



WEEKLY EPIDEMIOLOGICAL REPORT

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

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RIGHTS, ROLES AND RESPONSIBILITIES OF HEALTH STAFF DURING THE CORONAVIRUS DISEASE (COVID-19) OUT-BREAK

Coronaviruses are a group of viruses belonging to the family of *Coronaviridae*, which infect both animals and humans. Coronavirus infections can vary from a mild disease like common cold to more severe diseases such as MERS (Middle East Respiratory Syndrome), SARS (Severe Acute Respiratory Syndrome) and COVID 19 (Coronavirus Disease 19). COVID 19 first emerged in Wuhan, China in December 2019.

The disease presents with common symptoms like fever, cough and shortness of breath. In more severe cases, it can cause pneumonia, severe acute respiratory syndrome and sometimes death. Frequent cleaning of hands using soap and water or alcohol-based hand rub, covering the nose and mouth with a flexed elbow or disposable tissue when coughing and sneezing, and avoiding close contact with anyone who has fever and cough can prevent the spread of COVID 19 in the community.

Health staff at the front line of any outbreak response are exposed to many hazards during an outbreak which places them at risk of infection. Other than the exposure to pathogens, they are more at risk of infection due to long working shifts, psychological

distress, fatigue, occupational burnout and stigma. Health staff managing COVID 19 patients are similarly confronted with an increased risk to their health.

This document provides an outline of the rights and responsibilities of health staff, with special emphasis on specific measures to be adopted to protect their occupational safety and health.

Rights of health staff

Employers and managers in health institutions should ensure that the following measures are in place.

- Take all necessary preventive and protective measures to minimize health risks and to improve occupational safety. This entails the implementation of occupational safety and health management systems to identify hazards and assess risks to health and safety, infection prevention and control (IPC) measures, and zero-tolerance policies towards workplace violence and harassment.
- Provide information, instructions and training on occupational safety and health
- ◊ Refresher training on infection prevention and control (IPC)

WEBER SRI LANKA 2020

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- ◇ Proper use of personal protective equipment (PPE)
 - Provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizers, soap and water, cleaning supplies) regularly in sufficient quantities to healthcare or other staff caring for suspected or confirmed COVID-19 patients.
 - Provide technical updates on COVID-19 and appropriate tools to assess, triage, test and treat patients. It is also necessary to share infection prevention and control information with patients and the public.
 - Provide appropriate security measures for personal safety whenever indicated.
 - Provide a supportive non-judgemental environment for health staff to report on incidents like exposures to blood or body fluids/secretions from the respiratory system or to cases of violence. Adopt measures for immediate follow-up, including support to victims.
 - Advise health staff on self-assessment of their health, symptom reporting and staying home when ill.
 - Maintain appropriate working hours without overburdening the staff.
 - Discuss with health staff on occupational safety and health aspects of their work.
 - Respect the right of the healthcare staff to refrain from attending the work setting when there is continuing or danger to life or health, until the administration takes necessary remedial action.
 - Respect the right to receive curative services and rehabilitation if infected with COVID-19 following exposure in the workplace.
 - Provide access to mental health and counselling services.
 - Enable co-operation between administration and health staff.
 -
- Roles and responsibilities of health staff**
- Follow established occupational safety and health procedures
 - Avoid exposing others to health and safety risks
 - Participate in training on infection prevention and control
 - Assess, triage and treat patients as per the protocols and guidelines provided
 - Treat patients with respect, compassion protecting their privacy and dignity
 - Ensure the confidentiality of patient information
 - Adhere to established public health reporting procedures of suspected and confirmed cases
 - Provide or reinforce proper infection prevention and control measures
 - Provide health information to people with or without symptoms
 - Put on, use, take off and dispose personal protective equipment properly
 - Self-monitor symptoms and signs of illness, report if the illness is contracted and self-isolate
 - Discuss with the administration if the health staff is experiencing signs of undue stress or mental health challenges that require supportive interventions
 - Report to immediate supervisors any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health

References

Adapted from: Coronavirus disease (covid-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health (https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0)

Compiled By

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 01st - 07th Feb 2020 (06th 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	247	1940	2	7	0	3	0	3	0	3	0	10	5	37	0	2	0	0	0	18	55	2	10	0	0	54	100
Gampaha	132	1163	0	3	0	0	0	0	0	0	3	11	0	0	0	0	0	0	0	19	79	0	3	0	10	44	93
Kalutara	94	630	3	4	1	2	0	1	0	1	0	16	47	0	5	0	0	0	12	43	2	5	0	0	51	100	
Kandy	104	778	1	4	0	0	1	6	0	0	1	8	3	17	0	1	0	0	8	28	0	7	2	11	62	100	
Matale	32	301	1	3	0	2	0	1	0	1	1	10	1	1	0	1	0	1	2	8	1	1	13	47	59	97	
NuwaraEliya	9	86	2	6	0	0	0	0	0	0	1	7	3	23	0	0	0	0	3	13	0	0	0	0	21	100	
Galle	93	736	0	5	1	3	0	2	0	11	24	94	3	14	0	1	0	0	15	94	0	5	0	2	56	97	
Hambantota	28	184	0	3	0	0	0	1	0	1	5	43	1	7	0	2	0	0	10	48	1	4	8	133	68	100	
Matara	34	261	0	3	0	1	0	0	0	0	9	62	1	3	0	5	0	0	7	42	2	3	16	82	51	100	
Jaffna	158	1219	6	15	0	0	3	8	3	11	1	5	43	250	0	0	0	1	8	20	0	2	0	0	37	93	
Kilinochchi	9	73	1	6	0	0	0	1	0	0	3	0	0	9	0	0	0	0	2	2	1	3	0	1	58	100	
Mannar	6	96	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	1	0	43	100	
Vavuniya	19	158	0	3	0	0	0	2	0	0	4	26	0	0	0	0	0	0	1	3	0	3	0	0	33	100	
Mullaitivu	5	51	0	3	0	0	0	1	0	1	0	7	0	2	0	0	0	0	0	1	0	0	0	1	47	83	
Batticaloa	189	1277	3	15	0	0	0	0	0	1	1	10	0	0	0	0	0	0	3	26	0	7	0	1	60	100	
Ampara	43	195	0	2	1	1	0	0	0	0	4	15	0	0	0	0	0	0	6	21	1	6	1	3	48	100	
Trincomalee	229	1683	0	2	0	0	0	0	0	1	3	5	0	1	0	0	0	0	4	27	1	3	0	0	53	92	
Kurunegala	58	482	0	4	1	3	0	2	0	17	8	37	1	5	0	1	0	0	19	90	0	3	18	73	55	97	
Puttalam	15	239	0	3	0	0	0	2	0	0	0	10	0	7	0	0	1	1	5	20	0	9	1	2	67	100	
Anuradhapur	25	191	0	2	1	1	0	1	0	1	16	89	0	4	1	1	1	1	13	40	2	11	5	44	56	88	
Polonnaruwa	30	111	0	3	0	0	0	0	0	0	3	30	0	0	0	1	0	0	7	24	1	2	9	43	60	100	
Badulla	30	260	0	2	1	1	0	1	0	3	6	50	2	6	0	4	0	0	4	38	1	9	0	2	54	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	54	350	2	14	1	7	0	1	3	10	17	142	2	6	0	3	0	0	8	52	4	20	0	18	50	100	
Kegalle	30	226	1	1	0	3	0	1	9	10	4	41	5	10	2	2	0	0	7	41	0	7	3	5	53	100	
Kalmune	73	603	1	15	0	2	0	0	0	0	1	0	0	2	0	0	0	0	9	54	0	6	0	0	71	100	
SRILANKA	1746	13293	23	128	7	29	4	34	15	79	13	793	65	372	5	24	2	4	190	869	19	130	76	478	54	94	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 07th February, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 330 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

01st – 07th Jan 2020 (06thWeek)

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	02	04	13	- 69.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	02	00	00	01	00	00	00	00	01	04	08	18	42	- 57.1 %
Measles	01	00	00	00	00	00	01	00	00	02	03	05	27	- 81.4 %
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	01	00	00	00	00	01	00	02	02	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	02	02	00	05	02	150 %
Whooping Cough	02	00	00	00	00	00	00	00	00	02	01	02	10	- 80 %
Tuberculosis	18	06	19	08	04	00	00	13	36	104	177	733	1039	- 29.4 %

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

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