WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health & Mass Media

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Establishing Event Based Surveillance in Epidemiology Unit, Sri Lanka

Introduction

The International Health Regulations (IHR, 2005) identify the timely detection, reporting and response to events with potential public health impact as core surveillance capacities. Moving beyond the routine notification of infectious diseases, the IHR call for surveillance of public health events arising from a wide range of hazards, including biological, chemical, radiological, nuclear and unknown threats. As a State Party to the IHR, Sri Lanka is committed to strengthening its national capacity to detect, assess, notify and respond promptly to acute public health events that may pose risks to human health.

Public health surveillance serves two key objectives: monitoring morbidity and mortality trends to guide disease control programmes and resource allocation and enabling the rapid detection of public health events to support timely response and containment. Early detection is operationalized through the Early Warning and Response (EWAR) framework, which draws on information from multiple sources to inform public health action. Within this framework, epidemic intelligence refers to the systematic collection, analysis and communication of information derived from both indicator-based and event-based surveillance, with the objective of detecting, verifying, assessing and responding to health threats at the earliest possible stage.

Event-Based Surveillance (EBS) plays a critical role within epidemic intelligence by capturing signals of potential public health concern that may not be detected through routine indicator-based systems. By adopting an all-hazards approach and integrating One Health principles, EBS complements existing surveillance mechanisms and strengthens national preparedness for epidemics and pandemics. It enables the early identification of unusual events, clusters, rumours and emerging threats through multisectoral collaboration across public and private sectors.

Sri Lanka currently lacks a fully developed national EBS system. Strengthening EBS is therefore a strategic priority to enhance early detection and response capacity. A robust EBS system should integrate signals from healthcare workers, communities, laboratories and media sources into a unified platform capable of identifying unusual public health events in real time and facilitate verification, risk assessment and rapid response. At the global level, the World Health Organization promotes the Epidemic Intelligence from Open Sources (EIOS) initiative, which facilitates collaborative use of open-source surveillance data. Establishing a strong national EBS system is a prerequisite for Sri Lanka's future participation in the global EIOS ecosystem.

In this context, the Epidemiology Unit plans to initiate phased implementation of Event-Based Surveillance from 1 January 2026, beginning within the Unit and progressively expanding to community settings, healthcare facilities, schools, laboratories, the animal and environmental health sector and media-based sources.

Sources of Information

The national EBS system will draw signals from a wide range of sources including data from medical professionals, community observations and the vast landscape of social and traditional media, the national EBS system ensures that no potential health threat goes unnoticed, no matter where it first emerges. In medical settings, information will be collected from government and private healthcare facilities, outpatient and inpatient records, emergency treatment units, MOH offices, laboratory notifications, Health Information System alerts and sentinel surveillance sites. Reports from allied health professionals including Public Health Inspectors, Public Health Midwives, Medical Laboratory Technologists, Public Health Nursing Sisters and Environmental Health Officers will also contribute to signal detection, alongside inputs from professional bodies.

Community-based sources will include community leaders, school health teachers, religious leaders, non-governmental and community-based organizations, volunteers and essential public services such as transport, waste management, water supply, disaster management authorities and local government institutions. Media and open-source information including television and radio broadcasts, print and online newspapers, digital news portals, social media platforms and official press releases will be

systematically monitored. Additional inputs will be obtained from the animal health sector, food safety authorities, environmental and chemical monitoring agencies, meteorological services and international alert platforms such as WHO and EIOS.

Objectives

To establish a unified, AI-enhanced surveillance framework that integrates medical, community and media-based signals to accelerate the detection and response to public health events, while aligning Sri Lanka with the WHO's global EIOS surveillance network.

Process and Implementation

Capacity building served as the cornerstone of the EBS implementation. All Epidemiology Unit staff involved in the system successfully completed the WHO EIOS Version 2 training, with ongoing proficiency maintained through regular refresher sessions.

The EBS system will consist of three core detection components: media-based scanning, healthcare worker reporting and community reporting. Media-based scanning will be supported by an automated EBS portal capable of continuous monitoring of digital media sources with AI-based filtering and prioritization. Healthcare worker reporting will be facilitated through a dedicated hotline, WhatsApp, web-based forms, email, messaging platforms and professional networks, with guidance provided on events requiring urgent reporting, including unusual clusters and increased absenteeism. Community reporting will be enabled through public hotlines, community volunteers, MOH offices and social media channels, supported by targeted awareness campaigns.

Structured partnerships will be established with public and private laboratories, universities, research institutions, animal health networks and professional associations to ensure efficient information flow into the central EBS system. All detected signals will be documented in a standardized, shareable rumour register and subjected to systematic triage and verification by the EBS surveillance team. Verification will involve de-duplication, cross-checking with existing surveillance systems, consultation with regional health authorities, laboratories and where necessary, rapid field confirmation.

Once verified, signals will undergo rapid risk assessments to evaluate their severity, likelihood of spread and potential public health impact, with all findings documented using standardized templates. The EBS focal point maintains daily logs of detected signals and verification outcomes, ensuring that high-risk events are immediately escalated to the relevant consultant focal points.

For events assessed as significant, appropriate response actions will be activated, including notification of regional health authorities, multisectoral coordination, field investigations, laboratory testing and risk communication. EBS response processes will be fully integrated into existing outbreak investigation and response workflows to ensure timely and coordinated action. Summary reports and analytics for each verified event are available to the Chief Epidemiologist and other authorized authorities.

Linkage with WHO EIOS

The newly established national EBS system serves as a strategic cornerstone for Sri Lanka's integration into the WHO EIOS global collaboration. Upon reaching full operational capacity, verified open-source signals will be shared with the global platform in alignment with WHO guidelines. This partnership reinforces our commitment to collective health security and ensures that Sri Lanka contributes vital data to the global epidemic intelligence landscape.

The diagram outlines the Rumour Register System Architecture utilized by the Sri Lanka Epidemiology Unit for its Event -Based Surveillance (EBS) program. This system serves as an organized framework for capturing unofficial public health signals such as reports of unusual health events or deaths and converting them into actionable data to prevent disease outbreaks. The architecture follows a linear, five-stage progression that ensures every report is vetted, acted upon and properly closed.

The process begins with Data Sources, where potential health "rumours" are gathered through three main channels: media scanning by the IT Unit, community information via a dedicated telephone hotline/WhatsApp and field information from healthcare staff or medical students. All this incoming information is funneled into the Rumour Register System, a centralized database that uses a dashboard to manage and store every record, ensuring that no signal is lost during the reporting phase.

Once a rumour is registered, it moves to the Triage and Assessment phase managed by the EBS Unit. Here, EBS Focal Point or the Medical Officer reviews new entries to determine their credibility and potential risk. If a report is found to be false or irrelevant, it is marked as discarded; however, if it poses a legitimate public health concern, it is officially assigned to a focal point for further intervention.

The operational core of the system is the Action and Response phase, led by Focal point Consultant Epidemiologists. At this stage, health experts take specific public health actions such as field investigations or sample collection and log their activities directly into the system. Finally, the process concludes with Closure, where the EBS Unit follows up on the actions taken to ensure the threat has been mitigated before officially marking the event as resolved. This structured approach allows the Sri Lanka Epidemiology Unit to respond rapidly to emerging threats before they escalate into larger epidemics.

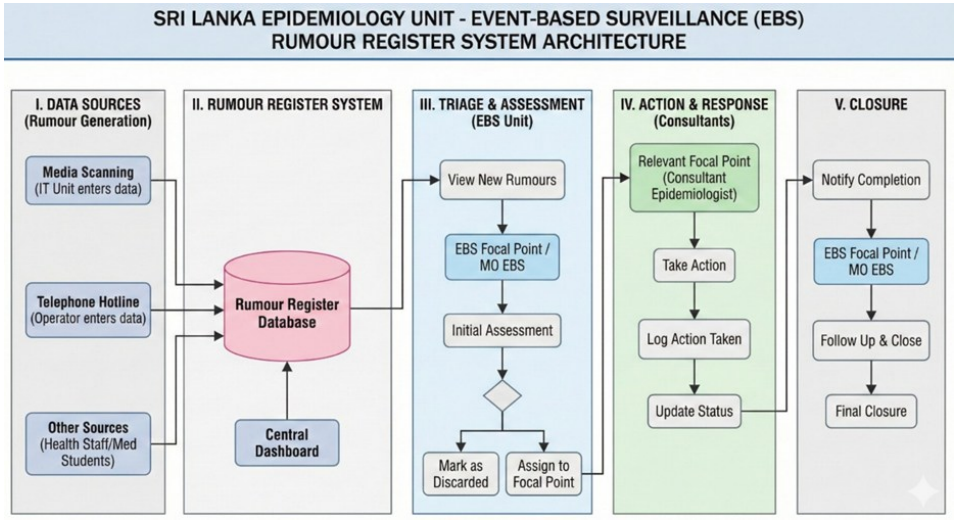

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Table 1: Distribution of Notified Diseases reported by Medical Officers of Health 26th – 01st Feb 2026 (05th Week)

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	447	2514	1	2	0	1	2	4	2	4	46	86	0	0	0	0	0	0	28	82	2	6	0	0	35	163	2	29	99	**100**
Gampaha	191	1297	1	8	2	3	0	0	0	4	18	96	0	2	0	1	0	0	19	79	5	36	1	2	17	112	1	10	100	**100**
Kalutara	101	522	0	5	0	0	0	2	1	2	13	50	0	0	0	0	0	0	20	83	3	7	0	0	7	61	6	15	99	**100**
Kandy	56	403	3	6	0	0	0	1	1	4	1	39	2	6	0	5	0	0	25	65	1	5	0	3	11	69	0	2	100	**100**
Matale	43	170	0	0	1	1	0	0	0	0	5	45	0	1	1	3	0	0	2	28	0	3	11	70	1	13	0	1	98	**100**
Nuwara Eliya	13	54	1	6	0	0	0	0	0	2	9	39	3	7	1	4	0	0	6	43	3	13	0	0	3	22	0	1	98	**100**
Galle	116	584	0	1	1	2	0	0	3	10	16	85	1	8	1	3	0	0	23	100	4	17	0	1	4	32	0	6	99	**100**
Hambantota	52	355	0	13	0	0	0	0	0	1	6	33	0	4	1	2	0	0	9	39	0	7	14	37	4	15	1	5	98	**100**
Matara	148	678	0	1	0	1	0	0	0	6	6	34	0	3	1	2	0	0	16	91	0	2	4	19	0	18	1	2	88	**100**
Jaffna	51	242	4	8	0	1	1	7	0	2	2	27	13	64	0	0	0	0	10	51	1	3	0	0	4	21	0	2	90	**100**
Kilinochchi	5	14	1	1	0	0	0	0	0	0	3	11	4	5	0	2	0	0	0	11	0	0	0	0	0	3	0	0	100	**100**
Mannar	3	11	0	0	0	1	0	0	0	0	2	11	0	0	0	0	0	0	2	14	0	1	0	2	0	3	1	1	100	**100**
Vavuniya	5	20	0	3	0	0	0	1	0	0	1	13	0	2	0	0	0	0	0	12	0	3	2	3	5	11	0	0	96	**100**
Mullaitivu	3	20	0	2	0	0	0	0	0	1	0	6	0	0	0	1	0	0	0	0	0	1	0	2	2	3	1	3	100	**100**
Batticaloa	58	183	2	12	0	1	0	0	7	11	3	28	0	0	0	3	0	0	3	34	0	3	0	0	2	12	1	15	100	**100**
Ampara	9	73	1	9	1	1	0	0	0	0	3	25	0	1	0	1	0	0	8	36	0	5	0	2	2	5	1	5	97	**100**
Trincomalee	17	94	0	7	1	1	0	1	0	1	2	14	0	5	0	0	0	0	2	17	1	4	2	2	4	14	0	2	98	**100**
Kurunegala	40	215	0	1	0	2	0	1	1	49	10	65	1	13	0	1	0	0	14	99	1	18	8	59	7	32	0	5	99	**100**
Puttalam	26	144	0	4	0	3	0	0	0	1	4	70	2	7	0	0	0	1	2	21	3	16	1	3	3	18	3	6	100	**100**
Anuradhapura	24	108	2	3	0	2	0	0	0	2	4	63	2	5	1	1	0	0	16	43	0	4	15	97	9	24	1	6	92	**100**
Polonnaruwa	15	68	0	1	0	1	0	0	1	10	5	38	0	0	0	3	0	0	11	54	2	4	15	43	2	10	1	7	93	**100**
Badulla	21	142	1	6	0	1	0	0	0	2	5	34	1	2	0	18	0	0	17	51	0	7	1	17	1	17	0	2	99	**100**
Monaragala	30	127	0	5	0	3	0	0	0	0	11	51	2	9	1	6	0	0	11	39	3	8	6	27	3	9	4	7	98	**100**
Ratnapura	107	458	1	2	1	1	0	2	1	4	17	101	0	3	0	3	0	0	16	60	5	6	9	24	9	48	0	7	100	**100**
Kegalle	45	247	1	4	0	2	1	1	0	5	6	45	1	3	0	2	0	0	10	89	4	9	0	1	9	33	0	2	97	**100**
Kalmunai	38	134	1	9	0	0	0	0	0	3	0	12	0	1	0	0	0	0	2	40	0	7	0	0	5	14	1	4	88	**100**
SRILANKA	1664	8877	20	119	7	28	4	20	17	124	198	1121	32	151	7	61	0	1	272	1281	38	195	89	414	**149**	**782**	25	145	97	**100**

Source: WRCD module of the EPINET.
A = Cases reported during the current week;
T*=Timeliness refers to returns received on or before 01st Feb, 2026.
B = Cumulative cases for the year.
Total number of reporting units 360.
Data provided for the current week: 360.
C**-Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP 26th – 01st Feb 2026 (05th Week)

Disease	No. of Cases by Pro'vince									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	01	09	05	80%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps[2]	00	01	01	00	00	00	00	02	01	05	02	15	15	0 %
Measles[3]	00	00	00	00	00	00	00	00	00	00	00	00	01	-100 %
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	01	-100 %
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	03	-100 %
Whooping Cough[2]	01	00	00	00	00	00	00	00	00	01	00	02	03	-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.

AFP[1] = No Polio cases
Mumps[2], CRS[2], Tetanus[2], Neonatal Tetanus[2], Whooping Cough[2]—Clinically and/ or laboratory confirmed cases
Measles[3], Rubella[3], Japanese Encephalitis[3]— 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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