



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Health

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## Human Rabies – Part II

*This is the second article of three in a series on “Human Rabies”*

### Provision of PEP immunization

- Follow the National guidelines on rabies post-exposure prophylaxis (PEP) for making decisions Administering PEP.
- This includes obtaining a detailed history of the incident for risk assessment, including whether proper initial wound management was done, and circumstances of exposure. Also, document whether the animal was healthy at the time of exposure, immunization status of the animal, any previous rabies pre/post-exposure prophylaxis given to the person.
- If proper wound cleaning has not been done, thoroughly wash the wound immediately under running water with soap for at least 3-5 minutes followed by cleaning with 70% alcohol or iodine solution.
- Suturing should be avoided in all possible cases. If suturing is indicated, it should be done after infiltrating the wound(s) with Rabies Immune Globulin (RIG). Suturing should be delayed for several hours to allow the diffusion of the immunoglobulin through the tissues. However, if immediate suturing is indicated as a life-saving measure to arrest bleeding it should be done with a minimum number of sutures and minimum tension followed by infiltration with RIG immediately.
- Assess the wound to ascertain the category of exposure (major/minor) according to the national guidelines on rabies post-exposure prophylaxis of 2019. The anatomical site

of the bite, depth of the bite, number of bites and the nature of exposure (e.g. bite, scratch) will be considered in determining the category of exposure.

### Screening the Patient - Categorization of the Exposure

#### Major Exposures:

- Single or multiple bites with bleeding on the head, neck, face, chest, upper arms, palms, tips of fingers & toes, and genitalia.
- Single or multiple deep bites with free-flowing blood on any part of the body.
- Single or multiple deep scratches with free-flowing blood on the head, neck, and face.
- Contamination of mucous membranes with saliva.
- Bites of wild animals with bleeding.

#### Minor Exposures:

- Single, superficial bite with oozing of blood or scratches with bleeding on any part of the body.
- Multiple scratches with oozing of blood on any part of the body.
- Nibbling of uncovered skin.
- Contamination of open wounds with saliva.
- Superficial bites and scratches of wild ani-

- The following scenarios are not considered exposures to rabies: Contamination of intact skin with saliva from a proven rabid, suspicious, or stray animal; Petting, bathing, or coming into contact with utensils of a proven rabid, suspicious, or stray animal; Eating leftovers that were previously consumed by a proven rabid, suspicious, or stray animal; Drinking water from a well where an animal has fallen and died; Drinking raw milk from a rabid cow or goat; Bites from cold-blooded animals such as reptiles or amphibians, and

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pecks by birds; and Bites from house rats. These instances, while involving contact with animals or their byproducts, do not pose a risk of rabies transmission.

- If indicated, administer post-exposure prophylaxis (PEP) according to the National guidelines of 2019.
- Anti-tetanus immunization should be administered when necessary (DT/aTd for children).
- Prescribe antimicrobials when necessary to control bacterial infection.
- Educate the patient about the possibility of getting follow-up ARV doses from any hospital in the country that provides rabies PEP when unable to attend the hospital where the PEP was initiated.
- Follow up with the patient to ensure compliance with treatment and monitor for any adverse reactions.
- Adequately counsel the patient, with due emphasis on observing the animal involved for any behavioral changes or signs of ill health by a reliable and competent person on a daily basis for 14 days and immediately report to the hospital if any changes are observed, the animal dies, or goes missing (link to the leaflet).
- In the event that the animal dies/is killed within 14 days, the animal should be decapitated (the whole animal if it is a small animal), and sent to the closest rabies testing laboratory.
- If the animal was not vaccinated it should be vaccinated after the 14 day observation period.
- Enter the patient's details in the mammal bite register and PEP registers as appropriate.
- Send the monthly returns to the epidemiology unit, MRI, PHVS, and regional epidemiologist as per the circular.

#### **Sending Suspected animal head samples for rabies testing**

- The MRI is the national reference laboratory where Human brain samples are tested exclusively. Animal heads are tested at the MRI, TH, Karapitiya, or the Veterinary Faculty in Peradeniya.
- It remains the responsibility of the first contact physician to follow up with the patient to ensure adherence to advice/management.
- Collection and transport of samples for rabies diagnosis in animals
- The collection and transport of animal samples for rabies diagnosis involves several important steps. When sending samples to the rabies testing laboratory, prompt dispatch is essential.
- Rabies testing in animals is performed postmortem. If an animal is suspected of rabies, its head or entire carcass (in small animals such as squirrels) should be promptly sent to a designated laboratory. To maintain sample integrity during transport, it is crucial to avoid delays exceeding 8 hours. In case of delays, the head or whole animal should be packed in ice and sent within 24 hours, ensuring the head does not directly touch the ice and not fixing the head in formalin. The head should be placed in a leak-proof polythene bag/container as the primary package. For large animal heads like cattle, informing the lab in advance is recommended. The ice should be placed inside a

secondary container between the primary and secondary containers to maintain proper temperature. It is vital to ensure the ice remains frosted until the specimen reaches the laboratory.

- Decapitation of the head requires careful attention to prevent contamination. The person performing this procedure should wear appropriate personal protective equipment, including a polythene apron, mask, heavy-duty gloves, and boots. Utilizing a decapitating kit available at district rabies control units or district veterinary surgeons can facilitate this process, with the support of the area Public Health Inspector if needed.
- Designated laboratories, such as MRI, are available 24/7 to accept samples. When submitting samples, completing the test request form with a comprehensive history and accurate contact details is necessary. Retaining the lab reference number is important for report collection, with laboratory results typically available within 48 hours unless a public holiday or weekend intervenes. It is the sender's responsibility to collect the lab results on time and present them to the concerned medical officer. These procedures ensure efficient and accurate diagnosis of rabies in animals, aiding in timely intervention and control measures.

If an animal is tested positive for rabies it should be informed to the area PHI or the MOH immediately so that they can do the field investigation and control activities, including ring immunization of dogs in the area, tracing animal and human victims of the rabid animal etc.

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#### **References:**

1. National guidelines on rabies post-exposure prophylaxis : (<http://www.mri.gov.lk/units/rabies-vaccine-qc/protocol-on-anti-rabies-therapy/>)
2. World Health Organization. WHO position paper on rabies vaccines. Wkly Epidemiol Rec. 2018;201-19 (<https://iris.who.int/bitstream/handle/10665/272372/WER9316-201-219.pdf?sequence=1>)

**Table 1: Selected notifiable diseases reported by Medical Officers of Health 25<sup>th</sup>-31<sup>st</sup> May 2024 (22<sup>nd</sup> Week)**

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabies		Chickenpox		Meningitis		Leishmania-			Tuberculosis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	A	B	A	B	T*	C**
Colombo	156	5034	0	9	0	5	2	39	1	6	13	206	0	8	0	7	0	0	10	224	2	15	0	0	47	917	89	100	100
Gampaha	48	2184	0	13	0	6	0	8	62	66	15	301	0	3	0	2	0	0	8	156	1	55	0	10	22	513	69	98	100
Kalutara	41	1464	0	16	0	1	0	26	0	15	8	304	0	5	1	8	0	0	11	311	0	32	0	0	0	223	67	100	100
Kandy	66	2108	2	16	0	1	0	6	0	19	2	123	0	16	3	7	0	1	7	253	0	11	1	20	0	263	100	100	100
Matale	7	376	0	2	0	0	0	2	0	17	1	52	0	1	0	4	0	0	1	65	0	6	4	119	2	61	100	100	100
Nuwara Eliya	2	195	1	55	0	4	1	7	14	185	4	99	1	27	0	3	0	0	5	119	1	7	0	0	4	127	92	100	100
Galle	26	1161	0	24	0	10	0	7	7	44	29	368	3	55	0	6	0	1	14	327	3	39	0	3	9	186	85	100	100
Hambantota	12	532	2	22	0	2	0	3	0	36	12	290	0	20	0	3	0	0	3	145	2	17	20	247	0	51	92	100	100
Matara	17	451	0	4	0	3	0	2	1	5	9	175	1	10	0	2	0	0	8	180	5	47	6	53	3	58	82	100	100
Jaffna	23	5012	0	36	0	2	0	3	0	23	0	12	4	365	0	3	0	1	0	132	0	7	0	0	8	138	93	93	100
Kilinochchi	0	269	1	6	0	0	0	2	0	2	0	15	0	7	0	0	0	0	0	5	0	4	0	0	4	13	100	100	100
Mannar	2	186	0	3	0	0	0	1	0	0	0	17	0	7	0	1	0	0	0	4	0	3	0	1	0	31	100	100	100
Vavuniya	1	132	0	3	0	1	0	1	2	9	1	59	0	2	0	4	0	0	1	21	0	7	1	7	2	16	75	100	100
Mullaitivu	1	182	0	4	0	0	0	0	2	4	2	55	1	11	0	0	0	0	0	2	0	0	0	6	2	16	100	100	100
Batticaloa	13	1123	2	72	0	9	0	5	0	16	4	39	0	1	1	10	0	0	2	62	1	25	0	1	4	61	100	100	100
Ampara	4	156	1	17	0	2	0	0	0	12	0	130	0	1	1	5	0	0	2	62	2	26	1	8	2	76	71	100	100
Trincomalee	7	493	0	11	0	0	0	2	0	2	1	113	0	10	0	0	0	0	0	32	0	9	0	8	0	36	92	100	100
Kurunegala	39	1418	0	20	0	18	0	1	0	343	14	305	0	16	0	2	0	2	7	225	2	136	19	282	0	224	97	100	100
Puttalam	11	676	0	1	0	1	0	3	0	0	3	138	0	5	0	1	1	1	4	75	0	28	1	16	0	83	100	100	100
Anuradhapura	5	502	1	9	0	2	0	1	0	10	11	241	0	25	0	7	0	1	16	130	0	22	14	400	8	128	96	100	100
Polonnaruwa	2	214	0	13	0	0	0	1	0	2	5	151	0	1	0	3	0	0	1	77	0	18	22	239	7	52	100	100	100
Badulla	7	528	0	11	0	4	0	2	0	24	10	276	0	16	0	10	0	0	4	161	0	13	2	14	4	96	93	99	100
Monaragala	15	440	0	7	0	2	0	2	6	75	14	484	0	18	2	15	0	1	5	61	2	53	7	115	0	36	100	100	100
Ratnapura	84	1401	2	53	0	3	0	6	0	8	43	829	1	13	1	16	0	2	7	158	6	67	12	87	2	142	90	100	100
Kegalle	49	1215	2	9	1	6	1	6	2	8	23	302	3	14	0	6	0	1	23	417	3	37	0	16	0	135	82	100	100
Kalmunai	10	540	0	13	0	0	0	0	0	5	2	46	0	1	1	2	0	0	2	119	0	9	0	0	2	63	100	100	100
<b>SRILANKA</b>	<b>648</b>	<b>27992</b>	<b>14</b>	<b>449</b>	<b>1</b>	<b>82</b>	<b>4</b>	<b>136</b>	<b>97</b>	<b>936</b>	<b>226</b>	<b>5130</b>	<b>14</b>	<b>658</b>	<b>10</b>	<b>127</b>	<b>1</b>	<b>11</b>	<b>141</b>	<b>3523</b>	<b>30</b>	<b>693</b>	<b>110</b>	<b>1652</b>	<b>132</b>	<b>3745</b>	<b>91</b>	<b>99</b>	

Source: Weekly Returns of Communicable Diseases (esurveillance.avid.gov.lk). T=Timeliness refers to returns received on or before 31<sup>st</sup> May, 2024. Total number of reporting units 358. Number of reporting units data provided for the current week: 355. C\*\*=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

**Table 2: Vaccine-Preventable Diseases & AFP**

25<sup>th</sup> – 31<sup>st</sup> May 2024 (22<sup>nd</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2024	Number of cases during same week in 2023	Total number of cases to date in 2024	Total number of cases to date in 2023	Difference between the number of cases to date in 2024 & 2023
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	01	34	41	-17.1 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	01	00	00	01	00	00	00	04	01	128	93	37.6 %
Measles	00	00	00	00	00	00	00	00	00	00	01	210	01	20900 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	02	01	100 %
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	02	02	05	-60 %
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	01	02	-50 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	11	04	175 %

**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

**Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.**

**It is provided free by the MOH office / Public Health Inspectors.**

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](mailto:chepid@sltnet.lk). **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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