



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiological Unit,

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Tobacco epidemic and its control—Part II

Why is smoking an issue for non-smokers?

In recent years there has been growing knowledge and awareness of the dangers and serious

adverse health effects of environmental tobacco smoke exposure. The health hazards of environmental tobacco smoke exposure affect almost every organ and system in the body with a wide spectrum of ailments and diseases, and it has been clearly implicated as the cause of death in many of those who were exposed to it. Environmental tobacco smoke exposure acquires special importance when it comes to considering the negative health impact on children.

There are some 4000 known chemicals in tobacco smoke; more than 50 of them are known to cause cancer in humans. Tobacco smoke in enclosed spaces is breathed in by everyone, exposing smokers and non-smokers alike to its harmful effects.

Environmental tobacco smoke has been scientifically implicated in causing a number of cancers, including lung, nasal and sinus cancers. The Council on Scientific Affairs, American Medical Association, agrees that environmental tobacco smoke should be classified as a human carcinogen (a substance that causes cancer in humans), and the Environmental Protection Agency has classified it as a Class A (known human) carcinogen.

It has been clearly shown that exposure to environmental tobacco smoke causes a significant increase in the risk of developing coronary heart disease and an associated increase in deaths related to it. A full spectrum of lung diseases results from environmental tobacco smoke expo-

sure, including lung cancer, asthma, a worsening of existing asthma, and a more rapid deterioration of lung function.

According to the International Labour Organization, 200 000 workers die every year due to exposure to second-hand tobacco smoke at work. WHO estimates that around 700 million children, or almost half of the world's children, breathe air polluted by tobacco smoke.

Neither ventilation nor filtration, even in combination, can reduce tobacco smoke exposure indoors to levels that are considered acceptable. Only 100% smoke-free environments provide effective protection. Contrary to common belief, smoke-free environments are widely supported by both smokers and non-smokers.

Article 8 of the WHO Framework Convention on Tobacco Control, recognizes that exposure to tobacco smoke causes death, disease and disability, and asks countries to adopt and implement legislation that provides protection from second-hand smoke.

Many countries around the world have already introduced laws to protect people from exposure to tobacco smoke in public places. Celebrations around the globe on World No Tobacco Day encourage more people and more countries to go smoke-free.

WHO wants total ban on tobacco advertising

Recent studies prove that the more young people are exposed to tobacco advertising, the more likely they are to start smoking. Despite this, only 5% of the world's population is covered by comprehensive bans on tobacco advertising, promotion and sponsorship. Tobacco companies,

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qualities such as glamour, energy and sex appeal.

"In order to survive, the tobacco industry needs to replace those who quit or die with new young consumers," said WHO Director-General Dr Margaret Chan. "It does this by creating a complex 'tobacco marketing net' that ensnares millions of young people worldwide, with potentially devastating health consequences."

"A ban on all tobacco advertising, promotion and sponsorship is a powerful tool we can use to protect the world's youth," the Director-General added.

Since most people start smoking before the age of 18, and almost a quarter of those before the age of 10, tobacco companies market their products wherever youth can be easily accessed – in the movies, on the Internet, in fashion magazines and at music and sports venues. In a WHO study of 13 to 15-year-olds in schools worldwide, more than 55% of students reported seeing advertisements for cigarettes on billboards in the previous month, while 20% owned an item with logo of a cigarette brand on it.

But it is the developing world, home to more than 80% of the world's youth, which is most aggressively targeted by tobacco companies. Young women and girls are particularly at risk, with tobacco companies seeking to weaken cultural opposition to their products in countries where women have traditionally not used tobacco.

"The tobacco industry employs predatory marketing strategies to get young people hooked to their addictive drug," said Dr Douglas Bettcher, Director of WHO's Tobacco Free Initiative. "But comprehensive advertising bans do work, reducing tobacco consumption by up to 16% in countries that have already taken this legislative step."

"Half measures are not enough," added Dr Bettcher. "When one form of advertising is banned, the tobacco industry simply shifts its vast resources to another channel. We urge governments to impose a complete ban to break the tobacco marketing net," he said.

World No Tobacco Day, 31 May 2008 , WHO call for action :

A TOTAL BAN ON ADVERTISING, PROMOTION AND SPONSORSHIP OF TOBACCO PRODUCTS REDUCES CONSUMPTION

Call to policy-makers:

- Require by law a comprehensive ban on all forms of advertising, promotion and sponsorship of tobacco products. Be aware that voluntary policies do not work and are not an acceptable response to protecting the public, especially youth, from tobacco industry marketing tactics;
- Implement policies and programmes that do not target youth in isolation. Interventions that target the population as a whole, such as banning all forms of tobacco advertising,

raising tobacco taxes, and creating 100% smoke-free environments have the greatest success in reducing youth tobacco use.

Call to young people:

- Let the policy-makers of your country know what you think. Advocate for a total ban on advertising, promotion and sponsorship of tobacco products in your country.
- Get involved in a campaign to educate your peers on how the tobacco industry uses advertising, promotion and sponsorship to persuade you to smoke or use other forms of tobacco. Let the industry know you won't be duped by its slick, expensive promotional efforts.

Call to NGOs:

- Advocate to policy-makers for a complete ban on advertising, promotion and sponsorship of tobacco products in your country.
- Help organize youth groups so they can be part of the campaign and engage in the conception, development, implementation, monitoring and evaluation of tobacco control policies and programmes to ban advertising, promotion and sponsorship of tobacco products.

WHY DO WE NEED TO CAMPAIGN FOR A TOTAL BAN ON TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP?

- Because about half the children of the world live in countries that do not ban free distribution of tobacco products to them.
- Because only total and comprehensive bans can be effective in reducing tobacco consumption.
- Because national-level studies before and after advertising bans found a decline in tobacco consumption of up to 16%.
- Because partial bans have little or no impact on demand since advertising can be switched to alternative media

The Sri Lankan government became a party to the FCTC by ratifying the Tobacco Control Act in December 2006. It has already begun implementing a comprehensive advertising ban including promotion and sponsorship, smoking in enclosed public areas and sales to minors (21 years and below).

Source

- 1, The tobacco health toll. World Health Organization Regional Office for the Eastern Mediterranean Cairo, 2005.
2. Health effects of smoking among young people –WHO Fact sheet [www. Tobacco day\WHO Health effects of smoking among young people.htm]

24th- 30th May 2008 (22nd Week)

Table 1: Vaccine-preventable Diseases & AFP

Disease	No. of Cases by Province									Number of cases during current week in 2008	Number of cases during same week in 2007	Total number of cases to date in 2008	Total number of cases to date in 2007	Difference between the number of cases to date between 2008 & 2007
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	00	00	00	00	00	05	41	39	+5.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	00.0%
Measles	00	01	00	00	00	00	00	00	00	01	00	54	32	+68.6%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	15	14	+7.1%
Whooping Cough	00	00	01 MT=1	00	00	00	00	00	00	01	00	18	18	00.0%
Tuberculosis	106	03	28	00	02	00	07	00	00	146	126	3677	4306	-14.6%

Table 2: Newly Introduced Notifiable Diseases

24th - 30th May 2008 (21st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2008	Number of cases during same week in 2007	Total number of cases to date in 2008	Total number of cases to date in 2007	Difference between the number of cases to date between 2008 & 2007
	W	C	S	N	E	NW	NC	U	Sab					
Chicken-pox	32	11	11	01	05	11	02	05	13	91	50	2577	1604	+60.7%
Meningitis	05 CB=1 KL=4	01 NE=1	05 HB=1 GL=4	00	00	05 KR=3 PU=2	02 PO=2	08 BD=6 MO=2	00	26	00	684	49	+1295.9%
Mumps	06	07	02	00	03	05	04	01	05	33	23	1086	593	+83.1%

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.
DPDHS Divisions: CB=Colombo, GM=Gampaha, KL=Kalutara, KD=Kandy, ML=Matale, NE=Nuwara Eliya, GL=Galle, HB=Hambantota, MT=Mataara, 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.

Table 3: Laboratory Surveillance of Dengue Fever 24th- 30th May 2008 (22nd Week)

Samples	Number tested		Number positive *		Serotypes									
					D ₁		D ₂		D ₃		D ₄		Negative	
	GT	AH	GT	AH	GT	AH	GT	AH	GT	AH	GT	AH	GT	AH
Number for current week	05	04	00	01	00	00	00	00	00	01	00	00	00	00
Total number to date in 2008	87	62	07	14	00	00	04	05	01	05	00	00	02	00

Sources: Genetech Molecular Diagnostics & School of Gene Technology, Colombo [GT] and Genetic Laboratory Asiri Surgical Hospital [AH]

* Not all positives are subjected to serotyping.

NA= Not Available.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Human Rabies, Dengue Haemorrhagic Fever, Japanese Encephalitis, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

National Control Program for Tuberculosis and Chest Diseases: Tuberculosis.

Table 4: Selected notifiable diseases reported by Medical Officers of Health

24th- 30th May 2008 (22nd Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human-Rabies		Returns Receive %
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Colombo	23	805	02	76	00	06	01	52	03	60	05	191	00	02	00	61	00	00	85
Gampaha	25	512	07	80	01	06	01	29	00	66	20	196	00	04	03	72	00	01	86
Kalutara	16	265	05	156	00	08	00	39	00	16	20	201	00	02	01	23	00	00	75
Kandy	05	112	06	117	01	05	03	27	00	30	28	196	03	49	02	81	00	00	72
Matale	04	60	06	119	00	01	01	24	00	02	57	429	00	01	01	19	00	00	75
Nuwara Eliya	01	14	06	112	00	01	17	143	00	107	07	25	02	33	04	70	00	01	92
Galle	00	59	02	55	00	09	00	10	00	42	04	176	00	09	00	04	00	03	71
Hambantota	00	51	01	42	00	03	00	06	00	06	03	54	00	52	00	04	00	00	82
Matara	02	115	07	89	00	04	00	20	00	02	04	185	03	102	00	06	00	01	82
Jaffna	01	48	03	70	00	01	09	190	01	06	00	00	03	135	01	22	00	00	63
Kilinochchi	00	00	00	10	00	00	00	00	00	00	00	02	00	00	00	01	00	00	25
Mannar	00	24	01	10	00	06	02	103	00	00	00	00	00	00	00	11	00	00	50
Vavuniya	00	10	05	29	00	02	00	02	02	11	00	04	00	00	00	04	00	00	50
Mullaitivu	00	00	00	02	00	00	00	08	00	12	00	00	00	01	00	05	00	00	40
Batticaloa	02	80	04	44	01	03	00	14	00	19	00	02	00	01	00	71	00	05	45
Ampara	00	17	03	102	00	00	00	04	00	00	00	14	00	00	00	05	00	00	43
Trincomalee	03	165	02	49	00	00	00	08	09	12	02	15	01	13	01	11	00	00	70
Kurunegala	12	211	01	136	00	10	01	28	00	10	13	119	00	15	01	23	00	04	94
Puttalam	04	241	00	42	00	03	01	98	01	19	00	07	00	29	01	21	00	02	78
Anuradhapur	00	107	00	43	01	05	00	08	00	05	23	175	00	10	00	10	00	02	79
Polonnaruwa	00	46	03	59	00	01	00	21	00	06	01	37	00	00	00	15	00	00	86
Badulla	02	44	09	214	02	05	00	61	00	13	00	22	01	65	00	59	00	01	60
Monaragala	00	37	15	132	00	02	01	26	20	39	03	73	02	61	00	15	00	00	100
Ratnapura	02	128	03	128	01	21	00	41	00	42	01	95	01	68	00	36	00	00	81
Kegalle	17	207	09	193	00	20	01	35	00	00	21	140	02	39	15	342	00	00	100
Kalmunai	00	21	06	113	00	03	00	09	00	10	00	00	00	02	00	14	00	00	46
SRI LANKA	119	3379	106	2222	07	125	38	1006	36	535	212	2358	18	693	30	1005	00	20	75

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 7 June, 2008 Total number of reporting units =238. Number of reporting units data provided for the current week:

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