WEEKLY EPIDEMIOLOGICAL REPORT

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

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

WER SRI LANKA 2026

Vol. 53 No. 25 15th – 21st June 2026

Regional Epidemiologists' Review

Introduction

For more than 30 years, the Epidemiology Unit has conducted Regional Epidemiologists' (RE) Quarterly Review Meetings as a key mechanism for monitoring, evaluating, and strengthening communicable disease control and the National Immunization Programme across Sri Lanka. These meetings provide a structured platform for Regional and Provincial Epidemiologists, Medical Officers of Epidemiology, programme managers, and Ministry of Health administrators to review programme performance, identify challenges, deliver technical updates, share best practices, and develop practical solutions.

The Review Process and Key Areas Discussed

The primary objective of the review meetings is to assess district performance in immunization services, communicable disease surveillance, outbreak preparedness, and disease control activities. District-specific data and programme indicators are presented and critically reviewed, enabling identification of achievements, gaps, and emerging public health concerns.

As a major focus of the review, district vaccination coverage data are analyzed to identify trends and areas requiring corrective action. While Sri Lanka continues to maintain high coverage for most childhood vaccines, challenges relating to Human Papillomavirus (HPV) vaccine uptake, adolescent tetanus-diphtheria vaccination, school-based immunization activities, and data quality issues affecting coverage estimates are regularly discussed. Vaccine safety surveillance, including monitoring of Adverse Events Following Immunization (AEFI), is also reviewed with emphasis on preventing immunization error-related reactions through strengthened supervision, adherence to guidelines, and continuous staff training.

Communicable disease surveillance forms another major component of the review process. Districts present surveillance indicators, disease trends, outbreak investigations, and response activities conducted during the review period. Discussions cover a wide range of priority public health programmes including vaccine-preventable diseases, measles elimination activities, acute flaccid paralysis surveillance, chickenpox surveillance, meningitis and encephalitis surveillance, influenza surveillance, rabies elimination, leptospirosis prevention and control, and food- and water-borne disease surveillance. Particular attention is given to improving reporting completeness and timeliness of returns, strengthening collaboration between preventive and curative sectors, and improving outbreak investigation and response capacities. Regional Epidemiologists are encouraged to strengthen engagement with clinicians, hospitals, laboratories, and private healthcare institutions to improve disease notification and surveillance quality.

Highlights from the Recent Regional Epidemiologists' Review

The most recent Regional Epidemiologists' Review was held on 29th and 30th April 2026 in Kalutara. For the first time in history, Provincial and Regional Directors of Health Services, Director -National Institute of Health Sciences (NIHS) participated together with the Provincial and Regional Epidemiologists, Medical Officers of Epidemiology, and Health Informatics specialists. The Director General of Health Services chaired the review. A panel discussion was held with the Provincial and Regional Directors of Health and the Director (NIHS) on experiences when dealing with vaccine hesitancy, disease surveillance, logistic management, and strengthening public health systems at district and provincial levels. The discussion generated rich insights into the challenges and barriers when delivering services in the field.

An important function of the review is the dissemination of national-level developments, policies, technical guidelines, circulars, and strategic directions. During the recent review, participants were updated on several key developments within the Epidemiology Unit aimed at strengthening communicable disease surveillance, immunization services, and preparedness

for emerging public health threats. These included the planned establishment of the Sri Lanka Centre for Disease Control (CDC-SL), expansion of the EPINET digital surveillance platform, strengthening of Event-Based Surveillance (EBS) systems, and the continued digitalization of surveillance activities to improve real-time monitoring, data quality, and evidence-based decision-making.

Supporting Districts and Strengthening Public Health Systems

A key strength of the review process is its role in facilitating communication between district-level programme implementers and national authorities. Challenges relating to human resources, vaccine logistics, cold chain management, surveillance activities, training requirements, data management, and outbreak response capacities are openly discussed, enabling the development of practical and context-specific solutions. This allows the Epidemiology Unit and Ministry of Health to provide timely technical guidance, logistical support, training opportunities, and policy-level interventions to strengthen programme implementation.

Increasing emphasis has also been placed on digital public health systems. The expansion of EPINET and the introduction of Event-Based Surveillance systems represent major advances in strengthening real-time disease surveillance and programme monitoring. The review meetings provide opportunities for training, troubleshooting, and sharing implementation experiences related to these digital platforms.

Benefits and Conclusion

The Regional Epidemiologists' Quarterly Review Meetings strengthen Sri Lanka's public health system by promoting accountability, evidence-based programme improvement, capacity building, and effective dissemination of national policies and guidelines. They facilitate collaboration between national, provincial, and district levels while providing a platform to address operational challenges and share best practices. As public health threats evolve, these reviews remain essential for strengthening surveillance, improving immunization services, increase outbreak preparedness, and sustaining achievements in communicable disease control.

Compiled By:

Dr Thushani Dabrera
Consultant Community Physician
Epidemiology Unit
Ministry of Health

Table 1: Distribution of Notified Diseases reported by Medical Officers of Health 08th – 14th June 2026 (24th 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	20	8219	4	16	0	2	0	4	0	15	3	172	0	2	0	9	0	0	9	309	10	38	0	3	41	851	3	80	89	100
Gampaha	24	5514	0	21	1	23	0	0	2	22	6	280	0	5	0	6	0	0	22	486	16	150	14	33	22	474	1	41	67	100
Kalutara	53	2766	0	27	0	3	0	8	0	58	4	227	1	6	5	17	0	0	17	449	31	73	4	6	14	273	1	43	91	100
Kandy	47	2021	1	37	1	8	0	5	0	37	4	120	0	25	0	15	0	0	3	373	0	61	0	39	11	251	3	15	97	100
Matale	889	1640	5	17	0	4	0	0	4	6	8	122	0	3	1	6	0	0	9	121	3	32	0	273	5	88	2	22	73	92
Nuwara Eliya	154	459	1	30	0	4	0	3	0	14	17	167	1	26	1	12	0	0	12	293	4	115	0	0	4	122	2	6	100	100
Galle	742	3289	2	18	1	10	0	6	0	48	7	299	0	22	0	14	0	0	16	580	5	88	0	2	7	202	4	26	98	91
Hambantota	119	1211	0	30	0	2	0	0	0	32	13	129	1	16	0	11	0	0	2	139	3	27	12	266	4	64	1	14	100	100
Matara	21	2672	6	16	1	3	1	2	0	11	0	201	2	15	0	15	0	0	3	341	2	116	0	80	3	76	0	12	78	100
Jaffna	14	687	3	39	0	6	0	19	0	75	3	51	0	214	0	1	0	0	12	246	3	29	0	1	5	94	0	8	96	100
Kilinochchi	419	592	2	8	1	1	0	7	0	1	11	66	0	11	0	3	0	1	21	90	5	10	0	2	0	18	1	2	100	91
Mannar	387	483	0	0	0	3	0	0	0	3	13	41	2	4	2	3	0	0	18	62	17	19	1	4	1	23	1	3	100	100
Vavuniya	114	230	4	18	0	4	0	2	0	8	21	76	1	4	0	1	0	0	22	108	10	25	0	20	0	37	1	6	96	99
Mullaitivu	2	56	1	6	0	1	0	0	0	8	2	31	1	2	0	2	0	0	1	11	0	8	0	8	0	16	0	4	90	100
Batticaloa	89	1060	1	46	2	7	0	2	0	16	11	108	2	2	0	14	0	0	17	176	43	66	10	20	7	78	3	53	100	100
Ampara	2	250	0	43	0	1	0	1	0	8	0	97	0	2	0	6	0	0	0	211	0	41	0	9	2	24	0	15	100	100
Trincomalee	39	524	0	15	2	6	0	2	0	11	12	64	0	8	0	2	0	0	5	128	5	26	5	18	4	81	0	6	100	100
Kurunegala	423	1449	0	18	1	13	0	3	0	62	22	233	0	21	0	7	0	0	4	481	14	203	6	212	3	155	0	37	95	89
Puttalam	29	565	1	14	0	9	0	0	0	7	8	161	2	19	2	7	0	4	4	95	6	89	4	14	1	91	0	15	74	100
Anuradhapura	3	360	0	12	0	7	0	1	0	48	0	168	0	19	0	8	0	0	5	313	1	72	1	380	6	138	0	31	91	100
Polonnaruwa	23	309	1	15	2	7	0	2	1	58	4	186	2	6	0	20	0	0	8	260	9	35	0	275	3	44	0	51	95	100
Badulla	34	536	0	28	0	7	0	3	1	11	10	160	0	23	0	94	0	0	6	237	4	163	9	71	5	128	1	12	100	100
Monaragala	65	544	0	12	0	3	0	1	0	5	8	184	0	25	0	35	0	1	2	153	9	53	0	119	5	56	1	11	100	100
Ratnapura	228	2892	0	22	0	6	0	5	0	15	25	548	3	24	3	10	0	0	2	244	9	46	9	111	11	200	1	20	94	100
Kegalle	25	1120	1	30	0	3	0	4	0	21	0	217	0	10	0	8	0	0	2	377	0	47	0	11	6	155	0	5	92	100
Kalmunai	8	603	0	26	0	1	1	1	0	15	3	48	0	1	0	1	0	0	3	324	0	22	0	0	4	61	1	23	100	100
SRILANKA	**3973**	**40051**	**33**	**564**	**12**	**144**	**2**	**81**	**8**	**615**	**215**	**4156**	**18**	**515**	**14**	**327**	**0**	**6**	**225**	**6607**	**209**	**1654**	**75**	**1977**	**174**	**3800**	**27**	**561**	**93**	**98**

Source: WRCD module of the EPINET.
A = Cases reported during the current week;
T*=Timeliness refers to returns received on or before 14th June, 2026.
B = Cumulative cases for the year.
Total number of reporting units 360
C**-Completeness;
C**-Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP 08th – 14th June 2026 (24th 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	01	00	00	00	01	00	36	28	28.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps[2]	04	00	00	00	00	01	00	00	00	05	03	70	76	-7.9 %
Measles[3]	00	00	00	00	00	00	00	00	01	01	00	10	02	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	02	03	-33.3 %
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]	01	00	00	00	00	00	00	00	00	01	01	14	11	27.3 %

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.

All patients presenting with fever and a maculopapular rash must be promptly notified and investigated. Blood samples and throat swabs should be collected at the appropriate time window

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

Dr. Palitha Karunapema
CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10