

4th Independent Expert Group Meeting
Brainstorming on the current COVID-19 situation and way forward to save lives
Convened by WHO Sri Lanka, 24 July 2021

The key observations and recommendations indicated below represent the consensus achieved by the national experts at the meeting and do not necessarily reflect those of WHO. Global WHO guidance is available if needed.

Globally, the number of COVID-19 cases and deaths are increasing. This pandemic is nowhere near finished, in fact the worst may be yet to come. WHO has highlighted the factors driving the current global situation as:

- variants of concern
- inconsistent application of public health and social measures
- increased social mobility; and
- large number of people who remain susceptible to SARS-CoV-2 infection as a result of inequitable vaccine distribution around the world.

Assessment of the current situation: Sri Lanka is showing a progressive increase in daily reported cases during the past week. This is confirmed by many specialists working in several main hospitals around the country. There is an increasing number of the delta variant reported from several communities within the country in the recent past. This is of serious concern because it is highly transmissible, has a shorter incubation period and therefore spreads much quicker. As a result, it has already spread before it is detected and before prevention measures are implemented. The patients arriving at hospitals are presenting with more severe symptoms.

There is increased mobility and social mixing in retail, transport, parks and workplaces during the last few weeks (for example, the “Stringency Index” was 85% in May and is down to 49% this week). In addition, there are weddings, religious events, musicals and other mass gatherings as well as demonstrations which are potential “super spreader” events, being held disregarding public health guidelines.

With the limited testing, the number of cases is likely to be under-reported and does not reflect the real situation at the ground level. The high rates of positivity in RT-PCR tests that are done, the death rates and hospital admissions reflect a worsening trend. While all deaths are tested and reported in Sri Lanka whether they take place at home or hospitals, there may be missed COVID-19 deaths with the revised guidelines on home deaths.

The progress of the vaccination campaign is commendable, with more than a quarter of the population already vaccinated with the first dose and about 8% fully vaccinated. If we consider the target group of 30 years old and above, the country coverage is 51% for first dose and 15% fully vaccinated. However, there is a need to accelerate the full vaccination of the vulnerable populations such as elderly, health workers and those with co-morbidities, to prevent or reduce deaths. Some people also remain susceptible due to vaccine rejection or reluctance to be vaccinated.

This is a serious situation that should be given due attention by policymakers to save lives while protecting vulnerable populations and maintaining livelihoods.

Recommendations:

1. **Take the Delta variant seriously** - learn from experiences of other countries, and evidence of high transmissibility and potential for vaccine escape. Ensure vaccines that have proven protection against the delta variant are selected.
2. The reported cases in Sri Lanka is underestimated due to the limited testing capacity; therefore, we must **strengthen data collection at least in hospitals**. All suspected cases and patients with symptoms who present to the OPD should be tested for SARS-COV-2. ILI /SARI surveillance data available separately from >50 sites can complement and provide a handle on the community burden.
3. For **rational decision making**, the current COVID 19 situation in Sri Lanka needs to be clearly analyzed through a scientific approach and conduct:
 - a rapid assessment and situational analysis
 - systematic use of proxy indicators such as observed Test Positivity Rate (TPR), trends measured using weekly moving averages and time series analysis, mobility data and effective reproduction rate to interpret the Epi curve.
4. **Strictly enforce social measures and stop specific mass gatherings immediately**, i.e. weddings, parties, religious activities in temples, demonstrations, funerals, etc. Need for evidence-based calibration of public health and social measures, use of district dashboards.
5. **Vaccines must be age optimized** by prioritizing high risk groups and selecting specific vaccines based on the best immunogenic response for a target group, e.g. Sinopharm is less immunogenic in elderly, so maybe given for young population; use Pfizer and Moderna for elderly and those with co-morbidities.
6. **Continue expansion of case management** facilities and strengthen support to health staff in hospitals; including expansion of facilities for home management of asymptomatic patients.
7. **Strengthen engagement of the public**, not only for accepting immunization but also in accepting to live within the new norms.
 - This needs a multi-pronged campaign much like the successful "*api wenuwen api*" where conformity became the fashion.
 - A socio-behavioral monitoring dashboard at local level could be a part of a national campaign, the information may be accessible to the public through their mobile phones.
 - Develop a robust communication plan to enhance practice of PHSM, and to identify barriers for vaccination specially among elderly population.
8. **The Communication strategy should be targeted on:**
 - Vaccination is essential, offers immunity against severe COVID and death. Get vaccinated when it's your turn.
 - Vulnerable groups should be prioritized in vaccination to prevent deaths.
 - Maintain social measures regardless of vaccination status to protect yourself and others. (Being vaccinated does not mean we can throw caution to the wind and put ourselves and others at risk: relaxing public health interventions should be done cautiously and with careful attention to those who remain unvaccinated).

- Wear masks indoors and continue measures such as hand hygiene and maintaining physical distance.
- Avoid mass gatherings, crowded and confined spaces and restrict movements as much as possible.
- Maintaining the motivation and morale of the health workers in hospitals and the field.

List of Experts and Participants – 24 July 2021

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. 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
3. Dr Vinya Ariyaratne	Public Health Specialist, President- Sarvodaya (CSO)
4. Prof Asita de Silva	Senior Professor of Pharmacology, University of Kelaniya and President, Sri Lanka Association of Clinical Pharmacology & Therapeutics
5. Dr Rajiva de Silva	Consultant Immunologist and Head of the Department of Immunology-MRI
6. Dr LakKumar Fernando	Clinical Head, Centre for Clinical Management of Dengue & Dengue Haemorrhagic Fever; Consultant Pediatrician; President, Association of Medical Specialists
7. Dr Padma Gunaratne	Consultant Neuro Physician and President, Sri Lanka Medical Association
8. Prof Saroj Jayasinghe	Consultant Physician and Prof Emeritus of Medicine, University of Colombo
9. Prof Indika Karunathilake	Prof. in Medical Education, Department of Medical Education, Faculty of Medicine and Former President – SLMA
10. Prof Neelika Malavige	Professor and Head, Department of Immunology and Molecular Medicine, Sri Jayewardenepura University
11. Prof Malik Peiris	Chair/Professor – School of Public Health, The University of Hong Kong, Faculty of Medicine, Hong Kong
12. Prof Lalini Rajapaksa	Emeritus Professor of Community Medicine, University of Colombo
13. Prof Athula Sumathipala	Professor of Psychiatry, Keele University, UK.; Emeritus Professor of Global Mental Health, Kings College London, and Chair, NIFS
14. Prof Manuj Weerasinghe	Prof in Community Medicine, Faculty of Medicine, Univ of Colombo
15. Dr Ananda Wijewickrama	Consultant Physician, National Institute of Infectious Diseases and Past President of the College of Physicians

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1. Dr Alaka Singh (Chair)	WHO Representative, WHO Sri Lanka
2. Dr Paba Paliawadana	WHO Indonesia Medical Officer
3. Dr Olivia Nieveras	Public Health Administrator, WHO Sri Lanka
4. Dr Sapumal Dhanapala	WHO Sri Lanka
5. Dr Padmal de Silva	WHO Sri Lanka
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7. Ms Sahani Chandraratna	WHO Sri Lanka