



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

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Aspergillosis Part II

This is the last of two articles

Chronic necrotizing pulmonary aspergillosis

Aspergilloma

Treatment is considered when patients become symptomatic, usually with haemoptysis. Oral itraconazole may provide partial or complete resolution of aspergillomas in 60% of patients. Intracavitary treatment, using CT-guided, percutaneously placed catheters to instil amphotericin alone or in combination with other drugs (e.g., acetylcysteine, aminocaproic acid) has been successful in small numbers of patients. Surgical resection is curative and may be considered for massive haemoptysis if pulmonary function is adequate. Preventive therapy and rapid institution of therapy for suspected cases may be lifesaving. Prophylactic antifungal therapy and the use of laminar airflow (LAF) or high-efficiency particulate air (HEPA) filtration of patient rooms can be effective. Voriconazole is the drug of choice. Posaconazole, amphotericin B, or amphotericin B lipid formulations – May be considered as empiric therapy in critically ill patients with possible mucormycosis. If possible, the level of immunosuppression should be decreased.

Antifungal therapy is with voriconazole or with itraconazole (if expense is an issue), caspofungin, or amphotericin B or amphotericin lipid formulation.

Prevention

Various measures can be followed to minimize or eliminate fungal growth indoors. Once a microbial problem has been identified it should be remedied as soon as possible.

- Reduce the moisture level availability.
 - Improve ventilation.
 - Vapour barriers and good insulation of surface building can minimize fungal growth.
 - Clean up water spills promptly.
 - Porous materials (e.g., paper, cardboard, gyprock) that are water damaged or contaminated with fungi should be disposed of where possible.

WEB SRI LANKA 2021

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Preventive Measures in Healthcare settings

Routine / Standard Precautions is sufficient for patients who are suspected or confirmed to have aspergillosis. The key preventive strategies are focused on environmental measures during construction such as:

- Moving patients deemed at high risk of aspergillosis to an alternative area
- Postponement of immunosuppressive treatment and commencement of an antifungal prophylaxis if transfer is not possible
- Installation of robust, dust-proof barriers between patient and construction areas
- Seal ventilation ducts within the construction zone and vent air from the construction zone to outside of the building
- Designate an entrance for building site workers to access the work area that is as far as possible from patient care areas.

Environmental control measures

Spores are very resistant and can survive in soil and decaying matter for a long time. Hospital-grade cleaning and disinfecting agents with fungicidal claims are sufficient for environmental cleaning in the context of Aspergillus. All horizontal and frequently touched surfaces should be cleaned daily and when soiled by wiping with a damp cloth to avoid dispersal of dust. The healthcare organization's terminal cleaning protocol for cleaning of the patient's room following discharge, or transfer should be followed. Patient care areas closest to the construction zone may need to increase the frequency of cleaning to prevent dust accumulation. All patient care equipment should be cleaned and disinfected as per Routine / Standard Practices before reuse with another patient or a single use device should be used and discarded in a waste receptacle after use.

Sources

1. Aspergillus Fact Sheet, Available at <http://www.infectionpreventionresource.com/files%5CAspergillus%20Fact%20Sheet%205.19.Rev1.pdf>
2. An outbreak of Aspergillus meningitis following spinal anaesthesia for caesarean section in Sri Lanka: a post-tsunami effect.?, available at <http://cmj.sljol.info/articles/abstract/10.4038/cmj.v51i4.1142/>

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Epidemiology Unit

Ministry of Health

Table 1: Selected notifiable diseases reported by Medical Officers of Health 04th-10th Sep 2021 (37th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	49	3470	0	10	0	1	0	4	0	3	0	138	0	1	0	2	0	2	0	22	0	9	0	1	45	100
Gampaha	27	1767	0	1	0	4	0	1	0	0	3	163	0	5	0	4	0	5	1	20	0	12	0	12	22	75
Kalutara	15	990	0	11	0	2	0	3	0	0	4	385	0	3	0	1	0	1	0	66	1	17	0	0	34	100
Kandy	8	546	0	18	0	1	1	3	0	2	6	106	2	32	0	1	0	0	0	33	0	15	0	21	58	100
Matale	3	154	0	12	0	4	0	0	0	0	1	65	0	5	0	1	0	0	0	12	0	5	5	182	53	100
NuwaraEliya	1	38	0	11	0	2	0	2	0	0	2	47	0	35	0	4	0	0	1	25	0	7	0	1	28	100
Galle	9	282	1	6	0	1	0	5	0	5	7	524	0	23	0	2	0	0	2	48	0	27	0	1	38	100
Hambantota	5	273	0	9	0	2	0	2	0	4	6	210	2	61	0	7	0	0	0	43	0	32	16	381	70	100
Matara	6	404	0	3	0	1	0	1	0	0	4	203	1	17	0	2	0	0	2	50	0	10	4	214	42	100
Jaffna	0	123	0	40	0	3	1	15	0	27	1	17	0	438	0	0	0	4	1	28	0	3	0	2	23	88
Kilinochchi	1	25	0	23	0	0	0	2	0	10	0	54	0	76	0	0	0	0	0	10	0	0	0	1	51	100
Mannar	0	25	0	4	0	0	0	4	0	0	1	27	0	2	0	0	0	0	0	3	1	17	0	1	37	100
Vavuniya	0	35	0	2	0	1	0	1	0	1	0	23	0	2	0	1	0	0	0	6	0	1	0	1	37	100
Mullaitivu	0	5	0	3	0	0	0	0	0	1	0	32	0	8	0	0	0	0	0	9	0	6	0	0	21	100
Batticaloa	1	2996	0	29	0	4	0	2	0	16	0	39	0	0	0	1	0	0	0	12	0	22	0	0	46	100
Ampara	1	35	0	7	0	0	0	1	0	7	3	52	0	1	0	2	0	0	2	39	2	13	1	9	59	100
Trincomalee	3	124	0	0	0	0	0	0	0	2	0	4	0	0	0	2	0	0	0	16	0	2	0	0	27	100
Kurunegala	13	884	0	18	0	4	0	0	0	3	3	240	0	25	0	3	0	2	1	43	0	77	3	283	37	100
Puttalam	5	288	0	2	0	1	0	0	0	0	0	22	0	15	0	1	0	1	0	16	0	32	0	9	40	98
Anuradhapur	4	184	0	10	0	0	0	1	0	3	0	219	1	24	0	4	0	0	0	31	1	32	12	195	25	91
Polonnaruwa	1	63	0	3	0	1	0	3	1	9	0	106	0	3	0	3	0	0	0	26	0	2	5	338	38	100
Badulla	3	194	0	9	0	0	0	1	0	0	3	273	0	39	0	31	0	0	1	34	2	16	0	17	43	100
Monaragala	2	104	0	6	0	0	0	3	0	5	2	310	0	29	1	68	0	0	0	24	0	49	1	29	50	100
Ratnapura	3	416	0	26	0	6	0	0	0	5	0	602	0	18	0	8	0	1	0	45	0	66	2	96	34	95
Kegalle	2	362	0	4	0	11	0	0	0	2	1	219	0	11	0	1	0	0	0	79	0	24	1	15	39	100
Kalmune	0	269	0	13	0	2	0	1	0	1	1	17	0	1	0	2	0	2	0	14	0	10	0	2	45	100
SRILANKA	16	14056	1	280	0	51	2	55	1	106	48	4097	6	874	1	15	0	18	11	754	7	506	50	1811	40	97

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 10th Sep, 2021 Total number of reporting units 361 Number of reporting units data provided for the current week: 351 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

04th– 10th Sep 2021 (37th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021& 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	01	00	00	00	01	00	03	01	46	31	48.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	00	00	00	00	01	01	03	58	127	- 54.3 %
Measles	00	00	00	00	00	00	00	00	00	00	01	11	39	- 71.7 %
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	00	00	00	00	00	00	00	00	00	02	03	- 33.33%
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	03	31	- 90.3 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	07	- 100%
Tuberculosis	143	04	23	00	05	05	02	02	12	196	150	3625	4341	- 16.4 %

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
NA = Not Available

Covid-19 Prevention & Control

For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.

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@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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