



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Flashback 2025: Digital and Strategic Evolution of the Epidemiology Unit

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

2. National Immunization Programme (NIP)

The National Immunization Programme remained the central pillar of vaccine-preventable disease control in Sri Lanka.

EPI Coverage Survey 2025

A comprehensive coverage survey was conducted in Colombo District beginning in November 2025 to validate administrative data and assess private-sector contributions. The survey generated district-specific evidence to inform micro-planning and address equity gaps.

EPI and VPD Reviews

All districts underwent systematic EPI/VPD reviews assessing coverage, service quality, cold-chain integrity, data quality, and supervision mechanisms. Identified bottlenecks were addressed through targeted corrective action plans, supported by quarterly review meetings with Regional Epidemiologists.

Adverse Events Following Immunization (AEFI)

All reported serious AEFIs, including deaths temporally associated with immunization, were fully investigated. Formal causality assessments were conducted by the National AEFI Expert Committee, and findings informed corrective and preventive actions to maintain public confidence and programme safety.

3. Major Summits and Strategic Reports National Immunization Summit 2025

The 4th National Immunization Summit was held on March 28, 2025, at the Bandaranaike Memorial International Conference Hall. The summit reviewed the national immunization schedule and deliberated the potential introduction of pneumococcal, seasonal influenza, and meningococcal vaccines. Over 175 delegates—including policymakers, clinicians, researchers, and international partners (WHO, UNICEF, Gavi, UNFPA)—participated.

The summit’s technical report, launched on August 18, 2025, provides a strategic immunization roadmap through 2030.

Field Epidemiology Capacity

A National Action Plan for Field Epidemiology was finalized during an October 2025 stakeholder workshop. The Unit also participated in Regional International Health Regulations (IHR) simulation exercises to assess emergency preparedness and compliance.

4. Digital Health Transformation

Digital integration was a defining feature of 2025.

EPINET: Integrated Digital Platform

EPINET, developed on the DHIS2 open-source platform by the Unit’s Health Informatics Team, consolidated surveillance and immunization data streams.

Key modules included: Immunization Module

- Monthly clinic and school reporting
- Aggregate AEFI reporting
- Digital management of the MR supplementary campaign

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

Field Disease Surveillance

- Weekly Return of Communicable Diseases (WRCD) was piloted and scaled nationally.
- Digitalization of the field investigation form (H411a)
- Island-wide training completed by December 2025

Hospital Data Integration

- Weekly chikungunya hospital reporting
- Integration with eIMMR for infectious disease case transfer

Disaster Surveillance

- ICNO daily reporting of priority notifiable diseases during floods

Additional innovations included the Vaccine Logistics Management System (LMS), digitalization of the EPI Coverage Survey tools, chikungunya reporting collaboration with private hospitals, and piloting the National Water Quality Management Information System (WQMIS) in Galle District.

5. External Evaluations and Capacity Building

In September 2025, international expert missions were conducted:

- An Integrated Disease Surveillance and Response (IDSR) evaluation
- A Rabies External Evaluation

The Field Epidemiology Training Programme (FETP) delivered a two-week intensive course for Regional Epidemiologists and Medical Officers, incorporating artificial intelligence applications in surveillance analytics.

6. Regular Publications and Risk Communication

The Weekly Epidemiological Report (WER) continued uninterrupted dissemination of real-time district-level data on notifiable diseases, including dengue, typhus, leptospirosis, and respiratory infections. Updated media releases and technical guidance on COVID-19 and other respiratory pathogens were issued as part of routine surveillance.

Conclusion

The year 2025 represents a pivotal chapter of digital and strategic evolution for the Epidemiology Unit. By integrating digital health platforms, strengthening surveillance architecture, advancing immunization governance, reinforcing One Health coordination, and engaging international evaluation mechanisms, the Unit has enhanced Sri Lanka’s capacity to anticipate, detect, and respond to public health threats.

Through evidence-based policy development, multisectoral collaboration, and sustained field engagement, the Epidemiology Unit has positioned itself to meet emerging epidemiological challenges of the latter half of the decade with resilience, accountability, and scientific rigour.

**Compiled by:
The Editor**



National Action Plan for Field Epidemiology 2025



Launching of the NIS Report - 2025

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

29th-04th Jan 2025 (01st Week)

RDHS	Dengue Fever		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	434	434	1	1	0	0	0	0	0	0	0	11	11	0	0	0	0	0	0	12	12	0	0	0	0	25	35	18	18	97	100
Gampaha	305	305	1	1	0	0	0	0	0	0	32	32	0	0	1	1	0	0	15	15	9	9	0	0	18	27	2	2	84	100	
Kalutara	116	116	1	1	0	0	1	1	1	1	8	8	0	0	0	0	0	0	21	21	0	0	0	0	32	3	2	2	94	100	
Kandy	91	91	0	0	0	0	0	0	0	0	13	13	0	0	0	0	0	0	19	19	2	2	2	2	13	57	1	1	100	100	
Matale	32	32	0	0	0	0	0	0	0	0	15	15	0	0	0	0	0	0	2	2	1	1	9	9	3	0	0	0	89	95	
Nuwara Eliya	7	7	2	2	0	0	0	0	0	0	3	3	2	2	1	1	0	0	2	2	5	5	0	0	6	10	1	1	87	100	
Galle	63	63	1	1	0	0	0	0	2	2	16	16	2	2	0	0	0	0	17	17	2	2	0	0	8	18	1	1	95	100	
Hambantota	60	60	2	2	0	0	0	0	0	0	9	9	0	0	1	1	0	0	8	8	2	2	2	2	3	6	3	3	90	100	
Matara	79	79	0	0	0	0	0	0	4	4	6	6	0	0	0	0	0	0	19	19	1	1	3	3	3	11	0	0	81	100	
Jaffna	64	64	2	2	1	1	0	0	0	0	13	13	14	14	0	0	0	0	6	6	1	1	0	0	6	0	2	2	92	100	
Kilinochchi	2	2	0	0	0	0	0	0	0	0	3	3	0	0	1	1	0	0	0	0	0	0	0	0	0	4	0	0	93	100	
Mannar	2	2	0	0	0	0	0	0	0	0	4	4	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	0	94	100	
Vavuniya	3	3	2	2	0	0	1	1	0	0	3	3	1	1	0	0	0	0	0	0	0	0	0	0	0	2	1	0	100	100	
Mullaitivu	1	1	1	1	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	96	100	
Batticaloa	18	18	5	5	0	0	0	0	0	0	7	7	0	0	0	0	0	0	2	2	0	0	0	0	2	1	1	1	94	100	
Ampara	10	10	6	6	0	0	0	0	0	0	7	7	0	0	0	0	0	0	4	4	1	1	1	1	0	1	0	0	97	100	
Trincomalee	15	15	0	0	0	0	0	0	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	3	4	0	0	93	100	
Kurunegala	36	36	0	0	0	0	0	0	10	10	11	11	2	2	0	0	0	0	22	22	5	5	9	9	6	7	2	2	94	100	
Puttalam	21	21	3	3	1	1	0	0	0	0	27	27	1	1	0	0	1	1	3	3	0	0	0	0	4	13	0	0	93	100	
Anuradhapura	23	23	0	0	0	0	0	0	2	2	14	14	1	1	0	0	0	0	5	5	0	0	0	0	5	2	1	1	62	100	
Polonnaruwa	14	14	1	1	0	0	0	0	3	3	9	9	0	0	0	0	0	0	10	10	0	0	18	18	2	0	3	3	95	98	
Badulla	25	25	2	2	0	0	0	0	0	0	10	10	1	1	5	5	0	0	6	6	1	1	5	5	3	4	0	0	91	100	
Monaragala	16	16	1	1	0	0	0	0	0	0	11	11	0	0	2	2	0	0	14	14	0	0	4	4	1	3	0	0	82	100	
Ratnapura	63	63	0	0	0	0	1	1	2	2	27	27	1	1	0	0	0	0	4	4	0	0	2	2	7	8	3	3	93	99	
Kegalle	54	54	0	0	1	1	0	0	2	2	13	13	0	0	1	1	0	0	17	17	1	1	0	0	8	12	0	0	82	99	
Kalmunai	15	15	2	2	0	0	0	0	0	0	1	1	0	0	0	0	0	0	20	20	0	0	0	0	2	7	1	1	98	100	
SRILANKA	1569	1569	33	33	3	3	3	3	28	28	275	275	25	1525	12	12	1	1	228	228	32	32	65	65	163	163	42	1442	91	100	

Source: WRCD module of the EPINET. T*=Timeliness refers to returns received on or before 04th Jan, 2026. Total number of reporting units 360. Data provided for the current week: 350. C**=Completeness; A = Cases reported during the current week; B = Cumulative cases for the year.

Table 2: Selected Vaccine Preventable Diseases & AFP

29th – 04th Dec 2025 (01st 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	02	00	01	01	00	00	00	00	00	04	02	04	02	100%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps ²	00	01	00	00	00	01	00	00	00	02	05	02	05	-60 %
Measles ³	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
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	00	00	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	00	00	00	0 %
Whooping Cough ²	01	00	00	00	00	00	00	00	00	01	01	01	01	0 %

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.

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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