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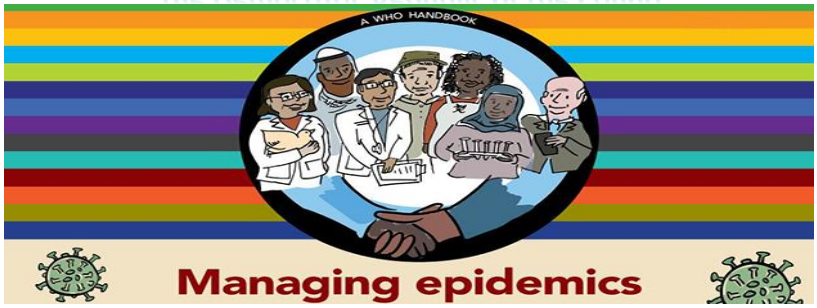
Week ending May 5, 2018 Epidemiology Week 18

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

WHO supports Ebola vaccination of high risk populations in the Democratic Republic of the Congo



The Government of the Democratic Republic of Congo, with the support of WHO and partners, is preparing to vaccinate high risk populations against Ebola virus disease (EVD) in affected health zones.

Health workers operating in affected areas are being vaccinated today and community outreach has started to prepare for the ring vaccination.

More than 7,500 doses of the rVSV-ZEBOV Ebola vaccine have been deployed to the Democratic Republic of the Congo to conduct vaccination in the northwestern Equator Province where 46 suspected, probable and confirmed Ebola cases and 26 deaths have been reported (as of May 18). Most of the cases are in Bikoro, a remote rural town, while four confirmed cases are in Mbandaka, the provincial capital with a population of over 1 million people.

The vaccines are donated by Merck, while Gavi, the Vaccine Alliance is contributing US$1 million towards operational costs. The Wellcome Trust and DFID have also pledge funds to support research activities.

The Ministry of Health with WHO, Medecins Sans Frontieres (MSF), UNICEF and other key partners are implementing a ring vaccination with the yet to be licensed rVSV-ZEBOV Ebola vaccine, whereby the contacts of confirmed cases and the contacts of contacts are offered vaccination. Frontline healthcare workers and other persons with potential exposure to EVD – including but not limited to laboratory workers, surveillance teams and people responsible for safe and dignified burials – will also receive the vaccine.

A ring vaccination strategy relies on tracing all the contacts and contacts of contacts of a recently confirmed case as soon as possible. Teams on the ground have stepped up the active search and follow up of all contacts. More than 600 have been identified to date.

WHO has sent special vaccine carriers, which can keep their contents in sub-zero temperatures for up to a week and has set up freezers to store the vaccines in Mbandaka and Bikoro. The Organization is deploying both Congolese and Guinean experts to build the capacities of local health workers. The Ministry of Health, WHO, UNICEF and partners are engaging communities to inform people about Ebola, including the vaccine.

The vaccine was shown to be highly protective against Ebola in a major trial in 2015 in Guinea. Among the 5,837 people who received the vaccine, no Ebola cases were recorded nine days or more after vaccination. While the vaccine is awaiting review by relevant regulatory authorities, WHO's Strategic Advisory Group of Experts on Immunization (SAGE) has recommended the use of the rVSV-ZEBOV Ebola vaccine under an expanded access/compassionate use protocol during Ebola outbreaks linked to the Zaire strain such as the one ongoing in the DRC.

Source: http://www.who.int/news-room/detail/21-05-2018-who-supports-ebola-vaccination-of-high-risk-populations-in-the-democratic-republic-of-the-congo

EPI WEEK 18

1 NOTIFICATIONS- All clinical sites

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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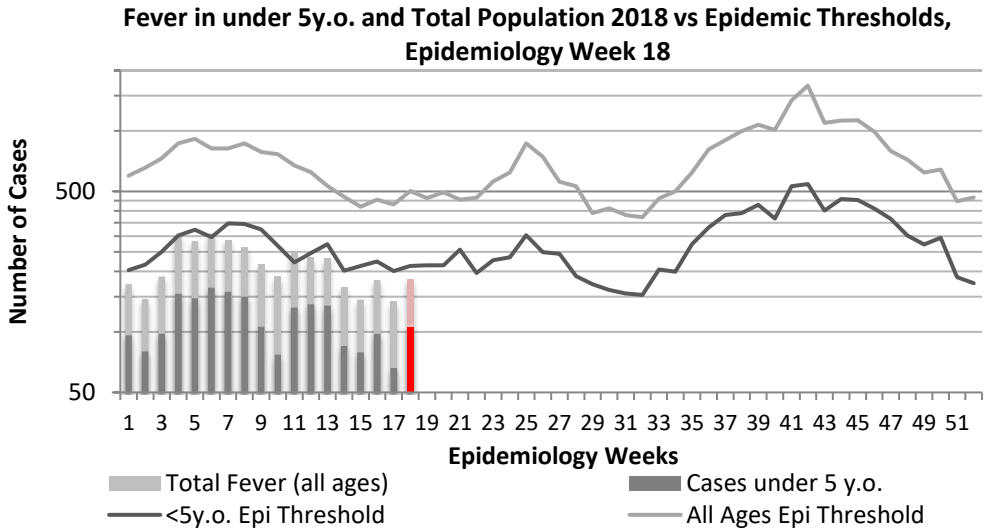
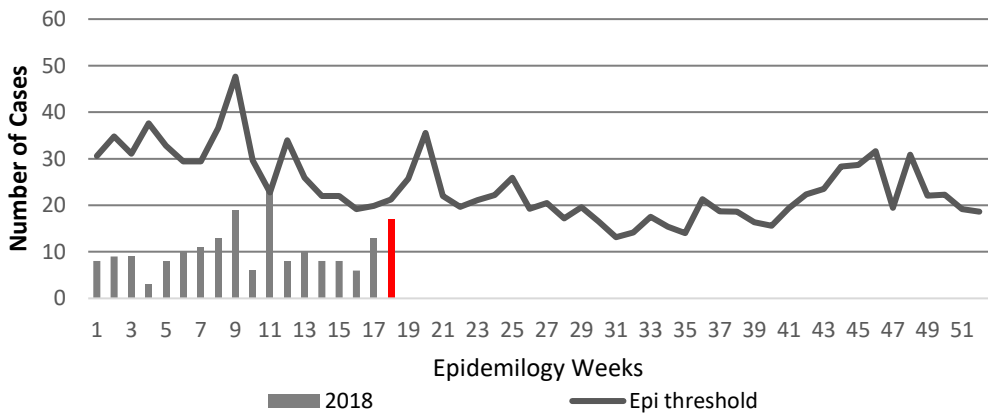
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER
Temperature of >38^0C /100.4^0F (or recent history of fever) with or without an obvious diagnosis or focus of infection.

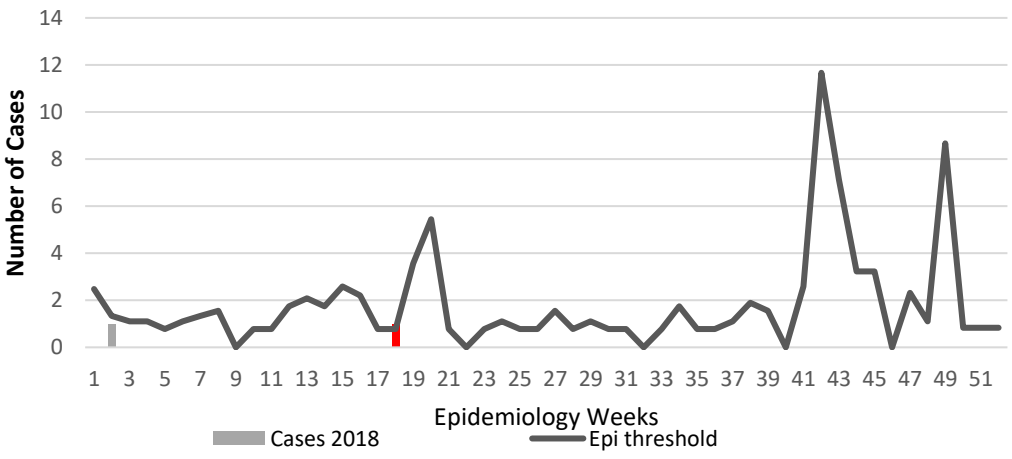
KEY
RED CURRENT WEEK



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 >38^0C /100.4^0F (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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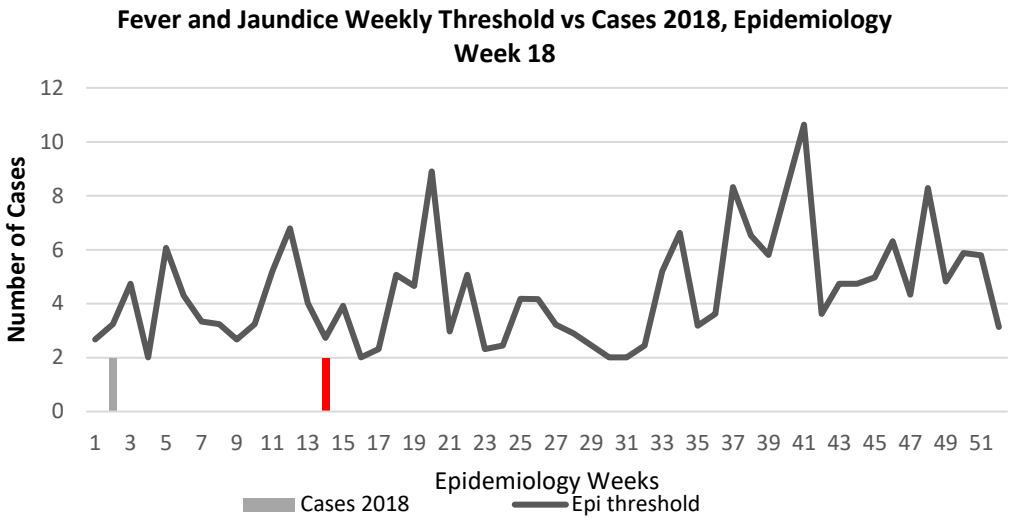
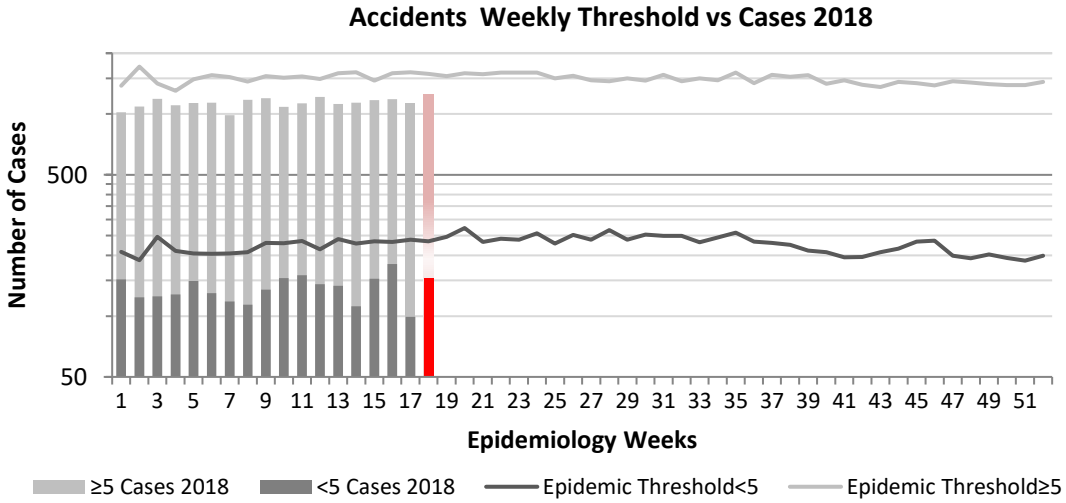
FEVER AND JAUNDICE

Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with jaundice.



ACCIDENTS

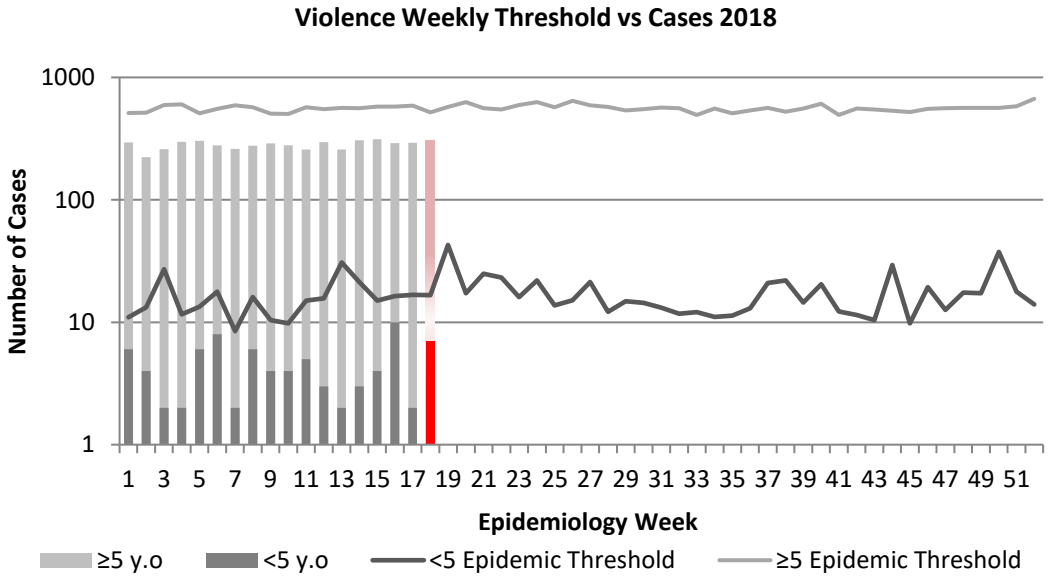
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		5	81
	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/ MORTALIY	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
		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	16
	Yellow Fever		0	0
	Chikungunya		9	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

4 NOTIFICATIONS- All clinical sites

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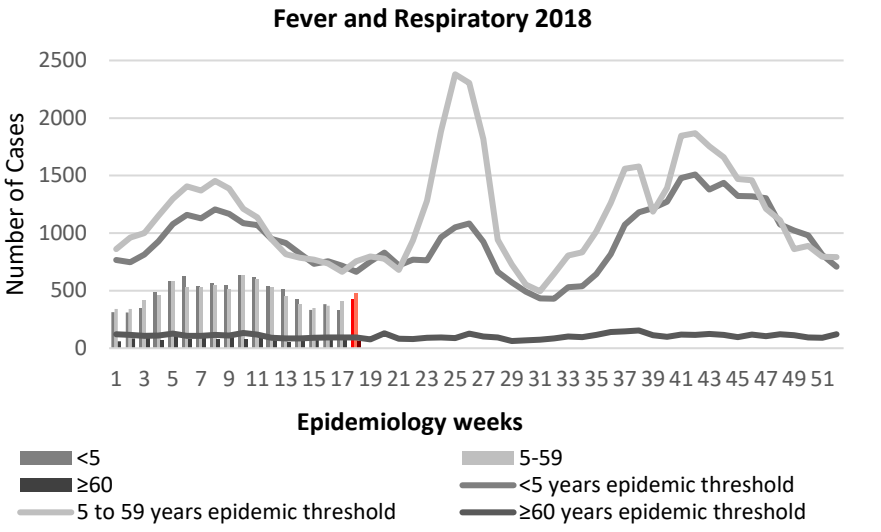
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

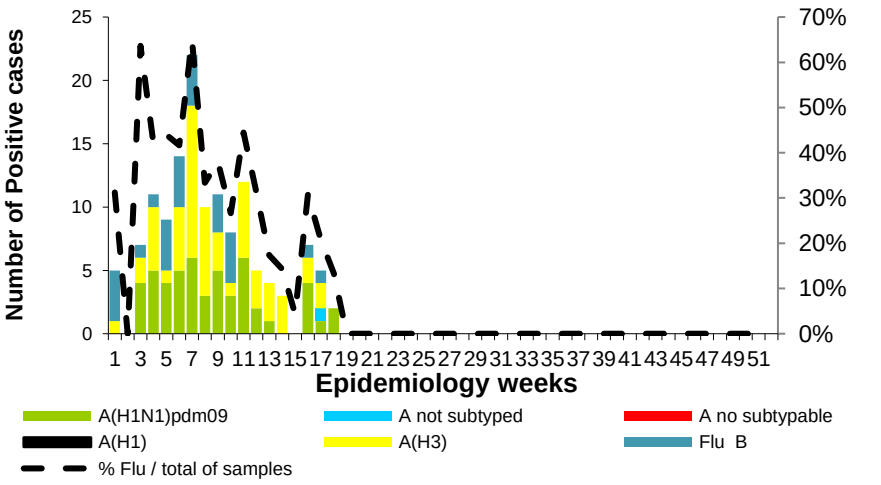
April 29- May 5, 2018 Epidemiology Week 18

EW 18

May 2018	*EW 18*	*YTD*
SARI cases	*10*	*135*
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 18, 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.



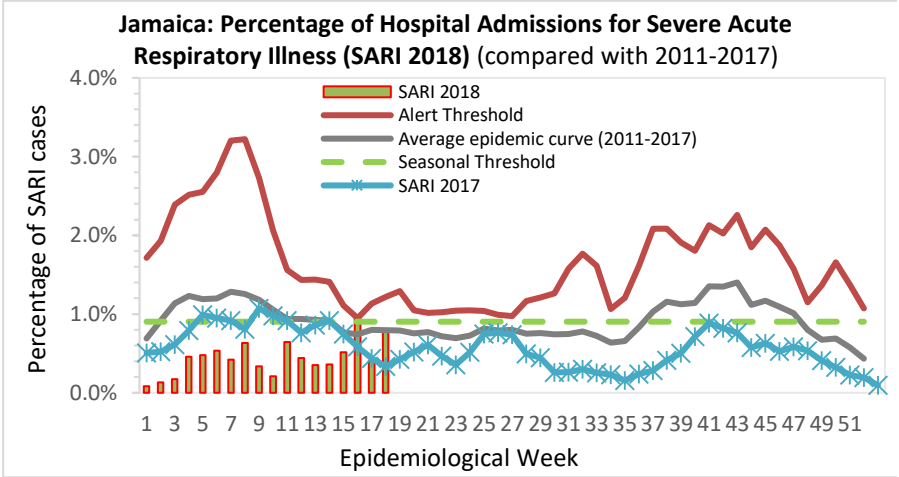


INDICATORS

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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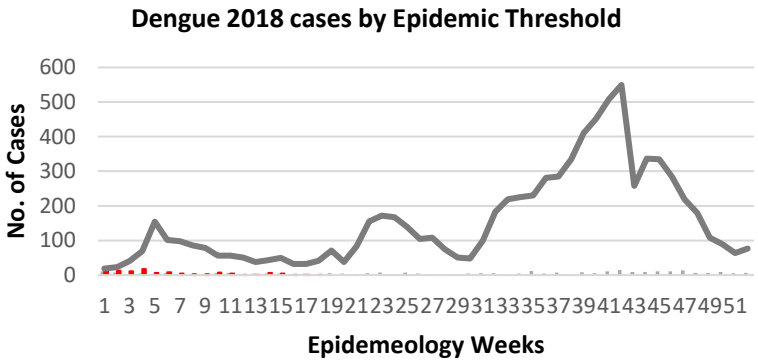
Dengue Bulletin

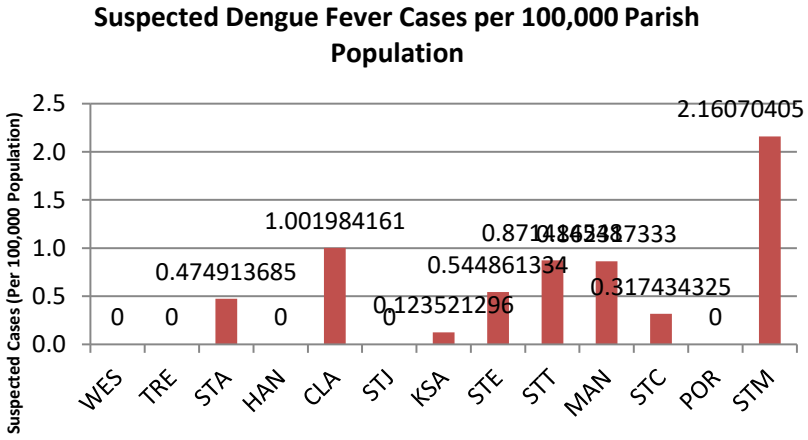
April 29- May 5, 2018 | Epidemiology Week 18



DISTRIBUTION

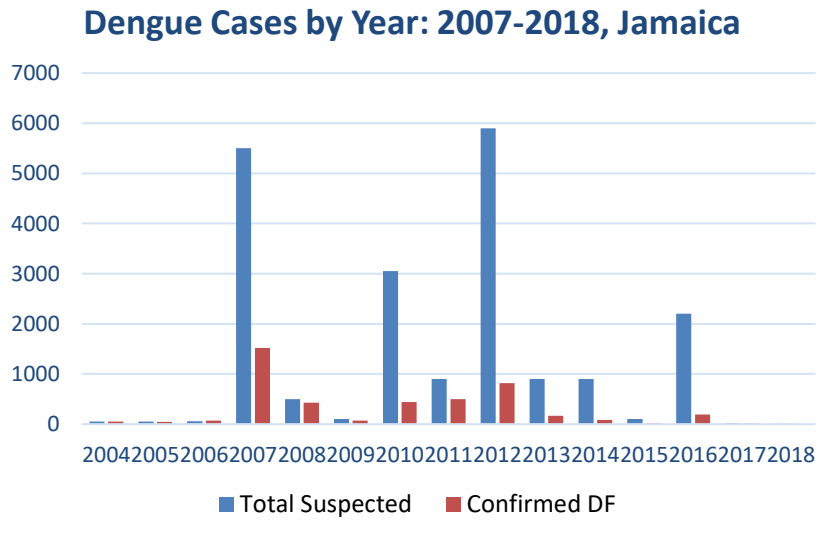
Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1					
1-4					
5-14					
15-24					
25-44					
45-64					
≥65					
Unknown					
TOTAL					



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

		2018		2017 YTD
		EW 18	YTD	
Total Suspected Dengue Cases		2	110	62
Lab Confirmed Dengue cases		0	0	0
CONFIRMED	DHF/DSS	3	2	2
	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

April 29- May 5, 2018 | Epidemiology Week 18

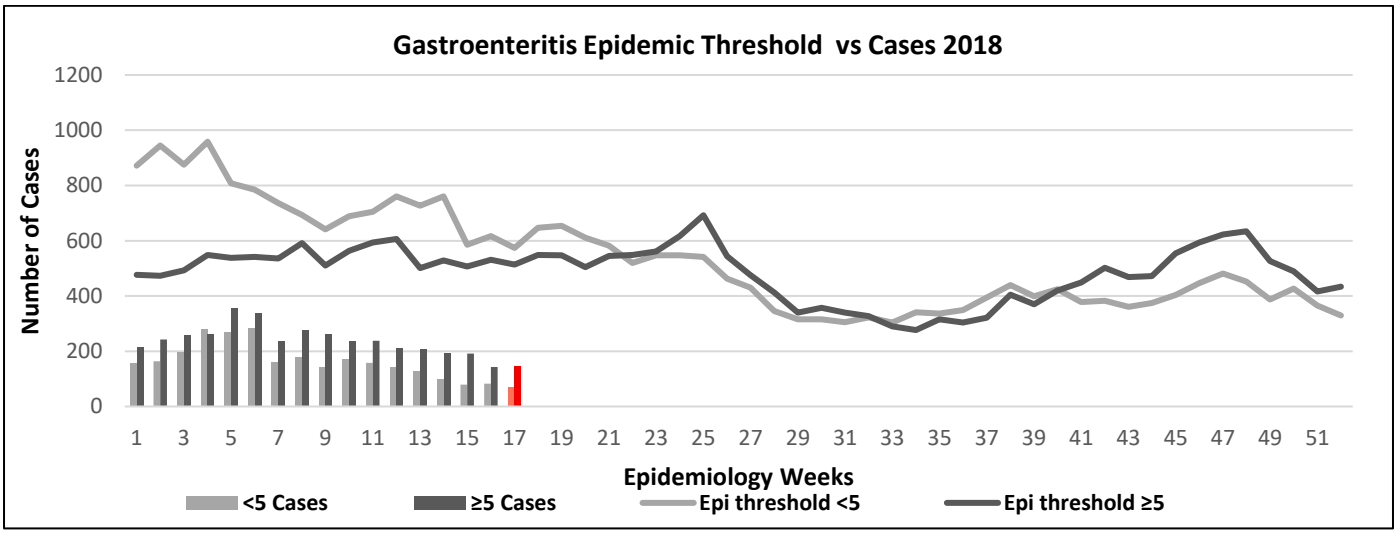
EW 18

Weekly Breakdown of Gastroenteritis cases

Year	EW 18			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 18, 2017, the total number of reported GE cases showed a 27% decrease compared to EW 18 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 18 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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