WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health & Mass Media
231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

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Disease Surveillance during the Disaster: Public Health Response to Floods and Landslides following Cyclone Ditwa, November 2025, Sri Lanka

This is the first article of two in a series on "Disease Surveillance during the Disaster: Public Health Response to Floods and Landslides following Cyclone Ditwa, November 2025, Sri Lanka"

Introduction

Natural disasters, such as cyclones, floods, and landslides, pose significant threats to public health by causing direct injuries, loss of life, and extensive damage to infrastructure. In addition to these immediate impacts, disasters create conditions that facilitate the emergence and rapid spread of communicable diseases. Floods and landslides, in particular, disrupt safe water supply, sanitation, and healthcare services, increasing the risk of water-borne, vector-borne, and other infectious diseases.

In November 2025, Sri Lanka experienced severe floods and landslides following Cyclone Ditwa, which affected multiple districts and displaced thousands of individuals. The disaster overwhelmed local resources and necessitated urgent public health interventions to prevent disease outbreaks and protect affected communities. Effective disease surveillance during such emergencies is critical for early detection of outbreaks, timely response, and mitigation of health consequences. During this emergency phase, the Epidemiology Unit of the Ministry of Health played a central role in coordinating disease surveillance, prevention, and control activities to mitigate the risk of outbreaks.

Flood Situation and Public Health Risk Context

The floods and landslides following Cyclone Ditwa resulted in the displacement of communities into temporary welfare centres, damage to household wells and water distribution systems, and increased exposure to contaminated floodwater. These conditions heightened the risk of waterborne, rodent-borne, and vector-borne diseases, particularly leptospirosis, acute diarrhoeal diseases, dengue, hepatitis A, and acute respiratory infections. Strengthened disease surveillance and early response were therefore critical to prevent secondary public health emergencies.

Enhanced Disease Surveillance Strategy

Enhanced communicable disease surveillance was activated in all flood- and landslide-affected districts immediately following Cyclone Ditwa. Priority diseases, including leptospirosis, acute diarrhoeal diseases, dengue, hepatitis A, and acute respiratory infections, were monitored through **daily reporting** mechanisms to ensure early detection of abnormal trends. Close coordination with Regional Epidemiologists and Medical Officer of Health offices facilitated timely submission, validation, and analysis of surveillance data, enabling rapid public health response to emerging risks.

Within temporary welfare centres, where overcrowding and compromised sanitation increased vulnerability to disease transmission, surveillance activities were further intensified. Case line-listing and syndromic surveillance were implemented to monitor key symptoms such as fever, watery diarrhoea, skin conditions, and respiratory complaints. Continuous analysis of these data streams provided critical situational awareness and informed targeted preventive and control measures at the facility and community levels.

To strengthen real-time monitoring and enhance national oversight, the hospital-based daily notifiable disease surveillance system was digitalized, featuring a centralized dashboard. This system improved the timeliness and completeness of reporting during the emergency period. Training was provided to Infection Control Nursing Officers to enhance real-time data entry, interpretation, and use of surveillance findings for decision-making.

Water, Sanitation, and Environmental Health Interventions

Ensuring access to safe water and adequate sanitation was prioritized as a key strategy to prevent diarrhoeal and other waterborne diseases following the floods. National Water Supply and Drainage Board (NWSDB) and Department of Community Water Supply managed to re-establish the damaged water systems in the shortest possible time following the disaster. Ministry of Health, in collaboration with UNICEF, chlorine tablets, TCL and disinfectants were distributed to Medical Officer of Health offices in affected districts to support safe water provision at community and household levels. Technical guidance was provided to field health staff on the cleaning and chlorination of flood-affected wells, disinfection of contaminated water sources, and restoration of household-level drinking water safety.

(Flood Safety Measures during and after Floods, WHO, 2025)

Leptospirosis Prevention and Control

Given the increased risk of leptospirosis following floods, targeted preventive and surveillance measures were implemented. Doxycycline was made available and distributed to hospitals and Medical Officer of Health offices in high-risk districts, with close coordination between the Epidemiology Unit, the Medical Supplies Division, and Regional Epidemiologists to strengthen district-level stock monitoring and prevent shortages of essential medicines. Hospital-based surveillance for leptospirosis was further strengthened to facilitate early detection, prompt referral, and timely management of complications. Laboratory confirmation was supported through collaboration with selected universities, in addition to the national reference laboratory, facilitating Microscopic Agglutination Test testing for samples received from affected districts and thereby reducing the turnaround time for receiving samples and results. Clinician update sessions were also conducted to disseminate revised leptospirosis management guidelines and reinforce standardized clinical practices during the post-flood period.

Compiled by:

Dr. Aruni Hathamuna
Associate Specialist Community Physician
Epidemiology Unit
Ministry of Health

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 To be Continued...

Table 1: Selected notifiable diseases reported by Medical Officers of Health 29th – 05th Dec 2025 (49th 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	272	11016	0	36	0	20	0	15	27	71	6	433	0	6	1	33	0	0	6	575	0	75	0	6	43	1942	100	100
Gampaha	186	7064	2	50	1	35	0	6	2	156	13	795	0	11	0	19	0	0	14	826	5	188	0	44	6	1085	93	100
Kalutara	63	2344	5	46	0	7	0	20	3	104	9	598	0	3	0	8	0	0	7	849	2	51	0	3	11	558	90	95
Kandy	50	4145	0	48	0	4	0	8	1	59	9	290	0	51	0	12	0	0	10	619	0	26	4	75	6	610	61	100
Matale	21	1214	0	26	0	3	0	2	0	92	8	271	0	7	0	9	0	0	6	141	0	9	18	372	0	141	85	100
Nuwara Eliya	1	336	0	84	0	7	0	7	0	76	3	192	0	61	1	10	0	0	1	323	0	38	0	0	1	267	85	100
Galle	68	2107	1	61	0	10	0	10	3	103	18	877	1	82	0	15	0	2	10	784	3	167	1	4	7	507	100	100
Hambantota	24	884	1	44	1	8	0	2	1	45	6	351	0	31	0	17	0	0	16	374	0	34	5	333	0	134	100	100
Matara	45	1538	0	17	0	4	0	1	0	26	10	468	0	18	0	24	0	1	28	481	1	55	7	128	4	169	100	100
Jaffna	58	1387	3	96	1	4	0	21	0	49	19	175	19	525	0	4	0	2	4	332	0	41	0	2	0	201	79	93
Kilinochchi	4	108	0	15	0	1	0	4	0	7	4	72	0	14	0	3	0	0	0	12	0	1	0	2	0	45	100	100
Mannar	0	183	0	6	0	0	0	1	0	3	2	35	0	18	0	2	0	0	0	19	0	15	0	9	0	46	100	100
Vavuniya	1	84	0	11	0	1	0	1	0	56	9	100	0	10	0	0	0	0	3	51	1	26	1	21	1	61	100	100
Mullaitivu	0	63	0	10	0	0	0	1	0	26	4	59	0	10	0	1	0	0	0	33	0	8	0	6	0	34	100	100
Batticaloa	16	1750	2	136	0	19	0	4	0	205	2	121	0	3	0	30	0	0	5	204	1	37	0	1	3	134	100	100
Ampara	3	256	2	63	0	11	0	3	0	43	6	248	0	3	0	14	0	1	2	246	2	59	0	25	4	67	100	100
Trincomalee	8	1017	1	45	0	4	0	2	0	79	4	142	0	9	0	6	0	1	5	145	0	14	0	10	1	131	100	100
Kurunegala	19	1528	1	47	0	19	0	2	0	73	19	789	2	30	0	9	0	2	21	888	3	173	8	594	5	370	80	100
Puttalam	13	652	0	37	0	5	0	0	0	15	5	314	0	36	0	4	0	1	0	158	0	110	1	34	0	186	92	100
Anuradhapura	11	533	0	34	1	7	0	3	0	45	18	380	1	26	0	12	0	2	3	317	2	65	12	747	3	292	100	100
Polonnaruwa	5	362	0	17	0	9	0	2	2	148	15	281	0	1	0	25	0	0	16	231	1	30	10	484	1	96	74	90
Badulla	10	790	2	41	0	15	0	4	0	11	7	298	0	42	1	87	0	1	7	409	1	85	2	77	4	269	75	100
Monaragala	10	817	1	35	0	5	0	1	0	19	20	540	0	39	0	62	0	0	10	250	3	61	5	240	1	144	91	100
Ratnapura	64	4566	2	109	0	10	0	4	0	72	28	1520	0	34	0	22	0	2	2	446	0	105	18	255	5	381	85	100
Kegalle	18	1426	1	58	0	13	0	10	0	44	16	785	0	15	0	22	0	0	9	892	1	127	0	35	1	275	100	100
Kalmunai	4	411	0	54	0	8	0	0	0	53	0	114	0	2	0	6	0	1	10	284	0	60	0	1	6	152	92	92
SRILANKA	**974**	**46581**	**24**	**1226**	**4**	**229**	**0**	**134**	**39**	**1680**	**260**	**10248**	**23**	**1087**	**3**	**466**	**0**	**16**	**195**	**9903**	**26**	**1660**	**92**	**3508**	**113**	**8297**	**92**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 05th Dec, 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

29th - 05th Dec 2025 (49th 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*	00	01	00	00	00	00	01	00	00	02	04	59	76	-22.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	00	00	01	00	00	01	07	246	282	-12.7 %
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	01	00	01	00	13	05	160 %
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	14	-71.4 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	03	28	69	-59.4 %

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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Dr. Palitha Karunapema
CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10