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## 27<sup>th</sup> Annual Academic Sessions of the College of Community Physicians of Sri Lanka

Abstracts of Oral and Poster Presentations

25<sup>th</sup> - 27<sup>th</sup> of August 2022  
Waters Edge, Battaramulla





27<sup>th</sup> Annual Academic Sessions of the  
College of Community Physicians of Sri Lanka

# Abstracts of Oral and Poster Presentations

**The College of Community Physicians of Sri Lanka (CCPSL)**

is the oldest and the first medical professional body which has been established under an Act of Parliament for public health professionals in Sri Lanka.

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## OP 12

### Symptoms Profile, Their Associations with Co-morbidities among the COVID-19 Patients Reported in Second and Third Waves in Colombo RDHS Area

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**Background:** The first local case of COVID-19 in Sri Lanka was reported in March 2020, second and third waves were from 04.10.2020- 14.04.2021 and 15.04.2021-30.06.2021 respectively. The objective of the study was to describe symptoms profile, their associations with co-morbidities and comparison of the COVID-19 patients reported in second and third waves in Colombo RDHS area.

**Methods:** Data was extracted randomly from a database of COVID-19 patients of second and third waves at RDHS Colombo by using data extraction sheet. Data was analyzed using descriptive statistics, binary logistic regression, and Z test for proportions to compare symptom profile of patients reported in 2<sup>nd</sup> and 3<sup>rd</sup> waves of COVID-19

**Results:** Of the 31,532 sampled during both waves 55.4% (n=17458) were males; mean age was 37.35 years (SD=17.7). Almost a quarter (27.7%, n=8750) were symptomatic and 18.7% (n=5897) had co-morbidities such as diabetes (8.9%, n=2821), hypertension (7.3%, n=2308), ischaemic heart disease (IHD) (2.2%, n=679), dyslipidaemia (2.6%, n=819) and bronchial asthma (2.3%, n=716). The symptom profile included fever (9.9%, n=3137), cough (11.3%, n=3570), runny nose (6.9%, n=2185) difficulty in breathing (2.1%, n=672) and body aches (5.8%, n=1814). Being symptomatic was associated with having co-morbidities (UOR=2.0, 95% CI=1.9-2.1) in bivariate analysis. Having symptoms was found to be associated with having comorbidities that includes diabetes (AOR=1.59, 95% CI=1.46-1.73), hypertension (AOR=1.16, 95% CI=1.05-1.27), IHD (AOR=1.64, 95% CI=1.40-1.97), hyperlipidaemia (AOR=1.71, 95% CI=1.48-1.99), bronchial asthma (AOR=2.29, 95% CI=1.97-2.66), cancer (AOR=1.61, 95% CI=1.05-2.46), kidney disease (AOR=2.14, 95% CI=1.60-2.86), hypothyroidism (AOR=1.90, 95% CI=1.40-2.56) in multivariate analysis. No statistical difference was found between second and third wave on occurrence of symptoms at p=0.05 level.

**Conclusions:** There was a strong association between being a COVID-19 symptomatic patient reported during second and third waves and having a co-morbidity.

**Keywords:** Diabetes, Asthma, Kidney diseases

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