WEEKLY EPIDEMIOLOGICAL REPORT

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COVID -19 Deaths

A novel corona virus disease was identified in December 2019 in Wuhan China and declared as a global pandemic on March 11, 2020 by the World Health Organization. It was renamed as COVID – 19 by the World Health Organization on 11th February 2020 and became highly communicable disease with global spread. Different countries show different statistics on cases, deaths and tests. It depends on the economic status and strength of preventive and curative health services of countries.

The disease is an RNA virus disease and manifested common symptoms are fever, cough, and shortness of breath. But other symptoms can be demonstrated according to individuals such as fatigue, muscle pain, diarrhoea, sore throat, loss of smell and abdominal pain.

The five stages of COVID – 19 progression is needed to understand before it will pass to a critical stage and outcome as death. In **stage 1;** asymptomatic and pre-symptomatic individuals (No disease symptoms but could transmit the disease). In **stage 2;** they develop mild symptoms. In **stage 3;** some develop the serious pathological condition. In stage 4; a small fraction develops respiratory distress and requires to admitting to a hospital. In stage 5; a small fraction becomes critically ill and needed to admit to an intensive care unit for further management.

People at old age and having non-communicable diseases are vulnerable to death. Most of the developed countries show a high death rate due to a high percentage of elderly with co-morbidities in the population. Mortality data is compressed by two factors, namely the size of the population and the degree of evolution of the outbreak. The disease is mainly dangerous for the elderly and the person with co-morbidities like chronic bronchitis, emphysema, heart disease, diabetes mellitus, chronic kidney disease, malignancies etc...
According to International Guidelines for certification and classification, the definition for deaths due to COVID – 19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed COVID – 19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period of complete recovery from COVID-19

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between illness and death. Hence, deaths occurring after recovery from COVID 19 infections are not COVID deaths. It is recorded as COVID 19 death when COVID 19 infection is included in immediate or underline cause of death as recommended by the World Health Organization.

The objective is this endeavour, to identify all deaths due to COVID – 19. Surveillance of mortality data is one of the strategies of COVID – 19 pandemic control and practising in globally. According to current statistics, the South East Asian Region presents 89 deaths per a million-population followed by India 107, Singapore 5, Australia 36 and Sri Lanka 9. In globally, the highest deaths reported from America 47%, Europe 32% South-East Asia 10%, Eastern Mediterranean 6%, Africa 2% and Western Pacific 1%.

Different studies on death have been conducted by different countries. Case-based surveillance conducted in the United State of America revealed that 55% were male and 79% were aged ≥ 65 years. Black people were 21% and white people were 40%. It was revealed that three-fourths of deaths had an underline medical condition. Among report, cardiovascular disease and diabetes mellitus were the common conditions. 7.8% deaths of age < 65 years had occurred at the Emergency Department or at home. That reflected lack of health care access, delays in seeking care and diagnostic delays.
A cause of death analysis in hospitalized patients was conducted between March and April in 2020 in the United Kingdom. In this study independent review of clinical features of patients who died during hospitalization with a positive PCR test and relate these to the reported cause of death was considered.

Among reported 162 deaths with positive PCR, COVID – 19 infection was documented as a direct cause of death in 150 deaths. It has shown 93% of death was due to COVID – 19 infection. Reasons were considered related to death by reviewing those documents. Most of the deceased had pulmonary infiltrate on chest radiography 92% and Oxygen therapy required for 97%. This retrospectively conducted review on the cause of death showed that the majority of hospitalized patient with positive PCR test, have died due to direct cause of SARS COVID -2 infection.

COVID - 19 dead bodies are identified as less risk in transmitting disease compared to COVID 19 infected persons. It is mainly spread through respiratory droplets produced by an infected person when coughing, sneezing and talking and landed these droplets in mouth, nose and eye of a healthy person. Hence, dispose of dead bodies depend on country own rules and regulation under the guidance of expert health committees.

References:

WHO, International Guidelines for Certification and Classification (coding) of COVID-19 as Cause of Death
www.epid.gov.lk
Characteristics of Persons Who Died with COVID-19 — United States, February 12–May 18, 2020.
Dying due to or with COVID- 19: a cause of death analysis in hospitalized patients, 2020.
Interpreting, analysing and modelling COVID – 19 mortality data, 2020.

Compiled by

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 14th– 20th Nov 2020 (47th 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	16	4153	0	31	0	9	0	7	0	18	1	385	0	3	0	4	0	0	0	224	0	47	0	3	**56**	**100**
Gampaha	21	2571	0	12	0	8	0	7	0	19	7	289	0	8	0	8	0	2	1	263	0	34	0	60	**40**	**95**
Kalutara	11	1745	1	19	1	7	0	7	0	6	29	947	0	15	0	6	0	2	2	326	6	59	0	0	**42**	**100**
Kandy	27	3356	3	33	0	1	0	10	0	17	4	277	4	119	0	15	0	0	0	170	0	32	0	72	**64**	**99**
Matale	5	583	0	13	0	4	0	7	0	6	0	98	0	9	0	12	0	1	0	67	0	7	2	327	**63**	**100**
NuwaraEliya	0	167	1	40	1	2	0	8	0	9	1	133	0	99	0	4	0	0	0	83	2	18	0	0	**23**	**99**
Galle	3	1650	2	42	0	18	0	5	0	48	69	1006	1	66	1	9	0	2	1	314	0	70	0	5	**36**	**100**
Hambantota	2	359	0	13	0	4	0	3	0	49	7	245	2	72	1	8	0	2	3	202	1	57	1	667	**71**	**100**
Matara	4	535	0	29	0	17	0	1	0	4	11	556	0	18	0	16	0	0	1	138	0	26	1	381	**24**	**100**
Jaffna	6	2115	0	108	0	1	0	23	2	85	1	31	19	665	0	2	0	2	1	118	0	12	0	3	**26**	**93**
Kilinochchi	1	132	0	47	0	2	0	11	3	30	0	21	0	44	0	1	0	0	0	17	1	12	0	13	**63**	**100**
Mannar	0	134	0	0	0	0	0	2	0	2	0	7	0	2	0	0	0	1	0	2	2	16	0	0	**41**	**100**
Vavuniya	0	249	0	15	0	0	0	6	0	3	1	49	1	4	0	0	0	0	0	33	0	4	0	1	**59**	**100**
Mullaitivu	0	85	0	14	0	0	0	6	0	5	0	27	0	16	0	3	0	2	1	15	0	7	0	7	**37**	**98**
Batticaloa	46	2755	0	96	2	10	0	1	0	52	3	39	0	0	0	8	0	1	2	102	0	47	0	1	**48**	**100**
Ampara	1	317	0	21	0	4	0	0	0	1	7	98	0	0	0	4	0	0	2	129	0	18	0	7	**71**	**100**
Trincomalee	1	2284	0	18	0	0	0	1	0	2	0	31	0	9	0	8	0	0	0	106	0	10	0	1	**42**	**96**
Kurunegala	0	931	0	25	0	13	0	4	0	38	1	265	0	34	0	9	0	5	1	334	0	47	3	456	**49**	**97**
Puttalam	1	480	0	14	0	5	0	3	0	1	2	64	0	17	0	2	0	1	0	82	3	71	0	10	**56**	**100**
Anuradhapur	1	418	0	24	0	3	0	4	0	31	3	264	1	30	1	17	0	2	0	187	3	70	15	288	**41**	**96**
Polonnaruwa	2	243	0	9	0	1	0	0	0	8	0	138	0	1	0	25	0	1	2	147	0	19	2	320	**56**	**90**
Badulla	5	485	0	30	0	7	0	4	4	12	7	375	0	106	0	16	0	0	2	166	0	40	1	28	**48**	**98**
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	6	1977	0	102	0	29	0	6	1	39	14	1507	0	56	0	17	0	1	0	188	2	107	4	145	**51**	**99**
Kegalle	12	833	0	19	0	10	0	4	0	18	20	579	0	46	0	21	0	0	3	192	1	70	2	51	**57**	**100**
Kalmune	2	966	0	56	0	4	0	1	3	9	0	23	0	2	0	3	0	0	0	276	1	48	0	0	**55**	**100**
SRILANKA	**173**	**29523**	**7**	**830**	**4**	**159**	**0**	**131**	**13**	**512**	**18**	**7454**	**28**	**1441**	**3**	**218**	**0**	**25**	**22**	**3881**	**22**	**948**	**31**	**2846**	**49**	**95**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 20th Nov, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 322 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

14th– 20th Nov 2020 (47th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2020	Number of cases during same week in 2019	Total number of cases to date in 2020	Total number of cases to date in 2019	Difference between the number of cases to date in 2020 & 2019
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	03	38	77	- 50.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	00	00	00	00	00	00	01	01	160	295	- 45.7 %
Measles	00	01	00	00	00	00	00	01	00	02	04	50	276	- 81.8 %
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	01	00	00	00	00	00	00	00	01	01	07	19	- 63.1 %
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	31	11	181.8 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	09	38	- 76.3 %
Tuberculosis	25	14	23	00	02	00	00	00	09	73	111	5610	7609	- 26.2 %

Key to Table 1 & 2

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

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

Data Sources:

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

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

CRS =**Congenital Rubella Syndrome

NA = Not Available

Number of Malaria Cases Up to End of November 2020,

02

All are Imported!!!

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

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