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Healthcare associated transmission of SARS-CoV-2 in general surgical wards at Colombo South Teaching Hospital, Sri Lanka: A case series

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Background: SARS-CoV-2 was first reported in Sri Lanka on 27th January 2020. By the end of the year, it had spread throughout the country concentrating mainly in the Western Province. Healthcare associated transmission seems to be adding new cases to the total number of positives in the country.

Objective: To describe two clusters associated with healthcare associated transmission of SARS-CoV-2 infection in Colombo South Teaching Hospital.

Method:

Cluster 1 consist of two cases reported from a surgical ward. Both patients were cared at beds nearby and died following respiratory complications. SARS-CoV-2 was detected in both patients at the post-mortem. The bystander who was symptomatic could be the probable source of infection, in whom PCR was not performed in the initial stage.

Cluster 2 consist of five patients who have been treated inward for more than seven days and three healthcare workers. They were identified at a risk assessment carried out following detection of SAR-CoV-2 in a patient awaiting surgical intervention. One of these patients had cycle threshold values more than 26 for both targets, but his antibody levels were found to be negative. Therefore, he was assumed to be the primary source of infection in this cluster.

Results: Overcrowding, nebulization at bedside, having bystanders who are probable sources of infection, and sharing meals were identified as probable risk factors for the healthcare associated transmission. Following these incidents, several policies were made such as allocating a separate space for nebulization, active screening of patients and bystanders who are at risk, advising inward patients to take meals at the bedside and avoid sharing food.

Conclusion: Careful analysis of series of events that occurred is important to detect the gaps in the current infection control measures. Timely implementation of new policies prevents further transmission of SARS-CoV-2 in the hospital setting.