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Situational assessment of COVID-19 in Sri Lanka: A nationwide descriptive study

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Background: Coronavirus disease 2019 (COVID-19) is caused by a novel strain of coronavirus that emerged in China resulting in a global pandemic. The Sri Lankan government carried out strict strategies including close monitoring, contact tracking, quarantine, travel restrictions, isolation of high-risk areas and countrywide lockdown concurrently in order to control the pandemic.

Objective: This study aimed to analyze the statistical variations of COVID-19 epidemic data in Sri Lanka and to describe epidemic trends in relation to the background events and control measures taken by the government.

Methods & Materials: Epidemic data during three distinct COVID–19 outbreak periods (from 27.01.2020 to 30.09.2021) including daily confirmed cases, hospitalized patients and deaths due to COVID-19 in Sri Lanka were extracted retrospectively from daily situation reports of the Epidemiology Unit, Sri Lanka and were analyzed with regard to the control measures.

Results: The first COVID-19 case was identified in Sri Lanka on 27.01.2020. From 27.01.2020 to 03.10.2020 (First wave), case fatality rate was 0.38%. After the first case, government imposed stringent public health measures and social distancing leading to a drastic drop in the transmission rate at the beginning. Rapidly expanding clusters were observed in Kanthakadu, Welisara and in Minuwangoda leading to an aggressive second wave. Government controlled the spread of pandemic by imposing island wide quarantine curfew. From 04.10.2020 to 14.04.2021 (Second wave), case fatality rate was 0.64%. Sudden rises in cases were observed during April 2021. During the Third wave from 15.04.2021 to 30.09.2021, case fatality rate was 2.91%. An important landmark in third wave was the appearance of virulent Delta variant.

Conclusion: Variation of statistics of COVID–19 varied with dates and periods of special actions taken by government to control the pandemic which highly influence on public movements.