



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Physical Activity-The Prescription for all (Part II)

Physical Activity and Adults

In adults aged 18–64, physical activity includes leisure time physical activity (e.g. walking, dancing, gardening, hiking, swimming), transportation (e.g. walking or cycling), occupational (i.e. work), household chores, play, games, sports or planned exercise in the context of daily, family and community activities.

Recommended levels of physical activity for adults aged 18 - 64 years

- Adults aged 18–64 should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate- and vigorous-intensity activity.
- Aerobic activity should be performed in bouts of at least 10 minutes duration.
- For additional health benefits, adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week or engage in 150 minutes of vigorous-intensity aerobic physical activity per week or an equivalent combination of moderate- and vigorous-intensity activity.
- Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week

These recommendations are relevant to all healthy adults aged 18–64 years unless specific medical conditions indicate to the contrary. They are applicable for all adults irrespective of gender, race, ethnicity or income level. They also apply to individuals in this age range with chronic non communicable conditions not related to mobility such as hypertension or diabetes.

These recommendations can be valid for adults with disabilities. However adjustments for each individual based on their exercise capacity and specific health risks or limitations may be needed.

There are multiple ways of accumulating the total of 150 minutes per week. The concept of accumulation refers to meeting the goal of 150 minutes per week by performing activities in multiple shorter bouts of at least 10 minutes each, spread throughout the week then adding together the time spent during each of these bouts (e.g. 30 minutes of moderate-intensity activity 5 times per week).

Pregnant, postpartum women and persons with cardiac events may need to take extra precautions and seek medical advice before striving to achieve the recommended levels of physical activity for this age group.

Inactive adults or adults with disease limitations will have added health benefits if moving from the category of “no activity” to “some levels” of activity. Adults who currently do not meet the recommendations for physical activity should aim to increase duration, frequency and finally intensity as a target to achieving them.

Physical Activity and Older Adults

In adults aged 65 years and above, physical activity includes leisure time physical activity (e.g.

Benefits of physical activity for adults

Overall, strong evidence demonstrates that compared to less active adult men and women, individuals who are more active

- Have lower rates of all cause mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, metabolic syndrome, colon and breast cancer and depression
- Are likely to have less risk of a hip or vertebral fracture.
- Exhibit a higher level of cardio respiratory and muscular fitness
- Are more likely to achieve weight maintenance, have a healthier body mass and composition.

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Recommended levels of physical activity for adults aged 65 and above

- Older adults should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate- and vigorous-intensity activity.
- Aerobic activity should be performed in bouts of at least 10 minutes duration.
- For additional health benefits, older adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week, or engage in 150 minutes of vigorous-intensity aerobic physical activity per week or an equivalent combination of moderate-and vigorous-intensity activity.
- Older adults should perform physical activities to enhance balance on 3 or more days per week. This will help them reduce the falls
- Muscle-strengthening activities, involving major muscle groups, should be done on 2 or more days a week.

When older adults cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow

walking, dancing, gardening, hiking, swimming), transportation (e.g. walking or cycling), occupational (if the individual is still engaged in work), household chores, play, games, sports or planned exercise in the context of daily, family and community activities.

These guidelines are relevant to all healthy adults aged 65 years and above. They are also relevant to individuals in this age range with chronic NCD conditions. Individuals with specific health conditions such as cardiovascular disease and diabetes may need to take extra precautions and seek medical advice before striving to achieve the recommended levels of physical activity for older adults.

There are a number of ways older adults can accumulate the total of 150 minutes per week. The concept of accumulation refers to meeting the goal of 150 minutes per week by performing activities in multiple shorter bouts of at least 10 minutes each, spread throughout the week, then adding together the time spent during each of these bouts (e.g. 30 minutes of moderate-intensity activity 5 times per week).

These recommendations are applicable for all older adults irrespective of gender, race, ethnicity or income level.

The recommendations can be applied to older adults with dis-

Benefits of physical activity for older adults

Overall, strong evidence demonstrates that compared to less active men and women, older adults who are physically active

- Have lower rates of all cause mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, colonic cancer and breast cancer, a higher level of cardio respiratory and muscular fitness, healthier body mass and composition
- Have a biomarker profile that is more favourable for the prevention of cardiovascular disease, type 2 diabetes and the enhancement of bone health
- Exhibit higher levels of functional health, a lower risk of falling and better cognitive function

Have reduced risk of moderate and severe functional limitations and role limitations

abilities. However, adjustments for each individual based on their exercise capacity and specific health risks or limitations may be needed.

Older adults who are inactive or who have some disease limitations will have added health benefits if moving from the category of “no activity” to “some levels” of activity. Older adults who currently do not meet the recommendations for physical activity should aim to increase duration, frequency and finally intensity as a target to achieving them.

Summery

A combination of physical activity and healthy eating is recommended for maximum health benefits for all ages as unhealthy diet and physical inactivity are known to be key risk factors for the major non communicable diseases such as cardiovascular diseases, cancer, and diabetes. Lack of physical activity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally. As persons of all ages benefit from exercises, it is recommended for everybody irrespective of gender, race, ethnicity or income level. The recommendations can be applied to persons with disabilities. However, adjustments for each individual based on their exercise capacity and specific health risks or limitations may be necessary. Medical advice should be sought if necessary. It should also be noted that if the person concerned is currently doing no physical activity, doing amounts below the recommended levels (or doing some activity) will bring more benefits than doing none at all.

Sources

WHO Global Strategy on Diet, Physical Activity and Health, available from http://www.who.int/dietphysicalactivity/factsheet_adults/en/index.html
http://www.who.int/dietphysicalactivity/factsheet_olderadults/en/index.html

Compiled by Dr. Madhava Gunasekera of the Epidemiology Unit

Table 1: Vaccine-preventable Diseases & AFP

04th - 10th June 2011(23rd 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 | 01 | 01 | 00 | 01 | 00 | 00 | 01 | 00 | 01 | 05 | 02 | 44 | 40 | + 10.0 % |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | - | - | - | - | - |
| Measles | 01 | 00 | 03 | 00 | 00 | 00 | 00 | 00 | 00 | 04 | 01 | 67 | 43 | + 55.8 % |
| Tetanus | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 00 | 01 | 01 | 10 | 14 | - 42.8 % |
| Whooping Cough | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 01 | 00 | 16 | 10 | + 60.0 % |
| Tuberculosis | 102 | 20 | 53 | 11 | 02 | 25 | 10 | 01 | 34 | 258 | 139 | 3932 | 4091 | - 03.9 % |

Table 2: Newly Introduced Notifiable Disease

04th - 10th June 2011(23rd 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 | 09 | 07 | 13 | 02 | 07 | 08 | 05 | 02 | 12 | 65 | 36 | 2268 | 1739 | + 30.4 % |
| Meningitis | 04 CB=2 KL=2 | 01 NE=1 | 00 | 00 | 00 | 04 KN=2 PU=2 | 02 AP=1 PO=1 | 00 | 03 KG=2 RP=1 | 14 | 47 | 412 | 806 | - 48.9 % |
| Mumps | 11 | 04 | 09 | 04 | 06 | 19 | 05 | 02 | 09 | 69 | 22 | 1157 | 452 | + 156.0 % |
| Leishmaniasis | 00 | 00 | 02 HB=2 | 00 | 00 | 06 KN=6 | 08 AP=8 | 00 | 00 | 16 | 00 | 305 | 153 | + 99.34 % |

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
04th – 10th June 2011(23rd Week)

| DPDHS Division | Dengue Fever / DHF* | | Dysentery | | Encephalitis | | Enteric Fever | | Food Poisoning | | Leptospirosis | | Typhus Fever | | Viral Hepatitis | | Human Rabies | | Returns Received Timely** |
|------------------|---------------------|-------------|------------|-------------|--------------|-----------|---------------|------------|----------------|------------|---------------|-------------|--------------|------------|-----------------|------------|--------------|-----------|---------------------------|
| | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | % |
| Colombo | 99 | 2661 | 2 | 100 | 0 | 4 | 0 | 69 | 0 | 9 | 9 | 211 | 0 | 6 | 3 | 23 | 0 | 2 | 54 |
| Gampaha | 93 | 970 | 1 | 66 | 1 | 10 | 1 | 28 | 0 | 13 | 19 | 314 | 0 | 15 | 6 | 46 | 0 | 2 | 67 |
| Kalutara | 27 | 499 | 5 | 75 | 1 | 4 | 0 | 27 | 0 | 14 | 5 | 133 | 0 | 0 | 0 | 4 | 0 | 0 | 58 |
| Kandy | 18 | 237 | 17 | 206 | 0 | 4 | 2 | 16 | 1 | 28 | 7 | 87 | 8 | 59 | 2 | 31 | 0 | 0 | 91 |
| Matale | 11 | 126 | 0 | 64 | 0 | 3 | 1 | 11 | 0 | 8 | 1 | 115 | 0 | 12 | 0 | 4 | 0 | 0 | 75 |
| Nuwara | 5 | 66 | 15 | 179 | 0 | 3 | 1 | 27 | 0 | 87 | 1 | 25 | 2 | 44 | 0 | 9 | 0 | 1 | 77 |
| Galle | 10 | 243 | 1 | 42 | 0 | 5 | 0 | 3 | 0 | 5 | 4 | 86 | 0 | 16 | 0 | 7 | 0 | 0 | 58 |
| Hambantota | 13 | 234 | 3 | 22 | 0 | 4 | 0 | 2 | 4 | 14 | 17 | 378 | 2 | 29 | 0 | 4 | 0 | 0 | 100 |
| Matara | 16 | 207 | 8 | 41 | 0 | 1 | 1 | 8 | 0 | 10 | 3 | 184 | 2 | 40 | 1 | 12 | 0 | 1 | 94 |
| Jaffna | 1 | 150 | 3 | 91 | 0 | 3 | 5 | 139 | 30 | 42 | 0 | 2 | 3 | 168 | 0 | 16 | 0 | 1 | 91 |
| Kilinochchi | 0 | 35 | 0 | 11 | 0 | 3 | 0 | 5 | 0 | 9 | 0 | 2 | 0 | 8 | 0 | 3 | 0 | 0 | 25 |
| Mannar | 0 | 20 | 0 | 10 | 0 | 0 | 0 | 10 | 0 | 75 | 0 | 11 | 1 | 29 | 0 | 2 | 0 | 0 | 60 |
| Vavuniya | 3 | 48 | 0 | 20 | 0 | 9 | 0 | 6 | 0 | 36 | 1 | 34 | 0 | 2 | 0 | 1 | 0 | 0 | 50 |
| Mullaitivu | 0 | 7 | 0 | 18 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 5 | 0 | 1 | 0 | 2 | 0 | 0 | 75 |
| Batticaloa | 17 | 553 | 8 | 415 | 0 | 4 | 0 | 5 | 0 | 10 | 0 | 19 | 0 | 1 | 0 | 2 | 0 | 4 | 71 |
| Ampara | 5 | 62 | 0 | 51 | 0 | 0 | 0 | 7 | 0 | 21 | 0 | 51 | 0 | 1 | 0 | 7 | 0 | 0 | 57 |
| Trincomalee | 4 | 92 | 7 | 461 | 0 | 1 | 1 | 2 | 0 | 8 | 5 | 77 | 0 | 3 | 1 | 6 | 0 | 0 | 91 |
| Kurunegala | 25 | 338 | 5 | 163 | 0 | 6 | 4 | 53 | 0 | 36 | 15 | 1309 | 3 | 46 | 0 | 18 | 1 | 3 | 87 |
| Puttalam | 6 | 251 | 1 | 99 | 0 | 0 | 1 | 17 | 0 | 5 | 0 | 83 | 0 | 13 | 0 | 6 | 0 | 1 | 44 |
| Anuradhapu | 8 | 118 | 5 | 70 | 0 | 1 | 0 | 2 | 0 | 22 | 2 | 224 | 0 | 16 | 1 | 8 | 0 | 0 | 84 |
| Polonnaruw | 10 | 152 | 1 | 55 | 0 | 1 | 0 | 8 | 0 | 12 | 0 | 69 | 0 | 1 | 0 | 9 | 0 | 0 | 71 |
| Badulla | 17 | 155 | 10 | 117 | 0 | 5 | 2 | 38 | 0 | 5 | 0 | 32 | 4 | 35 | 0 | 22 | 0 | 0 | 80 |
| Monaragala | 4 | 114 | 2 | 31 | 0 | 4 | 0 | 21 | 0 | 10 | 2 | 155 | 1 | 43 | 0 | 35 | 0 | 0 | 82 |
| Ratnapura | 33 | 379 | 12 | 269 | 0 | 4 | 0 | 25 | 0 | 13 | 4 | 284 | 0 | 22 | 0 | 24 | 0 | 2 | 78 |
| Kegalle | 28 | 213 | 7 | 58 | 0 | 11 | 0 | 39 | 0 | 18 | 14 | 195 | 0 | 14 | 5 | 50 | 0 | 0 | 82 |
| Kalmunai | 0 | 18 | 9 | 377 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 4 | 0 | 2 | 0 | 2 | 0 | 1 | 77 |
| SRI LANKA | 453 | 7948 | 122 | 3121 | 02 | 91 | 19 | 570 | 35 | 522 | 109 | 4089 | 26 | 626 | 19 | 353 | 01 | 18 | 76 |

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 10th June , 2011 Total number of reporting units =320. Number of reporting units data provided for the current week: 245

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

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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@slt.net.lk.

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