

**Epidemiology Unit**  
**Ministry of Health**

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Provincial Directors of Health Services,  
Regional Directors of Health Services,  
Heads/ Directors of Health Institutions,  
Directors of National Hospital/ Teaching Hospitals/  
Provincial & District General Hospitals, Base Hospitals,  
MOIC (Medical Officer In Charge) of all Hospitals,  
All Regional Epidemiologists,

**Notification of suspected cases of Ebola Virus Disease to Epidemiology Unit**

Current Ebola Virus Disease (EVD) epidemic mainly affecting West African countries namely Guinea, Liberia, Sierra Leone and Nigeria has resulted in 8997 of cases and 4493 of deaths (up to October 12, 2014). All countries have intensified surveillance activities to meet any possible threat of Ebola virus disease.

Therefore Sri Lanka too has strengthened its surveillance activities in order to identify, notify and manage any suspected case of Ebola promptly. This has to be done without causing any undue panic in the institutions. Hence, all the institutions are requested to do the following.


1. Suspected cases of Ebola virus disease has to be immediately informed to the Epidemiology Unit through Tele: (+94 11) 2695112, 4740490, 4740491, 4740492, 2681548 &/or to Dr. Samitha Ginige, Consultant Epidemiologist- 077 7664036.

Case definition for suspected, probable and confirmed case of Ebola is given herewith for your guidance (Annexure I).

2. Management of the suspected patient should be carried out as per 'Summary Guidelines for clinical management of patients with Ebola Virus Disease' signed by DGHS and sent on 01<sup>st</sup> August 2014.

For any clarification or assistance please contact the Epidemiology Unit. Your corporation in this regard is of great importance.

Thank you,

  
**Dr. Paba Palihawadana**  
**Chief Epidemiologist**  
**Epidemiology Unit**

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## Annexure I

### Case definition for Ebola Virus Disease (EVD)

#### *Suspected case*

*A person who has both consistent symptoms and risk factors as follows:*

- *Clinical criteria, which includes fever of greater than 38.6 °C or 101.5 °F, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained haemorrhage;*

*AND*

- *Epidemiologic risk factors within the past 21 days before the onset of symptoms, such as contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; residence in-or travel to-an area where EVD transmission is active\*; or direct handling of bats or non-human primates from disease-endemic areas.*

#### *Probable case*

*A suspected case whose epidemiologic risk factors include high or low risk exposure(s).*

##### *High risk exposures*

- *Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or bodily fluids of EVD patient*
- *Direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE)*
- *Processing blood or body fluids of a confirmed EVD patient without appropriate PPE or standard biosafety precautions*
- *Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring\**

##### *A low risk exposure includes;*

- *Household contact with an EVD patient*
- *Other close contact with EVD patients in health care facilities or community settings.*
- *Close contact is defined as*
- *being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective*
- *Having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended personal protective equipment.*

#### *Confirmed Case*

*A case with laboratory-confirmed diagnostic evidence of Ebola virus infection*

*Source: CDC (Centers for Disease Control and Prevention) USA*