



# WEEKLY EPIDEMIOLOGICAL REPORT

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

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Risk Communication and Community Engagement in COVID19; Challenges ahead and way forward (Part1)

Risk communication\* and community engagement (RCCE) is an essential component to ensure an effective response to public health emergencies with the objective of saving life and minimizing adverse consequences. People are more concerned about novel, unfamiliar, acute or fatal hazards. Further, in the current context of COVID19, it is not only a health crisis, but also a major socio-economic and information crisis. Pandemic and its response are pushing the world to a major global recession. On the other hand, Director General, WHO alarmed the world "We're not just fighting an epidemic; we're fighting an infodemic" \*\*. Though, public health measures remain as the best way to minimize the spread of the virus, people are becoming less adherent to these measures. There is growing evidence on people becoming complacent and lowering risk perception along with less interest, less trust and less confident on their role to control the virus. Therefore, the role of RCCE to mitigate the spread of the SARS-COV2 virus and impact of pandemic is more highlighted at this juncture.

### Challenges ahead:

Having faced COVID19 pandemic for a year, based on the lessons learnt some crucial challenges can be anticipated to be faced in RCCE for next six months.

### Uncertainty:

COVID19 has created uncertainty around all of us, specially over the economy, employment, finances, education, social interactions, physical and mental health. Uncertainty can lead to fear, anxiety, loss of trust among public resulting less adherence to public health measures

### Clear, Consistent Coordinated ("3C")

communication on what is known and unknown while acknowledging uncertainty is an unprecedented need to mitigate the effect of uncertainty.

### Pandemic Fatigue:

Behavioural fatigue associated with COVID restrictions and adjusting our daily routine to this pandemic is a recurrent experience and likely to further increase with the crisis. Impacts of pandemic fatigue need to be carefully studied and

## EVIDENCE

"Worldwide, good basic knowledge of COVID-19 across populations, including knowledge about COVID-19 symptoms"<sup>1</sup>

"Despite adequate existing knowledge about COVID-19 in many settings, there is increasing evidence of a decline in people's perceptions of infection risk"<sup>2</sup>

"Trust in scientific and factual information shared by official sources and credible institutions is often high"<sup>1</sup>

"Health workers and traditional media channels are well-trusted information channels in many countries"<sup>1</sup>

"Public figures, and particularly religious leaders can play a vital role in encouraging people to adhere to COVID-19 related public health and social measures (PHSMs)"<sup>3</sup>

"Globally there is variation in the extent to which that people trust information shared by politicians"<sup>1</sup>

"While exposure to online information sources is increasing there is evidence to suggest that trust in those channels is generally low"<sup>1</sup>

"In the global data, self-reported adherence to personal measures such as hand washing, mask wearing or keeping distance tends to be generally high"<sup>4</sup>

"Compliance with measures that restrict economic activities is likely to be lower"<sup>4</sup>

"Adherence to measures that limit public gatherings are often poor. This is influenced by socio-cultural norms, traditions and the need for social interaction"<sup>3</sup>

addressed. It may decrease the risk perception, number of people following recommendations and people may give up in their efforts to break the chain of transmission. Creative and engaging ways to motivate people need to be identified for the local context and implemented to overcome this challenge. This can be achieved through partnering with civil society, community groups, community leaders and influencers for communication action.

### Trust:

Community TRUST plays a vital role in RCCE and ending outbreaks. Maintaining trust throughout a long-lasting pandemic is indeed a challenge. Trust should be built and maintained with

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### Contents

1. Leading Article – Risk Communication and Community Engagement in COVID19; Challenges ahead and way forward (Part1)	1
2. Summary of selected notifiable diseases reported (17 <sup>th</sup> – 23 <sup>rd</sup> October 2020)	3
3. Surveillance of vaccine preventable diseases & AFP (17 <sup>th</sup> – 23 <sup>rd</sup> October 2020)	4

### Page

Careful analysis of causes of mistrust and local dynamics. Transparency of health sector including government action is the cornerstone of maintaining "Trust" in this endeavor. Communication should be evidenced based and delivered through trusted sources. It is of paramount importance to listen to community concerns, be able to react effectively and promptly for community concerns. Further, RCCE actors should advocate the authorities, on increased transparency, participatory governance and accountability of systems and mechanisms to design policies.

**Community Engagement:**

Response to pandemic should ideally be conducted through engaging communities. WHO Director General has warned that "politicization of the pandemic could exacerbate it". Conflicting messages and recommendations from leaders and authorities can create confusion and reduce the acceptance of public health measures. RCCE specially should focus on engaging communities to answer their questions and concerns scientifically, politically neutral manner and delivered in languages that the local community understands, through their preferred channels, in accessible formats using their trusted sources. People understand according to their own experience and often display "herd behaviour". Thus, risk communication must be contextual and engage right leaders and influencers for the relevant community.

**EVIDENCE**

"Globally, adherence to self-isolation is lower compared to other personal measures"<sup>3</sup>

"It is common for people, worldwide, to recognize COVID-19 is a serious disease, however they often feel COVID-19 is more of a threat to others: their friends and family, their community and country, than to themselves"<sup>1,5</sup>

"Globally people's level of confidence in their ability to prevent COVID-19 is usually low (50% or less). In countries where people feel less confident in their ability to protect themselves, it also seems people are also less likely to practice preventive measures"<sup>6</sup>

"There is little evidence to suggest people feel able to influence collective decision-making aiming to control COVID-19"<sup>7</sup>

**Coordination:**

Lack of coordination is identified as a huge challenge with the increase demand for testing, tracing, treating and introduction of new vaccines. Demand for multisectoral involvement with proactive community engagement and coordination is a great necessity to ensure an effective pandemic response. Though the vaccines will be introduced, it is an essential requirement to practice full range of solutions including public health measures eg. Hand washing, distancing, masks etc. to curtail the pandemic. With the introduction of vaccines, RCCE strategies need to be effectively implemented to ensure a coordinated effort to enhance the awareness on COVID19 vaccination procedure in the country, prevent vaccine hesitancy, vaccine eagerness, maintain the compliance for usual immunization schedule, continue the adherence to public health measures and to address many other upcoming scenarios. Stigma and discrimination: Stigma and discrimination associated with COVID19 is in increasing trend around the world. Stig-

ma leads to hiding of symptoms, avoid testing and poor health seeking behaviour. Urgent action is needed to be taken in RCCE to stop using negative language and alleviate stigma and discrimination towards COVID19. Government, media, health authorities, communities, key influencers and all citizens have a joint responsibility to stop stigma.

**Misinformation:**

Rumors and misinformation is threat to pandemic control. It breaches the trust and create confusion. It affects both physical and mental health, reduce the uptake of public health measures by the community. Thus, dynamic listening and rumor management is an integral pillar of RCCE to achieve effective control of the pandemic.

**Economic pressure:**

COVID19 has pushed millions of people to extreme poverty over last one year and continues to do so. People might choose making enough money for survival instead of following social and public health measures. RCCE efforts should prioritized to reach both medically and socioeconomically vulnerable groups and enable. Economically vulnerable populations should be engaged and enabled to identify locally appropriate solutions for COVID19 risks in their socioeconomic context. Therefore, coordinated, adaptive, innovative, localized and participatory approaches for community engagement around COVID19 is identified as a mandatory requirement in RCCE next six months.

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1. KAP COVID-19 Exploring knowledge, attitudes and practices for COVID-19 prevention (Johns Hopkins University, WHO, GOARN, Facebook, MIT, 2020)
2. COVID-19: Community Feedback Report #21 – Africa Region (IFRC, October 2020) report
3. Literature analysis: norms and practices relevant to COVID-19 in the Middle East and North Africa Region (Anthrologica, September 2020)
4. Responding to COVID-19 in Africa: using data to find a balance Part II (PERC, September 2020)
5. COVID-19 Global Risk Perception Study (Dalberg, August 2020)
6. COVID-19: Community Insights from the Asia Pacific Region- Indonesia, Malaysia, Myanmar, and Pakistan (IFRC, UNICEF,WHO, September 2020)
7. Global COVID-19 Survey, Phase 3 (Harvard Humanitarian initiative, May 2020)

\* Risk communication: real-time exchange of information, advice and opinions between experts or officials and people facing threat to their health, economic or social wellbeing  
 \*\* Infodemics: overabundance of information. Some may accurate and some may not. "infodemiology" is defined as the science of managing infodemics

**Table 1: Selected notifiable diseases reported by Medical Officers of Health 17<sup>th</sup>- 23<sup>rd</sup> Oct 2020 (43<sup>rd</sup> 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	23	4093	0	31	0	9	0	7	0	18	7	380	0	3	0	4	0	0	0	5	218	0	47	0	3	100	57
Gampaha	3	2508	0	12	0	8	0	7	0	19	0	281	0	8	0	7	0	2	2	1	257	0	33	0	60	93	43
Kalutara	5	1723	0	18	0	6	0	6	0	6	2	885	0	15	0	6	0	2	2	6	316	3	47	0	0	100	49
Kandy	28	3247	1	30	0	1	0	9	0	17	9	245	4	114	1	15	0	0	4	4	162	1	29	2	72	100	63
Matale	3	571	1	10	0	4	1	7	0	6	2	98	0	9	1	12	0	1	2	2	64	1	7	18	314	100	62
NuwaraEliya	0	167	1	36	0	1	0	7	0	9	4	128	2	98	0	4	0	0	0	0	78	0	16	0	0	100	22
Galle	3	1640	0	40	0	18	0	4	0	48	19	855	0	60	0	8	0	2	2	0	308	1	70	0	5	100	35
Hambantota	2	353	1	13	0	4	0	3	0	49	6	226	1	66	0	4	0	2	2	2	190	1	54	5	645	100	71
Matara	5	518	0	27	0	17	0	1	0	4	16	523	0	18	0	15	0	0	4	4	134	1	26	12	365	100	22
Jaffna	7	2089	2	106	0	0	1	23	0	82	2	29	16	594	0	2	0	2	0	0	108	0	12	0	2	93	25
Kilinochchi	1	129	0	45	0	2	0	11	2	26	0	20	0	42	0	1	0	0	1	1	17	0	11	0	13	100	64
Mannar	0	134	0	0	0	0	0	2	0	2	0	7	0	2	0	0	0	1	0	2	2	0	10	0	0	100	40
Vavuniya	0	249	1	15	0	0	0	6	0	3	0	44	0	3	0	0	0	0	0	0	33	0	4	0	1	100	62
Mullaitivu	0	85	0	14	0	0	0	6	0	5	0	27	0	16	0	3	0	2	2	0	13	0	7	0	7	98	38
Batticaloa	67	2554	1	94	0	8	0	1	0	49	3	36	0	0	1	7	0	1	0	0	95	3	41	0	1	100	48
Ampara	2	313	0	21	0	4	0	0	0	1	1	89	0	0	0	4	0	0	2	2	124	2	17	0	6	100	70
Trincomalee	1	2281	0	17	0	0	0	0	0	2	0	31	0	9	0	8	0	0	3	3	103	0	9	0	1	97	43
Kurunegala	10	921	0	23	0	12	0	4	0	37	14	255	1	32	0	9	0	4	2	2	326	0	43	4	437	98	49
Puttalam	3	473	1	12	0	5	0	3	0	1	0	61	0	17	0	2	0	1	2	2	80	3	60	0	10	100	57
Anuradhapur	1	415	0	19	0	3	0	4	1	31	0	258	1	29	0	15	0	2	1	1	184	2	63	13	257	97	40
Polonnaruwa	2	240	0	9	0	1	0	0	0	8	2	132	0	1	0	25	0	1	0	0	144	0	19	10	279	91	56
Badulla	3	475	1	29	0	7	0	3	3	8	7	363	2	104	0	16	0	0	1	1	161	1	40	0	26	99	48
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	0
Ratnapura	11	1927	3	92	0	29	0	6	0	37	19	1448	0	54	0	17	0	1	3	3	181	3	103	6	133	99	51
Kegalle	10	797	0	18	0	10	0	4	0	18	6	527	1	45	0	21	0	0	2	2	175	3	67	0	46	100	56
Kalmune	4	957	0	56	0	3	0	1	0	6	0	23	0	2	0	3	0	0	0	0	275	1	46	0	0	100	58
<b>SRILANKA</b>	<b>194</b>	<b>28859</b>	<b>13</b>	<b>787</b>	<b>0</b>	<b>152</b>	<b>0</b>	<b>2</b>	<b>125</b>	<b>6</b>	<b>492</b>	<b>11</b>	<b>6971</b>	<b>28</b>	<b>1341</b>	<b>3</b>	<b>208</b>	<b>0</b>	<b>24</b>	<b>41</b>	<b>3748</b>	<b>26</b>	<b>881</b>	<b>70</b>	<b>2683</b>	<b>95</b>	<b>49</b>

Source: Weekly Returns of Communicable Diseases (WRCD).  
 \*T=Timeliness refers to returns received on or before 23<sup>rd</sup> Oct, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 320 C\*\*=Completeness

**Table 2: Vaccine-Preventable Diseases & AFP**

17<sup>th</sup>– 23<sup>rd</sup> Oct 2020 (43<sup>rd</sup> 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	01	00	00	00	01	00	38	65	- 41.5 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	02	00	00	01	01	01	00	00	06	05	157	284	- 44.7 %
Measles	00	00	00	00	00	00	00	00	00	00	02	48	259	- 81.4 %
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	18	- 72.2 %
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	39	12	33	05	09	04	08	16	18	144	149	5354	7064	- 24.2 %

**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

**Number of Malaria Cases Up to End of October 2020,**  
01  
**All are Imported!!!**

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](mailto:chepid@sltnet.lk). **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

**ON STATE SERVICE**

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