



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
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## Food Safety

Food safety is a fundamental aspect of public health and economic development, especially in a country like Sri Lanka, where diverse food traditions, informal food markets, and a tropical climate intersect. As foodborne diseases continue to pose a significant risk to health and well-being, ensuring the safety and hygiene of food products remains a national priority.

Food safety refers to the handling, preparation, and storage of food in ways that prevent contamination and reduce the risk of foodborne illnesses. Safe food is essential not only for individual health but also for national prosperity. In Sri Lanka, where agriculture, street food, and local cuisine play vital roles in culture and commerce, a single lapse in food safety can lead to widespread outbreaks, undermining public trust and damaging the tourism industry.

Tourism is one of Sri Lanka's major economic sectors. Tourists expect high standards of hygiene and safety, especially in the food and hospitality sectors. Any major foodborne illness outbreak can have long-term repercussions on the country's international image and economy.

Food is defined as any substance consumed by humans, whether in its raw, processed, or ingredient form, with the exception of alcohol, drugs, and tobacco. For food to be considered safe, it must be free from four major categories of hazards:

- 1. Biological Hazards:** These include bacteria, viruses, and fungi that can multiply rapidly under certain conditions. Pathogens such as *Salmonella*, *Escherichia coli* (*E. coli*), and *Staphylococcus aureus* are commonly associated with foodborne diseases in Sri Lanka.
- 2. Chemical Hazards:** This category includes harmful substances like pesticides, cleaning agents, and food additives that can

enter the food chain through poor agricultural practices, industrial contamination, or improper handling.

- 3. Physical Hazards:** These involve foreign objects such as glass shards, metal fragments, plastic, or hair found in food, which may cause injury or illness.
- 4. Allergenic Hazards:** Certain foods such as shellfish, dairy, and nuts can trigger allergic reactions in sensitive individuals. Proper labelling and handling are essential to prevent allergic incidents.

### Causes of Food Contamination in Sri Lanka

Several factors contribute to food contamination in Sri Lanka. The most common issues include:

- Improper food handling:** Many foodborne illnesses arise from undercooked food, cross-contamination, or unclean cooking surfaces.
- Poor personal hygiene:** Food handlers who fail to wash hands or wear protective clothing often become the source of contamination.
- Unsafe water use:** Contaminated water used in cooking or cleaning utensils introduces harmful microbes into food.
- Inadequate sanitation facilities:** Especially in rural or informal settings, the lack of proper toilets and waste disposal can lead to the spread of bacteria.
- Improper storage conditions:** Inadequate refrigeration or prolonged exposure to warm temperatures promotes the growth of pathogens.

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## Vulnerable Groups

While foodborne illnesses can affect anyone, certain groups are more susceptible to severe consequences. These include:

- **Children under five years old**
- **Pregnant women**
- **Elderly individuals**
- **People with weakened immune systems**

Protecting these groups is especially important, as foodborne illnesses in these populations can result in long-term health complications or even death.

## Legal and Regulatory Framework

Food safety in Sri Lanka is governed by the **Food Act No. 26 of 1980**, which was amended in 1991 and 2011 to reflect modern challenges. The Act provides a robust framework for regulating the manufacturing, import, distribution, and sale of food products. It explicitly prohibits the production or sale of food that is adulterated, unsafe, or prepared in unhygienic conditions.

The key objectives of the Food Act include:

- Ensuring the safety and quality of food.
- Preventing fraudulent and misleading practices.
- Establishing scientific and regulatory standards. Protecting public health.

To support enforcement, the government employs various officers and inspectors, including Medical Officers of Health (MOHs), Public Health Inspectors (PHIs), Food and Drug Inspectors, and officials from local authorities. These individuals are empowered to:

- Conduct inspections of food premises.
- Collect and test food samples.
- Detain or recall unsafe food products.
- Educate food handlers and the public.
- Prosecute violators of the law.

A tool used during food inspections is the **H-800 form**, which helps assess hygiene standards and guide food businesses toward compliance.

## Ongoing Challenges:

Despite having a strong legal framework and dedicated personnel, several challenges persist in Sri Lanka:

- **Resource limitations:** A lack of funding and infrastructure often hampers the ability to conduct regular and thorough inspections, especially in remote areas.
- **Inconsistent enforcement:** Informal markets and small-scale food vendors are often not subject to the same level of scrutiny as formal food establishments.
- **Infrastructure gaps:** In rural regions, clean water, refrigeration, and sanitation facilities may be unavailable or inadequate.
- **Low public awareness:** Many consumers and food handlers are unaware of basic food safety practices, contributing to ongoing contamination and illness.

## Focused to be:

To build a more resilient and safe food system in Sri Lanka, several targeted measures are recommended:

1. **Invest in infrastructure:** Improve access to clean water, sanitation, and cold storage facilities, particularly in rural and underserved areas.
2. **Enhance training programs:** Equip food handlers, inspectors, and enforcement personnel with up-to-date knowledge and practical skills.
3. **Promote public education:** Conduct awareness campaigns to inform consumers and vendors about hygiene, food storage, and the dangers of foodborne pathogens.
4. **Strengthen inter-agency collaboration:** Improve coordination between health authorities, regulatory agencies, and local governments to ensure more consistent enforcement of food safety laws.
5. **Support informal food vendors:** Provide training, resources, and incentives to help small vendors meet food safety standards without affecting their livelihoods.

Food safety is not a luxury; it is a necessity. In Sri Lanka, where traditional foods and informal markets are woven into the fabric of daily life, ensuring food safety requires a proactive, inclusive, and coordinated approach. The country has made significant strides through legislation and public health initiatives, but more must be done to overcome persistent challenges.

By investing in infrastructure, educating the public, and enforcing regulations uniformly, Sri Lanka can build a food system that is not only safe and sustainable but also equitable and resilient. Ultimately, the health of the population and the strength of the national economy depend on the safety of the food we eat.

## Compiled by:

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## References:

1. CDC \_food safety, <https://www.cdc.gov/>
2. WHO Food borne disease outbreak and guideline, <http://www.who.int>
3. Food act and regulation , <https://eohfs.healthgov.lk>
4. PHI Mannual Food Safety, <https://medicine.kln.ac.lk>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 19<sup>th</sup>–25<sup>th</sup> Apr 2025 (17<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	306	4105	0	15	0	3	0	4	0	5	12	166	0	4	2	8	0	0	13	202	0	23	0	1	59	691	100	100
Gampaha	166	2564	2	22	0	18	0	1	1	46	40	271	0	7	0	5	0	0	27	328	5	50	2	18	9	365	100	100
Kalutara	64	668	0	12	0	3	0	5	0	13	15	234	0	0	0	3	0	0	35	293	2	19	0	1	0	198	72	75
Kandy	73	1072	3	28	0	2	0	4	0	8	5	109	3	26	0	5	0	0	14	162	1	12	1	28	0	252	96	100
Matale	42	580	1	9	0	1	0	0	7	35	11	81	0	3	0	5	0	0	0	45	0	2	4	87	0	56	92	100
Nuwara Eliya	6	73	1	30	1	4	0	4	0	44	4	49	0	24	0	0	0	0	3	94	0	9	0	0	3	96	92	100
Galle	55	701	0	19	0	3	0	0	1	29	29	312	1	32	1	5	0	0	16	293	5	68	0	1	10	164	100	100
Hambantota	23	318	0	9	1	4	0	0	0	3	24	170	0	14	0	2	0	0	5	163	1	9	8	105	1	55	100	100
Matara	38	619	2	7	0	2	0	1	0	3	18	192	1	9	0	2	0	0	14	153	1	19	2	38	2	63	94	100
Jaffna	44	554	0	37	1	2	5	10	1	20	0	114	10	301	0	2	0	1	13	173	0	12	0	0	3	68	93	93
Kilinochchi	7	50	1	7	0	0	0	4	0	4	0	48	0	11	0	1	0	0	0	1	0	0	0	0	0	17	100	100
Mannar	1	87	1	4	0	0	0	0	1	2	2	17	0	9	0	0	0	0	0	13	1	11	0	0	0	13	100	100
Vavuniya	1	34	1	6	0	0	0	1	2	24	2	45	0	5	0	0	0	0	2	19	1	12	1	8	1	18	100	100
Mullaitivu	0	29	0	1	0	0	0	1	0	2	1	41	1	6	0	0	0	0	5	16	0	4	0	0	1	11	100	100
Batticaloa	94	992	2	77	0	9	0	0	0	70	2	39	0	1	1	11	0	0	2	84	0	19	0	2	2	48	100	100
Ampara	7	75	6	14	1	6	0	0	1	4	10	81	0	1	0	2	0	0	6	64	1	13	0	10	1	20	86	100
Trincomalee	46	509	2	26	0	2	0	0	4	25	4	74	0	7	0	4	0	0	4	53	0	9	0	3	0	34	100	100
Kurunegala	53	438	3	14	2	10	0	1	4	23	29	311	0	18	0	1	0	1	13	302	1	54	6	195	0	123	33	100
Puttalam	10	309	0	9	0	1	0	0	0	4	10	134	0	24	0	1	0	0	11	66	2	36	0	12	11	59	100	100
Anuradhapura	8	279	1	21	0	6	0	3	0	15	22	200	0	12	0	7	0	0	9	142	1	38	5	267	6	93	83	100
Polonnaruwa	8	96	0	8	0	3	0	1	0	2	5	92	1	1	0	12	0	0	1	68	0	7	5	145	5	29	100	91
Badulla	19	287	1	14	1	6	0	3	0	0	11	139	0	11	3	19	0	0	12	161	1	32	1	13	6	84	94	100
Monaragala	12	341	0	8	0	3	0	0	0	4	13	285	0	20	0	6	0	0	6	66	1	20	5	63	3	36	91	100
Ratnapura	319	1334	13	68	0	4	0	3	3	20	68	633	0	14	0	3	0	1	16	186	3	55	0	68	3	147	85	100
Kegalle	35	469	1	33	0	4	2	4	1	22	20	239	0	7	0	6	0	0	16	318	4	43	2	14	8	95	82	100
Kalmunai	8	194	1	14	1	1	0	0	0	12	1	47	0	1	0	1	0	0	4	69	1	11	0	0	4	49	86	100
SRILANKA	1445	16777	42	512	8	97	7	50	26	439	358	4123	17	568	7	111	0	3	247	3534	32	587	42	1079	138	2884	91	99

Source: Weekly Returns of Communicable Diseases ([surveillance.eph.gov.lk](https://surveillance.eph.gov.lk)). T=Timeliness refers to returns received on or before 25<sup>th</sup> Apr, 2025 Total number of reporting units 361 Number of reporting units data provided for the current week: 358 C\*\*=Completeness  
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

19<sup>th</sup> – 25<sup>th</sup> Apr 2025 (17<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	01	00	01	00	22	28	-21.4%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	00	01	00	00	00	01	00	04	05	76	93	-18.3 %
Measles	00	00	00	00	00	00	00	00	00	00	09	01	200	-99.5%
Rubella	00	00	00	00	00	00	01	00	00	01	00	01	01	0%
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	02	02	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	00	00	00	00	00	00	01	12	04	200 %

### 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 April 2025,

01

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](mailto:chepid@sltnet.lk). Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

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