



# WEEKLY EPIDEMIOLOGICAL REPORT

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

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## Elimination of Human Papilloma Virus and Cervical Cancer Part I

This is the first in a series of two articles on Human papillomavirus (HPV) Elimination.

Cervical cancer has caused a global burden during the past few years. It is the fourth most common cancer among women globally, with 570,000 new cases and 311,000 deaths in 2018.

Even in Sri Lanka, it is currently estimated that 1136 women are diagnosed with cervical cancer while 643 die from the disease every year. Cervical cancer is the 2<sup>nd</sup> most common cancer among females while the 4<sup>th</sup> most frequent cancer among the 15 to 44 year old women.

Cervical cancer strikes women in the prime of life, at the time of raising children, caring for families and contributing to the social and economic development of their communities.

It is highlighted that nine out of ten deaths had been from poor countries. Thus the most vulnerable women in the world are dying unnecessarily. Currently, the survival from cervical cancer varies between 33-77%. This unacceptable disparity therefore, needs to be minimized.

There is evidence within countries that

women from the poorest echelon, those with lesser education levels, those in rural areas and those facing adverse gender norms are less likely to benefit from timely prevention and detection and will die of cervical cancer than women from advanced socio-economic groups.

Almost all cervical cancer deaths can be avoided if all adolescent girls were immunized against human papillomavirus (HPV), cervical screening and treatment of pre-cancer lesions available to all women.

There is also a need for all women to have access to treatment for invasive cancer with access to palliative care.

The Director-General of the World Health Organization announced a global call to action towards the elimination of cervical cancer in May 2018. All stakeholders were called to unite behind the common goal in making elimination a reality.

At the 144<sup>th</sup> season in January 2019, the Executive Board requested the Director-General to develop a draft global strategy to accelerate the cervical cancer elimination in consultation with the Member States and other relevant stakeholders. The targets were the period 2020–2030, for considera-

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tion by the Seventy-third World Health Assembly, through the Executive Board at its 146<sup>th</sup> session. The objective is to form a strategy that will enable countries to reach the 2030 global target in the elimination of cervical cancer as a public health problem. The strategy is focused on early detection and effective management as cervical cancer is one of the preventable and curable cancers. It also focuses on HPV vaccination and screening of the cervix which enables early treatment before cancer appears. This will have more opportunity for life-saving treatment in contrast to most women being diagnosed at an advanced stage with a small opportunity for cure.



### Targets

The three key targets which have placed countries in the direction towards achieving the elimination of cervical cancer are as follows.

- Increased coverage of vaccination against HPV
- Increase screening coverage with an HPV test and appropriate management of women who have been screened positive
- Reduce mortality from cervical cancer

**"Elimination of cervical cancer as a global health issue is within reach for all countries. We know what works, and we know how to prevent and control this disease".**

**Dr Princess Nono Simelela, Assistant Director-General for Family, Women's and Children's Health, WHO.**

Elimination is "within reach"

Dr Princess Nono Simelela, Assistant Director-General for Family, Women's and Children's Health at WHO, believes that "Elimination of cervical cancer as a global health issue is within reach for all countries. We know what works, and we know how to prevent and control this disease. This new approach will unite us and help to focus on the world's efforts on protecting the well-being of women and girls."

### Preventable and treatable



*Adolescent girl getting HPV vaccine, Colombia*

According to research and current findings, Cervical cancer is one of the most preventable and treatable forms of cancer. It requires a comprehensive national strategy with HPV vaccination, screening and treatment of pre-cancerous lesions, and effective management of invasive cancer. Prevention, early treatment and palliative care are highly cost-effective. This will help to maintain the health and well-being of girls and women throughout their lives.

### Health for all

WHO encourages countries to reach all women and girls with effective vaccination against HPV. Additional screening, treatment and palliative care are provided to all those who need it too essential as a part of health for all. This call to action is appealing for a global effort to accelerate national action towards the elimination of cervical cancer. This will make cancer a story of the past and to safeguard the human rights of all women everywhere to good health and well-being, no matter where they live.

Compiled By

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 17<sup>th</sup> - 23<sup>rd</sup> Aug 2019 (34<sup>th</sup> 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	399	8840	1	36	0	8	2	17	0	50	2	147	0	8	0	7	0	0	6	334	1	36	0	4	48	100
Gampaha	440	6818	0	27	0	6	0	3	0	25	0	68	0	3	0	7	0	1	7	314	1	16	3	138	51	97
Kalutara	206	4260	3	58	0	6	0	15	2	58	11	375	1	5	0	4	0	1	6	487	4	85	0	3	62	100
Kandy	148	2563	3	81	0	10	0	3	2	16	2	54	0	69	0	3	0	2	7	199	1	47	2	38	63	100
Matale	18	396	1	22	0	3	0	0	0	6	0	40	0	5	1	7	0	2	3	68	0	4	5	164	57	100
NuwaraEliya	10	161	0	91	0	2	0	7	0	2	0	35	2	58	0	7	0	0	4	97	2	32	0	0	26	100
Galle	133	4402	1	36	0	7	0	3	0	5	10	296	4	36	1	38	0	0	9	325	0	37	1	4	60	100
Hambantota	48	1141	2	12	0	3	0	1	0	5	3	91	5	95	0	3	0	1	3	235	0	29	18	582	73	100
Matara	172	2198	0	17	0	4	0	2	0	13	11	269	1	30	0	16	0	1	5	226	0	14	18	396	59	100
Jaffna	29	2146	9	172	0	13	2	23	0	56	2	26	0	266	0	4	0	0	3	237	1	16	0	0	23	93
Kilinochchi	0	119	0	17	0	1	0	10	0	0	0	18	0	25	0	1	0	0	0	7	0	7	0	11	50	100
Mannar	0	78	0	3	0	1	0	8	0	1	0	1	0	8	0	0	0	0	0	0	1	2	0	1	55	100
Vavuniya	2	213	2	18	0	10	0	24	0	13	1	52	0	5	0	0	0	0	1	65	0	9	0	1	56	100
Mullaitivu	0	111	0	7	0	0	0	12	0	2	0	20	1	8	0	0	0	0	0	8	0	6	0	4	29	88
Batticaloa	22	1069	8	111	0	2	0	13	2	32	0	41	0	1	0	0	0	1	2	209	0	23	0	0	51	100
Ampara	5	176	0	52	0	2	0	0	0	8	0	32	0	1	0	10	0	0	2	217	0	8	0	4	58	100
Trincormalee	9	931	1	20	0	0	0	0	0	55	2	13	0	18	0	3	0	1	4	197	1	8	0	1	31	100
Kurunegala	67	1377	0	53	0	16	0	6	0	30	2	122	1	17	0	20	0	2	4	459	1	74	10	566	59	100
Puttalam	40	614	0	20	0	2	0	1	2	8	1	30	0	11	0	1	0	0	2	118	0	41	0	8	61	100
Anuradhapura	20	458	0	37	0	8	0	4	1	11	0	97	0	32	0	20	0	2	0	403	4	73	7	376	41	99
Polonnaruwa	7	252	0	21	0	2	0	1	1	2	1	61	0	4	0	16	0	2	3	245	0	15	2	206	60	100
Badulla	37	633	4	59	0	6	0	8	2	76	10	158	5	95	0	13	0	0	12	237	3	147	0	13	61	100
Monaragala	0	333	0	36	0	4	0	0	0	79	0	189	0	82	0	41	0	0	0	212	0	112	0	22	60	91
Ratnapura	88	2027	2	76	1	26	0	8	0	13	19	660	1	31	2	23	0	4	9	274	7	128	11	122	45	100
Kegalle	66	1160	0	32	0	17	0	2	0	28	5	163	2	44	1	87	0	0	11	352	1	42	3	34	67	100
Kalmune	3	576	0	55	0	1	0	1	0	55	1	27	0	3	0	4	0	0	2	178	0	17	0	0	64	99
<b>SRI LANKA</b>	<b>1969</b>	<b>43052</b>	<b>37</b>	<b>1169</b>	<b>1</b>	<b>160</b>	<b>4</b>	<b>172</b>	<b>12</b>	<b>649</b>	<b>83</b>	<b>3085</b>	<b>23</b>	<b>960</b>	<b>5</b>	<b>335</b>	<b>0</b>	<b>20</b>	<b>105</b>	<b>5703</b>	<b>28</b>	<b>1028</b>	<b>80</b>	<b>2698</b>	<b>54</b>	<b>99</b>

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 23<sup>rd</sup> August, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 324 C\*\*=Completeness  
A = Cases reported during the current week. B = Cumulative cases for the year.

**Table 2: Vaccine-Preventable Diseases & AFP**

17<sup>th</sup> – 23<sup>rd</sup> Aug 2019 (34<sup>th</sup> 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*	02	00	00	00	00	00	00	01	00	03	02	53	41	29.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	02	01	00	01	01	00	00	00	00	05	07	237	237	0 %
Measles	02	02	00	00	01	00	00	00	00	05	02	230	86	167.4 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	04	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	14	15	- 6.6 %
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	01	09	22	- 59 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	36	36	0 %
Tuberculosis	127	15	00	11	08	11	00	11	06	189	66	5534	5470	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 August 2019,

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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](mailto:chepid@sltnet.lk). **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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