



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@slt.net.lk
Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk
Web: <http://www.epid.gov.lk>

Vol. 42 No. 28

04th – 10th July 2015

Middle East Respiratory Syndrome (Part II)

This is the second in a series of two articles on Middle East Respiratory Syndrome (MERS).

Laboratory Diagnosis

Samples must be taken only from patients related to case definitions given previously. Lower respiratory tract (endotracheal aspirate or broncho-alveolar lavage) or upper respiratory tract (nasopharyngeal aspirate) specimens should be obtained for rRT-PCR testing from all severe cases and from milder cases when possible. Lower respiratory tract specimens should be the first priority for collection and multiple specimens should be collected from different sites and at different intervals to increase the likelihood of detecting MERS-CoV.

A serum sample should also be obtained for serological testing of an enzyme-linked immune-sorbent assay (ELISA) for screening followed by an indirect immunofluorescence test or micro-neutralization test for confirmation.

Postmortem specimens collected from lung by true cut needle biopsy (through intercostal space) just after death. Two autopsy samples should be sent in ice with the 1st sample in Viral Transport Media (VTM) and the 2nd sample in 70% alcohol.

All samples should be transported in VTM or ice (use an ice pack or vaccine container). Ice should have melted when reaching the laboratory. Make sure that samples are properly secured and leak proof. Sam-

ples can be handed over to Medical Research Institute (MRI) on a 24/7 basis.

A brief clinical history including date of onset, travel history (date returned to Sri Lanka) and personal details of the patient (i.e. name, age, sex, address and risk factors) should be included in the request form.

Treatment

There is no specific antiviral treatment recommended for MERS-CoV infection. Individuals with MERS should seek medical care to relieve symptoms.

Prevention

All health care workers should always apply standard precautions, droplet precautions and airborne precautions steadily with all patients regardless of their diagnosis at all times.

Standard precautions

Wash hands before and after attending to the patient and immediately after removal of PPE often with soap and water or an alcohol based hand sanitizer.

- Use PPE (gloves, long-sleeved gowns (clean/sterile as required for the procedure, eye protection and N95 or equivalent mask) during procedures with a risk for splashes onto the face and body.
- Cleaning and disinfection of the environment and equipment using disinfectants.

WEEKLY SRI LANKA - 2015

Contents

Page

- | | |
|--|---|
| 1. <i>Leading Article – Middle East Respiratory Syndrome (part –II)</i> | 1 |
| 2. <i>Summary of selected notifiable diseases reported - (27th – 03rd July 2015)</i> | 3 |
| 3. <i>Surveillance of vaccine preventable diseases & AFP - (27th – 03rd July 2015)</i> | 4 |

- Proper waste management.

Droplet Precautions

In addition to standard precautions;

- Place patient in an isolated room or cohort with similar patients.
- Limit patient movement and ensure that patients wear face masks when outside their rooms.
- Use a face mask when within < 1 m of patient.

Airborne Precautions

Ensure usage of PPE by healthcare workers performing aerosol generating procedures (aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, physiotherapy and autopsy) and adequately ventilated rooms when performing aerosol generating procedures

In addition to standard precautions, all individuals when in close contact (within 1 m) or upon entering the room/cubicle of patients with laboratory confirmed MERS-CoV infection should:

- Wear a face mask
- Wear eye protection (i.e. goggles or a face shield)
- Wear a clean, sterile/non sterile, long-sleeved gown and gloves
- Perform hand hygiene before and after contact with the patient and his/her surroundings and immediately after removal of PPE

For patients with laboratory confirmed MERS-CoV infection:

- Avoid movement and transport of patients out of the isolation room unless medically needed. If transport is required, use routes of transport that minimize exposures of staff, other patients and visitors.
- Clean and disinfect patient-contact surfaces (e.g. bed) with routine disinfectants.
- Ensure that healthcare workers who transport patients wear appropriate PPE and perform hand hygiene afterwards

Precautionary measures

WHO has not declared MERS as a Public Health Emergency of International Concern (PHEIC) and no travel bans were imposed on South Korea or the Middle Eastern countries.

So far, MERS has not been reported in Sri Lanka, but as

a precautionary measures the Ministry of Health has practiced several measures for early identification, thereby reducing spread of disease. A '24/7 health desk' manned by doctors and public health officers is available at the Bandaranaike International Airport (BIA) to screen all inbound passengers from South Korea and the Middle East. Leaflets with information on MERS are being distributed among all inbound and outbound passengers to and from those countries. Posters and placards are displayed at the BIA to alert passengers on the symptoms of the disease, stressing the importance of passengers presenting themselves at the quarantine desk. Airport ambulance will be on standby for emergency transfer of patients to the Infectious Disease Hospital (IDH) in Colombo. Passenger locator forms will also be distributed to all passengers on a flight with an infected passenger and Medical Officers of Health (MOH) of the areas where those passengers live will be monitored for two weeks for symptoms that may be indicative of the disease.

Notification

A laboratory confirmed case of MERS-CoV should be immediately notified to the Epidemiology Unit by relevant Medical Officer of Health (MOH)

All notified cases of suspected/confirmed MERS-CoV infection and their close contacts should be investigated by the MOH team (MOH and PHI). A risk assessment including any direct epidemiological link and a detailed travel history should be done for a MERS-CoV confirmed/suspected patient.

In the event of a MERS-CoV associated death, notify the Epidemiology unit immediately by telephone, fax or email and standard droplet and airborne precautions should be used where relevant when handling deceased individuals from MERS-CoV infection and when preparing bodies for autopsy or transfer to mortuary.

Sources

WHO guidelines for investigation of cases of human infection with Middle East Respiratory Syndrome Coronavirus (MERS-CoV) July 2013. Available at: http://www.who.int/csr/disease/coronavirus_infections/MERS_CoV_investigation_guideline_Jul13.pdf.

World Health Organization (2015), Middle East Respiratory Syndrome Coronavirus (MERS-CoV) fact sheet. Available at <http://www.who.int/mediacentre/factsheets/mers-cov/en/>

Compiled by Dr. K.C.Kalubowila of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 27th - 03rd July 2015 (27th 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	85	4867	2	114	0	5	3	53	1	72	6	159	0	6	1	23	0	3	4	278	0	22	0	0	88	13
Gampaha	29	2275	0	56	0	4	1	22	0	25	3	237	0	6	1	89	0	0	2	129	3	14	0	2	87	13
Kalutara	10	808	1	68	0	4	0	26	0	71	3	183	0	2	0	19	0	2	3	169	0	32	0	0	85	15
Kandy	8	716	5	73	0	6	0	19	0	25	2	65	1	39	1	99	0	0	4	141	0	8	1	9	96	4
Matale	0	326	0	31	0	0	0	7	0	5	4	44	0	7	0	22	0	0	0	13	0	9	0	11	69	31
NuwaraEliya	4	100	3	223	0	3	1	13	0	0	1	18	0	38	1	41	0	0	3	82	1	31	0	0	85	15
Galle	11	430	0	41	0	2	0	5	0	19	2	144	0	37	1	6	0	0	5	163	0	29	0	2	80	20
Hambantota	1	167	1	18	0	0	1	6	0	11	1	56	1	29	0	25	0	0	0	76	0	8	14	175	75	25
Matara	3	236	1	43	0	5	0	4	0	44	1	98	1	21	0	17	0	0	5	154	0	14	2	59	100	0
Jaffna	20	1142	23	387	0	8	1	145	7	54	0	13	9	522	0	9	0	2	3	151	1	9	0	0	100	0
Kilinochchi	0	37	1	47	0	0	1	9	0	31	0	1	0	18	0	0	0	1	0	13	0	0	0	0	50	50
Mannar	0	75	0	7	0	1	0	5	0	2	0	8	1	17	0	0	0	0	0	7	0	0	0	0	60	40
Vavuniya	0	83	0	12	0	6	1	51	0	5	0	13	1	13	0	1	0	2	0	35	0	7	0	3	50	50
Mullaitivu	0	97	1	16	0	2	0	6	0	1	0	3	0	7	1	3	0	0	0	4	0	3	0	4	60	40
Batticaloa	6	1242	6	162	0	6	2	16	0	123	0	9	0	2	1	10	0	1	1	28	0	15	0	0	71	29
Ampara	0	34	0	27	0	1	0	1	0	4	0	10	0	1	0	3	0	0	0	144	0	5	1	2	43	57
Trincmalee	5	475	2	36	0	0	0	17	0	34	0	12	0	14	0	7	0	1	1	56	0	3	0	1	83	17
Kurunegala	12	823	5	100	0	2	0	3	0	13	10	176	0	20	1	30	0	4	4	259	0	21	8	67	89	11
Puttalam	12	479	2	25	0	4	1	4	0	6	0	24	0	14	0	1	0	0	0	33	1	20	0	2	85	15
Anuradhapura	0	272	1	47	0	1	0	2	0	51	0	168	0	17	0	8	0	1	1	117	0	20	3	163	74	26
Polonnaruwa	1	129	0	26	0	3	0	7	0	3	1	48	0	1	0	4	0	0	3	86	0	16	0	54	43	57
Badulla	3	371	5	113	0	4	0	6	0	7	3	43	2	68	1	116	0	2	2	117	0	51	0	6	76	24
Monaragala	3	125	1	71	1	3	0	13	0	3	1	126	0	50	0	43	0	1	5	59	0	11	1	18	100	0
Ratnapura	9	581	2	177	0	6	2	31	0	4	5	181	0	40	3	138	0	0	1	70	0	30	0	4	67	33
Kegalle	14	343	2	44	0	8	2	49	1	8	7	201	0	30	0	61	0	0	1	134	1	32	0	0	91	9
Kalmunei	4	416	2	81	0	1	0	1	0	33	1	5	0	0	0	1	0	0	0	76	0	8	0	0	69	31
SRILANKA	240	16649	66	2045	1	85	16	521	9	654	51	2045	16	1019	12	776	0	20	48	2594	7	418	30	582	80	20

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 03rd July, 2015. Total number of reporting units 337. Number of reporting units data provided for the current week: 274. C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

27th - 03rd July 2015 (27th 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	00	00	00	01	00	00	00	00	01	03	39	48	-18.7%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	00	00	00	00	00	02	01	04	19	209	391	-46.5%
Measles	14	04	06	01	03	00	00	09	03	40	36	1334	2045	-35.1%
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	00	00	04	-100%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	10	08	+25%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
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	00	44	27	+63.1%
Tuberculosis	186	55	21	15	04	39	08	08	10	346	122	5057	5130	-1.4%

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

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

ON STATE SERVICE

Dr. P. PALIHAWADANA
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10