on elevation of haemoglobin F (>1.5% from baseline), we identified 6/18 patients hydroxyurea responders. Hydroxyurea responders required significantly lower blood volume (87+13ml/kg) compared to non-responders (110+25ml/kg, p=0.05) and placebo group (111+27ml/kg, p<0.05) while maintaining higher pre-transfusion haemoglobin level (8.6+0.5 vs 8.4+0.5 and 8.3+0.5). No serious side effects were reported.

Conclusions: One-third of patients with transfusion dependent 2-thalassaemia responded hydroxyurea treatment requiring 20% less blood compared to controls. No serious side effects were reported following hydroxyurea treatment.

## **OP: 07**

**Duration before Hospitalization, Hospital Stay** and the Clinical Course of COVID-19 Patients in Sri Lanka: Evidence from First 100 Patients **Following Discharge or Death** 

Wickramasinghe ND1, Jayakody S2, Hewage SA3, Wijewickrama A<sup>4</sup>, Gunewardena NS<sup>5</sup>, Idampitiya D<sup>4</sup>, Palihawadana P<sup>6</sup>, Jasinghe A<sup>7</sup>, Prathapan S<sup>2</sup>, Arambepola C<sup>8</sup>

<sup>1</sup>Department of Community Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

<sup>2</sup>Department of Community Medicine,

Faculty of Medical Sciences, University of Sri Jayewardenepura

<sup>3</sup>National Programme for Tuberculosis Control and Chest Diseases, Ministry of Health and Indigenous **Medical Services** 

<sup>4</sup>National Institute of Infectious Diseases, Angoda <sup>5</sup>World Health Organization Country Office, Sri

<sup>6</sup>Deputy Director General (Public Health Services I), Ministry of Health and Indigenous Medical Services <sup>7</sup>Director General of Health Services, Ministry of Health and Indigenous Medical Services

<sup>8</sup>Department of Community Medicine, Faculty of Medicine, University of Colombo

Introduction and Objectives: During the COVID-19 pandemic, population-specific evidence on the clinical course of the disease is of paramount importance for health sector preparedness and response. This study aimed to estimate the duration of the clinical course of COVID-19 patients in Sri Lanka.

Methods: In this cross-sectional study, secondary data from bed head tickets of 100 confirmed COVID-19 patients (either discharged or dead) admitted to three designated COVID-19 treating hospitals in Sri Lanka were analysed retrospectively. Duration of the clinical course was calculated from the onset of first clinical symptom (or the confirmation laboratory of COVID-19 asymptomatic patients) until discharge from the hospital (or death).

**Results:** There were 94 discharges and six deaths. The majority was males (65.0%) and the mean age was 40.7 (SD=17.7) years. The mean duration of clinical course before admission to hospital was 3.7 (SD=3.1) days while the median was 3.0 (IQR=1.0-5.0) days. The mean duration of hospital stay was 17.1 (SD=5.5) days with a median of 18.0 (IQR=14.0-20.0) days. The total clinical course was depicted by a mean duration of 19.8 (SD=6.1) days and a median of 19.0 (IQR=17.0-23.0) days.

Conclusions: Early admission to hospital was noted within four days of the first symptom, yet the hospital stay lasted on average for 17 days, highlighting almost three weeks duration of the clinical course, which is much longer compared to other countries and could be due to the admission and containment policy practised in Sri Lanka.

## OP: 08

Impact of COVID-19 on Postgraduate Surgical **Training - a Global Perspective** Wijerathne HGPK

Pre MD Surgical Trainee, Postgraduate Institute of Medicine, University of Colombo

Introduction and Objectives: COVID-19 pandemic has affected all aspects of modern human life, across all the fields globally. The situation has lasted over two months with uncertainty about future. With the onset of the pandemic reduced case load in Sri Lanka, postgraduate surgical training has apparently been negatively affected. Assessment of the global situation was the objective of this literature review.

Methods: An English language PubMed search with Medical Subject Headings (MeSH) terms COVID-19, postgraduate, resident, surgery, and training in relevant combinations yielded 34 papers. After a survey ten relevant papers were chosen. Guidelines and situation summaries published by leading surgical colleges and training institutes globally were directly accessed through relevant websites.

Results: The impact of COVID-19 on surgical training varies regionally in parallel with COVID-19 burden in the population. In worst affected