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IMPA NEWS

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION

FROM THE PEN OF THE PRESIDENT. . .

Dear All

The corona epidemiology curve of the Epidemiology unit of the Ministry of Health clearly shows that there had been several successively higher peaks of COVID-19 infection. First peak in October, 2020, second peak in November 2020, 3rd peak in December 2020, fourth peak in Feb 2021 and now it appears to temporarily lower. However in this context the most welcome news for us was the availability of the vaccine. While the government started the vaccination of the front line healthcare staff and retired and private sector physicians too were included after many requests from the SLMA and the IMPA. We got our vaccinations on Feb 17th at NHSL, LRH, Colombo South TH, Castle Street Hospital for Women. The second dose of the vaccine was only a dim hope.

Our next CPD activity is sponsored by the Baurs Healthcare and it will be conducted at the Galle Face Hotel on March 21st. We are really lucky to have our CPD calendar full for next 5 months by various health care and technology companies.

Dr. Ananda Perera
President IMPA

EDITORS COLUMN

There will be series of articles related to the current Covid 19 Pandemic

Article 1

Q & A REGARDING COVID 19 . . . .

What is Covid 19?

COVID-19 is the disease caused by a new coronavirus called SARS-CoV-2. WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of 'viral pneumonia' in Wuhan, China.

What are the symptoms of Covid 19?

The most common symptoms of COVID-19 are

- Fever
- Dry cough
- Fatigue

Other symptoms that are less common and may affect some patients include:

- Loss of taste or smell,
- Nasal congestion,
- Conjunctivitis
- Sore throat,
- Headache,
- Muscle or joint pain,
- Skin rash,
- Nausea or vomiting,

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- Diarrhea,
- Chills or dizziness.

Symptoms of severe COVID-19 disease include:
- Shortness of breath,
- Loss of appetite,
- Confusion,
- Persistent pain or pressure in the chest,
- High temperature (above 38 °C).

Other less common symptoms are:
- Irritability,
- Confusion,
- Reduced consciousness (sometimes associated with seizures),
- Anxiety,
- Depression,
- Sleep disorders,
- More severe and rare neurological complications such as strokes, brain inflammation, delirium and nerve damage.

People of all ages who experience fever and/or cough associated with difficulty in breathing or shortness of breath, chest pain or loss of speech or movement should seek medical care immediately. If possible, call your health care provider, first, so you can be directed to the right clinic.

What happens to people who get COVID 19?
Among those who develop symptoms, most (about 80%) recover from the disease without needing hospital treatment. About 15% become seriously ill and require oxygen and 5% become critically ill and need intensive care.

Complications leading to death may include respiratory failure, acute respiratory distress syndrome (ARDS), sepsis and septic shock, thromboembolism, and/or multiorgan failure, including injury of the heart, liver or kidneys.

In rare situations, children can develop a severe inflammatory syndrome a few weeks after infection.

Who is most at risk to get severe disease from Covid 19?
People aged 60 years and over, and those with underlying medical problems like high blood pressure, cardiac and lung problems, diabetes, obesity or cancer, are at higher risk of developing serious illness. However, anyone can get sick with COVID-19 and become seriously ill or become fatal at any age.

How can we protect others and ourselves if we don't know who is infected?
Stay safe by taking some simple precautions, such as physical distancing, wearing a mask, keeping rooms well ventilated, avoiding crowds and close contact, regularly cleaning your hands, and coughing into a bent elbow or tissue.

When should I get a test for Covid19?
Anyone with symptoms should be tested, wherever possible. People who do not have symptoms but have had close contact with someone who is, or may be, infected may also consider testing - contact your local health guidelines and follow their guidance.

While a person is waiting for test results, they should remain isolated from others. Where testing capacity is limited, tests should first be done for those at higher risk of infection, such as health workers, and those at higher risk of severe illness such as older people, especially those living long-term care facilities.

What test will detect Covid19 infection?
In most situations, a molecular test is used to detect SARS-CoV-2 and confirm infection. Polymerase chain reaction (PCR) is the most commonly used molecular test. Samples are collected from the nose and/or throat with a swab. Molecular tests detect virus in the sample by amplifying viral genetic material to detectable levels. For this reason, a molecular test is used to confirm an active infection, usually within a few days of exposure and around the time that symptoms may begin.

What about rapid tests?
Rapid antigen tests (sometimes known as a rapid diagnostic test – RDT) detect viral proteins (known as antigens). Samples are collected from the nose and/or throat with a swab. These tests are cheaper than PCR and will offer results more quickly, although they are generally less accurate. These tests perform best when there is more virus circulating in the community and when sampled from an individual during the time they are most infectious.

I need to find out whether I had Covid 19 in the past. What test could I take?
Antibody tests can tell us whether someone has had an infection in the past, even if they have not had symptoms. Also known as serological tests and usually

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done on a blood sample, these tests detect antibodies produced in response to an infection. In most people, antibodies start to develop after days to weeks and can indicate if a person has had past infection. Antibody tests cannot be used to diagnose COVID-19 in the early stages of infection or disease but can indicate whether or not someone has had the disease in the past.

What is the difference between isolation and quarantine?

Quarantine is used for anyone who is a contact of someone infected with the SARS-CoV-2 virus, which causes COVID-19, whether the infected person has symptoms or not. Quarantine means that you remain separated from others because you have been exposed to the virus and you may be infected and can take place in a designated facility or at home. For COVID-19, this means staying in the facility or at home for 14 days.

Isolation is used for people with COVID-19 symptoms or who have tested positive for the virus. Being in isolation means being separated from other people, ideally in a medically facility where you can receive clinical care. If isolation in a medical facility is not possible and you are not in a high risk group of developing severe disease, isolation can take place at home or intermediate center. If you have symptoms, you should remain in isolation for at least 10 days plus an additional 4 days without symptoms. If you are infected and do not develop symptoms, you should remain in isolation for 10 days from the time you test positive.

What should I do if I have been exposed to someone who has Covid 19?

If you have been exposed to someone with COVID-19, you may become infected, even if you feel well.

After exposure to someone who has COVID-19, do the following:

- Call your health care provider (MOH or PHI) or COVID-19 hotline to find out where and when to get a test.
- Cooperate with contact-tracing procedures to stop the spread of the virus.
- If testing is not available, stay home and away from others for 14 days.
- While you are in quarantine, do not go to work, to school or to public places. Ask someone to bring you supplies.
- Keep at least a 1-metre distance from others, even from your family members.
- Wear a medical mask to protect others, including if/ when you need to seek medical care.
- Clean your hands frequently.
- Stay in a separate room from other family members,
- Keep the room well-ventilated.
- If you share a room, place beds at least 1 metre apart.
- Monitor yourself for any symptoms for 14 days.
- Stay positive by keeping in touch with loved ones by phone or online.

If you live in an area with malaria or dengue fever, seek medical help if you have a fever. While travelling to and from the health facility and during medical care, wear a mask, keep at least a 1-metre distance from other people and avoid touching surfaces with your hands. This applies to adults and children.

How long does it takes to develop symptoms?

The time from exposure to COVID-19 to the moment when symptoms begin is, on average, 5-6 days and can range from 1-14 days. This is why people who have been exposed to the virus are advised to remain at home and stay away from others, for 14 days, in order to prevent the spread of the virus, especially where testing is not easily available.

What should I do if I have Covid 19 symptoms?

If you have any symptoms suggestive of COVID-19, call your health care provider or COVID-19 hotline for instructions and find out when and where to get a test, stay at home for 14 days away from others and monitor your health.

If you have shortness of breath or pain or pressure in the chest, seek medical attention at a health facility immediately. Call your health care provider or hotline in advance for direction to the right health facility.

If you live in an area with malaria or dengue fever, seek medical care if you have a fever.

If local guidance recommends visiting a medical centre for testing, assessment or isolation, wear a medical mask while travelling to and from the facility and during medical care. Also keep at least a 1-metre distance from other people and avoid touching surfaces with your hands. This applies to adults and children.

Ref. World Health Organization Oct. 2020

STORY OF OXYGEN SUPPLY AT NATIONAL HOSPITAL - FROM CYLINDER TO LIQUID OXYGEN PLANT

Dr. Hector Weerasinghe
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The National Hospital of Sri Lanka (NHSL) is the largest and best equipped Teaching Hospital in the country with a bed strength of nearly 4000. NHSL It has 26 operating theatres, 28 Intensive Care Units (ICU) and several Institutes including one for Cardiology housed in a large number of buildings. It is located on a 32 acre land standing in the middle of Colombo.

NHSL is circled by a ring of busy public roads while some roads are running through the premises. Hospital premises and surrounding roads are always filled with hurriedly pacing medical staff, siren blaring ambulances, patient carrying trolleys, distressed relatives and tired visitors. One would not miss the sight of a cylinders loaded truck crawling across in this melee and wonder why the truck. They ensure continuous and uninterrupted supply of most essential medical oxygen for the patients treated in ICUs and those undergoing surgery in operating theatres.

A few years ago a visitor would not have missed outside walls of these operating theatres and ICUs each of which decorated with 6-7 hanging jumbo oxygen cylinders. When I made the morning strolls down the hospital corridors my eyes always caught the sight of these cylinders. Oxygen is taken through a copper tubing system fixed to these cylinders to the respective destinations. i.e. Oxygen outlet in the bedside of patients treated in ICUs and in operating theatres. Hospital had a sufficient number of cylinders filled with oxygen. Employees efficiently replaced empty cylinders with new ones.

Every day employees collected empty cylinders, loaded them on a truck and transported to the Oxygen Company in Mattakkuliya for refilling. On certain days when the oxygen consumption is high this operation has to be doubled. Hospital had its own truck and a group of specially trained skilled employees assigned for the task. Loading and unloading of these jumbo cylinders was a specialised job.

I noticed this operation during my afternoon inspection tour. In fact, the noise made in loading unloading as well as dismounting and mounting cylinders on the walls and the sight itself, to say the least was a nuisance. Once the truck returned, the refilled cylinders were immediately distributed among the theatres and ICUs. Needless to say this was a hectic task considering the large number and the spread of theatres and ICUs in the hospital.

There were tensed situations when the truck did not return on time due to a break down, a traffic congestion or an accident on the way. Thought of the delay of the truck with refilled oxygen cylinders gave me many sleepless nights. I was waiting to welcome the irritating noise made when cylinders fell on one another during unloading. While others were cursing, I got a sense of relief as it was an indication that the oxygen truck has arrived. My official residence was in very close proximity to the Merchants Ward where many cylinders were unloaded. No sooner had I heard the clattering sound than I ran to the window to witness the unloading.

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As the Director of the country's largest hospital, I was responsible for the overall smooth functioning of the hospital itself and that of men, material and machinery. And among all, ensuring the continuous and uninterrupted supply of oxygen for patients who are critically ill and those undergoing surgery was foremost.

Majority staff including doctors and nurses did not know the complexity behind the smooth flow of oxygen through the outlet whenever they open the valve to administer oxygen to a patient. Only a handful of people knew the complexity of the 'oxygen supply operation' in the hospital. Others did not come to know as all the steps in this operation have been well taken care of, monitored and executed. It was a nightmare for me personally and all my predecessors.

While worrying over this cumbersome complex manual operation, I was wondering how fitting this type of oxygen supply for a Teaching Hospital of the magnitude of the National Hospital. My mind was busy in exploring and weighing alternatives.

While listening to the clattering of cylinders and watching the swift movements of workers' hands in the unloading operation in the middle of the night, with a cup of steaming coffee in my hand, a thought struck my mind. I heard my own voice shouting over the clattering sound of falling cylinders; Hey! Man, be practical, install a Liquid Oxygen Plant in the hospital premises itself.

Early next morning ignoring the supervision tour, I was busy in preparing a comprehensive proposal to the Ministry of Health with a clear justification of the investment. Having submitted the proposal followed by a few telephone calls the Ministry responded by approving the proposal.

The proposal was designed to have a Liquid Oxygen Plant with the highest capacity for the hospital and another with lesser capacity dedicated for the Institute of Cardiology located a little away from the main hospital premises across the street.

A few moons later, a Liquid Oxygen Plant near Ward 13 and a separate smaller plant on the premises of Institute of Cardiology rose to the sky. The copper pipelines were laid connecting all the operating theatres, intensive care units and high dependency units which required continuous uninterrupted supply of oxygen. The project was completed within a matter of few months providing a great sense of relief to me.

The company which installed the two oxygen tanks is attending to maintenance and repairs. The company regularly monitors the level of consumption and replenishes the tanks. The hospital staff need not intervene.

Needless to mention the relief it brought to me. It was in the year 2006 during which the Hospital installed the two oxygen plants. Since then we did not have to wait for the truck or bother about cylinders. There has not been any loading unloading or clattering of cylinders. I wanted to ensure that my successors would have a permanent reliable source of Oxygen supply for our patients and avoid sleepless nights unlike me and my predecessors.

After the COVID-19 pandemic Oxygen has become the mostly used word among the healthcare workers. After retirement today, I reminisce my time as the Director of NHSL and recall how the disturbed night dawned upon me the idea to install a Liquid Oxygen Plant to ensure the continuous supply of Oxygen to patients gasping for oxygen.

There is no other time we talk of Oxygen than today. Our neighbouring India is losing thousands of young lives a day due to unavailability of Oxygen. I am happy about the forethought I had 15 years ago much ahead of the term 'COVID-19 Pandemic' entered into our vocabulary.

A WORD OF APPRECIATION OF LATE DR. S.R. RATHNAPALA

By Dr. Lakshman Weerasena

Dr. S.R. Ratnapala MBBS FRCOG past President of Independent Medical Practitioners Association (IMPA) Sri Lanka and well known Obstetrician and Gynecologist served many years as a popular consultant in the private sector. He conducted lectures in Obstetrics to nurses and also for trainees at the Ayuruvedic schools in Sri Lanka. He took an active part in re-structuring the IMPA after my term of office from 1991-1993. He was the IMPA president from 1993 -1995. His friendly attitude towards the members of the IMPA, abled him to carry out many new projects with the extreme dedication and service by our office secretory Champa. Dr. Ranjith Rathnapala belongs to family of medical doctors. His father Dr. S.D. Rathnapala was a general practitioner and his brother Dr. Maithree Rathnapala a consultant Obstetrician practicing in Australia. His only son Dr. Devaka Rathnapala is also a consultant Orthopedic Surgeon at Lanka Hospital Colombo.

May he Attain Nibbana !

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*vs placebo in acute neck pain † Pain at rest in acute neck pain

References: 1. Predel HG. *et al.* efficacy and safety of diclofenac diethylamine 1.16% gel in acute neck pain: a randomized, double-blind, placebo-controlled study. *BMC Musculoskeletal Disord*. 2013;14:250. **2.** Brune K. Persistence of NSAIDs at effect sites and rapid disappearance from side-effect compartments contributes to tolerability. *Curr Res Opin.* 2007; 23:2985-95.

Use as directed on pack. Do not exceed recommended dose and frequency, as excessive dosage could be harmful to the liver. If fever persists, consult your doctor.
For adverse events reporting please call on 0112636341 or email on pharmacovigilance@gsk.com

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