



# WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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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## Alcohol: You Can Stop Drinking

Alcohol is a product that has provided a variety of functions for people throughout the history. Historically, alcoholic beverages have served as sources of needed nutrients and have been widely used for their medicinal, antiseptic and analgesic properties.

Drinking alcoholic beverages is a common occurrence in many parts of the world. Nevertheless, consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties.

### Immediate Health Risks

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These immediate effects are most often the result of binge drinking and include the following:

- Unintentional injuries including traffic injuries, falls, drowning, burns and unintentional firearm injuries.
- Violence, including intimate partner violence and child maltreatment-About 35% of victims of violence report that offenders were under the influence of alcohol. Alcohol use is also associated with 2 out of 3 incidents of intimate partner violence. Studies have also shown that alcohol is a leading factor in child maltreatment and neglect cases and is the most frequently abused substance among these parents.
- Risky sexual behaviors, including unprotected sex, sex with multiple partners and increased risk of sexual assault. These behaviors can result in unintended pregnancy or sexually transmitted diseases or both.
- Miscarriage and stillbirth among pregnant women and a combination of physical and mental birth defects which last throughout life among children born to alcoholic mothers.
- Alcohol poisoning, a medical emergency that results from high blood alcohol levels that suppress the central nervous system, can

### Key facts

- Harmful use of alcohol results in 2.5 million deaths each year.
- 320 000 young people between the age of 15 and 29 die from alcohol-related causes, resulting in 9% of all deaths in that age group.
- Alcohol is the world's third largest risk factor for disease burden; it is the leading risk factor in the Western Pacific and the Americas and the second largest in Europe.
- Alcohol is associated with many serious social and developmental issues, including violence, child neglect and abuse and absenteeism in the workplace

cause loss of consciousness, low blood pressure and body temperature, coma, respiratory depression and death.

### Long Term Health Risks

Over time, excessive alcohol use can lead to the development of chronic diseases, neurological impairments and social problems. These include but are not limited to:

- Neurological problems including dementia, stroke and neuropathy.
- Cardiovascular problems including myocardial infarction, cardiomyopathy, atrial fibrillation and hypertension.
- Psychiatric problems including depression, anxiety and suicide.
- Liver diseases including
  - ☑ Alcoholic hepatitis.
  - ☑ Cirrhosis
- Among persons with Hepatitis C virus, worsening of liver function and interference with medications used to treat this condition.
- Other gastrointestinal problems including pancreatitis and gastritis
- Social problems including unemployment, lost productivity and family problems.

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- Cancer of the mouth, throat, esophagus, liver, colon and breast. In general, the risk of cancer increases with increasing amounts of alcohol.

**Alcohol Units**

The idea of counting alcohol units was first introduced in the UK in 1987 to help people keep track of their drinking. This is especially useful in the case of heavy and habitual drinkers who develop tolerance to alcohol. Alcohol tolerance can lead someone with a dangerously high consumption to be falsely reassured that as long as they do not feel drunk, they will be fine.

The reverse is true. Needing a lot of alcohol to get drunk can perhaps indicate that the person concerned is already drinking too much, too often.

Alcohol tolerance can be compared to a lack of the ability to feel pain. If one did not feel pain, he or she would not immediately remove hand from a hot stove and notice it was burnt until it was too late.

If you have developed a tolerance for alcohol, you can no longer trust your body's signals to tell you when you have had too much. Instead, you will have to keep count of drinks to know when you have drunk too much.

Units are a simple way of expressing the quantity of pure alcohol in a drink. One unit equals 10ml or 8g of pure alcohol, which is around the amount of alcohol the average adult can process in an hour. This means that within an hour there should be, in theory, little or no alcohol left in the blood of an adult, although this will vary from person to person. The number of units in a drink is based on the size of the drink as well as its alcohol strength.

**Calculating units**

Using ABV is a simpler way of representing the alcohol content of a drink, which stands for Alcohol By Volume.

You can work out how many units there are in any drink by multiplying the total volume of a drink (in ml) by its ABV (which is measured as a percentage) and dividing the result by 1,000.

$$\text{Strength (ABV)} \times \text{Volume (ml)} \div 1,000 = \text{units.}$$

**Binge Drinking and Blackouts**

Drinkers who experience blackouts typically drink too much and too quickly, which causes their blood alcohol levels to rise very rapidly. Binge drinking, for a typical adult, is defined as consuming five or more drinks in about 2 hours for men or four or more drinks for women.

**How to reduce alcohol consumption**

A person who drinks too much may feel it is impossible for them to reduce their alcohol consumption.

If a drinking habit is heavy, it's often hard work to reduce it – simply because it is always difficult to change habits. You may not even be sure whether you want to cut down.

Fortunately, there are many different ways to reduce alcohol consumption and most people are able to find a way that suits them.

**A step-by-step guide to reducing alcohol consumption**

Keep a record of all alcohol consumption. Work on ways to make it easier to reduce the alcohol intake.

- Talking to a partner or friend could flag up some self-help ideas.
- You can stop drinking alcohol on weekdays.
- You I can stop drinking alcohol during the day at work.
- You can substitute every second drink with water, non-alcoholic beer, coffee or a soft drink.
- You can take a different route home, so you will not be

tempted to visit a bar.

- You can visit your family instead of your drinking friends.

**What if you cannot reduce my drinking by yourself?**

It may be difficult for a person to reduce their alcohol consumption without outside assistance. There are several places where it is possible to get help and counselling.

A doctor will be able to help by:

- Giving advice and drug prescriptions
- Referring a heavy drinker to a counsellor or an organisation that can provide help.

**What about withdrawal symptoms?**

For a very heavy drinker, stopping alcohol abruptly can be dangerous.

In addition to the anxiety that abrupt withdrawal can cause, a small proportion of people develop a potentially serious condition called delirium tremens (DTs). This can cause confusion and even convulsions.

Patients at risk of DTs are best managed by planned withdrawal from alcohol in hospital, along with supportive counselling and drug therapy to counteract the physical effects.

**Drugs used in the management of alcohol addiction**

**Antabuse (disulfiram)** is a prescription-only medicine that is designed to deter people from drinking. Antabuse does not remove the craving for alcohol, but will help a drinker avoid being tempted in a weak moment. For some people, Antabuse is a good idea and a safety measure.

- Ex-drinkers who have used Antabuse say it is a relief to know they can't drink.
- It allows alcoholics to focus on things other than not drinking too much.
- It does not help everyone who takes it, nor is it the only way to give up alcohol.

However, Antabuse is a controversial medicine. This is because if a person drinks while they are taking Antabuse, it will cause serious and unpleasant symptoms such as:

- Severe headache
- Blushing
- A feeling of pressure in the chest
- Breathlessness
- Palpitations
- Nausea
- In the worst cases, shock and collapse.

In the event of shock, treatment will be required from a doctor or in a hospital emergency department.

**Campral EC (acamprosate)** is another drug that may be helpful to deter drinking. It works in the brain where it is thought to act by reducing the desire to drink alcohol.

It doesn't produce the same effect that Antabuse does if alcohol is consumed. It is normally prescribed only when someone has successfully stopped drinking. Its use is usually combined with counselling to prevent a return to alcohol abuse and can be prescribed for up to a year.

**Sources**

Alcohol, available from <http://www.who.int/mediacentre/factsheets/fs349/en/index.html>  
 Alcohol Alert, available from <http://pubs.niaaa.nih.gov/publications/aa16.htm>  
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 Do I drink too much alcohol?, available from [http://www.netdoctor.co.uk/health\\_advice/facts/alcohol\\_toomuch.htm](http://www.netdoctor.co.uk/health_advice/facts/alcohol_toomuch.htm)

Compiled by Dr Madhava Gunasekera of the Epidemiology Unit

**Table 1: Vaccine-preventable Diseases & AFP**

03<sup>rd</sup> – 09<sup>th</sup> December 2011 (49<sup>th</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	01	00	00	00	01	00	75	77	+ 02.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	00	00	01	00	00	00	00	00	00	01	02	127	86	+ 47.7 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	24	20	+ 20.0 %
Whooping Cough	00	00	00	00	00	00	00	01	00	01	00	52	28	+ 85.7 %
Tuberculosis	84	45	01	04	31	00	09	20	16	214	301	9107	9736	- 06.4 %

**Table 2: Newly Introduced Notifiable Disease**

03<sup>rd</sup> – 09<sup>th</sup> December 2011 (49<sup>th</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	22	12	05	00	06	08	09	04	08	74	41	4054	3224	+ 25.7 %
Meningitis	05 GM=1 KL=4	01 KD=1	01 MT=1	00	00	01 KR=1	03 AP=3	00	01 KG	12	17	841	1509	- 44.3 %
Mumps	07	03	04	01	17	02	03	06	11	56	27	3224	1181	+ 172.9%
Leishmaniasis	00	00	02 MT=2	00	02 TR=2	01 KR=1	10 AP=10	00	00	15	08	847	390	+ 117.2 %

**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.  
 DPDHS 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, Whooping Cough, Chickenpox, Meningitis, Mumps.

**Special Surveillance:** Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008. .

**Dengue Prevention and Control Health Messages**

**Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.**

**Table 4: Selected notifiable diseases reported by Medical Officers of Health**  
03<sup>rd</sup> - 09<sup>th</sup> December 2011 (49<sup>th</sup> Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	281	9259	2	182	0	7	9	327	0	63	6	489	0	8	0	69	0	2	92
Gampaha	83	3895	1	130	0	19	1	100	0	84	5	529	0	26	2	385	0	6	80
Kalutara	35	1295	3	159	0	10	2	86	0	26	8	381	0	4	2	22	0	1	92
Kandy	52	1432	6	392	0	7	1	41	0	40	6	180	0	103	3	56	0	0	96
Matale	7	329	5	208	0	4	0	36	0	27	1	164	0	17	1	13	0	0	83
Nuwara	5	235	2	326	0	4	0	60	0	154	1	52	0	69	0	33	0	1	77
Galle	8	815	0	108	0	7	0	33	0	28	1	227	1	44	0	11	0	5	79
Hambantota	6	391	2	71	0	4	0	5	0	30	1	5011	1	63	0	17	0	2	67
Matara	36	700	3	101	0	3	1	23	1	33	4	371	1	92	1	29	0	1	88
Jaffna	10	348	6	406	0	3	9	318	0	92	1	3	6	218	1	37	0	1	36
Kilinochchi	0	59	0	40	0	3	2	16	0	14	0	2	0	13	0	3	0	0	50
Mannar	1	52	5	35	0	1	0	36	0	83	0	13	1	35	0	2	0	0	20
Vavuniya	1	75	0	43	0	16	0	12	0	60	1	47	0	2	0	3	0	0	75
Mullaitivu	0	18	1	70	0	1	0	7	0	9	0	7	0	2	0	3	0	0	75
Batticaloa	61	1195	5	586	0	5	0	7	0	32	0	28	0	3	0	2	1	9	64
Ampara	3	171	9	255	0	1	1	12	0	55	1	63	0	2	1	12	0	0	100
Trincomalee	3	165	1	681	0	2	0	11	0	12	0	102	0	9	0	9	0	1	58
Kurunegala	22	944	7	370	0	14	1	99	0	91	5	1559	0	77	2	75	0	4	65
Puttalam	13	496	3	191	0	2	0	34	0	51	0	122	1	19	1	12	0	2	58
Anuradhapu	4	275	2	156	0	2	0	6	0	35	4	247	0	17	0	28	0	1	58
Polonnaruw	6	291	0	124	0	1	0	17	0	22	2	86	0	1	0	26	0	0	71
Badulla	15	606	5	392	0	6	1	58	0	24	0	80	2	90	0	67	0	0	88
Monaragala	6	285	1	148	0	5	3	48	0	14	0	184	0	77	0	97	0	0	82
Ratnapura	16	1022	4	492	0	9	0	60	0	44	7	610	0	30	1	84	0	2	78
Kegalle	23	984	3	118	2	14	1	82	0	25	8	355	0	35	10	330	0	0	82
Kalmune	2	49	9	621	1	2	0	5	0	107	0	7	0	2	1	5	0	1	69
<b>SRI LANKA</b>	<b>699</b>	<b>25386</b>	<b>85</b>	<b>6405</b>	<b>03</b>	<b>152</b>	<b>32</b>	<b>1539</b>	<b>01</b>	<b>1255</b>	<b>62</b>	<b>6409</b>	<b>13</b>	<b>1058</b>	<b>26</b>	<b>1430</b>	<b>01</b>	<b>39</b>	<b>75</b>

Source: Weekly Returns of Communicable Diseases WRCD).

\*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

\*\*Timely refers to returns received on or before 09<sup>th</sup> December, 2011 Total number of reporting units =329. Number of reporting units data provided for the current week: 245

A = Cases reported during the current week. B = Cumulative cases for the year.

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**ON STATE SERVICE**

**Dr. P. PALIHAWADANA**  
CHIEF EPIDEMIOLOGIST  
EPIDEMIOLOGY UNIT  
231, DE SARAM PLACE  
COLOMBO 10