



## Epidemiology Unit

### Ministry of Health & Mass Media

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Deputy Director General - NHSL, NH Kandy, NH Galle  
All Provincial Directors of Health Services  
All Regional Directors of Health Services  
All Directors - Teaching, Specialized, District General Hospitals  
All Medical Superintendents of Base Hospitals  
All Provincial and District Consultant Community Physicians  
All Regional Epidemiologists  
All Medical Officers of Epidemiology  
All Medical Officers of Health

### **Guidelines on Prevention, Preparedness, Surveillance and Response to the current Enteroviral Meningitis outbreak**

Enterovirus meningitis is a leading cause of viral meningitis worldwide, predominantly affecting children and immunocompromised individuals. Globally, several outbreaks of enteroviral meningitis have been reported. In 2003, over 1,500 cases were reported in the United States and more than 1,600 cases in China, mainly among children.

In April 2026, an outbreak of suspected enteroviral meningitis was identified in the Deniyaya MOH area in Matara District, Sri Lanka. The first cluster of cases was reported on 15 April 2026. Subsequently, additional suspected and laboratory-confirmed cases were reported from several hospitals including Base Hospital Rikillagaskada in Nuwara Eliya District, National Hospital Kandy in Kandy District, Base Hospital Welimada and Base Hospital Diyatalawa in Badulla District indicating a wider geographical spread. Epidemiological and environmental investigations identified both clustered and sporadic cases, with several affected individuals linked to schools and community settings.

These measures apply to all healthcare institutions in the curative and preventive sectors.

## 1.0 Case definitions

### Suspected Case

Fever of acute onset with one or more of the following signs of meningeal irritation/inflammation.

- Neck stiffness
- Irritability
- Seizures
- Altered consciousness
- Bulging fontanelles (in infants)
- Poor sucking (in infants)
- Other signs of meningeal irritation/inflammation

### Probable Case

Any suspected case with CSF findings including pleocytosis (usually mononuclear, occasionally polymorphonuclear in the early stages), increased protein, normal sugar and absence of other causative organisms.

### Confirmed Case

Any suspected or probable case which is laboratory confirmed.

Laboratory criteria for diagnosis:

- Culture: Isolation of a causal organism by culturing CSF and/ or blood
- PCR : Positive PCR for enterovirus

## 2.0 Transmission

- Faeco-oral route via contaminated water, food, and poor hand hygiene practices
- Respiratory transmission through droplets and close contact

## 3.0 Incubation period

Symptoms typically appear in 3 – 7 days following exposure to the virus.

## 4.0 Laboratory diagnosis and confirmation

### Specimen Collection

- Specimens may include cerebrospinal fluid, throat swabs or stool sample, as clinically indicated

### Laboratory Testing

#### **Cerebrospinal samples**

- Should be collected within 0-4 days of symptom onset
- Should be collected into sterile screw capped containers and transported between 2 °C- 8°C

#### **Throat swabs**

- Should be collected within 0-7 days of symptom onset
- Should be collected using Dacron or rayon swabs and placed in viral transport medium (VTM) and transport between 2 °C- 8°C

#### **Stool samples**

- Should be collected within 7-14 days of onset of symptoms
- Should be transported between 2 °C- 8°C

## 5.0 Case Management

- Most cases of enteroviral meningitis are self-limiting and usually recover within seven days.
- All investigations and clinical management should be carried out in accordance with the meningitis management guidelines.
- Lumbar puncture is not mandatory for outbreak surveillance purposes but may be performed based on the clinician's judgment and management requirements.

## 6.0 Prevention and Control

### Standard Precautions

- Ensure proper hand hygiene practices
- Maintain respiratory etiquette - should cover the mouth and nose with a tissue, mask, or bent elbow when coughing or sneezing and dispose used tissues safely
- Avoid close contact with symptomatic individuals
- Ensure good ventilation in all indoor settings
- Ensure safe waste disposal
- Maintain a clean environment
- Ensure provision of safe drinking water

### Institutional Control Measures

#### Ensure school authorities are following the measures mentioned below;

- Ensure regular handwashing with soap and water, especially before eating and after toilet use
- Ensure providing safe water and maintain proper sanitation facilities
- Ensure cleaning and disinfection of toilets and frequently touched surfaces, including doorknobs, taps at least 3 times daily
- Promote respiratory etiquette (cover coughs/sneezes with tissue or elbow)
- Ensure disposal of used tissues safely in covered bins
- Ensure use of masks for symptomatic individuals
- Maintain adequate ventilation in classrooms (open windows/doors where possible)
- Avoid overcrowding in classrooms

### Hospitals

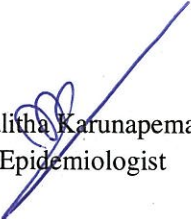
- Follow the hospital Infection Prevention and Control (IPC) guidelines to ensure safe and standardized infection control practices  
(<https://slmicrobiology.lk/wp-content/uploads/2021/10/Hospital-Infection-Prevention-and-Control-Manual.pdf>)

### Special community gatherings (e.g Vesak Dansal)

- Adhere to guidelines for organizing a "safe and hygienic dansal" developed and published by the Epidemiology Unit when organizing and conducting Vesak Dansal.  
([https://www.epid.gov.lk/storage/post/pdfs/en\\_6819d7151172c\\_Dansal%20Guideline%20202025.pdf](https://www.epid.gov.lk/storage/post/pdfs/en_6819d7151172c_Dansal%20Guideline%20202025.pdf))
- Advise individuals who are unwell to avoid attending public gatherings to prevent the spread of infection.

### 7.0 Surveillance

All institutions are requested to continue routine notification of meningitis cases using H544. Any unusual increase in suspected viral meningitis cases should be reported immediately to the Epidemiology Unit via telephone (+94 11 2695112, 2681548). All responsible officers at the institutional level should ensure timely entry of data into EpiNet.

  
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