*SRI LANKA 2022*

*WER*

## Long COVID-19 syndrome Part II

This is the last article of Long COVID-19 syndrome

### Predictors

The severity of illness[4,8], and having pre-existing medical conditions like diabetes, hypertension, asthma, chronic lung conditions [4,6] and having more symptoms during the acute phase of COVID-19 disease [4,6] were strongly associated with the long COVID.[4] Older age, female gender, hospital admission at symptom onset, initial dyspnea, chest pain, and abnormal auscultation findings have shown an increased risk of persistent symptoms.[6]

### Long COVID impact on –

#### Quality of life

As per the available evidence patients who were suffering from long COVID showed a significant reduction in quality of life.
In a systematic review, they observed that 37% (95% CI 18% to 60%) of patients reported reduced quality of life[5]. EuroQol Visual Analog Scale (EQ- VAS) was used to assess the quality of life in COVID-19 patients in several studies. In a study with a six-month follow-up of previously hospitalized patients, an overall EQ-VAS score of 80% was reported revealing persistent reductions in quality of life. Furthermore, a comparison of EQ-VAS scores before acute infection and six months after showed a significant difference in the quality of life (before -87.6%, after -66.4% )[6].

#### Mental health

It was found in a study that mental health disorders were common among COVID-19 patients at three months of follow-up. According to it, the prevalence of post-traumatic stress disorder (PTSD), anxiety and depression were 37.2%, 35.6% and 46.9% respectively (9,7). Inadequate social support, stigmatization and discrimination were some of the reasons causing these mental health issues.[6]

### Employment

According to a study, 40 % of the patients diagnosed with COVID-19, who were employed before were not able to return to work within 8 weeks of discharge from the hospital. That was due to persistent health issues and loss of employment. Among those patients who returned to work, around 25% have reduced their working hours or altered their duties for health reasons. Another study revealed approximately 70% (38/56) of previously hospitalized persons due to COVID-19 infection were unable to go back to their usual work three months following hospitalization.[6]

### Management

Options available to manage long COVID are currently limited because the underlying mechanisms for long COVID were uncertain. However, some countries have developed guidelines to help clinicians to manage long COVID.

Patients with long COVID may need multidisciplinary care. This comprises long-term monitoring of ongoing symptoms to identify potential complications, physical rehabilitation, mental health support and social services support.

**Figure 3 – Clinical course of long COVID**

| Contents | Page |
|---|---|
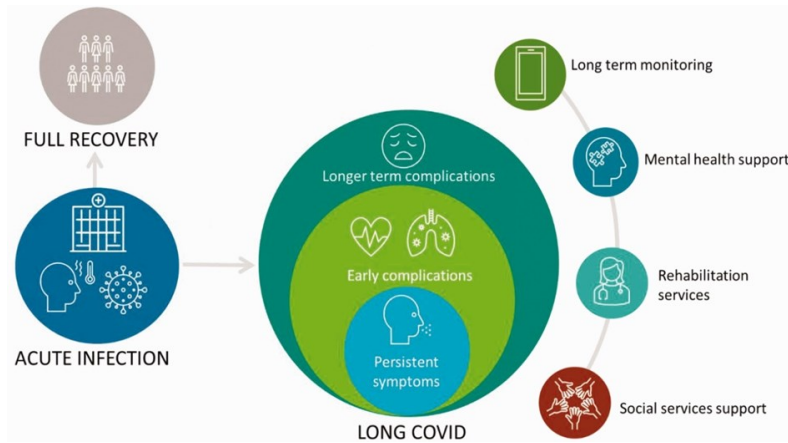
such as physical distancing, wearing a face mask, frequent hand washing and following respiratory etiquette is essential. Furthermore, getting vaccinated against COVID -19 is the best method to protect one from developing severe COVID-19 disease and progressing to long COVID. It is apparent from the available data, when persons who were vaccinated against COVID-19, developed the disease they had experienced symptoms for less than a period of one month.[1]

**Physical rehabilitation** –
Patients who have experienced a severe form of acute COVID-19 may have treated in intensive care units (ICU). They may develop post-intensive care syndrome which comprises muscle weakness, deconditioning, myopathies and neuropathies. It is recommended to commence relevant rehabilitation while the patient is in ICU at the earliest point in time.

Pulmonary rehabilitation will improve patients' breathing, exercise capacity, muscle strength, quality of life and functional outcome. Early mobilization would help to improve functional, cognitive and respiratory conditions in these patients and may shorten hospital stay.

Non-hospitalized patients with long COVID may also require physical rehabilitation. Patients with cardiopulmonary problems may need rehabilitation to engage in activities of daily living.[6]

**Management of pre-existing co-morbidities** –
Among patients with severe acute COVID-19, pre-existing diseases are a common finding. Thus, managing these conditions is essential to avoid clinical deterioration and also to avoid the need for readmission.[6]

**Mental health support** –
As a consequence of long COVID, psychological and mental health issues have been reported. Post-traumatic stress disorder, anxiety, depression and suicidal thoughts are among them. Thus, those who need mental health support need to be ensured that mental health services are available and accessible. Furthermore, patients can be screened during their follow-up care and referred for specialized care if required[6].

**Social services support** –
As most patients with long COVID experience continuous symptoms over 4-12 weeks, they are unable to return to work. Thus, patients with long COVID may need long-term government financial support.

If these long COVID patients have to bear social isolation and stigmatization, they may find it difficult to continue their normal day-to-day routines. Thus, they may get benefit from social services support.[6]

**Prevention of long COVID**

Prevention of getting infected with COVID-19 is the best method to prevent long COVID. To prevent acquiring COVID-19 infection, adhering to preventive measures

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## Table 1:  Selected notifiable diseases reported by Medical Officers of Health         15th– 21st Oct 2022 (42nd Week)

| RDHS | Dengue Fever | | Dysentery | | Encephaliti | | Enteric Fever | | Food Poi- | | Leptospirosis | | Typhus | | Viral Hepa- | | Human | | Meningitis | | Chickenpox | | Leishmania- | | 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 | 12 | 10563 | 1 | 5 | 0 | 3 | 0 | 1 | 0 | 7 | 13 | 189 | 0 | 1 | 0 | 5 | 0 | 2 | 0 | 11 | 4 | 44 | 0 | 3 | 16 | 96 |
| Gampaha | 86 | 7079 | 1 | 6 | 0 | 1 | 0 | 1 | 0 | 12 | 7 | 221 | 0 | 0 | 0 | 11 | 0 | 4 | 0 | 34 | 1 | 57 | 0 | 33 | 6 | 86 |
| Kalutara | 44 | 3366 | 0 | 26 | 0 | 1 | 0 | 2 | 0 | 6 | 17 | 399 | 0 | 4 | 0 | 5 | 0 | 4 | 1 | 26 | 9 | 88 | 0 | 2 | 15 | 52 |
| Kandy | 97 | 4670 | 0 | 20 | 0 | 1 | 1 | 4 | 0 | 13 | 5 | 157 | 1 | 32 | 0 | 8 | 0 | 0 | 0 | 13 | 5 | 73 | 2 | 37 | 13 | 98 |
| Matale | 23 | 1071 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 96 | 0 | 6 | 0 | 6 | 0 | 1 | 0 | 1 | 1 | 42 | 6 | 296 | 20 | 100 |
| NuwaraEliya | 4 | 206 | 2 | 26 | 1 | 1 | 0 | 3 | 0 | 5 | 5 | 86 | 2 | 18 | 0 | 7 | 0 | 0 | 0 | 6 | 4 | 40 | 1 | 1 | 28 | 94 |
| Galle | 38 | 3199 | 1 | 11 | 0 | 1 | 0 | 1 | 0 | 1 | 20 | 431 | 2 | 34 | 0 | 6 | 0 | 0 | 1 | 23 | 3 | 74 | 0 | 0 | 15 | 100 |
| Hambantota | 12 | 1438 | 0 | 32 | 0 | 0 | 0 | 0 | 0 | 2 | 6 | 220 | 1 | 49 | 0 | 6 | 0 | 0 | 0 | 17 | 2 | 39 | 4 | 458 | 18 | 99 |
| Matara | 16 | 1525 | 0 | 14 | 0 | 2 | 0 | 1 | 0 | 1 | 8 | 243 | 1 | 13 | 0 | 2 | 0 | 0 | 0 | 8 | 4 | 50 | 3 | 229 | 31 | 100 |
| Jaffna | 51 | 2869 | 10 | 107 | 0 | 3 | 2 | 66 | 7 | 69 | 0 | 22 | 14 | 493 | 0 | 8 | 0 | 4 | 2 | 15 | 2 | 105 | 0 | 1 | 67 | 93 |
| Kilinochchi | 2 | 115 | 0 | 8 | 0 | 0 | 0 | 3 | 0 | 24 | 0 | 11 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 4 | 0 | 2 | 24 | 98 |
| Mannar | 5 | 195 | 2 | 5 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 27 | 1 | 6 | 0 | 2 | 0 | 0 | 1 | 17 | 0 | 6 | 0 | 0 | 17 | 80 |
| Vavuniya | 1 | 82 | 0 | 4 | 0 | 1 | 0 | 2 | 0 | 2 | 0 | 18 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 30 | 0 | 4 | 2 | 98 |
| Mullaitivu | 0 | 62 | 0 | 5 | 0 | 0 | 0 | 2 | 0 | 6 | 0 | 26 | 0 | 6 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 10 | 0 | 2 | 21 | 94 |
| Batticaloa | 15 | 1101 | 4 | 78 | 0 | 9 | 0 | 0 | 0 | 21 | 0 | 41 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 31 | 1 | 33 | 0 | 2 | 40 | 98 |
| Ampara | 2 | 160 | 0 | 13 | 0 | 2 | 0 | 0 | 0 | 17 | 0 | 96 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 38 | 1 | 50 | 0 | 13 | 10 | 100 |
| Trincomalee | 5 | 1080 | 0 | 25 | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 29 | 0 | 3 | 0 | 4 | 0 | 0 | 0 | 8 | 0 | 41 | 0 | 1 | 14 | 99 |
| Kurunegala | 25 | 2394 | 1 | 23 | 0 | 2 | 0 | 0 | 0 | 4 | 7 | 145 | 1 | 32 | 1 | 3 | 0 | 3 | 1 | 42 | 7 | 96 | 16 | 420 | 10 | 100 |
| Puttalam | 33 | 1902 | 0 | 5 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 32 | 0 | 8 | 0 | 1 | 0 | 0 | 0 | 28 | 0 | 21 | 0 | 5 | 16 | 90 |
| Anuradhapur | 2 | 413 | 0 | 12 | 0 | 2 | 0 | 1 | 0 | 7 | 0 | 160 | 1 | 26 | 1 | 3 | 0 | 1 | 1 | 48 | 1 | 66 | 12 | 337 | 9 | 96 |
| Polonnaruwa | 0 | 137 | 0 | 6 | 0 | 1 | 0 | 0 | 0 | 2 | 1 | 107 | 0 | 1 | 0 | 5 | 0 | 0 | 0 | 5 | 0 | 20 | 6 | 441 | 16 | 96 |
| Badulla | 27 | 977 | 0 | 24 | 0 | 3 | 0 | 1 | 0 | 14 | 6 | 241 | 4 | 60 | 3 | 135 | 0 | 0 | 4 | 19 | 2 | 61 | 1 | 27 | 20 | 100 |
| Monaragala | 10 | 453 | 0 | 10 | 0 | 2 | 0 | 4 | 0 | 22 | 1 | 253 | 1 | 32 | 2 | 58 | 0 | 0 | 1 | 56 | 3 | 62 | 6 | 145 | 13 | 100 |
| Ratnapura | 19 | 2622 | 1 | 44 | 0 | 6 | 0 | 3 | 1 | 34 | 16 | 897 | 0 | 22 | 0 | 26 | 0 | 1 | 0 | 60 | 1 | 69 | 5 | 186 | 14 | 93 |
| Kegalle | 28 | 2631 | 0 | 15 | 0 | 8 | 0 | 1 | 0 | 8 | 7 | 483 | 0 | 19 | 0 | 9 | 0 | 0 | 0 | 46 | 2 | 99 | 0 | 21 | 10 | 98 |
| Kalmune | 27 | 1074 | 0 | 31 | 0 | 1 | 0 | 3 | 0 | 6 | 1 | 27 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 35 | 1 | 58 | 0 | 0 | 31 | 100 |
| SRILANKA | 70 | 51384 | 23 | 565 | 1 | 51 | 3 | 102 | 8 | 285 | 12 | 4657 | 29 | 880 | 7 | 313 | 0 | 21 | 12 | 594 | 55 | 1338 | 62 | 2666 | 19 | 96 |

## Table 2: Vaccine-Preventable Diseases & AFP          15th– 21st **Oct 2022 (42nd Week)**

| Disease | No. of Cases by Province | | | | | | | | | Number of cases during current week in 2022 | Number of cases during same week in 2021 | Total number of cases to date in 2022 | Total number of cases to date in 2021 | Difference between the number of cases to date in 2022 & 2021 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | W | C | S | N | E | NW | NC | U | Sab | | | | | |
| AFP* | 01 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 02 | 00 | 67 | 51 | 31.3 % |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 % |
| Mumps | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 01 | 01 | 74 | 63 | 17.4 % |
| Measles | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 19 | 11 | 72.7 % |
| 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 | 05 | 03 | 66.6 % |
| 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 | 01 | 04 | - 75 % |
| Whooping Cough | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 0 % |
| Tuberculosis | 00 | 06 | 03 | 02 | 02 | 05 | 35 | 00 | 00 | 53 | 107 | 5367 | 4151 | 29.2 % |

**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

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### Number of Malaria Cases Up to End of October 2022,
# 02
### All are Imported!!!

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