# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health & Indigenous Medical Services


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## Social responsibility during COVID – 19 infection

### Background

World Health Organisation has declared COVID-19 infection as a pandemic on the11th of March 2020 as it conquered many countries in the world (World Health Organization, 2020a).

COVID-19 infection is caused by a newly identified virus belonging to the family of coronavirus. The spread of the virus from one person to another mainly occurred via respiratory droplet transmission and by direct contact (World Health Organization, 2020b)

Presentation of the disease can range from mild upper respiratory tract infection to severe lower respiratory tract infection (World Health Organization, 2020c).

The case fatality rate differs across countries. According to the current evidence, the highest case fatality was reported from Belgium which was 16.4% (John Hopkins University and Medicine, 2020).

A rapid spread of the virus from one person to another was observed in many countries in the world. This had increased the number of infected persons so fast that overwhelms the health facilities available in many countries in the world. Thus, a country should have a patient load that can be accommodated by the available health system without straining it. Otherwise, the mortality due to the disease may rise not only due to the disease itself but also due to the failed health system to respond to the needs of patients. Thus, prevention of the COVID-19 infection acquisition is important than treating it once you get infected.

### Social responsibility and COVID-19

When dealing with a pandemic situation like COVID-19, all people in the world should get together aiming to control the disease transmission. However, the methodologies used by different countries to reach this target may be different depending on the transmission scenario each country is facing. Public health measures including hand hygiene, respiratory etiquette, physical distancing, and measures related to travel were recommended to slow down the transmission of the virus. Furthermore, many countries had used movement restrictions, shutting down of schools and business places, prohibitions to enter and exit from geographical areas and restrictions to travel internationally to slow down the transmission of the virus (World Health Organization, 2020d).

In Sri Lanka, the well-established preventive health system plays a major role in controlling the transmission of the virus in the community. Active surveillance for COVID-19 patients together with quarantining measures for the close contacts and health messages for the general public on measures to prevent disease transmission were used mainly together with treating the positives for COVID-19 (Daily Mirror ONLINE, 2020).

However, the success of these measures in combating the transmission of the disease would depend on the degree to which people adhere to the advice given by the health sector of a country.

Social responsibility is considered as the duty of the civil persons (as individuals or as companies) towards the betterment of the society they live in (Ganti, A., 2019).

Therefore, it is the responsibility of every person in society to help to break the chain of transmission of COVID-19 infection. Furthermore, a collective effort of all citizens in a country is required to control the spread of COVID-19 since the health sector alone cannot combat it.

### Responsibility as individuals

To minimize the transmission of the virus from person to person, physical distancing should be maintained among the persons in the community. For that, the public is requested to avoid mass gatherings and to maintain at least 1m distance between two persons at any gathering. Many countries are using methods like imposing a curfew, allowing working from home to help

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people to restrict movement. Thus, it is the responsibility of every individual to abide by the instructions given to them.

Following the health instructions given by the health sector of the country is another social responsibility. Frequent washing of hands with soap and water/using a hand sanitizer when water is not available, avoiding touching face area with unwashed hands, covering the mouth with a disposable tissue or the in the inside of the elbow when sneezing and coughing, wearing a mask when having respiratory symptoms, sanitary disposal of the used tissues and facemasks need to be followed by the public. Also, consumption of alcohol and smoking need to be ceased as it is known to cause serious disease with COVID -19 infection.

Individuals should be responsible to acquire and communicate information from the responsible source because false information will create unnecessary problems that facilitate disease spread indirectly.

Furthermore, when a person develops symptoms which arise suspicion about COVID-19 infection, they need to seek health care as quickly as possible. This prevents further spread of the disease among their family members and the community they are living and fulfilling their responsibility towards society.

When seeking health care, people have a responsibility to divulge correct information to the health care staff without hiding. It prevents health care staff from getting infected who is there to treat the other patients.

Once the quarantine measures were imposed on a person to prevent further spread of the disease, it the responsibility of that person to follow these measures.

### Responsibility as a family and community

According to the available information, in many countries elders above 65 years of age especially with co-morbidities are at high risk of developing adverse sequences of the infection due to their poor immunity system. Thus, it is a social responsibility of the community to look after the elders in the community. Keeping them away from public places as much as possible, delivering them the services they need in a more protective manner (ex: separate counter for elders at shopping malls, banks, pharmacies, or separate date/time allocated for them). This physical distancing does not mean social distancing. Thus, the elders need to be contacted continuously using the technology (ex: frequent telephone calls, video calls) to prevent them from getting socially isolated. Furthermore, it is thought better to prevent close contact with young people, infants, and young children as they may have the infection without any symptoms which may get transmitted to elders. (Kluge, 2020; World Health Organization, 2020e)

Once the quarantine measures were imposed on a person to prevent further spread of the disease, it is the responsibility of the community help these persons/families to follow these measures.

At the same time, people should act responsibly not to stigmatize the persons and their families who become positive for COVID-19.

The people in the media and social media have the responsibility to report information from a reliable source without creating problems in society.

### Responsibility as the businessmen (corporate social responsibility)

During the COVID-19 crisis period business leaders in the world can support society in many ways while fulfilling their social responsibility.

For employees, they can continue to pay wages even at less than full pay, lending money to be re-payed when they get back to work, covering medical expenses for their employees. For example, Microsoft company continues to pay the regular pay for its employees whereas Walmart, Apple, and Olive Garden are updating their sick-leave policies to give additional cover to the vulnerable employees. They can help small businessmen by offering advanced payments and funding aids. For example, companies like Amazon and Google had allocated money for relief funds for small businesses in America. In regions where there is a shortage of medical supply, the large business owners can involve supplying the medical equipment, personal protective equipment etc. They can also help the community in ways such as supplying food and helping to conduct free clinics etc. (Kramer, 2020).

Furthermore, they can also involve improving the mental wellbeing of the employees. For example, Starbucks company in America has increased the number of mental therapy sessions for its employees up to 20 (World Economic Forum, 2020; Kramer, 2020).

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 16th– 22nd May 2020 (21st Week)

| RDHS Division | Dengue Fever | | Dysentery | | Encephalitis | | Enteric Fever | | Food Poisoning | | Leptospirosis | | Typhus Fever | | Viral Hepatitis | | Human Rabies | | Chickenpox | | Meningitis | | Leishmaniasis | | WRCD | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | T* | C** |
| Colombo | 67 | 2834 | 0 | 13 | 0 | 5 | 0 | 4 | 0 | 14 | 24 | 100 | 0 | 0 | 0 | 2 | 0 | 0 | 4 | 160 | 3 | 19 | 1 | 1 | **58** | **100** |
| Gampaha | 21 | 1670 | 0 | 5 | 0 | 0 | 0 | 4 | 0 | 19 | 1 | 54 | 0 | 1 | 0 | 2 | 0 | 0 | 2 | 198 | 0 | 9 | 0 | 17 | **47** | **92** |
| Kalutara | 36 | 1036 | 0 | 5 | 0 | 4 | 0 | 3 | 0 | 4 | 62 | 243 | 2 | 11 | 1 | 2 | 0 | 0 | 25 | 205 | 2 | 11 | 0 | 0 | **51** | **96** |
| Kandy | 51 | 1266 | 0 | 8 | 0 | 1 | 0 | 7 | 1 | 8 | 14 | 49 | 8 | 51 | 0 | 3 | 0 | 0 | 4 | 120 | 0 | 16 | 1 | 36 | **62** | **100** |
| Matale | 1 | 455 | 1 | 5 | 0 | 2 | 0 | 1 | 0 | 4 | 5 | 39 | 1 | 3 | 0 | 2 | 0 | 1 | 2 | 44 | 0 | 1 | 8 | 151 | **63** | **100** |
| NuwaraEliya | 1 | 124 | 1 | 12 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 24 | 1 | 51 | 0 | 2 | 0 | 0 | 0 | 60 | 0 | 7 | 0 | 0 | **21** | **100** |
| Galle | 24 | 1062 | 0 | 13 | 0 | 8 | 0 | 2 | 0 | 12 | 9 | 215 | 0 | 24 | 0 | 2 | 0 | 0 | 1 | 207 | 1 | 19 | 0 | 2 | **55** | **75** |
| Hambantota | 5 | 274 | 0 | 4 | 0 | 1 | 0 | 2 | 0 | 37 | 18 | 87 | 1 | 15 | 0 | 2 | 0 | 0 | 2 | 111 | 3 | 12 | 16 | 248 | **63** | **100** |
| Matara | 1 | 352 | 0 | 7 | 0 | 3 | 0 | 0 | 0 | 0 | 15 | 100 | 0 | 4 | 0 | 6 | 0 | 0 | 0 | 68 | 0 | 5 | 0 | 117 | **47** | **49** |
| Jaffna | 39 | 1827 | 2 | 45 | 0 | 0 | 0 | 17 | 0 | 18 | 0 | 11 | 1 | 443 | 0 | 0 | 0 | 1 | 5 | 80 | 0 | 6 | 0 | 0 | **34** | **93** |
| Kilinochchi | 0 | 105 | 0 | 25 | 0 | 2 | 1 | 7 | 1 | 4 | 1 | 8 | 0 | 22 | 1 | 1 | 0 | 0 | 1 | 10 | 0 | 8 | 1 | 5 | **67** | **100** |
| Mannar | 0 | 119 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 0 | 0 | **38** | **99** |
| Vavuniya | 0 | 233 | 0 | 6 | 0 | 0 | 1 | 5 | 0 | 2 | 1 | 34 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 26 | 0 | 4 | 0 | 1 | **61** | **100** |
| Mullaitivu | 1 | 65 | 0 | 5 | 0 | 0 | 1 | 5 | 0 | 1 | 1 | 13 | 0 | 5 | 0 | 1 | 0 | 1 | 0 | 4 | 0 | 4 | 0 | 5 | **42** | **83** |
| Batticaloa | 17 | 2117 | 1 | 44 | 0 | 2 | 0 | 0 | 2 | 12 | 1 | 16 | 0 | 0 | 0 | 1 | 0 | 1 | 3 | 72 | 3 | 14 | 0 | 1 | **53** | **100** |
| Ampara | 1 | 287 | 0 | 10 | 0 | 2 | 0 | 0 | 0 | 0 | 4 | 63 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 90 | 0 | 11 | 0 | 4 | **65** | **100** |
| Trincomalee | 2 | 2213 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 21 | 0 | 2 | 0 | 0 | 0 | 0 | 4 | 75 | 0 | 5 | 0 | 0 | **46** | **90** |
| Kurunegala | 6 | 662 | 0 | 6 | 0 | 4 | 0 | 2 | 0 | 29 | 5 | 61 | 0 | 11 | 0 | 1 | 0 | 1 | 3 | 252 | 0 | 9 | 8 | 166 | **46** | **94** |
| Puttalam | 4 | 367 | 1 | 7 | 0 | 1 | 0 | 3 | 0 | 1 | 6 | 26 | 0 | 10 | 0 | 0 | 0 | 1 | 2 | 65 | 1 | 20 | 0 | 2 | **57** | **100** |
| Anuradhapur | 2 | 329 | 0 | 14 | 0 | 1 | 0 | 3 | 0 | 22 | 4 | 131 | 0 | 13 | 0 | 3 | 0 | 1 | 2 | 139 | 0 | 22 | 5 | 90 | **44** | **96** |
| Polonnaruwa | 3 | 189 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 81 | 0 | 0 | 0 | 12 | 0 | 1 | 1 | 96 | 0 | 10 | 1 | 106 | **65** | **94** |
| Badulla | 2 | 376 | 0 | 8 | 0 | 2 | 0 | 3 | 0 | 3 | 13 | 149 | 2 | 37 | 0 | 6 | 0 | 0 | 5 | 116 | 1 | 21 | 1 | 7 | **58** | **100** |
| Monaragala | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Ratnapura | 42 | 760 | 1 | 40 | 1 | 12 | 1 | 3 | 0 | 16 | 59 | 594 | 0 | 15 | 0 | 13 | 0 | 0 | 2 | 132 | 3 | 44 | 0 | 43 | **47** | **99** |
| Kegalle | 21 | 426 | 2 | 8 | 0 | 4 | 0 | 1 | 0 | 14 | 32 | 148 | 2 | 20 | 0 | 6 | 0 | 0 | 3 | 123 | 1 | 16 | 0 | 10 | **58** | **100** |
| Kalmune | 1 | 838 | 0 | 26 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 9 | 0 | 2 | 0 | 0 | 0 | 0 | 8 | 242 | 3 | 25 | 0 | 0 | **71** | **100** |
| **SRILANKA** | **348** | **19986** | **9** | **324** | **1** | **57** | **4** | **73** | **4** | **223** | **29** | **2280** | **18** | **742** | **2** | **68** | **0** | **8** | **79** | **2697** | **21** | **321** | **42** | **1012** | **53** | **91** |

**Source: Weekly Returns of Communicable Diseases (WRCD).**

*T=Timeliness refers to returns received on or before 22nd May , 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 296 **C****-Completeness

**A** = Cases reported during the current week. **B** = Cumulative cases for the year.

## Table 2: Vaccine-Preventable Diseases & AFP

16th– 22nd May 2020 (21st Week)

| Disease | No. of Cases by Province | | | | | | | | | Number of cases during current week in 2020 | Number of cases during same week in 2019 | Total number of cases to date in 2020 | Total number of cases to date in 2019 | Difference between the number of cases to date in 2020 & 2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | W | C | S | N | E | NW | NC | U | Sab | | | | | |
| AFP* | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 12 | 35 | - 65.7 % |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 % |
| Mumps | 05 | 00 | 00 | 01 | 00 | 01 | 01 | 00 | 00 | 08 | 06 | 74 | 160 | - 53.7 % |
| Measles | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 13 | 28 | 127 | - 77.9 % |
| Rubella | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 % |
| CRS** | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 % |
| Tetanus | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 03 | 07 | - 50 % |
| Neonatal Tetanus | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 % |
| Japanese Encephalitis | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 10 | 09 | 11.1 % |
| Whooping Cough | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 01 | 00 | 05 | 29 | - 82.7 % |
| Tuberculosis | 00 | 27 | 16 | 40 | 23 | 00 | 11 | 28 | 69 | 214 | 156 | 1801 | 3375 | - 46.6 % |

### Key to Table 1 & 2

**Provinces:** **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

**RDHS Divisions:** **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

**Data Sources:**

**Weekly Return of Communicable Diseases:** Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

**Special Surveillance: AFP*** (Acute Flaccid Paralysis ), Japanese Encephalitis

**CRS** =**Congenital Rubella Syndrome

**NA** = Not Available

**Number of Malaria Cases Up to End of May 2020,**

# 01

**All are Imported!!!**

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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