



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

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Vitamin D deficiency, a less addressed health issue in Sri Lanka Part II

This is the last article of series of two articles.

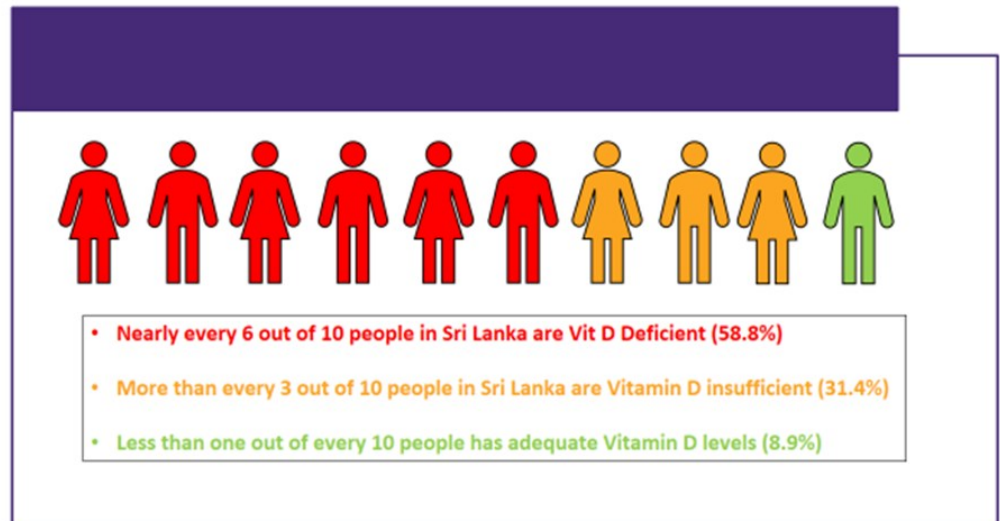
Sri Lankan situation

Among Sri Lankan adults Vitamin D deficiency was 58.8% and insufficiency 31.4%. Overall around 90% of Sri Lankan adults are not having adequate levels of vitamin D. A study conducted in Southern Sri Lanka (2013) found that overall VDD among community-dwelling healthy women was 56.2%. Another study found the age and sex-adjusted prevalence of VDD was 57.2% in an adult Sri Lankan urban population (2015). Among school children aged 10-18 years (2017), the prevalence of VDD and VDI was 13.2% (95%CI: 11.9%-

14.5%) and 45.6% (95%CI: 43.7%-47.5%), respectively. The results shown imply the high burden of VDD & VDI which suggests the government plan mitigation strategies to reduce the attributed disease burden in the country.

Prevention

In many other countries, it was considered a major public health concern and taken remedial actions by developing policies to optimize vitamin D status. Options available to improve vitamin D status are to enhance sun exposure or dietary intake through Vit – D supplementation and food fortification with vitamin D.



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WEB SRI LANKA 2023

Although improving sun exposure was a low-cost and long-known method to increase vitamin D production, was not a successful method due to practical difficulty in achieving intended behaviour changes. Therefore the preferred methods concerned were food fortification with vitamin D and Vitamin D supplementation. Many countries have succeeded in maintaining an optimum level of vitamin D status in people by fortifying food which was a highly cost-effective method with high compliance compared to vitamin D supplementation. At present, Vit D deficiency is a less addressed health issue in Sri Lanka. A main concern was the unawareness of people regarding the gravity of the issue. Therefore Island-wide awareness campaigns need to be implemented. Yet satisfactory outcomes could not be achieved only by an awareness campaign due to the difficulties in achieving behavioural change communication among people. The practical issues in improving sun exposure as well as dietary intake of vitamin D-rich food are challenged due to the limited availability and affordability of vitamin D-enriched food items. Therefore fortification of dietary foods with Vitamin D or Vit-D supplementation should be considered. The Ministry of Health has identified the inadequacy of vitamin D levels among Sri Lankans and developing a policy to address the issue concerning all the different options available in the local context.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 18th-24th Feb 2023(8th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		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	265	2461	0	1	0	2	0	1	0	3	2	31	0	0	2	2	0	0	4	25	1	5	0	3	15	93
Gampaha	162	1957	0	0	1	4	1	1	0	0	4	38	0	0	0	2	0	0	8	31	1	21	0	8	2	78
Kalutara	28	697	1	3	0	0	0	0	2	2	61	0	1	0	1	0	1	0	3	44	0	14	0	0	5	7
Kandy	47	556	0	7	0	0	0	1	0	1	32	1	14	0	0	0	0	0	5	47	0	3	2	6	60	100
Matale	25	208	0	1	0	0	0	1	0	1	2	14	0	1	0	2	0	0	1	9	0	1	4	52	27	100
Nuwareliya	4	34	1	10	0	0	0	0	1	5	3	19	2	14	0	0	0	0	2	19	1	2	0	0	40	92
Galle	30	342	1	7	0	1	0	0	1	5	10	90	3	15	0	0	0	0	12	59	0	1	0	0	23	100
Hambantota	31	178	0	0	0	0	0	0	4	4	5	41	6	29	1	8	0	0	1	27	1	4	16	74	28	100
Matara	30	300	1	6	2	2	0	0	3	6	67	0	7	1	2	0	0	0	7	45	0	5	5	27	45	100
Jaffna	44	642	1	9	0	1	0	2	1	4	4	25	247	0	0	0	1	3	20	0	0	0	0	0	62	86
Kilinochchi	0	31	0	2	0	0	0	0	0	0	4	4	0	2	0	0	0	0	1	2	0	0	0	0	13	97
Mannar	2	23	0	4	0	0	0	0	0	0	2	8	0	3	0	0	0	0	0	0	0	1	0	0	18	55
Vavuniya	0	7	0	3	0	0	0	0	0	0	5	0	3	0	0	0	0	0	2	0	0	1	0	0	0	72
Mullaitivu	3	8	0	6	0	0	0	0	0	0	3	0	3	0	0	0	0	0	2	0	0	0	0	0	18	58
Batticaloa	58	348	4	44	0	4	0	2	0	6	0	18	0	0	1	1	0	0	3	16	1	7	0	0	34	100
Ampara	6	38	0	1	0	1	0	0	0	0	2	11	0	0	0	1	0	0	0	15	0	5	0	2	13	93
Trincomalee	29	294	2	3	0	0	0	0	1	1	1	12	1	5	0	0	0	0	8	0	3	0	1	1	19	100
Kurunegala	40	549	1	7	0	3	0	0	0	0	5	46	1	6	1	3	0	0	10	91	2	23	9	81	20	97
Puttalam	154	1569	0	0	0	0	0	0	0	0	8	0	6	0	0	0	0	0	1	22	0	10	0	0	12	98
Anuradhapur	8	104	0	1	0	0	0	1	0	1	4	73	2	14	0	0	0	0	6	41	0	7	8	85	18	97
Polonnaruwa	17	152	1	3	0	2	0	0	0	1	3	31	1	3	0	3	0	0	1	14	0	8	10	74	20	92
Badulla	16	288	2	8	0	2	0	0	4	4	61	0	3	0	20	0	0	5	24	0	5	0	6	48	100	
Monaragala	5	79	0	4	0	0	0	0	0	0	4	66	0	9	1	4	0	0	11	0	18	0	27	14	100	
Ratnapura	50	353	0	6	0	3	0	1	0	5	21	164	1	9	2	6	0	0	7	18	9	40	6	31	28	100
Kegalle	49	467	0	1	0	0	0	0	1	8	58	1	6	0	1	0	0	6	68	1	9	1	4	21	99	
Kalmune	36	811	0	15	0	0	0	0	0	1	9	0	0	0	0	0	0	0	3	1	5	0	0	34	93	
SRI LANKA	113	12496	15	152	3	25	1	10	4	47	90	974	44	400	9	56	0	2	86	663	18	198	61	481	27	94

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 24th Feb, 2023. Total number of reporting units 358. Number of reporting units data provided for the current week: 310. C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

18th–24th Feb 2023(8th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2023	Number of cases during same week in 2022	Total number of cases to date in 2023	Total number of cases to date in 2022	Difference between the number of cases to date in 2023 & 2022
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	01	00	00	00	00	00	01	03	02	15	11	36.36 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	00	00	01	00	00	00	00	02	01	27	06	350 %
Measles	02	00	00	00	00	00	00	00	00	02	01	03	06	- 50 %
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	01	0 %
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	00	01	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tuberculosis	48	22	11	19	21	44	05	07	13	185	63	1280	1037	23.4 %

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

Number of Malaria Cases Up to End of February 2023,
05
All are Imported!!!

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**

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