

Results: Household economic data were gathered from 225 pregnant women. The mean age was 27.9 years (SD=4.8). The mean and median monthly household income of the sample were LKR 43,821.08 (SD=25,979.59) and LKR 40,000.00 (IQR=30,000.00-50,000.00) respectively. Sixty-nine participants (30.7%) have reported that their monthly household income was affected during the COVID-19 outbreak. The lowest income quintile was mostly affected (46.7%, n=35). There was a statistically significant association between income quintiles and effect of COVID-19 on household income ($\chi^2= 18.741$, $df=4$, $p=0.001$). Among the families whose income were affected, the mean and median affected income were LKR 27,673.47 (SD=14,070.34) and LKR 30,000.00 (IQR=15,000.00-35,000.00) respectively, which represented 63.1% of monthly household income. Only twenty participants (28.9%) had received the financial assistance of LKR 5000.00 from the government, which approximately covers 18.1% of the affected income.

Conclusions and Recommendations: Approximately, one third of pregnant mothers' household income have been affected by the COVID-19 outbreak and the affected income accounts for more than half of their total monthly income. Only one quarter of families have received government financial assistance. Further assessments are needed to explore how the affected household economy has impacted on health and wellbeing of pregnant women to provide equitable health services to affected families.

Key words: COVID-19, household income, pregnant mothers

OP-25

Clinical course of asymptomatic, pre-symptomatic, and symptomatic COVID-19 patients in Sri Lanka

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Background: COVID-19 patients presenting with symptoms are likely to have worse clinical outcomes than others. However, this evidence, which could change the current recommendations on early testing, is not yet conclusive.

Objective: To describe the COVID-19 patients by their symptom status at diagnosis and assess its relationship with clinical outcome in Sri Lanka

Methods: A retrospective study was conducted at all three hospitals which were designated for COVID care at the initial phase of outbreak in Sri Lanka. Data from bed head tickets and investigation reports of 100 confirmed COVID-19 cases who were discharged or died first at one of the selected hospitals were extracted. Patients were grouped as 'symptomatic' if they were symptomatic at the first positive PCR test for COVID-19; 'pre-symptomatic' if they were asymptomatic at the first positive PCR test but developed symptoms subsequently; and 'asymptomatic' if they remained asymptomatic following a positive PCR test. Clinical outcomes were categorized as mild, severe and critical as per the international classification.

Results: Mean age (SD) was 40.7(17.7) years. Approximately two thirds were males (65.0%). Majority (76.0%) were symptomatic at the diagnosis. Pre-symptomatic and asymptomatic presentations were seen in 13.0% and 11.0%, respectively. Symptomatic patients most commonly developed fever (84.2%, n=64) and dry cough (55.2%, n=42) while the 'pre-symptomatic' group developed dry cough (46.1%, n=6) followed by headache (23.1%, n=3) and productive cough (23.1%, n=3). Median days since positive test result to the first symptom was 4.0 (IQR=3.0-

6.0). Median days taken for the second consecutive negative PCR result was 15.0 (IQR=12.0-17.0), 17.0 (IQR=14.0-19.0) and 19.0 (IQR=16.0-24.0) days among asymptomatic, pre-symptomatic and symptomatic groups, respectively. The difference of the median duration to achieve the second consecutive negative PCR result between patients who were symptomatic (19; IQR=16.0-24.0) and asymptomatic at the time of diagnosis (16; IQR=13.5-18.0) was statistically significant ($p=0.002$). All 'severe' and 'critical' patients were symptomatic at diagnosis, while all asymptomatic and pre-symptomatic patients had 'mild' disease. This association between symptom status at diagnosis and disease outcome was not statistically significant (Fisher exact test $p=0.193$).

Conclusions & Recommendations: 'Asymptomatic' and 'pre-symptomatic' patients seemed to have 'mild' disease and clear off the virus sooner than symptomatic patients. Further, symptom status at diagnosis is unlikely to be associated with poorer outcomes. However, research with larger sample size is recommended to confirm this evidence.

Key words: *COVID-19, Sri Lanka, asymptomatic, pre-symptomatic, symptomatic, clinical course*