



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Covid-19 Pandemic and Re-Opening of Schools

Covid-19 pandemic has protracted than the world has expected. As a result, many parts of society have suffered to varying degrees. School children are at the forefront of those who have affected. Though IT-based online teaching has been tried to mitigate the damage to continuous education, many inequalities prevailing in the society has hampered its full potential.

The prolonged school closure could affect the school children in many ways. It may even reverse educational gains. Further, it could negatively affect the social and emotional interactions with the peers and with teachers which are essential components of child development. Additionally, they lost the important subject areas like music, drama, arts/crafts, sports where close physical teaching and supervision is necessary.

Further, longer the school closure the possibility of school dropouts could go up. In addition, children become exposed to many other vulnerabilities, like violence against children, child labour, sexual exploitation and teenage pregnancy. Further, they missed their teachers and peers to whom they could expose these harsh experiences and seek the support to get out of these situations.

Less number of children reportedly affected by Covid-19 globally, (Less than 18 years are affected around 8.5% ¹) with a smaller number of deaths. Most of the time they had mild or no symptoms. According to the earlier studies, children do not contribute to the spreading of the disease. However, the latest research suggests, that children could spread the disease. Therefore, it is important to control the disease entering and propagating in the school community. In most instances as the parents are busy with their daily chores, grandparents had to look after school children once they returned home. Hence, the elderly population can easily become victims of Covid-19 from

their grandchildren, unless proper practices have adhered to in all the places at all times. This risk is the same for the school teachers who could be in the high-risk category due to various co-morbidities like Diabetes, Hypertension etc.

By considering both sides of the coin, the decision to reopen the schools has to be taken very carefully. It has to be based on scientific evidence as well as on real-time ground-level situation. There are many factors to be considered. Covid-19 disease prevalence, the number of quarantined families in the province / district / local area, the number of schools in the area and the number of children in them are among the key factors in decision-making.

The monitory capacity to purchase continuous supplies such as sanitizers, soap, temperature measuring equipment, face shields, hardware to set up hand washing facilities as well as the availability of labour to set up them inside the school premises also have to be considered. Additionally, this includes re-arranging of the classrooms, canteen premises, teachers' restrooms, libraries, conference halls, labs. In all the places the one-meter distance needs to be maintained.

The proper collaboration of health and education authorities at national, sub-national and zonal levels is an essential factor to smooth re-opening of the schools. All the above prerequisites need to be carefully evaluated as a team by health and educational authorities. If the school cannot meet them by the funds/resources provided by the government, all measures should be taken by the school authorities to fulfil the balance by the well-wishers or by donors, prior to re-opening of the schools. The health requirements should never be compromised due to lack of funds/resources.

World Health Organization has come up with a checklist² which can be used globally

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to assist the school re-opening and based on the following key Covid-19 prevention guidelines.

- 1) hand hygiene and respiratory etiquette
- 2) physical distancing
- 3) use of masks in schools
- 4) environmental cleaning and ventilation
- 5) respecting procedures for isolation of all people with symptoms.

They have identified activities to be done at national, sub-national and school level.

Under the national, the regular issuing of guidelines/circulars is highlighted. These should provide clear guidance on the factors which are related to the school re-opening related issues. Ex. Mask policy, sports which are allowed to restart, leave policy for school teachers and supporting staff who contracted Covid-19 or quarantined due to being a contact of another positive person etc.

At the sub-national level, continuous monitoring of the epidemiological situation and the sharing of information among stakeholders is of utmost importance for decision-making. In addition, plans should be prepared and disseminated to schools, clearly mentioning how to act when they come across a Covid-19 positive school child, school teacher or supporting staff or their household member/s. Further, this includes the course of action to be followed for the school child / teacher / supporting staff who had been quarantined (when to return to school, what reports/certificates to be produced etc).

At the school level, it is important to set-up a team, act on Covid-19 related activities. School administrators, teachers, parents, school development committee members, well-wishers, old pupils, area public health officials etc., should be the members of this team. Under the main team, sub-committees should be formed and the expected activities should be clearly identified with the deadlines. The main activities expected from this team include,

- Plan and implement the relevant changes to make the school environment conducive to practice Covid-19 prevention activities
- Make the changes to maintain the 1m distance in the classrooms / canteen / library / school premises etc.
- Set-up hand washing / sanitization facilities
- Identify toilets to separate student groups / teachers
- Set-up temperature monitoring system (equipment & manpower)
- Set-up a school policy to get the meals in the classrooms itself with the presence of a teacher without going to the canteen
- Minimize the events organize by the school which could create an environment which is conducive to spread the disease
- Check the adherence to wearing face masks, maintain physical distancing etc.
- Ensure adequate ventilation in classrooms and

windows / door to kept open as far as possible

- The times of the mid-day interval can be adjusted separately for different groups of students to enable minimal interactions between them
- Raise awareness among students / teachers / support staff and parents on Covid-19 prevention activities adopted by the school
- Make sure the smooth functioning of the protocol provided by the national / sub-national level on how to act once identified a Covid-19 positive person from the school
- Further, the first contacts of the positive person should be identified and details of them should be handed over to the area public health officials
- Sick children / staff should stay at home without attending school

All these plans / activities need to be periodically assessed and modified. By careful adherence to above-said factors with dedication and commitment, schools can be re-opened and can allow continuing the educational activities at the earliest, which is an invaluable investment to the country.

Compiled by the Editor of the WER.

References

- Coronavirus Disease 2019 (COVID-19) in Children, available in <https://emedicine.medscape.com/article/2500132-overview>
- Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises, WHO article <https://www.who.int/publications/i/item/9789240017467>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 21st- 27th Nov 2020 (48th 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	12	4165	0	31	0	9	0	7	0	18	10	395	0	3	0	4	0	0	1	225	1	48	0	3	56	100
Gampaha	11	2594	0	12	0	8	0	7	0	19	7	304	0	8	0	8	0	2	0	263	0	35	0	60	38	98
Kalutara	13	1758	0	19	0	7	0	7	0	6	73	1020	0	15	0	6	0	2	4	330	1	60	0	0	46	100
Kandy	17	3373	0	33	0	1	0	10	5	22	11	288	0	119	0	15	0	0	2	172	1	33	2	74	64	99
Matale	2	585	0	13	0	4	0	7	0	6	5	103	1	10	0	12	0	1	1	68	0	7	1	328	63	100
NuwaraEliya	0	167	0	40	0	2	0	8	0	9	1	134	1	100	0	4	0	0	3	86	0	18	0	0	24	99
Galle	8	1658	0	42	1	19	0	5	1	49	56	1062	3	69	0	9	0	2	3	317	0	70	0	5	37	100
Hambantota	0	359	0	13	0	4	0	3	0	49	5	250	1	73	0	8	0	2	3	205	1	58	7	674	72	100
Matara	2	537	0	29	0	17	0	1	0	4	15	571	1	19	0	16	0	0	2	140	1	27	8	389	24	100
Jaffna	3	2118	1	109	0	1	0	23	0	85	0	31	8	673	0	2	0	2	2	120	0	12	0	3	25	93
Kilinochchi	2	134	0	47	0	2	0	11	2	32	1	22	3	47	0	1	0	0	0	17	0	12	0	13	63	100
Mannar	0	134	0	0	1	1	1	3	0	2	0	7	0	2	0	0	0	1	0	2	1	17	0	0	41	100
Vavuniya	2	251	0	15	0	0	0	6	0	3	2	51	0	4	0	0	0	0	0	33	0	4	0	1	59	100
Mullaitivu	1	86	0	14	0	0	0	6	0	5	0	27	0	16	0	3	0	2	0	15	0	7	0	7	36	100
Batticaloa	122	2877	1	97	0	10	0	1	0	52	0	39	0	0	0	8	0	1	1	103	0	47	0	1	48	100
Ampara	1	318	0	21	0	4	0	0	0	1	4	102	0	0	0	4	0	0	0	129	1	19	0	7	71	100
Trincomalee	1	2288	2	20	0	0	0	1	0	2	0	31	0	9	0	8	0	0	0	106	0	10	0	1	40	100
Kurunegala	4	935	0	25	0	13	0	4	0	38	6	273	0	34	0	9	0	5	2	336	0	47	0	456	48	98
Puttalam	6	486	0	14	0	5	0	3	0	1	0	64	0	17	0	2	0	1	2	84	3	74	0	10	55	100
Anuradhapur	1	422	0	25	0	3	0	4	0	32	1	271	0	30	2	19	0	2	1	190	0	71	5	321	40	98
Polonnaruwa	0	246	0	11	0	1	0	0	0	8	8	152	0	1	0	25	0	1	0	148	0	19	5	334	52	100
Badulla	7	495	1	31	0	7	0	4	0	12	7	386	3	109	1	17	0	0	2	169	0	40	0	28	47	100
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	13	1995	2	104	0	29	0	6	0	39	19	1532	0	56	0	17	0	1	0	189	3	110	4	149	50	100
Kegalle	10	843	0	19	0	10	0	4	0	18	32	611	0	46	0	21	0	0	3	195	5	75	0	51	58	100
Kalmune	2	968	1	57	0	4	0	1	0	9	0	23	0	2	0	3	0	0	2	278	1	49	0	0	54	100
SRILANKA	240	29792	8	841	2	161	1	132	8	521	26	7749	21	1462	3	221	0	25	34	3920	19	969	32	2915	48	96

Source: Weekly Returns of Communicable Diseases (WRCD). *T=Timeliness refers to returns received on or before 27th Nov, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 336 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

21st– 27th Dec 2020 (48th 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	78	- 51.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	00	00	00	01	00	00	00	03	10	163	305	- 46.5 %
Measles	00	00	00	00	00	00	00	00	00	00	02	50	278	- 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	07	19	- 63.1 %
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	01	31	16	93.7 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	09	38	- 76.3 %
Tuberculosis	34	21	06	09	06	01	03	25	30	142	160	5752	7769	- 25.9 %

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

- Do not touch your face
- Cover your cough with elbow

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**

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