



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Health, Nutrition & Indigenous Medicine

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## Say No to Tobacco / Be Free from Tobacco Part IV

### Addiction to tobacco

Nicotine found naturally in tobacco is highly addictive – as addictive as heroin or cocaine. Over time, the body becomes both physically and psychologically dependent on nicotine. 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. Studies have shown that smokers must overcome both these addictions to be successful at quitting and staying quit.

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.

### Benefits of quitting

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.

### Benefits of quitting 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

**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.

WEB SRI LANKA 2018

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**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.

### Help with psychological addiction

Although some people can quit on their own, others may need support and encouragement of family, friends, coworkers, family doctor, members of support groups for quitters and counselors to get rid of psychological addiction. People who use counseling stop smoking at twice the rate of those who don't get this type of help. With guidance from a counselor, quitters can avoid common mistakes that may self-destruct a quit attempt.

### Help with physical addiction

#### *Nicotine replacement therapy*

The nicotine in cigarettes leads to actual physical dependence, which can cause unpleasant symptoms when a person tries to quit. Nicotine replacement therapy (NRT) provides nicotine – in the form of gums, patches, sprays, inhalers or lozenges – without the other harmful chemicals in tobacco. It can help relieve some of these symptoms so that those who want to quit can concentrate more on the psychological aspects of quitting. It is safest to be under a doctor's care if they wish to try using NRT while they are tapering down their cigarette use.

### How to quit

There is no one right way to quit, but there are some key elements in quitting smoking successfully. These 4 factors are crucial:

1. Making the decision to quit
2. Setting a quit date and choosing a quit plan
3. Dealing with withdrawal
4. Staying quit (maintenance)

Most tobacco users prefer to quit abruptly and totally. They use tobacco until their Quit Day and then stop all at once, or they may cut down on tobacco for a week or 2 before their Quit

Day. Another way involves cutting down on the number of times tobacco is used each day. With this method, they gradually reduce the amount of nicotine in the body. While it sounds logical to cut down to quit gradually, in practice this method is difficult. Quitting tobacco is a lot like losing weight; it takes a strong commitment over a long period of time. Users may wish there was a magic bullet – a pill or method that would make quitting painless and easy. But that is not the case. Nicotine substitutes can help reduce withdrawal symptoms, but they are most effective when used as part of a stop tobacco use plan that addresses both the physical and psychological components of quitting.

### What can be done at the community level?

Every possible opportunity should be utilized to educate the public on hazards of smoking, the benefits of quitting, to build confidence among smokers that quitting is possible and to sensitize and educate the public on the provisions of the tobacco and alcohol. This could be done at school medical inspections, health talks at antenatal clinics and OPD/clinic waiting areas. Special health talks could be arranged at factories in the area, schools, youth clubs etc. Special programs such as poster competitions/campaigns and processions could be organized in collaboration with schools/youth clubs in the area to sensitize school children, their families and the general public. Tobacco cessation is one single intervention that can save a huge number of lives, improve the health of people immensely and bring an enormous change to the world we live in. Let's act now; let's feel more satisfied as health professionals.

### Sources

World Health Organization- World No Tobacco Day, 31 May 2018 - Available on: <https://www.who.int/campaigns/no-tobacco-day/2018/en/>

WHO report on the global tobacco epidemic- Available on: [https://www.who.int/tobacco/global\\_report/2017/en/](https://www.who.int/tobacco/global_report/2017/en/)

M MPOWER: A Policy Package to Reverse the Tobacco Epidemic

WHO Framework Convention on Tobacco Control

National Authority on Tobacco and Alcohol. Available on: [www.nata.gov.lk/web/](http://www.nata.gov.lk/web/)

National Authority on Tobacco and Alcohol Act, No. 27 OF 2006

Quitting tobacco - Available on: <https://www.who.int/tobacco/quitting/en/>

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 26<sup>th</sup> - 01<sup>st</sup> June 2018 (22<sup>nd</sup> 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	193	3485	1	38	0	4	1	26	0	10	4	95	0	6	0	3	0	0	3	375	3	25	0	2	61	100
paha	76	1838	2	30	1	5	0	12	0	11	7	118	0	4	1	5	0	0	10	376	0	19	2	16	69	100
Kalutara	49	1404	5	35	0	3	0	5	0	35	9	228	0	5	0	5	0	0	8	295	0	35	0	3	53	100
Kandy	74	1443	4	37	0	4	0	3	0	9	1	22	2	60	0	13	0	0	5	169	2	17	1	9	62	100
Matale	19	483	0	8	0	1	0	1	0	12	5	35	0	2	0	3	0	0	0	21	0	5	1	51	59	100
NuwaraEliya	2	81	7	26	0	3	1	9	0	9	1	12	5	71	0	15	0	0	1	128	1	21	0	0	30	100
Galle	9	485	0	22	0	7	0	0	0	2	8	210	0	15	0	2	0	1	5	154	1	27	0	5	13	100
Hambantota	8	461	0	9	0	3	0	2	0	4	0	23	0	22	0	1	0	1	10	132	0	2	10	306	74	100
Matarata	1	443	1	24	0	5	0	3	0	21	2	110	1	20	0	6	0	0	7	146	1	5	5	193	54	100
Jaffna	88	1431	2	67	0	0	3	28	1	200	2	8	6	224	0	1	1	1	1	176	0	7	0	3	35	93
Kilinochchi	8	143	0	16	0	1	0	8	0	1	0	2	0	8	0	0	0	1	0	25	0	2	1	1	50	100
Mannar	4	31	0	11	0	0	0	2	0	2	0	1	0	0	0	0	0	0	0	25	0	1	0	2	35	100
Vavuniya	6	221	0	7	0	3	1	27	1	8	1	20	0	7	0	0	0	1	2	29	0	3	0	3	57	100
Mullaitivu	2	36	0	4	0	0	0	8	0	9	1	8	0	3	0	0	0	0	0	6	0	1	0	1	19	100
Batticaloa	169	3196	2	88	0	5	0	2	1	20	0	23	0	1	0	2	0	2	5	75	0	11	0	0	66	100
Ampara	6	72	4	19	0	1	0	1	0	2	3	27	0	0	0	3	0	0	10	117	1	9	0	1	68	100
Trincomalee	25	463	4	30	0	1	0	4	0	8	2	37	2	15	0	1	0	0	3	122	0	3	0	18	30	100
Kurunegala	46	1257	3	70	0	7	0	9	1	3	4	58	0	10	0	8	0	1	17	266	2	45	7	106	67	100
Puttalam	29	1124	0	20	0	4	0	3	0	4	0	14	0	6	0	2	0	0	5	79	2	38	0	1	73	100
Anuradhapura	17	431	0	25	0	4	0	2	2	34	3	65	0	13	0	4	0	1	10	219	1	18	4	171	42	95
Polonnaruwa	6	142	0	13	0	1	0	0	0	11	1	61	0	0	0	3	0	0	7	119	0	7	7	98	62	88
Badulla	5	208	3	51	0	4	1	6	0	10	1	75	1	34	1	15	0	0	3	261	5	58	0	4	47	100
Monaragala	19	502	1	43	0	2	0	1	0	2	7	173	3	68	2	14	0	0	3	86	2	27	0	19	63	100
Ratnapura	75	1034	3	85	0	26	2	15	0	2	21	234	1	20	3	12	0	1	3	165	3	57	3	123	44	100
Kegalle	40	649	3	33	0	7	0	4	0	71	6	99	5	48	0	8	0	0	5	184	1	25	1	4	66	100
Kalmune	14	1253	1	23	0	0	0	1	0	20	0	3	0	0	0	1	0	0	1	101	0	6	0	1	49	100
<b>SRILANKA</b>	<b>990</b>	<b>22316</b>	<b>46</b>	<b>834</b>	<b>1</b>	<b>101</b>	<b>9</b>	<b>182</b>	<b>6</b>	<b>520</b>	<b>89</b>	<b>1761</b>	<b>26</b>	<b>662</b>	<b>7</b>	<b>127</b>	<b>1</b>	<b>10</b>	<b>124</b>	<b>3851</b>	<b>25</b>	<b>474</b>	<b>42</b>	<b>1141</b>	<b>53</b>	<b>99</b>

Source: Weekly Returns of Communicable Diseases (WRCD).  
 \*T= Timeliness refers to returns received on or before 01<sup>st</sup> June, 2018. Total number of reporting units 353. Number of reporting units data provided for the current week: 351. C\*\*=Completeness  
 A = Cases reported during the current week. B = Cumulative cases for the year.

**Table 2: Vaccine-Preventable Diseases & AFP** **26<sup>th</sup> – 01<sup>st</sup> June 2018 (22<sup>nd</sup> Week)**

Disease	No. of Cases by Province									Number of cases during current week in 2018	Number of cases during same week in 2017	Total number of cases to date in 2018	Total number of cases to date in 2017	Difference between the number of cases to date in 2018 & 2017
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	01	00	00	00	00	00	01	02	23	36	- 36.1 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	02	03	00	01	01	00	01	01	00	09	04	164	147	11.5 %
Measles	00	00	01	00	00	00	01	00	00	02	02	56	166	-66.2 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	11	09	22.2 %
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	15	21	- 28.5 %
Whooping Cough	00	00	00	01	00	00	00	01	00	03	00	24	08	200 %
Tuberculosis	180	15	26	10	11	14	32	16	25	329	207	3571	3413	4.6 %

**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

NA = Not Available

**Dengue Prevention and Control Health Messages**

**Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.**

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**ON STATE SERVICE**

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