



WEEKLY EPIDEMIOLOGICAL REPORT

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

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@slt.net.lk
Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk
Web: <http://www.epid.gov.lk>

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

The world is facing an unprecedented global health, social and economic emergency as a result of the COVID-19 pandemic. Travel and tourism is among the most affected sectors with a massive fall in international demand. According to the World Tourism Organisation (UNWTO), international tourism has fallen by 72% during January-October 2020, due to restrictions on travel, low consumer confidence and the global struggle to contain the COVID-19 virus.

Resumption of tourism - Country responses

One year after the novel corona virus infection was first introduced to the world, countries are now beginning to open their ports to international tourists, while taking precautions to prevent importation of cases.

While some countries, such as Australia, Vietnam, Indonesia, Philippines and Malaysia have not yet re-opened the country for general tourism, other countries have adopted different strategies to resume international tourism amidst the pandemic. Thailand, a famous tourist destination, has welcomed tourists from all countries, under strict conditions. The tourists entering the country should be quarantined for 14 days and produce four negative PCR results, the first test being done before arrival. Maldives has adopted more tourist friendly measures, opening the country for all countries under regular visa requirements, with only one negative PCR test, which should be taken within 72 hours prior to arrival. Singapore has opened the country for 11 low-risk countries, including Australia, New Zealand, China, Japan and Vietnam.

Current Situation in Sri Lanka

International travel and tourism industry contributes a significant proportion to Sri Lanka's Gross Domestic Product and is among the worst hit industries in the country due to COVID 19 pandemic. It should also be noted that countries such as India, UK, Germany, France, Russia and US are among the top 10 countries with a market for Sri Lanka tourism, and all of these countries are currently reporting a high positivity rate for COVID 19.

The Sri Lanka Tourism Development Authority statistics state that there are approximately 388,487 direct and indirect tourism and hospitality employees in the industry, majority of who have been left permanently or temporarily unemployed due to the unprecedented effects on the industry. In this light, strategies are being made to gradually recommence tourism in the country. Further, the domestic tourism, which suffered similarly due to movement restrictions imposed by the government from time to time, and the reluctance of the general public to travel amidst the epidemic, is gradually thriving.

However, reviving and resuming tourism should be carried out with extreme caution, without disrupting the pandemic control measures implemented by the health sector, as it could lead to widespread outbreaks or the introduction of new strains of the virus to the country. Such an incident may overwhelm the health system capacity to respond, leading to devastating effects.

The WHO has given proper guidance for the hospitality industry, to ensure prevention of SARS-COV 2 virus transmission in these facilities¹. A summary of this guidance is given below. The local health authorities should ensure that all hotels and other accommodation establishments in

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their respective areas follow these guidelines in order to protect the guests, staff as well as the local community.

Guidance for hotels and other establishments in the hospitality industry on COVID 19 management

Hotels and other establishments in the hospitality industry attract many persons from various parts of the country/ world. The nature of interactions at these places – the lodgings, services offered (dining, recreational activities etc.) - between the guests and the staff, and other related activities such as housekeeping, poses an increased risk of spread of the disease. Therefore, a sound mechanism should be available in order to ensure the safety of both the guests and the staff.

Extreme precautions should be taken by all parties (guests and the staff) to adhere to basic protective measures against COVID-19 including hand hygiene, physical distancing, avoiding touching eyes, nose and mouth, cough and sneezing etiquette (respiratory hygiene), use of masks, and seeking medical attention immediately if symptoms consistent with COVID-19 are present.

A comprehensive strategic plan should be prepared by the management team, in consultation with the local health authorities for safe operation of the establishment. It should include the following aspects:

Strategies to ensure adherence to basic protective measures by the guests:

The guests should be reminded at the reception about the basic protective measures against the COVID-19, as a form of hospitality. They should be informed about the protocols and policies related to control of COVID 19 within the premises, the services available for guests in this regard, and specifically the actions to be taken in case they develop any symptoms suggestive of COVID 19 during their stay. Regular reminders should be provided via the means of informative leaflets, posters, short video messages, displayed in areas where guest-guest, guest-staff interactions take place. Departing guests should be advised that, should they get a positive laboratory test for SARS-CoV-2, they should immediately contact local health authorities and inform them of their stay at the accommodation facility.

Adequate facilities should be available for guests to adhere to basic protective measures. The occupancy rate of the facility should be kept at a level where physical distancing could be maintained easily. Adequate ventilation should be ensured at all places within the premises. Hand washing facilities and/ or alcohol-based hand sanitizers should be made available at the entrance and different areas of the hotel, including the public restrooms used by guests and by staff, and other areas with high traffic (e.g. entrance to the dining hall, restaurants and bars).

Strategies to ensure adherence to basic protective measures by the staff

The management should make provisions for the staff to adhere to basic protective measures. Facilities and supplies should be available to ensure frequent hand hygiene, and physical barriers such as plexiglass boards should be set up whenever possible in places where direct contact takes place between staff and the guests, such as the reception or the restaurant.

A mechanism should be available to monitor staff adherence to measures such as regular hand hygiene and respiratory hygiene, maintaining physical distancing, and staff absenteeism. A screening process should be in place for staff coming for work, to detect any employee who develops symptoms suggestive of COVID 19 and direct them for medical attention.

Regular information briefings should be held for the staff on the basic protective measures against COVID-19 and the signs and symptoms of the disease, and update them on new developments, emphasizing on the fact that they should immediately inform the management if they develop symptoms compatible with COVID 19 and to stay away from work in such an instance.

- Regular staff trainings are required on important procedures, including the following:
- The proper use of personal protective equipment (PPE), including when to use the full PPE kit and procedures for putting on, removing and disposing of the PPE
- Standard Operating Procedure (SOP) to be implemented in the case of isolation of a suspected case
- Regular housekeeping practices and measures introduced to prevent the spread of the virus
- Cleaning and disinfection measures following the identification of a suspected person.
- Preparation, handling, application, and storage of cleaning and disinfectant products.

The guidance of the local health authorities should be taken for these trainings.

Compiled by: Dr Sashimali Wickramasinghe
 Consultant Epidemiologist
 Epidemiology Unit, Ministry of Health

Table 1: Selected notifiable diseases reported by Medical Officers of Health 31st-06th Nov 2020 (45th 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	14	4119	0	31	0	9	0	7	0	18	0	380	0	3	0	4	0	0	2	221	0	47	0	3	57	99
Gampaha	6	2539	0	12	0	8	0	7	0	19	0	281	0	8	1	8	0	2	4	261	0	34	0	60	41	94
Kalutara	5	1730	0	18	0	6	0	6	0	6	5	894	0	15	0	6	0	2	0	318	0	49	0	0	47	100
Kandy	34	3305	0	30	0	1	1	10	0	17	11	262	0	114	0	15	0	0	2	168	0	30	0	72	64	100
Matale	6	577	2	12	0	4	0	7	0	6	0	98	0	9	0	12	0	1	2	66	0	7	7	323	63	100
NuwaraEliya	0	167	1	38	0	1	0	7	0	9	2	130	0	99	0	4	0	0	2	80	0	16	0	0	23	99
Galle	2	1643	0	40	0	18	1	5	0	48	45	905	3	63	0	8	0	2	3	313	0	70	0	5	35	100
Hambantota	1	354	0	13	0	4	0	3	0	49	4	232	0	69	0	5	0	2	3	199	0	56	8	663	71	100
Matara	9	529	2	29	0	17	0	1	0	4	11	541	0	18	0	16	0	0	0	135	0	26	4	375	23	100
Jaffna	8	2105	0	107	0	1	0	23	0	83	0	29	22	631	0	2	0	2	5	114	0	12	0	3	25	93
Kilinochchi	2	131	0	47	0	2	0	11	1	27	1	21	1	43	0	1	0	0	0	17	0	11	0	13	63	100
Mannar	0	134	0	0	0	0	0	2	0	2	0	7	0	2	0	0	0	1	0	2	4	14	0	0	40	100
Vavuniya	0	249	0	15	0	0	0	6	0	3	3	47	0	3	0	0	0	0	0	33	0	4	0	1	61	100
Mullaitivu	0	85	0	14	0	0	0	6	0	5	0	27	0	16	0	3	0	2	0	14	0	7	0	7	38	99
Batticaloa	59	2660	0	96	0	8	0	1	0	52	0	36	0	0	1	8	0	1	4	100	2	47	0	1	48	100
Ampara	3	316	0	21	0	4	0	0	0	1	0	90	0	0	0	4	0	0	1	125	0	18	0	7	70	100
Trincomalee	0	2282	0	17	0	0	1	1	0	2	0	31	0	9	0	8	0	0	2	105	1	10	0	1	42	96
Kurunegala	1	925	2	25	0	12	0	4	0	38	2	259	0	34	0	9	0	4	4	332	0	44	4	450	49	98
Puttalam	4	479	1	13	0	5	0	3	0	1	0	61	0	17	0	2	0	1	0	81	0	66	0	10	56	100
Anuradhapur	1	416	3	22	0	3	0	4	0	31	0	259	0	29	1	16	0	2	1	186	1	67	3	267	41	96
Polonnaruwa	1	241	0	9	0	1	0	0	0	8	1	135	0	1	0	25	0	1	0	145	0	19	17	307	56	91
Badulla	4	479	1	30	0	7	1	4	0	8	0	364	0	105	0	16	0	0	1	164	0	40	0	26	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
Ratnapura	18	1962	2	97	0	29	0	6	0	37	17	1476	0	55	0	17	0	1	5	187	1	104	1	135	50	99
Kegalle	9	813	0	19	0	10	0	4	0	18	9	545	0	45	0	21	0	0	7	185	0	68	0	47	56	100
Kalmune	2	961	0	56	0	3	0	1	0	6	0	23	0	2	0	3	0	0	1	276	0	46	0	0	56	100
SRILANKA	189	29201	14	811	0	153	4	129	1	498	11	7133	26	1390	3	213	0	24	49	3827	9	912	44	2776	48	95

Source: Weekly Returns of Communicable Diseases (WRCD). *T=Timeliness refers to returns received on or before 06th 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

31st– 06th Nov 2020 (45th 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	10	38	73	- 41.5 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	01	00	00	00	00	00	00	00	01	05	158	291	- 45.7 %
Measles	00	00	00	00	00	00	00	00	00	00	06	48	268	- 82.0 %
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	02	31	11	181.8 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	09	36	- 75 %
Tuberculosis	18	00	00	00	00	00	05	00	00	23	252	5499	7064	- 22.1 %

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

Let's Unite and defeat COVID-19.

- **Essential Travel Only**
- **Shop in shortest possible time** • **Do not touch your face**

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@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

Dr. Sudath Samaraweera
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10