



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Vol. 53 No. 01

29th Dec– 04th Jan 2026

Flashback 2025: Digital and Strategic Evolution of the Epidemiology Unit

This is the first article of two in a series on “Flashback 2025: Digital and Strategic Evolution of the Epidemiology Unit”

The year 2025 marked a transformative phase for the Epidemiology Unit, characterized by strategic modernization, digital integration, and strengthened multisectoral collaboration. Building upon the resilience and institutional transformation initiated in preceding years, the Unit advanced its mandate as the national authority for communicable disease surveillance, outbreak response, and immunization governance.

1. Disease Surveillance and Outbreak Management

Timely, complete, and quality surveillance data remain the foundation of communicable disease prevention and control. In 2025, the national **e-Surveillance** system achieved near 100% timeliness and completeness across all 364 Medical Officer of Health (MOH) divisions. This milestone reflects strengthened reporting discipline, improved digital data capture, and continuous supervisory oversight.

A. Chikungunya: Outbreak and Response, Sri Lanka 2025

In 2025, Sri Lanka experienced outbreaks of chikungunya affecting multiple districts across urban, semi-urban, and rural settings. Initial clustering was observed in Colombo, Gampaha, and Kandy districts, with subsequent geographic spread including Jaffna, temporally associated with monsoon rainfall patterns. Adults aged 41–60 years were disproportionately affected, with a slight female predominance.

Outbreak confirmation was established through laboratory testing at the Medical Research Institute using RT-PCR and IgM/

IgG ELISA methodologies. Standardized national guidelines covering surveillance case definitions, laboratory algorithms, and phase-specific clinical management were disseminated to ensure uniform, evidence-based case management.

Response activities were closely integrated with existing dengue control programmes, recognizing shared *Aedes* vectors. Interventions included:

- Intensified source reduction and environmental management
- Targeted fogging in high-transmission clusters
- Community mobilization for household-level vector control
- Strengthened entomological surveillance
- Promotion of personal protective measures

A sentinel and event-based surveillance mechanism, supported by an online notification platform, enabled early detection, systematic reporting, and rapid field investigation. Weekly hospital reporting of inpatient and outpatient cases provided additional situational awareness. The outbreak underscored Sri Lanka’s vulnerability to Aedes-borne diseases and reinforced the imperative for climate-sensitive preparedness, vector integration strategies, and community participation.

B. Measles Control and Elimination Efforts

Measles control in 2025 was guided by a comprehensive elimination-oriented framework integrating immunization, surveillance strengthening, behavioural science, and advocacy. A special Measles-Rubella (MR) campaign was conducted to address historical immunity gaps among young adults in high-risk occupational and congregate settings, including healthcare workers, tri-forces, police personnel, ports of entry staff, prisoners, and higher education institutions.

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1. Flashback 2025: Digital and Strategic Evolution of the Epidemiology Unit - I	1
2. Summary of distribution of notified diseases reported by MOH (20 th – 26 th Dec 2025)	3
3. Surveillance of vaccine preventable diseases & AFP (20 th – 26 th Dec 2025)	4

**The WRCD reporting week was revised from Saturday–Friday to Monday–Sunday to align with international epidemiological week standards

Surveillance systems were strengthened through revision of case-based investigation formats and updating the “Notification of Patient with Fever & Maculo-Papular Rash” (Blue Form) to capture detailed immunization histories, travel exposure, and epidemiological linkage information. Existing guidelines on measles, rubella, congenital rubella syndrome (CRS), and outbreak management were revised to reflect emerging programmatic needs.

A pivotal qualitative study conducted by the Department of Sociology, University of Colombo, identified root causes of vaccine hesitancy within selected communities. Evidence-informed interventions included:

- Training of “Master Trainers” in interpersonal communication
- Development of culturally contextualized IEC materials (mini booklets, flashcards, animated videos)
- Establishment of Vaccine Acceptance Support Teams (VASTs) at district and MOH levels
- Engagement of medical students as community facilitators
- Cascade-style advocacy involving religious leaders

These targeted interventions contributed to the interruption of endemic measles transmission, with no endemic cases reported after January 2025—representing a significant public health milestone.

C. Leptospirosis and the One Health Approach

Following record-high caseloads in 2024, leptospirosis prevention and control were prioritized in 2025. Seasonal peaks persisted during monsoon periods; however, the introduction of a climate-sensitive Early Warning System (EWS) facilitated anticipatory prophylaxis distribution in high-risk districts such as Rathnapura and Kalutara.

Updated Health and Emergency Response Guidelines were issued for flood-prone regions, focusing on prophylaxis protocols, early diagnosis, laboratory strengthening, and community risk communication. In late November–early December 2025, Cyclone Ditwa triggered widespread flooding and landslides, disrupting services and increasing leptospirosis risk. The Epidemiology Unit coordinated a national response that included:

- Intensified surveillance and rapid case investigation
- Expanded laboratory diagnostic capacity
- Strengthened clinical management guidance
- Risk communication and community outreach
- Maintenance of vaccine cold-chain integrity

Operational continuity was ensured with support from UNICEF Sri Lanka and the World Health Organization.

In alignment with Joint External Evaluation (JEE) recommendations, a national One Health Steering Committee was operationalized, with meetings held in March and December 2025. Intersectoral zoonotic disease data-sharing mechanisms were formalized. Additionally, the National Water Quality Surveillance Steering Committee was re-established; district-level coordination committees were

formed; two new water quality laboratories were commissioned; and digitalization of ground-level water quality monitoring commenced.

D. Influenza Surveillance

Influenza surveillance was maintained through 19 sentinel hospitals nationwide. In 2025:

- Influenza-like Illness (ILI) accounted for approximately 6.0% of total OPD visits (compared to 6.7% in 2024).
- Severe Acute Respiratory Illness (SARI) surveillance in five sentinel sites showed SARI accounting for 6.9% of midnight admissions, compared to 9.3% in 2024.

These findings informed policy deliberations regarding seasonal influenza vaccination strategies and respiratory preparedness planning.

E. Pertussis (Whooping Cough)

A total of 17 cases of pertussis were notified in 2025, predominantly from Gampaha and Kalutara districts. Fourteen cases occurred among infants aged 0–1 year, highlighting vulnerability among partially immunized cohorts. The epidemiological profile reinforced the importance of maintaining high routine immunization coverage and timely booster administration.

F. Rabies Elimination Initiatives

The Epidemiology Unit intensified its leadership role in rabies elimination, aligned with the global target of zero human rabies deaths by 2030.

Key achievements included:

- Conducting comprehensive national programme reviews
- Coordinating a Joint External Review in collaboration with the World Health Organization and the World Organisation for Animal Health
- Revising the National Rabies Post-Exposure Prophylaxis (PEP) Guideline to align with updated scientific evidence
- Developing a user-friendly PEP manual with clinical algorithms and quick-reference tools
- Producing standardized IEC materials on wound washing, responsible pet ownership, and dog vaccination
- Expanding risk communication via social media and short educational videos
- Collaborating with the Global Alliance for Rabies Control and BetaSea
- Drafting the National Strategic Plan for Rabies Elimination

These initiatives strengthened multisectoral coordination under a One Health framework and enhanced clinical decision-making at all levels.

**Compiled by:
The Editor**

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

20th-26th Dec 2025 (52nd Week)

RDHS	Dengue		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus Fev.		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	388	12062	2	40	1	22	0	15	1	84	44	516	0	6	2	35	0	0	14	622	1	83	0	6	43	2055	5	249	100	100
Gampaha	259	7739	2	54	1	40	0	6	1	162	31	897	0	12	0	20	0	0	14	871	7	213	2	48	21	1160	2	154	100	100
Kalutara	85	2567	0	48	0	8	0	20	1	107	16	652	0	4	0	8	0	0	10	903	1	54	0	4	0	576	4	124	73	94
Kandy	86	4398	2	57	0	4	0	8	1	80	16	347	0	52	3	15	0	0	7	669	0	28	4	81	16	647	1	38	61	100
Matale	30	1285	0	28	0	3	0	2	0	94	6	323	0	7	0	10	0	0	1	153	0	10	3	402	2	150	1	19	85	100
Nuwara Eliya	15	361	0	99	0	7	0	8	2	104	12	221	1	64	0	10	0	0	8	355	0	41	0	0	3	284	0	8	85	100
Galle	88	2358	1	64	1	14	0	11	3	110	13	937	2	87	1	16	0	3	14	844	2	181	0	4	4	526	0	58	90	100
Hambantota	49	1003	3	51	1	9	0	2	0	46	6	383	1	34	0	17	0	0	5	398	1	38	4	350	1	140	0	41	100	100
Matara	69	1718	0	18	0	4	0	1	0	27	7	487	0	19	0	24	0	1	25	553	1	58	4	142	2	175	0	61	100	100
Jaffna	54	1595	1	104	1	5	0	21	0	52	14	231	3	551	0	5	0	2	2	350	0	45	0	2	5	222	0	22	93	93
Kilinochchi	4	127	0	18	0	1	0	4	0	7	3	99	0	15	0	6	0	0	0	14	0	1	0	2	0	46	0	4	100	100
Mannar	2	190	0	6	0	0	0	1	0	3	1	50	1	22	0	2	0	1	0	19	0	15	0	9	0	49	0	8	100	100
Vavuniya	4	93	0	13	0	1	0	1	0	56	2	125	0	10	0	0	0	0	0	51	0	27	1	22	1	64	0	8	100	100
Mullaitivu	0	68	0	11	0	0	0	1	0	27	3	73	0	10	0	1	0	0	0	33	0	8	1	9	3	40	0	7	83	100
Batticaloa	15	1799	5	145	0	19	0	5	0	206	9	146	1	5	3	33	0	0	8	220	1	41	0	1	2	140	6	171	100	100
Ampara	7	285	2	71	0	12	0	3	1	46	9	275	0	4	0	14	0	1	13	277	3	67	1	26	4	72	0	31	71	100
Trincomalee	18	1070	2	49	0	4	0	2	0	79	5	157	0	9	0	7	0	1	2	153	0	14	0	10	2	140	0	27	100	100
Kurunegala	37	1621	0	48	0	20	0	2	0	76	27	869	3	39	1	13	0	2	7	927	4	189	17	630	1	394	2	89	75	100
Puttalam	25	729	0	43	0	5	1	2	0	16	34	391	1	41	1	5	0	1	1	164	4	119	0	35	15	201	2	48	77	100
Anuradhapura	23	581	1	37	0	10	0	3	0	46	23	460	2	29	0	12	0	2	4	331	4	73	3	765	5	304	0	53	62	100
Polonnaruwa	14	396	0	19	0	9	0	3	2	153	27	370	0	1	0	25	0	0	27	296	3	40	18	517	6	106	2	78	100	90
Badulla	28	861	1	43	0	15	0	4	0	11	15	342	2	47	3	93	0	1	10	440	1	88	2	88	7	281	1	30	94	100
Monaragala	22	877	0	39	0	6	0	1	0	19	17	610	1	41	2	66	0	0	2	263	1	64	6	258	5	152	0	9	91	100
Ratnapura	59	4728	0	112	1	12	0	4	1	75	38	1626	2	36	0	23	0	2	6	473	2	111	1	257	15	410	3	69	85	100
Kegalle	42	1541	2	63	1	16	0	10	1	48	35	897	0	15	0	26	0	0	15	949	2	130	3	39	4	298	0	19	82	100
Kalmunai	20	449	0	58	0	9	0	0	1	56	2	122	0	2	1	8	0	1	11	357	1	65	0	1	3	160	0	38	100	92
SRI LANKA	144	50501	24	1338	7	255	1	140	15	1790	415	11606	20	1162	17	504	0	18	206	10685	39	1803	70	3708	170	8792	29	146	89	99

Source: WRCD module of the EPINET. T*=Timeliness refers to returns received on or before 26th Dec, 2025. Total number of reporting units 360. Data provided for the current week: 354. A = Cases reported during the current week; B = Cumulative cases for the year. C**= Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP

20th – 26th Dec 2025 (52nd 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 ¹	01	00	02	00	01	00	00	00	00	04	04	69	76	-7.9%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps ²	00	01	01	00	04	01	00	00	00	07	07	264	282	-6.3 %
Measles ³	00	00	00	00	00	00	00	00	00	00	00	01	297	-99.6%
Rubella ³	00	00	00	00	00	00	00	00	00	00	00	04	02	-100%
CRS ²	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tetanus ²	00	01	00	00	00	00	00	00	00	01	00	14	05	180 %
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	00	04	14	-71.4 %
Whooping Cough ²	00	00	00	00	00	00	00	00	00	00	01	30	72	-58.3 %

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

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.

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. The Epidemiology Unit should be formally acknowledged in all resulting publications as the primary data source.

ON STATE SERVICE

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