



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Health

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## Advices for Health Care Workers on Ebola virus disease - I

This is the first in a series of four articles on Advices for Health Care Workers on Ebola virus disease.

### How to collect blood samples safely from persons suspected to be infected with highly infectious blood-borne pathogens (e.g. Ebola)

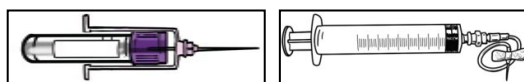
**Step 1:** Assemble all equipment Before entering patient room

#### Step 1a : Assemble equipment for collecting blood:

- Laboratory sample tubes for blood collection (sterile glass or plastic tubes with rubber caps, vacuum- extraction blood tubes, or glass tubes with screw caps). EDTA tubes are preferred.

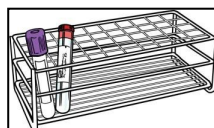


- Blood sampling systems (Needle and syringe system, vacuum extraction system with holder, winged butterfly system (vacuum ex-



traction) or winged butterfly system

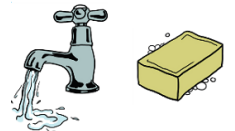
- Tourniquet (single-use)
- Suitable Skin antiseptic solution (E.g.70% isopropyl alcohol)
- Gauze pads
- Adhesive bandage
- Tray for assembling blood collection tools
- Rack for holding blood tubes
- Durable marker for writing on laboratory sample



#### Step 1b : Assemble equipment for preventing infections:

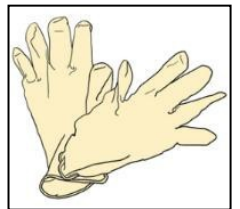
For Hand Hygiene,

- Clean, running water
- Soap
- Disposable (paper) towel



#### Personal Protective Equipment (PPE):

- Several pairs of disposable gloves (non-sterile, ambidextrous, single layer).
- One pair of gloves for blood collection.
- One additional pair as a replacement if they become damaged or contaminated.



- Long-sleeved, cuffed gowns (if in hospital) or disposable coverall suit (if in rural area).



- Footwear: **If in hospital:** wear shoes with puncture-resistant soles; **If such shoes not available,** wear rubber boots or shoes with puncture-resistant soles with disposable overshoes secured around the shoes to prevent direct contact with ground and infected bodily fluid spills.



### Contents

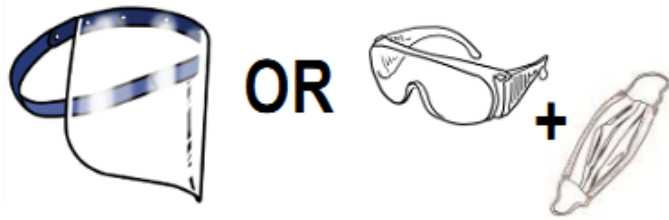
### Page

1. *Leading Article – Advices For Health Care Workers on Ebola Virus Disease-I*
2. *Summary of selected notifiable diseases reported - (28<sup>th</sup> – 04<sup>th</sup> July 2014)*
3. *Surveillance of vaccine preventable diseases & AFP - (28<sup>th</sup> – 04<sup>th</sup> July 2014)*

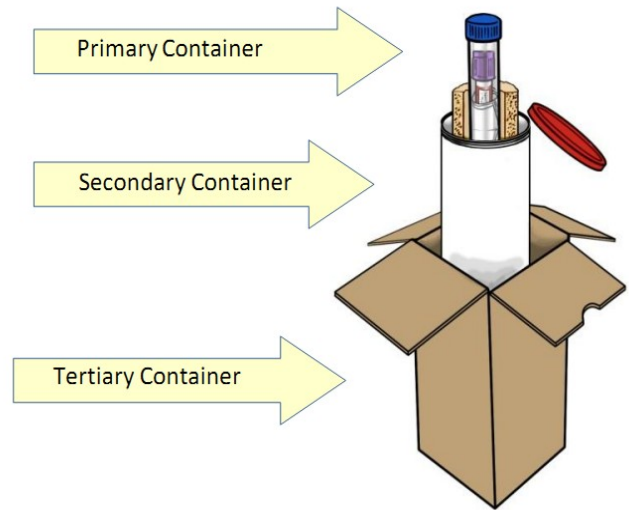
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3  
4

WEB SRI LANKA - 2014

- Long-sleeved, cuffed gowns (if in hospital) or disposable coverall suit (if gowns not available)
- Face protection: Face shield or "goggles and mask"



**Important:** A designated Assistant wearing gloves should be available to help you. This person should stand outside the



**For waste management materials:**

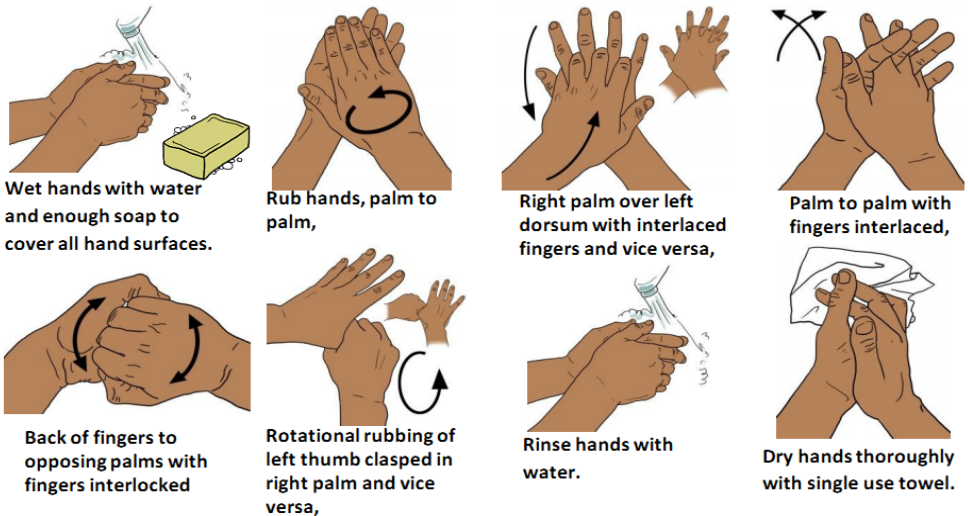
- Leak-proof and puncture resistant sharps container
- Two leak-proof infectious waste bags: one for disposable material (destruction) and one for reusable materials (disinfection)



patient room. He/She will help you prepare the sample for transport, assist you with putting on the personal protective equipment, or provide any additional equipment you may need.

**Step 2:** Put on all personal protective equipment (PPE)

**Step 2a:** Perform hand hygiene. Duration of the entire procedure: 40-60 sec.



**Step 1c :** Fill out patient documentation:

- Label blood collection tubes with date of collection, patient name, and his/her identification number.
- Do NOT forget to fill out necessary laboratory form and epidemiological questionnaire.
- If several patients have to be sampled in the same place or during the same investigation, create a line list. One patient per line. The list should include: patient name, identification number, sex, age (date of birth), clinical information: symptoms, date of onset, date specimen was collected, type of sample taken.

**Step 1d :** Assemble materials for packaging of samples:

- Plastic leak-proof packaging container
- Disposable (paper) towels
- Cooler or cold box, if sample requires refrigeration

For the shipment of samples to the National Central Laboratory follow Sample Shipment packaging requirements

**Step 2a:** Perform hand hygiene. Duration of the entire procedure: 40-60 sec.

**Personal Protective Equipment (PPE).**

1. Always put on essential required PPE when handling either a suspected, probable or confirmed case of viral haemorrhagic fever.
2. The dressing and undressing of PPE should be supervised by another trained member of the team.

**Sources**

- How to safely collect blood samples from persons suspected to be infected with highly infectious blood-borne pathogens (e.g. Ebola) available from <http://www.who.int/csr/resources/publications/ebola/blood-collect-en.pdf?ua=1>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 28<sup>th</sup> - 04<sup>th</sup> July 2014 (27<sup>th</sup> Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**	
Colombo	426	7343	1	74	0	8	2	53	1	157	1	67	0	1	2	22	0	0	0	3	277	0	28	0	3	63	38
Gampaha	114	3198	0	90	0	5	1	24	0	10	2	118	0	7	8	112	0	5	6	204	1	34	0	2	67	33	
Kalutara	93	1385	4	96	0	4	3	25	0	50	3	147	0	0	0	8	0	1	6	162	2	47	0	0	69	31	
Kandy	37	627	1	52	0	3	0	11	1	6	3	20	1	49	4	74	0	0	2	132	0	15	0	2	96	4	
Matale	15	213	0	35	0	1	0	11	5	12	0	24	0	2	0	101	0	1	1	33	0	18	0	25	69	31	
NuwaraEliya	4	145	13	167	0	2	0	14	0	67	0	10	1	41	1	22	0	0	4	68	1	15	0	0	69	31	
Galle	37	532	7	67	0	4	0	3	0	31	5	111	6	56	0	5	0	0	5	307	1	23	0	3	95	5	
Hambantota	12	300	1	28	0	4	0	9	0	9	1	58	1	46	1	10	0	0	0	101	0	23	0	188	58	42	
Matara	32	222	7	48	0	3	0	21	3	15	5	46	3	25	0	20	0	0	4	132	0	21	5	54	100	0	
Jaffna	52	571	13	261	0	4	5	151	1	47	0	6	4	258	0	8	0	0	6	80	0	18	0	0	92	8	
Kilinochchi	2	33	1	60	0	1	1	16	0	0	0	0	0	16	0	0	0	0	0	14	0	3	0	8	75	25	
Mannar	4	30	2	28	0	10	0	28	0	9	0	4	0	20	0	1	0	0	0	8	0	6	0	1	100	0	
Vavuniya	5	84	0	21	0	0	3	15	0	15	0	9	0	4	0	2	0	0	0	6	2	11	0	2	75	25	
Mullaitivu	1	70	0	38	0	0	0	9	0	13	0	8	0	8	0	0	0	1	0	4	0	4	0	7	80	20	
Batticaloa	19	580	1	151	0	2	0	19	0	17	0	3	0	1	0	6	0	1	0	34	0	4	0	0	86	14	
Ampara	2	90	0	30	0	1	0	1	0	8	0	15	0	11	0	4	0	1	2	62	0	6	0	7	57	43	
Trincomalee	6	443	0	26	0	1	0	1	0	3	0	10	0	12	0	2	0	0	3	59	0	3	0	3	50	50	
Kurunegala	66	854	3	74	2	18	0	14	2	20	2	65	1	35	2	26	0	1	3	258	3	46	2	82	93	7	
Puttalam	24	342	3	35	0	1	0	11	0	9	1	52	0	20	0	3	0	2	0	59	0	8	0	5	77	23	
Anuradhapura	10	271	2	60	0	2	0	1	0	16	0	65	0	24	0	5	0	0	3	138	2	29	10	205	42	58	
Polonnaruwa	4	228	0	22	0	3	0	3	0	0	0	32	0	3	0	3	0	0	0	85	0	10	1	54	14	86	
Badulla	8	300	2	62	0	8	0	8	0	5	1	36	2	51	3	86	0	0	0	41	5	64	0	0	71	29	
Monaragala	2	122	0	30	0	2	0	3	0	33	0	57	10	104	1	76	0	2	1	52	0	14	2	17	91	9	
Ratnapura	98	1558	1	144	0	16	0	14	0	21	8	191	1	63	11	234	0	0	3	146	0	22	0	21	78	22	
Kegalle	55	789	0	75	0	8	0	25	0	22	3	96	1	39	3	55	0	0	1	157	2	41	0	1	82	18	
Kalmune	2	91	6	68	0	1	0	5	1	61	0	1	0	0	0	0	0	0	1	78	1	6	0	0	62	38	
<b>SRILANKA</b>	<b>1130</b>	<b>20421</b>	<b>68</b>	<b>1842</b>	<b>2</b>	<b>112</b>	<b>15</b>	<b>495</b>	<b>14</b>	<b>656</b>	<b>35</b>	<b>1261</b>	<b>31</b>	<b>896</b>	<b>36</b>	<b>885</b>	<b>0</b>	<b>15</b>	<b>54</b>	<b>2697</b>	<b>20</b>	<b>519</b>	<b>20</b>	<b>690</b>	<b>75</b>	<b>25</b>	

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T= Timeliness refers to returns received on or before 04<sup>th</sup> July, 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 257 C\*\*-Completeness  
A = Cases reported during the current week. B = Cumulative cases for the year.

**Table 2: Vaccine-Preventable Diseases & AFP**

28th – 04th July 2014 (27th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2013& 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	01	01	00	00	00	00	00	00	03	01	48	44	+9.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	02	00	02	07	03	01	03	00	01	19	17	391	841	-53.5%
Measles	13	03	03	03	02	04	02	00	06	36	126	2045	1068	+89.0%
Rubella	00	00	00	00	00	00	00	00	00	00	00	13	14	-7.1%
CRS**	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	08	11	-27.2%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	18	00	0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	03	27	52	-48.0%
Tuberculosis	17	34	12	18	06	00	00	16	19	122	174	5130	4284	-19.7%

**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.  
 RDHS 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, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps, Rubella, CRS,

**Special Surveillance:** AFP\* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS\*\* =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

**Dengue Prevention and Control Health Messages**

**Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them**

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to [chepid@sltnet.lk](mailto:chepid@sltnet.lk). Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

**ON STATE SERVICE**

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