



IMPA

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THE OFFICIAL NEWS LETTER OF THE INDEPENDENT
MEDICAL PRACTITIONERS ASSOCIATION

NEWS

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FROM THE PRESIDENT'S PEN...



It is with great pleasure that I present to you the January 2025 edition of the IMPA E-Newsletter.

As the newly appointed president, I am excited to announce plans for the new work schedule to be implemented this year, aimed at further strengthening our association's impact and initiatives.

Dr. Hazari and I had the privilege of participating in the CAHO Lanka Conference 2025. I was honored to contribute to a panel discussion on patient safety, a topic of paramount importance in today's healthcare landscape.

We have scheduled our council meeting for the 26th of this month. I would be delighted to host you all for a Hopper Night dinner following the meeting, an opportunity to connect and unwind together.

Thank you, and I look forward to a productive year ahead!

Warm regards,

Thank you,
Yours Sincerely,

Dr. Sanath Hettige MBBS, DFM, MD, FCGP

President, Independent Medical Practitioners Association of Sri Lanka

Board Certified Specialist in Family Medicine

Honorary Senior Lecturer, Faculty of Medicine, University of Colombo

Chief Scientist, Oil of Dermae Laboratories & Dermae Research Medical Center

Chairman, Health & Nutrition Committee, Organization of Professional Association of Sri Lanka

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Council meeting IMPA 26th January 2025

A well attended IMPA council meeting was held on 26th January. Details will be in next e news.



Malaria Prevention

Below is a summary prepared by

Dr Kanthi Ariyaratne

Joint Secretary / IMPA and Executive Secretary / Oversight Officer CCMSL,
of the presentation given by

Dr Pubudu Chulasiri

Consultant Community Physician / Anti Malaria Campaign

A meeting for the establishment of a Network with Member Associations of the Organization of Professional Associations (OPA) for the prevention of AIDS, Tuberculosis and Malaria was held on 28th November 2024 at the Auditorium of OPA.

Dr Pubudu Chulasiri posed two questions to the audience before starting his presentation as food for thought. There were two questions worth answering by everyone, *"Are we at risk of a Malaria outbreak?"* and *"Why we are talking on Malaria"*.

He presented three case scenarios of two patients who had traveled to Malaria endemic countries for gem trading and one patient who traveled as a seaman who had returned back to the country.

The first person had traveled to Cameroon (Central Africa) and had the symptoms of on-and-off fever and headache after one month of returning. He was admitted to a private hospital and was diagnosed as having Malaria, was treated, and cured.

The second patient was also a gem trader who had traveled to Guinea, developed fever, body aches, and weakness on the same day of arrival, got admitted to a private hospital Intensive Care Unit and, all the possible investigations were done except Malaria testing. Finally on further investigation Malaria parasite was identified and the report was available only at the time of death. This was reported as the first death due to Malaria after the year 2007.

The third patient, a Merchant Seaman who had also traveled to Guinea had developed backache and lethargy, one month prior to arrival. He first consulted two General Practitioners (GP) in the area. He was then admitted to one of the base hospitals in the area and later was transferred to a government Teaching Hospital where testing for Malaria was done but only

at the terminal stage of the patient before his death.

All three patients gave no history of chemoprophylaxis. Dr Chulasiri stressed the point that some people who travel to the Malaria Endemic countries do not take Chemo Prophylaxis though advised by the Anti Malaria Campaign for routine Chemoprophylaxis, only seeking treatment when they are sick. He also said that the medical professionals sometimes fail, based on the travel history to do the very simple life saving test for Malaria.

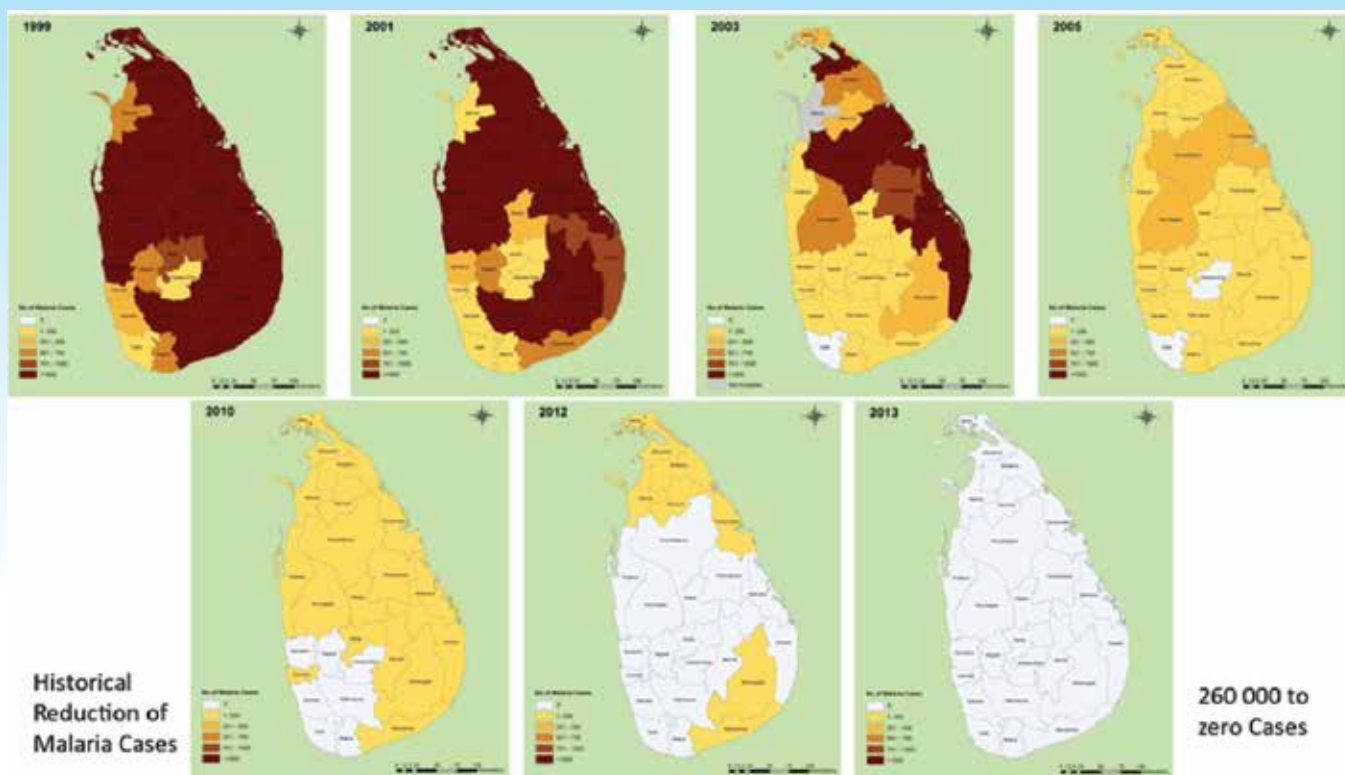
Following the above introduction he highlighted the Malaria case reduction as a historical public health achievement.

He further presented the Malaria burden from 2012 to date highlighting the risk of Malaria insurgence and strategies adopted to prevent Malaria.

The Malaria Prevention strategies include

- **Early diagnosis and treatment of malaria as per the guidelines**
- **Diagnosis by Malaria Parasite identification in the blood-three consecutive samples needed to exclude**
- **Immediate Notification Hotline 0712 841 767**
- **Routine Notification**
- **Malaria Chemo-Prophylaxis-Chemoprophylaxis for travelers visiting malaria endemic countries**
- **Mosquito bites prevention**
- **Avoid blood donation until 3 years of return from a malaria endemic country**

Cont. on page 04



Year	Indegenous Cases	Deaths
1999	264549	102
2000	210039	76
2001	66522	53
2002	41411	30
2003	10510	4
2004	3720	1
2005	1640	-
2006	591	-
2007	198	1
2008	647	-
2009	531	-
2010	684	-
2011	124	-
2012	23	-
2013	0	-
2014	0	-



Malaria was eliminated from Sri Lanka in October 2012

Received WHO Certification as a malaria-free country in 2016

- Awareness of Health staff and General Public
- Screening of risk groups

Finally, Dr Chulasiri requested the audience to create awareness among their colleagues, family members

and relatives about the importance of getting Malaria Chemo Prophylaxis if someone is travelling to a Malaria endemic country during the prescribed periods. He stressed the point that divulging the history of travelling to such country when confronted

Cont. on page 05

Diagnosis

Microscopy



Need to do three consecutive tests to exclude malaria



Smear for malaria parasites

Thin Blood Smear – use to determine if parasite is present.
Thick Blood Smear – use to confirm the *Plasmodium* species present



How to prevent malaria?

2

- **Chemoprophylaxis for travellers visiting malaria endemic countries**



Chloroquine	Mefloquine	Doxycycline
<ul style="list-style-type: none"> • Weekly dose • 5mg/Kg • Adult dose -2 tabs per week • Start 1week before travel • Continue for 4 weeks after arrival • Mainly for India 	<ul style="list-style-type: none"> • Weekly dose • 5 mg/Kg • Adult dose - 1 tab per week • Start 1week before travel • Continue for 4 weeks after arrival 	<ul style="list-style-type: none"> • Daily dose of 100 mg/day • Start 1-2 days before travel • Take daily at the same time each day • Continue for 4 weeks after arrival



with any minor symptoms such as fever, headache and backache after returning. It is equally important to remind the Medical Practitioners to order a Microscopy for Malaria in such situations.

Adopted Version

A journalist from New York interviewed a monk of the Ramakrishna Mission. During the interview, the journalist asked the monk to clarify the difference between “Contact” and “Connection,” a concept mentioned in his previous lecture.

Instead of providing a direct answer, the monk began a seemingly unrelated inquiry into the journalist’s family life. He asked about the journalist’s family members, their recent interactions, and the time they spent together. Initially, the journalist found these questions invasive and irrelevant. However, as the monk delved deeper-inquiring when the journalist last spoke to his father, spent quality time with his siblings, or shared meals with his family-the journalist became visibly uneasy, embarrassed, and reflective.

The monk’s pointed questions highlighted the journalist’s superficial interactions with his family. Eventually, the journalist admitted that while he stayed in “contact” with his father and siblings, their relationships lacked a deeper “connection.” The monk then explained the core of his teaching: contact refers to mere communication or surface-level interactions, whereas connection involves genuine care, shared

experiences, and emotional bonding. Connection goes beyond words, encompassing heartfelt moments, shared meals, eye contact, and the warmth of physical presence.

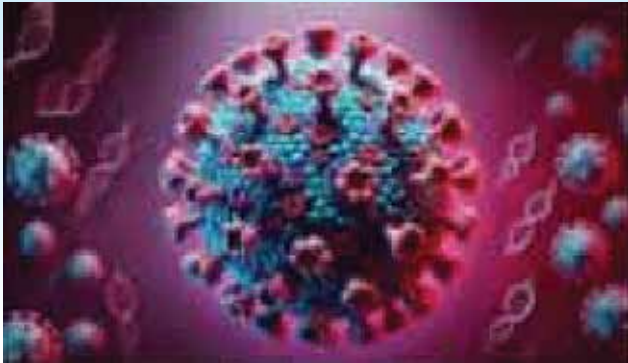
Moved to tears, the journalist acknowledged the profound truth of the monk’s words. The interaction underscored a poignant reality of modern life-people maintain countless contacts but fail to cultivate meaningful connections. Busy in their individual pursuits, they often neglect their emotional ties with loved ones.

The monk, later revealed to be Swami Vivekananda, left the journalist with an unforgettable lesson: the importance of caring, sharing, and spending quality time with family and others. His message encourages us to shift focus from maintaining superficial relationships to fostering deep connections that enrich our lives.

In a world consumed by the “rat race,” this timeless message reminds us to cherish and nurture genuine bonds with those we hold dear. Let us strive to remain truly connected.

Human Metapneumovirus (HMPV) infections

Prof Suranjith L Seneviratne



In recent days, news media outlets have been commenting about an increased number of respiratory infections in China, due to a virus, that many would not have heard much about. They are referring to the Human Metapneumovirus (HMPV). This article would give a brief outline of HMPV infections and how they may be prevented.

What is HMPV

The Human Metapneumovirus is a common respiratory virus. It is a single stranded RNA virus and belongs to the family of viruses called Paramyxoviridae. This virus was discovered in the Netherlands in 2001. Recent findings suggest this virus has been a cause of respiratory infections worldwide, for more than 50 years. The incubation period (that is the time between exposure to the virus and the appearance of initial symptoms) is between three and six days.

HMPV infections are said to be very common. Most persons are likely to have had this infection, at least once before the age of 5 years. It is possible for a person to be infected many times by this virus. Among children, it is suggested that HMPV infections account for around 1 in 10 of all respiratory infections. In countries with weather seasons, this infection is more likely to occur during winter or the early spring months. This period overlaps with the influenza virus season.

How does HMPV spread

HMPV is mainly transmitted through respiratory secretions. One may become exposed to the virus, if you come in contact with droplets from an infected person (via sneezing or coughing by the infected person), or touch your mouth, nose, or eyes after you have touched an infected surface. Other ways the virus may spread includes: touching surfaces that contain the virus or by having close contact (such as handshakes or touching) with an infected person.

What symptoms may HMPV infections cause

HMPV infections may cause mild cold-like symptoms such as sneezing, a runny nose, coughing, or a sore throat. These usually last for a few days. In rare cases, especially in those with weak immune systems, more serious symptoms may occur. HMPV infections are said to be commoner in some groups such as: the newborn, children under the age of 5 years, persons who are older than 65 years, those with asthma or chronic lung disorders who are regularly using oral steroids, those with weak immune systems due to conditions such as cancers or HIV or persons who have had an organ transplant.

Most often a person does not know if the HMPV is causing their respiratory symptoms. Diagnostic testing is not used in the vast majority of persons and may only be considered in severe cases such as those with underlying immune conditions or those who need hospitalisation. A nasal or throat swab may be considered in such circumstances. Rapid antigen tests provide quicker results, but the molecular tests are far more accurate.

How could we prevent the spread of HMPV infections

Some measures that may be put in place includes: frequent hand washing with soap and water for at

Cont. on page 08

least 20 seconds and not touching one's eyes, nose and mouth with unwashed hands. The maintenance of good respiratory hygiene is important. This includes covering your mouth or nose with a tissue when you cough or sneeze. The used tissues should be disposed properly. Persons should consider wearing masks in crowded places especially in regions where respiratory infections have become more frequent. In addition, those with a respiratory infection, should wear a mask and avoid unnecessary contact with others.

How are HMPV infections treated

Supportive care should be provided for the different symptoms. Most persons recover at home with proper rest adequate fluids and symptomatic treatment. The recovery time is usually around one to two weeks. Currently, there are no anti-viral treatments for HMPV infections and no vaccine is available to prevent infections.

What is the current situation (as at 04 January 2025) of HMPV infections

There has been a significant rise of cases in China (especially in the Northern regions). This has been especially among children, who are under the age of 14 years. At present, China is yet to officially declare HMPV infections as an epidemic.

Conclusions

HMPV infections have been around for many years. Currently, the pattern of HMPV infections in China, is been actively monitored by several countries. Sensible preventive measures, as outlined above, would help reduce the spread of the virus, if and when HMPV infections appear in other countries.

Links to Interesting Articles

'Eureka moment' for Scrabble tournament winner

Link : <https://www.bbc.co.uk/news/articles/cgq027884y0o>

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Impact of Vitamin D on Skin Aging and Age - Related Dermatological Conditions

Link : <https://www.imrpress.com/journal/FBL/30/1/10.31083/FBL25463/htm>

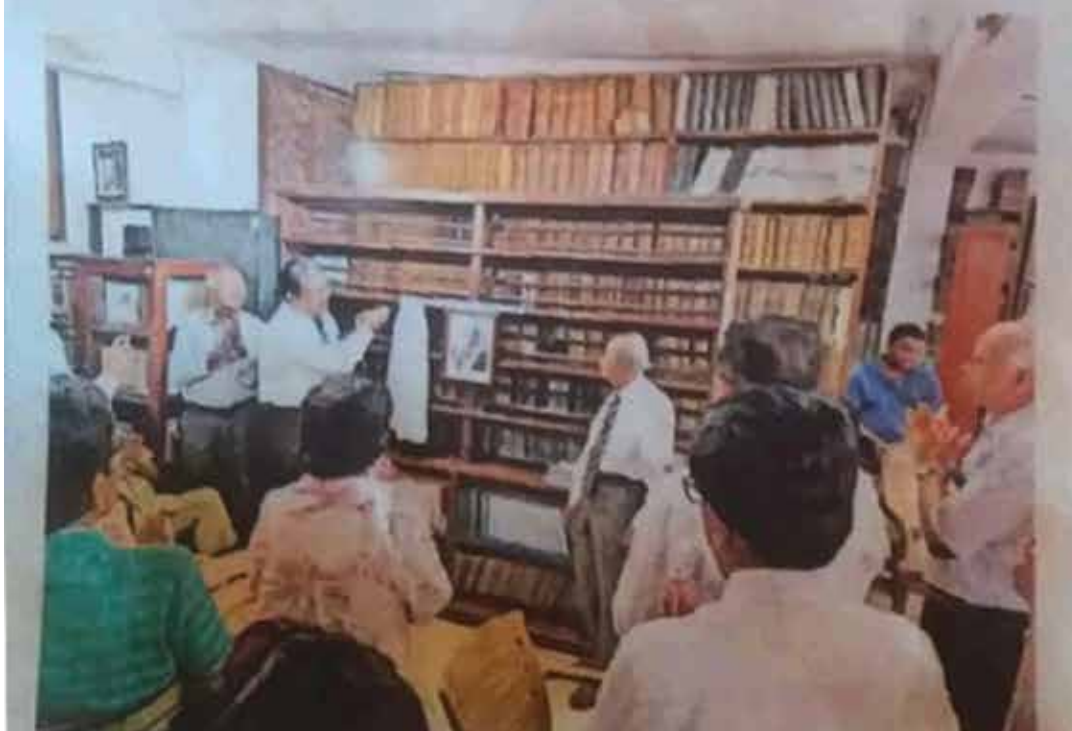
Dr Lucian Jayasuriya felicitated by SLML

The Sri Lanka Medical Library (SLML) felicitated Dr Lucian Jayasuriya for his services to the library.

The SLML established in 1844, is the oldest medical library in Asia and Australia. It was begun as the Colonial Medical Library in the Pettah Hospital (the forerunner of the General Hospital Colombo – National Hospital of Sri Lanka).

Housed in three other places after that the SLML found a permanent home in 1965 at Wijerama House, donated to it and the Sri Lanka Medical Association (SLMA), by philanthropist Dr E MWjerama.

Picture shows SLML President Dr Neville Perera and Dr Lucian Jayasuriya after the unveiling of Dr Jayasuriya's photograph.



SUNDAY TIMES 12th Jan 2025

Sri Lankan-born paediatrician wins Open UK Scrabble competition

Dr. Harshan Lamabadusuriya has won the Open UK Scrabble 2025 competition held from January 3-10, with a rating of 194, earning him widespread recognition in the Scrabble community for his strategic play and impressive vocabulary.

The biggest scrabble tournament in Europe, the Open UK Scrabble tournament saw stiff competition with over 100 players ranging in age from 11 to 90 vying for the honours. The Association of British Scrabble Players launched the competition in 2008, and it returned after a five-year hiatus caused by the COVID-19 outbreak.

A consultant paediatrician, Harshan's passion for competitive Scrabble has gone hand in hand with his academic accomplishments.

Harshan grew up in Sri Lanka and attended Richmond College, Galle, S. Thomas' College, Mount Lavinia, and Royal College (RC). The groundwork for his Scrabble career was laid by taking part in many local Scrabble competitions and winning multiple titles during his school years. Following his success in local competitions, Harshan went on to represent Sri Lanka internationally.

When he and his family took a sabbatical to the UK in 1996, he worked for two years as a locum consultant paediatrician at Worthing Hospital, marking a key turning point in his career. He kept up his love of Scrabble

in tournaments and even winning the title of champion on British TV's Channel 4's wildly popular Countdown programme.

A high achiever, he received five A's in his London A'Levels while attending the Steyning Grammar School in the United

Kingdom. He started his medical studies at Cambridge University, and went on to Oxford University, where he finished his clinical studies. He currently works at Swindon Hospital.

His success in Scrabble grew along with his medical profession. Harshan represented the United Kingdom in international Scrabble competitions and became the National British Scrabble Champion in 2003. He kept breaking records and once held the record for the highest-scoring word in Scrabble, earning an amazing 329 points with the word "Kreuzers," which refers to an old German coin. In 2017, he finished second in the World Scrabble Championship, marking the pinnacle of his competitive accomplishments.

Harshan is the son of Dr. Sanath P. Lamabadusuriya, Emeritus Professor of Paediatrics and former Dean of the Faculty of Medicine, University of Colombo. Harshan is married to Michelle Gunasekera, a specialist in renal medicine at the John Radcliffe Infirmary and they have a son, Inesh, who is already showing great promise in Scrabble.



**Dr. Harshan
Lamabadusuriya**



CAHO LANKACON 2025 1st Edition Concludes Successfully at Colombo, Sri Lanka

Colombo, Sri Lanka – January 18, 2025 – The prestigious inaugural CAHO LANKACON 2025, 1st Edition, concluded with a grand success on January 18, 2025, at The College of Surgeons of Sri Lanka, Colombo. With the theme *"Transforming Healthcare: A Sustainable Approach to Quality and Patient Safety,"* the conference brought together over 120 healthcare leaders, professionals, and industry stakeholders from India, Sri Lanka, and beyond to discuss innovative strategies for sustainable healthcare transformation.

Key Highlights of CAHO LANKACON 2025:

- **Inspiring Keynotes:** Renowned healthcare leaders shared their expertise on key topics, including Artificial Intelligence in Healthcare, Patient Safety, Leadership, and Health Economics. The Chief guest for the program was **Dr. Anil Jasinghe, Secretary to the Ministry of Health and Media, Sri Lanka, who spoke about how CAHO LANKACON was an important event while stepping into the important milestone in healthcare. Dr Jasinghe spoke about the journey of Accreditation of healthcare organizations in Sri Lanka, and how the steps have been taken towards achieving Clinical Governance. The liaison with CAHO will help in strengthening the private institutions in Sri Lanka, in their pathway to transform healthcare into a safer arena, said Dr Jasinghe.**
- **Panel Discussions:** Thought-provoking sessions featured discussions on "Healthcare Horizons: Advancing Patient Safety and Accreditation in India and Sri Lanka", where the esteemed panellists, Dr Palitha Abeykoon, Dr Wimal Karandagoda, Mr Sameer Mehta and Dr Susie Perera exchanged facts, best practices and a way forward about patient safety practices and the importance of Accreditation in healthcare organizations of both, India and Sri Lanka. This session was moderated by honourable Dr Girdhar Gyani, the Director General of Associations of Healthcare Providers India.
- A thought-provoking discourse was led during the panel discussion on Operational Efficiency and Balanced Scorecard. The discussion was led by honourable panellists of this session, Mr. Badrajith Siriwardana, Dr Girdhar Gyani, Mr DS Chakravarthi, Mr Murtuza Esufally, Dr Sanath Hettige and Dr Lasantha Karunasekara and was moderated by Mr Sameer Mehta from India.
- **Expert Presentations:** Esteemed speakers at the conference included Dr Palitha Abeykoon, Dr Wimal Karandagoda, Mr. Sameer Mehta, Dr Sussie Perera, Dr Shashank Devapur, Dr Shirani Chandrasiri, Prof. (Dr) Ravi Samuel, Dr Malathi Murugesan, Dr Kithsiri Edirisinghe, Mr. Thomas Mathew, Dr Umashankar Raju, Dr Susith Athukorala, Dr Naga Nischal and Prof. Rasnayake Mudiyanse.
- **Collaborative Opportunities:** The event facilitated meaningful dialogues between Indian and Sri Lankan healthcare professionals, fostering cross-border collaborations and partnerships aimed at improving healthcare quality and accessibility.

The event was lauded by the participants for its dynamic and engaging sessions, which emphasized actionable takeaways for healthcare organizations striving to achieve excellence while maintaining sustainability. The participation of key sponsors, including leading hospitals, pharmaceutical companies, and insurance providers, further underscored the conference's importance to the region's healthcare landscape.

CAHO LANKACON 2025 not only showcased CAHO's and CAHO International's commitment to advancing patient safety and healthcare quality but also highlighted the potential for collaborative healthcare advancements in South Asia.



Way Forward

CAHO & CAHO International would work with various partners from Sri Lanka both private and public sectors to help develop a collaborative approach to healthcare quality and patient safety to ensure a safer and more sustainable future of healthcare in Sri Lanka.

About CAHO & CAHO International:

The Consortium of Accredited Healthcare Organizations (**CAHO**) is a leading body dedicated to improving healthcare quality and patient safety through education, collaboration, and innovation.

CAHO International was officially launched in April 2024, marking a significant milestone in CAHO's journey. This new extension of CAHO will oversee and manage the global portfolio in a more consolidated and focused manner, expanding CAHO'S international footprint. CAHO International will specially reach out to other countries for exchange of ideas and to collaborate to promote the movement of Patient Safety

For more information about how you can associate with CAHO, please visit www.caho.in.



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