Communigué -1

Flattening the epidemic curve of COVID-19 in Sri Lanka: the public health response

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Author group composed of major contributors: Kapila Jayaratne[1*], Carukshi Arambepola[2], Shamini Prathapan[3]; reviewers: Ruwan Ferdinando[1], Athula Liyanapathirana[1], Renuka Jayatissa[1], Sameera Senanayake[4], Pasyodun Koralage Buddhika Mahesh[5]; Sinhala and Tamil language translators: Enoka Wickremasinhge[1], Sumudu Avanthi Hewage[1], Santhushya Fernando[1], Ishanka Ayeshwari Talagala[1], Sashiprabha Nawaratne[1], B Kumarendran[6]; and overall guidance: Sapumal Dhanapala[7]

[1] Ministry of Health and Indigenous Medical Services, Sri Lanka; [2] University of Colombo, Sri Lanka; [3] University of Sri Jayewardenepura, Sri Lanka; [4] Queensland University of Technology, Australia; [5] University of Melbourne, Australia; [6] University of Jaffna, Sri Lanka; [7] World Health Organization

Correspondence: kapjay613@gmail.com

https://orcid.org/0000-0001-9795-4342

The country response

On 11 March 2020, the first local case was identified in Sri Lanka. The reporting of a local case gave rise to the need for urgent and aggressive action and the health and non-health authorities executed a cascade of measures. Broadly, Sri Lanka implemented a 'whole-of-government, whole-of-society approach' in the following key areas:

- Activate and scale-up emergency response mechanisms.

- Communicate with people about the risks and how they can protect themselves

- Find, isolate, test and treat every case and trace every contact

- Ready hospitals to protect and train health workers

- Encourage an all-of-society response and community spirit

- Implement all the non-health sector measures

The country adopted timely and evidence-based approaches for the epidemic response advocated by the WHO:

- Emergency response mechanisms

- Risk communication & public engagement

- Case finding, contact tracing and management

- Surveillance

- Public health measures (hand hygiene, respiratory etiquette and social distancing)

- Laboratory testing

- Case management

- Infection prevention and control

- Societal response (business continuity plans and whole-of-society approach)

The role of public health hierarchy in the epidemic response

- **At national level** – Deputy director generals public health, directors in public health (Epidemiology Unit, Quarantine, Health Promotion Bureau, Disaster Management, Family Health Bureau), consultant community physicians, medical officers, special grade public health nursing officers and other staff supporting all the public health programmes are contributing at their highest capacity.

- **At provincial and district level** – The provincial director, regional director, consultant community physicians, medical officers, special grade public health nursing officer, special grade public health inspector and all provincial and district level staff and at divisional level the soldiers of public health led by the regional epidemiologists, medical officers of maternal and child health (MO-MCH), medical officers of health (MOH), public health nursing sisters, public health inspectors, public health midwives all other categories work as team which has shown a remarkable sense of team.

CCPSL proposals for the future challenges in the epidemic response

Sri Lanka sets an example to the entire world, with its timely and effective response to the global epidemic despite being a low- and middle-income country. This highlights the importance of investing in public health. Although, we have done so far sensibly, the CCPSL proposes following strategies to address the future challenges in the epidemic response:

1. Learn from the successes of other countries

Success of China, South Korea, Japan and South Korea and also the failures of Italy, Spain, Germany, UK and USA should be analyzed in depth and thereby, current strategies need to re-shaped. We should acknowledge the importance of,

- a whole government approach with optimal intersectoral collaboration and coordination

- a total system approach to manage health security (clinical services, population health, surveillance, science)

- transparency and accountability

2. Streamline the state of isolation or restricted access instituted as a strategy

Several issues have been encountered in the implementation of this strategy. To address the challenges, it is necessary to introduce a people-friendly intermittent relaxation of lockdown and improve social responsibility through culture change. It is imperative to strengthen non health measures such as availability of food and medicines, economic packages for all sectors affected, special care for financially vulnerable families, enforce laws to improve infection prevention and social distancing. We recommend that this strategy be reviewed after two weeks and change where necessary.

3. Personal hygiene and social distancing

Further strengthening community mobilization and mass campaign for personal hygiene and social distancing adopting new behaviours in the outbreak context should be considered as a 'nation at war against COVID -19'. It is crucial that we sensitize the public to their active role in the response, such as on social and physical distancing – staying home and the one-meter rule at all times including transport

4. Sub-national and non-health sector preparedness and response plans

Engage with key partners to update national and sub-national preparedness and response plans. Building on the existing strategic preparedness and response plan of COVID-19, exploration of possible collaboration options with the non-health sector should be undertaken.

5. Raising health system capacity & readiness

In addressing the challenges in raising health system capacity & readiness, the aims should be:

- preventing transmission in facilities and homes and not to overburden system

- ensure capacity to treat severe and critical patients while maintaining essential health services

- protect health workers for continued care and service

When the severity profile of COVID-19 cases is considered; 40% mild, 40% moderate (with pneumonia), 15% severe and only 5% become critical cases. Severe patients need oxygen therapy and critical cases need mechanical ventilation. Estimated numbers requiring hospitalization based on current size of outbreak cannot be precisely predicted. At the same time, it is essential to expand the capacity of mild patient admission and to deploy/surge medical teams from nationwide depending on the increasing case load.

6. Self-quarantine process

More stringent quarantine process for persons exposed and close contacts should be deployed. Singapore showed the success of the strict quarantine rules. Introduce quarantine for persons with fever/other symptoms, suspects and close contacts for better compliance and outcomes.

7. Protection and appreciation of key healthcare workers

Sustenance of the epidemic response is largely dependent on the active involvement of the healthcare workers. It is equally important to protect them from being victims of the epidemic itself and also to keep their morale high. This is very much needed for public health staff as their contribution has not been adequately recognized or appreciated at national level. Ultimately, they might become unsung heroes of the ongoing battle. It is important to ensure adequate supply of personal protective equipment (PPE) for all the health care workers dealing with patients and in preventive sector, and also to ensure the rational use of any PPE based on Ministry of Health guidelines which was adopted from WHO guidelines.

8. Disease stigma

The CCPSL is concerned with the stigma generated on identified cases and contacts by officials and media. We, CCPSL, reiterate that stigma is harmful to people and to the outbreak response. Stigma can drive people to hide the illness to avoid discrimination, stop people from seeking health care immediately and prevent people from adopting healthy behaviours.

9. Sustaining care for the non-COVID patients

Ensuring survival of the other patients is also crucial. When the whole system is geared to protect people from Covid19, the focus for other disease entities and non-Covid patients will be diluted. Therefore, it is essential to introduce triage systems, reserving tertiary main hospitals for non-COVID patients. Vulnerable groups include: patients with chronic diseases who need regular treatment and drugs, e.g. dialysis; critical patients such as cancer patients, and those who have to seek rare medical treatment elsewhere; pregnant women who need regular prenatal check-ups; older people, those unable to leave the house and residents of different kind of institutions

10. Further collaborations with media on providing public awareness on COVID and getting the public mobilized to meet their obligations as responsible citizens through dissemination of authentic and evidence-based messages and information on the epidemic

There is already a successful media campaign launched by the Health promotion Bureau. It should be strengthened by giving dedicated media time for dissemination of current epidemic information.

11. Compilation of the evidence of COVID-19 of all countries in a dynamic e-repository

College of Community Physicians of Sri Lanka
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