WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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WER SRI LANKA - 2015

Vol. 42 No. 09 **21st – 27th February 2015**

Hyerlipidaemia (Part II)

This is the last in a series of two articles on Hyperlipidemia

When to screen for Hypercholesterolaemia?

Many expert groups have guidelines for cholesterol screening. The guidelines differ in their recommendations about when to start screening, how frequently a patient should be screened, and when to stop.

One expert group, the United States Preventive Services Task Force recommends the following:

Lipid screening should start at age 35 in men without other risk factors for coronary artery disease and at age 20 to 35 in men with risk factors. These include men with

- Diabetes
- A family history of heart disease in a close male relative younger than age 50 or a close female relative younger than age 60
- A family history of high cholesterol
- A personal history of multiple coronary disease risk factors (e.g. smoking, high blood pressure).

Lipid screening should definitely start at age 45 and perhaps at age 20 in women with risk factors for coronary disease. No recommendation for or against screening was made for women without risk factors for coronary disease.

Those at risk for coronary disease should be treated based upon the results of their screening test.

Screening should include total cholesterol and HDL-cholesterol levels and can be measured anytime (with or without fasting).

The optimal time interval between screenings is uncertain; reasonable options include every five years, with a shorter interval for those with high-normal lipid levels and longer intervals for low-risk individuals with low or normal levels.

There is no recommendation to stop screening at a particular age.

Screening may be appropriate in older people who have never been screened, although screening a second or third time is less important in older people because lipid levels are less likely to increase after age 65.

Prevention & Treatment

Too much cholesterol in the blood can lead to cardiovascular disease. The good news is that the risk of heart disease and stroke can be reduced by lowering the blood cholesterol levels.

It takes a team to develop and maintain a successful health program. Patient and the healthcare professionals each play an important role in maintaining and improving health of the heart.

Patients should work with the doctor to determine the risk and the best approach to manage it. In all cases, lifestyle changes are important to reduce the risk for heart attack and stroke. In some cases, cholesterol-lowering statin medicines may also provide benefit. Learning to make diet and lifestyle changes are easy and lasting. It is important to ensure that the patient understands instructions for taking medication because it won't work if the patient does not take it as directed.

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Lifestyle Changes

The diet, weight, physical activity and exposure to tobacco smoke all affect the cholesterol level.

Knowledge about fats

Knowing which fats raise LDL cholesterol and which ones do not is the first step in lowering the risk of heart disease.

Cooking for Lower Cholesterol

A heart-healthy eating plan can help to manage the blood cholesterol level.

- Reduce saturated fat in meat & poultry
- Include fish in the diet
- Reduce meat in the meal
- Cook fresh vegetables
- Use liquid vegetable oils
- Lower dairy fats
- Increase fiber & whole grain

Understand Drug Therapy Options

For some people, lifestyle changes alone aren't enough to reach healthy cholesterol levels. The doctor may prescribe medication.

Statins — Statins are among the most powerful drugs for lowering LDL cholesterol and are the most effective drugs for prevention of coronary heart disease, heart attack, stroke, and death. Statins include lovastatin, pravastatin, simvastatin, fluvastatin, atorvastatin, and rosuvastatin.

Ezetimibe — Ezetimibe (brand name: Zetia) impairs the body's ability to absorb cholesterol from food as well as cholesterol that the body produces internally. It lowers LDL cholesterol levels when used alone.

Bile acid sequestrants — The bile acid sequestrants include cholestyramine, colestipol, and colesevelam. These medications bind to bile acids in the intestine, reducing the quantity of cholesterol absorbed from foods.

Nicotinic acid (Niacin) — Nicotinic acid is a vitamin that is available in immediate-release, sustained-release, and extended-release formulations. Nicotinic acid may be recommended for people with elevated cholesterol levels that do not respond adequately despite maximum tolerated dosages of statins and for people with some types of familial hyperlipidemia, particularly those with high lipoprotein(a) levels. However, most patients taking statins should not take nicotinic acid .

Fibrates — Fibrate medications (gemfibrozil, fenofibrate and fenofibric acid) can lower triglyceride levels and raise HDL cholesterol levels. Fibrates may be recommended for people with elevated triglyceride and cholesterol levels .

Avoid common misconceptions

There are certain common misconceptions, along with the true story, about cholesterol.

Using margarine instead of butter will help lower my cholesterol.

Thin people don't have to worry about high cholesterol.

My doctor hasn't said anything about my cholesterol, so I don't have to worry.

Since the nutrition label on my favorite food says there's no cholesterol, I can be sure that it's a "heart-healthy" choice.

Since I started taking medication for my high cholesterol, I don't have to worry about what I eat.

I'm a woman so I don't have to worry about high cholesterol. It's a man's problem.

You don't need to have your cholesterol checked until you reach middle age.

Sources

Prevention and Treatment of High Cholesterol, available at http://www.heart.org/HEARTORG/Conditions/Cholesterol/Prevention_Treatment_of_High_Cholesterol/Prevention-and-Treatment-of-High-Cholesterol_UCM_001215_Article.jsp

High cholesterol treatment options, available at http://www.uptodate.com/contents/high-cholesterol-treatment-options-beyond-the-basics?source=see_link

Compiled by Dr. C U D Gunasekara of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 14th – 20th Feb 2015 (08th 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	142	2594	1	34	0	2	1	11	1	13	0	33	0	1	1	12	0	1	6	59	0	3	0	0	56	44
Gampaha	61	1160	4	16	0	2	0	5	0	3	6	47	0	2	3	32	0	0	14	33	0	3	0	0	73	27
Kalutara	37	408	1	19	0	1	2	12	0	6	2	54	0	0	0	6	0	1	9	38	0	6	0	0	85	15
Kandy	21	371	4	33	0	0	0	8	0	0	0	13	0	17	1	49	0	0	2	60	0	3	0	1	52	48
Matale	16	236	1	14	0	0	1	3	0	0	1	14	0	1	0	4	0	0	0	1	1	2	0	2	92	8
NuwaraEliya	1	52	4	47	0	0	0	3	0	0	1	6	1	12	2	23	0	0	1	12	0	9	0	0	69	31
Galle	24	221	0	15	0	0	0	1	0	6	6	43	1	10	1	2	0	0	1	44	0	12	0	0	80	20
Hambantota	11	81	0	5	0	0	0	4	0	0	0	17	2	9	2	10	0	0	2	14	0	2	2	42	83	17
Matara	7	111	1	12	0	0	0	2	0	19	1	28	0	9	0	7	0	0	4	44	0	7	0	15	94	6
Jaffna	53	791	11	132	2	6	3	77	6	10	0	7	25	339	0	5	0	0	13	32	0	1	0	0	100	0
Kilinochchi	1	22	1	16	0	0	0	2	0	25	0	0	1	4	0	0	0	0	0	3	0	0	0	0	50	50
Mannar	1	60	0	2	0	0	0	4	0	1	1	7	1	7	0	0	0	0	0	0	0	0	0	0	60	40
Vavuniya	3	44	1	6	1	3	0	6	0	2	0	8	0	8	0	1	0	0	0	2	0	0	0	0	100	0
Mullaitivu	1	46	1	6	0	1	0	1	0	1	0	2	1	3	0	0	0	0	0	0	0	1	0	1	60	40
Batticaloa	69	570	6	36	1	2	0	1	0	0	0	1	0	0	0	0	0	0	1	6	1	3	0	0	79	21
Ampara	3	14	0	13	0	0	0	0	0	0	2	3	0	0	0	0	0	0	0	36	0	3	0	0	71	29
Trincomalee	18	183	1	5	0	0	1	9	0	22	0	4	0	2	0	0	0	0	1	6	0	1	0	0	83	17
Kurunegala	20	443	1	35	0	1	0	3	0	0	2	59	0	8	0	9	0	0	15	81	0	4	1	16	89	11
Puttalam	29	324	1	11	0	0	1	1	0	0	4	15	1	5	0	1	0	0	2	8	1	4	0	0	62	38
Anuradhapura	5	178	1	17	0	0	0	0	0	5	4	71	1	5	0	3	0	0	5	24	1	9	10	39	68	32
Polonnaruwa	14	82	2	9	0	1	0	3	0	0	1	30	1	1	0	2	0	0	6	27	1	9	4	15	86	14
Badulla	9	235	2	33	0	0	1	2	0	3	0	8	4	17	2	23	0	0	2	22	1	9	0	0	65	35
Monaragala	8	67	2	30	0	0	0	5	0	2	2	56	5	18	1	9	0	0	1	20	2	4	0	6	100	0
Ratnapura	33	262	2	72	0	3	0	8	0	1	8	55	3	16	13	85	0	0	1	7	2	7	0	3	89	11
Kegalle	14	150	3	15	0	2	3	21	0	0	5	43	2	7	3	24	0	0	5	33	0	9	0	0	91	9
Kalmune	14	292	6	31	0	0	0	0	2	11	0	1	0	0	0	0	0	0	6	31	0	2	0	0	69	31
SRILANKA	**615**	**8997**	**57**	**664**	**4**	**24**	**13**	**192**	**9**	**130**	**46**	**625**	**49**	**501**	**29**	**307**	**0**	**2**	**97**	**643**	**10**	**113**	**17**	**140**	**77**	**23**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 20th February , 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 264 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

14th – 20th Feb 2015 (08th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2015	Number of cases during same week in 2014	Total number of cases to date in 2015	Total number of cases to date in 2014	Difference between the number of cases to date in 2014 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	00	00	00	00	00	00	01	03	10	12	-17.0%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Mumps	03	00	01	00	00	01	00	00	01	06	07	59	136	-56.6%
Measles	09	00	05	00	01	02	02	01	05	25	79	225	728	-69.1%
Rubella	00	00	01	00	00	00	00	00	00	01	00	04	01	+300%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	02	02	%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	03	03	16	-81.2%
Whooping Cough	01	00	00	00	01	00	00	00	00	02	00	15	08	+87.5%
Tuberculosis	104	03	04	11	27	20	12	08	18	207	275	1448	1803	-20.1%

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
AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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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