



The Bulletin  
of the  
Sri Lanka College of Microbiologists

Volume 12 Issue 1 August 2014

ISSN 1391-930X



## Design, setting and methods

The ACD programme of TEDHA involves screening of populations irrespective of the presence of fever or any other signs or symptoms of malaria to detect infections and residual parasite carriers. TEDHA screens a) high risk populations using ACD through mobile malaria clinics including armed forces personnel and b) pregnant females who visit antenatal clinics for asymptomatic malaria infections during their first trimester. Populations are selected in consultation with the Regional Malaria Officer of the AMC thus avoiding any overlap with the population screened by the government.

## Results

TEDHA screened 387,309 individuals between January 2010 and December 2012, for malaria by ACD including high risk groups and pregnant women and diagnosed eight malaria positive cases (7 *Plasmodium vivax* infections and one mixed infection with *P. vivax* and *Plasmodium falciparum*). All these cases were from the Mannar district amongst resettled populations and army personnel. During this period 125 cases were detected in the Mannar district by the Anti Malaria Campaign by passive case detection. No cases of malaria were detected by ACD by the AMC.

## Conclusions

The progress made by Sri Lanka in the malaria elimination drive is largely due to increased surveillance and judicious use of control methods. The country now needs to focus on enhanced surveillance to be malaria free and to prevent re-introduction of malaria into the country. As highlighted here, ACD played a major role in interrupting malaria transmission in the country.

## Acknowledgements

Financial assistance by the Global Fund (Grant, No. PR2 SRL809G11-M) is gratefully acknowledged. The authors would like to acknowledge the support given by the staff of TEDHA.

## PP 5

### Proportion of vulvovaginal candidiasis and antifungal susceptibility pattern of the isolates from patients attending gynaecology clinic at Colombo South Teaching Hospital (CSTH)

Kottahachchi J<sup>1</sup>, Fernando SSN<sup>1</sup>, Wijesuriya TM<sup>1</sup>, Pathiraja RP<sup>2</sup>, Gunasekara TDCP<sup>1</sup>, Kumarasinghe H<sup>1</sup>, Nagahawatte A<sup>3</sup>, Lokuliyana RM<sup>1</sup>, Bogahawaththa A<sup>1</sup>, Weerasekara MM<sup>1</sup>.

<sup>1</sup>Department of Microbiology, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, <sup>2</sup>Professorial Obstetrics and Gynaecology Unit, Colombo South Teaching Hospital, Kalubowila, <sup>3</sup>Department of Microbiology, Faculty of Medicine, University of Ruhuna, Galle.

## Introduction

Vulvovaginal candidiasis is the second most common cause of vaginal inflammation. Although a short course of topical formulations or a single oral dose of antifungals are adequate in the treatment of uncomplicated disease, a longer course of treatment is recommended for recurrent infection.

## Objectives

1. To determine the proportion of vulvovaginal candidiasis among patients attending gynaecology clinic at CSTH.
2. To detect the antifungal susceptibility of isolates.
3. To identify selected risk factors associated with the disease.

## Design, setting and methods

Hundred and fifty eight patients attending gynecology clinic CSTH from August 2013 to February 2014 having vaginal discharge were included. High vaginal swabs from patients were collected aseptically and processed on Sabourouds dextrose agar. Direct smears, Gram stain were done followed by culture isolation and identification. Antifungal sensitivity tests were performed using fluconazole (25µg), clotrimazole (10µg), itraconazole (10µg), miconazole (10µg) and ketoconazole (10µg) disks according to Clinal Laboratory Standard Institute (CLSI) guidelines May 2004. Probable risk factors for the infection were assessed using an interviewer administered questionnaire.

## Results

Out of 158 patients, 34 had *Candida albicans* while one had non *Candida albicans* species. All direct microscopy positive specimens were recovered by culture and all the isolates were exclusively sensitive to antifungals tested.

Fourteen (40%) culture positive patients had diabetes mellitus (P<0.05) and 7 (20%) were practicing hormonal contraceptive methods. Among culture positive patients, 2 (5.7%) had used antibiotics in past 6 months. When enquired the past episodes, 6 culture positive patients had vaginal discharge related to pregnancies.

## Conclusion

*Candida albicans* is the commonest pathogen responsible for vulvovaginal candidiasis. The infection can be safely treated with commonly used antifungals. Diabetes mellitus is an associated risk factor.

## Recommendations

Vulvovaginal candidiasis can be safely treated with antifungals used in routine clinical practice.