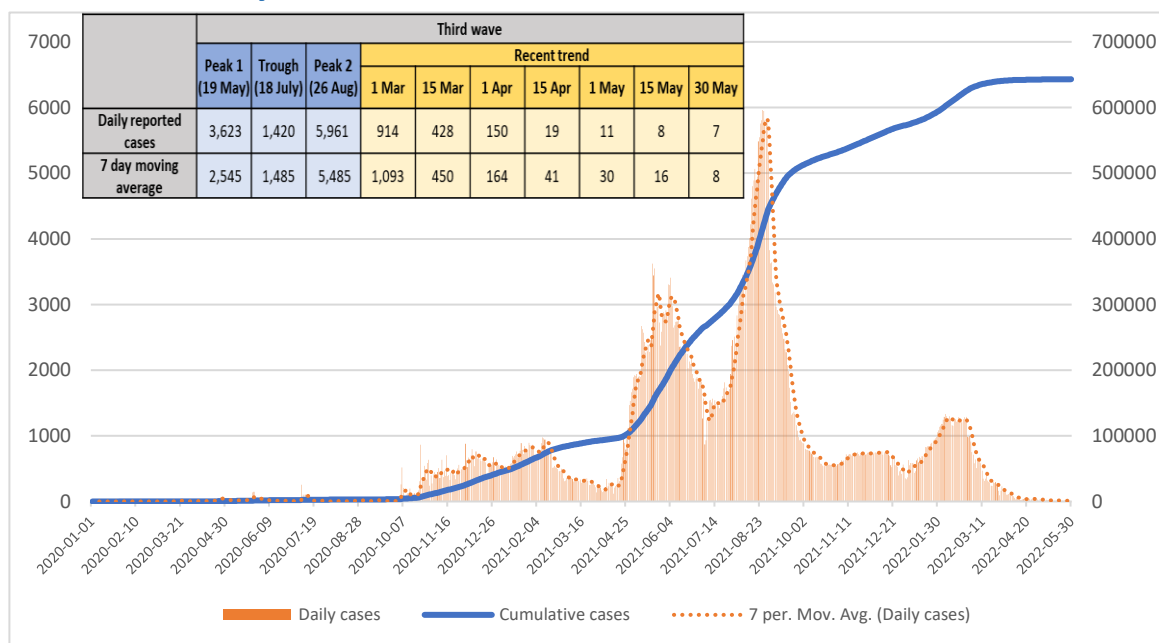




### COVID -19 Situation Report

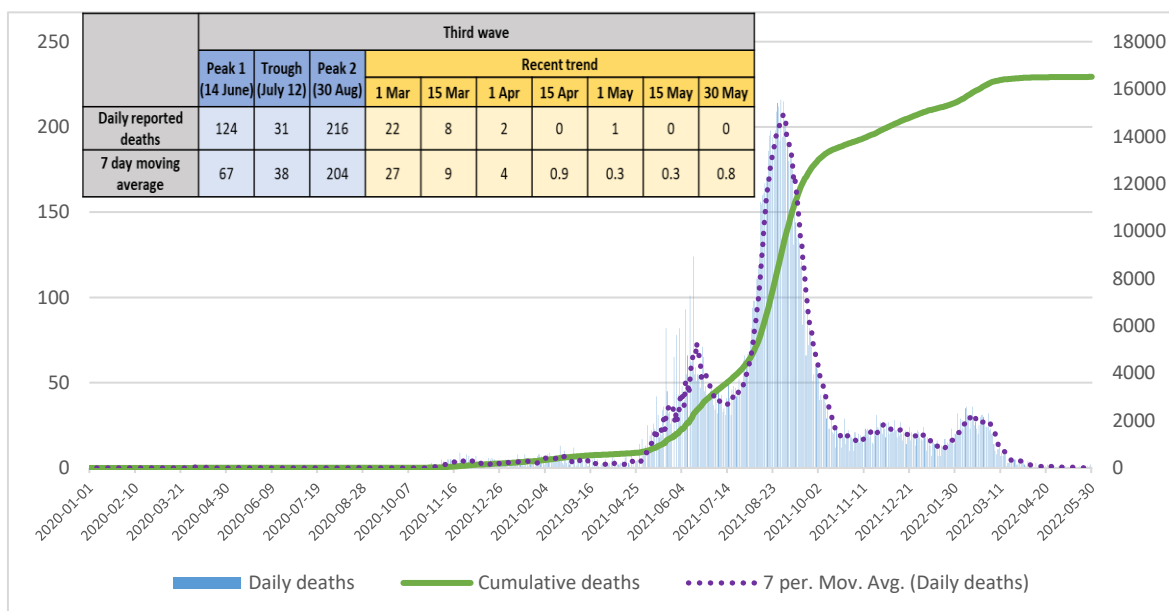
#### 1. Daily cases and cumulative cases



Source: Ministry of Health -Daily reported cases. Data updated until 30 May 2022

- A total of 663,823 cases have been reported as of 30 May
- The number of daily cases reported over the past 14 days (16 -29 May) is 145 which is a 51% decrease compared to the previous 14-day period (2- 15 May)
- The average weekly incidence over the past 14 days is 0.35 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

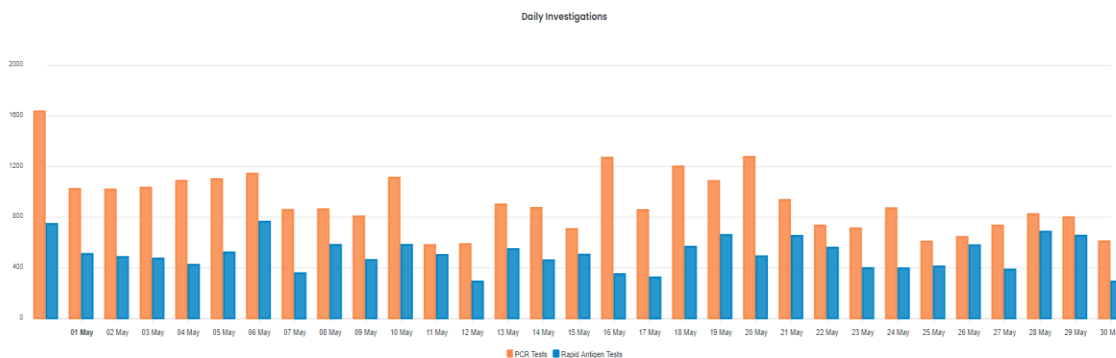


Source: Ministry of Health. Data updated until 30 May 2022

- A total of 16,517 deaths have been reported as of 30 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 (16-29 May) is 6 which is the same number reported over the previous 14-day period (2-15 May)
- The average weekly case fatality rate over the past 14 days is 0.014 per 100,000 population. This is the lowest level of case fatality observed since the beginning of the second wave.



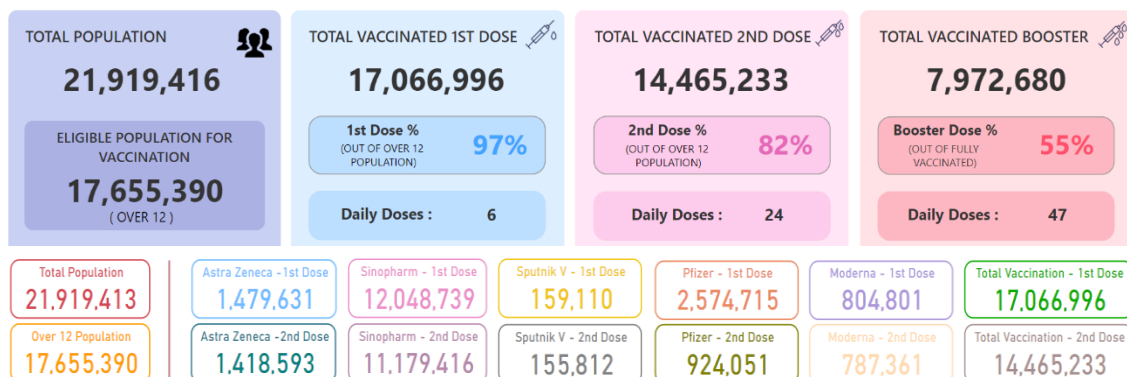
### 3. Testing



Source: Health Promotion Bureau, Ministry of Health, 31 May 2022

- 12,553 PCR tests have been conducted over the past 14 day period (16 -29 May) and test positivity rate is 1.1%.
- 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.

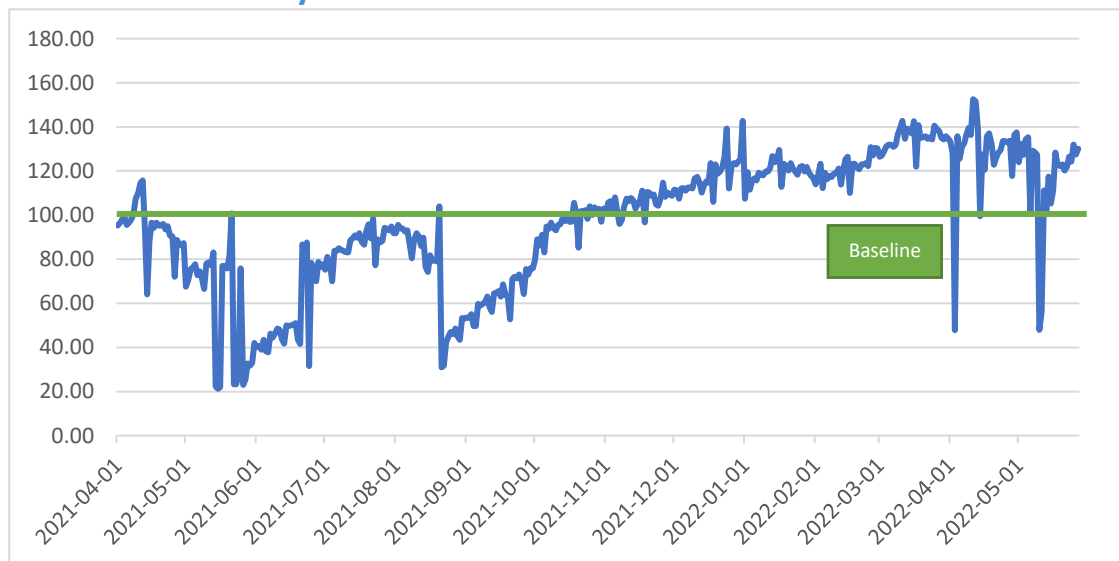
### 4. Vaccination



Source: <https://www.presidentoffice.gov.lk/index.php/vaccination-dashboard/>. Accessed on 31 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 single booster dose (with Pfizer vaccine) has been administered to 7.9 million persons (36.4% of the total population and 55% of fully vaccinated). The 2<sup>nd</sup> booster dose has been administered to 4,944 persons as of 30 May.

### 5. Mobility















Source: Google Community Mobility data are considered. Data available until 27 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 19-25 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		36,140	-16.7	51.8	249	-27.4	0.4	11.8	-16.2
India		14,993	-9.8	1.1	214	57.4	0.0	0.5	-21.7
Indonesia		1,892	-5.0	0.7	55	-25.7	0.0	0.4	-2.0
Bangladesh		195	-9.3	0.1	3	100.0	0.0	0.7	31.6
Myanmar		74	-21.3	0.1	0	0.0	0.0	0.2	1.6
Sri Lanka		74	-30.2	0.3	2	100.0	0.0	1.3	-39.4
Nepal		63	26.0	0.2	0	0.0	0.0	0.4	9.3
Maldives		102	32.4	18.9	0	0.0	0.0	4.0	42.9
Bhutan		40	17.6	5.2	0	0.0	0.0	0.1	-93.3
Timor-Leste		7	250.0	0.5	0	-100.0	0.0	0.5	0.0
DPR Korea		0	0.0	NA	0	0.0	NA	NA	NA
SEAR total		53 580	-16.7	NA	523	-6.0	NA	NA	NA

Source: WHO SEARO

## 7. Omicron

- Genomic sequencing was not done over the past 1 month. 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

- Immediate assistance** is needed to avoid stock-outs of medicines and supplies in the next 4-6 weeks caused by a lack of foreign exchange to pay suppliers abroad. These are orders as per planned procurement and already placed by MoH through local suppliers in line with supply-chain management processes, including clearance from the National Medicines Regulatory Authority (NMRA). A two-pronged approach is being applied here to support the MoH:
  - facilitating donations of priority medicines and medical supplies from Member States. Bangladesh, India, Indonesia, France and others have already provided supplies through donations.
  - provide access to foreign currency needed to complete the procurement process for orders already place through local/international suppliers.
    - A foreign currency account for MoH under the Ministry of Finance has been created. WHO has provided USD 1.5 million to this USD account to support the procurement process.
    - Direct payment to supplies abroad for immediate delivery of orders.



A UN flash appeal to fund Humanitarian Needs and Priorities (HNP) in Sri Lanka shall be launched on June 8th. The HNP plan includes immediate assistance for June-August in three (3) key areas: Food security, agriculture and emergency livelihoods sector; Protection sector; and Health sector. WHO is leading on health and proposed focusing earliest delivery of out-of-stock vital/essential medicines and supplies as identified by MoH, with the same approach above.

WHO is also providing **Medium term assistance** to the MoH to coordinate, beyond immediate needs, to ensure adequate supplies for the rest of year.

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 27 May 2022, at least 650 probable cases have been reported to WHO from 33 countries with the majority being from the UK and USA
- At least 38 (6%) children have required transplants, and nine (1%) deaths have been reported to WHO
- Three quarters (75.4%) of cases are <5 years of age
- Overall, 181 cases were tested for adenovirus, of which 110 (60.8%) tested positive. Of the 188 cases PCR tested for SARS-CoV-2, 23 (12.2%) tested positive. Of the 63 cases with data on COVID-19 vaccination, 53 (84.1%) were unvaccinated.
- WHO assesses the risk at the global level as moderate considering that:
  - i. The aetiology of this severe acute hepatitis remains unknown and under investigation; the cases are more clinically severe and a higher proportion develops acute liver failure compared with previous reports of acute hepatitis of unknown aetiology in children;
  - ii. Limited epidemiological, laboratory, histopathological and clinical information is currently available to WHO;
  - iii. The actual number of cases may be underestimated in some settings, in part due to the limited surveillance capacity in place;



- iv. The source and mode of transmission of the potential aetiologic agent(s) has not yet been determined, and so the likelihood of further spread cannot be fully assessed;
  - v. Although there are no available reports of healthcare-associated infections, human-to-human transmission cannot be ruled out as there have been a few reports of epidemiologically linked cases.
- Until more is known, general infection prevention and control practices include:
    - Perform frequent hand hygiene, using soap and water or an alcohol-based hand-gel
    - Avoid crowded spaces and maintain a distance from others
    - Ensure good ventilation when indoors
    - Wear a well-fitted mask covering your mouth and nose when recommended
    - Cover coughs and sneezes
    - Use safe water for drinking
    - Follow safe food handling and cooking practices
    - Regular cleaning of surfaces you frequently touch with your hands
    - Stay home when unwell and seek medical attention

(For further details: <https://www.who.int/emergencies/disease-outbreak-news/item/DON-389>)

### Multi-country monkeypox outbreak in non-endemic countries

- Monkeypox is a virus transmitted to humans from animals with symptoms very similar to those seen in the past in smallpox patients, although it is clinically less severe
- Monkeypox is usually a self-limited disease with the symptoms lasting from 2 to 4 weeks. However, severe cases can occur. In recent times, the case fatality ratio has been around 3-6%.
- Monkeypox is transmitted to humans through close contact with an infected person or animal, or with material contaminated with the virus. Monkeypox virus is transmitted from one person to another by close contact with lesions, body fluids, respiratory droplets and contaminated materials such as bedding.
- Since 13 May 2022, monkeypox has been reported to WHO from 23 Member States that are not endemic for monkeypox virus
- As of 26 May, a cumulative total of 257 laboratory confirmed cases and around 120 suspected cases have been reported to WHO. No deaths have been reported yet.
- Currently, the overall public health risk at global level is assessed as moderate considering this is the first time that monkeypox cases and clusters are reported concurrently in widely disparate WHO geographical areas, and without known epidemiological links to non-endemic countries in West or Central Africa

(For further details: <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON388>)