



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health & Indigenous Medical Services

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An outbreak of novel coronavirus 2019 [“2019-nCoV”]

Background

People of Wuhan City, Hubei Province of China were affected by pneumonia time to time since the end of the last year 2019. This has developed as an outbreak with severe morbidity and mortality among Chinese people. A new virus was identified when laboratory testing was conducted by participating professionals in china. All higher authorities were informed including WHO and it has been declared as a public health emergency.

According to the CNN news on 29th January, 132 deaths have been reported in China with more than 6,000 infected people. The vulnerability of spread of this new coronavirus is more and it has been found to have spread throughout Asia and across the world.



What is Coronavirus “2019-nCoV”?

A novel coronavirus (CoV) is a new strain of coronavirus that has not been previously identified in humans. It is an RNA virus and in a family of viruses that include the common cold, and viruses such as severe acute respiratory syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

Source of infection

Early on, many of the patients in the outbreak in Wuhan, China reportedly had some link to a large seafood and animal market, suggesting to animal –to person spread. However, a growing number of patients reportedly have not had exposure to animal markets, suggesting a person to person spread is occurring

Disease transmission

The reported incubation period is 2days to 10 days from the exposure. Person to person disease transmission has been proven through droplets and close contacts. People who are living on travelling to affected areas or who have had contact with other cases may be at risk of contracting the disease.

People with an underlying illness that make them more vulnerable to respiratory dis-

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ease, including those with diabetes, chronic lung disease, pre-existing kidney failure, or those who have suppressed immune systems, may be at higher risk



Signs and symptoms

It has been reported through mild to severe cases. Fever, cough, shortness of breath and breathing difficulties are the main manifesting disease symptoms among cases. Pneumonia, severe acute respiratory syndrome, kidney failure and death have been reported according to the severity of the disease.

Prevention

People have been advised by WHO on hand, respiratory hygiene and safe food practices as standard recommendations for the general public to reduce exposure.

- Frequent hand cleaning by using soap, water or alcohol-based hand rub.
- When coughing and sneezing need to cover mouth and nose with the flexed elbow, handkerchief or tissue and dispose of used tissues correctly with hand washing.
- Avoid close contact with people who have fever and cough.
- If you have developed fever, cough and shortness of breath, need to consult a medical practitioner and need to tell travelling history if any.
- Consumption of raw or undercooked animal product should be avoided as good food safety practices.

References:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>
<https://edition.cnn.com/asia/live-news/coronavirus-outbreak-intl-hnk/index.html>

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 04th - 10th Jan 2020 (02nd 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	462	462	0	0	0	0	0	0	7	7	3	3	0	0	0	0	0	0	0	3	3	2	2	0	0	44	95
Gampaha	201	201	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	9	0	0	0	0	29	80
Kalutara	155	155	0	0	1	1	0	0	1	1	7	7	0	0	0	0	0	0	0	8	8	1	1	0	0	67	96
Kandy	224	224	1	1	0	0	0	0	0	0	1	1	3	3	0	0	0	0	0	2	2	2	2	0	0	48	96
Matale	76	76	0	0	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	10	46	92	
NuwaraEliya	10	10	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	27	100	
Galle	178	178	1	1	1	1	0	0	0	0	30	30	6	6	0	0	0	0	0	23	25	2	2	1	1	27	93
Hambantota	37	37	0	0	0	0	0	0	0	0	14	15	0	2	1	1	0	0	0	11	14	1	1	28	50	100	
Matara	72	72	1	1	1	1	0	0	0	0	11	11	1	1	1	1	0	0	0	10	10	0	0	24	44	100	
Jaffna	287	287	3	3	0	0	0	0	0	0	0	0	28	28	0	0	0	0	0	0	0	0	0	0	42	87	
Kilinochchi	21	21	3	3	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	1	38	100	
Mannar	22	22	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	30	100	
Vavuniya	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	38	
Mullaitivu	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	25	67	
Batticaloa	343	343	3	3	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	2	2	3	3	1	1	29	100
Ampara	21	21	0	0	0	0	0	0	0	0	4	4	0	0	0	0	0	0	0	3	3	2	2	0	0	25	86
Trincomalee	263	263	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	11	11	0	0	0	0	36	92
Kurunegala	64	64	0	0	0	0	0	0	0	0	7	7	0	0	0	0	0	0	0	16	16	1	1	11	35	83	
Puttalam	62	62	0	0	0	0	0	0	0	0	2	2	3	3	0	0	0	0	0	5	5	1	1	0	0	50	100
Anuradhapur	42	42	0	0	0	0	0	0	1	1	15	15	1	1	0	0	0	0	0	7	7	1	1	3	3	36	91
Polonnaruwa	16	16	1	1	0	0	0	0	0	0	7	7	0	0	0	0	0	0	0	3	3	0	0	8	40	94	
Badulla	58	58	0	0	0	0	0	0	3	3	9	9	0	0	0	0	0	0	0	7	7	2	2	0	0	26	84
Monaragala	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ratnapura	62	62	1	1	1	1	0	0	1	4	28	30	1	1	0	0	0	0	0	12	13	3	3	10	10	30	97
Kegalle	53	53	0	0	0	0	0	0	0	0	12	12	0	0	0	0	0	0	0	3	3	2	2	1	1	23	100
Kalmune	140	140	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4	2	2	0	0	27	100
SRILANKA	2872	2876	18	18	4	4	0	0	15	18	15	160	45	47	3	3	0	0	139	145	25	25	25	99	36	89	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 04th January, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 315 C**-Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

04th – 10th Jan 2020 (02nd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2020	Number of cases during same week in 2019	Total number of cases to date in 2020	Total number of cases to date in 2019	Difference between the number of cases to date in 2020 & 2019
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	01	01	03	- 66.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	00	00	00	00	00	00	01	06	01	18	- 94.4 %
Measles	00	00	00	00	00	00	00	00	00	00	00	03	10	- 70 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	01	00	00	00	00	00	00	01	00	01	01	0 %
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	09	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	04	00	04	0 %
Tuberculosis	56	20	09	09	15	23	23	04	13	172	192	172	311	- 44.6 %

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

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.

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**

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