



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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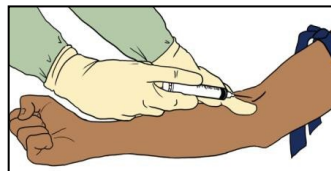
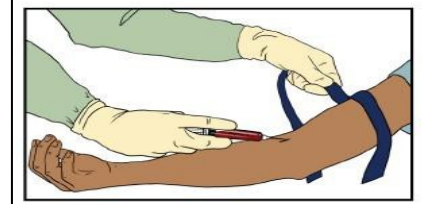
19th – 25th July 2014

Advices for Health Care Workers on Ebola virus disease - III

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

Step 3h: Anchor the vein by holding the patient's arm and placing a thumb BELOW the place where you want to place the needle.

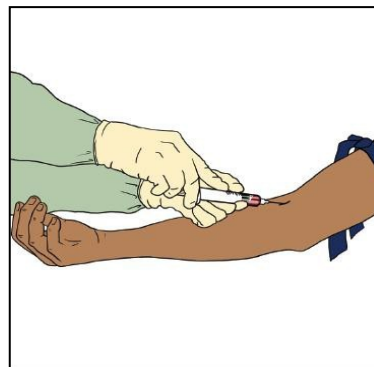
- DO NOT touch the disinfected site.
- DO NOT place a finger over the vein to guide the needle.



Step 3i: Perform the blood draw.

- Enter the vein swiftly at a 30° angle.

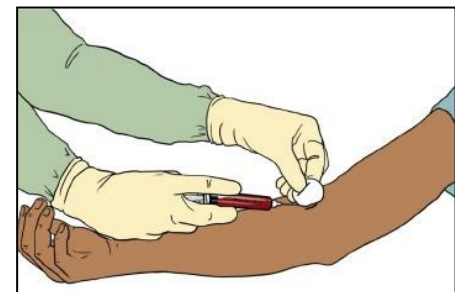
Step 3j: When blood starts to flow, ask patient to open his/her hand.



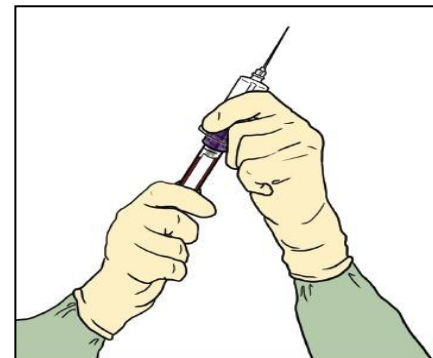
Step 3k: Once sufficient blood has been collected (minimum 5ml), release the tourniquet BEFORE withdrawing the needle

Step 3l: Withdraw the needle gently.

- Give the patient a clean gauze or dry cotton wool ball to press gently on the site.
- Ask the patient NOT to bend the arm.



Step 3m: Remove blood collector tube from holder and put into rack.



WEB SRI LANKA - 2014

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Step 3n: Put needle into leak-proof and puncture resistant sharps container.

If the sharps container DOES NOT HAVE a needle remover:

- Put the needle and holder into a sharps container.
- Do not remove the needle from the holder.
- Do not reuse the needle.

If the sharps container HAS a needle remover:

- Remove the needle following instructions on the sharps container.
- Put the holder into the infectious waste bag for disinfection.



Step 3o: Stop the bleeding and clean the skin.

- Do not leave patient until bleeding has stopped.
- Put an adhesive bandage on the site, if necessary.

Step 3p: Put items that drip blood or have body fluids on them into the infectious waste bag for destruction.

Quick Tips:

- The blood holder tray and rack will need to be disinfected after use.
- A minimum of 5ml of blood should be collected for each patient.



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 : Water Quality Surveillance
Number of microbiological water samples - Juny/ 2014**

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	48
Gampaha	15	90	82
Kalutara	12	72	4
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	12	72	14
Nuwara Eliya	13	78	0
Galle	19	114	NR
Matara	17	102	18
Hambantota	12	72	NR
Jaffna	11	66	9
Kilinochchi	4	24	0
Manner	5	30	NR
Vavuniya	4	24	14
Mullatvu	4	24	0
Batticaloa	14	84	0
Ampara	7	42	NR
Trincomalee	11	66	0
Kurunegala	23	138	109
Puttalam	9	54	72
Anuradhapura	19	114	58
Polonnaruwa	7	42	28
Badulla	15	90	27
Moneragala	11	66	32
Rathnapura	18	108	74
Kegalle	11	66	34
Kalmunai	13	78	0

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 2: Selected notifiable diseases reported by Medical Officers of Health 12th - 18th July 2014 (29th 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	371	8258	0	74	1	9	0	55	0	162	6	76	0	1	1	23	0	0	5	284	2	31	0	3	75	25
Gampaha	91	3663	1	97	1	6	1	25	1	11	2	123	0	7	3	123	0	5	3	211	3	40	0	2	60	40
Kalutara	84	1584	2	104	0	4	1	26	1	54	2	152	1	1	0	8	0	1	0	165	1	49	0	0	77	23
Kandy	63	761	1	58	1	4	1	14	1	8	1	25	0	49	4	85	0	0	3	137	0	16	0	2	100	0
Matale	14	250	0	36	0	1	0	11	0	15	2	26	0	2	0	102	0	1	0	35	2	26	0	25	54	46
Nuwareliya	14	169	1	172	0	3	0	15	0	67	0	12	3	46	0	22	0	0	2	76	0	16	0	0	69	31
Galle	46	632	1	70	0	4	0	4	0	32	2	114	1	58	0	5	0	0	2	311	2	26	0	3	85	15
Hambantota	18	389	1	31	0	4	0	10	0	9	1	61	0	46	1	11	0	0	0	103	1	26	0	206	83	17
Matara	25	270	0	56	1	4	0	21	0	15	1	49	2	30	1	24	0	0	1	136	1	23	2	57	100	0
Jaffna	33	636	5	271	1	5	0	151	0	48	0	6	0	259	0	8	0	0	2	82	2	21	0	0	92	8
Kilinochchi	1	35	0	60	0	1	1	17	0	0	0	0	0	16	0	0	0	0	0	14	1	4	0	8	75	25
Mannar	4	36	0	28	0	10	0	28	0	9	0	4	1	22	0	1	0	0	0	8	0	6	0	1	100	0
Vavuniya	8	94	0	23	1	1	2	18	0	15	0	9	0	4	0	3	0	0	0	6	0	11	0	2	75	25
Mullaitivu	0	73	0	38	0	0	0	9	0	13	0	8	0	8	0	0	0	1	1	5	0	4	0	7	40	60
Batticaloa	12	611	8	171	0	2	1	21	0	20	0	13	0	1	0	7	0	1	2	37	0	5	0	0	93	7
Ampara	1	96	0	36	0	1	0	1	0	8	0	15	0	11	0	4	0	1	0	65	0	7	0	7	43	57
Trincomalee	10	464	0	26	0	1	0	1	0	3	1	13	0	13	0	2	0	0	2	65	0	4	0	3	83	17
Kurunegala	66	1021	0	77	1	19	0	14	0	20	0	66	0	35	0	27	0	1	6	267	3	52	1	87	96	4
Puttalam	14	399	5	41	0	1	0	11	0	9	0	53	0	20	0	3	0	2	0	59	2	11	0	6	69	31
Anuradhapura	8	313	1	69	0	3	0	0	2	24	1	69	0	25	0	8	0	0	4	148	1	35	2	217	68	32
Polonnaruwa	16	297	0	25	0	3	0	6	0	0	2	39	0	3	0	5	0	0	3	108	1	17	2	82	71	29
Badulla	8	343	1	71	0	8	1	9	0	5	1	37	2	56	1	89	0	0	0	43	2	69	0	0	82	18
Monaragala	12	154	3	36	0	2	0	4	0	33	0	57	3	110	0	79	0	2	2	54	0	14	1	20	82	18
Rathapura	89	1803	8	159	0	16	0	15	0	25	4	206	3	69	7	261	0	0	1	147	1	26	0	21	72	28
Kegalle	42	907	1	78	0	8	1	26	0	22	2	103	0	39	4	61	0	0	3	167	1	44	0	1	82	18
Kalmune	0	97	0	70	0	1	0	5	0	61	0	1	0	0	0	0	0	0	1	80	0	6	0	0	46	54
SRILANKA	1050	23355	39	1977	7	121	9	517	5	688	28	1337	16	931	22	961	0	15	43	2813	26	589	8	760	79	21

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 18th July, 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 268 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 3: Vaccine-Preventable Diseases & AFP

12th – 18th July 2014 (29th 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	01	00	00	01	02	50	47	+6.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	00	01	01	01	00	00	00	01	01	05	37	417	912	-54.2%
Measles	08	07	16	01	04	13	02	01	01	53	129	2170	1385	+56.6%
Rubella	00	00	00	00	00	00	00	00	00	00	02	13	18	-27.7%
CRS**	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
Tetanus	00	01	00	00	00	00	00	00	00	01	00	09	11	-18.1%
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	63	-71.4%
Whooping Cough	00	00	00	00	00	00	00	00	01	01	01	32	55	-41.8%
Tuberculosis	45	20	18	05	11	26	13	05	14	157	103	5442	4541	+19.8%

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
Juny	3194	66	35	10	01	191	505	0

Source: Medical Research Institute & Veterinary Research Institute

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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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