



NEWSLETTER

March 2021
Volume 21
Issue 1
ISSN 2550 - 3316

GALLE MEDICAL ASSOCIATION

“SUSTAINING HEALTHCARE AMIDST CHALLENGES”



Prof. Sampath Gunawardena was inducted as the President of the Galle Medical Association by the Immediate Past President Dr. Kalum Deshapriya at the 79th Annual General Meeting held on 18th December 2020 at the GMA Lecture Theatre, Teaching Hospital, Karapitiya.

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PRESIDENT'S MESSAGE



Galle Medical Association (GMA) is one of the oldest medical associations in Sri Lanka. Founded in 1940 as Galle Clinical Society and being named as Galle Medical Association from 1992, it undoubtedly is the oldest medical association in the Southern Province. Having over 400 life members, it plays a very active role in the medical fraternity in the region. I must thank the membership for appointing me as the President of the GMA for the year 2021. I, being a member of the GMA for nearly two decades and also being a member of the Executive Committee of the GMA for many years, know the important role it plays towards its membership and the community in general. Together with the executive committee of the

GMA for 2021, I plan to continue the good work done by the GMA over the past many decades.

This year we face special challenges due to the COVID-19 pandemic which gripped the country in 2020 and continuing into 2021 as well. Hence we selected the theme 'Sustaining Healthcare Amidst Challenges' as the theme of the GMA for 2021. As a result of this pandemic, healthcare services in the country face a huge challenge of detecting, isolating and treating COVID patients while the public health sector faces the challenge of contact tracing and quarantining the possible contacts. The challenges encountered in maintaining routine healthcare for patients with other illnesses and in sustaining routine preventive care while protecting healthcare personnel are compounding the situation. At least now, the introduction of COVID-19 vaccines holds some promise. But with the introduction of the vaccine, there are naturally many vaccine-related questions that require answers, both from health staff and the public. I believe GMA can play a role in enlightening healthcare workers and the public on these matters.

This year, we plan to implement a basic science education programme targeting doctors who are considering taking selection examinations conducted by the PGIM. Similarly, we intend to open some of the GMA-led online lectures for medical students who are part of the GMA-served community.

Traditionally GMA is involved in facilitating the postgraduate teaching activities of the doctors in the region. Even in the midst of the pandemic we continued to conduct these activities in the best possible way, sometimes resorting to the online mode. GMA has already acquired necessary equipment and tools to conduct its activities online. We plan to upgrade these equipment and tools further during this year. GMA is usually involved in coordinating and conducting many social activities including long trip, short trip, cricket matches, musical evenings etc. Due to the prevailing situation in the country there are restrictions imposed on social activities. As a responsible organization, GMA respects those restrictions imposed but continues to assess the situation in order to see the possibility of organizing some social activities, at least in a modified way.

This year too, GMA will continue to have academic collaborations with other medical and professional associations in the country. GMA will provide facilities available in its lecture theatre to live webcast some of the academic activities conducted by other associations in the country so that the members of the GMA can participate in such activities while minimizing travelling.

I believe that with the competent members of the Executive Committee, we can go through this challenging period successfully while achieving as many GMA goals as possible.

Prof. Sampath Gunawardena
President – GMA 2021

WORKSHOP FOR EXAMINERS IN FINAL MBBS CLINICAL EXAMINATION

Galle Medical Association conducted a workshop in collaboration with the Medical Education & Staff Development Unit (ME & SDU) of the Faculty of Medicine, University of Ruhuna for Examiners in Final MBBS Clinical Examination. It was conducted on 5th of February 2021. It was held in the lecture theatre of the Galle Medical Association with the participation of over 20 clinical examiners along with 20 more virtual participants. Six academic staff members involved in quality assurance activities of the University of Ruhuna were also invited to participate as observers. Resource persons of the workshop were Prof. Sarath Lekamwasam, Prof. T. P. Weerathna, Prof. K.D. Pathirana and Prof. Champica Bodinayake from the Department of Medicine, Faculty of Medicine, University of Ruhuna. Participants belonged to many different disciplines including Medicine, Surgery and Paediatrics.



Prof. Sampath Gunawardena, President GMA and the Head, ME & SDU welcomed the resource persons and participants. Topics of the presentations included calibration, marking and other related information on short cases and long cases. Then the participants were given the opportunity to participate in simulation activity in which they were allowed

to mark two long cases presented by two volunteer medical students. This was followed by a discussion in which the participants and resource persons discussed on how to minimize discrepancies of marks given by two examiners. The points discussed included having subsections in marking (e.g. History 30%, Examination findings 30%, Interpretation of history and examination findings 30% and Presentation skills 10%) rather than giving a global mark. Within each subsection two examiners have to agree on the level of the students performance without having major discrepancies. There was a great enthusiasm among participants of the workshop. Prof. K.D. Pathirana gave the concluding remarks summarizing the important points of the workshop.



New E-mails for GMA

GMA office new email: office@gma.lk

Galle Medical Journal: gmj@gma.lk

The Executive Committee identifies the need of an official email to GMA and its journal in the proper format, as it is a prerequisite of an academic association. Therefore, the Gmail which was used initially was changed to office@gma.lk; gmj@gma.lk for GMA and GMJ respectively.

SAVE THE DATES



80th ANNUAL ACADEMIC SESSIONS

15th & 16th September 2021

LAMA PIYASA - CHILD PROTECTION UNITS IN HEALTH INSTITUTIONS: “LIGHTING A CANDLE IN THK ”

Dr. Nayana Liyanarachchi

Department of Paediatrics, Faculty of Medicine, University of Ruhuna

Children of all ages have the fundamental right to live, learn and grow without fear of violence, abuse, neglect, exploitation and discrimination (1).

Child abuse and neglect is a hidden epidemic which is a result from physical, verbal, or sexual harm. Child abuse can result in either short or long term consequences, or even death. Most of the children who are abused or neglected suffer greater emotional than physical damage. A child who has been abused or severely mistreated may become depressed or withdrawn and could develop suicidal ideas, or violent behaviour. These adverse outcomes can be prevented with early intervention and treatment.

Child abuse can occur in any cultural, ethnic, or income group and is widespread all over the world. Studies show that one in four girls and one in eight boys are sexually abused before the age of 18 years. Approximately one in 20 children is physically abused each year (2). Child abuse and negligence is being reported at an alarmingly increasing rate in Sri Lanka. The number of complaints reported to the National Child Protection Authority from 01st January 2020 to 31st December 2020 was 8175. There were 454 reported cases from Galle district, and this is only a tip of an iceberg. This indicates the need for all stakeholders to unite to formulate an effective response when an incident is reported.

At present majority of the victims of child abuse are managed in ordinary paediatric wards. These children are undergoing lots of difficulties, in addition to the bitterness of the incident they already underwent. In addition to paediatric wards, victims are being admitted to different wards in a health institution. Teenage girls those who become pregnant as a result of sexual abuse are admitted either to Gynaecology or Obstetric wards. They could be subjected to stigmatization and discrimination as they are housed in adult wards.

Management of victims of child abuse requires a sensitive approach. Maintenance of confidentiality is essential. We need a facility to admit such victims (up to the age of 18 years), and to take care of their immediate medical needs.

In 2011, the Child Protection Committee of the Sri Lanka College of Paediatricians together with Plan Sri Lanka (an NGO registered in Sri Lanka) embarked on the project titled ‘Creating Safe Communities for Children’. Through this venture, in December 2012, the Ministry of Health accepted the concept of ‘Safe Houses’ in Health Institutions (3). In 2015 such a facility was opened at the Colombo North Teaching Hospital, Ragama. It is a child protection unit referred to as ‘*Lama Piyasa*.’ The unit caters the needy children who have faced abuse and neglect and consists of a 10 bedded in house facility and a video evidence recording unit for the recording of evidence to courts. At the time of its opening the Child Protection Committee of the Sri Lanka College of Paediatricians had requested the Ministry of Health to open at least 8 such units in the other 8 provinces of the country.

In 2020, the Child Protection Committee of the Sri Lanka College of Paediatricians once again requested the Ministry of Health and the Ministry of Women and Child Affairs to establish a child protection unit (*Lama Piyasa*) in one health institution of each province. Teaching Hospital Karapitiya has been identified as the next hospital to establish such a facility.

Once *Lama Piyasa* is established all children (0-18 years) who faced violence, abuse, exploitation and neglect will be admitted to the unit for initiation of the process of attending to immediate and long term medical needs, psychosocial rehabilitation and reintegration. Once the acute medical needs are sorted out, psychosocial rehabilitation is commenced. A case conference is held with all stakeholders of medical, social, legal and education sectors. On discharge, the child is

followed up in the unit by the medical and nursing staff. The follow up in the community will be done by the social worker(3).

The health team who involved the management would consist of the Paediatrician, Child Psychiatrist, Forensic pathologist, medical officers and nurses. In addition to the health staff, police officers from the Women's and Children's Bureau of the Sri Lanka Police, probation officers, officers of the National Child Protection Authority and Child Rights Promotion Officer are involved in the multi-sectoral management. They all have to attend the Institutional Case Conferences (ICC) which are conducted for all children. The multisectoral team is entrusted to prepare an action plan for the long term management of the children and their families. The decisions of the ICC are included in the probation officer's report. These decisions are conveyed to courts of law.

Proposed *Lama Piyasa* to be established within the premises of Teaching Hospital, Karapitiya would certainly

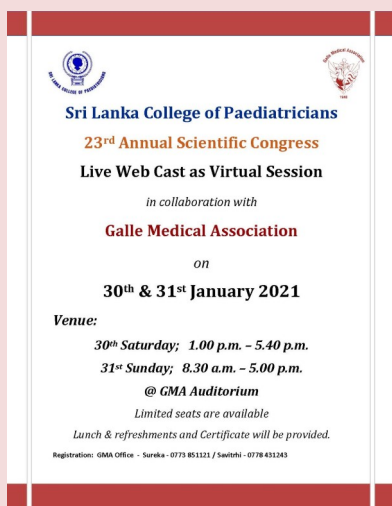
help to solve most of the problems experienced by children who have faced abuse and neglect in the Southern Province.

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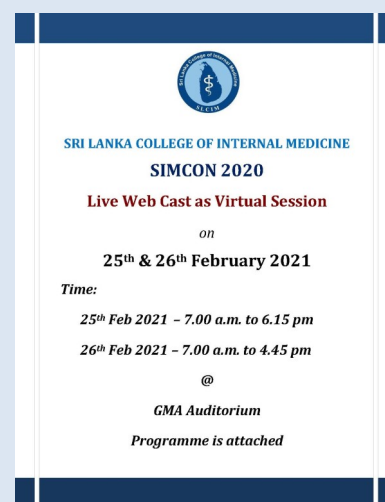
GMA ACADEMIC COLLABORATION (VIRTUAL SESSIONS)

Sri Lanka College of Paediatricians
23rd Annual Scientific Congress
on 30th & 31st January 2021



Sri Lanka College of Paediatricians
23rd Annual Scientific Congress
Live Web Cast as Virtual Session
in collaboration with
Galle Medical Association
on
30th & 31st January 2021
Venue:
30th Saturday; 1.00 p.m. - 5.40 p.m.
31st Sunday; 8.30 a.m. - 5.00 p.m.
@ GMA Auditorium
Limited seats are available
Lunch & refreshments and Certificate will be provided.
Registration: GMA Office - Surika - 0775 951121 / Sainthri - 0778 431243

Sri Lanka College of Internal Medicine
SIMCON 2020
on 25th & 26th February 2021



SRI LANKA COLLEGE OF INTERNAL MEDICINE
SIMCON 2020
Live Web Cast as Virtual Session
on
25th & 26th February 2021
Time:
25th Feb 2021 - 7.00 a.m. to 6.15 pm
26th Feb 2021 - 7.00 a.m. to 4.45 pm
@
GMA Auditorium
Programme is attached

CLINICAL RESEARCH DEVELOPMENT HELP GROUP



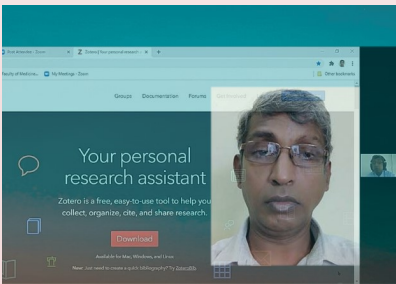
Prof. Champica Bodinayake (Professor in Medicine) delivered the second lecture of this series titled **"Literature Search"** on 15th February 2021.



Prof. Vijitha de Silva (Professor in Community Medicine) delivered the fifth lecture of this series titled **"Sampling Method"** on 29th March 2021.



Dr. Thyagi Ponnampereuma (Senior Lecturer in Community Medicine) delivered the third lecture of this series titled **"Selecting an Appropriate Study Design"** on 01st March 2021.



Prof. K. D. Mahinda (Senior Professor in Physiology) conducted the fourth session of this series titled **"Reference Management"** on 15th March 2021.

Four hybrid sessions were conducted during the first quarter in this year and there were more than 20 participants present for each session.



GALLE MEDICAL ASSOCIATION

80th ANNUAL ACADEMIC SESSIONS

15th & 16th of September 2021

Venue: T.W. Wikramanayake Auditorium, Faculty of Medicine, Karapitiya

CALL FOR ABSTRACTS AND GMA ORATION

★ Abstracts for Free Papers

The body of the abstract should not exceed 250 words. All abstract submissions should be made electronically through online abstract submission system (<https://gma.lk/eng/>). All research should have obtained ethical approval. All clinical trials should be registered with the Sri Lanka Clinical Trials Registry.

★ Galle Medical Association Oration – 2021

Full text must be submitted in 04 hard copies. Three of the copies should not contain the name of the author and any indication to the identity of the author (including references). Upload the soft copy of your submission to GMA website.

Deadline for Submissions - 15th May 2021

Further details can be obtained from <http://www.gma.lk> OR
GMA Office, Teaching Hospital, Karapitiya
Tel: 091-2232560 Hotline: 077-9155541
e-mail: office@gma.lk OR gmathk@gmail.com



GALLE MEDICAL ASSOCIATION

GMA Research Grant - 2021

Applications are called for
GMA Research Grant - 2021
Application form and the Guidelines
are available on the GMA website.

(www.gma.lk)

Please submit the full research proposal
with duly filled application on or before

11th June 2021

to the GMA Office.

POSTGRADUATE DIRECTORATE

MD MEDICINE PART II MOCK VIVA SESSIONS



Postgraduate Directorate of Galle Medical Association has always been thriving to help postgraduates to become excellent registrars and successful candidates at their exams.

MD Medicine Part II Mock Viva Session as a part of Registrar Excellence Forum was held on 6th January 2021. at GMA Lecture theatre just a week ahead of the upcoming MD Part 11 examination. Dr. Krishantha Jayasekera (Consultant Physician) and Dr. Jagath Kumara (Consultant Physician) were the examiners at the Emergency viva station whereas Dr. Arosha Abeywickrema (Consultant Physician) and Dr. Ganaka Senaratne (Consultant Physician) served as examiners in Observed History Taking and Communication skills stations respectively.

Postgraduate trainees who participated the mock viva examination were really happy in coming over as they were hugely benefited. Dr. Sahan Mendis, Dr. Tharindu Eranga, Dr. (Mrs.) Amila Senaratne and Dr. K. Srikanthan coordinated this event.

MD MEDICINE PART II MOCK (SHORT CASE) SESSION



MD Medicine Part II Mock Clinical Examination was held on 24th March 2021 at TH Karapitiya. It was conducted as three separate Short Case Sessions (Endocrinology, Neurology and Rheumatology) with the generous support our Resource Persons. The Endocrinology Session was conducted by Dr. Muditha Weerakkody (Consultant Endocrinologist) and Dr. N. H. R. Sanjeewa (Consultant Physician), Neurology session was conducted by Dr. Athula Dissanayake (Consultant Neurologist) & Dr. Damith Liyanage (Consultant Neurologist) and Rheumatology Session was conducted by Dr. Kalum Deshapriya (Consultant Rheumatologist), Dr. S. P. Dissanayake (Consultant Rheumatologist) & Dr. Methsala Gunawardena (Consultant Rheumatologist).

Excellent Feedback was received from 20 PG trainees participated.

YOUNG SPECIALISTS' FORUM



Dr. Tharindu Eranga Kanakkahewa (MBBS, MD) Senior Registrar in Internal Medicine did the presentation on **“Stethoscope of the 21st century”** **Are you ready for the new era in medicine?** at Young Specialists' Forum held on 2nd March 2021. Prof. Sampath Gunawardena, Dr. Ranjith Jayasinghe and Dr. Ganaka Senaratne participated for the feedback session.



REGISTRAR EXCELLENCE FORUM



Dr. Arosha Abeywickrema, Consultant Physician conducted the session on 25th January 2021. **Dr. C. D. Ranathunga, Registrar in Medicine,** presented the case.



Prof. T.P. Weerathna, Senior Professor in Medicine conducted the session on 1st February 2021. **Dr. Hasaranga Samaranyake, Registrar in Medicine** presented the case.



Dr. Niroshana Dahanayake, Senior Lecturer in Medicine conducted the session on 15th February 2021. **Dr. C. N. Karunathilka, Registrar in Medicine** presented the case.



Dr. Dhammika Palangasinghe, Senior Lecturer in Medicine, conducted the session on 23rd February 2021. **Dr. M. E. Hettiarachchi, Registrar in Medicine** presented the case.



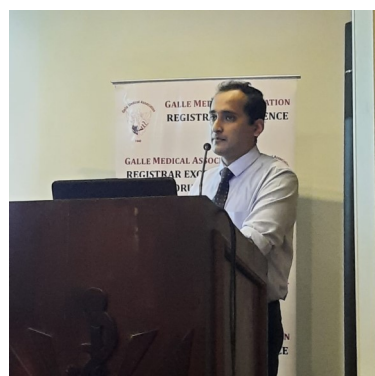
Dr. N. H. R. Sanjeewa, Consultant Physician, conducted the session on 1st March 2021. **Dr. Uditha Hettiarachchi, Registrar in Medicine** presented the case.



Dr. Janani Chandrika, Consultant Physician, conducted the session on 08th March 2021. **Dr. Madushanka Rathnayake, Registrar in Medicine** presented the case.



Dr. Warsha De Zoysa, Senior Lecturer in Medicine, conducted the session on 15th March 2021. **Dr. Nilanthi Jayathilaka, Registrar in Medicine** presented the case.



Dr. Sahan Mendis, Senior Registrar in Medicine conducted Picture & Data Interpretation on 30th March 2021.

KEY TO OPEN THE DOOR INTO SAFETY-MINDFULNESS AND COVID-19 VACCINES

Dr. Nayani Weerasinghe

Department of Microbiology, Faculty of Medicine, University of Ruhuna

Coronavirus Disease 2019 (Covid-19), which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has cost over two million lives with over 120 million infected cases around the world involving all the continents by now. Sri Lanka is currently ranked at 87th place in order of burden of the disease with 87 907 documented infected cases and a toll of 527 deaths as per mid-March 2021 (1).

In response to Covid-19 pandemic many countries including Sri Lanka have taken unprecedented measures such as total lockdown of the country to combat the spread of the disease. The main aim of such strict measures is to isolate the individuals infected with SARS-CoV-2. Being mainly a droplet-transmitted infection, face mask, physical distancing and hand hygiene are also practiced around the globe to control Covid-19 (2, 3). Many governments ensure strict adherence to these practices by making them compulsory and punishable offence when not adhering to these measures.

Meanwhile, scientists, product developers, manufacturers and funding agencies have worked tirelessly on developing an effective vaccine in the battle against Covid-19 during the last year and several such produced vaccines are found to be very effective.

1. Covid-19 mRNA Vaccines.

eg: BNT162b2 Covid-19 vaccine (Pfizer)
mRNA-1273 (Moderna)

2 Adenovirus vector vaccines. Containing the genome coding for spike protein of the virus

eg: ChAdOx1 Covid-19 vaccine (AstraZeneca/Oxford) using attenuated chimpanzee adenovirus (4)
Russian Sputnik V Covid-19 vaccine using attenuated human adenovirus; rAd26 and rAd5

Vaccines work by training and preparing the body's natural defenses, the immune system, to recognize and fight off the viruses and bacteria they target.

After vaccination, if the body is later exposed to those disease-causing germs, the body is immediately ready to destroy them, thus preventing illness. Same as the other viral vaccines, Covid-19 vaccines take few a weeks for the body to produce T-lymphocytes and B-lymphocytes after vaccination (5). A second dose needs to be given at least 21 days apart to develop the full immunity. Therefore, it is impossible that a person could be infected with the virus that causes Covid-19 just before or just after vaccination and then get sick because the vaccine did not have enough time to provide protection.

Immunological components of a forearmed vaccine are different. Pfizer and Moderna vaccines are lipid nanoparticle-formulated, mRNA vaccines. Once mRNA enters macrophages at the site of injection, it gives instructions to macrophages to make harmless pieces of 'spike protein' which is found on the surface of the SARS-CoV-2 (5).

AstraZeneca/Oxford Covid-19 vaccine is a recombinant adenovirus vector vaccine. The gene coding for the SARS-CoV-2 spike protein has been incorporated into attenuated chimpanzee adenovirus which is used as a viral vector (5). AstraZeneca / Oxford Covid-19 vaccine is used by the vaccination.

Sputnik V Covid-19 vaccine is also made of recombinant attenuated adenovirus vectors; rAd26 and rAd5 incorporated with the gene coding for the SARS-CoV-2 spike protein.

Vaccination will not only protect the people from Covid-19, but also indirectly protect others in the community through herd immunity. The percentage of immune people needed to achieve herd immunity varies the disease. eg: herd immunity against measles requires about 95% of a population to be vaccinated, for polio threshold is about 80%. However, the proportion of

the population that must be vaccinated against Covid-19 to induce herd immunity is still not known(6). This is an important area of research and will likely vary according to the community, the vaccine, the populations prioritized for vaccination, and other factors.

What is COVAX?

Covid-19 Vaccine Global Access (COVAX) is an initiative launched by the World Health Organization (WHO) to ensure rapid and equitable access to vaccines by all countries regardless of income. Under this programme, Sri Lanka received the first batch of Covid-19 vaccine. The first batch of COVID-19 vaccines from the COVAX facility to arrive in Sri Lanka was the Astra Zeneca/Oxford vaccine manufactured in the Serum Institute of India.

Efficacy and safety of Pfizer, Moderna, Astra Zeneca/ Oxford and Sputnik V vaccines

Phase 3, double-blind, randomized, controlled trial of Pfizer (BNT162b2 mRNA) and phase 3 randomized, observer-blinded, placebo-controlled trial of Moderna (mRNA-1273) Covid-19 vaccines have demonstrated 95% efficacy in preventing Covid-19. Major adverse effects reported are rare and transient and mild local reactions such as injection-site pain and erythema could be attributable to vaccine were reported commonly. Reactogenicity systemic reactions like fever, fatigue, and adenopathy have been uncommon with them (7, 8).

Four blinded, randomized, controlled trials conducted in the United Kingdom (UK), Brazil, and South Africa have proven the safety and efficacy (around 60% efficacy in participants who received two standard doses) of Astra Zeneca/Oxford vaccine (ChAdOx1). Coupled with its low cost and simplified storage requirements (in contrast to -70°C needed for mRNA vaccines) it has become a promising candidate for providing protection against SARS-CoV-2 for a broader population, especially in lower-income countries or rural areas (9).

Two open, non-randomized phase 1/2 studies on heterologous rAd26 and rAd5 vector-based Covid-19 vaccine (Russian Sputnik V vaccine) demonstrated a good safety

profile and a strong humoral and cellular immune responses in participants (10).

National Medicines Regulatory Authority (NMRA) on the recommendations of National Advisory Committee on Communicable Diseases, ensured the safety on the use of Astra/Zeneca Covid 19 vaccine in Sri Lanka. The latest vaccine recommended for use in Sri Lanka by the NMRA is the Sputnik V vaccine.

The main aim of obtaining the vaccine is not to prevent the disease, but to prevent the severe disease and to reduce mortality and to reduce the chances of spreading the disease.

None of these vaccines contain SARS-CoV-2 virus or the adenoviral vectors further are attenuated making them unable to multiply within the body. Therefore, there is no risk of causing Covid-19 infection by the vaccines.

History of severe allergies to food and drugs is not a contraindication for Covid-19 vaccines, provided the vaccine is given in a facility with emergency medical care. However, allergy to the vaccine or its components may preclude vaccination (11).

The safety of the vaccine during pregnancy and breast feeding mothers is not conclusive, due to lack of evidence in these special categories.

It is recommended to keep at least a two-week gap or preferably a gap of one month between Astra/Zeneca Covid-19 vaccine and the other vaccines.

Prioritizing the vaccine recipients

Provision of Covid-19 vaccines have to be prioritized in the context of limited supply. Strategic Advisory Group of Experts (SAGE) of WHO has weighed relative benefits and potential risks of vaccination (12). Local epidemiology of the disease, occupational risk for contracting the disease, association of higher morbidity and mortality from the disease are taken into consideration, when formulating a priority list for vaccine receipt. Patient categories with higher morbidity and mortality from Covid-19 include elderly population, patients with underlying pathologies; ischaemic heart disease,

obstructive lung diseases, immunosuppressed conditions including (diabetes mellitus, certain categories of oncology patients etc) (13). On the recommendations given by National Advisory Committee on Communicable Diseases adhering to global vaccination prioritizations the front line healthcare workers, supporting groups and security forces were also been considered in the initial vaccination campaign in Sri Lanka.

Stopping a pandemic requires using all the tools available.

Safe and effective vaccines will be a gamechanger. Being vaccinated does not mean that we can look down upon or forget about the best practices that we have been practicing with regard to Covid-19 control. Vaccination is one of many steps that can protect us from Covid-19. Returning to normality, ignoring the public health advice might lead to a disaster putting ourselves and others at risk, particularly with limited experience with the new vaccines we do not know to which degree the vaccines can protect against disease, especially with the appearance of new strains of the virus as well as from subclinical infection and transmission. Therefore, for the foreseeable future being mindful on infection control practices-wearing masks, hand hygiene, physical distancing and safe behaviour among people is essential on top of Covid-19 vaccination.

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GLIMPSE OF HEALTH IN SOUTH (GHS)

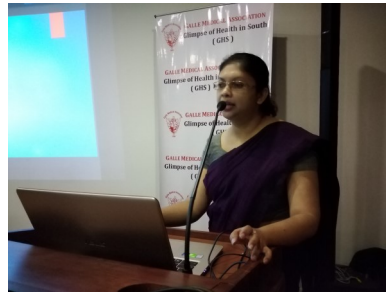


Dr. Manjula Dissanayake
Consultant Chemical Pathologist

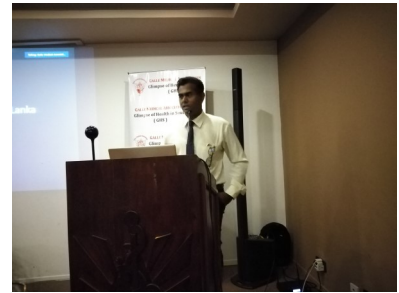
Inaugural session of the new activity of Galle Medical Association, “**Glimpse of Health in South**”, was held on 16th of March 2021. The main objective of this activity was to update GMA members on new investigations, treatment methods and procedures available at TH Karapitiya and around Galle. In addition, new disease patterns and health behaviors in the environs of Galle may are to be discussed as a part of this activity. The first session was held on 16th March 2021 was titled “From the Bench to Bed Side: New Tests at THK” The session was conducted by the following resource persons: Dr. Manjula Dissanayake (Consultant Chemical Pathologist), Dr. Bhagya Piyasiri (Consultant Microbiologist), Dr. Chanika Kulathunga (Consultant Radiologist) and Dr. Lahiru Prabodha (Senior Lecturer in Anatomy and Clinical Geneticist). There were 37 participants along with 23 virtual participants. According to the response from participants it was a great success.



Dr. Bhagya Piyasiri
Consultant Microbiologist



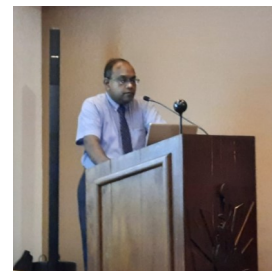
Dr. Chanika Kulathunga
Consultant Radiologist



Dr. Lahiru Prabodha
Senior Lecturer in Anatomy & Clinical Genetics

MULTIDISCIPLINARY TEACHING ACTIVITY UPDATES IN PAEDIATRICS

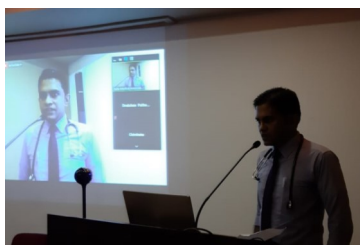
GMA organized the first session of **Multidisciplinary Teaching Activity**, titled “Evaluation of a Child with a Stroke” as the third session of Updates in Paediatrics. This was held on 5th March 2021, at the GMA Lecture Theatre. Resource Persons were Dr. Aruna De Silva (Consultant Paediatrician), Dr. Gemunu Hewawitharana (Consultant Paediatrics Neurologist), Dr. Rohan Pullaperuma (Consultant Haematologist), Dr. Suranga Sanjeeva (Senior Registrar in Radiology) were the resource persons. The case presentation on “Child with Stroke” was done by Dr. Sulakshi Rotumbage (Registrar in Paediatrics). The discussion was focused on the aspects of paediatrics, neurological, haematological and radiological aspects of managing a child with paediatric stroke .



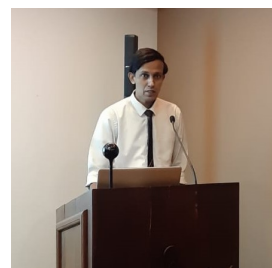
Dr. Gemunu Hewawitharana
Consultant Paediatric Neurologist



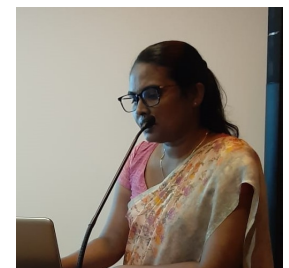
Dr. Rohan Pullaperuma
Consultant Haematologist



Dr. Aruna De Silva
Consultant Paediatrician



Dr. Suranga Sanjeeva
Senior Registrar in Radiology

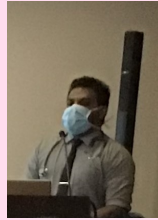


Dr. Sulakshi Rotumbage
Registrar in Paediatrics

POSTGRADUATE MEETINGS

Medicine

Postgraduate Meeting in Medicine is being held on every Wednesday from 11.00 A.M. to 12.00 Noon at the GMA Lecture Theatre. This is conducted by Registrars in Medicine, who are postgraduate trainees at Teaching Hospital Karapitiya. During this session, medical registrars do clinical case discussions, journal presentations and picture presentations. A clinically important case is presented by a registrar of a medical unit while another registrar from a different medical unit discusses the case.



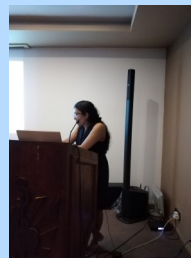
The journal presentation imparts novel scientific evidence with regards to clinical diagnosis and patient management. Picture presentation is important for the medical registrars to upgrade their knowledge on diagnostics which is also required at their MD Medicine examination. Consultant Physicians, Senior Registrars and registrars in Medicine participate in the meeting. During this

year 2021, the postgraduate meeting was successfully continued so far with the guidance of the Consultant Physicians and the technical support of the GMA staff. There had been eleven case discussions, seven journal presentations and four picture presentations, successfully conducted over last three months of 2021.

Paediatrics



The Paediatric Postgraduate Registrar are conducting Clinical Lecture Demonstrations (CLD) every Friday at 11.00am - 01.00pm with the participation of Registrars from all three paediatric wards. As well as registrar who are doing Neonatal appointment. This is a continue GMA event since 2005. This event is held at GMA Lecture Theatre with technical support from GMA staff and with participation of Consultant Paediatrician.

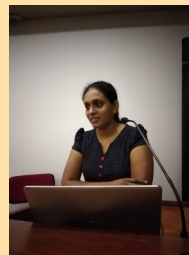


Anaesthesia

Postgraduate trainees in Anaesthesia, critical care and emergency medicine conduct academic program on every Thursday from 11.30am to 12.30pm at GMA lecture hall. Discussion includes presentations related to Anaesthesia, Intensive Care and Emergency

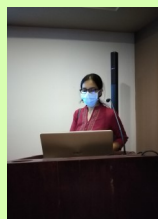


Medicine, case base discussions and critical appraisal of journals and research, presented by post graduate trainees. Currently there are four registrars and four senior registrars conduct the event with the supervision of nine Consultant Anaesthetists and Intensivists. This fruitful academic event had been successfully continued for many years with technical support from the GMA staff.



Surgery

The surgical postgraduate trainees are conducting Clinical Lecture Demonstrations (CLD) fortnightly on Tuesday from 11.00 - 13.00 hours with the participation of Registrars from all surgical wards.



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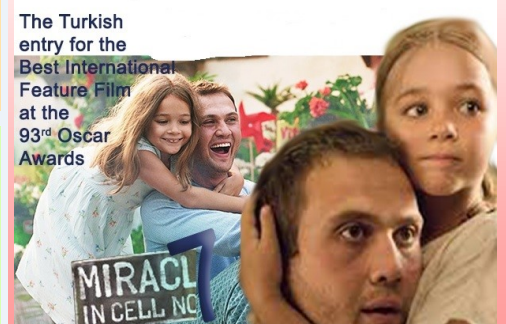
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GMA NIGHT THEATRE

“Miracle in cell no 7” an awarding winning film was casted on 21st January 2021 in GMA Lecture Theatre. Post movie critical appraisal was done by Dr. Nilanga Gamage, Consultant Psychiatrist, Faculty of Medicine, University of Ruhuna.



INTIMATE PARTNER VIOLENCE; NEGLECTED TRAGEDY DURING COVID 19 PANDEMIC

Darshana ILAN, Ponnamparuma T

Department of Community Medicine, Faculty of Medicine, University of Ruhuna

Intimate Partner Violence (IPV) is defined by the World Health Organization (WHO) as “Any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship”. Under the broader forms of gender-based violence, IPV is considered the most common form of violence in the world. It does not respect neither to ethnocultural boundaries, nor the social class of the families. Therefore, it is reported in all settings of the world irrespective of ethnocultural or socioeconomic background. According to the Centers for Disease Control and Prevention (CDC), women (1 in 4) are considered as victims in many cases compared to men (1 in 10). WHO reported, 35% women experience any kind of IPV during their lifetime. According to the literature, South-East Asia has the highest prevalence of IPV followed by South Asia (1). In the local context, the 2016 Demographic and Health Survey and 2019 National Survey on IPV conducted by the Department of Census and Statistics stated that IPV is a common, but hidden public health problem of the country. Less number of studies were done in the country, and in the Western Province, it was revealed to be as high as 30% (2).

Interestingly, it was found by many researchers that IPV has increased following disaster situations (3,4). With the recent COVID 19 pandemic, IPV was identified as a hidden disaster in many communities. Therefore, it is interesting to discuss why IPV has become a neglected tragedy during the pandemic. To prevent transmission of the infection, the governments of many countries introduced preventive measures including lockdowns, home quarantine, travel restrictions, work from home concept, online teaching, social isolation, etc. Even though these preventive measures have helped to reduce transmission of the diseases, they have shown many negative outcomes on the psychosocial well-being of the people. Posttraumatic stress symptoms, psychoactive substance abuse and depressive symptoms are widely reported among people who have adhered

to those preventive measures. Further, disruption of financial status, educational activities, and social relationships have aggravated the situation. Taken together all these reasons contributed to increased risk of domestic violence in society (5). Hence in March 2020, the United Nations announced a warning statement to be vigilant on the increased IPV risk during the COVID 19 pandemic (6).

The first alarming sign of increased prevalence of IPV cases was reported from Hubei province China, the epicenter of the pandemic (7). Where reported of IPV cases had tripled during the COVID 19 pandemic. France, Argentina, Cyprus, and Singapore had nearly 30% increase of reported IPV cases during the pandemic (8). China, United States, Italy, and Spain were the main countries that were badly affected by the pandemic and had reported a significant increase in calls to IPV emergency support lines, in those countries (9). Although South-East Asia and South Asia have the highest prevalence of IPV in the world, no data were available on the increase in IPV incidence during this pandemic. The probable reasons for under reporting could be due to unavailability surveillance system to pick up IPV cases, and barriers related to cultural, political, and socio economic aspects of the society. Similarly countries in the African continent statistics on IPV incidence during the pandemic are not available. Many of these developing countries do not have a proper system in place to manage IPV, and may have routinely managed it in an ad-hoc manner. While the whole world is struggling to manage COVID 19 pandemic at its best, the available statistics show that IPV has slowly increased to an alarming level even though it was neglected by many of the authorities. Sri Lanka is having an excellent health system, but to date, a hotline to report and manage IPV victims is not functioning. Further, the attention of public health system was drawn completely towards the pandemic control IPV victims may have suffered silently during this period.

In conclusion, IPV risk has increased with recent COVID 19 pandemics in many countries in the world. However, no

data available in the developing countries especially in Asian and African context, and it may be due to service disruption and cultural barriers of those countries. Moreover, IPV is considered as a taboo topic in many communities with cultural and political contexts leading to underreporting of cases. However, many victims have suffered from IPV throughout the world and reported to be exacerbated following disasters. At present as the whole world is still struggling with COVID 19 pandemic, a proper system will be required to identify victims of IPV to minimize the incidence of IPV especially in developing countries of Asian and African regions including Sri Lanka. Introducing a hotline service as a help desk will be beneficial and cost-effective for many countries to support victims of IPV and to maintain effective IPV case surveillance in the country. If this issue is not addressed properly and the necessary steps are not implemented timely, the individuals, their families, and society will suffer from detrimental effects of IPV for decades.

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CONFERENCE BAGS DONATION



Fifty bags were donated to Kithulampitiya Ananda College as a community supporting activity of Galle Medical Association. These bags were remains of bags ordered for previous Annual Academic Sessions .



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