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வட மேல் மாகாண சுகாதார சேவைகள் திணைக்களம்
Department of Health Services – Northwestern Province



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எனது இல :
My No

NWP/PDHS/CH3/Disaster/2025

ඔබේ අංකය
உமது இல :
Your No

දිනය
திகதி :
Date

01.11.2025

Regional Director of Health Services Kurunegala and Puttalam
All Medical Officer of Health Kurunegala and Puttalam Districts

Public Health Measures to be adopted during flood and disaster situation

This is further to the letter NWP/PDHS/CH3/Disaster/2025 dated 27th November 2025 issued by me and to the circular issued by the Epidemiology Unit on “Public Health Measures to be Adopted in the Event of Floods” is attached herewith for your reference and necessary action (Epid/22/2017 dated 23rd May 2018)

In view of the effect of adverse events following extreme weather and the occurrence of flooding and landslides in several areas of the Sri Lanka, it is essential that comprehensive public health measures are adopted without delay to prevent disease outbreaks and ensure the safety and wellbeing of the affected communities. The unwavering commitment and resilience shown by the all health sector staff in facing the challenges brought about by the extreme weather conditions is highly commendable.

In order to uplift the health of the affected communities, all MOH are instructed to strengthen surveillance, environmental health interventions and service delivery as outlined in the attached national guideline (copy of the circular is attached herewith).

1. Safe Water Supply

- Ensure availability of adequate and safe drinking water through coordination with local authorities.
- Strengthen water chlorination and initiate super-chlorination where required. (refer the guideline issued by the Epidemiology and Unit and Dug Well Cleaning guideline by National Water Supply & Drainage Board attached herewith)
- Ensure proper storage of drinking water and educate affected communities on correct handling practices.

2. Food Safety

- Monitor the hygienic preparation, storage and distribution of food in temporary shelters, supervise food handling establishments while educating handlers on safe practices, and ensure proper storage of raw materials through regular inspections.
- Slaughterhouse and farmhouse inspections are crucial and should be carried out by the MOH & PHI in coordination with the divisional veterinary surgeons in order to secure the availability of the safe animal foods in the market.

3. Sanitation

- Assess adequacy of sanitary facilities in shelters and ensure the proper hygienic practices.
- Ensure continuous water supply, TCL, soap and cleaning equipment in collaboration with the local authorities.

4. Solid Waste Management & Disposal of Animals Death Bodies

- Coordinate with local authorities for daily waste collection, proper refuse storage, segregation and disposal systems in shelters.
- Implement rodent, fly and insect control measures in the area.
- Dispose of animal dead bodies following floods and landslides properly using safe and hygienic methods.
- Guide relevant stakeholders on proper disposal, following the guidelines for safe disposal of animal carcasses, which will be provided in a subsequent letter.

5. Wastewater Management

- Assess wastewater disposal needs and establish safe drainage options.
- Prevent stagnation and ensure wastewater does not flow through living areas.

6. Mobile Clinics & Management of Minor Ailments

- Organize daily mobile clinics during the early phase and 2–3 visits per week during recovery coordinating with the divisional health staff.
- Ensure continuation of non-communicable disease care, communicable disease screening and maintenance of personal health records.

7. Communicable Disease Control

- MOH/ PHI should visit temporary shelters daily to inquire into unusual occurrences of disease events/ outbreaks.
- Strengthen vigilance for diarrhea, dysentery, hepatitis, respiratory infections, chickenpox, skin infections and other outbreak-prone diseases.
- Conduct weekly water quality surveillance.
- Isolate and refer suspected contagious cases promptly and strengthen timely notification.
- Continue routine immunization by administering vaccines according to an adjusted schedule.
- Fogging of all high-risk areas and IDP camps for the prevention and control of Dengue
- Strengthening public awareness on post-flood and landslide health risks, including waterborne diseases, vector-borne illnesses, injuries, and the importance of seeking timely medical care
- Maintain close communication with the Regional Epidemiologist and Epidemiology Unit.

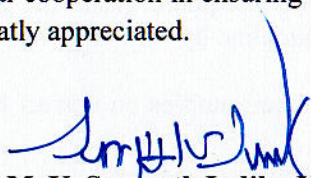
8. Leptospirosis Prophylaxis

- Provide Doxycycline 200 mg stat dose for eligible adults returning to flood-affected homes in high-risk areas who have been exposed to flood.
- Avoid use in children <12 years, pregnant/lactating women, and those with contraindications.

9. Surveillance & Reporting

- Conduct daily shelter visits and fill Annexure 1.
- MOHs to consolidate and forward Annexure 2 to the RE daily.
- RE to compile Annexure 3 and submit to the Epidemiology Unit daily.
- Submit District-level situation updates as per Annexure 4 and copy to PDHS

Your cooperation in ensuring the immediate implementation of these measures across all affected areas is greatly appreciated.


Dr. M. K. Sampath Indika Kumara

Provincial Director of Health Services
North Western Province

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Copies:

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2. Chief Secretary, North Western Province
3. Director General of Health Services, Ministry of Health, Colombo
4. Health Secretary, Ministry of Health, North Western Province
5. Chief Epidemiologist, Epidemiology Unit, Ministry of Health, Colombo
6. Provincial Director- Department of Animal Production and Health, NWP
7. Consultant Community Physician Kurunegala/Puttalam
8. RE/ Medical Officer (Epidemiology) Kurunegala/Puttalam
9. Medical Superintendent All Base Hospitals Kurunegala/Puttalam
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11. All MO Public Health
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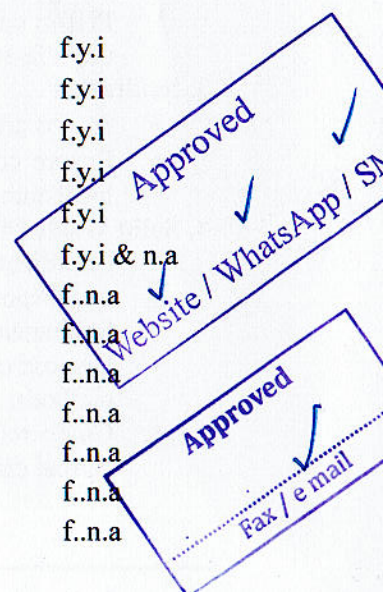
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Epid / 22 / 2017

23rd May 2018

Provincial Director of Health Services – Southern Province / Western Province / Sabaragamuwa Province/ North-western / Central

Regional Director of Health Services – Galle / Matara / Colombo / Kaluthara / Rathnapura / Kegalle / Gampaha / Badulla / Puttalam / Nuwaraeliya

PUBLIC HEALTH MEASURES TO BE ADOPTED IN THE EVENT OF FLOODS

Due to the prevailing adverse weather condition in the country the above provinces and districts are experiencing emergency situations. As a result a number of internally displaced people are living in temporary shelters. Prevailing flood and heavy rains will pollute the water resources and food supply in those areas.

The annexed guidelines are recommended to minimize the adverse public health impact and prevent the spread of communicable diseases among the displaced population living in temporary shelters. (These documents are also available on the Epidemiology Unit Website: www.epid.gov.lk)

All Regional Epidemiologist are requested to communicate with the Epidemiology Unit on daily basis during the emergency situation to provide an update and get any additional support needed from the unit.

.....
Dr. Anil Dissanayake

Chief Epidemiologist

Dr. S.A.R. Dissanayake
Chief Epidemiologist/Director
Epidemiology Unit
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Colombo 10.

Copy: Director General of Health Services
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PUBLIC HEALTH MEASURES TO BE ADOPTED IN THE EVENT OF FLOODS

The main responsibility of prevention of communicable diseases and disease surveillance lies with the local public health staff (MOH, RE, RDHS and PD) while technical guidance, will be provided by the Epidemiology Unit.

1. Safe water

Need to address - safety, adequacy, supply and source

The water supply measures in short term emergencies involving population displacement and temporary shelters are considered.

- Identify sources of water (eg: wells, pipe borne, tube wells, external supply)
- Co-ordinate with the Divisional Secretary and local government authorities to ensure continuous and adequate supply of safe drinking water
- Adequate water storage tanks should be supplied for proper storage of water.
- First priority is to provide adequate supply of water. The water supplied should be adequately treated. Chlorinated water should be ideal and need to be monitored regularly. In special situations of disasters as in floods, PHI should involve in super chlorination of water.
- If pipe-borne water is not available, water to be collected in tanks or barrels and chlorinated adequately to ensure safety in drinking water.
- Train a group leader in water sanitation. If facilities are available, make arrangements for boiling and proper storage of water at least for children.
- Advise and supervise correct methods of storage and usage of water for different purposes

2. Ensuring safety of food

Need to address – safety, adequacy, nutrition (Satisfaction and acceptance also to be considered)

- PHI should co-ordinate with the Divisional Secretary to ensure that food supplied by local authorities and other sources are hygienically prepared before distribution during early recovery period.
- Ensure all food supplies to the displaced are hygienically stored, prepared and distributed.
- Strictly monitor the preparation of food in food handling establishments.
- Establish a food preparation place within the camp as soon as possible and maintain safety practices.
- Educate food handlers on food safety practices and personal hygienic measures.
- PHI should supervise regularly the food preparation practices carried out within the temporary shelter.
- Common food preparation practices at the initial stage may be divided into several groups with time should be encouraged but regular monitoring of food preparation sites should be supervised. Upgrading of the knowledge on nutritious and hygienic preparation of food should be carried out.
- Storage facilities for raw materials should be provided and adequately maintained. It is the responsibility of the PHI to supervise and maintain activities regularly.

3. Sanitary facilities

Identify sanitary facilities existing in the camp.

- Ensure adequate sanitary facilities for the displaced within the camp. Where necessary, make arrangements to construct an adequate number of temporary latrines.
- PHI of the area should involve in the assessment of the adequacy of toilets. Shallow or deep trench latrines or temporary pit latrines should be prepared depending on the situation.

- The latrines should be sited at least 30 meters away from any water source. If the ground water is not abstracted, the distance may be reduced depending on the availability of space.
- Need to get the opinion of users also in construction of latrines at the design stage to get the maximum co-operation for proper maintenance.
- Ensure proper disposal of excreta of infants, babies and disabled. Distribute potties for children. Train and educate to discard all excreta and empty potties to latrine pit.
- Ensure cleanliness of toilets. PHI should monitor regularly the cleanliness. Prepare and make available adequate amount of TCL, soap and cleaning equipment to latrines.
- Make arrangements for continuous and adequate water supply and soap for washing purposes.

4. Disposal of refuse

- The number and size of the refuse containers need will vary depending on the situation. The area PHI should co-ordinate with the local authority on the supply of requirements in maintaining proper refuse disposal within the temporary shelter.
- Identify a suitable method of garbage disposal. Co-ordinate disposal of garbage by sanitary burial or burning in suitable adjacent areas of temporary shelters.
- If garbage is removed daily by the local authorities using tractors, ensure enough containers (garbage bins) are made available in the temporary shelters for collection of garbage.
- Co-ordinate with the local authority on regular removal of garbage.
- Train to collect and sort garbage. Dispose in separate containers.
- Make arrangements for refuse storage, collection and transport and regular monitoring by the PHI.
- Control flies, insects and rodents by proper use of physical and chemical methods (insecticides and TCL powder).
- Train to ensure cleanliness in and around the camp.

5. Waste water management

- Waste water from kitchen, bath areas and laundering is considered here.
- Quantity and nature of waste water problem should be assessed. Disposal options depending on the situation should be considered.
- Co-ordinate with the local authority for proper disposal of waste water produced within the temporary shelter. (eg: Infiltration into soaking pit, diversion into a drain or open channels)
- Should not allow stagnation within the temporary shelter or should not allow drainage through dwellings.

6. Treatment and management of minor ailments

- Co-ordinate with the local medical institutions/authorities to establish mobile medical teams to visit temporary shelters for the displaced daily and provide treatment.
- Conduct mobile health clinics daily at early recovery phase, and 2-3 days time per week later.
- Pre-plan the health clinic. Eg: age-wise or gender-wise categorization, area for treatment for minor ailments, referrals for follow up for chronic/non communicable diseases, screening for communicable diseases.
- Issue a personal health record for each person to continue and follow up throughout the period of stay in temporary shelters which will facilitate identification of diseases early and prevention of multiplication of treatment.
- Direct and co-ordinate all volunteer health teams and health facilities through the MOH office of the area.

7. Prevention and control of potential outbreaks

Disaster affected people are particularly vulnerable to communicable diseases which are directly related to environmental health and behaviours. Public education and provision of information in behavioural changes should be carried out to reduce the occurrence and spread of communicable diseases.

- Water quality surveillance for bacteriological testing should be continued weekly in an epidemic related to water and during early phase of recovery of the disaster. Otherwise monthly surveillance will be adequate. Samples should be collected according to the national norms.

- Diarrhoea will result due to contaminated drinking water, food or poor sanitation and unhygienic practices. Prompt action must be taken to ensure early treatment and prevention of further spread. Maintain hygienic practices.
- In case of contagious diseases such as acute respiratory tract infections, eye infections and chickenpox patients should be isolated if facilities are available and referred to the area hospital if necessary. In case of spreading respiratory tract infections contact Epidemiology Unit and MRI for necessary technical support for prevention of spread and viral studies for accurate diagnosis.
- Some disaster conditions give rise to increase in the populations of vector or nuisance species, usually insects and rodents. People living in temporary shelters are specially exposed and prone to diseases spread by vectors. Steps should be taken to control mosquito breeding to prevent and control mosquito borne diseases such as Dengue, Malaria and JE. Ensure maintenance of environmental sanitation. Appropriate advice will be provided by the Epidemiology Unit whenever necessary.
- Promote camp leaders and mobile medical teams to report notifiable diseases and other contagious diseases to the local public health staff as early as possible.
- In the event of any vaccine preventable disease, contact the Epidemiology Unit, Regional Epidemiologist or MOH of the area.
- Routine age appropriate vaccination procedure should be continued through mobile clinics by the area field public health staff.

8. **Prophylaxis for Leptospirosis**

- With the receding of water levels, displaced population starts to go back to their residences. There may be a risk of contact with *Leptospira* contaminated water due to following reasons during this period.
 - The current water levels make the water shallow and muddy
 - The people will be going to their residences shortly and will start cleaning the homes, thereby increasing the possibility of exposure.
- Doxycycline chemoprophylaxis is recommended (**where the disease prevalence is already known to be high**) as follows.

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- Water quality surveillance for bacteriological testing should be continued weekly in an epidemic related to water and during early phase of recovery of the disaster. Otherwise monthly surveillance will be adequate. Samples should be collected according to the national norms.

- Doxycycline 200mg stat dose (which will be effective for one week)
- Doxycycline can be taken with or without food, preferably with a full glass of water. **It is contraindicated in,**
 - Age <12 years
 - Pregnancy
 - Lactating mothers
 - The presence of previous allergy
- Doxycycline is generally not prescribed to patients with significant liver or kidney diseases. In case of any doubt, advice may be sought from the consultant physician of the nearest hospital.

9. Disease surveillance

Major steps in communicable disease surveillance after disaster,

- (1) Vigilance on occurrences of communicable diseases.
- (2) Carry out field investigation of rumors and notifications of outbreaks of diseases.
- (3) Do relevant laboratory investigations to obtain definitive diagnoses and support for epidemiological investigations.
- (4) Provide epidemiological information to decision makers.
- (5) Strengthen and continue surveillance during and after the recovery phase.

- MOH/PHI should visit temporary shelters daily to inquire into unusual occurrences of disease events/outbreaks. Leaders in temporary shelters should be contacted daily and be inquired about specific communicable diseases and unexpected occurrences of diseases. If any field health staff member received information or a rumour on infectious disease he/she should inform the MOH without delay. The suspected patient of the temporary shelter is visited by the PHI and relevant additional information is obtained from the patient, his/her medical records, his/her family, others in the temporary shelter and the environment. The MOH also should visit the temporary shelter and investigate where necessary. Suspected cases of communicable diseases

should be isolated within the temporary shelter if facilities are available or otherwise arrangements made to isolate in the area hospital to prevent spread. If doubtful cases are present, the MOH of the area should take action to prevent the spread of the disease and confirm the case. Necessary technical advice should be obtained from the Regional Epidemiologist, consultants in regional hospitals and the Epidemiology Unit. Obtain assistance from regional laboratories to confirm the disease which is essential for prevention of spread of diseases.

- MOH should collect communicable disease surveillance data from each temporary shelter in the given format (Annexure 1).
- MOH should consolidate the above data daily and send a consolidated report to RE (Annexure 2) and RE should consolidate it by MOH area and send it to the Epidemiology Unit daily (annexure 3).
- Routine surveillance system should be continued (notification, investigation, prediction and early detection of outbreaks) and returns should be maintained (H399, H 411a and special investigations)
- In addition general information regarding the flood affected area should be filled by the RE in duplicate and one copy to be kept at RDHS office and one to be sent to the Epidemiology Unit (Annexure 4).



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Groundwater Section

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Guidelines for the Dug well cleaning

The following guidelines are recommended for the cleaning of dug wells impacted by recent adverse weather conditions in affected areas throughout the island.

1. Criteria for selection of dug wells for cleaning

01. Details of the affected wells shall be collected from AGA/GS/ Development officers or District Disaster management Units.
02. Abandoned dug wells should not be selected for cleaning and development of the dug well.
03. Check the well structure and possibilities for flowing of surface water to the well and direct leak of surface water. These wells should not be selected for the cleaning and development.
04. The dug wells closed to the damaged latrines, contaminant sources (service station, filling station, etc.), and contaminant surface water bodies should not be selected.
05. GPS coordinates or location address, water level, well depth before and after the cleaning of well, general appearance of the water quality should be recorded in the selected wells.

2. Cleaning and development of the dug wells

01. Remove all the debris and polluted water from the well using pumps. The pumped water and removed materials should be dumped of at least 15 – 20 m away from the pumped well to prevent the recycling of the contaminant water to the well.
02. Check the depth after cleaning with original depth in consultation with the users.
03. Clean the well lining and structure using brush and chlorinated water. Allow water level in the well to return to its normal level.
04. Repeat the cleaning process until pumping water in free of suspondant materials.
05. Allow water level in the well to return to its normal level.
06. Water samples shall be collected and tested as per the requirement.
07. Chlorinate the well as per instructions provided, wherever necessary (steps for chlorination are attached herewith).

3. Preparation of chlorinated water

(Calculation of chlorine/ bleaching powder requirement in grams)

Required bleaching powder (Grams) = $\frac{\text{Volume of water (L)} \times \text{Target ppm}}{\text{Available Chlorine} \times 10}$

Eg: 100 L washing solution of 100ppm with 35% bleaching powder,

For 100L solution needs bleaching powder, 28g

4. Equipment for cleaning of dug wells

1	5KW or above single phase, 3 phase generator	01
2	7.5 KW -15KW stater switch	01
3	30AM 3 core wire	15-20m
4	2"dia – 3" dia sludge pump/ Centrifugal pump (400-1000lpm)	01
6	2"dia – 3" dia PVC/ PE pipe (With necessary sockets & bends)	01
7	2"dia – 3" dia canvas hose H/Q	15-20m