



# IMPA

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT  
MEDICAL PRACTITIONERS ASSOCIATION

# NEWS

ISSUE 08 | VOLUME - 28 | AUGUST 2024



## FROM THE PRESIDENT'S PEN...



I am pleased to present you the IMPA August 2024 e-newsletter.

I wish to inform you that the August 2024 CPD programme scheduled for Sunday 25<sup>th</sup> August 2024 at Asiri Surgical Hospital had to be postponed to Sunday 8<sup>th</sup> September 2024 on account of the inauguration ceremony of the new President of the College of General Practitioners of Sri Lanka Dr (Mrs.) Pushpa Weerasinghe being held at the same date and time.

Mr Rajeev Amarasuriya (Attorney at law) has been appointed as the Honorary Legal Advisor to the IMPA,

The IMPA was represented by Dr Priyadharshini Samarasinghe at the steering committee meeting for Childhood Tuberculosis held at the Colombo Central Chest Clinic on Friday 16<sup>th</sup> August 2024 (The report of which is included in this e-newsletter)

The official Sri Lanka Drug index 'MediVerify' has now been included in the IMPA website ([www.impa-sl.com](http://www.impa-sl.com))

On behalf of the Country Coordinating Mechanism (CCM), the IMPA has been requested to establish a network with the Organization of Professional Associations (OPA) for prevention of HIV/AIDS, Tuberculosis and Malaria in Sri Lanka. The programme is planned for Monday 30<sup>th</sup> September 2024 at the OPA auditorium at 6.00pm (Details are included in this e-newsletter)

IMPA participated at the 37<sup>th</sup> OPA Annual Conference which was held on the 26<sup>th</sup> and 27<sup>th</sup> August 2024 at the Hotel Shangri-La .

IMPA members need to be aware of the MPOX epidemic and relevant information is included in this e newsletter.

Thank you,  
Yours Sincerely,  
**Dr. A.H.A. Hazari**  
President  
IMPA

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*A L P De S Seneviratne*
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# Highlights of the Childhood TB Steering Committee Meeting

**O**n August 16, 2024, the Childhood TB Steering Committee meeting took place at the Colombo Central Chest Clinic Auditorium. This meeting, attended by the Director and staff of the National Programme for Tuberculosis Control & Chest Diseases (NPTCCD), along with members from the Colleges of Pulmonologists, Microbiologists, General Practitioners (GPs), and the Independent Medical Practitioners' Association (IMPA), focused on addressing the challenges and future directions for improving pediatric tuberculosis (TB) detection and management.

The primary goal of the meeting was to assess current pediatric TB implementation activities and strategize on how to enhance detection rates through collaborative effort of all stakeholders. As the first point of contact, the role of GPs is crucial in early identification and referral.

## Current Challenges

The National Strategic Plan (NSP) of the NPTCCD implies that 6% of pediatric cases should be detected among the total cases identified. However, the current detection rate stands around 3%. Therefore, improved methods in case detection and referral are needed.

## Key Points Discussed

1. Strategies to enhance Pediatric Case Detection
2. Contact Tracing efforts to be strengthened
3. Relevance to GP Practice:
  - A. Identifying Suspected TB Cases: GPs should

be vigilant for signs such as failure to thrive, recurrent unexplained respiratory tract infections, and a history of contact with TB patients.

- B. Diagnostic Steps: Suspected cases should be referred for a chest X-ray to aid in diagnosis.
- C. Strengthening the Referral System
  - NPTCCD has committed to improving the referral system for GPs. They will provide a specific date, ex Saturdays, for pediatric referrals to a dedicated doctor at the Chest Clinic.
  - In Colombo, GPs can directly refer patients to the Pulmonologist Clinic at LRH on Wednesdays.
- D. Training and Education: Enhancing knowledge through better training in diagnosing pediatric TB and interpreting chest X-rays was emphasized.

## Moving Forward

The meeting concluded with a renewed focus on strengthening the referral system and enhancing the ability of GPs and other healthcare providers to detect and manage pediatric TB cases.

A collaborative effort for prompt detection, imparting required knowledge and providing adequate resources is needed to combat this serious public health problem effectively.



# Induction of the President and Awarding of the President's Medal



## New Office Bearers and the Council of the College of General Practitioners of Sri Lanka (CGPSL)

At the Annual General Meeting of the College of General Practitioners of Sri Lanka held on 07<sup>th</sup> July 2024, the following office bearers and the Council Members were elected for the Year 2024 - 2025.

President	: Dr Pushpa Weerasinghe	
Vice President	: Dr H D Wijesinghe	
Immediate Past President	: Dr D K D Mathew	
Hony. Secretary	: Dr Dilini Baranage	
Hony. Treasurer	: Dr Indika Karunamuni	
Hony. Asst. Secretary	: Dr Thivanka Munasinghe	
Hony. Asst. Treasurer	: Dr R Gobith	
Public Relations Officer	: Dr Punyajith Walgampaya	
Council Members	:	
	1. Dr Preethi Wijegoonewardene	9. Dr A J P Jayaseelan
	2. Dr K Sri Ranjan	10. Dr N L Ulluvishewa
	3. Dr Eugene Corea	11. Dr Dineshani Hettiarachchi
	4. Dr K Chandrasekher	12. Dr Eranthee Walgampaya
	5. Dr M R Haniffa	13. Dr Asitha K Thanippuli Arachchi
	6. Dr Dumindu Wijewardana	14. Dr Shihari Abeysena
	7. Dr Buddhika Raigamkorale	15. Dr Kapila Fernando
	8. Dr W Bihan de Silva	16. Dr T Satheesh



## **SYMPTOMS**

- Rash with blisters on face, hands, feet, body, eyes, mouth or genitals
- Fever
- Swollen lymph nodes
- Headaches
- Muscle and back aches

## **POSSIBLE TRANSMISSION**

- Through infected travelers returning from high risk countries/ regions
- Through very close contacts with an infected person

## **PREVENTION**

- If you have recent travel history to any country with active mpox transmission, observe yourself for symptoms
- Seek medical advice immediately if fever and rash appear.
- Avoid close contacts (skin-to-skin, face-to-face, mouth-to-mouth) with someone who has symptoms of mpox.
- Maintain general hygiene and regular hand washing with soap and water to reduce the spread.

# **Mpox**

If you suspect any of the mpox symptoms, seek medical attention without delay and avoid crowded public places.

# MPOX 2024

by Ruth Ann Crystal MD

- WHO has declared a public health emergency of international concern for Mpox (monkeypox).
- Clade 1 Mpox is spreading now and causes more severe disease, especially in children. Clade 1 can be transmitted to household contacts and often spreads to children.
- In 2022, the milder Clade 2 spread mostly through sexual contact.

## Transmission

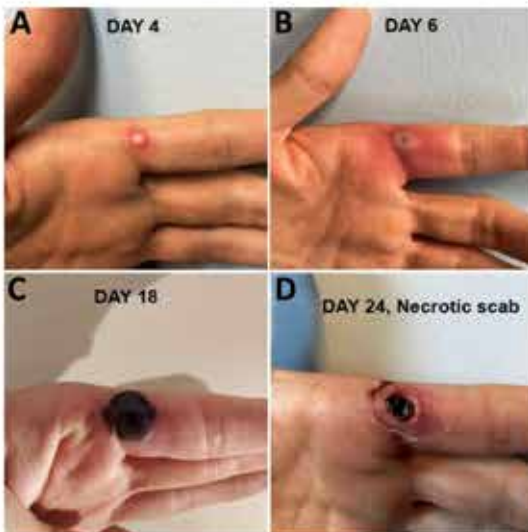
- Until the rash is completely healed over with new skin, any skin-to-skin contact with lesions (rash) can transmit Mpox.
- Touching surfaces that the infected person touched or used like clothes, bed linens or towels.
- Respiratory droplets and aerosols from prolonged face-to-face contact.
- Sexual contact
- Vertical transmission from pregnant parent to fetus

## Symptoms

- Long incubation: No symptoms typically for 5 to 13 days, but can range from 4 to 21 days after exposure.
- Then for 1 to 5 days: Flu-like symptoms of fever, body aches, headaches, fatigue, backache and swollen lymph nodes.
- Followed by a vesicular (blistering) rash that scabs over.
- The infection lasts 2 to 4 weeks.

## Rash

- The rash starts out like a pimple or firm bump, then becomes a fluid-filled blister and then a pus-filled blister before it ulcerates and scabs.
- Pustules and scabs must be completely healed before they are no longer contagious.
- Lesions can be on the palms of the hands and the soles of the feet.



Physician with needlestick injury from a Mpox pustule  
From: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9707600/>

## Examples of Mpox Rashes

Photo credit: UK Health Security Agency



## Treatment

- The illness is usually mild and most people will recover within 2 to 4 weeks without treatment besides rest and fever-reducing medicines.
- Isolation. Masks. Ventilation. Wash hands often.
- Wear gloves and a mask if cleaning or if washing linens or clothes. Shaking linens can release Mpox into the air.
- Vaccine: Smallpox vaccine is 85% effective at preventing Mpox if given within 3 days of exposure.
- Previous smallpox vaccination provides some protection against severe disease, but it does not provide lifelong protection from getting infected or infecting someone else with Mpox.

# Establishing a Network with Member Associations of Organization of Professional Associations (OPA) for prevention of AIDS, Tuberculosis and Malaria

## Introduction

Prevention and control of communicable diseases is one of the important tasks in Sri Lanka as they are still causing considerable amount of socio-economic loss to the families of the patients and to the whole society. Among the communicable diseases AIDS, Tuberculosis and Malaria are three diseases which needed much attention in the Sri Lankan context.

Acquired Immune Deficiency Syndrome (AIDS) is caused by the infection of Human Immuno-Deficiency Virus (HIV), Tuberculosis is caused by the infection by the Mycobacterium tuberculosis -popularly known as Tubercle bacteria and Malaria is caused by a parasite named Plasmodium.

The HIV/AIDS situation has been increasing alarmingly in recent years, specially making young people at risk. The cumulative reported HIV positive persons at the end of first quarter in 2024 was 5912 with 13 reported deaths. Reported data indicates that the young within the ages of 15-24 there were 28 HIV infected persons (23 males and 5 females) requiring a special attention in strengthening the preventive measures (NSACP Website).

Tuberculosis is a common illness in Sri Lanka coming from ages even from colonial period and which needs many interventions in prevention and control. Annually about 9000 patients are being detected whereas still about 4000 patients are not detected causing the risk of transmitting the diseases silently. Sri Lanka, being a low burden country with Tuberculosis still needs to pay much attention due to its geographical location, trade, and commerce and as a popular destination for tourism (NPTCCD Website).

Sri Lanka has eliminated Indigenous Malaria which means the country does not have the Malaria patients

primarily originating from the people living in the country. However, Sri Lanka is still at a risk of getting the infection through travelers who are travelling to and travelling from countries where Malaria is prevalent or endemic and by this year there were 08 Imported cases (AMC Website).

## Main Objective

To strengthen the prevention and control activities in HIV/AIDS, Tuberculosis and Malaria through networking among the professional Organizations.

## Specific Objectives

To establish a network with representatives of member associations of OPA. To create awareness on AIDS, Tuberculosis and Malaria representatives among the member associations of OPA.

To obtain the services of those representatives as advocates and as communicators in creating awareness among the members of respective organizations.

## Methodology

The Independent Medical Practitioners Association (IMPA) will act as the lead organization and will coordinate with OPA through the Health and Nutrition Committee (HNC) of OPA. An awareness and advocacy session will be conducted for member organization. Subsequently those members will create awareness among their members with IMPA support.

## Monitoring and Evaluation

Monitoring and evaluation by way of a questionnaire (all organizations) and in-depth interviews (with selected organizations) will be conducted after three months.

The program will be conducted On 30<sup>th</sup> September from 6.00 to 8.00 pm at the OPA auditorium.

## Dr A L P De S Seneviratne

MB.BS; DFM; FCGP; MRCGP[INT.]; MD  
Editor IMPA

IMPA Journal is published annually by the Independent Medical Practitioners Association of Sri Lanka. This year it will be released at the AGM on 8<sup>th</sup> December 2024. This is a Medical Journal with the ISSN 2465-6135.

Articles can be submitted under the following categories:

1. **Review Articles** - These look in depth and discuss topics that are significant to medicine or IMPA that progress over recent years.
2. **Case reports** - In medicine, a case report is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient
3. **Case Series** - More than 1 case report.
4. **Commentary** - Short, decisive observations and

findings relevant to medicine

5. **Editorial** - An opinion piece written by the senior editorial staff or publisher.
6. **Any Other relevant articles** e.g., History of IMPA etc.
7. **Obituary**

Please submit your articles to the following email with your Name/s, Qualifications, SLMA reg.No. contact telephone number and email address before the 30<sup>th</sup> of October 2024.

champa.impa@gmail.com

Thank you

## Links to Interesting Articles

### IMPA Website

Link: [www.impa-sl.com](http://www.impa-sl.com)

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### WHO Mpox guidelines

Link: [https://iris.who.int/bitstream/handle/10665/355798/WHO-MPX-Clinical\\_and\\_IPC-2022.1-eng.pdf?sequence=1H](https://iris.who.int/bitstream/handle/10665/355798/WHO-MPX-Clinical_and_IPC-2022.1-eng.pdf?sequence=1H)

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### Clinical Practice Guideline - Diabetes (2022)

Link: <https://endocrinesl.org/clinical-practice-guideline/>





## Sri Lanka Medical Association Annual Child Art Creation 2024



**When I grow up: What I'll be**

**Let's draw and send without delay  
Sky's the limit for our paintings today**

For ages from Pre-school to Grade 10  
(Each grade is recognized as a category)

Colouring Medium: any medium

Paper Size: A4 Paper

Submissions should include:

1. Full name
2. Age
3. Grade
4. School
5. Home address
6. Parent name & contact number

Drawings need to be certified by Principal or  
Class Teacher of the child.

The drawing should not be copied from the  
internet or any other source.

One child can submit up to a maximum of 2  
drawings.

All drawings need to be sent **ONLY** by post or hand  
delivered to

Sri Lanka Medical Association  
No. 6, Wijerama Road, Colombo 07.

**Deadline: 30<sup>th</sup> September 2024**

For more information please con-  
tact SLMA office at  
011-2693 324



**The President and the Council of  
The Independent Medical Practitioners Association**

Invite

**IMPA Members**

to

A Medical Education Programme

On

**“Importance of risk factor modification in preventing Cardiac Disease”**

By

By Dr Chamara Ratnayake MBBS, MD(Col), MRCP (London)  
Consultant General and Interventional Cardiologist

On

Sunday the 8<sup>th</sup> September 2024 at 7.30 p.m.

At

The Asiri Surgical Hospital Auditorium, Kirimandala Road, Narahenpita.

Followed by Fellowship & Dinner

Sponsored by

**Asiri Group of Hospitals**



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**Number One**

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- IQVIA data 2023 Q3



Thank you Sri Lanka for your unwavering trust placed  
on our truly Sri Lankan EmpaMor!

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