



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

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Say No to Tobacco / Be Free from Tobacco

Other consequences of tobacco use

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 butts which account for 30–40% of all items collected in coastal and urban clean-ups. Tobacco growing requires large amounts of pesticides and fertilizers, which can be toxic and pollute water and soil, yet all these accounts to increase global warming. Tobacco farming stops children attending school. Nearly 15% of children from tobacco-growing families miss school because of working in tobacco fields. Smoking is less socially acceptable now than it was in the past. Most workplaces have some type of smoking restrictions. Some employers even prefer to hire nonsmokers. Studies show smoking employees cost businesses more to employ because they are "out sick" more frequently. Employees who are ill more often than others can raise an employer's need for expensive temporary replacement workers. Smokers in a building also typically increase the maintenance costs of keeping odors at an acceptable level, since residue from cigarette smoke clings to carpets, drapes and other fabrics. Landlords may choose not to rent to smokers since maintenance costs may rise when smokers occupy buildings. Friends may ask them not to smoke in their houses or cars. Public buildings, con-

certs and even sporting events are largely smoke-free. And more and more restrictions on smoking in public places have been imposed by legislation in recent times. Like it or not, finding a place to smoke can be a hassle. Usually, non-smoking marriage partners are sought by would-be-parents-in-law even today.

Considering health, economic and other consequences, 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. By taking robust tobacco control measures, governments can safeguard their countries' futures by protecting tobacco users and non-users from these deadly products, generating revenues to fund health and other social services, and saving their environments from the ravages tobacco causes.

Tobacco control initiatives / Legislations on tobacco control in Sri Lanka

The Framework Convention on Tobacco Control (WHO-FCTC) of the World Health Organization is the first Global Health Treaty which was developed by countries in the year 2003, to provide an international platform for implementation and monitoring tobacco control in

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response to the globalization of tobacco epidemic. It is one of the most rapidly and widely accepted treaties in the history of the United Nations. Sri Lanka has been constantly addressing the issue of tobacco and Alcohol and one of the very first countries that ratified the WHO FCTC, which is a legally binding treaty, where countries are bound to implement evidence-based tobacco control measures.

Following measures (MPOWER policy package) are recommended by WHO FCTC to be implemented by governments to reduce tobacco use and protect people from NCDs.

Monitor tobacco use and prevention policies

Protect people from exposure to tobacco smoke by creating completely smoke-free indoor public places, workplaces and public transport

Offer help to quit tobacco (cost-covered, population-wide support, including brief advice by health care providers and national toll-free quit lines)

Warn about the dangers of tobacco by implementing plain/standardized packaging, and/or large graphic health warnings on all tobacco packages, and implementing effective anti-tobacco mass media campaigns that inform the public about the harms tobacco use and second-hand smoke exposure

Enforce comprehensive bans on tobacco advertising, promotion and sponsorship

Raise taxes on tobacco products and make them less affordable - one of the least used, but most effective, tobacco control measure

The Sri Lanka Tobacco Control Programme works in line with the above six policies.

Legislation on tobacco in Sri Lanka extends into many years. Tobacco Tax Act No.08 of 1999 impose a tax on cigarettes, cigars, beedies, cigarette substitutes and pipe tobacco, manufactured in Sri Lanka and provide for matters connected therewith or incidental thereto. An amendment was made to regulations in Act No. 08 in 2009. The parliament of Sri Lanka enacted the National Authority on Tobacco and Alcohol (NATA) Act No.27 in 2006 that regulates the production, advertising, marketing and use of tobacco and alcohol. Food and Drugs Inspectors and Public Health Inspectors appointed by the Minister of Health or any Police Officer, or an Excise Officer, shall be an Authorized Officer of the Authority for the purposes of this Act. The important

provisions of the NATA Act include

Prohibition of sale of any tobacco product or alcohol product to persons under 21 years of age

Prohibition on the installation of vending machines for dispensing tobacco product or alcohol product.

Prohibition on the sale of tobacco products without health warning and the tar, nicotine content in each tobacco product.

Prohibition of tobacco or alcohol advertisements.

Prohibition of sponsorships of any educational, cultural, social or sporting organization, activity or event by the tobacco industry.

Prohibition of free distribution of tobacco products or alcohol product.

Prohibition of smoking in an area to which the public have access.

The latest amendments done on 1st March 2015 to Labeling 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 comprehensive, there are delays in implementation. Thus, strengthening the implementation of guidelines or circulars is essential. 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 the increased price. According to the WHO report on the global tobacco epidemic noted that Sri Lanka is among the countries which tax cigarettes the most and ranked 40th in the world. 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.

Compiled By;

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 19th - 25th May 2018 (21st 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	222	3292	3	37	0	4	0	25	0	10	5	91	0	6	0	3	0	0	19	372	0	22	0	2	61	100	
Gampaha	90	1762	2	28	0	4	0	12	0	11	4	111	0	4	0	4	0	0	12	366	0	19	0	14	69	100	
Kalutara	55	1355	1	30	0	3	1	5	0	35	15	219	0	5	0	5	0	0	7	287	4	35	0	3	51	100	
Kandy	91	1369	3	33	0	4	0	3	0	9	2	21	9	58	0	13	0	0	7	164	2	15	1	8	61	100	
Matale	23	464	0	8	0	1	1	1	2	12	1	30	0	2	0	3	0	0	0	21	0	5	2	50	59	100	
NuwaraEliya	3	79	1	19	0	3	0	8	0	9	1	11	0	66	0	15	0	0	4	127	0	20	0	0	28	100	
Galle	14	476	4	22	2	7	0	0	0	2	1	202	0	15	1	2	0	1	13	149	2	26	0	5	12	100	
Hambantota	8	453	1	9	1	3	0	2	0	4	2	23	1	22	0	1	0	1	2	122	0	2	21	296	73	100	
Matarra	10	442	2	23	0	5	0	3	0	21	7	108	0	19	0	6	0	0	2	139	0	4	12	188	54	100	
Jaffna	29	1343	3	65	0	0	0	25	0	199	0	6	5	218	0	1	0	0	3	175	0	7	0	3	33	93	
Kilinochchi	10	135	1	16	0	1	0	8	0	1	0	2	1	8	0	0	0	0	1	25	0	2	0	0	49	100	
Mannar	1	27	0	11	0	0	0	2	0	2	0	1	0	0	0	0	0	0	2	25	0	1	2	2	36	100	
Vavuniya	7	215	0	7	0	3	0	26	0	7	0	19	0	7	0	0	0	1	3	27	0	3	0	3	55	100	
Mullaitivu	1	34	0	4	0	0	0	8	0	9	0	7	1	3	0	0	0	0	0	6	1	1	1	0	1	18	100
Batticaloa	187	3027	2	86	0	5	0	2	0	19	5	23	0	1	0	2	0	2	3	70	1	11	0	0	65	100	
Ampara	2	66	0	15	1	1	0	1	0	2	2	24	0	0	0	3	0	0	2	107	1	8	0	1	68	100	
Trincomalee	27	438	0	26	1	1	0	4	0	8	2	35	0	13	0	1	0	0	4	119	0	3	7	18	29	100	
Kurunegala	37	1211	3	67	1	7	1	9	0	2	9	54	2	10	0	8	0	1	18	249	2	43	2	99	67	100	
Puttalam	38	1095	2	20	0	4	0	3	0	4	0	14	0	6	1	2	0	0	5	74	3	36	0	1	73	100	
Anuradhapura	26	414	2	25	2	4	0	2	2	32	5	62	0	13	0	4	1	1	14	209	2	17	15	167	42	95	
Polonnaruwa	11	136	2	13	0	1	0	0	0	11	4	60	0	0	0	3	0	0	3	112	0	7	1	91	62	88	
Badulla	9	203	3	48	0	4	0	5	1	10	8	74	3	33	0	14	0	0	17	258	2	53	0	4	46	100	
Monaragala	10	483	0	42	0	2	0	1	0	2	7	166	1	65	3	12	0	0	1	83	1	25	0	19	61	100	
Ratnapura	62	959	5	82	1	26	1	13	0	2	18	213	0	19	2	9	0	1	7	162	0	54	0	120	43	100	
Kegalle	29	609	2	30	0	7	0	4	2	71	10	93	0	43	0	8	0	0	7	179	1	24	0	3	65	100	
Kalmune	18	1239	0	22	0	0	0	1	0	20	0	3	0	0	0	1	0	0	3	100	0	6	0	1	47	100	
SRILANKA	1020	21326	42	788	9	100	4	173	7	514	10	1672	23	636	7	120	1	9	158	3727	22	449	63	1099	52	99	

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 25th 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 **19th – 25th May 2018 (21st 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	01	00	00	00	00	00	00	01	02	22	35	- 37.1 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	03	01	00	00	00	02	06	03	155	135	14.8 %
Measles	00	00	00	00	00	00	00	00	00	00	05	54	162	-66.6 %
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	03	00	01	00	00	00	00	00	00	04	01	21	08	162.5 %
Tuberculosis	34	00	05	00	03	00	00	05	23	70	67	3242	3206	1.1%

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

Number of Malaria Cases Up to End of May 2018,

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

ON STATE SERVICE

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