



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Healthcare and Nutrition

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Response to a Community Pandemic Influenza A/H1N1 Outbreak in the Country (Part II)

Infection Control and Waste Management

The mainstay of infection control in management of patients with pandemic H1N1 infection is as follows:

- Avoid crowding patients together and maintain a minimum distance of ≥ 1 metre between patients
- Promote respiratory etiquette and hand hygiene by providing necessary supplies
- Apply Standard and Droplet precautions at all times on triaging, transporting or managing H1N1 patients
- Consider special arrangements for vulnerable groups at high risk for complications

Standard Precautions

- Hand hygiene
- Respiratory hygiene and cough etiquette
- Use of personal protective equipment (PPE)
- Prevention of needle sticks/sharps injuries
- Cleaning and disinfection of the environment and equipment

Droplet Precautions

In addition to Standard Precautions:

- Use a medical mask when < 1 m of patient
- Maintain a distance ≥ 1 meter between infectious patient and others
- Place patient in a single room or cohort with similar patients
- Limit patient movement Following

guidance should be used for indicated instances:

When working in direct contact with patients:

Droplet Precautions:

- Wear a medical mask, if working within or > 1 metre of the patient.
- Wash hands well with soap and water before and after patient contact, and immediately after removal of mask.

Standard Precautions:

When performing aerosol-generating procedures

- These include aspiration of respiratory tract, intubation, resuscitation, bronchoscopy and autopsy and health-care providers should be aware that they have been associated with increased risk of infection transmission and infection control precautions should include the following:
 - wear a N95 mask, eye protection (i.e. goggles or a face shield), a clean, non-sterile, long-sleeved gown and gloves (some of these procedures require sterile gloves)
 - perform procedures in an adequately ventilated room
 - limit entry of unnecessary personnel into the room
 - perform hand hygiene before and after patient contact and after PPE removal.

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Collection of laboratory specimens

- use face protection (either a medical mask and eye-visor or goggles or a face shield)
- wear a gown and clean gloves
- perform hand hygiene before and after patient contact and immediately after removal of PPE

Placement of suspected and confirmed pandemic (H1N1) 2009 infected patients

- Cohort patients with the same diagnosis together keeping at least 1 meter distance between beds
- All persons entering the isolation area should adhere to Standard and Droplet Precautions
- Limit the number of health-care workers/family members/visitors exposed to the pandemic (H1N1) 2009 patient
- Implement rooming-in policies to keep mothers and babies together

Specimen transport/handling within health-care facilities

Use Standard Precautions for specimen transport to the laboratory

Family member/visitor recommendations

Family members/visitors should be limited to those essential for patient support and they should use the same infection control precautions as health-care workers

Patient transport within health-care facilities

Suspected or confirmed pandemic (H1N1) 2009 patients should wear a medical mask and practice appropriate hand hygiene while being transported within health-care facilities

Healthcare workers should use infection control precautions similar to those practiced during hospital care when transporting patients to hospital

Occupational health

- Health-care workers with symptoms should stay at home
- Vulnerable groups at high risk for complications of pandemic (H1N1) 2009 infection should carefully follow recommended infection-control measures. In addition, alternatives such as reassignment to other duties should be considered.
- Antiviral prophylaxis should follow local policy

Waste disposal

Standard Precautions should be used when handling and disposing of sharps and contaminated items.

Dishes/eating utensils

Wash using routine procedures with water and detergent. Use non-sterile rubber gloves.

Linens and laundry

- Wash using routine procedure with water and usual detergent
- avoid shaking linen/laundry during handling before washing
- Wear non-sterile rubber gloves

Environmental cleaning

Ensure that appropriate and regular cleaning is performed with water and usual detergent on soiled and/or frequently touched surfaces (e.g. door handles).

Patient care equipment

Ensure cleaning and disinfection of reusable equipment between patients using routine disinfectants

Duration of pandemic (H1N1) 2009 infection control precautions

Infection control precautions should be practiced for seven days from the onset of symptoms or 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while the patient is in hospital

For prolonged illness with complications (i.e. pneumonia), control measures should be used during the duration of acute illness.

Children may shed the virus longer than adults and personal hygiene and separation from immunologically naive family members is recommended for at least one week after the resolution of fever.

Special attention is needed in caring for immune suppressed patients who may shed virus for a longer time period and are also at increased risk for development of antiviral-resistant virus

Infection control on Patient discharge

If the pandemic (H1N1) 2009 patient is discharged before 7 days from onset of illness he/she may still be infectious and instruct family members on appropriate infection control precautions at home

Prioritization of PPE when supplies are limited

Medical masks and hand hygiene supplies should be prioritized for the care of all pandemic (H1N1) 2009 patients

Editor wishes to thank Dr Wasu Jayasinghe at Epidemiology Unit, Colombo for her contribution to this article

Table 1: Vaccine-preventable Diseases & AFP

03rd-09th October 2009 (41stWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	00	00	00	00	00	01	57	79	-27.8%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	01	01	00	00	00	02	00	00	04	01	153	97	+57.7%
Tetanus	01 CB=1	00	00	00	00	00	00	00	00	01	01	22	31	-29.0%
Whooping Cough	00	00	00	00	00	00	00	00	01	01	02	55	43	+27.9%
Tuberculosis	114	33	09	11	19	18	02	14	71	291	130		6508	

Table 2: Newly Introduced Notifiable Disease

03rd-09th October 2009 (41stWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	21	05	06	01	11	07	03	05	04	63	73	13495	4346	+210.5%
Meningitis	22 CB=5 GM=8 KT=9	02 KD=1 MT=1	03 GL=3	01 VU=1	00	08 KR=6 PU=2	02 AP=2	05 MO=5	05 RP=4 KG=1	48	11	1038	1048	-0.95%
Mumps	01	04	01	00	02	00	01	00	03	12	49	1505	2391	-36.2%
Leishmaniasis	00	00	00	00	00	00	01 AP=1	00	00	01	Not available*	561	Not available*	-

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.
 DPDHS 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Table 4: Surveillance of Communicable diseases among IDP's

03rd-09th October 2009 (41stWeek)

Area	Disease	Dysentery	Enteric fever	Viral Hepatitis	Chicken Pox	Watery Diarrhoea
Vavunia		0	1	3	1	0
Chendikulam		25	22	3	20	713
Total		25	23	06	21	713

Table 4: Selected notifiable diseases reported by Medical Officers of Health

03rd-09th October 2009 (41stWeek)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Colombo	72	3637	7	190	0	11	2	188	12	87	34	931	0	5	9	118	0	4	92
Gampaha	69	3563	2	135	0	20	0	42	13	36	20	332	0	8	10	206	0	3	82
Kalutara	11	1367	2	307	0	12	0	50	0	44	14	406	0	1	2	74	0	2	92
Kandy	22	3743	6	246	0	6	0	25	0	58	2	176	3	148	3	114	0	0	72
Matale	63	1565	7	114	0	2	0	26	2	15	4	304	0	5	1	81	0	2	75
Nuwara Eliya	3	230	4	377	0	2	2	165	0	791	2	39	2	67	1	74	0	0	92
Galle	8	535	2	214	0	10	0	4	1	46	7	181	0	12	0	28	0	4	84
Hambantota	2	830	0	81	0	8	0	7	0	15	1	64	2	78	0	42	0	0	73
Matara	6	1072	6	240	0	6	0	6	0	18	9	168	0	129	3	57	0	1	94
Jaffna	0	18	0	105	0	3	0	224	0	30	0	0	0	124	0	170	0	2	0
Kilinochchi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mannar	0	5	5	90	0	1	2	106	0	4	0	0	0	0	7	64	0	0	75
Vavuniya	17	109	0	1623	0	25	2	659	0	2	0	6	0	5	3	3760	0	0	50
Mullaitivu	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Batticaloa	9	540	11	260	0	12	0	15	2	52	0	9	0	5	1	19	0	4	100
Ampara	1	214	4	64	1	1	0	12	0	8	0	11	0	2	5	34	0	0	100
Trincomalee	0	324	10	136	0	4	2	11	0	1	0	17	0	19	0	50	0	1	100
Kurunegala	34	2599	11	209	0	10	5	71	0	15	4	106	0	73	3	141	0	4	95
Puttalam	10	570	0	140	0	7	0	67	0	2	3	80	0	31	2	42	0	1	78
Anuradhapura	3	515	2	108	0	6	0	7	0	38	0	82	0	29	3	180	0	3	58
Polonnaruwa	3	159	2	82	0	4	0	21	0	9	1	59	0	9	5	87	0	0	86
Badulla	4	299	6	293	0	5	3	46	0	27	0	87	1	117	12	292	0	1	80
Monaragala	6	151	13	124	0	1	0	23	0	20	0	13	0	62	4	86	0	1	91
Ratnapura	11	1948	2	439	0	19	1	48	5	22	11	270	0	33	15	183	0	1	61
Kegalle	14	3564	0	161	0	9	1	42	0	7	11	235	0	30	9	226	0	1	55
Kalmunai	2	198	4	96	0	1	0	14	0	3	1	6	0	3	0	21	0	0	46
SRI LANKA	370	27757	106	5836	1	185	20	1880	35	1350	124	3582	08	995	98	6149	0	35	75

Source: Weekly Returns of Communicable Diseases WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 09th October, 2009 Total number of reporting units =311. Number of reporting units data provided for the current week: 236

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

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