



# WEEKLY EPIDEMIOLOGICAL REPORT

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## TUBERCULOSIS IN THE ERA OF COVID-19 IN SRI LANKA - Part II

However, despite the tremendous effort by NPTCCD at its central and grass root level approaches, the analysis of TB data clearly shows a decline in attendance of TB services during the first two quarters of 2020.

Despite the highly unfavourable situation in the country, such an extremely low level of loss to follow up of TB cases is a proxy indicator of the quality of TB services in the country. District level TB preventive staff led by the DTCO strenuously worked round the clock and provided an uninterrupted anti-TB drugs provision in the midst of a lockdown situation in the country.

COVID-19 pandemic had lead to a significant behavioural change in the community. Social distancing and wearing face masks in the public are such important practices that were introduced as a result of COVID-19. Social distancing reduces the infectivity by limitation of the range of spread of the virus. Therefore, theoretically, social distancing should limit the spread of Tuberculosis bacilli too. Restricting movements and encouraging residents to stay indoors accelerates TB transmission among household contacts.

Further, wearing face masks cause a barrier to respiratory pathogens. Hence, the frequent wearing of face masks in public places decreases the incidence of respiratory communicable diseases including the Tu-

bercle bacillary spread too. In the pre-COVID-19 era, the practice of wearing face masks may have stigmatized TB patients in the community. Hence, reluctance to attend TB diagnostic and control facilities has been a limiting factor. Nevertheless, the current social culture of facial masks use by the whole community can reduce stigma to TB patients, as wearing face masks has become a social and legal norm.

In addition, respiratory symptoms stipulated the attention of the general community. People have become more aware of respiratory hygiene. Traditional remedies such as saltwater gargling, steam inhalation, use of traditional drinks such as “koththamalli” contribute to good respiratory etiquette. Therefore, can we predict an increase in TB case detection in the community?

The catastrophic effect of COVID-19 on the normalcy of the population and health care services is a negative factor for TB case detection in Sri Lanka. However, as the prediction modelling<sup>7</sup> is based on high TB burden countries for TB such as India, China, Bangladesh, application of the model to a low burden country like Sri Lanka is a questionable fact. Hence, TB control services in Sri Lanka may not be affected as predicted. Further, Sri Lanka faced COVID-19 global pandemic in a well planned and controlled manner and up to date, reports a

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total number of COVID-19 cases under the belt of 40000 cases and total COVID-19 deaths below 500. The country is no longer in the lockdown state, although strict social distancing measures and hand washing techniques are practised. Therefore, the potential impact of COVID-19 on TB control activities are reorganizing and restructuring at the moment.

On the other hand, the effect of the COVID-19 pandemic on the economy and health care services has a negative impact on TB case detection, treatment and follow up. In the first half of the year, 2020 health care facilities were reorganized and mostly COVID-19 oriented. Health care systems are stretched beyond their capacity. The inevitable delay in diagnostic in TB is a consequence of many COVID-19 related factors such as unavailability of transportation means to reach health facilities, reduced enthusiasm for clinic visits due to lock down and travelling difficulties, fear of being infected by COVID-19<sup>8</sup>. Therefore, care provision in other commodities and diseases were compromised. In addition, certain fear and social discrimination towards COVID-19 resulted in delayed presentation of respiratory symptoms to health care services. Therefore, the effect of COVID-19 oriented care services leads to negligence and provision of lesser important care to other diseases<sup>8</sup>.

Many diseases modalities including other acute infections, Non-Communicable Diseases (NCD)s and maternal and child health care services are suffering at the moment and precise estimation of these collateral damages are not evaluated. Therefore, a decrease in service provision in the other co-morbidities and diseases is currently evident<sup>9</sup>. In addition, certain fear and social discrimination towards COVID-19 resulted in delayed presentation of respiratory symptoms to health care services. Therefore, the effect of COVID-19 oriented care services leads to negligence and provision of lesser important care to other diseases such as TB<sup>10</sup>.

The future impact expected due to the ongoing COVID-19 infection includes, non-availability of TB drugs as supply and transportation of TB drugs may be disrupted by flight cancellations and imposed travel restrictions<sup>11</sup>. Long term economic implications of COVID-19 tend to further affect the poor economic status of TB patients. Unprecedented difficulties among TB patients such as reduced ability to support direct and indirect medical costs; further reduction in nutrition is inevitable. The pro-

posed remedy to minimise hospital visits to counteract exposure to COVID-19 is to consider virtual communication platforms and digital health care access to the patient. Nevertheless, the poor economic status of TB patients and difficulties in approaching such a digital medical platform is a challenge for Sri Lanka.

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## Compiled by:

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 05<sup>th</sup>-11<sup>th</sup> Dec 2020 (50<sup>th</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	6	4188	0	31	0	9	0	7	0	18	3	414	0	3	0	5	0	0	0	0	225	1	50	0	3	56	100	
Gampaha	16	2627	0	12	0	8	0	7	0	20	2	308	0	8	0	8	0	2	2	2	265	1	36	0	60	37	98	
Kalutara	20	1788	0	20	0	7	0	7	0	6	49	1102	0	16	0	6	0	2	4	4	338	1	62	0	0	46	100	
Kandy	12	3420	0	36	0	1	0	11	0	22	14	330	4	124	0	21	0	0	0	0	173	0	33	0	77	63	100	
Matale	2	587	0	13	0	4	0	7	0	6	19	124	1	11	0	12	0	1	0	0	68	0	7	5	338	63	100	
NuwaraEliya	1	168	0	40	0	2	0	8	0	9	0	136	2	105	0	4	0	0	0	0	86	0	18	0	1	24	100	
Galle	5	1665	0	42	0	19	0	6	0	49	67	1166	2	71	0	9	0	2	2	2	320	0	73	1	6	37	100	
Hambantota	2	365	0	13	0	4	0	3	0	53	18	275	1	75	1	9	0	2	3	210	2	62	39	725	72	100		
Matara	1	541	0	29	0	17	0	1	0	4	10	592	1	20	0	16	0	0	1	141	1	28	4	393	25	100		
Jaffna	7	2133	2	112	0	1	0	23	0	87	1	34	17	708	0	3	0	2	1	121	0	12	0	3	25	93		
Kilinochchi	1	135	0	47	0	2	0	11	1	34	1	24	1	48	0	1	0	0	0	17	0	12	0	13	63	100		
Mannar	0	135	0	0	0	1	0	3	0	2	1	9	0	2	0	0	0	1	0	2	0	2	0	19	0	1	41	100
Vavuniya	0	251	0	15	0	0	0	6	0	3	1	52	0	4	0	0	0	0	1	34	0	4	0	1	59	100		
Mullaitivu	0	86	0	14	0	0	0	6	0	5	0	29	0	16	0	3	0	2	0	15	0	7	0	7	36	100		
Batticaloa	181	3191	0	97	0	10	1	2	0	52	1	40	0	0	0	8	0	1	6	110	0	48	0	1	49	100		
Ampara	0	318	0	21	0	4	0	0	0	1	3	111	0	0	0	4	0	0	2	131	0	19	0	7	71	100		
Trincomalee	3	2292	0	20	1	1	0	1	0	2	0	31	2	11	6	14	0	0	2	109	0	10	0	1	40	100		
Kurunegala	8	955	2	27	0	13	0	5	0	38	18	295	0	35	0	9	0	5	3	341	4	52	19	481	47	100		
Puttalam	0	494	1	15	0	5	0	3	0	1	1	65	1	19	0	2	0	1	1	85	1	76	0	10	55	100		
Anuradhapur	4	429	0	25	0	3	0	4	0	33	34	320	0	31	0	19	0	2	2	196	2	74	6	338	39	100		
Polonnaruwa	2	248	0	12	0	1	0	0	5	13	2	169	0	1	0	26	0	1	5	157	0	19	12	364	52	100		
Badulla	7	510	0	32	0	7	0	4	0	12	5	402	1	113	0	18	0	0	3	173	0	40	0	29	47	100		
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	7	2007	2	107	0	29	0	6	0	40	21	1571	1	58	0	17	0	1	1	191	1	113	0	153	49	100		
Kegalle	8	855	0	19	0	10	1	6	0	18	16	648	2	49	0	22	0	0	6	208	0	75	0	51	58	100		
Kalmune	5	976	0	57	0	4	0	1	0	9	0	23	0	2	0	3	0	0	0	278	1	50	0	0	54	100		
<b>SRILANKA</b>	<b>298</b>	<b>30364</b>	<b>7</b>	<b>856</b>	<b>1</b>	<b>162</b>	<b>2</b>	<b>138</b>	<b>6</b>	<b>537</b>	<b>28</b>	<b>8270</b>	<b>36</b>	<b>1530</b>	<b>7</b>	<b>239</b>	<b>0</b>	<b>25</b>	<b>45</b>	<b>3994</b>	<b>15</b>	<b>999</b>	<b>86</b>	<b>3063</b>	<b>48</b>	<b>96</b>		

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 11<sup>th</sup> Dec, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 344 C\*\*=Completeness

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

**05<sup>th</sup>– 11<sup>th</sup> Dec 2020 (50<sup>th</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	00	00	00	00	00	00	38	78	- 51.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	00	00	01	00	00	00	00	03	07	167	314	- 46.8 %
Measles	00	00	00	00	00	00	00	00	00	00	03	50	283	- 82.3 %
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	07	20	- 65 %
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	16	93.7 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	09	39	- 76.9 %
Tuberculosis	48	08	25	05	07	10	04	07	34	148	62	6104	8099	- 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

**Let's Unite and defeat COVID-19**

- **Avoid Crowded Places**
- **Stay Home If Sick**

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

**ON STATE SERVICE**

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