



WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health & Mass Media

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

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

Clinical Characteristics

The clinical presentation was typical of enteroviral meningitis.

Among investigated cases: Fever, Headache, Vomiting, Photophobia, Phonophobia, Neck stiffness, Positive Kernig's sign.

Additional symptoms including sore throat, oral ulcers and conjunctivitis were reported in some patients, providing further evidence of enteroviral infection.

Although five patients developed severe disease requiring transfer to tertiary care facilities and paediatric intensive care management, the overall prognosis was favourable. No deaths, no neurological sequelae or long-term complications were reported.

Laboratory Investigations

Virological investigations conducted by the Medical Research Institute (MRI), Colombo and the Department of Virology, National Hospital Galle. Confirmed the presence of enterovirus RNA in 15 specimens collected from multiple outbreak clusters across all affected districts, providing strong laboratory evidence of enteroviral circulation and supporting the etiological link between the identified virus and the outbreak.

Environmental Investigation

Environmental investigations revealed significant deficiencies in water quality monitoring and water safety practices. Water quality testing demonstrated multiple unsatisfactory samples obtained from community water projects, school water supplies and public water distribution systems. Several spring water sources and community-managed water schemes failed microbiological quality assessments.

Field investigations identified several contributing factors:

- * Inadequate chlorination practices
- * Lack of residual chlorine monitoring equipment
- * Insufficient retention time within storage tanks
- * Poor maintenance of water infrastructure
- * Inadequate regulation of community-based water projects

Public Health Response

A comprehensive multisectoral outbreak response was initiated involving the Epidemiology Unit, Regional Director of Health Services Office, MOH Staff, Hospital Staff, local authorities, education authorities, the National Water Supply and Drainage Board and Community-Based Water Supply Department.

Actions Undertaken by the Epidemiology Unit

- * A technical working group for outbreak investigation and management was established immediately to coordinate response activities.
- * Daily briefing sessions were conducted involving the clinical team at respective hospitals, Medical Officer of Health (MOH) staff, the Regional Epidemiologists, and the Regional Director of Health Services (RDHS) team to review the outbreak situation and response measures.
- * Field visits were conducted to hospitals and affected MOH areas in the outbreak-reporting districts, including Diyatalawa, Bandarawela, and Deniyaya.
- * The Epidemiology Unit coordinated with Regional MOHs and PHIs in the affected areas to support outbreak management through regular field visits and continuous communication with hospital clinicians. Ongoing progress and response activities were closely monitored.

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- During the field visits, affected schools were visited to identify potential sources of infection. Discussions were held with school principals, and assessments of the school environment were conducted. Relevant authorities were advised to maintain proper cleanliness and hygiene within the school premises.
- An adequate number of water and food samples were collected from the affected MOH areas, and the majority of the samples were found to be unsatisfactory upon analysis.
- Immediate water quality coordination meeting was conducted with representatives from the Epidemiology Unit, National Water Supply and Drainage Board, chemists from water treatment plants, Community-Based Water Supply Department, district health authorities, and zonal education authorities. Decisions taken during the meeting included the continuation of chlorination and cleanup activities in selected water supply schemes, particularly those involving flowing water sources. It was agreed to conduct a chlorination training programme for water project workers to strengthen operational capacity. The meeting emphasized the importance of multisectoral collaboration in the outbreak response, along with strengthening community-based water committees to improve local oversight. It was also decided to initiate registration and systematic monitoring of community water projects that are not currently registered with the relevant authorities.
- Guideline development meetings were held with relevant stakeholders, including clinicians and representatives from the Ministry of Education. These meetings facilitated the development of guidelines on Enteroviral Meningitis Outbreak Prevention and Control Measures.
- Developed Guidelines on Prevention, Preparedness, Surveillance and Response to the current Enteroviral Meningitis outbreak and published.
- Developed Guideline on Enteroviral Meningitis outbreak prevention and control measures for schools and published.
- Conducted a training session for all regional epidemiologists on the newly developed guidelines to strengthen prompt and timely active surveillance and improve outbreak management activities across the country.
- Advised school authorities to ensure the quality of drinking water within schools and to maintain adequate sanitary facilities.
- Information, Education and Communication (IEC) materials and posters were distributed to schools to enhance awareness regarding disease prevention and hygiene practices.
- Time-to-time media updates were provided through briefings conducted across various platforms at different levels.
- Advised on giving frequent public announcements were conducted to continuously raise awareness among the community regarding preventive measures.

Recommendations

- Strengthening water quality monitoring and ensuring compliance with established standards through regular and recurrent water quality sampling, in collaboration with community water committees and local water supply organizations.
- Sanitary facilities within schools should be adequately upgraded or newly developed to ensure proper hygiene standards and reduce the risk of disease transmission.
- The registration of food establishments should be strengthened and their compliance with quality and hygiene standards should be regularly monitored by the relevant health authorities.

Conclusion

The 2026 enteroviral meningitis outbreak represents a significant public health event that affected multiple districts in Sri Lanka. Epidemiological investigations, laboratory evidence and environmental assessments collectively support enterovirus as the causative agent, with contaminated community water supplies likely contributing to transmission.

The outbreak demonstrated the importance of early detection, rapid outbreak investigation, laboratory confirmation, environmental monitoring and coordinated multisectoral action. Continued investment in water safety, surveillance systems and community engagement will be essential to prevent future outbreaks and strengthen public health preparedness in Sri Lanka.

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

22nd – 28th June 2026 (26th 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	10495	0	16	0	2	0	4	1	17	8	186	0	2	0	9	0	0	10	327	9	53	0	3	47	927	9	92	97	100
Gampaha	1294	8102	2	24	2	26	0	0	1	23	14	300	0	5	0	7	0	0	12	516	10	172	1	35	24	518	2	44	75	100
Kalutara	551	3868	1	30	0	3	0	8	0	62	11	245	0	6	0	17	0	0	16	499	6	81	0	6	18	304	0	44	80	100
Kandy	472	2965	1	39	0	8	0	6	1	38	5	128	0	26	0	15	0	0	12	403	11	85	0	41	5	269	1	16	95	100
Matale	49	1738	0	17	0	4	0	0	1	7	4	135	0	3	1	7	0	0	4	127	4	41	16	294	1	93	0	23	152	100
Nuwara Eliya	66	591	0	33	0	4	0	3	1	15	4	185	2	28	0	13	0	0	4	307	6	133	0	1	10	138	0	7	91	100
Galle	281	3851	2	20	0	11	2	8	2	51	19	327	1	26	1	16	0	0	14	618	8	100	0	2	10	219	3	29	61	93
Hambantota	192	1595	1	32	0	2	0	0	2	34	8	146	0	18	0	11	0	0	2	148	5	38	6	285	8	73	1	17	92	100
Matara	449	3570	1	17	0	3	0	2	0	11	12	213	1	16	0	15	0	0	8	359	3	126	3	85	0	78	0	12	83	100
Jaffna	24	735	4	43	0	6	0	19	2	80	0	52	3	219	0	1	0	0	3	254	0	31	0	1	4	99	2	11	96	100
Kilinochchi	6	604	0	9	0	1	0	7	0	1	0	73	0	11	0	3	0	1	1	91	0	10	0	2	0	20	0	2	153	100
Mannar	5	493	0	1	0	3	0	0	0	3	0	45	0	4	0	3	0	0	0	62	0	19	0	4	0	24	0	3	83	100
Vavuniya	8	246	0	18	0	4	0	2	0	8	2	93	0	4	0	1	0	0	0	109	2	28	0	21	2	41	0	6	46	94.4
Mullaitivu	3	62	0	6	0	1	0	0	0	8	1	33	0	2	0	2	0	0	0	11	0	8	0	8	0	17	0	4	53	100
Batticaloa	52	1164	3	49	0	7	0	2	0	16	5	127	0	2	0	15	0	0	4	183	0	67	1	21	3	84	3	59	86	100
Ampara	32	314	1	46	0	1	0	1	0	13	3	100	0	2	0	6	0	0	5	223	1	48	0	11	3	27	0	15	100	100
Trincomalee	32	588	0	15	0	6	0	2	2	13	1	69	0	8	0	2	0	0	6	137	0	26	0	18	0	89	0	6	70	100
Kurunegala	218	1885	0	18	1	14	0	3	1	63	11	264	1	23	1	9	0	0	10	504	12	234	13	236	9	168	3	41	66	100
Puttalam	148	861	0	15	0	11	0	0	0	7	5	172	1	21	0	7	0	4	3	101	8	102	0	14	3	98	0	16	88	100
Anuradhapura	51	462	2	15	0	7	0	1	1	49	1	169	0	21	0	8	0	0	11	335	12	94	16	404	5	144	0	31	90	100
Polonnaruwa	63	435	1	18	0	7	0	2	0	58	9	204	1	7	1	21	0	0	18	282	3	41	8	298	0	46	1	55	85	100
Badulla	115	766	2	31	0	8	0	3	0	12	4	167	1	27	5	101	0	0	19	265	6	178	4	79	6	140	1	13	100	100
Monaragala	91	726	0	12	0	3	0	1	0	5	4	192	1	27	2	39	0	1	3	157	4	60	4	129	1	58	0	13	46	100
Ratnapura	264	3420	0	24	0	6	1	6	0	15	11	575	0	25	0	10	0	0	3	251	4	57	2	115	12	220	0	23	91	100
Kegalle	187	1494	0	33	0	3	0	4	0	24	12	230	0	10	1	10	0	0	28	412	6	58	1	12	13	172	1	6	98	100
Kalmunai	37	677	3	32	0	1	0	1	0	18	3	54	0	1	0	1	0	0	6	341	0	23	0	0	1	63	0	23	100	100
SRILANKA	5828	51707	24	613	3	152	3	85	15	651	157	4484	12	544	12	349	0	6	202	7022	120	1913	75	2125	185	4129	27	611	87.6	100

C**=Completeness;

Total number of reporting units 360

C**=Completeness;

2026.

T*=Timeliness refers to returns received on or before 28th June, 2026.

B = Cumulative cases for the year.

Source: WRCD module of the EPINET.

A = Cases reported during the current week;

Table 2: Selected Vaccine Preventable Diseases & AFP

22nd – 28th June 2026 (26th 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	00	01	00	00	00	00	00	00	00	01	02	73	82	-10.9 %
Measles ³	00	01	00	00	00	00	00	00	01	02	00	17	02	750 %
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	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	00	01	00	00	00	00	00	00	01	00	16	12	33.3 %

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.

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.

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.

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