



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiological Unit,

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Living with Arthritis

October 12, is World Arthritis Day, which is intended to highlight the everyday challenges at home and in the workplace for persons with arthritis or rheumatism and to encourage solutions to these challenges. For example, the pain, fatigue, and activity limitations that often accompany arthritis can prevent some persons from working, resulting in disability. Various accommodations, such as flexible work schedules and assistive devices, can counter the effects of arthritis and help keep persons with arthritis working

The word *arthritis* actually means joint inflammation. The term *arthritis* is used to describe more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround the joint and other connective tissue. The pattern, severity and location of symptoms can vary depending on the specific form of the disease. Typically, rheumatic conditions are characterized by pain and stiffness in and around one or more joints. The symptoms can develop gradually or suddenly. Certain rheumatic conditions can also involve the immune system and various internal organs of the body.

Musculoskeletal conditions are leading causes of morbidity and disability, giving rise to enormous healthcare expenditure and loss of work. The most common arthritis-related conditions are, **Rheumatoid Arthritis** : Rheumatoid Arthritis is a chronic systemic disease that affects the joints, connective tissues, muscles, tendons, and fibrous tissue. It tends to strike during the most productive years of adulthood, between the ages of 20 and 40, and is a chronic disabling

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

Osteoarthritis : Osteoarthritis is a degenerative joint disease, which mainly affects the articular cartilage. It is associated with ageing and will most likely affect the joints that have been continually stressed throughout the years including the knees, hips, fingers, and lower spine region. It is already 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 increase 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.

The five main factors which increase the risk of arthritis are:

Family history – if someone in your family has arthritis, you are more likely to develop it

Obesity – being overweight puts more pressure on your joints

Age – arthritis is more common in older people

Joint trauma – a previous injury can lead to arthritis later in life

Gender – women are more prone to arthritis

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Most people with arthritis are able to carry on a normal life. In the early stages they may experience pain and perhaps some stiffness or swelling in their joints. Rheumatoid arthritis in particular can leave them feeling extremely tired. For some people arthritis symptoms peak after a number of years and then stay the same or even get easier. However, others may find that the pain and loss of mobility brought on by arthritis begins to have an impact on many aspects of their life. In its later stages, arthritis could: make certain hobbies such as gardening or cooking more difficult, lead to a less independent lifestyle, cause strained relationships with friends and family, have an impact on their job, people with very severe arthritis may become disabled.

Early diagnosis and appropriate treatment including life style modifications are very important in the management of rheumatoid arthritis. Physicians now believe that damage to bones begins within the first two years that a person has the disease. Early diagnosis can decrease symptoms and long-term complications. A person should see a health care professional if symptoms of pain or swelling in joints persist for more than two weeks.

The right treatment and lifestyle modifications can decrease pain, protect joints and delay the onset of more serious disability so that patients can continue living the way they want to. In some cases early diagnosis can even alter the progression of the disease.

How to manage arthritis

Although there is no cure for arthritis, there are many treatments offering relief of symptoms and increasing the ability to function at, or near, normal levels. Medications include *non-steroidal anti-inflammatory drugs (NSAIDs)* such as aspirin or ibuprofen, which are often used to reduce pain and swelling. Newer drugs called *COX-2 inhibitors* are used to manage pain and inflammation with fewer stomach ulcers than NSAIDs but are much more expensive. *Corticosteroid medications* may be used to reduce inflammation and pain. Because of side effects, they cannot be used for long periods of time. *Disease-modifying anti-rheumatic agents (DMARDs)* are used to limit the extent of joint damage. Successful management of arthritis pain and disability includes *self-management*. It is important for patients to learn about their disease and take part in their own care. Working with health care professionals allows a person to share in decision making and gain a sense of control.

Self-management includes arthritis education, exercise programmes, rest, relaxation and stress management, eating well-balance meals and maintaining proper weight, taking care of joints and using assistive devices to rest joints and relieve pressure.

Exercise can help to increase independence, improve mood, decrease pain, increase flexibility, improve blood flow, maintain proper weight decrease disease progression, improve

energy levels and general wellbeing, improve self-esteem, feeling more positive and promote general physical fitness. Physical/occupational therapy can help restore joint movement and increase strength. A therapist can help design an exercise program to meet a person's specific needs.

Rest also is important. Arthritis may cause tiredness and muscle weakness. A rest or short nap that does not interfere with night time sleep may help. Relaxation techniques can be useful in controlling pain. Some people find stress reduction and biofeedback helpful.

Healthy diet ; A good diet is important for maintaining general health and is very important for a disease like arthritis. Diet affects both well-being and how positive subjects feel. If a patient is overweight, it puts additional stress and strain on joints, which will increase the pain. A healthy diet will help to reduce weight, which will lessen the pressure on weight-bearing joints, and therefore potentially the amount of pain experienced.

Assistive devices can be used to reduce stress on certain joints. For example, braces or canes may help reduce stress on the knees. Jar grippers or other gadgets may help reduce stress on the small joints of the hands.

Expressing pain through creative channels

Artistic expression of pain can help to alleviate symptoms. Writing, painting and photography can help to express emotions. "Don't give up activities you enjoy because of your arthritis. Instead, modify hobbies and adapt your equipment to make it easier for you to stay active".

Self help groups : Talk to people who have gone through the same experience. They may not have identical experiences but they can tell about things that helped them.

Research shows that patients who take part in their own care report less pain and make fewer doctor visits, as well as enjoying a better quality of life.

There are a number of ways of reducing the risk of onset of arthritis and musculoskeletal conditions:

- avoiding joint injury
- avoiding vitamin D deficiency and
- onset adopting healthy lifestyle behaviours:
 - healthy weight - obesity is a risk factor for all chronic diseases
 - healthy eating – a balanced diet rich in vitamin D and calcium
 - regular physical activity
 - avoiding tobacco use
 - avoiding high risk alcohol use and
 - falls and falls injuries prevention strategies

Sources:

1. WHO, Chronic disease and health promotion - Chronic rheumatic conditions [Arthritis\WHO Chronic rheumatic conditions.htm]
2. Arthritis - "Living without pain."
www.worldarthritisday.org]

Table 1: Vaccine-preventable Diseases & AFP

29th Sep - 5th Oct 2007 (40th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006
	W	C	S	NE	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	01 KD=1	00	00	00	00	00	00	01	01	64	94	-31.9%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00.0%
Measles	00	01	00	00	00	00	00	00	01	00	64	30	+113.3%
Tetanus	00	00	00	00	00	00	00	01 RA=1	01	00	28	37	-24.3%
Whooping Cough	00	00	00	00	00	00	00	02 RA=2	02	00	34	66	-48.5%
Tuberculosis	38	01	12	40	00	00	10	00	101	120	7605	7574	+2.0%

Table 2: Diseases under Special Surveillance

29th Sep - 5th Oct 2007 (40th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006
	W	C	S	NE	NW	NC	U	Sab					
DF/DHF*	61	12	14	19	33	06	06	34	185	157	4492	8178	-45.1%
Encephalitis	01 CO=1	00	00	00	02 KR=1 PU=1	00	00	00	03	02	159	95	+67.4%
Human Rabies	00	00	01 GL=1	01 BT=1	00	00	00	00	02	01	51	49	+4.1%

Table 3: Newly Introduced Notifiable Diseases 29th Sep - 5th Oct 2007 (40th Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Total number of cases to date in 2007
	W	C	S	NE	NW	NC	U	Sab		
Chickenpox	20	12	10	11	05	06	11	10	85	2659
Meningitis	10 GM=8 KL=2	01 ML=1	05 MT=2 GL=3	02 AM=1 KM=1	01 KR=1	00	01 BD=1	10 KG=4 RP=6	30	504
Mumps	16	01	00	51	09	00	01	03	81	1660

*DF / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.
NA= Not Available.
Sources:
Weekly Return of Communicable Diseases:
 Diphtheria, Measles, Tetanus, Whooping Cough, Human Rabies, Dengue Haemorrhagic Fever, Japanese Encephalitis, Chickenpox, Meningitis, Mumps.
Special Surveillance:
 Acute Flaccid Paralysis.
National Control Program for Tuberculosis and Chest Diseases:
 Tuberculosis.
 Details by districts are given in Table 5.

Provinces: W=Western, C=Central, S=Southern, NE=North & 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.

Table 4: Laboratory Surveillance of Dengue Fever 29th Sep - 5th Oct 2007 (40th Week)

Samples	Number tested	Number positive *	Serotypes				
			D ₁	D ₂	D ₃	D ₄	Negative
Number for current week	03	00	00	00	00	00	00
Total number to date in 2007	417	44	01	22	12	00	08

Source: Genetech Molecular Diagnostics & School of Gene Technology, Colombo. * Not all positives are subjected to serotyping.

Table 5: Selected notifiable diseases reported by Medical Officers of Health
29th Sep - 5th Oct 2007 (40th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	34	1194	07	311	01	10	03	62	02	64	05	112	00	03	03	119	85
Gampaha	23	511	03	278	00	22	04	63	00	45	07	175	00	14	04	165	79
Kalutara	04	287	05	389	00	05	00	40	01	36	12	113	00	01	01	53	100
Kandy	08	324	08	242	00	03	02	55	00	09	05	71	04	67	27	1870	73
Matale	04	85	04	179	00	06	00	22	00	12	01	48	00	05	03	123	67
Nuwara Eliya	00	35	02	212	00	02	00	104	00	368	00	08	01	31	08	497	86
Galle	01	74	01	139	00	10	00	18	00	39	05	61	00	26	00	18	56
Hambantota	03	63	11	151	00	06	00	21	00	17	01	38	01	48	01	20	91
Matara	10	146	03	256	00	08	01	34	00	24	20	180	00	184	01	29	56
Jaffna	16	74	05	152	00	02	11	376	04	11	00	00	00	82	00	20	88
Kilinochchi	00	01	00	00	00	00	00	05	00	00	00	00	00	02	00	04	25
Mannar	00	07	02	17	00	00	01	71	00	00	00	02	00	00	02	19	50
Vavuniya	02	19	01	43	00	04	03	17	00	53	00	02	00	00	00	08	100
Mullaitivu	00	03	00	25	00	08	00	20	00	01	00	00	00	00	00	12	60
Batticaloa	01	74	00	451	00	09	00	18	00	10	00	00	00	22	07	1037	45
Ampara	00	03	01	96	00	00	00	03	00	00	00	03	00	01	01	27	71
Trincomalee	00	54	04	216	00	03	01	24	00	23	00	10	01	15	01	104	78
Kurunegala	22	517	11	378	01	07	02	58	03	31	08	40	01	36	07	73	89
Puttalam	11	118	13	124	01	12	02	71	00	04	02	24	00	06	01	74	89
Anuradhapura	05	158	07	102	00	08	00	20	00	16	00	21	00	18	01	39	74
Polonnaruwa	01	55	03	81	00	02	00	11	00	04	00	20	00	00	03	41	86
Badulla	05	55	11	484	00	05	00	76	00	10	00	45	03	139	03	287	60
Monaragala	01	35	05	283	00	02	02	48	00	27	01	41	02	68	00	39	50
Ratnapura	13	320	08	477	00	16	03	58	00	19	02	56	00	24	01	87	56
Kegalle	21	280	07	240	00	08	02	47	00	04	12	102	00	33	08	188	82
Kalmunai	0	03	03	170	00	01	00	08	01	08	00	01	00	02	02	107	69
SRI LANKA	185	4492	125	5496	03	159	37	1350	11	835	81	1173	13	827	85	5060	84

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 13 October, 2007. Total number of reporting units =290. Number of reporting units data provided for the current week:

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