WEEKLY EPIDEMIOLOGICAL REPORT

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World No Tobacco Day - 31st May 2010

Tobacco use is the leading cause of preventable death, and is estimated to kill more than 5 million people each year worldwide. Half of all global deaths from tobacco are in low and middle-income countries. If current trends persist, tobacco will kill more than 8 million people worldwide each year by the year 2030, with 80% of these premature deaths in low and middle-income countries. By the end of this century, tobacco may kill a billion people or more unless urgent action is taken (5, 6). In addition to millions of premature deaths, tobacco use significantly reduces the quality of life and imposes a substantial social and economic cost on society and families.

The World Health Organization (WHO) selects "Gender and tobacco with an emphasis on marketing to women" as the theme for this year's World No Tobacco Day, which will take place on 31 May 2010. Controlling the epidemic of tobacco among women is an important part of any comprehensive tobacco control strategy. World No Tobacco Day 2010 will be designed to draw particular attention to the harmful effects of tobacco marketing towards women and girls. It will also highlight the need for the nearly 170 signatory countries to the WHO Framework Convention on Tobacco Control to ban all tobacco advertising, promotion and sponsorship in accordance with their constitutions.

Women comprise about 20% of the world's more than 1 billion smokers. However, the epidemic of tobacco use among women is increasing in some countries. Women are a major target of opportunity for the tobacco industry, which needs to recruit new users to replace the nearly half of current users who will die prematurely from tobacco-related diseases.

Especially troubling is the rising prevalence of tobacco use among girls. The new WHO report, Women and health: today's evidence, tomorrow's agenda, points to evidence that tobacco advertising increasingly targets girls. Data from 151 countries show that about 7% of adolescent girls smoke cigarettes as opposed to 12% of adolescent boys. In some countries, almost as many girls smoke as boys.

World No Tobacco Day 2010 will give overdue recognition to the importance of controlling the epidemic of tobacco among women. As WHO Director-General Margaret Chan wrote in the aforementioned report, "protecting and promoting the health of women is crucial to health and development - not only for the citizens of today but also for those of future generations".

The WHO Framework Convention, which took effect in 2005, expresses alarm at "the increase in smoking and other forms of tobacco consumption by women and young girls worldwide". Although the World No Tobacco Day 2010 campaign will focus on tobacco marketing to women, it will also take into account the need to protect boys and men from the tobacco companies' tactics. As WHO said in its 2007 report, Gender and tobacco control: a policy brief, "Generic tobacco control measures may not be equally or similarly effective in respect to the two sexes. Gendered perspective must be included in any such measures. Tobacco control policies should recognize and take into account gender norms, differences and responses to tobacco in order to reduce tobacco use and improve the health of men and women worldwide".

In another 2007 report, Sifting the evi-

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dence: gender and tobacco control, WHO commented, "Both men and women need full information about the sex-specific effects of tobacco use, equal protection from gendered advertising and marketing and the development of sex-specific tobacco products by transnational tobacco companies and, gender-sensitive information about, and protection from, second-hand smoke and occupational exposure to tobacco or nicotine".

The WHO Framework Convention also recognizes "the need for gender-specific tobacco control strategies", as well as for the "full participation of women at all levels of [tobacco control] policy-making and implementation of tobacco control measures". Tobacco use could kill one billion people during this century. Recognizing the importance of reducing tobacco use among women, and acting upon that recognition, would save many lives.

Tobacco control In Sri Lanka

The morbidity and mortality patterns in Sri Lanka have completely changed during the last few decades. Today, cardiovascular diseases and malignancies have become the leading causes of morbidity in Sri Lanka. A significant proportion of these ill health conditions can be due to tobacco use but further research is needed to confirm this conclusion.

No nationwide survey has been conducted on the prevalence of tobacco use in Sri Lanka. At present a slight fall in tobacco consumption is evident. However, the real decline in the rates of tobacco consumption cannot be identified easily as a significant number of low cost, low quality tobacco products and smuggled cigarettes have now entered the market. The Global Youth Tobacco Survey (GYTS) conducted in 1999, 2003 and 2006 showed that cigarette smoking among school children aged 13-15 years was decreasing gradually in Sri Lanka but the use of other types of tobacco products was increasing. GYTS is a cross-sectional school-based survey using a standardized methodology for constructing the sampling frame, selecting schools and processing data. A standard set of survey questions is used globally for this survey. Findings from GYTS also showed that exposure of children to direct and indirect advertisements of tobacco products decreased sharply. This was mainly due to the complete ban of promotion and advertisement of all tobacco products and brand names in Sri Lanka.

The commitment of the political leadership to the reduction of tobacco use in Sri Lanka is strong and clear. Sri Lanka was the fifth country in the South East Asian Region to sign the WHO Framework Convention on Tobacco Control (FCTC) and the first country in the Region to ratify it. The Parliament of Sri Lanka enacted the National Authority on Tobacco and Alcohol (NATA) Act in 2006. The important provisions of the NATA Act are: prohibition of sales and promotion of tobacco products to minors; prohibition of advertising, promotions and sponsorship of all tobacco products; prohibition of vending machines; compulsory health warnings labels on cigarette packets; and prohibition of smoking in all public places.

Though the act is fairly comprehensive there are delays in implementation. This is mainly due to absence of detailed guidelines on law enforcement. Though the legislation requires that cigarette packets should carry necessary health warnings, still there is no graphic/pictorial warning and the text warnings now appear on packets are also not specific. The act ban smoking in public places. But, still there is confusion on the definition of 'public places'. The recent surveys indicate exposure to second-hand smoke in public places is high in Sri Lanka. (According to the NATA Act, 100% smoke-free places are healthcare, education and government facilities, and indoor offices/ workplaces. Airports, restaurants, pubs and bars are considered as non-smoking areas but can have designated smoking rooms.)

Authorities are bound to implement the NATA Act as Sri Lanka is a Party to the Framework Convention on Tobacco Control (FCTC). Article 11 of the FCTC requires parties to implement effective measures to control tobacco use in their countries within specific timeframes of ratifying the FCTC. Unfortunately, there is no strategy or action plan on enforcement of the law in this regard in Sri Lanka. Financial intervention, such as increasing taxes has been shown as an effective strategy for tobacco control in many countries. At present the tax on cigarettes in Sri Lanka is 54%. But, there is little or no taxation for locally produced cigars and beedi, and smokeless tobacco products. There should be harmonious increase in tobacco taxes for all forms of tobacco products.

Another issue that needs immediate attention is assisting smokers who want to quit their habit. Evidence shows that many people want to quit tobacco use, but proper cessation services are not available in the country. Though there are some community based cessation activities, there is no toll-free telephone quit line/ helpline to assist individuals to quit tobacco use. Further, nicotine replacement therapy (NRT) is not available in Sri Lanka.

The Sri Lanka Tobacco Control Programme is implementing its activities in line with the MPOWER policy package (Monitor tobacco use & prevention policies, Protect people from tobacco use, Offer help to quit tobacco use, Warn about the dangers of tobacco, Enforce bans on tobacco advertising, promotion & sponsorship and Raise taxes on tobacco). Sri Lanka is one of the recipients of a grant under the Bloomberg Initiative to reduce tobacco use in the world. The major activity under this project is the establishment of tobacco Control Cells in the 26 health administrative districts of the Island. Twenty-two District Tobacco Control Cells (DTCCs) have now been established in all nine provinces of the country. However, multisectoral efforts are needed to bring about a significant decline in the prevalence of tobacco use and exposure to second-hand smoke, and to monitor the key indicators of MPOWER Policy Package of WHO.

Source:
National Authority on Tobacco & Alcohol, Sri Lanka

Compiled by Dr. N. Janakan, Consultant Epidemiologist

Table 1: Vaccine-preventable Diseases & AFP

15th - 21st May 2010(20th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2010	Number of cases during same week in 2009	Total number of cases to date in 2010	Total number of cases to date in 2009	Difference between the number of cases to date in 2010 & 2009
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	01	00	00	00	00	00	00	00	01	01	34	27	+ 25.9 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	02	00	00	00	00	00	00	00	02	01	38	53	- 28.3 %
Tetanus	00	00	00	00	00	00	00	00	00	00	01	09	11	- 18.2 %
Whooping Cough	00	01	01	00	00	00	00	00	00	02	01	10	25	- 60.0 %
Tuberculosis	37	01	11	15	01	24	00	12	22	123	231	3485	3490	+ 00.1 %

Table 2: Newly Introduced Notifiable Disease

15th - 21st May 2010(20th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2010	Number of cases during same week in 2009	Total number of cases to date in 2010	Total number of cases to date in 2009	Difference between the number of cases to date in 2010 & 2009
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	05	03	07	02	01	08	04	11	04	45	116	1567	7249	- 78.4 %
Meningitis	04 CB=3 KL=1	00	02 GL=2	01 MN=1	01 BT=1	05 KN=5	03 AP=3	00	02 RP=2	18	12	620	396	+ 56.6 %
Mumps	03	01	01	01	02	04	01	02	01	16	30	360	728	- 50.5 %
Leishmaniasis	00	00	00	00	00	00	05 AP=5	00	00	05	09	144	394	- 63.5 %

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: Selected notifiable diseases reported by Medical Officers of Health

15th - 21st May 2010(20th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	61	1809	8	79	0	7	5	31	2	17	13	248	0	3	1	27	0	1	**69**
Gampaha	7	1771	0	21	0	11	0	19	0	8	5	169	0	4	0	38	0	3	**27**
Kalutara	23	555	2	61	0	8	0	7	0	65	0	147	0	1	0	15	0	1	**58**
Kandy	18	623	15	128	0	1	2	14	0	2	8	37	4	73	0	25	0	1	**70**
Matale	13	350	2	188	0	1	0	9	3	66	2	47	0	4	1	24	0	0	**83**
Nuwara	1	67	13	133	0	0	2	52	0	81	0	12	2	36	0	23	0	0	**69**
Galle	30	357	14	95	0	4	0	0	0	9	3	35	0	3	0	6	0	3	**84**
Hambant	3	316	5	21	0	2	0	1	0	6	2	25	0	43	0	4	0	0	**45**
Matara	8	169	7	62	0	1	0	2	0	39	7	149	0	69	1	10	0	0	**94**
Jaffna	11	2048	4	76	0	1	6	324	0	5	0	1	0	98	0	33	0	2	**33**
Kili-	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	**0**
Mannar	4	88	3	19	0	0	1	29	3	7	0	0	0	0	0	12	0	0	**60**
Vavuniya	1	485	1	17	10	2	1	26	0	7	0	1	1	1	0	10	0	1	**50**
Mullaitivu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	**0**
Batticaloa	10	1003	0	51	0	2	0	15	0	25	0	5	0	1	1	3	0	1	**57**
Ampara	0	71	0	27	0	1	0	4	0	6	0	20	0	0	0	9	0	0	**0**
Trincomal	3	739	3	71	0	6	0	3	1	8	0	8	0	7	0	12	0	1	**40**
Kurunega	20	551	11	106	1	7	0	14	0	6	5	155	1	23	0	52	0	2	**55**
Puttalam	5	549	2	29	0	4	1	36	0	124	0	54	0	0	2	11	0	0	**78**
Anuradha	2	739	2	30	0	2	0	4	3	24	2	34	1	19	0	24	0	3	**47**
Polonnar	0	182	0	29	0	1	0	1	0	7	0	39	0	1	0	17	0	0	**57**
Badulla	2	265	1	71	0	1	0	49	0	13	0	30	1	38	1	41	0	0	**13**
Monaraga	3	242	9	85	0	1	0	19	0	4	1	26	1	28	2	51	0	1	**45**
Ratnapur	46	871	8	167	0	4	0	9	0	22	5	173	0	30	1	47	0	1	**44**
Kegalle	7	381	7	45	0	4	0	25	2	18	5	95	0	7	0	39	0	0	**36**
Kalmunai	0	458	2	85	0	1	0	5	0	0	0	0	0	0	0	7	0	1	**38**
SRI LANKA	**278**	**14690**	**119**	**1697**	**02**	**72**	**18**	**699**	**14**	**569**	**58**	**1510**	**11**	**489**	**10**	**540**	**00**	**22**	**53**

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 21st May, 2010 Total number of reporting units =311. Number of reporting units data provided for the current week: 168
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@sltnet.lk.

ON STATE SERVICE

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