WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health & Mass Media

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Flashback 2024

The year 2024 was a successful, yet challenging year for the Epidemiology Unit. However, the functions of the unit, mainly the Expanded Programme on Immunization (EPI) and the disease surveillance and Measles control activities were carried out successfully with a team spirit.

Disease surveillance

Communicable disease control largely depends on the timely surveillance of the diseases. Epidemiology Unit along with the wide network of Medical Officers of Health Units spread throughout Sri Lanka collects, analyzes, interprets and disseminates data on communicable diseases weekly paving the path to control them.

Currently, the "e-Surveillance", the web-based disease surveillance system, is implemented to minimize the errors encountered in the paper-based system in all 364 Medical Officers of Health (MOH), divisions. The completeness and the timeliness of the system is near 100%.

National Immunization Programme

The National Immunization Programme (NIP) is a key responsibility of the Epidemiology Unit. At present, the NIP safeguards the country against 12 serious communicable diseases and two non-communicable diseases, playing a crucial role in public health protection.

Age-appropriate vaccination is provided to all eligible children in the country well-trained MOH staff, and accessibility of services is ensured to all communities and geographies. The services are provided at the MOH office and fixed field vaccination clinics as well as at the school vaccination sessions.

Regular monitoring of the programme is carried out at the district and central levels, coupled with the provision of necessary feedback and guidance to the field staff. In addition to continuous monitoring of the programme, quarterly reviews of the Regional Epidemiologists and Annual EPI and VPD reviews are important events for the overall monitoring of the programme. During the year 2024, as with the other years, EPI/ VPD reviews were conducted in all 26 health districts to assess the performance of the NIP during the year 2023. Gaps in service provision were identified and relevant general and specific recommendations were made to improve the immunization service delivery.

Measles

In May 2023, following measles elimination in 2019, an outbreak re-emerged and persisted into 2024. Although the epidemic curve began to decline by the end of 2023—with 51 cases reported in December—a rebound occurred in January 2024, when 107 cases were recorded. Subsequently, the outbreak was gradually waning, with around 10 cases per month on average reported between May and July, and 50 cases reported in August. The majority of these cases were concentrated in three clusters: two nursing training schools (NTS) in Mulleriyawa and Matara (32 cases) and a school in Jaffna (6 cases). The Matara NTS cluster was directly linked to the Mulleriyawa cluster through a large group of students who attended a special training assignment at Mulleriyawa NTS. All three clusters were contained with no further spread beyond the institutions. Only 2 confirmed cases were reported in December 2024.

In response to the outbreak, a wide range of control measures were implemented in 2024. Based on recommendations from WHO SEARO and the National Advisory Committee on Communicable Diseases (ACCD), a Special Immunization Campaign was deployed in January 2024. This initiative included a supplementary immunization activity in nine high-risk districts providing an additional dose of MMR vaccine to infants aged 6 to 9 months who were

awaiting their first measles-containing vaccine (MCV) at 9 months and a nationwide catch-up immunization program for infants aged 10 months to children aged 15 years who had missed routine MCV doses. The supplementary activity achieved over 95% coverage, whereas the catch-up campaign reached approximately 25% of the target group. Since routine MCV coverage in Sri Lanka exceeds 99%, nearly all of the children who missed their doses were vaccine-hesitant, and almost all immunizations during the catch-up campaign were administered to these hesitant groups.

Additionally, in November 2024, a catch-up program in 12 high-risk districts targeted young adults aged 20 to 30 years in occupational and higher educational settings who had missed their routine MCV doses. Moreover, 50 priority high-risk MOH areas were selected from the 12 high-risk districts for an intensified catch-up program. In each of these priority areas, three Public Health Midwife (PHM) areas were chosen to conduct house-to-house campaigns, screening children aged 9 months to 19 years for their MCV status. During this campaign, nearly 5,200 occupational and higher education settings, along with 100,000 households, were reached, leading to the administration of approximately 33,000 MCV doses. However, coverage in the target population remained low at 45%, underscoring the challenges in achieving high vaccine uptake among adults.

At the field level, case-based response activities were intensified. For each confirmed case, a 50-household survey was rigorously conducted using standardized formats to document immunization status, identify additional symptomatic cases, contact tracing, and monitor cohorts for two incubation periods before concluding surveillance and compiling a summary report submitted to the Epidemiology Unit.

Public awareness campaigns were launched both before the special immunization activities and as part of broader efforts to educate the public about measles and the importance of immunization. These campaigns utilized social media platforms (such as Facebook posts, short videos, influencers, and YouTubers), mainstream electronic media, posters, flashcards, and leaflets.

Case-based laboratory surveillance was strengthened by ensuring that all suspected cases underwent laboratory confirmation through enhanced case-based monitoring. Furthermore, plans are underway to bolster fever–rash surveillance by involving 400 private sector general practitioners as sentinel sites in early 2025.

Regular training programs for regional epidemiologists and divisional frontline health workers were conducted to improve measles prevention and control. Field health staff maintained line lists of all vaccine-hesitant families and actively engaged with them to build vaccine confidence. In addition, a formative study conducted by the Department of Sociology with UNICEF support explored the root causes of vaccine hesitancy. The Epidemiology Unit also collaborated with religious leaders and groups of medical students to generate vaccine confidence among hesitant families. A three-day training session on immunization-focused interpersonal communication—led by an international expert and building on a previous four-day general IPC training—was conducted to form a group of master trainers who would cascade train subnational level trainers to build the capacity of frontline health workers to overcome vaccine hesitancy.

In conclusion, the comprehensive response to the measles outbreak—encompassing targeted immunization campaigns, enhanced case-based field-level control activities, intensified surveillance, broad public awareness efforts, and specialized training—demonstrates Sri Lanka's strong commitment to controlling measles and addressing vaccine hesitancy. Despite challenges in achieving high adult vaccination coverage, these coordinated efforts have significantly contributed to outbreak control and have strengthened the overall public health response framework for future challenges.

Leptospirosis

In 2024, a total of 13,738 cases of leptospirosis were notified to the Epidemiology Unit, marking the highest annual caseload recorded to date. The highest caseload was reported from Rathnapura, Kurunegala, Gampaha Galle and Kalutara districts. Increasing trends were seen in Kegalle, Monaragala, Matara, Colombo and Jaffna in 2024. The Case Fatality Rate (CFR) was 2 per 100 cases. Leptospirosis incidence has shown fluctuations over the years, with a distinct seasonal pattern corresponding to the country's two monsoons. With changing rainfall patterns, robust surveillance is essential, as outbreaks may become more frequent in high-risk districts.

Influenza

There are 20 sentinel hospitals to carry out influenza surveillance throughout the country. Out of 3,912,891 OPD visits, 262,977 Influenza-like Illness (ILI) cases have been reported to the National Influenza Surveillance System in 2024. It represents 6.7% of total OPD visits to the sentinel sites.

In 2024, 15,078 Severe Acute Respiratory Illness (SARI) patients were reported from four SARI sentinel hospitals. This contributes to 9.2 % out of 162,329 inward patients in the Medical and Paediatric wards of the SARI sentinel hospitals during the year 2024.

There were 17 laboratory-confirmed influenza-positive deaths during the year 2024.

Compiled by

The Editor

Table 1: Selected notifiable diseases reported by Medical Officers of Health 21st–27th Dec 2024 (52nd 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	231	11579	1	50	0	11	0	49	0	25	21	644	0	10	0	9	0	0	11	614	5	65	1	3	33	2198	94	100
Gampaha	131	5860	0	52	1	43	0	16	4	92	28	1062	0	15	1	15	0	0	16	553	3	156	2	35	16	1192	93	100
Kalutara	34	2742	1	38	0	3	0	38	0	41	12	1024	0	10	1	13	0	1	12	710	0	68	0	2	0	656	67	100
Kandy	76	4581	2	46	1	8	0	10	0	75	10	312	0	43	1	16	0	3	10	434	0	16	1	67	0	629	100	100
Matale	34	1076	0	21	2	6	0	8	0	32	12	156	0	6	0	11	0	0	0	155	1	25	15	399	6	133	100	100
Nuwara Eliya	10	353	1	158	1	9	1	13	0	228	13	192	2	56	1	12	0	0	4	304	0	19	0	2	3	275	85	100
Galle	25	2146	2	66	1	23	1	13	1	115	14	1065	2	132	0	13	0	2	18	915	5	116	0	5	3	464	90	100
Hambantota	21	884	0	30	1	5	0	7	0	50	11	574	1	50	1	13	0	2	4	321	0	36	5	502	3	163	100	100
Matara	26	1185	0	15	0	7	0	4	0	38	17	711	0	30	0	28	0	0	9	396	0	79	2	127	0	170	88	100
Jaffna	76	5701	3	82	0	2	0	32	0	49	60	248	19	645	0	7	0	1	6	247	0	34	0	1	0	260	93	93
Kilinochchi	5	324	0	19	0	0	0	3	0	2	3	40	2	18	0	0	0	2	0	17	1	8	0	3	0	34	100	100
Mannar	12	343	0	18	0	0	0	1	0	7	5	46	0	14	0	1	0	0	0	12	2	19	0	4	0	66	100	100
Vavuniya	2	194	0	13	0	1	0	2	0	24	9	136	0	6	0	4	0	0	0	48	1	29	0	13	0	50	100	100
Mullaitivu	4	228	0	12	0	1	0	0	0	28	1	97	0	11	0	0	0	3	0	13	0	8	0	18	3	38	100	100
Batticaloa	47	1674	1	137	1	20	0	7	1	68	4	106	0	3	1	27	0	2	3	189	0	55	0	4	5	163	100	100
Ampara	4	270	0	42	3	7	0	0	0	24	12	249	0	2	0	7	0	1	3	147	3	45	1	29	3	111	100	100
Trincomalee	30	782	0	25	0	1	0	3	0	15	5	172	0	15	0	4	0	0	2	120	1	24	0	19	3	140	92	100
Kurunegala	26	2224	0	59	0	40	0	3	0	373	47	1169	3	48	1	12	0	4	22	682	2	285	9	681	11	476	97	100
Puttalam	23	1273	0	20	0	4	0	4	0	4	11	330	0	44	0	5	0	1	4	148	5	93	2	40	0	236	77	100
Anuradhapura	12	799	3	41	0	8	0	3	0	54	20	512	0	33	0	18	0	1	4	324	1	75	16	913	6	292	70	100
Polonnaruwa	6	418	1	30	1	4	0	1	1	34	28	353	2	5	0	69	0	1	8	176	1	36	8	517	1	115	100	100
Badulla	19	904	1	47	1	12	0	9	1	59	16	513	0	56	2	60	0	0	14	431	3	45	1	48	8	253	88	100
Monaragala	13	1029	0	22	0	5	0	3	0	98	7	739	0	37	0	74	0	1	7	201	1	104	5	268	1	134	100	100
Ratnapura	47	2915	7	144	2	16	0	10	2	53	33	2213	2	41	0	34	0	4	3	384	0	149	2	184	7	402	90	100
Kegalle	44	2003	2	38	1	19	0	11	0	16	15	989	1	36	0	16	0	1	25	984	0	96	1	35	9	370	91	100
Kalmunai	11	727	2	24	0	1	0	2	0	31	2	92	0	5	0	4	0	0	3	247	2	38	0	0	3	143	85	100
SRILANKA	969	52214	**27**	**1249**	**16**	**256**	**2**	**252**	**10**	**1635**	**416**	**13744**	**34**	**1371**	**9**	**472**	**0**	**30**	**188**	**8772**	**37**	**1723**	**71**	**3919**	**124**	**9097**	**92**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 27th Dec, 2024 Total number of reporting units 358 Number of reporting units data provided for the current week: 357**C****-Completeness *

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

Table 2: Vaccine-Preventable Diseases & AFP

21st – 27th Dec 2024 (52nd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2024	Number of cases during same week in 2023	Total number of cases to date in 2024	Total number of cases to date in 2023	Difference between the number of cases to date in 2024 & 2023
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	01	76	95	-20%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	00	01	00	02	01	01	05	02	302	226	33.6 %
Measles	01	00	01	00	00	00	00	00	00	02	12	299	800	-62.6 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	02	09	-77.7%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	02	-100 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	06	-16.6 %
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	02	14	06	133.3 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	72	07	982.5 %

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

Number of Malaria Cases Up to End of December 2024,

04

All are Imported!!!

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. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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