WEEKLY EPIDEMIOLOGICAL REPORT

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WASH

"Salt –the forgotten element"

Millions of people around the world are taking high content of salt. Three quarters (75%) of salt consumed is identified to come from manufactured food in developed countries. Rapid globalization and industrialization in developing countries also have been identified to have major influence on food habits. Many efforts are aimed at reducing salt intake worldwide, involving health personnel, governmental and non-governmental supportive organizations, food manufacturers and other individual interests.

World action on Salt and Health (WASH) was first established in 2005 with the motive of improving the health of populations throughout the world by achieving a graded reduction in salt intake. WASH is a coalition of health professionals from different countries who know very well the harm of high BP and has a major role in implementing changes in their own countries. WASH works with governments in different countries emphasizing the need for a population salt reduction strategies and also encourages multi-national food companies to reduce salt in their products. The overall aim of the WASH is to bring down the salt intake throughout the world by reducing the amount of salt in processed foods as well as salt added to cooking and at the table.

To date, the WASH has 423 members representing 81 member countries and members are mainly experts in hypertension working to bring down salt intake in their individual countries. Every year WASH runs a **World Salt Awareness Week** with widespread media coverage. This year it runs through 21st -27th March 2011 with the theme of "Salt and Men's health". The topic was identified as a result of UK research evidence of higher premature death of men due to cardiovascular diseases than women. The morbidity data of cardiovascular diseases accounts 29% of preventable deaths in men compared to 21% in women. The study has further discussed the higher salt intake of men compared to women and on average have higher rates of increased blood pressure than women, particularly at a younger age. Other risks in men to have high BP complications are due to poor health care seeking, and poor compliance practices. Raised BP is described as the most significant single cause of cardiovascular disease accounting for nearly 60% of strokes and 50% of coronary heart diseases.

Overall salt reduction is identified as one of the most cost effective interventions in reducing cardiovascular disease (CVD) risk in both developed and developing countries. Cardiovascular disease, including stroke, myocardial infarction and cardiac failure, is identified as major causes of death and disability worldwide. Raised BP is the main risk factor responsible for morbidity and mortality in majority of strokes and coronary heart diseases. The current recommended maximum salt for adults in UK and USA is 6g/d and they have estimated their figures to show that a reduction of 6g/d in salt intake would reduce stroke by 24% and coronary heart disease by 18%.

Salt Awareness week last year was mainly focused on health implications and consequences of high salt diet. It was a great success in advo-

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cacy and media campaigns in most of the countries. The main focus in the last year Salt Awareness Week was "Salt and your health". Even though many people are aware that salt can cause health problems, most were unaware of the consequent serious health conditions such as stroke and cardiac failure. The increased supportive evidence between our current high salt diets and the onset of stomach cancer, osteoporosis, obesity , kidney stones and kidney disease were also highlighted.

The World Health Organization (WHO) recommends a daily intake of 5 grams of salt but many people across the world eat as much as twice of an average per day – between 9-12 grams. The WHO is involved in the overall health of humans in salt reduction, and the 2008-2013 Action Plan for Global Strategy for Prevention and Control of Non-communicable Diseases, has addressed the issue of salt reduction with implementation of WHO Global Strategy on Diet, Physical Activity and Health. Creating an enabling environment, evaluation and monitoring data and interventions for use of salt as vehicle for fortification are the main strategies identified by WHO in population sodium reduction strategies.

In creating an enabling environment they have identified ways to achieve this through consumer education and product reformulation. A collective action of policy makers in the government, private sector, governmental and non-governmental organizations and country specific academic professionals are identified as the necessary stakeholders in achieving salt reduction procedure. The Salt reduction week awareness and background work are expected to provide the enabling environment for all member countries. All developed and developing countries are expected to make a collective effort in salt reduction in achieving the ultimate motive of a healthy nation. The first of which – creating an enabling environment - was held in London in July 2010, jointly convened with the Food Standards Agency, UK. The Pan American Health Organisation (PAHO)-WHO regional expert group on cardiovascular disease prevention through Dietary Salt Reduction produced a policy statement outlining the recommendations for a population based approach to reduce dietary salt intake in the Americas, to reduce salt intake to the internationally recommended target of less than 5g per day per person by 2020.

A reduction in salt intake to the recommended level of <5 g/day is very beneficial, and could prevent millions of deaths each year and make major savings for healthcare services. Several countries, e.g., Finland and the UK, have already reduced the amount of salt being consumed by a combined policy of getting the food industry to decrease the amount of salt added to foods, clear labelling on food products, and increasing public awareness of the harmful effects of salt on health. Many other developed countries, e.g., Australia, Canada, and the US, are also stepping up their activities. The major challenge now is to spread this out worldwide, particularly to developing countries where nearly 80% of global BP-related disease burden occurs. In many developing countries, most of the salt consumed comes from salt added during cooking or from sauces; therefore, public health campaigns are needed to encourage consumers to use less salt. A modest reduction in salt intake across the whole population will result in major improvements in public health and have huge economic benefits in all countries around the world.

So with any efforts aimed at reducing salt intake, food manufacturers must be involved in the process which is out of control of the consumers' hand. We need to raise awareness that foods in restaurants, takeaways, fast foods, street food, hawker markets, canteen food etc can contain a lot of hidden salt. It is prime time to highlight focusing on the fact of salt eaten outside home. In fact we need to address the catering industry and chefs and others involved, on the importance of adding less salt to food and the long-term health implications of eating a high salt diet. Further, it needs to enlighten the consumers that they must also take action in choosing lower salt foods and requesting for much less salt to be added to their meals.

Since nearly 75% of salt intakes are from manufactured food, we are unable to calculate and control over our own daily salt intake. Some developed countries have made some effort in developing salt calculators based on foods available in their countries and would not be compatible in calculating the salt content in manufactured food available in other countries.

Why is salt added to foods?

Salt has historically been used in food processing not only for its taste-enhancing properties, but also for the important role it plays in preservation and structure. Adding salt helps to prevent the growth of unwanted microbes. Historically, this has been an important technical tool to preserve meat and fish products, cheese, pickled vegetables, sauces and bakery products. But, presently available more sophisticated food processing techniques would satisfy this need and salt would not be always necessary for preservation of many of these foods. Still the food manufacturers believe salt has specific functions in the making of different foods.

If we encourage the food industry in all these markets to make gradual reductions in the salt content of their foods, it will make a huge difference in people's health around the world. WASH works with the multinational food companies to ensure that the salt contents of their products are reduced across the world.
The salt reduction strategy should include a structured voluntary reduction of salt in processed food products and foods sold in food service establishments; education and awareness of consumers, industry, health professionals and other key stakeholders; and research in the area. The monitoring and evaluation is also important in achieving the ultimate goal.

Get involved in less salt please !

Sources:

- 1. Feng J. He, Katharine H. Jenner, Clare E. Farrand, Graham A. MacGregor, World Salt Awareness Week, The Journal on Clinical Hypertension, Editorial, January 2010. (http://onlinelibrary.wiley.com/doi/10.1111/j.1751-7176.2010.00417.x/full)

- 2. Feng J. He1, Katharine H. Jenner1 and Graham A. MacGregor, WASH—World Action on Salt and Health, Kidney International (2010) 78, 745–753. (http://www.kidney-international.org)

Compiled by Dr.Deepa Gamage, Actg. Consultant Epidemiologist

Table 1: Vaccine-preventable Diseases & AFP

01st -07th January - 2011(01st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	01	00	00	0	00	00	00	00	01	01	01	01	0.0 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	00	00	00	00	01	00	00	00	01	12	01	12	- 91.7 %
Tetanus	00	01	00	00	00	00	00	00	00	01	00	01	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tuberculosis	36	36	04	02	30	23	09	00	00	140	134	140	134	4.5 %

Table 2: Newly Introduced Notifiable Disease

01st -07th January - 2011(01st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	24	00	07	00	06	19	03	02	15	76	47	76	47	+ 61.7 %
Meningitis	03 CB=1 KT=1 GM=1	00	03 GL=1 MT=1 HB=1	00	00	00	01 AP=1	00	05 RP=4 KG=1	12	56	12	56	- 78.5 %
Mumps	06	02	03	03	05	17	00	00	06	42	20	42	20	+ 110.0 %
Leishmaniasis	00	00	00	00	00	00	01 AP=1	00	00	01	05	01	05	- 80.0 %

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.

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.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

National Control Program for Tuberculosis and Chest Diseases: Tuberculosis.

Dengue Prevention and Control Health Messages

Thoroughly clean the water collecting tanks bird baths, vases and other utensils once a week to prevent dengue mosquito breeding.

Table 4: Selected notifiable diseases reported by Medical Officers of Health

01st -07th January - 2011(01st Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	77	77	3	3	0	0	2	2	1	1	15	15	0	0	3	3	0	0	**100**
Gampaha	16	16	4	4	0	0	2	2	0	0	4	4	0	0	3	3	0	0	**100**
Kalutara	1	1	2	2	0	0	2	2	0	0	2	2	0	0	0	0	0	0	**75**
Kandy	4	4	5	5	0	0	0	0	2	2	1	1	3	3	2	2	0	0	**78**
Matale	1	1	4	4	0	0	0	0	0	0	5	5	0	0	0	0	0	0	**75**
Nuwara	0	0	2	2	0	0	2	2	0	0	1	1	0	0	1	1	0	0	**85**
Galle	3	3	2	2	0	0	1	1	0	0	3	3	0	0	2	2	0	0	**89**
Hambantota	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**82**
Matara	2	2	2	2	0	0	1	1	0	0	3	3	0	0	1	1	0	0	**82**
Jaffna	1	1	0	0	0	0	4	4	0	0	0	0	8	8	1	1	0	0	**73**
Kilinochchi	0	0	0	0	0	0	1	1	0	0	0	0	2	2	1	1	0	0	**100**
Mannar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**80**
Vavuniya	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	**75**
Mullaitivu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**25**
Batticaloa	7	7	1	1	1	1	2	2	0	0	0	0	0	0	0	0	0	0	**57**
Ampara	2	2	5	5	0	0	2	2	13	13	1	1	0	0	0	0	0	0	**57**
Trincomalee	3	3	8	8	0	0	0	0	0	0	3	3	0	0	0	0	0	0	**73**
Kurunegala	5	5	7	7	0	0	0	0	0	0	5	5	2	2	1	1	0	0	**91**
Puttalam	17	17	8	8	0	0	1	1	0	0	6	6	1	1	1	1	0	0	**78**
Anuradhapu	7	7	7	7	0	0	0	0	0	0	2	2	1	1	0	0	0	0	**68**
Polonnaruw	0	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**71**
Badulla	2	2	3	3	0	0	1	1	0	0	0	0	0	0	0	0	0	0	**53**
Monaragala	1	1	3	3	0	0	0	0	0	0	2	2	0	0	0	0	0	0	**36**
Ratnapura	4	4	7	7	0	0	1	1	0	0	6	6	0	0	1	1	0	0	**61**
Kegalle	5	5	3	3	0	0	1	1	2	2	5	5	0	0	2	2	0	0	**100**
Kalmunai	2	2	23	23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**62**
SRI LANKA	**160**	**160**	**104**	**104**	**01**	**01**	**23**	**23**	**18**	**18**	**64**	**64**	**18**	**18**	**19**	**19**	**00**	**00**	**76**

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 07th January, 2011 Total number of reporting units =320. Number of reporting units data provided for the current week: 242
A = Cases reported during the current week. **B** = Cumulative cases for the year.

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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.**

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