



WEEKLY EPIDEMIOLOGICAL REPORT

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

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WHO South-East Asia Regional Office (SEARO) Annual Simulation Exercise on International Health Regulations (IHR) – SAPHIRE 2026

The implementation of the International Health Regulations (IHR) (2005) requires timely and accurate communication between National IHR Focal Points (IHR NFP) and the WHO IHR Contact Point. IHR event communication involves notification, information sharing, consultation, and event verification. Ensuring effective event communication is an essential component of our collective efforts towards the objectives of the IHR (2005) to prevent, protect against, control, and provide a public health response to the international spread of disease. It involves the risk assessment using the decision-making instrument contained in Annex 2 of the IHR (2005). It may also involve communications to determine if an event constitutes a public health emergency of international concern (PHEIC) and the associated emergency response under the IHR (2005).

Recent emergencies, including COVID-19, mpox, dengue, and the resurgence of some vaccine-preventable diseases such as measles, have reiterated the critical importance of timely and effective IHR event communication. While much progress has been made, countries and the WHO must facilitate continuous improvement in IHR event communication.

Simulation exercises have been one of the three voluntary components of the IHR (2005) Monitoring and Evaluation Framework (MEF), with joint external evaluations and after/intra-action reviews being the others, alongside the mandatory state parties' annual reporting. Experience has shown that simulation exercises are an effective way for Member States to practice and test their IHR capacities, facilitate learning, and catalyse continuous improvement of public health emergency preparedness and response.

Since 2023, WHO has regularly conducted the South-East Asia Regional Practice for All-Hazard IHR Event Communication - SAPHIRE regional simulation exercises to facilitate continuous improvement in International Health Regulations (IHR) event communication. The SAPHIRE is a functional exercise, requiring participants to respond in real-time to incoming information about a public health event and undertake simulated emergency functions that

would reflect their role in an actual situation. The exercise will last for approximately four hours and be followed by the hotwash to debrief the exercise.

This year's exercise focused on a simulated chemical hazard event, specifically designed to test and strengthen functional communication channels between the National IHR Focal Point, national chemical safety entities, hazardous materials management teams and the WHO IHR contact point.

Scenario overview:

The exercise scenario was built around a fictional Member State, "the Republic of Searland," an agriculture-based country of 18.4 million people bordering Sarbina, Asiana and Kalyra, where pesticide products are widely imported and used during agricultural spraying seasons. Participants applied their own national coordination structures - the Ministry of Health, National Poison Information Centre (NPIC), Health Emergency Operation Centre (HEOC), Disaster Management Centre (DMC) and IHR mechanisms - to a progressively evolving chemical event within this fictional setting.

The scenario traced a suspected organophosphorus pesticide poisoning event from initial signal detection through to WHO notification and international collaboration, delivered as eight sequential inject sets over a simulated eleven-day timeline (10-19 August 2026). Following an initial country briefing, the scenario opened with media and social media reports of a cluster of acute illness among farmers in Meridia District, prompting district health officers and hospitals to seek toxicological support and the National IHR Focal Point to review the WHO Event Information Site (EIS) for related historical events. As suspected cases rose and spread to further districts, the event moved beyond the health sector, requiring multi-sectoral coordination between the HEOC and the Disaster Management Authority, while the WHO IHR Contact Point issued a formal Article 10 verification request following media reports of mass poisoning and possible irrigation canal contamination. An environmental update then identified a possible transboundary

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contamination pathway toward the Luma River, shared with neighbouring Asiana, prompting a formal Annex 2 assessment; on this basis, the National IHR Authority authorized notification to WHO under Article 6 of the IHR (2005), while the NPIC issued updated clinical and antidote guidance to healthcare facilities. The exercise then moved into the international information-sharing phase, with the National IHR Focal Point reviewing a draft EIS posting under Article 11, engaging directly with the IHR Focal Point of Sarbina - the country of origin of the implicated product, AgriShield-20 EC, Lot AS20-2406-B - to trace its distribution, and finally reviewing a draft global Disease Outbreak News article for factual accuracy before the exercise concluded.

Sri Lanka's exercise response:

The Epidemiology Unit, with 35 participants from health and non-health stakeholders, actively engaged in the simulation process. Notable milestones included:

- * An NPIC clinical advisory to the DGHS identifying the presentation as compatible with organophosphorus poisoning, together with a documented stakeholder-communication list.
- * HEOC-led consolidation of case, environmental and animal-health data (cattle disease, poultry deaths, fish mortality) into a single multisectoral situation report shared with 13 stakeholders, each asked to designate a focal point for the event.
- * Completion of the Annex 2 decision-instrument assessment, resulting in a recommendation to notify WHO (2 of 4 criteria met).
- * Submission of the Article 6 notification and EIS draft to the WHO IHR Contact Point, followed by factual review and revision of both the EIS posting and the Disease Outbreak News article.
- * Direct engagement with Sarbina's IHR Focal Point on product traceability, with the resulting information shared onward with national stakeholders together with suggested follow-up actions.
- * Sharing of relevant national reference materials, including the National Disaster Management Plan (2023-2030), the National Plan on Emergency Health Workforce for Chemical and Biological Hazards (2026-2030), clinical management and antidote guidance, and risk-communication circulars.

Key learning outcomes:

1. Stakeholder identification and communication channels: the exercise helped confirm the full set of relevant national stakeholders - including chemical safety entities and hazardous-materials management teams - and reinforced the working communication channels between them.
2. Escalation pathway clarity: participants gained a clearer, practiced understanding of the step-by-step communication and escalation pathway for a chemical event, from initial signal detection through to WHO notification under the IHR (2005).
3. Role clarity: the exercise strengthened understanding of each stakeholder's specific role and responsibility in responding to a chemical event and in preventing further public health risk.

Planned follow-up actions:

Building on the exercise, Sri Lanka identified three priority follow-up actions:

1. Updating and sharing the multi-sectoral contact directory and communication SOP for chemical events among the National IHR Focal Point, NPIC, hazardous-materials management teams and other national chemical-safety entities.
2. Organising a sub-national simulation exercise involving all identified stakeholders to reinforce the communication pathways and roles clarified during SAPHIRE 2026.

3. Strengthening national risk-assessment and event-verification protocols, with reference to IHR Annex 2, to speed up internal decision-making ahead of WHO notification, and sharing lessons learned with the National IHR Authority and other IHR NFPs.

Conclusion:

Exercise SAPHIRE 2026 provided Sri Lanka with a realistic, structured opportunity to test national IHR event-communication arrangements for a chemical public health emergency - from initial signal detection through multisectoral coordination, Annex 2 assessment, WHO notification, and international product-tracing collaboration. The exercise validated existing coordination mechanisms while surfacing concrete, actionable steps to further strengthen national and sub-national preparedness for chemical events ahead of SAPHIRE 2027.

Compiled By:

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

District	MOH areas	No: Expected *	No: Received
Colombo	18	108	17
Gampaha	15	90	15
Kalutara	13	78	NR
Kalutara NIHS	2	12	20
Kandy	23	138	98
Matale	13	78	NR
Nuwara Eliya	13	78	71
Galle	20	120	NR
Matara	17	102	103
Hambantota	12	72	65
Jaffna	14	84	140
Kilinochchi	4	24	23
Mannar	5	30	23
Vavuniya	4	24	53
Mullatvu	6	36	43
Batticaloa	14	84	47
Ampara	7	42	10
Trincomalee	12	72	0
Kurunegala	29	174	NR
Puttalam	13	78	22
Anuradhapura	23	138	21
Polonnaruwa	9	54	21
Badulla	16	96	NR
Moneragala	11	66	42
Rathnapura	20	120	192
Kegalle	11	66	92
Kalmunai	13	78	0

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

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

10th – 16th Aug 2026 (33rd 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	584	18464	0	17	0	2	0	4	2	21	4	225	0	2	0	15	0	0	14	385	0	79	0	4	45	1204	4	113	100	100
Gampaha	567	15795	0	33	0	34	0	0	0	24	2	362	0	6	0	9	0	0	10	592	2	212	0	39	16	672	2	53	85	100
Kalutara	186	7440	0	34	0	3	0	10	0	62	2	291	0	9	0	17	0	0	24	614	2	98	0	13	5	366	4	63	89	100
Kandy	288	6527	0	40	0	9	0	7	0	38	0	145	0	27	0	19	0	0	13	492	0	101	2	43	16	332	0	19	86	100
Matale	32	2190	0	19	0	5	0	2	0	7	4	151	0	3	0	8	0	0	2	150	4	65	11	364	4	123	1	25	84	100
Nuwara Eliya	36	1052	0	37	0	5	0	3	1	16	3	215	1	40	0	14	0	0	6	353	1	151	0	2	1	172	0	9	100	100
Galle	144	5983	1	28	0	11	0	8	0	59	6	405	2	32	3	22	0	0	42	751	3	131	0	2	11	284	1	43	95	100
Hambantota	80	2688	1	43	0	2	0	0	0	40	5	190	3	26	1	12	0	0	5	165	3	53	24	356	3	94	1	22	97	100
Matara	114	6365	0	19	0	4	0	2	0	11	6	283	0	17	2	17	0	0	8	394	0	137	5	106	1	105	2	23	100	100
Jaffna	9	1011	2	66	0	6	0	19	2	95	0	55	4	240	0	1	0	0	4	281	1	39	0	1	4	121	0	11	99	100
Kilinochchi	5	644	0	12	0	1	0	8	0	1	0	76	0	12	0	3	0	1	1	96	1	14	0	2	0	21	0	2	100	100
Mannar	1	533	0	1	0	3	0	0	0	3	0	45	0	4	0	3	0	0	1	64	0	20	0	5	0	33	1	4	100	100
Vavuniya	8	333	0	20	0	4	0	2	0	8	1	102	0	4	0	1	0	0	2	120	0	34	0	23	2	45	0	7	100	100
Mullaitivu	2	99	0	6	0	2	0	1	0	13	0	35	0	5	0	2	0	0	1	12	1	10	0	10	0	19	0	7	100	100
Batticaloa	27	1511	1	60	0	11	0	2	0	21	2	144	0	2	0	16	0	0	11	238	3	74	0	22	6	104	2	80	100	100
Ampara	15	625	0	53	0	1	0	1	0	16	2	121	0	2	3	11	0	0	6	260	1	62	1	16	2	37	0	19	100	100
Trincomalee	5	735	1	20	0	6	0	2	0	14	0	77	0	8	0	3	0	0	5	175	1	29	0	18	0	102	0	6	100	100
Kurunegala	106	3352	0	21	0	18	0	3	0	66	8	311	0	29	1	13	0	1	16	597	2	293	14	320	5	211	0	51	96	100
Puttalam	73	1825	1	18	0	11	0	0	0	9	1	193	0	24	0	7	0	4	0	118	4	137	0	15	0	111	0	21	91	91
Anuradhapura	57	1060	0	19	1	9	0	3	0	51	5	198	3	26	2	13	0	0	13	425	1	121	36	563	5	180	4	48	95	100
Polonnaruwa	9	810	1	25	0	7	0	2	0	59	1	225	0	7	0	25	1	1	9	377	1	56	15	386	5	60	3	67	100	100
Badulla	55	1677	0	33	0	8	0	3	0	13	7	202	1	41	0	118	0	0	9	332	1	203	2	92	4	165	0	15	96	100
Monaragala	33	1249	1	15	0	3	0	2	0	10	7	223	0	29	4	49	0	1	10	186	1	81	7	164	3	84	0	18	94	100
Ratnapura	92	5183	0	28	0	7	0	6	1	19	12	666	0	31	1	14	0	0	5	284	5	85	10	157	5	275	2	28	96	100
Kegalle	99	2735	0	46	0	6	0	5	0	25	7	310	0	11	0	12	0	0	17	534	0	78	0	13	2	202	0	9	81	100
Kalmunai	55	1019	2	43	0	3	0	1	0	20	0	62	0	1	0	3	0	0	6	372	1	36	0	0	4	83	1	26	100	100
SRILANKA	2682	90905	11	756	1	181	0	96	6	721	85	5312	14	638	17	427	1	8	240	8367	39	2399	12	2736	149	5205	28	789	95	100

Source: WRCD module of the EPINET.

T*=Timeliness refers to returns received on or before 16th Aug, 2026.

A = Cases reported during the current week;

Total number of reporting units 363

C**=Completeness;

C**=Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP

10th – 16th Aug 2026 (33rd 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	00	00	00	00	00	00	00	00	01	42	40	5%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps ²	00	02	00	00	01	03	00	01	00	07	02	100	102	-1.9%
Measles ³	01	00	00	00	00	03	00	00	01	05	00	48	02	2300 %
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	01	04	04	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	01	00	00	00	00	00	00	00	00	01	02	20	15	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.

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 should be investigated by the MOH Personally.

All patients presenting with fever and a maculopapular rash must be promptly notified and investigated. Blood samples and throat swabs should be collected at the appropriate time window

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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