

EPIDEMIOLOGY UNIT

Ministry of Healthcare and Nutrition

231, de Saram Place, Colombo 01000, Sri Lanka
Telephone: (+94-11-) 2681548, 2695112, Fax: (+94-11-) 2696583
E-mail: epidunit@slt.net.lk, chepid@slt.net.lk

Report on the Leptospirosis Mortality Review Meeting held on April 9, 2008 at the Teaching Hospital, Peradeniya

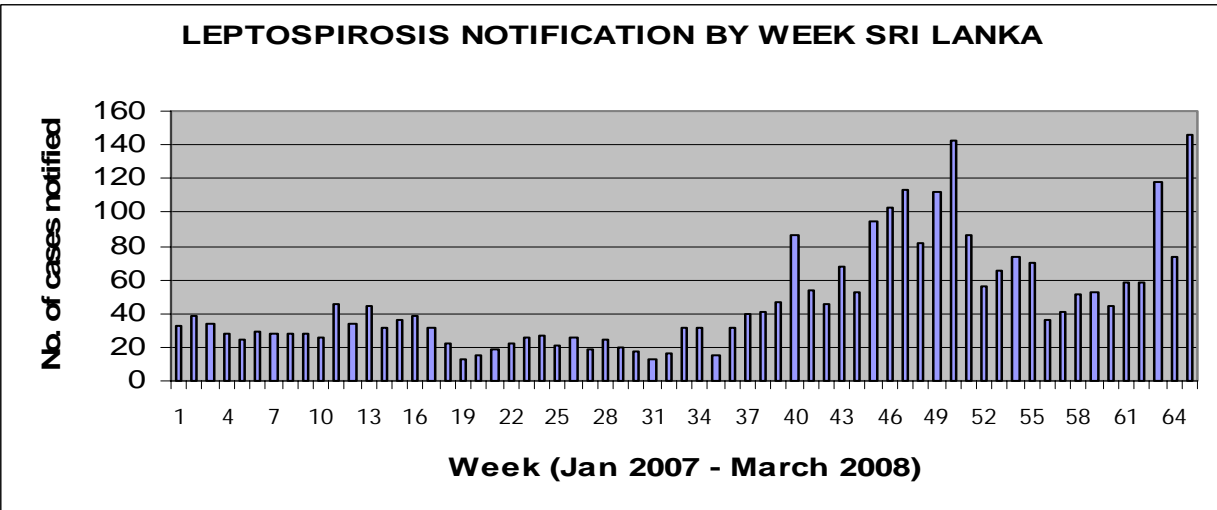
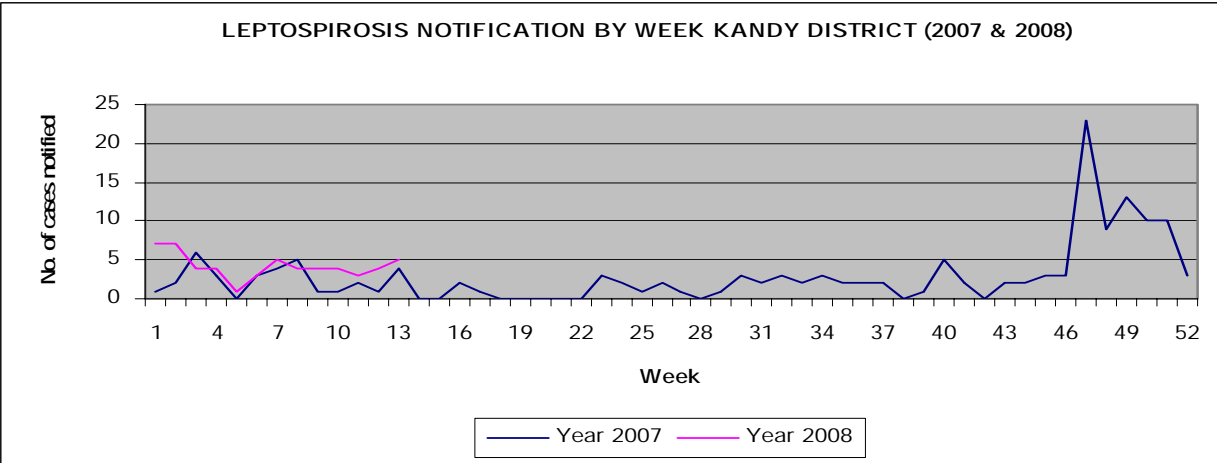
The following participated at this review meeting:

Prof SAM Kularatne	Professor of Medicine, University of Peradeniya
Dr. Siyambalagoda	Deputy Director, Teaching Hospital, Peradeniya
Dr. Lakmini Perera	Deputy Director, Teaching Hospital, Peradeniya
Dr. Gamini Jayakody	Consultant Community Physician, Central Province
Dr. N. Janakan	Consultant Epidemiologist, Epidemiology Unit
Dr. Chula Gunasekera	Consultant Anaesthesiologist, TH, Peradeniya
Dr. Wasnthy Pinto	Consultant Anaesthesiologist, TH, Peradeniya
Dr. Chandana Wijesinghe	Regional Epidemiologist, Kandy
Dr. Sepali Wickramasinghe	MO (Health Education), TH, Peradeniya
Dr. Gajanayake	MO (Public Health), TH, Kandy
Dr. Sujantha Wickramasinghe	Dept. of Medicine, University of Peradeniya
Mr. Mangala Malwathe	ICNO, TH, Peradeniya
Mr. Shantha Ilanthara	ICNO, TH, Kandy

In addition, MOOH and PHII of high risk areas also participated at this review meeting.

Initially, Dr Janakan made his presentation on epidemiology and control measures for leptospirosis. He summarized the national as well as Kandy surveillance statistics for year 2007 and 2008 till March 31. Analysis of current trend predicts a possible outbreak of leptospirosis in coming weeks and he stressed the need for strengthening the prevention and control measures. In the 1st quarter 2008 alone, 26 deaths were reported from sentinel hospitals and compared to previous statistics this reflects a high case fatality rate. Late care seeking behaviour among patients, misdiagnosis or late diagnosis by clinicians (mainly GPs & MOO of smaller institutions) and subsequent late referral/ transfer to higher level institutions were some of the salient features noticed during the mortality reviews conducted.

During the period under review (i.e. 1st quarter of 2008), there were 26 admissions and 4 deaths due to leptospirosis reported from TH Peradeniya. Dr. Sujantha Wickramasinghe presented the case reports of 4 suspected leptospirosis deaths.



1. 62 years old male clergy, transferred from TH Kandy for ICU management, DOA 16.01.08, DOD 17.01.08
2. 34 years old female, transferred from GH Kegalle to TH Kandy & from there to TH Peradeniya. On admission found to be dead (21.03.08)
3. 25 years old male, transferred from BH Gampola, DOA 23.02.08. Managed at the ICU for 27 days prior to death at TH Peradeniya
4. 60 years old male, DOA 26.03.08, DOD 30.03.08

Among reported deaths, except for one case, all others were transferred from other hospitals. Prof Kularatne told that rapid deterioration of clinical condition since the onset of fever and occurrence of widespread haemorrhage including intracranial and pulmonary were some of the features he observed. According to Dr Gunasekera, transferring cases at late stages especially without making necessary arrangements with the ICU, TH Peradeniya in advance was making things difficult for management.

Dr Pinto told that for all 4 deaths reported, the serological test reports (i.e. MAT) were either not confirmatory for leptospirosis or still they were waiting for the reports from the MRI and she queried about the possibility of other diagnoses. According to Prof Kularatne, though haemorrhagic fevers such as dengue and rickettsial fever were not rare in Kandy, the history and clinical features of these cases were more suggestive of leptospirosis.

The following decisions were taken:

- It was decided to conduct clinical management training/ awareness programmes for GPs and MOO of smaller hospitals in the area to emphasize the local epidemiology and wide variety of clinical manifestations of leptospirosis, need to start treatment with oral penicillin for patients with fever without delay and early referral if indicated. The RE was requested to organize the programmes as early as possible. Prof Kularatne agreed to send his Registrars as resource persons.
- To request indigenous medical practitioners in high risk areas to refer patients with fever to local government hospital without delay.
- To explore the possibility of doing PCR testing with the Department of Microbiology, University of Peradeniya and Molecular Medicine Unit, University of Ragama at least for suspected leptospirosis deaths to confirm the diagnosis.
- Public health officials to conduct awareness programmes in high risk areas to promote early care seeking behaviour if there is fever.
- Considering the possibility of development of drug resistance and lack of concrete evidence to show the effectiveness of prophylaxis as a mass scale strategy, it was decided not to promote chemoprophylaxis with Doxycycline.
- Not to neglect primary prevention activities and they should be continued as usual.
- MO (Health Education) to take the responsibility of preparing IEC materials for the awareness programmes.

Dr. N. Janakan

Assistant Epidemiologist

Epidemiology Unit

CC Chief Epidemiologist, Epidemiology Unit, Colombo
PDHS, Central Province
RDHS, Kandy
All the participants of the review meeting
All the MOOH, Kandy District