

# Independent Expert Group Meeting

Convened by WHO Sri Lanka

08 May 2021

***Topic: Optimizing the health sector  
response to the current COVID-19 surge in Sri Lanka***

## Key messages to policy-makers

WHO convened an independent group of public health experts representing diverse specialties to brainstorm on how to optimize the health sector response to the current surge of cases, offer insights, analyze the situation, and make recommendations to policy and decision makers.

The following crucial factors were considered:

- The COVID-19 situation in Sri Lanka is very likely to get worse over the next few weeks. The decisions we take NOW will affect the lives of millions of Sri Lankans. Therefore, the next 3-4 weeks are critical in controlling transmission and saving lives.
- The epidemiological trend of the past weeks shows a rapid exponential increase in the number of cases, this trend is likely to continue for some time if no effective interventions are made.
- There is a lag of 1-2 weeks between infection and case detection and a further lag of an additional 2-3 weeks between an increase of reported cases and an increase in reported ICU admissions and deaths. Thus, the deaths and ICU admissions we are seeing now are the consequence of infections that took place at the early stage of this third wave (3-4 weeks ago).
- The public sector health system is stretched to the limit, making it difficult to manage COVID-19 cases as well as other essential services. More health professionals and preventive staff (e.g. PHIs) are getting infected and HR policies need to be geared to meet the urgency. There is a “tipping point” beyond which the system can rapidly go out of control.
- The more transmissible and severe variants detected in India and other variants have already been detected in the country, these can spread faster and may even circumvent vaccine-induced immunity.
- Vaccines will be crucial to controlling the epidemic in the medium-term but will not address the immediate crisis we now face. Some vaccines are only effective after the second dose. Therefore, it will take a minimum of 6-8 weeks to see the effects of vaccination in the number of new cases.

In the context of the above, there are two URGENT actions we can take to save lives – stop new infections as effectively as possible and prepare for the predictable increase in severe cases and deaths.

1. Globally, evidence shows that strict and immediate measures to restrict mobility are the only measures that quickly and drastically reduce cases. Sri Lanka will also benefit from strict mobility restrictions whilst maintaining major economic activities and essential services. There is a need to stop inter-district travel and introduce severe restrictions on non-essential human mobilities and the congregation of people. Universal adherence to 'precautions' such as appropriate masking, physical distancing, hand hygiene, and avoiding the 3Cs – crowds, confined and enclosed spaces, and close-contact settings is a must. High transmission areas must be shut down for 2-3 weeks to stop or limit transmission. There should be a national mobilization effort to accelerate vaccination.
2. Reconsider the management of asymptomatic cases, revise clinical management protocol to include home management. Increase focus on intermediate care centers to detect cases early, properly monitor patients, and appropriately manage cases, thereby minimizing the need for more intensive care. Prepare for an increase in hospitalization and the need for adequate HDU and ICU care.

***“ The greatest danger in times of turbulence is not the turbulence, it is to act with yesterday’s logic.”***

-Peter Drucker-

# Brainstorming among public health experts on optimizing the health sector response to the current surge in Sri Lanka

May 8, 2021

Public health experts representing diverse specialities held a brainstorming meeting convened by WHO Sri Lanka to discuss the current spike in cases in Sri Lanka. The key observations and recommendations to policy and decision makers indicated below are documented based on proceedings and the consensus achieved at the meeting. The views expressed on the situation are those of the experts and do not necessarily reflect those of WHO.

## A. Key Observations

### **1. The current situation is very likely to get worse over the next few weeks and the decisions we take NOW will affect what happens during this period**

1.1 There is a lag of a 1-2 weeks between infection and case detection; this is due to the incubation period, a delayed onset and recognition of symptoms (which leads to a delay in testing), and a delay in receiving test results. There is a further lag of an additional 2-3 weeks between the curve of increased case-detection (i.e., the number of cases being reported now) and ICU admissions and deaths. Thus, the deaths and ICU admissions we are seeing now are the consequence of the infections that took place almost 1 month ago, (i.e., the early stage of this third wave).

1.2 Even if all new case infections are stopped now, the number of serious cases needing oxygen and ICU admission will climb steeply for the next month. COVID-19 related deaths will follow the same trend. Currently, hospital capacity and ICU capacity are already almost saturated, healthcare workers are exhausted, and some are falling ill with COVID. When health care systems get overloaded, even those who can be saved will perish.

1.3 Contact tracing and testing capacity are over-whelmed and both public health control and hospital care could enter a disastrous spiral. There is a “tipping point” beyond which the increase in adverse outcomes does not rise in a linear fashion with the increase in case load, but goes rapidly out of control, causing the system to break down. That is exactly what has happened in India, the UK, Europe and parts of the US. **That is what we do not want to happen in Sri Lanka and is a real threat right now.**

1.4 Non-COVID patients needing essential health services are paying a heavy price as resources are focused on COVID-19. Their inability to access healthcare will have a significant human cost.

### **2. Vaccines are an important part of the solution, but they will not solve the current crisis**

2.1 Vaccines will be crucial to controlling the epidemic in the medium-term, but they will not address the current crisis. We must manage cases now to avert deaths. We are racing against time to solve the problem at hand

2.2 Sinopharm and Sputnik V are the only vaccines that we are likely to get in mass quantities quickly; however, these vaccines are only effective after the second dose. Therefore, it will take a minimum of 8-10 weeks, and cost us a fortune, to see the effects of vaccination in reducing the number of new cases.

### **3. Repercussions of new variants is not fully appreciated**

3.1 The detection of new variants must be taken seriously as these will affect the rate of transmission, which will impact the country's ability to adequately respond.

3.2 The genomic sequencing results showed the presence of B.1.617 (Indian variant) in a sample collected by a leading private hospital in Colombo and other variants of concern in different parts of the country. There is early evidence that B.1.617 can have vaccine escape, but more data is needed to confirm or refute this. However, the possibility must be kept in mind.

3.3 Vaccination will be complementary to other public health measures that need to be implemented urgently.

### **4. True case numbers will not be fully reflected in test results.**

4.1 As is the case globally, due to limited resources for testing, the true number of cases will not be reflected in reports.

4.2 Based on the preliminary predictive modelling done by WHO HQ in the last week of April, and if the current trend continues with no interventions, Sri Lanka would most likely be reporting 10,000 cases daily within the next 3 weeks.

### **5. Guidelines and instructions to communities are not systematically disseminated.**

5.1 Along with inadequate awareness, there is low compliance to the Alert Level 3 guidelines.

5.2 Isolation or lockdown of areas are done at very short notice without adequate information; therefore, people cannot properly prepare.

### **6. The current strategy of small-scale lockdowns based on GN divisions or police areas is unlikely to work in the present context; it is neither saving the economy nor stopping transmission.**

6.1 Areas for isolation are determined based on a cluster(s) of cases being identified. By that time, the virus has had adequate time to spread far and wide. This is because, our testing is limited, the results are late, and we mostly test based on a lead case or cases (i.e., reactive case detection).

6.2 If there was the capacity to test very widely (not merely based on a lead case) then it is possible that a strict area isolation might work, but NOT under the prevailing conditions.

## B. Key recommendations

### **1. Immediately introduce an island-wide restriction on mobility (not a curfew), with more severe and intense lockdowns for districts in high transmission areas for the next 1-2 weeks**

- 1.1. Globally, evidence shows that strict and immediate measures to restrict mobility are the only measures that drastically reduce cases quickly (e.g., Bangladesh).
- 1.2. Reduce or stop inter-district travel.
- 1.3. Enforce mobility restrictions while maintaining major economic activities and essential services.
- 1.4. This will suppress cases, allow treatment centers time to recover and give the Government time to vaccinate more people. It will also have a domino effect, if a whole area is mobility restricted, other areas will act to avoid such restrictions.
- 1.5. Use of data and evidence in calibrating the public health and social measures to be implemented at sub-national level. Steps should be taken to limit the period of restriction as much as possible.

### **2. Complement restrictions in mobility with immediate further action**

- 2.1. Enforce the alert-level 3 guidelines issued by the MoH, supporting communities to comply with the guidelines. For example, ensuring availability of and access to supplies, medicines and other essentials.
- 2.2. Encourage a dramatic increase in maintaining physical distance of at least 1 metre in public places, in addition to appropriate mask use.
- 2.3. Use centrally-communicated messaging, well-understood by field staff and PHIs for coherent implementation at local level.

### **3. Revise the risk communication strategy**

- 3.1. Consider using graphics and videos showing the devastating effect of COVID-19. The use of fear seems to work, despite this going against public health principles and communication norms.
- 3.2. People are aware of prevention measures; we need to move beyond awareness raising. Communicate clearly the gravity of the situation (i.e., things are bad and are going to get worse before they get better).
- 3.3. Highlight the fact that young people are increasingly affected in the current wave of cases; they need to take it seriously and follow recommended measures.
- 3.4. The media should report on the national guidelines more consistently and support efforts to improve public awareness.

3.5. Appoint a Ministry of Health spokesperson or a team to regularly and consistently give detailed information to the public on a daily basis.

4. **Reconsider the management of asymptomatic cases, revise clinical management protocol to include home management under close monitoring and supervision.**
5. **Increase focus on intermediate care centers. Detect cases early and properly monitor patients to treat them appropriately and avoid the need for more intensive care.**
6. **Expand human resource capacity by mobilizing final year nursing students, medical students, midwives, MOs, and RHOs. Vaccinate these individuals prior to deployment.**
7. **Isolate and contact quarantine people to stamp out any introduction of new variants. All people entering the country should undergo full quarantine.**
8. **Accelerate the vaccination campaign as soon as vaccines are available, strictly observing social measures in vaccination sites to prevent the spread of the virus and disease.**

## Annex 1 -List of Experts and Participants

Name	Designation/Organization
1. Dr. Palitha Abeykoon (Facilitator)	WHO Consultant and WHO Director-General's Special Envoy For COVID-19 Preparedness and Response for SEAR
2. Prof. Malik Peiris	Chair/Professor – School of Public Health, The University of Hong Kong, Faculty of Medicine, Hong Kong
3. Dr. Ananda Wijewickrama	Consultant Physician and Past President of the College of Physicians
4. Prof. Neelika Malavige	Professor and Head, Department of Immunology and Molecular Medicine, Sri Jayewardenepura University
5. Dr. Vinya Ariyaratne	Public Health Specialist , President- Sarvodaya (CSO)
6. Dr. Padma Gunaratne	Consultant Neuro Physician and President, Sri Lanka Medical Association
7. Prof. Indika Karunathilake	Prof. in Medical Education, Department of Medical Education, Faculty of Medicine and Former President – SLMA
8. Prof. Asita de Silva	Senior Professor of Pharmacology, University of Kelaniya and President, Sri Lanka Association of Clinical Pharmacology & Therapeutics
9. Prof. Manuj Weerasinghe	Prof in Community Medicine, Faculty of Medicine, Colombo
10. Dr. LakKumar Fernando	Consultant Pediatrician and President, Association of Medical Specialists
11. Dr. Nihal Abeysinghe	Consultant in Community Medicine and Former Chief Epidemiologist in Sri Lanka and President of the College of Community Physicians in Sri Lanka
12. Prof. Saroj Jayasinghe	Consultant Physician and former Prof. of Medicine, Faculty of Medicine, Colombo
13. Prof. Kamini Mendis	Professor Emeritus, University of Colombo; Public Health Expert and former WHO Malaria expert

### WHO Staff

1. Dr. Olivia Nieveras	Officer In-Charge, WHO Sri Lanka
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