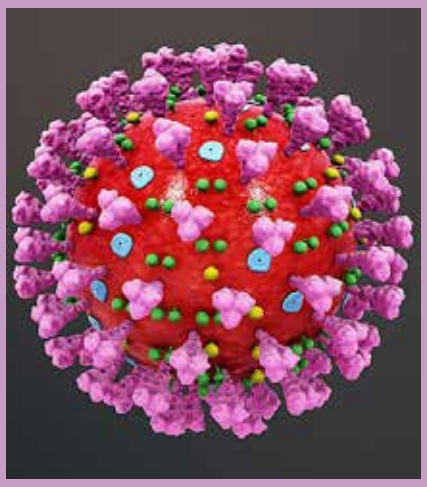
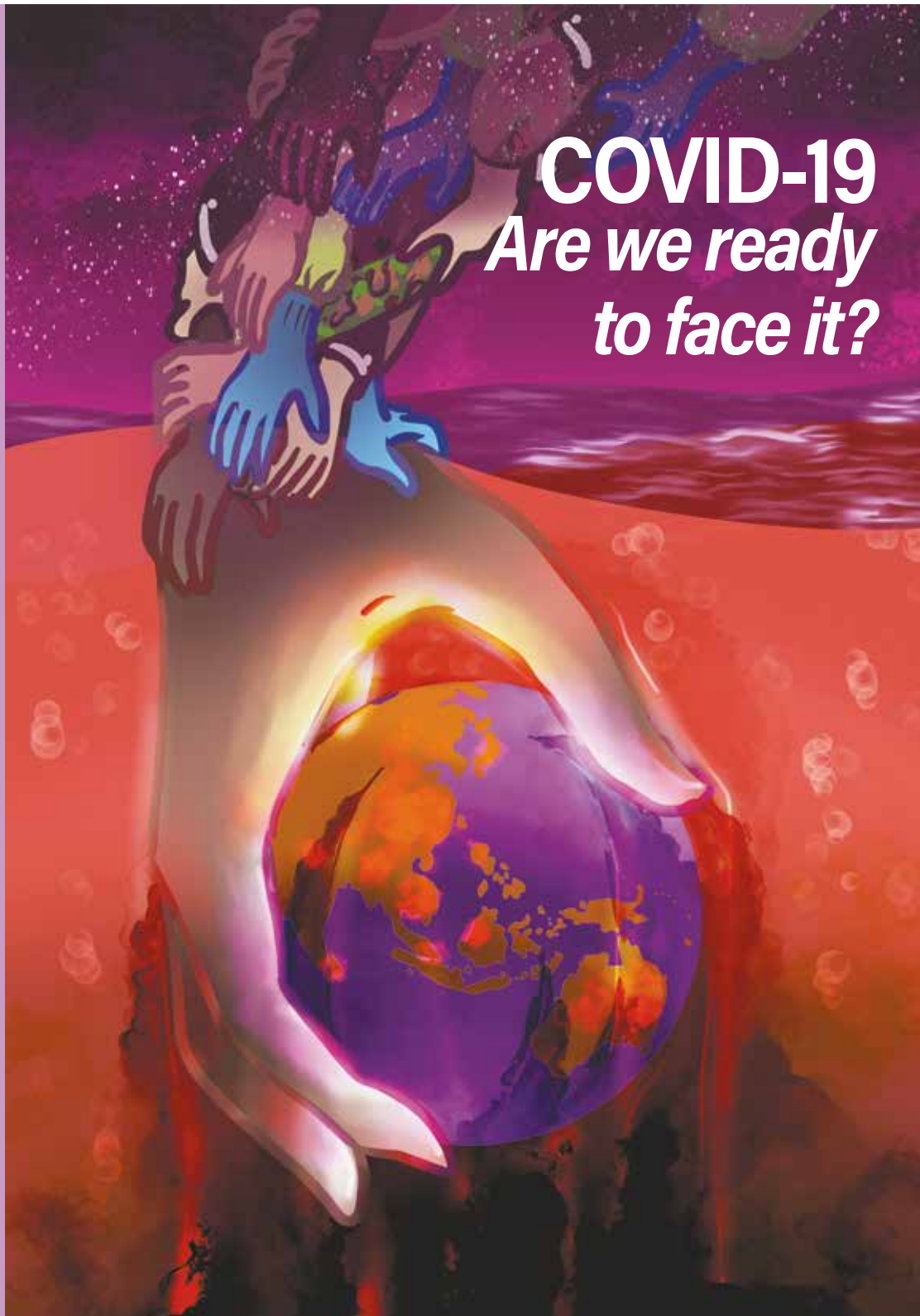
SLMA NEWS+

The eMagazine of the Sri Lanka Medical Association



13 NOVEL CORORAVIRUS INFECTION (COVID-19)

EVERY MINISTER IS A HEALTH MINISTER 10



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SERETIDE
salmeterol/fluticasone propionate

gsk

COUNTS EVERY DOSE

Innovative Dose Counter

Keeps count of the number of doses left

- The dose counter helps in determining the remaining doses inside the inhaler device. [1]
- Trusted for almost 17 years. [2]
- Seretide offers improved outcomes vs doubling the dose of ICS therapy. [3]
- With Seretide, 83% of patients* who achieved control remained controlled after 1 year. [4]

References:
1. Guidance for Industry Integration of Dose-Counting Mechanism to MDI Drug Product, U.S.Department of Health Services Food and Drug Administration Center for Drug Evaluation and Research (CDER) Clinical Medical, March 2013.
2. Launch date, 2002.
3. Lemanske RF, et al. N Engl J Med 2010;362(11):975-985.
4. Bateman ED, et al. Am J Respir Crit Care Med 2004; 170(8):836-844.

SLMA NEWS+

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IN THIS ISSUE

Editorial

Combating racism and xenophobia in the wake of the coronavirus outbreak

As the coronavirus outbreak spread beyond the borders of China, stories of courage, strength and altruism captured our collective attention. However, with the looming threat of the spread of the virus, we have also witnessed a darker side of human nature; mistrust and fear. Consequently, xenophobia and acts of outright racism have ripped through many communities across the world. Chinese food habits have been targeted in particular, as the initial epidemiologic investigation in Wuhan in Hubei Province of China identified an association with a seafood market where live snakes and other animals were also sold. A video of a couple eating a bat soup went viral on social media. Sri Lanka has been no exception. We saw food establishments refusing to serve individuals who appear to be of Chinese origin and locals getting off public transport when such a person got into the vehicle.

This is not the first time in history that the world has seen such a racially discriminatory public reaction in response to a health crisis. In the 1900s, when an epidemic of the bubonic plague hit San Francisco USA, the health authorities quarantined San Francisco's Chinatown and restricted Chinese people from entering the city. It was based on a suspicion that the epidemic was triggered by a rat onboard a ship from China, where a bubonic plague outbreak had erupted in the 1870s. Such anti-Chinese racism centred on the belief that Asians harbour disease. Eating habits of the Chinese have always been a particular genre of racism. A popular schoolyard chant which stuck around for decades in the West, "Chinaman, Chinaman, eat dead rats! Chew them up, like gingersnaps!" exhibits these deep-rooted claptraps.

Yet, in an era in which we take pride in living in a global community with unrestricted access to information and exchange of ideas, are such baseless flagrant acts of racism acceptable or even excusable? This unlimited, unrestrained ability to share and access information appears to be at the core of the problem as well as its solution. It is no secret that disinformation and fear-mongering fuelled xenophobia and racist attacks during the past few months. Even the video of the couple eating a bat soup that got millions of views on social media had been filmed in Palau over 4000 kilometres away from China.

Although the authorities and the government have a role in countering the spread of such false information, we cannot discount the responsibility of the citizens. As doctors, we have an additional responsibility. The public turns to us, to help them decode the overwhelming stream of information they receive. Tackling the issues of xenophobia and racism seem to require a more intense, citizen-centric mechanism to address their fears and anxieties. We, as doctors have a pivotal role to play to prevent the spread of disinformation and promote ethical and moral conduct among healthcare professionals and the public.

A Message from the Editor-in-Chief

SLMA NEWS+ is the official newsletter of the Sri Lanka Medical Association. We invite all SLMA members to contribute to SLMA NEWS+ with articles, letters, poems, cartoons, quizzes or any material you wish to share with the other members. If you have medical relevant, timely photographs or drawings which could be used in the cover page, please do share with us. We also welcome your views on the content published in SLMA NEWS+.

Please send them by e-mail to office@slma.lk or by post to Editor-in-chief SLMA NEWS+, Sri Lanka Medical Association, No. 6, Wijerama Mawatha, Colombo 7.

Dr. Chiranthi K. Liyanage

President's Message

Dear Members of Sri Lanka Medical Association,

It has been a challenging and an exciting beginning for 2020. The excitement of the Presidential induction, the first council meeting and the first regional meeting was soon followed by the challenge of the global health emergency of novel coronavirus (COVID-19).

As the apex medical professional body in Sri Lanka, the SLMA has taken several initiatives to ensure our membership is updated with accurate and latest information on the global and local situation, prevention and management of COVID-19.

The symposium "Novel Coronavirus Infection (nCoV), Wuhan China - Are we ready to face it?" held on Thursday, 30th January 2020, at Lionel Memorial Auditorium of the SLMA was a great success. It was attended in person by over 300 participants and over 200 registered for the webinar. This overwhelming participation demonstrated the dedication of our medical professionals. My heartfelt gratitude goes out to all of you for your commitment and motivation. I thank the Expert Committee on Communicable iseases and the Media Committee for organizing this timely event.

In line with one of the main themes of the SLMA's vision for 2020, "Innovative Application of Technology for Healthcare", we have taken initiatives to maximize the use of technology to reach out to our membership. Please support this initiative by visiting our website (www.slma.lk), YouTube channel (https://www.youtube.com/user/SLMAonline) and sharing our social media pages (https://www.facebook.com/SLMAonline and https://twitter.com/SLMAonline).

"Professional Development for Quality Enhancement of Healthcare" is our main theme for 2020. There is a need for Continuous Professional Development (CPD) to move beyond lecture-based continuous medical education (CME), as some doctors may not be able to attend face-to-face sessions due to difficulties in access and their workload. I take great pleasure in informing you that the SLMA online CPD portal is now ready for pilot testing and will soon be operational. All SLMA CPD events will be webcasted live for the benefit of those who may not be able to attend in person. The link for webinar registration is https://slma.lk/webinar. Recorded videos of all regional and clinical meetings will be available in our YouTube channel as well.

The SLMA 133rd Anniversary International Medical Congress will be held at the Galadari Hotel from 22nd to 24th July 2020. The call for abstracts is now disseminated through the SLMA January e-magazine, website and e-bulletin. The deadline for submission is 15th April 2020. I invite all of you to be a part of this landmark event as we celebrate the 150th year of medical education in Sri Lanka.

The passing away of Professor Anura Weerasinghe, a past Secretary of the SLMA was a sad moment for all of us. He lived by the SLMA's motto, "Lankadipassa kkcesu - Ma pamajji"- serve mother Lanka without delay!

The SLMA has taken a lead role in prevention of road crashes. A meeting with all the stakeholders was held on 18th of January 2020. The SLMA plans to work on the areas of education, advocacy and law enforcement for prevention of road crashes.

Let us work together and move forward from these strong initiatives.

Professor Indika Karunathilake
President, Sri Lanka Medical Association

Safe Sri Lanka: road safety challenge 2020 - symposium

(Stakeholder meeting)
January 18th, 2020 at the Sri Lanka Medical Association, Colombo
Professor Samath D. Dharmaratne, Co-Chairperson and Dr. Thushara Matiwalage, Secretary
Expert Committee for Prevention of Road Traffic Crashes, SLMA

Road traffic crashes are a leading cause of death in Sri Lanka. Each year road traffic crashes (RTC) claim more than 3,000 lives in Sri Lanka, while severely disabling more than 40,000 road users. Economic burden from RTCs to the government is estimated at 3% to 5% of gross domestic product (GDP), which is equal to or higher than what is spent on education by the government of Sri Lanka.

"Economic burden from RTCs to the government is estimated at 3% to 5% of gross domestic product (GDP), which is equal to or higher than what is spent on education by the government of Sri Lanka"

Action taken against this man-made epidemic has not been successful to date. Unavailability of reliable, accurate and timely data, inability to develop a unified national plan due to the hierarchy among policy makers and the reluctance of the key players to discuss the issue at a common forum are some of the reasons identified for this failure.

In this background, "SAFE SRI LANKA" was launched by the Expert Committee on Prevention of Road Traffic Crashes (PRTC) of the Sri Lanka Medical Association (SLMA) in collaboration with the Colombo Municipal Council (CMC), Urban Development Authority (UDA), Department of Registration of Motor Vehicles (RMV), Non-communicable Disease Prevention Unit (NCD unit) of the Ministry of Health, the College of Surgeons Sri Lanka and the Rotary International and the Lions Club. The collaboration was strengthened through the association with Effective Solutions and E-Channeling. The aim of "SAFE SRI LANKA" is to prevent and control RTCs with short-, medium- and long-term strategic plans. The "SAFE SRI LANKA" initiative is a rare occasion in which both Rotary International and the Lions Club joined hands for the prevention of RTCs, probably for the first time in the world.

The "SAFE SRI LANKA" programme organised a stakeholder meeting on 18th January 2020, at the SLMA auditorium with the participation of most stakeholders involved in the prevention and control of RTCs in Sri Lanka.

Professor Samath Dharmaratne, Co-Chair of PRTC and Chair Professor of Community Medicine, Faculty of Medicine, University of Peradeniya welcomed the participants and described the objectives of the meeting emphasising on the burden of RTCs in Sri Lanka and the world. He iterated that more than 30,000 road users died during the last decade and that most deaths could have been prevented. He also highlighted that the most affected were motorcyclists and pedestrians.

"He iterated that more than 30,000 road users died during the last decade and that most deaths could have been prevented"

Venerable Badagiriye Somawansa thero explained that attitudes of people play an important role in the causation of RTCs and presented evidence for the need to change attitudes from a young age through proper education. The venerable thero informed the meeting that in Japan, people respect and obey rules which may be contributing to the lower numbers of RTCs in Japan.

Dr. V. Swarnakumar, Consultant Orthopaedic Surgeon, National Hospital of Sri Lanka (NHSL), addressed the burden of injury from RTCs and highlighted the risk to vulnerable road users, especially the motorcyclists and the passenger.

Dr. Sanjeewa Garusinghe, Consultant Neurosurgeon, NHSL, discussed post-crash management, and stressed on the challenges of treating primary brain injury. He emphasised on the importance of prevention rather than cure.

Mr. Dilantha Malagamuwa, an international award-winning car racing champion who is the designated brand ambassador of "SAFE SRI LANKA" also addressed the meeting. Mr. Malagamuwa highlighted the lack of proper technical knowledge of driving among the majority of Sri Lankans. Carelessness, lack of skills and improper techniques were pointed out as reasons for

most RTCs in Sri Lanka. He further emphasised on the importance of using simulators for training of drivers. Mr. Malagamuwa volunteered to conduct training sessions for Sri Lankan drivers through the "SAFE SRI LANKA" programme.

The former Deputy Inspector General of Police for Traffic, Mr. Ajith Rohana illustrated the legal background. He highlighted the lack of law-abiding nature in road users as an important reason for the increase in road deaths. He used real life video and audio demonstrations to educate the participants.

"He highlighted the lack of law-abiding nature in road users as an important reason for the increase in road deaths"

According to Dr. Pasindu from the Department of Civil Engineering, University of Moratuwa, who described the effect of poor road conditions on the causation of RTCs, less than 1% of RTC are attributed to it based on current statistics. He pointed out the issues of under reporting and the inability of police officers to report road conditions as probable reasons for this low association.

Dr. Kapila Sooriyaarachchi, Head of the Health Education Division, Colombo Municipal Council, delivered a speech on effective communication and its effects on behaviour change in the community. He highlighted how communication can be used for the prevention and control of RTCs in Sri Lanka.

The meeting concluded with a discussion among the participants on future of collaborations. The Co-Chairperson informed the participants of the Expert Committee for PRTCs and invited the other stakeholders to the committee to strengthen the collaboration and to work toward the reduction of RTCs and associated deaths and injuries in Sri Lanka.

THE KEY MESSAGE

As the meeting identified the multisectoral nature of the problem, there was consensus to work towards the establishment of a Presidential Task force for the prevention and control of road traffic crashes in SrI Lanka

Symposium on the Coronavirus outbreak

Dr. Nimani de Lanerolle,
Assistant Secretary, SLMA

A symposium on the Coronavirus outbreak titled "Novel Coronavirus Infection (nCoV), Wuhan, China: are we ready to face it?" took place at the Sri Lanka Medical Association (SLMA) Auditorium on the 30th of January 2020 from 12 noon to 2.00pm. This symposium was organised by the SLMA Expert Committee on Communicable disease and the Media Committee. It was attended in person by over 300 participants and over 200 registered and participated in the webinar. It was also attended by the media in order to communicate this message to the general public.

This symposium was chaired by Professor Indika Karunathilake, President of the SLMA. The panel of speakers consisted of Dr. Saranga Sumathipala, (Consultant virologist, Teaching Hospital, Anuradhapura), Dr. Sudath Samaraweera (Chief epidemiologist, Ministry of Health), Dr. Ananda Wijewickrama (Consultant physician, National Institute of Infectious Diseases), Dr. Dilhani Samarasekara (Consultant community physician, Quarantine Unit, Ministry of Health), Dr. Sapumal Dhanapala (World Health Organisation, Country representative) and Dr. Indrakantha Welgama (Representative from the International Organisation for Migration).

Dr. Saranga Sumathipala Spoke of virological and diagnostic aspects of nCoV and Dr. Sudath Samaraweera discussed the current global situation with regards to nCoV while Dr. Ananda Wijewickrama spoke of the clinical signs and management. In addition to this, Dr. Dilhani Dissanayake from the Quarantine Unit spoke of the preventive measures taken in Sri Lanka at points of entry. Dr. Sapumal Dhanapala spoke on behalf of the World Health Organisation (WHO), whilst Dr. Indrakantha Welgama covered the migration perspective. Following this, there was a question and answer session.

THE KEY MESSAGES

- The situation calls for high alert and systematic approach, but there is no cause for panic.
- Due to the uncertainty of the situation, the possibility of misinformation and misleading information is high.
- There should be faith and confidence in our health system to overcome this challenge.
- All stakeholders involved should work together.
- Following basic precautions and hygiene is the best method for prevention of spread of the virus.
- Attention given to dengue and influenza should not be diverted.
- At present there is no necessity for school children or the general public to wear face masks.

The SLMA will be following up on the symposium and the webinar is available on the SLMA website (https://slma.lk/webcasts-archived-videos/). In addition, there is also a module on the Novel Coronavirus available as a CPD course on the SLMA website. The session was considered a success due to the active participation and avid interest of all concerned.

Every minister is a health minister: social justice and health

Dr. Santhushya Fernando
Specialist in Community Medicine
Deputy Director, Sri Jayewardenepura General Hospital

What is your birth year? Have you ever wondered how social system of the time you were born into shaped your health, your survival? I was born in 1976, a year juxtaposed between the era of having to pay for a postal stamp to be seen at a government hospital and the era of the open economy. By 1977 a new age was dawning. This era fed a semi-famished generation, changing their reality. It propelled an earnest society into a social roller coaster ride where wealth, power, politics and inequality are the defining principles. It opened the noble profession of medicine to the market economy, commodifying and commercializing the profession, with permission granted for government doctors to engage in private practice. In this panoramic socio-economic and politico-cultural backdrop, the very fabric of health also underwent change.

Social justice and health

Modern conversation of social justice and health is highlighted by Professor Michael Marmot, the Black report and the Commission of Social Determinants of Health. But Sri Lanka's story of social justice and health is technically thousands of years old. In the modern times it is hallmarked by the Suriya-mal movement, originally a political movement rallying anti-imperialist youth that ended up volunteering during the malaria epidemic of 1934-35. The malnutrition that was prevalent in the malaria endemic areas encouraged the Suriya mal movement to distribute lentils, earning its political star Dr. N.M. Perera the pet name "Parippu-mahattaya" (Mr. Dhal).

Professor Michael Marmot

Does social justice simply translate into better health? Is the relationship linear? Professor Michael Marmot, who will be oft-quoted in this article has a theory: "Every minister is a health minister and every sector is a health sector. If we put fairness at the heart of all policies, health would improve." Forgetting health in all policy will in turn, teach an unforgettably bitter lesson to that society. In the epidemics such as the n-corona epidemic, the SARS and Ebola epidemics and in the pernicious and insidious challenge of CKDu in Sri Lanka - the lesson is loud and clear: social justice manifested in equitable access to health care, water justice, monetary justice are keys to good health.

"Forgetting health in all policy will in turn, teach an unforgettably bitter lesson to that society."

Principles of social justice

The four principles of social justice are essential parts of effective health promotion: equity, access, participation and rights. As Marmot stated in an interview "we don't do things because they're cheap. We do them because they're right."

"The four principles of social justice are essential parts of effective health promotion: equity, access, participation and rights."

It is the best of times to be living than any other time in human civilisation. A vast majority of the human population is vaccinated against communicable diseases. Science and technology have never been more advanced and geared towards detecting, treating and preventing disease. However, it is also the worst of times. The vast inequalities within and between societies make this age one that is marked by a widening health gap.

Beyond the romantic illusion: equity

The world renowned epidemiologist and protagonist of Social Determinants of Health, Professor Michael Marmot, in "The Status Syndrome: How Social Standing Affects Our Health and Longevity" states: "to criticize inequality and to desire equality is not, as is sometimes suggested, to cherish the romantic illusion that men are equal in character and intelligence. It is to hold that, while their natural endowments differ profoundly, it is the mark of a civilized society to aim at eliminating such inequalities as have their source not in individual differences but in (social) organisation".

Extreme poverty gives rise to extreme health outcomes. It is an established fact that across classifications of the "first world" to the "third world" those who are poorer, even within affluent societies, have shorter lives, more suffering and more premature deaths. However, the challenge of contextualizing tackling inequity in the health sector takes commitment. We pat our backs for teaching medical students to take a socio-economic history or sending them on a family attachment as a part of the curriculum. At the end of their undergraduate education do they know what "bed poverty" or "period poverty" means? Do you know what they mean?

"Extreme poverty gives rise to extreme health outcomes. It is an established fact that across classifications of the "first world" to the "third world" those who are poorer, even within affluent societies, have shorter lives, more suffering and more premature deaths"

The questions surrounding health inequity are intertwined with water justice, social empowerment and human rights. The long haul towards constitutional reforms leading to including health as a constitutional right is still a haul in Sri Lanka. Equitable access to optimal emergency medical services for anyone, at both public and private hospitals is a distant dream, still.

A thousand walls: access

The differentials observed in accessing health, invariably, has undertones of social injustice. The Black Report reiterates the importance of understanding the inequalities of health access by race, income, occupation and social strata. One of the biggest barriers to people accessing quality and timely healthcare is the hidden and out of pocket expenditure of health.

In spite of the free health system in Sri Lanka, the kind of health care that one can access and also the kind of health one is destined to have is often contingent on one's wealth and who's-who one knows. For a farmer developing CKDu in the North Central Province, CKDu would spell catastrophic medical expenditure. The very thought of this expenditure many deter a person from accessing dialysis and treatment. Many Sri Lankan doctors would bear witness to such patients who chose to die rather than plummet his entire family to extreme poverty.

"One of the biggest barriers to people accessing quality and timely healthcare is the hidden and out of pocket expenditure of health".

With the medical services becoming a privately sold commodity, the lack of regulation of the prices is a pressing issue. The economic burden of travel, the days of lost work , the social cost of treatment are all determinants of access to health care.

A considerable proportion of people access indigenous medical practitioners. At the heart of this is that there is a culturally tuned, less hierarchical doctor-patient relationship. Even in their darkest moments of ill health no human being likes to feel belittled or less of a human. I believe that until and unless a system reform of educating the patients about their illness in a language they understand both in oral and written communication, we will fail in ushering in the modern era of social justice and health. Unless and until we become mature enough to work with patient rights groups and embrace our role as equals of the patient and not an almighty decider, our "great health indicators" will not compensate for the actual experience of the ordinary citizens of Sri Lanka.

In the aftermath of the Easter Sunday attacks, we witnessed how power, politics, racism and counter-racism, all directly affected the patients and health personnel alike. War murders access to healthcare. Our lived experience of a 30-year armed conflict has taught us bitter lessons on how the poorest are affected by war leading to poorer health.

Not without you: participation

The practice of medicine remains largely paternalistic in model in Sri Lanka. The social, psychological , empowerment and hierarchical gap between a patient and a health professionals is vast in Sri Lankan society. Patient autonomy should be an inalienable right of the patient. To have a patient's management plan explained in a language they understand , sending a written update on follow up visits, scan report, upcoming health education sessions are basic to many societies. Participatory approaches to health care and decision making empower patients to take ownership and responsibility for their health.

Also, from a public health perspective, public participation, pressure groups and consumer groups that act as catalysts, defenders, and advocates for better health should not be viewed as threats to our "empires of medicine". Our common goals of better health are shared and they bring to the table the lived wisdom of the unknown lives we are trying to save.

Inclusivity of males in to the public health system is another important aspect. In the life cycle of a Sri Lankan woman, she will be oft-captured by the public health services via ante natal clinics, well woman clinics etc. Well-men clinics, engendering health systems, destigmatizing and responding to sexual health issues are a need of the hour in a society where the challenges of addiction, NCDs and mental health are rampant. Doctors should be at the forefront of social justice causes directly related to health such as child marriages, female genital mutilation (FGM), child cruelty and lead anti-corporal punishment struggles. Do we possess the moral clarity as a group to take a stance?

Fourth principle: rights

To quote Marmot again, "social justice is based on the concepts of human rights and equality, and can be defined as the way in which human rights are manifested in the everyday lives of people at every level of society". A patient's lack of knowledge about his or her rights should not prevent them from enjoying their rights. Their right to life, dignity, treatment and even a good death should never be overlooked. A patient's right to privacy as well as to be treated by a competent doctor are paramount. It is important that junior doctors be entrusted with only the due burden of management of patients and they should be better supported.

Outside the sphere of treatment with routine care, all persons have a right to access safe water, sanitation, psycho-social support and emergency treatment. Are we conscious of those rights?

The individual and collective rights of patients, community and the medical and paramedical professionals form a complex matrix. Since health is central to the very idea of existence, how people behave in the context of health and social justice is hued by the open society of the internet, social media, live streaming and phone applications. Patients and medical professionals are equally vulnerable in the open society.

The practice of calling the patients by a number at a clinic or an outpatient department (OPD) has been criticised for dehumanising patients. However, in the open society of today whilst exposing their private lives, health issues, emotional vulnerability more than ever before to strangers in the cyber space, people also crave more privacy and confidentiality in the very fora they expose themselves to. In today's livestreaming world, vulnerable individuals such as sex workers, drug users, psychiatric patients, those in exile who wish to remain anonymous or wish to guard their privacy closely may be compromised. Health systems should leave no man, woman or child behind because they feared that a boundary of privacy or dignity would be crossed.

"A patient's lack of knowledge about his or her rights should not prevent them from enjoying their rights. Their right to life, dignity, treatment and even a good death should never be overlooked. A patient's right to privacy as well as to be treated by a competent doctor are paramount."

Conclusion

Social justice and good health systems share common principles. Sri Lanka needs to re-think ways of introducing systematic, fiscal and professional reforms to address the issues of social justice and health. Doctors as a group of professionals can strive to re-imagine their role as catalysts and leaders of such social change.

Novel Coronavirus infection (COVID-19)

Dr. Saranga Sumathipala,
Consultant Medical Virologist, Teaching Hospital Anuradhapura

In December 2019, an unusual increase in the number of patients with severe acute respiratory illness (SARI) was observed by Chinese authorities in Wuhan of Hubei province. Routine microbiological investigations which came negative suggested that a new pathogen may be the cause for this epidemic. World health organization (WHO) was officially informed by China about these cases of pneumonia of unknown aetiology by China on the 31st of December 2019. The causative agent was identified as a new Coronavirus species of which the entire genome sequence was published by Chinese scientists by 7th of January 2020, aiding the development of diagnostics by many leading laboratory teams. As the epidemic gained its pace and imported cases began to be reported from many countries, the WHO declared this outbreak as a Public Health Emergency of International Concern (PHEIC) calling for prompt global action to contain this outbreak. In February 2020, this clinical disease entity was named as COVID-19 while the pathogen which was initially identified as 2019-novel Coronavirus or Wuhan novel Coronavirus was officially named as SARS-CoV-2.

Coronaviruses

Coronaviruses are historically known to cause mild infections in humans which are not significant. The seasonal Coronaviruses HCoV-229E, HCoV-OC43, HCoV-NL63 and HCoV-HKU1 are known to cause mild respiratory tract infections in humans and rarely lead to complications. The perspective on low virulence of Coronaviruses in humans soon changed with the discovery of the SARS-CoV which is the causative agent of severe acute respiratory syndrome (SARS) epidemic in 2002-2003 and the MERS-CoV which was identified to be the causative agent for Middle-East respiratory syndrome (MERS) since 2012. The newly identified SARS-CoV-2 is the third addition to the list of high virulence coronaviruses in humans.

"The newly identified SARS-CoV-2 is the third addition to the list of high virulence coronaviruses in humans."

Coronaviruses are large enveloped RNA viruses which infect a wide range of mammals and birds. This family of viruses derive the name "Corona" due to their electron micrographic appearance of a royal crown resulting from the presence of spike glycoproteins on the virus surface (Figure 1). Although there are multiple animal species as hosts, bat species are thought to be the central reservoir for coronaviruses. The COVID-19 outbreak at the time of detection had a cluster of patients who have visited a live animal market in the district, which may have been the source of this outbreak. It is assumed that Chinese horseshoe bats could be the original host of this virus while there are emerging theories about the possibility of pangolins being the source. These theories are derived from the genetic similarities detected in coronaviruses in these animals. However, the source host and presence of any intermediate hosts are yet to be clearly identified by scientific studies.

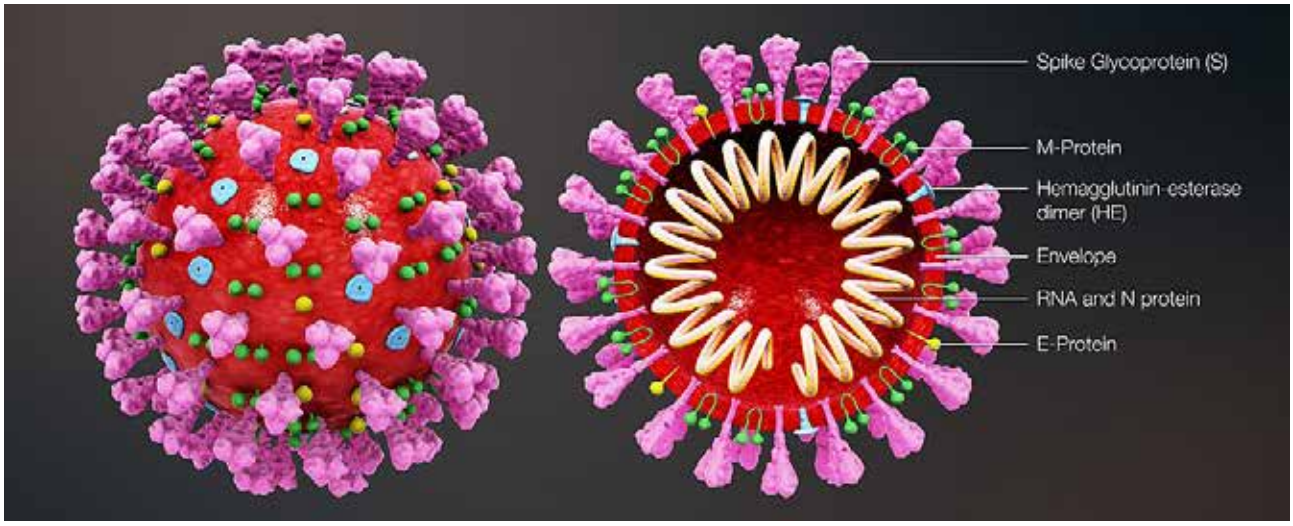

Figure 1. Cross-sectional illustration of a SARS-CoV-2 virion showing internal components
(source:https://en.wikipedia.org/wiki/2019_novel_coronavirus#/media/File:3D_medical_animation_coronavirus_structure.jpg)

Infectivity, pathogenesis and clinical features

Despite its zoonotic origins, it is evident that this novel
Despite its zoonotic origins, it is evident that this novel virus is well capable of sustained human to human transmission which is reflected by the growth of case numbers. At of the time of writing this document (14th of February 2020) the WHO official figures show a total of 49053 laboratory-confirmed cases with a total of 1381 deaths being reported. There are 505 laboratory-confirmed cases reported in 24 countries other than China with 2 deaths. Sri Lanka reported the first and the only laboratory diagnosed patient to-date, in late January 2020. The patient who was a Chinese national visiting Sri Lanka had an uneventful recovery from the disease.

"Despite its zoonotic origins, it is evident that this novel virus is well capable of sustained human to human transmission which is reflected by the growth of case numbers."

The number of new cases arising from an infected person is currently estimated to be between 1.4 to 3.9. However, isolated super-spreader events have been reported where one infected individual has apparently infected more than 10 individuals. There have been reports of the existence of asymptomatic patients, but their infectivity state is yet to be determined.

"The number of new cases arising from an infected person is currently estimated to be between 1.4 to 3.9. However, isolated super-spreader events have been reported where one infected individual has apparently infected more than 10 individuals."

The process of pathogenesis of COVID-19 is still being studied by the scientific and the medical community. However, it is assumed that the pathogenesis is similar to that of SARS and MERS. The clinical features are similar to an influenza-like illness (ILI) which includes fever, cough and difficulty in breathing. The current data shows that severe disease (e.g. pneumonia) occur in about 20% of the hospitalized patients with a tendency of serious disease complications increasing with age and other comorbidities. The case fatality rate of COVID-19 is less (between 2-3%) when compared with that of SARS (9-10%) and MERS (30-40%). The actual numbers of COVID-19 patients which include non-hospitalised (asymptomatic and less symptomatic) patients may contribute to a lesser mortality rate value.

"The case fatality rate of COVID-19 is less (between 2-3%) when compared with that of SARS (9-10%) and MERS (30-40%)"

Diagnosis

Current diagnostics which are available for SARS-CoV-2 is based on RT-PCR (Reverse transcription- Polymerase Chain Reaction). RT-PCR methods are highly sensitive as well as specific in detection of RNA viral pathogens present in specimens and are the preferred technique especially in a scenario of a novel high consequence pathogen outbreak. At present multiple institutions including the University of Hong Kong and CDC of USA have developed and validated research-level RT-PCR protocols for detection of SARS-CoV-2. With time it is anticipated that commercial and regulator approved assays will be widely available to the global community. These diagnostic tests are used to confirm the infection in a new patient as well as to ensure a recovered patient is no longer shedding the virus and he/she is safe to be released back to the community. Specimens such as respiratory specimens and saliva are used to detect the virus. In some patients, blood specimens have been shown to have PCR positivity. In SARS and MERS, it has been demonstrated that patients have PCR positivity in stools. In SARS-Cov-2 infection, the infectivity of blood, stools and other body secretions are yet to be determined due to limitations of available data.

"Specimens such as respiratory specimens and saliva are used to detect the virus".

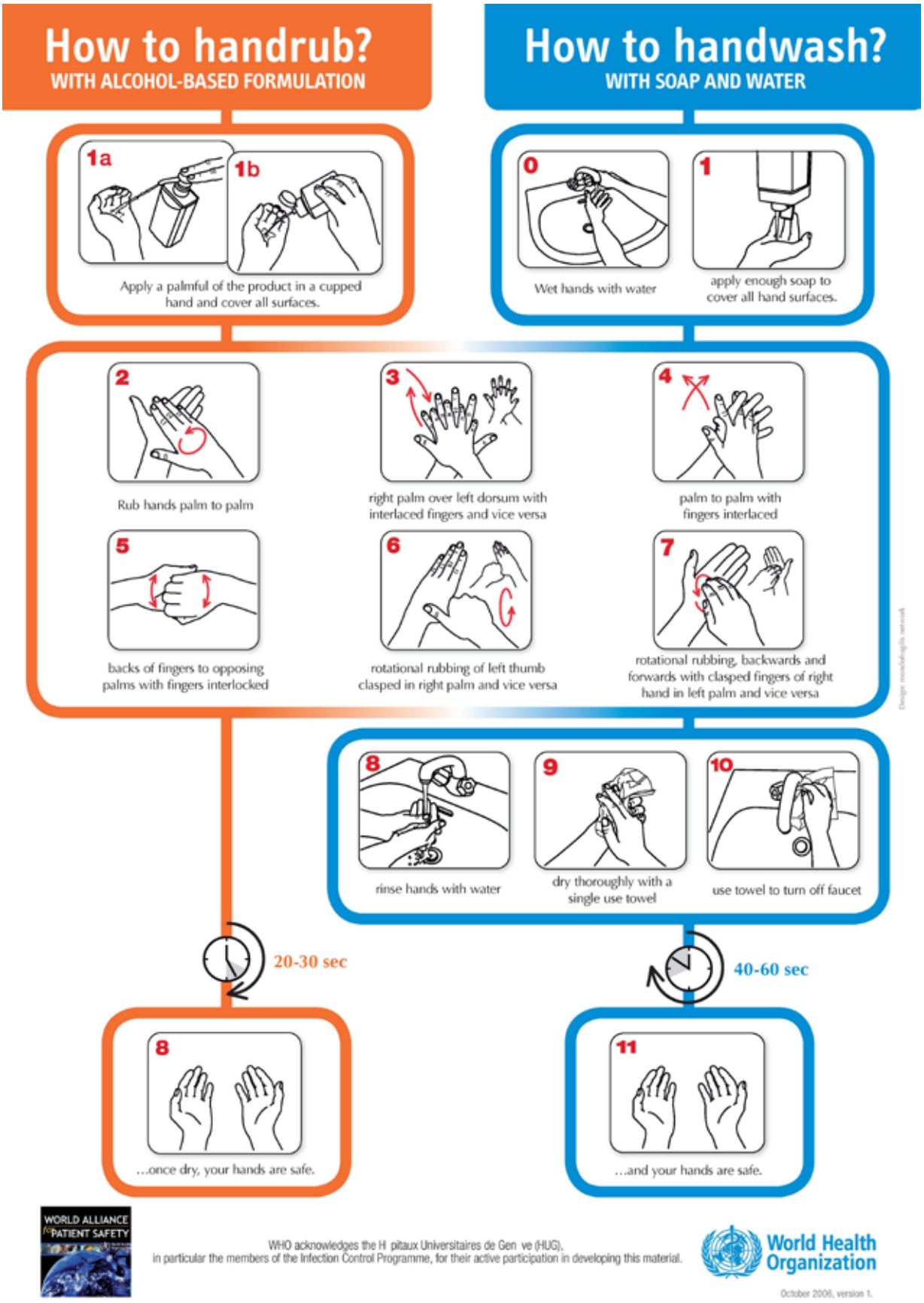

Figure 2. How to hand rub and How to hand wash
(source: https://www.who.int/gpsc/tools/GPSC-HandRub-Wash.pdf)

Management

There are no established specific therapies or vaccines against COVID-19. However, there is anecdotal evidence from SARS and MERS studies along with early reports on COVID-19 that some specific antiviral drugs such as Lopinavir/Ritonavir and Remdesivir may have significant activity against the pathogen. Also, the efficacy of existing SARS vaccines or monoclonal antibody products in the management of COVID-19 is uncertain and new vaccines need to be developed. The WHO and global scientific bodies including many in China are currently in an accelerated pathway for identification, discovery and development of efficient therapies and preventive measures for this virus. At the time of writing of this document, there are more than 80 clinical trials pertaining to COVID-19 on the WHO international clinical trials registry platform (ICTRP) and they are in motion.

Prevention of spread

The most important step in containing this infection is strict adherence to infection control practices. SARS-CoV-2 being an enveloped virus, is one of the human pathogens which is highly susceptible to disinfectants including detergents and alcohol-based disinfectants.

"The most important step in containing this infection is strict adherence to infection control practices. SARS-CoV-2 being an enveloped virus, is one of the human pathogens which is highly susceptible to disinfectants including detergents and alcohol-based disinfectants."

The environmental stability of the virus is assumed to be less in hot and humid environments such as in Sri Lanka when compared with the cold and dry winter conditions which may be fuelling the current outbreak in China. Early case detection helps in the process of isolation of the infected to reduce transmission as well as for early management of complications. Coronaviruses like all other respiratory viruses spread via the respiratory route. Large droplet transmission and opportunistic airborne transmission may occur in persons at a close vicinity to a patient. But bulk of the transmission of respiratory viral infection occurs through direct and indirect contact where a person's hands or infected objects act as the vehicle for transmission of respiratory secretions from one person to another. Therefore, maintenance of frequent and effective hand hygiene plays a major role in the prevention of the transmission (Figure 2).

"Therefore, maintenance of frequent and effective hand hygiene plays a major role in the prevention of the transmission"

In a healthcare setting, it is highly advised that all healthcare workers who attend patients with COVID-19 should wear appropriate personal protective equipment for contact precautions along with airborne precautions especially when functioning at very close proximity to patients and performing aerosol-generating procedures. A mask worn by an infected person impedes respiratory secretions and droplets reaching the environment. However, a mask itself is of less use to a healthy individual unless frequent hand hygiene practices are done in conjunction with a mask.

It is predicted that the COVID-19 outbreak will reach its peak in China in about a month's time. However, it is yet to be known whether this infection will die off like SARS or could get established in the community circulation like Influenza viruses. The best prediction models suggest that the pathogen would remain in the environment for a long duration which will require a coordinated and a massive global effort to control it.

"A mask worn by an infected person impedes respiratory secretions and droplets reaching the environment. However, a mask itself is of lesser use to a healthy individual unless frequent hand hygiene practices are done in conjunction with a mask".

Note: The latest situation reports on COVID-19 issued by the WHO can found in
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

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TOKYO CEMENT GROUP

'I am & I will' - World Cancer Day 2020

Dr. Suraj Perera,
Consultant Community Physician, National Cancer Control Programme

The World Cancer Day is commemorated on the 4th of February throughout the world. The theme for this year is '*I am & I will*'. This theme inspires everyone, collectively and individually, to be a partner to strengthen actions aimed to reduce the impact of cancer. Enhancing health promotion initiatives, reducing cancer risk factors, screening and detecting cancer at early stages by improving access to diagnosis, adequate treatment and palliative care are all necessary if optimal level of cancer control is to be achieved. Therefore, the World Health Organization (WHO), the Union for International Cancer Control (UICC) and other international organizations actively involved in cancer control activities, advocate governments of each country to use this opportunity to motivate all stakeholders in their respective countries.

In parallel with the World Cancer Day 2020 commemoration, "WHO Report on Cancer: Setting priorities, investing wisely and providing care for all" was published (Figure 1). The report highlights the importance of identifying priority interventions which are evidence based, and feasible (Figure 2). These interventions need to be comprehensive and inclusive to ensure improved accessibility to disadvantaged or vulnerable populations.

Figure 1 - WHO Report on Cancer: Setting priorities, investing wisely and providing care for all"

Figure 2 - Priority Interventions for cancer control

The whole report can be accessed through following weblink. https://www.who.int/publications-detail/who-report-on-cancer-setting-priorities-investing-wisely-and-providing-care-for-all. Sri Lanka is also prioritizing above mentioned interventions to achieve optimal cancer control through the implementation of National Policy and Strategic Framework on Prevention and Control of Cancers.

Since main risk factors for cancer and other major NCDs are common, primary prevention interventions are mainly conducted through common risk factor interventions including implementation of "WHO Best Buys". Through the Well Women Clinic programme, cervical cancer screening programme has been established. For early detection of breast cancers, clinical breast examination services are available at the

Well Women Clinics and Healthy Lifestyle Centres. For early detection of Orally Potentially Malignant Disorders (OPMD)/ oral cancer, the government out patient dental clinics provide clinical services

Cancer diagnostic services are expanded up to the base hospital level facilitating accessibility to seek cancer care. At present, Consultant Oncologists are appointed to 23 health care institutions of the Ministry of Health to function as cancer treatment centres across the island (Figure 3). In the year 2019, a total of 35,147 new patients are registered at these centres. The new patient registration system needs to be maintained effectively to commence hospital-based registries which will give important information about current burden of cancers in Sri Lanka (Table 1). In addition, Kotalawala Defence University Teaching Hospital-Werahera also provides free cancer treatment at the point of delivery.

Distribution of Government Cancer Centres

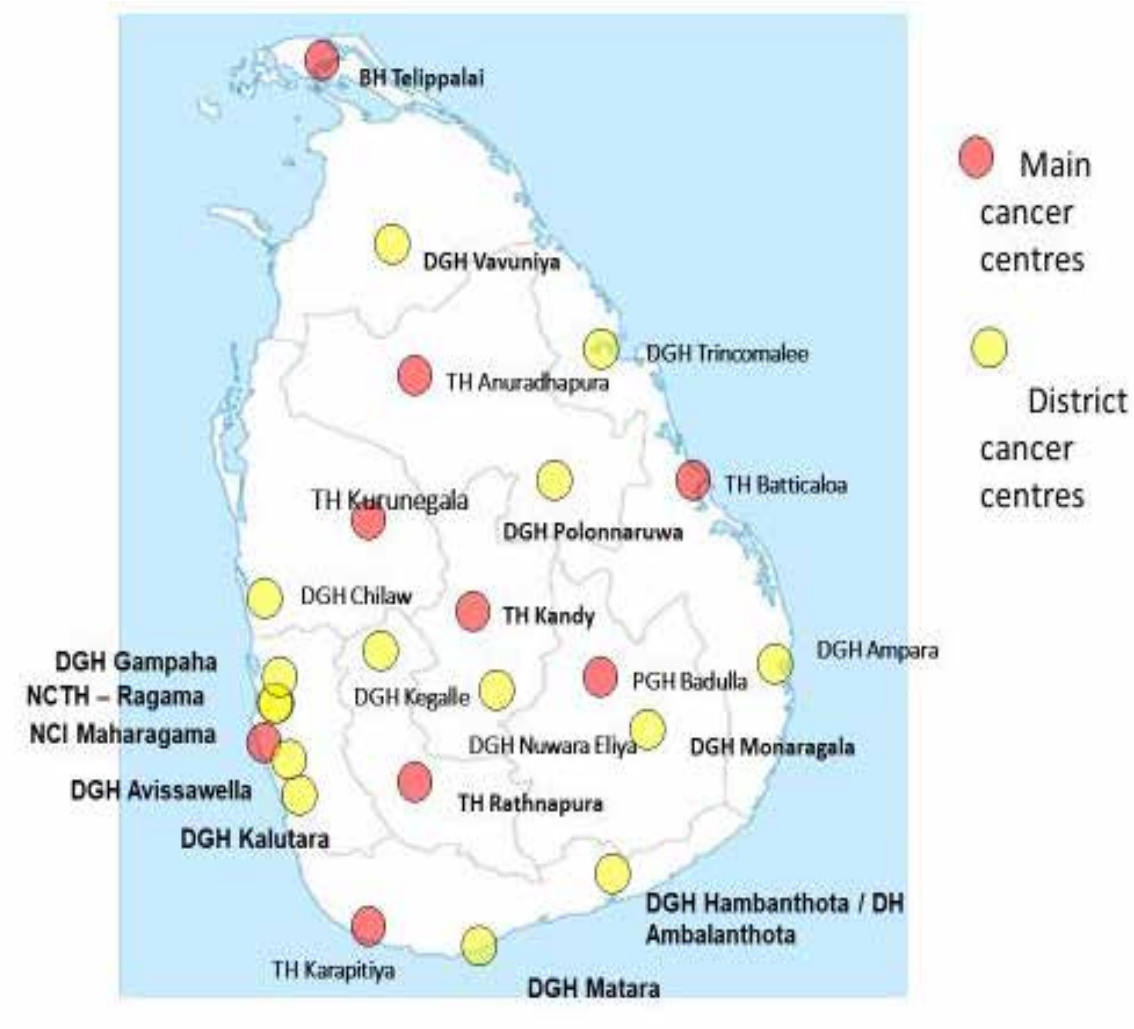


Figure 3. Distribution of government cancer centres in Sri Lanka

New Patient Registration at Government Main Cancer Treatment Centres 2008 – 2019												
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NCI - Maharagama	11163	11756	11513	12403	12550	12689	13247	13890	14248	13651	14171	13928
TH-Kandy	3648	3634	4046	5042	3717	3516	4000	4023	3877	4150	4042	3882
TH -Karapitiya	1764	1866	1793	2193	2158	2455	2479	2394	2595	2585	2652	2473
TH-Jaffna/BH Thelippalai	412	479	659	1055	1048	1061	1032	1100	1099	1103	1186	1198
TH- Anuradhapura	712	551	641	698	803	850	1114	1300	1131	1214	1483	1429
PGH - Badulla	753	794	858	1430	2152	2203	1527	2285	2225	2015	2151	2591
TH - Batticaloa		169	565	727	1094	932	897	900	1325	1048	876	699
TH - Kurunegala	538	804	806	1174	1122	1042	1238	1680	1863	2062	2206	2177
PGH – Rathnapura	319	485	636	735	808	767	807	902	1094	1103	1076	1098
NCTH Ragama											747	648
DGH Gampaha										153	580	776
DGH Avissawella											76	334
DGH Kalutara											480	492
DGH Nuwara Eliya									238	236	203	286
DGH Matara												180
DGH Hambanthota										177	312	427
DGH Vavuniya										26	223	253
DGH Polonnaruwa										648	699	615
DGH Monaragala									125	136	413	262
DGH Trincomalee										702	568	350
DGH Ampara									164	140	111	161
DGH Chilaw									91	239	455	591
DGH Kegalle									183	276	243	297
Total	19309	20538	21517	25457	25452	25515	26341	28474	30258	31664	34953	35147

Table 1. New patients registered at government cancer centres from 2008 to 2019

The palliative care services for cancer patients are evolving from cancer centres and extending to primary care.Palliative care consult services are established in some cancer units. The five-year Strategic Framework on Palliative Care development will provide necessary direction for further interventions to ensure quality of life of cancer patients and their family members.

References

WHO Report on Cancer Setting Priorities, investing wisely and providing care for all Geneva, World Health Organization (WHO)

Monthly Clinical Meeting on "Headache in Children"

Dr. Sashika Sandaruwanie,
Council Member, SLMA

The Monthly Clinical Meeting of the SLMA for January 2020 organised in collaboration with the Sri Lanka College of Paediatricians was held on Tuesday, 21st January 2020 at the Lionel Memorial Auditorium of the SLMA. The topic of the meeting was "Headache in Children". The speaker was Dr. Anuruddha Padeniya, Consultant Paediatric Neurologist, Lady Ridgeway Hospital for Paediatrics, Colombo. The meeting was well attended by medical officers, postgraduate trainees and medical undergraduates.

Inaugural Joint Clinical Meeting of the SLMA with the Panadura Clinical Society – an energizing start

Dr. Sankha Randenikumara

The first regional meeting for the year 2020 organised in collaboration with the Panadura Clinical Society (PCS) of Base Hospital (BH) Panadura was held on the 29th of January 2020 at the auditorium of the MOH Office, Panadura. The proceedings commenced with the welcome address delivered by Dr. Indrani Godakanda, Medical Superintendent of BH Panadura.

The programme comprised of seven sessions on the topics of; ssessing a person with suicidal ideas; clinical pearls (by Dr. Iyanthi Medagama, Consultant Psychiatrist, BH Panadura), "Once in-good for life"- not applicable anymore (by Professor Indika Karunathilake, Professor in Medical Education/President - SLMA), Managing non-communicable diseases - case-based discussion (by Dr. Ajith Kariyawasam, Consultant Physician, Out-patient department, BH Panadura), Modern prophylaxis for school-aged asthmatic (by Dr. B.J.C. Perera, Senior Consultant Paediatrician), Health impacts of climate change - an eye opener (by Dr. Hemantha Kumara, Specialist in Disaster Management), Ending AIDS in 2025: what we can do? (Dr. Manjula Rajapakse, Consultant Venereologist, Kalutara) and Management of poisoning: a practical approach (by Dr. Tamishka Arepola, Acting Consultant Emergency Physician, BH Panadura). All topics were well received by the audience.

The meeting concluded with the vote of thanks delivered by Dr. Madusha Nagasinghe, Secretary of the PCS. It was well attended with approximately eighty doctors including specialists, medical officers, postgraduate trainees including doctors from the adjacent hospitals and allied health professionals.

CLINICAL PEARLS

- When assessing a person with possible suicidal thoughts, listen more than you speak. Ask the most important question of all: "Are you thinking of killing yourself?"
- Continuous Professional Development (CPD) is a must for healthcare professionals and it is important to enhance the quality of healthcare provision.
- Childhood asthma can be controlled. Spending time to teach the inhaler technique and assessing it frequently are the cornerstones for achieving a good control.
- Ending AIDS by 2025 is a realistic target. Increasing awareness among health staff will reduce discrimination and improve patient compliance.

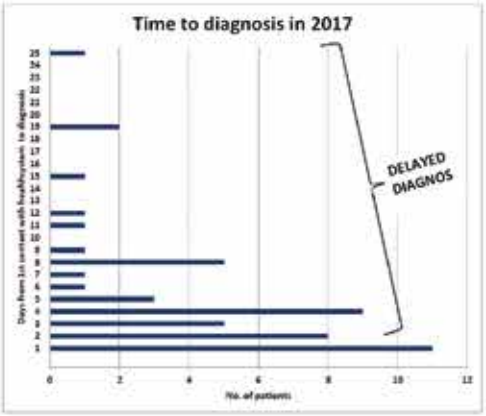
Reduce the Delay in diagnosing imported Malaria

Every single day that a malaria patient is left untreated,

* **His/her chances of survival decreases, &**

* **He/she can transmit the disease to others & re-introduce malaria to Sri Lanka**

Therefore malaria should be diagnosed within 24 hours of onset of fever



Your role:

For all fever patients, always check **travel history** at first interview. If patient has travelled to a malaria endemic country recently, **test for malaria.**

Anti Malaria Campaign Headquarters
Public Health Complex, 3rd floor, 555/5,
Elvitigala Mawatha, Colombo 05
Tell: 011 2 588 408/ 011 2 368 173/ 011 2 368 174
Email : antimalariacampaignsl@gmail.com

Call now for free advice, treatment and drugs

011 7 626 626

www.malariacampaign.gov.lk

Upcoming events in March 2020

17th March
Clinical Meeting with College of Anaesthesiologists
12.00 - 1.30 pm
at the SLMA Auditorium

26th March
Regional Meeting with Homagama Clinical Society
8.30 am - 1.00 pm
at the Auditorium, Base Hospital, Homagama

27th March
Therapeutic Lecture
12.00 - 1.00 pm
at the SLMA Auditorium

Calling for Applications - SLMA Doctors Concert 2020

The SLMA Doctors Concert at the 133rd Anniversary Medical Congress is scheduled for Friday 24th July at 7.00 PM at the Hotel Galadari, Colombo.

The number of performances this year is limited to 20. This will include an array of performances by previous and new performers.

This is your opportunity to showcase your talents as a musician/singer/dancer or actor.

Each person will be allowed only one item in the entire programme and no one will be allowed to present an item and then join a duet or group (except the council members).

Please send in your application on or before the 31st March 2020 to office@slma.lk.

If you have any clarification, please do not hesitate to call me on 077 25 32 184.

Information Required;

- Name & contact details
- The type of performance (singing/playing a musical
- instrument/ dancing etc.)
- Number taking part (solo/ duet/ group)
- Have you performed at any previous Doctors Concerts & when?

Looking forward to your early response.

Thank you

Dr. Sumithra Tissera
Honorary Secretary, SLMA (on behalf of the Doctors Concert Organising Committee)

PS. The committee's decision on selection of the performers would be considered as final.

Sri lanka medical association call for orations

Applications are called for the following orations to be delivered in 2020

SLMA Oration - July 2020, Hotel Galadari, Colombo

The SLMA Oration is the most prestigious oration of the Association. Instituted in 1979 it recognises outstanding achievement in research. It is delivered at the Inaugural Ceremony of the Annual Scientific Congress of the SLMA.

Dr. S.C. Paul Oration - July 2020, Hotel Galadari Colombo

The S.C. Paul Oration is the oldest oration of the Association. Instituted in 1966, it is delivered in the memory of Dr. S.C. Paul, an outstanding surgeon. It is delivered on the second day of the Annual Scientific Congress of the SLMA.

Dr. S. Ramachandran Oration - July 2020, Hotel Galadari Colombo

It is delivered during the Annual Scientific Congress of the SLMA.

Dr. N.W.D. Lionel Oration - July 2020, Hotel Galadari Colombo

It is delivered during the Annual Scientific Congress of the SLMA.

Dr. Murugesar Sinnetamby Oration

Instituted in 1968, this oration is delivered in the memory of Dr. Murugesar Sinnetamby, an outstanding obstetrician and gynaecologist.

Sir Nicholas Attygalle Oration

Instituted in 1975, this oration is delivered in the memory of Sir Nicholas Attygalle, an outstanding obstetrician and gynaecologists, the first Ceylonese Vice-Chancellor of the University of Ceylon and President of the Senate. It is delivered on the second day of the Foundation Sessions of the Association.

Sir Marcus Fernando Oration

Institute in 1969, this oration is delivered in the memory of Sri Marcus Fernando, an outstanding physician and the first Sinhalese member of the Legislative Council.

Applicants should submit the full script of the oration. The covering letter, addressed to the Honorary Secretary, SLMA should explain why the applicant believes that the work is of sufficient merit to deserve an oration, and list the original papers and conference presentations (both oral and poster) of the applicant cited in the oration. Applications should reach the Honorary Secretary, SLMA, No. 6 Wijerama Mawatha, Colombo 7 **on or before 15th April 2020.**

All orations:

- Substantial part of the oration should be based on original research.
- Orations based on work published in peer reviewed journals will be given priority.
- in case of multi-author research and publications, the applicant should inform the other authors of his/her presentation and provide details of the contribution to design, data collection, analysis and writing of the manuscript by the applicant.
- A separate sheet stating the publications on which the oration is based should be attached to the submission (see below for details).
- The Dr. Murugesar Sinnetamby Oration should be preferably on a topic pertaining to obstetrics and gynaecology.

Guidelines for submission

- A covering letter should indicate the oration/orations for which the manuscript should be considered.
- The oration should be written in full. The IMRAD format is suggested unless the content requires otherwise.
- For all research involving human or animal subjects, state 'Ethics Clearance' in the methods section. Randomized Control Trials should have been registered in a WHO recognized Clinical Trial Registry.
- The oration should be typed using Times New Roman, size 12, double line spacing. Harvard or Vancouver system of referencing can be used.
- **Seven (07) copies of the scripts should be submitted to the SLMA office (Honorary Secretary, 'Wijerama House', No.6, Wijerama Mawatha, Colombo-07). Of these, one (01) copy should be with the name of the author and six (6) copies should be without the name of the author.**
- Each copy should be accompanied with a brief resume of the salient points in one sheet of paper (A4 size) indicating the contribution made to advances in knowledge on the subject. Further particulars may be obtained from the SLMA office.

The manuscript should be accompanied by a separate document which indicates the following;

1. The impact of the research in terms of advancing scientific knowledge, quality of clinical care and improvement of service delivery.
2. In case of multi-author research/publications, the contribution of the applicant to design, data collection, analysis and writing of publications/manuscript.

3. A declaration by the applicant that the other authors of the presented research have no objections to the submission of the oration.
4. The applicant should declare if all or part of the work included in the manuscript has already been presented as an oration.
5. Declaration of financial and other conflicts of interests.

All authors of orations should be members of the SLMA, if they are eligible for membership. (If you are not a member at present, please become a member before forwarding your application)

Closing date for all orations:
15th April 2020

Thank you!

Dr. Sumithra Tissera,
Honorary Secretary, Sri Lanka Medical Association.

For further details please contact: The Sri Lanka Medical Association, 'Wijerama House', No.6, Wijerama Mawatha, Colombo-07. Tel: +94-112-693324, Email: office@slma.lk

Awards and research grants - SLMA 2020

It is hereby called for applications for the following awards and grants for the year 2020.

CNAPT Award: Applications are invited from doctors and others for the best research publication (article, book chapter or book) in medicine or in an allied field, published in the year 2019, for the Richard and Sheila Peiris Memorial Award. Five copies of the research proposal should be submitted.

Closing date: 31st May 2020

GR Handy Memorial Award: Applications are invited from Sri Lankans, for the best publications in cardiovascular diseases published in the year 2019 for the GR Handy Memorial award. Five copies of the research proposal should be submitted.

Closing date: 31st May 2020

Glaxo Wellcome Research Award: Applications are invited from members for research proposals on topics related to medicine. Five copies of the research proposal should be submitted.

Closing date: 31st May 2020

Professor Wilfred SE Perera Fund: Applications are called from life members of the SLMA, requiring financial support to attend an academic conference, provided an abstract has been selected for presentation at the event. Five copies of the application should be submitted.

Closing date: 31st May 2020

SLMA Research Grant: This grant is offered for research proposals on topics related to any branch of medicine. The maximum financial value of the grant is LKR 100,000.00. The grant is targeted at young researchers in their early career, for proposals on applied research that could be initiated (e.g. pilot study) or completed (e.g. audit) with the grant. Five copies of the research proposal should be submitted. The project should have a supervisor.

Closing date: 31st May 2020

Dr. Thistle Jayawardena SLMA Research Grant for Intensive and Critical Care: This grant is offered for a research project with relevance to the advancement of Intensive and Critical Care in Sri Lanka. The maximum financial value of the grant is LKR 100,000.00. Five copies of the research proposal should be submitted.

Closing date: 31st May 2020

FAIRMED: This grant is offered for a research project with relevance to the advancement of Neglected Tropical Diseases in Sri Lanka. The maximum financial value of the grant is LKR 350,000.00. Five copies of the research proposal should be submitted.

Closing date: 31st May 2020

For further details please contact:
The Honorary Secretary, Sri Lanka Medical Association
"Wijerama House", No. 6, Wijerama Mawatha,
Colombo 7
Telephone: 2693324

Sri lanka medical association
Call for abstracts

The Sri Lanka Medical Association invites you to submit abstracts for the 133rd Anniversary International Medical Congress - 2020.

- All abstract submissions should be made electronically through our online abstract submission system (http://conference.slma.lk/). More details can be found on the SLMA conference website (http://conference.slma.lk/).
- Hard copy submissions to the SLMA office will not be accepted.
- One author will be permitted to submit a **MAXIMUM of three (03) abstracts ONLY.**
- All authors of abstracts should be members of the SLMA, if they are eligible for membership.
- All research studies should have obtained ethics approval. All clinical trials should be registered with a Clinical Trials Registry. Authors should provide the letter of approval from an accepted Ethics Review Committee (ERC) for research studies and registration number for clinical trials upon request.
- All the authors should declare any conflict of interests during their presentation at the congress.
- The SLMA considers plagiarism as serious professional misconduct. All abstracts are screened for plagiarism and when identified, the abstract and any other abstracts submitted by the same author will be rejected.
- The SLMA reserves the right to make alterations and to edit the contents of the abstract to improve the quality of presentation.

Instructions for online abstract submission

1. Creating an author profile
Before submitting an abstract, authors must register in the abstract submission system by creating an author profile online.

2. Submitting an abstract
(i) Log in to your author account.
(ii) Enter the information requested in the system (title, names and affiliations, presenting author, abstract text).

Guidelines
- The title of the paper should be concise and the SLMA reserves right to modify the title if necessary.
- The author(s) name(s) should be in the format of last name followed by initial(s). Please DO NOT use prefixes such as Mr/Dr/Prof. (E.g. Perera AB)
- Please DO NOT include the title, names of the authors, institutions, sub-headings or any tables/graphs/figures or references within the body of the abstract. Only the text of the abstract should be included.
- The abstract must be structured as follows:
  - Introduction and objectives
  - Methods
  - Results
  - Conclusions
- The body of the abstract MUST NOT exceed 250 words.

(iii) Please select the relevant submission category (Eg: Dermatology, Family Medicine etc.) from the drop-down list in the abstract submission form.

(iv) When uploading the abstract as a MS Word document, please format as below.
- Title: BOLD CAPITAL LETTERS
- Authors: Last name followed by initials, with the presenting author underlined. A superscript number should be placed after each name to refer to the respective affiliations. (eg.:- Perera AB1, Silva CD2)
- Affiliations: must be listed below the authors
- Body of the abstract: Structured with subheadings: Introduction and Objectives, Method, Results and Conclusions.
- Font: Times New Roman
- Font size: 12, single line spacing

3.Important notices:

- Modifications to the abstract can be made until submission. Please note that NO amendments to the submitted abstracts (including the authors list) would be entertained after closing of submission.
- Abstracts not conforming to the above instructions will be rejected.
- Accepted abstracts will be published in the Ceylon Medical Journal Supplement containing the abstracts.
- A panel of reviewers will review abstracts anonymously and the decision of the Scientific Committee will be final. Successful applicants will be notified via email by 31st May 2020.
- The presenting author is required to register for the sessions upon acceptance of the abstract.
- Please provide a name of a second presenting author (in case of a situation where the original presenting author is unable to attend).
- Failure to make a presentation (oral or poster) once participation is confirmed will be considered an episode of academic/scientific misconduct and the authors will be liable for punitive action.
- The deadline to submit abstracts is 15th April 2020 23:59 Sri Lankan Time.
- Please make note that the deadline for submitting abstracts will not be extended.

The deadline to submit abstracts is 15th April 2020 23:59 Sri Lankan Time.

Please make note that the deadline for submitting abstracts will not be extended.

Awards for free papers and posters

The following prizes will be awarded for free papers and posters accepted for presentation at the 133rd Anniversary International Medical Congress 2020.

1. E. M. Wijerama
2. S. E. Seneviratna
3. H. K. T. Fernando
4. Sir Nicholas Attygalle
5. Wilson Peiris
6. Daphne Attygalle (Cancer)
7. Sir Frank Gunasekera (Community Medicine and Tuberculosis)
8. Kumaradasa Rajasuriya (Research Tropical Medicine)
9. Special prize in cardiology
10. The SLMA prize for the best poster
11. S. Ramachandran (Nephrology)

IMPORTANT DATES

Abstract submission deadline: 15th April 2020 23.59 Sri Lankan Time
Abstract acceptance notification: 31st May 2020
Registration for presenting authors: 12th June 2020

Thank you

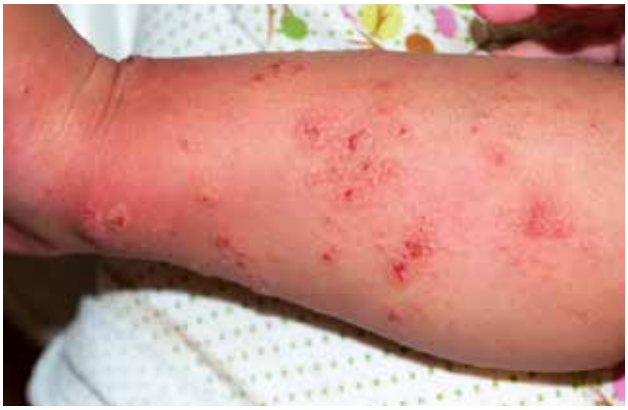
Dr. Sumithra Tissera
Honorary Secretary
Sri Lanka Medical Association

For further details please contact: The Sri Lanka Medical Association,'Wijerama House',
No .6, Wijerama Mawatha, Colombo-07. Tel: +94-112-693324
Email: office@slma.lk

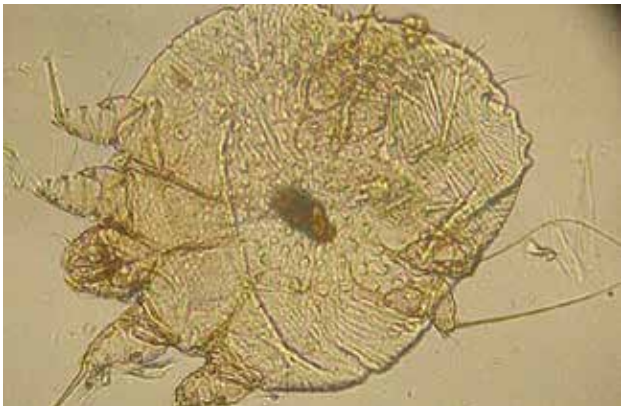
Picture Test

By Dr. P.S.M.J.U. Samarakoon

Case 01



Picture A



Picture B

A 2-year-old child presented with an itchy widespread, erythematous, vesicular rash (Picture A). Her mother reported that a child in her play group has had a similar rash few days back. On examination, she was found to have small serpiginous, linear lesions more concentrated on interdigital web spaces. The organism shown in Picture B was seen in skin scrapings.

1.What disease condition does this child have?
2.Identify the organism shown in Picture B.
3.How would you treat this patient?

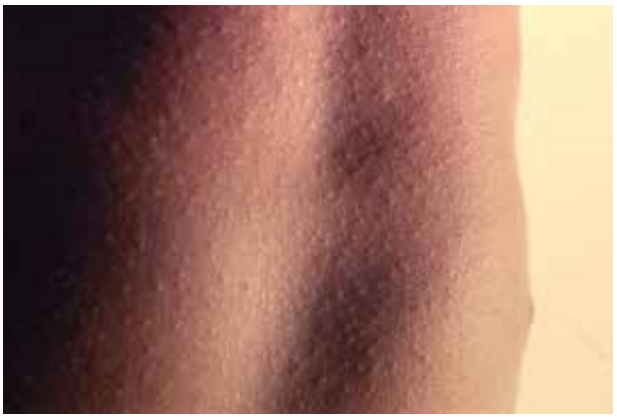
Case 02

A 12-year-old boy presented with a 2-month history of eruptive papules on the face. They were of about 2 to 5 mm in diameter and they were not associated with any pain or discomfort.

On examination the surface of the lesions appeared smooth, round, blanched and pinkish with a dimple in the middle, and they were soft in consistency and non-tender.

1.What is the diagnosis?
2.What is the causative organism?
3.How would you treat this patient

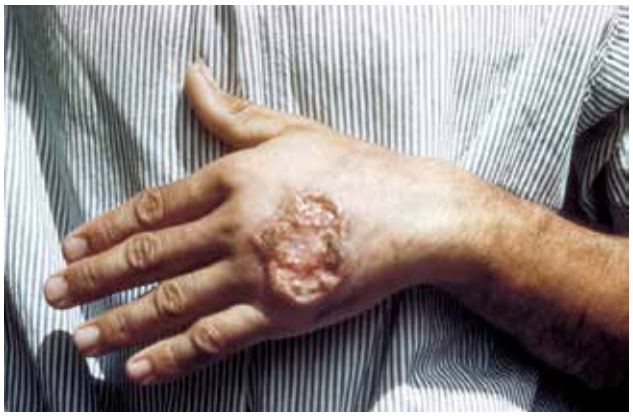
Case 03



An 8-year-old boy presented with fever and sore throat for 2 days. On the second day of illness, he had noticed a rash which started from the neck and spread to involve the trunk and extremities. He also complained of headache, myalgia and malaise. On examination he was febrile and was found to have a strawberry tongue as well.

1.What is the diagnosis?
2.What is the causative organism?
3.How would you treat this patient

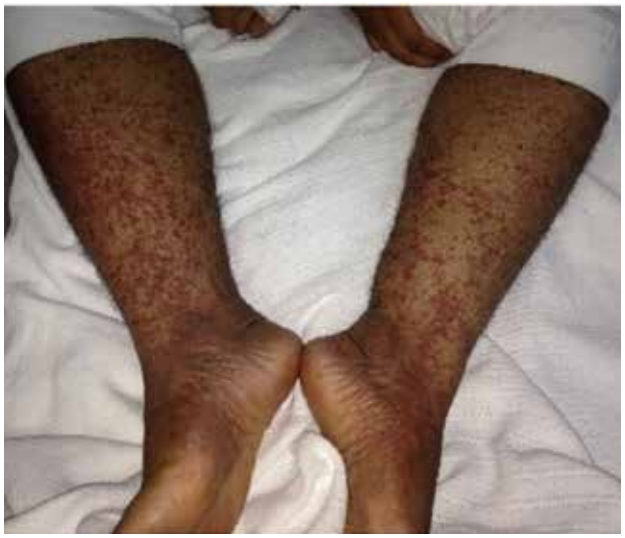
Case 04



A 45-year old army soldier who had been posted in the North Central province of Sri Lanka presented with a wound on his left hand for a few weeks' duration. He complained that it did not respond to topical treatment given from the district hospital. It was a nontender ulcer of 3 cm in diameter over the dorsal aspect of the left hand.

1.What is the diagnosis?
2.Name the main causative organism in Sri Lanka?
3.Name the vector which transmits this disease?
4.What are the available treatment options for this disease condition?

Case 05



A 14-year-old boy presented with abdominal pain, fever, arthralgia and headache for 3 days and a rash over the lower limbs for 1-day duration. On examination, he was found to have symmetrically distributed crops of erythematous macules of various stages of eruption. Some appeared to coalesce to form palpable purpura. Investigations revealed a leukocytosis with normal platelet count, elevated erythrocyte sedimentation rate, microscopic haematuria and negative antinuclear antibody (ANA) and rheumatoid factor (RF). The clotting profile was normal. A skin biopsy was also performed.

1.What is the most likely diagnosis in this patient?
2.What are the likely histological findings in the skin biopsy?
3.Name three infectious causes that may precipitate this disease condition.

Answers

Case 1
1. Scabies
2. Sarcoptes scabiei
3. Topical application of permethrin cream (drug of choice), topical benzyl benzoate

Case 2
1. Molluscum contagiosum
2. Molluscum contagiosum virus
3. Curettage of the lesions

Case 3
1. Scarlet fever
2. Streptococcus pyogenes (Group A Streptococci)
3. Penicillin (or amoxicillin) remains the drug of choice, first-generation cephalosporin may be an effective alternative. If the patient has documented anaphylactic reactions to penicillin clindamycin or erythromycin may be considered as an alternative

Case 4
1. Cutaneous leishmaniasis
2. Leishmania donovani
3. Phlebotomus argentipes
4. Cryotherapy, infiltration of sodium stibogluconate, local heat therap y at 40-42°C and various topical paromomycin preparations

Case 5
1. Henoch-Schönlein purpura (HSP)
2. Classical leukocytoclastic vasculitis in postcapillary venules with IgA deposition
3. Haemophilus parainfluenzae, Mycoplasma, Legionella, Yersinia, Shigella, or Salmonella) and viruses (eg, adenoviruses, Epstein-Barr virus [EBV], parvoviruses, or varicella-zoster virus [VZV])

Appreciation - Professor Anura Weerasinghe

The untimely passing away of Professor Anura Weerasinghe will leave a void in medical education in Sri Lanka. He was a highly qualified dedicated medical teacher and a man of principles.

I first met him in the late 90s when I was Additional Secretary, Ministry of Health. As he had to study Japanese for his PhD in immunology at the University of Niigata, Japan, he requested for additional leave. This was granted.

He was Honorary Secretary of the Sri Lanka Medical Association (SLMA) in 2001 and 2002. Then he was the Senior Consultant Clinical Immunologist at the Medical Research Institute (MRI).

He was dedicated to his work at the SLMA. In 2001, at a meeting of the Communicable Diseases Committee of the SLMA, the lack of guidelines on the use of vaccines that were available only in the private sector was discussed. He proposed that the Committee write a book with the help of relevant experts. He and I were appointed Joint Editors. The 'SLMA Guidelines on Non-EPI Vaccines' was published in 2001. Anura wrote three of the twenty chapters. The printing was sponsored by GlaxoSmithKline, where I was Medical Director. The book was an instant success and became a reference book especially for doctors practising vaccination. This success made the Committee decide to publish new editions every three years, and to discuss all vaccines available in the country. Anura remained Joint Editor with others for the second to fifth editions of the 'SLMA Guidelines and Information on Vaccines' published in 2004, 2008, 2011and 2014. He was happy when I told him a few days before he passed away, that the project he started is going from strength with the seventh edition now in preparation.

From the MRI, Anura ventured to academia as Professor of Physiology at the University of Kelaniya. Later, he helped the fledgling University of Rajarata, teaching not only physiology but other subjects such as pharmacology. He later joined the Neville Fernando Teaching Hospital of South Asia Institute of Technology and Medicine (SAITM) where he continued his mission of teaching. He was a dedicated teacher who loved his students and even helped some of them financially.

At the time of his passing away, he was Professor of Physiology at the new medical faculty at Ratnapura.

He was the Founder of the Allergy and Immunology Society, of which Professor Tissa Vitharane was the Founder President. He was the Founder Secretary. Later he became its President. He was happy when the present leadership of the Society told him recently that the annual oration of the Society will be named the Professor Anura Weerasinghe Oration.

He was a volunteer of the Sri Lanka Navy and conducted medical clinics at the Navy Hospital.

Anura believed that "Power, prestige and riches; the less you want them, the happier you will be". He tried to live accordingly and be happy. He lived a simple life, helping medical students and patients. He did not forget his ancestral village at Agalawatte. Every Sunday he conducted a free medical clinic at his ancestral home.

He told me that he had no regrets except maybe that he should have given little more time for his health. Maybe he would have been with us today, if he did so.

We will miss a dedicated gentleman doctor. I will miss a good friend.

May he attain Nibbana.

Dr. Lucian Jayasuriya
Past President, Sri Lanka Medical Association.

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