



WEEKLY EPIDEMIOLOGICAL REPORT

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Quitting Smoking: How To Quit

With the wide range of counseling services, self-help materials and medicines available today, smokers have more tools than ever to help them quit successfully. Tobacco addiction has both a psychological and a physical component. For most people, the best way to quit will be some combination of medicine, a method to change personal habits and emotional support.

Help with psychological addiction

Some people are able to quit on their own, without the help of others or the use of medicines. But for many smokers, it can be hard to break the social and emotional ties to smoking while getting over nicotine withdrawal symptoms at the same time. Fortunately, there are many sources of support out there – both formal and informal.

Several tobacco cessation programs link people needing help with trained counsellors. These specialists help plan a quit method that fits each person's unique smoking pattern. People who use counselling stop smoking at twice the rate of those who don't get this type of help. With guidance from a counsellor, quitters can avoid common mistakes that may self-destruct a quit attempt.

Many former smokers say a support network of family and friends was also very important during their quit attempt. Other people who may offer support and encouragement are coworkers, family doctor and members of support groups for quitters.

Stop smoking programs are designed to help smokers recognize and cope with problems that come up during quitting and to provide support

and encouragement in staying quit. Studies have shown that the best programmes will include either individual or group counselling. In general, the more intense the program, the greater the likelihood of success.

For example, intensity may be increased by having more or longer sessions or by increasing the number of weeks over which the sessions are given. So, when considering a programme, look for one that has the following:

- Session length – at least 20 to 30 minutes per session.
- Number of sessions – at least 4 to 7 sessions.
- Number of weeks – at least 2 weeks.
- Be certain that the leader of the group has training in smoking cessation.

There are some programmes to watch out for as well. Not all programmes are ethical. There should be concern about programmes that do the following:

- Promise instant, easy success with no effort on your part.
- Use injections or pills, especially "secret" ingredients (nicotine replacement is covered later in the article).
- Charge a very high fee.
- Are not willing to provide references from people who have taken the class.

Help with physical addiction

Nicotine replacement therapy

The nicotine in cigarettes leads to actual physical dependence, which can cause unpleasant

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symptoms when a person tries to quit. Nicotine replacement therapy (NRT) provides nicotine – in the form of gums, patches, sprays, inhalers or lozenges – without the other harmful chemicals in tobacco. It can help relieve some of these symptoms so that those who want to quit can concentrate more on the psychological aspects of quitting. It is safest to be under a doctor's care if they wish to try using NRT while they are tapering down their cigarette use.

Other methods of quitting

Treatment with drugs which are more commonly prescribed for other medical conditions are sometimes used, and most of them have not been formally studied or approved for help in quitting smoking.

Hypnosis might be useful for some people.

Acupuncture has been used for quitting smoking, but there is little evidence to support its effectiveness.

Low level **laser therapy**, also called **cold laser therapy**, is a related technique. Cold lasers are sometimes used for acupuncture, with laser beams to stimulate the body's acupoints rather than needles. There is not enough scientific evidence that shows this is an effective method of helping people stop smoking.

Filters that reduce tar and nicotine in cigarettes are generally not effective since studies show that smokers who use filters actually tend to smoke more.

Smoking deterrents such as over-the-counter products that change the taste of tobacco, "stop smoking diets" that curb nicotine cravings and combinations of vitamins have little scientific evidence to support their claims.

The same is true of "homeopathic" aids and herbal supplements. No dietary supplement has been proven effective in helping people quit smoking. The truth is, quit smoking programs, like other programs that treat addictions, often have a fairly low success rate. But that does not mean they are not worthwhile or that people should be discouraged. Someone's own success in quitting is what really counts, and that is under her/his control.

How to quit

There is no one right way to quit, but there are some key elements in quitting smoking successfully. These 4 factors are crucial:

1. Making the decision to quit
2. Setting a quit date and choosing a quit plan
3. Dealing with withdrawal
4. Staying quit (maintenance)

The **Health Belief Model** says that people who want to quit smoking will be more likely to stop tobacco use if they believe that they could get a tobacco-related disease and this worries them, believe that they can make an honest attempt

at quitting, believe that the benefits of quitting outweigh the benefits of continuing tobacco use and know of someone who has had health problems as a result of tobacco use.

The **Stages of Change Model** identifies the stages that people go through when they make a change in behavior. Here are the stages as they apply to quitting tobacco use:

Pre-contemplation: At this stage, the tobacco user is not thinking seriously about quitting right now.

Contemplation: The tobacco user is actively thinking about quitting but is not quite ready to make a serious attempt yet.

Preparation: Tobacco users in the preparation stage seriously intend to quit in the next month and often have tried to quit in the past 12 months. They usually have a plan.

Action: This is the first 6 months when the user is actively quitting.

Maintenance: This is the period of 6 months to 5 years after quitting when the ex-user is aware of the danger of relapse and takes steps to avoid it.

There is no one right way to quit. Most tobacco users prefer to quit abruptly and totally. They use tobacco until their Quit Day and then stop all at once, or they may cut down on tobacco for a week or 2 before their Quit Day. Another way involves cutting down on the number of times tobacco is used each day. With this method, they gradually reduce the amount of nicotine in the body. While it sounds logical to cut down in order to quit gradually, in practice this method is difficult.

Quitting tobacco is a lot like losing weight; it takes a strong commitment over a long period of time. Users may wish there was a magic bullet – a pill or method that would make quitting painless and easy. But that is not the case. Nicotine substitutes can help reduce withdrawal symptoms, but they are most effective when used as part of a stop tobacco use plan that addresses both the physical and psychological components of quitting.

On your Quit Day, follow these suggestions:

- Do not smoke. This means at all - not even one puff!
- Keep active – try walking, exercising, or doing other activities or hobbies.
- Drink lots of water and juices.
- Begin using nicotine replacement if that is recommended.
- Attend stop smoking class or start following a self-help plan.
- Avoid situations where the urge to smoke is strong.
- Avoid alcohol.

Think about changing your routine. Use a different route to work. Drink tea instead of coffee. Eat breakfast in a different place or eat different foods.

Table 1: Vaccine-preventable Diseases & AFP

5th - 11th May 2007 (19th 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	01 KD=1	00	00	00	00	00	00	01	03	32	52	-38.5%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00.0%
Measles	00	00	00	01 BT=1	00	00	00	00	01	00	28	07	+300.0%
Tetanus	00	00	00	00	00	00	00	00	00	00	13	23	-43.5%
Whooping Cough	00	01 NE=1	00	01 TR=1	00	00	00	00	02	01	17	32	-46.9%
Tuberculosis	64	45	12	13	00	00	00	54	188	355	3668	4048	-9.4%

Table 2: Diseases under Special Surveillance

5th - 11th May 2007 (19th 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*	26	02	03	05	04	04	01	10	55	75	1791	3581	-50.0%
Encephalitis	00	00	01 GL=1	03 BT=3	00	00	01 MO=1	01 RP=1	06	00	85	47	+80.8%
Human Rabies	00	00	00	00	00	00	00	00	00	01	25	24	+4.2%

Table 3: Newly Introduced Notifiable Diseases

5th - 11th May 2007 (19th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Total number of cases to date in 2007
	W	C	S	NE	NW	NC	U	Sab		
Chickenpox	26	11	19	04	07	12	06	16	101	1372
Meningitis	00	00	00	00	00	00	00	00	00	49
Mumps	15	02	06	00	02	04	01	06	36	476

*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.

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

5th - 11th May 2007 (19th Week)

Samples	Number tested	Number positive *	Serotypes				
			D ₁	D ₂	D ₃	D ₄	Negative
Number for current week	10	03	00	01	02	00	00
Total number to date in 2007	251	15	00	05	04	00	05

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

* Not all positives are subjected to serotyping.

Table 5: Selected notifiable diseases reported by Medical Officers of Health
5th - 11th May 2007 (19th 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	15	495	07	84	00	03	01	32	00	42	00	59	00	01	00	15	92
Gampaha	03	194	04	87	00	11	01	30	01	28	00	117	00	06	00	41	86
Kalutara	08	133	19	124	00	01	02	23	01	12	01	54	00	01	00	31	100
Kandy	01	205	09	97	00	03	01	26	00	06	00	36	02	34	04	115	45
Matale	00	53	05	77	00	03	00	05	00	03	00	18	00	03	02	74	100
Nuwara Eliya	01	19	07	85	00	01	02	34	00	366	00	06	00	22	05	104	86
Galle	00	45	03	52	01	06	00	06	00	03	01	27	00	16	00	09	81
Hambantota	01	25	02	25	00	04	00	10	00	09	02	21	00	19	00	07	64
Matara	02	65	05	90	00	05	00	20	03	10	04	85	01	104	00	11	88
Jaffna	00	12	00	52	00	02	00	267	00	02	00	00	00	79	00	12	00
Kilinochchi	00	01	00	00	00	00	00	03	00	00	00	00	00	02	00	02	25
Mannar	00	07	00	11	00	00	02	38	00	00	00	00	00	00	00	05	75
Vavuniya	00	10	00	20	00	02	00	09	00	10	00	02	00	00	00	03	75
Mullaitivu	00	00	00	06	00	04	00	12	00	00	00	00	00	00	00	00	40
Batticaloa	05	32	99	250	03	07	00	12	00	02	00	00	00	00	17	169	91
Ampara	00	01	01	37	00	00	00	03	00	00	00	00	00	00	01	12	29
Trincomalee	00	36	12	63	00	01	00	11	00	22	01	02	00	02	02	33	89
Kurunegala	03	155	15	122	00	01	00	25	08	12	00	10	00	23	00	12	78
Puttalam	01	64	01	31	00	09	04	34	00	00	00	14	00	00	01	51	89
Anuradhapura	04	29	03	34	00	07	00	16	00	06	01	13	00	16	00	23	63
Polonnaruwa	00	32	01	43	00	02	00	04	00	01	00	16	00	00	02	11	86
Badulla	00	14	22	186	00	00	02	34	00	08	00	22	07	57	12	97	87
Monaragala	01	08	06	103	01	01	01	17	08	08	02	24	01	27	00	11	90
Ratnapura	04	80	08	242	01	08	03	32	00	07	01	24	00	06	02	37	81
Kegalle	06	74	08	85	00	04	03	24	00	04	00	41	00	10	02	23	82
Kalmunai	00	02	04	53	00	00	01	06	00	00	00	00	00	02	01	73	85
SRI LANKA	55	1791	241	2059	06	85	23	733	18	561	13	591	11	430	51	981	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 19 May 2007. Total number of reporting units = 290. Number of reporting units data provided for the current week: 221.

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

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