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சுகாதார அமைச்சு
Ministry of Health

Deputy Director Generals, National Hospital of Sri Lanka, Colombo/Kandy/Karapitiya
All Provincial Directors of Health Services
All Regional Directors of Health Services
All Directors, Teaching Hospitals
All Directors, Specialized Hospitals
All Directors, Provincial General Hospitals
All Directors, District General Hospitals
All Medical Superintendents, Base Hospitals
All Heads of Healthcare Institutions
All Medical Officers of Health

Interim Guideline on Prevention and Control of Leptospirosis for the Paddy Cultivating Season (2024-2025)

As the paddy season approaches, there is an urgent need to heighten surveillance and preventive measures for leptospirosis. Intensifying prevention and control measures during the paddy season, will mitigate health risks and prevent outbreaks.

1. Diagnosis and management of Leptospirosis patients

- First contact physician/medical officer to be vigilant for symptoms of leptospirosis among those involved in paddy cultivation and those exposed to a muddy environment (gem miners, sand miners, other agricultural workers, etc). Early diagnosis and initiation of treatment on clinical suspicion will reduce complications and deaths due to leptospirosis.
- Consultant Community Physician/Regional Epidemiologist/Medical Officer of Health (MOH) to aware and educate the medical officers in the Divisional hospitals/ Primary Medical Care Units and general practitioners on early diagnosis and notification.

2. Laboratory Diagnosis

- Arrange to send blood and/or cerebro-spinal fluid (CSF) samples of all suspected leptospirosis patients to the Medical Research Institute.
- Selection of the best test is dependent on the duration of the illness (See ANNEX 1 for the best choice sample to be collected, timing of the collection and transport conditions)
- A short clinical history, including duration of fever at time of sample collection, occupation, suspected exposure, complications, and prophylactic antibiotic use to be mentioned on the request form (MRI Health 275 or Health 355)

3. Surveillance

- Ensure that all **suspected** leptospirosis patients are notified immediately to the Medical Officer of Health of the area.
- **A suspected case of leptospirosis:** An acute febrile illness with at least any one of the following: headache, myalgia, prostration, jaundice, conjunctival suffusion, oliguria, features of meningeal irritation, haemorrhage, features of cardiac failure or arrhythmia, cough, breathlessness, skin rash,

  and/or History of exposure in contact with water contaminated with urine from an animal known to be a reservoir species including rats, other rodents and mammals

  and/or Evidence of organ involvement
- Ensure that accurate and complete details are provided on patients' residences so that, the field health staff can locate the patient and follow them up. (See ANNEXURE - 2)
- Field-level special investigation should be done by the range Public Health Inspector (PHI) using the special case investigation form in addition to routine H411 forms

4. Prevention and Control

- Regional Director of Health Services to ensure the district committees facilitate the leptospirosis prevention and control activities during the upcoming paddy cultivation season in high-risk districts.
- Consultant Community Physician/ Regional Epidemiologist/ MOH to aware the stakeholders on leptospirosis prevention and control at the District Coordinating Committee meeting at District Secretariat office and the Divisional Coordinating Committee meeting at Divisional Secretariat office.

- Area MOH together with range PHI to collaborate with agricultural officers and other stakeholders including Divisional Secretary to educate farmers and labourers working in high-risk muddy environments, on prophylaxis, symptoms of leptospirosis, and seeking early medical attention if having symptoms.
- MOH to decide on high-risk occupational groups based on factors such as clustering of suspected cases in localities and identified exposure
- MOH to closely monitor the distribution and usage of doxycycline. Monthly stock returns should be compiled and sent to the Regional Director of Health Services (See ANNEXURE 3)
- The consolidated district stock return should be sent monthly to the Epidemiology Unit by the Regional Epidemiologist. (See ANNEXURE - 4)

5. Death Investigation

- Necessary measures to be taken to conduct institutional death reviews for all deaths suspected to be due to leptospirosis and the duly completed death investigation form to be sent to the Epidemiology Unit without any delay.
- The MOH should investigate all notified deaths at the field level without delay

All heads of institutions should make necessary arrangements according to this circular. Please note that this interim circular will be further updated according to technical evidence and feedback and will be informed accordingly.

Dr. P.G. Mahipala
Secretary

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Cc:

1. Addl. Secretary (PHS)
2. DGHS
3. DDG - MS (I)
4. DDG - MS (II)
5. DDG - PHS (I)
6. Chief Epidemiologist
7. Provincial Epidemiologists
8. Regional Epidemiologists
9. Medical Officers - Epidemiology

ANNEXURE – 1

Laboratory Diagnosis of Human Leptospirosis

Test	**Specimen**	**Collection Time**	**Transport Conditions**	**Remarks**
Culture for Leptospira	Fresh blood: 2 drops in *media containing bottle	Within 7 days of onset of illness	At room temperature, in a dark place	Blood for culture should not be done immediately after antibiotics. Important for identification of the reservoir host for control measures and antibiotic susceptibility testing.
Molecular detection of *Leptospira*	3 mL clotted blood or serum in plain sterile tube	Within 7 days of onset of illness	+4°C in a cool box	Ideally, perform the test in early illness. After 7 days, consider antibody tests as well.
+Microscopic Agglutination Test (MAT)	5 mL clotted blood or 3 mL serum collected into plain sterile tube	1st sample: after 3-5 days of illness 2nd sample: 10-14 days after the 1st sample	Room temperature or +4°C if any delay	Serological reference test. Results can be given over the phone within 24-48 hours. A negative result in early illness does not exclude leptospirosis.
ELISA** - IgM	3-5 mL clotted blood in sterile plain bottle	3-5 days after onset of illness	Room temperature or +4°C if any delay	For presumptive diagnosis; should be confirmed with MAT.
Postmortem samples collected aseptically as soon as possible after death could be inoculated into culture media immediately or keep at +4°C for serological tests or molecular assay.				

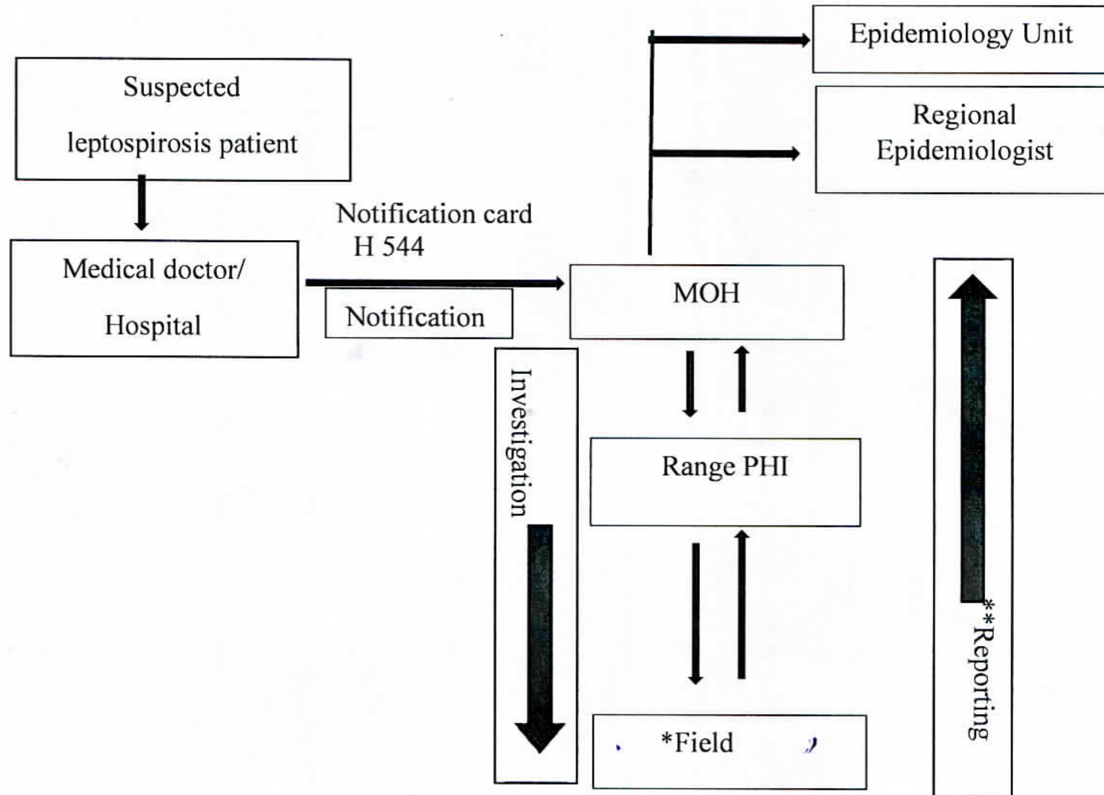
* Culture bottles should be obtained from the Medical Research Institute

**ELISA: Enzyme-Linked Immunosorbent Assay

+ serological reference method MAT, two serum samples taken at intervals of approximately 10 days.

ANNEXURE 2

Surveillance through the routine notification system for a patient suspected to have Leptospirosis



*** Field Investigation** (by Public Health Inspector)

- Obtain relevant information from the patient, medical records and his/her family members
- Verify the diagnosis
- Ensure patient is on treatment
- Observes the environment of the patient to locate potential sources for leptospirosis infection
- Trace others who may have been exposed to the source, assess their health and guide them for treatment as needed
- Health education regarding leptospirosis
- Take control measures and ensure prevention of possible outbreaks/spread in the area.

****Reporting**

Report findings to the Medical Officer of Health (H411 form)

For patients with a confirmed diagnosis of Leptospirosis, the special surveillance form (LEPTOSPIROSIS – Field Version EPID/DS/LEPTO/FV/2008) should be completed

ANNEXURE-3

MOH Office - Doxycycline Stock Return

District: ____________ **Month:** ____________

MOH area: ____________ **Batch/ Exp Date:** ____________

PHI area	Number in hand at the beginning of the month	Number received during the month	Number distributed during the month	Number in hand at the end of the month
Total				

Prepared by: **Signature:**

Date:

Signature of the MOH:

Date:

This return should be sent to the RDHS Office before the 10th of each month

ANNEXURE-4

District Doxycycline Stock Return

RDHS area:

Month:

Batch No/Expiry dates:

MOH area	Number in hand at the beginning of the month	Number received during the month	Number distributed during the month	Number in hand at the end of the month
Total				

Prepared by: Signature:

Date:

Authorized by: Signature:

Date:

This return should be sent to the Epidemiology Unit before the 15th of each month