



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Strategic Plan of the Epidemiology Unit (2026–2030): Strengthening Public Health Surveillance and Response in Sri Lanka - I

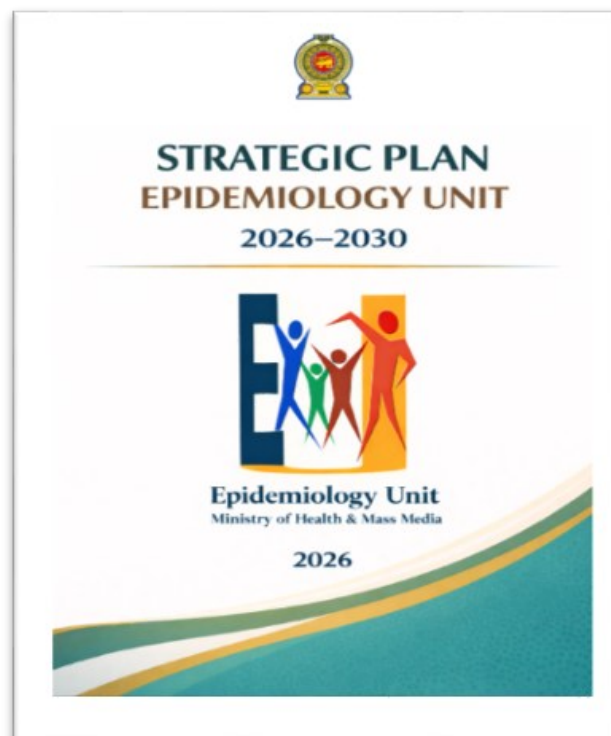
This is the first article of two in a series on “Strategic Plan of the Epidemiology Unit (2026–2030): Strengthening Public Health Surveillance and Response in Sri Lanka”

The Epidemiology Unit serves as the national focal point for communicable disease surveillance, outbreak preparedness and response, epidemiological investigations, immunization programmes, and dissemination of public health intelligence in Sri Lanka. Over several decades, the Unit has played a central role in reducing the burden of communicable diseases through effective surveillance, evidence-based interventions, immunization services, and coordinated outbreak response activities.

In an era characterized by emerging and re-emerging infectious diseases, climate-sensitive health threats, rapid population mobility, urbanization, antimicrobial resistance, and increasing global interconnectedness, strengthening national public health systems has become increasingly important. The experience gained during recent public health emergencies, including the COVID-19 pandemic and other outbreaks, has further highlighted the need for resilient surveillance systems, strengthened preparedness capacities, rapid response mechanisms, and effective risk communication strategies.

Recognizing these evolving challenges and opportunities, the Epidemiology Unit has developed a comprehensive Strategic Plan for the period 2026–2030. The strategic plan provides a roadmap to strengthen disease surveillance, outbreak preparedness and response, immunization systems, workforce development, digital transformation, governance, and evidence generation to support national health security and improve population health outcomes.

The strategic plan aligns with national health priorities, International Health Regulations (IHR 2005), global health security initiatives, and sustainable development goals, while supporting the transformation of public health systems to address future epidemiological challenges effectively.



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Vision

Centre of Excellence in Epidemiology for Health and Wellbeing of the Nation

Mission

To lead the prevention of disease and promotion of health and wellbeing through strengthened disease surveillance, immunization, preparedness and response systems, and a competent public health workforce, ensuring timely evidence-based action.

Key Strategic Objectives

Strategic Objective 1: Strengthen Integrated Surveillance and Early Warning Systems

Strengthening surveillance systems remains a core priority of the Epidemiology Unit. Timely detection of public health threats depends on robust, integrated, and responsive surveillance systems capable of generating accurate epidemiological intelligence for public health action.

The strategic plan aims to enhance indicator-based surveillance across communicable diseases through improved case definitions, increased completeness and timeliness of disease notifications, and greater integration of private sector reporting. The Epidemiology Unit also plans to formalize and strengthen Event-Based Surveillance (EBS) governance using Epidemic Intelligence from Open Sources (EIOS) and similar digital platforms to improve detection of unusual public health events and emerging threats.

Digital transformation of surveillance systems will be prioritized through the development of an integrated national digital surveillance ecosystem, enabling electronic data management across all surveillance platforms. Efforts will also focus

on strengthening thematic and environmental surveillance systems, including surveillance for respiratory infections, vector-borne diseases, antimicrobial resistance, zoonotic diseases, and environmental health threats.

These initiatives are expected to improve early warning capacity, strengthen outbreak detection, and support rapid evidence-based response measures.

Strategic Objective 2: Enhance Communicable Disease Prevention, Preparedness, and Response

Preparedness and rapid response to communicable disease threats are essential components of national health security. The strategic plan emphasizes strengthening prevention capacities to reduce the emergence, transmission, and impact of public health threats.

The Epidemiology Unit aims to strengthen epidemic and pandemic preparedness through development of updated preparedness plans, simulation exercises, surge capacity development, and strengthened coordination mechanisms at national and sub-national levels. Integrated emergency management systems will be enhanced to facilitate rapid detection, verification, risk assessment, and coordinated response during outbreaks and public health emergencies.

Strengthening collaboration with laboratory networks, healthcare institutions, emergency response teams, and regional health authorities will further improve the country's capacity to respond effectively to outbreaks and emerging infectious disease threats.

Compiled By:

Planning Division - Epidemiology Unit

EPIDEMIOLOGY UNIT STRATEGIC PLAN 2026-2030 AT A GLANCE

VISION
Centre of Excellence in Epidemiology for Health & Wellbeing of the Nation

MISSION
To lead the prevention of disease and promotion of health & wellbeing through strengthened disease surveillance, immunization, preparedness & response systems, and a competent public health workforce, ensuring timely evidence-based action.

GUIDING PRINCIPLES

- Equity & Inclusion
- Evidence-based Decision-making
- Timeliness & Responsiveness
- Transparency, Accountability & Ethics
- Collaboration & Multisectoral Engagement
- Digital & Data-driven Transformation
- Quality, Safety & Continuous Improvement
- Efficiency & Value for Money

1. STRENGTHEN INTEGRATED SURVEILLANCE & EARLY WARNING SYSTEMS
Strengthen and modernize national surveillance systems to ensure timely detection, reporting, and response to public health threats through integrated, digital and multi-sectoral approaches.
Key Focus Areas:
• Indicator-Based Surveillance
• Event-Based Surveillance (EBS)
• Digital Transformation (EPINET+)
• Thematic, Environmental & Zoonotic Surveillance (One Health)

2. STRENGTHEN COMMUNICABLE DISEASE PREVENTION, PREPAREDNESS & RESPONSE
Strengthen national capacity to prevent, prepare for and respond to public health threats, reducing morbidity, mortality and societal disruption.
Key Focus Areas:
• Disease Prevention & Control
• Epidemic & Pandemic Preparedness
• Emergency Response Systems (PHOC, RRTs, Logistics, One Health)

3. STRENGTHEN THE NATIONAL IMMUNIZATION PROGRAMME (NIP) & ENSURE SUSTAINABILITY
Ensure equitable, safe, and sustainable immunization across the life course.
Key Focus Areas:
• Optimize Immunization Coverage
• Strengthen Vaccine Safety & Quality
• Strengthen Immunization Information Systems (e-Registry, AEFI, Logistics)

4. STRENGTHEN RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCE)
Build trust, promote informed health behaviors, and strengthen community participation through coordinated, evidence-based, culturally appropriate communication systems.
Key Focus Areas:
• Institutionalize RCE Systems
• Strengthen Public Awareness, Trust & Health Literacy
• Digital Communication, Social Listening & Rumor Management
• Community Engagement for Prevention & Response

5. BUILD & SUSTAIN PUBLIC HEALTH WORKFORCE CAPACITY
Develop a skilled, multidisciplinary and future-ready public health workforce to support surveillance, response, immunization and emergency preparedness.
Key Focus Areas:
• Workforce Capacity & Distribution (One Health, Multisectoral)
• Digital, Data & Advanced Epidemiology Skills
• Digital & Simulation-Based Learning

6. STRENGTHEN MONITORING, EVALUATION & DATA USE
Institutionalize a robust, integrated M&E system that ensures accountability, improves data quality, and promotes evidence-based decision-making.
Key Focus Areas:
• Strengthen M&E Systems
• Strengthen Data Quality, Analytics & Use
• Strengthen Knowledge Management & Dissemination

7. ENHANCE GOVERNANCE, LEADERSHIP & STRATEGIC PLANNING
Strengthen institutional leadership, governance systems, and strategic coordination to ensure effective, accountable, and resilient public health action.
Key Focus Areas:
• Governance & Multisectoral Coordination
• Policy, Legal & Regulatory Frameworks
• Institutional Systems & Accountability
• CDC-Oriented Institutional Transformation

8. PROMOTE RESEARCH, INNOVATION, EVIDENCE GENERATION & GLOBAL HEALTH SECURITY
Advance research, innovation, and global collaboration to strengthen epidemiological intelligence and position Sri Lanka as a leader in public health and health security.
Key Focus Areas:
• Strengthen Research & Evidence Generation
• Promote Innovation & Advanced Analytics
• Strengthened Partnerships & Global Health Security

EXPECTED IMPACT BY 2030

- Reduced burden of priority communicable diseases
- Real-time integrated surveillance & early detection
- Reduced morbidity & mortality from outbreaks & emergencies
- Improved immunization coverage, equity & public confidence
- Improved public awareness, risk perception & health-seeking behaviors
- Skilled, multidisciplinary & future-ready public health workforce
- Data-driven decision-making with high-quality data & advanced analytics
- Strengthened governance, coordination & accountability
- Enhanced compliance with IHR (2005) & global health security frameworks
- Strong institutional foundation for a Sri Lanka Centre for Disease Control (CDC)

IMPLEMENTATION, MONITORING & EVALUATION

IMPLEMENTATION APPROACH

- Rolling Annual Action Plans
- Multi-level implementation (National, Provincial, District, Field)
- Collaboration with PNOs, Regional Epidemiologists & Stakeholders

FINANCING

- Government Budget
- Development Partner Support (WHO, UNICEF, World Bank, Pandemic Fund, etc.)
- Programme-specific & Project Based Funding
- Sustainable, Equitable & Cost-effective Resource Allocation

MONITORING

- Regular Reviews (EU, EP, RE & Programme-specific)
- Provincial, District & MOH Reviews
- Routine Monitoring of KPIs
- Strengthened Feedback Loops
- Digitalized Monitoring Systems for Timely, Accurate & Transparent Data

EVALUATION

- Mid-term & End-line Evaluations
- Periodic External & Technical Evaluations
- Independent Assessments
- Findings used for Policy, Programme Adjustment & Future Planning

COORDINATION MECHANISMS

- Epidemiology Unit, Ministry of Health & Mass Media (Leadership & Coordination)
- Provincial & District Health Services, Regional Directors & Regional Epidemiologists
- Vertical Programmes & Technical Units
- Multisectoral Platforms (One Health)
- Development Partners (Technical & Financial Support)

HEALTHIER PEOPLE • SAFER NATION • RESILIENT FUTURE

Table 1: Distribution of Notified Diseases reported by Medical Officers of Health 27th Apr – 03rd May 2026 (18th 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	300	6300	0	5	0	2	0	4	0	11	4	140	0	0	0	7	0	0	6	222	1	21	0	1	22	627	4	67	92	92
Gampaha	178	3708	1	16	2	14	0	0	1	13	10	206	1	4	0	5	0	0	15	338	3	87	0	16	21	368	1	27	90	90
Kalutara	112	1691	1	17	0	3	1	7	0	6	5	176	0	5	0	11	0	0	10	312	2	25	0	1	0	184	0	33	97	97
Kandy	69	1102	3	29	0	2	0	5	1	34	8	84	2	22	1	12	0	0	14	263	1	16	2	30	2	195	1	10	88	100
Matale	11	649	0	9	0	1	0	0	0	1	1	85	0	3	0	5	0	0	6	90	1	18	4	199	5	62	0	16	95	98
Nuwara Eliya	6	251	2	27	1	2	0	2	0	12	3	110	1	23	1	10	0	0	12	213	0	43	0	0	5	90	0	3	91	91
Galle	82	1945	1	10	0	3	0	4	0	35	4	215	1	16	2	10	0	0	20	441	0	52	0	2	133	0	15	88	94	
Hambantota	31	826	2	27	0	0	0	0	0	7	3	82	0	13	0	10	0	0	5	116	0	17	20	181	4	44	0	11	100	100
Matara	100	1919	0	4	0	1	0	1	0	11	10	144	1	13	3	14	0	0	16	275	12	34	8	66	1	59	2	9	74	80
Jaffna	16	580	3	21	0	3	1	15	0	10	0	41	1	198	1	1	0	0	6	208	1	18	0	0	4	69	0	7	97	97
Kilinochchi	1	159	1	3	0	0	0	5	0	0	0	34	0	10	0	3	0	1	0	67	0	4	0	0	2	16	0	1	100	100
Mannar	2	83	0	0	0	3	0	0	0	2	0	21	0	2	0	1	0	0	3	42	0	2	0	3	0	16	0	1	100	100
Vavuniya	1	91	0	9	0	1	0	1	0	6	1	30	0	3	0	0	0	0	1	84	0	8	2	14	1	32	0	1	100	100
Mullaitivu	3	43	0	3	0	1	0	0	0	5	0	25	0	1	0	2	0	0	1	4	0	3	0	4	2	14	0	4	100	100
Batticaloa	29	748	2	35	0	4	0	2	0	15	4	74	0	0	1	8	0	0	0	135	1	18	0	10	5	59	1	43	98	100
Ampara	7	199	13	37	0	1	0	1	0	7	1	76	0	1	0	4	0	0	11	161	1	21	0	6	0	21	0	14	97	97
Trincomalee	9	346	3	14	1	3	0	2	1	8	4	42	0	7	0	2	0	0	5	94	0	15	0	11	3	61	0	3	100	100
Kurunegala	36	731	1	9	0	9	0	3	4	59	3	139	0	20	0	5	0	0	17	365	1	65	5	150	7	111	0	27	52	100
Puttalam	12	416	0	11	0	6	0	0	0	6	3	124	0	15	0	3	0	2	7	82	3	40	0	8	3	62	0	13	42	53
Anuradhapura	10	293	0	10	0	5	0	1	0	38	8	147	0	16	0	6	0	0	20	217	0	27	9	300	11	95	1	22	100	42
Polonnaruwa	11	208	0	10	0	3	2	2	3	23	6	125	0	3	2	17	0	0	3	216	1	17	2	211	0	31	2	37	100	100
Badulla	18	391	2	18	0	5	0	3	0	6	3	101	1	14	2	61	0	0	9	165	1	27	2	44	4	89	1	7	99	100
Monaragala	20	363	1	11	0	3	0	1	0	0	7	144	2	20	1	29	0	1	10	123	3	34	13	88	3	36	0	10	84	99
Ratnapura	133	1742	2	19	0	4	0	4	0	11	27	379	0	19	0	6	0	0	6	194	1	24	8	89	5	154	1	16	100	96
Kegalle	63	749	1	20	0	3	1	3	1	16	8	136	0	5	1	5	0	0	28	298	2	29	0	6	6	122	0	3	100	100
Kalmunai	34	477	2	21	0	0	0	0	0	14	3	39	0	1	0	1	0	0	18	254	0	17	0	0	5	50	1	18	100	100
SRILANKA	1294	26010	41	395	4	82	5	66	11	356	126	2919	10	434	15	238	0	4	249	4979	35	682	75	1440	123	2800	15	418	92	93

Source: WRCD module of the EPINET. T*=Timeliness refers to returns received on or before 03rd May, 2026. Total number of reporting units 360
 A = Cases reported during the current week; B = Cumulative cases for the year. C**=Completeness; C**=Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP

27th Apr– 03rd May 2026 (18th 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 ¹	00	00	00	00	00	00	00	00	01	01	02	29	24	20.8%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps ²	01	00	01	00	00	00	01	00	00	03	02	54	55	-1.8 %
Measles ³	01	00	00	00	00	00	00	00	00	01	00	04	01	300 %
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	02	02	0 %
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	04	-100 %
Whooping Cough ²	00	00	00	00	00	00	00	00	00	00	01	10	10	0 %

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.

AFP¹ = No Polio cases

Mumps², CRS², Tetanus², Neonatal Tetanus², Whooping Cough²—Clinically and/ or laboratory confirmed cases

Measles³, Rubella³, Japanese Encephalitis³— 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. The Epidemiology Unit should be formally acknowledged in all resulting publications as the primary data source.

ON STATE SERVICE

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