



WEEKLY EPIDEMIOLOGICAL REPORT

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

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@slt.net.lk
Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk
Web: <http://www.epid.gov.lk>

Vol. 47 No. 38

12th– 18th Sep 2020

Effect of COVID-19 on other infectious diseases

COVID-19 is increasingly the top differential diagnosis in any person with a fever and/or cough regardless of duration leading to prompt chest radiography and isolation of at-risk patients with testing of SARS CoV-2. This article describes how COVID-19 impacts efforts to control or eradicate other infectious diseases like Dengue, Malaria, Polio, HIV/AIDS, TB, Measles, and other respiratory pathogens with similar symptoms around the world.

There are some positive impacts of behaviours during the pandemic, such as hand hygiene, and staying at home at the first sign of infection. Physical distancing measures and lockdowns during the COVID-19 outbreak have limited some of the infectious diseases from spreading due to lack of mobility. Less social interaction during the COVID-19 pandemic has led to an impressive reduction in common childhood infectious diseases like acute otitis media, bronchiolitis, common cold, croup, gastroenteritis, influenza, non-streptococcal pharyngitis, pneumonia, sinusitis, skin and soft tissue infections, streptococcal pharyngitis, and urinary tract infection. Most children have been isolated at home during the COVID-19 pandemic due to social distancing and closure of schools and non-essential businesses. With children removed from their normal peer interactions at day care, school, and other activities, the transmission of common infectious diseases would decrease. One task the other infectious disease prevention and control campaigns have not put on hold during this pandemic is surveillance, the public health task of identifying and counting cases. Along with their temporary coronavirus duties, campaign personnel works remotely by computer, using social distancing measures when hunting down cases and talking to their health care workers over the phone to make sure that epidemiological and laboratory data is sent back to the campaign.

COVID-19 pandemic has strained healthcare systems and capacity around the world. Many programs and

funding streams typically dedicated to providing essential healthcare services have been temporarily put on hold or redirected. The longer the mass vaccination campaigns are suspended and are on hold, the more of a cohort of any vaccine-preventable diseases like Polio, Measles gets built up. It will be more beneficial to maintain essential services like immunization and to vaccinate children and expose them, their families, and health care workers to COVID-19 than leaving them unvaccinated, because then children would not develop preventable diseases like diphtheria, tetanus, pertussis, hepatitis, meningitis, or yellow fever, and deaths due to such diseases would be avoided. Due to the COVID-19 pandemic, people may be reluctant to seek early diagnosis and treatment because they are worried and scared of exposing to the coronavirus by going to a hospital. Patients are generally now more averse to visiting healthcare facilities unless there is a compelling need. This leads to the use of telemedicine where available, but adverse drug events may be missed, and prescriptions are either not collected or not delivered, and contributes to a decrease in human interactions which is fundamental to all patient-clinician relationships. This has rebound and spread certain diseases, which have resulted in devastating consequences for millions.

The rise in other infectious disease cases at a time when healthcare facilities are dealing with a pandemic is further straining medical resources in a developing country like Sri Lanka. National health budgets have been drained by the COVID-19 response, and international donors' funds may be spent as well. Non-coronavirus patients are competing for diminishing supplies of ventilators, antiviral drugs, and sedatives. When the tests reveal other infectious diseases, it is no longer easy to find a facility that is not designated for COVID-19 patients, to get admitted. And countries with chronically low numbers of medical staff are dealing with crushing demands of human resources during the pandemic. Staff who have been putting up their

NUMBER SRI LANKA 2020

Contents	Page
1. Leading Article – Effect of COVID-19 on other infectious diseases	1
2. Summary of selected notifiable diseases reported (05 th – 11 th September 2020)	3
3. Surveillance of vaccine preventable diseases & AFP (05 th – 11 th September 2020)	4

efforts for other infectious disease prevention and control campaigns have been reassigned to work on the COVID-19 pandemic. Social mobilizers, community members who were coached in how to educate their neighbours, and persuade them to trust vaccines have now been loaned to the task of educating people about COVID-19. But it is a serious operational hazard.

In 2020, many countries, are experiencing an upsurge in Dengue which is endemic in 128 countries and which is one of the top 10 public health threats. Cases have been doubled compared to last year. The illness has spread across Southeast Asia, a hot zone where the mosquitoes that transmit the virus flourish. This neglected tropical painful disease has killed thousands and infected hundreds of millions within a band of tropical territory spanning the globe. This is due to the limited access to dengue testing and treatment because of the COVID-19 pandemic, as well as the difficulty of distinguishing between the two infections. Similar to COVID-19, dengue infections can be asymptomatic or mild, leading many cases to go undetected. Dengue's early flu-like symptoms can be confused for the coronavirus. Few symptoms that mirror the coronavirus include high fevers, severe headaches, and excruciating joint pain. Some patients have been found to have both, exponentially worsening their chances of recovery. Co-infection with both COVID-19 and Dengue has been reported in Thailand. Some patients with COVID-19 were misdiagnosed as having dengue. Social restrictions and widespread lockdowns will spread the disease as *Aedes* mosquito bites most commonly occur inside homes, which is where people are now confined.

Some countries such as Haiti, Nicaragua, Panama, Dominican Republic, Honduras, Costa Rica, and Suriname, the Amazon region of Brazil, and Peru, and in areas of the Pacific region in Colombia have been reported increases in Malaria cases during the COVID-19 outbreak. As the dispersion of COVID-19 transmission increases, the situation in rural malarial areas will become more critical, given the high vulnerability of the populations and the weaknesses of the healthcare systems. An expected initial impact of the COVID-19 pandemic on the Malaria situation is the reduction in testing, detection, treatment, and under-reporting of Malaria cases. Barriers to early diagnosis are the main determinants. This could affect health outcomes, as early detection is essential for the treatment of *P. falciparum* malaria infection. The supply chain of antimalarial drugs has been affected by restrictions resulting from the COVID-19 pandemic. Programs that distribute insecticide-treated bed nets and indoor residual spraying were suspended in several countries due to lockdowns. Other challenges of Malaria include an increase in transmission related to gold mining and movements of the vulnerable population between and within countries, as well as weakening of the actions of Malaria programs that may worsen in the context of COVID-19. Therefore, WHO has recommended that all national and local programs continue to provide core preventive and disease management interventions for Malaria, in line with the response to the COVID-19 pandemic.

Polio is nearly eradicated. But COVID-19 could halt that progress. At the end of March, on the advice of a WHO panel of experts, mass vaccination campaigns against Polio and Measles were put on hold to prevent spreading the virus. International Polio vaccination campaigns have been suspended, communities are more likely to have difficulty

controlling outbreaks, and children who started the vaccine regimen won't be able to keep up established immunity. Children in remote or conflict-stricken areas are vulnerable, as their parents typically rely on mass gatherings for access to vaccines. Large gatherings are considered too dangerous, and sending vaccinators into neighbourhoods during mop-up campaigns risks them carrying an unrecognized Coronavirus infection with them, or picking the virus up from one house and transferring it to another. Since getting to a health clinic or reaching a doctor may not be feasible or safe during this pandemic, it is impossible to bring kids and vaccinators together, or the vaccine protection of kids who have already started the vaccine regimen might be incomplete. In Nigeria, the country that has been hit hardest by vaccine-derived polio, there is an aggressive effort to persuade clinic workers that it is safe to stay on the job. By May 13th, 2020, there had been 59 cases of wild polio and another 104 cases of vaccine-derived polio reported in some countries like Angola, the Democratic Republic of the Congo, Ghana, etc. Those bad numbers could be far worse as with the tropical rainy season, traditionally the riskiest part of the year for infection is yet to come.

Access to care against HIV also is being hurt by the new Coronavirus. The WHO reports that due to the pandemic, 73 countries are presently at risk of running out of HIV medicines and 24 have critically low stock or are experiencing disruptions in their supply. Supplies of medicines and condoms have been disrupted because of lockdowns. A six-month disruption in access to these medicines could result in 500,000 AIDS-related deaths in sub-Saharan Africa in 2020 alone. It is difficult to continue providing medical services, to HIV-positive patients, during the pandemic. Some are even afraid to have medicines delivered to their homes because they don't want to get stigmatized as the parcels and drugs arriving might reveal their HIV status to neighbours. Patients experience challenges accessing care and essential medications due to health clinic closures, delayed seeking care with the fear of getting the coronavirus, shortages of essential medicines, and the limited availability of health workers as practitioners who have been testing for and caring for people with HIV and doctors who previously focused on treating HIV have been switched to fight against COVID-19.

Just like COVID-19, the elderly are at risk to reactivate and transmit Tuberculosis and represent a growing challenge worldwide. Misdiagnosing and delayed diagnosis may be challenging in this population as TB can present with similar symptoms and dual pathologies with COVID-19 have been reported.

The pandemic could do yet more damage. We must continue to control and prevent the spread of COVID-19 but we can't risk ignoring other life-threatening communicable diseases while these efforts to mitigate the outbreak are ongoing.

Compiled by: Dr. Timashini Wickramasinghe

PG Trainee in Community Medicine - Epidemiology Unit, Ministry of Health

References:

<https://www.iamat.org/blog/in-the-news-the-effects-of-covid-19-on-other-infectious-diseases>

NEJM Journal Watch: Summaries of and commentary on original medical and scientific articles from key medical journals

<https://theunion.org/news/impact-of-the-global-covid-19-outbreak-on-the-management-of-other-communicable-diseases>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 05th-11th Sep 2020 (37th 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	56	3873	2	29	0	9	0	6	0	16	16	276	0	2	0	3	0	0	2	194	2	40	0	2	56	100
Gampaha	37	2404	0	12	0	7	0	7	0	19	16	221	0	7	0	6	0	1	1	247	2	31	0	60	42	98
Kalutara	25	1647	0	15	0	6	0	6	0	6	60	652	0	14	0	6	1	2	2	269	0	37	0	0	51	96
Kandy	90	2948	0	25	0	1	0	9	1	15	8	190	4	98	0	4	0	0	1	150	1	24	0	57	63	100
Matale	1	547	0	8	0	4	0	5	0	6	1	92	1	7	0	7	0	1	0	55	0	5	3	258	63	100
NuwaraEliya	2	162	1	34	0	1	1	5	0	9	8	109	4	83	0	3	0	0	2	74	1	14	0	0	22	100
Galle	15	1570	2	34	0	18	0	4	22	48	17	591	1	53	0	4	0	0	4	295	4	57	0	4	33	99
Hambantota	5	339	0	12	0	4	0	2	0	48	8	199	1	58	0	4	0	1	4	172	1	46	11	569	70	100
Matara	4	485	0	25	0	17	0	1	0	3	15	449	1	13	0	11	0	0	2	123	1	22	3	319	20	100
Jaffna	8	2011	1	81	0	0	0	20	2	61	2	23	8	524	0	0	0	2	0	100	1	12	0	2	28	93
Kilinochchi	1	126	2	39	0	2	0	11	0	17	0	19	0	35	0	1	0	0	0	13	0	11	0	13	66	100
Mannar	0	133	0	0	0	0	0	1	0	2	0	6	0	2	0	0	0	1	0	2	0	8	0	0	41	100
Vavuniya	0	248	0	13	0	0	0	6	0	3	2	43	1	3	0	0	0	0	1	30	0	4	0	1	64	100
Mullaitivu	0	85	0	14	0	0	0	6	0	5	1	26	0	11	0	3	0	2	0	12	0	7	0	6	39	100
Batticaloa	9	2340	3	84	2	6	0	1	0	48	2	31	0	0	0	5	0	1	2	86	1	30	0	1	51	100
Ampara	2	309	0	19	0	4	0	0	0	0	0	87	0	0	0	4	0	0	1	116	0	15	0	5	69	100
Trincomalee	1	2278	0	14	0	0	0	0	0	2	1	31	0	9	0	0	0	0	5	98	1	9	0	1	41	99
Kurunegala	4	871	1	22	0	12	0	3	0	36	13	202	2	30	1	6	0	3	4	297	0	35	24	382	48	99
Puttalam	3	458	0	9	0	4	0	3	0	1	2	60	1	17	2	2	0	1	0	74	0	49	1	10	57	100
Anuradhapur	3	400	0	17	1	3	0	4	0	30	4	238	2	25	1	13	0	2	2	176	1	58	7	213	40	99
Polonnaruwa	2	226	1	7	0	0	0	0	0	5	3	124	0	1	0	18	0	1	5	129	0	15	6	225	56	91
Badulla	2	438	1	18	0	5	0	3	0	4	4	304	1	86	0	13	0	0	1	133	0	32	0	18	59	88
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	22	1807	2	83	1	28	0	5	0	35	32	1281	1	47	0	15	0	0	2	166	1	96	6	108	50	99
Kegalle	17	745	0	18	0	10	0	3	1	18	29	439	0	40	1	16	0	0	4	159	2	58	3	33	54	100
Kalmune	8	904	2	53	0	3	0	1	0	6	0	19	0	2	0	3	0	0	1	272	1	37	0	0	63	100
SRILANKA	317	27354	18	685	4	144	1	112	26	443	24	5712	28	1167	5	147	1	18	46	3442	20	752	64	2287	49	95

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 11th Sep, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 322 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

05th– 11th Sep 2020 (37th Week)

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	0	02	31	58	- 44.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	01	01	01	02	01	00	00	07	04	134	250	- 46.4 %
Measles	00	00	01	00	00	00	01	00	00	02	02	41	244	- 83.1 %
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	00	00	00	00	00	00	01	03	17	- 82.3 %
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	00	00	00	31	11	181.8 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	07	37	- 81.0 %
Tuberculosis	69	26	00	14	05	20	14	08	28	184	188	4525	6037	- 25.0 %

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**

ON STATE SERVICE

Dr. Sudath Samaraweera
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10