WEEKLY EPIDEMIOLOGICAL REPORT

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Non communicable diseases (NCDs)

Introduction

Non communicable diseases (NCDs), also known as chronic diseases are illnesses which do not transmit from one person to another. These diseases are of long duration and generally slow in progression. The four main types of non communicable diseases are,

1. Cardio-Vascular Diseases (Such as heart attacks and stroke)
2. Cancers
3. Chronic Respiratory Diseases (such as chronic obstructed pulmonary disease and asthma)
4. Diabetes

Global situation

NCDs already disproportionately affect low and middle-income countries where nearly 80% of NCD deaths (29 million) occur. NCDs have become the leading causes of death in all regions in the world except Africa (but current projections indicate that the largest increases in NCD deaths will occur in Africa by 2020).

People affected

NCDs kill more than 36 million people each year. NCDs are often associated with older age groups, but evidence shows that more than 9 million of all deaths attributed to non communicable diseases (NCDs) occur before the age of 60. All age groups from all regions of the world can get affected by NCDs. Cardiovascular diseases account for most NCD deaths (17.3 million people annually), followed by cancers (7.6 million), respiratory diseases (4.2 million) and diabetes (1.3 million).

The Risk factors for NCDs

The lifestyle and the environment of a person can increase the risk of acquiring certain NCDs. Age, gender, genetics, exposure to air pollution and behaviours such as smoking, unhealthy diet and physical inactivity which can lead to hypertension and obesity, can be considered as risk factors for NCDs.

Risk factors are categorized into two as modifiable and non – modifiable. While unhealthy diets, physical inactivity, exposure to tobacco smoke and the harmful use of alcohol are considered as major modifiable risk factors for NCDs, age, gender, genetics (familial predisposition to develop NCDs) are considered as major non-modifiable risk factors.

- Tobacco accounts for almost 6 million deaths every year (including over 600 000 deaths from exposure to second-hand smoke) and is projected to increase to 8 million by 2030.
- About 3.2 million deaths annually are being attributed to insufficient physical activity.
- Approximately 1.7 million deaths are attributable to low fruit and vegetable consumption.
- About 2.3 million deaths are resulted from harmful drinking and half of them are due to NCDs.

The unhealthy behaviours (or the major modifiable risk factors - tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol) lead to four key metabolic/physiological changes that increase the risk of NCDs. They are,

1. Raised blood pressure
2. Overweight/obesity
3. Hyperglycemia (high blood glucose levels)
4. Hyperlipidemia (high levels of fat in the blood)

In terms of attributable deaths, the leading NCD risk factor globally is elevated blood pressure (to which 16.5% of global deaths are attributed), followed by tobacco use (9%), raised blood glucose (6%), physical inactivity (6%) and overweight and obesity (5%).

The socioeconomic impacts of NCDs

Poverty is closely linked with NCDs. Vulnerable and socially disadvantaged people get sicker

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and die sooner than people of higher social positions, specially because they are at greater risk of being exposed to harmful products, such as tobacco or unhealthy food and have limited access to health services.

NCDs often need lengthy and expensive treatment. The health care costs for cardiovascular diseases, cancers, diabetes or chronic lung diseases can quickly drain household resources, driving families into poverty. As a result of poorly managed disease, loss of breadwinners, make the conditions worse.

In many countries, harmful drinking and unhealthy diet and lifestyles occur both in higher and lower income groups. However, high income groups can access services and products that protect them from the greatest risks while lower income groups can often not afford such products and services.

Prevention and control of NCDs

Most NCDs are considered preventable because of the modifiable risk factors. It has been estimated that if the primary risk factors were eliminated, 80% of the cases of heart disease, stroke and type 2 diabetes and 40% of cancers could be prevented. Therefore, a comprehensive approach is needed where all sectors (including health, finance, foreign affairs, education, agriculture etc) work together to reduce the risks associated with NCDs, as well as promote the interventions to prevent and control them.

NCD interventions can be delivered through a primary health care approach to strengthen early detection and timely treatment. Evidence shows that such interventions are excellent economic investments because early detection can reduce the need for more expensive treatment. The greatest impact can be achieved by creating healthy public policies that promote NCD prevention and control.

Actions by the World Health Organization (WHO)

WHO has established a global infrastructure to stop the rise in NCDs. The "2008-2013 Action plan for the global strategy for the prevention and control of NCDs" was prepared by the WHO to address the rapidly increasing burden of NCDs and its implications for poverty reduction and economic development.

WHO has responded with measures that lessen the risk factors that are associated with NCDs.

- Implementation by countries of the anti-tobacco measures laid out in the WHO Framework Convention on Tobacco Control can greatly reduce public exposure to tobacco.
- The WHO Global strategy on diet, physical activity and health aims to promote and protect health by enabling communities to reduce disease and death rates related to unhealthy diet and physical inactivity.
- The WHO Global strategy to reduce the harmful use of alcohol offers measures and identifies priority areas of action to protect people from harmful alcohol use.
- WHO is developing a comprehensive global monitoring framework for the prevention and control of NCDs, including a set of indicators and a set of voluntary global targets.
- In response to a resolution (WHA 64.11) of the World Health Assembly, WHO is developing the Global NCD Action Plan 2013-20.

More than 190 governments have agreed to a WHO global action plan to halt the epidemic and reduce premature deaths from NCDs by 25% by 2025. During the World Health Assembly in 2013, WHO's 194 Member States endorsed the "WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020". The plan offers a menu of policy options for countries, global partners and other organizations which, when implemented collectively will attain 9 voluntary global targets, including that of a 25% relative reduction in premature mortality from NCDs by 2025.

Global Non-communicable Disease Network (NCDnet)

The WHO announced the launch of the Global Non-communicable Disease Network (NCDnet) in 2009. NCDnet is a voluntary collaborative arrangement consisting of leading health organizations and experts from around the world in order to fight against diseases such as cancer, cardiovascular disease, and diabetes.

The overall vision of this NCDnet is to reduce risk, morbidity and mortality related to four shared risk factors (tobacco use, physical inactivity, unhealthy diets, and the harmful use of alcohol) and four groups of diseases (cardiovascular diseases, diabetes, cancers and chronic respiratory diseases) through effective collaboration focused on achieving results in low and middle-income countries.

NCD Alliance

The NCD Alliance is a global partnership founded in May 2009 by four international federations representing the four main NCDs. Together with other major international NGO partners; the NCD Alliance unites a network of over 2,000 civil society organizations in more than 170 countries. The mission of the NCD Alliance is to combat the NCD epidemic by putting health at the centre of all policies.

Long term aims of the Alliance include:

1. NCD/disease national plans for all
2. A tobacco free world
3. Improved lifestyles
4. Strengthened health systems
5. Global access to affordable and good quality medicines and technologies
6. Human rights for people with NCDs.

NCD Alliance maintains a website which provides the latest news, resources and information on the global campaign for non-communicable diseases (NCDs). The website serves as a campaign hub, a platform for advocacy, and a resource for sharing information among the wider global health community.

Sources

- Fact sheet on Non Communicable Diseases (WHO) available from http://www.who.int/mediacentre/factsheets/fs355/en/
- NCD Alliance available from http://www.ncdalliance.org/
- Non Communicable Diseases available from http://en.wikipedia.org/wiki/Non-communicable_disease

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 14th – 20th June 2014 (25th 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	443	6174	2	71	0	8	1	49	0	154	1	63	0	1	0	19	0	0	2	270	1	27	0	3	**63**	**38**
Gampaha	193	2709	5	87	0	5	1	22	0	10	4	112	0	6	8	94	0	5	2	196	0	32	0	2	**80**	**20**
Kalutara	101	1178	4	86	0	4	0	22	0	50	4	134	0	0	0	7	0	1	3	149	2	43	0	0	**77**	**23**
Kandy	75	514	0	49	1	3	0	10	0	4	0	17	3	47	2	64	0	0	1	129	0	15	0	2	**87**	**13**
Matale	34	176	2	33	0	1	0	11	0	5	0	23	0	2	5	98	0	1	0	31	3	12	6	24	**85**	**15**
NuwaraEliya	14	122	3	151	1	2	1	14	2	67	0	7	1	38	0	19	0	0	2	57	1	13	0	0	**69**	**31**
Galle	35	458	5	57	0	4	0	3	5	31	3	101	5	47	1	5	0	0	9	293	0	22	0	3	**95**	**5**
Hambantota	19	229	2	24	0	4	0	9	0	9	3	56	1	45	0	9	0	0	1	99	0	21	2	186	**75**	**25**
Matara	21	176	6	34	0	3	0	20	0	12	2	37	0	21	0	20	0	0	5	125	0	21	3	47	**100**	**0**
Jaffna	26	494	9	239	0	4	3	141	0	46	0	6	1	254	0	8	0	0	1	71	0	17	0	0	**100**	**0**
Kilinochchi	1	31	0	56	0	1	0	14	0	0	0	0	0	16	0	0	0	0	0	14	0	3	0	8	**50**	**50**
Mannar	2	11	0	18	1	10	0	24	0	9	0	5	0	20	0	1	0	0	0	8	1	6	0	1	**80**	**20**
Vavuniya	11	76	0	21	0	0	0	10	0	15	0	9	0	4	0	2	0	0	1	6	0	9	0	1	**75**	**25**
Mullaitivu	3	64	0	37	0	0	0	9	0	13	0	8	0	8	0	0	0	1	0	4	0	4	0	7	**60**	**40**
Batticaloa	30	531	3	135	0	2	0	19	0	17	0	13	0	1	0	6	0	1	0	32	0	4	0	0	**71**	**29**
Ampara	1	77	2	26	0	1	0	1	0	8	0	14	0	10	0	3	0	1	1	60	1	5	1	7	**57**	**43**
Trincomalee	13	425	0	24	0	1	0	1	0	3	0	9	1	11	0	1	0	0	0	51	0	1	2	3	**75**	**25**
Kurunegala	66	667	2	65	1	14	0	14	5	17	1	62	1	34	2	21	1	1	4	249	3	41	1	75	**85**	**15**
Puttalam	10	275	2	27	0	1	0	10	0	9	0	50	0	20	0	3	0	2	0	59	1	6	0	5	**69**	**31**
Anuradhapur	6	206	0	48	0	2	0	0	0	11	3	58	0	24	0	3	0	0	2	110	1	23	6	168	**32**	**68**
Polonnaruwa	0	90	0	12	0	1	0	1	0	0	0	9	0	0	0	1	0	0	0	29	0	2	0	23	**0**	**100**
Badulla	16	268	1	54	0	7	0	8	0	5	1	32	3	47	7	72	0	0	1	40	1	57	0	0	**82**	**18**
Monaragala	5	113	0	29	0	2	0	3	0	33	2	56	2	80	3	73	0	2	0	49	0	14	0	15	**73**	**27**
Ratnapura	234	1300	9	136	1	16	2	13	0	19	13	170	0	58	6	222	0	0	5	137	0	19	0	21	**89**	**11**
Kegalle	86	656	1	70	0	7	1	23	12	22	3	91	2	37	0	46	0	0	1	147	3	32	0	1	**82**	**18**
Kalmune	3	82	3	59	0	1	0	5	7	60	0	1	0	0	0	0	0	0	0	77	0	4	0	0	**77**	**23**
SRILANKA	**1448**	**17102**	**61**	**1648**	**5**	**104**	**9**	**456**	**31**	**629**	**40**	**1143**	**20**	**831**	**34**	**797**	**1**	**15**	**41**	**2492**	**18**	**453**	**21**	**602**	**76**	**24**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 20th June , 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 259 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

14th – 20th June 2014 (25th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2013& 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	02	43	42	+2.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	00	02	04	02	01	01	01	00	01	12	28	351	795	-55.8%
Measles	06	02	06	00	03	06	01	05	03	32	73	1923	790	+143.4%
Rubella	00	00	00	00	00	00	00	00	00	00	00	13	13	0%
CRS**	00	00	00	01	00	00	00	00	00	01	00	04	06	-33.3%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	08	10	-20%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	01	18	232	-92.2%
Whooping Cough	00	01	00	00	00	00	00	00	00	01	03	26	41	-36.5%
Tuberculosis	19	22	16	00	03	22	10	10	09	113	49	4840	3909	+23.8%

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

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

ON STATE SERVICE

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