



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 - II

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

Strategic Objective 3: Improve the Expanded Programme on Immunization and Enhance Sustainability

Immunization remains one of the most effective public health interventions for preventing communicable diseases and reducing morbidity and mortality. The strategic plan aims to further strengthen the Expanded Programme on Immunization (EPI) through improved coverage, service quality, and sustainability.

Priority activities include increasing routine and supplemental immunization coverage through equity-focused micro-planning, targeted outreach services, and identification of underserved populations. The Epidemiology Unit also plans to strengthen vaccine quality assurance systems, adverse event monitoring, cold chain management, and immunization service safety.

Enhancing immunization information systems through digital platforms and real-time monitoring mechanisms will support improved programme management and data utilization. Efforts will also focus on ensuring long-term sustainability and equitable access to immunization services across all population groups.

Strategic Objective 4: Improve Risk Communication and Community Engagement (RCCE)

Effective communication and community engagement are critical for successful disease pre-

vention and outbreak response. The strategic plan recognizes the importance of establishing institutionalized Risk Communication and Community Engagement (RCCE) systems to improve public trust, health literacy, and community participation.

The Epidemiology Unit aims to strengthen community awareness regarding communicable diseases, immunization, outbreak prevention, and public health interventions through evidence-based communication strategies. Mechanisms to address misinformation, rumours, and infodemics will be strengthened through enhanced rumour management systems and greater utilization of digital communication platforms.

Community engagement initiatives will be expanded to encourage active participation of communities, civil society organizations, media institutions, and other stakeholders in public health preparedness and response activities.

The Weekly Epidemiological Report (WER) will continue to serve as an important platform for dissemination of epidemiological information, surveillance findings, outbreak updates, and public health guidance.

Strategic Objective 5: Build and Sustain Health Workforce Capacity

A competent and sustainable public health workforce is fundamental for effective surveillance and response systems. The strategic plan prioritizes strengthening human resource capacity at both national and sub-national levels.

Efforts will focus on increasing the availability of trained epidemiologists, surveillance officers,

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WER

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data analysts, laboratory personnel, and public health professionals while improving technical competencies in epidemiology, outbreak investigation, surveillance data analysis, scientific writing, risk communication, and digital health systems.

The Epidemiology Unit also plans to establish and expand digital learning platforms, simulation-based training programmes, and continuous professional development opportunities to strengthen workforce readiness and resilience.

These initiatives will contribute to the development of a highly skilled multidisciplinary workforce capable of addressing evolving public health challenges.

Strategic Objective 6: Strengthen Monitoring, Evaluation, and Data Use

Effective monitoring and evaluation systems are essential to ensure accountability, programme improvement, and evidence-based decision-making. The strategic plan aims to formalize monitoring and evaluation processes through the establishment of standardized frameworks, indicators, and reporting mechanisms.

The Epidemiology Unit plans to strengthen data quality assurance systems, improve analytical capacity, and enhance utilization of surveillance data for planning, policy formulation, and programme implementation. Advanced analytics, data visualization tools, and digital dashboards will support timely interpretation and dissemination of epidemiological information.

Improved data use at all levels of the health system is expected to enhance programme performance and support more effective public health interventions.

Strategic Objective 7: Enhance Governance, Leadership, and Strategic Planning

Strong governance and leadership are critical for sustaining effective public health systems. The strategic plan emphasizes strengthening stewardship, coordination, institutional accountability, and strategic planning processes within the Epidemiology Unit.

The Unit plans to strengthen coordination mechanisms among national programmes, regional health authorities, laboratories, healthcare institutions, and development partners. Policies, strategies, and legislative frameworks will be reviewed and strengthened to support achievement of national public health goals.

Institutional systems related to logistics, human resources, finance, information technology, and data governance will also be improved to enhance operational efficiency and accountability. In addition, the strategic plan supports transformation towards a more integrated and modern public health

structure aligned with Centers for Disease Control (CDC)-oriented functions and approaches.

Strategic Objective 8: Promote Research, Innovation, Evidence Generation and Global Health Security

Research and innovation are essential for strengthening evidence-based public health practice. The strategic plan promotes operational, observational, and intervention research using surveillance and programme data to support policy development and public health decision-making.

The Epidemiology Unit aims to strengthen partnerships with universities, research institutions, international agencies, and development partners to promote collaborative research and innovation. Advanced analytics, digital technologies, artificial intelligence, and predictive modelling will be explored to improve disease forecasting and epidemiological intelligence.

Participation in regional and global surveillance networks will further strengthen collaboration, technical exchange, and preparedness, thereby enhancing global health security and national resilience against emerging and re-emerging public health threats.

Conclusion

The Strategic Plan 2026–2030 of the Epidemiology Unit provides a comprehensive framework for strengthening disease surveillance, outbreak preparedness and response, immunization systems, workforce capacity, governance, research, and digital transformation in Sri Lanka.

Through implementation of the strategic objectives outlined in this plan, the Epidemiology Unit aims to strengthen national public health systems, improve epidemiological intelligence, enhance emergency preparedness, and support timely evidence-based public health action.

Successful implementation of the strategic plan will contribute significantly to national health security, prevention and control of communicable diseases, and the overall health and wellbeing of the people of Sri Lanka.

Compiled By:

Planning Division - Epidemiology Unit

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

04th – 10th May 2026 (19th 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	328	6628	1	6	0	2	0	4	0	11	4	144	0	0	1	8	0	0	26	248	0	21	0	1	35	662	0	67	91	92
Gampaha	199	3907	0	16	0	14	0	0	0	13	18	224	1	5	0	5	0	0	21	359	10	97	1	17	24	392	1	28	78	85
Kalutara	123	1814	1	18	0	3	0	7	9	15	10	186	0	5	0	11	0	0	43	355	2	27	0	1	16	200	0	33	93	96
Kandy	103	1205	4	33	0	2	0	5	0	34	4	88	0	22	0	12	0	0	28	291	1	17	1	31	12	207	0	10	99	100
Matale	15	664	0	9	0	1	0	0	0	1	0	85	0	3	0	5	0	0	2	92	0	18	12	211	5	67	3	19	77	100
Nuwara Eliya	10	261	0	27	0	2	0	2	2	14	7	117	0	23	0	10	0	0	14	227	5	48	0	0	2	92	0	3	100	100
Galle	71	2016	0	10	2	5	0	4	6	41	20	235	1	17	1	11	0	0	32	473	5	57	0	2	10	143	1	16	100	100
Hambantota	24	850	1	28	0	0	0	0	1	8	2	84	0	13	0	10	0	0	3	119	0	17	10	191	2	46	0	11	97	100
Matara	88	2007	0	4	0	1	0	1	0	11	11	155	0	13	1	15	0	0	15	290	27	61	2	68	3	62	0	9	83	100
Jaffna	20	600	2	23	1	4	2	17	5	15	0	41	4	202	0	1	0	0	9	217	0	18	0	0	4	73	0	7	99	100
Kilinochchi	1	160	1	4	0	0	0	5	0	0	1	35	0	10	0	3	0	1	0	67	0	4	0	0	0	16	0	1	100	100
Mannar	2	85	0	0	0	3	0	0	0	2	0	21	0	2	0	1	0	0	0	42	0	2	0	3	1	17	0	1	100	100
Vavuniya	4	95	2	11	0	1	0	1	0	6	0	30	0	3	0	0	0	0	0	84	2	10	4	18	2	34	1	2	96	100
Mullaitivu	0	43	0	3	0	1	0	0	3	8	1	26	0	1	0	2	0	0	3	7	0	3	1	5	0	14	0	4	100	100
Batticaloa	46	794	3	38	1	5	0	2	0	15	3	77	0	0	1	9	0	0	5	140	1	19	0	10	3	62	0	43	97	100
Ampara	10	209	4	41	0	1	0	1	1	8	4	80	1	2	0	4	0	0	12	173	3	24	2	8	0	21	0	14	97	100
Trincomalee	35	381	0	14	0	3	0	2	0	8	0	42	1	8	0	2	0	0	5	99	3	18	0	11	6	67	3	6	98	100
Kurunegala	56	787	1	10	0	9	0	3	3	62	11	150	0	20	0	5	0	0	29	394	16	81	2	152	7	118	2	29	67	96
Puttalam	18	434	0	11	0	6	0	0	0	6	0	124	0	15	0	3	0	2	1	83	3	43	2	10	8	70	0	13	33	91
Anuradhapura	12	305	1	11	1	6	0	1	3	41	2	149	0	16	1	7	0	0	16	233	7	34	13	313	7	102	4	26	96	100
Polonnaruwa	18	226	3	13	1	4	0	2	1	24	12	137	0	3	1	18	0	0	5	221	0	17	27	238	1	32	6	43	100	100
Badulla	13	404	2	20	0	5	0	3	0	6	5	106	1	15	2	63	0	0	7	172	1	28	1	45	7	96	0	7	96	100
Monaragala	32	395	0	11	0	3	0	1	5	5	8	152	1	21	1	30	0	1	3	126	3	37	7	95	5	41	0	10	98	100
Ratnapura	164	1906	2	21	0	4	0	4	4	15	46	425	2	21	1	7	0	0	8	202	2	26	0	89	8	162	2	18	97	100
Kegalle	52	801	2	22	0	3	1	4	3	19	19	155	1	6	2	7	0	0	22	320	2	31	2	8	3	125	0	3	92	100
Kalmunai	36	513	3	24	0	0	0	0	0	14	2	41	0	1	0	1	0	0	21	275	1	18	0	0	0	50	0	18	100	100
SRILANKA	1480	27490	33	428	6	88	3	69	46	402	190	3109	13	447	12	250	0	4	330	5309	94	776	87	1527	171	2971	23	441	92	98

Source: WRCD module of the EPINET. T*=Timeliness refers to returns received on or before 10th 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

04th – 10th May 2026 (19th 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	01	00	00	01	03	30	26	15.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps ²	00	01	00	00	00	00	00	00	00	01	08	55	58	-5.2 %
Measles ³	00	00	00	00	00	00	00	00	00	00	00	05	01	400 %
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	01	02	-50 %
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	03	00	00	00	00	00	00	00	03	00	13	09	44.4 %

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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