



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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>

Vol. 45 No. 21

19th – 25th May 2018

Say No to Tobacco / Be Free from Tobacco Part II

Health consequences of tobacco use

The health consequences of tobacco use are entirely preventable. Tobacco use is a major contributor (16%) to the epidemic of non-communicable diseases globally. Smoking is strongly associated with early myocardial infarctions, strokes and peripheral vascular disease. Cardiovascular diseases (CVD) kill more people than any other cause of death worldwide, and tobacco use and second-hand smoke exposure contribute to approximately 17% of all heart disease deaths. Tobacco use is the second leading cause of CVD, after high blood pressure. Tobacco causes many cancers including lung cancer, cancer of the oral cavity, esophageal cancer, pancreatic cancer, bladder cancer, kidney cancer and cervical cancer. It is also associated with a range of respiratory diseases including bronchial asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis and increased susceptibility to communicable diseases such as pneumonia and influenza. Smoking significantly increases the susceptibility to tuberculosis. Tobacco use has also shown to have adverse effects on the sexual and reproductive health of both men and women. Men who smoke have a lower sperm count and poorer sperm quality leading to infertility and may develop

erectile impotence. In women, it leads to early menopause and infertility. In some countries, children from poor households are frequently employed in tobacco farming to provide family income. These children are especially vulnerable to "green tobacco sickness", which is caused by the nicotine that is absorbed through the skin from the handling of wet tobacco leaves. Nearly 70% of tobacco farm workers are women, putting them in close contact with often hazardous chemicals. For women, there are unique risks. Women over 35 who smoke and use birth control pills are in a high-risk group for heart attack, stroke, and blood clots of the legs. Women who smoke are more likely to have a miscarriage or a lower birthweight baby. Smoking also causes premature wrinkling of the skin, bad breath, bad smelling clothes and hair, and yellow fingernails and an increased risk of macular degeneration, one of the most common causes of blindness in the elderly. Based on data collected in the late 1990s, the US Centers for Disease Control (CDC) estimated that adult male smokers lost an average of 13.2 years of life and female smokers lost 14.5 years of life because of smoking.

Effects of second-hand smoking.

Second-hand smoke is formed from the

Contents	Page
1. Leading Article – Say No to Tobacco / Be Free from Tobacco Part II	1
2. Summary of selected notifiable diseases reported (12 th – 18 th May 2018)	3
3. Surveillance of vaccine preventable diseases & AFP (12 th – 18 th May 2018)	4

WEB SRI LANKA 2018

side stream smoke emitted into the environment from the smoldering of cigarettes and from the mainstream smoke exhaled by the smoker. The terms “passive smoking” or “involuntary smoking” are also often used to describe the exposure to second-hand smoke. It contains many of the same chemicals that are present in the smoke inhaled by smokers. The US National Toxicology Program estimates that at least 250 chemicals in second-hand smoke are known to be toxic or carcinogenic. Several individual compounds found in tobacco smoke have also been listed as developmental or reproductive toxicants. (e.g. carbon monoxide, lead and nicotine). Secondhand smoke has been designated as a known human carcinogen. Exposure of pregnant mothers to secondhand smoke can cause foetal growth retardation, foetal death and various respiratory problems in the newborn. Infants exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma recurrent bronchitis, pneumonia, impaired brain development, learning difficulties

and allergies. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.

Economic consequences of tobacco use

Tobacco use also burdens the global economy with an estimated US\$ 1.4 trillion in healthcare costs and lost productivity each year. Tobacco and poverty are interrelated. Tobacco use is more common among the lower income groups and tobacco use aggravates poverty. Economic costs incurred by tobacco include costs of health care expenditure due to tobacco related illness and productivity losses due to employee absenteeism and reduced labour productivity. Tobacco users who die prematurely deprive their families of income. It deteriorates health disparities and exacerbates poverty, as the deprived individuals spend less on essentials such as food, education, and health care. Increase premature deaths due to a rise in tobacco use, affect the productivity of the country and increased health care expenditure.

According to data Sri Lankans spend around Rs. 100 million per day on cigarettes

**Table 1 : Water Quality Surveillance
Number of microbiological water samples April 2018**

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	86
Gampaha	15	90	83
Kalutara	12	72	NR
Kalutara NIHS	2	12	9
Kandy	23	138	5
Matale	13	78	27
Nuwara Eliya	13	78	57
Galle	20	120	47
Matara	17	102	47
Hambantota	12	72	59
Jaffna	12	72	168
Kilinochchi	4	24	28
Manner	5	30	6
Vavuniya	4	24	30
Mullatvu	5	30	NR
Batticaloa	14	84	78
Ampara	7	42	41
Trincomalee	11	66	NR
Kurunegala	29	174	35
Puttalam	13	78	51
Anuradhapura	19	114	21
Polonnaruwa	7	42	45
Badulla	16	96	107
Moneragala	11	66	75
Rathnapura	18	108	3
Kegalle	11	66	0
Kalmunai	13	78	37

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

Compiled By;
Dr. Saman Pathirana,
Senior Registrar in community Medicine,
Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 12th - 18th May 2018 (20th Week)

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	168	3070	1	34	0	4	2	25	1	10	1	86	0	6	0	3	0	0	13	353	2	22	0	2	62	100
Gampaha	53	1672	3	26	0	4	0	12	0	11	2	107	1	4	0	4	0	0	12	354	0	19	0	14	71	100
Kalutara	44	1300	2	29	1	3	0	4	1	35	6	204	1	5	0	5	0	0	21	280	0	31	0	3	54	100
Kandy	80	1278	5	30	0	4	0	3	0	9	1	19	1	49	1	13	0	0	10	157	0	13	0	7	62	100
Matale	41	441	2	8	0	1	0	0	0	10	3	29	1	2	0	3	0	0	0	21	0	5	2	48	60	100
NuwaraEliya	3	76	3	18	0	3	0	8	0	9	1	10	0	66	2	15	0	0	3	123	0	20	0	0	27	100
Galle	20	462	0	18	0	5	0	0	0	2	10	201	1	15	0	1	0	1	14	136	3	24	0	5	13	100
Hambantota	5	445	0	8	0	2	0	2	0	4	1	21	0	21	0	1	0	1	6	120	0	2	21	275	73	100
Mataru	18	432	6	21	0	5	0	3	0	21	9	101	1	19	0	6	0	0	7	137	1	4	21	176	54	100
Jaffna	23	1314	2	62	0	0	1	25	2	199	1	6	2	213	1	1	0	0	7	172	0	7	0	3	33	93
Kilinochchi	1	125	5	15	0	1	0	8	0	1	0	2	0	7	0	0	0	0	1	25	0	2	0	0	49	100
Mannar	0	26	1	11	0	0	0	2	0	2	0	1	0	0	0	0	0	0	3	23	0	1	0	0	37	100
Vavuniya	11	208	0	7	0	3	1	26	0	7	2	19	0	7	0	0	0	1	2	24	1	3	0	3	54	100
Mullaitivu	1	33	0	4	0	0	0	8	0	9	0	7	0	2	0	0	0	0	0	6	0	0	0	1	17	100
Batticaloa	222	2840	2	84	0	5	0	2	0	19	3	18	0	1	0	2	0	2	8	67	0	10	0	0	65	100
Ampara	2	64	0	15	0	0	0	1	0	2	0	22	0	0	0	3	0	0	16	105	1	7	0	1	70	100
Trincomalee	34	411	3	26	0	0	0	4	0	8	6	33	0	13	0	1	0	0	10	115	0	3	0	11	30	100
Kurunegala	25	1174	2	64	0	6	0	8	0	2	3	45	2	8	0	8	0	1	5	231	1	41	7	97	68	100
Puttalam	6	1057	1	18	0	4	0	3	0	4	0	14	0	6	0	1	0	0	0	69	0	33	0	1	73	100
Anuradhapura	20	388	2	23	0	2	0	2	19	30	1	57	0	13	0	4	0	0	18	195	1	15	9	152	43	95
Polonnaruwa	7	125	0	11	0	1	0	0	0	11	2	56	0	0	0	3	0	0	8	109	0	7	7	90	64	88
Badulla	7	194	3	45	0	4	0	5	2	9	7	66	2	30	0	14	0	0	1	241	6	51	0	4	48	100
Monaragala	24	473	0	42	0	2	0	1	0	2	9	159	3	64	2	9	0	0	5	82	3	24	0	19	62	100
Ratnapura	80	897	7	77	1	25	1	12	0	2	22	195	0	19	0	7	0	1	5	155	4	54	6	120	44	100
Kegalle	30	580	2	28	0	7	0	4	3	69	11	83	1	43	1	8	0	0	9	172	2	23	0	3	65	100
Kalmune	58	1221	0	22	0	0	0	1	0	20	1	3	0	0	0	1	0	0	5	97	0	6	0	1	47	100
SRILANKA	983	20306	52	746	2	91	5	169	28	507	10	1564	16	613	7	113	0	8	188	3569	25	427	73	1036	53	99

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 18th 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

12th – 18th May 2018 (20th 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	01	21	33	- 36.36 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	03	00	00	00	01	04	03	149	128	16.4 %
Measles	00	01	00	00	00	00	01	00	00	02	03	54	156	-65.3 %
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	00	00	00	00	00	00	00	00	00	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	01	00	00	00	00	00	00	01	00	17	06	183.3 %
Tuberculosis	92	47	21	03	19	14	01	04	05	206	312	3172	3139	1.0 %

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
May	294	88	79	9	1165	720	0

Source: Medical Research Institute & Veterinary Research Institute

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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. S.A.R. Dissanayake
 CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10