



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
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## COVID 19 - Infection Control Measures

### Guidance for healthcare workers on infection prevention and control when caring for patients with suspected novel coronavirus

This article outlines key infection prevention and control measures (IPC) that should be in place in hospitals to ensure the safety of healthcare staff, patients and visitors when a patient with suspected novel coronavirus infection is being cared for in the hospital.

### Recognize suspected cases early and implement source control measures

It is important to establish a system for assessing all patients at admission allowing early recognition of possible Covid 19 infection. Healthcare workers should have a high level of clinical suspicion to detect cases early.

Upon detection, suspected cases should be immediately isolated in an area separate from other patients (source control).

Information on the disease can be displayed in waiting areas, OPD and other public areas to remind symptomatic patients to alert the healthcare staff of their symptoms.

Adhering to hand and respiratory hygiene measures are important and should be emphasized for the general public visiting the hospital by displaying relevant information in the hospital.

### Apply standard precautions when attending to patients

Standard precautions include respiratory and hand hygiene measures, use of personal protective equipment (PPE) according to risk, safe injection practices, safe waste management, sterilization of patient care equipment and environmental cleaning.

Appropriate respiratory hygiene measures should be instituted including provision of surgical masks to patients suspected of having Covid 19 infection, ensuring that all patients and staff cover their nose and mouth with a tissue or elbow when coughing or sneezing and adhering to hand hygiene measures after any contact with respiratory secretions.

Adequate hand hygiene measures should be applied before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings. This includes washing hands with soap and water or with an alcohol-based hand rub.

Routine environmental cleaning and disinfection procedures should be carried out consistently and correctly. Environmental surfaces should be thoroughly cleaned with water and detergent and applying commonly used hospital-level disinfectants (such as sodium hypochlorite) are effective and sufficient.

### Additional precautions when attending to patients with Covid 19

Patients suspected of Covid 19 infection should be accommodated in adequately ventilated sin-

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gle rooms. If suspected patients cannot be offered single rooms all such patients should be housed together. Patients' beds should be kept at least 1 m apart and this spatial separation should be maintained for all patients.

If possible, a designated team of healthcare workers can be assigned to exclusively care for suspected or confirmed cases of Covid 19 to reduce the risk of transmission.

All healthcare workers coming into close contact with the patients should wear surgical masks, eye protection (goggles) or facial protection (face shield) to avoid contamination of mucous membranes, clean and non-sterile long-sleeved gowns and gloves. Boots, coverall and apron are not recommended for routine care. All PPE should be properly removed and disposed after caring for a patient and a new set of PPE must be worn when attending to a different patient. Healthcare staff should refrain from touching eyes, nose or mouth with potentially contaminated gloves or bare hands.

Each patient can be assigned a dedicated set of equipment such as stethoscopes, blood pressure cuffs and thermometers. If shared among patients, clean and disinfect between use for each patient (e.g., by using ethyl alcohol 70%).

Movement of patients outside the isolation rooms should be avoided unless medically required. If transport is required, use predetermined transport routes to minimize exposure for staff, other patients and visitors, and have the patient using a surgical mask. It is important to ensure that health care workers transporting patients perform hand hygiene and wear appropriate PPE.

It is advised to limit the number of healthcare workers, family members and visitors coming into contact with a suspected or confirmed Covid 19 patient. A record of all persons entering the patient's room, including all staff and visitors should be maintained.

### **Airborne precautions for aerosol-generating procedures**

Some aerosol-generating procedures have been associated with an increased risk of transmission of coronaviruses (SARS-CoV and MERS-CoV), such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy.

Therefore, ensure that such procedures are performed in adequately ventilated rooms. Healthcare workers performing these procedures should wear adequate PPE, such as N95 masks, goggles or a face shield for protection of eyes, clean, non-sterile, long-sleeved gown and gloves.

The number of individuals in the room should be limited to the

absolute minimum required for patient care.

It is imperative that standard procedures are always adhered to and additional contact and droplet precautions continued until the patient is asymptomatic.

### **Collecting and handling laboratory specimens from patients with suspected Covid 19 infection**

All specimens collected for laboratory investigations should be regarded as potentially infectious. Healthcare workers who collect, handle or transport clinical specimens should adhere to infection prevention and control guidelines and biosafety practices.

Healthcare workers who collect specimens should wear eye protection, a surgical mask, a long-sleeved gown and gloves. If the specimen is collected with an aerosol-generating procedure, an N95 mask should be used.

Healthcare workers who transport the specimens should be trained in safe handling practices and spill decontamination procedures.

The sample should be transported in triple package system with patient details clearly documented on the laboratory request form. Notify the laboratory as soon as possible that the specimen is being transported.

*Adapted from the WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Access the full article at: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)*

### **Compiled By :**

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 25th - 31st Jan 2020 (05th 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	305	1693	2	5	0	3	1	3	0	10	10	32	0	0	0	0	0	0	0	12	37	2	8	0	0	46	100
Gampaha	155	938	0	3	0	0	0	0	0	0	3	8	0	0	0	0	0	0	0	14	60	0	3	1	10	42	89
Kalutara	72	443	0	0	0	1	0	1	0	1	9	29	0	3	0	0	0	0	6	30	0	3	0	0	54	85	
Kandy	122	674	2	3	0	0	0	5	0	0	1	7	4	14	0	1	0	0	4	20	2	7	5	9	55	100	
Matale	35	269	1	2	1	2	1	1	0	1	3	9	0	0	0	1	0	1	2	6	0	0	0	6	53	98	
NuwaraEliya	13	77	1	4	0	0	0	0	0	0	1	6	6	20	0	0	0	0	6	10	0	0	0	0	25	100	
Galle	90	636	0	5	0	2	0	2	7	11	5	70	1	11	0	1	0	0	7	74	0	5	1	2	54	95	
Hambantota	36	156	1	3	0	0	0	1	0	1	5	38	2	6	0	2	0	0	6	38	1	3	23	125	62	100	
Matara	42	227	0	3	0	1	0	0	0	0	10	53	0	2	0	5	0	0	6	35	0	1	16	66	42	100	
Jaffna	186	1061	3	9	0	0	3	5	8	8	1	4	57	207	0	0	1	1	2	12	0	2	0	0	26	93	
Kilinochchi	12	64	2	5	0	0	1	1	0	0	3	3	4	9	0	0	0	0	0	0	0	0	2	0	1	50	100
Mannar	13	90	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	1	0	0	40	100
Vavuniya	34	139	0	3	0	0	0	2	0	0	3	22	0	0	0	0	0	0	1	2	1	3	0	0	20	100	
Mullaitivu	8	46	0	3	0	0	0	1	0	1	0	7	0	2	0	0	0	0	0	1	0	0	0	1	40	83	
Batticaloa	209	1088	2	12	0	0	0	0	0	1	3	9	0	0	0	0	0	0	9	23	1	7	0	1	53	100	
Ampara	40	152	1	2	0	0	0	0	0	0	1	11	0	0	0	0	0	0	1	15	0	5	1	2	43	100	
Trincomalee	305	1454	0	2	0	0	0	0	0	1	1	2	0	1	0	0	0	0	5	23	0	2	0	0	47	92	
Kurunegala	97	424	1	4	2	2	0	2	17	17	14	29	0	4	0	1	0	0	17	71	1	3	24	55	48	99	
Puttalam	22	224	2	3	0	0	2	2	0	0	1	10	2	7	0	0	0	0	5	15	1	9	0	1	60	100	
Anuradhapur	32	164	0	2	0	0	1	1	0	1	6	73	2	4	0	0	0	0	6	25	4	9	8	38	51	87	
Polonnaruwa	27	81	1	3	0	0	0	0	0	0	2	27	0	0	1	1	0	0	5	17	0	1	10	34	59	98	
Badulla	42	230	1	2	0	0	1	1	0	3	15	44	2	4	0	4	0	0	8	34	1	8	0	2	46	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	
Ratnapura	45	296	3	12	1	6	1	1	1	7	20	125	1	4	1	3	0	0	10	44	4	16	0	18	44	100	
Kegalle	44	196	0	0	1	3	0	1	1	1	10	37	4	5	0	0	0	0	12	34	1	7	1	2	47	100	
Kalmune	87	530	3	14	1	2	0	0	0	0	1	1	1	2	0	0	0	0	14	45	1	6	0	0	65	100	
<b>SRILANKA</b>	<b>2073</b>	<b>11352</b>	<b>26</b>	<b>104</b>	<b>6</b>	<b>22</b>	<b>11</b>	<b>30</b>	<b>34</b>	<b>64</b>	<b>12</b>	<b>659</b>	<b>86</b>	<b>305</b>	<b>2</b>	<b>19</b>	<b>1</b>	<b>2</b>	<b>158</b>	<b>671</b>	<b>20</b>	<b>111</b>	<b>96</b>	<b>401</b>	<b>48</b>	<b>94</b>	

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 31st 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**

**25<sup>th</sup> – 31<sup>st</sup> Jan 2020 (05<sup>th</sup>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	04	11	- 63.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	06	01	00	00	00	01	00	00	01	09	06	14	34	- 58.8 %
Measles	00	00	00	00	00	00	00	00	00	00	07	02	24	- 91.6 %
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	01	00	00	00	00	00	01	01	03	02	50 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	00	09	0 %
Tuberculosis	57	05	23	08	11	14	10	06	10	144	221	629	862	- 27.0 %

**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.**

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](mailto: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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