

Reducing the impact of COVID-19 Third wave on the health system in Sri Lanka

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Current Context

- We are experiencing a rapid increase in the daily incidence of COVID-19 cases in Sri Lanka. Yesterday (on 30th of April 2021), for the 3rd consecutive day, over 1000 cases have been reported. The largest number of cases in a single day since the onset of the epidemic in the country was reported yesterday with 1662 cases.



Epidemiology Unit, Ministry of Health

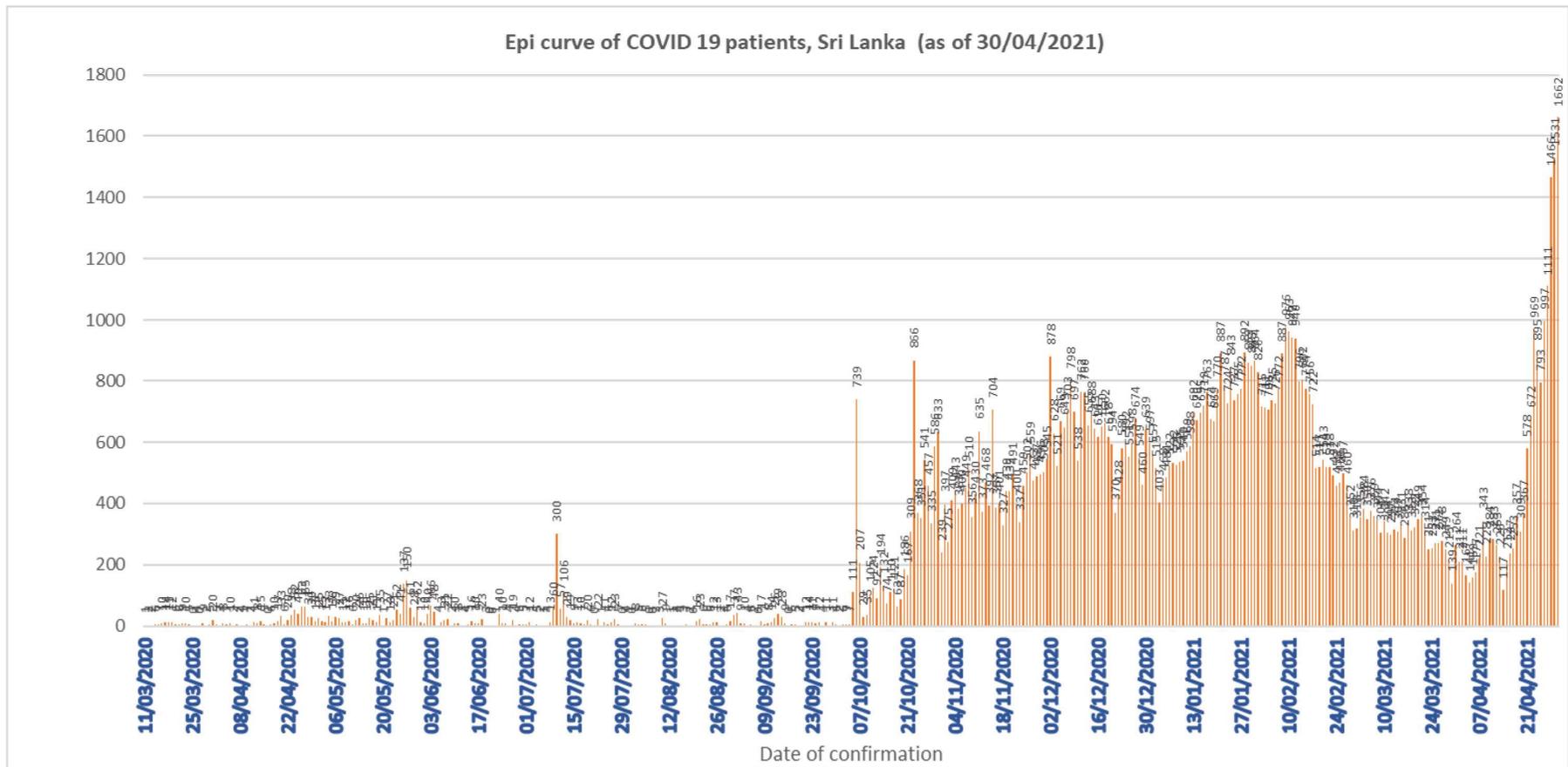
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Ministry of Health





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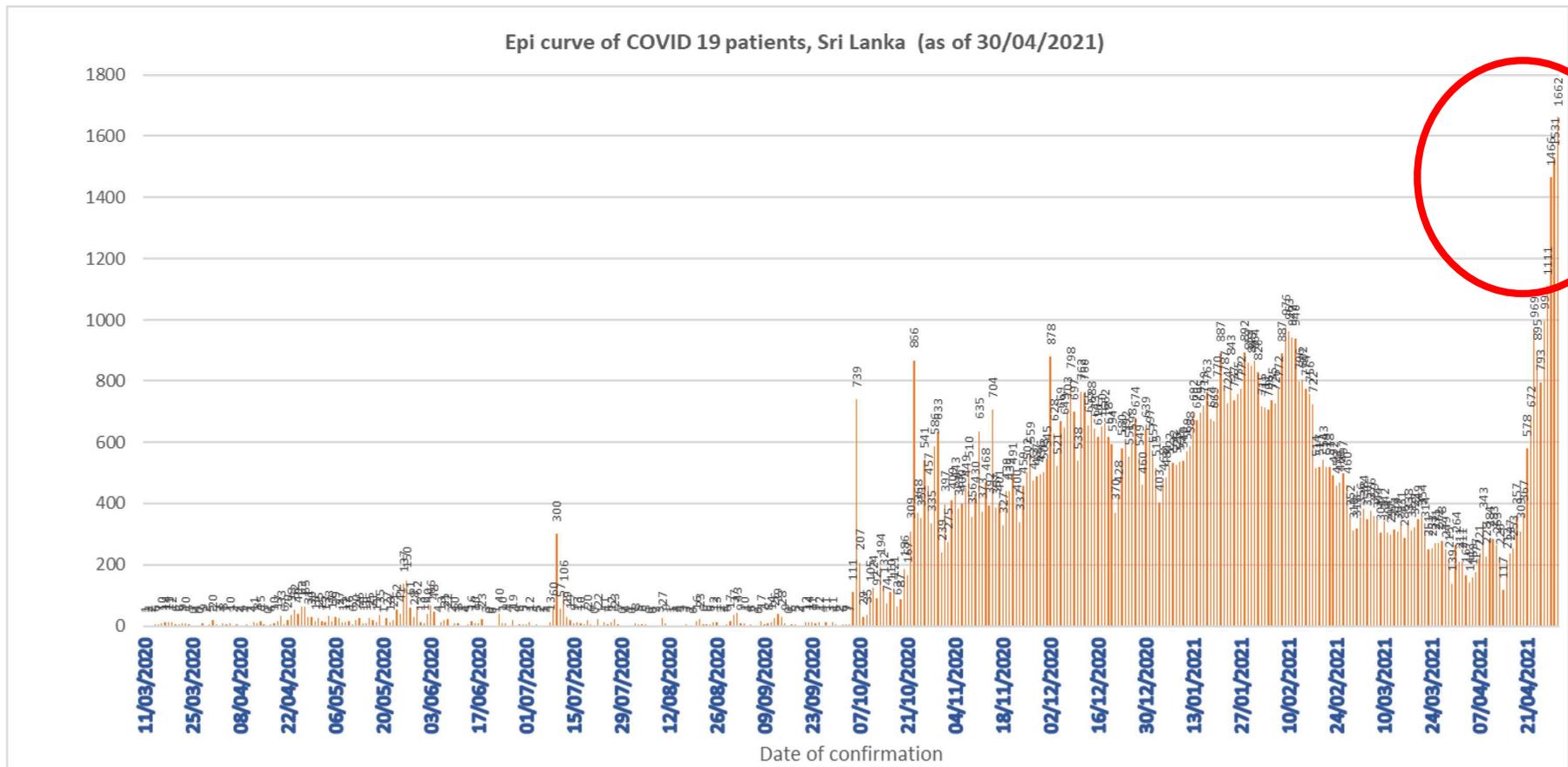
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COVID-19

NATIONAL EPIDEMIOLOGICAL REPORT - SRI LANKA

DATE : 30.04.2021

TIME : 08:30 PM

COVID-19 confirmed cases

108146

Patients Under Medical Care : 11504

Recovered : 95975

Deaths : 667

COVID-19 Total Vaccinated

925242

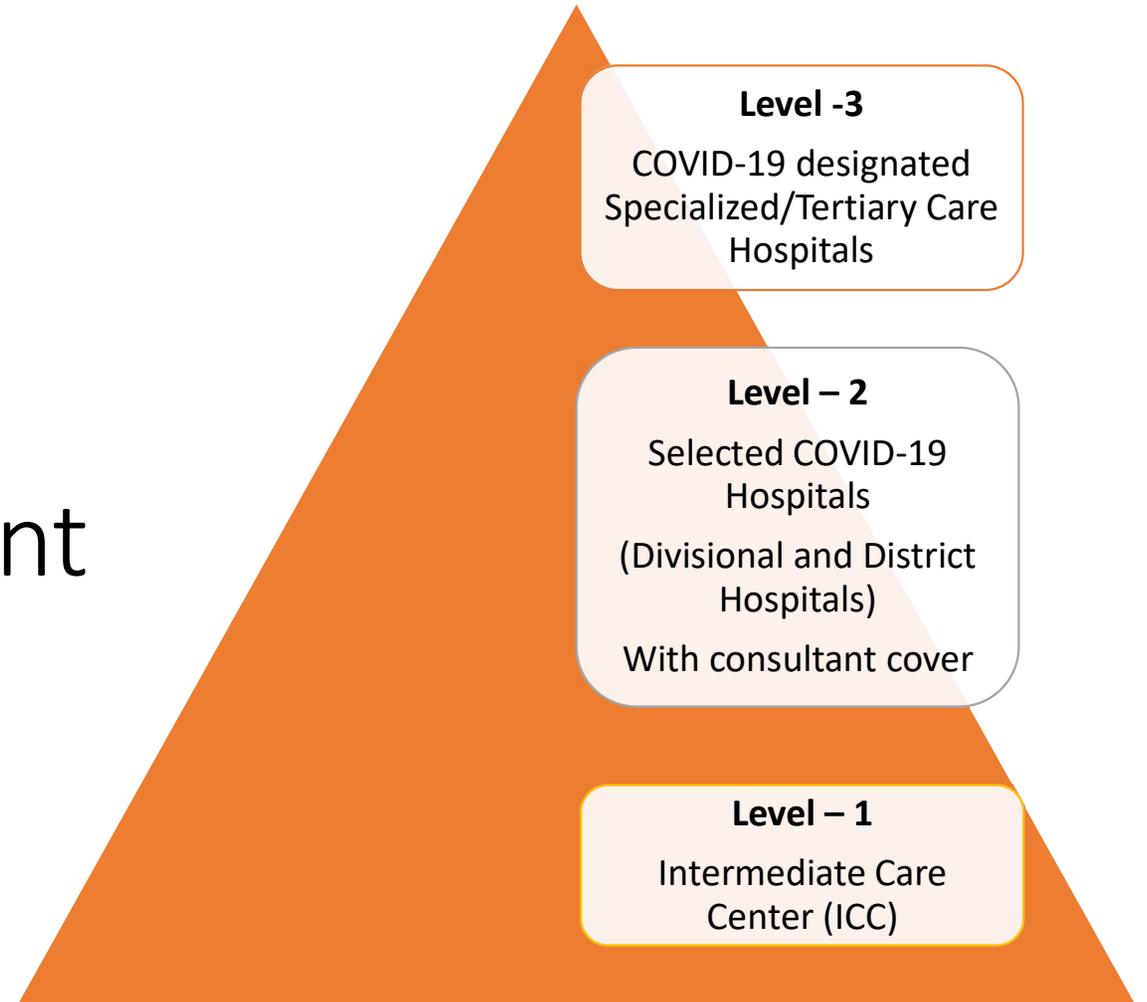


Epidemiology Unit
Ministry of Health

Current Context

- We are experiencing a rapid increase in the daily incidence of COVID-19 cases in Sri Lanka. Today (on 29th of April 2021), for the 3rd consecutive day, over 1000 cases have been reported, the largest number of cases in a single day since the onset of the epidemic in the country was reported yesterday with 1531 cases.
- The epidemiological impact of “super spreader” events which started on the 1st week of April (and continues up until now despite newly imposed restrictions), is surfacing only now with exponential increase in the number of COVID-19 cases.
- There is an imminent danger of the health system be overwhelmed with this rising case load.
- Currently, in terms of case management, a 3-tiered system is in place. There are serious issues connected with particularly 1st level care – Intermediary Care Centers (ICCs).

Current 3 –Tiered Patient Care System



Possible Scenarios

- While no perfect model exist to predict the trajectory of the epidemic in terms of numbers, there are public health methods that can be used to at least estimate the possible case load based on the experience of other countries. Such estimates are of immense value in health planning.
- A group of independent public health specialists, have attempted to estimate the possible impact of the current surge in numbers of COVID-19 cases on the health care delivery system in the country.

Estimate of case load and impact on health system

- This is an estimation model based on the number of cases on average getting reported per day, with an assumption of average 10-day hospital stay. Further, based on current experience of clinicians treating COVID-19 patients, an attempt is made to estimate the numbers that will be having severe disease, requiring Oxygen and ICU care (@ 1 – 3 % of total cases).
- If we have 15 – 20 cases per million population per day, we will get 300 – 400 cases getting reported daily. If this continues, we will plateau at 3000 – 4000 cases (as seen during the period around the new year). We will get 30 – 40 people needing ICU which can be accommodated from the COVID hospital.
- If we get 35 – 40 cases per million population per day (as seen this week), then we will get around 8000 cases in 10 days time and our ICU bed requirement will double. As it is we are observing this trend. We are running short of readily available functional ICU beds.

- If this increase to around 75 – 80 cases per million per day, we will get around 1500- 1600 cases per day and stabilize at 15000 – 16000 cases. If this happens, we will have overwhelmed all of our hospital treatment capacity. We have beds for some 11000 persons and ICU for around 1% of that. If we concurrently have a rise in Dengue cases which would also require ICU care for sever cases, we will face a serious crisis.
- There is a dire need for rethinking of the treatment strategy, increasing number of level three care facilities and level II care facilities with O2 therapy, getting the private sector engaged and thinking of home and community-based care for the asymptomatic patients (estimated to be 40%), with systems in place for getting them to level II and III care (telemedicine, risk assessment tools and ambulance services).

Related Issues

- Some of the ICCs (if not the most) do not have the required facilities and do not maintain the standards specified in the Health Ministry Guidelines (EPID/400/2019n-Cov dated 04.11.2020 and DDG MS I/23/2020 dated 12.05.2020)
- With the large numbers of COVID-19 positive cases being reported from all districts of Sri Lanka, there are increasing social and psychological issues/problems reported due to COVID-19 positive individuals being separated from their families and sent to treatment centers/hospitals far away from their resident areas/districts.

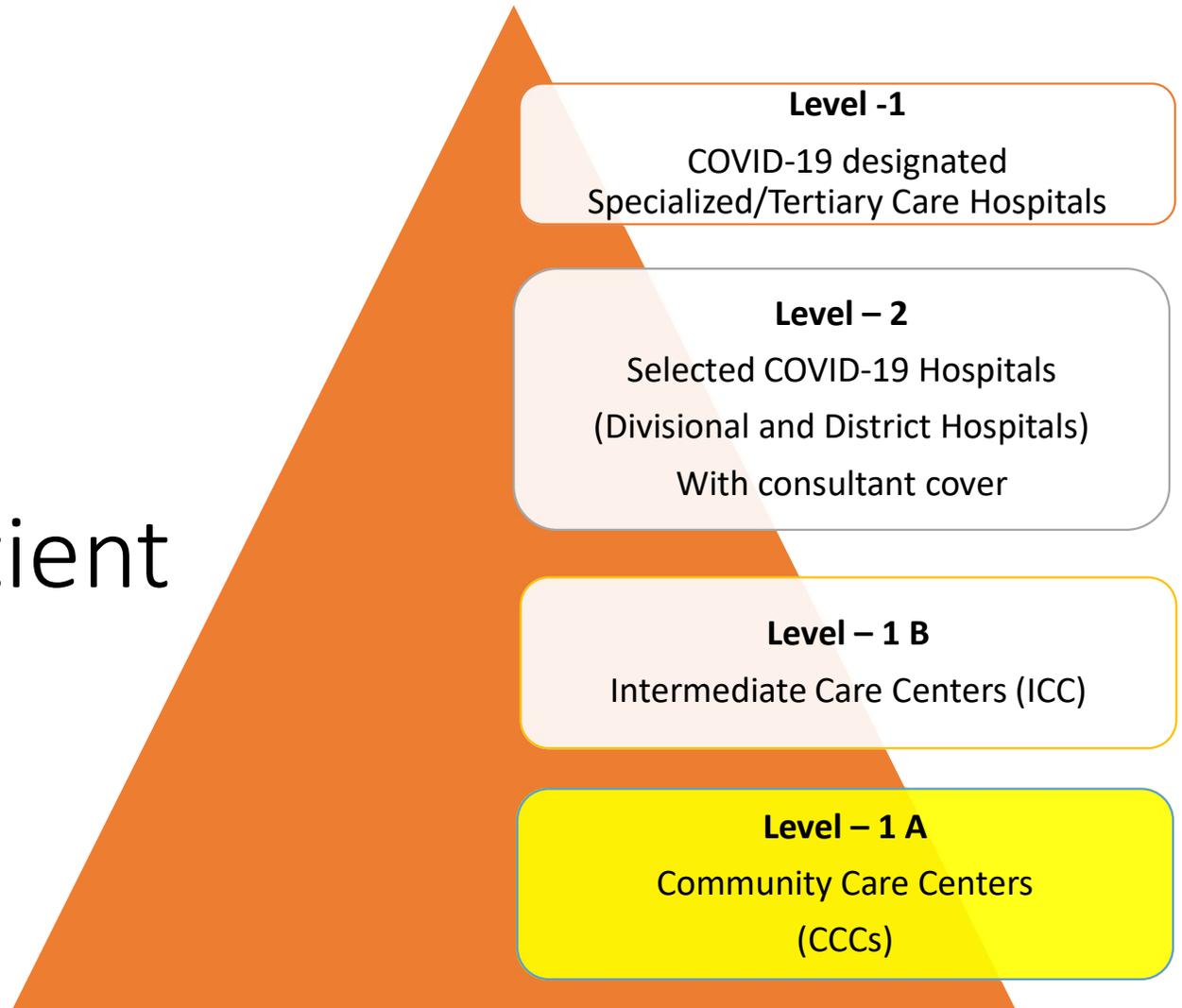
- It is also observed that, a strong fear psychosis has developed amongst the public and as a result, even the close contacts of positive cases are avoiding contact tracing and testing. From a disease transmission perspective this is a very dangerous trend as there will be rapid silent transmission undetected by the current system.
- There is also evidence of increasing mental stress and suffering due to this fear. This is impacting more on the disadvantaged and vulnerable sections of the society such as low-income groups, women-headed households, elderly who are cared for in homes by families and families with disabled/differently abled and mentally challenged individuals.

- The University of Sri Jayawardenepura (on 28.04.21) confirmed that the current spike in cases in Sri Lanka is caused by mutations of UK variant B 1.1.7. (SLMA Press Conference - <https://www.facebook.com/SLMAonline/videos/198780672058549>)
- Mortality is 55% higher than the previous variant and transmissibility is also 50% higher.
- Case reports from clinicians report that the new cases admitted to hospitals have severe signs and symptoms developed rapidly compared to the COVID-19 patients admitted earlier.
- The risk of health system getting overwhelmed is now real.
- Serious challenges to vaccination process due to acute shortage of vaccines.

Possible ways to arrest the situation

- Immediately adopt a devolved model of COVID-19 prevention and control.
- MOH Unit to be made the primary unit of COVID-19 prevention and control, and management of Level-1 facilities.
- To establish 1 or more new ICCs at district level so that all COVID-19 asymptomatic cases can be cared for in the district itself. To elicit the support of CSOs/NGOs to manage these centers similar to private sector managed ICC model. By and large, MOHs already work closely with local CSOs/NGOs and religious institutions. Last 1 year, they have also been implementing RCCE work jointly under WHO/DFAT funded CE project.
- In addition, to set up Community Care Centers (CCCs) in partnership with local CBOs/CSOs/NGOs to care for contacts of COVID-19 positives who are unable to be undergoing home quarantine.

Proposed 4 –Tiered Patient Care System



Level 1 - A

- 20-50 Bed “isolation centers” (for asymptomatic COVID-19 positive individuals located in each district in privately owned premises (guest houses, training centers of CBOs, NGOs/CSOs) to be by run by voluntary groups, CBOs, religious institutions, CSOs/NGOs).
- The proposed facilities for CCCs will be carefully pre-assessed and the respective organization to run will be accredited based on specific criteria.
- The accredited organization will be responsible for raising the required funds and resources to maintain the centers for a minimum period of 3 months.

- Private sector, religious, charitable, and non-governmental organizations with significant numbers of employees, and having residential facilities to allow to run isolation centers for their own staff. Pre-assessments and planning can already start to save precious time as retrofitting existing facilities would require time and resources. Clear guidelines can be given, and simple written agreements can be signed if required. This would further reduce the burden on government run Level -1 Intermediate Care Centers (ICCs)

Level 1 - B

- Current ICCs run by the Health Ministry should continue and support should be provided to improve the facilities and level of care. With the addition of CCCs, hopefully the ICCs will have a reduced burden.
- The proposed new tier (Level 1 – A) would also enable the current ICCs to improve the standards and fill the gaps. They could also be upgraded to Level -2 care centers if required.

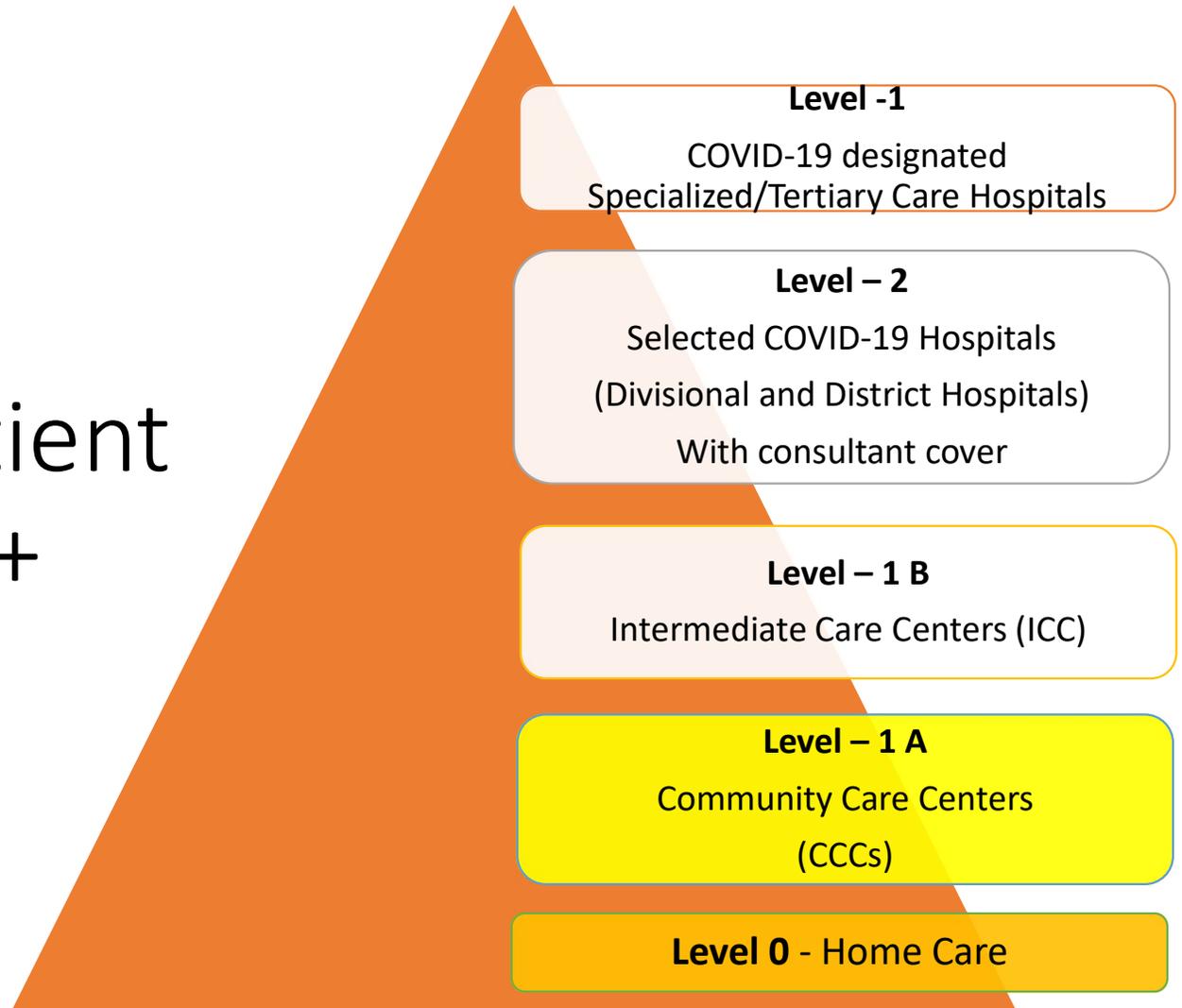
“Level 0” – Home Care

- We should also prepare for home care for asymptomatic COVID-19 patients in case the numbers continue to rise and if the health care system gets overwhelmed.
- Home care guidelines should be developed and already kept ready in all 3 languages.
- If Home Care option is adopted, support services including advice through a hotline and ambulance services on stand-by need to be in place.
- Current village level COVID-19 prevention and control committees should be strengthened and expanded to support the above.

Recommendations

- Measures to strictly enforce compliance.
- Change in the case management (home-care, ICCs)
- Public health education and specific guidance on referral systems etc.
 - Collaborative programs with the government
- Streamline monitoring of health compliance at institutional level
- Support to COVID-19 patients and families
 - Providing information and support
 - all center for psycho-social support and for awareness
 - Mobilize Social workers
 - System to handle the call center
- Role of media – need to focus on prevention, adherence to basic health precautions.
- Corona surveillance groups – myth busting
- How to address new social divisions that are being created by the present COVID-19 situation.
- Mobilizing religious leaders

4 –Tiered Patient Care System + Home Care



Measures to reduce exposure and transmission

1. Adopting an overall planning model based on epidemiological data and scientific scenario development.
2. Immediate implementation of enhanced Public Health and Social Measures (PHSM) with full engagement of the CSOs/NGOs.
3. Geographic and risk-group based targeted Risk Communication and Community Engagement (RCCE) based on above no. (1).

General Recommendations

- The COVID-19 management process should be made more transparent to the public by sharing all epidemiological data related to the COVID-19 transmission in Sri Lanka.
- The referral pathways of COVID-19 patients – starting with asymptomatic to symptomatic should be made widely known to the public.
- Regular press conferences (at least every other day until the present outbreak is controlled) should be held to update the public on the current status of the epidemic and they should be live through TV channels and/or social media.



கர்வோடீய COVID-19 கறக கெவீய

அகாடிதவ துறவ ருறல் டறவ கீறீற
அயுடுத, ஡வூறடுத கவூல் வு
காறாக்கீயடுதடுத,

றே ஡ுறடுதெ ஡டிக்கீ அலுடுறகா கடுகா
கறாய வீறடு அக க்ஷுறறறீ!

கெ.வ. 8.00 - க.வ. 8.00 அகர
அக ஡டிசகடுறகய அடுகறற

0720 10 10 10



சர்வூடுய COVID -19 நீவாரண சேவவ

தூற்றுக்குள்ளாகீ தற்பூது
வவத்தீயசாலயில் சிகிச்சை
பெற்றுவுருவூர் ஡ற்று஡் அவர்களுது
குடு஡ப உறுப்பினர்களுது

தற்பூடுய அவசர தேவகளுக்கு
உதவுவதற்காக நாம் தயாராக
உள்ளூ஡ம்.

மு.ப. 8.00 - பி.ப 8.00 ஡ணி வரை
஡஡து நீலயத்தை தூடர்பு
கூள்ளவு஡ம்.

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