



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
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## Chronic Rheumatic conditions

Rheumatic diseases affecting joints tendons, ligaments, bones, and muscles fall into the category of chronic rheumatic conditions. This includes many types of arthritis. Sometimes these conditions are called musculoskeletal diseases. Rheumatic or musculoskeletal conditions consist of over 150 diseases and syndromes. They are usually progressive and associated with pain. They can broadly be categorized as joint diseases, physical disability, spinal disorders, and conditions resulting from trauma. Musculoskeletal conditions are the leading causes of morbidity and disability. This gives rise to enormous healthcare expenditures and loss of work. Common symptoms include:

- Joint pain
- Loss of motion in a joint or joints
- Inflammation -- swelling, redness, and warmth in a joint or affected area

A Rheumatologist will examine to diagnose the condition. The treatment plan will likely include medications, regular exercise, a healthy diet, stress management, and rest.

### *Cause of Rheumatic disease*

Most of these rheumatic disease conditions occur when the immune system goes off course and attacks their tissues. The exact cause of it is still under investigation. Genes play a major role in this condition. Also cigarette smoke, pollution, infections and gender are other causes that are seen to cause it. Rheumatic diseases are seen among women more than men.

Conditions with the greatest impact on society include -

### **Rheumatoid Arthritis (RA)**

Rheumatoid Arthritis is a chronic systemic disease that affects the joints, connective tissues, muscle, tendons, and fibrous tissue when the immune system attacks the own tissues. It tends to strike during the most productive years of adulthood. This is a chronic disabling condition often causing pain and deformity between the ages of 20

and 40. This is not a part of normal ageing.

The prevalence varies between 0.3% and 1%. It is more common in women and developed countries. Within 10 years of onset, at least 50% of patients in developed countries are unable to hold down a full-time job.

### **Symptoms**

- Pain and swelling in multiple joints (usually the same joints on both sides of your body)
- Problems in other organs such as the eyes and lungs
- Joint stiffness, especially in the morning
- Fatigue
- Lumps called rheumatoid nodules

### **Diagnosis**

Physical examination and history help the diagnosis. X-rays and samples of your joint fluid will help the diagnosis. Blood tests that look for different signs of inflammation are

- Antinuclear antibody (ANA)
- Anti-cyclic citrullinated peptides (anti-CCP)
- Complete blood count
- C-reactive protein (CRP)
- Erythrocyte sedimentation rate (ESR)
- Rheumatoid factor (RF)

### **Osteoarthritis**

Osteoarthritis is a degenerative joint disease, which mainly affects the articular cartilage. It is not linked to the immune system. It is associated with ageing. Most likely it will affect the joints that have been continually stressed throughout the years including the knees, hips, fingers, and lower spine region. As the

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disease progresses the joint hurts which makes it harder to move.

Osteoarthritis is one of the ten most disabling diseases in developed countries.

Farming 1-9 years increases the risk of osteoarthritis 4.5 times; farming 10 or more years increases the risk 9.3 times. Worldwide estimates are that 9.6% of men and 18.0% of women aged over 60 years have symptomatic osteoarthritis. 80% of those with osteoarthritis will have limitations in movement, and 25% cannot perform their major daily activities of life.

#### Symptoms

- Pain
- Swelling
- Warmth
- Stiffness

Muscle weakness will make the joints unstable. Depending on the body part it affects, OA can make it hard to walk, grip objects, dress, comb hair, or sit.

#### Diagnosis

Medical history and symptoms play an important role. A physical examination too will help to confirm the diagnosis. Blood tests and a sample of fluid from the affected joint will help the diagnosis.

At the time of treatment usually, changes are visible on X-Ray of the affected joint. The X-ray may show a narrowing of the joint space or the presence of bone spurs. In some cases, MRI (magnetic resonance imaging) to provide a picture of the inside of the joint will be helpful for confirmation.

#### Spinal Disorders

Many conditions and injuries can affect the spine, which can damage the vertebrae, cause pain, and limit mobility. Spinal Disorders include trauma, mechanical injury, spinal cord injury, inflammation, infection, and tumour. About 80–85% of back pain episodes have no known cause.

The spinal disorders are divided as

- Degenerative spine and disc conditions as Arthritis, Degenerative disc disease, Herniated disc, Spinal stenosis and Spondylosis
- Other spine conditions and disorders as Ankylosing spondylitis, Back pain, Chronic spine and back pain, Kyphosis, Neck pain, Scheuermann's kyphosis, Scoliosis, Spinal cord cancer, Spinal deformities, Spinal fracture, Spinal tumors and Spondylo-lysthesia

Low back pain, the most common spinal disorder, affects over 80% of persons at some point in their life, and from 4–33% of a population at any one time. Back pain is the most common cause of disability among young adults.

Many factors, physical, psychological and occupational, contribute to the occurrence of back pain.

#### Diagnosis

Physical examination, family and medical history, sign symptoms and risk factors and neurological examination will help to diagnosis. Also Magnetic resonance imaging (MRI) scan to detect injuries and disorders in soft tissue such as muscles, ligaments, tendons, spinal cord, and nerves. Computed tomography (CT) scan for evaluating bone injuries or disorders, X

-ray for bone problems such as fractures, other injuries, and chronic disorders, Biopsy in case of suspected cancer and Electromyography (EMG) to assess the electric activity will confirm the diagnosis.

#### Treatment

- Back bracing
- Cancer treatment such as surgery to remove tumours, radiation therapy, radiosurgery, and chemotherapy
- Ice or heat therapy for injuries
- Injections, such as corticosteroids or nerve blocks, for pain
- Medications such as anti-inflammatories, pain relievers, or muscle relaxers
- Rehabilitation using physical therapy to strengthen and stretch the back and abdominal muscles
- Surgery to replace discs, fuse (connect) vertebrae, open up the spinal canal, or repair nerves

#### Severe limb trauma

Severe limb trauma that can result in permanent disability. This includes amputations, fractures, crushing injuries, dislocations, open wounds, blood vessel and nerve injuries.

In developed countries, serious limb trauma requiring hospitalization arises 50% of the time from falls, 15–20% from road traffic accidents, and about 20% from machinery and tool usage.

The highest rates for limb trauma occur in two distinct age groups those 5–34 years of age and those over 75 years of age. In the elderly, falls represent the greatest threat for incurring limb injury, while road traffic accidents present the highest risk factor for adolescents and young adults.

Social consequences of these diseases constitute limitations in performing roles relating to working life as well as family and social life caused by the disease, mainly chronic. The type of limitations may be temporary or permanent. Disability as a result of the chronic process of the disease or injury is a particular type of social effects. Social implications of the disease can be analyzed in the following terms:

- physical and biological – as limitations in performing regular life functions,
- professional – meaning limitations in the ability to work or complete incapacity for work,

Legal – acquisition of entitlement to benefits defined in relevant legal acts, e.g. disability pensions, sickness benefits.

#### Compiled by

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#### Source

World Health Organization. *Chronic diseases and health promotion*

<https://www.who.int/chp/topics/rheumatic/en/>  
 WebMD Rheumatology and Rheumatic Diseases: <https://www.webmd.com/rheumatoid-arthritis/an-overview-of-rheumatic-diseases#6>

Table 1: Selected notifiable diseases reported by Medical Officers of Health 31<sup>st</sup>- 06<sup>th</sup> Sep 2019 (36<sup>th</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	297	9460	3	42	0	9	0	18	0	50	1	153	0	8	0	8	0	0	0	7	351	1	39	0	4	48	100
Gampaha	280	7540	0	30	1	7	0	3	0	25	2	73	0	3	0	7	0	1	1	3	328	0	19	1	139	52	97
Kalutara	178	4585	1	60	0	6	0	15	0	58	21	415	1	6	0	4	0	1	10	511	1	88	0	3	62	100	
Kandy	139	2856	0	82	0	10	0	3	2	19	1	59	0	71	0	3	0	2	3	209	1	52	1	40	62	100	
Matale	12	420	2	24	0	3	1	1	0	6	0	41	1	6	0	7	0	2	3	72	0	4	6	175	57	100	
NuwaraEliya	8	175	1	92	0	2	0	8	0	3	1	38	0	58	0	7	0	0	1	105	3	36	0	0	26	100	
Galle	120	4659	2	39	0	7	0	3	0	5	14	317	4	43	2	40	0	0	9	340	2	39	0	4	61	99	
Hambantota	43	1211	0	16	0	3	0	1	2	7	1	93	1	98	1	4	0	1	1	240	0	31	6	594	72	100	
Matara	81	2361	0	18	0	4	0	2	0	16	12	295	1	32	0	16	0	1	6	237	0	14	10	417	60	100	
Jaffna	19	2184	9	190	0	13	0	23	19	76	1	28	4	272	0	4	0	0	1	243	1	19	0	0	22	93	
Kilinochchi	3	124	0	17	0	1	0	11	0	0	0	19	0	25	0	1	0	0	0	7	0	7	0	11	51	100	
Mannar	1	79	0	3	0	1	0	8	0	1	0	1	0	8	0	0	0	0	0	0	0	0	2	0	1	55	98
Vavuniya	2	218	3	22	0	10	0	24	0	13	0	53	0	5	0	0	0	0	1	68	0	9	0	1	57	99	
Mullaitivu	0	121	0	11	0	0	0	13	0	3	1	22	0	8	0	0	0	0	0	13	0	7	0	4	27	100	
Batticaloa	21	1108	5	127	0	2	0	13	0	33	0	42	0	1	0	0	0	1	3	217	1	26	0	0	51	100	
Ampara	9	195	4	57	0	2	0	0	6	14	3	36	1	2	0	10	0	0	11	231	3	12	0	4	57	100	
Trincmalee	7	944	1	21	0	0	0	0	0	55	0	13	0	18	0	5	0	1	3	203	1	9	1	2	31	99	
Kurunegala	36	1442	2	62	0	16	0	6	0	30	0	124	1	19	0	20	0	2	2	475	2	83	5	581	59	100	
Puttalam	27	659	0	20	1	3	0	1	0	8	1	31	0	11	0	2	0	0	0	119	0	41	1	9	61	100	
Anuradhapura	9	488	3	41	0	8	0	4	0	11	1	100	0	33	1	22	0	2	4	413	0	76	15	410	41	99	
Polonnaruwa	2	261	0	24	0	3	0	1	0	2	0	61	0	4	0	16	0	2	4	260	0	15	1	210	59	100	
Badulla	29	680	2	65	0	6	0	8	0	78	6	164	1	99	0	13	0	0	5	252	4	152	0	13	62	100	
Monaragala	0	333	0	36	0	4	0	0	0	79	0	189	0	82	0	41	0	0	0	212	0	112	0	22	60	86	
Ratnapura	85	2183	2	80	1	27	0	8	0	13	17	701	1	33	0	25	0	4	10	293	3	133	4	131	46	100	
Kegalle	57	1262	0	32	0	18	0	2	0	28	2	170	4	52	2	91	0	0	9	375	2	45	3	40	67	100	
Kalmune	8	593	0	62	0	1	0	1	0	55	0	27	0	3	0	4	0	0	10	191	2	20	0	0	63	100	
<b>SRI LANKA</b>	<b>1473</b>	<b>46141</b>	<b>40</b>	<b>1273</b>	<b>3</b>	<b>166</b>	<b>1</b>	<b>177</b>	<b>29</b>	<b>688</b>	<b>85</b>	<b>3265</b>	<b>20</b>	<b>1000</b>	<b>6</b>	<b>350</b>	<b>0</b>	<b>20</b>	<b>106</b>	<b>5965</b>	<b>27</b>	<b>1090</b>	<b>54</b>	<b>2815</b>	<b>54</b>	<b>99</b>	

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 06<sup>th</sup> September, 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 324 C\*\*=Completeness  
A = Cases reported during the current week. B = Cumulative cases for the year.

**Table 2: Vaccine-Preventable Diseases & AFP**

**31<sup>st</sup> – 06<sup>th</sup> Sep 2019 (36<sup>th</sup> Week)**

Disease	No. of Cases by Province									Number of cases during current week in 2019	Number of cases during same week in 2018	Total number of cases to date in 2019	Total number of cases to date in 2018	Difference between the number of cases to date in 2019 & 2018
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	01	00	00	00	00	00	00	02	00	56	43	23.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	01	01	01	00	02	00	06	04	246	247	- 0.4 %
Measles	03	01	00	00	00	00	00	00	00	04	02	241	89	170.7 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	04	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	01	00	00	00	00	00	00	00	00	01	01	16	16	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	01	00	00	00	01	01	11	24	- 54.1 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	36	37	- 2.7 %
Tuberculosis	94	21	00	07	11	20	10	02	10	175	159	5674	5927	- 4.2 %

**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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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@slt.net.lk](mailto:chepid@slt.net.lk). **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

**ON STATE SERVICE**

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