



SLMA NEWS+

The eMagazine of the Sri Lanka Medical Association

04 Editorial
COVID-19: The Endgame

06 SLMA's contributions
to COVID-19 control...

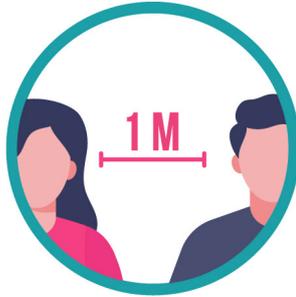


Combating HIV/AIDS
in the New Normal **20**

Please Adhere to the Following Simple Steps to Prevent COVID-19 in Your Workplace



Wear a mask.



Maintain distance of one meter with everyone.



Wash hands with soap and water or sanitize with a hand sanitizer.



Cover coughs and sneezes with the elbow



Do not allow any person having fever with or without respiratory symptoms to report for work.



Frequently disinfect commonly contacted surfaces by staff or customers.



Avoid exchange of equipment, utensils or any other items between workers. If exchanged disinfect them before and after exchanging.



Avoid sharing personal items between workers. If shared disinfect them before and after sharing.



Ensure good ventilation and use air-conditioning only if necessary.



If your duty involves close contact or touch customers, (Eg. Barber, Tailor) wear an eye shield or a goggle and sanitize hands immediately afterwards.



If your duty involves using instruments that touches customers (Eg. Measuring tape, Comb) disinfect them after use.



For details please refer to the "Operational guidelines on preparedness and response for covid-19 outbreak for work settings" published by the Ministry of Health. Visit health.gov.lk.



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Editorial

COVID-19: The Endgame

Even as China grappled with an emerging and hitherto unknown contagion, the year 2020 began as just another year for most other countries around the world. However, within a few short weeks, it proved to be anything but ordinary. Looking back today, as we set off into a new year, it feels as if we have lived through a thrilling action movie merged with a scary horror movie. No one wanted to be in it, but everyone was compelled to endure it. Bushfires, wildfires, floods, accidental explosions, plane crashes, stock market crashes, riots; 2020 was riddled with natural and man-made catastrophes of epic proportions one after another. However, none could surpass the COVID-19 pandemic by magnitude or impact. COVID-19 surely can be crowned as the supervillain without even a shadow of doubt.

Like in any good action movie, the supervillain, COVID-19, was valiantly fought by the superheroes in a long-drawn-out war. There were battles fought on several fronts. Many joined hands with front-line heroes such as healthcare workers, police and military to combat the common enemy. And similar to any good action movie, there were twists in the plot: unexpected losses and triumphs, soul-searching, jubilant realisations, as well as deep dark revelations. COVID-19 laid bare the deficiencies in our institutional structures and exposed the unspoken inequalities in our societies. It uncovered the frailty of mighty economies and political super-powers. Just as COVID-19 sometimes exhumed the ugliness of humankind; the racist, self-centred, self-serving, irresponsible and irrational horridness, some balance was restored by the altruism, benevolence and bravery portrayed in the subplots. Ordinary people found strength and courage to tackle obstacles with ingenuity and perseverance. There was a boom in scientific knowledge and its application through innovations. Humans began to share knowledge and resources with the realisation that no one is safe unless everyone is safe. When exhaustion was setting in, the spirits were lifted by an unexpected miracle, the roll out of the vaccines against COVID-19. Finally, as in any good action movie, we are now at the culmination: The Endgame.

After nearly 80 million confirmed cases and over 1.5 million deaths worldwide, we are seeing a glimmer of hope on the horizon. Just like in any good action movie, this truly is an astonishing endgame to end the acute phase of the pandemic. In April 2020, the World Health Organization (WHO) and its partners launched a cross-discipline support structure named Access to COVID-19 Tools (ACT) Accelerator with the aim to accelerating the development of COVID-19 diagnostics, treatment and vaccines and ensuring equitable access to these tools to fight the pandemic. Through this coordinated global effort, governments, global health organisations, scientists, manufacturers, private sector organisations and civil societies were brought together in an unprecedented manner to achieve a single goal. COVAX Facility is the vaccine pillar of the ACT Accelerator.

COVAX is an extraordinary and unique global collaboration with the most diverse vaccine portfolio in the world. It facilitates research, development and manufacturing of

COVID-19 vaccine candidates as well as negotiating their pricing. It is a global solution to ensure that all participating countries, irrespective of their income level, will have equitable access to vaccines once they are developed. COVAX employs many strategies and mechanisms to achieve this. GAVI COVAX AMC is an innovative funding solution to support low and middle-income countries to get fair access to safe vaccines at the same time as self-financing higher income countries. The initial goal of COVAX is to protect high risk and vulnerable groups, along with frontline healthcare workers with 2 billion doses made available by the end of 2021. We seem to be at the cusp of securing a solution.

As marvellous as this sounds, the success of this extraordinary venture relies heavily on the efforts of the participating countries. For example, each individual country must ensure that they are ready to receive and deliver the vaccines once they become available. At a global level, the vaccine availability and delivery will be staggered. Therefore, each country must have robust policies for use in different groups based on prioritization. There should be regulatory preparedness and approvals, financing and readiness of infrastructure and mechanisms to operationalise vaccination including training of healthcare workers. Within each country, agreement and collaboration among politicians, policy makers, regulatory authorities, the public and all other stakeholders would be crucial to successfully implement this plan. There must be discipline, a total aversion to corruption, as well as commitment to standards and integrity; qualities that are sometimes lacking even at individual levels. Citizens would have an important role to play in complying with the guidelines and policies for vaccination and understanding the true global nature of this undertaking. It is an endgame that can be won only by the concerted efforts of all, at all levels and a show of unparalleled solidarity.

However, would it be the exciting 'Endgame' all of us are eagerly anticipating? The calculated proportion of a population who should be immune, either by vaccination or natural infection, to develop herd immunity to SARS-CoV-2, is over 70% to 85%. Even with the best combined efforts of global partners along with diligent participation of countries across the world, only up to about 20% of the population are likely to be vaccinated by the end of year 2021. COVAX aims to scale up production and delivery of vaccines further in the coming years to increase coverage. Although these steps are expected to end the acute phase of the pandemic, in reality, the year 2021 is unlikely to be much different from the last. The already implemented public health measures will remain the cornerstone of combating COVID-19 along with appropriate diagnostics and evidence-based treatment. Masks, social distancing, handwashing - our New Normal Way of Life will definitely need to continue. As the plot develops, the Endgame would likely be a protracted one. Unlike in the good action movies, there would be no miraculous and exciting swift salvation by mighty superheroes. In this real-life saga, each of us is a "superhero" in our own right, with our own "super-power"; each one responsible for keeping oneself, the loved ones and the society at large, eminently safe.

President's Message

Dear Members of the Sri Lanka Medical Association,

The most unprecedented and challenging year faced by SLMA has come to an end. During 2020, COVID-19 inflicted an unexpected degree of damage and uncertainty on humanity. Under such circumstances, the progress of any organization depends on its ability to incorporate new energies and new ideas to adapt to the changing needs and demands. The SLMA faced this challenge with vigour, the combined strength of experience, youthful energy and enthusiasm. The results that has been extraordinary, to say the least. We flourished during a year where many organizations became defunct or extinct.



This was only possible with the ever-willing help provided so generously by all of you. Many went beyond their call of duty to rally round SLMA. A very big thank you to you all!!

As the apex medical association in the country, this rapidly evolving situation called for SLMA to contribute to its maximum capacity in this fight against COVID-19. In that endeavour, the SLMA has been relentlessly and tirelessly working with the government authorities, other professional colleges and many other relevant sectors. The success of the first national symposium "**Novel Coronavirus Infection (nCoV), Wuhan China - Are we ready to face it?**" held on Thursday, 30th January 2020, triggered off a whirlwind of activity including high-level meetings, webinars, international conferences, situational analysis, field work, research, media briefings, capacity building, and most importantly, advocacy.

It was a year of many firsts, during which SLMA ventured into new terrains, broke new ground, and gained attention, both nationally and internationally.

It was a year of collaborative partnerships, working closely with several international organizations including the WHO, World Bank, UNFPA, UNICEF and APACPH. The collaboration with the Ministry of Health and the Government of Sri Lanka was continuous, in keeping with the national need.

SLMA reached out to the medical profession and general public as never before. The average weekly reach of SLMA social media has been over 100,000. The participation for SLMA webinars was counted in several hundreds. For the first time in history, the number of unique registered participants for the SLMA International Medical Congress and the SLMA Foundation Sessions was over 500. Co-hosting the APACPH Annual Conference and Webinars with WHO, AAAH and the Commonwealth Medical Association resulted in SLMA reaching thousands of health professionals in over 100 countries worldwide.

It was a year of digital revolution and transformation for the SLMA. All conferences were conducted using state-of-the-art technology. Social Media was used to the maximum to reach out to the membership. The number of followers of the SLMA Facebook Page increased from 9000 to 25000. The SLMA YouTube Channel achieved the landmark of 1000 subscribers and 50,000 views, up from a mere 68 subscribers and 1000 views, around the beginning of the year. Over 500 high-quality videos with educational content were added to YouTube. The SLMA online learning platform is now completely populated with content and ready to be launched. The recently concluded APACPH 2020 was perhaps the first-ever international conference that successfully combined in-person participation, video conferencing, in a quest towards virtual and augmented reality.

While the pandemic and associated restrictions spelled financial crisis for many organizations, SLMA achieved a healthy financial status. This was indeed a remarkable achievement, considering that the year started with a negative balance in the general account. This was achieved through collaboration, attention to detail, minimizing wastage, commitment, sacrifices and hard work.

In 2020, SLMA thrived in the new normal and splendidly rose to the occasion, converting the crisis into a blessing in disguise, while fulfilling a national leadership role and achieving international recognition.

I thank the Council, the Office Bearers, Office Staff and all SLMA Members for their unstinted support during this very challenging year. I, for one, enjoyed dealing with the many challenges that we faced. I hope very much that all others felt the same way.

Professor Indika Karunathilake
President, Sri Lanka Medical Association

SLMA's contributions to COVID-19 control: The Sri Lanka Medical Intercollegiate Committee

Professor Indika Karunathilake, President - SLMA

TCOVID-19 has inflicted an unexpected and unprecedented degree of damage and uncertainty on humanity. Facing this challenge called for collaboration and partnership. Similarly, under such circumstances, the progress of any organization depends on its ability to incorporate new energies and new ideas to adapt to changing needs and demands. Therefore, as a committee, which was formed only 9 months ago, the Sri Lanka Medical Intercollegiate Committee (SMIC) can be justifiably proud of its contribution towards the national responsibility in prevention and control of COVID-19.

Bringing together more than 50 different medical professional colleges and associations itself was a task considered as impossible when considering the difficulties faced in arriving at a consensus even within one organization.

There are many who contributed in achieving the impossible. The initial idea came up in late 2019 during a discussion with Dr Ananda Wijewickrama, then President Elect Ceylon College of Physicians (CCP). During that time our focus was on CPD and professionalism and COVID was not even in sight.

Both Ananda and I specifically stated about this plan to bring all colleges together during our respective presidential inductions. Dr Jayindra Fernando, President of College of Surgeons of Sri Lanka (CSSL), Dr Sapumal Dhanapala, then President of Sri Lanka College of Community Physicians (SLCCP) formally supported the idea from their respective colleges.

When COVID-19 hit our shores, it became the real catalyst for the formation of intercollegiate committee. The successful national seminar on COVID-19 organized by SLMA on 29th January 2020 with the contribution and participation from all the Colleges and Associations demonstrated the potential of collaboration. College and Association's Presidents Drs Asoka Gunarathne, Shirani Chandrasiri, Indira Kahavita, Saman Yasawardhana, Athula Kaluarachchi, Padma Gunarathne strongly supported the idea.

The impact made by SMIC during this short time period is immense. SMIC has contributed to almost all key decision regarding control of COVID-19. Here are some examples of key turning points.

- **22nd March 2020:** Letter to HE the President Sri Lanka: Request for immediate measures to prevent gathering of general public immediately after cessation of curfew.

- **24th March 2020:** the inaugural meeting of the Intercollegiate Committee took place at the Lionel Memorial Auditorium of SLMA. The impact was immediate with newspaper articles and media reports published on SMIC. On 29th March 2020, DGHS requested representation from the committee for a meeting with the Hon. Minister regarding COVID. This was the first time the ministry formally recognized the expertise of colleges and associations in COVID control. This meeting lead to the formation of Ministry of Health Technical Committee.



- **6th April 2020:** Letter to the DGHS and Joint Press Release on diagnostic and screening tests for COVID-19. During this time, there was a strong push for Rapid antibody testing as the Diagnostic test. This letter put all the arguments to rest and Ministry of Health took immediate measures to increase RT-PCR testing capacity.

- **9th April 2020:** Letter to HE the President of Sri Lanka on Effectively combating the Corona Virus (COVID-19) pandemic in Sri Lanka.

- **12th April 2020:** SMIC recommendations for maintaining essential Medical Services submitted to DGHS. This was issued as a circular.

- **20th April 2020:** Media Message by SMIC with an appeal for strict control measures was telecasted in all national media.

- **22nd April 2020:** Guidelines developed by several colleges were revised/endorsed by the SLMA Intercollegiate Committee submitted to DGHS.

1. Management of COVID 19 in different settings
2. Screening and management of HCW following exposure
3. Testing guidelines
4. Well fare of HCW and PPE
5. Management of COVID 19 patients in designated hospitals
6. Guidelines by following colleges
 - Sri Lanka College of Surgeons
 - College of Paediatricians
 - College of Otolaryngologists
 - College of General Practitioners on Sri Lanka

- **3rd May 2020:** Letter expressing concerns regarding the use of decontamination chambers and spraying of public places. Following our representation, the decision to ban these was taken during a meeting chaired by Hon. Prime Minister.

- **8th May 2020:** SMIC Recommendations on use of PPE and when to do PCR before procedures were submitted to DGHS and issued as a circular.

- **6th May 2020:** Meeting with Chairman of Inventions commission, Professor Rangika Halwathura. Following the meeting, SMIC was invited for the national exhibition for inventions where several colleges demonstrated their innovations.

- **18th May 2020:** Meeting with the Secretary, Ministry of Health and presented the work done so far and discussed the way forward for collaboration. Possibilities of an online CPD programme for doctors too was discussed.

- **15th June 2020:** The letter regarding purchase of thermometers for schools to screen students and staff on entry to the premises. The circular was withdrawn following the letter.

- **2nd June 2020** Elections Commission: Meeting with the Chairman of the Elections Commission. Successfully contributed towards conduction of COVID-19 free election.

A letter to HE the President Sri Lanka on the measures to be taken to contain the current situation, including the proposal for intermediate treatment centers was sent by the SMIC.-This was considered when planning the national response.

- **8th October 2020:** Media statement by SMIC urging the need for adherence to preventive measures

- **30th October 2020:** Discharge criteria revised upon SMIC recommendations, easing the burden from the hospital system.

SMIC is continuously working on several key issues related to current COVID situation. As the founder President of Sri Lanka Medical Association Intercollegiate Committee, it gives me a great sense of satisfaction when reflecting upon how SMIC has risen to the occasion during the hour of need of the nation.



PARK HOSPITAL 210M



LANKA HOSPITAL 700M



ASIRI MEDICAL HOSPITAL 1.1KM



NINEWELLS HOSPITAL 2KM

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Symposium on “Traditional Medicines used in NCD care: Where are we?”

Dr. Nimani de Lanerolle - Assistant Secretary SLMA

A symposium titled “Traditional medicines used in NCD care: where are we?” was conducted on the 16th of December 2020 via a virtual platform. This was organized by the Expert Committee on Non-communicable diseases (NCD) of the Sri Lanka Medical Association.

The symposium was moderated by Professor Indika Karunathilake, President SLMA and Dr. Jayanthimala Jayawardena, Consultant Cardiologist and Chairperson, Expert Committee on NCD, SLMA. The symposia consisted of two speakers who are eminent research and content experts in the field in Sri Lanka. Professor Priyanga Ranasinghe, Professor in Pharmacology, Faculty of Medicine, University of Colombo who spoke on the topic “Native herbal medicines for NCDs current medicines and future potential.”

This was followed by Dr. Senaka Pilapitiya; Dean and Senior Lecturer in Clinical Medicine, Faculty of Medicine, University of Rajarata; who spoke on the topic “Place of native medicines in Western allopathic treatment: the way forward.” The two presentations were then followed by a discussion and a question and answer session which was well attended. This symposium provided an excellent opportunity to bring about discussion on the pertinent topic of the use of traditional medicines in the current context.

For the full presentations, please visit <https://www.youtube.com/watch?v=gczkzP9BhU>



Webinar on “Vaccines and diagnostics: What you need to know”

Dr. Chiranthi K Liyanage

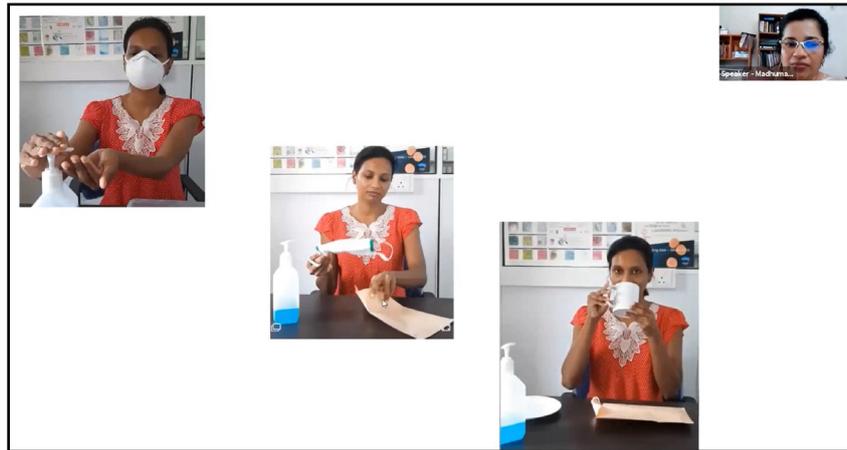
A webinar on “Vaccines and diagnostics: What you need to know” organised by the Sri Lanka Medical Association (SLMA) together with the Sri Lanka College of Microbiologists (SLCM) and the World Health Organisation (WHO) was held on 27th November 2020. During this webinar, a renowned panel of content experts discussed about the latest developments and the way forward in the use of diagnostic tools and vaccination against COVID-19. The panel consisted of Dr Razia Pandse, WHO Representative to Sri Lanka, Professor Neelika Malavige, Department of Immunology and Molecular Medicine, Faculty of Medical Sciences, University of Sri Jayawardenapura and Dr. Nayomi Danthanarayana, Consultant Virologist, Teaching Hospital Karapitiya. Dr. Pandse spoke on “Health System preparedness for COVID vaccination”, discussing about the COVAX facility, the regulatory approvals and country readiness. This was followed by a presentation on COVID-19 vaccines by Professor Malavige, who examined the different types of vaccines, their mechanisms of action and issues related safety and efficacy. Finally, a lecture on diagnostic tools for COVID-19 was delivered by Dr Danathanarayana. This webinar was moderated by Professors Indika Karunathilake, President SLMA and Nadira Karunaweera, President - SLCM.



Webinar on “Guidance on IPC Strategies”

Dr. Chiranthi K Liyanage

The Sri Lanka Medical Association in collaboration with the Sri Lanka College of Microbiologists (SLCM) and the World Health Organisation (WHO) organised a webinar on “Guidance on IPC Strategies”, which was held on 20th November 2020. It was moderated by Professors Indika Karunathilake, President SLMA and Nadira Karunaweera, President - SLCM. A lecture on “Personal protective equipment (PPE) in infection prevention and control in COVID situations” was delivered by Dr. Madhumeanee Abeywardena, Consultant Clinical Microbiologist, Sirimavo Bandaranayake Children’s Hospital, Peradeniya. This was followed by Dr. Bhagya Piyasiri, Consultant Clinical Microbiologist, Teaching Hospital Karapitiya, Galle who spoke on “Hospital preparedness for COVID-10 pandemic: Infection control aspects”. The webinar concluded with an engaging question and answer session during which many important and practical aspects on the use of PPE were discussed by the panel.



Hospital preparedness for COVID-19 pandemic; infection control aspects



Dr Bhagya Piyasiri
Consultant Microbiologist
Teaching Hospital Karapitiya, Galle, Sri Lanka
 MBBS (Pera), Dip.Micro(Col), DipRCPath(Lon), MD(Col)



Speaker - Bhagya P...

Monthly Clinical Meetings

Dr. Nimani de Lanerolle - Assistant Secretary SLMA

Clinical meeting collaboration with the Perinatal Society of Sri Lanka

The Sri Lanka Medical Association (SLMA) in collaboration with Perinatal Society of Sri Lanka conducted a clinical meeting on the 26th November 2020 via a web-based platform due to the current COVID-19 epidemic. The programme commenced with a presentation by Dr. Prabodhana Ranweera, Senior Lecturer in Obstetrics and Gynaecology, Faculty of Medicine, University of Colombo on "Prevention of preterm labour". Dr. Nilan Gamathige, Consultant Neonatologist, De Soysa Maternity Hospital, Colombo delivered an interesting talk on immediate management of preterm. Subsequent to that, a case-based discussion on overcoming challenges in an extreme premature baby was carried out by Dr. Surantha Perera, Consultant Paediatrician, Castle Street Hospital for Women, Colombo. This meeting was chaired by Professor Indika Karunaratne, President - SLMA and Dr. Kaushalya Kasturiaratchi, President - Perinatal Society of Sri Lanka.

For the full presentations, please visit <https://www.youtube.com/watch?v=TZDobbA2eeo>

Clinical meeting collaboration with the Sri Lanka College of Psychiatrists and the World Health Organisation

Together with the Sri Lanka College of Psychiatrists (SLCP) and the World Health Organisation, the SLMA conducted a clinical meeting on "COVID-19 & Mental Health" on 3rd December, 2020 via a web-based platform. Professor Thilini Rajapakse, Professor in Psychiatry, University of Peradeniya spoke on "Suicide and self-harm in the context of COVID-19", while a lecture on "how to manage psychiatric manifestations during COVID-19" was delivered by Dr. Gihan Abeywardane, President - SLCP, Consultant Psychiatrist, Teaching Hospital, Kandy. Case scenarios on "Mental health issues related to COVID-19" was presented by Dr. Mirza Jamaldeen, Senior Registrar in Psychiatry, Teaching Hospital, Peradeniya. This session was chaired by Professor Indika Karunathilake and Dr. Surantha Perera, Consultant Paediatrician, Castle Street Hospital for Women, Colombo.

Clinical meeting collaboration with the College of Pulmonologists

A clinical meeting organised in collaboration with the College of Pulmonologists was held on 15th December 2020 via a web-based platform. This session included a lecture on the place of lung functions in CTD-ILD by Dr Dilesha Wadasinghe Liyanarathnage, Consultant Respiratory Physician and Lecturer in Physiology, Faculty of Medicine, University of Kelaniya a presentation of case histories by Dr. LBN Chandramal, Senior Registrar in Respiratory Medicine, National Hospital of Sri Lanka/ Central Chest Clinic, Colombo and a presentation by Dr. Asha Samaranayake, Consultant Respiratory Physician, National Hospital of Sri Lanka/ Central Chest Clinic, Colombo on Interstitial lung disease and connective tissue disorders. Many important and up-to-date aspects of CTD-ILD were discussed during the meeting and it was well attended by a virtual audience of medical officers, postgraduate trainees and specialist in related fields.

Please visit <https://fb.watch/2CU2Gm3EJU/> for full presentations.

Clinical meeting collaboration with the Ceylon College of Physicians

A clinical meeting together with the Ceylon College of Physicians was conducted on 18th December 2020. This clinical meeting gave an opportunity for young clinicians to engage and discuss interesting cases as well as share new information. It commenced with a case presentation and case-based discussion by Dr. AGTA Kariyawasam, Senior Registrar in Medicine at National Hospital of Sri Lanka (NHSL) and Dr. Thuvarakan Poobalasingham, Registrar in Medicine, NHSL. Dr. G G Liyanarachchi Consultant Physician, NHSL then spoke on the topic "Acute on chronic liver failure - the Physician's Perspective." It concluded with a picture slide presentation by Dr. AGTA Kariyawasam and a question and answer session.

For the full presentations, please visit <https://fb.watch/2CUc7otyR6/>

Asia Pacific Academic Consortium for Public Health (APACPH) Conference – 2020

Dr. Chiranthi K Liyanage

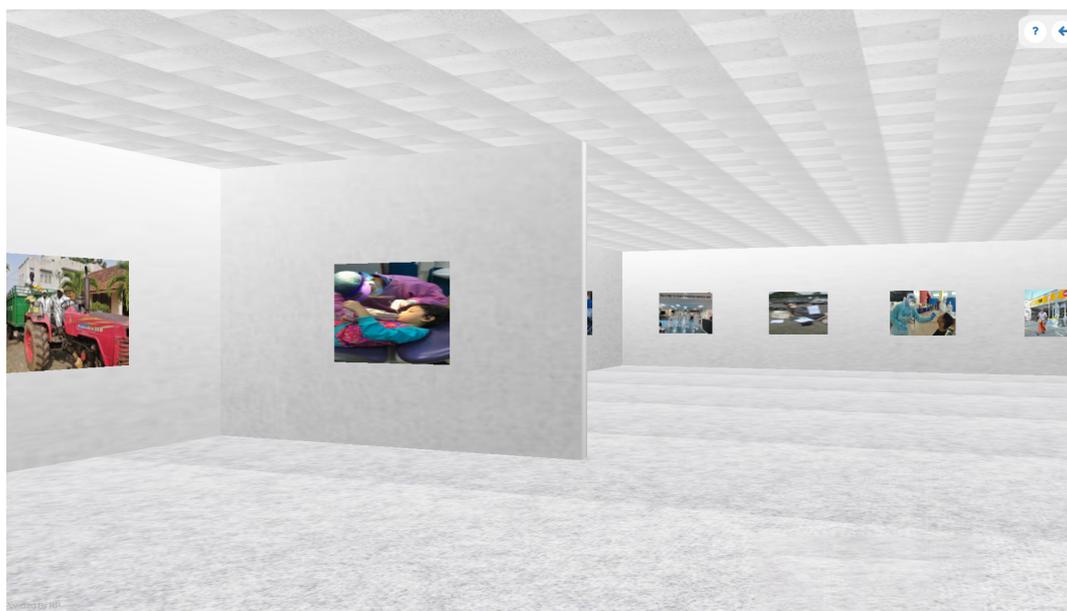
APACPH 2020, jointly organized by the Asia Pacific Academic Consortium for Public Health (APACPH), the Sri Lanka Medical Association (SLMA) and the Faculty of Medicine, Colombo, was held from 5th to 9th December 2020 at the Bandaranaike Memorial International Conference Hall, Colombo, Sri Lanka. It was webcast live from Colombo with participants worldwide joining virtually. The theme of this virtual conference was "Public health in the New Normal".



The main conference was preceded by two pre-congress workshops. These were workshops on "Scientific writing" conducted by a panel on local and foreign experts and on "Global health opportunities in the new normal" organised by the Early Career Network of APACPH. The main conference showcased a vibrant academic programme with a keynote address, three symposia and 2 panel discussions. The faculty comprised of top-level global experts including Professor Shrinath Reddy, President, Public Health Foundation of India (PHFI) and Sir Michael Marmot, Professor of Epidemiology and Public Health at the University College London. The keynote address titled "Responding to COVID-19 in the Asia Pacific: Science underlying the public health interventions" was delivered by Professor Malik Peiris, School of Public Health, University of Hongkong. The Professor Walter Patrick Memorial Lecture, which was delivered by Professor Colin Binns, Foundation Head of the Curtin University was a highlight of the conference.



The conference was a success beyond expectations with over 400 participants from 40 countries.



First ever International Medical conference combining in-person participation, video conferencing, virtual and augmented reality

Law-Medical Cricket Encounter-2020 "Promoting Physical Wellness in the New Normal"

Professor Indika Karunathilake, President SLMA

The 13th Annual Law Medical Cricket Encounter, between SLMA and The Bar Association of Sri Lanka was held on 20th of December 2020 at the Sinhalese Sports Club (SSC) Grounds, Colombo. It was an enthralling encounter and a great demonstration of sportsmanship with a game of cricket in the New Normal.



The Doctor's team was captained by Dr. Isuru Alesh and the Mr. Thusith Paliwatta captained the Lawyer's team. The lawyers won the toss and opted to ball. The match commenced with a symbolic first ball, balled by the President SLMA to the Chairman of the Lawyer's Cricket Team. The doctors were all out for 167 runs in 39 overs. The lawyers scored 171 in 33.1 overs with one wicket remaining, winning the match which was a cliff-hanger right up to the end. The Man of the match was Mr. Akila Jayasundara while Mr. Thusith Palliwatta, Dr. Tharindu Kalinga and Dr. Heshan Amarathunga won the Best fielder, Best batsman and Best bowler respectively.

The match was webcast live and several senior members of the SLMA, the BASL and the OPA including President Elect - SLMA Dr Padma Gunaratne, Past President- SLMA, Dr BJC Perera, Secretary- SLMA Dr Sumitra Tissera, President of BASL, Mr. Kalinga Indatissaa, President Elect - BASL Kuwera De Soyza, and President of OPA, Eng. Shantha Senarath, President Elect of OPA, Mr Dulitha Perera attended the event in person. The former Sri Lankan Cricketer, Mr. Jehan Mubarak graced the occasion as the Chief Guest.



Some Highlights of 2020



1st January 2020 at the SLMA

1st Council meeting
3rd January

SLMA 

Weekly Update on COVID-19
Every Friday at 12 Noon



First symposium
on COVID-19
30th January



Weekly COVID-19
updates and
many webinars



International Webinar on Breaking the transmission chain through community empowerment
30th April



Presenting SLMA
publications to
His Excellency the
President of Sri
Lanka



Induction of the President 2020



Celebrating the 150th
Anniversary of the
Colombo Medical School



SLMA collaborates with many stakeholders to combat COVID-19 in Sri Lanka



Foundation Sessions - 6th & 7th November

Doctors' Concert—2020



133rd Anniversary International Virtual Medical Congress—July 2020

Collaboration
to evaluate
COVID-19
innovations



ANNUAL GENERAL MEETING 2020

Dr Sumithra Thisera, Secretary - SLMA

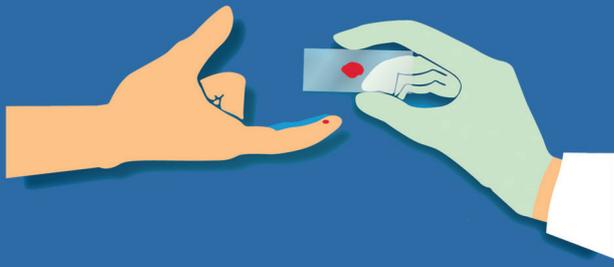
The Annual General Meeting of the Sri Lanka Medical Association (SLMA) was held on the 21st December 2020 at 7.00 pm at the NDW Lionel Memorial Auditorium, Wijerama House, Colombo 07.

Professor Indika Karunathilake chaired the meeting. He highlighted the activities that were undertaken during his tenure under the theme "Establish a system of continuous professional development for medical doctor". He also spoke on how the SLMA rose to the challenge of supporting the Ministry of Health and other organizations in responding to the COVID-19 pandemic in the country. Professor Karunathilake also thanked the members of the Council, members of the SLMA and the staff of the SLMA office for their contributions towards making the activities of the SLMA successful in the backdrop of COVID-19 pandemic.



Dr. Padma Gunaratne, Senior Consultant Neurologist was confirmed as the 127th President of SLMA at the Annual General Meeting. She congratulated Professor Indika Karunathilake for the work undertaken during his tenure in office and pledged to keep the flag of SLMA flying high during the year 2021. She called for the fullest support of all SLMA members and the council to make this a reality.





Reduce the Delay

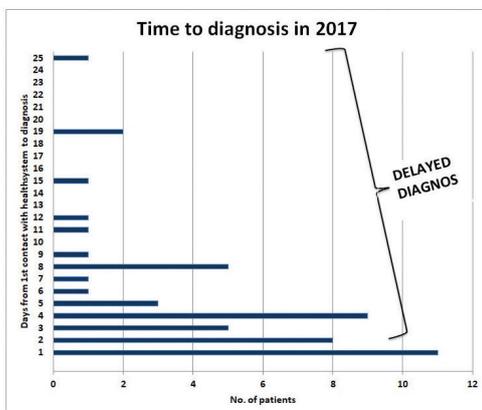
in diagnosing imported **Malaria**

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

Combating HIV/AIDS in the New Normal

Dr I L Jayaweera (MBBS , PG Diploma in Venereology, MD in Venereology)
Acting Consultant Venereologist , Base Hospital Puttalam

Each year on the 1st of December, people around the world unite to show support for people living with HIV (PLHIV) and remember those who have died from AIDS-related illnesses. Founded in 1988, World AIDS Day was the first-ever international day for global health. Every year, United Nations agencies, governments and civil society join together to campaign around specific themes related to HIV.

Global HIV statistics [1]

- 38.0 million [31.6-44.5 million] people globally were living with HIV in 2019.
- 1.7 million [1.2 -2.2 million] people became newly infected with HIV in 2019.
- 690 000 [500 000-970 000] people died from AIDS-related illnesses in 2019.

According to UNAIDS, this year, the world's attention has been focused on the impact of COVID-19 pandemic on health and how pandemics affect lives and livelihoods. COVID-19 is showing once again how health is interlinked with other critical issues, such as reducing inequality, human rights, gender equality, social protection and economic growth. With this in mind, the global theme of this years World AIDS Day is **"Global solidarity, shared responsibility"**.

Globally the COVID-19 crisis has exacerbated the challenges faced by people living with HIV, women and girls being key populations. These include issues in access to life-saving health care, and the crisis has widened the social and economic inequalities that increase the vulnerability of marginalized groups due to HIV. This in turn has affected the prevention and reach out services. (1)

"COVID-19 is showing once again how health is interlinked with other critical issues, such as reducing inequality, human rights, gender equality, social protection and economic growth"



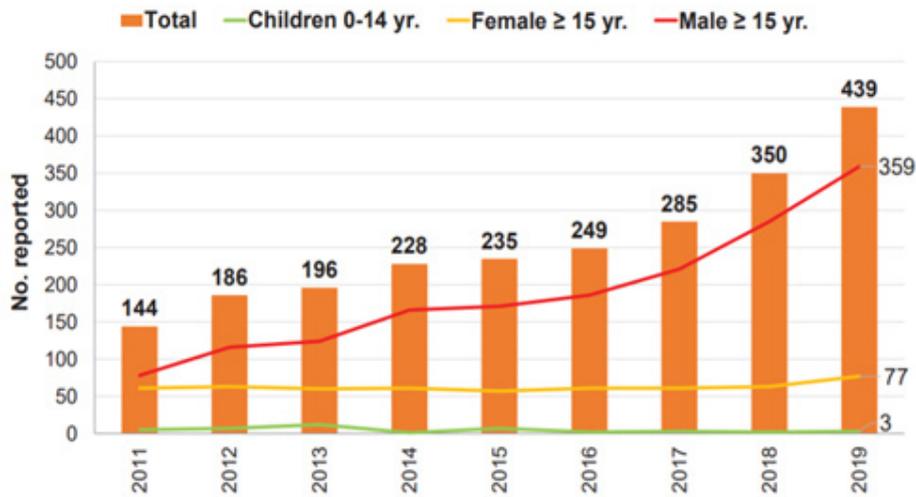
The red ribbon is the universal symbol of awareness and compassion/ support for people living with HIV and their caregivers.

The Sri Lankan Context

Sri Lanka is a country with a low HIV prevalence (community prevalence 0.02%). Even though the estimated number of people living with HIV is around 3600, there has been a gradual increase in the number of newly reported HIV infected persons in Sri Lanka (2). NSACP is working tirelessly with its stakeholders towards prevention and early diagnosis and treatment. In 2019 alone, 439 new HIV infections were reported, of which 359 were males. Unprotected homosexual activities accounted for the majority of HIV transmissions in 2019. [2]

"Even though the estimated number of people living with HIV is around 3600, there has been a gradual increase in the number of newly reported HIV infected persons in Sri Lanka (2)"

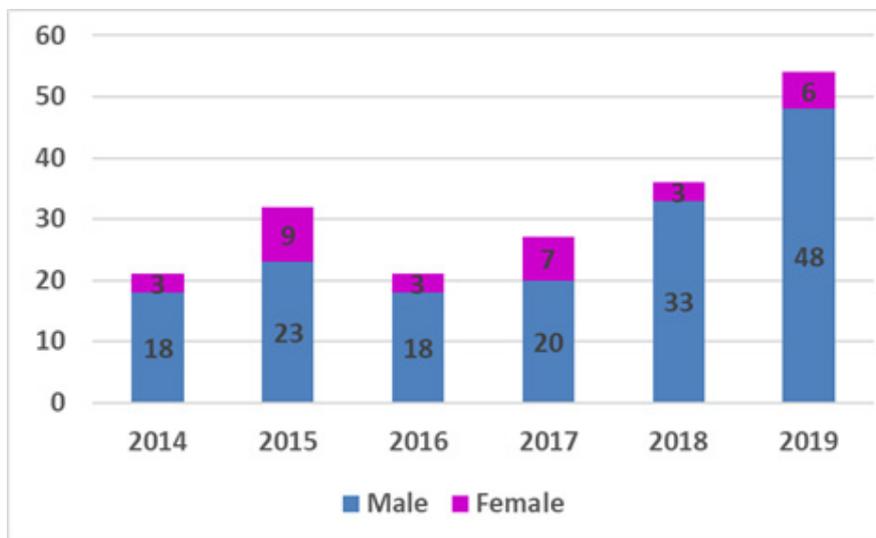
The graph below shows the trends of reported HIV infections in Sri Lanka by age and sex, 2011-2019.



Graph 1 - the trends of reported HIV infections by age and sex, 2011-2019.
(Source - Annual Report 2019, National STD/ AIDS Control Programme)

"There is a gradual increase in the number of infected people in the 15-24 age group."

According to the chart below, youth are at risk of HIV - and there is a gradual increase in the number of infected people in the 15-24 age group. Graph 2 shows the number of young people (15-24 y) newly diagnosed with HIV from 2014-2019.



Graph 2 - The number of young people (15-24 y) newly diagnosed with HIV from 2014-2019.
(Source - Annual Report 2019, National STD/ AIDS Control Programme)

According to this, there is a significant rise in the reported HIV infections among the youth. Considering this important epidemic pattern, Sri Lanka adopted the theme **"Youth responsibility to stop HIV"**, as the AIDS Day theme for the year 2020.

The majority of the infected youth are males who are school dropouts. It is alarming to see that there is a significant proportion of people with higher education among those infected.

Adolescents and Sex in Sri Lanka

Though there are strong cultural and religious traditions against sex before marriage in the country, the age of sexual debut for both males and females has been found to be early: 15.3 years for males while for females it is a little earlier at 14.4 years.(3) According to the National Youth Survey 2012-2013, among the sexually active unmarried youth, 7.2% had two sexual partners, while 3.2% declared having three or more sexual partners during the past one year. Furthermore, 0.5% of sexually active unmarried youth had engaged in sexual intercourse with a casual partner met accidentally, and 0.7% had sex with a commercial sex partner (3).

“Though there are strong cultural and religious traditions against sex before marriage in the country, the age of sexual debut for both males and females has been found to be early: 15.3 years for males while for females it is a little earlier at 14.4 years.(3) ”

The findings of the National Survey for Emerging Issues among Adolescents in Sri Lanka (2004) report that a significant number of adolescents are sexually active. Among school-attending adolescents, about 6 % had engaged in sexual intercourse with the opposite sex, and 10 % had engaged in sexual intercourse with persons of the same sex. Among out-of-school adolescents, sex with the opposite sex was more common (22%), while a few (9%) had had sexual contacts with persons of the same sex. Most of those who engaged in heterosexual acts had had sex while in a relationship with their partners, but few (12%) had had sex with commercial sex workers. During such sexual activities with the opposite sex, a low number of adolescents (39%) had reported the use of condoms (4).

Adolescents and Sex in Sri Lanka

After achieving Elimination of Mother To Child Transmission (EMTCT) of HIV and syphilis in 2019, The National STD/AIDS Control Programme, Ministry of Health along with other stakeholders plan to end AIDS as a public health problem in Sri Lanka by the year 2025 five years earlier than the global target. In order to end AIDS the following 90-90-90 targets to be achieved by 2022.

- 90% of all People Living with HIV(PLHIV) know their status.
- 90% of all PLHIV diagnosed receive Anti Retroviral Therapy(ART).
- 90% of all people on ART have viral suppression.

Even though some components of age appropriate sexuality education is available in the school curriculum, life skills and behavioral changes related to these subjects are not adequately addressed in Sri Lanka Many factors make young people vulnerable to acquiring HIV. Their knowledge on sexually transmitted infections (STIs) including HIV are inadequate (5) and they lack the necessary life skills to avoid risky behaviors in order to prevent being infected with STIs and HIV. In the current context of the COVID-19 pandemic, young people study or work from home and are isolated from their peers. This gives enough opportunities for them to use technology including mobile phones and form new relationships with unknown or casual partners through the internet or various mobile applications (e.g. Facebook, Tinder or Grinder). Drug abuse is identified as a significant problem in this age group. These factors may lead them to engage in high-risk sexual behaviors. In addition, young people still face substantive challenges to access HIV and sexual and reproductive health services due to stigma.

“Their knowledge on sexually transmitted infections (STIs) including HIV are inadequate (5) and they lack the necessary life skills to avoid risky behaviors in order to prevent being infected with STIs and HIV.”

Young people should be the principal beneficiaries of HIV prevention strategies such as comprehensive sexual health education and life skills development. Through increased access to age-appropriate sexual health education, STIs including HIV, unintended pregnancies, gender-based violence (GBV) and gender inequality can be minimized.

“Also about 1/3 of newly reported HIV infected patients are in advanced/AIDS stage and indicating that there had been missed opportunities with past health care encounters”

The current status of 90-90-90 targets in Sri Lanka is shown in figure 1.

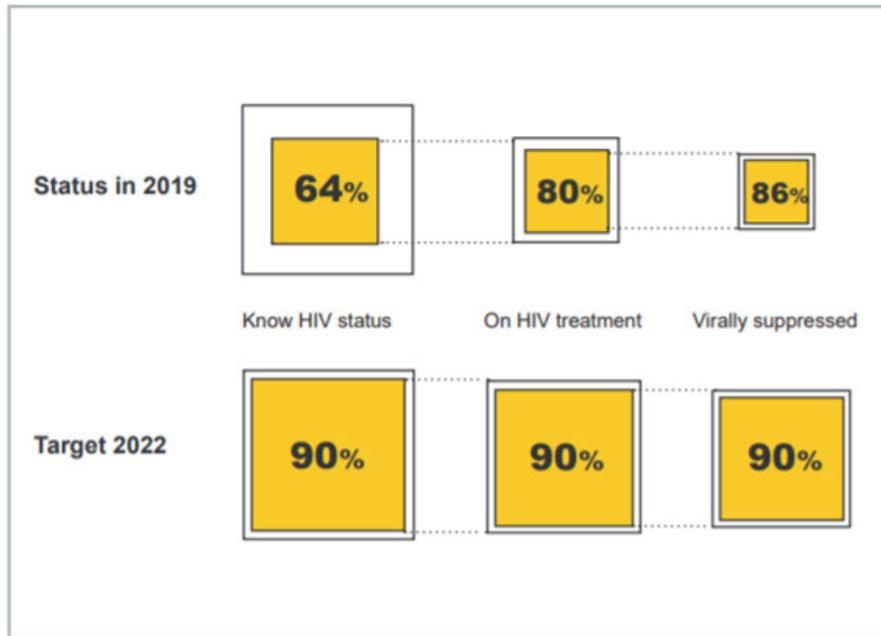


Figure 1 - Current status of 90-90-90 targets in Sri Lanka against the target by 2022 target (Source- Annual report 2019, NSACP.)

It is of paramount importance to increase testing and reduce stigma and discrimination. Also about 1/3 of newly reported HIV infected patients are in advanced/ AIDS stage and indicating that there had been missed opportunities with past health care encounters. Therefore, it is imperative to test and diagnose those suspect of HIV infection early. The annexed chart in page 25 shows clinical indications for HIV testing.

Blood tests to detect HIV are being performed free of charge while maintaining confidentiality at STI clinics and main hospitals throughout the country. Rapid HIV antigen and antibody combo tests which gives a good result within 20 minutes also available. Young people are also provided with risk reduction counselling and behavioral change counselling to maintain their positive behaviors when they come for testing services.

Services available at National STD/AIDS Control Programme (NSACP) for PLHIV

- Providing counselling, testing, treatment, care & support including anti-retroviral therapy (ART) and management of opportunistic infections
- Currently, there is no cure but the virus can be controlled effectively. Early initiation of drug therapy (ART) will make the virus undetectable in the blood. With good adherence to ART, PLHIV can live a near-normal life.
- When the viral load is undetectable with treatment, the risk of transmission with unprotected sex is zero
- Provision ART for Occupational Post Exposure Prophylaxis (PEP) and Pre Exposure Prophylaxis(PrEP).
- Prevention of mother to child transmission of HIV.
- Public health campaign for high risk and vulnerable populations to address the preventive strategies like primary prevention and promotion of safer sex practices.

How to refer and contact NSACP

There is an island-wide network of STD and Sexual health clinics, anyone can walk in for clinic services. Routine referral by a health care person is not required.

For further information please visit www.aidscontrol.gov.lk. For more details on testing visit www.know4sure.lk, hotlines 0112667163 / 0710533633 or contact the local STD clinic around your area.



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INDICATOR CONDITIONS FOR HIV TESTING AT HEALTH CARE SETTINGS

People with undiagnosed HIV may potentially present to any hospital, clinic or primary care/general practice setting. HIV testing should be considered during any clinical contact when a person presents with an indicator condition.

System
Consider
Recommended
Strongly Recommended

 Respiratory / Pulmonology	<ul style="list-style-type: none"> Community acquired pneumonia 	<ul style="list-style-type: none"> Tuberculosis Pneumocystis jiroveci pneumonia Recurrent Pneumonia 	<ul style="list-style-type: none"> MAC lung disease Histoplasmosis (disseminated/extra pulmonary) Herpes simplex (bronchitis/pneumonitis) Candidiasis -bronchial/lungs
 Neurology and neurosurgery	<ul style="list-style-type: none"> Primary space occupying lesion of the brain 	<ul style="list-style-type: none"> Guillain-Barré syndrome Mononeuritis Subcortical dementia Multiple sclerosis-like disease Peripheral neuropathy 	<ul style="list-style-type: none"> Cerebral toxoplasmosis Cryptococcosis Progressive multifocal leucoencephalopathy Reactivation of American trypanosomiasis (meningoencephalitis or myocarditis)
 Dermatology/ dermatovenereology/ genitourinary medicine	<ul style="list-style-type: none"> Seborrheic dermatitis/exanthema Herpes zoster Sexually transmitted infections Hepatitis B or C (acute or chronic) 	<ul style="list-style-type: none"> Severe or recalcitrant psoriasis Candidaemia Candidiasis 	<ul style="list-style-type: none"> Kaposi's sarcoma Herpes Simplex ulcer(s) Atypical disseminated leishmaniasis Disseminated penicilliosis
 Gastroenterology/ hepatology	<ul style="list-style-type: none"> Hepatitis B or C (acute or chronic) Unexplained chronic diarrhoea 		<ul style="list-style-type: none"> Cryptosporidiosis diarrhoea, >1 month Microsporidiosis, >1 month Isosporiasis, >1 month Oesophageal candidiasis
 Oncology	<ul style="list-style-type: none"> Cancer requiring aggressive immuno-suppressive therapy 	<ul style="list-style-type: none"> Primary lung cancer Anal cancer/dysplasia 	<ul style="list-style-type: none"> Lymphoma, non-Hodgkin Kaposi's sarcoma
 Gynecology/ Obstetrics	<ul style="list-style-type: none"> Sexually transmitted infections Hepatitis B or C (acute or chronic) Pregnancy (implications for the unborn child) Cervical dysplasia 		<ul style="list-style-type: none"> Cervical cancer
 Haematology	<ul style="list-style-type: none"> Thrombotic thrombocytopenic purpura 	<ul style="list-style-type: none"> Malignant lymphoma Unexplained leukocytopenia/ thrombocytopenia lasting >4 weeks Unexplained lymphadenopathy 	<ul style="list-style-type: none"> Non-hodgkin lymphoma
 Rheumatology	<ul style="list-style-type: none"> Auto-immune disease treated with aggressive immuno-suppressive therapy 		
 Ophthalmology	<ul style="list-style-type: none"> Cytomegalovirus retinitis 		
 Ear Nose Throat	<ul style="list-style-type: none"> Mononucleosis-like illness 		<ul style="list-style-type: none"> Tracheal/oesophageal candidiasis
 Nephrology	<ul style="list-style-type: none"> Unexplained chronic renal impairment 		
 General practice	<ul style="list-style-type: none"> Symptomatology fitting any of the listed conditions 		
 Other	<ul style="list-style-type: none"> Pyrexia of unknown origin Recurrent /severe sinusitis Recurrent bacterial infection (eg: meningitis, sepsis, osteomyelitis, pneumonia, etc) 		
 Dentistry	<ul style="list-style-type: none"> Oral hairy leukoplakia 		<ul style="list-style-type: none"> Oral/oesophageal candidiasis Kaposi's sarcoma

For further information contact nearest STD Clinic



Ministry Of Health Nutrition & Indigenous Medicine



NATIONAL STD/AIDS CONTROL PROGRAMME

Antibiotic self-medication during the COVID-19 pandemic

Dr D Rathish, Senior Lecturer, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

Antimicrobial agents against bacteria are known as antibiotics. These agents act by inhibiting cell wall synthesis, cell membrane function, protein synthesis, metabolism or nucleic acid synthesis of the bacterium.

Antibiotics are commonly used against bacterial infections of various human systems (1). Ideally, the antibiotic treatment should be chosen after the organism has been identified and its drug sensitivity established. However, in practice, empirical and prophylactic treatments are used by doctors for early and appropriate antibiotic therapy or prevention of infections. The therapy is adjusted as soon as the microbiological diagnosis and drug sensitivity are established (1). Doctors are expected to follow some essential steps before they decide on an empirical or even prophylactic antibiotic treatment. They should consider the site of infection, patient's clinical history, previous infections, recent antibiotic therapy, as well as patient factors such as age, pregnancy, lactation, renal dysfunction, hepatic dysfunction and the immune status. The doctors also use their knowledge and experience on the association of particular bacteria and certain infections in a given clinical setting (1).

Therefore, the question is whether the public should bypass the above-mentioned steps and self-medicate themselves with antibiotics, especially during the COVID-19 pandemic?

"Doctors are expected to follow some essential steps before they decide on an empirical or even prophylactic antibiotic treatment. They should consider the site of infection, patient's clinical history, previous infections, recent antibiotic therapy, as well as patient factors such as age, pregnancy, lactation, renal dysfunction, hepatic dysfunction and the immune status."

Antibiotic self-medication and its consequences

According to the World Health Organization (WHO) the "use of pharmaceutical or medicinal products by the consumer to treat self-recognized symptoms, intermittent or continued use of a medication prescribed by a physician for recurring diseases or symptoms, use of the medication of family members or the use of medication recommended by layperson" is identified as self-medication (2). Also, the use of medicines prescribed by health workers not entitled to prescribe can be considered self-medication. Quick access, self-reliance, convenience, low-cost and less travel are benefits perceived by the patient in using self-medicated antibiotics. However, incorrect diagnosis, inappropriate antibiotic selection and dosing, disregard for contraindications, unidentified interactions of

antibiotic with food or drug, simultaneous use of the same antibiotic in different brands, adverse effects and delay in securing medical advice, are risks related to antibiotic self-medication (2).

"Bacteria may be naturally resistant, achieve resistance by mutation or have resistance by transfer of plasmids and other mobile genetic elements (1). Antibiotic self-medication can contribute towards an increase in antibiotic resistance by promoting the above mechanism."

Self-medication could lead to bacterial resistance to antibiotics

Bacteria are considered resistant to an antibiotic if the maximum level of that antibiotic that can be tolerated by a human does not inhibit bacterial growth. Resistance occurs naturally but, it could be accelerated by the misuse of antibiotics (3). Bacteria may be naturally resistant, achieve resistance by mutation or have resistance by transfer of plasmids and other mobile genetic elements (1). Antibiotic self-medication can contribute towards an increase in antibiotic resistance by promoting the above

mechanism. It has made the treatment of many bacterial infections impossible with the first line antibiotics and has led to high cost, morbidity and mortality (3). The loss of antibiotic effectiveness against bacteria and a decrease in discovery of newer antibiotics increase the burden of treating bacterial infections. If prompt actions are not taken to halt antibiotic resistance, we would face a situation similar to the pre-antibiotic era where even a minor infection could kill the patient.

■ The deadly nature of antibiotic resistance

The antibiotic resistant "super bugs" have no mercy on age, gender or the health status of the patient. There are numerous anecdotes that graphically describe the misery caused by antibiotic resistance. Amber Don, states "I lost my son Carlos to methicillin-resistant *Staphylococcus aureus* (MRSA) on Feb. 4, 2007, only 15 days before his 13th birthday. Carlos was the person I loved most in this entire world. He was my life". While Theresa Drew laments "my only son was killed on Dec. 6, 2003. His killer is still on the loose. It is called methicillin-resistant *Staphylococcus aureus* (MRSA)". Also, Steve's daughter "Meredith died a year after her AML diagnosis - not of cancer, but of an antibiotic-resistant infection" - *Pseudomonas*". Further, Josh a 27-year-old skydiving instructor succumbed to antibiotic-resistant *Enterobacter aerogenes* infection in October 2006. Moreover, two sons lost their mom Peggy Lillis due to "a massive infection, later determined to be caused by *Clostridium difficile*, which was brought on by antibiotic use" (4). These are just a few of numerous stories of the mayhem caused by this phenomenon.

"According to the World Health Organization (WHO) the "use of pharmaceutical or medicinal products by the consumer to treat self-recognized symptoms, intermittent or continued use of a medication prescribed by a physician for recurring diseases or symptoms, use of the medication of family members or the use of medication recommended by layperson" is identified as self-medication (2). Also, the use of medicines prescribed by health workers not entitled to prescribe can be considered self-medication."

■ Actions to avoid antibiotic self-medication

By 2050, deaths due to antibiotic resistant infections are predicted to supersede deaths due to cancers unless prompt actions are taken to halt its progress (5). The World Health Organization (WHO) strongly advises and reiterates instructions for individuals to follow to prevent and control the spread of antibiotic resistance including the following which are related to antibiotic self-medication (3):

- Only use antibiotics when prescribed by a certified health professional
- Never demand antibiotics if your health worker says you don't need them
- Always follow your health worker's advice when using antibiotics
- Never share or use leftover antibiotics

Further, the European Centre for Disease Prevention and Control (6) emphasizes that

- antibiotics should only be prescribed by a licensed medical doctor who has examined you
- antibiotics are not painkillers and cannot cure every illness
- antibiotics taken for wrong reasons, such as against colds and flu, will not help you feel better faster, and may cause side effects
- common illnesses take time to get better
- other medicines can help relieve your symptoms

■ The COVID-19 pandemic and the prevention of antibiotic self-medication

During a pandemic like COVID-19, there are additional reasons for antibiotic self-medication amongst the public. Limited access to health care service due to travel restrictions, reluctance to travel to government or private health care institution due to the fear of contracting COVID-19 infection and myths related to the use of antibiotics for the prevention and cure of COVID-19, are few additional reasons. However, the public should be made aware that the COVID-19 infection is caused by a virus which cannot be prevented or treated by antibiotics. Further, proper education of the public is essential to minimize antibiotic self-medication during the COVID-19 pandemic. Co-infection with antibiotic resistant "super

"However, the public should be made aware that the COVID-19 infection is caused by a virus which cannot be prevented or treated by antibiotics."

bugs" would complicate the prevention, control and management of COVID-19 infection. While the service providers, policymakers, media and social media should take necessary steps to promote awareness against antibiotic self-medication, the public is solely responsible for adhering to the instructions provided in order to avoid antibiotic self-medication. The general advice on washing

hands, wearing a face mask and maintaining social distance for the prevention of COVID-19 should be adhered to. The public could also make maximum use of hotlines and telemedicine services, introduced and implemented by the government and private healthcare institutions, to obtain necessary advice and e-prescriptions for the use of antibiotics from a licensed medical doctor. Often the doctors would prescribe medicines other than antibiotics to help relieve symptoms. Further, proper communication in primary care settings will help minimize antibiotic self-medication. Moreover, the pharmacy workers should be firmly advised regarding their role in preventing

antibiotic self-medication which will in turn reduce the emergence of antibiotic resistance. Current Sri Lankan regulations prohibit dispensing of antibiotic without a valid prescription, but most unfortunately, this regulation is often violated.

"Moreover, the pharmacy workers should be firmly advised regarding their role in preventing antibiotic self-medication which will in turn reduce the emergence of antibiotic resistance."

The COVID-19 pandemic and the prevention of antibiotic self-medication

Antibiotic self-medication is not a responsible utilisation of a treasured group of drugs and it would lead to resistance of bacteria. Thus, the public should avoid self-medicating antibiotics and the healthcare professionals should raise public awareness against antibiotic self-medication. If not, the antibiotic resistant "super bugs" will win the battle over human lives, especially during a time when the world is fighting against the deadly COVID-19 virus.

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Notices

Induction of the President – 2021

The induction ceremony of Dr. Padma Gunaratne the President of Sri Lanka Medical Association for the year 2021 will be held on 23rd January 2021, at BMICH, Colombo 07.

Only a limited number will be invited due to the COVID-19 situation in the country and the event will be webcasted via zoom.

Monthly Clinical Meetings

The first Monthly Clinical Meeting for the year 2021 will be conducted by the College of Microbiologists on 19th January 2021 at 12.00 noon as a hybrid event.

OPA Annual General Meeting

Professor Indika Karunathilake from the SLMA was appointed as the Vice President of the Organization of Professionals' Association (OPA) at the Annual General Meeting held on 9th December, 2020.

A Message from the Editor-in-Chief

Dear Members of the Sri Lanka Medical Association,

On behalf of the Editorial Committee, I would like to thank all those who contributed to SLMA NEWS with interesting and timely articles, lyrical poems, engaging quizzes, brilliant photographs and other material throughout the year. We extend our heartfelt gratitude to all our readers for the comments and suggestions you shared with us and for your support.

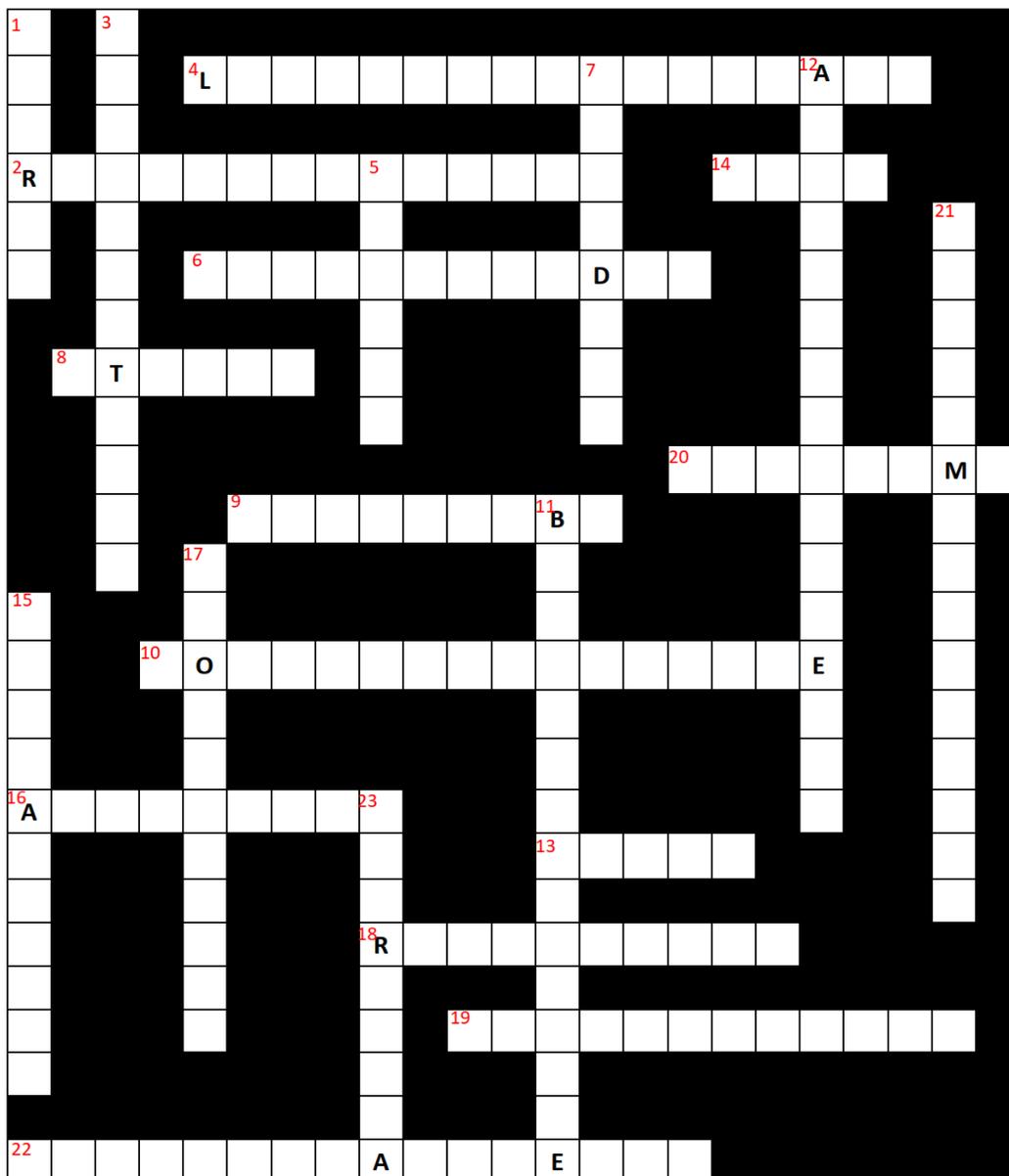
We hope that you will continue to send your materials and comments to SLMA NEWS in the coming year as well. You may send them by e-mail to office@slma.lk or by post to Editor-in-chief SLMA NEWS, Sri Lanka Medical Association, No. 6, Wijerama Mawatha, Colombo 7.

Wishing all SLMA members a prosperous and joyous 2021!

Dr. Chiranthi K. Liyanage
Editor-in-Chief, SLMA NEWS - 2020

Medical Crossword – Cardiology

By Dr. Chiranthi K Liyanage



DOWN

- 1 The first heart sound is generated by closure of the _____ valve
- 3 Infective endocarditis is diagnosed based on _____
- 5 Not a part of the heart
- 7 _____ streptococci are highly penicillin susceptible
- 11 Occurs due to a mutation in the cardiac sodium channel gene
- 12 An aberrant ventricular conduction typically seen with atrial fibrillation
- 15 Non-infective vegetations
- 17 A complication of mycoplasma infection
- 21 Invented the electrocardiogram
- 23 Criteria to diagnose myocardial infarction in LBBB

ACROSS

- 2 A sequela of group A Streptococcus (GAS) pharyngitis
- 4 Acquired complete heart block
- 6 Flipped!
- 8 The upper chamber of the heart
- 9 Broken heart syndrome
- 10 Has a short PR interval
- 13 Normal rhythm
- 14 Uses high frequency sound waves to visualise the heart
- 16 Electrical _____ is seen in massive pericardial effusions
- 18 Congenital long QT syndrome
- 19 Widespread concave ST elevation are seen in _____
- 20 Causes intraluminal narrowing
- 22 Used to measure blood pressure

Answers

ACROSS	DOWN
2 Rheumatic fever	1 Mitral
4 Lenegre-Lev disease	3 Duke Criteria
6 Dextrocardia	5 Cardia
8 Atrium	7 Viridans
9 Takotsubo	11 Brugada syndrome
10 Lown-Ganong-Levine	12 Ashman phenomenon
13 Sinus	15 Libman sacks
14 ECHO	17 Myocarditis
16 Alternans	21 Willem Einthoven
18 Romano-Ward	23 Sgarbossa
19 Pericarditis	
20 Atheroma	
22 Sphygmomanometer	

THE INNOCENT LITTLE BOY

From an e-mail forwarded by Professor Sanath P. Lamabadusuriya.
 Extracted and forwarded by Dr B. J. C. Perera.

A little boy cycled up to the Police barricade in the road leading to the Parliament, parked his bike under a tree and continued to walk.

A policeman stopped him and asked "Why did you park your bicycle here? Don't you know who goes along on this road? The people who travel on this road are important people like the MPs, Chief Ministers, Ministers, the Prime Minister, Diplomats from other countries and even the President of Sri Lanka".

The little boy replied in all innocence, "It is perfectly OK. I have locked my bike!!!!!!".



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