



WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health & Indigenous Medical Services

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Service provision for patients with Non-Communicable Diseases (NCDs) during the COVID-19 pandemic

The WHO rapid assessment survey on service delivery for NCDs during the current pandemic reports that many countries are faced with severe disruptions in their preventive and curative services for NCDs (WHO, 2020). This posed an additional threat to countries such as Sri Lanka where a significant proportion of the population are elderly over 60 years of age who are likely to be living with multiple comorbidities including NCDs. Taking measures to avoid interruptions to NCD service provision is crucial given the fact that people with NCD are reported to suffer worse morbidity and mortality due to COVID-19 (Huang, 2020; Wang, 2020).

During early March 2020, when the first local cases of COVID-19 started appearing in Sri Lanka, continuing regular health services for patients with NCDs amidst a pandemic was a challenge due to the countrywide curfew enforced in order to curtail the spread of disease within the country. Many patients were unable to visit hospitals due to restrictions on travel and poor availability of transportation. Measures taken to avoid over-crowding at hospitals disrupted regular clinic schedules and consultations. The Directorate of NCD, Ministry of Health, recognized it as a high priority endeavour to take measures to strengthen NCD service provision during this critical period.

As an initial response, the Directorate of NCD developed and disseminated guidelines for the management of patients with NCDs during the COVID 19 outbreak. The objective was to ensure un-interrupted service provision for NCD patients while minimising exposure risks to both patients and healthcare staff. Non-urgent clinic visits were discouraged, patients were provided drugs for a longer period than usual and instructions were provided to avoid overcrowding at clinics.

Patients regularly taking treatment from government hospitals, but for whom there was no urgent need to be seen by a doctor were delivered medicines through the Department of Postal Services to avoid any unnecessary exposure to COVID-19. In some districts, patients were given the option to send a younger and healthy person to visit the hospital with clinic records and collect medicine on behalf of the patient. In addition, health and non-health government officers working at the community level such as Public Health

Nursing Officers, Public Health Midwives, Grama Niladhari, Development Officers attached to Divisional Secretariats, village leaders and volunteers were utilized to deliver drugs to those who unable to use above mechanisms.

During the pandemic situation, palliative care was considered as having similar priority as emergency care, since patients with palliative care needs could deteriorate rapidly. Public Health Nursing Officers who provide NCD related care to the community were given guidelines on how to provide home-based essential palliative care to needy NCD patients in the community

District level focal points for NCD care i.e. (Medical Officer-NCD) were instrumental in streamlining these efforts. They ensured that patients with NCD who were in quarantine centres and in Intermediate Care Centres received their NCD medications, were monitored for well control of their condition e.g. blood pressure, blood sugar etc at regular intervals and facilities were available to manage and transfer any NCD related emergency by coordinating with the Sri Lanka Army and the Regional Directors of Health Services respectively. In addition, they ensured the availability of essential services for patients with NCD placed in home quarantine by liaising with the Medical Officers of Health and the respective government hospital clinics.

A substantial proportion of NCD patients in Sri Lanka take treatment and followed up at private sector General Practices and were faced difficulties in obtaining their regular medication during the COVID-19 outbreak. Such patients having a prescription issued by a SLMC registered medical practitioner within last six months were advised to present it to the OPD of a government sector hospital and obtain medicines for a maximum of two weeks. In addition, guidelines were provided for the General Practices to be kept open for NCD patients under strict precautions as a service requirement e.g. for measurement of blood pressure, essential investigations and essential procedures.

During the period the country was under curfew, opening of pharmacies were restricted in order to avoid overcrowding. A web-based mechanism was established to get the drugs delivered to the homes of those who usually purchase drugs

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from the private sector. This system was established with the state and private pharmacies in collaboration with the Pharmacy Owners Association. The public could select a pharmacy through the Ministry of Health website and submit an order (in the forms of an image of the most recent prescription) through WhatsApp/Viber. Pharmacies delivered medicines to the customers for a reasonable delivery fee. This avoided the overcrowding at pharmacies and further spread of infection. This system was regulated by a guideline issued by the Director General of Health Services on maintaining service quality and adhering to recommended safety measures. More than 1800 pharmacies around the country were involved and this service covered 96.3% of Medical Officer of Health areas in the country. A hotline was established to respond to customer queries and functioned in all three main languages. The system effectively functioned until curfew was lifted in all parts of the country.

However, during the second wave of COVID-19 in Sri Lanka, whilst postal delivery of drugs was commenced, it was notified that some residents in low-income Colombo Municipal Council (CMC) area, whose movements were restricted due to high number of COVID-19 positive cases in CMC area, had not received their clinic medication. As a solution to this, mobile medical clinics were commenced by the NCD Bureau, Ministry of Health with the support of main government hospitals catering to these areas. Drugs were issued to the patients receiving treatment for chronic diseases and in addition facilities to measure blood pressure, blood sugar and medical consultation were available if it was deemed necessary.

Remote healthcare was encouraged in order to prevent overcrowding and minimize exposure of vulnerable NCD patients to COVID-19. The NCD Bureau funded the launch of My Doctor tele-medicine system in 16 Nephrology clinics in government hospitals. This system facilitated communication between high risk immune-compromised NCD patients such as those who have undergone kidney transplant or on dialysis and their treating physicians. The application enabled the patients to interact with the physician via audio, video or e-chat and was found highly useful.

Patients were encouraged to call the hospital if any concerns arise and reassured that if they need to visit the hospital in an emergency, safety measures are in place. To facilitate this process hospitals were instructed to establish a hotline and numbers were made available to the public via the Ministry of Health website and mass media. Several hotlines were established at the NCD Bureau to respond to patient queries and functioned in all three main languages, English, Sinhala and Tamil. The hotlines provided information to patients on NCD related issues, on-line purchase of medicines, contact numbers of government hospital clinics and drug distribution from the government hospitals.

Alerting the public on NCD related emergencies was recognized as a priority since patients were likely to ignore warning signs due to 'stay at home' instructions. Health messages were disseminated via mass and social media on how to recognize danger signs of NCD related emergencies and how to reach for medical services if an emergency is suspected. The social distancing measures, and travel restrictions had limited the regular physical activities of people and means of finding healthy foods for consumption. Health messages and videos on how to live healthy during the COVID-19 pandemic were developed and disseminated via social and mass media, focussing on being active, quitting smoking, avoiding alcohol and take a healthy diet with the aim of promoting healthy living. Social media, such as Face Book, WhatsApp/Viber and YouTube were utilized as modes of communication to disseminate lifestyle advice during the stay home period. Leaflets providing danger signs, self-care advices on NCDs, and lifestyle advice while staying at home etc were printed by the Directorate of NCD and distributed along with medicines delivered via the postal service from hospital clinics.

The Directorate of NCD adopted newer digital technologies to monitor the progress of activities during the pandemic. Video conferencing platforms such as 'zoom' were used to coordinate with MONCD who provide NCD services at the district level and scattered throughout the country. In addition, several surveys were conducted to assess the overall success of the strategies implemented by the NCD Bureau.

The adopted approaches ensured that NCD patients in Sri Lanka had access to essential medicines and services at a time NCD services were disrupted globally.

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**Table 1 : Water Quality Surveillance
 Number of microbiological water samples Sep 2020**

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	NR
Nuwara Eliya	13	78	14
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	24
Jaffna	12	72	NR
Kilinochchi	4	24	0
Manner	5	30	10
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	0
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	29	174	19
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	0
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	42
Kegalle	11	66	NR
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
 NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 10th-16th Oct 2020 (42nd 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	37	4070	0	31	0	9	0	7	0	18	5	373	0	3	0	4	0	0	4	213	1	47	0	3	100	56
Gampaha	5	2505	0	12	0	8	0	7	0	19	0	281	0	8	0	7	0	2	0	256	0	33	0	60	94	43
Kalutara	11	1717	1	18	0	6	0	6	0	6	15	878	0	15	0	6	0	2	3	308	4	44	0	0	48	49
Kandy	45	3219	3	29	0	1	0	9	2	17	12	236	1	110	2	14	0	0	1	158	0	28	3	70	100	63
Matale	1	568	0	9	0	4	0	6	0	6	0	96	0	9	0	11	0	1	1	62	0	6	7	296	100	62
NuwaraEliya	0	167	0	35	0	1	1	7	0	9	3	124	2	96	0	4	0	0	0	78	1	16	0	0	100	22
Galle	5	1637	1	40	0	18	0	4	0	48	32	836	0	60	0	8	0	2	4	308	0	69	0	5	100	34
Hambantota	1	351	0	12	0	4	1	3	0	49	5	220	2	65	0	4	0	2	6	188	2	53	10	640	100	70
Matara	7	513	0	27	0	17	0	1	0	4	15	507	2	18	0	15	0	0	2	130	3	25	11	353	100	22
Jaffna	15	2082	5	104	0	0	1	22	3	82	1	27	14	578	0	2	0	2	5	108	0	12	0	2	93	25
Kilinochchi	0	128	2	45	0	2	0	11	0	24	0	20	1	42	0	1	0	0	0	16	0	11	0	13	100	64
Mannar	0	134	0	0	0	0	1	2	0	2	0	7	0	2	0	0	0	1	0	2	0	10	0	0	100	40
Vavuniya	0	249	1	14	0	0	0	6	0	3	1	44	0	3	0	0	0	0	0	33	0	4	0	1	100	63
Mullaitivu	0	85	0	14	0	0	0	6	0	5	0	27	0	16	0	3	0	2	0	13	0	7	0	7	98	38
Batticaloa	67	2487	3	93	0	8	0	1	0	49	0	33	0	0	0	6	0	1	1	95	3	38	0	1	100	48
Ampara	1	311	0	21	0	4	0	0	1	1	0	88	0	0	0	4	0	0	0	122	0	15	0	6	100	70
Trincomalee	0	2280	0	17	0	0	0	0	0	2	0	31	0	9	0	8	0	0	0	100	0	9	0	1	97	43
Kurunegala	9	911	0	23	0	12	0	4	0	37	5	241	0	31	0	9	1	4	9	324	0	43	1	433	98	49
Puttalam	3	470	1	11	0	5	0	3	0	1	1	61	0	17	0	2	0	1	0	78	1	57	0	10	100	56
Anuradhapur	0	414	0	19	0	3	0	4	0	30	0	258	2	28	0	15	0	2	1	183	0	61	0	244	98	40
Polonnaruwa	5	238	1	9	0	1	0	0	0	8	0	130	0	1	1	25	0	1	8	144	0	19	7	269	91	56
Badulla	2	464	1	28	0	7	0	3	0	4	3	356	2	102	2	16	0	0	1	159	1	39	0	26	99	50
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	11	1916	1	89	0	29	0	6	0	37	13	1429	0	54	0	17	0	1	1	178	1	100	2	127	99	51
Kegalle	4	787	0	18	0	10	0	4	0	18	11	521	2	44	0	21	0	0	3	173	0	64	2	46	100	55
Kalmune	5	953	0	56	0	3	0	1	0	6	0	23	0	2	0	3	0	0	0	275	2	45	0	0	100	58
SRILANKA	234	28656	20	774	0	152	4	123	6	485	12	6847	28	1313	5	205	1	24	50	3704	19	855	43	2613	95	49

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 09th Oct, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 319 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

10th– 16th Oct 2020 (42nd 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	01	00	00	00	00	01	00	00	01	07	37	65	- 43.0 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	02	00	00	00	00	00	00	02	09	151	277	- 45.4 %
Measles	00	00	00	00	00	00	00	00	00	00	06	48	257	- 81.3 %
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	00	05	17	- 70.5 %
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	09	244.4 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	09	36	- 75 %
Tuberculosis	29	29	03	09	02	11	07	00	08	98	218	5210	6915	- 24.6 %

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
July							

Source: Medical Research Institute & Veterinary Research Institute

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ON STATE SERVICE

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