



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Let's say 'Goodbye' to polythene (Part II)

Polythene in developed and developing countries

Western countries who produces and uses plastics in grand scale were firstly shocked when the dangerous post effects of the plastic was revealed. Now they attempt very hardly to get release from the hold of plastic. Many countries and States started to move away from using plastics by banning disposable plastic products, stopping the free issue of plastic carrier bags in shopping malls and imposing more tax for their usage. Furthermore, the developed countries had started to practice some tactical ways to get rid of the damages caused by plastics by dumping the plastic wastes in developing countries. They make the developing nations to buy plastic wastes in bulks by offering reduced concessional price and by providing them plastic recycling technology. As the smoke from plastic factories cause cancer, developed nations are shifting their factories to developing countries.

After revealing the fact about the serious damages by plastic, the war against plastic has been increased in recent times in Asian countries as well. China ranks second after America as the country that uses more plastic products. In order to control the vast usage of plastic bags Chinese government banned free distribution of plastic bags in shopping centres. The success of Bangladesh in the war against plastic is immense. In 1998 following the cyclone many towns submerged in heavy floods and thousands were killed. The drainage was

blocked by the plastic wastes and that was the reason for the disaster occurred. Realizing the fact, the Bangladesh government very strictly banned all type of plastic bags and been implementing it very successfully.

Challenges in Sri Lanka

Announcement by the Government of a ban on polythene lunch sheets, regifoam boxes, and shopping bags starting September 1 has been met with tumultuous applause, as expected, however, questions remain as to the practicality of enforcing a blanket ban and whether or not it would instead prove counterproductive. Some challenges of it includes the following,

1. Lack of knowledge and awareness among the public about the harmful effects of polythene misuse
2. Lack of motivation among the community to use biodegradable alternatives
3. Difficult in changing the behavior of people
4. Lack of accessibility and availability of a user-friendly and biodegradable alternative to the plastic.
5. Lack of supportive supervision, monitoring and evaluation.

The way forward

Though, there are many challenges to poly-

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thene ban, it raises the public awareness on polythene misuse. Further to this the officials of the public health department, municipal council in the district of Colombo ascertains that the dead body must not be buried in polythene covers. Though a plastic free life will be a distant dream, to upkeep this prohibition, the followings are the recommendations.

1. Improve awareness among the community, supported by the CEA, government and media.
2. Capacity building of public health officers and non-health officers who work in the field to change the behavior
3. Educate people on responsible waste disposal methods.
4. Create a supportive environment with introducing the environmentally friendly compostable and biodegradable lunch sheets and bags.
5. Change the behavior among ourselves.

In the past, Sri Lankan used leaves such as banana, areca nut and lotus and then gradually changed to ceramic plates to consume foods but later lunch sheets are used to cover the plates. Eating on banana leaves is a custom that dates back thousands of years, however, its benefits are still relevant today. However, due to less availability mainly in the urban areas in the country, difficult in reuse and short lifespan after removing from the banana tree, it is a less practical solution today. But recent research support with introducing a less cumbersome method of seasoning and preserving banana leaves. An alternative to shopping bags the traditional 'pan-malla' should be re-introduced to our lifestyle and should introduce biodegradable bags.

6. Apply 3R concept (reduce, reuse, recycle)

Reduce and reuse of plastic is an alternative option. Some schools currently practicing polythene free environment by increase awareness, change their lifestyle and introducing a fine if someone brings polythene. Though recycling is practiced to a certain extent in Sri Lanka, it is always doubtful whether this industry is functioning at its maximum strength to make a sound impact on the green environment concept in future. This is further proven when the annual recycling quantities are considered where they are always below than the level expected. Apart from the National Post Consumer Plastic Waste Management Project, cottage level collecting and recycling centres for plastic waste are in operation in Sri Lanka. Currently, about one hundred and fifty-two waste plastic collecting and recycling centres have been registered by the CEA and the majority of these businesses are located in or near the capital Colombo.

Conclusion

The ideal substitute for polythene has not been found as yet and we wait in hope for the scientists to come up with it. Until then, avoiding the purchase of unnecessary plastics, reduce its needs as much as possible, using it repeatedly would help, confirming whether it is usable before throwing it away and to have a firm hold on waste management, to find the means to dispose of the plastics without causing harm to the healthy environment is of paramount importance.

Sources

Central Environment Authority, Sri Lanka, 2017. Available online: www.cea.lk

Sriyananda S. Ban on polythene controls floods, boosts jute products:'green'bags in Bangladesh.Visvanathan C, Norbu T. Reduce, reuse, and recycle: the 3Rs in South Asia. In3 R South Asia Expert Workshop 2006 Sep.

Compiled by Dr. K C Kalubowila, Registrar in Community Medicine, Department of Community Medicine, Faculty of Medicine, University of Colombo

Table 1: Selected notifiable diseases reported by Medical Officers of Health 15th- 21st July 2017 (29th 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	T*	C**	T*	C**	
Colombo	1972	23889	0	40	0	3	0	21	0	25	2	70	1	2	0	11	0	0	0	4	229	0	19	0	1	21	100
Gampaha	2471	21637	0	21	0	12	0	16	0	8	1	35	0	9	1	8	0	1	1	1	182	0	22	0	2	6	100
Kalutara	660	6759	1	38	0	3	0	10	4	50	1	187	0	5	0	3	0	0	12	367	4	88	0	0	1	100	
Kandy	922	7246	1	52	0	3	0	4	0	9	0	30	1	94	0	9	0	0	2	155	0	27	1	8	13	100	
Matale	183	1689	1	17	0	1	0	1	0	6	0	29	0	2	0	5	0	0	0	34	3	43	1	5	12	100	
NuwaraEliya	71	521	0	16	0	7	0	22	0	9	2	25	3	133	1	17	0	0	12	245	1	34	0	0	47	100	
Galle	261	3885	0	36	0	7	1	11	0	12	8	196	2	33	0	1	0	1	9	261	1	46	0	0	16	100	
Hambantota	147	2256	0	15	1	6	0	7	0	17	1	35	5	42	0	7	0	1	4	141	0	15	4	191	9	100	
Matara	458	3873	1	22	0	8	0	2	0	5	5	139	0	16	0	4	0	1	9	151	0	4	4	84	9	100	
Jaffna	93	3344	8	171	0	12	1	28	0	51	0	23	1	395	0	3	0	0	3	133	0	30	0	0	38	88	
Kilinochchi	20	336	1	12	0	1	0	9	0	1	0	3	0	12	0	2	0	0	0	3	0	7	0	2	24	100	
Mannar	3	489	0	5	0	0	1	2	1	1	0	2	0	2	0	0	0	0	0	12	0	0	0	0	0	14	100
Vavuniya	16	597	0	12	0	0	2	29	0	6	0	24	0	7	0	1	0	0	0	20	0	2	0	9	10	99	
Mullaitivu	19	226	0	8	0	1	0	3	0	1	3	15	0	4	0	1	0	1	1	12	0	5	0	1	8	100	
Batticaloa	85	4239	3	67	0	8	0	13	1	19	1	18	0	0	0	4	0	1	2	126	0	21	0	1	21	100	
Ampara	50	560	1	16	0	2	0	1	0	0	2	11	0	1	0	3	0	0	5	130	2	31	0	3	31	100	
Trincomalee	42	4484	0	13	0	2	0	5	1	17	1	17	0	12	0	17	0	0	1	102	0	18	1	4	17	98	
Kurunegala	569	7043	1	49	0	6	0	2	0	14	3	48	0	24	0	15	0	2	8	368	2	42	8	102	10	100	
Puttalam	285	3163	1	29	0	2	0	2	0	0	1	19	0	11	0	1	0	0	1	109	4	34	0	3	8	100	
Anuradhapur	172	1920	0	26	0	2	0	1	0	10	3	53	0	13	0	9	1	1	6	287	3	46	4	165	7	100	
Polonnaruwa	56	980	0	11	0	5	0	9	0	5	0	30	0	5	0	6	0	0	3	164	0	12	0	85	3	99	
Badulla	290	2107	4	59	0	5	0	7	0	2	5	63	3	74	1	46	0	1	16	248	3	121	1	12	6	98	
Monaragala	155	1505	0	39	0	3	0	1	0	9	2	92	7	86	0	16	0	1	3	59	1	41	1	13	27	100	
Ratnapura	728	7191	2	98	0	62	0	6	0	8	7	403	0	22	0	56	0	0	3	221	3	125	0	16	9	99	
Kegalle	807	5904	1	26	0	8	0	4	0	17	2	51	5	57	1	11	0	0	9	181	0	46	2	8	10	100	
Kalmune	55	1871	0	55	0	4	0	4	0	275	1	7	0	0	0	2	0	0	0	112	2	13	0	0	11	100	
SRILANKA	10441	116300	25	944	1	174	5	219	7	577	51	1624	28	1050	4	258	1	11	114	4041	2	89	27	715	14	99	

Source: esurveillance.epid.gov.lk

*T=Timeliness refers to returns received on or before 21st July, 2017 Total number of reporting units 344 Number of reporting units data provided for the current week: 342 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

15th– 21st July 2017 (29th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2017	Number of cases during same week in 2016	Total number of cases to date in 2017	Total number of cases to date in 2016	Difference between the number of cases to date in 2017 & 2016
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	02	41	37	10.8%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	02	00	01	01	01	00	01	00	01	07	05	203	235	- 13.6%
Measles	01	03	00	00	02	00	00	00	01	07	05	141	296	- 52.3%
Rubella	00	00	00	00	00	00	00	00	00	00	00	05	06	- 16.6%
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0%
Tetanus	00	00	00	01	00	00	00	00	00	01	00	11	05	120%
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	21	08	162.5%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	09	34	- 73.5%
Tuberculosis	108	21	08	08	14	24	23	10	18	234	207	4663	5321	-12.3%

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

Dengue Prevention and Control Health Messages
Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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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. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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