WEEKLY EPIDEMIOLOGICAL REPORT

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MENTAL HEALTH DURING COVID-19

The occurrence of the novel coronavirus – SARS COV 2 - was declared by the World Health Organization (WHO) as a (PHEIC) Public Health Emergency of International Concern on 30 January 2020 (WHO, Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV) 2020). On 11 February 2020, the WHO named this new strain of coronavirus disease as COVID -19 (WHO, Naming the coronavirus disease (COVID-19) and the virus that causes it 2020).

As the coronavirus pandemic rapidly spreads around the world, it also involves a considerable degree of fear, stress, and anxiety. This concern is high among the population, particularly among certain groups, such as older adults, caregivers, and people with underlying health conditions. When it comes to public mental health, the main psychological impact of this crisis is stress and anxiety. It is understandable that there is confusion, anxiety, and fear among the general public. In addition, when new measures are introduced, such as quarantine at home or at various designated centers, self-isolation, and work from home policies; it is expected to affect people's usual activities, behaviors or livelihoods, and increase the effects of loneliness, depression, harmful alcohol and drug use, and self–harm.

Much of the stigma associated with COVID-19 lies in the fact that the disease is new and hence uncertainty about it exists in many aspects. Social stigma in the context of health is a negative association between a person or a group of people who share certain characteristics and a specific disease (WHO, a guide to preventing and addressing social stigma). Misconceptions, rumors, and misinformation contribute to stigma and discrimination that hinder our efforts to respond. The impact of stigma can hinder social unity and promote possible social isolation in groups, drive people to hide the disease to avoid discrimination, prevent people from seeking health care immediately, and discourage them from engaging in healthy behaviors. They may also be reluctant to seek support for COVID-19 and other mental health conditions.

COVID-19 affects people in many countries and geographical locations around the world. When addressing COVID-19 affected individuals, health authorities should not link the disease or affected persons to any particular ethnic group or nationality. Empathy should be applied to all those affected in any country. People affected by COVID-19 deserve support, compassion, and kindness.

The World Health Organization recommends that people suffering from the disease should not be referred to as "COVID-19 cases", "victims", "COVID-19 families" or "the diseased". Instead, they should be referred to as "people who have COVID-19", and "people who are being treated for COVID-19", or "people who are recovering from COVID-19" (WHO, Mental Health Considerations during COVID-19 Outbreak 2020). In a severely affected population, such as Lombardy in Italy; issues have been raised with access to services and continuation of care for people with

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developing or existing mental health conditions, along with the mental health and well-being of frontline workers.

The life of a person recovering from COVID-19 will go on with their families, friends, and colleagues as usual. Therefore, people with COVID-19 need support to recover from their condition and live a normal life in society. Avoiding unnecessary movements of people, such as visiting elder clinics to hospitals, visiting the houses of neighbors or relatives and maintaining physical distance can be useful in combating the pandemic. Assisting others in their time of need and staying connected with your loved ones, neighbors, and relatives through available digital methods such as mobile, video, and chat applications is beneficial to both the person receiving support and the helper. As well this is useful for maintaining a social connection regardless of physical distance.

If a person is unable to cope with the anxiety and stress of the pandemic of COVID-19, it is advisable to minimize watching, reading, and listening information about COVID-19 or seek information once or twice a day (WHO, Mental Health Considerations during COVID-19 Outbreak 2020). Getting accurate information from reputable sources and not spreading rumors related to COVID-19 help to reduce the associated fears. Rumors can be avoided by searching for information only from trusted sources. Thus, people must take necessary measures to protect themselves and their families and focus on the positive actions of individuals in the community so that future activity plans can help reduce anxiety and fear of disease in the public. It is also important to acknowledge the support of people in the COVID-19 pandemic.

Another aspect to be considered is the effect of COVID-19 on the mental health of health care workers. Doctors and nurses were afraid of transmitting the infection to their loved ones at home, often limiting contact with others and prolonged-time of quarantine than required. The majority of the healthcare workers said that the reason for the quarantine was to reduce the risk of disease transmission to others. With the increasing number of people affected with COVID-19, medical health care workers who come in direct contact with confirmed coronavirus and suspected persons are experiencing both physical and mental health problems, including a high risk of infection, inadequate equipment for safety from contagion, isolation, exhaustion, and lack of contact with the family. Some health care workers in this COVID pandemic may experience unfortunate situations such as avoidance by their family or community due to stigma or fear (B Gavin et al., 2020).

The confidence in safety, risk perception, and confidence in skills are perceived as facilitators of a willingness to work. It is well known that increasing the knowledge about preventing and dealing with the disease and the development of more specific procedures and treatment protocols, along with educational activities can improve the morale of healthcare workers dealing with the pandemic.

The following measures are effective in reducing the psychological impact of the COVID pandemic among the general population. Educate the public about common adverse psychological consequences of the COVID-19 pandemic; educate the patient about common stress responses, such as insomnia, panic attacks, health anxiety, and fear of illness or increased substance use (D Banerjee et al., 2020). Educate the general public on stress management measures such as sleep hygiene, activity schedule, exercise, social connections, and avoiding social media forwards and relaxation techniques. They should also be made aware of available sources and sites of help. Avoidance of mass gathering and unnecessary travel, so alternative forms of social connections can be facilitated. People should be made aware of self-relaxation and self-care measures for themselves and their families.

It is also necessary to know how the workplace and school are organized to deal with health-promoting behaviours, as it has a reassuring effect on protecting themselves. Non-infected people should have a positive outlook and be expected to cope with their anxiety. Early focusing on their mental health can improve their quality of life. Community services can be coordinated to identify health risks and crisis communications.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 23rd– 29th May 2020 (22nd Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	80	2914	0	13	0	5	0	4	0	14	10	110	0	0	0	2	0	0	1	161	0	19	0	1	**58**	**100**
Gampaha	31	1721	0	5	0	0	0	4	0	19	7	75	0	1	0	2	0	0	4	202	0	9	0	17	**44**	**95**
Kalutara	37	1078	0	6	0	4	0	3	0	4	48	300	0	11	0	2	0	0	4	214	2	15	0	0	**99**	**100**
Kandy	78	1344	0	8	0	1	0	7	1	9	14	67	2	53	0	3	0	0	1	121	1	17	0	36	**62**	**100**
Matale	7	462	0	5	0	2	0	1	1	5	3	42	0	3	1	3	0	1	0	44	0	1	5	156	**64**	**100**
NuwaraEliya	0	124	0	12	0	1	0	0	0	0	2	26	3	54	0	2	0	0	0	60	0	7	0	0	**22**	**100**
Galle	11	1073	0	13	0	8	0	2	0	12	5	220	0	24	0	2	0	0	2	209	0	19	0	2	**54**	**72**
Hambantota	1	275	0	4	0	1	0	2	0	37	6	93	1	16	0	2	0	0	1	112	2	14	12	260	**64**	**100**
Matara	0	352	2	9	0	3	0	0	0	0	0	100	0	4	0	6	0	0	0	68	0	5	0	117	**47**	**47**
Jaffna	28	1855	0	45	0	0	1	18	1	19	1	12	6	449	0	0	0	1	1	81	0	6	0	0	**35**	**93**
Kilinochchi	0	105	2	27	0	2	0	7	1	5	1	9	1	23	0	1	0	0	0	10	0	8	0	5	**66**	**100**
Mannar	0	119	0	0	0	0	0	1	0	0	0	4	0	1	0	0	0	0	0	2	0	3	0	0	**37**	**100**
Vavuniya	2	235	0	6	0	0	0	5	0	2	0	34	0	1	0	0	0	0	0	26	0	4	0	1	**63**	**100**
Mullaitivu	0	65	0	5	0	0	0	5	0	1	0	13	1	6	0	1	0	1	0	4	0	4	0	5	**43**	**82**
Batticaloa	13	2130	1	45	0	2	0	0	0	12	2	18	0	0	0	1	0	1	0	72	0	14	0	1	**54**	**100**
Ampara	1	288	0	10	0	2	0	0	0	0	2	65	0	0	0	1	0	0	0	90	0	11	0	4	**66**	**100**
Trincomalee	8	2221	0	4	0	0	0	0	0	2	0	21	0	2	0	0	0	0	0	75	0	5	0	0	**46**	**90**
Kurunegala	7	674	1	7	0	4	0	2	0	29	11	72	0	11	1	2	0	1	2	254	2	11	11	177	**45**	**97**
Puttalam	5	372	0	7	1	2	0	3	0	1	1	27	0	10	0	0	0	1	0	65	1	21	0	2	**57**	**100**
Anuradhapur	2	331	0	14	0	1	0	3	0	22	8	139	0	13	0	3	0	1	4	143	1	23	4	94	**44**	**96**
Polonnaruwa	1	190	0	4	0	0	0	0	3	3	1	82	0	0	0	12	0	1	2	98	0	10	9	115	**65**	**94**
Badulla	2	378	1	9	1	3	0	3	0	3	10	159	3	40	1	7	0	0	1	117	2	23	0	7	**57**	**100**
Monaragala	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Ratnapura	77	841	4	44	1	13	0	3	0	16	76	697	1	16	0	13	0	0	2	135	4	48	0	43	**47**	**100**
Kegalle	20	446	1	9	0	4	1	2	0	14	26	176	2	22	0	6	0	0	1	124	4	20	1	11	**58**	**100**
Kalmune	0	838	6	32	0	2	0	0	0	1	1	10	0	2	0	0	0	0	8	250	0	25	0	0	**71**	**100**
SRILANKA	**411**	**20431**	**18**	**343**	**3**	**60**	**2**	**75**	**7**	**230**	**23**	**2571**	**20**	**762**	**3**	**71**	**0**	**8**	**34**	**2737**	**19**	**342**	**42**	**1054**	**53**	**91**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 29th May , 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 301 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

23rd– 29th May 2020 (22nd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2020	Number of cases during same week in 2019	Total number of cases to date in 2020	Total number of cases to date in 2019	Difference between the number of cases to date in 2020 & 2019
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	00	13	35	- 62.8 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	01	00	00	01	01	03	06	77	168	- 54.1 %
Measles	00	00	00	00	00	00	00	00	00	00	12	28	143	- 77.9 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	01	03	08	- 50 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	10	07	42.8 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	05	31	- 83.8 %
Tuberculosis	104	00	10	04	06	00	10	11	00	145	237	1946	3612	- 46.1 %

Key to Table 1 & 2

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

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

Data Sources:

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

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

CRS =**Congenital Rubella Syndrome

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

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

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