



# WEEKLY EPIDEMIOLOGICAL REPORT

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## Loneliness Among the Elderly: A Public Health Concern - Part I

*This is the first article of two in a series on “Loneliness Among the Elderly: A Public Health Concern”*

Loneliness, defined as the distressing perception that one's social needs are not adequately met by the quantity or quality of relationships, is a critical public health challenge, particularly for older adults. This distress arises when individuals have fewer social connections than desired or lack the intimacy they seek. Loneliness peaks among young adults under 30 and elders over 70. It manifests as chronic, transient, or situational forms based on duration, and as social or emotional types, resulting from limited social networks or the absence of close, intimate bonds.

### Burden of loneliness among elders

Loneliness affects millions of older adults globally, with a particularly significant presence in tropical and subtropical regions, although its effects also extend to European countries. Recent meta-analyses revealed varying prevalence rates of loneliness among the elderly in different regions. In Europe, the prevalence was 23% (95% C/I – 18%-27%), while in North America, it was 38% (95% C/I - 29% -48%), and in South America, it was 32% (95% C/I – 25% - 40%). In Asia, the prevalence was 32% (95% C/I – 23% - 43%), and in Africa, it showed a prevalence of 34% with a 95% confidence interval of 15% -59% (Susanty et al., 2025). COVID-19 pandemic intensified this issue, as social distancing measures, lockdowns, and disrupted routines severed connections with family and community, leaving many elders profoundly isolated.

Loneliness markedly increases the risk of premature death, with a mortality impact comparable to smoking or obesity. It is closely linked to higher rates of cardiovascular conditions, such as heart disease and stroke, which erode health outcomes. Mentally, loneliness fuels challenges like depression, anxiety, and suicidal thoughts, creating a vicious cycle where poor mental health deepens isolation. Physically, it impairs cognitive function, reduces mobility, and hinders daily activities, significantly diminishing the quality of life for older adults.

Fig. 1. Consequences of social isolation and loneliness

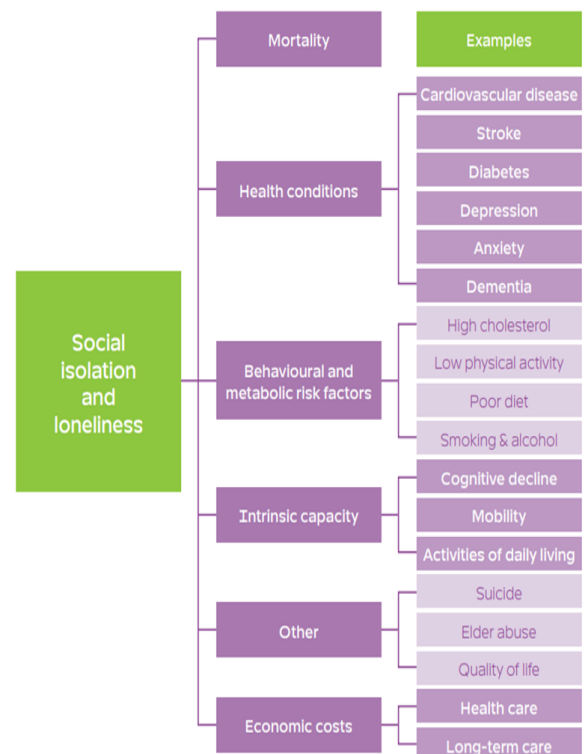


Photo credit - World Health Organization. (2021). Advocacy brief: Social isolation and loneliness among older people. Decade of Healthy Ageing, 1–20.

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Loneliness is associated with increased total healthcare expenditure (OR -1.81), and it also increases GP expenditure and pharmaceutical expenditure (OR - 1.53 and OR 1.76), respectively, which in turn increases the healthcare cost of a country (Meisters et al., 2021). In resource-constrained settings, where out-of-pocket medical expenses are common, this burden is more severe, placing significant financial and emotional strain on individuals and health systems. Vulnerable groups, including the oldest old, ethnic minorities, individuals with disabilities or chronic illnesses, and those in care homes, face heightened risks, especially in underserved communities with limited access to social and healthcare support.

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**Table 1 : Water Quality Surveillance  
Number of microbiological water samples August 2025**

District	MOH areas	No: Expected *	No: Received
Colombo	18	108	0
Gampaha	15	90	NR
Kalutara	13	78	68
Kalutara NIHS	2	12	27
Kandy	23	138	NR
Matale	13	78	35
Nuwara Eliya	13	78	48
Galle	20	120	NR
Matara	17	102	106
Hambantota	12	72	84
Jaffna	14	84	111
Kilinochchi	4	24	24
Mannar	5	30	NR
Vavuniya	4	24	35
Mullatvu	6	36	27
Batticaloa	14	84	24
Ampara	7	42	27
Trincomalee	12	72	0
Kurunegala	29	174	15
Puttalam	13	78	NR
Anuradhapura	23	138	58
Polonnaruwa	9	54	34
Badulla	16	96	148
Moneragala	11	66	71
Rathnapura	20	120	66
Kegalle	11	66	0
Kalmunai	11	78	0

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 06<sup>th</sup>–12<sup>th</sup> Sep 2025 (37<sup>th</sup> Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		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	A	B	T*	C**
Colombo	117	8724	0	24	0	11	0	12	0	34	10	340	0	5	1	19	0	0	7	432	1	55	0	3	44	1469	100	100
Gampaha	92	5723	2	41	0	25	0	3	4	140	20	593	0	10	0	15	0	0	17	650	5	134	1	37	17	858	100	100
Kalutara	32	1900	1	32	0	6	0	18	24	74	25	496	0	3	0	5	0	0	9	667	3	40	0	2	34	434	100	195
Kandy	60	3467	1	43	0	3	0	7	1	37	10	235	1	44	0	7	0	0	19	432	0	20	0	59	16	478	61	100
Matale	22	977	0	23	0	2	0	1	1	67	6	194	0	5	0	9	0	0	4	108	0	8	7	222	1	111	100	100
Nuwara Eliya	5	265	0	69	0	6	0	6	0	62	2	136	0	48	0	5	0	0	5	227	2	31	0	0	5	206	92	100
Galle	44	1633	2	42	1	5	0	7	22	81	19	619	4	70	0	8	0	1	24	605	3	127	0	3	16	379	95	100
Hambantota	9	719	2	36	0	5	1	1	1	6	9	306	0	28	0	11	0	0	4	253	0	20	11	234	1	108	100	100
Matara	18	1270	0	14	0	2	0	1	0	12	8	372	0	14	0	16	0	0	11	321	0	35	5	82	1	127	100	100
Jaffna	14	952	1	75	0	2	0	16	0	43	2	130	3	410	0	3	0	2	4	265	0	22	0	0	1	157	100	93
Kilinochchi	1	75	0	14	0	1	0	4	2	7	0	64	0	11	0	1	0	0	1	5	0	0	0	2	0	38	75	100
Mannar	2	134	1	6	0	0	0	0	0	3	0	26	2	16	0	1	0	0	0	18	1	14	1	6	2	41	100	100
Vavuniya	2	72	0	9	0	0	0	1	0	38	1	76	0	10	0	0	0	0	3	44	1	18	0	16	1	45	100	100
Mullaitivu	2	51	0	5	0	0	0	1	0	23	0	53	0	10	0	0	0	0	1	31	0	5	0	3	0	25	100	100
Batticaloa	8	1556	5	116	0	14	0	2	37	194	5	103	0	2	0	22	0	0	3	158	1	28	0	1	2	104	100	100
Ampara	4	204	1	42	0	11	0	0	0	18	3	191	0	3	0	9	0	1	4	176	1	43	0	22	0	44	100	100
Trincomalee	5	907	2	39	0	4	0	2	3	77	0	119	0	9	0	5	0	1	5	105	0	12	0	8	0	85	92	100
Kurunegala	19	1319	0	41	1	16	0	2	2	51	17	570	0	24	0	7	0	1	23	675	2	130	16	463	12	265	100	100
Puttalam	10	520	1	25	0	3	0	0	0	11	3	214	0	33	0	2	0	1	2	123	1	75	2	28	0	136	92	100
Anuradhapura	6	458	0	29	0	6	0	3	2	36	4	313	1	24	0	12	1	2	5	270	0	52	16	563	6	239	91	100
Polonnaruwa	2	322	1	33	0	6	0	0	0	21	0	87	0	1	0	5	0	1	7	170	1	46	0	0	1	67	100	100
Badulla	11	288	1	16	0	6	0	1	63	73	4	237	0	1	0	21	0	0	6	157	1	22	23	361	5	228	100	90
Monaragala	16	647	4	30	0	10	0	3	1	8	4	234	0	25	3	57	0	0	11	320	4	66	2	50	4	114	82	100
Ratnapura	15	685	2	24	0	3	0	0	13	17	6	451	3	36	2	48	0	0	18	160	3	41	7	172	10	300	100	100
Kegalle	67	3930	1	91	0	8	0	4	0	55	53	1187	2	29	1	14	0	1	8	357	1	93	0	166	23	223	82	100
Kalmunai	13	1187	1	50	0	13	0	9	0	34	17	605	0	14	1	18	0	0	22	682	5	101	0	24	2	100	100	100
<b>SRILANKA</b>	<b>596</b>	<b>37985</b>	<b>29</b>	<b>969</b>	<b>2</b>	<b>168</b>	<b>1</b>	<b>104</b>	<b>176</b>	<b>1222</b>	<b>228</b>	<b>7951</b>	<b>16</b>	<b>885</b>	<b>8</b>	<b>320</b>	<b>1</b>	<b>11</b>	<b>223</b>	<b>7411</b>	<b>36</b>	<b>1238</b>	<b>91</b>	<b>2527</b>	<b>204</b>	<b>6381</b>	<b>95</b>	<b>99</b>

Source: Weekly Returns of Communicable Diseases ([surveillance.avid.gov.lk](https://surveillance.avid.gov.lk)). T=Timeliness refers to returns received on or before 12<sup>th</sup> Sep, 2025 Total number of reporting units 360 Number of reporting units data provided for the current week: 359. C\*\*=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

06<sup>th</sup> – 12<sup>th</sup> Sep 2025 (37<sup>th</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2025	Number of cases during same week in 2024	Total number of cases to date in 2025	Total number of cases to date in 2024	Difference between the number of cases to date in 2025 & 2024
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	03	45	53	-15%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	00	01	00	00	00	00	02	06	178	210	-15.2 %
Measles	00	00	00	00	00	00	00	00	00	00	01	01	285	-99.6%
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	02	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tetanus	00	00	01	01	00	00	00	00	00	02	00	07	05	40 %
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	04	06	33.3 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	03	17	44	-61.3 %

### 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

**Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.**

**It is provided free by the MOH office / Public Health Inspectors.**

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