



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Healthcare and Nutrition

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World Cancer Day 2011

Cancer is a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumours and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs. This process is referred to as metastasis. Metastases are the major cause of death from cancer.

Make cancer prevention a global health priority

Cancer is the second leading cause of death worldwide after cardiovascular diseases. Knowledge about the causes of cancer, and interventions to prevent and manage the disease is extensive. Cancer can be reduced and controlled by implementing evidence-based strategies for cancer prevention, early detection and management of patients with cancer. More than ever before there is a need for a concerted and coordinated fight against cancer, and it is believed that World Cancer Day can provide a good platform for communicating cancer messages. Every year February 4th is pronounced as the world cancer day, where WHO and the entire mankind unites to fight against the killer disease, which has emerged as the awe of the present.

World Cancer Day was proclaimed in 2005 by the Union for International Cancer Control (UICC). This year it is a lead-up to 19-20 September 2011, United Nations General Assembly High-level Meeting on the Prevention and Control of cancers and the three other leading non-communicable diseases of cardiovascular diseases, chronic respiratory diseases and diabetes. These four diseases are considered as the cause for more than 60% of all global deaths.

Cancer is a leading cause of death worldwide and has accounted for 7.6 million deaths, making 13% approximately of all deaths. Worldwide, lung, breast, stomach, liver and colorectal cancers are identified to cause most cancer deaths each year. The majority of all cancer deaths

have occurred in less developed regions and without an organized action this is expected to increase in the coming decades and projected to rise over 11 million by 2030.

Cancer change in cells may be started by external agents and inherited genetic factors. Tobacco use is described as the major risk factor for cancer. Harmful alcohol use, poor diet and physical inactivity are other main risk factors. Most carcinogens are categorised as physical carcinogens, such as ultraviolet and ionizing radiation; chemical carcinogens, such as asbestos, components of tobacco smoke, aflatoxin (a food contaminant) and arsenic (a drinking water contaminant); and biological carcinogens, such as infections from certain viruses, bacteria or parasites. All these are considered as risk factors for cancer and chronic infections with viruses such as hepatitis B (liver cancer) and human papilloma (cervical cancer). Further, being overweight or obese; and physical inactivity are of current interest in preventing strategies of cancer.

Ageing is another fundamental factor for the development of cancer. The incidence of cancer is observed to be increased dramatically with age, most likely due to repeated exposures of risks for specific cancers that increase with age. The overall risk accumulation is combined with the tendency for cellular repair mechanisms to be less effective as a person grows older in cancer development.

Prevention strategies exist to avoid risk factors,

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including the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases by World Health Organization (WHO). In relation to this, other preventive initiatives and strategies include the Global Recommendations on Physical Activity for Health, the Framework Convention on Tobacco Control, the Global Strategy to Reduce the Harmful use of Alcohol, and the Global Strategy on Diet, Physical Activity and Health.

It is identified that more than 30% of cancer deaths can be prevented by modifying or avoiding risk factors. This includes tobacco use, being overweight or obese, low fruit and vegetable intake, physical inactivity, alcohol use, sexually transmitted HPV-infection, urban air pollution, and indoor smoke from household use of solid fuels. Prevention strategies are aimed at increasing avoidance of the risk factors listed above, vaccinating against human papilloma virus (HPV) and hepatitis B virus (HBV) which are major causes for cervical and liver cancer respectively, control of occupational and environmental hazards, and avoidance of excessive exposure to sunlight.

The new recommendations advise that at least 150 minutes of moderate intensity aerobic physical activity throughout the week for people aged 18 and over can reduce the risk of non-communicable diseases, including breast and colon cancers, diabetes and heart disease. For 5–17 year-olds, at least 60 minutes of moderate to vigorous intensity physical activity can protect their health and, in turn, reduce the risk of these diseases. Physical inactivity is increasing in many countries and has major implications for cancers, along with other non-communicable diseases (NCDs) such as cardiovascular diseases and diabetes. Physical inactivity is identified to be associated with high mortality in low- and middle-income countries including increased premature deaths under 60 year olds.

The burden of cancer can be reduced by improving the knowledge about the causes of cancer, and interventions to prevent and manage the disease. Cancer can be reduced and controlled by implementing evidence-based strategies for cancer prevention, early detection of cancer and management of patients with cancer. Cancer mortality can be reduced if cases are detected and treated early. There are two components of early detection efforts: The awareness of early signs and symptoms in cancers such as cervical, breast and oral cancers is essential in order to facilitate diagnosis and treatment before the disease becomes advanced. Early diagnosis programmes are particularly relevant in low-resource settings where the majority of patients are diagnosed in very late stages. Early diagnosis programmes includes mainly screening programmes for identification of early cancer stages at its initiation. The systematic application of a screening test in an asymptomatic population is a success in most countries in selected cancers such as breast, cervical, and colon. It aims to identify individuals with abnormalities suggestive of a specific cancer or pre-cancer and refer them promptly for diagnosis and treatment. Screening programmes are especially effective for frequent cancer types that have a screening test which is cost-effective, affordable, acceptable and accessible to the majority of the population at risk. Most popular screening methods available are visual inspection with acetic acid (VIA), PAP smear examination, HPV screening for cervical cancer, self breast examina-

tion or mammography screening for breast cancer in low or high income resource settings depending on the country.

Treatment is the series of interventions, including psychosocial support, surgery, radiotherapy, chemotherapy that is aimed at curing the disease or considerably prolonging life while improving the patient's quality of life. Treatment of early detectable cancers includes breast cancer, cervical cancer, oral cancer and colorectal cancer. Evidence based medicine shows these cancers have higher cure rates when detected early and treated according to best practices. Some cancers itself has high cure rates irrespective of the stage of detection if the standard appropriate treatment is provided. These are cancers with high potential for cure such as leukemias and lymphomas in children, and testicular seminoma.

Palliative care is a treatment to relieve symptoms caused by cancer, rather than cure. Palliative care can help people live more comfortably. It is an urgent humanitarian need for people worldwide with late stages of cancer and other chronic fatal diseases. It is particularly needed in places with a high proportion of patients in advanced stages where there is little chance of cure. Relief from physical, psychosocial and spiritual problems can be achieved in over 90% of advanced cancer patients through palliative care.

Effective public health strategies in palliative care includes community- and home-based care essential to provide pain relief and care for patients and their families in looking after them. Current practice suggests improved access to oral morphine as a mandatory treatment for moderate to severe cancer pain, suffered by over 80% of cancer patients in terminal phase.

In prevention and treatment of cancers, in public health initiatives identified increase political commitment, generate new knowledge, and disseminate existing knowledge to facilitate the delivery of evidence-based approaches to cancer control, develop standards and tools to guide the planning and implementation of interventions for prevention, early detection, treatment and care for cancer patients, facilitate broad networks of cancer control partners at global, regional and national levels, strengthen health systems at national and local levels, provide technical assistance for rapid, effective transfer of best practice interventions to developing countries, coordinate and conduct research on the causes of human cancer, the mechanisms of carcinogenesis, and develop scientific strategies for cancer prevention and control

Sources:

At least one-third of all cancer cases are preventable. Prevention offers the most cost-effective long-term strategy for the control of cancer

Cancer, Health topics, WHO.

<http://www.who.int/topics/cancer/en/>

Cancer Control, Knowledge into action, WHO.

<http://www.who.int/cancer/modules/en/index.html>

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Table 1: Vaccine-preventable Diseases & AFP

15th-21st January - 2011(03rd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	0	00	00	00	00	00	03	01	03	- 66.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00		00	-
Measles	01	00	00	00	00	00	00	00	00	01	00	03	14	- 78.6 %
Tetanus	00	00	00	00	00	00	00	00	00	00	01	02	02	0.0 %
Whooping Cough	00	00	00	00	00	01	00	00	00	01	01	03	01	+200.0 %
Tuberculosis	159	03	23	25	12	06	00	31	35	294	354	534	631	- 15.4 %

Table 2: Newly Introduced Notifiable Disease

15th-21st January - 2011(03rd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	15	12	04	02	04	11	07	1	9	65	42	224	169	+ 32.5 %
Meningitis	12 CB=1 KL=9 GM=2	00	03 MT=2 HB=1	00	00	07 KR=7	01 PO=1	01 BD=1	03 RP=2 KG=1	27	13	58	134	56.7 %
Mumps	06	03	04	02	00	09	05	01	06	36	05	117	52	125.0
Leishmaniasis	00	00	02 MT=2	00	00	00	01 AP=1	00	00	03	03	25	16	+ 56.25 %

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.
 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.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008. .

Dengue Prevention and Control Health Messages

You have a duty and a responsibility in preventing dengue fever. Make sure that your environment is free from water collections where the dengue mosquito could breed.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
15th-21st January - 2011(03rd Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	60	209	6	14	1	1	3	14	0	1	3	24	1	1	2	5	0	1	77
Gampaha	29	82	4	9	1	1	3	6	0	0	4	12	1	1	1	9	0	0	80
Kalutara	8	15	1	5	0	0	2	7	0	0	1	6	0	0	0	1	0	0	58
Kandy	7	16	6	20	0	0	0	0	0	2	1	5	0	5	0	2	0	0	83
Matale	2	5	3	8	0	0	0	1	0	2	1	10	0	1	0	0	0	0	83
Nuwara	1	1	1	9	0	0	0	3	0	0	0	1	2	2	0	1	0	0	77
Galle	0	4	1	5	0	0	0	1	0	1	2	7	3	3	0	2	0	0	63
Hambantota	3	6	2	5	0	0	0	0	0	0	1	2	3	7	0	0	0	0	82
Matara	4	7	5	7	0	0	1	2	0	0	1	6	0	5	0	1	0	0	94
Jaffna	9	42	0	4	0	0	2	15	0	0	0	0	3	25	0	5	0	0	91
Kilinochchi	0	0	1	1	0	0	0	1	0	0	0	0	0	3	0	1	0	0	25
Mannar	1	5	0	0		0	2	3	0	0	0	3	2	10	0	0	0	0	80
Vavuniya	5	11	1	2	0	0	0	1	0	0	2	5	0	1	0	0	0	0	100
Mullaitivu	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25
Batticaloa	2	14	15	36	0	1	0	2	0	0	0	0	0	0	0	0	0	0	71
Ampara	1	7	1	10	0	0	1	3	0	13	0	4	0	0	0	1	0	0	43
Trincomalee	0	5	1	13	0	0	0	0	1	1	5	10	1	1	1	1	0	0	73
Kurunegala	7	20	8	38	1	1	3	7	1	1	1	13	1	5	1	4	0	0	86
Puttalam	10	40	3	21	0	0	3	4	0	0	0	7	0	1	0	1	0	0	78
Anuradhapu	4	15	4	13	0	0	0	0	0	0	1	16	0	2	0	2	0	0	74
Polonnaruw	1	2	4	10	1	1	0	0	0	0	6	6	0	0	0	0	0	0	100
Badulla	5	16	3	8	0	0	5	6	0	0	1	2	1	1	0	1	0	0	73
Monaragala	2	6	0	3	0	0	0	2	0	0	0	4	1	3	0	1	0	0	45
Ratnapura	4	17	15	28	0	0	0	2	1	1	3	17	3	3	0	5	0	0	83
Kegalle	2	9	0	5	0	0	0	1	0	2	1	1	0	0	2	4	0	0	82
Kalmunai	0	3	9	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	62
SRI LANKA	167	559	94	308	04	05	25	81	03	24	34	0	22	80	07	47	00	01	75

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 21st January, 2011 Total number of reporting units =320. Number of reporting units data provided for the current week: 241

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

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