



SIMPLIFIED EARLY ACTION PROTOCOL ACTIVATION

Sri Lanka | sEAP Dengue

02 June 2026



Trained volunteers together with the Public Health Inspectors (PHIs) of the Ministry of Health conducting training on Dengue response and waste management for communities during the Readiness Phase (Photo: Sri Lanka Red Cross Society)

sEAP №: sEAP2024LK01	Operation №: MDRLK022	EAP approved: 03/06/2025	EAP revised timeframe: 03/06/2025 - 30/09/2026
Trigger date: 02/06/2026	Early action lead time: 02 to 04 weeks	Early action timeframe: 3 Months	

Budget: 77,140 CHF
To assist: 16,000 people

EARLY ACTION PROTOCOL ACTIVATION



Activation Overview

The Sri Lanka Red Cross Society (SLRCS) has activated its simplified Early Action Protocol for dengue after the National Dengue Control Unit (NDCU) reported a confirmed weekly caseload exceeding the trigger point of 1,500. As of May 2026, the NDCU has reported a total of 32,071 dengue cases since the beginning of the year. Additionally, two more deaths have been recorded, raising the total to 17.

The highest number of cases has been reported in the Western Province, followed by the Southern and Sabaragamuwa Provinces. Dengue infections have occurred in all 25 districts nationwide, with the most significant numbers found in Colombo, Gampaha, Kalutara, Kandy, Galle, Matara, and Rathnapura. The outbreak is impacting communities as the southwest monsoon sets in over the island. Many districts are experiencing considerable rainfall, and the Western Province is facing major and minor flooding, particularly in the Gampaha and Colombo districts. The weather conditions in high-risk urban areas, including the Northern provinces, pose

an immediate risk for further spread of the disease.

Trigger monitoring was based on the National Dengue Control Unit's weekly monitoring data, confirming the district-wise number of cases reported. The readiness trigger (Trigger 01) - average rainfall exceeding 100mm in the western province - was met with the [forecast](#) issued by the Disaster Management Center on 15 May 2026, enabling the initiation of the readiness trigger. The early action trigger (Trigger 02) - the average number of weekly-confirmed cases reported by the NDCU exceeding 1500 - was met in the weekly update for week 22, released on 01 June 2026. The Sri Lanka Red Cross Society formally activated the trigger following consultations with the Ministry of Health (MOH) and the NDCU on 02 June 2026.

Early actions will focus on five districts – Colombo, Gampaha, Kalutara, Kandy and Jaffna as indicated in the protocol and identified high-risk zones areas as per the update of the NDCU. Planned interventions include elimination of mosquito breeding sites at the community level targeting high risk areas identified by the MOH and NDCU, conduct house to house surveillance campaigns, volunteer deployments, distribution of IEC materials, training and awareness households on water hygiene practices, conduct clean-up campaign at the private common places and schools, and distribution of mosquito repellent to the school children comes from the high-risk zones. Actions will be implemented over an initial operational period of up to three months, in line with the sEAP timeframe.

Early actions will prioritize communities at the highest risk of dengue outbreaks in the districts of Colombo, Gampaha, Kalutara, Kandy, and Jaffna, as well as in selected high-risk zones within these districts. The Ministry of Health and the Dengue Control Unit will collaborate closely to implement early action activities in other districts not included in the initial protocol that are currently experiencing high case numbers. The targeting will focus on households in areas with confirmed local transmission, border communities with significant cross-border mobility, and densely populated urban settlements that are vulnerable to flooding.

The primary target groups include households near confirmed cases of dengue, school-aged children in high-risk areas, and vulnerable populations such as older people and individuals with disabilities. The dengue task force, along with members of the NDCU and Public Health Inspectors, will conduct household-level surveillance and implement community-level interventions to eliminate breeding sites for the dengue mosquito. These efforts will include promoting hygiene practices, ensuring the surroundings are kept clean, and taking rapid risk-reduction measures.


Around 150 trained volunteers will collaborate closely with the NDCU and PHI teams to implement early action interventions. This will include reallocating volunteers across all five districts and training a dengue task force. The targeting of these efforts will remain flexible, based on ongoing surveillance data and rapid risk assessments in coordination with the Ministry of Health offices in the districts and the NDCU. This approach ensures that early actions are concentrated in priority dengue outbreak areas to interrupt transmission and protect at-risk populations.

Early Action Overview


PLANNED OPERATIONS


 Health & Care	Female:	8,320	33,450 CHF
	Male:	7,680	AP Code: 107, 108, 109
Indicator:	# of people reached with health and care interventions in advance of a hazard		
Priority Early Actions:	<ol style="list-style-type: none"> 1. Elimination of mosquito breeding sites at community level targeting high risk settings like construction sites, schools, religious places etc. 2. Conduct house to house surveillance campaigns in the selected zones before and after the rainy season to eliminate mosquito breeding sites. 3. Volunteer deployments for the selected hospitals. 4. Distribution of IEC materials to the patients and families. 5. Training households on covering, emptying and cleaning domestic water storage containers. 		
 Water, Sanitation and Hygiene	Female:	8,320	9,150 CHF
	Male:	7,680	AP Code: 110, 111
Indicator:	# of people reached with WASH interventions in advance of a hazard		
Priority Early Actions:	<ol style="list-style-type: none"> 1. Volunteer door-to-door visits for mobilizing communities for waste management practices and checking mosquito breeding places. 2. Distributing IEC materials 3. Continue monitoring to check the status, color coding, and motivate the houses to continue the same practices. 4. Conducting clean-up campaigns identified hot spots in the public places 		
 Education	Female:	6,240	24,150 CHF
	Male:	5,760	AP Code: 115


Indicator:	<ul style="list-style-type: none"> • #of school children reached with early action interventions in advance of a hazard • # of school reached with the risk reduction early actions
Priority Early Actions:	<ol style="list-style-type: none"> 1. Distribution of mosquito repellent to the children coming from high-risk zones. 2. Conducting clean-up campaigns and engaging the dengue prevention circles in continuous monitoring

 Community Engagement and Accountability	Female:	75 volunteers 8,320 persons	750 CHF
	Male:	75 volunteers 7,680 persons	AP Code: 129
Indicator:	<ul style="list-style-type: none"> • # of trained volunteers engaged in community engagement and accountability interventions in advance of a hazard • # of people reached with community engagement and accountability interventions in advance of a hazard 		
Priority Early Actions:	<ol style="list-style-type: none"> 1. Deployment of volunteers to mainstream CEA in all early action activities 		

Enabling approaches

 Coordination and Partnerships	Female:	125	7,095 CHF
	Male:	125	AP Code: 118, 119, 127, 128
Objective:	To ensure early action activities are implemented in close coordination with relevant stakeholders at the district level, including all risk communities, to control dengue spread.		
Priority Early Actions:	<ol style="list-style-type: none"> 1. Coordination meetings with the MOH and NDCU at the National and the district level. 2. Coordination with the movement partners, district level stakeholders, including Regional Director of Health Services (RDHS), municipal council, Pradesh Sabha and Zonal education offices to plan and implement the early action activities and the joint action on the planning and monitoring of the early action activities. 		

 Secretariat Services	Female:	N/A	2545 CHF
	Male:	N/A	AP Code: 122
Objective:	To successful implementation of dengue sEAP		
Priority Early Actions:	<ol style="list-style-type: none"> 1. Monitoring the early action implementation 		

 National Society Strengthening	Female:	75	0.00 CHF
	Male:	75	AP Code: 124,125,126
Objective:	SLRCS able to provide essential services during the activation phase and capture lesson learn from the event for future reference.		
Priority Early Actions:	<ol style="list-style-type: none"> 1. Regular meetings with movement partners and stakeholders 2. Conduct post distribution monitoring 3. Lesson learned and final evaluation of the operation 4. Mobilization of SLRCS volunteers (Branch Dengue Prevention Taskforce) to work together with Health officials to monitor the response to dengue prevention 		

Contact information

For further information, specifically related to this operation please contact:

In the Sri Lanka Red Cross Society

- Dr. Mahesh Gunasekara, Secretary General, mahesh.gunasekara@redcross.lk +94 70 347 1084
- Ganga Kariyawasam, Head of Programmes, ganga.kariyawasam@redcross.lk +94 70 378 8639

In the IFRC Delhi Country Cluster Delegation

- Meenu Bali, Programme Manager, meenu.bali@ifrc.org +91 9971641414

At the IFRC Asia Pacific Regional Office, Kuala Lumpur

- Saara Ilmonen, Operations Coordinator; email, OpsCoord.SouthAsia@ifrc.org
- Sarah Mohammad Iqbal, DREF Coordinator; sarah.iqbal@ifrc.org

At the IFRC Geneva

- Malika Noisette, DREF (Anticipatory Pillar) Senior Officer; email: malika.noisette@ifrc.org

Reference



Click here for:

- [sEAP Summary and Budget](#)
- [sEAP Update](#)