Dengue epidemic infects tens of thousands, exposing collapse of Sri Lanka’s public health system

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Sri Lanka’s rapidly spreading dengue fever outbreak has infected tens of thousands of people and had reached epidemic proportions by the end of last month. Hospitals struggling to cope with the massive influx of patients have laid bare the collapse of the South Asian country’s public health system—the result of decades of deliberate austerity imposed by successive governments under the dictates of the International Monetary Fund (IMF).

As of July 11, the total number of dengue cases reported in Sri Lanka in 2026 had exceeded 67,200. According to the National Dengue Control Unit (NDCU), the dengue death toll had risen to 47 by July 11.

Dr. Kapila Kannangara, Acting Director of the National Dengue Control Unit, said that, as of July 7, daily hospital admissions had increased from around 750 to between 950 and 1,000. NDCU data show that the number of high-risk Medical Officer of Health (MOH) areas continues to rise. Fourteen districts in the Western, Southern, Sabaragamuwa, Central and Eastern provinces are severely affected.

Having identified universities, schools and other state institutions as major sites of dengue transmission in June, the Health Ministry and government authorities recently closed the University of the Visual and Performing Arts in Colombo. Last week the University of Moratuwa—where a student died during the 2017 dengue outbreak—was closed for two weeks.

Further closures are possible. Last month, a student from the Faculty of Humanities and Social Sciences at the University of Ruhuna died after contracting dengue.

The Sri Lanka Medical Association (SLMA) has warned that if the spread of the DENV-2 strain overwhelms hospitals, it will become increasingly difficult to provide proper treatment, and the death toll could rise rapidly.

Hospitals in several districts have already exceeded their capacity. At the National Hospital of Sri Lanka, there are only 17 high-dependency units for patients with severe dengue haemorrhagic fever. Patients are being forced to lie in corridors and stairways, while many sick people are being turned away.

A doctor at Peradeniya Teaching Hospital told the *World Socialist Web Site* (WSWS): “There is a serious shortage of nurses and other hospital staff. Existing staff are being forced to work 24-hour shifts, while around 60 nurses have contracted dengue themselves, worsening the shortage. Nurses from other wards are being assigned to dengue units in addition to their regular duties, leaving staff extremely demoralised and psychologically exhausted.”

The doctor added that dengue wards are overflowing, with patients suffering from dengue haemorrhagic fever receiving intravenous fluids while lying on floors. He said the DENV-2 strain has produced a much higher proportion of haemorrhagic complications than previous outbreaks.

A doctor at Kandy General Hospital told the WSWS: “Even on normal days, the number of beds is insufficient. Because of the dengue situation, the number of patients exceeding bed capacity has increased to more than three times that figure. Even when two patients are placed on a single bed, many others still have to remain on the floor.”

He added: “It is clearly visible that this is an epidemic situation, yet the government refuses to declare [an epidemic] in order to avoid taking the necessary emergency measures. This is a grave crime.”

A nurse at Ragama Hospital explained that, because of overcrowding, the admission threshold has been lowered from a platelet count of 390,000 to 300,000 per microlitre. Patients who would previously have been admitted are now instructed to remain at home, monitor and record their urine output, and obtain blood tests twice daily, either at hospital or private laboratories. She warned that this places a heavy burden on patients and can worsen the severity of the illness.

The official figures drastically underestimate the true scale of the disaster. Because 75 to 80 percent of infected individuals are asymptomatic but still capable of transmitting the disease, Public Health Inspector Sandun

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Rathnayake of the Mannar Municipal Council told the media that the real number of infections may be close to 200,000.

The gap between official statistics and reality is not accidental. It reflects a deliberate policy of concealment, like that employed during the COVID-19 pandemic, when governments reduced testing and manipulated official death figures while pursuing the criminal strategy of "herd immunity," placing corporate profits above human lives. Since then, every government has continued dismantling the public health system.

The Janatha Vimukthi Peramuna/National People's Power (JVP/NPP) government is responding to dengue on the same basis. Rather than committing the resources needed to eliminate mosquito breeding sites and provide adequate hospital care, it is downplaying the outbreak.

Addressing a dengue control program in Kottawa last month, Health Minister Nalinda Jayatissa said cleanup campaigns were underway in 14 districts but would succeed only "if we collectively intervene as a country." He warned that legal action would be taken against those who failed to eliminate mosquito breeding sites.

According to the Ministry of Health and Mass Media's 2025 Performance and Progress Report, inspections by the police, armed forces and Civil Security Department covered 323,276 premises, identified mosquito larvae at 12,025 locations and led to 2,982 legal cases. This militarised and punitive approach—treating workers and the poor as criminals rather than victims of a collapsing public health system—has characterised every government's response to dengue for decades. As the WSWS noted during the 2017 epidemic, such measures "have nothing to do with eliminating dengue" but are directed against growing public anger over the destruction of social services.

The epidemic is a social crime produced by the systematic destruction of Sri Lanka's public health system and the decades-long assault, under IMF dictates, on the universal right to free health care won through generations of working-class struggle.

According to health sector trade unions, Sri Lanka's public health institutions face shortages of 14,000 hospital attendants and 23,000 nurses. Hospitals suffer from broken equipment, crumbling infrastructure and chronic shortages of essential medicines. Kandy National Hospital, which serves a large region of the island, has only one MRI machine, forcing patients to wait more than a year for scans, with some dying without a proper diagnosis.

Community health services—the front line of dengue prevention—are also in crisis. Although 3,500 Public Health Inspectors are officially required, only 2,300 are employed, leaving a 34 percent shortfall.

The exodus of medical staff has reached crisis levels. During the past two years, nearly 10 percent of the country's doctors have emigrated, while more than 2,500 nurses have left the profession. In 2024, the Government Medical Officers' Association (GMOA) warned that 25 percent of doctors in state hospitals had sat overseas qualifying examinations. On June 14, the GMOA also reported that the Central Medical Stores had run out of 180 essential medicines, including antibiotics, painkillers and drugs for diabetes, high blood pressure and kidney disease.

The JVP/NPP government, despite promising to "renegotiate" the terms of the country's IMF bailout, has become the most ruthless enforcer of austerity. The 2026 budget cut health spending to 554 billion rupees, down from 604 billion in 2025, while committing to a primary budget surplus and annual debt repayments of 5 billion dollars.

Local government institutions responsible for sanitation, drainage and garbage collection have been systematically starved of funds, leaving blocked drains, garbage dumps and stagnant water to serve as breeding grounds for dengue mosquitoes.

Recent inspections by public health officials identified schools as major breeding sites for dengue mosquitoes. An employee at a leading Colombo school told the WSWS that this is the direct result of staffing shortages caused by funding cuts: "Our school has four vacancies for development officers and four for management assistants. Library and sanitation workers are being assigned to those duties. As a result, the library has been partly closed, school cleaning has broken down, and parents are doing those tasks. A considerable number of teachers and students have also contracted dengue."

The capitalist ruling class is placing the profit interests of big business above human lives. While billions of rupees are handed to major corporations, funding for health care and other essential services continues to be cut. The trade unions that claim to represent health workers support the IMF program, suppress workers' struggles and oppose any independent mobilisation against the JVP/NPP government.

The Socialist Equality Party calls on workers to establish independent action committees to fight for the resources needed to rebuild public health. This means a political struggle to place the major banks, corporations and private hospitals under democratic workers' control, reject foreign debt repayments, and establish a workers' and peasants' government based on socialist policies.

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