Released May 11, 2018 ISSN 0799-3927

Week ending April 28, 2018 Epidemiology Week 17

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Move for Health day

WHAT IS MOVE FOR HEALTH DAY?

Every year, the Ministry of Health joins with the rest of the world and celebrates **"Move for Health Day"** to promote physical activity. It provides an opportunity to increase awareness about practical ways that persons can incorporate physical activity in their daily life.
This is **IMPORTANT** in the prevention, management and control of NCDs (high blood pressure, diabetes. some cancers)
Move for Health Day, an annual global initiative to promote physical activity sponsored by World Health Organization (WHO), with broad links to communities around the world, formally got underway on Saturday. The initiative was called for by WHO Member States following the success of last year's World Health Day on the Move for Health theme. Member States have been urged to celebrate a Move for Health Day each year to promote physical activity as essential for health and well-being.

WHO Director General Dr Gro Harlem Brundtland, MD, said the globalizing of the initiative reflected Member State concerns that the increasing chronic disease problems caused by unhealthy diet and physical inactivity should not be addressed in isolation. Move for Health is part of a broader WHO move to address the growing burden of chronic diseases through its Global Strategy on Diet, Physical Activity and Health, which is being prepared for presentation to Member States in May 2004.

Source: http://www.who.int/dietphysicalactivity/publications/releases/move/en/

EPI WEEK 17

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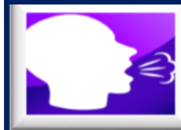
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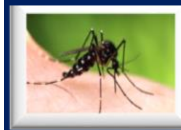
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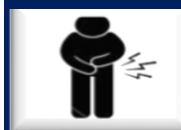
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INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites*. Actively pursued

SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

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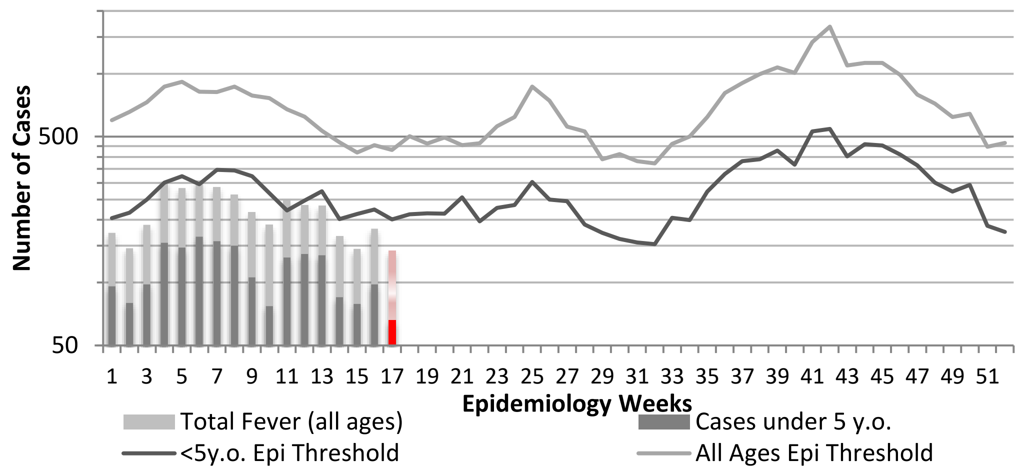
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

Temperature of >38⁰C /100.4⁰F (or recent history of fever) with or without an obvious diagnosis or focus of infection.

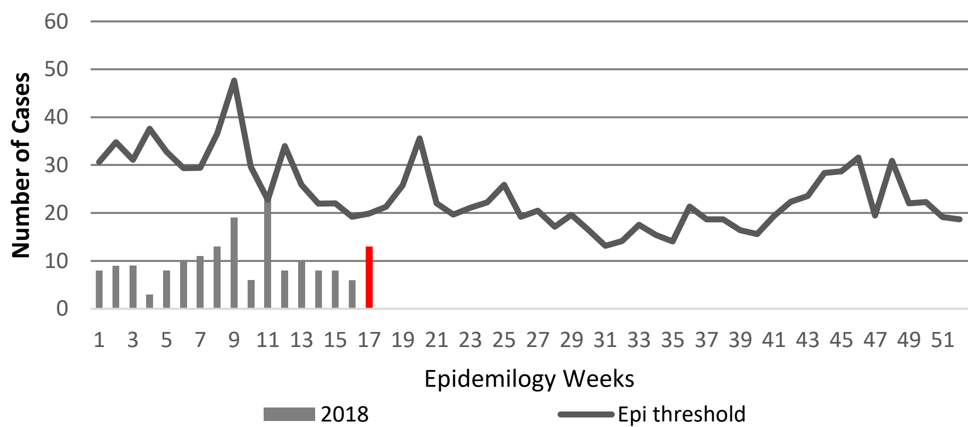


KEY

RED CURRENT WEEK

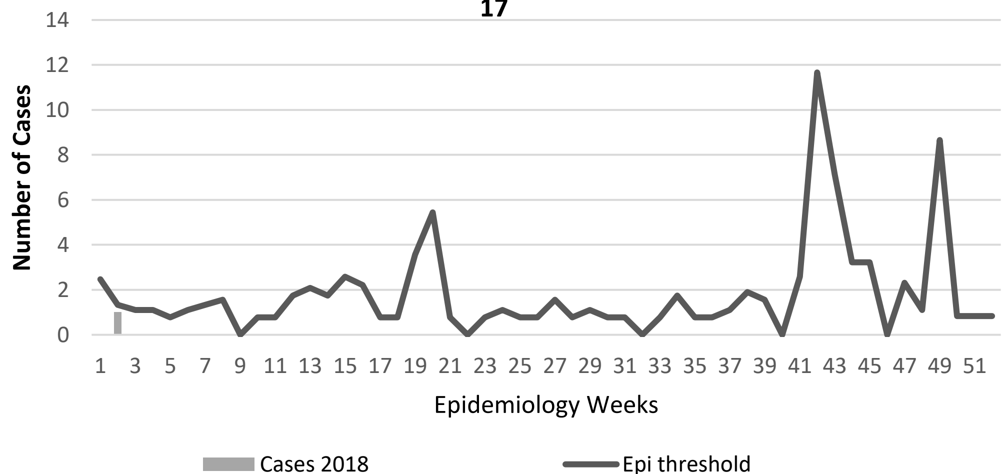
FEVER AND NEUROLOGICAL

Temperature of >380C /100.40F (or recent history of fever) in a previously healthy person with or without headache and vomiting. The person must also have meningeal irritation, convulsions, altered consciousness, altered sensory manifestations or paralysis (except AFP).



FEVER AND HAEMORRHAGIC

Temperature of >38⁰C /100.4⁰F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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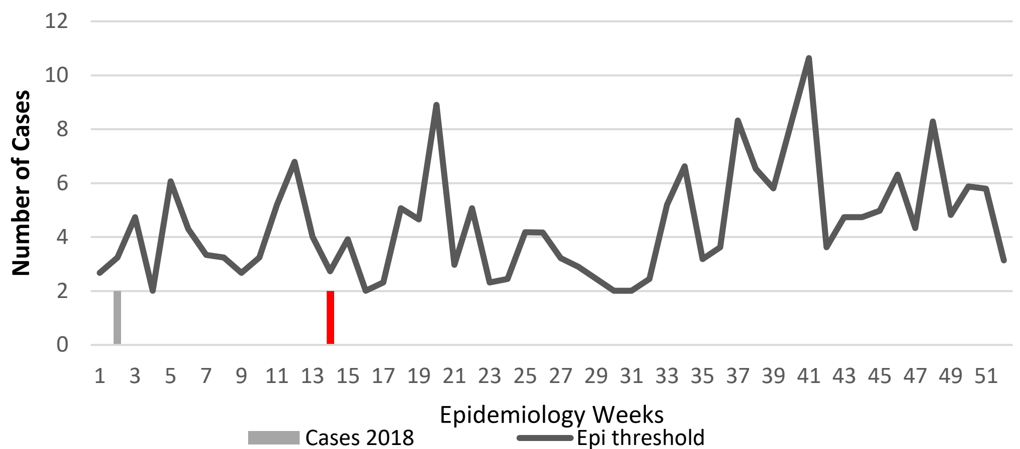
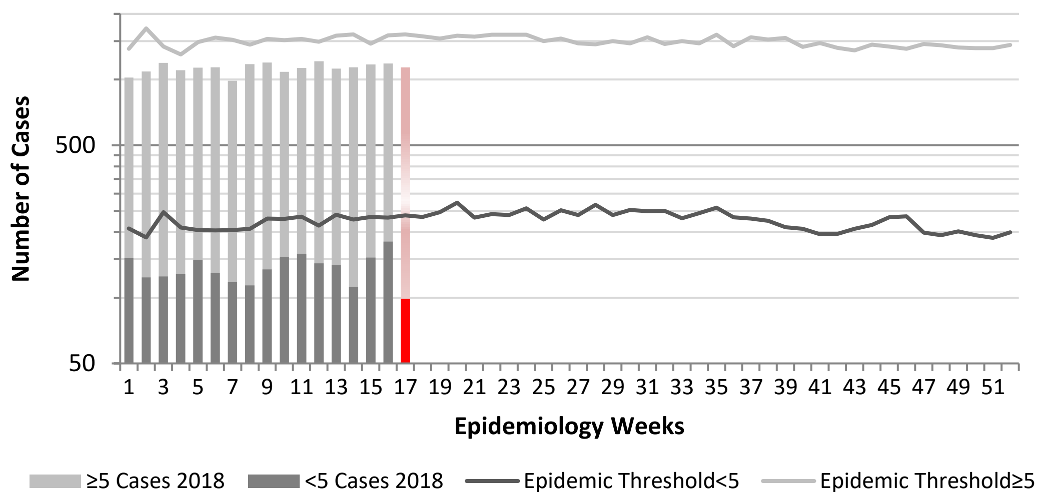
FEVER AND JAUNDICE

Temperature of >38⁰C /100.4⁰F (or recent history of fever) in a previously healthy person presenting with jaundice.



ACCIDENTS

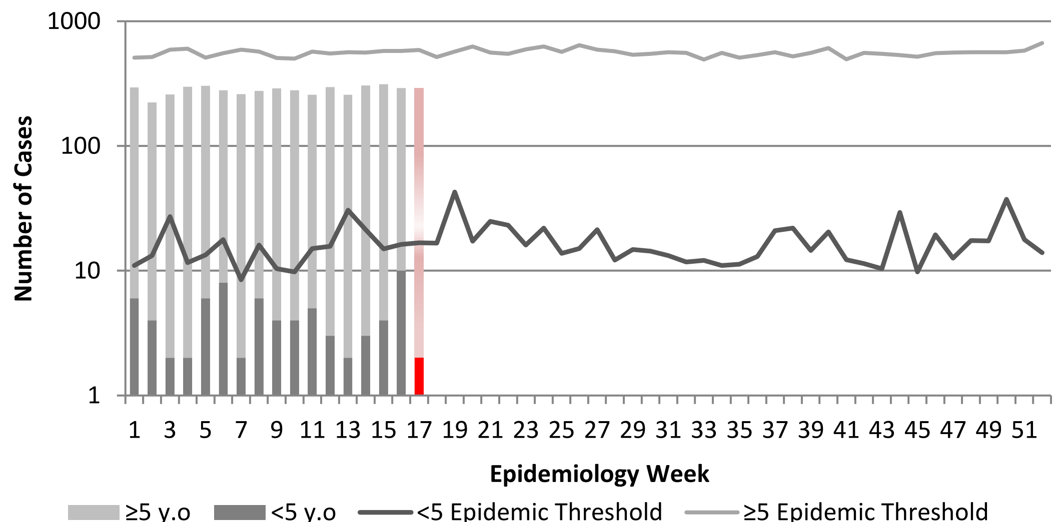
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



VIOLENCE

Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.

The epidemic threshold is used to confirm the emergence of an epidemic so as to step-up appropriate control measures.



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS	CONFIRMED YTD	
		CURRENT YEAR	PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	5	74
	Cholera	0	0
	Dengue Hemorrhagic Fever[1]	0	3
	Hansen's Disease (Leprosy)	0	2
	Hepatitis B	8	4
	Hepatitis C	1	1
	HIV/AIDS	NA	NA
	Malaria (Imported)	2	0
	Meningitis (Clinically confirmed)	12	33
EXOTIC/ UNUSUAL	Plague	0	0
H IGH MORBIDIT/ MORTALITY	Meningococcal Meningitis	0	0
	Neonatal Tetanus	0	0
	Typhoid Fever	0	0
	Meningitis H/Flu	0	0
SPECIAL PROGRAMMES	AFP/Polio	0	0
	Congenital Rubella Syndrome	0	0
	Congenital Syphilis	0	0
	Fever and Rash — Measles	0	0
	Fever and Rash — Rubella	0	0
	Maternal Deaths[2]	25	18
	Ophthalmia Neonatorum	104	70
	Pertussis-like syndrome	0	0
	Rheumatic Fever	0	0
	Tetanus	0	0
	Tuberculosis	7	12
	Yellow Fever	0	0
	Chikungunya	4	0
	Zika Virus	0	0

Comments

AFP Field Guides from WHO indicate that for an effective surveillance system, detection rates for AFP should be 1/100,000 population under 15 years old (6 to 7) cases annually.

Pertussis-like syndrome and Tetanus are clinically confirmed classifications.

*Figures are based on reports received for the period

1 Dengue Hemorrhagic Fever data include Dengue related deaths;

2 Figures include all pregnancy related deaths reported for the period.

Hep B increase due to results received from NBTS/NPHL

NA- Not Available

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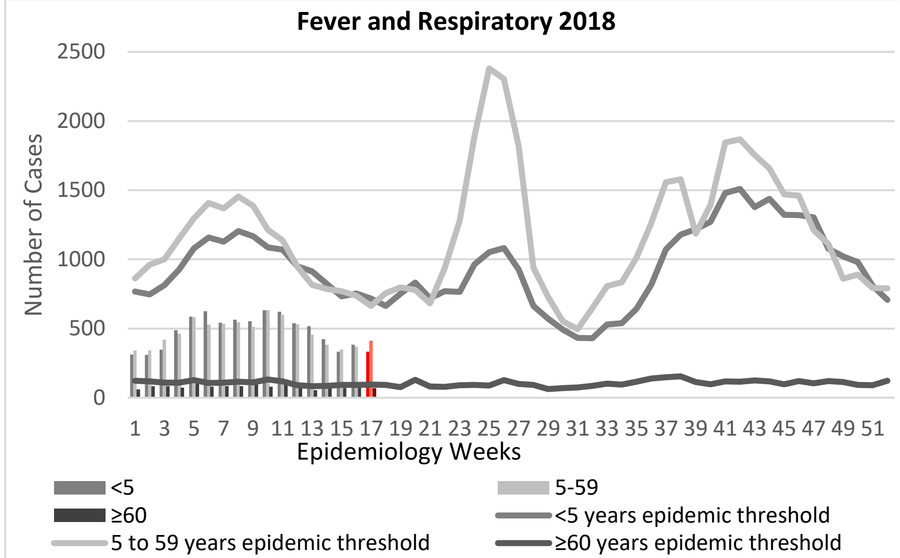
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

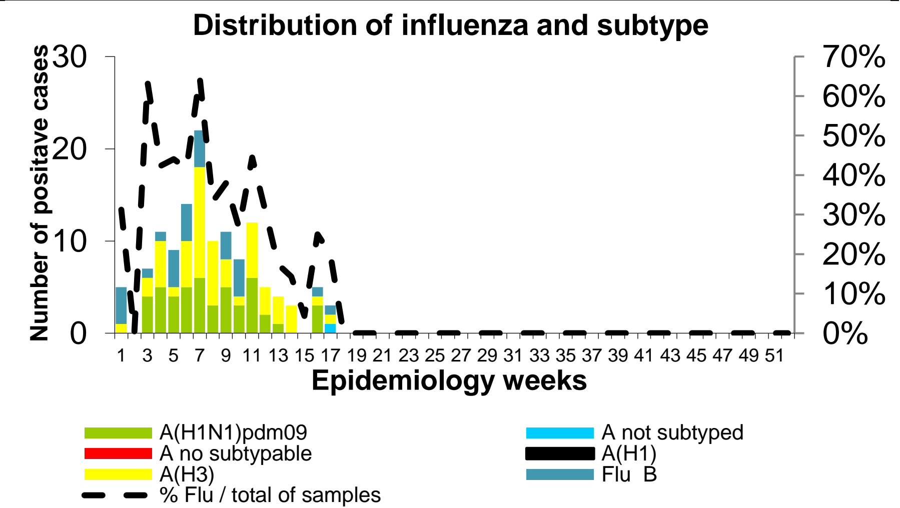
EW 17

April 15-21, 2018 Epidemiology Week 17

April 2018		
	EW 17	*YTD*
SARI cases	*17*	*118*
Total Influenza positive Samples		
Influenza A	*0*	*0*
H3N2	*0*	*0*
H1N1pdm09	*0*	*0*
Not subtyped	*0*	*0*
Influenza B		
Other	*0*	***0***



Comments:
During EW 14, the proportion of SARI hospitalizations among all hospitalizations decreased from the previous weeks and remained low as compared to the previous seasons 2011-2017 for the same period. During EW 16, SARI and pneumonia activity increased from the previous weeks and remained low as compared to the previous seasons 2011-2017 for the same period. During EW 16, decreased influenza detections were reported, influenza A(H1N1)pdm09, A(H3N2) and B co-circulated in recent weeks.

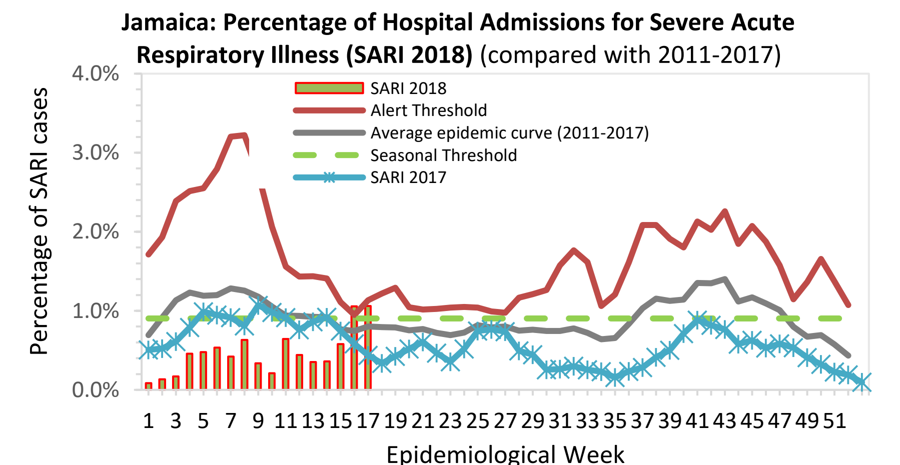


NDICATORS

Burden
Year to date, respiratory syndromes account for 0% of visits to health facilities.

Incidence
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.

Prevalence
Not applicable to acute respiratory conditions.



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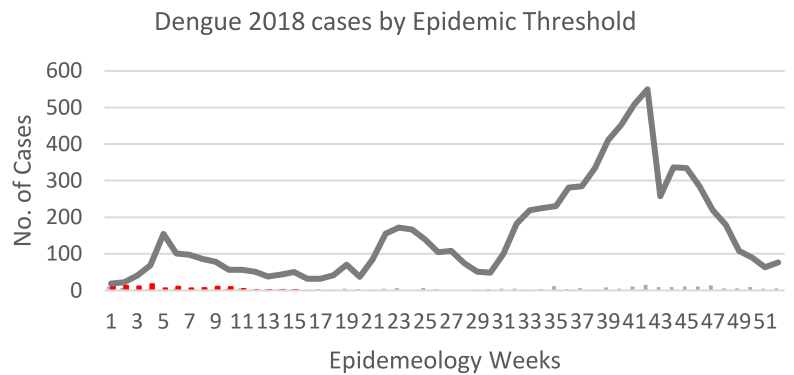
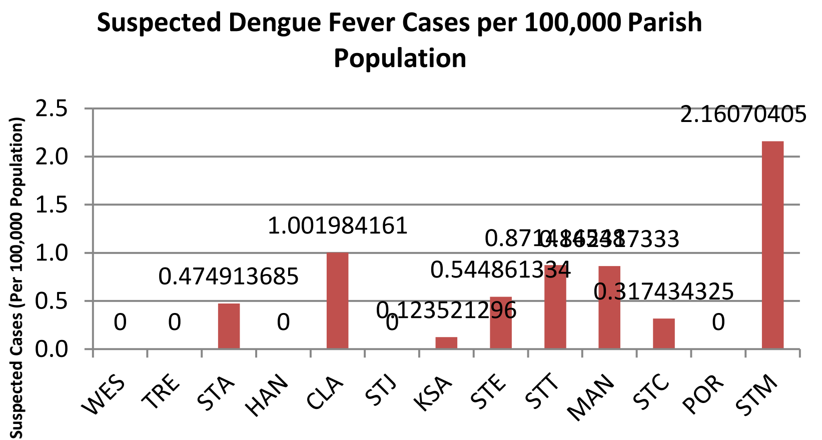
Dengue Bulletin

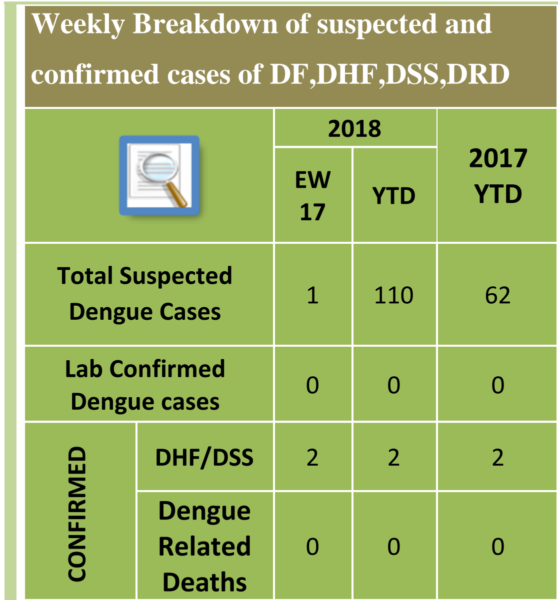
April 22-28, 2018 | Epidemiology Week 17



DISTRIBUTION

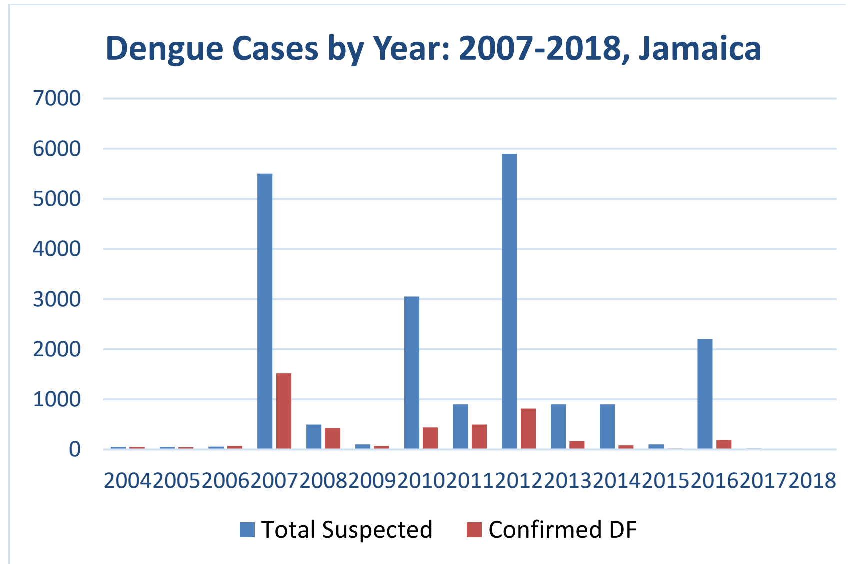
Year-to-Date Suspected Dengue Fever					
	M	F	Un-known	Total	%
<1	0	3	0	3	2.7
1-4	6	7	0	13	11.8
5-14	13	12	0	25	22.7
15-24	12	5	0	17	15.5
25-44	13	18	0	31	28.2
45-64	9	4	0	13	11.8
≥65	4	1	0	5	4.6
Unknown	2	1	0	3	2.7
TOTAL	59	51	0	110	**100**

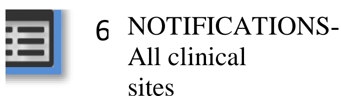




Weekly Breakdown of suspected and confirmed cases of DF,DHF,DSS,DRD

		2018 EW 17	2018 YTD	2017 YTD
Total Suspected Dengue Cases		1	110	62
Lab Confirmed Dengue cases		0	0	0
CONFIRMED	DHF/DSS	2	2	2
	Dengue Related Deaths	0	0	0





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Gastroenteritis Bulletin

April 22-28, 2018 | Epidemiology Week 17

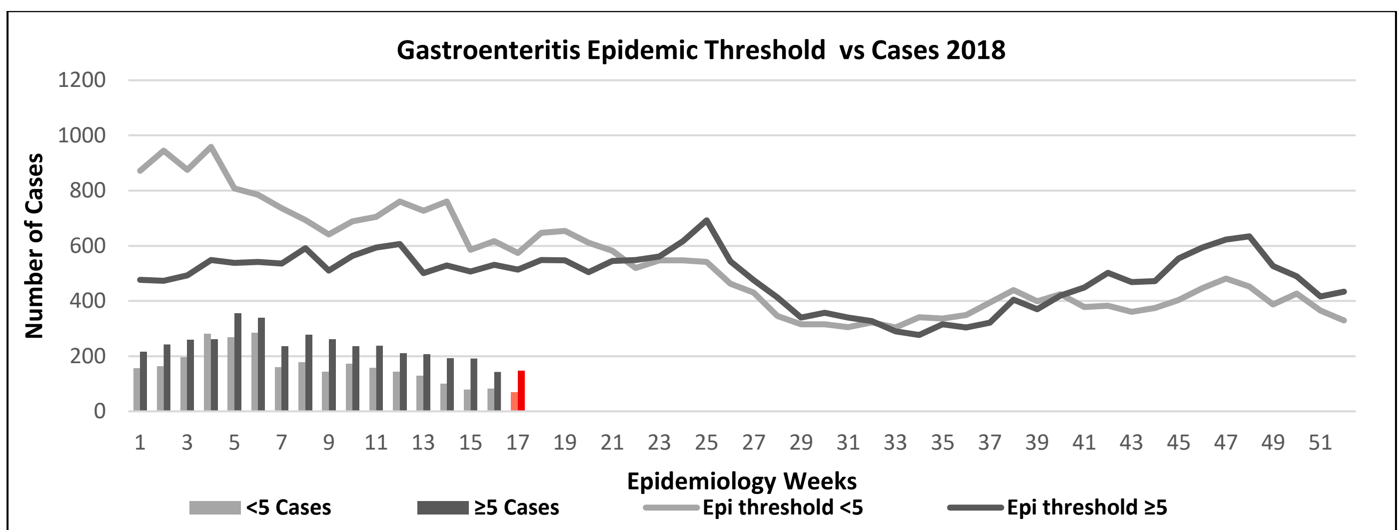
EW 17

Weekly Breakdown of Gastroenteritis cases

Year	EW 17			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	70	148	218	2,776	4,015	6,791
2017	194	213	407	4,208	4,376	8,584

Gastroenteritis:
In Epidemiology Week 17, 2017, the total number of reported GE cases showed a 27% decrease compared to EW 17 of the previous year.
The year to date figure showed an 21% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2016-2017



Total number of GE cases per parish for Week 17 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	873	72	61	214	284	177	182	102	112	116	277	182	156
≥5	721	152	86	358	526	253	305	140	174	165	407	379	369

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RESEARCH PAPER

A Description of Registered Nurses' Documentation Practices and their Experiences with Documentation in a Jamaican Hospital

C Blake-Mowatt, JLM Lindo, S Stanley, J Bennett
The UWI School of Nursing, Mona, The University of the West Indies, Mona, Kingston 7, Jamaica

Objective: To determine the level of documentation that exists among registered nurses employed at a Type A Hospital in Western Jamaica.

Method: Using an audit tool developed at the University Hospital of the West Indies, 79 patient dockets from three medical wards were audited to determine the level of registered nurses' documentation at the hospital. Data were analyzed using the SPSS® version 17 for Windows®. Qualitative data regarding the nurses' experience with documentation at the institution were gathered from focus group discussions including 12 nurses assigned to the audited wards.

Results: Almost all the dockets audited (98%) revealed that nurses followed documentation guidelines for admission, recording patients' past complaints, medical history and assessment data. Most of the dockets (96.7%) audited had authorized abbreviations only. Similarly, 98% of the nurses' notes reflected clear documentation for nursing actions taken after identification of a problem and a summary of the patients' condition at the end of the shift. Only 25.6% of the dockets had nursing diagnosis which corresponded to the current medical diagnosis and less than a half (48.3%) had documented evidence of discharge planning. Most of the nurses' notes (86.7%) had no evidence of patient teaching. The main reported factors affecting documentation practices were workload and staff/patient ratios. Participants believed that nursing documentation could be improved with better staffing, improved peer guidance and continuing education.

Conclusion: Generally, nurses followed the guidelines for documentation; however, elements were missing which included patient teaching and discharge planning. This was attributed to high patient load and nurse/patient ratio.

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