WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiological Unit,

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Vol. 35 No. 22 **24th - 30th May 2008**

WER SRI LANKA 2008

Tobacco epidemic and its control—Part I

30th MAY 2008 | GENEVA -- WHO today urged governments to protect the world's 1.8 billion young people by imposing a ban on all tobacco advertising, promotion and sponsorship.

The WHO's call to action comes on the eve of World No Tobacco Day, 31st May. This year's campaign focuses on the multi-billion dollar efforts of tobacco companies to attract young people to its addictive products through sophisticated marketing.

This article describes how the devastating tobacco epidemic is growing, the state of tobacco control worldwide, and explains how this preventable epidemic can be halted with a set of

Tobacco and tobacco smoke contain thousands of chemicals. Many of these chemicals are well known to be toxic, carcinogenic, atherogenic, teratogenic and addictive; many have no known safe level of exposure. The chemicals found in tobacco and tobacco smoke include nicotine, tar, carbon monoxide, acetaldehyde, hydrogen cyanides, arsenic, chromium, DDT, formaldehyde, benzene, N-nitrosamines, cadmium, nickel, beryllium and vinyl chloride.

Globally, one person dies from tobacco use every 6.5 seconds; tobacco kills around 5 million smokers each year, or the equivalent of 13 699 people per day. This is in addition to the suffering caused through tobacco-related diseases and the burden of disease on individuals, families and society as a whole.

Studies have shown that people who start smoking in their teens (as more than 70% do), and continue to do so for two decades or more will die 20–25 years earlier than those who have never smoked, thus losing some of the most productive years of their lives. Lung cancer and heart disease are two of the most common health problems encountered by smokers, but the general public is largely unaware that there are a wide range of other diseases and ill-effects associated with tobacco use which are not as widely publicized.

Women and smoking deserve special attention as a result of the negative and serious health impacts on smoking women and their offspring, in addition to particular health concerns related to the use of contraceptives and women's frequent involuntary exposure to environmental tobacco smoke.

Children, who represent the building blocks of the future, are a large and significant segment of the population who are involuntarily exposed to the harm that tobacco can cause. Society needs to acknowledge the harm that environmental tobacco smoke exposure causes to the health of children and exert efforts to protect them from it

Tobacco kills up to half of those who use it. Yet tobacco use is common throughout the world due to low prices, aggressive and widespread marketing, lack of awareness about its dangers, and inconsistent public policies against its use.

Most of tobacco's damage to health does not become evident until years or even decades after the onset of use. So, while tobacco use is rising globally, the epidemic of tobacco-related disease and death has yet to reach its peak.

Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are

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intended to be smoked, sucked, chewed or snuffed. All contain the highly addictive psychoactive ingredient, nicotine.

Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases. Despite this, it is common throughout the world. A number of countries have legislation restricting tobacco advertising, and regulating as to who can buy and use tobacco products, and where people can smoke.

Youth and tobacco : Globally, most people start smoking before the age of 18, with almost a quarter of those beginning before the age of 10. The younger children are when they first try smoking, the more likely they are to become regular tobacco users and the less likely they are to quit.

The vast majority of smokers begin using tobacco products well before the age of 18 years. It was predicted that if the pattern seen nowadays continued, a lifetime of tobacco use would result in the deaths of 250 million children and young people alive today, most of them in developing countries. Today, surveillance of tobacco use among youth in several countries has revealed that the problem is of equal concern in developed and developing countries Statistics reveal that the use of any form of tobacco by 13–15 year old students is greater than 10%. In addition, almost one in four students (13-15 years old) who ever smoked cigarettes smoked their first cigarette before the age of 10. Further, recent studies have revealed that there is little difference between the genders in cigarette smoking or in use of other tobacco products .

A strong link between advertising and smoking in young people has been proven. The more aware and appreciative young people are of tobacco advertising, the more likely they are to smoke or say they intend to. As a result, the tobacco industry spends billions of dollars worldwide each year spreading its marketing net as widely as possible to attract young customers. Tobacco companies market their products wherever youth can be easily accessed - in the movies, on the Internet, in fashion magazines, and at music concerts and sports events.

There are various determinants of tobacco use among youth. These include cultural and religious norms, availability of different types of tobacco products, tobacco control policies and strategies, and, perhaps most importantly, tobacco industry behaviour to promote tobacco use and undercut tobacco control strategies. Advertising, promotion and marketing efforts of the tobacco industry influence adolescent smoking behaviour, often to a greater extent than it influences the behaviour of adults.

The Tobacco Free Initiative is gathering available evidence for development of policy recommendations for effective youth interventions, as part of a comprehensive tobacco control strategy.

Health effects of smoking among young people :

Among young people, the short-term health consequences of smoking include respiratory and non respiratory effects, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood. Cigarette smokers have a lower level of lung function than those persons who have never smoked. Smoking reduces the rate of lung growth.

- In adults, cigarette smoking causes heart disease and stroke. Studies have shown that early signs of these diseases can be found in adolescents who smoke.

- Smoking hurts young people's physical fitness in terms of both performance and endurance even among young people trained in competitive running. On average, someone who smokes a pack or more of cigarettes each day lives 7 years less than someone who never smoked.

- The resting heart rates of young adult smokers are two to three beats per minute faster than that of the nonsmokers.

- Smoking at an early age increases the risk of lung cancer. For most smoking-related cancers, the risk rises as the individual continues to smoke.

- Teenage smokers suffer from shortness of breath almost three times as often as teens who don't smoke, and produce phlegm more than twice as often as teens who don't smoke.

- Teenage smokers are more likely to have seen a doctor or other health professional for an emotional or psychological complaint.

- Teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is associated with a host of other risky behaviors, such as fighting and engaging in unprotected sex.

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]

Part II of this article will be continued in the next issue.

Table 1: Vaccine-preventable Diseases & AFP

17th- 23rd May 2008 (21th 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					
Acute Flaccid Paralysis	00	00	01 GL=1	01 JF=1	01 KM=1	00	00	00	02 RP=2	05	00	41	34	+20.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	00.0%
Measles	00	02	00	00	00	00	00	00	01	03	02	53	32	+65.6%
Tetanus	00	00	00	00	01 TR=1	00	00	00	00	01	01	15	14	+7.1%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	16	18	-11.1%
Tuberculosis	01	00	06	40	17	00	00	07	00	71	313	3531	4180	-15.5`%

Table 2: Newly Introduced Notifiable Diseases

17th - 23th May 2008 (21th 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	14	09	07	05	03	03	07	01	06	55	71	2468	1543	+59.9%
Meningitis	01 GM=1	00 ML=1	03 HB=1 GL=2	00	00	03 KR=3	01 PO=1	00	00	09	00	658	49	+1242.8%
Mumps	04	03	04	00	05	11	00	02	08	37	29	1037	564	+83.9%

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.

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 3: Laboratory Surveillance of Dengue Fever 17th- 23rd May 2008 (21th 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	08	00	00	00	00	00	00	00	00	00	00	00	00
Total number to date in 2008	82	58	07	13	00	00	04	05	01	04	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

17th– 23rd May 2008 (21st Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephal-itis		Enteric Fever		Food Poisoning		Leptos-pirosis		Typhus Fever		Viral Hepatitis		Human-Rabies		Re-turns Re-ceive
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	11	781	02	74	00	06	01	51	00	57	03	185	00	02	01	61	00	00	**77**
Gampaha	06	482	02	72	00	05	00	28	00	66	06	172	00	04	01	68	00	01	**71**
Kalutara	11	248	08	151	00	08	00	39	00	16	14	181	00	02	00	20	00	00	**92**
Kandy	05	104	03	110	00	04	01	24	00	30	09	163	02	46	03	79	00	00	**64**
Matale	01	56	02	113	00	01	00	23	00	02	21	371	00	01	00	18	00	00	**83**
Nuwara Eliya	01	13	05	106	00	01	09	126	00	107	02	18	00	31	03	66	00	01	**85**
Galle	04	59	01	53	01	09	00	10	00	42	02	170	00	09	00	04	00	03	**88**
Hambantota	01	51	06	41	00	03	00	06	00	06	02	51	01	52	00	04	00	00	**73**
Matara	03	113	03	82	00	04	00	20	00	02	05	181	03	99	00	06	00	01	**94**
Jaffna	01	47	02	67	00	01	06	181	00	05	00	00	00	132	00	21	00	00	**50**
Kilinochchi	00	00	07	10	00	00	00	00	00	00	00	02	00	00	00	01	00	00	**25**
Mannar	00	24	01	09	00	06	01	99	00	00	00	00	00	00	00	11	00	00	**25**
Vavuniya	00	10	02	23	00	02	01	02	00	09	00	04	00	00	01	04	00	00	**50**
Mullaitivu	00	00	01	02	00	00	02	08	00	12	00	00	00	00	00	04	00	00	**60**
Batticaloa	01	78	01	40	00	02	00	14	00	19	01	02	00	01	02	70	00	05	**45**
Ampara	00	09	00	93	00	00	00	04	00	00	00	13	00	00	00	04	00	00	**29**
Trincomalee	00	161	03	44	00	00	00	07	00	03	00	12	00	11	00	09	00	00	**60**
Kurunegala	03	199	00	135	00	10	00	27	00	10	06	105	00	15	00	22	00	04	**61**
Puttalam	06	233	01	42	00	03	04	97	00	18	01	07	00	29	01	20	00	02	**78**
Anuradhapur	00	107	01	43	00	04	00	08	00	04	13	150	00	10	00	10	00	02	**58**
Polonnaruwa	02	46	02	56	00	01	01	21	00	06	05	36	00	00	00	15	00	00	**86**
Badulla	00	42	05	204	00	03	01	59	00	13	03	22	00	62	00	59	00	01	**67**
Monaragala	00	35	05	112	01	02	00	25	00	19	00	67	00	56	02	15	00	00	**82**
Ratnapura	04	125	07	125	00	20	00	41	00	42	03	94	00	67	00	36	00	00	**81**
Kegalle	09	188	02	183	00	20	04	34	00	00	07	119	00	37	14	327	00	00	**91**
Kalmunai	00	21	01	100	00	03	00	09	00	10	00	00	00	02	00	14	00	00	**31**
SRI LANKA	**69**	**3232**	**73**	**2090**	**02**	**118**	**31**	**963**	**00**	**498**	**103**	**2125**	**06**	**668**	**28**	**1943**	**00**	**20**	**69**

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 31 May, 2008 Total number of reporting units =238. Number of reporting units data provided for the current week: 215

PRINTING OF THIS PUBLICATION IS FUNDED BY THE UNITED NATIONS CHILDREN'S FUND (UNICEF).

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.

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