WEEKLY EPIDEMIOLOGICAL REPORT

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World Breastfeeding Week 1–7 August 2009

World Breastfeeding Week is celebrated every year from 1st to 7th August in more than 120 countries to encourage breastfeeding and improve the health of babies around the world. It commemorates the Innocenti Declaration made by WHO and UNICEF policy-makers in August 1990 to protect, promote and support breastfeeding.

Breastfeeding is the best way to provide newborns with the nutrients they need. WHO recommends exclusive breastfeeding until a baby is six months old, and continued breastfeeding with the addition of nutritious complementary foods for up to two years or beyond.

The theme of World Breastfeeding Week 2009 is "Breastfeeding - a vital emergency response. Are you ready?". It highlights the need to protect, promote and support breastfeeding in emergencies for infant and young child survival, health and development.

Breast feeding is identified as a priority in Global Strategy for Infant and Young Child Feeding which was developed jointly by WHO and UNICEF. This draws world attention to the impact that feeding practices have on the nutritional status, growth and development, health, and thus the very survival of infants and young children.

Global Strategy for Infant and Young Child Feeding

The Global Strategy is based on the evidence of nutrition's significance in the early months and years of life, and of the crucial role that appropriate feeding practices play in achieving optimal health outcomes. Lack of breastfeeding and especially lack of exclusive breastfeeding during the first half-year of life are important risk factors for infant and childhood morbidity and mortality that are only compounded by inappropriate complementary feeding. The life-long impact includes poor school performance, reduced productivity, and impaired intellectual and social development.

The Strategy is the result of a comprehensive two-year participatory process. The aim, from the outset, was to move towards formulating a sound approach to alleviating the tragic burden borne by the world's children (50-70% of the burden of diarrhoeal disease, measles, malaria and lower respiratory infections in childhood are attributable to under nutrition) and to contribute to a lasting reduction in poverty and deprivation.

This exercise provided an exceptional opportunity to re-examine critically, in the light of the latest scientific and epidemiological evidence, the fundamental factors affecting feeding practices for infants and young children. At the same time, it renewed commitment to continuing joint action consistent with the Baby-friendly Hospital Initiative, the International Code of Marketing of Breast-milk Substitutes, and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding. The Strategy is intended as a guide for action; it identifies interventions with a proven positive impact, it emphasizes providing mothers and families the support they need to carry out their crucial roles, and it explicitly defines the obligations and responsibilities in this regard of governments, international organizations and other concerned parties.

The first necessary political step has been taken. It is now time for everyone concerned – governments as well as all the other innumerable actors throughout society – to move swiftly and deliberately to give tangible effect to the Strategy's vital aim and practical objectives. There can be no delay in applying the accumulated knowledge and experience to help make our world a truly fit environment where all children can thrive and achieve their full potential.

Policy Framework

On the basis of the inputs provided and the principles that evolved through this process, the following policy framework emerged.

- Inappropriate feeding practices and their consequences are major obstacles to sustainable socioeconomic development and poverty alleviation. Governments will be

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unsuccessful in their efforts to accelerate economic development in any significant long-term sense until optimal child growth and development, especially through appropriate feeding practices, are ensured.

- Appropriate evidence-based feeding practices are essential for attaining and maintaining proper nutrition and health.
- Mothers and babies form an inseparable biological and social unit; the health and nutrition of one group cannot be divorced from the health and nutrition of the other.
- Keeping improved infant and young child feeding high on the public health agenda is crucial for consolidating gains made during the past two decades.
- Twenty years after adoption of the International Code of Marketing of Breast-milk Substitutes and 10 years into giving practical effect to the World Declaration and Plan of Action for Nutrition, the Innocenti Declaration and the Baby-friendly Hospital Initiative, it is time for governments, the international community and other concerned parties to renew their commitment to promoting the health and nutrition of infants and young children and to work together for this purpose.
- Although not every component is new, what is novel about the global strategy is its integrated comprehensive approach and the degree of urgency called for in implementing it, in order to deal effectively with so elementary a challenge as ensuring appropriate feeding for the world's children.
- The most rational and economical approach to achieving the strategy's aim and objectives is to use existing health and intersectoral structures, reinforced where necessary.
- Success in implementing the global strategy rests, first and foremost, on achieving political commitment at the highest level and assembling the indispensable human and financial resources.
- Additional high-priority conditions for success include definition of suitable goals and objectives, a realistic timeline for their achievement, and measurable process and output indicators that will permit an accurate monitoring and evaluation of action taken and a rapid response to identified needs.

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production.

Even though it is a natural act, breastfeeding is also a learned behaviour. Virtually all mothers can breastfeed provided they have accurate information, and support within their families and communities and from the health care system. They should also have access to skilled practical help from, for example, trained health workers, lay and peer counsellors, and certified lactation consultants, who can help to build mothers' confidence, improve feeding technique, and prevent or resolve breastfeeding problems.

Women in paid employment can be helped to continue breastfeeding by being provided with minimum enabling conditions, for example paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks).

Infants are particularly vulnerable during the transition period when complementary feeding begins. Ensuring that their nutritional needs are met thus requires that complementary foods be:

- **timely** – meaning that they are introduced when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding;
- **adequate** – meaning that they provide sufficient energy, protein and micronutrients to meet a growing child's nutritional needs;
- **safe** – meaning that they are hygienically stored and prepared, and fed with clean hands using clean utensils and not bottles and teats;
- **properly fed** – meaning that they are given consistent with a child's signals of appetite and satiety, and that meal frequency and feeding method – actively encouraging the child, even during illness, to consume sufficient food using fingers, spoon or self-feeding are suitable for age.

To Improve feeding practices

Mothers, fathers and other caregivers should have access to objective, consistent and complete information about appropriate feeding practices, free from commercial influence. In particular, they need to know about the recommended period of exclusive and continued breastfeeding; the timing of the introduction of complementary foods; what types of food to give, how much and how often; and how to feed these foods safely.

Mothers should have access to skilled support to help them initiate and sustain appropriate feeding practices, and to prevent difficulties and overcome them when they occur. Knowledgeable health workers are well placed to provide this support, which should be a routine part not only of regular prenatal, delivery and postnatal care but also of services provided for the well baby and sick child. Community-based networks offering mother-to-mother support, and trained breastfeeding counsellors working within, or closely with, the health care system, also have an important role to play in this regard. Where fathers are concerned, research shows that breastfeeding is enhanced by the support and companionship they provide as family providers and caregivers.

Mothers should also be able to continue breastfeeding and caring for their children after they return to paid employment. This can be accomplished by implementing maternity protection legislation and related measures consistent with ILO Maternity Protection Convention, 2000 No. 183 and Maternity Protection Recommendation, 2000 No. 191. Maternity leave, day-care facilities and paid breastfeeding breaks should be available for all women employed outside the home.

Continuing clinical and population-based research and investigation of behavioural concerns are essential ingredients for improving feeding practices. Crucial areas include completion and application of the new international growth reference, prevention and control of micronutrient malnutrition, programmatic approaches and community-based interventions for improving breastfeeding and complementary feeding practices, improving maternal nutritional status and pregnancy outcome, and interventions for preventing mother-to-child transmission of HIV in relation to infant feeding.

Source:

Global Strategy for Infant and Young Child Feeding-WHO, Unicef

Table 1: Vaccine-preventable Diseases & AFP

25th – 31st July 2009 (31st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	01	01	00	00	00	00	00	00	00	02	00	49	59	-16.9%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	00	00	01	00	00	00	00	00	01	02	87	66	+31.8%
Tetanus	00	00	00	00	00	00	00	00	00	00	01	18	22	-18.2%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	33	24	+37.5%
Tuberculosis	113	35	06	01	09	06	18	24	52	264	49	5929	5179	14.4%

Table 2: Newly Introduced Notifiable Disease

25th – 31st July 2009 (31st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	04	04	05	101	10	07	06	03	05	145	91	11263	3373	+233.9%
Meningitis	03 KL=1 GM=2	00	01 GL=1	00	02 TR=2	01 KR=1	00	00	04 RP=4	11	19	624	872	-28.4%
Mumps	01	04	01	02	13	02	03	02	03	31	41	1165	1625	-28.3%
Leishmaniasis	00	01 ML=1	08 HB=1 MT=7	00	00	00	04 AP=4	00	00	13	Not available*	486	Not available*	-

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.

Table 4: Surveillance of Communicable diseases among IDP's

25th – 31st July 2009 (31st Week)

Area \ Disease	Dysentery	Enteric fever	Viral Hepatitis	Chicken Pox	Watery Diarrhoea
Vavunia	0	6	14	56	0
Chendikulam	57	4	41	152	510
Total	**57**	**10**	**55**	**208**	**510**

Table 4: Selected notifiable diseases reported by Medical Officers of Health

25th – 31st July 2009 (31st 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	110	2915	3	125	0	9	3	120	1	39	5	355	0	5	7	73	0	4	**85**
Gampaha	110	2668	0	105	0	17	0	31	0	12	4	186	0	7	12	72	0	2	**53**
Kalutara	12	983	3	216	0	9	0	44	0	43	1	150	0	1	2	39	0	2	**42**
Kandy	103	3005	4	197	0	5	0	21	0	54	2	150	1	115	4	63	0	0	**68**
Matale	77	1163	6	78	0	2	1	26	0	6	6	265	0	4	6	40	0	2	**92**
Nuwara Eliya	13	190	6	321	0	2	1	140	0	779	1	29	0	56	3	55	0	0	**92**
Galle	25	379	8	157	0	10	0	2	0	20	3	103	2	6	3	17	0	3	**100**
Hambantota	23	692	2	65	0	8	1	6	0	11	0	53	4	55	2	27	0	0	**91**
Matara	17	837	7	197	0	4	0	4	0	15	2	101	2	81	2	30	0	1	**94**
Jaffna	1	10	0	78	0	3	2	181	0	28	0	0	0	124	0	135	0	2	**0**
Kilinochchi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Mannar	0	4	0	56	0	1	2	88	0	4	0	0	0	0	3	47	0	0	**50**
Vavuniya	0	12	3	1344	6	13	18	206	0	2	0	3	1	2	69	3255	0	0	**75**
Mullaitivu	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	**0**
Batticaloa	10	451	1	181	0	12	0	10	0	41	0	8	0	2	0	17	0	2	**55**
Ampara	3	199	0	32	0	0	0	8	3	8	0	8	0	1	1	15	0	0	**100**
Trincomalee	3	305	3	71	0	2	0	4	0	1	0	16	2	17	0	29	0	1	**50**
Kurunegala	134	1983	6	122	0	8	0	44	0	9	1	67	1	57	13	84	0	4	**95**
Puttalam	28	446	5	99	0	7	0	58	0	2	0	63	0	29	1	18	0	1	**67**
Anuradhapur	14	450	1	80	0	4		5	0	3	1	77	0	27	12	100	0	1	**74**
Polonnaruwa	6	121	0	25	0	2	0	20	0	6	0	54	7	9	2	42	0	0	**71**
Badulla	8	213	7	178	0	2	0	31	3	19	4	64	1	78	1	228	0	1	**60**
Monaragala	7	119	1	47	0	1	0	19	0	8	0	13	1	49	1	63	0	1	**64**
Ratnapura	64	1469	1	366	0	17	1	40	0	5	4	170	0	25	2	94	0	1	**67**
Kegalle	37	2983	2	121	0	7	0	29	0	6	4	132	0	23	0	146	0	1	**55**
Kalmunai	5	148	0	74	0	1	0	12	0	3	0	2	0	3	2	13	0	0	**54**
SRI LANKA	**810**	**21475**	**69**	**4337**	**06**	**146**	**29**	**1150**	**05**	**1124**	**38**	**2069**	**22**	**776**	**148**	**4702**	**00**	**29**	**69**

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 24th July, 2009 Total number of reporting units =311. Number of reporting units data provided for the current week: 224
A = Cases reported during the current week. B = Cumulative cases for the year.

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ON STATE SERVICE

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