



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

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LEGIONELLOSIS Part II

Treatment

There is no vaccine currently available for Legionnaires' disease.

The nonpneumonic form of infection is self-limiting and does not require medical interventions, including antibiotic treatment. Patients with Legionnaires' disease always require antibiotic treatment following diagnosis.

Prevention and Control

The public health threat posed by legionellosis can be addressed by implementing water safety plans by authorities responsible for building safety or water system safety. These plans must be specific to the building or water system and should result in the introduction and regular monitoring of control measures against identified risks including *Legionella*. Although it is not always possible to eradicate the source of infection, it is possible to reduce the risks substantially.

Prevention of Legionnaires' disease depends on applying control measures to minimize the growth of *Legionella* and dissemination of aerosols. These measures include good maintenance of devices, including regular cleaning and disinfection and applying other physical (temperature) or chemical measures (biocide) to minimize growth. Some examples are:

- regular maintenance, cleaning and disinfection of cooling towers together with frequent or continuous addition of biocides;

- installation of drift eliminators to reduce dissemination of aerosols from cooling towers;

- maintaining an adequate level of a biocide such as chlorine in a spa pool along with a complete drain and clean of the whole system at least weekly;

- keeping hot and cold water systems clean and either keeping the hot water above 50 °C (which requires water leaving the heating unit to be at or above 60 °C) and the cold below 25 °C and ideally below 20 °C or alternatively treating them with a suitable biocide to limit growth, particularly in hospitals and other health care settings, and aged-care facilities;

reducing stagnation by flushing unused taps in buildings on a weekly basis. Applying such controls will greatly reduce the risk of *Legionella* contamination and prevent the occurrence of sporadic cases and outbreaks. Extra precautions may be required for water and ice provided to highly susceptible patients in hospitals including those at risk of aspiration (for example, ice machines can be a source of *Legionella* and should not be used by highly susceptible patients).

Control and prevention measures must be accompanied by proper vigilance on the part of general practitioners and community health services for the detection of cases.

Surveillance of Legionellosis

Legionellosis is now a statutory notifiable disease in most industrialized countries although it is not included into the list of notifiable diseases

Contents	Page
1. Leading Article – LEGIONELLOSIS Part II	1
2. Summary of selected notifiable diseases reported (06 th – 12 th April 2019)	3
3. Surveillance of vaccine preventable diseases & AFP (06 th – 12 th April 2019)	4

in Sri Lanka. Combined microbiological and epidemiological case definitions are used for surveillance of legionellosis.

- A review of the possible sources of infection
- A risk assessment of potential or suspected sources

Case classifications for legionellosis

Depending on the diagnostic method used and the result, cases are classified microbiologically as either confirmed or presumptive.

Based on the patient's clinical history, cases are classified as one of the following:

- Legionnaires' disease (relevant pneumonic illness and microbiological evidence of infection)
- Pontiac fever or similar illness (relevant non-pneumonic illness and microbiological evidence of infection)
- Asymptomatic Legionella infection (no illness compatible with the microbiological result)
- Legionella infection (microbiological evidence of infection but symptoms not known)
- Suspected legionellosis (relevant pneumonic or non-pneumonic illness but no supporting microbiological evidence).

Single cases reported to a surveillance scheme are normally entered into a database that is then searched for links in time or place to previously reported cases. If no links are found, the environmental actions in response to a single case will be determined locally or nationally. However, whenever possible, these actions should include:

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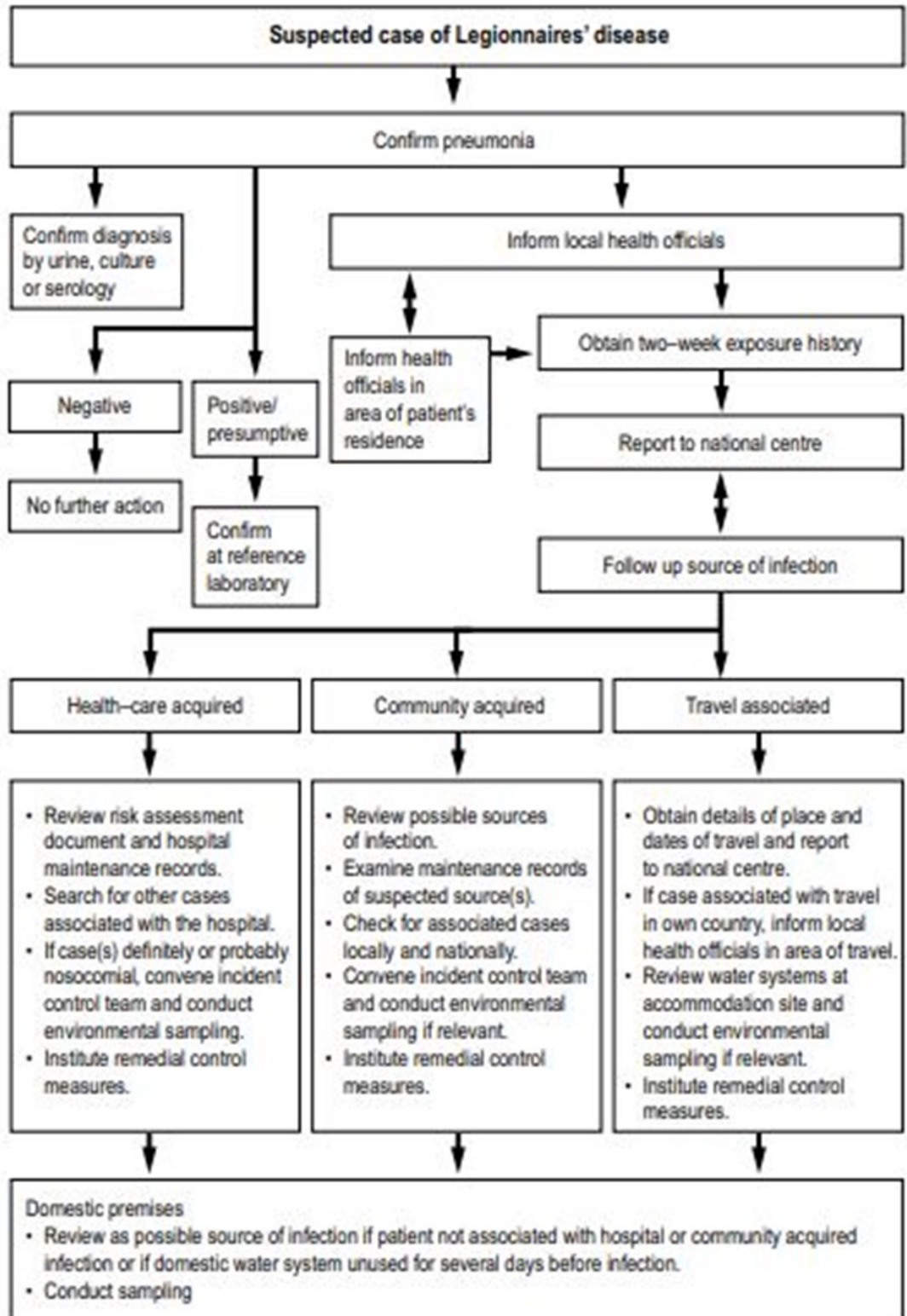


Table 1: Selected notifiable diseases reported by Medical Officers of Health 06th - 12th April 2019 (15th Week)

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	136	3134	1	14	0	2	0	5	0	22	1	55	0	7	0	4	0	0	9	174	1	19	0	2	48	100	
Gampaha	64	1844	1	6	0	1	1	1	2	14	3	32	0	2	0	1	0	0	6	112	0	8	0	28	55	95	
Kalutara	42	868	4	27	0	3	0	5	0	28	14	170	0	3	0	2	0	0	12	266	2	35	0	3	60	86	
Kandy	51	834	2	22	0	5	0	1	2	8	0	23	1	29	0	2	0	1	22	88	2	19	0	11	64	100	
Matale	7	184	0	11	0	2	0	0	0	1	0	21	0	4	0	3	0	1	0	28	0	3	12	100	54	99	
NuwaraEliya	2	58	3	16	0	1	0	1	0	0	0	12	2	26	0	4	0	0	1	18	0	17	0	0	26	100	
Galle	23	469	2	21	0	4	0	1	0	1	12	105	1	18	0	2	0	0	4	157	0	25	0	1	63	98	
Hambantota	8	338	0	3	0	0	0	0	0	5	6	31	1	55	0	1	0	0	5	127	0	14	49	240	74	99	
Matarra	29	506	0	4	0	4	0	1	0	2	8	89	0	15	0	8	0	0	1	115	0	3	26	195	62	100	
Jaffna	31	1707	6	49	0	5	0	7	0	3	0	20	2	244	0	1	0	0	12	111	0	6	0	0	26	93	
Kilinochchi	1	77	0	6	0	1	0	9	0	0	0	14	1	19	0	1	0	0	0	3	0	2	0	4	45	100	
Mannar	1	59	1	1	0	1	0	7	0	1	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	47	93
Vavuniya	3	146	0	6	0	3	0	15	0	3	1	33	0	4	0	0	0	0	2	37	1	7	0	1	48	100	
Mullaitivu	0	87	0	6	0	0	0	4	0	1	0	11	0	5	0	0	0	0	0	0	0	0	2	0	1	37	78
Batticaloa	27	674	0	36	0	0	0	9	0	2	2	16	0	1	0	0	0	1	8	76	0	3	0	0	54	100	
Ampara	3	86	2	11	0	0	0	0	0	4	0	14	1	1	0	6	0	0	2	58	0	3	0	3	51	100	
Trincomalee	17	450	0	5	0	0	0	0	0	4	0	3	0	3	0	1	0	0	3	80	0	4	0	0	34	85	
Kurunegala	32	570	2	23	0	5	0	3	0	4	3	76	0	8	0	13	0	0	18	239	1	21	12	287	58	100	
Puttalam	5	205	0	10	1	2	0	1	0	0	0	12	0	8	0	0	0	0	2	69	1	15	0	4	63	100	
Anuradhapura	5	182	0	8	0	5	0	3	1	1	6	71	0	22	0	12	0	1	17	215	1	35	13	176	39	97	
Polonnaruwa	5	90	0	7	0	1	0	1	0	0	1	31	1	3	0	7	0	0	4	119	1	11	1	80	58	99	
Badulla	9	238	0	15	0	1	0	4	0	55	6	69	1	38	1	10	0	0	3	91	5	60	0	9	64	100	
Monaragala	3	158	2	23	0	2	0	0	0	73	1	114	3	43	0	31	0	0	4	89	3	55	0	9	63	100	
Ratnapura	34	614	0	30	3	18	0	6	1	8	14	214	0	12	0	9	1	2	7	158	3	55	2	52	43	99	
Kegalle	10	383	0	14	0	10	0	0	0	20	4	53	3	20	10	63	0	0	9	182	1	13	2	12	62	100	
Kalmune	17	355	1	20	0	0	0	1	0	0	0	17	0	1	0	1	0	0	11	82	0	7	0	0	61	100	
SRILANKA	565	14316	27	394	4	76	1	85	6	260	82	1306	17	597	11	182	1	6	162	2694	22	442	11	1218	54	98	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 12th April, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 328 C**_Completeness A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

06th – 12th April 2019 (15th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2019	Number of cases during same week in 2018	Total number of cases to date in 2019	Total number of cases to date in 2018	Difference between the number of cases to date in 2019 & 2018
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	01	00	00	00	01	02	28	17	64.7%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	01	01	03	03	00	00	01	10	07	112	122	-8.1 %
Measles	02	01	01	00	02	00	00	01	01	08	00	64	37	72.9 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	04	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	06	08	- 25 %
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	00	07	13	- 46.1%
Whooping Cough	00	00	00	00	01	01	00	00	00	02	03	25	13	92.3 %
Tuberculosis	16	16	05	12	01	04	00	06	01	61	65	2470	2100	17.6 %

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
NA = Not Available

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

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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@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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