WEEKLY EPIDEMIOLOGICAL REPORT

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

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FAO and Ministry of Health Strengthen One Health Collaboration

The Epidemiology Unit of the Ministry of Health & Mass Media convened a high-level stakeholder meeting with the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) on November 4, 2025, at the Epidemiology Unit Auditorium. The meeting focused on advancing the One Health approach, strengthening disease surveillance systems and enhancing national epidemiological capacity across both human and animal health sectors.

Chaired by the Chief Epidemiologist, the meeting brought together representatives from the Epidemiology Unit, FAO's Regional Office for Asia and the Pacific and WHO. It provided a valuable platform for dialogue on strengthening the Field Epidemiology Training Programme for Veterinarians (FETPV), promoting integration between human and animal health initiatives and improving preparedness for emerging infectious diseases.

Opening Remarks and Collaboration Focus

In the opening remarks, participants were warmly welcomed and the importance of intersectoral collaboration in strengthening national health security was emphasized. The One Health approach, linking human, animal and environmental health was highlighted as an essential strategy in addressing the growing threat of zoonotic diseases.

The meeting included a diverse group of professionals, including consultant epidemiologists, FAO technical officers and WHO representatives, reflecting the multidisciplinary nature of the One Health framework.

FETP and Capacity Building

An update on the Field Epidemiology Training Programme (FETP) was presented, outlining its history and recent progress. The programme, which was revived in 2024 after a decade-long interruption due to multiple national challenges, has played a critical role in strengthening capacity for disease surveillance, outbreak response and evidence-based public health decision-making.

The One Health approach was further discussed from the human health perspective, with reference to findings from the recent Joint External Evaluation. While progress has been made, it was noted that integration across sectors remains limited in several key areas. Recommendations included establishing a dedicated team for joint risk assessments, strengthening event-based surveillance systems and conducting regular joint simulation exercises to enhance national preparedness.

Upgrading the Epidemiology Unit to a National CDC

A key highlight of the meeting was the discussion on utilizing the Pandemic Fund to transform the Epidemiology Unit into a National Center for Disease Control (CDC). This vision includes the development of a centralized digital platform with real-time dashboards for priority diseases such as leptospirosis, rabies and influenza.

Such an initiative is expected to significantly improve outbreak response, while also supporting coordinated training, research and data sharing across public health sectors. Integrating these priorities into the FETPV curriculum was identified as an important step toward achieving this goal.

Strengthening Training and Laboratory Capacity

Proposals were made to enhance the FETPV curriculum through the inclusion of more case studies and scenario-based training, alongside greater emphasis on wildlife, biodiversity and ecosystem health. This approach aims to better reflect the complexities of zoonotic disease transmission in real-world settings.

In this context, the Field Training Programme on Wildlife, Environment, Biodiversity and

Ecosystems (FTP-WEBE) was highlighted as a complementary initiative. Designed as an in-service training programme for professionals in environmental and natural resource sectors, it combines classroom learning with field-based projects tailored to national priorities.

The programme aims to build technical capacity, foster meaningful engagement of environmental professionals in One Health initiatives and promote equitable participation across sectors. Expected outcomes include strengthened biodiversity protection, reduced risk of zoonotic spillover and enhanced contributions of wildlife and environmental professionals to national health efforts.

Regional updates on FETPV activities also underscored opportunities for cross-country collaboration and exchange programmes. Additionally, the importance of strengthening laboratory components within training programmes was emphasized to ensure the development of robust diagnostic and analytical skills.

Addressing Priority Diseases

Rabies was identified as a key priority area, with discussions focusing on strengthening prevention strategies, vaccination efforts and intersectoral coordination. The importance of collaboration with wildlife authorities was also highlighted, given the role of wild animals as potential reservoirs.

Attention was also given to vector-borne and neglected tropical diseases, including leptospirosis & cutaneous leishmaniasis. The discussion noted the country's success in malaria elimination as a model of effective interdisciplinary collaboration, while emphasizing the need to sustain and expand such efforts through continued partnerships with academic and veterinary institutions.

Conclusion and Way Forward

The meeting concluded with a strong commitment from all stakeholders to advance the One Health agenda and further strengthen national disease surveillance systems. The collaboration between FAO and the Ministry of Health & Mass Media reflects a shared vision of building a resilient public health system capable of early detection, rapid response and effective prevention of emerging and zoonotic diseases.

As Sri Lanka continues to navigate an increasingly interconnected health landscape, such partnerships represent a significant step toward safeguarding both human and animal health, recognizing that a healthy population ultimately depends on a healthy ecosystem.

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References

- World Health Organization. (2023). *Joint external evaluation of the International Health Regulations (2005) core capacities of Sri Lanka: Mission report, 4–8 September 2023*. World Health Organization.

Table 1: Distribution of Notified Diseases reported by Medical Officers of Health 02nd – 08th Feb 2026 (06th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poison-		Leptospirosis		Typhus		Viral Hep.		H. Rabies		Chickenpox		Meningitis		Leishman.		Tuberculosis		Leprosy		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	A	B	T*	C**
Colombo	418	2932	0	2	0	1	0	4	0	4	5	91	0	0	0	0	0	0	10	92	0	6	0	0	36	199	5	34	99	100
Gampaha	287	1584	3	11	1	4	0	0	0	4	14	110	0	2	0	1	0	0	21	100	5	41	0	2	15	127	0	10	95	100
Kalutara	61	583	0	5	1	1	0	2	0	2	9	59	0	0	0	0	0	0	22	105	0	7	0	0	27	88	1	16	96	98
Kandy	54	457	0	6	0	0	0	1	0	4	2	41	2	8	1	6	0	0	16	81	1	6	2	5	14	83	0	2	100	100
Matale	22	192	1	1	0	1	0	0	0	0	6	51	0	1	0	3	0	0	2	30	1	4	18	88	0	13	1	2	95	100
Nuwara Eliya	7	61	4	10	0	0	1	1	0	2	4	43	3	10	0	4	0	0	7	50	4	17	0	0	3	25	1	2	98	100
Galle	133	717	0	1	0	2	1	1	3	13	9	94	0	8	0	3	0	0	25	125	3	20	0	1	8	40	0	6	94	100
Hambantota	50	405	0	13	0	0	0	0	0	1	1	34	0	4	0	2	0	0	13	52	0	7	6	43	3	18	0	5	100	100
Matara	163	841	0	1	0	1	0	0	2	8	2	36	1	4	0	2	0	0	18	109	3	5	1	20	5	23	0	2	95	100
Jaffna	37	279	1	9	1	2	0	7	0	2	2	29	22	86	0	0	0	0	23	74	1	4	0	0	0	21	0	2	97	100
Kilinochchi	0	14	0	1	0	0	2	2	0	0	1	12	0	5	0	2	0	0	1	12	0	0	0	0	0	3	0	0	80	100
Mannar	4	15	0	0	0	1	0	0	0	0	2	13	0	0	0	0	0	0	4	18	0	1	0	2	5	8	0	1	94	100
Vavuniya	4	24	1	4	0	0	0	1	0	0	1	14	0	2	0	0	0	0	1	13	1	4	0	3	1	12	1	1	91	98
Mullaitivu	1	21	0	2	0	0	0	0	0	1	1	7	0	0	0	1	0	0	0	0	0	1	0	2	0	3	0	3	100	100
Batticaloa	70	253	3	15	0	1	0	0	0	11	8	36	0	0	0	3	0	0	6	40	0	3	0	0	6	18	0	15	100	100
Ampara	19	92	2	11	0	1	0	0	2	2	4	29	0	1	0	1	0	0	11	47	0	5	0	2	3	8	0	5	100	100
Trincomalee	17	111	1	8	1	2	0	1	0	1	4	18	1	6	0	0	0	0	5	22	2	6	1	3	4	18	0	2	100	100
Kurunegala	54	269	1	2	0	2	0	1	6	55	11	76	0	13	0	1	0	0	22	121	5	23	11	70	4	36	6	11	99	100
Puttalam	24	168	0	4	0	3	0	0	0	1	3	73	1	8	0	0	0	1	0	21	1	17	0	3	0	18	1	7	100	100
Anuradhapura	19	127	0	3	0	2	0	0	0	2	5	68	0	5	0	1	0	0	19	62	1	5	7	104	3	27	1	7	99	100
Polonnaruwa	10	78	0	1	0	1	0	0	1	11	8	46	0	0	1	4	0	0	9	63	0	4	8	51	0	10	1	8	98	100
Badulla	15	157	2	8	0	1	0	0	0	2	8	42	1	3	11	29	0	0	8	59	0	7	1	18	8	25	0	2	99	100
Monaragala	16	143	0	5	0	3	0	0	0	0	3	54	0	9	3	9	0	0	7	46	1	9	6	33	1	10	0	7	96	100
Ratnapura	70	528	3	5	0	1	0	2	1	5	16	117	4	7	0	3	0	0	7	67	1	7	4	28	3	51	0	7	100	100
Kegalle	23	270	1	5	0	2	0	1	6	11	7	52	0	3	0	2	0	0	8	97	2	11	1	2	5	38	0	2	96	98
Kalmunai	37	171	1	10	0	0	0	0	0	3	1	13	0	1	0	0	0	0	16	56	1	8	0	0	0	14	0	4	100	100
SRILANKA	**1615**	**10492**	**24**	**143**	**4**	**32**	**4**	**24**	**21**	**145**	**137**	**1258**	**35**	**186**	**16**	**77**	**0**	**1**	**281**	**1562**	**33**	**228**	**66**	**480**	**154**	**936**	**18**	**163**	**97**	**99**

Source: WRCD module of the EPINET.
A = Cases reported during the current week;
T*=Timeliness refers to returns received on or before 08st Feb, 2026.
B = Cumulative cases for the year.
Total number of reporting units 360.
Data provided for the current week: 360.
C**-Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP 02nd – 08th Feb 2026 (06th Week)

Disease	No. of Cases by Pro'vince									Number of cases during current week in 2026	Number of cases during same week in 2025	Total number of cases to date in 2026	Total number of cases to date in 2025	Difference between the number of cases to date in 2026 & 2025
	W	C	S	N	E	NW	NC	U	Sab					
AFP[1]	01	01	00	00	00	00	01	00	00	03	00	12	07	71.4%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps[2]	01	00	00	00	01	00	00	00	00	02	02	17	17	0 %
Measles[3]	00	00	00	00	00	00	00	00	00	00	00	00	01	-100 %
Rubella[3]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS[2]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus[2]	00	00	00	00	00	00	00	00	00	00	00	00	01	-100 %
Neonatal Tetanus[2]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis[3]	00	00	00	00	00	00	00	00	00	00	01	00	03	-100 %
Whooping Cough[2]	01	00	00	00	00	00	00	00	00	01	03	03	06	-50 %

Key to Table 2

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

Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Mumps, Tetanus, Neonatal Tetanus, Whooping Cough.
Special Surveillance: AFP, Measles, Rubella, CRS.

AFP[1] = No Polio cases
Mumps[2], CRS[2], Tetanus[2], Neonatal Tetanus[2], Whooping Cough[2]—Clinically and/ or laboratory confirmed cases
Measles[3], Rubella[3], Japanese Encephalitis[3]— Laboratory Confirmed cases

AFP—Acute Flaccid Paralysis
CRS = Congenital Rubella Syndrome
NA = Not Available

AFP and all Vaccine Preventable Diseases except Mumps should be investigated by the MOH Personally.

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.** The Epidemiology Unit should be formally acknowledged in all resulting publications as the primary data source.

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