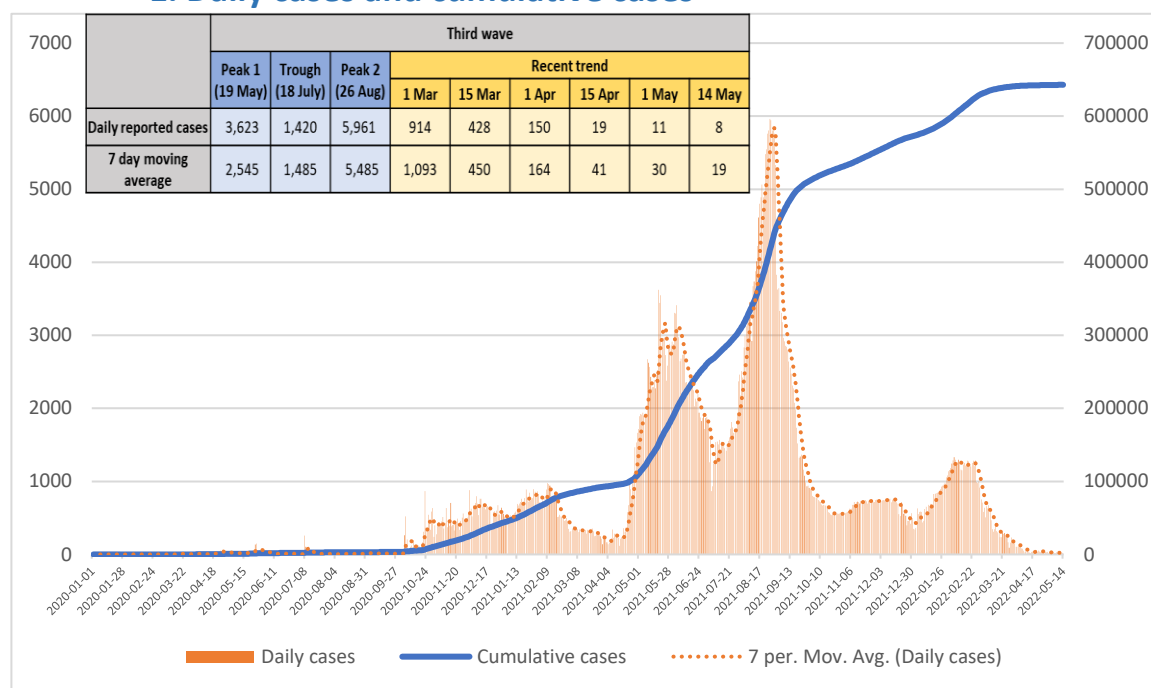




COVID -19 Situation Report

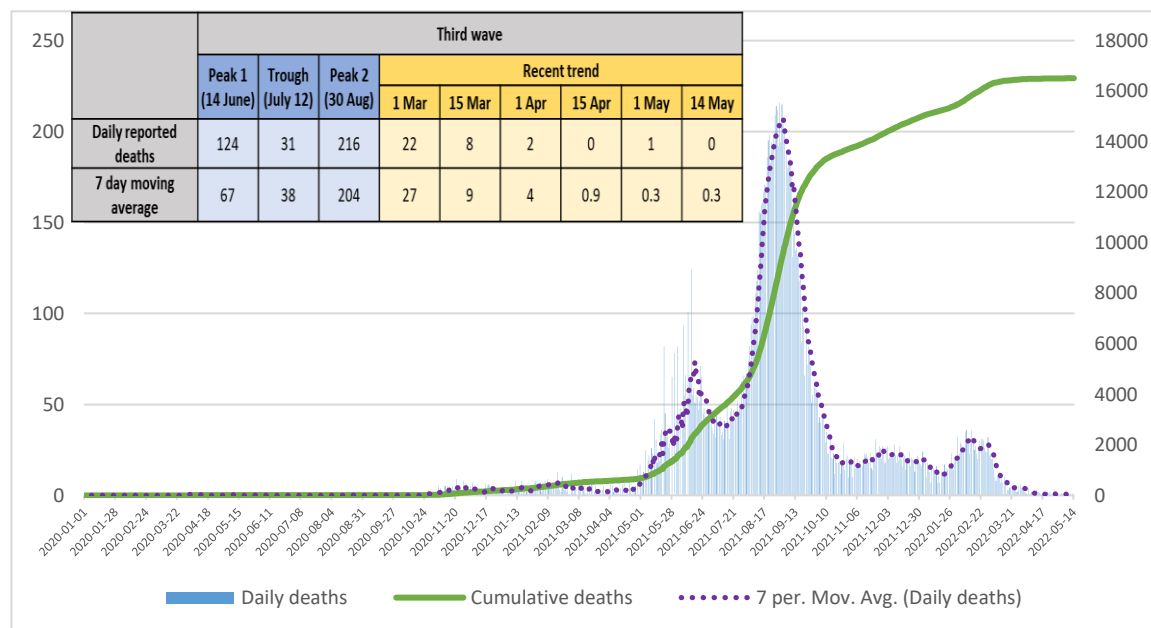
1. Daily cases and cumulative cases



Source: Ministry of Health -Daily reported cases. Data updated until 14 May 2022

- A total of 663,663 cases have been reported as of 14 May
- The number of daily cases reported over the past 14 days (1 -14 May) is 301 which is a 44% decrease compared to the previous 14-day period (17-30 April)
- The average weekly incidence over the past 14 days is 0.7 per 100,000 population
- This is the lowest level of cases observed since the beginning of the second wave

2. Daily deaths and cumulative deaths



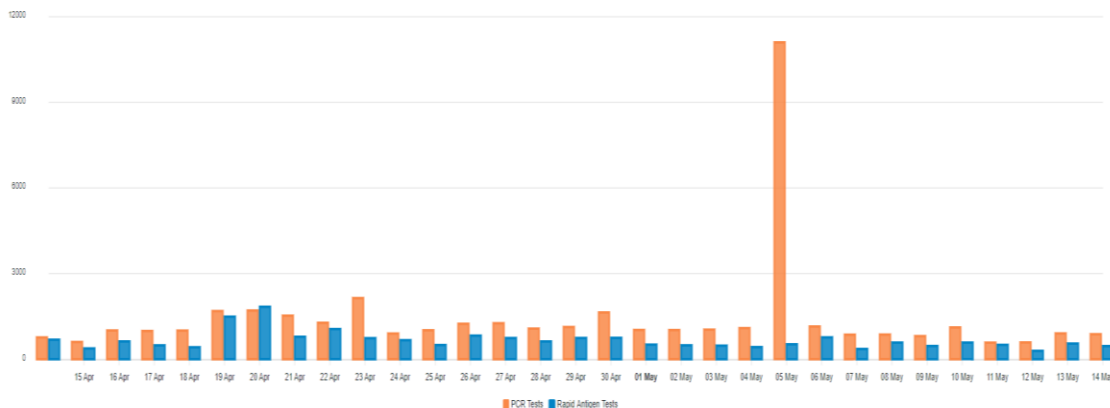
Source: Ministry of Health. Data updated until 14 May 2022

- A total of 16,511 deaths have been reported as of 14 May with 56% being males. 76% of the deaths are in age group of 60+, while 22% is in the 30-60 years age group.
- The number of daily deaths reported over the past 14 days (1-14 May) is 7 which is a 22% decrease compared to the previous 14-day period (17-30 April)
- The average weekly case fatality rate over the past 14 days is 0.016 per 100,000 population. This is the lowest level of case fatality observed since the beginning of the second wave.



3. Testing

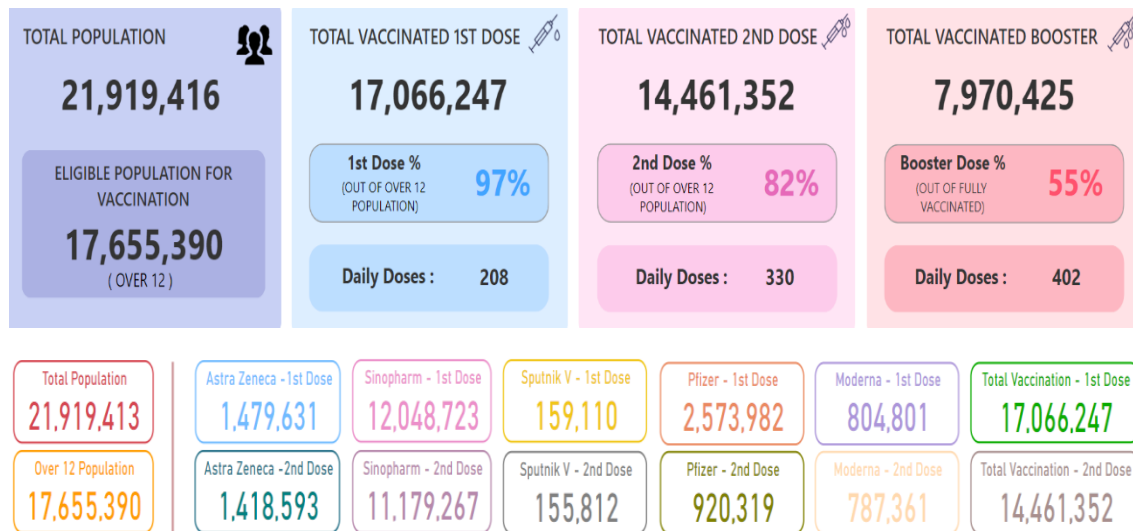
Daily Investigations



Source: Health Promotion Bureau, Ministry of Health, 14 May 2022

- 22,991 PCR tests have been conducted over the past 14 day period (1-14 May) and test positivity rate is 1.3%.
- The total number of PCR tests conducted since the beginning of the pandemic exceeds 6.5 million. Further, Rapid Antigen Tests are also used for testing.

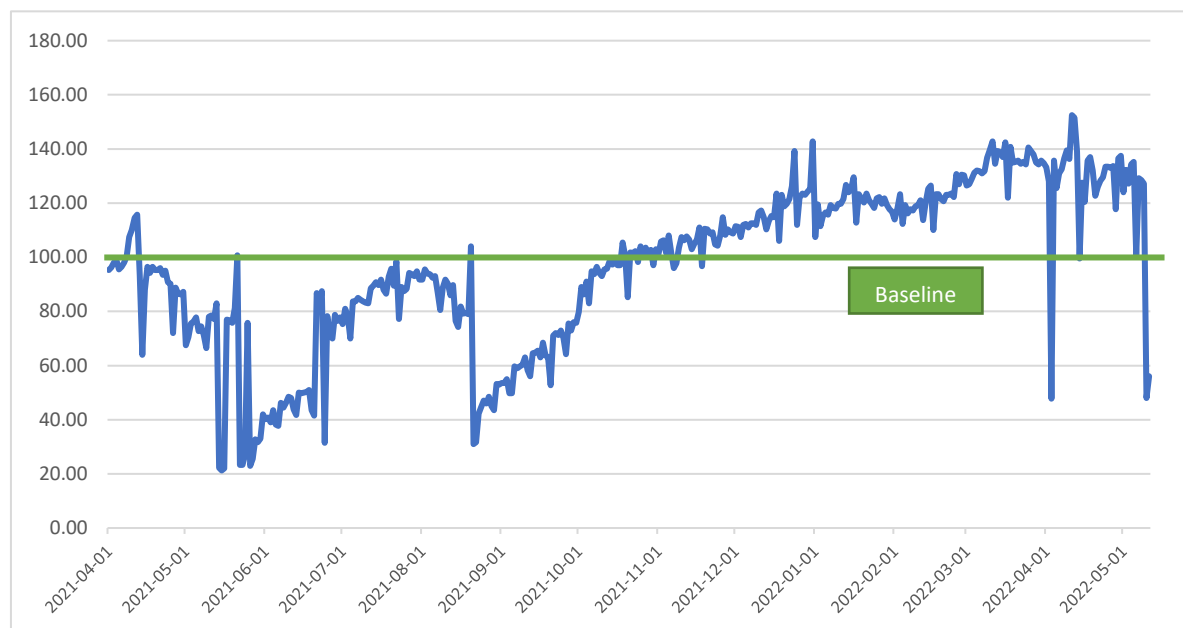
4. Vaccination



Source: <https://www.presidentsoffice.gov.lk/index.php/vaccination-dashboard/>. Accessed on 14 May 2022

- 82% of the over 12 years age group has been vaccinated with two doses and this corresponds to 66% of the total population
- A booster dose (with Pfizer vaccine) has been administered to 7.9 million persons (36.3% of the total population and 55% of fully vaccinated). The number of booster doses administered from 1 -13 May is 2,562.
- The Ministry of Health has taken the decision to provide a 2nd booster vaccination essentially for the category aged 60 years and above and anyone requesting from the age group 20-59 years, keeping the duration of at least 3 months after the 1st booster vaccination dose from 5 May 2022

5. Mobility















Source: Google Community Mobility data are considered. Data available until 11 May 2022

- The average mobility has been **above the baseline*** since mid-November 2021 (except on days where island-wide curfew was imposed)

**A baseline day represents a normal value for that day of the week calculated based on the median value from the 5-week period Jan 3 – Feb 6, 2020*

6. Regional situation (for the period of 5-11 May 2022)

Country		New cases (last 7 days)	% change in new cases	New cases per 1M pop	New deaths (last 7 days)	% change in new deaths	New deaths per 1M pop	Test Positivity Rate (last 7DMA)	% change in TPR
Thailand		56,032	-35.5	1237.9	418	-44.9	177.3	15.1	-22.3
India		22,776	1.9	16.2	214	-19.9	6.2	0.8	11.8
Indonesia		1,826	-19.6	8.3	111	-21.8	23.5	0.8	49.5
Bhutan		256	-71.6	1167.7	0	-100.0	16.9	3.3	-76.1
Sri Lanka		171	-8.6	10.0	3	0.0	4.5	2.1	-18.2
Myanmar		142	2.2	2.9	0	0.0	0.0	0.3	8.9
Bangladesh		122	-6.9	0.7	0	0.0	0.0	0.4	-23.4
Nepal		95	0.0	3.3	1	100.0	0.0	0.6	-4.8
Maldives		107	-27.2	0.0	0	0.0	0.0	-64.5	3.9
Timor-Leste		11	-21.4	10.6	0	0.0	0.0	1.0	-23.7
DPR Korea		0	0.0	NA	0	0.0	NA	NA	NA
SEAR total		81 538	-23.6	NA	747	-36.0	NA	NA	NA

Source: WHO SEARO



7. Omicron

- Genomic sequencing was not done over the past 2 weeks. Previous reports indicated that all sequenced samples were positive for Omicron. A total of 1091 Omicron cases have been sequenced to date.

8. WHO support in the context of the current economic crisis and its impact on health

1. Immediate assistance for the next 8-10 weeks is needed to avoid stock-outs of supplies. WHO is assisting MoH to track availability of medicines, consumables, devices and equipment; making this information available; and, updating for supplies as and when these are secured. The key issue has been a lack of foreign exchange to pay suppliers abroad. These are orders as per planned procurement and already placed by the State Pharmaceutical Corporation (SPC) through local suppliers, in line with supply-chain management processes but cannot be completed due to a lack of foreign exchange to pay suppliers abroad. A two-pronged approach is being applied here:
 - a. seeking donations of priority medicines and medical supplies from Member States. Consignments from Indonesia (USD1m) and India (101 items) have been received and another from Thailand is expected soon.
 - b. accessing to foreign currency needed to complete the procurement process for orders already placed through local suppliers by (a) paying suppliers abroad directly. The World Bank has made USD10m available for this; and, (b) contributing to the special USD account set up emergency procurement for MoH to pay foreign suppliers. WHO has committed USD1.5m through this mechanism.

Assistance needed in the short term, beyond July, has been secured through the ADB, World Bank and India credit line.

2. Further, WHO is also highlighting the importance of considering a strategic way forward for longer-term recovery from the dual crises of the COVID-19 and the economy. Moving forward in a sustainable way, the principles of Sri Lanka's primary health care approach must be safeguarded as a key social protection effort, while adjusting the health system to the country's evolving needs and towards resilience. Given the country situation, two critical adjustments shall be imperative: **more health for the money and more money for health**.
 - a. **more health for the money** through the improvement of the systems efficiency in the structure and organization of service delivery; an adequate and appropriate health workforce; and, affordable access to medicines
 - b. **more money for health** through strengthening both the public financing and purchasing functions

WHO is collaborating with Ministry of Health and Development Partners to consolidate evidence and analyses to inform national a recovery plan.



9. Other issues

Multi-Country reports of Acute, severe hepatitis of unknown origin in children

- Since the first report from the UK on 5 April, as of 4 May 2022, at least 228 probable cases have been reported to WHO from 20 countries with the majority being from the European region. Six countries are reporting more than 5 probable cases: the UK (145), Spain (22), Israel (12), the USA (12), Italy (9), Denmark (6).
- 18 children have required liver transplantation with at least one death been reported thus far
- Aetiology of the cases is still considered unknown and remains under active investigation. The common viruses that cause acute viral hepatitis (hepatitis viruses A, B, C and E) have not been detected in any of these cases. Adenovirus has been detected in a large proportion of patients.
- Based on current information, there is nothing to suggest a link to the COVID-19 vaccine as the vast majority of affected children did not receive this vaccine.
- Parents can take basic precautions to protect their children through good hygiene practices and regular handwashing. Parents should seek medical advice if their child shows severe or persistent symptoms of vomiting, diarrhoea or abdominal pain, or the development of jaundice (yellow eyes and pale stools).