

Transcript of Interview with Eranga Narangoda by Tara Alahakoon

Interviewee: Eranga Narangoda

Interviewer: Tara Alahakoon

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Location (Interviewer):

Abstract: This provides the pandemic perspective of Dr. Eranga Narangoda, a practitioner of internal medicine specializing in infectious disease, as he served on the front lines of Sri Lanka's COVID response.

Tara Alahakoon

So first, could you please just introduce yourself—where you practice medicine, and who your patient population is normally?

Eranga Narangoda

I'm a specialist in internal medicine, and I was attached to the National Institute of Infectious Diseases in Colombo, Sri Lanka, at the time of the onset of the pandemic. Now I'm working in another hospital, so I basically work as an internal medicine specialist and my main interest is infectious diseases like dengue fever and leptospirosis.

Tara Alahakoon

Thank you. And generally, what types of patients do you treat? From the Colombo area?

Eranga Narangoda

Yeah, my patient population is mainly from Colombo. But we get patients from other places as well, especially in the infectious disease hospital because that's the only designated infectious disease hospital in Sri Lanka. So we get referrals from other parts of the country as well, but basically most of our patients are from Colombo.

Tara Alahakoon

And just to clarify—what is the name of the hospital that you practice at currently?

Eranga Narangoda

At the moment, I'm working at the Base Hospital Homagama, which is a suburb in Colombo.

Tara Alahakoon

What has your experience been like treating COVID patients?

Eranga Narangoda

Actually, when the pandemic started in 2020, I was the in-charge specialist at the isolation unit of the infectious disease hospital. That was where the first patient and all the other patients who were detected earlier were managed at. So I've been treating the very first patient reported in Sri Lanka and all the other patients during the first two-three weeks. From then on it has spread rapidly and all the other hospitals also flooded with patients. And I was there until August 2020. Then I transferred to this Homagama Base Hospital, which was another designated COVID-19 treatment center at that time. Now we have a less number of patients and now we are treating normal patients as well—we have a single isolation ward at our hospital as well. So we have been treating a lot of patients in the government sector as well as the private sector COVID patients.

Tara Alahakoon

And when you were treating these patients, what types of conditions were they in?

Eranga Narangoda

Initially, when we had the first wave, most of our patients did not have pneumonia. Most of them had a mild to moderate disease. But in 2021 when the Delta wave occurred in Sri Lanka, we got a lot of patients with pneumonia, all critically ill, hypoxic patients. And most of these patients were critically ill, though they were treated in normal medical wards. They were actually highly dependent patients who needed ICU care, but we didn't have ICU beds at that time, so we had to improvise and provide ICU facilities in our normal medical wards.

Tara Alahakoon

And about when in 2021 did these critically ill patients start coming in?

Eranga Narangoda

Yeah, 2021 was the most critical period in Sri Lanka because we were hit by the Delta wave, which happened in March and April last year. We had quite a lot of patients in a very short period of time, and we were getting patients from all over the country. Initially in 2020 when we were getting clusters of patients, they were mainly from Colombo and other urban areas, but in 2021 when we got the other variant, it had a social spread—it spread to all parts of the country. And unfortunately, this Delta variant was causing more and more patients with pneumonia—hypoxic patients. And our hospitals were full of patients—in fact we had to convert some of the other facilities as treatment centers. For example, we used some of the vocational training centers as hospitals, which were converted within a very short period of time by the

security forces, and we had to accommodate patients within such facilities as well.

Tara Alahakoon

And although you do practice in Colombo, what is the COVID situation like in the rural areas, both then and now?

Eranga Narangoda

At the moment, we have the other variant. The variant at the moment causes only a mild infection, which is the Omicron, and we don't see many pneumonia patients at the moment. Most of them have mild respiratory symptoms, and they recover within 5-6 days. Only a few number of patients who have comorbidities like kidney diseases or asthma, they tend to get pneumonia and they need hospital admissions. But most of the other patients at the moment—most of them are not tested as well, and they are being treated at their homes.

Tara Alahakoon

How do you think the COVID situation in the rural areas of Sri Lanka compares to that in Colombo?

Eranga Narangoda

Even in rural areas, when we had the Delta variant, we got a lot of patients from rural areas. And some of these patients presented late to the hospitals because of lack of facilities, and some of them die because of this late presentation. But at the moment, even in rural areas, it's a mild disease and most of these patients have not been tested, and they're being treated by the general practitioners as a normal viral respiratory illness. But still we have restrictions, like all of our citizens need to be wearing masks when they go out, and this social distancing and hand-washing. These precautions are being taken properly by the public. So still the vigilance is there. Even in the rural areas, they adhere to these precautions well, which is an advantage.

Tara Alahakoon

And when your COVID patients were being admitted, what demographics did these patients have?

Eranga Narangoda

Most of them were from urban areas, because in Sri Lanka, especially Colombo is densely populated, so as you know this is an infection that is spread through the respiratory droplets. So when there's increased population density, such areas tend to get more patients. So we saw a lot of patients from urban areas in Colombo, especially in shanties and in apartments. In some areas they have big families, for example Muslims, they have big families. So we got a lot of patients

from those communities as well. And in shanties also in Colombo and other urban areas because they don't have facilities to get isolated. When one gets infected, the whole family get symptoms and come to hospital.

Tara Alahakoon

And what challenges did you encounter in the care of COVID patients?

Eranga Narangoda

Initially when we had the very first patient back in January 2020, we had a lot of challenges. Even our infectious disease hospital did not have proper isolation facilities. Fortunately we had enough PPE, but our staff was not well-trained in donning and doffing process. So we had to train them when the pandemic started. And the other challenges were that we did not have facilities to test when the first patient presented in early January. We did not have facilities to test for this virus, so we had to bring in PCR kits from Hong Kong and that was also of very limited supply. So those were the main challenges. And we also couldn't do basic blood investigations in our laboratories, because our labs were not up to those biosafety standards. And our ICU did not have negative pressure, or other isolation facilities to protect our staff. So those were basically the main challenges in the hospitals. And outside, people were not very cooperative with the precautions like wearing masks and having social distance, so that was a challenge as well when it came to preventing the spread.

Tara Alahakoon

And what challenges do you believe exist today?

Eranga Narangoda

Well at the moment, we have facilities to test most of these patients, but still we run short of rapid antigen kits, and that's why we can't test all the patients. So one challenge we have is testing facilities. Treatment-wise, we have enough hospitals, enough ICUs, because at the moment we don't see a lot of patients with severe disease.

Tara Alahakoon

How grave was the COVID situation in Sri Lanka?

Eranga Narangoda

Well, as I said earlier, we had three waves. The first wave was in 2020, and that was Alpha and that variant, and we did not see many patients with bad pneumonia. And then in late 2020 we had a second wave, which spread rapidly but still we didn't see a lot of patients with pneumonia. But there were some deaths because these patients were detected late and they came to hospitals late.

And we had the third wave in March-April 2021—that was the Delta wave. At that time we got a lot of patients with pneumonia and hypoxia, and a lot of them needed oxygen and sometimes we had a short supply of oxygen, even masks to deliver oxygen. So at that time, for 2-3 months in the middle of 2021, the situation was really bad. Then we went into a complete lockdown and we could restrict the spread of the infection to a certain extent, and that helped to overcome the situation—the lockdown.

Tara Alahakoon

And how was the access to PPE?

Eranga Narangoda

The hospitals I worked—and those were designated COVID hospitals, as I said earlier, infectious disease hospitals—we had a donation of PPE because we were expecting other infections like Ebola from travelers. If they find somebody with such infections, normally they send those patients to our hospital from the airport or the harbor. So we had a few drills and were ready with PPE, and fortunately throughout the pandemic we didn't have any problem with the supply of PPE. There were a few occasions when we did not have enough shoe covers and surgical caps and had to use polythene bags—a few times we had to do that until we get a supply.

Tara Alahakoon

And about when did these shortages occur?

Eranga Narangoda

That was actually in 2021 when we had the Delta wave, because we had a lot of patients and we didn't have space to accommodate these patients. So we had to use a lot of PPE at that time, and there was a problem with supply at that moment.

Tara Alahakoon

And how has the supply of PPE and masks been outside of healthcare workers, for the general population?

Eranga Narangoda

We got a lot of donations from the general public as well as from various non-governmental organizations. Even Sri Lankans living in other countries—they sent us a lot of PPE and other equipment like oxygen delivery systems like high-flow oxygen machines. So we actually mainly relied on those donations.

Tara Alahakoon

As you were treating patients, were you ever nervous about your own health?

Eranga Narangoda

Not much. I was a little worried about my family, but I was confident that as we were wearing PPE and with proper procedure of donning and doffing we were able to protect our staff—myself and my staff. We got staff affected when there was a social spread, but I don't think any of our staff got the infection from the patients.

Tara Alahakoon

So, you never got COVID yourself?

Eranga Narangoda

No.

Tara Alahakoon

And how were healthcare workers generally fairing, in the past and currently?

Eranga Narangoda

You mean, in the management of COVID patients?

Tara Alahakoon

Yes.

Eranga Narangoda

They were quite readily tending to these patients, even sometimes without PPE. When there was an emergency, they were tending to these patients just wearing a normal mask and face shield because some of these patients suddenly become bad and we don't have time to put PPE. So our staff, especially doctors and nurses, they were quite readily helping these patients, actually putting their own health at risk.

Tara Alahakoon

Would you be able to talk about the vaccine availability and access?

Eranga Narangoda

Yeah. We were able to get the vaccines early, especially for our healthcare staff. So we got the vaccine quite early compared to other developing countries, and I think we had a very good

coverage of vaccination as a country, because we gave the first two doses within a very short period of time and we were able to cover a very large population with this vaccination program. And that's why I think at the moment we don't see patients with severe disease, and this has become another respiratory infection in Sri Lanka. But we had problems with the booster—the third dose—because a lot of people were reluctant to get it. And when we introduced the vaccine to younger people, especially below the age of 30, they were a little reluctant to get the vaccine because of various misinformation. But I think overall, we had a very good vaccination program and we were able to do a good job there.

Tara Alahakoon

And with the first two doses of the vaccine, when did they come in?

Eranga Narangoda

The first dose, we got in early 2021—I think in February they give it to the healthcare workers, and then within about a month they were able to give it to non-medical people as well. We got the second vaccine in three months, the second dose. There was a problem because of short supply of AstraZeneca, some of those who got the first dose had to get other vaccines like Sinopharm. But overall, first two doses, though there was a delay for some people, everybody got the second dose as well.

Tara Alahakoon

And were those the main brands of vaccines that were used?

Eranga Narangoda

Yeah. Initially, first dose was given with AstraZeneca for most of our patients, and then there was a short supply of AstraZeneca, we got Sinopharm, and most of the general population got this Sinopharm vaccine. And the third dose was given with Pfizer. All of those who got the third dose, they were given Pfizer.

Tara Alahakoon

When you speak of this misinformation that makes people—especially young people—not want to take the third dose, specifically what is being said?

Eranga Narangoda

For the young people, the main thing is they were worried about the fertility. There was misinformation that this vaccine can cause subfertility, so a lot of people were worried about that. And there were a few isolated cases of heart diseases and various other complications that happened in younger people, and people were worried about those rare complications as well.

And some thought that as they were young and healthy, they don't need the vaccine and they can fight the virus without the vaccine. So there was a group of people who didn't want the vaccine because of this misconception.

Tara Alahakoon

And in comparing the urban areas like Colombo with the remote areas of the island, how do you think the vaccine availability and access differs between the two?

Eranga Narangoda

Actually, we had a very good vaccination program. Anyway, the vaccination and immunization program is quite advanced, because we have community-based clinics to give these vaccines from early childhood. We used that facility to give COVID vaccine as well. And we had the help of the security forces as well. So there was a good vaccination program covering the whole country, urban as well as rural areas, irrespective of the area. But initially, we gave the first dose to those who were from these high-risk areas like Colombo and Western Province because during that period, most of the patients were reported from those areas. But later on, when the whole country was affected, this vaccination program was spread to all parts of the country. So even rural areas, they got a chance of getting the vaccine in time.

Tara Alahakoon

And is it the same with the spread of misinformation? Do you believe that there are certain populations that are more prone to believing it?

Eranga Narangoda

Actually, this misinformation was mainly in the urban areas because these young people, they have access to social media. The urban areas, they have better access to this misinformation. So the noncompliance with the vaccination was mainly seen in urban areas.

Tara Alahakoon

Can you describe the country's healthcare system and public health infrastructure before the pandemic happened?

Eranga Narangoda

Yes, we have a very good public health system. When we talk about the curative part, we have public hospitals as well as private hospitals. We have different levels of hospitals, like teaching hospitals—there are about 8 teaching hospitals, 3 of them are in Colombo and the rest are in other parts of the country. And then we have other smaller hospitals, like general hospitals, district hospitals, and then rural hospitals. These are for curative purposes—to treat those who have

diseases. Then we have a good preventative public health system, which is run by medical officers of health who have an area to cover, and we have these medical health officers all over the country. And they are being assisted by the public health inspectors and the public health midwives. Their main task is to prevent diseases, so they do health education and they run clinics like well-woman clinics, maternity clinics, and also childcare clinics. And the immunization program is run by these PHIs and midwives.

Tara Alahakoon

Can you tell me about what healthcare disparities were present before the pandemic?

Eranga Narangoda

Well, the curative healthcare system is mainly developed in urban areas, especially in Colombo. Even the private hospitals with facilities are situated in Colombo and in suburbs. In rural areas, you don't get many hospitals with a lot of facilities like CT scans, and most of these hospitals can't do advanced blood testing, scanning, and most of these hospitals in rural areas don't have specialists in all the fields. So there's a disparity like that in rural and urban areas.

Tara Alahakoon

Do you believe that the greatest healthcare disparity is between rural and urban areas, or is there anything within other aspects of the population?

Eranga Narangoda

Yeah it's mainly rural and urban areas. Especially these facilities are mainly situated within the Western Province—Colombo and the other suburb areas. Private hospitals, they mainly concentrate on this area because that's where the rich people live, and that's the most densely populated area in the country. So most of the private healthcare facilities are centered in the Western Province.

Tara Alahakoon

And do you believe that the pandemic intensified and of the healthcare disparities in the country?

Eranga Narangoda

No, I don't think so. I think it actually reduced the disparity, because actually as we were getting patients from all over the country, most of the donors and these non-governmental organizations, they came forward to develop these underdeveloped hospitals. A lot of these hospitals got facilities, like our hospital—which is a smaller hospital in the suburb area—we got a ICU with 8 beds because of this pandemic. And in a lot of areas away from Colombo, they

developed ICU facilities to accommodate these COVID patients. So I think overall, there was development of healthcare facilities in the rural areas as a result of this pandemic.

Tara Alahakoon

These NGOs—do you know any specifics of which ones or where they come from?

Eranga Narangoda

We have a local non-governmental organization called Sarvodaya, which was helping us a lot. And then these rotary clubs, lion's clubs, those are the main non-governmental organizations. And some private firms, banks—employees of those organizations got together and did some work as well.

Tara Alahakoon

And are any changes being made to the country's healthcare system due to the pandemic?

Eranga Narangoda

Yeah, most of our hospitals, we didn't have a triage system, we just had an outpatient department where the patients directly go to the OPD doctor, and then they decide whether to admit or treat and send him home. We didn't have a triage system, most of our hospitals didn't have these preliminary care units. During the pandemic we were able to develop this facility, because we need to triage these patients to identify those who were at risk of COVID and separate them from other patients. So that's one area where there was some development after this pandemic.

Tara Alahakoon

Would you say that's the main area, or are there any others?

Eranga Narangoda

Yeah, curative-wise that's the main area, and the other thing is we were able to increase the number of ICU beds in our country due to this pandemic. We had only about 600 ICU beds when we got the pandemic, and we could double that within a very short period of time. And these facilities were developed all over the country, not just in the Western Province.

Tara Alahakoon

I've been reading about the current economic crisis in the country, and I was wondering—how do you believe that this crisis has affected the pandemic, and also how has the pandemic affected the political instability?

Eranga Narangoda

Yeah definitely the pandemic has something to do with the economic crisis, because one of the main incomes was tourism, which was badly affected by the pandemic. There were a few lockdowns, which also affected our economy. But actually, during the lockdown we didn't close down our factories. We were still running our factories so that it wouldn't affect export industry in the country. So it was mainly the tourism that got affected due to the pandemic, and that was one reason for this economic crisis. But this crisis, it was coming even before the pandemic. They were predicting that we would go into an economic crisis in these years because of the debt burden and various other economic factors, so I don't think it was entirely due to the pandemic.

Tara Alahakoon

So the pandemic just intensified it, not necessarily caused it?

Eranga Narangoda

Yes.

Tara Alahakoon

I believe those are all my questions, but thank you so much—I greatly appreciate your help with this.

Eranga Narangoda

Ok, thank you.

Tara Alahakoon

You're welcome.