



# WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

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## Road Traffic Accidents Part- i

This is the first of a series of 2 articles

Road traffic accidents are a major public health problem that requires effective prevention as these avoidable injuries overload already stretched healthcare systems. Road traffic accidents are the 10th leading cause of all deaths globally. Based on Census and Statistics report, 2020, road traffic accidents are becoming one of the leading causes of death in Sri Lanka. According to the latest WHO data published in 2018, road traffic accident deaths in Sri Lanka reached 3,590 or 2.82% of total deaths. The age-adjusted Death Rate is 16.37 per 100,000 population ranks Sri Lanka 96 in the world. Sri Lanka has the worst road fatality rate among its immediate neighbours in the South Asia region.

Road traffic injuries and associated deaths have reached epidemic proportions in Sri Lanka. In 2019, the number of people killed and injured in traffic crashes in Sri Lanka was 2839 and 24611 respectively. Pedestrians made up almost a third of this number and two and three-wheelers more than half. Seventy per cent of road crashes involve low-income commuters and motorists. Motorcycle pedestrian crashes are reportedly high, accounting for about 40% of pedestrian fatalities.

While progress has been made towards protecting people in cars, the needs of these vulnerable groups of road users are not being met. About 10% of the fatalities were at railroad level crossings. Males and people in the economically active age group of 25 to 64 years had a higher fatality rate per 100,000 population as compared with females and populations with other age groups. This burden is creating an enormous economic hardship due to the loss of family breadwinners. As the overall health and fitness condition of younger drivers are better than the older drivers, the younger drivers more likely to survive, reducing the number of death per loss of control crashes.

The factors influencing road traffic accidents include human, the vehicle, and the road. It has been emphasized that the main factors influencing the occurrence of road traffic accidents are the roadway design elements, the dynamic nature of the drivers involved, and the changes in environmental factors such as animal crossing, and weather conditions. As compared with daylight conditions, driving during dark roadway conditions increased multivehicle crash driver fatalities. Forty per cent of all the accidents and a half of the fatal accidents have occurred between 6 pm and midnight. The geometric nature of the roadway

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segments such as poorly built roads, poor maintenance of the road network, and improper expansion of roads are the main causes for crashes. As a result, roads have become death traps for many people.

Driving with no street lighting was associated with severe injury and fatality as visibility is being compromised. Several factors associated with drivers demographic characteristics and behaviours that impact traffic safety include age, gender, level of experience, lack of seat belt use, driving under the influence of alcohol, drugs intoxication, negligence, drivers' fatigue (driving while being sleepy or tired), drivers distraction due to use of cellphone and GPS while driving, turning without signals, and high speed.

Other than the geometric elements of the roadway, drivers, and environmental factors, an increased number of vehicles, burst tire, less scrutiny while issuing driver's licenses, the ineffectiveness of the authorities in penalizing road traffic offences, drivers lack retaining knowledge regarding roadway safety rules and signs during their written and road test preparation stage, accident types (head-on, side, and rollover), vehicle type, lack of safety features in vehicles, poorly maintained vehicles due to poverty, ignorance, and corruption among law enforcement agents, crowded roads, and inefficiency of the public transport system are some of the factors identified behind the increased incidence of road traffic injuries and higher fatalities in the country.

Road traffic accidents have a significant economic aspect as well. The World Bank estimates that road traffic injuries cost 1%-2% of the Gross National Product of developing countries, or twice the total amount of development aid received worldwide by developing countries. Those countries bear a large share of the economic burden due to road traffic accidents, accounting for 85% of annual deaths, and 90% of the disability-adjusted life years (DALYs) lost each year globally. Three-quarters of all poor families who lost a member to road traffic death reported a decrease in

their standard of living and 61% reported that they had to borrow money to cover expenses following their loss. Sri Lanka will require an additional investment of almost US\$2 billion to achieve the Sustainable Development Goal 3.6 target of a 50% reduction in national road crash fatalities.

Crash fatalities and injuries will steadily climb unless urgently required measures are implemented. Improving road safety in Sri Lanka is vital to national health, well-being, and sustainable and inclusive economic growth. Scaled-up road safety investment will contribute to the accumulation of human capital in Sri Lanka, which in turn will contribute to overall country wealth. It will also contribute to the achievement of other sustainable mobility goals concerning improved transport productivity, universal accessibility, climate change mitigation and adaptation, and reduced local air, and noise pollution.

There are five pillars for action specified in the current United Nations Global Plan for the Decade of Action for Road Safety, 2011–2020.

- Pillar 1:** Road safety management
- Pillar 2:** Safer roads and mobility
- Pillar 3:** Safer vehicles
- Pillar 4:** Safer road users
- Pillar 5:** Post-crash response

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 30th -05th Feb 2021 (6th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus Fe-		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	28	155	0	3	0	0	0	0	0	0	8	26	0	0	0	1	0	1	0	3	0	2	0	0	56	95	
Gampaha	17	111	0	0	0	1	0	1	0	0	0	4	0	0	0	0	0	0	0	1	2	1	3	0	1	25	79
Kalutara	10	92	0	2	0	0	0	0	0	0	7	28	0	0	0	0	0	0	0	4	15	0	0	0	0	28	100
Kandy	9	76	0	2	0	1	0	0	0	0	1	41	0	7	0	1	0	0	0	8	1	3	0	5	58	100	
Matale	0	12	0	1	0	1	0	0	0	0	0	9	0	3	0	1	0	0	0	3	0	1	9	32	67	100	
NuwaraEliya	0	5	0	0	0	0	0	0	0	0	1	8	0	11	0	0	0	0	1	7	0	0	0	1	34	97	
Galle	2	21	0	1	0	1	0	0	0	0	11	93	1	7	0	2	0	0	3	5	0	6	0	1	42	100	
Hambantota	9	27	0	2	0	1	0	0	1	1	5	28	3	13	0	4	0	0	1	4	0	6	13	67	74	100	
Matarata	4	32	0	0	0	0	0	1	0	0	2	30	3	6	0	0	0	0	4	14	0	0	5	38	34	100	
Jaffna	2	46	2	12	0	0	1	6	0	0	0	6	28	219	0	0	0	0	2	6	0	2	0	0	18	88	
Kilinochchi	3	13	0	3	0	0	0	0	2	0	0	14	4	22	0	0	0	0	0	2	0	0	0	1	54	100	
Mannar	3	7	0	0	0	0	0	2	0	0	2	9	0	1	0	0	0	0	0	0	0	6	0	1	42	80	
Vavuniya	0	4	0	0	0	0	0	0	0	0	2	3	0	0	0	0	0	0	0	2	0	0	0	0	25	100	
Mullaitivu	0	2	0	0	0	0	0	0	0	0	2	9	0	2	0	0	0	0	0	1	1	2	0	0	8	100	
Batticaloa	274	1406	1	2	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	2	3	6	0	0	50	100	
Ampara	0	2	0	3	0	0	0	1	0	0	0	4	0	0	0	0	0	0	1	14	3	4	0	0	55	100	
Trincomalee	5	18	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	4	0	1	0	0	34	99	
Kurunegala	10	72	0	0	0	1	0	0	1	3	9	71	0	6	0	0	0	0	0	7	10	39	7	64	41	100	
Puttalam	3	52	0	1	0	1	0	0	0	0	0	6	1	4	0	0	0	0	0	3	0	8	1	3	48	96	
Anuradhapur	1	14	0	3	0	0	0	0	0	0	15	78	1	14	0	0	0	0	1	6	0	6	2	43	33	96	
Polonnaruwa	3	5	0	0	0	0	0	0	0	0	7	27	0	0	0	0	0	0	1	4	0	1	19	56	40	100	
Badulla	0	12	0	0	0	0	0	0	0	0	2	39	2	10	0	1	0	0	2	8	0	1	1	5	45	100	
Monaragala	1	6	0	2	0	0	0	1	0	0	5	21	2	6	0	4	0	0	0	4	1	7	1	4	0	100	
Ratnapura	9	47	2	7	0	0	0	0	0	0	17	115	0	3	0	1	0	1	4	11	0	19	7	16	37	100	
Kegalle	7	30	0	1	0	0	0	0	0	0	8	36	0	1	0	0	0	0	0	11	1	3	1	1	36	100	
Kalmune	5	41	0	3	0	1	1	1	0	0	2	4	0	0	0	0	0	0	0	0	0	0	0	0	42	100	
<b>SRI LANKA</b>	<b>405</b>	<b>2308</b>	<b>5</b>	<b>48</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>13</b>	<b>2</b>	<b>6</b>	<b>106</b>	<b>713</b>	<b>45</b>	<b>335</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>2</b>	<b>26</b>	<b>146</b>	<b>21</b>	<b>126</b>	<b>66</b>	<b>339</b>	<b>41</b>	<b>97</b>	

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk).

\*T=Timeliness refers to returns received on or before 05th February , 2021 Total number of reporting units 357 Number of reporting units data provided for the current week: 352 C\*\*=Completeness

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

**30<sup>th</sup> – 05<sup>th</sup> Feb 2021 (6<sup>th</sup> Week)**

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021 & 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	01	00	01	01	00	00	00	04	00	10	04	1.5%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	01	01	00	00	00	02	04	09	18	-50%
Measles	00	00	00	00	00	00	00	00	00	00	02	03	05	-40%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	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	01	00	02	-100%
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	02	00	05	-100%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	00	02	-100%
Tuberculosis	29	12	07	10	08	10	06	05	06	93	104	722	733	-1.5%

**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

**Covid-19 Prevention & Control**  
**For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.**

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](mailto: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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