



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Basic protective methods against the novel coronavirus

Background

2019 Novel Coronavirus (2019-nCoV) is a new strain of coronavirus identified as the cause of the outbreak of respiratory illness first detected in Wuhan, China in December 2019. Many of the patients first reported in the outbreak in Wuhan, China had some link to a large seafood and animal market, suggesting animal to person spread. Increased number of cases without an exposure to animal market suggests person to person spread following exposure to contacts. There is growing evidence that 2019-nCoV can spread from person to person in the community and in health care settings. At this time, it is unclear how easily or sustainably this virus is spreading among people.

Current situation

By 10th February 2020, there were 40 554 confirmed cases with novel coronavirus infection reported globally. Of them, 40 235 were reported from China while 319 were reported from 24 countries outside China. So far cases have been identified in Western Pacific Region (40 382), South East Asia region (37), Region of the Americas (19), European region (39) and Eastern Mediterranean region (7). In addition, 70 patients have been identified on board the cruise ship Diamond Princess harboured in Yokohama, Japan. The number of deaths was 910, only one reporting from outside China. To date only one case has been confirmed in Sri Lanka.

Mode of spread

The new coronavirus is a respiratory virus which spreads primarily through contact with an infected person via respiratory droplets generated when coughing or sneezing, or via droplets of saliva or discharge from the nose. A coronavirus infection is suspected in a person with a history of travel to China where this virus has been reported, or has close contact with someone who travelled from China and developed respiratory symptoms. Health workers caring for persons who are sick with novel coronavirus are at higher risk and must protect themselves with appropriate infection prevention and control procedures. At present there is no evidence that pets such as cats and dogs have been infected or have spread the virus.

In order to reduce the risk of transmission of the virus it is important to adhere to hand and respiratory hygiene and other preventive measures.

Basic Protective methods Frequent hand washing

Frequent hand washing with soap and water or using an alcohol-based hand rub will kill the virus if it is on hands.



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Practising respiratory hygiene

When coughing and sneezing, cover mouth and nose with flexed elbow or tissue, discard tissue immediately into a closed bin and clean hands with soap and water or alcohol-based hand rub. These respiratory hygiene practices will help to prevent the spread of viruses. Avoid sneezing or coughing into hands as it may contaminate objects or people that person touches.



Maintaining social distance

Maintain at least 1 metre (3 feet) distance between oneself and other people, particularly those who are coughing, sneezing and having fever. When someone who is infected with a respiratory disease, like 2019-nCoV, coughs or sneezes they project small droplets containing the virus. If a person stands too close, they can breathe in the virus.

Avoiding touching the eyes, nose and mouth

Hands may touch many surfaces which can be contaminated with the virus. Touching eyes, nose or mouth with contaminated hands, can transfer the virus from the surface to oneself.

Seeking medical care early if having fever, cough and difficulty breathing

It is important to disclose the travel history to the health care provider if someone has travelled in an area in China where 2019-nCoV has been reported, or has been in close contact with a person who has travelled from China and has respiratory symptoms. Whenever having fever, cough and difficulty breathing, it's important to seek medical attention promptly as this may be due to a respiratory infection or other serious condition. Respiratory symptoms with fever can have a range of causes, and depending on personal travel history and circumstances, 2019-nCoV could be one of them.

- ◆ Practise basic respiratory and hand hygiene if having mild respiratory symptoms and no travel history to or within China. Stay home until recovered, if possible.

- ◆ Wearing a mask may limit the spread of some respiratory diseases when combined with other preventive measures. Use of masks is recommended **only if** having respiratory symptoms, suspecting novel coronavirus infection with symptoms, or has cared for someone with suspected novel coronavirus infection.

References

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

Compiled by

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Table 1 : Water Quality Surveillance Number of microbiological water samples December 2019			
District	MOH areas	No: Expected *	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	7
Kandy	23	138	43
Matale	13	78	NR
Nuwara Eliya	13	78	74
Galle	20	120	0
Matara	17	102	NR
Hambantota	12	72	NR
Jaffna	12	72	2
Kilinochchi	4	24	37
Manner	5	30	24
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	86
Ampara	7	42	42
Trincomalee	11	66	NR
Kurunegala	29	174	27
Puttalam	13	78	0
Anuradhapura	19	114	35
Polonnaruwa	7	42	36
Badulla	16	96	85
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	NR
Kalmunai	13	78	0

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 11th - 17th Jan 2020 (03rd 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	481	949	0	0	0	0	1	1	0	7	3	6	0	0	0	0	0	0	0	9	12	2	4	0	0	44	100
Gampaha	219	492	1	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	5	16	1	2	0	0	37	84	
Kalutara	107	262	0	0	0	1	1	1	0	1	2	9	0	0	0	0	0	0	6	14	1	2	0	0	98	85	
Kandy	174	398	0	1	0	0	4	4	0	0	3	4	5	8	0	0	0	0	8	12	2	4	0	0	55	100	
Matale	77	170	1	1	0	0	0	0	0	0	4	5	0	0	1	0	0	0	2	2	0	0	12	22	46	100	
NuwaraEliya	16	26	0	0	0	0	0	0	0	0	0	1	3	3	0	0	0	0	1	1	0	0	0	0	31	100	
Galle	193	403	3	5	1	2	1	1	0	4	20	52	1	7	1	1	0	0	21	48	1	4	0	1	48	93	
Hambantota	45	82	2	2	0	0	1	1	0	0	13	28	0	2	1	2	0	0	8	22	0	1	37	65	56	100	
Matara	65	137	1	2	0	1	0	0	0	0	16	27	0	1	2	3	0	0	7	17	1	1	3	27	43	100	
Jaffna	307	621	2	5	0	0	2	2	0	0	1	2	61	91	0	0	0	0	6	6	1	2	0	0	36	93	
Kilinochchi	15	36	0	3	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	2	2	0	1	50	100
Mannar	29	51	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	1	1	0	0	42	80
Vavuniya	36	74	0	0	0	0	0	1	0	0	4	10	0	0	0	0	0	0	0	0	0	0	1	0	0	8	100
Mullaitivu	2	5	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	50	67
Batticaloa	308	651	4	7	0	0	0	0	0	1	4	5	0	0	0	0	0	0	9	11	2	5	0	1	40	100	
Ampara	14	38	1	1	0	0	0	0	0	0	1	7	0	0	0	0	0	0	6	9	3	5	1	1	39	86	
Trincomalee	433	750	2	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	4	15	1	1	0	0	39	92	
Kurunegala	72	147	1	2	0	0	1	1	0	0	1	12	0	1	0	0	0	0	13	33	0	1	7	18	43	92	
Puttalam	87	149	0	0	0	0	0	0	0	0	5	7	0	3	0	0	0	0	1	6	4	5	0	0	64	100	
Anuradhapur	39	87	2	2	0	0	0	0	0	1	25	44	1	2	0	0	0	0	6	13	2	3	19	22	45	93	
Polonnaruwa	15	33	0	1	0	0	0	0	0	0	8	17	0	0	0	0	0	0	0	3	0	0	1	12	46	100	
Badulla	62	134	1	1	0	0	0	0	0	3	15	27	2	2	1	1	0	0	9	18	1	3	0	2	35	100	
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	90	163	3	6	3	4	0	0	1	5	33	70	1	2	0	0	0	0	6	21	3	7	1	11	37	100	
Kegalle	46	105	0	0	2	2	1	1	0	0	4	18	0	0	0	0	0	0	7	11	2	4	0	1	39	100	
Kalmune	144	284	2	6	1	1	0	0	0	0	1	1	1	1	0	0	0	0	12	16	2	4	0	0	49	100	
SRILANKA	3076	6247	26	48	7	11	12	13	1	23	16	357	77	127	5	8	0	0	146	306	32	62	81	185	44	92	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 17th January, 2020 Total number of reporting units 356 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

11th - 17th Jan 2020 (03rd 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	01	00	00	00	00	00	00	00	01	03	02	06	- 66.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	00	01	00	00	00	01	06	02	18	- 88.8 %
Measles	01	00	00	00	00	00	00	00	00	01	03	01	10	- 90 %
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	00	00	00	00	00	00	00	00	00	01	02	- 50 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	01	00	00	01	01	01	02	- 50 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	04	00	05	0 %
Tuberculosis	83	13	00	05	06	11	00	02	25	145	198	317	509	- 61.1 %

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
January							

Source: Medical Research Institute & Veterinary Research Institute

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

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