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சுவசிரிபாய
SUWASIRIPAYA

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எனது இல) FHB/MCU/Morbidity/2025
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Provincial Directors of Health Services,
Regional Directors of Health Services,
Directors of Teaching Hospitals and General Hospitals,
Medical Superintendents of Base Hospitals,
Heads of Institutions,

Prevention of Maternal Morbidity and Mortality due to Febrile Illnesses and Respiratory Diseases

A number of cases of seasonal influenza, dengue fever and chikungunya have been reported throughout the country. Pregnant women are more susceptible to severe illness from these diseases, and the risk of mortality is also high during pregnancy. If not treated properly, these diseases can lead to serious maternal complications such as preterm birth, low birth weight and increased risk of hospitalization and severe neonatal disease.

The total numbers of maternal deaths reported due to both suspected pneumonia and dengue during the years 2018 and 2019 were 15 and 14 respectively. In 2022, three maternal deaths were reported due to dengue haemorrhagic fever, and in 2023 one maternal death each was reported due to dengue and influenza.

With the recent outbreak of chikungunya in several provinces of Sri Lanka, pregnant women are at an increased risk of developing complications during pregnancy, in addition to the threats from dengue and seasonal influenza.

Considering the above facts, you are instructed to take proactive measures in institutions/areas under your purview to prevent morbidity and mortality due to above infections:

1. Field staff should educate pregnant women at antenatal clinics, antenatal sessions and during home visits about the risks of above febrile illnesses.
2. All pregnant women having acute febrile illness with one or more of the following symptoms: cough, coryza, sore throat, rhinorrhea, headache, muscle/ joint pain, malaise or skin rash should seek medical care from a hospital on DAY 1 of illness.
3. All first contact Medical Officers should refer/ transfer pregnant women suspected of having above febrile illnesses to the closest specialist hospital immediately.
4. Public Health Midwives should follow up pregnant women with fever until they seek medical care from a hospital.
5. When a pregnant woman with suspected influenza is admitted to a specialist hospital, oseltamivir should be started without waiting for laboratory confirmation. This antiviral drug is safe in all three trimesters.


6. Pregnant women with suspected influenza who refuse in-ward care due to various reasons, should be informed about the risks of fatal outcomes. Oseltamivir should be prescribed to them and followed up as per the circular No. FHB/MCS/Prev/18 dated 05.06.2018.
7. In suspicion of dengue or chikungunya, avoid all NSAIDs including aspirin. Only paracetamol can be considered for fever and pain relief. Refer the circular issued by the Epidemiology Unit on clinical management of chikungunya through the disease phases (Ref: EPID/379/2006, dated 13.06.2025).
8. Preventive staff should take measures to eliminate mosquito breeding sites with the help of the community.
9. You are advised to refer following communications sent earlier in this regard:
 - Guidelines on management of influenza infections during pregnancy – FHB/MCU/DGHS/2015 sated 25.05.2015
 - Fever in pregnancy and postpartum period – FHB/EH/21/14 dated 10.06.2015
 - Prevention of maternal deaths due to influenza: prescribing oseltamivir for pregnant women who are unable to get admitted for in-ward care – FHB/MCS/Prev/18 dated 24.04.2018
 - Prevention of maternal morbidity and mortality due to seasonal influenza and dengue infection during the current pandemic – FHB/MCU/COVID19_Temp/2020 dated 08.06.2020
 - Prevention of maternal morbidity and mortality due to seasonal influenza – FHB/MCU/H1N1/2022 dated November 2023
 - National guidelines on clinical management of dengue infection in pregnancy, Ministry of Health, 2019

All healthcare providers are advised to inform suspected cases of dengue fever and chikungunya using Form H 544 to the relevant MOH office to enable prompt initiation of preventive and control measures.

Report suspected/confirmed cases of chikungunya to the following links introduced by the Epidemiology Unit as detailed in circular No. EPID/379/2006, dated 06.05.2025.

- <https://epinet.health.gov.lk>
- <https://bit.ly/Epid-cgCRF>

You are advised to communicate the above instructions to all staff members who provide care for pregnant and postpartum women in your institution/area, including the General Practitioners, and ensure that instructions are adhered to at all levels.


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6. Director (Medical Supplies Division)
7. Director (Medical Research Institute)
8. Chief Epidemiologist
9. Director (Health Promotion Bureau)
10. All Consultant Community Physicians – Provincial and District
11. All Medical Officers of Maternal and Child Health
12. All Medical Officers of Health
13. President, Sri Lanka College of Obstetricians and Gynaecologists
14. President, College of General Practitioners of Sri Lanka
15. President, The College of Pulmonologists of Sri Lanka
16. President, Sri Lanka College of Microbiologists