



# WEEKLY EPIDEMIOLOGICAL REPORT

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## Ebola Disease

### Current Global Situation and Preparedness Measures for Sri Lanka - I

*This is the first article of two in a series on "Ebola Disease: Current Global Situation and Preparedness Measures for Sri Lanka"*

#### Introduction

Ebola disease (EBOD) is a severe, often fatal viral illness affecting humans and non-human primates. The disease is caused by viruses belonging to the *Orthoebolavirus* genus of the *Filoviridae* family. Ebola disease is characterized by rapid transmission, high case fatality rates, and the potential to overwhelm fragile health systems during outbreaks. Although outbreaks have historically been confined mainly to sub-Saharan Africa, globalization and increased international travel continue to pose a risk for international spread.

The World Health Organization (WHO) declared the current outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo (DRC) and Uganda as a Public Health Emergency of International Concern (PHEIC) on 16<sup>th</sup> May 2026. This declaration highlights the need for all countries, including Sri Lanka, to strengthen preparedness and response measures.

#### Virology and Classification

Ebola disease is caused by an RNA virus belonging to the *Orthoebolavirus* genus of the *Filoviridae* family. Six species of *Orthoebolavirus* have been identified; however, only a few are associated with major human outbreaks.

The three main species associated with human Ebola disease outbreaks are:

- **Ebola virus (EBOV)** causes Ebola virus disease (EVD), with case fatality rates reaching up to 90%
- **Sudan virus (SUDV)** causes Sudan virus disease (SVD), with approximately 50% fatality
- **Bundibugyo virus (BDBV)** causes Bundibugyo virus disease (BVD), with approximately 30% fatality

Tai Forest ebolavirus is also known to infect humans, although it has not caused large outbreaks.

The overall average case fatality rate of Ebola disease is around 50%, though fatality rates have varied between 25% and 90% in previous outbreaks, depending on the virus species, healthcare access, and outbreak response capacity.

#### Historical Background and Global Spread

The first recognized outbreaks of Ebola disease occurred simultaneously in 1976 in the Democratic Republic of the Congo and Sudan. Since then, outbreaks have mainly occurred in sub-Saharan Africa, particularly in regions with tropical rainforests.

The largest Ebola outbreak occurred in West Africa between 2014 and 2016, involving Guinea, Liberia, and Sierra Leone. During this epidemic, 28,610 cases and 11,308 deaths were reported, corresponding to a case fatality rate of approximately 39%. The outbreak caused major social, economic, and healthcare disruptions and emphasized the importance of global preparedness and rapid response mechanisms.

1. Ebola Disease: Current Global Situation and Preparedness Measures for Sri Lanka - I	1
2. Summary of distribution of notified diseases reported by MOH (11 <sup>th</sup> – 17 <sup>th</sup> May 2026)	3
3. Surveillance of vaccine preventable diseases & AFP (11 <sup>th</sup> – 17 <sup>th</sup> May 2026)	4

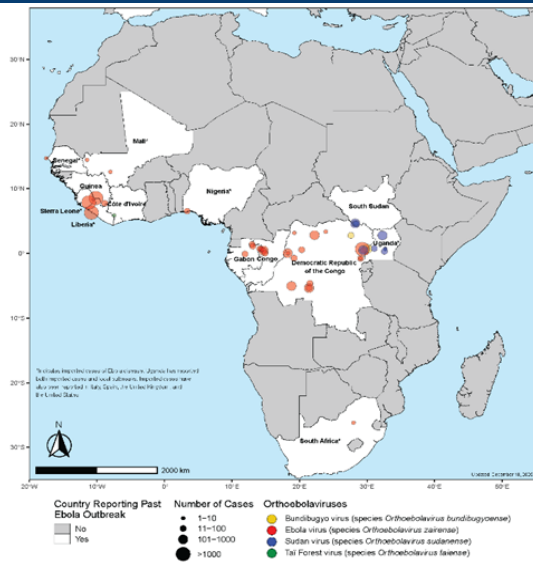


Figure 1: Map of countries reporting Ebola disease (EBOD) outbreaks by virus species and outbreak magnitude, 1976–2025. Image credit: Centre for Disease Control and Prevention

References:

1. <https://www.who.int/news-room/fact-sheets/detail/ebola-disease>
2. Epidemic of Ebola Disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda determined a public health emergency of international concern, World Health Organization, 2026.
3. [Ebola Disease Basics | Ebola | CDC](#)
4. Infection prevention and control guideline for Ebola and Marburg diseases. Geneva: World Health Organization, 2025.
5. Travel and transport risk assessment: Interim guidance for public health authorities and the transport sector. World Health Organization, 2014.
6. Implementation of border health and international travel-related temporary recommendations issued by the Director-General of WHO to States Parties not sharing land borders with areas with documented Bundibugyo virus detection. World Health Organization, 2026.

Current Global Situation

The current epidemic originated in the Democratic Republic of the Congo in April 2026. The index case was a healthcare worker who developed fever, haemorrhage, vomiting, and severe malaise on 24<sup>th</sup> April 2026 and subsequently died in a medical centre in Bunia.

On 5<sup>th</sup> May 2026, WHO was alerted to a high-mortality outbreak involving several healthcare worker deaths. Following laboratory confirmation of Bundibugyo virus infection, the Ministry of Public Health, Hygiene and Social Welfare of the DRC officially declared the country’s 17th Ebola outbreak on 15<sup>th</sup> May 2026.

As of 16 May 2026, 246 suspected cases, eight laboratory-confirmed cases, and 80 deaths had been reported from Ituri Province in the DRC across at least three health zones. In addition, Uganda reported two laboratory-confirmed cases, including one death, among travellers returning from the DRC.

On 16<sup>th</sup> May 2026, the WHO Director-General determined that the outbreak constituted a Public Health Emergency of International Concern under the International Health Regulations (IHR 2005), although it did not meet the criteria for a pandemic emergency.

By 27<sup>th</sup> May 2026, the outbreak had expanded significantly, with 1,077 suspected cases, including 121 confirmed cases and 246 deaths reported in the DRC. Uganda had reported seven confirmed cases, including one death. The overall case fatality rate at that stage was approximately 14%.

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Table 1 : Water Quality Surveillance Number of microbiological water samples April 2026			
District	MOH areas	No: Expected *	No: Received
Colombo	18	108	06
Gampaha	15	90	05
Kalutara	13	78	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	NR
Nuwara Eliya	13	78	42
Galle	20	120	NR
Matara	17	102	17
Hambantota	12	72	NR
Jaffna	14	84	NR
Kilinochchi	4	24	23
Mannar	5	30	0
Vavuniya	4	24	45
Mullatvu	6	36	12
Batticaloa	14	84	50
Ampara	7	42	0
Trincomalee	12	72	0
Kurunegala	29	174	26
Puttlam	13	78	NR
Anuradhapura	23	138	38
Polonnaruwa	9	54	24
Badulla	16	96	127
Moneragala	11	66	53
Rathnapura	20	120	NR
Kegalle	11	66	45
Kalmunai	13	78	0

\* No of samples expected (6 / MOH area / Month)  
NR = Return not received

Table 1: Distribution of Notified Diseases reported by Medical Officers of Health

11th – 17th May 2026 (20th 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	308	6936	1	7	0	2	0	4	2	13	7	151	1	1	0	8	0	0	15	263	0	21	2	3	37	699	2	69	88	91
Gampaha	213	4120	1	17	3	17	0	0	1	14	6	230	0	5	0	5	0	0	33	392	4	101	0	17	8	400	3	31	83	93
Kalutara	157	1971	1	19	0	3	0	7	1	16	12	198	0	5	0	11	0	0	9	364	0	27	0	1	21	221	2	35	97	98
Kandy	135	1340	0	33	0	2	0	5	0	34	8	96	0	22	0	12	0	0	25	316	1	18	3	34	12	219	0	10	100	100
Matale	11	675	1	10	1	2	0	0	0	1	9	94	0	3	0	5	0	0	8	100	3	21	21	232	7	74	1	20	100	100
Nuwara Eliya	9	270	0	27	1	3	0	2	0	14	4	121	1	24	1	11	0	0	19	246	11	59	0	0	5	97	0	3	100	100
Galle	104	2120	1	11	2	7	0	4	1	42	14	249	1	18	0	11	0	0	30	503	5	62	0	2	18	161	1	17	100	100
Hambantota	58	908	2	30	2	2	0	0	22	30	7	91	0	13	1	11	0	0	7	126	1	18	24	215	5	51	0	11	98	100
Matara	93	2100	0	4	0	1	0	1	0	11	12	167	0	13	0	15	0	0	15	305	25	86	7	75	4	66	0	9	78	100
Jaffna	22	622	4	27	0	4	0	0	17	59	74	42	4	206	0	1	0	0	6	223	1	19	0	0	4	77	0	7	99	99
Kilinochchi	2	162	0	4	0	0	0	5	1	1	2	37	0	10	0	3	0	1	0	67	0	4	0	0	0	16	0	1	100	100
Mannar	4	89	0	0	0	3	0	0	0	2	0	21	0	2	0	1	0	0	0	42	0	2	0	3	2	19	0	1	100	100
Vavuniya	5	100	2	13	0	1	0	1	2	8	0	30	0	3	0	0	0	0	1	85	1	11	0	18	0	34	0	2	100	100
Mullaitivu	1	44	0	3	0	1	0	0	0	8	0	26	0	1	0	2	0	0	1	8	0	3	1	6	0	14	0	4	100	100
Batticaloa	45	839	2	40	0	5	0	2	1	16	2	79	0	0	2	11	0	0	6	146	1	20	0	10	1	63	1	44	98	100
Ampara	5	214	1	42	0	1	0	1	0	8	5	85	0	2	0	4	0	0	18	191	2	26	1	9	0	21	1	15	97	100
Trincomalee	20	401	0	14	1	4	0	2	1	9	0	42	0	8	0	2	0	0	18	117	0	18	1	12	5	72	0	6	100	100
Kurunegala	45	832	3	13	1	10	0	3	0	62	16	166	0	20	1	6	0	0	16	410	14	95	24	176	16	134	4	33	71	95
Puttalam	13	447	0	11	0	6	0	0	1	7	2	126	1	16	1	4	0	2	2	85	8	51	0	10	7	77	0	13	75	91
Anuradhapura	7	312	0	11	0	6	0	1	0	41	8	157	1	17	1	8	0	0	19	252	4	38	17	330	10	112	2	28	97	100
Polonnaruwa	13	239	1	14	0	4	0	2	0	24	5	142	0	3	0	18	0	0	7	228	0	17	9	247	0	32	2	45	100	100
Badulla	20	424	2	22	1	6	0	3	0	6	9	115	2	17	5	68	0	0	19	191	4	32	5	50	5	101	1	8	100	100
Monaragala	19	414	1	12	0	3	0	1	0	5	8	160	2	23	1	31	0	1	12	138	1	38	3	98	3	44	0	10	96	100
Ratnapura	168	2074	1	22	1	5	0	4	0	15	18	443	0	21	0	7	0	0	10	212	2	28	0	89	4	166	0	18	100	100
Kegalle	73	874	1	23	0	3	0	4	0	19	13	168	3	9	0	7	0	0	25	345	1	32	0	8	6	131	0	3	97	99
Kalmunai	24	537	2	26	0	0	0	0	0	14	2	43	0	1	0	1	0	0	12	287	0	18	0	0	3	53	1	19	92	100
<b>SRI LANKA</b>	<b>1574</b>	<b>29064</b>	<b>27</b>	<b>455</b>	<b>13</b>	<b>101</b>	<b>0</b>	<b>69</b>	<b>92</b>	<b>494</b>	<b>170</b>	<b>3279</b>	<b>16</b>	<b>463</b>	<b>13</b>	<b>263</b>	<b>0</b>	<b>4</b>	<b>333</b>	<b>5642</b>	<b>89</b>	<b>865</b>	<b>118</b>	<b>1645</b>	<b>183</b>	<b>3154</b>	<b>21</b>	<b>462</b>	<b>95</b>	<b>99</b>

Source: WRCD module of the EPINET. T\*=Timeliness refers to returns received on or before 17th May, 2026. C\*\*=Completeness; A = Cases reported during the current week; B = Cumulative cases for the year. Total number of reporting units 360 C\*\*=Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP

11<sup>th</sup> – 17<sup>th</sup> May 2026 (20<sup>th</sup> Week)

Disease	No. of Cases by Province									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 <sup>1</sup>	00	01	00	00	00	00	00	00	00	01	01	31	28	10.7%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps <sup>2</sup>	00	00	00	00	02	00	01	00	00	03	06	58	64	-9.4 %
Measles <sup>3</sup>	00	00	00	00	00	00	00	00	00	00	00	05	01	400 %
Rubella <sup>3</sup>	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS <sup>2</sup>	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus <sup>2</sup>	00	00	00	00	00	00	00	00	00	00	01	01	03	-66.6 %
Neonatal Tetanus <sup>2</sup>	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis <sup>3</sup>	00	00	00	00	00	00	00	00	00	00	01	00	04	-100 %
Whooping Cough <sup>2</sup>	00	00	00	00	00	00	00	00	00	00	00	13	10	30 %

**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<sup>1</sup> = No Polio cases

Mumps<sup>2</sup>, CRS<sup>2</sup>, Tetanus<sup>2</sup>, Neonatal Tetanus<sup>2</sup>, Whooping Cough<sup>2</sup>—Clinically and/ or laboratory confirmed cases

Measles<sup>3</sup>, Rubella<sup>3</sup>, Japanese Encephalitis<sup>3</sup>— 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, Epidemiology Unit, P.O. Box 1567, Colombo or sent by E-mail to [chepid@sltnet.lk](mailto:chepid@sltnet.lk). The Epidemiology Unit should be formally acknowledged in all resulting publications as the primary data source.

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