



WEEKLY EPIDEMIOLOGICAL REPORT

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

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World Immunization Week 2026: For Every Generation, Vaccines Work

SRI LANKA 2026

Immunization remains one of the most successful and cost-effective public health interventions in history. Over the past decades, vaccination programmes have protected millions of children from life-threatening diseases and long-term disabilities while contributing significantly to improvements in child survival. Through sustained immunization efforts, many infectious diseases have been controlled, eliminated, or even eradicated, leading to better health outcomes and improved quality of life worldwide.

Despite these remarkable achievements, continued efforts are necessary to ensure that everyone benefits from immunization services. Challenges such as vaccine hesitancy, misinformation, and inequitable access to healthcare continue to affect vaccination coverage in many countries. Addressing these challenges is essential to maintain the gains achieved through immunization and to protect populations from vaccine-preventable diseases.

World Immunization Week was first celebrated globally in 2012 and has since been observed annually during the last week of April to promote the life-saving benefits of vaccination and strengthen awareness of the importance of immunization across all age groups. The initiative was established by the World Health Organization to create a global platform for promoting immunization, highlighting the achievements of vaccination programmes, and addressing gaps in vaccine access and uptake. It also aims to encourage countries to strengthen routine immunization services, reach underserved populations, and protect communities from vaccine-preventable diseases.

Accordingly, in 2026, World Immunization Week was commemorated from 24 to 30 April under the theme “**For Every Generation, Vaccines Work.**” This theme highlighted the life-long benefits of vaccination and emphasized the

critical role vaccines play in protecting individuals, families, and communities across all stages of life. It underscored the fact that immunization is not only essential during infancy and childhood but continues to provide protection throughout adolescence, adulthood, pregnancy, and older age. The theme also recognized the contribution of vaccines in preventing outbreaks, reducing disease-related complications and deaths, and supporting healthier and more productive societies. Furthermore, it addresses governments, healthcare workers, communities, and individuals to strengthen vaccine confidence, address immunization gaps, and ensure equitable access to vaccines so that people of all generations can benefit from the protection they provide.



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Commemoration in Sri Lanka

Sri Lanka has consistently been recognized as a global success story in immunization. Since the introduction of the Expanded Programme on Immunization (EPI) in 1978, the country has achieved and sustained high vaccination coverage through a strong public health infrastructure, highly dedicated and committed public health staff and equitable service delivery. Sri Lanka achieved universal childhood immunization coverage by 1989 and has consistently maintained coverage levels exceeding 95 per cent for most antigens. These efforts have resulted in the elimination of poliomyelitis, rubella, congenital rubella syndrome, and neonatal tetanus, while maintaining control of other vaccine-preventable diseases. The country's robust surveillance systems, effective cold chain network, and commitment to reaching every child have earned international recognition and continue to serve as a model for immunization programmes in the region.

Sri Lanka joined the global community in commemorating World Immunization Week 2026 through a series of activities aimed at enhancing vaccine confidence and addressing vaccine hesitancy within communities. These activities were implemented at the Medical Officer of Health (MOH) level with the support and technical guidance of the Epidemiology Unit and provincial and District staff.

Key activities conducted during the week included:

- Updating the Vaccine Hesitant Register at Medical Officer of Health level, to identify and follow up all children and families who had delayed or missed vaccinations.
- Conducting field visits to engage directly with communities, address concerns, and strengthen confidence in vaccines.
- Organizing school-level awareness activities for parents and teachers to improve understanding of the importance of routine immunization.
- Implementing community-level awareness programmes to disseminate accurate information and encourage vaccination uptake.
- Intensifying existing vaccine confidence-building programmes to strengthen public trust in immunization services.

These activities provided valuable opportunities for healthcare workers to engage with communities, address misconceptions, and reinforce the benefits of vaccination.

Sustaining the Momentum

While World Immunization Week serves as an important focal point for awareness and advocacy, the efforts initiated during the commemorative week should continue beyond April. Regular community engagement and awareness programmes, continuous confidence-building activities are essential for maintaining high immunization coverage and ensuring that all individuals receive the protection offered by vaccines.

Strengthening routine immunization services and addressing vaccine hesitancy remain critical components of Sri Lanka's immunization journey. Continued collaboration among health authorities, healthcare workers, community leaders, and the public are vital in achieving these goals.

Looking Ahead

The theme of this year's World Immunization Week, "**For Every Generation, Vaccines Work,**" serves as a powerful reminder that vaccination protects people throughout their lives. From infancy and childhood to adolescence, adulthood, and older age, vaccines help prevent illness, reduce disability, and save lives. Beyond protecting individuals, immunization also contributes to healthier families, stronger communities, and more resilient health systems by reducing the burden of vaccine-preventable diseases.

The remarkable achievements of immunization programmes over the past decades demonstrate the transformative impact of vaccines on public health. Diseases that once caused widespread illness, disability, and death have been eliminated, controlled, or significantly reduced through sustained vaccination efforts. However, these gains can only be sustained through continued commitment to maintaining high vaccination coverage with safe, effective and high quality vaccines.

As Sri Lanka continues its commitment to immunization, collective efforts are needed to ensure that no one is left behind. Strengthening vaccine confidence, addressing misinformation, and promoting accurate health information remain critical priorities. Continued collaboration among health authorities, healthcare workers, community leaders, development partners, and the public is essential to sustaining the country's achievements and protecting future generations.

World Immunization Week 2026 also provides an opportunity to recognize the dedication of healthcare workers and public health professionals who work tirelessly to deliver vaccines, monitor disease trends, investigate adverse events following immunization, and maintain the high standards of Sri Lanka's National Immunization Programme. Their efforts have played a vital role in protecting children and communities across the country.

As we look to the future, the message of World Immunization Week remains clear and strong: vaccines work, vaccines save lives, and vaccines protect generations. By continuing to invest in immunization and supporting evidence-based public health interventions, Sri Lanka can build on its successes and ensure a healthier, safer future for all.

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References

1. <https://www.who.int/campaigns/world-immunization-week/2026>

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

20th – 26th Apr 2026 (17th 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	279	6000	1	5	0	2	0	4	0	11	11	136	0	0	0	7	0	0	25	216	1	20	0	1	42	605	3	63	89	91
Gampaha	192	3530	1	15	0	12	0	0	0	12	10	196	0	3	0	5	0	0	19	323	2	84	0	16	21	347	0	26	79	90
Kalutara	121	1579	1	16	0	3	0	6	0	6	12	171	0	5	2	11	0	0	21	302	1	23	0	1	6	184	1	33	83	98
Kandy	56	1033	3	26	0	2	1	5	0	33	5	76	2	20	1	11	0	0	26	249	0	15	5	28	13	193	0	9	100	100
Matale	10	638	0	9	0	1	0	0	0	1	5	84	1	3	0	5	0	0	5	84	0	17	5	195	2	57	0	16	93	100
Nuwara Eliya	8	245	3	25	0	1	0	2	1	12	5	107	1	22	0	9	0	0	7	201	2	43	0	0	8	85	1	3	100	100
Galle	86	1863	0	9	0	3	0	4	0	35	14	211	1	15	0	8	0	0	35	421	3	52	0	2	2	131	0	15	79	100
Hambantota	54	795	0	25	0	0	0	0	1	7	6	79	2	13	2	10	0	0	9	111	1	17	40	161	3	40	1	11	100	100
Matara	82	1819	0	4	0	1	0	1	0	11	10	134	0	12	1	11	0	0	17	259	1	22	4	58	4	58	1	7	55	86
Jaffna	29	564	0	18	0	3	0	14	1	10	1	41	10	197	0	0	0	0	4	202	0	17	0	0	4	65	0	7	92	97
Kilinochchi	3	158	0	2	0	0	0	5	0	0	1	34	0	10	0	3	0	1	0	67	0	4	0	0	3	14	0	1	100	100
Mannar	4	81	0	0	0	3	0	0	1	2	0	21	0	2	0	1	0	0	1	39	0	2	0	3	2	16	0	1	100	100
Vavuniya	2	90	1	9	0	1	0	1	0	6	1	29	0	3	0	0	0	0	1	83	0	8	0	12	3	31	0	1	100	100
Mullaitivu	4	40	0	3	0	1	0	0	3	5	1	25	0	1	0	2	0	0	0	3	0	3	1	4	0	12	0	4	95	100
Batticaloa	37	719	4	33	0	4	0	2	0	15	1	70	0	0	0	7	0	0	5	135	1	17	0	10	3	54	2	42	100	100
Ampara	8	192	3	24	0	1	0	1	1	7	9	75	0	1	0	4	0	0	13	150	0	20	1	6	1	21	0	14	100	100
Trincomalee	26	337	1	11	0	2	0	2	1	7	1	38	0	7	0	2	0	0	17	89	0	15	0	11	7	58	0	3	100	100
Kurunegala	36	695	0	8	0	9	0	3	0	55	7	136	0	20	0	5	0	0	24	348	4	64	4	145	6	104	3	27	45	100
Puttalam	20	404	0	11	1	6	0	0	0	6	9	121	1	15	0	3	0	2	3	75	2	37	0	8	3	59	0	13	47	55
Anuradhapura	15	283	1	10	1	5	1	1	2	38	11	139	0	16	0	6	0	0	25	197	2	27	16	291	0	84	1	21	97	58
Polonnaruwa	27	197	1	10	0	3	0	0	0	20	12	119	0	3	0	15	0	0	14	213	0	16	7	209	2	31	7	35	100	100
Badulla	20	373	0	16	0	5	0	3	0	6	4	98	1	13	0	59	0	0	18	156	2	26	4	42	6	85	0	6	86	100
Monaragala	20	343	1	10	0	3	0	1	0	0	9	137	1	18	4	28	0	1	6	113	3	31	3	75	3	33	0	10	98	100
Ratnapura	162	1609	0	17	0	4	0	4	0	11	26	352	1	19	0	6	0	0	13	188	1	23	2	81	9	149	1	15	99	100
Kegalle	48	686	3	19	0	3	0	2	1	15	9	128	0	5	0	4	0	0	20	270	3	27	0	6	6	116	1	3	76	100
Kalmunai	32	443	2	19	0	0	0	0	0	14	3	36	0	1	0	1	0	0	23	236	0	17	0	0	0	45	1	17	98	100
SRILANKA	1381	24716	26	354	2	78	2	61	12	345	183	2793	21	424	10	223	0	4	351	4730	29	647	92	1365	159	2677	23	403	89	95

Source: WRCD module of the EPINET. T*=Timeliness refers to returns received on or before 26th Apr. 2026. Total number of reporting units 360
 A = Cases reported during the current week; B = Cumulative cases for the year. C**=Completeness; C**=Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP

20th – 26th Apr 2026 (17th 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	00	01	00	00	00	00	00	00	01	01	28	22	27.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps ²	00	00	00	00	00	00	01	00	00	01	05	51	53	-3.8 %
Measles ³	01	00	00	00	00	00	00	00	00	01	00	03	01	200 %
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	01	00	00	00	00	00	00	00	00	01	00	02	02	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	01	00	04	-100 %
Whooping Cough ²	00	00	00	00	00	02	00	00	00	02	00	10	09	11.1 %

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, 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.

ON STATE SERVICE

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