



WEEKLY EPIDEMIOLOGICAL REPORT

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

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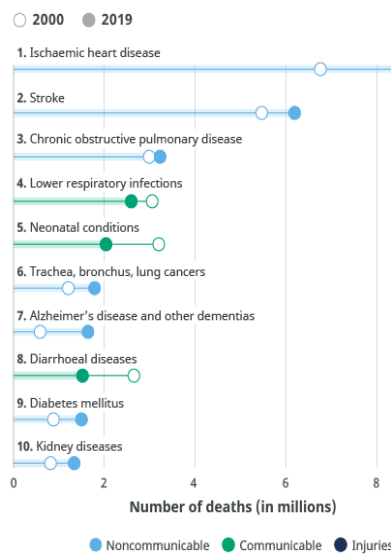
03rd – 09th July 2021

The leading causes of death in lower-middle-income countries - 2019

There are 4 income categories for the countries that have been identified by the world bank. They are Low income, Lower-middle income, Upper-middle income and High income. The leading causes of death in these groups are different to each other. The shift of communicable diseases to non-communicable is visible with the economic gains. The 10 leading causes of death in the world in the year 2019 accounted for 55% of the total deaths in the world. (55.4 million)

Following are the leading causes of death when all the above categories are taken together.

Leading causes of death globally

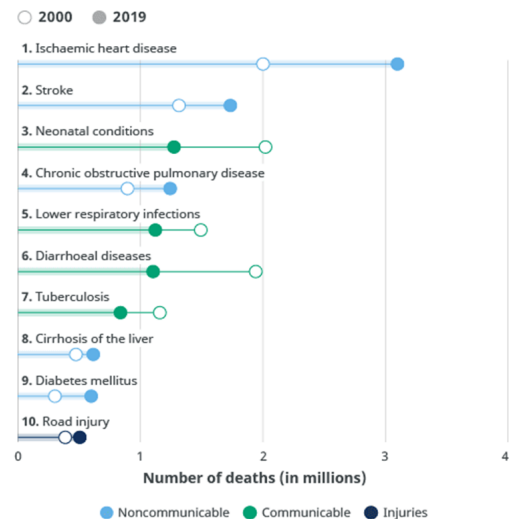


Source: WHO Global Health Estimates.

There are 53 lower-middle-income countries in the world and 43% of the world population lives in these countries. Most of the South-East

Asian countries belongs to this category including Sri Lanka. The 10 leading causes of death in these countries in 2019 comprised of 5 non-communicable, 4 communicable and injuries.

Leading causes of death in lower-middle-income countries



Source: WHO Global Health Estimates. Note: World Bank 2020 Income classification.

Non-communicable Diseases

The leading causes of non-communicable diseases in the top 10 list of the low-middle income are,
1. Ischemic Heart Disease
2. Stroke
3. Chronic Obstructive Pulmonary Disease.
4. Cirrhosis of the Liver
5. Diabetes mellitus

Contents

1. The leading causes of death in lower-middle-income countries - 2019	1
2. Summary of selected notifiable diseases reported (26 th – 02 nd Jul 2021)	3
3. Surveillance of vaccine preventable diseases & AFP (26 th – 02 nd Jul 2021)	4

Page

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Ischemic heart disease sits at the top of the list of global causes of death. Additionally, it leads the low-middle income, upper-middle-income and high-income country top 10 lists. Only in the low-income country list, it sits in third place after neonatal conditions and lower respiratory infections. Ischemic heart diseases are responsible for 16% of the world's total death. The highest rise over the period was also reported in ischemic heart disease. In the year 2000, it was responsible for more than 6 million deaths globally, whereas in 2019, 8.9 million deaths were reported due to ischemic heart disease.

Stroke sit in second place, next to ischemic heart disease in the lower-middle income, upper-middle income and the global top 10 mortality charts. In high-income countries, stroke sits in the third-place next to ischemic heart disease and Alzheimer's disease and other dementias. In low-income countries, it sits in 4th place.

Chronic Obstructive Pulmonary Disease causes 3.2 million deaths globally. Out of this, more than 80% occurred in low and low-middle income countries. Long term exposure to tobacco smoke (either active or passive), indoor air pollution, occupational dust, fumes and chemicals are the main risk factors for the condition.

Cirrhosis of the liver is only seen in the top ten causes of death lists of lower-income and lower-middle-income countries. Excessive use of alcohol and viral hepatitis are the two main reasons for cirrhosis of liver-related deaths.

Diabetes mellitus is seen in the top ten list of deaths in all the countries, except in low-income countries. Globally, it is the 9th leading cause of death. In addition to mortality, diabetes causes, blindness, kidney failure, myocardial infarctions, strokes and lower limb amputations. The prevalence of diabetes is rising in low and low-middle income countries than their developed counterparts.

Communicable Diseases

Communicable diseases demonstrate a reduction in number in 2019 when compared with year 2000 values, while the non-communicable diseases show an increase in numbers during the same period. The communicable diseases are,

1. Neonatal conditions
2. Lower respiratory tract infections
3. Diarrheal disease
4. Tuberculosis

Neonatal conditions are the leading group of causes among the communicable diseases in lower-middle-income countries. However, there is a remarkable reduction in numbers reported in 2019 compared to 2000. Infections, pre-term and birth asphyxia are the main components of Neonatal conditions. Infections remain the leading neonatal condition for mortality which accounts for 36% globally. The main infections are sepsis, pneumonia, tetanus and diarrhoea. Pre-term births and their complications account for 28% of neonatal deaths while birth asphyxia accounts for 23% of neonatal deaths globally

Lower respiratory tract infections ranked in the 4th place in the global top 10 causes of death. In the low-middle income countries, it ranked 5th place in the top 10 causes of death and second cause out of the communicable group. Both bacterial and viruses are responsible for lower respiratory tract morbidity and mortality. Out of that *Streptococcus pneumoniae*, infection was reported as the leading cause of death from lower respiratory infections globally.

Diarrhoeal diseases are the second leading cause of death in under 5 children. They are treatable as well as preventable. Diarrhoeal diseases have shown the greatest reduction in mortality in lower-middle-income countries though they represent the top 10 list of causes of death. The total diarrhoea related deaths in 2000 were 1.9 million while in 2019 it was reduced to 1.1 million in lower-middle-income countries. The provision of safe drinking water, improvement of the sanitary facilities and wide availability of low-cost oral rehydration therapy are the main contributors to this reduction.

Tuberculosis remains in the top 10 causes of death in both low income and lower-middle-income countries. However, it is not seen among the first 10 causes of death in upper-middle- and high-income countries. (95% of the global TB deaths occur in low and low-middle income countries) It sits in 13th position on the global causes of death list. In the year 2019, 1.5 million people in the world reported death due to Tuberculosis.

Road Injuries

Road injuries are seen in the top 10 causes of death lists of lower, lower-middle and upper-middle-income countries. Approximately 93% of the total global road fatalities occur in these countries. Approximately, 1.3 million people die annually due to road injuries globally. More than half of these deaths are pedestrians, cyclists and motor-cyclist.

The knowledge of the leading causes of death is important in many aspects to countries as well as international communities, donor agencies etc. Health planning, policymaking, health infrastructure development, staff training and many other health system developments need a sound knowledge of the leading causes of death and their trends.

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References

1. *The top 10 causes of death*

<https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>

9 December 2020

2. *The road traffic injuries*

<https://www.who.int/news-room/fact-sheets/detail/road-traffic-injuries>

21 June 2021

Table 1: Selected notifiable diseases reported by Medical Officers of Health 26th - 02nd Jul 2021 (27th 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	200	2314	0	9	0	0	0	0	4	0	3	10	122	0	1	0	2	0	2	0	20	0	6	0	1	48	100
Gampaha	78	1061	0	1	0	1	0	1	0	0	0	3	140	0	2	0	3	0	3	0	17	2	8	0	12	26	85
Kalutara	51	643	0	11	0	2	0	0	0	0	0	34	338	0	3	0	1	0	1	1	60	4	13	0	0	38	100
Kandy	34	367	2	17	0	1	1	2	0	2	0	15	90	0	26	0	1	0	0	0	27	1	10	1	17	60	100
Matale	7	67	1	11	0	4	0	0	0	0	0	7	49	0	4	0	1	0	0	1	12	0	1	5	115	56	100
NuwaraEliya	0	30	0	11	0	2	0	2	0	0	0	3	38	1	34	0	2	0	0	0	22	3	7	0	1	29	99
Galle	15	163	0	2	0	1	0	5	0	5	0	27	430	1	22	0	2	0	0	1	31	0	19	0	1	44	96
Hambantota	22	205	0	7	0	2	0	2	0	4	11	162	0	45	0	7	0	0	1	1	38	5	24	14	261	75	100
Matarata	40	295	0	3	0	1	0	1	0	0	13	169	0	13	0	2	0	0	0	3	46	1	6	10	185	42	100
Jaffna	0	116	0	33	0	3	1	13	2	27	0	15	1	424	0	0	1	3	1	25	0	3	0	0	2	21	88
Kilinochchi	0	22	0	18	0	0	1	1	0	10	1	44	3	61	0	0	0	0	0	0	10	0	0	0	1	52	100
Mannar	0	20	0	0	0	0	0	4	0	0	0	23	0	2	0	0	0	0	0	0	3	0	12	0	1	52	80
Vavuniya	1	33	0	2	0	1	0	1	0	0	1	19	0	2	0	1	0	0	0	0	5	0	1	0	1	41	100
Mullaitivu	0	5	0	2	0	0	0	0	0	0	0	26	0	7	0	0	0	0	0	0	9	1	6	0	0	25	98
Batticaloa	6	2966	1	21	0	3	0	2	0	15	1	37	0	0	0	1	0	0	0	0	11	0	19	0	0	47	100
Ampara	0	26	1	6	0	0	0	1	0	0	0	42	0	0	0	1	0	0	1	36	0	9	0	0	3	60	99
Trincomalee	1	114	0	0	0	0	0	0	0	2	2	3	0	0	0	2	0	0	0	0	16	0	2	0	0	32	89
Kurunegala	70	628	1	12	0	3	0	0	0	3	17	192	1	9	0	0	0	1	1	1	35	1	75	21	227	44	92
Puttalam	10	234	0	2	0	1	0	0	0	0	1	19	0	14	0	0	0	0	1	0	16	2	27	0	9	42	99
Anuradhapur	9	132	0	9	0	0	0	1	0	3	3	194	0	21	0	2	0	0	0	0	22	2	23	4	130	33	76
Polonnaruwa	1	48	0	3	0	0	0	3	0	2	5	91	0	2	0	2	0	0	0	0	22	0	1	28	264	38	100
Badulla	11	136	0	9	0	0	0	1	0	0	24	211	0	32	2	17	0	0	0	2	32	2	14	1	14	46	100
Monaragala	4	70	0	6	0	0	0	3	0	5	11	243	3	18	4	51	0	0	1	21	4	41	0	15	48	100	
Ratnapura	22	316	2	24	0	6	0	0	0	4	22	522	1	17	0	6	0	1	0	0	39	4	52	2	61	37	100
Kegalle	13	277	0	4	0	9	0	0	0	2	14	189	0	8	0	1	0	0	1	73	1	19	0	11	43	100	
Kalmune	3	263	0	11	0	2	0	1	0	1	0	15	0	0	0	2	0	2	0	14	0	7	0	2	44	100	
SRI LANKA	598	10551	8	234	0	42	3	48	4	88	223	3423	11	767	6	107	1	14	14	662	33	405	86	1334	44	95	

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

*T=Timeliness refers to returns received on or before 02nd July, 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

26th – 02nd Jul 2021 (27th 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*	00	00	01	00	00	00	00	00	00	01	01	25	20	25%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	01	00	00	00	01	00	00	00	02	03	48	99	-51.51%
Measles	00	00	00	00	00	00	00	00	00	00	01	10	31	-67.74%
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	00	02	03	-33.33%
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	25	-100%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	05	-100%
Tuberculosis	71	06	04	17	90	27	00	26	39	280	160	2906	2713	7.11%

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

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

ON STATE SERVICE

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