



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Vol. 42 No. 42

10th – 16th October 2015

Salt and NCD

Overview

With the rapid urbanization and changing lifestyles people around the world are consuming more energy-dense foods that are high in saturated fats, trans-fats, sugars and salt. Highly processed foods are increasing in availability and becoming more affordable. At the same time, as their eating patterns shift, people are consuming less fruit vegetables and dietary fibre (such as whole grains), that are key components of a healthy diet.

Salt is the main source of sodium and increased consumption is associated with hypertension and increased risk of heart of sodium disease and stroke whereas fruits and vegetables contain potassium, which contribute to reduce blood pressure.

Salt in the diet can come from processed foods, either because they are particularly high in salt (such as ready meals, processed meats like bacon, ham, cheese, salty snack foods, and instant noodles, among others) or because they are consumed frequently in large quantities (such as bread and processed cereal products), other than added salt during cooking or at the table (soy sauce, fish sauce and table salt).

Sodium is also found naturally in a variety of foods, such as milk, meat and shellfish and food additives contained in sodium glutamate.

However, some manufacturers are reformulating recipes to reduce the salt content of their products and consumers should read food labels and

choose products low in sodium.

WHO Recommendations for salt reduction

- For adults: WHO recommends that adults consume less than 5 g (just under a teaspoon) of salt per day.
- For children: WHO recommends that the recommended maximum intake of salt for adults be adjusted downward for children aged 2 to 15 years based on their energy requirements relative to those of adults. This recommendation for children is not applicable to the period of exclusive breastfeeding (0–6 months) or complementary feeding with continued breastfeeding (6–24 months).

All salt that is consumed should be iodized or “fortified” with iodine, a mineral essential for healthy brain development in the foetus and young child, and optimizing mental function in general.

Effects of Salt, sodium and potassium in human body

- Sodium is an essential nutrient necessary for maintenance of plasma volume, acid-base balance, transmission of nerve impulses and normal cell function.
- Excess sodium intake is associated with adverse health outcomes, including increased blood pressure.
- Potassium is an essential nutrient needed for maintenance of total body fluid volume, acid and electrolyte balance, and normal cell function.

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Increased potassium intake as opposed to sodium reduced systolic and diastolic blood pressure in adults.

How to reduce salt in diets

Government policies and strategies should create environments that enable populations to consume adequate quantities of safe and nutritious foods that make up a healthy diet including low salt.

Key broad strategies for salt reduction include:

- Government policies - including economic policies and regulation to ensure food manufacturers and stores produce healthier foods or make healthy products available and affordable
- Collaboration with the private sector to improve the availability and accessibility of low-salt products
- Consumer awareness through social marketing to raise awareness of the need to reduce salt consumption
- Promotion of "healthy food" settings such as schools, workplaces and communities
- Monitoring of population salt intake, sources of salt in the diet and consumer knowledge, attitudes and behaviours relating to salt to inform policy decisions

Salt reduction programmes and programmes that promote fortification with micronutrients of salt can complement each other.

Salt consumption at home can be reduced by measures such as:

- Addition of low/no salt during the preparation of food
- Non availability of salt shaker on the table
- Limiting the consumption of salty snacks
- Choosing products with lower sodium content

Other local practical actions to reduce salt intake include:

- integrating salt reduction into the training curriculum of food handlers
- Removal of salt shakers and soy sauce from tables in restaurants
- Introduction of product or shelf labels making it clear that certain products are high in sodium
- Education of children and provision of a supportive environment for children so that they start early with adopting low salt diets

Actions by the food industry should include:

- incremental reduction salt in products over time so that consumers adapt to the taste and don't switch to alternative products
- consumer awareness activities in food outlets
- labelling sodium content of foods and meals

Response adopted by WHO

WHO guidelines on sodium and potassium provide thresholds for healthy intake. The guidelines also outline measures for improving diets and preventing NCDs in adults and children.

The "Global Strategy on Diet, Physical Activity and Health" was adopted in 2004 by the World Health Assembly (WHA). It calls on governments, WHO, international partners, the private sector and civil society to take action at global, regional and local levels to support healthy diets and physical activity.

In 2011, world leaders committed to reducing people's exposure to unhealthy diets and the commitment was made through a Political Declaration of the High-level Meeting of the United Nations General Assembly on Prevention and Control of NCDs.

In 2013, the WHA agreed on 9 global voluntary targets for the prevention and control of NCDs, which include a halt to the rise in diabetes and obesity and a 30% relative reduction in the intake of salt by 2025. The "Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020" gives guidance and a menu of policy options for Member States, WHO and other UN agencies to achieve the targets.

Source

Salt reduction global report on surveillance, available at <http://www.who.int/mediacentre/factsheets/fs393/en/>

Compiled by Dr. M R K Perera of the Epidemiology Unit.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 03rd - 09th Oct 2015 (41st Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		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	122	6990	3	159	0	11	0	83	1	115	13	245	0	10	4	36	0	3	9	393	0	34	0	0	94	6
Gampaha	46	3034	4	74	2	9	1	29	0	27	10	318	0	10	1	117	0	0	6	227	0	23	0	2	93	7
Kalutara	13	1091	1	85	1	5	0	40	0	81	15	294	0	3	1	32	1	3	2	233	1	44	0	0	69	31
Kandy	16	923	2	107	0	6	0	27	1	42	3	98	0	59	5	125	0	0	6	189	1	21	0	13	87	13
Matale	2	351	0	35	0	1	0	9	0	5	0	53	0	8	1	28	0	0	0	24	1	26	0	16	54	46
NuwaraEliya	3	129	1	275	0	3	1	26	0	7	1	33	2	65	3	51	0	0	1	111	0	46	0	1	92	8
Galle	10	647	0	63	0	3	0	7	0	21	4	192	5	88	1	8	0	0	4	227	0	44	0	2	75	25
Hambantota	8	248	5	36	0	1	0	8	0	26	2	83	0	46	1	36	0	0	0	100	0	11	26	252	92	8
Matara	10	322	0	56	0	6	0	4	0	44	13	181	2	36	6	40	0	0	5	202	0	17	5	115	100	0
Jaffna	3	1299	37	787	0	9	1	162	1	75	1	15	3	548	0	11	0	2	0	176	1	17	0	0	100	0
Kilinochchi	0	61	4	74	0	0	0	15	0	31	0	1	0	23	0	0	0	1	0	15	0	0	0	0	50	50
Mannar	0	81	0	13	0	1	0	5	0	3	0	8	0	21	0	0	0	0	0	7	0	1	0	1	80	20
Vavuniya	2	109	0	16	0	6	2	70	0	16	0	17	0	13	0	2	0	2	1	39	0	17	0	6	75	25
Mullaitivu	1	117	0	27	0	2	0	12	0	16	0	5	0	9	0	4	0	1	0	5	0	3	0	6	60	40
Batticaloa	4	1336	0	272	0	7	0	26	1	181	0	12	0	4	0	11	0	1	0	51	0	16	0	0	64	36
Ampara	2	48	1	40	0	1	0	1	0	15	0	13	0	2	2	9	0	0	1	174	0	5	0	3	57	43
Trincomalee	1	519	2	92	0	0	0	33	0	35	0	14	0	22	5	29	0	1	1	82	0	8	0	4	92	8
Kurunegala	9	1009	6	155	0	5	0	7	2	19	2	211	0	28	1	39	0	6	3	345	0	30	4	117	89	11
Puttalam	0	560	1	53	0	4	0	8	0	9	0	33	0	18	0	2	0	0	0	50	0	26	0	3	46	54
Anuradhapura	1	320	12	108	0	3	0	3	0	62	1	188	0	20	1	15	0	1	1	153	0	29	12	297	84	16
Polonnaruwa	2	182	1	38	0	4	0	13	0	12	0	71	0	1	0	8	0	0	2	116	0	21	1	102	57	43
Badulla	2	435	7	184	0	7	0	9	2	18	2	63	0	119	2	189	0	3	0	177	2	78	0	7	71	29
Monaragala	1	156	1	100	0	4	0	15	0	5	1	139	2	76	10	340	0	1	2	86	1	27	0	35	91	9
Ratnapura	9	818	2	250	0	16	1	41	0	8	11	291	2	60	3	219	0	1	4	143	1	48	0	16	61	39
Kegalle	7	485	0	59	0	11	2	71	0	16	5	268	2	47	1	78	0	0	8	199	4	51	0	0	82	18
Kalmunei	2	457	1	106	0	1	0	1	0	56	0	7	0	0	0	3	0	0	2	100	0	9	0	0	62	38
SRILANKA	276	21727	91	3264	3	126	8	725	8	945	84	2853	18	1336	48	1432	1	26	57	3624	12	652	48	998	79	21

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 09th October, 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 268 C** Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

03rd - 09th Oct 2015 (41st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2015	Number of cases during same week in 2014	Total number of cases to date in 2015	Total number of cases to date in 2014	Difference between the number of cases to date in 2014 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	02	56	65	-14.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	04	01	00	00	00	00	00	00	01	06	06	310	555	44.1%
Measles	12	00	01	00	02	02	01	08	01	27	17	2319	2799	-17.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	08	17	-53.1%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	04	-100%
Tetanus	00	00	00	00	00	00	00	00	00	00	01	14	12	+16.6%
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	00	07	22	-68.1%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	04	79	57	+38.5%
Tuberculosis	24	08	15	13	17	09	15	09	44	154	156	7763	7749	+0.1%

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

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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

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