WEEKLY EPIDEMIOLOGICAL REPORT

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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

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Enteroviral Meningitis Outbreak in Sri Lanka, 2026: Field Investigation, Laboratory Confirmation, and Public Health Response - I

This is the first article of two in a series on "Enteroviral Meningitis Outbreak in Sri Lanka, 2026: Field Investigation, Laboratory Confirmation, and Public Health Response"

Introduction

Enteroviruses are among the most common causes of viral meningitis worldwide and frequently cause outbreaks among children and young adults. Transmission occurs primarily through the faecal-oral route and may be facilitated by inadequate sanitation, poor hygiene practices and contaminated water supplies. Although enteroviral meningitis is generally self-limiting, outbreaks can place a considerable burden on healthcare services and require coordinated public health action.

In April 2026, an outbreak of suspected enteroviral meningitis was detected in the Kotapola MOH area of Matara District, Sri Lanka, following the identification of the first cluster of cases on 15 April 2026. Subsequently, additional suspected and laboratory-confirmed cases were reported from multiple hospitals across several districts, including Matara, Nuwara Eliya, Kandy, and Badulla, indicating a wider geographical spread.

Epidemiological and environmental investigations identified both clustered and sporadic cases, with several infections linked to school and community settings. Preliminary findings suggested a probable faeco-oral (waterborne) transmission associated with inadequately monitored community water supply systems. Respiratory transmission through close contact was also considered a possible contributing factor.
Laboratory analysis of cerebrospinal fluid (CSF) and throat swab samples confirmed enterovirus infection.

Outbreak Detection and Case Definitions

The first suspected case was reported on 05 April 2026 from the Kotapola Medical Officer of Health (MOH) area. Following a rapid increase in hospital admissions with symptoms suggestive of meningitis, enhanced surveillance activities were initiated by the Epidemiology Unit and district health authorities. To facilitate outbreak investigation and response, a Technical Working Group comprising epidemiologists, consultant paediatricians, physicians and microbiologists developed standardized case definitions.

Suspected Case

Any individual with a sudden onset of fever and any of the following clinical features: Neck stiffness (nuchal rigidity) characterized by pain and resistance on neck flexion, Kernig's sign, where knee extension causes pain or resistance when the hip is flexed, Brudzinski's sign, where neck flexion causes involuntary flexion of the hips and knees, bulging fontanelle in infants.

Probable Case

Any suspected case with cerebrospinal fluid (CSF) findings suggestive of viral meningitis, including: Pleocytosis (usually mononuclear, occasionally polymorphonuclear during early stages), elevated protein concentration, normal glucose concentration, absence of other causative organisms

Confirmed Case

Any suspected or probable case with laboratory confirmation of infection. Laboratory confirmation included: Isolation of a causal organism from CSF and/or blood culture, detection of enteroviral nucleic acid by polymerase chain reaction (PCR)

Epidemiological Findings

The majority of affected individuals were children, with the highest proportion occurring among the 5–9-year age group. Virological characterization identified isolates as Enterovirus A species, with genetic analysis showing close relation to Coxsackie A viruses, including 98% similarity to Coxsackievirus A16 in samples from the initial cluster reported from Matara District. The virus was not related to

Enterovirus D68. Based on virological evidence, the most likely transmission route is faeco-oral transmission, although person-to-person spread via respiratory secretions may also contribute, particularly in settings with poor hygiene practices.

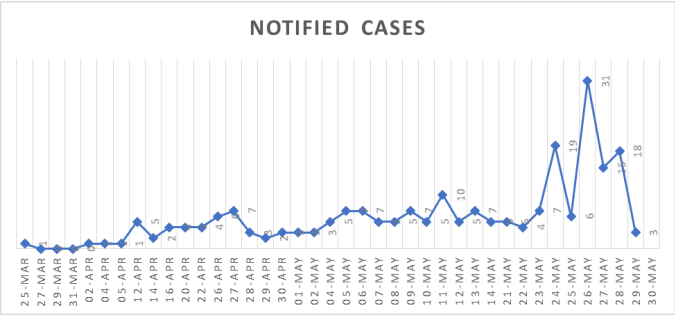

Figure 1: Notified Cases up to 30.05.2026

The epidemic curve demonstrates a gradual increase in notified cases from late March to May 2026. Case numbers remained low during March and early April, followed by a steady upward trend throughout April and early May. A marked increase was observed during the last week of May, with the highest number of cases (31) reported on 26 May 2026, followed by a decline towards the end of the month. High surge of notifications may be due to improved surveillance system and increased concern among the health authorities regarding the current outbreak.

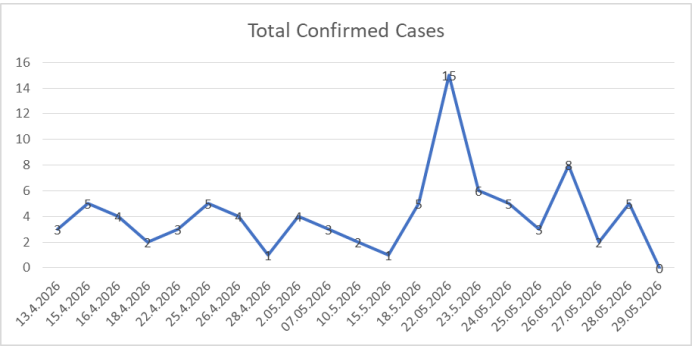

Figure 2: Confirmed Cases

The epidemic curve of confirmed cases shows fluctuating case numbers during April and May 2026. A sharp increase was observed in mid-May, reaching a peak of 15 confirmed cases on 22 May 2026. Following the peak, case numbers gradually declined with minor fluctuations towards the end of May.

Current situation of the outbreak

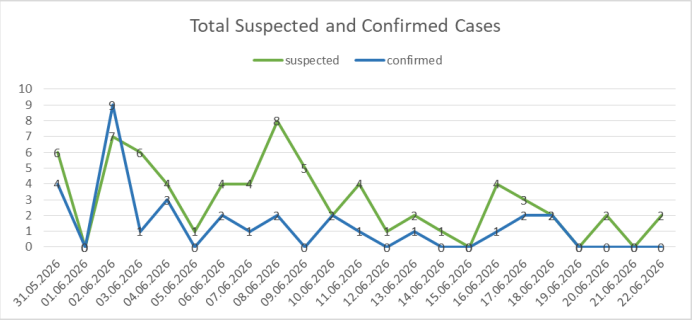

Figure 3: Total Suspected and confirmed cases

As of 22 June 2026, a total of 305 suspected cases and 137 laboratory-confirmed cases related to this outbreak have been reported from the four affected districts of Matara, Badulla, Kandy, and Nuwara Eliya. Currently, only 11 patients remain inward for further management and observation.

Compiled By:

Dr Uthpala Muhandiram
Senior registrar in Community Medicine
Epidemiology Unit
Ministry of Health

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Table 1 : Water Quality Surveillance
Number of microbiological water samples May 2026

District	MOH areas	No: Expected *	No: Received
Colombo	18	108	02
Gampaha	15	90	NR
Kalutara	13	78	70
Kalutara NIHS	2	12	27
Kandy	23	138	NR
Matale	13	78	76
Nuwara Eliya	13	78	42
Galle	20	120	NR
Matara	17	102	213
Hambantota	12	72	73
Jaffna	14	84	NR
Kilinochchi	4	24	17
Mannar	5	30	15
Vavuniya	4	24	NR
Mullatvu	6	36	33
Batticaloa	14	84	0
Ampara	7	42	39
Trincomalee	12	72	0
Kurunegala	29	174	50
Puttlam	13	78	NR
Anuradhapura	23	138	41
Polonnaruwa	9	54	48
Badulla	16	96	124
Moneragala	11	66	NR
Rathnapura	20	120	NR
Kegalle	11	66	NR
Kalmunai	13	78	0

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

To be Continued....

Table 1: Distribution of Notified Diseases reported by Medical Officers of Health 15th – 21st June 2026 (25th 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	1138	9357	0	16	0	2	0	4	1	16	6	178	0	2	0	9	0	0	8	317	6	44	0	3	29	880	3	83	**89**	**100**
Gampaha	1294	6808	1	22	1	24	0	0	0	22	6	286	0	5	1	7	0	0	18	504	12	162	1	34	20	494	1	42	**73**	**86**
Kalutara	551	3317	2	29	0	3	0	8	4	62	7	234	0	6	0	17	0	0	34	483	2	75	0	6	13	286	1	44	**90**	**100**
Kandy	472	2493	1	38	0	8	1	6	0	37	3	123	1	26	0	15	0	0	18	391	13	74	2	41	13	264	0	15	**97**	**100**
Matale	49	1689	0	17	0	4	0	0	0	6	9	131	0	3	0	6	0	0	2	123	5	37	5	278	4	92	1	23	**93**	**100**
Nuwara Eliya	66	525	3	33	0	4	0	3	0	14	14	181	0	26	1	13	0	0	10	303	12	127	1	1	6	128	1	7	**87**	**100**
Galle	281	3570	0	18	1	11	0	6	1	49	9	308	3	25	1	15	0	0	24	604	4	92	0	2	7	209	0	26	**98**	**100**
Hambantota	192	1403	1	31	0	2	0	0	0	32	9	138	2	18	0	11	0	0	7	146	6	33	13	279	1	65	2	16	**98**	**100**
Matara	449	3121	0	16	0	3	0	2	0	11	0	201	0	15	0	15	0	0	10	351	7	123	2	82	2	78	0	12	**83**	**100**
Jaffna	24	711	0	39	0	6	0	19	3	78	1	52	2	216	0	1	0	0	5	251	2	31	0	1	1	95	1	9	**81**	**100**
Kilinochchi	6	598	1	9	0	1	0	7	0	1	7	73	0	11	0	3	0	1	0	90	0	10	0	2	2	20	0	2	**53**	**100**
Mannar	5	488	1	1	0	3	0	0	0	3	4	45	0	4	0	3	0	0	0	62	0	19	0	4	1	24	0	3	**100**	**100**
Vavuniya	8	238	0	18	0	4	0	2	0	8	15	91	0	4	0	1	0	0	1	109	1	26	1	21	2	39	0	6	**91**	**100**
Mullaitivu	3	59	0	6	0	1	0	0	0	8	1	32	0	2	0	2	0	0	0	11	0	8	0	8	1	17	0	4	**100**	**100**
Batticaloa	52	1112	0	46	0	7	0	2	0	16	14	122	0	2	1	15	0	0	3	179	1	67	0	20	3	81	3	56	**98**	**100**
Ampara	32	282	2	45	0	1	0	1	5	13	0	97	0	2	0	6	0	0	7	218	6	47	2	11	0	24	0	15	**97**	**100**
Trincomalee	32	556	0	15	0	6	0	2	0	11	4	68	0	8	0	2	0	0	3	131	0	26	0	18	8	89	0	6	**100**	**100**
Kurunegala	218	1667	0	18	0	13	0	3	0	62	20	253	1	22	1	8	0	0	13	494	19	222	11	223	4	159	1	38	**96**	**100**
Puttalam	148	713	1	15	2	11	0	0	0	7	6	167	1	20	0	7	0	4	3	98	5	94	0	14	4	95	1	16	**67**	**100**
Anuradhapura	51	411	1	13	0	7	0	1	0	48	0	168	2	21	0	8	0	0	11	324	10	82	8	388	1	139	0	31	**95**	**100**
Polonnaruwa	63	372	2	17	0	7	0	2	0	58	9	195	0	6	0	20	0	0	4	264	3	38	15	290	2	46	3	54	**100**	**100**
Badulla	115	651	1	29	1	8	0	3	1	12	3	163	3	26	2	96	0	0	9	246	9	172	4	75	6	134	0	12	**100**	**100**
Monaragala	91	635	0	12	0	3	0	1	0	5	4	188	1	26	2	37	0	1	1	154	3	56	6	125	1	57	2	13	**96**	**100**
Ratnapura	264	3156	2	24	0	6	0	5	0	15	16	564	1	25	0	10	0	0	4	248	7	53	2	113	8	208	3	23	**97**	**100**
Kegalle	187	1307	3	33	0	3	0	4	3	24	1	218	0	10	1	9	0	0	7	384	5	52	0	11	4	159	0	5	**72**	**100**
Kalmunai	37	640	3	29	0	1	0	1	3	18	3	51	0	1	0	1	0	0	11	335	1	23	0	0	1	62	0	23	**100**	**100**
SRILANKA	**5828**	**45879**	**25**	**589**	**5**	**149**	**1**	**82**	**21**	**636**	**171**	**4327**	**17**	**532**	**10**	**337**	**0**	**6**	**213**	**6820**	**139**	**1793**	**73**	**2050**	**144**	**3944**	**23**	**584**	**90**	**99**

Source: WRCD module of the EPINET.
A = Cases reported during the current week;
T*=Timeliness refers to returns received on or before 21st 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 15th – 21st June 2026 (25th 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	00	00	00	36	28	28.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps[2]	01	00	00	00	00	00	01	00	00	02	04	72	80	-10 %
Measles[3]	00	00	00	00	00	00	00	00	05	05	00	15	02	650 %
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	01	00	01	00	03	03	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	01	00	00	00	00	00	00	00	01	01	15	12	25 %

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.

Number of Malaria Cases on June 2026,

09

All are Imported!!!

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