



WEEKLY EPIDEMIOLOGICAL REPORT

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

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Halt The Rise—Beat Diabetes

Diabetes is a chronic disease that occurs either when the pancreas does not produce sufficient insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood sugar. High blood sugar over time leads to serious damage to many of the body's systems, especially the nerves and blood vessels.

DIABETES IS A CHRONIC, PROGRESSIVE DISEASE CHARACTERIZED BY ELEVATED LEVELS OF BLOOD GLUCOSE.

Type 1 diabetes

Type 1 diabetes (previously known as insulin-dependent, juvenile or childhood-onset) is characterized by deficient insulin production and requires daily administration of insulin. The cause of type 1 diabetes is not known and it is not preventable with current knowledge.

Symptoms include excessive excretion of urine (polyuria), thirst (polydipsia), constant hunger, weight loss, vision changes, and fatigue. These symptoms may occur suddenly.

Type 2 diabetes

Type 2 diabetes (formerly called non-insulin-dependent, or adult-onset) results from the body's ineffective use of insulin. Type 2 diabetes comprises the majority of people with diabetes around the world, and is largely the result of excess body weight and physical inactivity.

Symptoms may be similar to those of type 1 diabetes, but are often less marked. As a result, the disease may be diagnosed several years after onset, once complications have already arisen.

Until recently, this type of diabetes was seen only in adults but it is now also occurring increasingly frequently in children.

Gestational diabetes

Gestational diabetes is with blood glucose values above normal but below those diagnostic of diabetes, occurring during pregnancy.

Women with gestational diabetes are at an increased risk of complications during pregnancy and at delivery. They and their children are also at increased risk of type 2 diabetes in the future. Gestational diabetes is diagnosed through prenatal screening, rather than through reported symptoms.

Impaired glucose tolerance and impaired fasting glycaemia

Impaired glucose tolerance (IGT) and impaired fasting glycaemia (IFG) are intermediate conditions in the transition between normality and diabetes. People with IGT or IFG are at high risk of progressing to type 2 diabetes, although this is not inevitable.

The number of people with diabetes has nearly quadrupled since 1980. Prevalence is increasing worldwide, particularly in low- and

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middle-income countries. The causes are complex, but the rise is due in part to increases in the number of people who are overweight, including an increase in obesity, and in a widespread lack of physical activity.

Diabetes of all types can lead to complications in many parts of the body and increase the risk of dying prematurely. A large proportion of diabetes and its complications can be prevented by a healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use.

What are common consequences of diabetes?

Over time, diabetes can damage the heart, blood vessels, eyes, kidneys, and nerves.

- Adults with diabetes have a two- to three-fold increased risk of heart attacks and strokes .
- Combined with reduced blood flow, neuropathy (nerve damage) in the feet increases the chance of foot ulcers, infection and eventual need for limb amputation.
- Diabetic retinopathy is an important cause of blindness, and occurs as a result of long-term accumulated damage to the small blood vessels in the retina.
- Diabetes is among the leading causes of kidney failure .

DIABETES OF ALL TYPES CAN LEAD TO COMPLICATIONS IN MANY PARTS OF THE BODY AND CAN INCREASE THE OVERALL RISK OF DYING PREMATURELY.

How can the burden of diabetes be reduced?

Prevention

Simple lifestyle measures have been shown to be effective in preventing or delaying the onset of type 2 diabetes. To help prevent type 2 diabetes and its complications, people should:

- achieve and maintain healthy body weight;
- be physically active – at least 30 minutes of regular, moderate-intensity activity on most days. More activity is required for weight control;
- eat a healthy diet, avoiding sugar and saturated fats intake; and
- avoid tobacco use – smoking increases the risk of diabetes and cardiovascular diseases.

Diagnosis and treatment

Early diagnosis can be accomplished through relatively inexpensive testing of blood sugar.

Treatment of diabetes involves diet and physical activity along with lowering blood glucose and the levels of other known risk factors that damage blood vessels. Cessation of tobacco use is also important to avoid complications.

The starting point for living well with diabetes is an early diagnosis – the longer a person lives with undiagnosed and untreated diabetes, the worse their health outcomes are likely to be. Easy access to basic diagnostics, such as blood glucose testing, should therefore be available in primary health-care settings. Established systems for referral and back-referral are needed, as patients will need periodic specialist assessment or treatment for complications.

Interventions that are both cost-saving and feasible in developing countries include:

- blood glucose control, particularly in type 1 diabetes. People with type 1 diabetes require insulin, people with type 2 diabetes can be treated with oral medication, but may also require insulin;
 - blood pressure control; and foot care.
 - screening and treatment for retinopathy (which causes blindness)
 - blood lipid control (to regulate cholesterol levels)
- screening for early signs of diabetes-related kidney disease and treatment.

DIABETES CAN BE TREATED AND ITS CONSEQUENCES AVOIDED OR DELAYED WITH DIET, PHYSICAL ACTIVITY, MEDICATION AND REGULAR SCREENING AND TREATMENT FOR COMPLICATIONS.

Source:

WHO (2016) Global report on diabetes. <https://www.who.int/diabetes/global-report/en/>
 WHO. Diabetes Fact Sheet. <https://www.who.int/en/news-room/fact-sheets/detail/diabetes>

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 05th - 11th Jan 2019 (2nd 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	326	625	0	0	1	1	1	1	0	0	3	4	2	2	2	0	1	0	0	15	22	5	7	0	0	50	100
Gampaha	188	342	0	0	0	0	0	0	10	10	1	2	0	0	0	0	0	0	0	10	16	0	0	4	8	59	90
Kalutara	93	203	1	3	0	2	0	1	4	4	21	34	0	1	0	0	0	0	0	32	48	2	4	0	0	55	100
Kandy	96	149	1	4	0	0	0	0	1	2	4	8	2	6	0	0	0	0	1	12	14	4	4	0	0	57	100
Matale	7	26	1	1	0	0	0	0	0	0	2	6	0	0	0	0	0	0	2	5	0	0	7	15	77	100	
Nuwareliya	10	19	1	1	0	0	0	0	0	0	1	2	1	3	1	1	0	0	2	3	0	1	0	0	31	100	
Galle	41	57	0	1	0	0	0	1	0	0	5	14	4	6	0	1	0	0	9	16	2	3	0	1	69	98	
Hambantota	41	74	0	0	0	0	0	0	0	0	0	4	7	8	0	1	0	0	4	11	0	0	25	25	75	100	
Mataru	51	113	0	0	0	0	0	0	0	0	2	6	3	6	0	1	0	0	12	17	0	2	14	25	68	100	
Jaffna	252	499	6	8	0	1	0	0	0	0	2	2	34	54	0	0	0	0	4	8	2	2	0	0	25	93	
Kilinochchi	4	11	0	1	0	0	0	0	0	0	4	4	2	2	0	0	0	0	0	0	0	0	0	1	1	50	100
Mannar	6	14	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71	70
Vavuniya	22	29	1	1	1	1	2	3	2	2	3	3	1	2	0	0	0	0	4	8	0	0	0	0	0	25	100
Mullaitivu	2	6	1	1	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	1	1	0	1	63	67
Batticaloa	55	107	5	10	0	0	0	0	0	0	1	5	0	0	0	0	0	0	6	7	0	0	0	0	0	64	100
Ampara	9	15	2	5	0	0	0	0	0	0	3	4	0	0	0	1	0	0	2	6	0	1	0	0	0	43	100
Trincomalee	32	71	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4	0	0	0	0	0	44	75
Kurunegala	66	112	5	6	3	3	1	1	0	0	8	13	0	1	2	2	0	0	22	30	0	3	25	40	57	96	
Puttalam	23	43	2	4	0	0	0	0	0	0	0	3	1	1	0	0	0	0	4	6	0	0	1	1	62	100	
Anuradhapura	9	18	3	3	0	2	0	0	0	0	13	18	0	1	1	1	0	0	11	22	1	1	16	29	47	86	
Polonnaruwa	9	19	1	2	0	1	0	0	0	0	3	7	0	0	2	2	0	0	4	9	0	1	3	12	44	100	
Badulla	24	44	2	4	0	0	1	1	0	3	8	20	5	5	0	0	0	0	3	10	8	11	1	2	56	100	
Monaragala	16	35	1	2	0	0	0	0	0	0	10	22	2	6	0	1	0	0	6	15	4	6	0	0	73	100	
Ratnapura	49	90	2	3	4	5	0	0	0	0	9	29	1	1	0	0	0	0	14	21	2	8	0	0	43	97	
Kegalle	31	73	1	1	1	1	0	0	12	12	5	7	1	2	0	0	0	0	14	25	0	1	0	1	50	100	
Kalmune	27	54	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	5	0	0	0	0	50	100	
SRILANKA	1489	2848	36	62	9	17	6	9	29	33	10	218	66	108	6	12	0	2	195	328	31	56	97	161	56	96	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 11th January, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 337 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

05th – 11th Jan 2019 (2nd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2019	Number of cases during same week in 2018	Total number of cases to date in 2019	Total number of cases to date in 2018	Difference between the number of cases to date in 2019 & 2018
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	00	00	00	00	00	00	01	00	03	01	200 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	01	00	01	01	01	00	01	06	04	18	07	157.1%
Measles	01	00	01	00	00	00	01	00	00	03	03	10	03	233.3 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	02	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	02	01	03	-66.6 %
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	00	00	0 %
Whooping Cough	02	00	01	00	00	01	00	00	00	04	01	04	01	300 %
Tuberculosis	69	26	08	10	24	24	08	17	16	192	139	311	287	8.3 %

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

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

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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

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