



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health & Indigenous Medical Services

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The COVID 19 pandemic and the tourism industry in Sri Lanka Part II

Housekeeping measures

Cleaning and disinfection measures in common areas (such as rest rooms, halls, reception, corridors and lifts) should be carried out in an increased frequency. Objects that are frequently touched, such as handles, elevator buttons, handrails, switches, doorknobs and dispensers, should receive special attention. Adequate supplies and facilities should be available for these activities.

Regular checks should be carried out to ensure the proper functioning, cleaning and disinfection of soap and alcohol-based hand rub dispensers, hand dryers, disposable tissue dispensers and other similar devices.

Regular monitoring should be carried out to ensure adherence to the cleaning plan.

Restaurants, dining rooms and bars

Restaurants, breakfast and dining room and bar staff should regularly perform hygiene practices (frequent hand washing, respiratory hygiene, frequent cleaning/disinfection of work surfaces and touch points).

If indoor dining is offered, it is recommended to have a maximum of four persons for 10 square metres indoors. Tables should be arranged in such a way that all guests are able to maintain at least 1 metre distance in the dining room. The premises should have adequate ventilation.

In the context of COVID-19, buffets are not recommended and should not be offered. If drink dispensing machines are used, there should be adequate hand hygiene facilities for customers, and routine cleaning and disinfection of the parts regularly in contact

with the hands of users, at least after each service and preferably more often.

The usual steps should be followed (rinse, wash, disinfect) for cleaning dishes, silverware and glassware, taking the maximum level of precautions. Items that have not been used should undergo the same procedure, since they may have been in contact with the hands of guests or staff. Table linens should be washed in hot water (60-90° C) with soap/ laundry detergent.

Recreational areas

Depending on the level of community transmission, infection prevention and control measures will need to be applied in recreational areas such as children play areas, gyms, swimming pools. These measures include limiting the number of attendees at any given time, frequent cleaning and disinfection of high touch areas, ensuring adequate ventilation, provision of adequate facilities to maintain hand hygiene and providing single-use material such as towels, water containers etc.

General measures

The important contact numbers such as the contact numbers of the local health authorities (Medical Officer of Health, Public Health Inspector of the area), local health institutions (government and private), local administrative authorities, ambulance services should be available at the reception and be duly updated.

Regular communications should be maintained with health authorities to obtain information on the local situation, especially regarding outbreaks and other important events. This information should be shared with the staff and the guests when necessary.

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Proper documentation of all guests and important activities taken place in the facility is important.

Implementation of the action plan should be supervised and monitored regularly by a team representing all relevant departments of the establishment to assess the effectiveness of the strategies and to identify gaps.

Management of a guest or a staff member suspected/ confirmed with COVID 19 while in the hotel/ accommodation facility

If a guest or a staff member developed symptoms suggestive of COVID 19/ tested positive for SARS-CoV 2 while in the premises, appropriate measures should be taken in consultation with local public health authorities and according to the national guidance. They should be transferred to an alternate care facility where isolation measures and clinical care, as needed, can be applied as soon as possible. An isolation room should be available within the premises, to isolate the individual until necessary actions are taken. Facilities should be available in this room to conform to relevant hygiene practices, including appropriate waste disposal facilities while awaiting medical assistance.

Potentially exposed staff should be quarantined and monitored according to national guidance and public health authority recommendations.

Appropriate PPE should be made available for staff assisting the ill person. Used and disposable PPE and other disposable items that had contact with the ill person’s body fluids should be properly disposed of in a biohazard bag or a secured bag, which will be considered as “biohazard” waste.

After the guest has been transported from the hotel, the hotel management should ensure cleaning and disinfection of the room occupied by the sick person in accordance with the national guidelines. Special attention should be given to the following areas:

Any surfaces that have been in contact with the ill person, such as toilet, hand washing basins, and baths should be cleaned and disinfected. Disposable cleaning material should be used whenever possible.

Textiles, linens, and clothes should be put in special, marked laundry bags and handled carefully to prevent contamination of surrounding surfaces or people. They should be washed in warm water with the usual detergents.

All used items must be handled appropriately to mitigate the risk of potential transmission. Disposable items (hand towels, gloves, medical masks, tissues) should be placed in a container with a lid and disposed of according to the hotel action plan and national regulations for waste management.

Public areas where a person with COVID-19 has passed through or has spent minimal time in (for example, corridors) do not need to be specially cleaned and disinfected, provided there is a process for routine cleaning and disinfection of high touch surfaces as noted above.

Health authorities will conduct contact tracing immediately after a suspected case has been identified in the establishment and provide advice to non-affected guests and hotel staff. The management should give their full assistance for this endeavour and follow the instruction given by the relevant health authorities.

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References

World Health Organization. COVID-19 management in hotels and other entities of the accommodation sector: Interim guidance (<https://apps.who.int/iris/bitstream/handle/10665/333992/WHO-2019-nCoV-Hotels-2020.3-eng.pdf?sequence=1&isAllowed=y> accessed 24 December 2020)

**Table 1 : Water Quality Surveillance
 Number of microbiological water samples Oct 2020**

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	NR
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	NR
Jaffna	12	72	95
Kilinochchi	4	24	NR
Manner	5	30	NR
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	0
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	29	174	13
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	96
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	NR
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
 NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 07th- 13th Nov 2020 (46th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**	
Colombo	17	4136	0	31	0	9	0	7	0	18	3	383	0	3	0	4	0	0	0	3	224	0	47	0	3	57	99
Gampaha	11	2550	0	12	0	8	0	7	0	19	1	282	0	8	0	8	0	2	1	1	262	0	34	0	60	41	93
Kalutara	4	1734	0	18	0	6	1	7	0	6	24	918	0	15	0	6	0	2	2	6	324	4	53	0	0	42	100
Kandy	24	3329	0	30	0	1	0	10	0	17	11	273	1	115	1	16	0	0	2	2	170	2	32	0	72	64	99
Matale	1	578	1	13	0	4	0	7	0	6	0	98	0	9	0	12	0	1	1	1	67	0	7	2	325	62	100
NuwaraEliya	0	167	1	39	0	1	1	8	0	9	2	132	0	99	0	4	0	0	3	3	83	0	16	0	0	23	99
Galle	4	1647	0	40	0	18	0	5	0	48	32	937	2	65	0	8	0	2	0	0	313	0	70	0	5	36	100
Hambantota	3	357	0	13	0	4	0	3	0	49	6	238	1	70	2	7	0	2	0	0	199	0	56	3	666	71	100
Matara	2	531	0	29	0	17	0	1	0	4	4	545	0	18	0	16	0	0	2	2	137	0	26	5	380	24	100
Jaffna	4	2109	1	108	0	1	0	23	0	83	1	30	15	646	0	2	0	2	3	3	117	0	12	0	3	26	93
Kilinochchi	0	131	0	47	0	2	0	11	0	27	0	21	1	44	0	1	0	0	0	0	17	0	11	0	13	64	100
Mannar	0	134	0	0	0	0	0	2	0	2	0	7	0	2	0	0	0	1	0	2	0	0	14	0	0	40	100
Vavuniya	0	249	0	15	0	0	0	6	0	3	1	48	0	3	0	0	0	0	0	0	33	0	4	0	1	60	100
Mullaitivu	0	85	0	14	0	0	0	6	0	5	0	27	0	16	0	3	0	2	0	0	14	0	7	0	7	38	98
Batticaloa	49	2709	0	96	0	8	0	1	0	52	0	36	0	0	0	8	0	1	0	0	100	0	47	0	1	48	100
Ampara	0	316	0	21	0	4	0	0	0	1	1	91	0	0	0	4	0	0	2	2	127	0	18	0	7	70	100
Trincomalee	1	2283	0	17	0	0	0	1	0	2	0	31	0	9	0	8	0	0	1	1	106	0	10	0	1	42	95
Kurunegala	6	931	0	25	1	13	0	4	0	38	5	264	0	34	0	9	1	5	1	333	3	47	3	453	49	97	
Puttalam	0	479	1	14	0	5	0	3	0	1	1	62	0	17	0	2	0	1	1	82	2	68	0	10	56	100	
Anuradhapur	1	417	2	24	0	3	0	4	0	31	2	261	0	29	0	16	0	2	1	187	0	67	6	273	41	96	
Polonnaruwa	0	241	0	9	0	1	0	0	0	8	3	138	0	1	0	25	0	1	0	145	0	19	11	318	57	90	
Badulla	1	480	0	30	0	7	0	4	0	8	4	368	1	106	0	16	0	0	0	164	0	40	1	27	48	99	
Monaragala	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ratnapura	9	1971	5	102	0	29	0	6	1	38	17	1493	1	56	0	17	0	1	1	188	1	105	6	141	50	99	
Kegalle	8	821	0	19	0	10	0	4	0	18	14	559	1	46	0	21	0	0	4	189	1	69	2	49	57	100	
Kalmune	3	964	0	56	1	4	0	1	0	6	0	23	0	2	0	3	0	0	0	276	1	47	0	0	56	100	
SRILANKA	148	29349	11	822	2	155	2	131	1	499	13	7265	23	1413	3	216	1	25	32	3859	14	926	39	2815	49	95	

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 13th Nov, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 320 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

07th- 13th Nov 2020 (46th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2020	Number of cases during same week in 2019	Total number of cases to date in 2020	Total number of cases to date in 2019	Difference between the number of cases to date in 2020 & 2019
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	01	38	74	- 48.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	00	00	00	00	00	00	01	03	159	294	- 45.9 %
Measles	00	00	00	00	00	00	00	00	00	00	03	48	271	- 82.2 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	18	- 72.2 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	31	11	181.8 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	09	37	- 75.6 %
Tuberculosis	22	08	00	00	00	00	08	00	00	38	58	5537	7498	- 26.1 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,
Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
CRS** =Congenital Rubella Syndrome
NA = Not Available

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
November							

Source: Medical Research Institute & Veterinary Research Institute

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sitnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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