



WEEKLY EPIDEMIOLOGICAL REPORT

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Physical Inactivity – Part I

This is the first of a series of 3 articles

1. Global Risk factors status

Tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol increase the risk for most Non-communicable Diseases (NCD). 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. Approximately 1.7 million deaths are attributable to low fruit and vegetable consumption. Half of the 2.3 million annual deaths from harmful drinking are from NCDs. It is estimated that four to five million deaths per year could be averted if the global population was more active (WHO, 2021).

2. Sri Lanka risk factors status

2.1 Smoking

The prevalence of (current) smokers among adult males is 22.8% while among females is less than 1 % (Ministry of Health, 2013). Declining in marketing and sales can be observed with the firm and strict regulations empowered by the government over tobacco products.

2.2 Unhealthy diet

Foods that contain high-salt content, high-sugar content, high trans-fatty acids and saturated fat were categorized under the group which is not healthy for human consumption. High consumption of fruits and vegetables is strongly associated with better health outcomes.

Although the traditional Sri Lankan diet is vegetable-based, a large proportion of adults (82%) do not consume an adequate amount of vegetables. Despite the availability of an abundance and variety of fruit in Sri Lanka, the average consumption is found to be inadequate. Despite a modest consumption of fat (15%-18%) by the Sri Lankans, a higher percentage of saturated fats is included in the diet compared to unsaturated fat. Higher saturated to unsaturated fat ratio is an important risk factor for the development of cardiovascular diseases. The daily intake of salt (10g /day) and added sugar (60g/day –based on food consumption data, 35 g/day based on individual dietary records) is also high in the Sri Lankan diet when compared to WHO recommendations (Ministry of Health, 2013).

2.3 Physical inactivity

Moderate level physical activity is a protective factor against many NCDs. The majority of Sri Lankans (78 %) are engaged in moderate or higher-level physical activities (> 600 Metabolic Min /Week) (Ministry of Health, 2013).

2.4 Alcohol consumption

The percentage of current drinkers is significantly higher in males (26%) compared to females (1.2%). However, less than five per cent of the male population take alcohol more than 4 days per week (Ministry of Health, 2013).

3. Physical inactivity

Physical inactivity is the fourth leading risk factor for death worldwide. Approximately 3.2 million people die each year due to physical inactivity. Physical inactivity is a key risk factor for NCDs such as cardiovascular diseases, cancer and diabetes. Physical activity has significant health benefits and contributes to preventing NCDs. Globally; one in four adults- four out of five adolescents are not active enough (WHO, 2021).

3.1 What is physical activity?

World Health Organization (WHO) defines physical activity as any bodily movement produced by skeletal muscles that require energy expenditure – including activities undertaken while working, playing, carrying out household chores, travelling, and engaging in recreational pursuits. Physical exercise and physical activity describe two different entities. Exercise is an activity that is planned, structured, repetitive, and aims to improve or maintain one or more components of physical fitness. Both, moderate and vigorous-intensity physical activity brings health benefits.

3.2 Benefits of physical activity

Achieving the recommended level of physical activity by the simple way is better than doing the exercise than not doing anything. There are a lot of health benefits resulted from and some of the health outcomes were listed below.

Regular and adequate levels of physical activity:

- improve muscular and cardiorespiratory fitness;
- improve bone and functional health;
- reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer and depression;
- reduce the risk of falls as well as hip or vertebral fractures.

3.3 Global burden of physical inactivity

Physical inactivity is on the rise in many countries, adding to the burden of non-communicable diseases and affecting general health worldwide. Insufficiently active people have a 20% to 30% increased risk of death compared to people who

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engage in at least 30 minutes of moderate-intensity physical activity on most days of the week (WHO, 2014).

Physical inactivity is the main cause for approximately:

- 21–25% of breast and colon cancers
- 27% of diabetes
- 30% of ischaemic heart disease.

3.4 Reasons for physical inactivity

It is important to increase physical activity during transport, in sedentary behaviour and during leisure time at job or home. Excess use of new technologies at home, abundant utilization of vehicles for transportation and sedentary lifestyles are contributing to physical inactivity.

Several environmental factors which are linked to urbanization can discourage people from becoming more active, such as:

Safety and respectable parks, walking ways
fear of violence and crime in outdoor areas
unsafe roads and traffic

4. Health policy

4.1 Why Is It Important to Develop Policies on Physical Activity?

In the history of public health successes, policy interventions have often played a major role. Formulating a national policy on health-enhancing physical activity will give support, coherence and visibility at the political level, and at the same time make it possible for the institutions involved, such as national government sectors, regions or local authorities, stakeholders and the private sector, to be coherent and consistent by following common objectives and common strategies as well as to negotiate and to assign roles and responsibilities.

Furthermore, the development of a policy should allow greater allocation of resources and greater accountability and if legally binding, would help prevent the failures often associated with 'voluntary' national recommendations or suggestions.

4.2 Scope of the current policy document in Sri Lanka

Ministry of Health, Sri Lanka has developed an NCD policy with 13 strategies to be implemented under Mahinda Chinthanaya" (2005), National Health Policy (1992) and Health Master Plan 2007- 2016 considering the burden of NCDs at that time.

4.3 Implementation of walking pathways

In foreign countries, initiatives for physical activity are considered as sidewalks, public recreation facilities, streetlights, having a pleasant neighbourhood for walking, physically active neighbors, walking/bike trails, swimming pools, recreation facilities, parks, playgrounds, sports fields, schools, malls, places of worship, and waterways. The vocabulary for walking pathways is also different to our settings.

In Sri Lanka, we commonly use the words of walking pathways and walking ways where people are usually doing walking, jogging, running and especially doing exercises in some walking pathways were depending on the availability of exercises machines.

There were nearly 20 walking pathways established and some were modified for public use with safety by the governments. Newly established pathways are as follows.

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District	Place/name of the Walking pathway
Colombo	Colombo 7 – Independence square, Nugegoda well para, Baththaramulla Diyatha, Parliament circle, Malabe, Raththanapitiya- Diwulapitiya track, Borelegamuwa – Bellanwila, Moratuwa- lunawa
Gampaha	Mahara, Gampaha kalu palama, Udugampola, Biyagama, Wattala- kaluwela, Katana- Deman Handiya, Seeduwa palliya road
Galle	Rampart in Galle Dutch fort (Modified for public use), Highway entrance Pinnadoowa
Kegalle	Independence Mawatha
Kandy	Gannoruwa, Polgolla Maheweli pathway, Kandy Lake circle

Reference

1. WHO. (2021). Physical Activity Retrieved on 18.08.2021. from https://www.who.int/health-topics/physical-activity#tab=tab_2
2. Ministry of Health. Annual Health Bulletin 2008, Medical Statistical Unit. (2013).

Table 1 : Water Quality Surveillance
Number of microbiological water samples March 2021

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	NR
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	25
Jaffna	12	72	142
Kilinochchi	4	24	38
Manner	5	30	0
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	NR
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	24
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	NR
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 10th - 16th Apr 2021 (16th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus Fe-		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	91	952	1	4	0	0	0	2	0	0	4	74	0	1	0	2	0	2	0	18	0	6	0	0	58	90
Gampaha	36	531	0	1	0	1	0	1	0	0	6	107	0	2	0	3	1	1	1	12	0	5	1	3	36	75
Kalutara	21	343	1	9	0	1	0	0	0	0	2	253	0	3	0	1	0	1	3	47	1	7	0	0	45.5	100
Kandy	11	215	0	13	0	1	0	0	0	1	1	64	3	19	0	1	0	0	1	23	0	6	0	10	59	100
Matale	1	31	1	3	0	1	0	0	0	0	0	23	0	3	0	1	0	0	0	9	0	1	3	96	63	100
NuwaraEliya	0	18	0	5	0	1	0	1	0	0	0	27	1	26	0	1	0	0	0	11	0	3	0	1	35	93
Galle	6	81	0	2	0	1	0	4	0	4	19	307	1	18	0	2	0	0	1	22	0	17	0	1	49	98
Hambantota	5	103	0	6	0	1	0	0	0	1	3	89	1	32	0	5	0	0	0	25	0	12	2	157	76	100
Matara	0	108	0	3	0	0	0	1	0	0	2	109	0	11	0	2	0	0	0	31	0	3	2	138	36	100
Jaffna	4	89	0	28	0	2	1	11	0	7	0	10	2	402	0	0	0	0	0	17	0	2	0	2	17	88
Kilinochchi	0	19	0	11	0	0	0	0	0	8	1	36	0	48	0	0	0	0	0	6	0	0	0	1	48	100
Mannar	1	17	0	0	0	0	0	3	0	0	0	22	0	1	0	0	0	0	0	2	1	7	0	1	47	80
Vavuniya	1	25	0	2	0	0	0	0	0	0	2	13	0	2	0	1	0	0	0	5	0	0	0	0	36	100
Mullaitivu	0	3	0	1	0	0	0	0	0	0	2	19	0	6	0	0	0	0	3	7	1	4	0	0	20	100
Batticaloa	58	2691	0	12	0	2	0	1	0	13	4	23	0	0	0	1	0	0	1	6	2	16	0	0	46	100
Ampara	1	12	0	5	0	0	0	1	0	0	0	15	0	0	0	0	0	0	1	23	0	7	0	2	60	100
Trincomalee	1	78	0	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	9	0	2	0	0	41	86
Kurunegala	11	376	0	9	0	2	0	0	0	3	3	142	0	7	0	0	0	0	1	22	1	64	15	170	47	98
Puttalam	4	156	0	1	0	1	0	0	0	0	0	14	0	14	0	0	0	1	2	12	1	20	0	7	50	94
Anuradhapur	5	65	0	7	0	0	0	0	0	2	2	160	0	20	0	2	0	0	0	18	0	18	2	94	33	86
Polonnaruwa	0	22	0	2	0	0	0	1	0	1	0	42	0	1	0	1	0	0	0	13	0	1	1	155	37	100
Badulla	2	31	0	8	0	0	0	1	0	0	4	132	0	16	0	5	0	0	1	21	0	9	0	11	51	96
Monaragala	5	40	1	5	0	0	0	2	0	3	8	140	0	13	0	29	0	0	1	13	4	29	1	10	39	100
Ratnapura	3	199	1	17	0	4	0	0	0	3	9	366	0	14	0	5	0	1	0	28	0	34	2	33	39	99
Kegalle	19	161	0	4	0	5	0	0	0	0	5	126	0	6	0	0	0	0	0	38	0	10	0	6	44	100
Kalmune	19	179	0	5	0	1	0	1	0	1	1	14	0	0	0	2	0	2	0	5	1	3	0	1	41	100
SRI LANKA	305	6545	5	163	0	24	1	30	0	47	78	2329	8	665	0	66	1	8	16	443	12	286	29	899	46	95

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk).

*T=Timeliness refers to returns received on or before 16th April, 2021 Total number of reporting units 357 Number of reporting units data provided for the current week: 352 C** -Completeness

Table 2: Vaccine-Preventable Diseases & AFP

10th – 16th Apr 2021 (16th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021 & 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	02	00	00	00	00	00	00	00	00	02	01	19	11	66.66%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	00	00	00	00	00	00	00	00	34	55	-38.18%
Measles	00	00	00	00	00	00	00	00	00	00	02	06	24	-56.25%
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
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	01	03	-66.66%
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	01	06	- 83.3%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	03	-100%
Tuberculosis	22	00	00	00	00	00	02	00	00	24	00	2022	1455	38.96%

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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
April							

Source: Medical Research Institute & Veterinary Research Institute

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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