WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Workplace readiness for COVID-19

COVID 19, the novel corona virus infection, has affected nearly 91,000 across more than 50 countries since the outbreak began in Hubei Province, China in December last year. It was declared a Public Health Emergency of International Concern in January 2020 by the World Health Organization. Recently its risk level was raised to very high in view of its potential to spread to other countries around the world.

This outbreak demands a whole of society approach to prevent its spread. All sections of society should engage with the public health authorities to take action to prevent and contain the spread of the virus. Employers and employees alike have a major role to play to keep workplaces safe if we are to stop the spread of this disease as workplaces are frequented by a large number of people.

Know how the COVID-19 spreads

The virus can be transmitted from person to person when someone breathes in droplets coughed or exhaled by persons infected with the virus. This usually occurs when the person is within a proximity of about one meter from the infected person. Further, when an infected person coughs or exhales, droplets of infected fluid may get released and contaminate nearby surfaces and objects, such as desks, tables or telephones. An uninfected person may contract the virus by touching these contaminated surfaces and then touching their eyes, nose or mouth.

Know who is more at risk

Most persons infected with the virus develop mild symptoms and recover without any complications. Some people are at risk of developing more serious illness and may require hospital admission. These risk groups include those with reduced immunity and people suffering from conditions such as diabetes, heart and lung disease. The risk of severe illness also increases with advancing age and people over 40 years seem more vulnerable.

Take simple steps to prevent the spread of COVID-19 in your workplace

Even if COVID 19 is not widespread in the community, employers can take the following steps to keep the workplaces safe in preparation for any future threat. This may help to reduce working days lost due to illness and stop or slow the spread of COVID-19. The following simple measures can be easily adopted in the workplace to reduce the spread of infections.

Ensure the cleanliness and hygiene of the workplace

- Pay attention to regular disinfection of surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) with a suitable disinfectant. The COVID-19 virus may survive on surfaces for several hours, but simple disinfectants can kill it.

Why? Because hands can pick up viruses from touching surfaces contaminated with the virus and then transfer the virus to your eyes, nose or mouth. This is one of the main ways that COVID-19 spreads.

Promote good respiratory hygiene in the workplace

- Keep surgical masks and / or paper tissues at your workplace for use by those who develop a runny nose or cough at work, along with closed bins for their hygienic disposal

Why? Because good respiratory hygiene, including covering a cough or sneeze with a tissue or flexed elbow, prevents the spread of

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COVID-19.

Promote good hand hygiene among employees and customers

Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub.

- Keep sanitizing hand rub dispensers in prominent and accessible places in the workplace and ensure they are regularly refilled
- Make hand washing facilities available and easily accessible to employees and customers to wash their hands with soap and water
- Promote regular and thorough hand washing at workplace by communicating the need to wash hands through posters, via common communication channels and, dissemination of information at meetings

Why? Because washing hands with soap and water or an alcohol-based hand rub kills the virus on hands and prevents the spread of COVID-19.

It is essential to keep the employees and customers informed of how the disease spreads and the importance of adhering to appropriate prevention methods. Employers can take steps to display posters promoting hand washing and respiratory hygiene. Furthermore, information can be shared through common communication channels or at meetings and necessary information to be shared can be obtained from the websites of health authorities (www.epid.gov.lk).

Sri Lanka has thus far reported only a single case of an imported COVID 19. Given the global spread of the infection, it is crucial to remain vigilant. In the event of more cases being detected in the future, it is advised to brief employees and customers to stay at home if anyone experiences a mild cough or low-grade fever (37.3 C or more).

Be updated on areas where COVID 19 is currently spreading if you or anyone in your organization wish to travel abroad. This information can be accessed at, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/. Assess the benefits and risks related to planned international travel based on this latest update.

International travel to areas where COVID-19 is spreading is better avoided for employees at higher risk of serious illness (e.g. older employees and those with medical conditions such as diabetes, heart and lung disease).

Advise employees who have returned from an area where COVID-19 is spreading to monitor themselves for symptoms for 14 days and take their temperature twice a day. If they develop even a mild cough or low-grade fever (i.e. a temperature of 37.3 C or more) instruct to seek care at the nearest government hospital.

References

Adapted from, 'Getting your workplace ready for COVID-19' https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf?sfvrsn=359a81e7_4

Compiled By

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Table 1 : Water Quality Surveillance
Number of microbiological water samples January 2020

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	NR
Nuwara Eliya	13	78	77
Galle	20	120	NR
Matara	17	102	13
Hambantota	12	72	36
Jaffna	12	72	43
Kilinochchi	4	24	31
Manner	5	30	8
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	35
Ampara	7	42	NR
Trincomalee	11	66	57
Kurunegala	29	174	77
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	34
Badulla	16	96	35
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	6
Kalmunai	13	78	12

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 08th – 14th Feb 2020 (07th 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	198	2138	0	7	0	3	0	3	3	13	4	41	0	0	0	2	0	0	11	66	0	10	0	0	**53**	**99**
Gampaha	114	1338	0	3	0	0	0	0	0	0	10	22	0	0	0	0	0	0	25	106	1	5	3	13	**44**	**100**
Kalutara	66	696	1	5	1	3	1	2	0	1	4	51	0	5	0	0	0	0	11	54	0	5	0	0	**54**	**100**
Kandy	73	851	0	4	0	0	0	6	0	0	1	9	2	19	0	1	0	0	6	34	2	9	4	15	**64**	**100**
Matale	24	325	0	3	0	2	0	1	2	3	1	11	0	1	0	1	0	1	7	15	0	1	15	62	**61**	**97**
NuwaraEliya	9	95	0	6	0	0	0	0	0	0	0	7	0	23	0	0	0	0	3	16	3	3	0	0	**18**	**100**
Galle	65	813	0	7	1	4	0	2	0	11	7	104	3	18	0	1	0	0	15	114	1	6	0	2	**54**	**99**
Hambantota	21	205	1	4	0	0	0	1	1	2	2	45	2	9	0	2	0	0	11	59	0	4	17	150	**67**	**100**
Matara	34	295	2	5	1	2	0	0	0	0	3	65	0	3	1	6	0	0	10	52	1	4	4	83	**50**	**100**
Jaffna	118	1337	5	20	0	0	2	10	3	14	1	6	66	316	0	0	0	1	5	25	0	2	0	0	**33**	**93**
Kilinochchi	10	83	0	6	0	0	1	2	0	0	1	4	1	10	0	0	0	0	0	2	0	3	0	1	**64**	**100**
Mannar	14	110	0	0	0	0	0	0	0	0	0	3	1	1	0	0	0	0	0	0	0	1	0	0	**43**	**100**
Vavuniya	23	181	0	3	0	0	1	3	0	0	1	27	0	0	0	0	0	0	3	6	0	3	0	0	**39**	**100**
Mullaitivu	1	52	0	3	0	0	1	2	0	1	2	9	0	2	0	0	1	1	0	1	0	0	1	2	**45**	**79**
Batticaloa	197	1474	3	18	0	0	0	0	1	2	0	10	0	0	0	0	0	0	4	30	1	8	0	1	**61**	**100**
Ampara	22	217	1	3	0	1	0	0	0	0	0	15	0	0	0	0	0	0	9	30	1	7	1	4	**51**	**100**
Trincomalee	145	1828	2	4	0	0	0	0	0	1	4	9	0	1	0	0	0	0	9	36	2	5	0	0	**53**	**92**
Kurunegala	43	523	0	4	0	3	0	2	10	27	3	40	2	7	0	1	0	0	19	110	0	3	22	95	**52**	**96**
Puttalam	32	271	1	4	0	0	0	2	0	0	2	12	2	9	0	0	0	1	8	28	2	11	0	2	**67**	**100**
Anuradhapur	22	215	0	2	0	1	0	1	16	17	8	97	1	5	0	1	0	1	8	48	0	11	3	52	**56**	**89**
Polonnaruwa	22	133	1	4	0	0	0	0	0	0	10	40	0	0	1	2	0	0	3	27	3	5	11	54	**57**	**100**
Badulla	24	284	3	5	0	1	1	2	0	3	6	56	1	7	0	4	0	0	10	48	2	11	0	2	**55**	**100**
Monaragala	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Ratnapura	70	420	9	23	2	9	0	1	1	11	28	170	1	7	1	4	0	0	9	61	4	24	0	18	**47**	**98**
Kegalle	31	257	2	3	0	3	0	1	0	10	7	48	2	12	0	2	0	0	8	49	1	8	2	7	**57**	**100**
Kalmune	63	666	3	18	0	2	0	0	0	0	0	1	0	2	0	0	0	0	10	64	2	8	0	0	**73**	**100**
SRILANKA	**1441**	**14807**	**34**	**164**	**5**	**34**	**7**	**41**	**37**	**116**	**10**	**902**	**84**	**457**	**3**	**27**	**1**	**5**	**204**	**1081**	**26**	**157**	**83**	**563**	**54**	**94**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 14th February , 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 328 **C****-Completeness

A = Cases reported during the current week. **B** = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

08th – 14th Feb 2020 (07thWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2020	Number of cases during same week in 2019	Total number of cases to date in 2020	Total number of cases to date in 2019	Difference between the number of cases to date in 2020 & 2019
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	01	00	01	00	02	02	06	15	- 60 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	02	03	00	02	00	07	07	25	49	- 48.9 %
Measles	00	00	00	00	00	01	00	00	00	01	00	06	30	- 80 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	01	00	00	00	00	00	00	01	01	03	03	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	01	00	00	00	00	00	00	01	00	06	02	200 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	02	11	- 81.8 %
Tuberculosis	34	13	23	10	11	15	12	08	04	130	203	863	1242	- 30.5 %

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

NA = Not Available

Influenza Surveillance in Sentinel Hospitals - ILI & SARI

Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
February							

Source: Medical Research Institute & Veterinary Research Institute

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**

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