



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Seasonal Influenza (Part II)

This is the second in a series of two articles on Influenza

Antiviral Therapy

Antiviral therapy with Oeltamivir (Tamiflu) should be limited for patients admitted to hospitals and chemoprophylaxis is not indicated. Oeltamivir should be immediately initiated, for all admitted patients with severe disease.

This decision should be taken by the treating physician on his/her clinical judgment. Influenza diagnostic testing should not delay antiviral treatment.

Dosing regimens are as follows; For Adolescents over 13 years of age and Adults: Osel-tamivir 75mg twice a day for 5 days .

For children over 1 year of age to 12 years of age: Osetamivir to be given twice a day for 5 days, dosage based on child's weight.

- <15 kg → 30 mg twice daily
- 15 - 23 kg → 45 mg twice daily
- 24- 40 kg → 60 mg twice daily
- > 40 kg → 75 mg twice daily

In patients with severe or progressive illness not responding to normal treatment regimens, higher doses of oseltamivir and longer duration of treatment may be appropriate. In adults, doses up to 150 mg twice daily for 10 days could be used.

Laboratory Diagnosis

Diagnostic samples should be collected on clinical judgment from admitted patients only. A combination of a nasal swab from both nostrils and a deep throat swab and/or naso pharyngeal aspirate should be taken from a patient. A bronchoalveolar aspirate is preferable from patients with pneumonia. Sample should be kept in Viral

Transport medium (VTM), properly labeled and packed in ice to be transported with the request form to MRI within 24 hours.

Special considerations in care of pregnant mothers

Pregnant women who have no symptoms of influenza should be educated on early clinical manifestations of Influenza Virus Infection (fever along with cough, sore throat, rhinorrhea, headache, muscle pain and malaise).

They should avoid unnecessary travel, crowded public places and public transport as much as possible. Pregnant women and new mothers should avoid providing care for persons with influenza-like illnesses except for their own infants. Antenatal clinic visits should be reduced to the minimum required and women with low-risk pregnancies should be advised to postpone clinic visits in early pregnancy. Preventive measures to avoid transmission of infection should be taken by health care workers when attending to pregnant women. Care for symptomatic pregnant women (with fever and flu-like symptoms) should be organized in a separate area in the clinic or OPD whenever possible.

Pregnant mothers should consult a qualified physician immediately if they have flu-like symptoms and need to be carefully assessed for admission. Pregnant mothers should be admitted to a hospital for specialized care, if they present with features of complicated influenza or progressive disease (i.e. manifestations of cardio-respiratory distress (e.g. shortness of breath either during mild physical activity or while resting/dyspnoea, tachypnoea, hypoxia, low blood pressure), radiological signs of lower respiratory tract disease (e.g. pneumonia), central nervous system involvement (e.g. altered mental status,

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unconsciousness, drowsiness, recurring or persistent convulsions, confusion, severe weakness or paralysis), severe dehydration, presenting with high fever even on day 01 and worsening of cough or shortness of breath). A compulsory follow up visit in 2-3 days time should be arranged even in the absence of worsening of the disease.

Infection Control and Waste Management

Practice respiratory hygiene and hand hygiene at all times.

Hand hygiene

- Wash hands with soap and running water when hands are visibly dirty
- Use alcohol-based hand rubs if available and if hands are not visibly dirty

Respiratory hygiene and cough etiquette

- Covering mouth and nose when coughing or sneezing with tissue or handkerchief
- Disposal of the tissues and masks in no-touch receptacles
- Hand hygiene after contact with respiratory secretions

Droplet Precautions

- Encourage patient to wear a face mask
- Use a face mask during examination and direct patient care (when within <1m distance)
- Place patient in isolation or cohort with similar patients

Limit use of N95 masks **only** for aerosol-generating procedures which include aspiration of respiratory tract, intubation, resuscitation, bronchoscopy and autopsy using power saws.

Proper and routine infection control practices and procedures should be strictly followed for cleaning of patient care equipment, environment cleaning, linen and utensils and waste disposal.

In the Event of a Death from Suspected or Confirmed seasonal Influenza A infection

In the event of an influenza associated death, notify immediately to Epidemiology unit by telephone, fax or email. If it is a maternal death, notification should be sent without delay to the Family Health Bureau as well.

A post-mortem (preferably by a Consultant JMO) is mandatory in all maternal deaths as per the previous circulars issued by the DGHS.

- Standard precautions should be used when handling deceased individuals from suspected or confirmed seasonal influenza infection and when preparing bodies for autopsy or transfer to mortuary services.
- It is advised that proper hand washing with soap and water is done when direct contact with the body occur during funeral

proceedings.

Please note that there is no indication for sealing off coffins or withholding dead bodies without release.

Compiled by Dr.Chithramali Rodrigo of Epidemiology Unit

**Table 1 : Water Quality Surveillance
Number of microbiological water samples May/ 2015**

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	97
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	12	72	NR
Nuwara Eliya	13	78	NR
Galle	19	114	NR
Matara	17	102	11
Hambantota	12	72	NR
Jaffna	11	66	30
Kilinochchi	4	24	0
Manner	5	30	2
Vavuniya	4	24	63
Mullatvu	4	24	15
Batticaloa	14	84	2
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	23	138	NR
Puttalam	9	54	47
Anuradhapura	19	114	NR
Polonnaruwa	7	42	0
Badulla	15	90	8
Moneragala	11	66	76
Rathnapura	18	108	NR
Kegalle	11	66	52
Kalmunai	13	78	NR

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 13th - 19th June 2015 (25th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		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	T*	C**	
Colombo	144	4625	7	105	0	5	2	49	2	70	3	145	0	6	2	20	0	3	7	261	0	22	0	0	0	81	19
Gampaha	35	2163	2	54	0	3	0	19	0	25	1	234	0	6	2	86	0	0	4	121	0	10	0	2	67	33	
Kalutara	21	778	2	63	0	4	2	25	0	67	8	176	0	2	1	18	0	1	5	161	1	29	0	0	92	8	
Kandy	17	692	5	68	1	6	0	17	0	25	2	59	2	38	7	96	0	0	6	133	0	8	0	8	96	4	
Matale	5	319	0	31	0	0	0	7	0	5	0	38	0	7	0	22	0	0	0	13	0	8	2	9	69	31	
NuwaraEliya	2	95	10	215	0	3	1	12	0	0	0	17	0	38	0	40	0	0	11	78	1	30	0	0	92	8	
Galle	1	411	1	36	0	2	0	4	0	15	1	142	0	36	0	5	0	0	2	152	0	29	0	2	60	40	
Hambantota	2	162	3	17	0	0	0	5	0	11	1	55	0	27	0	25	0	0	0	74	0	6	1	159	83	17	
Matara	3	231	0	41	0	5	0	4	0	44	1	96	0	20	0	17	0	0	5	142	1	13	6	52	100	0	
QJaffna	10	1106	21	338	0	8	1	142	5	46	0	13	2	510	0	9	0	2	6	147	0	8	0	0	100	0	
Kilinochchi	0	35	1	45	0	0	1	6	0	27	0	1	0	16	0	0	0	1	0	12	0	0	0	0	50	50	
Mannar	1	75	0	7	0	1	0	5	0	2	0	8	0	16	0	0	0	0	0	7	0	0	0	0	100	0	
Vavuniya	0	81	1	12	0	6	3	49	0	5	1	13	0	12	0	1	0	2	0	35	1	7	1	3	100	0	
Mullaitivu	0	86	3	15	0	2	0	5	0	1	0	3	0	7	0	2	0	0	1	4	0	3	0	4	60	40	
Batticaloa	6	1209	4	146	0	4	0	12	0	123	0	9	0	2	0	1	0	0	0	26	0	15	0	0	50	50	
Ampara	1	33	0	25	0	1	0	1	0	4	0	10	0	1	0	2	0	0	12	138	0	5	0	1	57	43	
Trincomalee	14	466	3	31	0	0	0	17	0	32	0	12	1	13	0	7	0	1	2	54	0	3	0	1	83	17	
Kurunegala	13	796	3	91	0	2	0	3	0	13	4	163	1	19	0	28	0	4	8	249	0	21	2	57	96	4	
Puttalam	13	457	0	23	0	4	0	3	0	6	0	24	0	12	0	1	0	0	1	32	1	16	0	2	62	38	
Anuradhapura	2	268	1	46	0	1	0	2	1	50	0	166	0	17	0	8	0	1	2	115	0	17	0	153	63	37	
Polonnaruwa	0	127	0	26	1	3	0	7	0	3	1	46	0	1	0	4	0	0	0	79	1	14	0	51	29	71	
Badulla	7	358	11	97	0	4	0	5	0	7	2	38	1	64	2	106	0	2	2	113	2	49	0	6	71	29	
Monaragala	2	112	3	66	0	2	0	13	1	3	1	124	4	50	0	39	0	1	1	50	0	8	2	15	55	45	
Ratnapura	4	541	2	163	0	6	0	26	0	4	2	166	0	39	1	133	0	0	1	68	0	28	0	4	72	28	
Kegalle	10	317	2	41	0	8	1	47	1	6	6	189	0	30	0	61	0	0	2	129	0	31	0	0	91	9	
Kalmunei	4	406	0	73	0	1	0	1	0	33	0	3	0	0	0	0	0	0	0	68	0	7	0	0	62	38	
SRI LANKA	317	15949	85	1875	2	81	11	486	10	627	34	1950	11	989	15	731	0	18	78	2461	8	387	14	529	77	23	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 19th June, 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 261 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

13th - 19th June 2015 (25th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2015	Number of cases during same week in 2014	Total number of cases to date in 2015	Total number of cases to date in 2014	Difference between the number of cases to date in 2014 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	02	01	00	00	01	00	01	00	05	00	38	43	-11.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Mumps	03	00	00	00	02	02	00	00	00	07	12	197	351	-44.1%
Measles	21	00	02	01	01	02	01	05	06	39	32	1222	1923	-36.4%
Rubella	00	00	00	00	00	00	00	00	00	00	00	06	13	-54.1%
CRS**	00	00	00	00	00	00	00	00	00	00	01	00	04	-100%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	09	08	+12.5%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	07	18	-61.1%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	40	26	+54.1%
Tuberculosis	54	25	16	12	05	27	11	19	39	208	113	4475	4840	-7.5%

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
 RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
May	2488	71	35	23	03	845	275	0

Source: Medical Research Institute & Veterinary Research Institute

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ON STATE SERVICE

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