



# WEEKLY EPIDEMIOLOGICAL REPORT

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

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## Field Epidemiology Training Programme (FETP) 2025 - Part II

*This is the second article of two in a series on “Field Epidemiology Training Programme (FETP) 2025”*

### Summary of Topics Covered

The Field Epidemiology Training Programme commenced with foundational sessions introducing the principles and value of epidemiology and disease surveillance in national development. Participants were oriented to descriptive epidemiology, including the analysis of disease by time, place, and person, and measures of disease frequency. The programme explored disease causation, modes of transmission, and control strategies, along with practical exercises in calculating disease frequency and preparing presentations. These sessions set the stage for understanding the scope and application of epidemiology in real-world health challenges.

Midway through the programme, the focus shifted to disease surveillance systems and immunization efforts in Sri Lanka. Participants were introduced to the national e-surveillance system and the Expanded Programme on Immunization (EPI), with emphasis on vaccine-preventable diseases, cold chain management, and Adverse Events Following Immunization (AEFI). Additional sessions covered pandemic preparedness and hands-on data analysis using Excel and Google Sheets. Field experiences included hospital and MOH office visits, followed by participant presentations, allowing for contextual learning through real-life observation and reporting.

In the final phase, participants engaged in applied outbreak management training, including report writing, desk reviews, and practical sessions on investigating and managing disease outbreaks. Topics such as leptospirosis, water and foodborne illnesses, zoonotic diseases, and antimicrobial resistance (AMR) were also covered. The programme concluded with sessions on risk communication, public health leadership, and the role of laboratories and middle-level managers in disease control. An evalua-

tion, including a feedback session and post-test, was conducted to assess learning outcomes, with participants’ performance showing an improvement reflecting the overall effectiveness of the training.

### Limitations and Challenges

Despite the comprehensive coverage of core epidemiological topics, the limited duration of the training constrained the ability to delve into advanced epidemiological methods and conduct in-depth, real-time outbreak response simulations.

### Recommendations and Future Directions

#### 1. Strengthening Training Content and Support Mechanisms

To ensure comprehensive learning, future programmes should consider extending the duration of training or incorporating advanced modules. This would allow for more in-depth coverage of complex epidemiological methods and provide adequate time for practical outbreak response simulations. Additionally, implementing a structured follow-up and mentoring system—such as scheduled refresher sessions, field supervision visits, and post-training evaluations—will help reinforce learning, support field application, and track the long-term impact of the training on participants’ professional practice.

#### 2. Suggested Future Activity: Advanced Simulation Workshop

It is recommended to conduct a follow-up workshop focused specifically on real-time outbreak simulation exercises. Using a hands-on, scenario-based approach will not only strengthen the skills acquired during the initial training but also enhance participants’ confidence and preparedness to manage real-world public health emergencies.

1. Field Epidemiology Training Programme (FETP) 2025- Part II	1
2. Summary of selected notifiable diseases reported (07 <sup>th</sup> – 13 <sup>th</sup> June 2025)	
3. Surveillance of vaccine preventable diseases & AFP (07 <sup>th</sup> – 13 <sup>th</sup> June 2025)	3
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### 3. Enhancing Evaluation Methods

To better assess learning outcomes, future programmes should adopt improved evaluation strategies. These should measure both theoretical knowledge and the ability to apply skills in practical settings, ensuring that training effectiveness translates into real-world impact.

All participants expressed highly positive feedback about the two-week Field Epidemiology Training Programme (FETP), highlighting its value in building essential public health skills. The FETP continues to serve as a cornerstone for strengthening health security at both national and regional levels. To sustain and expand its impact, it is crucial to support the programme through strategic investments—well before the emergence of the next public health emergency.

#### Compiled by:

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#### References:

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**Table 1 : Water Quality Surveillance  
Number of microbiological water samples May 2025**

District	MOH areas	No: Expected *	No: Received
Colombo	18	108	0
Gampaha	15	90	4
Kalutara	13	78	79
Kalutara NIHS	2	12	24
Kandy	23	138	13
Matale	13	78	7
Nuwara Eliya	13	78	33
Galle	20	120	133
Matara	17	102	161
Hambantota	12	72	78
Jaffna	14	84	155
Kilinochchi	4	24	35
Mannar	5	30	15
Vavuniya	4	24	18
Mullatvu	6	36	42
Batticaloa	14	84	24
Ampara	7	42	0
Trincomalee	12	72	0
Kurunegala	29	174	30
Puttalam	13	78	5
Anuradhapura	23	138	25
Polonnaruwa	9	54	29
Badulla	16	96	107
Moneragala	11	66	51
Rathnapura	20	120	84
Kegalle	11	66	7
Kalmunai	13	78	0

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 07<sup>th</sup>–13<sup>th</sup> June 2025 (24<sup>th</sup> Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabies		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	279	6212	1	17	1	4	0	6	0	5	8	232	0	5	0	11	0	0	8	264	1	32	0	1	32	927	94	100
Gampaha	207	3980	0	25	0	24	0	1	0	65	24	420	0	8	0	7	0	0	7	442	4	77	0	22	11	521	93	100
Kalutara	74	1212	0	24	0	6	0	10	0	28	9	349	0	1	0	4	0	0	17	463	0	24	0	1	21	291	100	100
Kandy	118	1782	2	36	0	3	1	5	0	17	9	143	2	31	0	6	0	0	5	236	0	14	2	36	6	342	100	100
Matale	17	728	0	14	0	1	0	0	1	49	7	127	0	3	0	6	0	0	3	69	1	4	4	131	3	74	100	100
Nuwara Eliya	17	132	2	41	0	4	0	4	0	45	1	59	4	30	0	0	0	0	8	130	3	13	0	0	7	136	100	100
Galle	44	999	1	24	0	3	0	1	0	37	18	424	2	42	0	7	0	1	11	395	6	90	0	3	8	240	85	100
Hambantota	15	445	1	16	0	4	0	0	0	3	5	229	2	19	0	3	0	0	3	188	0	13	7	151	0	64	100	100
Matara	70	852	0	8	0	2	0	1	0	4	7	257	0	11	0	7	0	0	5	217	0	24	0	57	2	82	100	100
Jaffna	25	725	1	47	0	2	0	10	3	30	0	119	6	348	0	2	0	1	6	229	0	16	0	0	4	106	100	93
Kilinochchi	2	63	1	10	0	0	0	4	0	5	1	59	0	11	0	1	0	0	1	4	0	0	0	1	2	29	100	100
Mannar	2	108	0	5	0	0	0	0	0	2	0	20	1	13	0	0	0	0	1	16	0	12	0	0	0	24	100	100
Vavuniya	2	49	0	8	0	0	0	1	3	36	1	59	0	7	0	0	0	0	1	27	0	13	0	12	2	27	100	100
Mullaitivu	2	42	0	5	0	0	0	1	0	23	0	48	0	7	0	0	0	0	1	19	0	5	0	2	0	18	100	100
Batticaloa	30	1388	0	88	0	11	0	0	1	121	3	68	0	1	0	16	0	0	7	117	3	24	0	1	3	71	100	100
Ampara	7	134	2	28	0	9	0	0	3	8	2	130	0	2	0	3	1	1	5	95	0	23	1	16	1	31	100	100
Trincomalee	16	811	0	28	0	2	0	1	1	27	3	103	0	9	0	5	0	0	1	73	0	10	0	3	0	57	100	100
Kurunegala	68	764	0	27	1	12	0	1	0	25	13	439	1	21	1	4	0	1	17	393	4	81	18	278	6	166	63	100
Puttalam	10	389	4	17	0	3	0	0	0	5	3	175	0	28	0	1	0	1	1	90	0	52	1	18	0	92	92	100
Anuradhapura	7	352	0	23	0	6	0	3	0	17	4	271	0	15	0	10	0	0	3	183	0	42	26	374	10	136	64	100
Polonnaruwa	12	168	0	9	0	3	0	1	1	6	12	179	0	1	1	16	0	0	2	98	0	11	8	192	2	42	100	90
Badulla	24	412	0	19	0	8	0	3	2	2	7	177	0	16	0	23	0	0	8	223	4	42	1	22	6	149	100	100
Monaragala	26	486	1	12	0	3	0	0	0	4	7	375	0	23	0	14	0	0	2	81	1	30	2	102	4	60	100	100
Ratnapura	145	2817	2	75	0	5	0	3	0	22	33	845	1	17	0	7	0	1	5	238	1	63	1	108	10	202	85	100
Kegalle	46	799	0	42	0	10	0	9	0	28	20	393	0	8	0	9	0	0	16	444	2	58	1	18	0	139	100	100
Kalmunai	4	259	0	19	1	4	0	0	1	18	1	66	0	1	0	2	1	1	1	89	1	27	0	0	3	68	92	100
<b>SRILANKA</b>	<b>1269</b>	<b>26108</b>	<b>18</b>	<b>667</b>	<b>3</b>	<b>129</b>	<b>1</b>	<b>65</b>	<b>16</b>	<b>632</b>	<b>198</b>	<b>5766</b>	<b>19</b>	<b>678</b>	<b>2</b>	<b>164</b>	<b>2</b>	<b>7</b>	<b>145</b>	<b>4823</b>	<b>31</b>	<b>800</b>	<b>72</b>	<b>1549</b>	<b>143</b>	<b>4094</b>	<b>95</b>	<b>99</b>

Source: Weekly Returns of Communicable Diseases ([esurveillance.avid.gov.lk](http://esurveillance.avid.gov.lk)). T=Timeliness refers to returns received on or before 13<sup>th</sup> June, 2025 Total number of reporting units 361 Number of reporting units data provided for the current week: 360 C\*\*=Completeness  
A = Cases reported during the current week, B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

07<sup>th</sup> – 13<sup>th</sup> June 2025 (24<sup>th</sup> 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	01	00	00	00	01	01	01	00	06	06	116	139	-16.5 %
Measles	00	00	00	00	00	00	00	00	00	00	01	01	212	-99.5%
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	02	-50%
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	01	03	03	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	04	01	300 %
Whooping Cough	00	00	00	00	01	00	00	00	00	00	02	12	18	-33.3 %

### 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.**

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, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to [chepid@sltnet.lk](mailto:chepid@sltnet.lk). **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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