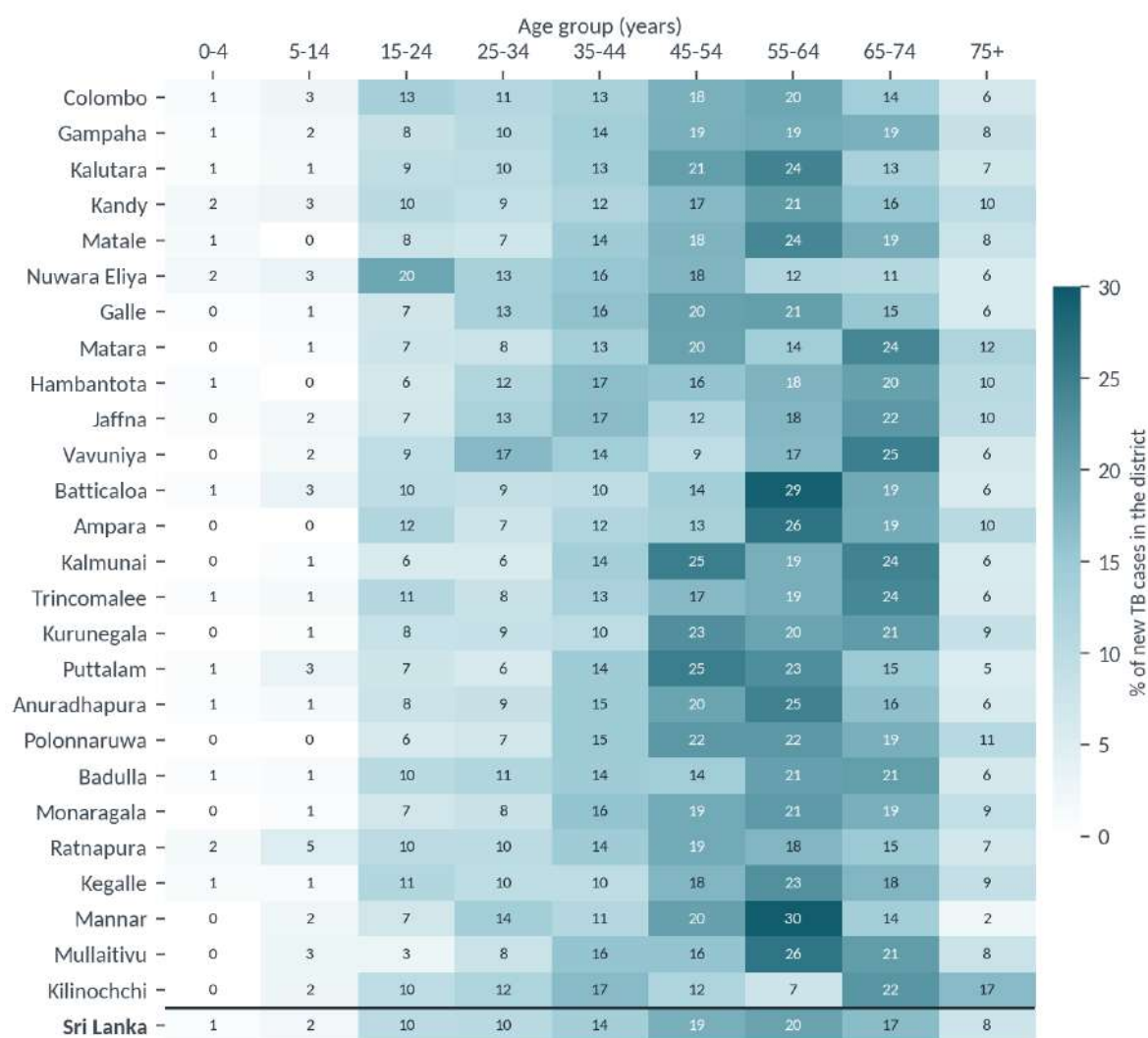


Figure 17: Age distribution of new TB cases within each district, 2025 (% of district new cases)

Childhood TB (0–14 years)

A total of **228 children** aged 0–14 years were notified with TB in 2025 (2.8% of new cases), compared with 225 in 2024. Of these, 69 were aged 0–4 years and 159 were aged 5–14 years; 109 were boys and 119 were girls. EPTB accounted for 86 (37.7%) of childhood cases, bacteriologically confirmed PTB for 56 and clinically diagnosed PTB for 86 (Figure 18). Colombo (48), Gampaha (26) and Kandy (26) reported the most childhood cases. The proportion of children among new cases (2.8%) 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.

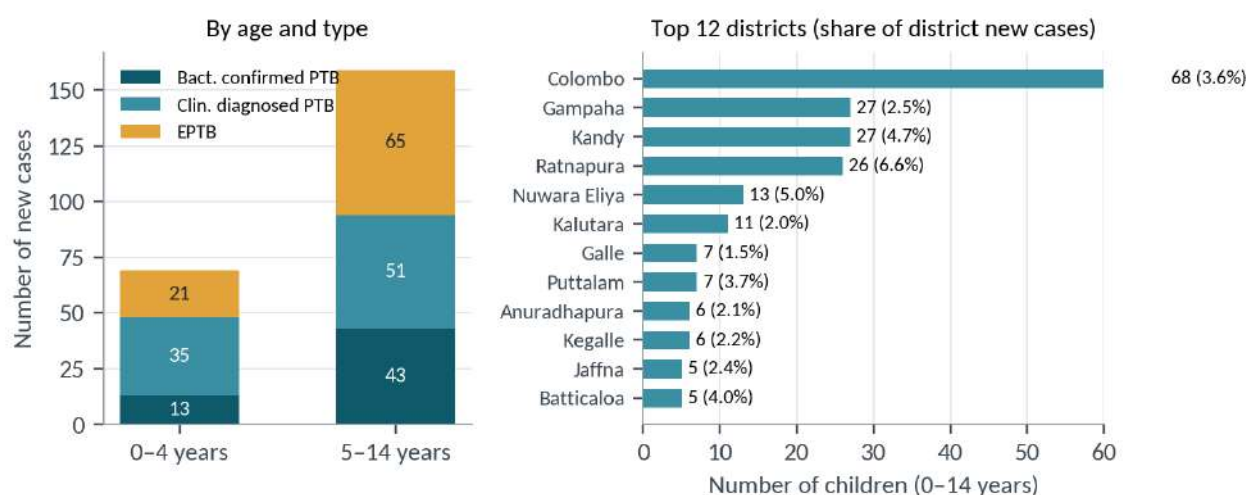


Figure 18: Childhood TB (0–14 years) by age group, type and district, 2025

3.6 Previously treated TB cases

In 2025, **593 (6.8%)** previously treated cases were reported, 7.8% fewer than in 2024 (643). These comprised **360 relapses (60.7%)**, 107 (18.0%) treatment after failure, 107 (18.0%) treatment after loss to follow-up and 19 (3.2%) other previously treated cases (Figure 19, Table 8). Three-quarters of previously treated cases (75.2%) were bacteriologically confirmed PTB. Re-registrations after loss to follow-up fell from 122 in 2024 to 107 in 2025.

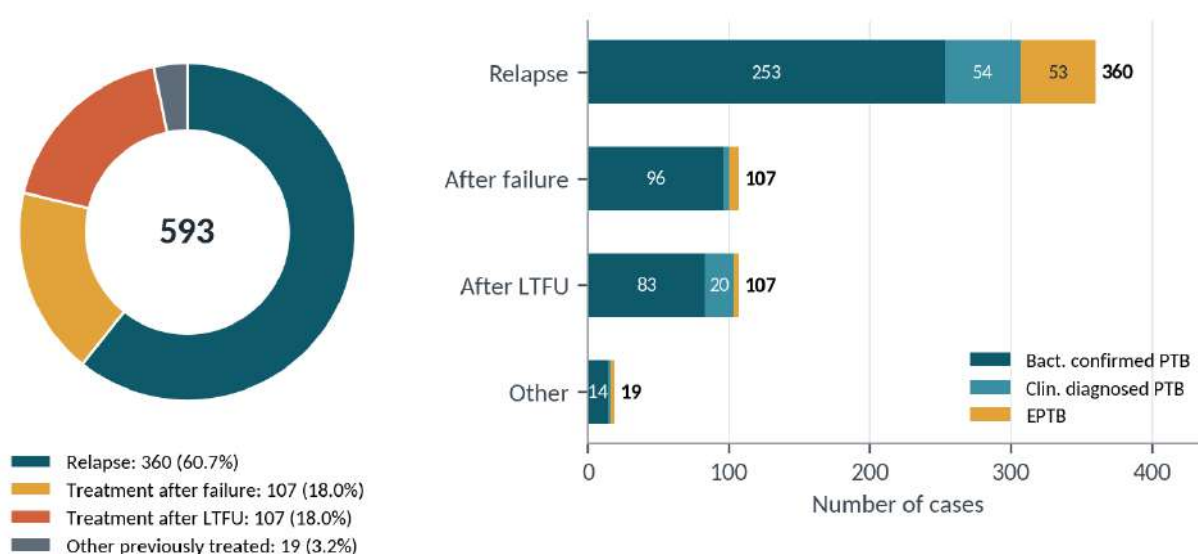


Figure 19: Previously treated TB cases by category and type, 2025

Table 8: Previously treated TB cases by category and type of TB, 2025

Category	PTB bact. confirmed	PTB clin. diagnosed	EPTB	Total	% of prev. treated
Relapse	253	54	53	360	60.7
Treatment after failure	96	4	7	107	18.0
Treatment after loss to follow-up	83	20	4	107	18.0
Other previously treated	14	2	3	19	3.2
All previously treated	446	80	67	593	100.0
Unknown previous treatment history	7	1	0	8	–

The highest numbers of previously treated cases were reported from Colombo (n=160) and Gampaha (n=78), which together accounted for 40.1% of the national total (Figure 20). Colombo reported 81 relapse cases (22.5% of all relapses), 27 cases of treatment after failure (25.2%) and 47 cases of treatment after loss to follow-up (43.9%); Gampaha reported a further 17 (15.9%) 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.

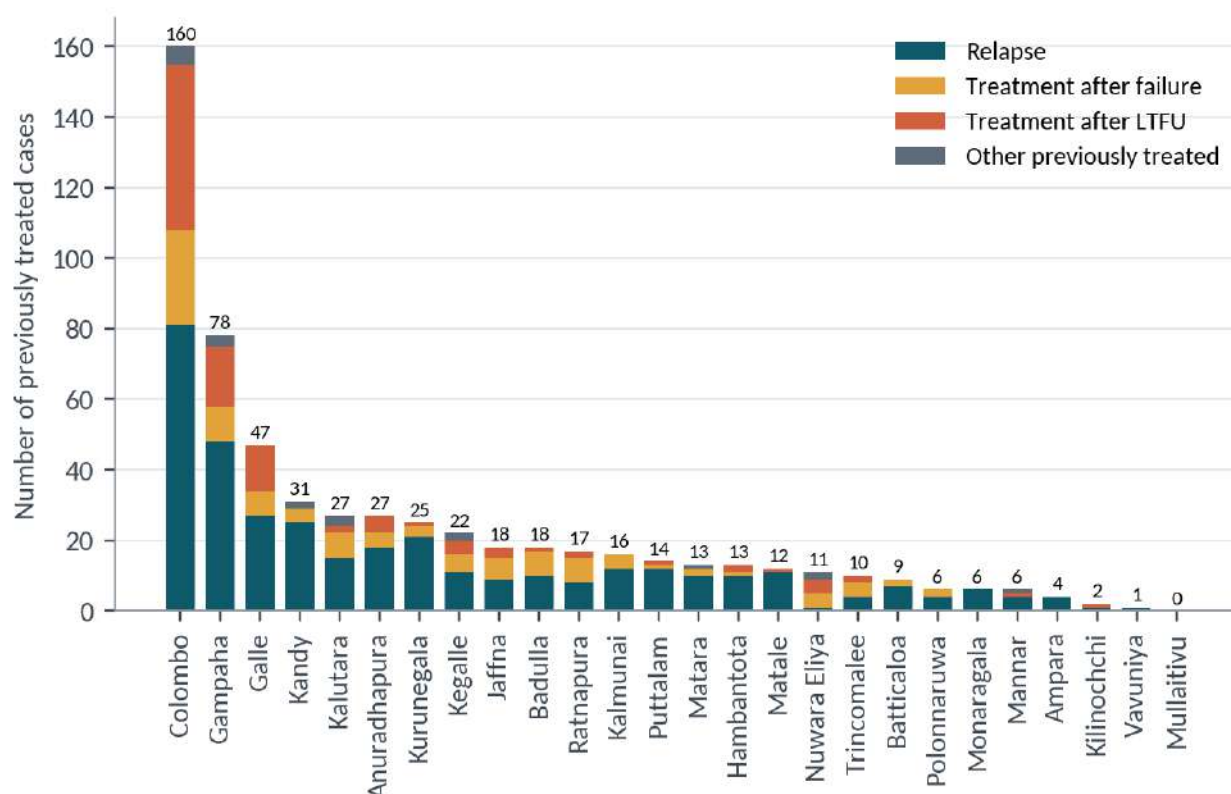


Figure 20: Previously treated TB cases by category and district, 2025

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 2025, **19 patients** with MDR/RR-TB were detected. The largest numbers were reported from Gampaha (4), Kandy (3) and Colombo (3), and no MDR/RR-TB patients were reported from 16 districts (Figure 21). Detection has remained between 10 and 28 patients a year over the past decade, and enrolment on treatment has stayed at or above 94% since 2015 (Table 9).

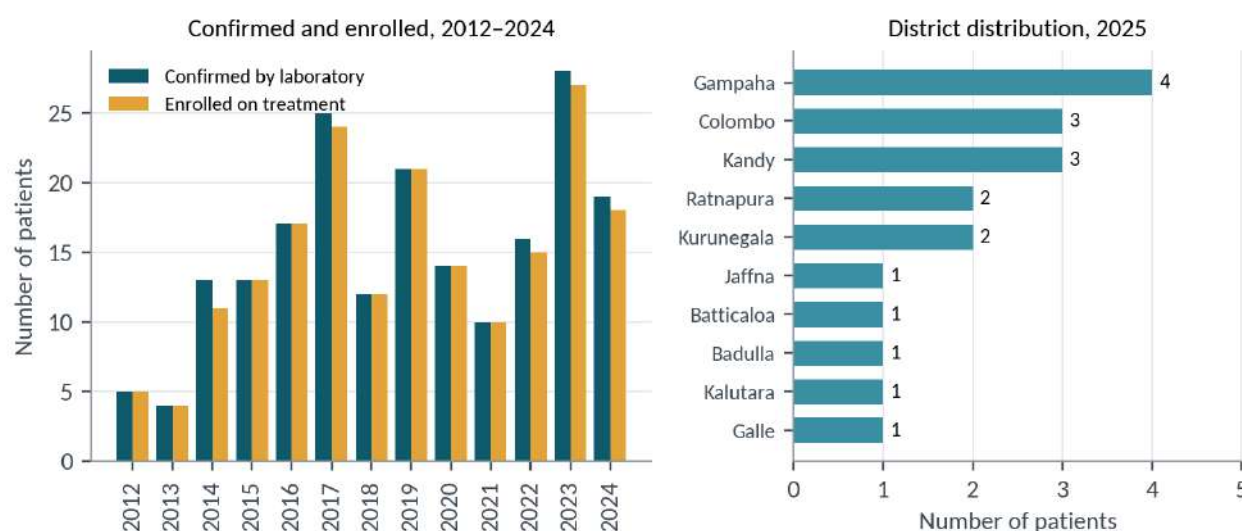


Figure 21: MDR/RR-TB patients confirmed and enrolled on treatment, 2012–2024, and district distribution of patients detected in 2025

Source: NPTCCD drug-resistance surveillance records.

Table 9: MDR/RR-TB patients confirmed and enrolled on treatment, 2012–2025

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
2022	16	15	93.8
2023	28	27	96.4
2024	19	18	94.7
2025	19	19	100.0

Source: NPTCCD drug-resistance surveillance records.

Treatment outcomes of MDR-TB patients are reported for earlier cohorts because of the longer duration of second-line treatment. Among patients registered in 2023, treatment success was 84.6% – the highest recorded – with a death rate of 15.4% and no treatment failures or losses to follow-up (Table 10).

Table 10: Treatment outcome of MDR-TB patients, 2018–2023 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
2023	28	26	22	84.6	4	15.4	0	0.0	0	0.0

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 2025, **8,630 TB patients (98.9% of all notified cases)** were screened for HIV – the highest coverage recorded to date and effectively universal screening – and **62 patients with TB/HIV co-infection** were identified, compared with 68 in 2024 (Figure 22). Co-infection has risen sharply over the past two years alongside near-complete screening, so part of the increase reflects better case ascertainment. Continued joint work with the National STD/AIDS Control Programme is needed to ensure prompt antiretroviral therapy, co-trimoxazole preventive therapy and TB preventive treatment for people living with HIV.

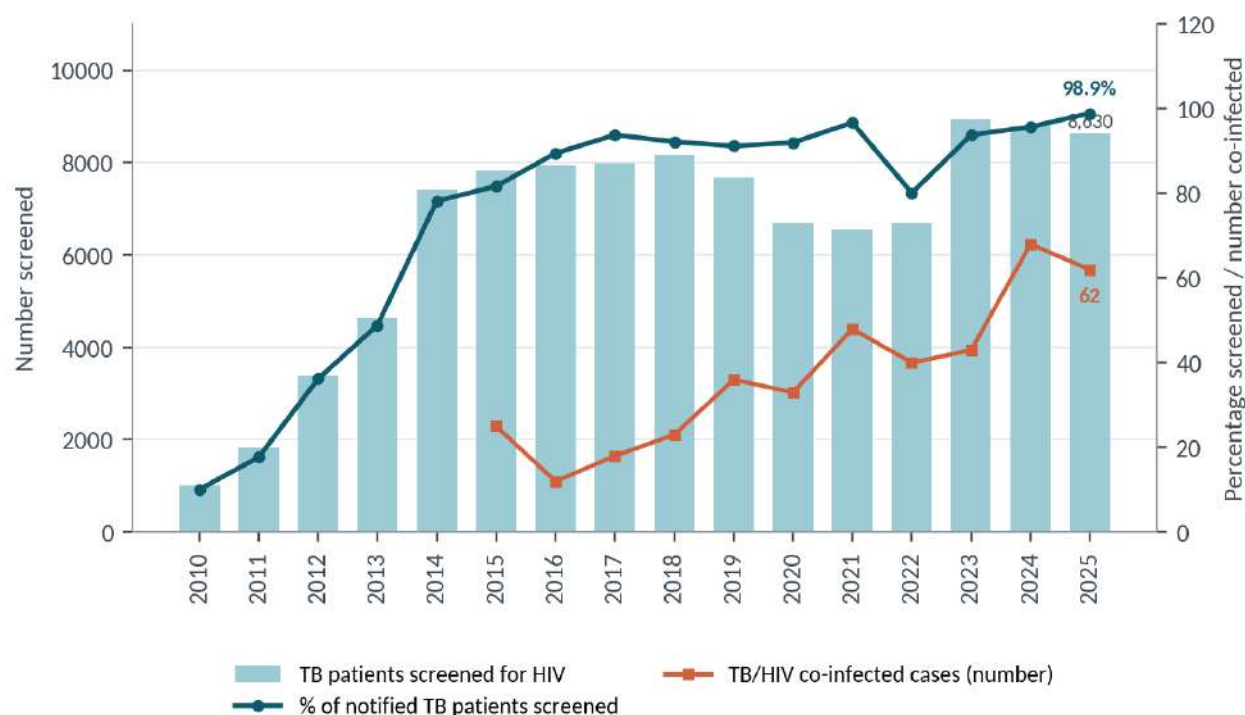


Figure 22: HIV screening among notified TB patients and TB/HIV co-infected cases, 2010–2025

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 2025, **5** health care workers were diagnosed with TB, compared with 30 in 2024, when most cases were reported from Galle (7), Kandy (4) and Kalutara, Matara, Ampara and Anuradhapura (3 each). Health care workers remain an occupational risk group, and infection control in chest clinics, laboratories and general wards, together with periodic staff screening, should continue.

A total of **43** foreign nationals were diagnosed with TB in 2025, more than three times the number reported in 2024 (14).

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). Conversion is reported for the cohort registered in the previous year, in line with treatment outcome reporting.

Among the **4,211** new bacteriologically confirmed pulmonary patients registered in 2024, 3,292 (**78.2%**) had converted to smear negative by the end of the second month, and a further 295 converted by the third month, giving an overall conversion rate of **85.2%** by the end of the intensive phase. Sputum results were not available for 9.5% of patients, and 10.0% remained smear positive at two months.

Conversion varied widely between districts (Figure 23). 8 districts fell below the 85% 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%). The highest rates were recorded in Mullaitivu (100.0%), Ratnapura (96.1%) and Kurunegala (93.6%). Low conversion in Colombo and Gampaha, which together register a third of all bacteriologically confirmed patients, is consistent with their high loss to follow-up and points to the need for stronger adherence support during the intensive phase and for timely follow-up smear examination.

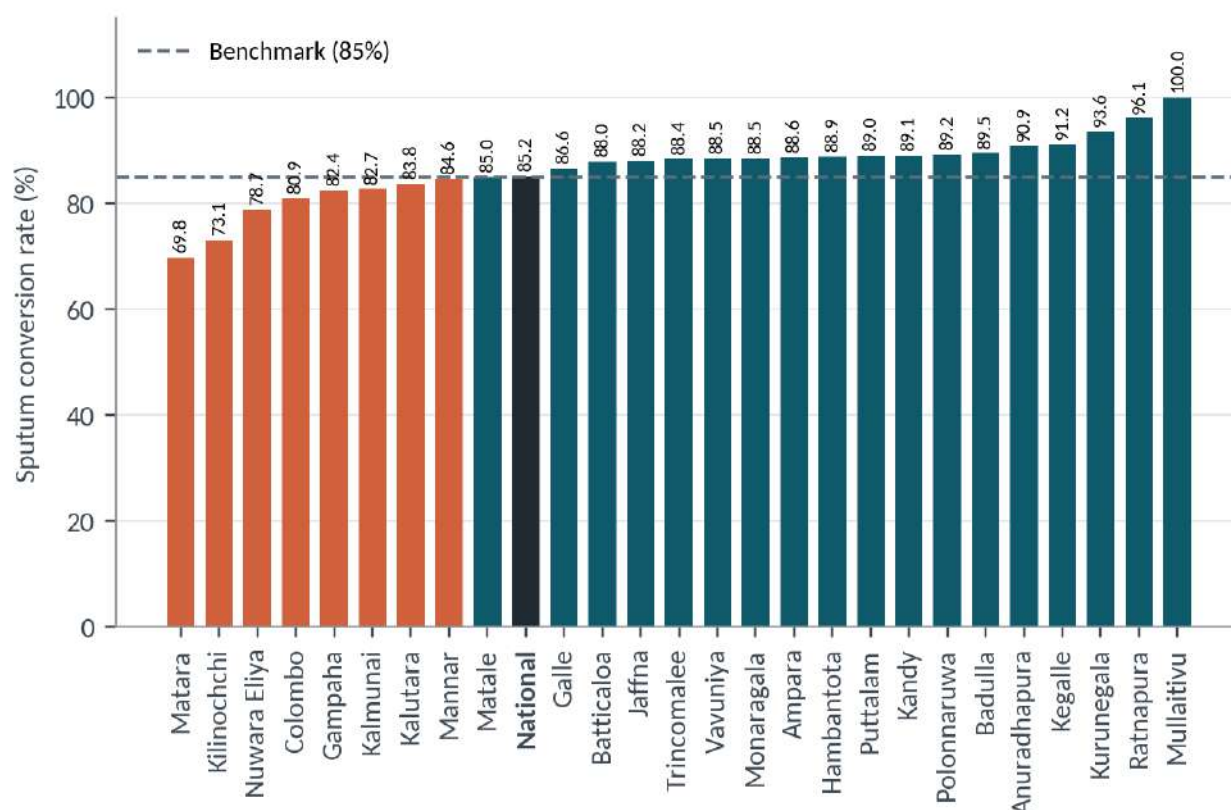


Figure 23: Sputum conversion rate of bacteriologically confirmed pulmonary TB cases at the end of the intensive phase by district, 2024 cohort

Source: Quarterly reports on sputum conversion (TB-09). Districts below the 85% benchmark are shown in orange. Full district tables are given in Annexes 19 and 20.

Among the **511** previously treated pulmonary patients registered in 2024, 77.1% had converted by the end of the intensive phase, with a higher proportion of missing results (15.7%) than among new patients.

4. Results: Treatment Outcomes (2024 cohort)

This chapter presents the treatment outcomes of patients registered for treatment during 2024 (excluding MDR/RR-TB patients on second-line regimens). A total of **9,180** patients were registered in the cohort: 8,529 new patients (6,296 pulmonary and 2,233 extra-pulmonary), 643 previously treated patients and 8 with an unknown treatment history. Detailed district tables are given in Annexes 11–18.

4.1 Treatment outcome of all forms of TB

Of the 9,180 patients, **4,036 (44.0%)** were cured and a further **3,238 (35.3%)** completed treatment, giving an overall **treatment success rate of 79.2%** ($n=7,274$). This is 0.4 percentage points below the 2023 cohort (79.6%) and well short of the global target of 85%; treatment success has now stayed below 80% for four consecutive cohorts (Figure 24).

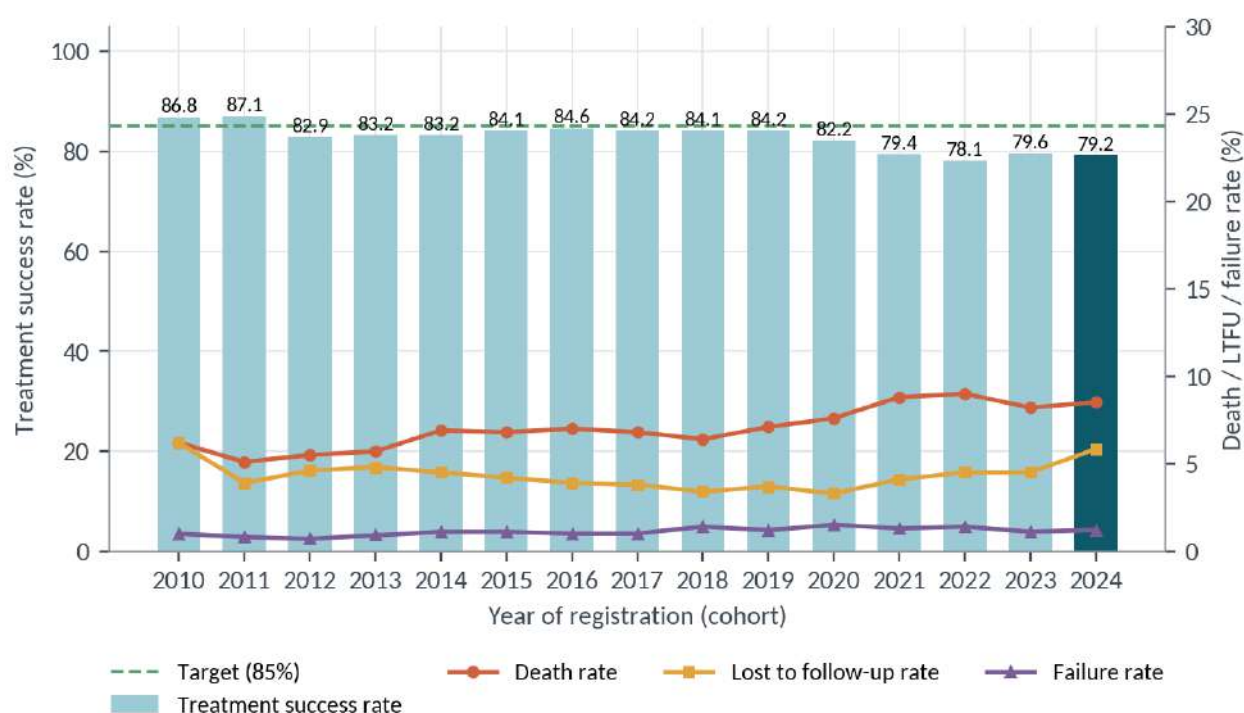


Figure 24: Treatment success, death, loss to follow-up and failure rates of all forms of TB, 2010–2024 cohorts

Unsuccessful outcomes comprised 781 deaths (8.5%), 111 treatment failures (1.2%), 536 patients lost to follow-up (5.8%) and 478 patients whose outcome was not evaluated (5.2%) (Figure 25, Table 13).

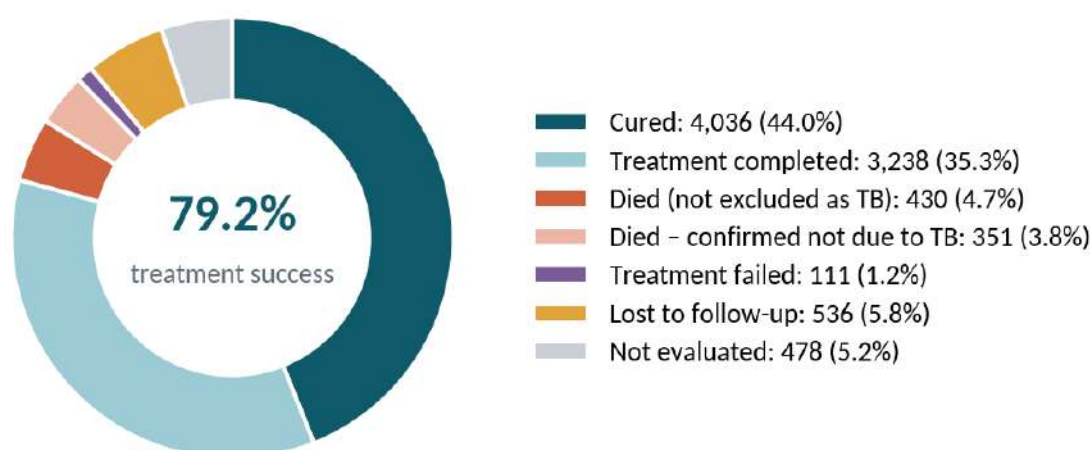


Figure 25: Treatment outcome of all forms of TB, 2024 cohort

Table 11: Summary of treatment outcomes by category of TB, 2024 cohort

Category	Registered	Cured n (%)	Treatment completed n (%)	Treatment success n (%)	Died n (%)	Failed n (%)	LTFU n (%)	Not evaluated n (%)
All forms of TB	9,180	4,036 (44.0)	3,238 (35.3)	7,274 (79.2)	781 (8.5)	111 (1.2)	536 (5.8)	478 (5.2)
All new TB	8,529	3,725 (43.7)	3,109 (36.5)	6,834 (80.1)	732 (8.6)	96 (1.1)	442 (5.2)	425 (5.0)
New PTB	6,296	3,726 (59.2)	1,336 (21.2)	5,062 (80.4)	548 (8.7)	86 (1.4)	349 (5.5)	251 (4.0)
Bacteriologically confirmed	4,672	3,530 (75.6)	283 (6.1)	3,813 (81.6)	382 (8.2)	78 (1.7)	286 (6.1)	113 (2.4)
Clinically diagnosed	1,364	–	1,027 (75.3)	1,027 (75.3)	146 (10.7)	5 (0.4)	53 (3.9)	133 (9.8)
Smear-negative, culture-positive	244	189 (77.5)	24 (9.8)	213 (87.3)	15 (6.1)	2 (0.8)	6 (2.5)	8 (3.3)
New EPTB*	2,233	–	1,772 (79.4)	1,772 (79.4)	184 (8.2)	10 (0.4)	93 (4.2)	174 (7.8)
Previously treated	643	307 (47.7)	129 (20.1)	436 (67.8)	48 (7.5)	15 (2.3)	92 (14.3)	52 (8.1)
Treatment history unknown	8	4 (50.0)	0 (0.0)	4 (50.0)	1 (12.5)	0 (0.0)	2 (25.0)	1 (12.5)

* Outcomes of new EPTB patients are derived as the difference between all new cases and new pulmonary cases, because the EPTB outcome table supplied contained 2023 cohort data (Annex 21). LTFU = lost to follow-up. Percentages are of the registered cohort; cure applies only to bacteriologically confirmed patients.

Treatment success rate by district

There was considerable variation in treatment success among districts (Figure 26). **Mullaitivu** reported the highest treatment success rate (97.0%), followed by Ampara (89.2%) and Kalmunai (89.1%). The lowest rates were in **Kilinochchi (66.7%)**, Hambantota (73.0%) and Jaffna (73.1%). Only 6 districts – Kandy, Matara, Batticaloa, Ampara, Kalmunai and Mullaitivu – achieved the 85% target. Colombo, which registered a quarter of the national cohort, had a success rate of 73.1%, which has a substantial effect on the national figure.

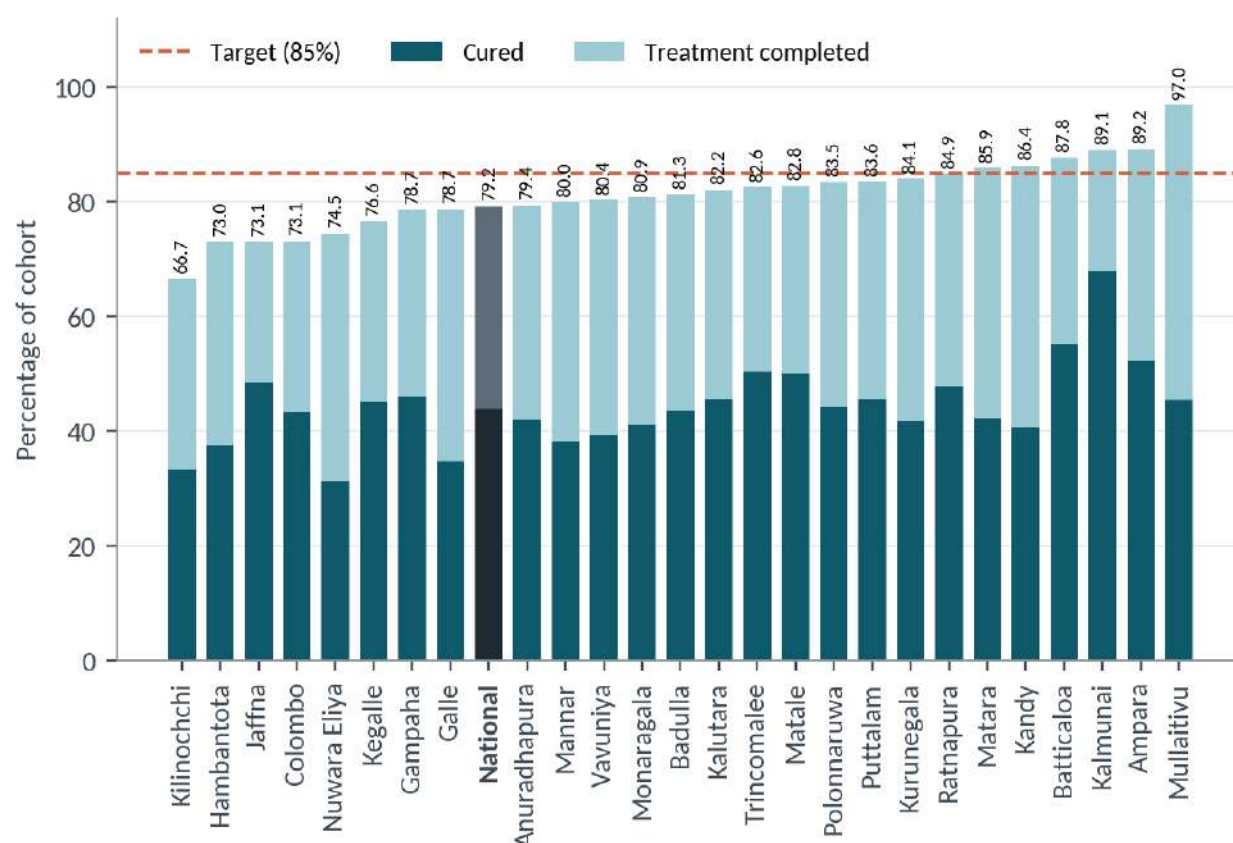


Figure 26: Cure, treatment completion and treatment success rates of all forms of TB by district, 2024 cohort

Death rate

Altogether, **781 deaths (8.5%)** were reported among patients registered in 2024, slightly above the 8.2% recorded for the 2023 cohort and the highest absolute number so far (Figure 27). Of these, TB was excluded as the cause of death in 351 patients (3.8% of the cohort), leaving 430 deaths (4.7%) in which TB could not be excluded. The highest numbers of such deaths were reported from Colombo (n=124), Kalutara (n=58), Gampaha (n=38) and Kandy (n=36). Death rates were highest in Vavuniya (14.3%), Jaffna (13.1%) and Kegalle (12.0%) (Figure 28). 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.

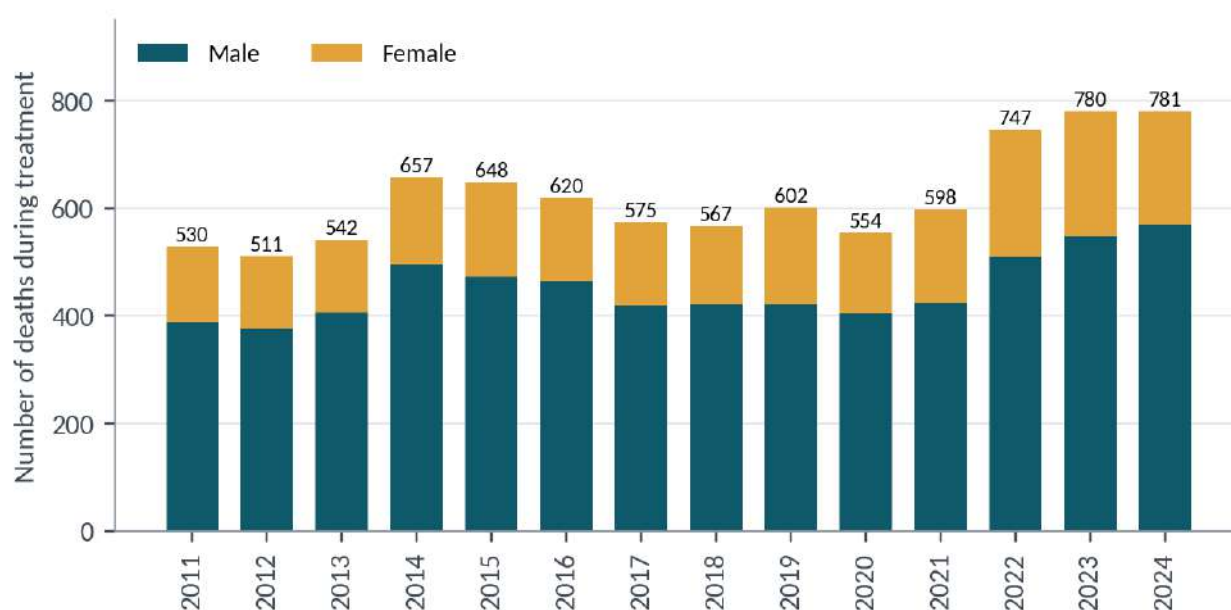


Figure 27: Deaths during treatment among registered TB patients by sex, 2011–2024 cohorts

Source: TB-10 quarterly returns.

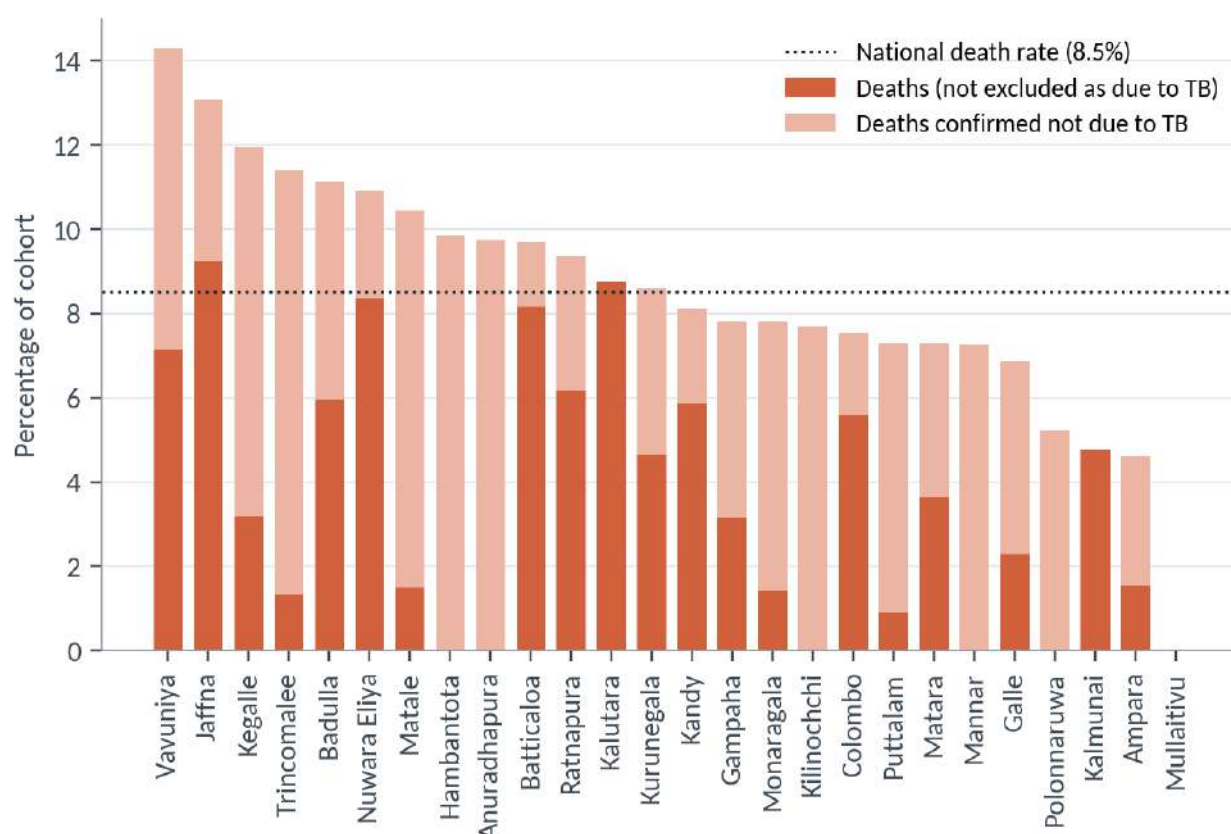


Figure 28: Death rate among TB patients by district, 2024 cohort

Lost to follow-up and not evaluated

The loss to follow-up rate rose to **5.8%** (n=536) from 4.5% in the 2023 cohort – the highest rate since 2011. **Colombo** had the highest rate (**12.8%**, n=283) and alone accounted for 52.8% of all patients lost to follow-up nationally, followed by Gampaha (6.9%, n=33). These are the only two districts above the 5% benchmark. Mannar and Mullaitivu reported no patients lost to follow-up.

Outcomes were not evaluated for **478 patients (5.2%)**. This was particularly high in Mullaitivu (17.9%), Monaragala (11.2%) and Kalutara (10.9%) (Figure 29). 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.

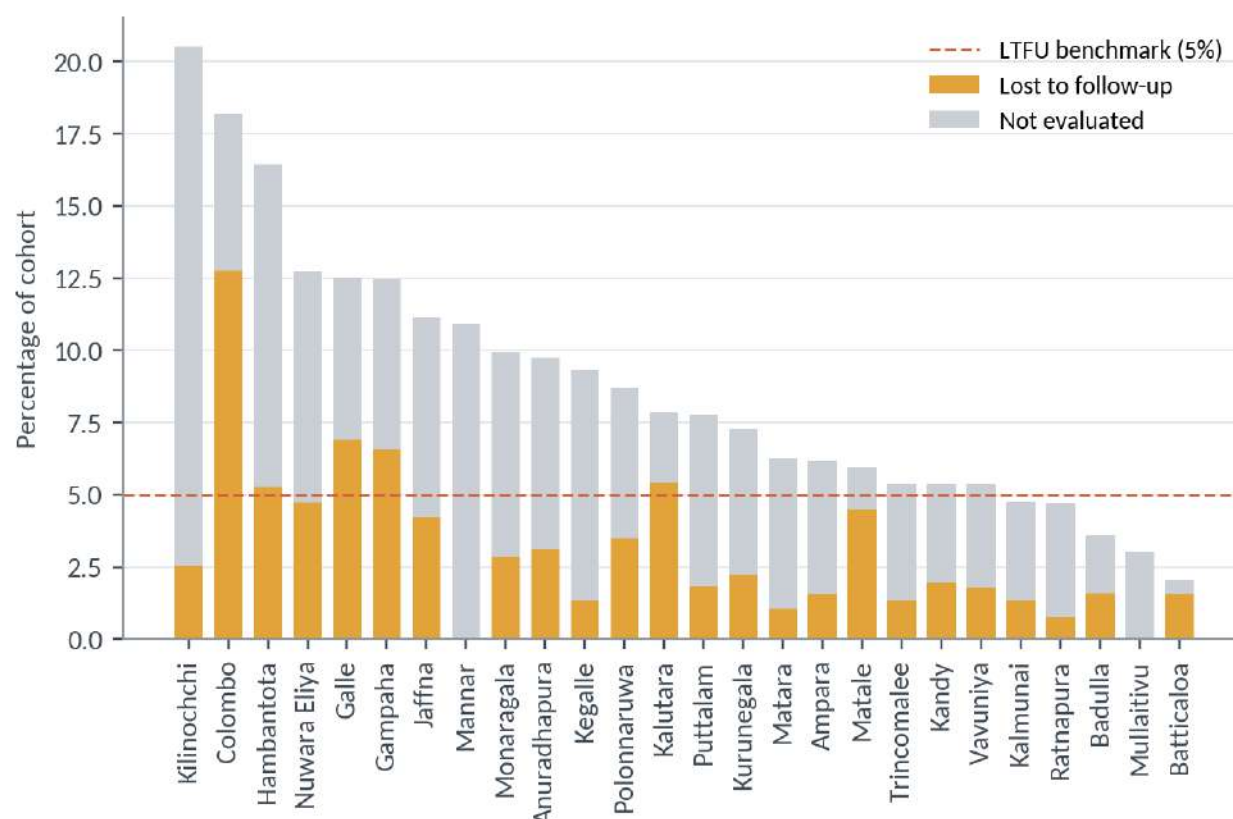


Figure 29: Lost to follow-up and not evaluated rates by district, 2024 cohort

Treatment failure rate

Treatment failed in **111 patients (1.2%)**, close to the 1.1% recorded for the 2023 cohort. The highest failure rates were reported from Kilinochchi (5.1%, n=2), Badulla (4.0%, n=10) and Jaffna (2.7%, n=7). No treatment failures were reported from 4 districts.

4.2 New and previously treated patients

Treatment outcomes were substantially poorer among previously treated patients (Figure 30). The treatment success rate among new patients was **80.1%**, compared with **67.8%** among previously treated patients. Loss to follow-up was more than twice as high among previously treated TB patients (14.3% vs 5.2%), as was the proportion not evaluated (8.1% vs 5.0%). Outcomes for each category of TB are compared in Figure 31.

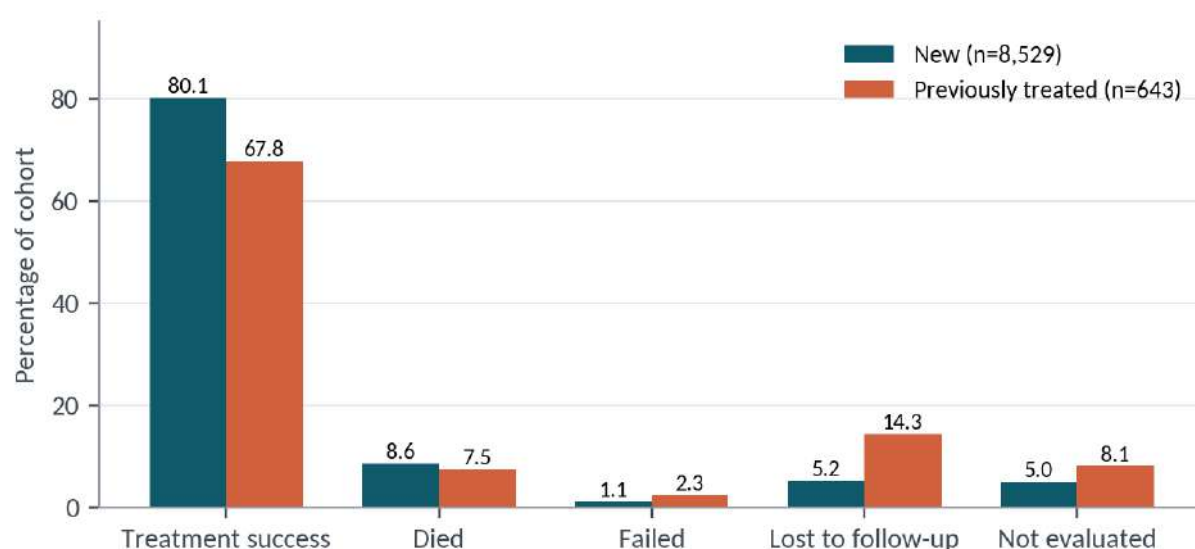


Figure 30: Treatment outcomes of new and previously treated TB patients, 2024 cohort

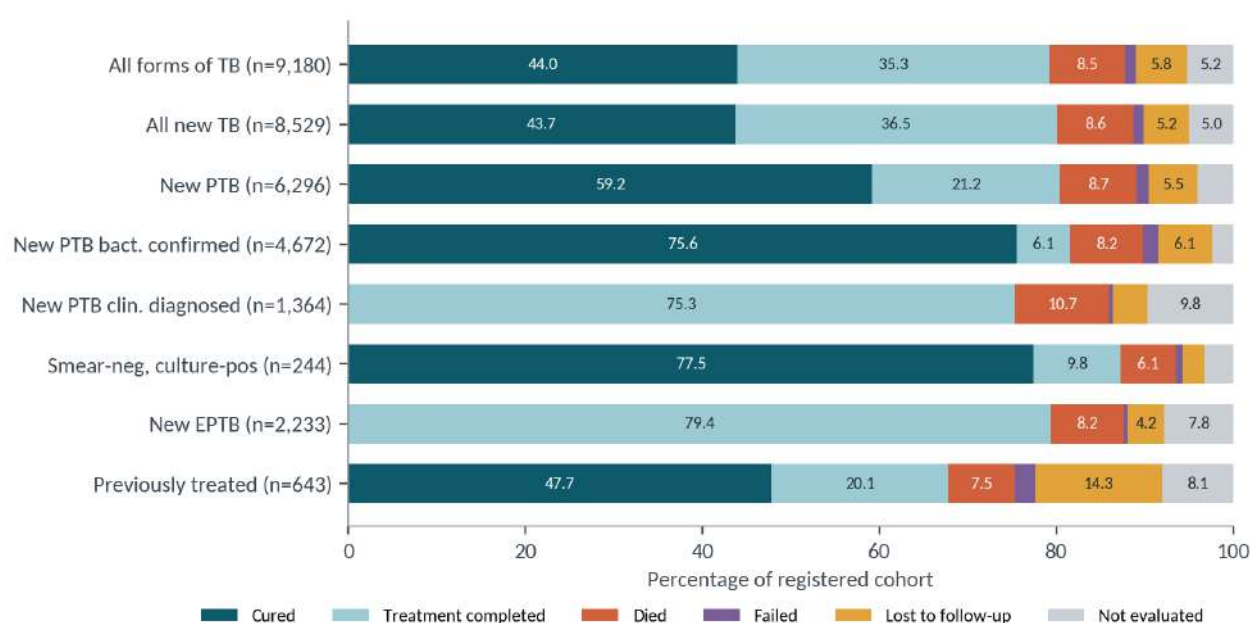


Figure 31: Treatment outcomes by category of TB, 2024 cohort

4.3 Treatment outcome of new pulmonary TB

In 2024, **6,296** new PTB patients were registered for treatment. Their outcomes were: cured 3,726 (59.2%); treatment completed 1,336 (21.2%); died 548 (8.7%, of whom 232 were confirmed as not due to TB); treatment failed 86 (1.4%); lost to follow-up 349 (5.5%); and not evaluated 251 (4.0%). The overall treatment success rate was **80.4%** (Figure 32). The highest success rates were in Mullaitivu (100.0%), Kalmunai (90.8%) and Batticaloa (88.6%), and the lowest in Nuwara Eliya (72.8%), Vavuniya (73.2%) and Colombo (75.0%). The highest loss to follow-up rate was again in Colombo (11.9%, n=187), and Nuwara Eliya had the highest death rate (19.5%) (Annex 13).

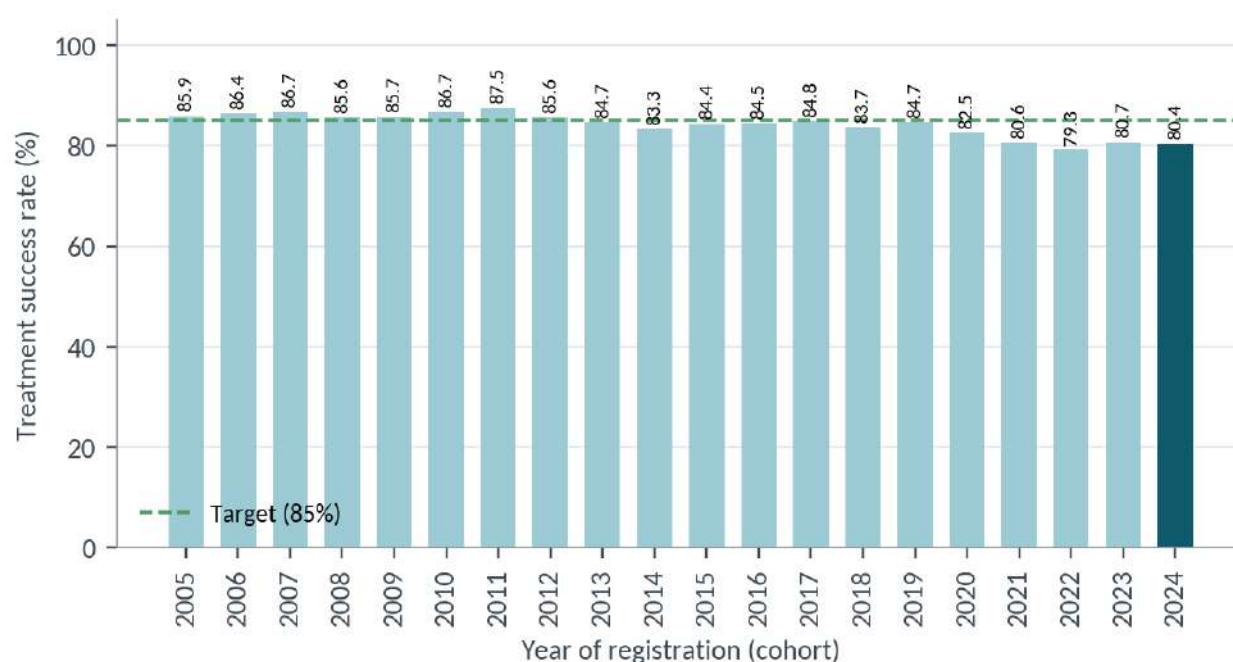


Figure 32: Treatment success rate of new pulmonary TB cases, 2005–2024 cohorts

New bacteriologically confirmed pulmonary TB

Of the **4,672** new bacteriologically confirmed PTB patients, 3,530 were cured (**cure rate 75.6%**) and 283 completed treatment, giving a treatment success rate of **81.6%** – compared with 80.9% for the 2023 cohort. Treatment failure was reported among 78 (1.7%), loss to follow-up among 286 (6.1%) and death among 382 (8.2%) patients; 113 (2.4%) were not evaluated. 10 districts achieved a success rate of 85% or more, with the highest rates in Mullaitivu (100.0%), Kandy (91.6%) and Batticaloa (89.8%). The lowest were in Kilinochchi (73.7%), Nuwara Eliya (74.4%) and Colombo (76.5%); Nuwara Eliya reported a death rate of 19.4% in this group (Figure 33).

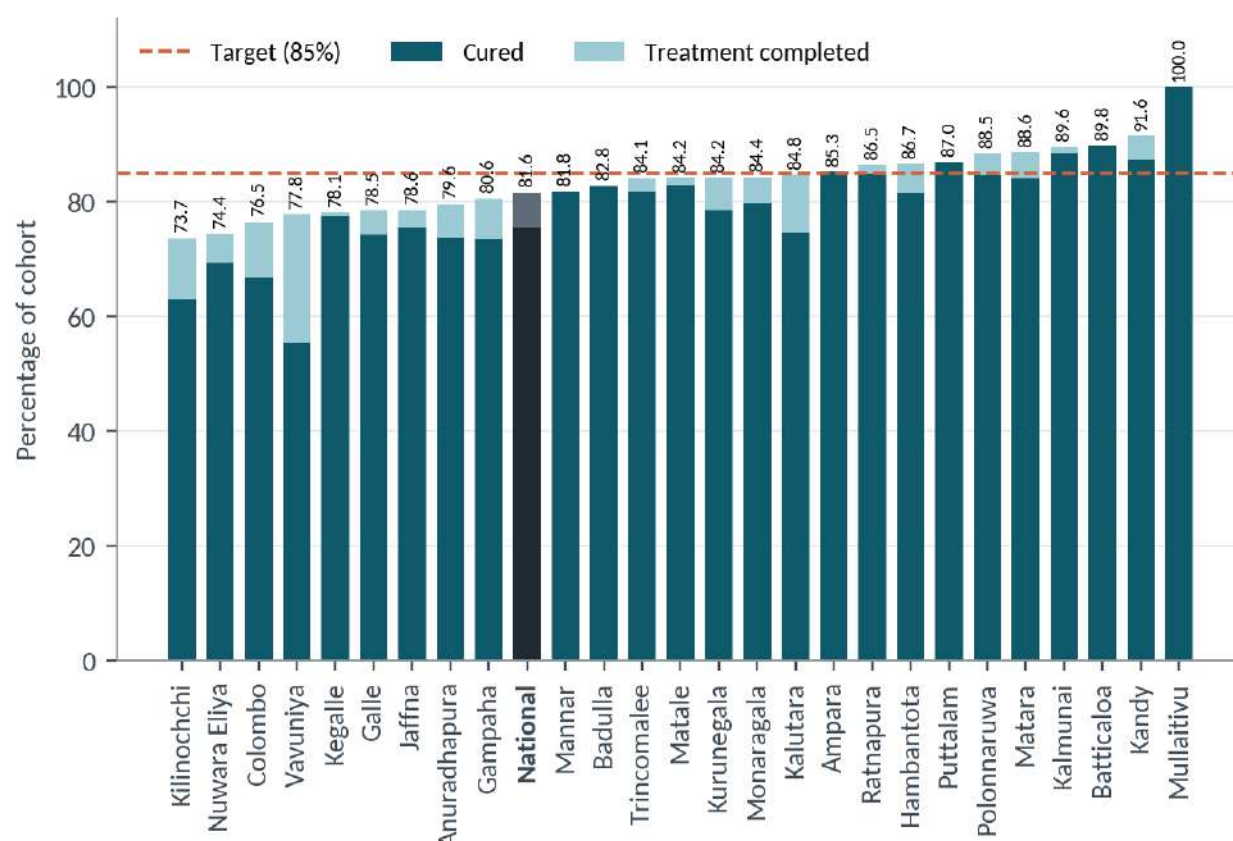


Figure 33: Treatment success of new bacteriologically confirmed PTB cases by district, 2024 cohort

New clinically diagnosed pulmonary TB

Of the **1,364** clinically diagnosed new PTB patients, 1,027 completed treatment (**75.3%**). Deaths were reported among 146 patients (10.7%) – the highest death rate of any new-patient category – of whom 79 were confirmed as not due to TB. A further 53 patients (3.9%) were lost to follow-up, and 133 (9.8%) were not evaluated. Completion rates ranged from 100.0% in Kalmunai to 40.0% in Vavuniya (Figure 34).

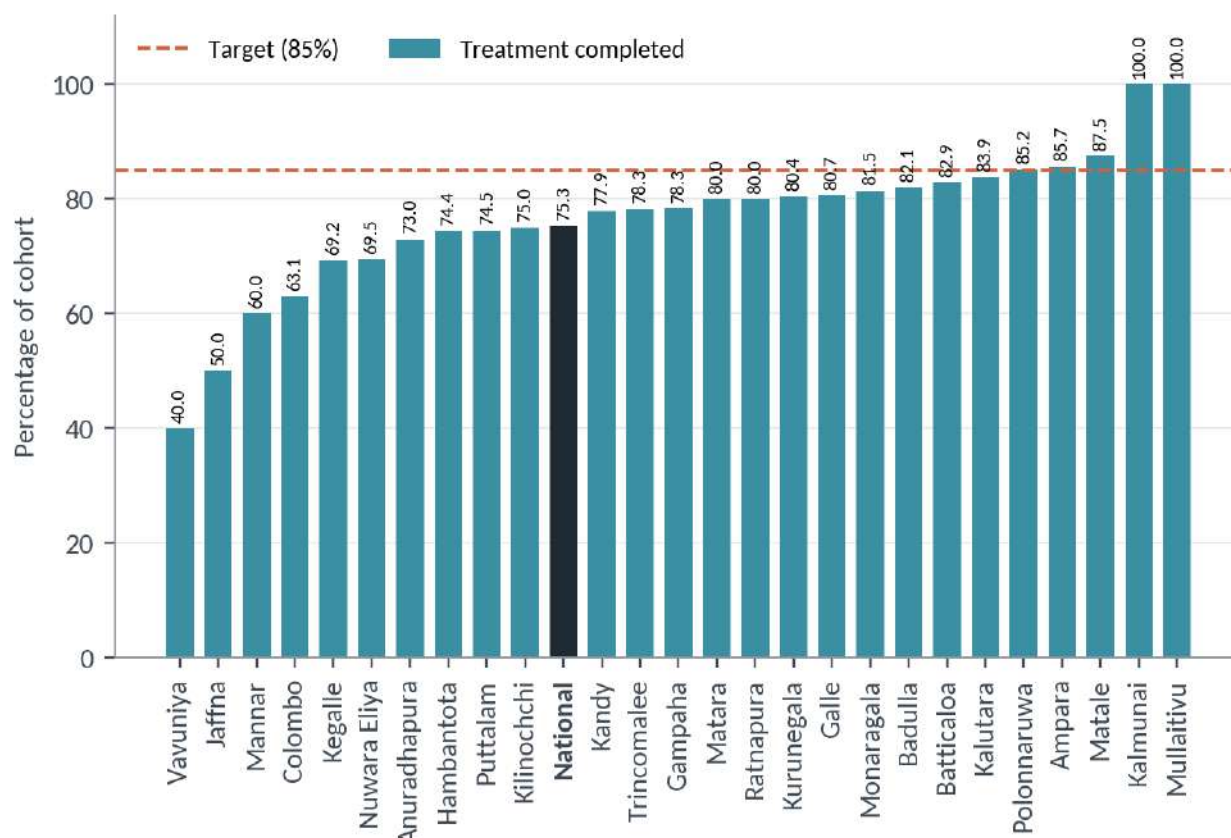


Figure 34: Treatment completion rate of new clinically diagnosed PTB cases by district, 2024 cohort

4.4 Treatment outcome of new extra-pulmonary TB

Of the **2,233** new EPTB patients registered in 2024, 1,772 (**79.4%**) completed treatment, while 184 (8.2%) died, 10 (0.4%) failed, 93 (4.2%) were lost to follow-up and 174 (7.8%) were not evaluated. The relatively high proportion not evaluated partly reflects prolonged treatment for some forms of EPTB. Completion rates were highest in Vavuniya (100.0%), Mullaitivu (100.0%) and Ampara (94.7%) (Figure 35).

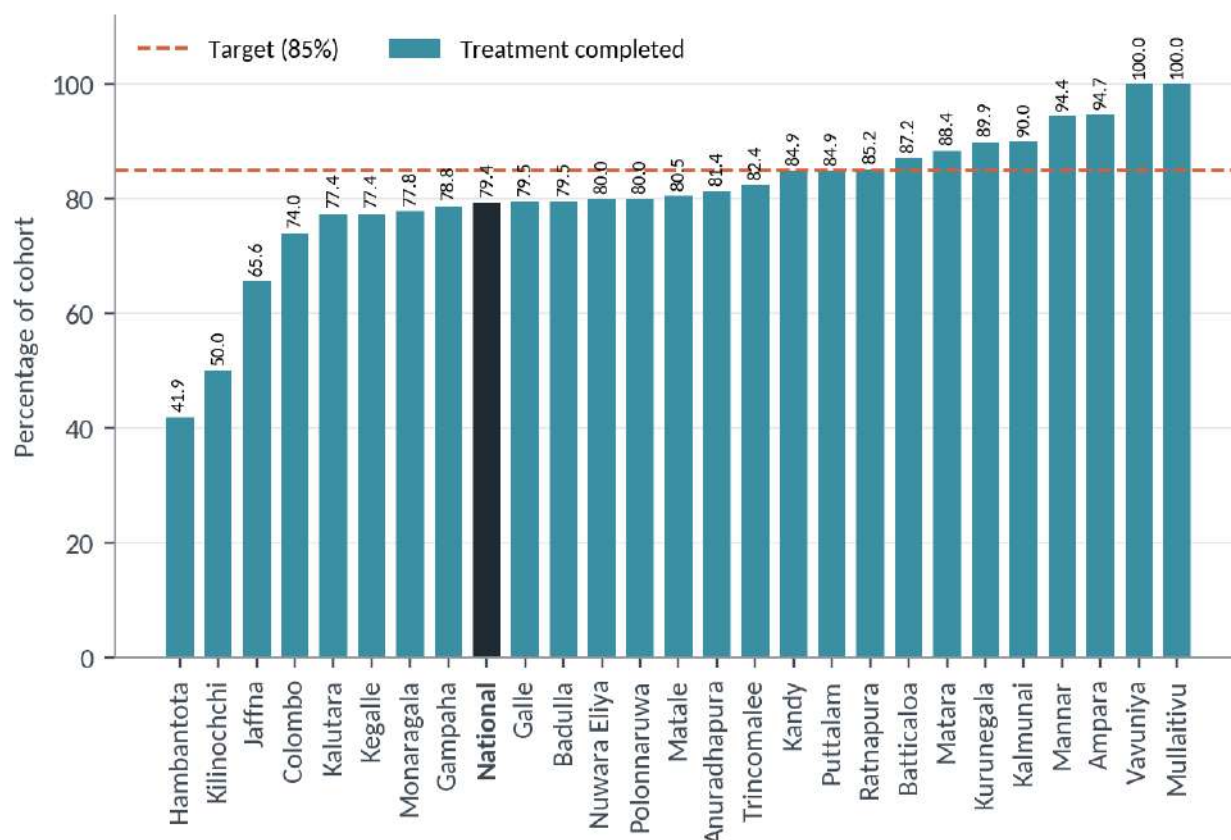


Figure 35: Treatment completion rate of new EPTB cases by district, 2024 cohort

4.5 Treatment outcome of previously treated patients

Among **643** previously treated patients registered in 2024, 307 (47.7%) were cured and 129 (20.1%) completed treatment – a treatment success rate of **67.8%**, similar to the 2023 cohort (66.8%). In addition, 48 (7.5%) died, 15 (2.3%) failed treatment, **92 (14.3%) were lost to follow-up** and 52 (8.1%) were not evaluated. Colombo registered 187 of these patients, with a success rate of 56.7% and 53 lost to follow-up (Annex 17). Among the 8 patients whose treatment history was unknown, four were cured, two were lost to follow-up and one died (Annex 18).

4.6 Smear-negative, culture-positive pulmonary TB

A separate group of **244** patients registered in 2024 were smear negative but culture positive. Of these, 189 (77.5%) were cured and 24 (9.8%) completed treatment, giving a treatment success rate of **87.3%** – the highest of any category. 15 patients (6.1%) died, 2 failed treatment, 6 were lost to follow-up and 8 were not evaluated. Patients who were smear negative but positive on a rapid molecular test achieved a treatment success rate of 83.7% in the same cohort.

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

Notifications fell for a second consecutive year in 2025, by 4.9% to 8,726 cases, and the notified incidence rate (37.7 per 100,000) is now back at its 2019 level. Because WHO estimates that true incidence is declining only slowly (59 per 100,000 in 2025), the fall is more likely to reflect weakening case finding than a genuine reduction in disease. The gap of roughly 4,797 cases between estimated and notified TB remains the Programme's central challenge, and it widened in 2025. The observations below set out the priorities emerging from the data.

Case finding

- **Close the detection gap.** Treatment coverage of about 63.9% means that roughly one in three people with TB is still not notified. Intensified active case finding among contacts, people with diabetes, the elderly, people in prisons, urban low-income settlements and estate communities, with wider use of chest X-ray screening and rapid molecular testing, is needed to reverse the decline.
- **Target older men.** Men aged 45–64 years had notification rates of 113.0–183.9 per 100,000, four to five times the national rate, and 44.6% of new cases were aged 55 years or more. Screening in medical and diabetic clinics and in workplaces serving middle-aged and older men should be prioritised.
- **Childhood TB.** Only 228 children were notified (38.0% of the NSP target of 600 a year). Systematic contact investigation, paediatric specimen collection, stool and gastric aspirate testing with rapid molecular assays, and TB preventive treatment for child contacts should be scaled up.
- **District variation.** Notifications fell in 15 of 26 districts. Districts with the steepest declines (Batticaloa - 32.1%, Kegalle -22.3%, Jaffna -13.1% and Kurunegala -12.6%) and those with low bacteriological confirmation should review referral pathways, microscopy centre utilisation and specimen transport.
- **Sustain the diagnostic gains.** Rapid molecular testing now accounts for 24.8% of bacteriologically confirmed pulmonary cases. Maintaining cartridge supply, equipment servicing and specimen transport is essential to protect this gain.
- **Private sector engagement.** Referral from private practitioners, hospitals and laboratories remains critical to the NSP target of 30% private-sector referrals, and the contribution of the private sector should be reported routinely.

Treatment outcomes

- **Arrest the decline in treatment success.** At 79.2%, treatment success has stayed below 80% for four consecutive cohorts. Reaching 85% requires simultaneous action on deaths, loss to follow-up and unevaluated outcomes, which together accounted for 19.5% of the 2024 cohort.
- **Reduce deaths.** Deaths (8.5%; n=781) are the single largest cause of unsuccessful outcomes and have risen steadily for a decade. Earlier diagnosis, systematic screening for and management of comorbidities, nutritional support, prompt referral of severely ill patients and death audits (TB 17) in high-mortality districts are required.
- **Urban adherence support.** Loss to follow-up rose to 5.8%, the highest since 2011, and Colombo alone accounted for 52.8% of all patients lost to follow-up. Community-based treatment support, digital adherence technologies, social and transport support and prompt tracing of treatment interrupters should be strengthened in Colombo and Gampaha.
- **Complete outcome reporting.** Outcomes were not evaluated for 5.2% of patients. Transfer-out follow-up and reconciliation between ePIMS and district registers should ensure that every patient receives a final outcome.
- **Previously treated patients.** With treatment success of only 67.8% and loss to follow-up of 14.3%, all previously treated patients should receive rapid drug-susceptibility testing at registration and intensified adherence support.

- **Intensive-phase monitoring.** Sputum conversion was 85.2% overall but below the benchmark in 8 districts, and results were missing for 9.5% of patients. Timely follow-up smear examination and complete recording of results are needed.

Prevention and collaboration

- **TB/HIV.** Screening coverage of 98.9% is effectively universal, but co-infections rose to 62. Joint management with the National STD/AIDS Control Programme, prompt antiretroviral therapy and preventive treatment should be ensured for every co-infected patient.
- **Drug-resistant TB.** Detection remains low and enrolment on treatment high. Universal drug-susceptibility testing at diagnosis, and completion of outcome reporting for the 2024 and 2025 cohorts, will confirm whether low detection reflects genuinely low resistance or incomplete testing.

Data quality

- A number of inconsistencies were identified while compiling the 2025 statistical tables, including outcome sub-totals that do not reconcile with their components and an extra-pulmonary outcome table carrying forward the previous cohort (Annex 21). Automated validation checks in ePIMS and at the central unit before tables are finalised would prevent these; all percentages in this report have been recalculated from the reported counts.

PART II

Activity Report

TB control activities at national and district level, 2025

7. Programme Activities in 2025

During 2025, 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 2025 was observed with the support of the stakeholders. 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 2025. 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, 2025

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	1,234	214	443	1,891	66	6	9	81	22	2	3	27	42	5	0	47	4	1	0	5	134	14	12	160	3	0	0	3	2,054
Gampaha	560	247	268	1,075	32	11	5	48	10	0	0	10	13	3	1	17	3	0	0	3	58	14	6	78	2	0	0	2	1,155
Kalutara	348	69	141	558	13	1	1	15	7	0	0	7	2	0	0	2	2	0	1	3	24	1	2	27	0	1	0	1	586
Kandy	289	141	146	576	11	7	7	25	3	0	1	4	0	0	0	0	1	0	1	2	15	7	9	31	0	0	0	0	607
Matale	80	10	48	138	10	0	1	11	0	0	0	0	1	0	0	1	0	0	0	0	11	0	1	12	0	0	0	0	150
Nuwara Eliya	116	47	95	258	1	0	0	1	4	0	0	4	3	1	0	4	2	0	0	2	10	1	0	11	1	0	0	1	270
Galle	214	110	142	466	12	12	3	27	5	1	1	7	6	5	2	13	0	0	0	0	23	18	6	47	0	0	0	0	513
Matara	94	31	38	163	7	1	2	10	2	0	0	2	0	0	0	0	1	0	0	1	10	1	2	13	0	0	0	0	176
Hambantota	71	26	30	127	8	2	0	10	1	0	0	1	2	0	0	2	0	0	0	0	11	2	0	13	0	0	0	0	140
Jaffna	87	38	83	208	7	0	2	9	6	0	0	6	1	2	0	3	0	0	0	0	14	2	2	18	0	0	0	0	226
Vavuniya	40	4	20	64	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	65
Batticaloa	84	6	34	124	6	0	1	7	2	0	0	2	0	0	0	0	0	0	0	0	8	0	1	9	0	0	0	0	133
Ampara	41	7	20	68	3	1	0	4	0	0	0	0	0	0	0	0	0	0	0	0	3	1	0	4	0	0	0	0	72
Kalmunai	102	9	28	139	9	1	2	12	4	0	0	4	0	0	0	0	0	0	0	0	13	1	2	16	1	0	0	1	156
Trincomalee	74	32	28	134	4	0	0	4	4	0	0	4	1	1	0	2	0	0	0	0	9	1	0	10	0	0	0	0	144
Kurunegala	225	33	113	371	16	0	5	21	3	0	0	3	1	0	0	1	0	0	0	0	20	0	5	25	0	0	0	0	396
Puttalam	97	43	47	187	11	1	0	12	1	0	0	1	1	0	0	1	0	0	0	0	13	1	0	14	0	0	0	0	201
Anuradhapura	161	66	54	281	7	7	4	18	4	0	0	4	5	0	0	5	0	0	0	0	16	7	4	27	0	0	0	0	308
Polonnaruwa	56	27	19	102	3	0	1	4	2	0	0	2	0	0	0	0	0	0	0	0	5	0	1	6	0	0	0	0	108
Badulla	127	65	71	263	6	2	2	10	5	1	1	7	0	1	0	1	0	0	0	0	11	4	3	18	0	0	0	0	281
Monaragala	72	41	32	145	6	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	6	0	0	0	0	151
Ratnapura	250	52	92	394	7	1	0	8	6	0	1	7	1	1	0	2	0	0	0	0	14	2	1	17	0	0	0	0	411
Kegalle	152	43	75	270	6	0	5	11	5	0	0	5	3	1	0	4	1	1	0	2	15	2	5	22	0	0	0	0	292
Mannar	22	8	14	44	2	1	1	4	0	0	0	0	0	0	1	1	0	0	1	1	2	1	3	6	0	0	0	0	50
Mullaitivu	20	4	14	38	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	38
Kilinochchi	25	5	11	41	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	0	1	0	1	2	0	0	0	0	43
Sri Lanka	4,641	1,378	2,106	8,125	253	54	53	360	96	4	7	107	83	20	4	107	14	2	3	19	446	80	67	593	7	1	0	8	8,726

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025.

Annex 2: Distribution and rates of all TB cases by district, 2025

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 2024	Change	New cases	New + relapse
Colombo	2,492,110	2,054	82.4	23.5	2,218	-7.4%	75.9	79.1
Gampaha	2,449,884	1,155	47.1	13.2	1,204	-4.1%	43.9	45.8
Kalutara	1,299,890	586	45.1	6.7	662	-11.5%	42.9	44.1
Kandy	1,521,175	607	39.9	7.0	616	-1.5%	37.9	39.5
Matale	536,643	150	28.0	1.7	134	+11.9%	25.7	27.8
Nuwara Eliya	799,279	270	33.8	3.1	275	-1.8%	32.3	32.4
Galle	1,161,373	513	44.2	5.9	479	+7.1%	40.1	42.4
Matara	884,810	176	19.9	2.0	192	-8.3%	18.4	19.6
Hambantota	700,045	140	20.0	1.6	152	-7.9%	18.1	19.6
Jaffna	640,848	226	35.3	2.6	260	-13.1%	32.5	33.9
Vavuniya	202,645	65	32.1	0.7	56	+16.1%	31.6	32.1
Batticaloa	599,294	133	22.2	1.5	196	-32.1%	20.7	21.9
Ampara	299,057	72	24.1	0.8	65	+10.8%	22.7	24.1
Kalmunai	480,721	156	32.5	1.8	147	+6.1%	28.9	31.4
Trincomalee	458,892	144	31.4	1.7	149	-3.4%	29.2	30.1
Kurunegala	1,760,877	396	22.5	4.5	453	-12.6%	21.1	22.3
Puttalam	863,756	201	23.3	2.3	219	-8.2%	21.6	23.0
Anuradhapura	972,130	308	31.7	3.5	287	+7.3%	28.9	30.8
Polonnaruwa	457,603	108	23.6	1.2	115	-6.1%	22.3	23.2
Badulla	916,581	281	30.7	3.2	252	+11.5%	28.7	29.8
Monaragala	522,422	151	28.9	1.7	141	+7.1%	27.8	28.9
Ratnapura	1,222,677	411	33.6	4.7	405	+1.5%	32.2	32.9
Kegalle	909,009	292	32.1	3.3	376	-22.3%	29.7	30.9
Mannar	119,014	50	42.0	0.6	55	-9.1%	37.0	40.3
Mullaitivu	100,876	38	37.7	0.4	33	+15.2%	37.7	37.7
Kilinochchi	140,750	43	30.6	0.5	39	+10.3%	29.1	29.8
Sri Lanka	22,512,358	8,726	38.8	100.0	9,180	-4.9%	36.1	37.7

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025. Population: estimated mid-year population 2024.

Annex 3: Distribution of TB cases by type and province, with rates per 100,000 population, 2025

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	6,241,885	2,142	34.3	530	8.5	852	13.6	3,524	56.5	265	4.2	6	3,795	60.8	43.5
Central	2,857,097	485	17.0	198	6.9	289	10.1	972	34.0	54	1.9	1	1,027	35.9	11.8
Southern	2,746,227	379	13.8	167	6.1	210	7.6	756	27.5	73	2.7	0	829	30.2	9.5
Northern	1,204,132	194	16.1	59	4.9	142	11.8	395	32.8	27	2.2	0	422	35.0	4.8
Eastern	1,837,964	301	16.4	54	2.9	110	6.0	465	25.3	39	2.1	1	505	27.5	5.8
North Western	2,624,633	322	12.3	76	2.9	160	6.1	558	21.3	39	1.5	0	597	22.7	6.8
North Central	1,429,732	217	15.2	93	6.5	73	5.1	383	26.8	33	2.3	0	416	29.1	4.8
Uva	1,439,003	199	13.8	106	7.4	103	7.2	408	28.4	24	1.7	0	432	30.0	5.0
Sabaragamuwa	2,131,686	402	18.9	95	4.5	167	7.8	664	31.1	39	1.8	0	703	33.0	8.1
Sri Lanka	22,512,358	4,641	20.6	1,378	6.1	2,106	9.4	8,125	36.1	593	2.6	8	8,726	38.8	100.0

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025. 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, 2025

Age group	Population	New PTB BC		New PTB CD		New EPTB		All new		
		n	Rate	n	Rate	n	Rate	n	Rate	%
0–14	5,968,026	56	0.9	86	1.4	86	1.4	228	3.8	2.8
15–24	4,190,042	452	10.8	101	2.4	268	6.4	821	19.6	10.1
25–34	3,685,273	393	10.7	115	3.1	323	8.8	831	22.5	10.2
35–44	2,913,099	653	22.4	138	4.7	314	10.8	1,105	37.9	13.6
45–54	1,789,732	963	53.8	179	10.0	372	20.8	1,514	84.6	18.6
55–64	1,172,894	990	84.4	292	24.9	365	31.1	1,647	140.4	20.3
65 +	2,793,292	1,134	40.6	467	16.7	378	13.5	1,979	70.8	24.4
Total	22,512,358	4,641	20.6	1,378	6.1	2,106	9.4	8,125	36.1	100.0

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025.

Annex 5: Distribution of new TB cases by age group and sex, with rates per 100,000 population, 2025

Age group	Population	Male		Female			All new cases			M:F ratio
		n	Rate	Population	n	Rate	Population	n	Rate	
0–14	3,063,932	109	3.6	2,904,094	119	4.1	5,968,026	228	3.8	0.9
15–24	1,848,757	375	20.3	2,341,285	446	19.0	4,190,042	821	19.6	0.8
25–34	1,850,516	460	24.9	1,834,757	371	20.2	3,685,273	831	22.5	1.2
35–44	1,202,160	725	60.3	1,710,939	380	22.2	2,913,099	1,105	37.9	1.9
45–54	911,751	1,030	113.0	877,982	484	55.1	1,789,732	1,514	84.6	2.1
55–64	623,592	1,147	183.9	549,302	500	91.0	1,172,894	1,647	140.4	2.3
65 +	1,422,781	1,330	93.5	1,370,510	649	47.4	2,793,292	1,979	70.8	2.0
Total	10,923,488	5,176	47.4	11,588,870	2,949	25.4	22,512,358	8,125	36.1	1.8

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025.

Annex 6: Age and sex distribution of all new TB cases by district, 2025

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	9	16	93	101	163	246	253	164	84	1,129	11	32	159	110	87	102	120	104	37	762	1,891
Gampaha	4	7	42	68	113	142	142	126	60	704	4	12	49	42	37	58	65	73	31	371	1,075
Kalutara	1	4	22	32	47	77	85	52	23	343	2	4	30	23	28	39	51	21	17	215	558
Kandy	3	7	31	26	42	59	79	61	34	342	8	9	28	27	28	40	43	29	22	234	576
Matale	1	0	3	4	12	15	22	20	9	86	1	0	8	6	8	10	11	6	2	52	138
Nuwara Eliya	4	4	21	21	25	30	20	19	8	152	1	4	30	13	15	16	10	10	7	106	258
Galle	2	3	12	42	54	66	80	49	19	327	0	2	21	19	21	29	17	22	8	139	466
Matara	0	0	9	7	12	26	19	20	17	110	0	1	3	6	10	7	4	19	3	53	163
Hambantota	1	0	5	10	13	14	17	21	9	90	0	0	3	5	8	6	6	5	4	37	127
Jaffna	1	3	11	15	25	13	28	28	14	138	0	1	3	12	10	11	9	17	7	70	208
Vavuniya	0	0	4	7	5	4	9	9	4	42	0	1	2	4	4	2	2	7	0	22	64
Batticaloa	1	3	4	8	7	9	23	14	6	75	0	1	8	3	5	8	13	10	1	49	124
Ampara	0	0	4	4	6	3	12	9	4	42	0	0	4	1	2	6	6	4	3	26	68
Kalmunai	0	1	3	2	8	26	16	30	6	92	0	0	5	6	11	9	10	4	2	47	139
Trincomalee	1	1	8	5	8	14	18	16	6	77	0	1	7	6	9	9	7	16	2	57	134
Kurunegala	0	0	18	15	25	53	54	57	20	242	0	2	13	17	12	31	20	22	12	129	371
Puttalam	1	3	6	6	17	33	34	23	7	130	0	3	8	5	10	14	9	5	3	57	187
Anuradhapura	0	1	10	11	28	36	49	36	13	184	2	3	12	13	13	20	20	10	4	97	281
Polonnaruwa	0	0	6	5	9	16	18	15	6	75	0	0	0	2	6	6	4	4	5	27	102
Badulla	0	1	15	14	26	27	37	40	6	166	2	2	12	16	12	10	17	15	11	97	263
Monaragala	0	1	7	9	16	22	23	18	9	105	0	0	3	3	7	6	8	9	4	40	145
Ratnapura	6	14	18	21	31	49	50	46	18	253	0	6	22	19	26	27	20	13	8	141	394
Kegalle	1	2	17	21	18	35	42	31	17	184	2	1	14	5	8	13	19	17	7	86	270
Mannar	0	0	2	2	4	8	8	4	0	28	0	1	1	4	1	1	5	2	1	16	44
Mullaitivu	0	1	1	0	5	3	7	8	3	28	0	0	0	3	1	3	3	0	0	10	38
Kilinochchi	0	1	3	4	6	4	2	9	3	32	0	0	1	1	1	1	1	0	4	9	41
Sri Lanka	36	73	375	460	725	1,030	1,147	925	405	5,176	33	86	446	371	380	484	500	444	205	2,949	8,125

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025.

Annex 7: Age and sex distribution of new bacteriologically confirmed PTB cases by district, 2025

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	58	56	121	195	196	123	49	805	2	10	89	43	56	70	72	62	25	429	1,234
Gampaha	0	1	16	33	73	93	75	68	26	385	1	4	23	12	17	30	33	40	15	175	560
Kalutara	0	2	14	17	31	56	60	30	17	227	1	2	19	10	17	20	30	10	12	121	348
Kandy	0	2	16	10	26	39	40	39	14	186	2	4	13	8	12	19	19	14	12	103	289
Matale	1	0	1	2	5	9	16	11	7	52	0	0	2	3	5	6	6	4	2	28	80
Nuwara Eliya	1	1	8	12	14	17	8	12	1	74	0	1	12	6	5	8	6	4	0	42	116
Galle	0	0	7	21	28	35	43	22	11	167	0	1	9	4	7	12	5	7	2	47	214
Matara	0	0	6	5	7	15	12	16	10	71	0	0	3	4	5	1	2	8	0	23	94
Hambantota	0	0	4	3	8	11	11	12	7	56	0	0	1	3	3	2	3	2	1	15	71
Jaffna	0	0	3	8	13	7	16	16	4	67	0	0	1	4	3	2	2	6	2	20	87
Vavuniya	0	0	2	4	3	1	6	7	4	27	0	1	2	3	2	0	1	4	0	13	40
Batticaloa	1	2	3	5	6	5	18	9	3	52	0	0	6	1	3	7	10	4	1	32	84
Ampara	0	0	2	2	4	1	11	5	1	26	0	0	4	0	0	3	4	2	2	15	41
Kalmunai	0	0	1	2	4	19	13	27	6	72	0	0	2	4	5	9	5	3	2	30	102
Trincomalee	0	0	5	4	4	10	11	12	4	50	0	0	3	3	4	1	5	6	2	24	74
Kurunegala	0	0	8	5	18	42	37	38	15	163	0	0	7	7	8	14	8	14	4	62	225
Puttalam	1	0	2	2	10	22	20	9	4	70	0	0	3	4	7	7	1	3	2	27	97
Anuradhapura	0	1	5	9	12	30	31	20	6	114	1	2	8	6	7	10	8	2	3	47	161
Polonnaruwa	0	0	4	5	3	8	11	7	3	41	0	0	0	0	4	3	3	3	2	15	56
Badulla	0	0	11	8	17	11	17	21	1	86	0	0	8	5	5	3	8	6	6	41	127
Monaragala	0	0	3	5	7	18	14	7	5	59	0	0	3	1	4	1	1	2	1	13	72
Ratnapura	0	2	13	14	21	32	36	34	13	165	0	2	17	11	16	15	10	10	4	85	250
Kegalle	0	0	11	9	9	23	25	19	8	104	0	0	10	3	5	8	11	6	5	48	152
Mannar	0	0	1	2	2	5	0	2	0	12	0	0	0	2	1	1	3	2	1	10	22
Mullaitivu	0	0	1	0	2	1	3	5	2	14	0	0	0	0	1	3	2	0	0	6	20
Kilinochchi	0	0	1	2	2	2	2	6	2	17	0	0	1	1	1	1	0	0	4	8	25
Sri Lanka	6	16	206	245	450	707	732	577	223	3,162	7	27	246	148	203	256	258	224	110	1,479	4,641

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025.

Annex 8: Age and sex distribution of new clinically diagnosed PTB cases by district, 2025

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	6	5	9	13	12	12	30	28	18	133	6	9	9	13	4	6	11	16	7	81	214
Gampaha	1	4	10	9	16	23	34	37	28	162	2	4	10	6	6	11	13	22	11	85	247
Kalutara	0	0	1	7	3	3	11	11	4	40	0	1	7	5	2	1	6	6	1	29	69
Kandy	3	4	6	4	9	6	26	13	10	81	3	2	8	10	1	8	10	10	8	60	141
Matale	0	0	0	2	1	1	2	1	0	7	0	0	0	1	0	1	1	0	0	3	10
Nuwara Eliya	2	0	4	1	3	5	5	6	3	29	1	0	4	1	3	3	0	3	3	18	47
Galle	1	1	1	4	8	15	17	18	4	69	0	0	4	6	3	8	6	11	3	41	110
Matara	0	0	1	0	2	4	7	3	3	20	0	1	0	0	1	0	1	6	2	11	31
Hambantota	1	0	0	3	2	1	2	5	2	16	0	0	1	1	2	2	1	2	1	10	26
Jaffna	1	0	3	2	4	1	6	3	2	22	0	0	2	1	2	3	2	4	2	16	38
Vavuniya	0	0	0	0	1	0	1	0	0	2	0	0	0	0	1	0	0	1	0	2	4
Batticaloa	0	0	0	0	0	1	1	0	3	5	0	0	0	0	0	0	0	1	0	1	6
Ampara	0	0	0	0	0	1	0	3	2	6	0	0	0	0	0	1	0	0	0	1	7
Kalmunai	0	0	0	0	2	3	0	2	0	7	0	0	0	0	1	0	1	0	0	2	9
Trincomalee	0	0	2	0	2	1	5	4	2	16	0	0	1	1	1	5	1	7	0	16	32
Kurunegala	0	0	1	2	2	1	4	2	2	14	0	0	0	2	1	3	8	2	3	19	33
Puttalam	0	0	0	1	5	5	8	10	2	31	0	0	3	0	0	2	4	2	1	12	43
Anuradhapura	0	0	0	2	7	3	8	13	2	35	1	0	2	3	4	7	5	8	1	31	66
Polonnaruwa	0	0	0	0	5	3	4	6	3	21	0	0	0	0	2	2	0	0	2	6	27
Badulla	0	1	3	2	1	6	9	12	5	39	1	2	2	1	4	4	5	5	2	26	65
Monaragala	0	0	1	1	4	3	4	8	4	25	0	0	0	1	0	3	6	5	1	16	41
Ratnapura	5	11	1	0	2	2	5	4	2	32	0	3	1	4	5	1	3	1	2	20	52
Kegalle	1	1	3	4	2	7	8	4	6	36	0	1	0	1	0	1	1	2	1	7	43
Mannar	0	0	0	0	0	0	5	1	0	6	0	1	0	0	0	0	1	0	0	2	8
Mullaitivu	0	0	0	0	0	0	3	0	0	3	0	0	0	1	0	0	0	0	0	1	4
Kilinochchi	0	0	1	0	2	0	0	1	0	4	0	0	0	0	0	0	1	0	0	1	5
Sri Lanka	21	27	47	57	95	107	205	195	107	861	14	24	54	58	43	72	87	114	51	517	1,378

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025.

Annex 9: Age and sex distribution of all new PTB cases by district, 2025

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	8	10	67	69	133	207	226	151	67	938	8	19	98	56	60	76	83	78	32	510	1,448
Gampaha	1	5	26	42	89	116	109	105	54	547	3	8	33	18	23	41	46	62	26	260	807
Kalutara	0	2	15	24	34	59	71	41	21	267	1	3	26	15	19	21	36	16	13	150	417
Kandy	3	6	22	14	35	45	66	52	24	267	5	6	21	18	13	27	29	24	20	163	430
Matale	1	0	1	4	6	10	18	12	7	59	0	0	2	4	5	7	7	4	2	31	90
Nuwara Eliya	3	1	12	13	17	22	13	18	4	103	1	1	16	7	8	11	6	7	3	60	163
Galle	1	1	8	25	36	50	60	40	15	236	0	1	13	10	10	20	11	18	5	88	324
Matara	0	0	7	5	9	19	19	19	13	91	0	1	3	4	6	1	3	14	2	34	125
Hambantota	1	0	4	6	10	12	13	17	9	72	0	0	2	4	5	4	4	4	2	25	97
Jaffna	1	0	6	10	17	8	22	19	6	89	0	0	3	5	5	5	4	10	4	36	125
Vavuniya	0	0	2	4	4	1	7	7	4	29	0	1	2	3	3	0	1	5	0	15	44
Batticaloa	1	2	3	5	6	6	19	9	6	57	0	0	6	1	3	7	10	5	1	33	90
Ampara	0	0	2	2	4	2	11	8	3	32	0	0	4	0	0	4	4	2	2	16	48
Kalmunai	0	0	1	2	6	22	13	29	6	79	0	0	2	4	6	9	6	3	2	32	111
Trincomalee	0	0	7	4	6	11	16	16	6	66	0	0	4	4	5	6	6	13	2	40	106
Kurunegala	0	0	9	7	20	43	41	40	17	177	0	0	7	9	9	17	16	16	7	81	258
Puttalam	1	0	2	3	15	27	28	19	6	101	0	0	6	4	7	9	5	5	3	39	140
Anuradhapura	0	1	5	11	19	33	39	33	8	149	2	2	10	9	11	17	13	10	4	78	227
Polonnaruwa	0	0	4	5	8	11	15	13	6	62	0	0	0	0	6	5	3	3	4	21	83
Badulla	0	1	14	10	18	17	26	33	6	125	1	2	10	6	9	7	13	11	8	67	192
Monaragala	0	0	4	6	11	21	18	15	9	84	0	0	3	2	4	4	7	7	2	29	113
Ratnapura	5	13	14	14	23	34	41	38	15	197	0	5	18	15	21	16	13	11	6	105	302
Kegalle	1	1	14	13	11	30	33	23	14	140	0	1	10	4	5	9	12	8	6	55	195
Mannar	0	0	1	2	2	5	5	3	0	18	0	1	0	2	1	1	4	2	1	12	30
Mullaitivu	0	0	1	0	2	1	6	5	2	17	0	0	0	1	1	3	2	0	0	7	24
Kilinochchi	0	0	2	2	4	2	2	7	2	21	0	0	1	1	1	1	1	0	4	9	30
Sri Lanka	27	43	253	302	545	814	937	772	330	4,023	21	51	300	206	246	328	345	338	161	1,996	6,019

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025. Male totals recalculated from age-group counts (the source sheet total column contained errors).

Annex 10: Age and sex distribution of new EPTB cases by district, 2025

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	6	26	32	30	39	27	13	17	191	3	13	61	54	27	26	37	26	5	252	443
Gampaha	3	2	16	26	24	26	33	21	6	157	1	4	16	24	14	17	19	11	5	111	268
Kalutara	1	2	7	8	13	18	14	11	2	76	1	1	4	8	9	18	15	5	4	65	141
Kandy	0	1	9	12	7	14	13	9	10	75	3	3	7	9	15	13	14	5	2	71	146
Matale	0	0	2	0	6	5	4	8	2	27	1	0	6	2	3	3	4	2	0	21	48
Nuwara Eliya	1	3	9	8	8	8	7	1	4	49	0	3	14	6	7	5	4	3	4	46	95
Galle	1	2	4	17	18	16	20	9	4	91	0	1	8	9	11	9	6	4	3	51	142
Matara	0	0	2	2	3	7	0	1	4	19	0	0	0	2	4	6	1	5	1	19	38
Hambantota	0	0	1	4	3	2	4	4	0	18	0	0	1	1	3	2	2	1	2	12	30
Jaffna	0	3	5	5	8	5	6	9	8	49	0	1	0	7	5	6	5	7	3	34	83
Vavuniya	0	0	2	3	1	3	2	2	0	13	0	0	0	1	1	2	1	2	0	7	20
Batticaloa	0	1	1	3	1	3	4	5	0	18	0	1	2	2	2	1	3	5	0	16	34
Ampara	0	0	2	2	2	1	1	1	1	10	0	0	0	1	2	2	2	2	1	10	20
Kalmunai	0	1	2	0	2	4	3	1	0	13	0	0	3	2	5	0	4	1	0	15	28
Trincomalee	1	1	1	1	2	3	2	0	0	11	0	1	3	2	4	3	1	3	0	17	28
Kurunegala	0	0	9	8	5	10	13	17	3	65	0	2	6	8	3	14	4	6	5	48	113
Puttalam	0	3	4	3	2	6	6	4	1	29	0	3	2	1	3	5	4	0	0	18	47
Anuradhapura	0	0	5	0	9	3	10	3	5	35	0	1	2	4	2	3	7	0	0	19	54
Polonnaruwa	0	0	2	0	1	5	3	2	0	13	0	0	0	2	0	1	1	1	1	6	19
Badulla	0	0	1	4	8	10	11	7	0	41	1	0	2	10	3	3	4	4	3	30	71
Monaragala	0	1	3	3	5	1	5	3	0	21	0	0	0	1	3	2	1	2	2	11	32
Ratnapura	1	1	4	7	8	15	9	8	3	56	0	1	4	4	5	11	7	2	2	36	92
Kegalle	0	1	3	8	7	5	9	8	3	44	2	0	4	1	3	4	7	9	1	31	75
Mannar	0	0	1	0	2	3	3	1	0	10	0	0	1	2	0	0	1	0	0	4	14
Mullaitivu	0	1	0	0	3	2	1	3	1	11	0	0	0	2	0	0	1	0	0	3	14
Kilinochchi	0	1	1	2	2	2	0	2	1	11	0	0	0	0	0	0	0	0	0	0	11
Sri Lanka	9	30	122	158	180	216	210	153	75	1,153	12	35	146	165	134	156	155	106	44	953	2,106

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025.

Annex 11: Age and sex distribution of relapse TB cases by district, 2025

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	0	0	0	1	9	17	15	8	2	52	0	0	7	5	2	8	6	1	0	29	81
Gampaha	0	0	1	1	6	4	10	6	0	28	0	0	3	3	1	2	1	8	2	20	48
Kalutara	0	0	1	1	2	1	5	2	1	13	0	0	0	0	1	0	0	0	1	2	15
Kandy	0	0	0	1	1	2	9	2	3	18	0	0	0	3	1	0	3	0	0	7	25
Matale	0	0	0	1	1	2	2	2	1	9	0	0	0	0	0	0	1	1	0	2	11
Nuwara Eliya	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1
Galle	0	0	0	2	2	2	3	2	1	12	0	0	0	1	3	1	3	5	2	15	27
Matara	0	0	0	0	1	1	3	1	0	6	0	0	0	2	1	1	0	0	0	4	10
Hambantota	0	0	0	0	1	1	4	3	1	10	0	0	0	0	0	0	0	0	0	0	10
Jaffna	0	1	0	1	3	1	1	0	0	7	0	0	0	1	0	0	0	1	0	2	9
Vavuniya	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Batticaloa	0	0	0	0	1	0	4	1	0	6	0	0	0	0	0	0	0	1	0	1	7
Ampara	0	0	0	0	0	1	1	1	1	4	0	0	0	0	0	0	0	0	0	0	4
Kalmunai	0	0	0	1	1	1	1	5	1	10	0	0	0	0	0	0	0	2	0	2	12
Trincomalee	0	0	0	1	0	2	0	1	0	4	0	0	0	0	0	0	0	0	0	0	4
Kurunegala	0	0	0	1	3	4	3	4	1	16	0	0	1	0	2	1	1	0	0	5	21
Puttalam	0	0	1	1	2	1	1	1	0	7	0	0	0	0	2	1	0	1	1	5	12
Anuradhapura	0	0	0	1	0	5	4	2	1	13	0	0	0	0	0	1	2	1	1	5	18
Polonnaruwa	0	0	0	0	0	3	0	0	0	3	0	0	0	1	0	0	0	0	0	1	4
Badulla	0	0	1	0	1	1	2	1	0	6	0	0	0	0	1	0	1	2	0	4	10
Monaragala	0	0	0	0	0	1	2	0	1	4	0	0	0	0	0	1	1	0	0	2	6
Ratnapura	0	0	0	0	1	0	1	4	0	6	0	0	0	0	0	0	2	0	0	2	8
Kegalle	0	0	0	2	1	1	0	1	0	5	0	0	3	2	0	0	0	0	1	6	11
Mannar	0	0	0	0	3	0	0	0	0	3	0	0	0	0	0	0	0	0	1	1	4
Mullaitivu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kilinochchi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
Sri Lanka	0	1	4	15	40	51	71	47	14	243	0	0	14	18	15	17	21	23	9	117	360

Source: Quarterly Reports of Case Finding (TB-08) from District Chest Clinics, 2025.

Annex 12: Treatment outcome of all forms of TB by district, 2024 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	2,218	964	43.5	658	29.7	1,622	73.1	43	1.9	124	5.6	167	7.5	25	1.1	283	12.8	121	5.5
Gampaha	1,204	554	46.0	393	32.6	947	78.7	56	4.7	38	3.2	94	7.8	13	1.1	79	6.6	71	5.9
Kalutara	662	302	45.6	242	36.6	544	82.2	0	0.0	58	8.8	58	8.8	8	1.2	36	5.4	16	2.4
Kandy	616	251	40.7	281	45.6	532	86.4	14	2.3	36	5.8	50	8.1	1	0.2	12	1.9	21	3.4
Matale	134	67	50.0	44	32.8	111	82.8	12	9.0	2	1.5	14	10.4	1	0.7	6	4.5	2	1.5
Nuwara Eliya	275	86	31.3	119	43.3	205	74.5	7	2.5	23	8.4	30	10.9	5	1.8	13	4.7	22	8.0
Galle	479	167	34.9	210	43.8	377	78.7	22	4.6	11	2.3	33	6.9	9	1.9	33	6.9	27	5.6
Matara	192	81	42.2	84	43.8	165	85.9	7	3.6	7	3.6	14	7.3	1	0.5	2	1.0	10	5.2
Hambantota	152	57	37.5	54	35.5	111	73.0	15	9.9	0	0.0	15	9.9	1	0.7	8	5.3	17	11.2
Jaffna	260	126	48.5	64	24.6	190	73.1	10	3.8	24	9.2	34	13.1	7	2.7	11	4.2	18	6.9
Vavuniya	56	22	39.3	23	41.1	45	80.4	4	7.1	4	7.1	8	14.3	0	0.0	1	1.8	2	3.6
Batticaloa	196	108	55.1	64	32.7	172	87.8	3	1.5	16	8.2	19	9.7	1	0.5	3	1.5	1	0.5
Ampara	65	34	52.3	24	36.9	58	89.2	2	3.1	1	1.5	3	4.6	0	0.0	1	1.5	3	4.6
Kalmunai	147	100	68.0	31	21.1	131	89.1	0	0.0	7	4.8	7	4.8	2	1.4	2	1.4	5	3.4
Trincomalee	149	75	50.3	48	32.2	123	82.6	15	10.1	2	1.3	17	11.4	1	0.7	2	1.3	6	4.0
Kurunegala	453	189	41.7	192	42.4	381	84.1	18	4.0	21	4.6	39	8.6	0	0.0	10	2.2	23	5.1
Puttalam	219	100	45.7	83	37.9	183	83.6	14	6.4	2	0.9	16	7.3	3	1.4	4	1.8	13	5.9
Anuradhapura	287	121	42.2	107	37.3	228	79.4	28	9.8	0	0.0	28	9.8	3	1.0	9	3.1	19	6.6
Polonnaruwa	115	51	44.3	45	39.1	96	83.5	6	5.2	0	0.0	6	5.2	3	2.6	4	3.5	6	5.2
Badulla	252	110	43.7	95	37.7	205	81.3	13	5.2	15	6.0	28	11.1	10	4.0	4	1.6	5	2.0
Monaragala	141	58	41.1	56	39.7	114	80.9	9	6.4	2	1.4	11	7.8	2	1.4	4	2.8	10	7.1
Ratnapura	405	194	47.9	150	37.0	344	84.9	13	3.2	25	6.2	38	9.4	4	1.0	3	0.7	16	4.0
Kegalle	376	170	45.2	118	31.4	288	76.6	33	8.8	12	3.2	45	12.0	8	2.1	5	1.3	30	8.0
Mannar	55	21	38.2	23	41.8	44	80.0	4	7.3	0	0.0	4	7.3	1	1.8	0	0.0	6	10.9
Mullaitivu	33	15	45.5	17	51.5	32	97.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	3.0
Kilinochchi	39	13	33.3	13	33.3	26	66.7	3	7.7	0	0.0	3	7.7	2	5.1	1	2.6	7	17.9
Sri Lanka	9,180	4,036	44.0	3,238	35.3	7,274	79.2	351	3.8	430	4.7	781	8.5	111	1.2	536	5.8	478	5.2

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2024. 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 TB cases (PTB and EPTB) by district, 2024 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	2,027	892	44.0	623	30.7	1,515	74.7	39	1.9	112	5.5	151	7.4	21	1.0	228	11.2	112	5.5
Gampaha	1,103	507	46.0	373	33.8	880	79.8	49	4.4	38	3.4	87	7.9	12	1.1	62	5.6	62	5.6
Kalutara	630	283	44.9	237	37.6	520	82.5	0	0.0	54	8.6	54	8.6	6	1.0	35	5.6	15	2.4
Kandy	584	236	40.4	270	46.2	506	86.6	14	2.4	35	6.0	49	8.4	1	0.2	9	1.5	19	3.3
Matale	125	62	49.6	42	33.6	104	83.2	12	9.6	2	1.6	14	11.2	1	0.8	4	3.2	2	1.6
Nuwara Eliya	265	84	31.7	115	43.4	199	75.1	7	2.6	23	8.7	30	11.3	5	1.9	13	4.9	18	6.8
Galle	438	150	34.2	199	45.4	349	79.7	21	4.8	10	2.3	31	7.1	8	1.8	23	5.3	27	6.2
Matara	185	78	42.2	82	44.3	160	86.5	7	3.8	6	3.2	13	7.0	1	0.5	2	1.1	9	4.9
Hambantota	138	53	38.4	48	34.8	101	73.2	15	10.9	0	0.0	15	10.9	1	0.7	6	4.3	15	10.9
Jaffna	237	113	47.7	60	25.3	173	73.0	10	4.2	23	9.7	33	13.9	6	2.5	11	4.6	14	5.9
Vavuniya	54	20	37.0	23	42.6	43	79.6	4	7.4	4	7.4	8	14.8	0	0.0	1	1.9	2	3.7
Batticaloa	188	103	54.8	63	33.5	166	88.3	3	1.6	14	7.4	17	9.0	1	0.5	3	1.6	1	0.5
Ampara	62	31	50.0	24	38.7	55	88.7	2	3.2	1	1.6	3	4.8	0	0.0	1	1.6	3	4.8
Kalmunai	129	90	69.8	27	20.9	117	90.7	0	0.0	4	3.1	4	3.1	2	1.6	2	1.6	4	3.1
Trincomalee	142	70	49.3	48	33.8	118	83.1	14	9.9	1	0.7	15	10.6	1	0.7	2	1.4	6	4.2
Kurunegala	427	175	41.0	188	44.0	363	85.0	16	3.7	20	4.7	36	8.4	0	0.0	8	1.9	20	4.7
Puttalam	200	87	43.5	80	40.0	167	83.5	13	6.5	2	1.0	15	7.5	3	1.5	3	1.5	12	6.0
Anuradhapura	269	107	39.8	106	39.4	213	79.2	27	10.0	0	0.0	27	10.0	3	1.1	9	3.3	17	6.3
Polonnaruwa	106	46	43.4	45	42.5	91	85.8	5	4.7	0	0.0	5	4.7	1	0.9	4	3.8	5	4.7
Badulla	241	103	42.7	94	39.0	197	81.7	13	5.4	14	5.8	27	11.2	8	3.3	4	1.7	5	2.1
Monaragala	129	52	40.3	54	41.9	106	82.2	9	7.0	2	1.6	11	8.5	2	1.6	4	3.1	6	4.7
Ratnapura	396	188	47.5	147	37.1	335	84.6	13	3.3	25	6.3	38	9.6	4	1.0	3	0.8	16	4.0
Kegalle	336	149	44.3	109	32.4	258	76.8	31	9.2	11	3.3	42	12.5	6	1.8	4	1.2	26	7.7
Mannar	51	19	37.3	23	45.1	42	82.4	4	7.8	0	0.0	4	7.8	1	2.0	0	0.0	4	7.8
Mullaitivu	32	15	46.9	17	53.1	32	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kilinochchi	35	12	34.3	12	34.3	24	68.6	3	8.6	0	0.0	3	8.6	2	5.7	1	2.9	5	14.3
Sri Lanka	8,529	3,725	43.7	3,109	36.5	6,834	80.1	331	3.9	401	4.7	732	8.6	96	1.1	442	5.2	425	5.0

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2024. 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 14: Treatment outcome of all new PTB cases by district, 2024 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	1,565	892	57.0	281	18.0	1,173	75.0	26	1.7	90	5.8	116	7.4	19	1.2	187	11.9	70	4.5
Gampaha	844	507	60.1	169	20.0	676	80.1	34	4.0	33	3.9	67	7.9	11	1.3	48	5.7	42	5.0
Kalutara	475	283	59.6	117	24.6	400	84.2	0	0.0	40	8.4	40	8.4	6	1.3	20	4.2	9	1.9
Kandy	392	236	60.2	107	27.3	343	87.5	10	2.6	24	6.1	34	8.7	1	0.3	4	1.0	10	2.6
Matale	84	63	75.0	8	9.5	71	84.5	6	7.1	2	2.4	8	9.5	1	1.2	4	4.8	0	0.0
Nuwara Eliya	180	84	46.7	47	26.1	131	72.8	3	1.7	19	10.6	22	12.2	4	2.2	12	6.7	11	6.1
Galle	282	150	53.2	75	26.6	225	79.8	14	5.0	5	1.8	19	6.7	8	2.8	18	6.4	12	4.3
Matara	142	78	54.9	44	31.0	122	85.9	7	4.9	4	2.8	11	7.7	1	0.7	2	1.4	6	4.2
Hambantota	107	53	49.5	35	32.7	88	82.2	10	9.3	0	0.0	10	9.3	1	0.9	5	4.7	3	2.8
Jaffna	176	113	64.2	20	11.4	133	75.6	5	2.8	16	9.1	21	11.9	6	3.4	8	4.5	8	4.5
Vavuniya	41	20	48.8	10	24.4	30	73.2	4	9.8	4	9.8	8	19.5	0	0.0	1	2.4	2	4.9
Batticaloa	149	103	69.1	29	19.5	132	88.6	3	2.0	12	8.1	15	10.1	1	0.7	1	0.7	0	0.0
Ampara	43	31	72.1	6	14.0	37	86.0	2	4.7	1	2.3	3	7.0	0	0.0	0	0.0	3	7.0
Kalmunai	109	90	82.6	9	8.3	99	90.8	0	0.0	4	3.7	4	3.7	2	1.8	2	1.8	2	1.8
Trincomalee	108	70	64.8	20	18.5	90	83.3	11	10.2	1	0.9	12	11.1	1	0.9	2	1.9	3	2.8
Kurunegala	318	175	55.0	90	28.3	265	83.3	13	4.1	17	5.3	30	9.4	0	0.0	8	2.5	15	4.7
Puttalam	147	87	59.2	35	23.8	122	83.0	8	5.4	2	1.4	10	6.8	3	2.0	3	2.0	9	6.1
Anuradhapura	183	107	58.5	36	19.7	143	78.1	23	12.6	0	0.0	23	12.6	3	1.6	8	4.4	6	3.3
Polonnaruwa	81	46	56.8	25	30.9	71	87.7	3	3.7	0	0.0	3	3.7	1	1.2	3	3.7	3	3.7
Badulla	163	103	63.2	32	19.6	135	82.8	7	4.3	11	6.7	18	11.0	7	4.3	2	1.2	1	0.6
Monaragala	93	52	55.9	26	28.0	78	83.9	6	6.5	2	2.2	8	8.6	1	1.1	4	4.3	2	2.2
Ratnapura	288	188	65.3	55	19.1	243	84.4	11	3.8	19	6.6	30	10.4	3	1.0	3	1.0	9	3.1
Kegalle	243	149	61.3	37	15.2	186	76.5	22	9.1	10	4.1	32	13.2	3	1.2	3	1.2	19	7.8
Mannar	33	19	57.6	6	18.2	25	75.8	3	9.1	0	0.0	3	9.1	1	3.0	0	0.0	4	12.1
Mullaitivu	25	15	60.0	10	40.0	25	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kilinochchi	25	12	48.0	7	28.0	19	76.0	1	4.0	0	0.0	1	4.0	2	8.0	1	4.0	2	8.0
Sri Lanka	6,296	3,726	59.2	1,336	21.2	5,062	80.4	232	3.7	316	5.0	548	8.7	86	1.4	349	5.5	251	4.0

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2024. 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 15: Treatment outcome of new bacteriologically confirmed PTB cases by district, 2024 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	1,223	818	66.9	118	9.6	936	76.5	18	1.5	71	5.8	89	7.3	18	1.5	153	12.5	27	2.2
Gampaha	666	489	73.4	48	7.2	537	80.6	24	3.6	29	4.4	53	8.0	9	1.4	40	6.0	27	4.1
Kalutara	374	279	74.6	38	10.2	317	84.8	0	0.0	31	8.3	31	8.3	6	1.6	14	3.7	6	1.6
Kandy	261	228	87.4	11	4.2	239	91.6	6	2.3	12	4.6	18	6.9	1	0.4	2	0.8	1	0.4
Matale	76	63	82.9	1	1.3	64	84.2	6	7.9	2	2.6	8	10.5	1	1.3	4	5.3	-1	-1.3
Nuwara Eliya	121	84	69.4	6	5.0	90	74.4	2	1.7	13	10.7	15	12.4	3	2.5	9	7.4	4	3.3
Galle	191	142	74.3	8	4.2	150	78.5	8	4.2	4	2.1	12	6.3	8	4.2	16	8.4	5	2.6
Matara	88	74	84.1	4	4.5	78	88.6	4	4.5	2	2.3	6	6.8	1	1.1	2	2.3	1	1.1
Hambantota	60	49	81.7	3	5.0	52	86.7	3	5.0	0	0.0	3	5.0	1	1.7	4	6.7	0	0.0
Jaffna	126	95	75.4	4	3.2	99	78.6	3	2.4	8	6.3	11	8.7	6	4.8	7	5.6	3	2.4
Vavuniya	36	20	55.6	8	22.2	28	77.8	3	8.3	4	11.1	7	19.4	0	0.0	0	0.0	1	2.8
Batticaloa	108	97	89.8	0	0.0	97	89.8	2	1.9	7	6.5	9	8.3	1	0.9	1	0.9	0	0.0
Ampara	34	29	85.3	0	0.0	29	85.3	2	5.9	1	2.9	3	8.8	0	0.0	0	0.0	2	5.9
Kalmunai	96	85	88.5	1	1.0	86	89.6	0	0.0	4	4.2	4	4.2	2	2.1	2	2.1	2	2.1
Trincomalee	82	67	81.7	2	2.4	69	84.1	8	9.8	0	0.0	8	9.8	1	1.2	2	2.4	2	2.4
Kurunegala	209	164	78.5	12	5.7	176	84.2	10	4.8	12	5.7	22	10.5	0	0.0	6	2.9	5	2.4
Puttalam	100	87	87.0	0	0.0	87	87.0	2	2.0	2	2.0	4	4.0	3	3.0	2	2.0	4	4.0
Anuradhapura	137	101	73.7	8	5.8	109	79.6	15	10.9	0	0.0	15	10.9	2	1.5	8	5.8	3	2.2
Polonnaruwa	52	44	84.6	2	3.8	46	88.5	2	3.8	0	0.0	2	3.8	1	1.9	3	5.8	0	0.0
Badulla	122	101	82.8	0	0.0	101	82.8	4	3.3	8	6.6	12	9.8	7	5.7	2	1.6	0	0.0
Monaragala	64	51	79.7	3	4.7	54	84.4	3	4.7	1	1.6	4	6.3	1	1.6	3	4.7	2	3.1
Ratnapura	207	176	85.0	3	1.4	179	86.5	5	2.4	15	7.2	20	9.7	2	1.0	3	1.4	3	1.4
Kegalle	183	142	77.6	1	0.5	143	78.1	15	8.2	9	4.9	24	13.1	3	1.6	2	1.1	11	6.0
Mannar	22	18	81.8	0	0.0	18	81.8	1	4.5	0	0.0	1	4.5	0	0.0	0	0.0	3	13.6
Mullaitivu	15	15	100.0	0	0.0	15	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kilinochchi	19	12	63.2	2	10.5	14	73.7	1	5.3	0	0.0	1	5.3	1	5.3	1	5.3	2	10.5
Sri Lanka	4,672	3,530	75.6	283	6.1	3,813	81.6	147	3.1	235	5.0	382	8.2	78	1.7	286	6.1	113	2.4

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2024. 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. Matale: the source table reports -1 "not evaluated" (outcomes exceed registrations by one) – to be verified.

Annex 16: Treatment outcome of new clinically diagnosed PTB cases by district, 2024 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	233	147	63.1	6	2.6	13	5.6	19	8.2	0	0.0	26	11.2	41	17.6
Gampaha	152	119	78.3	9	5.9	4	2.6	13	8.6	1	0.7	6	3.9	13	8.6
Kalutara	93	78	83.9	0	0.0	6	6.5	6	6.5	0	0.0	6	6.5	3	3.2
Kandy	122	95	77.9	4	3.3	12	9.8	16	13.1	0	0.0	2	1.6	9	7.4
Matale	8	7	87.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	12.5
Nuwara Eliya	59	41	69.5	1	1.7	6	10.2	7	11.9	1	1.7	3	5.1	7	11.9
Galle	83	67	80.7	6	7.2	1	1.2	7	8.4	0	0.0	2	2.4	7	8.4
Matara	50	40	80.0	3	6.0	2	4.0	5	10.0	0	0.0	0	0.0	5	10.0
Hambantota	43	32	74.4	7	16.3	0	0.0	7	16.3	0	0.0	1	2.3	3	7.0
Jaffna	28	14	50.0	2	7.1	6	21.4	8	28.6	0	0.0	1	3.6	5	17.9
Vavuniya	5	2	40.0	1	20.0	0	0.0	1	20.0	0	0.0	1	20.0	1	20.0
Batticaloa	35	29	82.9	1	2.9	5	14.3	6	17.1	0	0.0	0	0.0	0	0.0
Ampara	7	6	85.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	14.3
Kalmunai	8	8	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Trincomalee	23	18	78.3	3	13.0	1	4.3	4	17.4	0	0.0	0	0.0	1	4.3
Kurunegala	97	78	80.4	3	3.1	4	4.1	7	7.2	0	0.0	2	2.1	10	10.3
Puttalam	47	35	74.5	6	12.8	0	0.0	6	12.8	0	0.0	1	2.1	5	10.6
Anuradhapura	37	27	73.0	7	18.9	0	0.0	7	18.9	1	2.7	0	0.0	2	5.4
Polonnaruwa	27	23	85.2	1	3.7	0	0.0	1	3.7	0	0.0	0	0.0	3	11.1
Badulla	39	32	82.1	3	7.7	3	7.7	6	15.4	0	0.0	0	0.0	1	2.6
Monaragala	27	22	81.5	3	11.1	1	3.7	4	14.8	0	0.0	1	3.7	0	0.0
Ratnapura	65	52	80.0	5	7.7	2	3.1	7	10.8	0	0.0	0	0.0	6	9.2
Kegalle	52	36	69.2	6	11.5	1	1.9	7	13.5	0	0.0	1	1.9	8	15.4
Mannar	10	6	60.0	2	20.0	0	0.0	2	20.0	1	10.0	0	0.0	1	10.0
Mullaitivu	10	10	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kilinochchi	4	3	75.0	0	0.0	0	0.0	0	0.0	1	25.0	0	0.0	0	0.0
Sri Lanka	1,364	1,027	75.3	79	5.8	67	4.9	146	10.7	5	0.4	53	3.9	133	9.8

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2024. 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 17: Treatment outcome of new EPTB cases by district, 2024 cohort (derived)

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	462	342	74.0	13	2.8	22	4.8	35	7.6	2	0.4	41	8.9	42	9.1
Gampaha	259	204	78.8	15	5.8	5	1.9	20	7.7	1	0.4	14	5.4	20	7.7
Kalutara	155	120	77.4	0	0.0	14	9.0	14	9.0	0	0.0	15	9.7	6	3.9
Kandy	192	163	84.9	4	2.1	11	5.7	15	7.8	0	0.0	5	2.6	9	4.7
Matale	41	33	80.5	6	14.6	0	0.0	6	14.6	0	0.0	0	0.0	2	4.9
Nuwara Eliya	85	68	80.0	4	4.7	4	4.7	8	9.4	1	1.2	1	1.2	7	8.2
Galle	156	124	79.5	7	4.5	5	3.2	12	7.7	0	0.0	5	3.2	15	9.6
Matara	43	38	88.4	0	0.0	2	4.7	2	4.7	0	0.0	0	0.0	3	7.0
Hambantota	31	13	41.9	5	16.1	0	0.0	5	16.1	0	0.0	1	3.2	12	38.7
Jaffna	61	40	65.6	5	8.2	7	11.5	12	19.7	0	0.0	3	4.9	6	9.8
Vavuniya	13	13	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Batticaloa	39	34	87.2	0	0.0	2	5.1	2	5.1	0	0.0	2	5.1	1	2.6
Ampara	19	18	94.7	0	0.0	0	0.0	0	0.0	0	0.0	1	5.3	0	0.0
Kalmunai	20	18	90.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	10.0
Trincomalee	34	28	82.4	3	8.8	0	0.0	3	8.8	0	0.0	0	0.0	3	8.8
Kurunegala	109	98	89.9	3	2.8	3	2.8	6	5.5	0	0.0	0	0.0	5	4.6
Puttalam	53	45	84.9	5	9.4	0	0.0	5	9.4	0	0.0	0	0.0	3	5.7
Anuradhapura	86	70	81.4	4	4.7	0	0.0	4	4.7	0	0.0	1	1.2	11	12.8
Polonnaruwa	25	20	80.0	2	8.0	0	0.0	2	8.0	0	0.0	1	4.0	2	8.0
Badulla	78	62	79.5	6	7.7	3	3.8	9	11.5	1	1.3	2	2.6	4	5.1
Monaragala	36	28	77.8	3	8.3	0	0.0	3	8.3	1	2.8	0	0.0	4	11.1
Ratnapura	108	92	85.2	2	1.9	6	5.6	8	7.4	1	0.9	0	0.0	7	6.5
Kegalle	93	72	77.4	9	9.7	1	1.1	10	10.8	3	3.2	1	1.1	7	7.5
Mannar	18	17	94.4	1	5.6	0	0.0	1	5.6	0	0.0	0	0.0	0	0.0
Mullaitivu	7	7	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kilinochchi	10	5	50.0	2	20.0	0	0.0	2	20.0	0	0.0	0	0.0	3	30.0
Sri Lanka	2,233	1,772	79.4	99	4.4	85	3.8	184	8.2	10	0.4	93	4.2	174	7.8

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2024. 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 18: Treatment outcome of previously treated TB cases by district, 2024 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	187	71	38.0	35	18.7	106	56.7	4	2.1	12	6.4	16	8.6	4	2.1	53	28.3	8	4.3
Gampaha	99	45	45.5	20	20.2	65	65.7	7	7.1	0	0.0	7	7.1	1	1.0	17	17.2	9	9.1
Kalutara	32	19	59.4	5	15.6	24	75.0	0	0.0	4	12.5	4	12.5	2	6.3	1	3.1	1	3.1
Kandy	32	15	46.9	11	34.4	26	81.3	0	0.0	1	3.1	1	3.1	0	0.0	3	9.4	2	6.3
Matale	9	5	55.6	2	22.2	7	77.8	0	0.0	0	0.0	0	0.0	0	0.0	2	22.2	0	0.0
Nuwara Eliya	10	2	20.0	4	40.0	6	60.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	40.0
Galle	41	17	41.5	11	26.8	28	68.3	1	2.4	1	2.4	2	4.9	1	2.4	10	24.4	0	0.0
Matara	7	3	42.9	2	28.6	5	71.4	0	0.0	1	14.3	1	14.3	0	0.0	0	0.0	1	14.3
Hambantota	14	4	28.6	6	42.9	10	71.4	0	0.0	0	0.0	0	0.0	0	0.0	2	14.3	2	14.3
Jaffna	23	13	56.5	4	17.4	17	73.9	0	0.0	1	4.3	1	4.3	1	4.3	0	0.0	4	17.4
Vavuniya	2	2	100.0	0	0.0	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Batticaloa	8	5	62.5	1	12.5	6	75.0	0	0.0	2	25.0	2	25.0	0	0.0	0	0.0	0	0.0
Ampara	3	3	100.0	0	0.0	3	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kalmunai	18	10	55.6	4	22.2	14	77.8	0	0.0	3	16.7	3	16.7	0	0.0	0	0.0	1	5.6
Trincomalee	7	5	71.4	0	0.0	5	71.4	1	14.3	1	14.3	2	28.6	0	0.0	0	0.0	0	0.0
Kurunegala	26	14	53.8	4	15.4	18	69.2	2	7.7	1	3.8	3	11.5	0	0.0	2	7.7	3	11.5
Puttalam	19	13	68.4	3	15.8	16	84.2	1	5.3	0	0.0	1	5.3	0	0.0	1	5.3	1	5.3
Anuradhapura	18	14	77.8	1	5.6	15	83.3	1	5.6	0	0.0	1	5.6	0	0.0	0	0.0	2	11.1
Polonnaruwa	9	5	55.6	0	0.0	5	55.6	1	11.1	0	0.0	1	11.1	2	22.2	0	0.0	1	11.1
Badulla	11	7	63.6	1	9.1	8	72.7	0	0.0	1	9.1	1	9.1	2	18.2	0	0.0	0	0.0
Monaragala	12	6	50.0	2	16.7	8	66.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	33.3
Ratnapura	9	6	66.7	3	33.3	9	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kegalle	38	20	52.6	9	23.7	29	76.3	1	2.6	1	2.6	2	5.3	2	5.3	1	2.6	4	10.5
Mannar	4	2	50.0	0	0.0	2	50.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	50.0
Mullaitivu	1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0
Kilinochchi	4	1	25.0	1	25.0	2	50.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	50.0
Sri Lanka	643	307	47.7	129	20.1	436	67.8	19	3.0	29	4.5	48	7.5	15	2.3	92	14.3	52	8.1

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2024. 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 19: Treatment outcome of new smear-negative, culture-positive PTB cases by district, 2024 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	41	27	65.9	8	19.5	35	85.4	1	2.4	1	2.4	2	4.9	0	0.0	4	9.8	0	0.0
Gampaha	62	46	74.2	6	9.7	52	83.9	4	6.5	1	1.6	5	8.1	1	1.6	2	3.2	2	3.2
Kalutara	14	12	85.7	2	14.3	14	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kandy	13	11	84.6	0	0.0	11	84.6	0	0.0	2	15.4	2	15.4	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	2	2	100.0	0	0.0	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Matara	1	1	100.0	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hambantota	10	9	90.0	0	0.0	9	90.0	1	10.0	0	0.0	1	10.0	0	0.0	0	0.0	0	0.0
Jaffna	2	2	100.0	0	0.0	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Vavuniya	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Batticaloa	6	4	66.7	0	0.0	4	66.7	0	0.0	2	33.3	2	33.3	0	0.0	0	0.0	0	0.0
Ampara	4	3	75.0	0	0.0	3	75.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	25.0
Kalmunai	5	4	80.0	1	20.0	5	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Trincomalee	9	8	88.9	0	0.0	8	88.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	11.1
Kurunegala	13	11	84.6	2	15.4	13	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Puttalam	5	3	60.0	0	0.0	3	60.0	0	0.0	0	0.0	0	0.0	1	20.0	0	0.0	1	20.0
Anuradhapura	16	12	75.0	2	12.5	14	87.5	1	6.3	0	0.0	1	6.3	0	0.0	0	0.0	1	6.3
Polonnaruwa	7	7	100.0	0	0.0	7	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Badulla	7	7	100.0	0	0.0	7	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Monaragala	3	3	100.0	0	0.0	3	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ratnapura	10	8	80.0	1	10.0	9	90.0	0	0.0	1	10.0	1	10.0	0	0.0	0	0.0	0	0.0
Kegalle	13	9	69.2	1	7.7	10	76.9	1	7.7	0	0.0	1	7.7	0	0.0	0	0.0	2	15.4
Mannar	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Mullaitivu	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Kilinochchi	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
Sri Lanka	244	189	77.5	24	9.8	213	87.3	8	3.3	7	2.9	15	6.1	2	0.8	6	2.5	8	3.3

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2024. 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 20: Treatment outcome of TB cases with unknown treatment history by district, 2024 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	4	1	25.0	0	0.0	1	25.0	0	0.0	0	0.0	0	0.0	0	0.0	2	50.0	1	25.0
Gampaha	2	2	100.0	0	0.0	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kalutara	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	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	0	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–	0	–
Kegalle	2	1	50.0	0	0.0	1	50.0	1	50.0	0	0.0	1	50.0	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	8	4	50.0	0	0.0	4	50.0	1	12.5	0	0.0	1	12.5	0	0.0	2	25.0	1	12.5

Source: Quarterly Reports of Treatment Outcome (TB-10) from District Chest Clinics – cohort registered in 2024. 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 21: Trends in TB case detection by type, 2005–2025

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	566	348	8,110	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
2025	8,726	8,125	6,019	4,641	77.1	1,378	2,106	25.9	593	360	8,485	37.7

Source: NPTCCD annual reports (2005–2024) and TB-08 quarterly reports (2025). Incidence rate per 100,000 population.

Annex 22: Trends in treatment outcomes of all forms of TB and deaths among registered patients, 2010–2024 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	3.3	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
2024	79.2	8.5	5.8	1.2	781	569	212

Source: NPTCCD annual reports (2010–2023 cohorts) and TB-10 quarterly reports (2024 cohort).