



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: <http://www.epid.gov.lk>

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Physical Activity-The Prescription for all (Part II)

Physical Activity and Adults

In adults aged 18–64, physical activity includes leisure time physical activity (e.g. walking, dancing, gardening, hiking, swimming), transportation (e.g. walking or cycling), occupational (i.e. work), household chores, play, games, sports or planned exercise in the context of daily, family and community activities.

Recommended levels of physical activity for adults aged 18 - 64 years

- Adults aged 18–64 should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate- and vigorous-intensity activity.
- Aerobic activity should be performed in bouts of at least 10 minutes duration.
- For additional health benefits, adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week or engage in 150 minutes of vigorous-intensity aerobic physical activity per week or an equivalent combination of moderate- and vigorous-intensity activity.
- Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week

These recommendations are relevant to all healthy adults aged 18–64 years unless specific medical conditions indicate to the contrary. They are applicable for all adults irrespective of gender, race, ethnicity or income level. They also apply to individuals in this age range with chronic non communicable conditions not related to mobility such as hypertension or diabetes.

These recommendations can be valid for adults with disabilities. However adjustments for each individual based on their exercise capacity and specific health risks or limitations may be needed.

There are multiple ways of accumulating the total of 150 minutes per week. The concept of accumulation refers to meeting the goal of 150 minutes per week by performing activities in multiple shorter bouts of at least 10 minutes each, spread throughout the week then adding together the time spent during each of these bouts (e.g. 30 minutes of moderate-intensity activity 5 times per week).

Pregnant, postpartum women and persons with cardiac events may need to take extra precautions and seek medical advice before striving to achieve the recommended levels of physical activity for this age group.

Inactive adults or adults with disease limitations will have added health benefits if moving from the category of “no activity” to “some levels” of activity. Adults who currently do not meet the recommendations for physical activity should aim to increase duration, frequency and finally intensity as a target to achieving them.

Physical Activity and Older Adults

In adults aged 65 years and above, physical activity includes leisure time physical activity (e.g.

Benefits of physical activity for adults

Overall, strong evidence demonstrates that compared to less active adult men and women, individuals who are more active

- Have lower rates of all cause mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, metabolic syndrome, colon and breast cancer and depression
- Are likely to have less risk of a hip or vertebral fracture.
- Exhibit a higher level of cardio respiratory and muscular fitness
- Are more likely to achieve weight maintenance, have a healthier body mass and composition.

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walking, dancing, gardening, hiking, swimming), transportation (e.g. walking or cycling), occupational (if the individual is still engaged in work), household chores, play, games, sports or planned exercise in the context of daily, family and community activities.

These guidelines are relevant to all healthy adults aged 65 years and above. They are also relevant to individuals in this age range with chronic NCD conditions. Individuals with specific health conditions such as cardiovascular disease and diabetes may need to take extra precautions and seek medical advice before striving to achieve the recommended levels of physical activity for older adults.

There are a number of ways older adults can accumulate the total of 150 minutes per week. The concept of accumulation refers to meeting the goal of 150 minutes per week by performing activities in multiple shorter bouts of at least 10 minutes each, spread throughout the week, then adding together the time spent during each of these bouts (e.g. 30 minutes of moderate-intensity activity 5 times per week).

These recommendations are applicable for all older adults irrespective of gender, race, ethnicity or income level.

The recommendations can be applied to older adults with dis-

abilities. However, adjustments for each individual based on their exercise capacity and specific health risks or limitations may be needed.

Older adults who are inactive or who have some disease limitations will have added health benefits if moving from the category of “no activity” to “some levels” of activity. Older adults who currently do not meet the recommendations for physical activity should aim to increase duration, frequency and finally intensity as a target to achieving them.

Summery

A combination of physical activity and healthy eating is recommended for maximum health benefits for all ages as unhealthy diet and physical inactivity are known to be key risk factors for the major non communicable diseases such as cardiovascular diseases, cancer, and diabetes. Lack of physical activity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally. As persons of all ages benefit from exercises, it is recommended for everybody irrespective of gender, race, ethnicity or income level. The recommendations can be applied to persons with disabilities. However, adjustments for each individual based on their exercise capacity and specific health risks or limitations may be necessary. Medical advice should be sought if necessary. It should also be noted that if the person concerned is currently doing no physical activity, doing amounts below the recommended levels (or doing some activity) will bring more benefits than doing none at all.

Sources

WHO Global Strategy on Diet, Physical Activity and Health, available from http://www.who.int/dietphysicalactivity/factsheet_adults/en/index.html
http://www.who.int/dietphysicalactivity/factsheet_olderadults/en/index.html

Compiled by Dr. Madhava Gunasekera of the Epidemiology Unit

Table 1: Vaccine-preventable Diseases & AFP

04th - 10th June 2011(23rd 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	01	01	00	01	00	00	01	00	01	05	02	44	40	+ 10.0 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	01	00	03	00	00	00	00	00	00	04	01	67	43	+ 55.8 %
Tetanus	00	00	00	00	01	00	00	00	00	01	01	10	14	- 42.8 %
Whooping Cough	00	00	00	00	00	00	00	01	00	01	00	16	10	+ 60.0 %
Tuberculosis	102	20	53	11	02	25	10	01	34	258	139	3932	4091	- 03.9 %

Table 2: Newly Introduced Notifiable Disease

04th - 10th June 2011(23rd 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	09	07	13	02	07	08	05	02	12	65	36	2268	1739	+ 30.4 %
Meningitis	04 CB=2 KL=2	01 NE=1	00	00	00	04 KN=2 PU=2	02 AP=1 PO=1	00	03 KG=2 RP=1	14	47	412	806	- 48.9 %
Mumps	11	04	09	04	06	19	05	02	09	69	22	1157	452	+ 156.0 %
Leishmaniasis	00	00	02 HB=2	00	00	06 KN=6	08 AP=8	00	00	16	00	305	153	+ 99.34 %

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. .

Dengue Prevention and Control Health Messages

You have a duty and a responsibility in preventing dengue fever. Make sure that your environment is free from water collections where the dengue mosquito could breed.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
04th - 10th June 2011(23rd Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	99	2661	2	100	0	4	0	69	0	9	9	211	0	6	3	23	0	2	54
Gampaha	93	970	1	66	1	10	1	28	0	13	19	314	0	15	6	46	0	2	67
Kalutara	27	499	5	75	1	4	0	27	0	14	5	133	0	0	0	4	0	0	58
Kandy	18	237	17	206	0	4	2	16	1	28	7	87	8	59	2	31	0	0	91
Matale	11	126	0	64	0	3	1	11	0	8	1	115	0	12	0	4	0	0	75
Nuwara	5	66	15	179	0	3	1	27	0	87	1	25	2	44	0	9	0	1	77
Galle	10	243	1	42	0	5	0	3	0	5	4	86	0	16	0	7	0	0	58
Hambantota	13	234	3	22	0	4	0	2	4	14	17	378	2	29	0	4	0	0	100
Matara	16	207	8	41	0	1	1	8	0	10	3	184	2	40	1	12	0	1	94
Jaffna	1	150	3	91	0	3	5	139	30	42	0	2	3	168	0	16	0	1	91
Kilinochchi	0	35	0	11	0	3	0	5	0	9	0	2	0	8	0	3	0	0	25
Mannar	0	20	0	10	0	0	0	10	0	75	0	11	1	29	0	2	0	0	60
Vavuniya	3	48	0	20	0	9	0	6	0	36	1	34	0	2	0	1	0	0	50
Mullaitivu	0	7	0	18	0	1	0	2	0	0	0	5	0	1	0	2	0	0	75
Batticaloa	17	553	8	415	0	4	0	5	0	10	0	19	0	1	0	2	0	4	71
Ampara	5	62	0	51	0	0	0	7	0	21	0	51	0	1	0	7	0	0	57
Trincomalee	4	92	7	461	0	1	1	2	0	8	5	77	0	3	1	6	0	0	91
Kurunegala	25	338	5	163	0	6	4	53	0	36	15	1309	3	46	0	18	1	3	87
Puttalam	6	251	1	99	0	0	1	17	0	5	0	83	0	13	0	6	0	1	44
Anuradhapu	8	118	5	70	0	1	0	2	0	22	2	224	0	16	1	8	0	0	84
Polonnaruw	10	152	1	55	0	1	0	8	0	12	0	69	0	1	0	9	0	0	71
Badulla	17	155	10	117	0	5	2	38	0	5	0	32	4	35	0	22	0	0	80
Monaragala	4	114	2	31	0	4	0	21	0	10	2	155	1	43	0	35	0	0	82
Ratnapura	33	379	12	269	0	4	0	25	0	13	4	284	0	22	0	24	0	2	78
Kegalle	28	213	7	58	0	11	0	39	0	18	14	195	0	14	5	50	0	0	82
Kalmunai	0	18	9	377	0	0	0	0	0	12	0	4	0	2	0	2	0	1	77
SRI LANKA	453	7948	122	3121	02	91	19	570	35	522	109	4089	26	626	19	353	01	18	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 10th June , 2011 Total number of reporting units =320. Number of reporting units data provided for the current week: 245

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.

ON STATE SERVICE

Dr. P. PALIHAWADANA
CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10