



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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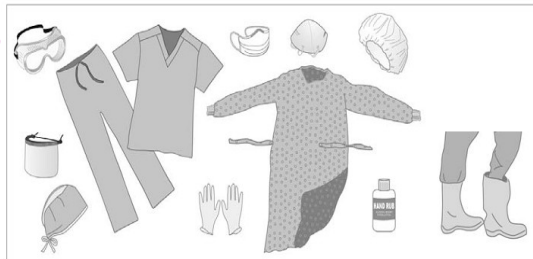
12th – 18th July 2014

Advices for Health Care Workers on Ebola virus disease - II

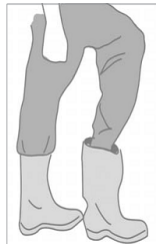
This is the second in a series of four articles on Advices for Health Care Workers on Ebola virus disease.

Personal Protective Equipment (PPE).

3. Gather all the necessary items of PPE beforehand. Put on the scrub suit in the changing room.



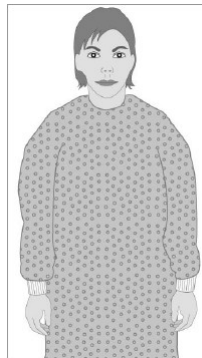
4. Put on rubber boots. If not available, make sure you have closed, puncture and fluid resistant shoes and put on overshoes.



OR, IF BOOTS UNAVAILABLE



5. Place the impermeable gown over the scrubs.



6. Put on face protection:

6.a) Put on a medical mask ,

6.b) Put on goggles or a face shield. ,If available, put a head cover on at this time.

6a Put on a medical mask.

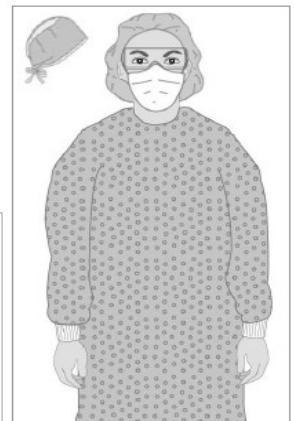


6b Put on goggles or a face shield.

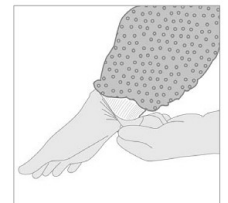


7. If available, put a head cover at this time.

8. Perform hand hygiene.



9 Put on gloves* (over cuff).



9. Put on gloves (over cuff).



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10. If an impermeable gown is not available, place waterproof apron over gown.

While wearing PPE,

- Avoid touching or adjusting PPE
- Remove gloves if they become torn or damaged
- Change gloves between patients
- Perform hand hygiene before putting on new gloves
- Use **double gloves** if any strenuous activity (e.g. carrying a patient or handling a dead body) or tasks in which contact with blood and body fluids are anticipated. Use **heavy duty/rubber gloves** for environmental cleaning and waste management.

Step 3: Collect blood sample from patient

Step 3a: Prepare room

- Put infectious waste bags and leak-proof and puncture resistant sharps container into patient room and make sure they are ready for use.
- Place all blood collection equipment in a place that is easy to access.

Step 3b: Identify and prepare the patient

- Introduce yourself to the patient and explain what you will do with the blood sample and why.
- Make sure that this is the correct patient from whom you wish to take the blood sample.

Step 3c: Select the site, preferably at the bend of the elbow

- Palpate the area; locate a vein of good size that is visible, straight and clear.
- The vein should be visible without applying a tourniquet.



Step 3d: Apply a tourniquet around the arm

- Tie approximately 4–5 finger widths above the selected site.

Step 3e: Ask the patient to form a fist so that the veins are more prominent.



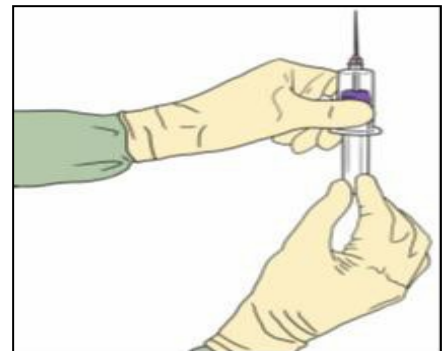
Step 3f: Disinfect the area where you will put the needle.

- Use 70% isopropyl alcohol.
- Wait 30 seconds for the alcohol to dry.
- DO NOT touch the site once disinfected.



Step 3g: When using vacuum extraction system with holder, insert the blood collector tube into the holder.

- Avoid pushing the collector tube past the recessed line on the needle holder or you may release the vacuum.



Sources

- How to put on Personal Protective Equipment (PPE) from WHO available at http://www.who.int/csr/disease/ebola/put_on_ppequipment.pdf
- 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>

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 05th - 11th July 2014 (28th 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	440	7879	0	74	0	8	2	55	0	162	2	70	0	1	0	22	0	0	0	0	279	1	29	0	3	75	25
Gampaha	205	3493	4	95	0	5	0	24	0	10	1	120	0	7	7	119	0	5	3	208	2	37	0	2	80	20	
Kalutara	78	1466	4	100	0	4	0	25	3	53	1	149	0	0	0	8	0	1	2	164	0	47	0	0	54	46	
Kandy	49	685	5	57	0	3	1	13	1	7	3	23	0	49	6	80	0	0	2	134	1	16	0	2	91	9	
Matale	19	236	1	36	0	1	0	11	3	15	0	24	0	2	0	102	0	1	2	35	4	24	0	25	92	8	
NuwaraEliya	5	152	1	171	0	3	1	15	0	67	0	11	0	43	0	22	0	0	6	74	1	16	0	0	62	38	
Galle	33	571	2	69	0	4	1	4	0	32	0	111	0	56	0	5	0	0	0	307	0	23	0	3	45	55	
Hambantota	64	371	1	30	0	4	0	10	0	9	2	60	0	46	0	10	0	0	2	103	2	25	18	206	92	8	
Matara	23	245	8	56	0	3	0	21	0	15	2	48	3	28	3	23	0	0	3	135	1	22	1	55	10	0	
Jaffna	29	600	3	266	0	4	0	151	1	48	0	6	0	258	0	8	0	0	0	80	1	19	0	0	83	17	
Kilinochchi	0	33	0	60	0	1	0	16	0	0	0	0	0	16	0	0	0	0	0	14	0	3	0	8	50	50	
Mannar	2	32	0	28	0	10	0	28	0	9	0	4	0	20	0	1	0	0	0	8	0	6	0	1	60	40	
Vavuniya	2	86	2	23	0	0	1	16	0	15	0	9	0	4	1	3	0	0	0	6	0	11	0	2	10	0	
Mullaitivu	3	73	0	38	0	0	0	9	0	13	0	8	0	8	0	0	0	1	0	4	0	4	0	7	60	40	
Batticaloa	15	596	8	161	0	2	0	19	3	20	0	13	0	1	0	7	0	1	1	35	0	4	0	0	71	29	
Ampara	2	92	0	35	0	1	0	1	0	8	0	15	0	11	0	4	0	1	1	65	0	6	0	7	29	71	
Trincomalee	7	454	0	26	0	1	0	1	0	3	1	11	1	13	0	2	0	0	3	63	1	4	0	3	75	25	
Kurunegala	77	931	2	76	0	18	0	14	0	20	1	66	0	35	1	27	0	1	1	259	3	49	3	85	81	19	
Puttalam	25	369	0	35	0	1	0	11	0	9	1	53	0	20	0	3	0	2	0	59	1	9	0	5	69	31	
Anuradhapura	13	299	4	68	0	3	0	0	0	22	0	68	0	25	0	8	0	0	5	144	1	32	2	213	58	42	
Polonnaruwa	12	255	0	22	0	3	0	3	0	0	0	34	0	3	0	3	0	0	1	89	0	12	0	56	29	71	
Badulla	31	335	7	69	0	8	0	8	0	5	0	36	3	54	1	87	0	0	1	42	3	67	0	0	82	18	
Monaragala	9	133	2	32	0	2	0	3	0	33	0	57	2	106	1	78	0	2	0	52	0	14	1	19	45	55	
Ratnapura	64	1645	4	150	0	16	1	15	4	25	7	200	1	64	14	249	0	0	0	146	2	25	0	21	72	28	
Kegalle	52	862	2	77	0	8	0	25	0	22	3	101	0	39	2	57	0	0	3	162	2	43	0	1	91	9	
Kalmune	0	95	1	69	0	1	0	5	0	61	0	1	0	0	0	0	0	0	0	78	0	6	0	0	54	46	
SRILANKA	1259	21988	61	1923	0	114	7	503	15	683	24	1298	10	909	36	928	0	15	36	2745	26	553	25	724	72	28	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 11th July, 2014. Total number of reporting units 337. Number of reporting units data provided for the current week: 245. C**=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

05th – 11th July 2014 (28th 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*	00	00	00	00	00	00	00	01	00	01	01	49	45	+8.8%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	00	01	00	01	02	00	01	01	01	07	28	406	795	-49.0%
Measles	08	05	06	01	03	11	02	01	00	37	73	2094	790	+165.0%
Rubella	00	00	00	00	00	00	00	00	00	00	00	13	13	0%
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	10	-20%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	-	18	-	%
Whooping Cough	00	00	01	00	00	00	00	00	01	02	01	29	41	-29.2%
Tuberculosis	63	34	13	13	05	04	09	06	08	155	49	5285	3909	+35.2%

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. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

ON STATE SERVICE

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