WEEKLY EPIDEMIOLOGICAL REPORT

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Field Epidemiology Training Programme (FETP) 2025 - Part I

This is the first article of two in a series on "Field Epidemiology Training Programme (FETP) 2025"

Introduction:

In recent years, the global public health landscape has been increasingly disrupted by the frequent emergence and resurgence of infectious disease outbreaks. High-impact diseases such as Ebola, the 2009 H1N1 Influenza pandemic, Nipah virus encephalitis, Avian Influenza strains (H5N1 and H7N9), and severe acute respiratory syndrome (SARS) are just a few examples that illustrate the scale and complexity of this challenge. These outbreaks not only endanger human health but also have wide-ranging socio-economic repercussions.

The interconnected nature of today's world—characterized by rapid international travel, urbanization, and the cross-border flow of goods and people—has significantly accelerated the rate at which infectious diseases can spread. Countries in the South-East Asia Region, including Sri Lanka, are particularly susceptible to such threats due to their geographic and socio-economic contexts.

These recurring public health emergencies highlight the need for resilient surveillance systems that can detect health threats early, report them swiftly, and mount an effective response. To ensure this, the Ministry of Health (MoH) of Sri Lanka bears a crucial responsibility: to maintain a skilled and knowledgeable workforce capable of managing disease surveillance and outbreak response at all levels of the health system.

Having well-trained personnel in field epidemiology is vital for ensuring the timely identification and reporting of notifiable diseases, analysis of health data, and initiation of effective control measures. Officers at both national and subnational levels must be equipped with the competencies required to manage surveillance functions and conduct outbreak investigations with confidence and accuracy. Basic training in field epidemiology serves as a foundation for this critical work and must be accessible to all health staff involved in these areas.

Recognizing this necessity, the Ministry of Health and Mass Media, in collaboration with the World Health Organization (WHO) Country Office in Sri Lanka, has supported capacity-building efforts through regional training opportunities. Selected officials have been sent to attend short-term Field Epidemiology Training Programmes (FETPs) in countries like India and Thailand, typically ranging from one to three months in duration. Additionally, FETP workshops in epidemiology and outbreak investigation have been conducted within Sri Lanka since 1985 to enhance local expertise. It is a residential, in-service training programme for Regional Epidemiologists and Medical Officers of Health and university officials.

Despite these efforts, a significant number of district- and divisional-level public health staff remain without adequate training in field epidemiology. This gap limits their ability to fulfil essential responsibilities related to surveillance and outbreak control. Therefore, Sri Lanka must establish its own sustainable and ongoing basic Field Epidemiology Training Programme. Such a program would help build a strong cadre of public health professionals—particularly new recruits—who are consistently equipped to respond to public health emergencies and contribute to national disease prevention efforts.

The FETP course is designed to strengthen the core competencies of middle-level health professionals, particularly Regional Epidemiologists, MOO Epidemiology and Medical Officers of Health, in the basic principles and practical tools of epidemiology. It aims to enhance their ability to apply these skills effectively in communicable disease surveillance, including the investigation and response to outbreaks.

The training emphasizes practical, field-based problem-solving, equipping participants with the knowledge and tools required to address real-world public health challenges.

Key objectives include building capacity in applied epidemiology, disease surveillance, and outbreak response. Participants will be trained in data analysis and interpretation, with a focus on using Excel for surveillance tasks. The course also seeks to improve the delivery of epidemiological services at all levels of the health system—national, district, and divisional. Additionally, it introduces modern elements such as laboratory methods, AI applications, novel surveillance approaches, event-based verification systems like EIOS, media monitoring, and effective record-keeping to prepare participants for emerging global health dynamics.

By institutionalizing a domestic training initiative, Sri Lanka can strengthen its capacity to detect, assess, and respond to public health threats, thereby protecting the health and well-being of its population more effectively and efficiently.

Methodology

A two-week **Field Epidemiology Training Programme for Middle-Level Health Staff** was conducted at the Epidemiology Unit from **26th May to 6th June 2025.** The training targeted **Regional Epidemiologists** and **Medical Officers of Health (MOHs),** aiming to strengthen their foundational skills in key areas of public health and epidemiology. There were few postgraduate trainees in community medicine too.
The curriculum covered a comprehensive range of topics, including:

- Basic principles of epidemiology
- Disease surveillance systems
- Epidemic preparedness and response
- Outbreak investigation methodologies
- Proper collection, storage, and transportation of laboratory specimens
- Design and implementation of field-based studies
- Institutional and community-level data analysis
- Report writing and presentation skills
- The One Health approach to disease control

Participants received technical updates and the latest scientific knowledge in these areas to ensure alignment with current best practices.

The training followed a blended learning approach, combining **classroom-based instruction** with **practical field experience.** The two-week programme included **visits to a hospital, MOH office, and laboratory,** giving participants valuable hands-on exposure. The following teaching methods were employed:

- Interactive lectures with integrated discussions
- Group activities and participant-led presentations
- Field exercises and surveys
- Real-time data analysis, report development, and plenary presentations

In addition to the core training modules, participants were briefed on recent public health events, including the **leptospirosis outbreak in Jaffna, the Hepatitis outbreak in Polonnaruwa, the Foodborne outbreak in Matale** and the **measles outbreak in 2024.** Regional Epidemiologists shared insights into the control measures initiated, including vaccination campaigns and community interventions.

As part of the group work, participants delivered presentations focusing on **Vaccine-Preventable Diseases (VPDs),** the **completeness of disease surveillance returns,** and **findings from supervisory visits** to MOH offices and hospitals within their respective districts.

This participatory and practice-oriented training model aimed to build the capacity of middle-level public health professionals to effectively manage disease surveillance and outbreak response in their local settings.

Several invited resource persons served as lecturers, including representatives from WHO SEARO, WHO Sri Lanka and provincial and district epidemiologists from the Central Province and Colombo. Consultant Community Physicians (CCPs) who received training through the Field Epidemiology Training Programme (FETP) in India also contributed to the sessions.

Compiled by:
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References:

1. Centers for Disease Control and Prevention (CDC). (2011). Strengthening the nation's public health system through a national field epidemiology training program. U.S. Department of Health and Human Services. https://www.cdc.gov/eis

2. World Health Organization (WHO). (2020). Field epidemiology training programs (FETPs): Building and sustaining a resilient and skilled public health workforce. https://www.who.int/publications/i/item/9789240012068

3. World Health Organization. Joint external evaluation tool: international health regulations (2005). In: Institutional Repository for Information Sharing. 2nd ed: W.H. Organization, Editor; 2018

4. World Health Organization. (2025). South-East Asia Regional roadmap to advance field epidemiology capacities: 2025–2029. WHO Regional Office for South-East Asia.

 To be continued...

Table 1: Selected notifiable diseases reported by Medical Officers of Health 31st–06th June 2025 (23rd Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		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	T*	C**
Colombo	245	5933	1	16	0	3	0	6	0	5	4	224	0	5	0	11	0	0	5	256	2	31	0	1	34	895	**96**	**100**
Gampaha	228	3773	2	25	1	24	0	1	2	65	25	396	0	8	0	7	0	0	16	435	3	73	0	22	39	510	**100**	**100**
Kalutara	68	1138	0	24	0	6	0	10	2	28	16	340	0	1	0	4	0	0	24	446	0	24	0	1	18	270	**89**	**100**
Kandy	126	1664	1	34	0	3	0	4	1	17	5	134	0	29	0	6	0	0	7	231	2	14	0	34	9	336	**96**	**100**
Matale	24	711	0	14	0	1	0	0	1	48	7	120	0	3	1	6	0	0	6	66	1	3	16	127	4	71	**100**	**100**
Nuwara Eliya	9	115	3	39	0	4	0	4	0	45	2	58	1	26	0	0	0	0	5	122	0	10	0	0	6	129	**100**	**100**
Galle	49	955	0	23	0	3	0	1	1	37	27	406	3	40	0	7	0	1	27	384	0	84	0	3	10	232	**70**	**100**
Hambantota	24	430	1	15	0	4	0	0	0	3	6	224	3	17	0	3	0	0	2	185	0	13	6	144	0	64	**100**	**100**
Matara	34	782	1	8	0	2	0	1	0	4	16	250	0	11	1	7	0	0	11	212	2	24	2	57	3	80	**82**	**100**
Jaffna	26	700	2	46	0	2	0	10	2	27	1	119	8	342	0	2	0	1	4	223	0	16	0	0	9	102	**93**	**93**
Kilinochchi	1	61	1	9	0	0	0	4	0	5	2	58	0	11	0	1	0	0	0	3	0	0	0	1	2	27	**100**	**100**
Mannar	3	106	1	5	0	0	0	0	0	2	1	20	1	12	0	0	0	0	0	15	0	12	0	0	2	24	**100**	**100**
Vavuniya	5	47	1	8	0	0	0	1	5	33	2	58	0	7	0	0	0	0	3	26	0	13	1	12	0	25	**100**	**100**
Mullaitivu	4	40	1	5	0	0	0	1	0	23	1	48	0	7	0	0	0	0	1	18	0	5	0	2	0	18	**100**	**100**
Batticaloa	59	1358	2	88	0	11	0	0	38	120	4	65	0	1	0	16	0	0	2	110	2	21	0	1	4	68	**93**	**100**
Ampara	14	127	1	26	0	9	0	0	0	5	10	128	0	2	0	3	0	0	2	90	0	23	0	15	2	30	**86**	**100**
Trincomalee	40	795	2	28	0	2	0	1	0	26	8	100	0	9	0	5	0	0	1	72	0	10	0	3	10	57	**100**	**100**
Kurunegala	43	696	1	27	0	11	0	1	0	25	11	426	0	20	0	3	0	1	7	376	4	77	13	260	5	160	**50**	**100**
Puttalam	17	379	1	13	0	3	0	0	0	5	6	172	0	28	0	1	0	1	2	89	4	52	0	17	0	92	**92**	**100**
Anuradhapura	10	345	1	23	0	6	0	3	1	17	5	267	1	15	0	10	0	0	10	180	0	42	18	348	4	126	**73**	**100**
Polonnaruwa	15	156	0	9	0	3	0	1	0	5	19	167	0	1	0	15	0	0	1	96	0	11	10	184	3	40	**100**	**90**
Badulla	24	388	1	19	0	8	0	3	0	0	2	170	1	16	2	23	0	0	7	215	2	38	1	21	16	143	**100**	**100**
Monaragala	29	460	0	11	0	3	0	0	0	4	11	368	0	23	2	14	0	0	2	79	2	29	5	100	1	56	**56**	**100**
Ratnapura	172	2672	0	73	0	5	0	3	0	22	35	812	0	16	1	7	0	1	8	233	1	62	7	107	3	192	**90**	**100**
Kegalle	54	753	3	42	1	10	0	9	1	28	18	373	1	8	0	9	0	0	20	428	1	56	1	17	14	139	**91**	**100**
Kalmunai	14	255	1	19	1	3	0	0	0	17	3	65	0	1	0	2	0	0	1	88	3	26	0	0	3	65	**85**	**100**
SRILANKA	**133**	**24839**	**28**	**649**	**3**	**126**	**0**	**64**	**54**	**616**	**247**	**5568**	**19**	**659**	**7**	**162**	**0**	**5**	**174**	**4678**	**29**	**769**	**80**	**1477**	**201**	**3951**	**90**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 06th June, 2025 Total number of reporting units 361 Number of reporting units data provided for the current week: 353 C**-Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

31st – 06th June 2025 (23rd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2025	Number of cases during same week in 2024	Total number of cases to date in 2025	Total number of cases to date in 2024	Difference between the number of cases to date in 2025 & 2024
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	0	00	00	00	00	00	28	34	-17.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	02	02	00	00	00	02	01	01	00	08	05	110	133	-17.3 %
Measles	00	00	00	00	00	00	00	00	00	00	01	01	211	-99.5%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	02	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	03	02	50 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	04	01	300 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	05	12	16	-25 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

NA = Not Available

Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.

It is provided free by the MOH office / Public Health Inspectors.

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ON STATE SERVICE

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