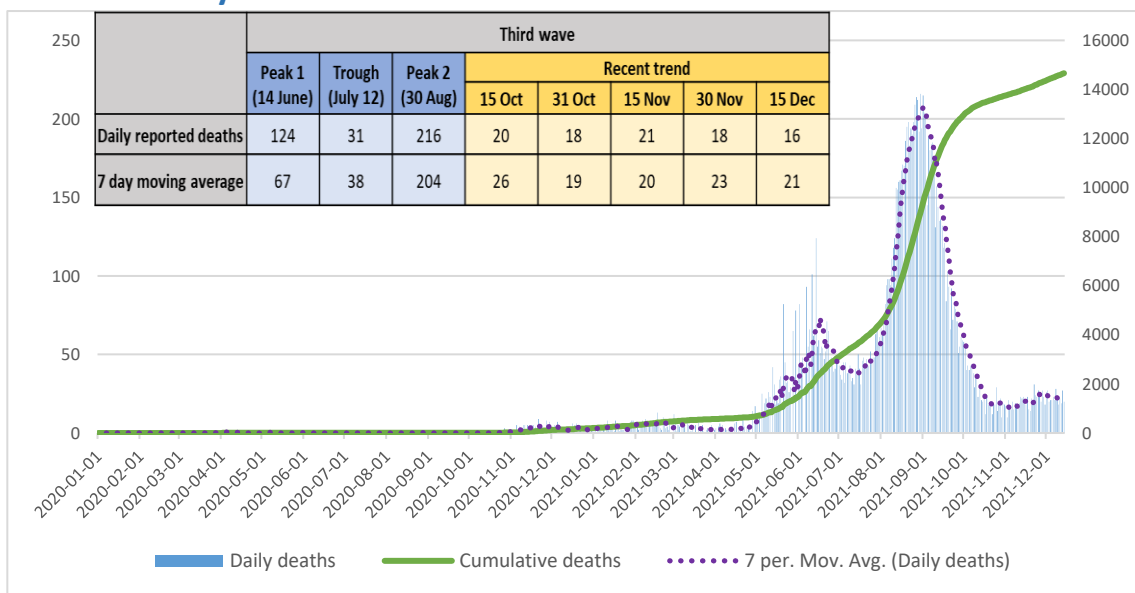




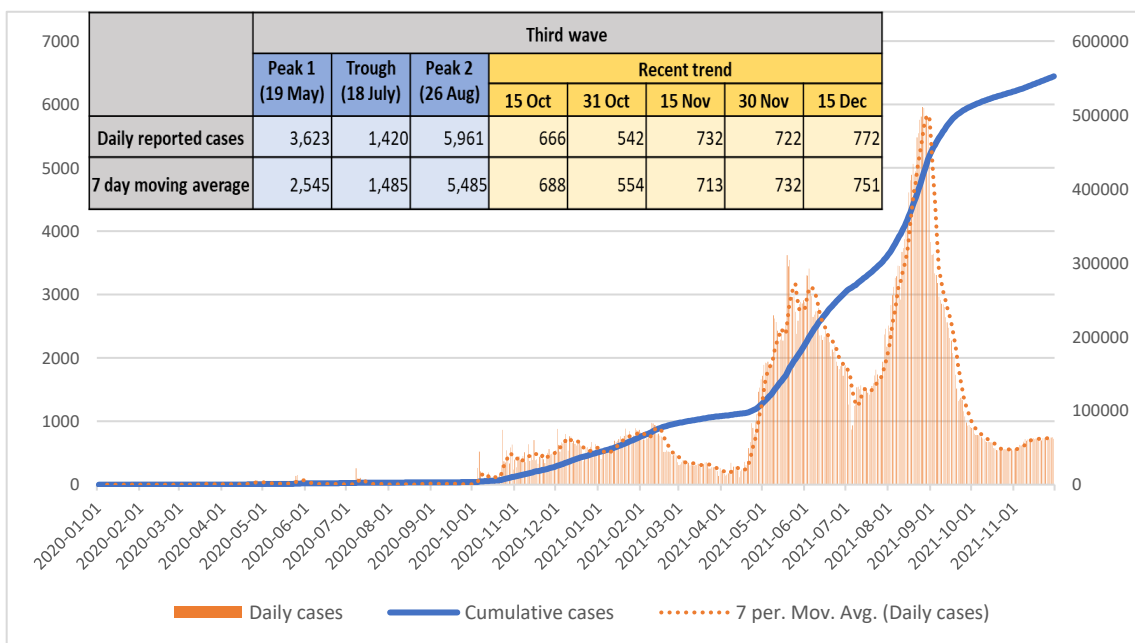
COVID -19 Situation Report

1. Daily deaths and cumulative deaths



- Over the past 2 months, the 7-day average for daily reported deaths has fluctuated between 15.7 (4 Nov) and 26.0 (15 Oct)
- Daily deaths reported are still much higher than the pre-3rd wave levels (2-3 deaths per day)

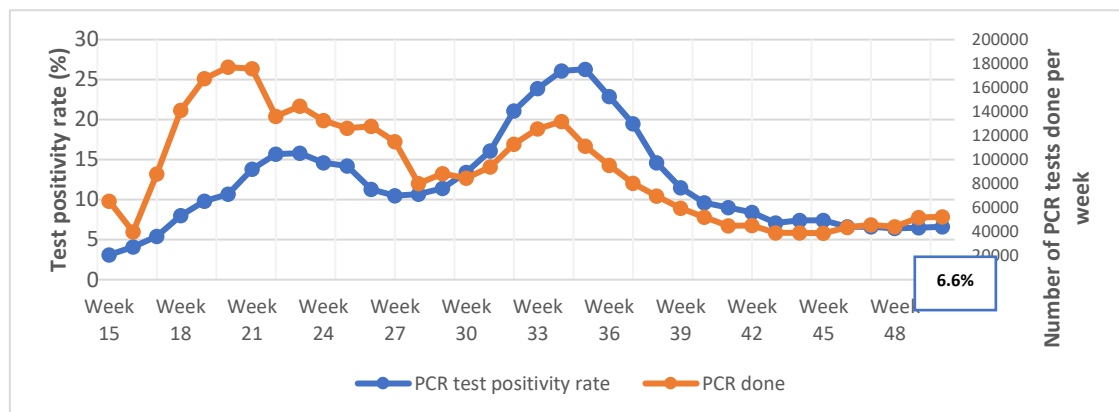
2. Daily cases and cumulative cases



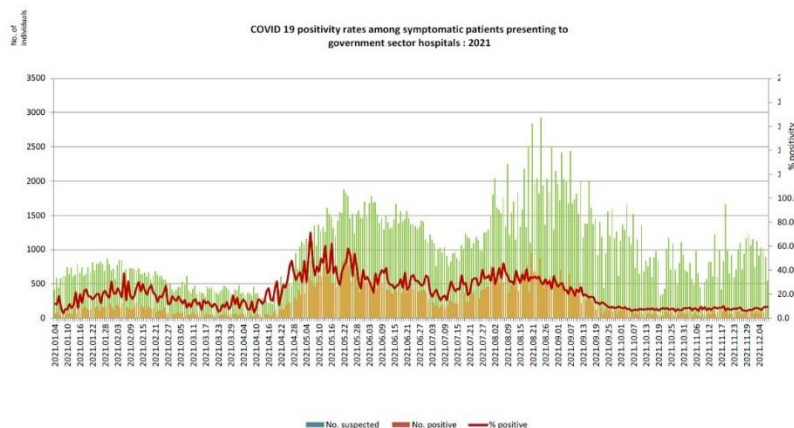
- The number of daily reported cases has increased from end of October to 15 December 2021 with the 7-day average increasing from 552 (25 Oct) to 751 (15 Dec)
- Daily cases reported are higher than the pre-3rd wave levels (200 -300 cases per day)



3. Test positivity rate

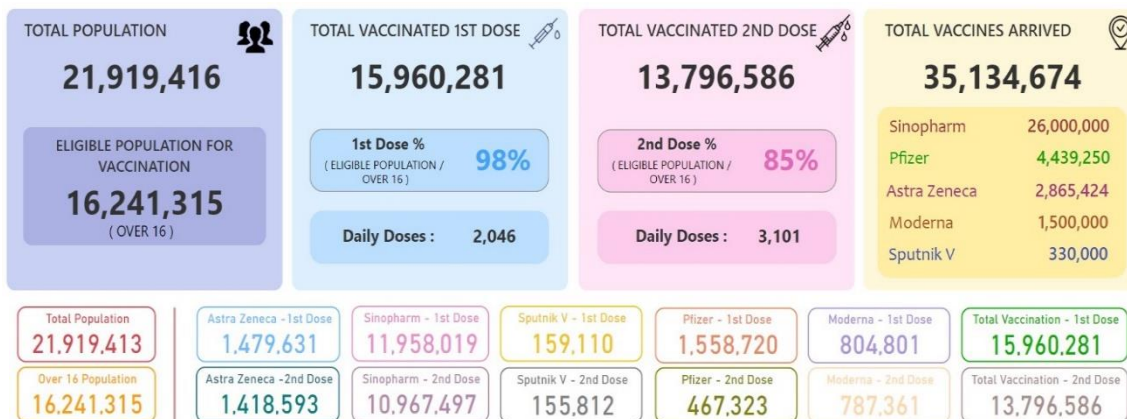


Source: Weekly test positivity rate - National COVID-19 Surveillance System of Sri Lanka. Data updated until 12 December 2021



Source: Epidemiology Unit, Ministry of Health. Data updated until 14 December 2021

4. Vaccination



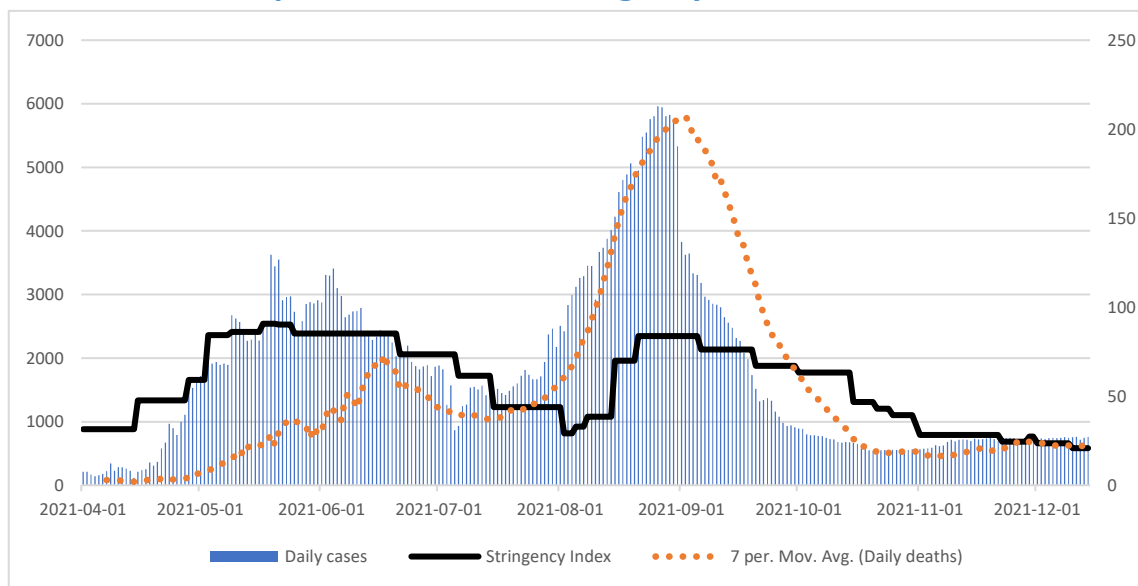
Source: <https://www.presidentsoffice.gov.lk/index.php/vaccination-dashboard/>. Accessed on 15 December 2021

- PCR test positivity rate has plateaued over the past 5 weeks
- COVID-19 positivity rates among symptomatic patients presenting to government sector hospitals has also been fairly constant during the past 5 weeks
- Around 52,000 PCR tests were conducted during the week 6-12 December 2021. Rapid Antigen Tests are also widely used to screen the symptomatic patients
- A review/revision of the existing testing strategy is an area that needs urgent attention

- The accelerated vaccination effort has now covered 85% of the over 16 year population with both doses and this corresponds to 62.9% of the total population
- A third dose (with Pfizer vaccine) has been administered to 1.6 million persons as of 15 December 2021. All persons above the age of 20 years are eligible for the 3rd dose after a period of 3 months from the 2nd dose.



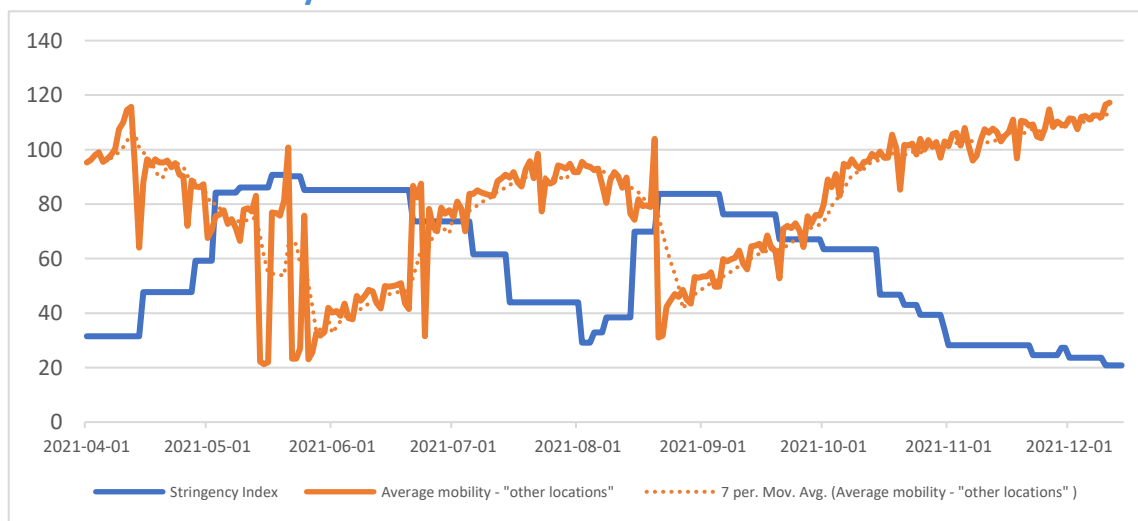
5. The impact of increased stringency on deaths and cases



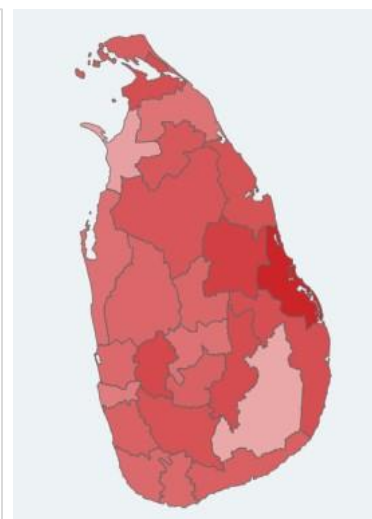
- The stringency continues to be low and is currently 21%.

Source: Oxford Stringency Index (SI) values are considered. Data until 21 June accessed from Oxford COVID Government Response Tracker; same methodology used for calculations of SI from 21 June onwards. Data updated until 15 December 2021.

6. Mobility



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














Source: Facebook mobility data.
Average mobility from 1 Oct – 11 Dec 2021

- The average mobility is above the baseline (pre-COVID levels) since mid-October
- The evidence on mobility underlines that for restrictions to be effective, Public Health and Social Measures (PHSM) advocacy must be strengthened for better individual/ household compliance particularly, in non-urban areas

- Subnational variations in mobility levels continue to be observed

7. Regional situation *(Updated as of 9 December 2021)*

| Country | | New cases (last 7 days) | % change in new cases | Cumulative cases | New deaths (last 7 days) | % change in new deaths | Cumulative deaths | Test Positivity Rate (last 7DMA) | % change in TPR |
|-------------|---|----------------------------|--------------------------|---------------------|-----------------------------|---------------------------|----------------------|-------------------------------------|--------------------|
| India |  | 60,729 | -1.9 | 34,641,561 | 4,747 | 64.9 | 473,537 | 0.8 | -9.6 |
| Thailand |  | 33,675 | -17.0 | 2,145,241 | 232 | -22.1 | 20,966 | 7.8 | -12.6 |
| Sri Lanka |  | 5,156 | -12.7 | 568,423 | 156 | -8.2 | 14,484 | 10.3 | -9.0 |
| Myanmar |  | 2,707 | -21.8 | 524,638 | 49 | -22.2 | 19,146 | 2.1 | -6.9 |
| Bangladesh |  | 1,709 | 3.0 | 1,577,720 | 25 | 0.0 | 28,005 | 1.3 | -3.6 |
| Nepal |  | 1,709 | -1.5 | 822,830 | 19 | -20.8 | 11,543 | 3.5 | -2.3 |
| Indonesia |  | 1,703 | -32.3 | 4,257,815 | 57 | -24.0 | 143,876 | 0.1 | -30.2 |
| Maldives |  | 668 | -7.5 | 92,211 | 4 | 100.0 | 254 | 2.7 | -11.6 |
| Timor-Leste |  | 6 | 100.0 | 19,828 | 0 | 0.0 | 122 | 0.1 | -16.5 |
| Bhutan |  | 1 | -87.5 | 2,641 | 0 | 0.0 | 3 | 0.1 | 0.0 |
| DPR Korea |  | 0 | 0.0 | 0 | 0 | 0.0 | 0 | NA | NA |
| SEAR total |  | 108,063 | -9.0 | 44,652,908 | 5,289 | 50.0 | 711,936 | NA | NA |

Source: WHO SEARO

8. New Variant of Concern: Omicron

On 26 November 2021, WHO designated the variant B.1.1.529 as a variant of concern (VOC), and has been given the name Omicron. It was initially detected in South Africa and has spread to more than 70 countries as of now. The first case of Omicron from Sri Lanka was detected on 3 December from a passenger originating from Nigeria. Since then, 3 more individuals have been confirmed to be infected with Omicron.

The evidence on Omicron is still limited. However, based on the available information the following are noted;

- Omicron appears to have a growth advantage over Delta and it is likely that Omicron will outpace the Delta variant where community transmission occurs
- Preliminary findings from South Africa suggest it may be less severe than Delta, however it remains unclear to what extent Omicron may be inherently less virulent
- Preliminary evidence suggests a reduction in vaccine efficacy against infection and transmission associated with Omicron
- The diagnostic accuracy of routinely used PCR and antigen-based rapid diagnostic tests does not appear to be influenced by Omicron



Some of the key measures recommended by the WHO for the countries to consider are as follows;

- Enhance surveillance and sequencing efforts to better understand circulating variants, including Omicron
- Enhance efforts to accelerate COVID-19 vaccination coverage as rapidly as possible
- Use of a risk-based approach to adjust international travel measures in a timely manner. However, WHO does not recommend blanket travel bans as a means of prevention of international spread of the virus
- Ensure early warning systems are in place to inform efficient adjustment of public health and social measures. **The use of well-fitting masks, physical distancing, ventilation of indoor space, crowd avoidance, and hand hygiene remain key to reducing transmission of SARS CoV-2 even with the emergence of the Omicron variant.**

Additional resources on Omicron variant:

- **Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States**
[https://www.who.int/publications/m/item/enhancing-readiness-for-omicron-\(b.1.1.529\)-technical-brief-and-priority-actions-for-member-states](https://www.who.int/publications/m/item/enhancing-readiness-for-omicron-(b.1.1.529)-technical-brief-and-priority-actions-for-member-states)