Released August 24, 2015 ISSN 0799-3927

Week ending August 8, 2015 Epidemiology Week 31

WEEKLY EPIDEMIOLOGY BULLETIN

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Before a Hurricane

Get Your Family Ready

- Go over your emergency plan with your family. Make sure you have the supplies you need.
- Keep checking for updates about the storm. Watch TV, listen to the radio, or check online.
- Pack important documents (like wills or passports) with you.
- Call the hospital, or the police about special needs. If you or a loved one is older or disabled and won't be able to leave quickly, get advice on what to do.

Get Your Home Ready

- Clear your yard. Make sure there's nothing that could blow around during the storm and damage your home. Move bikes, lawn furniture, grills, gas tanks, and building material inside or under shelter.
- Cover up windows and doors outside. Use storm shutters or nail pieces of plywood to the window frames to protect your windows. This can help keep you safe from pieces of shattered glass.
- Be ready to turn off your power. If you see flooding, downed power lines, or you have to leave your home, switch it off.
- Fill clean water containers with drinking water in case you lose your water supply during the storm.
- Lower the thermostat in your refrigerator and freezer to the coolest possible temperature. If your power goes out, your food will stay fresh longer.

Get Your Car Ready

- Fill your car's gas tank. You may also want to consider making plans with friends or family to get a ride.
- Check your car's emergency kit.
- Move cars and trucks into your garage or under cover.

❖ **Take care of your animals**.
Put pets and farm animals in a safe place. Keep in mind emergency shelters may not let you bring animals with you if you need to evacuate. Ask your local public health department if pets are allowed in shelters.

Source:
http://emergency.cdc.gov/disasters/hurricanes/preparedness.asp

EPI WEEK 31

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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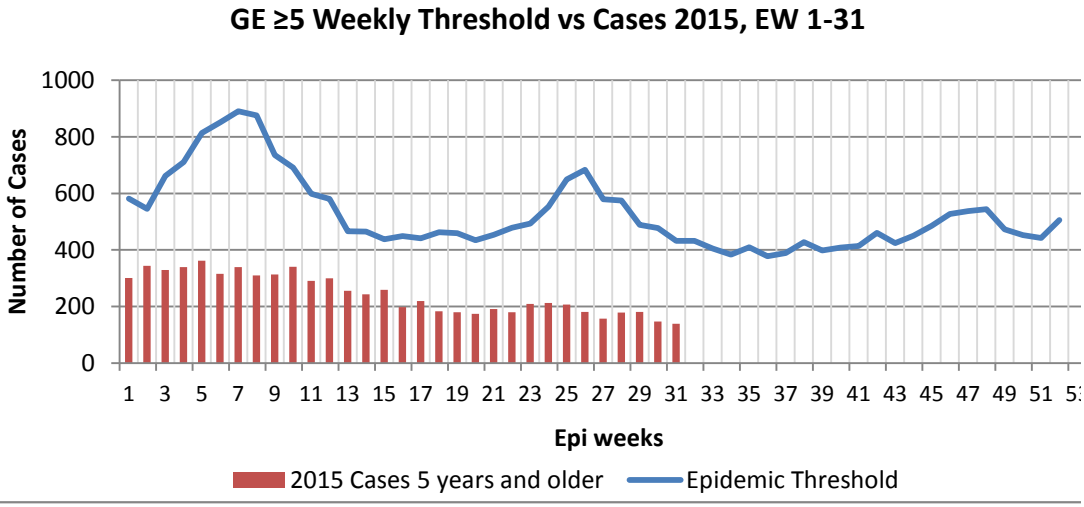
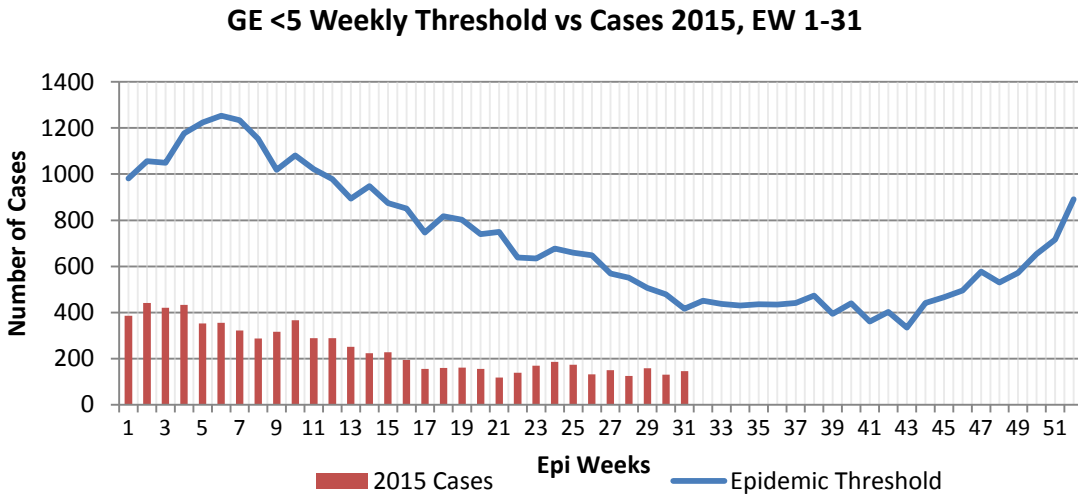
REPORTS FOR SYNDROMIC SURVEILLANCE

GASTROENTERITS

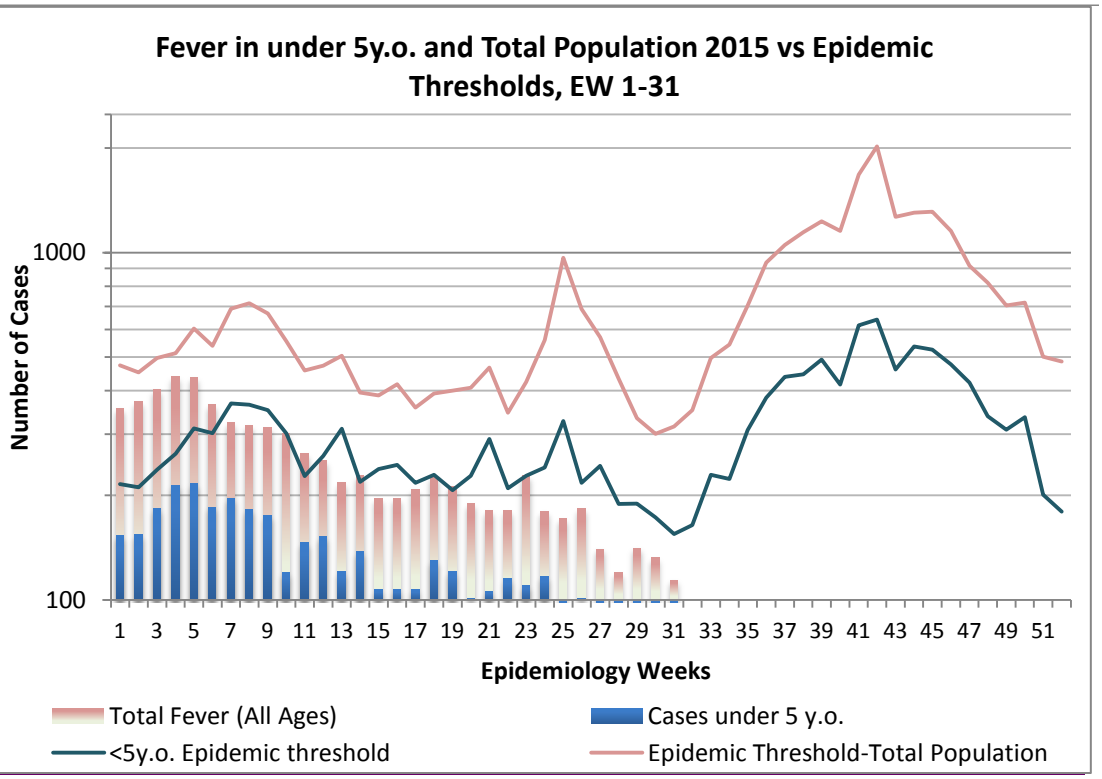
Three or more loose stools within 24 hours.





FEVER

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



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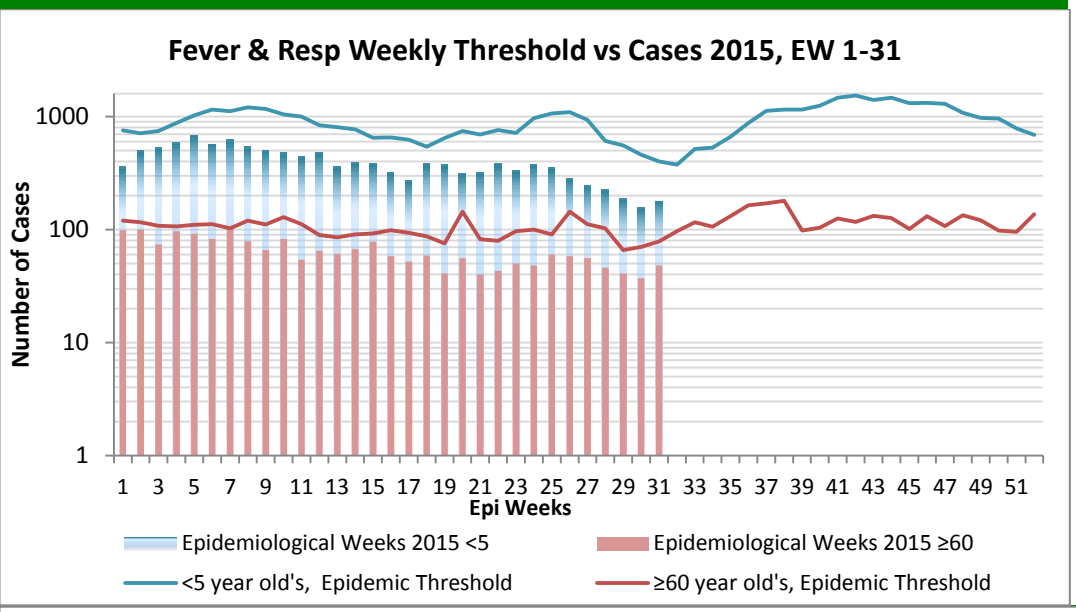
REPORTS FOR SYNDROMIC SURVEILLANCE

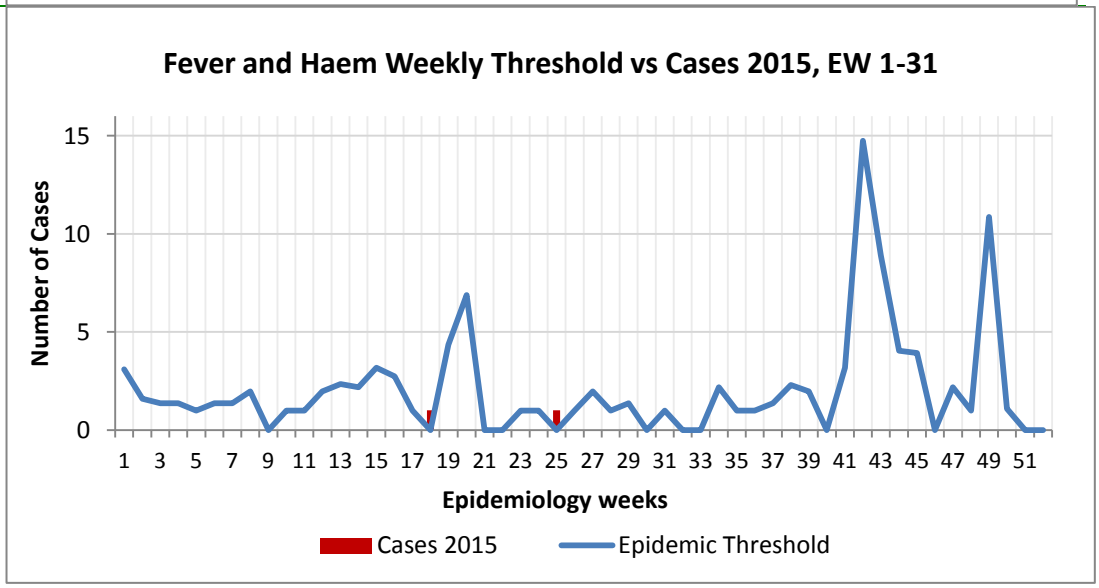
FEVER AND RESPIRATORY

Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person with or without respiratory distress presenting with either cough or sore throat.



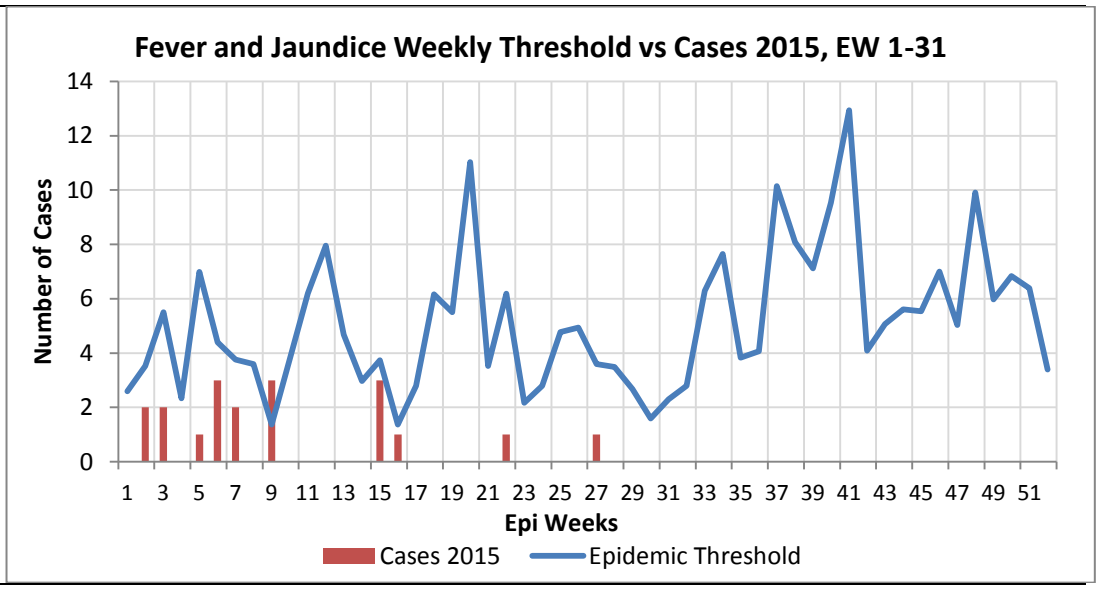
FEVER AND HAEMORRHAGIC

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.



FEVER AND JAUNDICE

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



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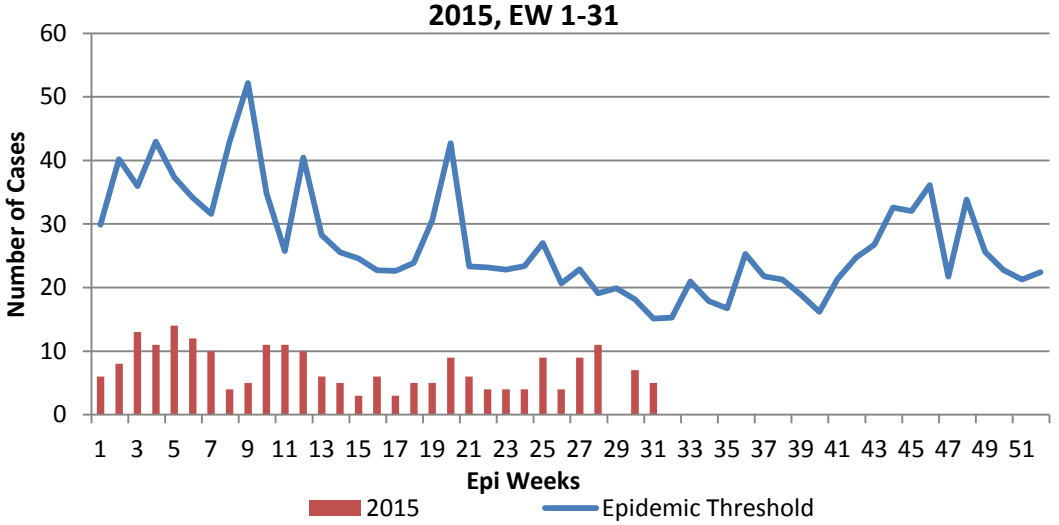
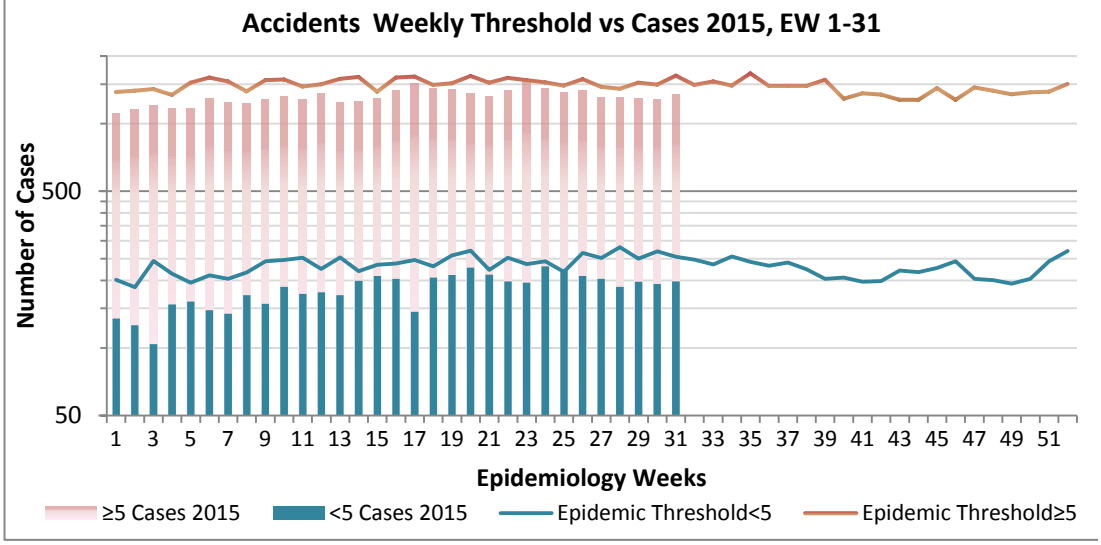
FEVER AND NEUROLOGICAL

Temperature of $>38^0C$ /100.4^0F (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).



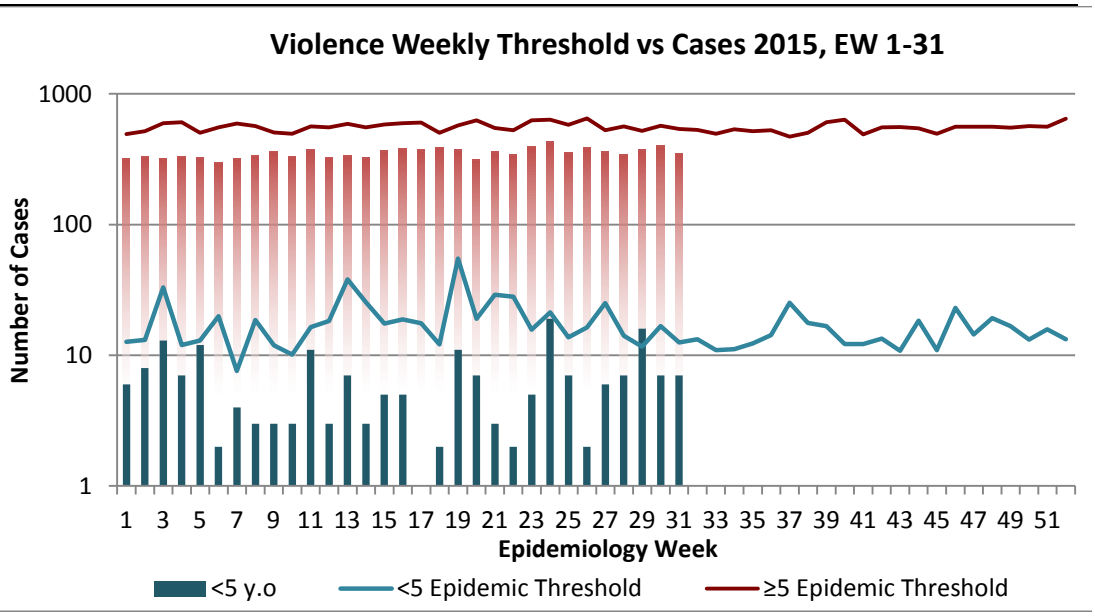
ACCIDENTS

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.



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CLASS ONE NOTIFIABLE EVENTS and LEPTOSPIROSIS

	CLASS 1 EVENTS		CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		365	383
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		0	0
	Hansen's Disease (Leprosy)		1	1
	Hepatitis B		11	48
	Hepatitis C		2	8
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		2	1
	Meningitis		215	444
EXOTIC/ UNUSUAL	Plague		0	0
H IGH MORBIDIT/ MORTALIY	Meningococcal Meningitis		0	0
	Neonatal Tetanus		0	0
	Typhoid Fever		3	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]		24	33
	Ophthalmia Neonatorum		142	182
	Pertussis-like syndrome		0	0
	Rheumatic Fever		2	6
	Tetanus		1	0
	Tuberculosis		36	39
	Yellow Fever		0	0
UNCLASSED**	Leptospirosis		14	9

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.

The TB case detection rate established by PAHO for Jamaica is at least 90% of their calculated estimate of cases in the island, this is 180 (of 200) cases per year.

*Data not available

**Leptospirosis is awaiting classification as class 1, 2 or 3

1 Dengue Hemorrhagic Fever data include Dengue related deaths;

2 Maternal Deaths include early and late deaths.

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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 31

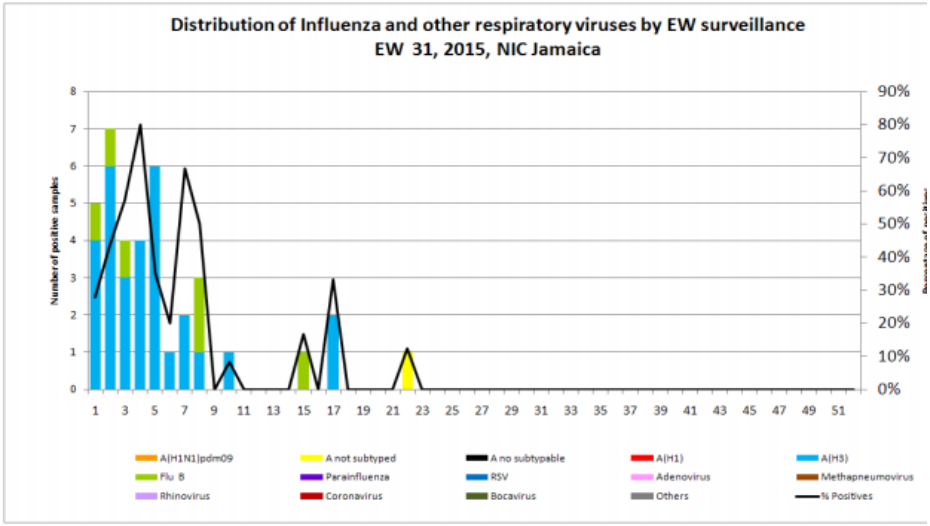
August 2 – August 8, 2015 Epidemiology Week 31

August, 2015	*EW 31*	*YTD*
SARI cases	*6*	*560*
Total Influenza positive	***0***	***37***
Samples		
Influenza A	***0***	***31***
H3N2	*0*	*30*
H1N1pdm09	*0*	*0*
Influenza B		***6***

Admitted Lower Respiratory Tract Infection and LRTI-related Deaths

	Current year		Previous year	
	Week 31 2015	**YTD** 2015	Week 31 2014	YTD 2014
Admitted Lower Respiratory Tract Infections	38	2459	64	2116
Pneumonia-related Deaths	1	41	2	46

Comments:
The percent positivity of influenza viruses circulating among respiratory samples tested in EW 31, 2015 was 0%. Influenza A/H3N2 is the predominant circulating virus (81%), while Influenza B Yamagata continues to circulate at low levels of 16%. Both viruses are components of the 2014 -2015 Influenza Vaccines for the Northern Hemisphere. There has been no detection of the influenza variant A/H3 virus (A/H3N2v), influenza Avian H5 or H7 viruses among samples tested.

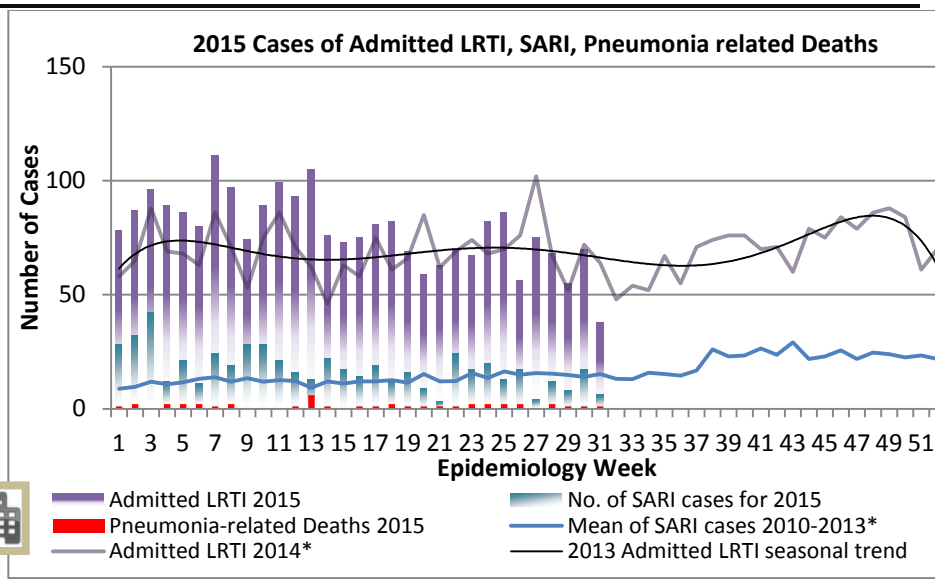


INDICATORS

Burden
Year to date, respiratory syndromes account for 3.5% 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.



***Additional data needed to calculate Epidemic Threshold**

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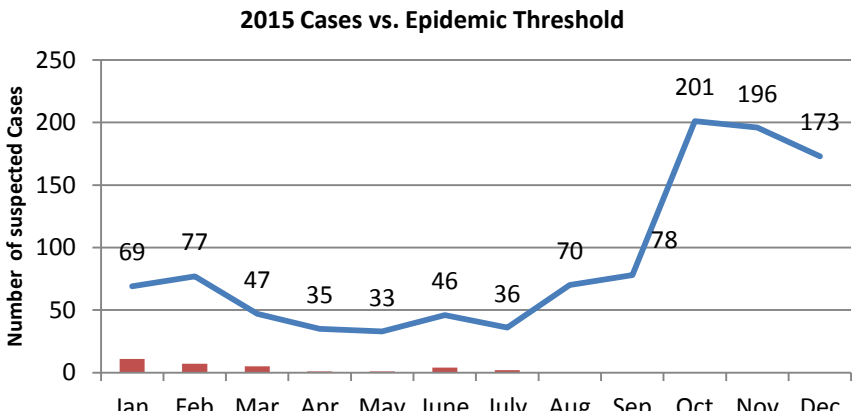
Dengue Bulletin

August 2 – August 8, 2015 Epidemiology Week 31

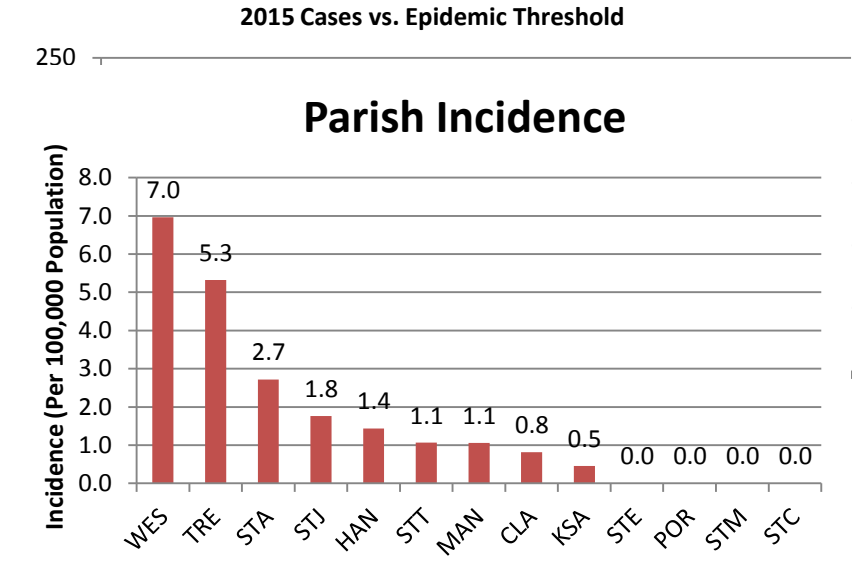
DENGUE AND SEVERE DENGUE



DISTRIBUTION

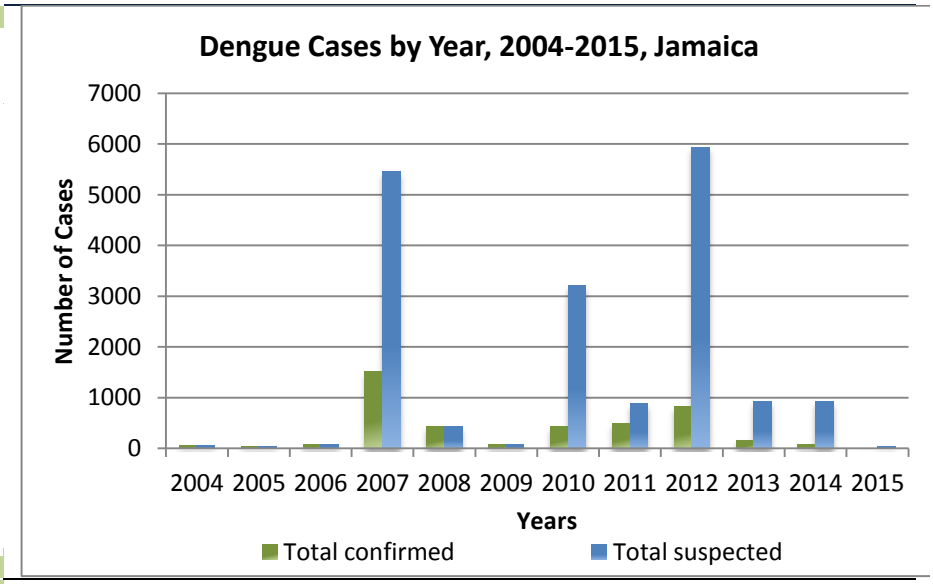
Year-to-Date Suspected Dengue Fever

	M	F	Total	%
<1	3	2	5	15.2
1-4	1	0	1	3.0
5-14	3	3	6	18.2
15-24	3	3	6	18.2
25-44	6	5	11	33.3
45-64	2	1	3	9.1
≥65	1	0	1	3.0
Unknown	0	0	0	0
TOTAL	**19**	**14**	**33**	**100**



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

		2015		2014 YTD
		EW 31	YTD	
Total Suspected Dengue Cases		0	33	129
Lab Confirmed Dengue cases		0	3	4
CONFIRMED	DHF/DSS	0	0	0
CONFIRMED	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

EW 31

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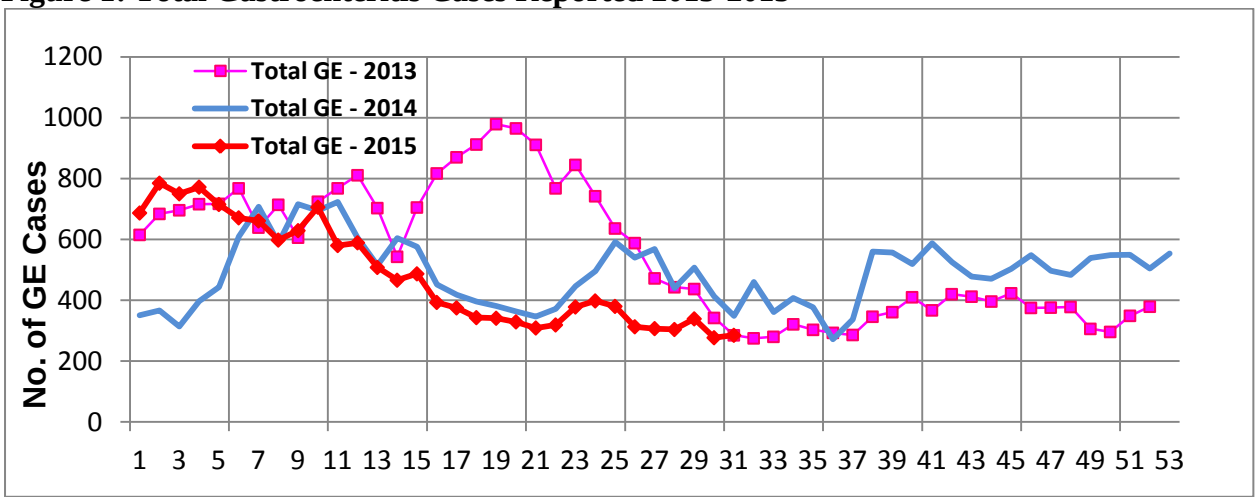
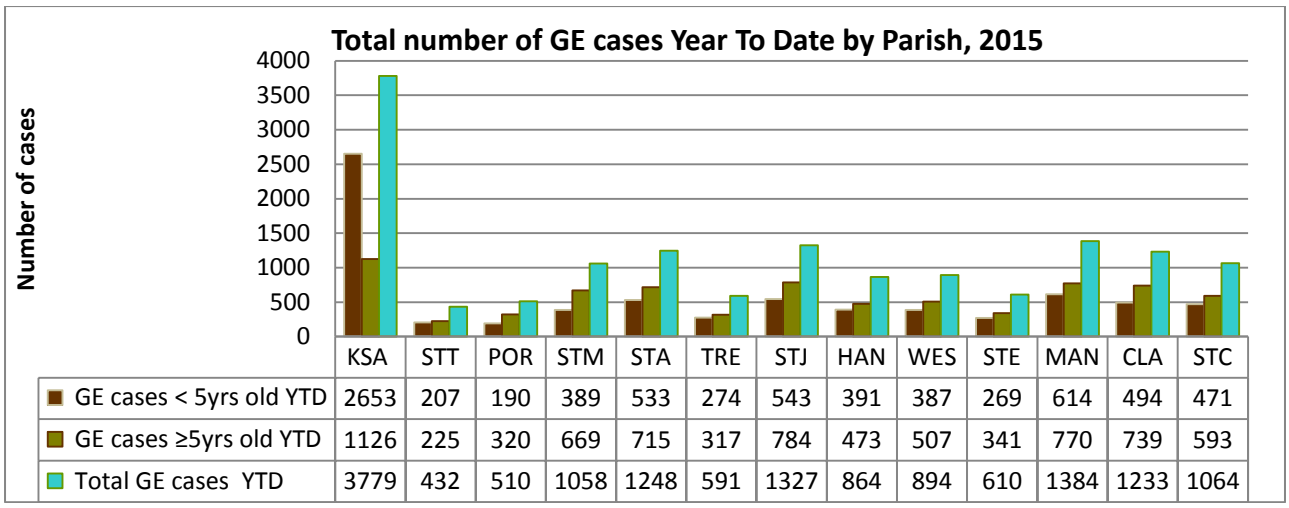
Weekly Breakdown of Gastroenteritis cases

Year	EW 31			YTD		
	<5	≥5	Total	<5	≥5	Total
2015	146	139	285	7415	7579	14994
2014	191	158	349	7826	7442	15268

In Epidemiology Week 31, 2015, the total number of reported GE cases showed an 18% decrease compared to EW 31 of the previous year.
The year to date figure showed a 2% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2013-2015





	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
GE cases < 5yrs old YTD	2653	207	190	389	533	274	543	391	387	269	614	494	471
GE cases ≥5yrs old YTD	1126	225	320	669	715	317	784	473	507	341	770	739	593
Total GE cases YTD	3779	432	510	1058	1248	591	1327	864	894	610	1384	1233	1064

RESEARCH PAPER

Perspectives of Jamaican Nurses and Decision-makers on the Impact of the HIV/AIDS Epidemic on the Nursing Workforce

E Kahwa[1], U Atkinson[1], P Dawkins[1], JAiken[1], C Hepburn -Brown[1], T Rae[1], N Edwards[2], S Roelofs[2]
[1]The UWI School of Nursing, Mona, University of the West Indies, Kingston7, Jamaica
[2]University of Ottawa, School of Nursing, Ottawa, Canada

Objective: To understand how the HIV and AIDS epidemic has affected the nursing workforce and the provision of HIV/AIDS nursing services in Jamaica.

Methods: A purposive sample of 20 frontline nurses, nurse managers and 9 decision makers was drawn from participating health institutions. Qualitative semi-structured interviews were audio taped and transcribed verbatim. A coding framework was developed which guided both descriptive and conceptual analysis.

Results: Seventy five percent (75%) of respondents reported that the HIV/AIDS epidemic created increased challenges to the provision of quality nursing care due to higher patient: nurse ratios, increased workload, emotional and physical burnout, greater risk of occupational injury and HIV infection. All (100%) respondents revealed that strict implementation of universal precautions was constrained by inadequate supplies of protective gears and equipment. Thirty five percent (35%) of respondents described stigma perpetrated by nurses towards individuals living with the disease. Conversely, 55% reported a reduction in bias towards patients living with HIV/AIDS. Institutional responses to the epidemic included increased training in HIV /AIDS care and more rigorous application of standards and procedures for infection control; created new opportunities for nurse leadership in implementing programs and new job opportunities for nurses in Non Governmental Organizations involved in HIV and AIDS care.

Conclusions: The epidemic largely has negative effects on the nursing workforce as well as indirect positive outcomes. The negative impact on quality of care exists on individual and institutional levels**.** Policies and organizational supports are required to reduce the impact of the epidemic on the nursing workforce.

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