WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Healthcare and Nutrition

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Response to a Community Pandemic Influenza A/H1N1 Outbreak in the Country (Part I)

The first confirmed case of pandemic influenza A/H1N1 in the country was reported in June 2009 and there had been 132 confirmed cases reported to the Epidemiology Unit up to mid October 2009. The majority of these either had contracted the disease from overseas or has had contact with confirmed cases. However a number of students from a few schools in the country had been confirmed as positive for Pandemic H1N1 Influenza within the last few days indicating widespread community transmission among the general public. With the onset of community transmission, the strategies that had been earlier adopted to delay the disease from establishing within the community have now been changed to strategies to minimize the impact of the disease similar to those adopted in other countries affected.

Therefore the following key strategies have been adopted:

1. **All patients with suspected H1N1 influenza attending hospitals will be screened to assess their illness and only patients with severe or progressive symptoms will be admitted to hospitals for laboratory diagnosis and treatment with anti virals.**
2. **Those with mild illness would be managed as out patients with supportive medication and proper advice.**
3. **Medical Research Institute (MRI) will continue to process the samples for laboratory diagnosis on requests by physicians attending to hospitalized patients.**

An Institution which has been prepared as a sentinel hospital to respond to a pandemic influenza outbreak would be regarded as a target referral hospital for a possible community outbreak of influenza A/H1N1. Suspected patients from schools or other institutions would be directed to these institutions. Therefore these institutions should be geared to respond readily to this outbreak by being prepared to receive and assess these patients for management.

Message to Hospital Authorities

All Hospital Directors of the sentinel sites should make arrangements to update their stocks of the indicated anti viral drug 'Oseltamivir' and Personal Protective Equipment (PPE) through the Medical Supplies Division.

Therefore sentinel hospitals should have the following areas covered.

1. The isolation facility with the necessary equipment and items to manage patients with respiratory symptoms
2. Adequate staff (medical officers, nursing officers, attendants, labourers and ambulance drivers) trained in infection control, to manage the isolation facility, to attend to these patients within the OPD and for transport if required. They should be well updated with the principles of case management, isolation, infection control and proper waste disposal indicated in a possible influenza pandemic situation (guidelines on these subjects are specified in circulars No.02 - 164/2005 'Guidelines for the Preparedness and Response to an Avian Influenza Pandemic Threat' dated 30/11/2005 and No. 01 - 19/2006 'Joint Circular on Guidelines on Collection and Transport of Specimens' dated 15/03/2006.the above circulars and guidelines are available at the Epidemiology Unit website www.epid.gov.lk).
3. Adequate stocks of Personal Protective Equipment (PPE) and Oseltamivir
4. An established system in the OPD to receive and assess patients presenting themselves to OPD
5. Transport facilities organized to transfer these patients if required (A sign board directing persons who are harbouring symptoms/signs suggestive of Pandemic Influenza A/H1N1 infection to a special counter/room in the OPD should be displayed at the entrance to the OPD.)

A medical officer with appropriate infection control measures would assess the patients to decide on the course of management (if he/she would be admitted).

- Provide a disposable/surgical face mask to the patient
- Make arrangements to provide him/her with medical attention and to assess the patient to decide on the course of management
- If it has been decided to treat the patient as an outpatient, provide him/her with necessary supportive therapy and medication (eg anti-pyretics, anti-histamines, rehydration etc) before sending him or her home
- Give necessary advice to the patient to stay away from work/school/crowded places and to take bed rest, plenty

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of liquids, good diet and seek medical attention if symptoms worsen.

- If it had been decided to admit the patient he/she could be managed in your own isolation ward.
- (However attending clinicians must decide on anti viral therapy/laboratory investigations for the patient based on their clinical judgment and given guidelines).
- Hospital Directors are requested to make arrangements to get the assistance of the relevant clinicians and infection control team for the activity and the regional epidemiologist of the district would be available to provide necessary instructions and advice.

Message to Public

This disease is generally a mild illness similar to seasonal flu'. Its symptoms usually include fever, runny nose, sneezing, sore throat, cough, headache and muscle or joint pains. These symptoms may last for a few days up to a week and may not require specific anti viral treatment.

All patients with suspected H1N1 influenza attending hospitals (government/ private) will be screened to assess their illness and only patients with severe or progressive symptoms will be admitted to hospitals for laboratory diagnosis and treatment with specific anti virals. Those with mild illness would be managed as out patients with supportive medication and directed for home care.

The following measures are advised for H1N1 patients directed for home care:

Managing H1N1 Influenza at Home

- Take supportive medication as prescribed e.g. non aspirin drugs for fever, anti allergic drugs for sneezing and runny nose and antibiotics for a possible bacterial infection.
- Stay away from work/school and other public places and crowded settings for either seven days after onset of symptoms, or until 24 hours after symptoms subside - whichever is longer.
- Take bed rest
- Take plenty of liquids
- Maintain a good diet
- Avoid close contact with family members and wear a face mask or a clean handkerchief/cloth over nose and mouth at such occasions if possible
- Wash hands frequently with soap and water and specially after touching face
- Cough and sneeze into the elbow or into a handkerchief (this should either be disposed safely or washed with soap and water when wet)
- Seek medical attention urgently if the symptoms get worse or develop any of the following danger signs:

In Adults

- Difficulty in breathing or shortness of breath
- Severe or persistent vomiting
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Flu-like symptoms improving but then to return with fever and worse cough

In Children

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Reduced urine output or no tears when crying
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improving but then to return with fever and worse cough)

Note: Those with the following conditions who are considered as at higher risk for complications of H1N1 Influenza should seek prompt medical attention if their symptoms worsen:

- Children younger than 2 years old
- Adults 65 years and older
- Pregnant women
- People with certain chronic medical or immunosuppressive conditions such as chronic lung (including asthma), cardiovascular (excluding hypertension), renal, hepatic, haematological (including sickle cell disesae), metabolic disorders (including diabetes mellitus), immunosuppression, including that caused by medications or by HIV, those with disorders that can compromise respiratory function e.g spinal cord injuries, seizure disorders
- People younger than 19 years of age who are receiving long -term aspirin therapy.

Message to Schools

The following measures are advised for schools during a possible H1N1 outbreak among the school population.

1.Try to avoid mass gathering of students e.g. assemblies, concerts

2.Move students and staff who have symptoms of influenza (flu') at school to a separate room until they can be sent home. Limit the number of staff who take care of the sick person and provide a surgical mask for the sick person to wear if they can tolerate it.

3.Advise students with symptoms to stay at home without attending school or tuition classes (or other public crowded places). Sick persons should stay at home for 7 days or until at least 24 hours after their symptoms subside.

4.Advise them to limit contact with other family members, have bed rest, drink lots of fluids and to eat normally

5.Advise them to seek medical advice if their symptoms worsen or if they get any of the *conditions below:*

- Fast breathing or trouble breathing
- Not drinking enough fluids
- Reduced urine output
- Severe or persistent vomiting
- Being irritable
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Flu-like symptoms improving but then to return with fever and worse cough

6.Educate and encourage students and staff to practise good hand hygiene during school hours. Good hygiene means washing hands well with soap and water for at least 20 seconds, especially after coughing or sneezing.

7.Remind teachers, staff, and students to practice respiratory etiquette. The main way that the flu spreads is from person to person in the droplets produced by coughs and sneezes, therefore it is important to cover the mouth and nose with a tissue or handkerchief when coughing or sneezing. Or one can cough or sneeze into the elbow or shoulder, not into hands.

8.Make arrangements to clean surfaces and items that are more likely to have frequent hand contact, with cleaning agents that are usually used in these areas. Additional disinfection beyond routine cleaning is not recommended.

9.Closure of schools is not routinely recommended and such a decision will have to be taken with the concurrence of educational authorities

The editor wishes to thank Dr Wasu Jayasinghe at Epidemiology Unit, Colombo for her contribution to this article

to be continued in volume 42

Table 1: Vaccine-preventable Diseases & AFP

26th September -02nd October 2009 (40thWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	01	00	00	00	01	03	57	79	-27.8%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	01	00	00	02	00	00	01	00	00	04	01	148	96	+54.1%
Tetanus	00	00	00	00	00	00	01 PO=1	00	00	01	01	21	31	-32.2%
Whooping Cough	00	00	00	00	00	01	00	00	00	01	02	54	41	31.7+%
Tuberculosis											166		6674	

Table 2: Newly Introduced Notifiable Disease

26th September -02nd October 2009 (40thWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	09	03	09	13	18	07	03	00	04	66	86	13414	4244	+216.%
Meningitis	11 GM=3 CO=2 KL=6	02 KD=1 NE=1	06 GL=6	00	01 BT=1	11 KR=7 PU=4	02 AP=1 PL=1	00	05 RP=4 KG=1	38	15	975	1033	-5.6%
Mumps	02	07	01	00	01	01	03	00	07	22	26	1492	2312	-35.46%
Leishmaniasis	00	00	07 MT=5 HB=2	00	00	00	00	00	00	07	Not available*	560	Not available*	-

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.

DPDHS 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Table 4: Surveillance of Communicable diseases among IDP's 26th Sept -02nd Octo 2009 (40thWeek)

Area \ Disease	Dysentery	Enteric fever	Viral Hepatitis	Chicken Pox	Watery Diar-rhoea
Vavunia	0	11	3	11	-
Chendikulam	25	43	8	96	587
Total	**25**	**54**	**11**	**107**	**587**

Table 4: Selected notifiable diseases reported by Medical Officers of Health

26th September -02nd October 2009 (40thWeek)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	80	3565	6	183	0	11	9	186	27	75	36	897	0	5	3	109	0	4	**100**
Gampaha	41	3469	2	131	0	20	2	41	2	23	4	306	0	8	11	195	0	3	**47**
Kalutara	10	1356	6	305	1	12	1	50	0	44	25	392	0	1	0	72	0	2	**100**
Kandy	57	3723	10	240	0	6	1	25	0	58	1	174	1	145	3	111	0	0	**72**
Matale	22	1502	1	107	0	2	0	26	0	13	2	300	0	5	0	80	0	2	**92**
Nuwara Eliya	4	227	10	373	0	2	3	163	5	791	2	37	3	65	0	73	0	0	**92**
Galle	13	527	2	212	0	10	1	4	2	45	15	174	0	12	0	28	0	4	**84**
Hambantota	8	827	1	80	0	8	1	7	0	15	1	63	0	76	2	42	0	0	**82**
Matara	11	1061	4	232	2	6	0	6	2	18	6	156	4	127	1	54	0	1	**88**
Jaffna	0	18	0	101	0	3	0	221	0	30	0	0	0	124	0	167	0	2	**0**
Kilinochchi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Mannar	0	5	1	85	0	1	5	104	0	4	0	0	0	0	2	57	0	0	**50**
Vavuniya	26	92	0	1622	0	25	13	657	0	2	0	6	0	5	3	3756	0	0	**50**
Mullaitivu	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	**0**
Batticaloa	5	531	4	249	0	12	0	15	0	50	0	9	1	5	0	18	0	4	**73**
Ampara	0	212	1	58	0	0	0	12	0	8	0	11	0	2	0	29	0	0	**71**
Trincomalee	2	324	7	123	0	4	0	9	0	1	0	17	0	19	0	49	0	1	**90**
Kurunegala	25	2565	7	197	0	10	4	66	0	15	1	102	0	73	3	138	0	4	**80**
Puttalam	6	560	9	140	0	7	2	67	0	2	0	77	0	31	1	40	0	1	**89**
Anuradhapur	2	512	4	106	0	5	0	7	0	38	0	82	1	29	2	175	0	3	**68**
Polonnaruwa	2	156	7	80	0	4	0	21	0	9	0	58	0	9	14	82	0	0	**86**
Badulla	8	293	21	287	0	5	4	43	0	27	0	86	3	115	2	280	0	1	**67**
Monaragala	1	145	8	111	0	1	0	23	4	19	0	13	0	62	0	81	0	1	**100**
Ratnapura	14	1930	2	435	0	19	0	47	0	16	10	257	0	33	8	168	0	1	**78**
Kegalle	9	3531	1	160	0	9	0	41	0	7	7	220	0	30	5	214	0	1	**64**
Kalmunai	2	195	0	91	0	1	0	14	0	3	0	4	0	3	1	20	0	0	**38**
SRI LANKA	**348**	**27326**	**114**	**5710**	**03**	**183**	**46**	**1856**	**42**	**1313**	**110**	**3441**	**13**	**984**	**61**	**6038**	**0**	**35**	**73**

Source: Weekly Returns of Communicable Diseases WRCD).
*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.
**Timely refers to returns received on or before 02ND October, 2009 Total number of reporting units =311. Number of reporting units data provided for the current week: 229
A = Cases reported during the current week. B = Cumulative cases for the year.

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