

Voice of the Expert

Professor Vajira H W Dissanayake is a legendary physician in Sri Lanka. He is the past president of the Sri Lanka Medical Association. He is presently attached to the Medical Genetics unit of the University of Colombo. We thought that Dr Dissanayake would be an ideal person to consult regarding the Covid-19 situation in Sri Lanka. So, in the first week of May, 2020 **Prof. Jyotirmoy Pal and Dr Rudrajit Paul** conducted an online interview with Prof Dissanayake regarding the Covid-19 epidemic in Sri Lanka.

Dr Dissanayake, on behalf of the Journal of the Indian Medical Association, we welcome you to this interview. The whole world is now battling the Covid-19 pandemic and doctors are in the frontline. At this juncture, our readers are eager to know how our neighbouring country is coping with the epidemic. Hence, on behalf of our readers, we would like to ask you a few questions on this topic. We thank you for your valuable time.

(1) How many cases of Covid-19 have been reported from Sri Lanka till now?

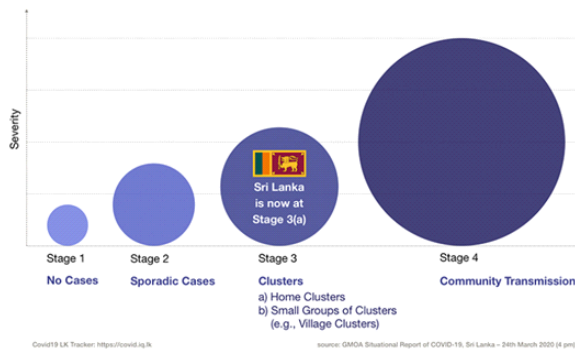
Current data from the country dashboard :-

Till 18/5/2020, Sri Lanka has 981 cases with 9 fatalities. Maximum number of cases is in Colombo. After a peak in the last week of April, the daily incidence has decreased now.

Are the cases clustered in specific regions or are they widespread?

Clusters, There is no community spread.

WHO has explained four stages of COVID-19



(2) What was the testing strategy in Sri Lanka? Did you go for mass testing or only contact testing? Who were the priority groups for testing?

Please see

http://www.epid.gov.lk/web/images/pdf/Circulars/Corona_virus/final_draft_of_testing_strategy.pdf

To summarize, Sri Lanka is using the RT-PCR as the

main mode of diagnosis. There is both active and passive case finding. There is another strategy called sentinel surveillance. 35 hospitals throughout the country are designated as covid-19 sentinel sites. Patients coming to those hospitals are tested randomly (up to 10 per day). There is also random sampling from communities like market places or urban slums.

(3) Did you use antibody testing?

No, we did not use it.

Editor's note: In India, antibody testing was proposed in some cases, especially after 7 days of illness.

(4) Did the physicians of Sri Lanka try hydroxychloroquine (HCQ)?

No, we did not use this drug.

Editor's note : In India, the ICMR had proposed a prophylactic course for HCQ for physicians. Many physicians engaged in Covid care used HCQ in the dose 400 mg BD on day 1 followed by 400 mg weekly for 7 weeks.

(5) How did you arrange for isolation and quarantine of suspected contacts?

All PCR positive, symptomatic and asymptomatic, people have been hospitalized. All primary contacts of PCR positive people have been sent to quarantine centres run by the Army, and quarantined for 14 days.

All returnees from abroad are quarantined for 14 days in the same centres or if they can afford, in hotels allocated for that purpose.

Editor's note: In India, primary contacts were often quarantined at home. The policy was similar for returning travellers. For healthcare workers with exposure, quarantine is also now arranged in home.

(6) What was the common presentation of COVID-19 patients in your place?

The majority are asymptomatic.

(7) *Did you get a lot of SARI in your patients?*

No, we did not.

(8) *Did you use anti-coagulants in your patients?*

No.

Editor's note: - In many studies it has been shown that one of the pathologies in Covid-19 patients is thrombosis, especially pulmonary vascular thrombosis. Thus, anti-coagulants may have a role. However, this is still an area of active research.

(9) *Was there a complete social lockdown in your area? How did the government enforce the lockdown?*

Yes, the airport was closed and the country was put on a long term curfew for nearly two months. Curfew still continues in main areas such as Colombo. It is slowly being eased now.

(10) *What were the comorbid conditions associated with death in your experience?*

Diabetes
Hypertension
Renal Failure

(11) *How did you screen patients for fever in your hospitals and clinics?*

Fever patients are seen in separate clinics and wards in hospitals

Editor's note: In India too, many hospitals have opened separate clinics for fever and SARI patients. In most city hospitals, patients are screened at entry.

(12) *Did you get any unusual clinical presentation of Covid-19 in your area? If so, please discuss.*

No, we did not.

(13) *Were there infections among healthcare workers in Sri Lanka? If so, which category of workers was more affected?*

No, as far as I am aware only one physician contracted COVID from a patient during an outpatient consultation. The patient and the physician recovered.

Editor's note: By contrast, in India, there were a lot of positive cases among physicians, nurses and other healthcare staff. There were also reports of fatalities among doctors all over the country.

(14) *Did you get pregnant women with covid-19? What was the pregnancy outcome?*

Yes. One woman, ended up with IUD.

(15) *Since the coronavirus is likely to remain for the next one to two years, how are you planning to maintain social distancing in the future?*

This strategy is being worked out by the government now.

(16) *What are the special precautions for doctors?*

Provision of PPE is the main method.

(17) *What was overall outcome in cases of elderly individuals with COVID-19?*

Favourable

(18) *What was the age distribution of COVID-19 in Sri Lanka?*

Majority, young, asymptomatic people

(19) *What were the Causes of death in COVID-19 patients both with and without co-morbidities?*

Pneumonia was the main cause.

Useful websites

<https://covid.iq.lk/>
<https://hpb.health.gov.lk/covid19-dashboard/>
<http://www.epid.gov.lk/web/index.php?lang=en>

Dr Dissanayake, we thank you again for the time. We are sure that our readers will love to know the situation in your country. We hope to speak with you again in the future.