WEEKLY EPIDEMIOLOGICAL REPORT

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

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WER SRI LANKA 2026

Vol. 53 No. 16 **13th – 19th Apr 2026**

Mumps Epidemiology in Sri Lanka (2020–2025): Surveillance, Trends and Immunity Gaps in the Context of Measles Elimination - I

This is the first article of two in a series on "Mumps Epidemiology in Sri Lanka (2020–2025): Surveillance, Trends and Immunity Gaps in the Context of Measles Elimination"

Introduction

Mumps is an acute viral infection caused by a paramyxovirus, characterized primarily by swelling of the salivary glands, particularly the parotid glands. Despite the availability of an effective vaccine, mumps continues to occur globally, including in countries with well-established immunization programmes. Outbreaks are often attributed to immunity gaps, waning vaccine-induced immunity, and clustering of susceptible individuals [1,2].

In Sri Lanka, mumps is a notifiable disease under the routine communicable disease surveillance system. Strengthened case-based surveillance and special investigations have been increasingly utilized to better characterize disease patterns and guide control strategies.

Clinical Features and Disease Burden

Mumps typically begins with non-specific symptoms such as fever, headache, malaise, myalgia, and anorexia, followed by unilateral or bilateral parotitis. Parotid swelling usually peaks within two days and resolves within 7–10 days.

Although often self-limiting, following complications may occur:

- Orchitis and oophoritis, particularly among adolescents and adults
- Aseptic meningitis (approximately 10% of cases)
- Pancreatitis and transient hearing loss
- Rare complications include encephalitis and permanent deafness [2]

In young children, respiratory manifestations may be observed. Infection during early pregnancy has been associated with an increased risk of spontaneous abortion [2].

Epidemiological Trends in Sri Lanka (2020–2025)

Analysis of national surveillance data (H399 notification system and special investigations) indicates ongoing transmission of mumps across Sri Lanka, with fluctuations in reported incidence during 2020–2025 (figure 1)

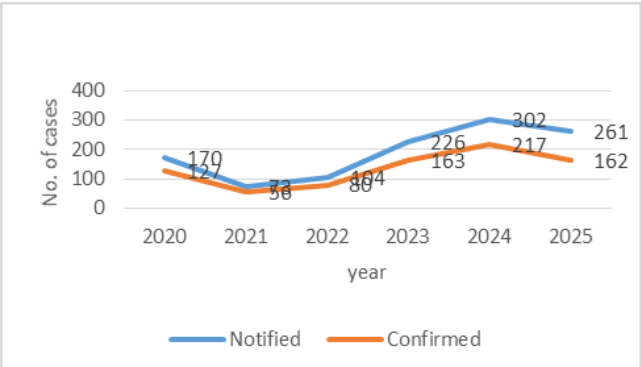

Figure 1: Reported Mump Cases (Notified & Confirmed) during 2020-2025

Age distribution patterns indicate that children are the most affected group; however, cases occur across all age groups in both males and females, indicating widespread susceptibility in the population (figure 2).

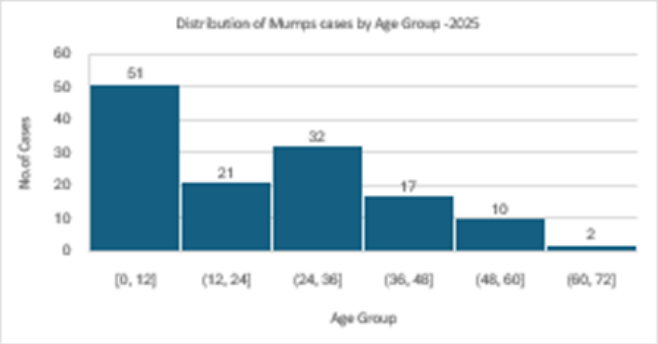

Figure 2: Reported Mumps Cases by Age group -2025

Surveillance and Field Investigations

Field investigations have played a key role in understanding transmission dynamics, vaccination status, and risk factors. In 2025, increased proportion of notified cases underwent special investigation with continued inter-district variation in surveillance performance. These findings highlight both progress and remaining gaps in surveillance quality.

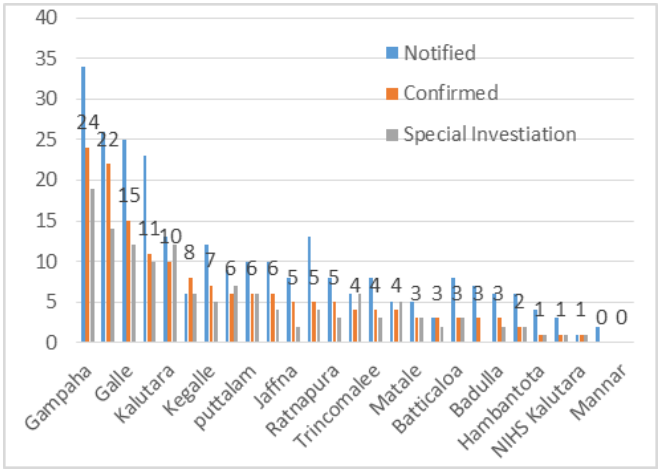

Figure 3: Reported Mump Cases (Notified, Confirmed & Special Investigation done) during 2025

Key observations include:

- Persistent reporting of cases across multiple districts
- Temporal variation with intermittent clustering
- Variability in notification and investigation completeness
- Strengthening of surveillance activities in 2025

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References:

1. World Health Organization. *Mumps virus vaccines: WHO position paper*. Weekly Epidemiol Rec. 2017;92(7):49–60.
2. Centers for Disease Control and Prevention. *Mumps Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book)*. 14th ed. Atlanta: CDC; 2021.
3. World Health Organization. *Measles vaccines: WHO position paper*. Weekly Epidemiol Rec. 2017;92(17):205–27.
4. Epidemiology Unit, Ministry of Health, Sri Lanka. *Weekly Epidemiological Report, Vol .38 No.05, Feb,2011*.

Table 1 : Water Quality Surveillance
Number of microbiological water samples March 2026

District	MOH areas	No: Expected *	No: Received
Colombo	18	108	**10**
Gampaha	15	90	**39**
Kalutara	13	78	**171**
Kalutara NIHS	2	12	**20**
Kandy	23	138	**NR**
Matale	13	78	**NR**
Nuwara Eliya	13	78	**39**
Galle	20	120	**NR**
Matara	17	102	**53**
Hambantota	12	72	**NR**
Jaffna	14	84	**NR**
Kilinochchi	4	24	**33**
Mannar	5	30	**3**
Vavuniya	4	24	**34**
Mullatvu	6	36	**15**
Batticaloa	14	84	**24**
Ampara	7	42	**40**
Trincomalee	12	72	**0**
Kurunegala	29	174	**NR**
Puttlam	13	78	**NR**
Anuradhapura	23	138	**NR**
Polonnaruwa	9	54	**7**
Badulla	16	96	**163**
Moneragala	11	66	**57**
Rathnapura	20	120	**NR**
Kegalle	11	66	**47**
Kalmunai	13	78	**0**

* No of samples expected (6 / MOH area / Month)
NR = Return not received

To be Continued....

Table 1: Distribution of Notified Diseases reported by Medical Officers of Health 06th – 12th Apr 2026 (15th 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	291	5481	1	4	0	2	0	4	0	11	2	123	0	0	2	7	0	0	9	188	0	19	0	1	39	548	1	59	78	95
Gampaha	145	3149	0	14	1	12	0	0	4	12	8	180	0	3	1	5	0	0	21	281	2	77	0	15	21	313	3	26	67	93
Kalutara	165	1373	1	15	0	2	0	6	0	6	5	154	1	5	0	8	0	0	17	273	1	19	0	1	0	174	2	31	43	100
Kandy	36	912	1	22	0	2	0	3	21	33	6	71	0	17	1	10	0	0	11	204	2	14	0	23	12	171	1	9	96	100
Matale	18	618	3	9	0	1	0	0	1	1	7	77	0	2	0	5	0	0	3	76	0	16	11	171	9	51	0	15	50	100
Nuwara Eliya	8	234	1	22	0	1	0	2	2	11	2	98	1	20	0	9	0	0	7	192	0	38	0	0	2	71	0	2	84	100
Galle	93	1720	1	9	0	2	0	4	0	35	12	188	1	12	0	8	0	0	50	360	1	48	0	2	16	128	0	14	33	100
Hambantota	46	716	1	24	0	0	0	0	0	6	5	68	0	11	0	8	0	0	1	99	1	15	3	104	2	36	1	9	0	100
Matara	110	1652	1	4	0	1	0	1	0	11	11	114	0	12	1	8	0	0	23	235	2	18	4	52	2	52	0	6	10	99
Jaffna	16	516	1	17	0	3	0	14	3	9	1	39	14	179	0	0	0	0	9	191	2	15	0	0	6	60	0	7	83	99
Kilinochchi	1	154	0	1	0	0	0	5	0	0	0	32	2	10	0	2	0	1	0	67	0	4	0	0	1	11	0	1	80	100
Mannar	3	76	0	0	0	3	0	0	0	1	1	21	0	2	0	1	0	0	0	37	0	2	0	3	0	11	0	1	100	100
Vavuniya	0	88	0	8	0	1	0	1	0	6	0	28	0	3	0	0	0	0	24	81	1	8	3	12	2	26	0	1	74	100
Mullaitivu	1	35	0	3	0	1	0	0	0	2	0	22	0	1	0	2	0	0	0	3	0	3	0	3	1	11	0	4	75	100
Batticaloa	37	653	2	28	0	3	1	2	0	15	2	68	0	0	1	7	0	0	13	129	3	16	0	10	3	51	1	40	0	100
Ampara	6	172	0	20	0	1	0	1	0	6	5	60	0	1	1	4	0	0	7	133	0	15	0	5	3	20	0	14	80	100
Trincomalee	22	287	1	10	0	2	0	2	0	6	1	34	0	7	0	2	0	0	9	70	0	14	0	11	4	51	1	3	98	100
Kurunegala	31	618	3	7	2	9	0	3	0	55	6	127	0	20	0	5	0	0	47	307	9	53	6	137	9	98	1	20	7	100
Puttalam	14	365	0	10	0	5	0	0	1	6	5	110	0	14	1	3	0	2	4	70	4	33	0	8	3	54	2	13	16	67
Anuradhapura	17	264	1	9	1	4	0	0	3	36	12	126	0	16	0	6	0	0	14	162	2	24	15	266	4	77	1	20	52	58
Polonnaruwa	18	167	1	9	1	3	0	0	1	20	5	100	0	3	1	14	0	0	16	193	1	14	10	200	1	28	3	25	75	100
Badulla	18	344	0	15	0	5	0	3	0	6	4	89	0	12	3	51	0	0	11	136	3	22	0	37	3	78	0	6	51	100
Monaragala	27	303	0	9	0	3	0	1	0	0	14	118	0	17	2	22	0	1	8	107	3	24	1	63	3	28	0	10	45	100
Ratnapura	103	1368	1	17	0	4	0	3	2	11	30	304	2	17	0	6	0	0	16	163	4	22	10	73	11	136	2	14	84	100
Kegalle	39	604	1	15	1	3	0	2	0	14	8	116	0	5	1	4	0	0	13	241	1	24	0	6	11	107	0	2	57	100
Kalmunai	33	387	1	17	0	0	0	0	1	13	0	32	0	1	0	1	0	0	26	206	1	17	0	0	2	41	0	15	61	100
SRILANKA	**1298**	**22256**	**22**	**318**	**6**	**73**	**1**	**57**	**39**	**332**	**152**	**2499**	**21**	**390**	**15**	**198**	**0**	**4**	**359**	**4204**	**43**	**574**	**63**	**1203**	**170**	**2432**	**19**	**367**	**58**	**97**

Source: WRCD module of the EPINET.
A = Cases reported during the current week;
T*=Timeliness refers to returns received on or before 12st Apr, 2026.
B = Cumulative cases for the year.
Total number of reporting units 360
C**-Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP 06th – 12th Apr 2026 (15th 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]	00	01	00	00	00	00	00	00	00	01	01	24	20	20%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps[2]	00	00	00	00	00	00	00	00	01	01	06	49	47	4.3 %
Measles[3]	00	00	00	00	00	00	00	00	00	00	00	02	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	01	02	-50 %
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	04	-100 %
Whooping Cough[2]	00	00	00	00	00	00	00	00	00	00	01	08	08	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.

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, Epidemiology 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.

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