



WEEKLY EPIDEMIOLOGICAL REPORT

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Quitting Smoking: The Evidence For Change

Mark Twain once said, "Quitting smoking is easy. I've done it a thousand times." Many others have tried to quit smoking too, and have realized how hard it is.

Why is it so hard to quit smoking?

Why is quitting and staying quit hard for so many people? The answer is nicotine. Nicotine is a drug found naturally in tobacco. It is highly addictive – as addictive as heroin or cocaine. Over time, the body becomes both physically and psychologically dependent on nicotine. Studies have shown that smokers must overcome both these addictions to be successful at quitting and staying quit. Nicotine produces pleasant feelings that make the smoker want to smoke more. It also acts as a kind of depressant by interfering with the flow of information between nerve cells. As the nervous system adapts to nicotine, smokers tend to increase the number of cigarettes they smoke, and therefore the amount of nicotine in their blood. After a while, the smoker develops a tolerance to the drug, which leads to an increase in smoking over time. Over time, the smoker reaches a certain nicotine level and then smokes to maintain this level of nicotine. In fact, nicotine, when inhaled in cigarette smoke, reaches the brain faster than drugs that enter the body intravenously.

Nicotine withdrawal

When smokers try to cut back or quit, the absence of nicotine leads to withdrawal symptoms. Withdrawal is both physical and mental. Physically, the body reacts to the absence of

nicotine. Psychologically, the smoker is faced with giving up a habit, which requires a major change in behavior. Both must be addressed for the quitting process to work. If a person has smoked regularly for a few weeks or longer and abruptly stops using tobacco or greatly reduces the amount smoked, withdrawal symptoms will occur. Symptoms usually start within a few hours of the last cigarette and peak about 2 to 3 days later. Withdrawal symptoms can last for a few days to several weeks.

Why quit?

Health concerns usually top the list of reasons people give for quitting smoking. About half of all smokers who continue to smoke will end up dying from a smoking-related illness. Nearly everyone knows that smoking can cause lung cancer, but few people realize it is also a risk factor for many other kinds of cancer as well, including cancer of the mouth, larynx, throat (pharynx), esophagus, bladder, kidney, pancreas, cervix, stomach, and some leukemias. For the first time, the Surgeon General in USA has included pneumonia in the list of diseases caused by smoking.

Smoking increases the risk of lung diseases such as emphysema and chronic bronchitis. These progressive lung diseases – grouped under the term COPD (chronic obstructive pulmonary disease) – are usually diagnosed in current or former smokers in their 60s and 70s. COPD causes chronic illness and disability and is eventually fatal.

Smokers are twice as likely to die from heart attacks as are nonsmokers. And smoking is a

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major risk factor for peripheral vascular disease, a narrowing of the blood vessels that carry blood to the leg and arm muscles, as well as cerebrovascular disease that can cause strokes.

Smoking also causes premature wrinkling of the skin, bad breath, bad smelling clothes and hair, and yellow fingernails and an increased risk of macular degeneration, one of the most common causes of blindness in the elderly.

For women, there are unique risks. Women over 35 who smoke and use birth control pills are in a high-risk group for heart attack, stroke, and blood clots of the legs. Women who smoke are more likely to have a miscarriage or a lower birth-weight baby. Low birth-weight babies are more likely to die or to be impaired.

Based on data collected in the late 1990s, the US Centers for Disease Control (CDC) estimated that adult male smokers lost an average of 13.2 years of life and female smokers lost 14.5 years of life because of smoking.

No matter what the age or how long someone has smoked, quitting will help you live longer. People who stop smoking before age 50 cut their risk of dying in the next 15 years in half compared with those who continue to smoke. Ex-smokers also enjoy a higher quality of life with fewer illnesses from cold and flu viruses, better self-reported health, and reduced rates of bronchitis and pneumonia.

When smokers quit – what are the benefits over time?

20 minutes after quitting: The heart rate and blood pressure drops.

12 hours after quitting: The carbon monoxide level in the blood drops to normal.

2 weeks to 3 months after quitting: Blood circulation improves and the lung function increases.

1 to 9 months after quitting: Coughing and shortness of breath decrease; cilia (tiny hair-like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.

1 year after quitting: The excess risk of coronary heart disease is half that of a smoker's.

5 years after quitting: The stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting.

10 years after quitting: The lung cancer death rate is about half that of a continuing smoker's. The risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decrease.

15 years after quitting: The risk of coronary heart disease is that of a nonsmoker's.

Visible and immediate rewards of quitting

Quitting helps stop the damaging effects of tobacco on the appearance including premature wrinkling of the skin, bad breath, stained teeth, gum disease, bad smelling clothes and

hair and yellow fingernails. Kicking the tobacco habit offers benefits that will be noticed immediately and some that will develop gradually over time. These rewards can improve the day-to-day life immensely (food tastes better, the sense of smell returns to normal and ordinary activities like climbing stairs no longer leave someone out of breath).

The prospect of better health is a major reason for quitting, but there are others as well.

Cost

Smoking is expensive. It isn't hard to figure out how much someone spends on smoking. And this doesn't usually include other possible expenses, such as higher costs for health care and insurance.

Social acceptance

Smoking is less socially acceptable now than it was in the past. Most workplaces have some type of smoking restrictions. Some employers even prefer to hire nonsmokers. Studies show smoking employees cost businesses more to employ because they are "out sick" more frequently. Employees who are ill more often than others can raise an employer's need for expensive temporary replacement workers. Smokers in a building also typically increase the maintenance costs of keeping odors at an acceptable level, since residue from cigarette smoke clings to carpets, drapes and other fabrics.

Landlords may choose not to rent to smokers since maintenance costs may rise when smokers occupy buildings. Friends may ask them not to smoke in their houses or cars. Public buildings, concerts and even sporting events are largely smoke-free. And more and more restrictions on smoking in public places have been imposed by legislation in recent times. Like it or not, finding a place to smoke can be a hassle. Usually non-smoking marriage partners are sought by would-be-parents-in-law even today.

Health of others

Smoking not only harms the health of the smokers but also the health of those around them. Studies have shown that secondhand smoke causes thousands of deaths each year from lung cancer and heart disease in healthy nonsmokers.

Smoking by mothers is linked to a higher risk of their babies developing asthma in childhood, especially if the mother smokes while pregnant. It is also associated with sudden infant death syndrome (SIDS) and low-birth weight infants. Babies and children raised in a household where there is smoking have more ear infections, colds, bronchitis and other respiratory problems.

Setting an example

When asked, nearly all smokers say they don't want their children to smoke, but children whose parents smoke are more likely to start smoking themselves. Anyone who smokes can become a good role model for them by quitting the habit straightaway.

Table 1: Vaccine-preventable Diseases & AFP 28th April - 4th May 2007 (18th 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	01 GM=1	01 KD=1	00	00	00	00	00	00	02	04	31	49	-36.7%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00.0%
Measles	00	00	01 HB=1	01 VA=1	00	00	00	00	02	00	27	07	+285.7%
Tetanus	00	00	00	00	01 KR=1	00	00	00	01	04	12	23	-47.8%
Whooping Cough	00	00	00	01 TR=1	00	00	00	00	01	02	15	30	-50.0%
Tuberculosis	57	30	00	00	00	00	00	54	141	156	3480	3693	-5.8%

Table 2: Diseases under Special Surveillance 28th April - 4th May 2007 (18th 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*	14	02	02	07	03	01	01	04	34	109	1726	3484	-50.4%
Encephalitis	00	00	02 HB=1 MT=1	00	01 KR=1	00	00	00	03	01	79	47	+60.1%
Human Rabies	01 KL=1	00	00	00	00	00	01 MO=1	00	02	00	25	22	+13.6%

Table 3: Newly Introduced Notifiable Diseases 28th April - 4th May 2007 (18th 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	05	05	11	05	05	06	09	12	58	1228
Meningitis	00	00	00	00	00	00	00	00	00	49
Mumps	04	10	17	02	00	00	03	02	38	435

*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 28th April - 4th May 2007 (18th Week)

Samples	Number tested	Number positive *	Serotypes				
			D ₁	D ₂	D ₃	D ₄	Negative
Number for current week	05	01	00	01	00	00	00
Total number to date in 2007	246	13	00	05	02	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
28th April - 4th May 2007 (18th 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	11	480	03	77	00	03	01	31	00	42	04	59	00	01	01	15	92
Gampaha	02	190	02	81	00	11	01	28	00	27	03	116	00	06	01	41	86
Kalutara	01	124	03	98	00	01	01	20	00	11	04	53	00	01	00	30	73
Kandy	02	204	11	88	00	03	00	25	01	06	00	35	00	32	01	111	73
Matale	00	52	02	71	00	03	00	05	00	03	01	18	00	03	02	72	75
Nuwara Eliya	00	18	04	78	00	01	00	32	00	366	00	06	02	22	12	99	71
Galle	00	45	05	49	00	05	02	06	00	03	00	26	00	16	00	09	100
Hambantota	00	23	01	23	01	04	01	10	02	09	02	19	00	19	00	07	91
Matara	02	63	02	85	01	05	01	20	03	10	02	80	01	103	00	11	94
Jaffna	00	09	00	41	00	02	00	252	00	00	00	00	00	78	00	11	00
Kilinochchi	00	01	00	00	00	00	00	03	00	00	00	00	00	02	00	02	00
Mannar	00	07	00	11	00	00	00	36	00	00	00	00	00	00	00	05	75
Vavuniya	00	10	01	20	00	02	01	09	03	10	00	02	00	00	00	03	50
Mullaitivu	00	00	00	06	00	04	00	12	00	00	00	00	00	00	00	00	100
Batticaloa	06	27	34	511	00	04	00	12	00	02	00	00	00	00	01	152	91
Ampara	00	01	02	33	00	00	00	03	00	00	00	00	00	00	00	08	29
Trincomalee	01	36	03	51	00	01	00	11	00	22	00	01	00	02	00	31	89
Kurunegala	03	150	13	107	01	01	00	25	00	04	00	10	00	23	00	12	78
Puttalam	00	63	00	30	00	09	03	30	00	00	00	14	00	00	00	50	100
Anuradhapura	01	25	00	31	00	07	00	16	00	06	01	12	00	16	00	23	84
Polonnaruwa	00	31	00	42	00	02	00	04	00	01	00	16	00	00	00	09	71
Badulla	00	14	14	164	00	00	00	32	00	08	00	21	03	49	00	84	93
Monaragala	01	07	08	97	00	00	00	16	00	00	02	22	00	26	01	11	100
Ratnapura	03	76	04	231	00	07	01	28	00	07	00	23	00	06	00	34	50
Kegalle	01	68	02	76	00	04	01	21	01	04	00	41	00	10	01	21	91
Kalmunai	00	02	07	44	00	00	00	05	00	00	00	00	00	02	02	72	69
SRI LANKA	34	1726	121	1785	03	79	13	692	10	541	19	574	06	417	22	923	80

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 12 May 2007. Total number of reporting units = 290. Number of reporting units data provided for the current week: 232.

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

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