



## Knowledge, Attitudes and Practices Regarding Long Term Complications of COVID-19 among an Urban Population in Sri Lanka

Chamindri Witharana\*, Kithmini Siridewa, Manuj Weerasinghe and Indika Karunathilake

Department of Biochemistry and Molecular Biology, Faculty of Medicine, University of Colombo, Sri Lanka

\*Corresponding e-mail: [Chamindri@bmb.cmb.ac.lk](mailto:Chamindri@bmb.cmb.ac.lk)

### ABSTRACT

**Background:** Recently, a surge of COVID 19 was observed globally, regionally, and nationally. With increasing numbers of cases, the frequency of long COVID is on the rise. Management and control of long COVID depend on changes in respect of human behaviours and require an understanding of Knowledge, Attitudes, and Practices (KAP) regarding health threats. **Methods:** A descriptive cross-sectional study using an online survey to gather data on the socio-economic background, knowledge, attitudes, and practices on long-term complications of COVID. **Results:** Out of 201 respondents, 89.2% of participants have heard about long-term complications of COVID 19. Only 35.9% have demonstrated adequate knowledge in the questions relating to co-morbidities and risk factors of COVID-19. A total of 92.2% believe that they should adhere to preventive measures following vaccination. Less than 60% were following the advice on avoiding unnecessary travel and crowded places. Further, less than 50% were following COVID preventive measures. **Conclusion:** Although the majority of participants have heard about long-term complications and common symptoms, the knowledge regarding co-morbidities that can lead to severe disease and long COVID was not satisfactory. The attitudes of the participants indicated increasing concern about long COVID. Practices indicate a lack of adherence to key measures such as avoiding crowded places. These findings highlight the need for further increasing of awareness.

**Keywords:** Long COVID, COVID-19 vaccination, COVID awareness

### INTRODUCTION

The first outbreak of COVID-19 was identified in December 2019 from Wuhan City in Hubei Province of China and in January 2020 the World Health Organization (WHO) declared it as a Public Health Emergency of International Concern. The first case of COVID-19 in South Asia was identified in January 2020, and in March 2020 COVID-19 was declared a pandemic by WHO. Sri Lanka reported its first case on 28<sup>th</sup> January 2020 [1].

The COVID-19 disease is caused by the SARS-CoV-2 virus which has given rise to several variants in recent months. The latest variants are found to be spreading faster and have given rise to the increased number of positive cases and mortality rates in recent months [2]. This is evident with the global statistics whereas at the first week of September 2021, almost 220 million cumulative cases have been recorded, with 4.5 million deaths worldwide [1]. As of the first week of October, Sri Lanka has recorded a total of 517882 COVID-19 positive cases with a mortality burden of 12907 deaths [3].

As with other respiratory illnesses, infection with the SARS-CoV-2 virus can cause mild symptoms including a runny nose, sore throat, cough, and fever. It can be more severe for some persons and can lead to pneumonia. In other cases, the disease can be fatal, especially in older people, and those with pre-existing medical conditions who are at higher risk of getting complications [4,5].

The incubation period is from 2 to 14 days with an average of 5 days. Most patients recover within two weeks whereas the progress of those with severe complications can take a longer time with a poor prognosis. After recovery, some patients may experience post-COVID symptoms. These symptoms are multi-system and can range from mild to moderate to severe and debilitating. This phenomenon is generally known as “long COVID” [5,6].