WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health & Mass Media

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

WEEKLY EPIDEMIOLOGICAL REPORT SRI LANKA 2025

Vol. 52 No. 47 15th – 21st Nov 2025

Growing Global Cancer Burden - Part II

This is the second article of two in a series on "Growing Global Cancer Burden"

Lung cancer's re-emergence as the top cancer globally is closely linked to **tobacco use**, especially in Asia, where smoking remains widespread. This emphasises that many cancers are **preventable**, and the fight against tobacco continues to be one of the most effective cancer control strategies.

Experts estimate that **30–50% of cancer deaths** could be avoided by reducing exposure to known risk factors, such as tobacco, alcohol, unhealthy diets, obesity, infections (such as HPV and hepatitis), and environmental pollution.

There are clear differences between men and women in both cancer incidence and mortality. For **men**, lung cancer remains the most commonly diagnosed cancer and the leading cause of death. It is followed by prostate and colorectal cancers. For **women**, breast cancer is the most frequently diagnosed cancer and the number one cause of cancer deaths globally. According to the IARC Global Cancer Observatory, Breast cancer is the most common cancer in women in **157 out of 185 countries**, making it a truly global public health issue.

Cervical cancer is another major concern. It is the eighth most common cancer worldwide and the ninth leading cause of cancer deaths, with **661,000 new cases** and **348,000 deaths** in 2022. What makes cervical cancer particularly tragic is that it is **largely preventable** through HPV vaccination and regular screening. Despite this, it remains the most common cancer among women in 25 countries, mainly in sub-Saharan Africa and other low-resource settings, because preventive services are limited. These differences highlight the urgent need to expand **HPV vaccination**, **screening programmes**, and **early diagnosis services** for women in all regions. Cancer is one of the four major noncommunicable diseases addressed by the **WHO Global NCD Action Plan (2013–2030)**, which supports the Sustainable Development Goals (SDGs). However, the new IARC data reveal deep inequalities in how cancer affects people in different parts of the world.

The differences between **high** and **low Human Development Index (HDI)** countries are especially striking.

- In high-HDI countries, about **1 in 12 women** will develop breast cancer during their lifetime, but only **1 in 71** will die from it.
- In low-HDI countries, **1 in 27** women will be diagnosed, yet **1 in 48** will die.

This paradox shows that although fewer women in poorer countries are diagnosed, those who are tend to die at higher rates due to **late diagnosis, limited treatment facilities, and financial barriers**. This statement highlights a major challenge: **inequity in access to care** remains one of the most serious problems in global cancer control. A recent global survey by the **World Health Organisation** found that cancer care is still out of reach for many people in low- and middle-income countries. Key challenges include:

- Limited access to **diagnostic services**, **chemotherapy**, **radiotherapy**, and **palliative care**.
- **Financial hardship**, as many families must pay out-of-pocket for expensive treatments.
- **Shortages of trained cancer specialists**, including oncologists, pathologists, and radiotherapists.
- Lack of **national cancer control programmes** and weak referral systems.
- Poor access to essential medicines and laboratory services.

These barriers result in late-stage diagnoses and preventable deaths. Strengthening national health systems and integrating cancer care into **universal health coverage (UHC)** are essential to reduce this inequality. The global cancer burden is projected to rise sharply in the coming decades. By **2050**, there could be **over 35 million new cancer cases per year,** a **77% increase** compared to 2022. This increase will mainly result from population ageing and growth, especially in Asia and Africa.

However, demographic change is not the only reason. The growing influence of lifestyle and environmental risk factors also plays a big role. Urbanization and economic development have led to **higher tobacco and alcohol use**, **unhealthy diets**, **physical inactivity**, and **obesity,** all of which increase cancer risk. Air pollution, particularly in industrialized and urban regions, is another significant contributor. If these risk factors are not addressed, the global cancer crisis will continue to grow, putting enormous pressure on health systems and reversing progress toward **Sustainable Development Goal 3**, which calls for reducing premature deaths from NCDs by one -third by 2030.

To reduce the global cancer burden, the world needs strong political commitment, sufficient investment, and collaboration across sectors. Cancer control should be a key part of all national health agendas, supported by international cooperation and technical guidance from WHO and IARC.

Key strategies include:

1. **Strengthen tobacco and alcohol control policies** – through taxation, advertising bans, smoke-free environments, and cessation support.
2. **Promote HPV vaccination** and regular **cervical cancer screening** to prevent cervical cancer.
3. **Encourage early diagnosis** through public awareness campaigns and accessible screening programmes for breast, colorectal, and oral cancers.
4. **Invest in oncology infrastructure,** including radiotherapy, pathology, and laboratory services in low- and middle-income countries.
5. **Train and retain cancer specialists**, ensuring continuous professional development and equitable distribution of expertise.
6. **Ensure financial protection,** integrate cancer care into national health insurance schemes and reduce out-of-pocket spending.
7. **Develop strong cancer registries and surveillance systems** to collect data on incidence, mortality, and treatment outcomes, helping policymakers make evidence-based decisions.

These actions must be implemented equitably and sustainably, ensuring that no population is left behind. The growing global cancer burden represents one of the defining health challenges of our time.

Compiled by:

Dr. Charuhasini Sivapirashanth
Medical Officer
Epidemiology Unit
Ministry of Health

References:

1. https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services

2. https://www.who.int/srilanka/news/detail/05-02-2025-world-cancer-day-2025--the-world-cancer-day-theme-2025-2027---united-by-unique

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

District	MOH areas	No: Expected *	No: Received
Colombo	18	108	7
Gampaha	15	90	152
Kalutara	13	78	20
Kalutara NIHS	2	12	16
Kandy	23	138	19
Matale	13	78	21
Nuwara Eliya	13	78	1
Galle	20	120	NR
Matara	17	102	88
Hambantota	12	72	NR
Jaffna	14	84	142
Kilinochchi	4	24	25
Mannar	5	30	NR
Vavuniya	4	24	46
Mullatvu	6	36	37
Batticaloa	14	84	24
Ampara	7	42	25
Trincomalee	12	72	NR
Kurunegala	29	174	49
Puttalam	13	78	18
Anuradhapura	23	138	43
Polonnaruwa	9	54	27
Badulla	16	96	154
Moneragala	11	66	81
Rathnapura	20	120	0
Kegalle	11	66	0
Kalmunai	13	78	17

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 08th – 14th Nov 2025 (46th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		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	266	10232	0	32	2	20	0	15	4	40	21	419	1	6	0	32	0	0	21	547	4	74	0	6	42	1841	89	100
Gampaha	131	6581	0	48	0	33	1	5	2	154	7	753	0	11	0	18	0	0	9	772	4	169	1	42	22	1057	100	100
Kalutara	35	2190	0	38	1	7	0	20	1	100	12	576	0	3	0	8	0	0	27	810	0	47	0	3	6	512	94	95
Kandy	71	3947	0	46	0	3	0	8	1	58	4	276	1	49	1	11	0	0	15	579	2	25	0	71	8	579	100	100
Matale	22	1158	0	25	0	3	0	2	2	89	8	239	1	7	0	9	0	0	2	131	0	9	6	326	4	138	100	100
Nuwara Eliya	5	319	1	81	0	6	0	7	0	76	2	181	0	57	0	9	0	0	12	312	1	37	0	0	4	258	92	100
Galle	36	1923	4	60	1	10	1	10	2	97	40	811	0	78	0	13	0	2	22	737	5	157	0	3	13	474	100	100
Hambantota	14	832	0	41	0	7	0	2	6	43	3	340	0	30	0	16	0	0	2	312	1	33	3	314	2	130	100	100
Matara	36	1434	0	17	0	3	0	1	0	25	9	439	0	16	0	21	0	1	15	425	3	52	8	111	4	158	100	100
Jaffna	54	1223	3	91	0	3	0	19	1	47	1	146	13	487	0	3	0	2	9	324	2	35	2	2	7	196	100	93
Kilinochchi	5	100	0	14	0	1	0	4	0	7	1	68	0	14	0	2	0	0	0	10	0	1	0	2	2	45	100	100
Mannar	12	173	0	6	0	0	0	1	0	3	0	32	0	18	0	2	0	0	0	19	0	15	0	9	1	45	100	100
Vavuniya	2	83	0	10	0	0	0	1	1	41	3	87	0	10	0	0	0	0	1	48	0	23	0	20	2	57	100	100
Mullaitivu	2	57	0	7	0	0	0	1	0	26	0	55	0	10	0	1	0	0	1	33	0	8	0	5	0	33	100	100
Batticaloa	21	1703	2	133	2	18	0	4	3	205	3	113	1	3	0	27	0	0	8	191	1	34	0	1	2	126	93	100
Ampara	5	236	4	59	0	11	0	3	0	43	12	226	0	3	0	13	0	1	7	231	1	54	0	24	3	61	100	100
Trincomalee	11	974	1	43	0	4	0	2	0	78	4	135	0	9	0	6	0	1	3	132	1	13	0	9	5	126	100	100
Kurunegala	20	1465	0	44	0	19	0	2	6	72	44	725	0	26	0	9	0	1	9	835	3	162	13	571	3	346	97	100
Puttalam	20	611	2	36	1	4	0	0	0	15	12	294	0	36	0	4	0	1	5	152	6	105	2	31	1	186	100	100
Anuradhapura	8	504	0	33	0	6	0	3	1	45	8	347	0	25	0	12	0	2	4	312	0	60	11	718	4	283	100	100
Polonnaruwa	15	334	0	16	2	9	0	1	2	145	3	253	0	1	0	25	0	0	7	196	1	25	32	456	2	89	90	90
Badulla	17	748	1	37	0	15	0	4	0	11	3	285	1	40	2	83	0	0	6	388	1	80	1	66	1	256	100	100
Monaragala	10	777	0	33	0	5	0	1	0	19	12	507	0	39	2	62	0	0	3	230	0	53	7	221	1	139	100	100
Ratnapura	43	4394	1	104	0	10	0	4	0	72	24	1431	0	33	2	20	0	2	8	432	1	103	9	212	10	366	100	100
Kegalle	18	1344	0	56	0	13	0	10	2	44	26	748	0	15	1	21	0	0	16	854	3	124	0	33	4	270	64	100
Kalmunai	12	389	4	50	1	8	0	0	0	52	2	110	0	2	0	5	0	1	17	258	2	60	0	1	6	137	92	100
SRILANKA	**891**	**43731**	**23**	**1160**	**10**	**218**	**2**	**130**	**34**	**1607**	**264**	**9596**	**18**	**1028**	**8**	**432**	**0**	**14**	**229**	**9270**	**42**	**1558**	**95**	**3257**	**159**	**7908**	**97**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). **T=**Timeliness refers to returns received on or before 14th Nov, 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

08th - 14th Nov 2025 (46th 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	00	01	00	00	00	00	01	00	02	04	55	70	-21.4%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	04	01	01	01	00	01	01	11	08	236	261	-9.5 %
Measles	00	00	00	00	00	00	00	00	00	00	04	01	295	-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	00	00	00	00	00	00	00	00	00	11	05	120 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	04	11	-63.6 %
Whooping Cough	01	00	00	00	00	00	00	00	00	01	00	24	59	-59.3 %

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.

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

Dr. Palitha Karunapema
CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10