



WEEKLY EPIDEMIOLOGICAL REPORT

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World Cancer Day 2007: Today's Children, Tomorrow's World

The International Union Against Cancer (UICC) and its member organizations will mark this year's World Cancer Day on the 4th February. The theme for this year - "*Today's Children, Tomorrow's World*" - emphasizes on four main cancer-causing factors: tobacco use, unhealthy diet and obesity, infections that may cause cancer, and over-exposure to damaging sunlight. The key messages of the campaign include providing a smoke-free environment for children ('no smoking in homes') and adopting an energy-balanced lifestyle (being physically active, exercising regularly, avoiding obesity, and eating well).

With the fight against cancer at a turning-point, cancer-fighting organizations around the world with the blessings of the World Health Organization (WHO) and the International Agency for Research on Cancer (IARC) will join together in putting forth a simple life-saving message: actions now for today's children can shape a healthier world for tomorrow.

A call to action for health professionals

In 2006 alone, at least 7 million died of cancer. Cancer claimed twice as many lives as AIDS. In fact, 13% of all deaths every year are caused by cancer. That is more than AIDS, tuberculosis, and malaria put together. According to WHO predictions, cancer will take more lives worldwide (an estimated 11.5 million) each year than AIDS, tuberculosis and malaria combined by 2030. This is despite an anticipated 130 percent increase in deaths due to HIV/AIDS worldwide.

If action is taken now, 2 million lives can be

saved each year by 2020, and 6.5 million by 2040. No matter what advances there may be in high-technology medicine, any major reduction in deaths and disability from cancer will come from prevention, not from cure.

As many as 43 percent of all cancers are believed to be *preventable* outright through healthier lifestyles established early in life. Limiting exposure to cancer risks among all children today will greatly reduce the long-term incidence and economic costs of cancer. That is where the health professional comes in. Life-saving prevention can be achieved by educating children, patients and their families about the importance of not using tobacco of any kind, maintaining a healthy diet and exercising regularly, and receiving vaccinations at appropriate ages against cancer-causing infections (e.g., hepatitis B).

Tobacco use: control and education

If current trends continue unaltered, 650 million people alive today will eventually die of tobacco-related diseases, according to the WHO. Tobacco use is the single largest *preventable* cause of cancer in the world — contributing to about 30 percent of all cancer deaths in developed countries and a growing percentage in developing countries. Use of tobacco is responsible for up to 90 percent of all lung cancer deaths and is also linked to cancers of the mouth, throat, esophagus, pancreas, bladder, liver, kidney and stomach. And, there is growing evidence related to additional cancer diseases as well. Most tobacco users begin their habits during childhood. In fact, in many parts

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of the world, more than 30 percent of children have used addictive tobacco products before age 10. Education about the risks of tobacco use among pediatric patients and their families is essential in any cancer-preventative medical program. Simple and direct efforts on the part of health care professionals to educate parents and children is thought to be very helpful.

Poor diet and inactivity: healthier choices

Altogether, diet is second only to tobacco use as a *preventable* cause of cancer. Dietary factors account for about 30 percent of all cancers in developed countries and as many as 20 percent of cancers in developing countries.

As developing countries become urbanized, patterns of cancer, particularly those associated with diet and physical activity, tend to shift toward patterns found in the developed world. Specifically, overweight and obesity contribute to cancers of the esophagus, colon, kidney, breast and endometrium. Overuse of alcohol also increases the risk of cancers of the mouth, throat, esophagus, liver and breast, while high intake of preserved meat or red meat may be associated with an increased risk of colorectal cancer.

Prevention begins with educating children and their families about the importance of maintaining a healthy weight, avoiding abuse of alcohol and increasing physical activity. In addition, regular exercise and diets rich in fruits and vegetables can reduce the risk of several types of cancer. Because cancer shares these risk factors with many other noncommunicable diseases, such as cardiovascular disease and diabetes, cancer prevention can be part of an overall preventive strategy.

Chronic infection: immunizations

One-fifth of all cancers worldwide are caused by chronic infection. The hepatitis B virus (HBV), for example, leads to cirrhosis of the liver and liver cancer, diseases that kill about 1 million people each year.

And each year the human papillomavirus (HPV) causes about 500,000 new cases of cervical cancer, one of the deadliest forms of cancer among women. About 80 percent of all cervical cancers occur in developing countries where there is little access to routine screening (Pap smears) or treatment.

Children are susceptible to both viruses, but both are *preventable*, thanks to the proven vaccine against HBV and a new vaccine against HPV. Immunization programs for children at the appropriate ages are an important strategy within an overall cancer prevention program. In addition, because both viruses can be transmitted through sexual contact, patient education about disease risks and safe sexual behavior is an

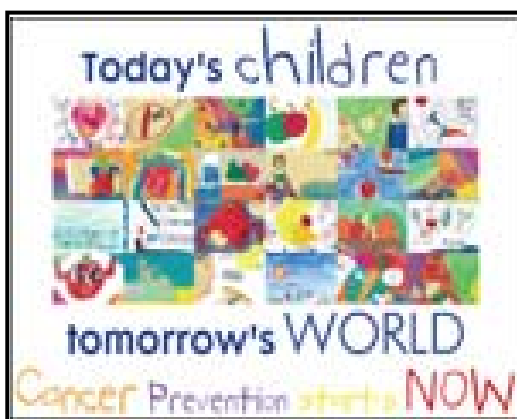
other important component of prevention.

Sunlight over-exposure: healthier behaviours

Excessive solar ultraviolet (UV) radiation and skin burns increases the risk of all types of skin cancer. Up to 3 million nonmelanoma skin cancers and approximately 132,000 malignant melanomas occur worldwide each year.

As many as four out of five cases of skin cancer, however, are *preventable* through changes in behaviour. Prevention begins by educating children patients and their parents about the harmful effects of sun over-exposure and the best forms of protection.

Risk of sunlight overexposure is greatest at times of day and year when the sun is higher in the sky, at latitudes closer to the equator, at higher altitudes and in areas where snow, sand or water can reflect radiation. Although individuals with fair skin and light hair are at greater risk, persons with darker skin are still susceptible to the damaging effects of UV radiation.



Cancer in the region

Home to a quarter of the world's population, South Asia - Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka - presents a complex sociodemographic scenario that is medieval in places, transitional in others and most modern in some. Cancer is currently placed 6th to 9th in the common causes of mortality in the region. The most common cancers in South Asia are the cancers of the head

and neck, which can be directly attributed to the widely prevalent tobacco-chewing habit in the region. Cervical cancer is the commonest cancer among women, while the incidence of breast cancer is rising rapidly, particularly in the urban areas. Lung, oesophageal and other upper gastrointestinal tract cancers are also showing significantly increasing trends, particularly in men.

Role of parents in prevention

Healthy habits established early in life have a significant impact in later years. This has been realized to be of great importance in the incidence, and hence the prevention of cancer. Behaviour is already formed before adolescence. The environment in which children grow up - at home, in school, and in the community - powerfully influences their behaviour later on, whether this regards tobacco use and passive smoking, diet and physical activity. Parents have a key role in influencing healthy habits in their children. We need to help parents to understand the long-term benefits of a healthy lifestyle and to engage them as partners in cancer prevention activities that start early in life.

Table 1: Vaccine-preventable diseases & AFP

20th - 26th January 2007 (4th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006
	W	C	S	NE	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	02 KD=1 NE=1	00	00	00	00	00	00	02	07	08	13	-38.5%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00.0%
Measles	00	00	00	00	00	00	00	00	00	00	00	02	-100.0%
Tetanus	00	00	00	00	00	00	00	00	00	01	02	03	-33.3%
Whooping Cough	00	00	00	00	01 KR=1	00	00	00	01	02	02	06	-66.6%
Tuberculosis	49	69	17	43	18	05	18	18	237	147	763	897	-14.9%

Table 2: Diseases under Special Surveillance

20th - 26th January 2007 (4th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006
	W	C	S	NE	NW	NC	U	Sab					
DF/DHF*	79	24	08	04	14	04	04	07	144	212	711	946	-24.8%
Encephalitis	03 CB=2 GM=1	02 ML=2	00	01 BT=1	00	00	00	00	06	01	32	07	+357.1%
Human Rabies	02 GM=2	00	01 MT=1	00	00	00	00	00	03	02	10	08	+25.0%

Table 3: Newly introduced Notifiable Diseases

20th - 26th January 2007 (4th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Total number of cases to date in 2007	*DF / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever. NA= Not Available. Sources: Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Human Rabies, Dengue Haemorrhagic Fever, Japanese Encephalitis, Chickenpox, Meningitis, Mumps. Special Surveillance: Acute Flaccid Paralysis. National Control Program for Tuberculosis and Chest Diseases: Tuberculosis. Details by districts are given in Table 5.
	W	C	S	NE	NW	NC	U	Sab			
Chickenpox	31 CB=13 GM=9 KL=9	02 KD=2	05 GL=2 MT=3	00	04 KR=4	01 AP=1	00	11 RP=4 KG=7	54	142	
Meningitis	01 KL=1	00	00	00	00	00	00	00	01	35	
Mumps	06 CB=2 GM=3 KL=1	01 NE=1	02 MT=2	00	03 KR=3	00	01 BD=1	00	13	43	

Provinces: W=Western, C=Central, S=Southern, NE=North & East, NC=North Central, NW=North Western, U=Uva, Sab=Sabaragamuwa.
 DPDHS 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.

Table 4: Laboratory Surveillance of Dengue Fever

20th - 26th January 2007 (4th Week)

Samples	Number tested	Number positive	Serotypes				
			D ₁	D ₂	D ₃	D ₄	Negative
Number for current week	18	01	00	00	00	00	01
Total number to date in 2007	138	06	00	01	02	00	02

Source: Genetech Molecular Diagnostics & School of Gene Technology, Colombo.

Table 5: Selected notifiable diseases reported by Medical Officers of Health
20th - 26th January 2007 (4th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Colombo	52	173	03	17	02	03	01	08	00	01	01	12	00	01	03	04	93
Gampaha	12	73	04	21	01	04	01	04	00	00	01	03	04	05	04	12	86
Kalutara	15	56	08	25	00	01	02	08	00	01	03	13	00	00	02	05	82
Kandy	17	112	03	27	00	00	03	07	01	02	03	12	03	11	04	12	82
Matale	04	29	01	25	02	02	00	00	00	00	01	06	00	01	02	16	75
Nuwara Eliya	03	13	02	22	00	00	06	10	00	00	00	03	02	04	11	33	86
Galle	03	23	00	13	00	01	00	01	00	00	00	09	01	06	00	03	63
Hambantota	01	06	00	01	00	00	00	01	00	01	01	05	01	11	01	03	70
Matara	04	24	05	25	00	01	01	04	00	00	01	14	05	25	00	01	94
Jaffna	00	00	00	07	00	00	00	16	00	00	00	00	00	13	00	01	00
Kilinochchi	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	01	25
Mannar	00	05	04	10	00	00	02	03	00	00	00	00	00	00	01	01	75
Vavuniya	02	06	02	10	00	00	01	05	01	04	00	02	00	00	00	03	100
Mullaitivu	00	00	00	02	00	01	00	06	00	00	00	00	00	00	00	00	20
Batticaloa	00	01	04	17	01	02	03	05	00	00	00	00	00	00	03	29	73
Ampara	00	00	00	16	00	00	00	00	00	00	00	00	00	00	00	01	14
Trincomalee	02	14	03	07	00	01	03	04	00	17	00	00	00	00	02	04	78
Kurunegala	06	53	01	31	00	00	05	10	00	00	00	04	03	12	00	03	76
Puttalam	08	43	02	16	00	08	00	08	00	00	00	02	00	00	00	07	78
Anuradhapura	02	06	01	11	00	04	00	07	00	00	00	05	01	04	00	08	63
Polonnaruwa	02	12	03	29	00	01	00	03	00	00	01	06	00	00	00	01	71
Badulla	01	05	13	39	00	00	01	07	00	01	00	04	01	08	08	25	73
Monaragala	03	05	06	24	00	00	02	07	00	00	00	08	01	06	00	00	100
Ratnapura	02	16	05	45	00	03	03	11	00	01	01	03	00	02	01	10	56
Kegalle	05	35	02	17	00	00	01	04	00	00	08	13	00	01	03	07	100
Kalmunai	00	01	02	09	00	00	00	02	00	00	00	00	00	00	06	14	58
SRI LANKA	144	711	74	466	06	32	35	141	02	28	21	124	22	110	51	204	72

Source: Weekly Returns of Communicable Diseases (WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 3 Feb. 2007. Total number of reporting units = 290. Number of reporting units data provided for the current week: 209.

A = Cases reported during the current week. B = Cumulative cases for the year.

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