



WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

231, de Saram Place, Colombo 01000, Sri Lanka

Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@slt.net.lk

Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk

Web: <http://www.epid.gov.lk>

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Tobacco- a Threat to Development

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Tobacco epidemic kills, an estimated seven million people annually worldwide, including 600,000 mortality due to exposure to second-hand smoking. If current trends remain, it is estimated that by 2030 tobacco use will result in around eight million deaths globally each year; an estimated 80% of these preventable deaths will occur in low- and middle-income countries. Tobacco use is a key risk factor for common non-communicable diseases (NCD) such as cancers, diabetes, cardiovascular and chronic respiratory diseases which account premature deaths at greater extent worldwide. Yet tobacco control signifies a prevailing tool in improving wellbeing in all societies and in reaching the Sustainable Development Goals (SDGs) by reduction of premature deaths in one-third by the year 2030.

Increase premature deaths due to rise in tobacco use, affect the productivity of the country and increased health care expenditure. It deteriorates health disparities and exacerbates poverty, as the deprived individuals spend less on essentials such as food, education, and health care. Each year, tobacco growing uses more lands, causing deforestation worldwide

and tobacco manufacturing produces tons of solid waste apart from the waste created by cigarette buds. Tobacco growing requires large amounts of pesticides and fertilizers, which can be toxic and pollute water and soil, yet all these accounts to increase the global warming. Thus, tobacco control can break the cycle of poverty, promote sustainable agriculture, economic growth and combat climate change.

World No Tobacco Day, sponsored by the World Health Organization (WHO) and observed on May 31 each year, highlights the health risks associated with tobacco use and inspires effective actions to reduce tobacco consumption. In keeping with a broader understanding that tobacco is not merely a threat to health but to the social and environmental justice, the theme for World No Tobacco Day in the year 2017 is “Tobacco - a Threat to Development”.

In Sri Lanka, the incidence of diseases related to tobacco use is on rising. Ischaemic heart diseases, diseases related to the respiratory tract, neoplasms and cerebrovascular accidents ranked as the major leading causes of deaths and illnesses. Among the neoplasms, the leading cancer sites are the lip, oral cavity, pharynx

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and trachea, bronchus and lung, due to the direct relationship with tobacco use. The WHO STEPwise approach to surveillance (STEPS) survey on NCD risk factors, was 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. Prevalence of tobacco use among youth over the last 10 years according to the Global Youth Tobacco Survey (GYTS) demonstrated a reduction in the current cigarette smoking from 4.0% in 1999 and 1.5% in 2011 to 1.0% in 2015. But 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. Thus represent the need of further enforcement of the existing regulations and acts in Sri Lanka.

The WHO Framework Convention on Tobacco Control (FCTC) is an international treaty with 180 parties (179 countries and the European Union), which direct the universal contest against the tobacco epidemic. Sri Lanka was the fifth country in the South East Asian Region to sign the FTCC and the first country in the region to ratify it. The Sri Lanka Tobacco Control Programme is implementing its activities in line with the six policies (MPOWER policy package), recommended in the "WHO report on the global Tobacco Epidemic 2008". Legislation on tobacco in Sri Lanka extends into many years. Tobacco tax Act No.08 Of 1999 and amendment Act No.09 of 2014 covers registration of manufacturers, dealing in illicitly manufactured or imported tobacco products, the imposition and paying of tobacco tax. The parliament of Sri Lanka enacted the National Authority on Tobacco and Alcohol (NATA) Act No.27 in 2006 followed by a discussion on 3rd February 2015 for amendment. The important provisions of the NATA Act include the prohibition of the sale of any tobacco and alcohol products to persons under 21 years of age, prohibition of installation of vending machines, the prohibition on the sale of tobacco products without health warning and prohibition of smoking in public places. The latest amendments

done on 1st March 2015 to Labelling and Packaging Regulations No.01 of 2012, enforced the pictorial health warnings depicting harm to the health of children, various smoking-related cancers, heart diseases among smokers and a symbolic representation of impotence. But it doesn't cover the sale of piecemeal cigarettes.

Though the act is fairly comprehensive, there are delays in implementation. Thus strengthening the implementation of guidelines or circulars is essential. Recent research findings showed this disparity among authorized officers. Financial intervention such as increasing taxes with 73% in Sri Lanka, has been shown as an effective population strategy to control tobacco use in many countries. However, the cigarette is an inelastic good, with an addiction despite with the increased price. According to the WHO report on the global epidemic noted that Sri Lanka is among the countries with tax cigarettes the most, but ranked 40th in the world. There are no or less taxation for locally produced cigars, 'beedi' and smokeless tobacco products. Further to these remedies, immediate attention is essential for persons who want to quit their smoking habits. However multi-sectoral efforts are beneficial to bring about a significant reduction in the prevalence of tobacco use and second-hand smoking both in young and adults age groups.

Sources

World Health Organization (2017). WHO global health days. Available on: www.who.int/campaigns/no-tobacco-day/2017/event/en/

National Authority on Tobacco and Alcohol. Available on: www.nata.gov.lk/web/

Compiled by Dr. K. C. Kalubowila, Registrar in Community Medicine, Department of Community Medicine, Faculty of Medicine, University of Colombo.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 17th - 23rd June 2017 (25thWeek)

| RDHS Division | Dengue Fever | | Dysentery | | Encephalitis | | Enteric Fever | | Food Poisoning | | Leptospirosis | | Typhus Fever | | Viral Hepatitis | | Human Rabies | | Chickenpox | | Meningitis | | Leishmaniasis | | 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 | 1267 | 17038 | 0 | 38 | 0 | 2 | 1 | 19 | 0 | 21 | 3 | 51 | 0 | 1 | 0 | 9 | 0 | 0 | 0 | 5 | 198 | 0 | 17 | 0 | 1 | 44 | 81 |
| Gampaha | 1139 | 13289 | 0 | 15 | 0 | 12 | 0 | 14 | 0 | 8 | 0 | 30 | 0 | 9 | 0 | 7 | 0 | 0 | 0 | 0 | 161 | 0 | 18 | 0 | 4 | 0 | 60 |
| Kalutara | 344 | 4509 | 0 | 28 | 0 | 3 | 0 | 7 | 0 | 35 | 2 | 143 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 1 | 316 | 0 | 72 | 0 | 0 | 7 | 100 |
| Kandy | 652 | 3844 | 0 | 57 | 0 | 4 | 0 | 4 | 0 | 9 | 0 | 26 | 0 | 81 | 0 | 9 | 0 | 0 | 0 | 0 | 149 | 0 | 22 | 0 | 7 | 4 | 91 |
| Matale | 96 | 981 | 0 | 9 | 0 | 1 | 0 | 1 | 0 | 6 | 0 | 20 | 0 | 2 | 0 | 5 | 0 | 0 | 0 | 0 | 30 | 0 | 36 | 0 | 3 | 0 | 77 |
| NuwaraEliya | 30 | 288 | 0 | 18 | 0 | 6 | 0 | 15 | 0 | 9 | 0 | 20 | 1 | 107 | 0 | 11 | 0 | 0 | 0 | 0 | 201 | 1 | 29 | 0 | 0 | 23 | 100 |
| Galle | 121 | 2998 | 0 | 23 | 0 | 5 | 0 | 6 | 0 | 11 | 0 | 115 | 0 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 201 | 0 | 33 | 0 | 0 | 0 | 85 |
| Hambantota | 90 | 1793 | 0 | 15 | 0 | 5 | 0 | 7 | 0 | 16 | 0 | 24 | 0 | 29 | 0 | 6 | 0 | 0 | 0 | 0 | 122 | 0 | 13 | 0 | 177 | 0 | 75 |
| Matara | 149 | 2486 | 0 | 19 | 0 | 6 | 0 | 1 | 0 | 2 | 0 | 78 | 0 | 16 | 0 | 3 | 0 | 0 | 0 | 0 | 122 | 0 | 5 | 0 | 68 | 12 | 94 |
| Jaffna | 57 | 2991 | 4 | 133 | 0 | 9 | 0 | 21 | 0 | 42 | 0 | 22 | 1 | 354 | 0 | 4 | 0 | 0 | 0 | 1 | 162 | 1 | 27 | 0 | 0 | 57 | 100 |
| Kilinochchi | 5 | 257 | 0 | 10 | 0 | 0 | 0 | 5 | 0 | 1 | 0 | 3 | 0 | 11 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 7 | 1 | 5 | 25 | 100 |
| Mannar | 8 | 472 | 0 | 5 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 40 | 100 |
| Vavuniya | 17 | 487 | 0 | 10 | 1 | 1 | 0 | 18 | 0 | 2 | 1 | 23 | 0 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 18 | 0 | 1 | 0 | 9 | 25 | 100 |
| Mullaitivu | 3 | 160 | 2 | 8 | 0 | 1 | 0 | 3 | 0 | 1 | 1 | 9 | 0 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 9 | 0 | 5 | 0 | 3 | 67 | 100 |
| Batticaloa | 83 | 3969 | 2 | 62 | 0 | 8 | 0 | 13 | 4 | 15 | 1 | 15 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 112 | 0 | 20 | 0 | 1 | 21 | 86 |
| Ampara | 20 | 378 | 0 | 11 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 8 | 0 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 116 | 0 | 24 | 0 | 3 | 0 | 100 |
| Trincomalee | 29 | 4369 | 0 | 11 | 0 | 2 | 0 | 3 | 0 | 3 | 0 | 12 | 0 | 9 | 0 | 17 | 0 | 0 | 0 | 0 | 90 | 0 | 17 | 0 | 1 | 8 | 77 |
| Kurunegala | 444 | 4861 | 0 | 40 | 0 | 5 | 0 | 0 | 1 | 13 | 0 | 39 | 0 | 21 | 0 | 14 | 0 | 0 | 0 | 0 | 341 | 0 | 27 | 0 | 82 | 3 | 86 |
| Puttalam | 200 | 2098 | 0 | 23 | 0 | 2 | 0 | 2 | 0 | 0 | 7 | 0 | 0 | 10 | 0 | 1 | 0 | 0 | 0 | 0 | 96 | 0 | 22 | 0 | 3 | 0 | 71 |
| Anuradhapura | 122 | 1328 | 0 | 20 | 0 | 1 | 0 | 1 | 0 | 8 | 0 | 39 | 0 | 12 | 0 | 9 | 0 | 0 | 0 | 0 | 235 | 0 | 33 | 0 | 142 | 0 | 74 |
| Polonnaruwa | 26 | 1698 | 0 | 10 | 0 | 5 | 0 | 9 | 0 | 0 | 0 | 29 | 0 | 3 | 0 | 4 | 0 | 0 | 0 | 2 | 138 | 1 | 10 | 1 | 78 | 14 | 100 |
| Badulla | 63 | 704 | 0 | 48 | 0 | 6 | 0 | 6 | 0 | 1 | 0 | 48 | 0 | 59 | 0 | 36 | 0 | 0 | 0 | 0 | 195 | 0 | 87 | 0 | 12 | 0 | 88 |
| Monaragala | 114 | 1149 | 0 | 33 | 0 | 3 | 0 | 0 | 0 | 9 | 0 | 66 | 0 | 70 | 0 | 14 | 0 | 0 | 0 | 0 | 57 | 0 | 29 | 0 | 10 | 9 | 91 |
| Ratnapura | 120 | 956 | 0 | 86 | 0 | 60 | 0 | 4 | 0 | 4 | 0 | 300 | 0 | 20 | 0 | 47 | 0 | 0 | 0 | 0 | 200 | 0 | 111 | 0 | 13 | 0 | 89 |
| Kegalle | 555 | 4580 | 0 | 25 | 0 | 8 | 0 | 4 | 0 | 14 | 8 | 38 | 0 | 48 | 0 | 11 | 0 | 0 | 0 | 2 | 153 | 0 | 44 | 0 | 5 | 9 | 91 |
| Kalmune | 460 | 3496 | 0 | 27 | 0 | 4 | 0 | 2 | 0 | 284 | 0 | 5 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 108 | 0 | 9 | 0 | 0 | 8 | 77 |
| SRILANKA | 6239 | 81179 | 8 | 784 | 1 | 161 | 1 | 167 | 5 | 514 | 16 | 1170 | 2 | 901 | 0 | 222 | 0 | 10 | 11 | 3544 | 3 | 718 | 2 | 627 | 11 | 86 | |

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 23rd June, 2017 Total number of reporting units 337 Number of reporting units data provided for the current week-301 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

17th – 23rd May 2017 (25thWeek)

| Disease | No. of Cases by Province | | | | | | | | | Number of cases during current week in 2017 | Number of cases during same week in 2016 | Total number of cases to date in 2017 | Total number of cases to date in 2016 | Difference between the number of cases to date in 2017 & 2016 |
|-----------------------|--------------------------|----|----|----|----|----|----|----|-----|---|--|---------------------------------------|---------------------------------------|---|
| | W | C | S | N | E | NW | NC | U | Sab | | | | | |
| AFP* | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 01 | 01 | 38 | 28 | 35.7% |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0% |
| Mumps | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 01 | 05 | 163 | 207 | - 21.2% |
| Measles | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 175 | 277 | - 36.8% |
| Rubella | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 06 | 06 | 0% |
| CRS** | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0% |
| Tetanus | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 09 | 04 | 125% |
| 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 | 21 | 00 | 0% |
| Whooping Cough | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 01 | 00 | 09 | 30 | - 70% |
| Tuberculosis | 47 | 34 | 16 | 17 | 16 | 19 | 11 | 02 | 06 | 168 | 88 | 3898 | 4474 | -12.8% |

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

Number of Malaria Cases Up to End of June 2017,

23

All are Imported!!!

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

ON STATE SERVICE

Dr. P. PALIHAWADANA
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10