WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health & Mass Media

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Structured Approach to Food Poisoning Outbreak Investigation and Documentation

This is the Second article of two in a series on "Structured Approach to Food Poisoning Outbreak Investigation and Documentation"

8. Community Follow-Up:

Patients treated in outpatient clinics are traced, and additional cases are recorded and line-listed. Clinical samples such as vomitus or stool are collected when appropriate.

9. Analytical Epidemiology:

A line listing of both sick and healthy individuals who consumed the suspected food or drink is prepared. Using this data, calculations are performed to:

- **Determine attack rates** for each food item
- **Estimate the relative risk** to identify the most likely contaminated food source

This analysis helps pinpoint the source of the outbreak and guides targeted control measures.

10 Collection of Samples:

- Investigators should collect samples for laboratory testing according to the following details like listing information, attack and relative risk. Food samples should be collected in quantities of 100g (both raw and cooked) and 100 ml of liquid/ water.

11. Clinical Care:

With the help of the Regional Director of Health Services (RDHS), medical care is organised to ensure patients receive appropriate treatment.

12. Request for Additional Support:

If resources are limited, assistance from nearby health areas or the National level should be contacted early.

13. Outbreak Report:

Finally, findings are documented in a written report, which is shared with all relevant authorities, the Regional Epidemiologist and the Epidemiology Unit. This ensures accountability and the prevention of similar events.

Writing the Outbreak Report:

Once the investigation is complete, preparing a comprehensive written report is essential. This serves as the official record and provides recommendations for future prevention. A well-structured outbreak report typically includes the following sections:

1. Summary:

A concise overview highlighting:

- The problem (illness caused by contaminated food/ water).
- Who was affected (number affected, age groups of affected, occupations).
- Where and when the outbreak happened.
- How and why it occurred.
- The main finding: suspected or confirmed cause.

2. Introduction:

This section describes how the outbreak was first identified, who reported it, and which organisations or individuals were involved in the initial response. It provides context for the investigation and highlights the key stakeholders engaged in controlling and managing the outbreak.

3. Background:

This section provides important contextual details about the outbreak:

- **Setting:** Describe where the outbreak occurred (e.g., restaurant, wedding function, school meal program, household, food vendor).
- **Food handlers and practices:** Include information on hygiene, training, and behaviour of those handling food.
- **Chronology of events:** Present the situation in the order in which events occurred.

Key factors to include:

- **Epidemiological information:** Case definition, case-finding methods, and surveys conducted.
- **Environmental information:** Findings from kitchen inspections, storage practices, water quality, presence of pets, and overall cleanliness.
- **Laboratory/clinical information:** Samples collected, tests performed, and results obtained.

This comprehensive background helps to understand the context of the outbreak and guides the investigation and control measures.

4. Results:

Data are presented in text, tables, or graphs, covering:

- Place: Geographic distribution of cases.
- Person: Age, sex, occupation.
- Time**:** Symptom onset, duration of illness, hospitalisations.

Additional analyses may include epidemic curves, incubation periods, food-specific attack rates, and relative risk.

5. Discussion:

This section integrates findings from epidemiological investigations, environmental assessments, and laboratory analyses to explain how the outbreak occurred. It identifies the most likely source of contamination and outlines the recommended follow-up actions to control the outbreak and prevent future occurrences.

6. Lessons Learned:

This section reflects on what was discovered, highlighting gaps in food safety practices or response.

7. Recommendations:

Practical advice for preventing future outbreaks is offered. This may target:

- Public health authorities (surveillance, rapid response).
- Food establishments (hygiene, safe storage, staff training).
- The public (awareness of food safety).

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References:

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2. Ministry of Health, Sri Lanka. Manual for the Sri Lanka Public Health Inspector: Contents (ii–xi) [Internet]. Colombo: Ministry of Health; 201
3. Second FAO/WHO Global Forum of Food Safety Regulators. (2024). Fao.org. https://www.fao.org/4/ae337e/ae337e.htm
4. World Health Organization. Five keys to safer food manual. Geneva: World Health Organization; 2006.
5. World Health Organization. Foodborne disease outbreaks: guidelines for investigation and control. Geneva: World Health Organization; 2008.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 22nd – 28th Nov 2025 (48th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	286	10744	2	36	0	20	0	15	0	44	0	427	0	6	0	32	0	0	9	569	0	75	0	6	29	1899	78	100
Gampaha	138	6878	0	48	1	34	0	6	0	154	7	782	0	11	1	19	0	0	13	812	5	183	1	44	8	1079	80	100
Kalutara	57	2281	0	41	0	7	0	20	1	101	7	589	0	3	0	8	0	0	9	842	0	49	0	3	20	547	96	95
Kandy	60	4095	0	48	0	4	0	8	0	58	4	281	0	51	1	12	0	0	6	609	0	26	0	71	12	604	30	100
Matale	15	1193	1	26	0	3	0	2	0	92	5	263	0	7	0	9	0	0	2	135	0	9	21	354	1	141	54	100
Nuwara Eliya	8	335	3	84	1	7	0	7	0	76	6	189	1	61	0	9	0	0	3	322	1	38	0	0	4	266	23	100
Galle	68	2039	0	60	0	10	0	10	2	100	27	859	3	81	0	15	0	2	10	774	3	164	0	3	13	500	100	100
Hambantota	13	860	1	43	0	7	0	2	1	44	0	345	1	31	0	17	0	0	24	358	0	34	9	328	2	134	100	100
Matara	37	1493	0	17	1	4	0	1	1	26	8	458	1	18	1	24	0	1	13	453	1	54	7	121	5	165	100	100
Jaffna	49	1329	0	93	0	3	0	21	1	49	5	156	11	506	1	4	0	2	3	328	4	41	0	2	4	201	100	93
Kilinochchi	1	104	1	15	0	1	0	4	0	7	0	68	0	14	1	3	0	0	1	12	0	1	0	2	0	45	100	100
Mannar	5	183	0	6	0	0	0	1	0	3	1	33	0	18	0	2	0	0	0	19	0	15	0	9	0	46	100	100
Vavuniya	0	83	0	11	0	1	0	1	7	56	1	91	0	10	0	0	0	0	0	48	1	25	0	20	1	60	100	100
Mullaitivu	2	63	1	10	0	0	0	1	0	26	0	55	0	10	0	1	0	0	0	33	0	8	1	6	0	34	50	100
Batticaloa	10	1734	0	134	0	19	0	4	0	205	5	119	0	3	1	30	0	0	6	199	1	36	0	1	3	131	93	100
Ampara	7	253	2	61	0	11	0	3	0	43	7	242	0	3	1	14	0	1	8	244	2	57	0	25	1	63	57	100
Trincomalee	16	1009	1	44	0	4	0	2	0	79	2	138	0	9	0	6	0	1	3	140	1	14	0	10	2	130	100	100
Kurunegala	21	1509	1	46	0	19	0	2	0	73	6	770	2	28	0	9	0	2	9	867	8	170	3	586	12	365	63	100
Puttalam	10	639	1	37	0	5	0	0	0	15	4	309	0	36	0	4	0	1	4	158	3	110	2	33	0	186	23	100
Anuradhapura	8	522	0	34	0	6	0	3	0	45	12	362	0	25	0	12	0	2	2	314	2	63	10	735	3	289	43	100
Polonnaruwa	8	357	1	17	0	9	0	2	1	146	5	266	0	1	0	25	0	0	13	215	1	29	5	474	3	95	100	90
Badulla	14	780	2	39	0	15	0	4	0	11	3	291	0	42	1	86	0	1	7	402	2	84	4	75	5	265	56	100
Monaragala	15	807	1	34	0	5	0	1	0	19	6	520	0	39	0	62	0	0	3	240	4	58	6	235	2	143	91	100
Ratnapura	54	4502	2	107	0	10	0	4	0	72	24	1492	1	34	1	22	0	2	6	444	2	105	16	237	4	376	85	100
Kegalle	30	1408	1	57	0	13	0	10	0	44	9	769	0	15	0	22	0	0	14	883	0	126	1	35	0	274	55	100
Kalmunai	4	407	1	54	0	8	0	0	1	53	0	114	0	2	0	6	0	1	19	288	0	60	0	1	5	146	50	92
SRILANKA	**936**	**45607**	**22**	**1202**	**3**	**225**	**0**	**134**	**15**	**1641**	**154**	**9988**	**20**	**1064**	**9**	**463**	**0**	**16**	**187**	**9708**	**41**	**1634**	**86**	**3416**	**139**	**8184**	**74**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 14th Nov, 2025 Total number of reporting units 360 Number of reporting units data provided for the current week: 358. C**-Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

22nd – 28th Nov 2025 (48th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2025	Number of cases during same week in 2024	Total number of cases to date in 2025	Total number of cases to date in 2024	Difference between the number of cases to date in 2025 & 2024
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	00	00	00	00	00	00	01	00	57	72	-20.8%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	03	01	00	01	00	00	00	00	00	05	12	245	275	-10.9 %
Measles	00	00	00	00	00	00	00	00	00	00	01	01	296	-99.6%
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	02	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	12	05	140 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	04	11	-63.6 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	05	28	66	-57.6 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

NA = Not Available

Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.

It is provided free by the MOH office / Public Health Inspectors.

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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