

WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiological Unit,

Ministry of Healthcare & Nutrition 231, de Saram Place,Colombo 01000, Sri Lanka Tele:(+94-011)2695112,Fax:(+94,011) 2696583,E-Mail:epidunit@sltnet.lk Epidemiologist:(+94-011) 2681548,E-mail:chepid@sltnet.lk

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Overview of Global Population Issues

World Population Day is commemorated each year on 11th July. It is one of the principal vehicles through which the United Nations population Fund [UNFPA] focus on commitment and action to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. The theme of this year's World Population Day is Men as Partners in Maternal Health. In this article, we mainly discuss the overview of. Global Population issues

UNFPA promotes the human right of every woman, man and child to enjoy a life of health and equal opportunity. In many parts of the world, extreme poverty subject women and men to a lack of real choices, opportunities and the basic services needed to improve their situations. Women often suffer disproportionately, due to violence, discrimination and the burden of poor reproductive health, which is the leading cause of death and disability for women in their reproductive years.

Every minute, one woman dies needlessly during pregnancy and child birth because she did not receive adequate care and prompt treatment. Every minute, the loss of a mother shatters a family and threatens the wellbeing of surviving children. And for every woman who dies, 20 or more women experience serious complications. These range from chronic infections to disabling injuries such as obstetric fistula. Maternal death and disability rates mirror the huge discrepancies that exist between the haves and the havenots both within and between countries. By effective implementation of interventions for safe motherhood, we can save the lives of half a million women and seven million infants, and prevent millions of women from suffering from infections, injury and disability each year.

Working for the survival of mothers is human rights imperative. It also has enormous socioeconomic ramifications – and is a crucial international development priority. Both the International Conference on Population and Development and Millennium Development Goals call for a 75 per cent reduction in maternal mortality between 1990 and 2015. This threepronged strategy is the key to the accomplishment of the goal:

All women have access to contraception to avoid unintended pregnancies

All pregnant women have access to skilled care at the time of birth

All those with complications have timely access to quality emergency obstetric care

In countries such as China, Cuba, Egypt, Honduras, Jamaica, Malaysia, Sri Lanka, Thailand and Tunisia, significant declines in maternal mortality have occurred as more women have gained access to family planning and skilled birth attendance with backup emergency obstetric care. Many of these countries have halved their maternal deaths in the space of a decade. Cadres of professionally trained midwives have been critical to these successes. Severe shortages of trained health providers with midwifery skills are holding back progress in many countries.

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Sexually transmitted infections continue to take an enormous toll on health, particularly on women's reproductive health. In fact, next to complications of pregnancy and childbirth, they are the leading cause of health problems for women of reproductive age. They can cause pregnancy-related complications, including spontaneous abortions, premature birth, stillbirth and congenital infections. They can also lead to pelvic inflammatory disease and cervical cancer. Every year, at least half a million infants are born with congenital syphilis. In addition, maternal syphilis causes another half million stillbirths and miscarriages annually. Most cases of infertility are attributable to STIs.

Worldwide, the disease burden of STIs in women is more than five times that of men. The presence of one or more STIs increases the risk of becoming infected with HIV by two to nine times. Women's greater susceptibility to these infections is based on both biological and social realities. Women's health can also be affected by reproductive health tract infections that are not sexually transmitted, including vaginosis and candida.

Sexually active young people are especially vulnerable to STIs. Each day, some 500,000 young people, mostly young women, are infected with an STI (excluding HIV). Those who become sexually active at an early age are more likely to change sexual partners and risk greater exposure. Most know very little about these infections and many are reluctant to seek services. Only 17 per cent of sexually active young people use contraceptives. Many are unaware that condoms offer dual protection from unwanted pregnancy and STIs. Even if they want to use condoms, they may not have ready access to them, or may be unable to negotiate their use.

Perhaps nowhere is the need for reproductive health services more urgent than in the fight against HIV/AIDS. Every day, 14,000 people are newly infected, and half are young people under the age of 25. Many know little about the disease and how the virus is transmitted. Young women are especially vulnerable and are more likely to be infected than young men. Reproductive health services that empower women and young people with life-saving information and skills will help prevent HIV from spreading and reduce further suffering and social and economic disruption.

We must also step up efforts for family planning, which has a direct impact on maternal health. When couples can choose the number, timing and spacing of their children, they are better able to ensure there are enough resources for each family member to prosper and thrive. Worldwide, families are having half as many children today as they did in the 1960s, but fertility remains high in the poorest countries. At least 200 million women still do not have access to a range of effective and affordable family planning services, and demand for these services is expected to increase by 40 per cent in the next 15 years. Meanwhile, funding for family planning has

been declining in recent years.

World leaders have committed themselves to improving maternal health and advancing gender equality. And men can make a tremendous contribution by using their power for positive change. Men have power in wide-ranging situations

from personal and family decisions to policy and programme decisions taken at all levels of Government. In countries where these services are widely available, more mothers and babies are surviving.

Experience shows that men's involvement and participation can make all the difference. By discouraging early marriage, promoting girls' education, fostering equitable relationships, and supporting women's reproductive health and rights, progress is made.

Having children is a partnership. It is one in which women face greater risks, both because of physiological differences and gender inequities. Women have a right to health, but protecting that right often depends on a partner's support.

UNFPA, the United Nations Population Fund, has chosen

Men as Partners in Maternal Health as the theme of World Population Day. There is a simple reason, as UNFPA Executive Director Thoraya Ahmed Obaid said recently "Men are equal partners in making the new life that the women will deliver."

This emphasis on men's involvement in maternal health comes at the midpoint of the 15-year period set for achieving the Millennium Development Goals. It is now clear that the target of reducing maternal deaths by 75 per cent by 2015 will not be met without the concerted efforts of all involved. Men – as partners, fathers, husbands, brothers, policy makers and community and religious leaders – have a critical role to play in safeguarding the maternal health of women.

On World Population Day, it is time for all men—as fathers, brothers, husbands, community and religious leaders, and government officials—to become partners in maternal health. Let us go forward with the message: No woman should die giving life. And let us do all we can to promote the right of every woman to enjoy a life of health, dignity and equal opportunity.

Sources:

United Nations Population Fund: Improving Reproductive Health [http://www.unfpa.org/rh/index.htm]

United Nations Population Fund: Population Issues Overview [http://www.unfpa.org/issues]

This article was prepared by Dr. Samitha Ginige, Consultant Epidemiologist, Epidemiology Unit.

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Table 1: Vaccine-preventable Diseases & AFP

30th June- 6th July 2007 (27th Week)

30th June - 6th July 2007 (27th Week)

Disease			No. o	f Cases	by Prov	/ince	Number of cases during current week in	Number of cases during same week in	Total number of cases to date in	Total number of cases to date in	Difference between the number of cases to date between			
	W	С	S	NE	NW	NC	U	Sab	2007	2006	2007	2006	2007 & 2006	
Acute Flaccid Paralysis	01 CB=1	00	00	00	00	00	00	00	01	04	49	70	-30.0%	
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00.0%	
Measles	00	00	00	00	00	00	00	00	00	02	41	19	+115.8%	
Tetanus	00	00	00	00	00	00	00	00	00	01	18	32	-43.7%	
Whooping Cough	00	00	00	00	00	00	00	00	00	02	22	55	-60.0%	
Tuberculosis	178	02	14	31	39	00	00	00	266	113	5244	5333	-1.7%	

 Table 2: Diseases under Special Surveillance

Disease			No. c	of Cases	by Prov	/ince	Number of cases during current week in	Number of cases during same week in	Total number of cases to date in	Total number of cases to date in	Difference between the number of cases to date between			
	W	С	S	NE	NW	NC	U	Sab	2007	2006	2007	2006	2007 & 2006	
DF/DHF*	47	02	07	02	21	19	02	10	110	181	2511	5078	-50.5%	
Encephalitis	00	00	00	00	01 KR=1	01 AP=1	01 BD=1	01 KG=1	04	02	123	77	+59.7%	
Human Rabies	00	00	00	00	00	00	01 MO=1	01 RP=1	02	01	34	34	00.0%	

Table 3: Newly Introduced Notifiable Diseases

30th June - 6th July 2007 (27th Week)

Disease			No. c	of Cases	by Pro	vince		Number of cases during	Total num- ber of cases to	*DF / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever. NA= Not Available. Sources:			
	W	С	S	NE	NW	NC	U	Sab	current week in 2007	date in 2007	Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Human Rabies,		
Chickenpox	29	03	11	01	02	01	03	05	55	1919	Dengue Haemorrhagic Fever, Japanese Encephalitis, Chickenpox,		
Meningitis	03 CB=1 GM=1 KL=1	02 KD=1 ML=1	02 GL=1 MT=1	01 VA=1	04 KR=3 PU=1	01 PO=1	02 BD=2	03 RP=2 KG=1	18	167 Meningitis, Mumps Special Surveilla Acute Flaccid Para National Contro	Meningitis, Mumps. Special Surveillance: Acute Flaccid Paralysis. National Control Program for Tu- berculosis and Chest Diseases:		
Mumps	11	00	03	04	11	01	03	06	39	799	Tuberculosis. Details by districts are given in Table 5.		

W=Western, C=Central, S=Southern, NE=North & East, NC=North Central, NW=North Western, U=Uva, Sab=Sabaragamuwa. Provinces:

 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.

Table 4: Laboratory Surveillance of Dengue Fever 30th June - 6th July 2007 (27th Week)

Samples	Number tested	Number positive *	Serotypes								
	lesieu	positive	D ₁	D ₂	D ₃	D ₄	Negative				
Number for current week	11	01	00	01	00	00	00				
Total number to date in 2007	325	21	00	09	05	00	06				
Source: Genetech Molecular Diagnostics & School of Gene Technology, Colombo. * Not all positives are subjected to serotyping.											

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Table 5: Selected notifiable diseases reported by Medical Officers of Health30th June - 6th July 2007 (27th Week)

DPDHS Division		engue r / DHF*	Dyse	Dysentery Er		Encephalitis		Enteric Fever		Food Poisoning		Leptos- pirosis		ohus ver	Viral Hepatitis		Returns Re- ceived Timely**
	Α	В	Α	В	А	В	А	В	Α	В	Α	В	А	В	А	В	%
Colombo	31	679	10	216	00	07	00	40	02	45	01	69	00	01	09	63	100
Gampaha	06	273	06	212	00	15	00	41	00	28	04	137	01	10	05	69	86
Kalutara	10	174	16	301	00	01	00	31	01	19	02	68	00	01	05	39	100
Kandy	02	238	05	159	00	03	00	39	00	07	01	45	00	42	31	1363	73
Matale	00	59	02	119	00	06	00	09	03	06	00	28	00	03	02	87	75
Nuwara Eliya	00	26	07	165	00	02	00	77	00	366	00	08	01	28	18	284	86
Galle	01	54	00	83	00	07	04	12	00	04	00	31	00	18	00	14	88
Hambantota	01	30	09	52	00	05	01	18	00	15	00	31	01	32	00	09	91
Matara	05	90	01	166	00	08	01	25	00	10	01	110	03	133	00	20	88
Jaffna	00	22	00	75	00	02	00	299	00	05	00	00	00	81	00	14	00
Kilinochchi	00	01	00	00	00	00	00	03	00	00	00	00	00	02	00	02	00
Mannar	00	07	00	11	00	00	00	43	00	00	00	01	00	00	00	05	25
Vavuniya	01	12	01	32	00	04	00	11	00	15	00	02	00	00	00	05	100
Mullaitivu	00	00	00	09	00	06	00	14	00	00	00	00	00	00	00	04	20
Batticaloa	00	61	52	389	00	08	00	14	00	10	00	00	00	22	38	480	73
Ampara	00	03	00	59	00	00	00	03	00	00	00	00	00	00	00	15	43
Trincomalee	01	44	10	150	00	03	01	15	00	23	00	05	01	06	08	80	56
Kurunegala	21	242	07	259	01	03	02	42	00	17	00	16	01	28	03	34	89
Puttalam	00	75	02	65	00	10	03	48	00	03	00	15	00	04	01	61	100
Anuradhapura	19	91	01	56	01	08	00	17	00	13	00	17	00	18	01	30	79
Polonnaruwa	00	41	02	54	00	02	01	07	00	03	00	19	00	00	01	15	86
Badulla	02	21	06	337	01	02	04	62	00	08	03	32	06	96	03	162	93
Monaragala	00	11	14	200	00	02	01	35	00	10	01	34	00	35	01	22	100
Ratnapura	06	131	11	348	00	11	00	39	00	08	00	34	00	13	05	55	81
Kegalle	04	123	04	165	01	07	00	30	00	04	01	61	00	16	09	87	64
Kalmunai	00	03	02	99	00	01	00	07	00	00	00	00	00	02	00	85	77
SRI LANKA	110	2511	168	3781	04	123	18	981	06	619	14	763	14	591	140	3104	78

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 14 July 2007. Total number of reporting units = 290. Number of reporting units data provided for the current week: 227 A = Cases reported during the current week. B = Cumulative cases for the year.

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ON STATE SERVICE

Dr. M. R. N. ABEYSINGHE EPIDEMIOLOGIST EPIDEMIOLOGICAL UNIT 231, DE SARAM PLACE COLOMBO 10