



THE COVID UPDATE

A WEEKLY NEWSLETTER
FROM CEYLON COLLEGE OF
PHYSICIANS

Compiled by: Dr Chamila Mettananda, Dr Nilanka Perera, Dr Madhusha Liyanage

THIS WEEK'S NEWS AND UPDATES:

President's Message

Page 01

The Editor Writes...

Page 02

A Team of Experts

Page 05

Experts Recommend..

Page 07

Know the Stats

Page 09

PRESIDENT'S MESSAGE



Dear Fellows and Members,

Weeks have passed since the detection of the first COVID-19 positive Sri Lankan national and I highly appreciate the contribution of our members in health care delivery, policymaking and more importantly taking the leadership at this critical juncture. I strongly believe that members at the frontline should have access to information and recommendations given by experts. As such, a weekly update on COVID-19 will be circulated among our membership and I sincerely hope that you will find this information useful. In addition, an email query portal has been established to answer your questions regarding COVID-19.

Ctd...

PRESIDENT'S MESSAGE

CTD... FROM PAGE 01

The safety of healthcare workers is of paramount importance while managing suspected or confirmed COVID-19 patients. With so much emphasis on the COVID-19 pandemic, it is easy to lose focus on the patients who do not have the infection and who need urgent attention. The stigma associated with this infection has the potential to compromise this care. Thus I strongly feel that it is very important not to deprive the non-COVID patients of the care they deserve and you my colleagues have a role to play in providing leadership in preventing such discrimination. We have to be conscious of the fact that most other medical conditions are still much commoner than COVID-19.

On the other hand, even when there is suspicion of COVID infection the patient should receive the appropriate care while awaiting the test results. If we wear appropriate personal protective equipment we can provide the necessary care while protecting ourselves in these suspected cases. We should take leadership in training and guiding our junior doctors and other health care workers to handle such situations while protecting ourselves and still giving the best of care to patients.

I am confident that you will take every necessary step to safeguard all patients seeking your care at this moment.

Let me applaud our members again for their service!

Dr Ananda Wijewickrama
President

THE EDITOR WRITES...

COVID-19: How should we set about to fight the ongoing battle in Sri Lanka

Dr Chamila Mettananda (MBBS, MD, FRCP, PhD)

*Senior Lecturer and Consultant Physician,
Faculty of Medicine, University of Kelaniya*

COVID-19 pandemic has so far infected nearly a million people and killed tens of thousands worldwide. Since the first reported case on 26th January 2020, 152 laboratory-confirmed cases and 4 deaths have occurred in Sri Lanka by 3rd April 2020(1). We as a country should be prepared for a large influx of patients with COVID-19 in the coming weeks.

COVID-19 is caused by a coronavirus strain which is now named as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It has a few dissimilarities to the previously known SARS-CoV-1 which caused SARS, the first pandemic in the 21st century in 2003. SARS-CoV-2 is less fatal but is more infectious compared to SARS-CoV-1. The case fatality of COVID-19 is estimated at 3.4% compared to 9.6% of SARS(1). Viral transmission of SARS starts a few days after the illness with peak viral loads detected around the 10th day following symptom onset. In contrast, high viral loads were seen soon after symptom onset in COVID-19 patients and asymptomatic viral shedding is also reported(2). The viral loads in both asymptomatic and symptomatic patients with COVID-19 were similar (2).



THE EDITOR WRITES...

CTD... FROM PAGE 02

Higher viral loads were detected in the nose than in the throat of COVID-19 infected patients and the median survival time of the virus in the atmosphere is longer than that of SARS-CoV-1, increasing viral infectivity(2). Therefore, the world needs to be more proactive than it was in 2003 during the SARS pandemic to successfully contain the current COVID-19 pandemic.

SARS-CoV-2 virus is primarily transmitted through respiratory droplets, direct contact with infected people and fomites. Airborne transmission is not documented in the community but is possible with aerosol-generating procedures (3, 4). There is neither effective prophylaxis nor effective treatment for the disease yet and supportive care is the mainstay of treatment as of now. Therefore, prevention of the disease is the most important at this moment.

What can we do to prevent the spread of the disease in Sri Lanka? Exploring success stories of a few countries that have contained the spread of the virus, I believe, is worthwhile. The practices that seemed to have worked in mitigating the spread of the virus are different in different countries. Strong social norms, civil obedience and wearing masks are identified as the strategies that had worked in Japan. Extensive test and trace programs are claimed to have taken the outbreak under control in South Korea.

Singapore believed in strict quarantining and contact tracing while Hong Kong attributes the country's success to school closure, quarantining and high community response(5).

Thinking a step forward and being prepared to handle an increasing number of cases is important in the long run. Improving the capacity to test suspected cases is important. It will help to identify infected patients as well as asymptomatic viral shedders rapidly which ultimately reduces community transmission of the virus. This could be achieved through expanding access to testing through the commercial, hospital and public health laboratories.

Taking measures to maintain an adequate supply of personal protective equipments (PPE) for health care workers (HCW) and educating the public and the HCW on the proper use of PPE is also important. In addition, protecting the HCW and their families is of the utmost importance for the sustainability of health care services in any country. Supporting and rewarding HCW who are working long shifts in social and physical isolation risking illness at work is vital. Educating staff on their potential roles, challenges and the expected adaptations will empower HCW of any grade(6). Changing the current standards of care of hospitals to meet 'crisis standards' is also necessary to cater to the increase in number of patients in time to come. Expanding all service lines while balancing demand and focusing on acute care is important as well as trying to expand inpatient critical care beds.



THE EDITOR WRITES...

CTD... FROM PAGE 03

Deploying peripheral hospitals to alternative care sites to cater to convalescing patients will reduce the burden on the apex centers. Implementing telemedicine where possible is another important step in the battle. This will help in triaging patients at the OPD level protecting patients, clinicians, and the community from disease exposure (7). These measures need to be coordinated with testing for COVID-19 to be effective. A strategy used in some countries is using telemedicine by giving a tablet or a smartphone to patients who become PCR positive for COVID-19 and isolated. This is to minimize contact with the patient and health care workers. However, whether it is a suspected patient or a confirmed patient with COVID 19 infection, standard care necessary for his/her clinical condition should be given without a delay. As team leaders, it the duty of Consultant Physicians to ensure this happens.

The contents were scrutinized and approved by the President, the Council and the Membership of the Ceylon College of Physicians.

References

1. Worldometers. coronavirus 2020 [Available from: <https://www.worldometers.info/coronavirus/>].
2. Zou L, Ruan F, Huang M, Liang L, Huang H, Hong Z, et al. SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients. The New England journal of Medicine. 2020;382(12):1177-9.
3. WHO. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) report.pdf. Geneva; 2020 16-24 February 2020
4. Liu J, Liao X, Qian S, Yuan J, Wang F, Liu Y, et al. Community Transmission of Severe Acute Respiratory Syndrome Coronavirus 2, Shenzhen, China, 2020. Emerg Infect Dis. 2020;26(6).
5. Corona virus resource centre [Internet]. 2020 [cited 31.03.2019].
6. Rubin EJ, Baden LR, Morrissey S. Audio Interview: Practical Measures to Help Prevent Covid-19. New England Journal of Medicine. 2020;382(13):e32.
7. Hollander JE, Carr BG. Virtually Perfect? Telemedicine for Covid-19. New England Journal of Medicine. 2020.



A TEAM OF EXPERTS

Expert Advisory Committee to the National Task Force for COVID-19

An expert advisory committee was established by the Ceylon College of Physicians to provide a platform for all relevant professional colleges to work together to give recommendations to the stakeholders at this hour of need.

The members consist of:

Presidents of the;

- Ceylon College of Physicians
- Sri Lanka College of Internal Medicine
- Sri Lanka College of Pulmonologists
- College of Specialists in Rheumatology & Rehabilitation - Sri Lanka
- Sri Lanka College of Emergency Physicians

Nominees from the above professional bodies

Nominees from the following professional organizations:

- Sri Lanka College of Microbiologists(Consultant Microbiologist & Consultant Virologist)
- Sri Lanka Association of Geriatric Medicine

- Sri Lanka College of Anaesthesiologists and Intensivists
- Sri Lanka College of General Practitioners

& Invited experts in relevant fields whenever deemed necessary.

The objectives of the committee were identified as follows:

- This will be a group of members forming an expert advisory panel convened for the purpose of reviewing the available scientific evidence and making technical recommendations on the diagnosis and management of the COVID-19 infection to the Ministry of Health.
- This committee will provide assistance and advice to the treating physician/ clinician.
- The committee will be responsible for establishing links with relevant state and national stakeholders in order to monitor trends of the disease, initiating research, and incorporating health policy with regard to the COVID-19 pandemic.

Seven subcommittees were formed based on themes which were identified as high priority (Refer Page 06).



Proposed sub committees:

(01) Guidance on diagnosis including case definition

- Dr Chandimani Undugodage (Convener)
- Dr Upul Dissanayake
- Dr Eranga Narangoda
- Prof Thilak Jayalath

(02) Guidance on testing (include types of investigations, confirmatory and supportive tests and alternative tests)

- Dr Panduka Karunanayake (Convener)
- Prof Neelika Malavige
- Dr Rohitha Muthugala
- Dr Shirani Chandrasiri
- Dr Amitha Fernando
- Dr Nalayani Rajaratnam
- Dr Nilanka Perera

(03) Guidance on treatment & prophylaxis

- Prof Chandanie Wanigatunge (Convener)
- Prof Senaka Rajapakse
- Dr Duminda Munidasa
- Dr Harsha Sathischandra
- Dr Wimalasiri Uluwatte

(04) Managing patients in different healthcare settings - sentinel hospitals, Non treatment designated hospitals, Treatment designated hospitals, and defining transfer policy

- Dr Suranga Manilgama (Convener)
- Dr Indika de Lanerolle
- Dr Bodhika Samarasekera
- Dr Nandika Harischandra
- Dr Eugene Corea
- Dr Damayanthi Idampitiya

(04) Continued...

- Dr Manoji Pathirage
- Dr Neranjan Dissanayake
- Dr Ganaka Senaratne
- Dr Amitha Fernando
- Dr Kumudini Jayasinghe

(05) Policy on intensive care - including expansion, maximizing utilization, patient selection/prioritization

- Dr Upul Dissanayake (Convener)
- Dr Asoka Gunaratne
- Dr Manoj Edirisooriya
- Dr Dilshan Priyankara
- Dr Aflah Sadikeen

(06) Methods of clinical data collection for epidemiological & management purposes, tracking of suspected and confirmed COVID-19 cases (in liaison with epidemiologist)

- Prof Senaka Rajapakse (Convener)
- Prof Pathmeshwaran
- Dr Samitha Ginige
- Dr Suranga Manilgama
- Prof Neelika Malavige

(07) Protection and welfare of Health Care Workers based on risk category, exposure, and care settings (including rational use of PPE) and Guidance on post exposure prophylaxis and quarantine of healthcare workers

- Dr Dumitha Govindapala (Convener)
- Dr Damayanthi Idampitiya
- Dr Madhuwanthi Hettiarachchi
- Dr Dilhar Samaraweera
- Dr Shirani Chandrasiri
- Dr Chandimani Undugodage



EXPERTS RECOMMEND

.....

Important Decisions and Recommendations of Expert Committee on COVID-19

The above committee was formed on invitation and facilitated by:

Dr Hasitha Tissera
Consultant Epidemiologist
Epidemiology Unit.

Members:

- **Dr Ananda Wijewickrama**, Consultant physician, IDH.
- **Prof Senaka Rajapakse**, Faculty of Medicine, Colombo.
- **Prof Chandanie Wanigatunge**, Professor in Pharmacology, Faculty of Medical Sciences, University of Sri Jayewardenepura.
- **Dr Amitha Fernando**, Consultant Respiratory Physician, NHSL.
- **Dr Neranjan Dissanayake**, Consultant Respiratory Physician, Teaching Hospital, Rathnapura.
- **Dr Chandimani Undugodage**, Consultant Respiratory Physician, Faculty of Medical Sciences, University of Sri Jayewardenepura.
- **Dr Indika De Lanerole**, Consultant Emergency Physician, NHSL.
- **Prof Asita De Silva**, Chairman, NMRA

- **Prof Neelika Malavige**, Faculty of Medical Sciences, University of Sri Jayewardenepura.
- **Dr Rajeewa De Silva**, Consultant Immunologist, MRI
- **Dr Upul Dissanayake**, Consultant Physician, NHSL.
- **Dr Rohitha Muthugala**, Consultant Virologist, TH Kandy
- **Prof Vasanthi Pinto**, Consultant Anaesthetist, Faculty of Medicine, University of Peradeniya

Decisions and recommendations made:

Testing/Diagnosis/Surveillance

- The clinical case definition was revised - this is pending approval
- Sputum samples transported in viral transport media were recommended as the first-line sample for COVID-19 testing. Nasopharyngeal swabs will be considered in patients who do not produce sputum. The place of saliva as a specimen will be evaluated.
- It was decided to validate antibody kits at the Centre for Dengue Research, University of Sri Jayewardenepura.



Testing/Diagnosis/Surveillance

- The usage of Gene Xpert machines for COVID-19 testing was discussed and current limitation is cassettes. This will be utilized to increase the testing capacity after validation.
- Proposed to arrive at a surveillance case definition and to propose a mobile surveillance unit to screen family contacts.
- Proposed to widen testing criteria and actively carry out community surveillance.

Research

- SLMA will undertake accelerated review of research proposals on COVID 19 (emailed research protocols reviewed within a week)

Important circulars issued

- Screening and management of health care workers following exposure to a confirmed/suspected case of COVID-19: Please refer to the [circular issued by MOH](#).

Treatment/Management

- Chloroquine is not recommended for prophylaxis of COVID-19 at the moment due to lack of evidence.
- Favipiravir (Avigan) does not have adequate evidence to recommend for COVID-19 patients at present.
- Possibility of autoclaving and reuse of N95 masks was discussed and this will be tested.

THE LINK CORNER

**FOLLOW THESE LINKS FOR DETAILED INFORMATION
ON STATISTICS, NEW CIRCULARS AND OTHER
DOCUMENTS ON COVID-19**

[A comparison with the world](#)

**[Detailed updates from the
Epidemiology Unit](#)**

**[The CCP COVID-19 Information
portal](#)**



KNOW THE STATS

Sri Lanka Status Summary as at 04.04.2020

Total cases	New cases	Total deaths	New deaths	Total recovered	Active cases	Critical	Total cases/ 1M population	Deaths/ 1M population
159	0	5	+1	25	129	5	7	0.2

Summary of PCR testing in the Past week (All Centers); *the latest available*

	30.03.2020	31.03.2020	01.04.2020	02.04.2020	03.04.2020
Samples Received	118	218	218	229	285
Samples Tested	118	218	218	227	285
Positive Samples - First Time	4	19	4	1	8
Positive Samples - Repeat Sample	11	7	9	27	7
Inconclusive Samples	3	3	7	16	5
Negative Samples	100	189	198	183	265

