



WEEKLY EPIDEMIOLOGICAL REPORT

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

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SRI LANKA 2025

NUMBER

Vol. 52 No. 52

20th – 26th Dec 2025

Narrative Report on Public Health Response to Cyclone Ditwa

During late November and early December, 2025, Cyclone Ditwa brought unprecedented rainfall and widespread flooding across several districts, creating a challenging public-health emergency.

The Central, Uva, and North Western Provinces were among the most severely affected; however, all districts experienced varying degrees of flooding and landslides. This resulted in widespread disruption to communities and public-health services, with increased risk of communicable disease outbreaks and interruptions to routine preventive care. In Kandy district, a Public Health Midwife (PHM) tragically lost her life in a landslide along with her family, highlighting the immense risks faced by front-line health workers. Many other health workers were themselves affected by floods, displacement, and damage to personal property. Several MOH offices, field clinics, and peripheral facilities were inundated, interrupting services and damaging infrastructure.

Despite these hardships, public-health teams demonstrated extraordinary commitment. Staff in multiple districts worked urgently to protect childhood vaccines stored in the Regional Medical Supply Divisions (RMSD) and MOH offices, sometimes risking personal safety as floodwaters rose rapidly. Electricity outages lasting several days posed significant challenges, but contingency plans ensured functionality. Only two cold-chain failures were reported nationwide, and vaccine stocks worth millions of dollars remained safe.

Throughout the period and post disaster, the Epidemiology Unit led a coordinated national response focused on disease prevention, strengthened surveillance, clinical management support, and extensive community risk communication.

Soon after the onset of flooding, the Epidemiology Unit issued an updated circular letter by Director General of Health Services on Health and Disaster Response -Flood and Landslide 2025 with updated Public Health Measures to be adopted in the Event of Floods and Landslides. This provided operational guidance, emphasizing enhanced disease surveillance, early identification of outbreaks, prophylaxis, and preventive actions to reduce waterborne and vector-borne disease risks.

A hospital-based digital reporting system was initiated to strengthen real-time surveillance of high-priority diseases during disasters, mainly, leptospirosis, dysentery, enteric fever, chickenpox, food poisoning and viral hepatitis.

Due to the increased risk of leptospirosis following the floods and landslides, a heightened level of public concern was observed, indicating greater community awareness of the disease.

Updated clinical guidelines for first-contact doctors on leptospirosis were developed with expert colleges, providing age-specific treatment recommendations and revised risk stratification, and referral pathways.

Epidemiology Unit coordinated online clinical training sessions in collaboration with the College of Physicians, Paediatricians, Obstetricians

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and Gynaecologists, and others. These sessions supported clinicians in early diagnosis and management of leptospirosis and other flood-related health conditions.

Risk communication activities were intensified. The available leaflets and posters on prevention and control of leptospirosis were distributed and more posters were printed with WHO support. Press briefings, media appearances, and social media campaigns were used to educate the public on preventive behaviours, doxycycline use, and early care seeking.

The Epidemiology Unit worked closely with MSD to ensure continuous supply of doxycycline and other essential supplies. Logistics support for water safety, sanitation, and vector control was coordinated with district teams. UNICEF Sri Lanka provided chlorine in both tablet and powdered forms, along with printed guidelines for their usage, as well as disinfectants and soap for distribution in flood-affected districts.

Field visits by Consultant Epidemiologists to affected districts enabled direct assessment of clinical practices, prophylaxis coverage, drug availability, and operational challenges. Weekly meetings with Provincial and District Consultant Community Physicians, Regional Epidemiologists and MOO Epidemiology ensured coordinated national action, continuous surveillance review, and rapid response to emerging issues.

Diagnostic capacity for leptospirosis was strengthened through the Faculty of Medicine and Allied Sciences at Rajarata University, enabling expanded testing. Additionally, essential diagnostic reagents were arranged through the Rajarata University as a donation to the MRI to ensure uninterrupted confirmatory testing nationwide.

Overall, the response to Cyclone Ditwa demonstrated strong multisectoral collaboration, rapid mobilization of technical guidance, resilient public-health operations, and exceptional dedication from health workers under difficult conditions. The Epidemiology Unit will continue monitoring disease trends, supporting early diagnosis and treatment, strengthening communication, and coordinating with partners to prevent outbreaks during the recovery period.

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References:

1. Health and Emergency Response - Floods and Landslides Circular 2025
2. Epidemiology official website – www.epid.gov.lk
3. Sri Lanka: Tropical Cyclone Ditwah - Flash Update 2 - United Nations Sri Lanka

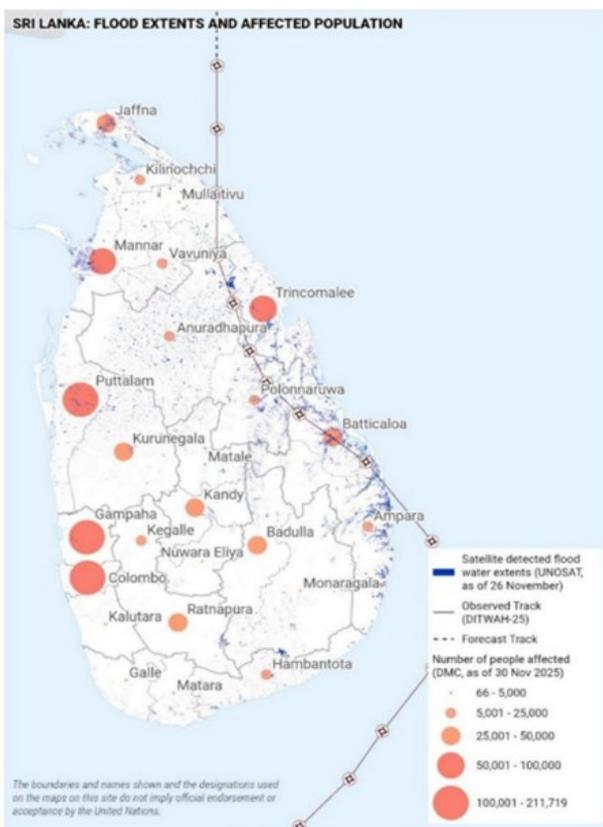


Photo courtesy – UN flash update 2

Table 2: Vaccine-Preventable Diseases & AFP

13th – 19th Dec 2025 (51st 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	01	00	00	00	00	00	00	02	04	65	76	-14.4%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	00	01	00	02	00	00	04	07	257	297	-13.4 %
Measles	00	00	00	00	00	00	00	00	00	00	00	01	297	-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	13	05	160 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	04	14	-71.4 %
Whooping Cough	02	00	00	00	00	00	00	00	00	02	01	30	72	-58.3 %

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

Number of Malaria Cases Up to End of December 2025,
03
All are Imported!!!

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**

ON STATE SERVICE

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