WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

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Say No to Tobacco / Be Free from Tobacco Part I

Tobacco, the 'legal' drug with the highest case fatality rate, kills 50% of its users when used exactly as intended by manufacturers. Tobacco is estimated to kill more people than motor car accidents, suicides, homicides, tuberculosis and maternal deaths put together. Most persons who die from smoking are males. One out of two smokers will die prematurely. Tobacco industry intensifies its efforts to hook a new generation of replacement smokers, not to lose their number of customers. To fight the tobacco epidemic and to protect people's right to health, every year, on 31st May, World Health Organization (WHO) and partners mark "World No Tobacco Day (WNTD)", highlighting the health and other risks associated with tobacco use, and advocating for effective policies to reduce tobacco consumption.

Global situation of tobacco use

The tobacco epidemic is one of the biggest public health threats the world has ever faced. The global tobacco epidemic kills more than 7 million people each year, of which close to 900 000 (more than a quarter of them being children) are non-smokers dying from breathing second-hand smoke. If urgent action is not taken and current trends persist this death toll will rise to more than eight million by 2030. Nearly 80% of the more than 1 billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest.

Sri Lankan situation of tobacco use

Around 60 persons die each day in Sri Lanka due to smoking, resulting in an annual death toll of around 22,000. The WHO STEPS survey on NCD risk factors, carried out in Sri Lanka in 2015 among adults aged 18 to 69 years, revealed that current users of tobacco in any form among men is 45.7% and 5.3% in females. Chewing tobacco is more common than smoking tobacco among females. Global Youth Tobacco Survey (GYTS) which was carried out periodically from 1999 among 13-15 years old school children demonstrated a marked reduction in ever smokers from 12.1% in 1999 to 6.3% in 2003 and in current smokers from 4% in 1999 to 2.4% in 2003. In 2015, 5.7% ever smokers and 1.5% current smokers were reported. In 2011, 10% of the participants were reported to be current users of other tobacco products. The data showed that 35.7% of students are exposed to second-hand smoke because of people who smoke in public places, and 13.4% live in houses where others smoke in their presence.

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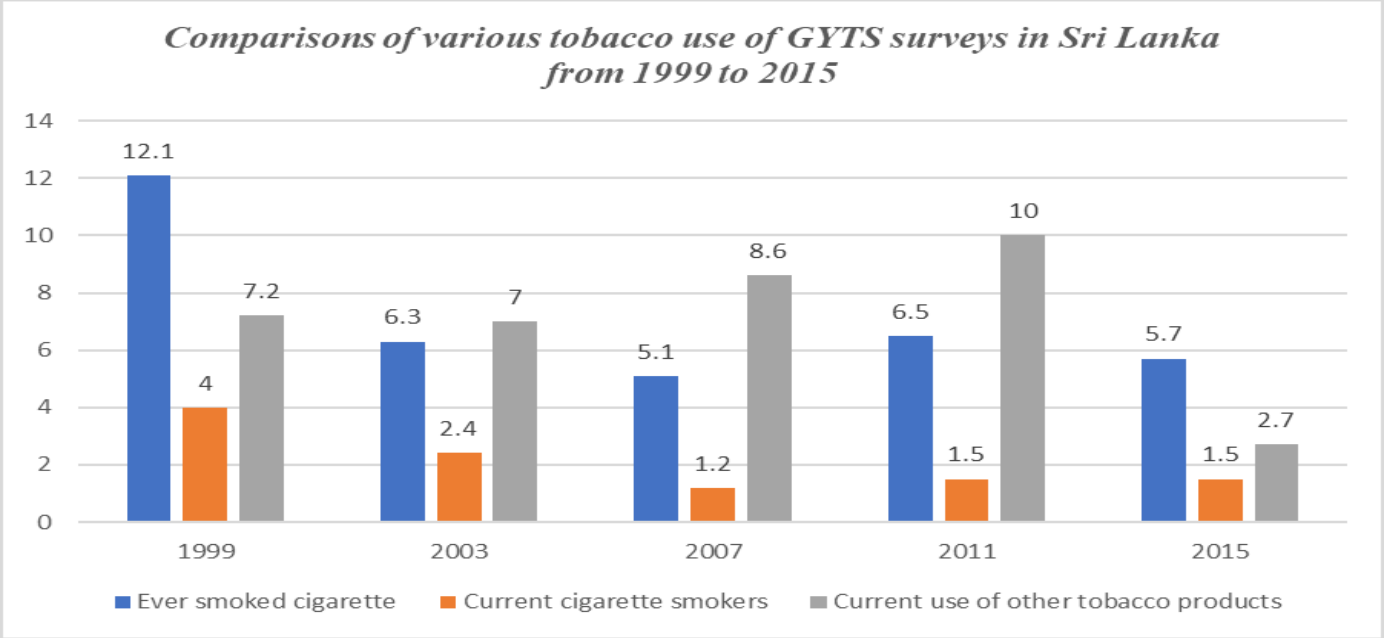

Source: Global Youth Tobacco Survey (GYTS), Sri Lanka Report, 2015

Substances in cigarettes

Tobacco smoke is both toxic and addictive. It contains around 7,000 chemicals. Many of these are poisonous and over 60 are known to be cancer-causing (carcinogenic) while chewing tobacco contains at least 2550 chemicals out of which 28 are known carcinogens.
The chemical constituents of cigarettes include:

Nicotine -Nicotine is a colourless, poisonous alkaloid derived from the tobacco plant. It is a powerful drug, which affects the brain and quickly becomes addictive.

Tar- 'Tar' is the term used to describe the toxic chemicals found in cigarettes. It's a sticky brown substance that forms when tobacco smoke cools and condenses. It collects in the lungs and can cause cancer.

Carbon monoxide - An odourless, colourless gas that is released from burning tobacco. When it is inhaled it enters the blood stream and interferes with the working of the heart and the blood vessels. Up to 15% of a smoker's blood can carry carbon monoxide instead of oxygen.

Arsenic - Arsenic-containing pesticides used in tobacco farming occur in small quantities in cigarette smoke. Arsenic is a heavy metal known to cause cancer, skin disease, chronic kidney diseases and cardiovascular diseases in chronic exposure.

.Ammonia - Ammonia is a toxic, colourless gas with a sharp odour. Ammonia compounds are commonly used in cleaning products and fertilizers and is a known irritant of the respiratory tract. It is used to boost the impact of nicotine in manufactured cigarettes.

Acetone- Fragrant volatile liquid ketone, used as a solvent. Nail polish remover is a solvent, for example.

Acetic Acid – an ingredient in hair dye
Benzene – found in rubber cement
Butane – used in lighter fluid
Cadmium – active component in battery acid
Toluene- Toluene is a highly toxic chemical. Industrial uses include rubbers, oils, resins, adhesives, inks, detergents, dyes, and explosives.

Methylamine- Chemical found in tanning lotion.

Pesticides- Many pesticides are present in cigarette smoke. These pesticides find their way into cigarettes because they're used on tobacco plants as they are growing.

Polonium – 210 - Radioactive element used in nuclear weapons as well as an atomic heat source.

Methanol- Fuel used in the aviation industry.

Formaldehyde – embalming fluid
Hexamine – found in barbecue lighter fluid
Lead – used in batteries

Naphthalene – an ingredient in mothballs

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 to be continued…

Table 1: Selected notifiable diseases reported by Medical Officers of Health 05th – 11th May 2018 (19th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmania-sis		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	116	2902	2	33	0	4	3	23	2	9	4	85	0	6	0	3	0	0	7	340	0	20	0	2	**62**	**100**
Gampaha	56	1619	4	23	0	4	1	12	0	11	6	105	0	3	0	4	0	0	8	342	0	19	2	14	**72**	**100**
Kalutara	35	1256	1	27	0	2	1	4	0	34	19	198	1	4	0	5	0	0	18	259	0	31	0	3	**53**	**100**
Kandy	63	1198	0	25	0	4	1	3	1	9	0	18	4	48	2	12	0	0	7	147	1	13	1	7	**62**	**100**
Matale	29	400	0	6	0	1	0	0	0	10	2	26	0	1	0	3	0	0	4	21	0	5	3	46	**61**	**100**
NuwaraEliya	4	73	0	15	0	3	0	8	4	9	0	9	2	66	0	13	0	0	2	120	1	20	0	0	**28**	**100**
Galle	13	442	1	18	0	5	0	0	0	2	2	191	1	14	0	1	0	1	6	122	2	21	1	5	**13**	**100**
Hambantota	5	440	1	8	2	2	0	2	0	4	2	20	0	21	0	1	0	1	5	114	0	2	11	254	**73**	**100**
Matara	6	414	0	15	0	5	0	3	0	21	5	92	0	18	1	6	0	0	5	130	0	3	2	155	**55**	**100**
Jaffna	29	1291	2	60	0	0	1	24	1	197	0	5	2	211	0	0	0	0	12	165	1	7	1	3	**33**	**93**
Kilinochchi	2	124	0	10	0	1	0	8	0	1	0	2	0	7	0	0	0	1	2	25	1	2	0	0	**49**	**100**
Mannar	1	26	0	10	0	0	0	2	0	2	0	1	0	0	0	0	0	0	0	20	0	1	0	0	**37**	**100**
Vavuniya	1	197	0	7	0	3	0	25	0	7	0	17	0	7	0	0	0	1	2	22	1	2	0	3	**53**	**100**
Mullaitivu	3	32	0	4	0	0	0	8	0	9	1	7	0	2	0	0	0	0	0	6	0	0	0	1	**16**	**100**
Batticaloa	234	2618	4	82	0	5	0	2	4	19	0	15	0	1	0	2	1	2	2	59	1	10	0	0	**64**	**100**
Ampara	1	62	0	15	0	0	0	1	0	2	0	22	0	0	0	3	0	0	4	89	2	6	0	1	**70**	**100**
Trincomalee	42	377	0	23	0	0	0	4	0	8	2	27	0	13	0	1	0	0	1	105	1	3	0	11	**30**	**100**
Kurunegala	26	1149	1	62	0	6	0	8	0	2	1	42	0	6	0	8	0	1	8	226	1	40	7	90	**68**	**100**
Puttalam	29	1051	1	17	0	4	0	3	0	4	0	14	0	6	0	1	0	0	4	69	1	33	0	1	**75**	**100**
Anuradhapura	12	368	1	21	0	2	0	2	0	11	1	56	0	13	0	4	0	0	13	177	1	14	9	143	**43**	**95**
Polonnaruwa	5	118	1	11	0	1	0	0	0	11	2	54	0	0	0	3	0	0	2	101	0	7	8	83	**64**	**88**
Badulla	5	187	2	42	0	4	0	5	0	7	4	59	2	28	1	14	0	0	5	240	2	45	0	4	**49**	**100**
Monaragala	14	449	1	42	0	2	0	1	0	2	18	150	4	61	1	7	0	0	7	77	1	21	1	19	**62**	**100**
Ratnapura	56	817	3	70	0	24	3	11	0	2	11	173	1	19	1	7	0	1	8	150	1	50	2	114	**43**	**100**
Kegalle	26	550	3	26	1	7	0	4	2	66	15	72	3	42	0	7	0	0	9	163	2	21	0	3	**66**	**100**
Kalmune	26	1163	0	22	0	0	0	1	1	20	0	2	0	0	0	1	0	0	6	92	0	6	0	1	**48**	**100**
SRILANKA	**839**	**19323**	**28**	**694**	**3**	**89**	**10**	**164**	**15**	**479**	**95**	**1462**	**20**	**597**	**6**	**106**	**1**	**8**	**147**	**3381**	**20**	**402**	**48**	**963**	**53**	**99**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 11 th May , 2018 Total number of reporting units 353 Number of reporting units data provided for the current week: 351 **C****-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

05th - 11th May 2018 (19th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2018	Number of cases during same week in 2017	Total number of cases to date in 2018	Total number of cases to date in 2017	Difference between the number of cases to date in 2018 & 2017
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	00	21	32	-34.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	04	00	01	00	00	01	00	07	05	145	121	19.8%
Measles	01	00	00	00	02	00	01	00	00	04	01	52	113	-53.9%
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	01	00	00	00	00	00	00	00	01	00	11	08	37.5 %
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	15	21	- 28.5 %
Whooping Cough	00	00	00	00	00	00	00	01	00	01	00	16	06	166.6 %
Tuberculosis	239	18	20	13	06	38	20	16	20	390	86	2966	2827	4.9 %

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

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.

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

ON STATE SERVICE

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