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Guidelines for Early Management of Leptospirosis following Recent Floods in Sri Lanka

The recent widespread flooding following Cyclone Ditwa has resulted in a significantly increased risk of leptospirosis transmission in several districts. In anticipation of a possible surge in cases, the Epidemiology Unit—through the Multidisciplinary Committee on Prevention and Control of Leptospirosis—has collaborated closely with the Infectious Disease Forum of Ceylon College of Physicians and the Sri Lanka College of Paediatricians to update and refine the Leptospirosis Clinical Guidelines to be followed by treating physicians and primary care medical officers.

These updated guidelines were developed through a consultative process involving experts in clinical medicine, paediatrics, microbiology, and epidemiology, under the technical leadership and coordination of the Epidemiology Unit.

1. Identification of High-Risk groups

According to the current advisory, the following groups require special attention, early assessment and rapid treatment:

- Flood-exposed residents
- People forced to walk through floodwater for access or transport
- Landslide-affected communities
- Individuals involved in digging, clearing soil, debris removal and earth slip
- Residents in temporary shelters/ camps exposed to floods
- Farmers, paddy field workers, labourers involved in agriculture activities
- Tri- forces, police and personnel who are involved in disaster-response activities
- Field healthcare workers
- Waste handlers, irrigation and drainage workers
- Volunteers assisting with clean-up or reconstruction activities

*Medically vulnerable individuals, older adults, pregnant mothers, those with diabetes, chronic kidney disease, chronic liver disease, heart disease, persons with alcohol dependence, substance abuse or those with poor nutritional status require special attention and care as they are at risk of developing severe disease with complications.

Leptospirosis should be considered as a strong possibility in any flood exposed person developing fever within 3 - 30 days of exposure

2. Prevention of Leptospirosis (Ref: Circular No: 01-31/2008)

- a) Encourage the community to use boiled or treated water for drinking, practice hand-hygiene, good sanitary practices, wearing gloves/boots during cleaning procedures.
- b) Post-exposure Prophylaxis
 - Doxycycline 200mg single dose could be given for adults as post- exposure
 - Consider weekly doxycycline 200mg if continuous exposure in high leptospirosis prevalent areas
 - A single stat dose of doxycycline (200 mg) may be considered in exposed children >12 years, without contraindications

Prophylaxis with doxycycline is contraindicated:

1. Pregnancy
2. Lactating mothers
3. Children under 12 yrs
4. History of allergy to doxycycline or other tetracyclines

3. Symptoms and signs

- Sudden onset fever, chills, rigors
- Severe muscle pain (calves, thighs, lower back)
- Headache, sometimes with eye pain
- Red eyes (conjunctival suffusion)
- Nausea, vomiting, abdominal pain
- Loose stools may occur

If any of the following early warning symptoms and signs are present, urgent hospital care is essential:

- Reduced or no urine output
- Difficulty breathing, rapid breathing, or coughing blood
- Low blood pressure, dizziness, cold extremities
- Yellowing of eyes or skin (jaundice)
- Persistent vomiting or diarrhoea with dehydration
- Confusion, agitation, drowsiness

These features indicate a high risk of complications such as acute kidney injury, acute liver injury, pulmonary haemorrhage or myocarditis.

3. Early treatment of leptospirosis patients

Any fever following exposure to contaminated water must be treated as possible leptospirosis if no obvious alternative cause for fever is found.

Medical care should be sought on day 1 of fever. It is advisable that patients who have been started on treatment for leptospirosis be reviewed after 48 hours, together with FBC, CRP and S. Creatinine and re-assessed to look for early warning signs of complications.

****However, it's important to consider the possibility of other common infections such as dengue, skin infections (cellulitis), infective diarrhoea and respiratory tract infections too in the differential diagnosis.**

Recommended treatment options

Adults:

- **Doxycycline 100 mg twice daily for 7 days (if no contraindications)**
- **Hospitalized or severe patients: Intravenous penicillin 1.5mU 6 hourly or ceftriaxone 1g daily**
- **Pregnant women: if fever develops, use azithromycin 500mg daily for 3 days**

For children <12 yr:

If a child presents with fever and other typical symptoms should be started on treatment on day 1 without waiting for confirmation of Leptospirosis.

Recommended Therapeutic Antibiotic Treatment for children <12 years by First Contact Doctors

Uncomplicated children without early warning signs and/not ill

Amoxycillin 30 -50mg per Kg three divided doses for seven (7) complete days (if NOT allergic to Penicillin group of drugs)

OR

Azithromycin 10mg per Kg for five (05) complete days

Complicated children – With Early warning signs or ill looking

Immediately admit to the nearest paediatric unit

*Doxycycline should be prescribed for individuals with **liver or renal diseases** under the supervision of a specialist clinician.

***Suspected leptospirosis should be notified to the MOH of the patient's area of residence.**

Given the risk of outbreaks and the urgent need for standardized patient management across all levels of care, these guidelines must be disseminated to all clinicians with immediate effect.

Please ensure that all relevant clinical staff in your institution are informed of these guidelines and adhere to them.



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