Released January 20, 2017 ISSN 0799-3927

Week ending January 7, 2017 Epidemiology Week 1

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Yellow Fever Outbreak in Brazil

On 6 January 2017, the Brazil Ministry of Health (MoH) reported 12-suspected cases of yellow fever from six municipalities in the state of Minas Gerais.

On 12 January, the Brazil IHR NFP provided an update on the event informing that a total of 110 suspected cases, including 30 deaths, had been reported from 15 municipalities of Minas Gerais.

The report also confirms that there had been epizootics in 13 municipalities of Minas Gerais. Six of these 13 municipalities have not so far reported human cases of yellow fever.

The most recent outbreak occurred in 2002–2003, when 63 confirmed cases, including 23 deaths (CFR: 37%), were detected.

The current yellow fever outbreak is taking place in an area with relatively low vaccination coverage, which could favor the rapid spread of the disease. The concern is that transmission may extend to areas located in proximity of Minas Gerais.

The introduction of the virus in these areas could potentially trigger large epidemics of yellow fever. There is also a risk that infected humans may travel to affected areas, within or outside of Brazil, where the Aedes mosquitoes are present and initiate local cycles of human-to-human transmission.

Yellow fever can easily be prevented through immunization provided that vaccination is administered at least 10 days before travel. WHO, therefore, urges Members States especially those where the establishment of a local cycle of transmission is possible (i.e. where the competent vector is present) to strengthen the control of immunization status of travelers to all potentially endemic areas.

WHO does not recommend any restriction of travel and trade to Brazil based on the current information available

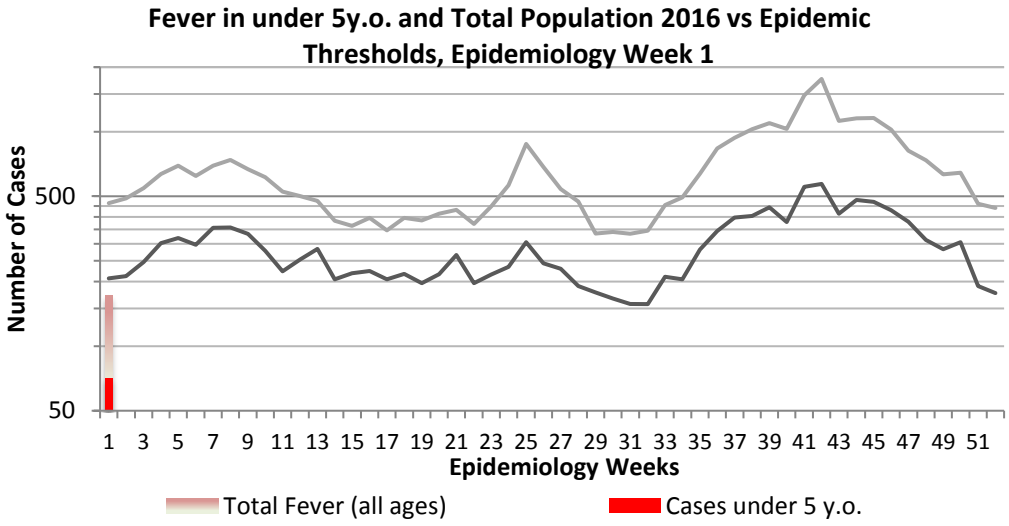
Downloaded from: http://www.who.int/csr/don/13-january-2017-yellow-fever-brazil/en/

EPI WEEK 1

REPORTS FOR SYNDROMIC SURVEILLANCE

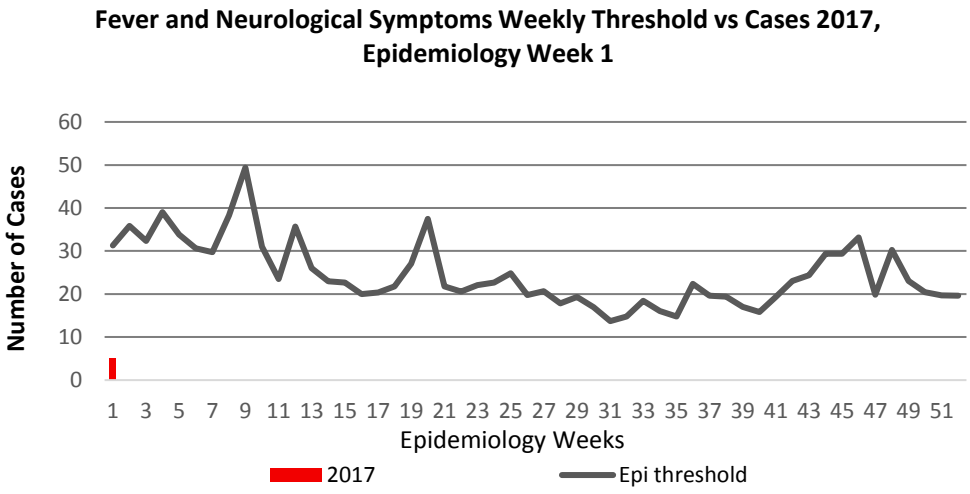
FEVER

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



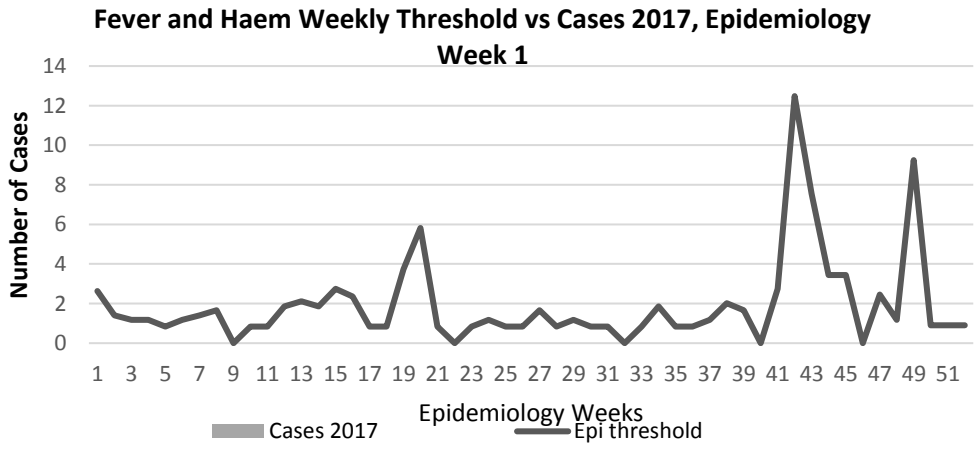
FEVER AND NEUROLOGICAL

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.



NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

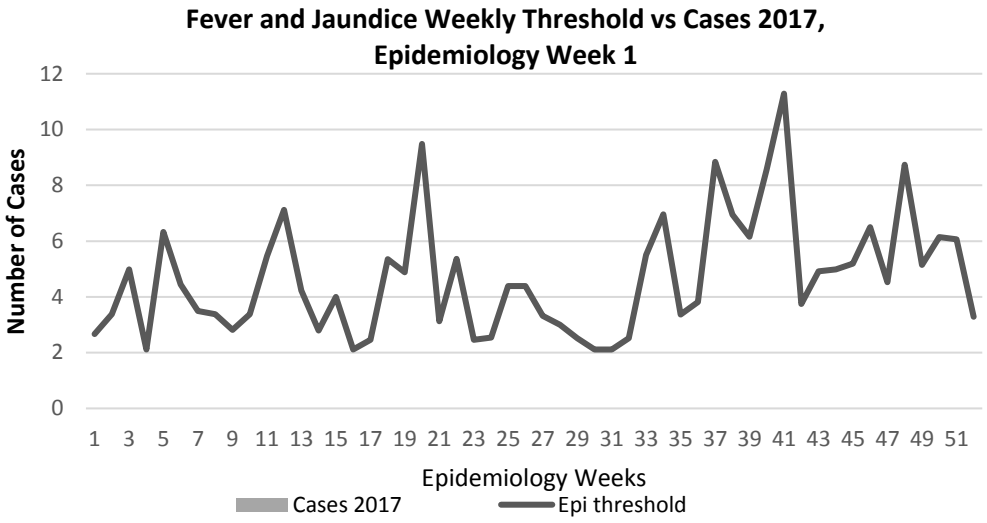
HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

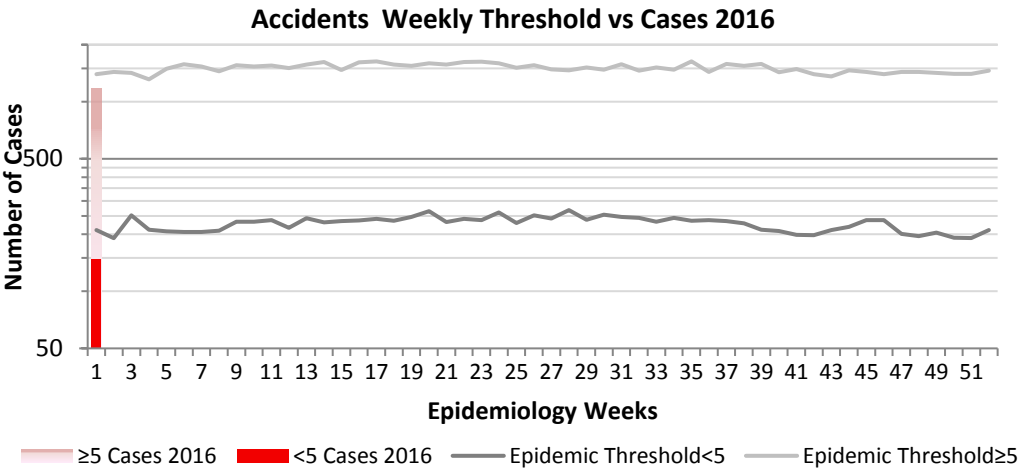
FEVER AND JAUNDICE

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



ACCIDENTS

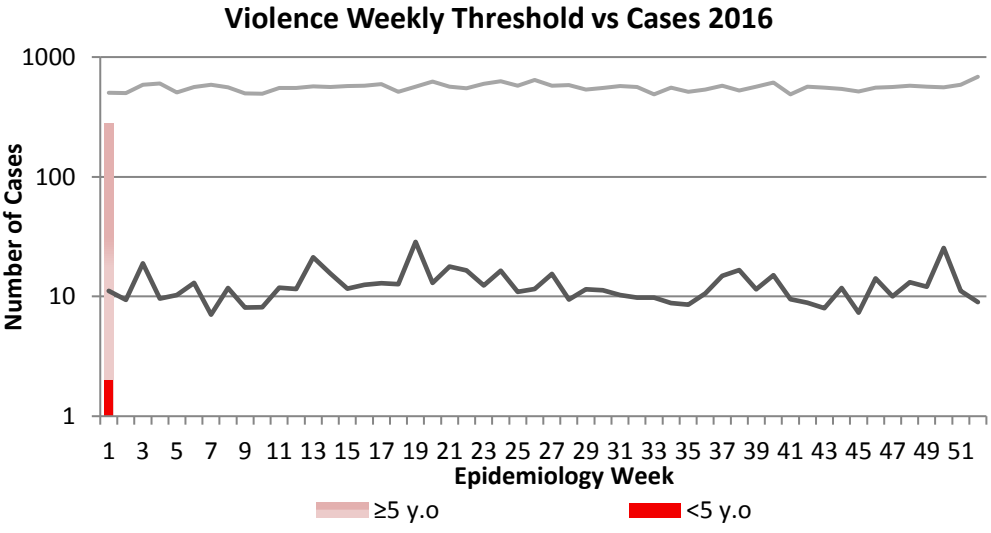
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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.



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

CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS		CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		0	4
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		0	0
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		0	0
	Hepatitis C		0	0
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		0	0
	Meningitis (Clinically confirmed)		0	2
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]		0	0
	Ophthalmia Neonatorum		2	5
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		0	0
	Yellow Fever		0	0
	Chikungunya		0	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.

The TB case detection rate established by PAHO for Jamaica is at least 70% of their calculated estimate of cases in the island, this is 180 (of 200) cases per year.

*Data not available

1 Dengue Hemorrhagic Fever data include Dengue related deaths;

2 Maternal Deaths include early and late deaths.

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

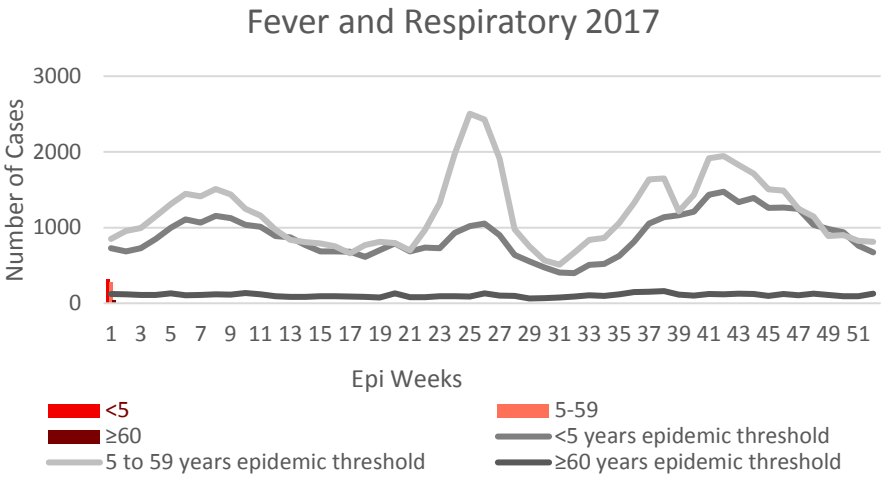
Released January 20, 2017 ISSN 0799-3927

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 1

Jan. 1-7, 2017 Epidemiology Week 1

January 2017	*EW 1*	*YTD*
SARI cases	*8*	*8*
Total Influenza positive Samples	***0***	***0***
Influenza A	***0***	***0***
H3N2	*0*	*0*
H1N1pdm09	*0*	*0*
Not subtyped	*0*	*0*
Influenza B	*0*	***0***
Other	*0*	***0***

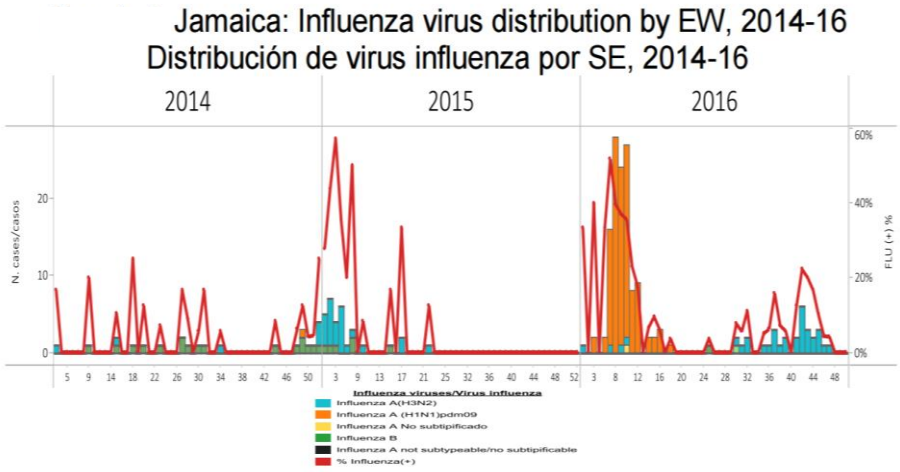


Comments:

During EW 52, SARI activity decreased (0.84%) and remained below the alert threshold. No SARI related deaths were reported this week.

During EW 50, no influenza activity was reported.

During EW 52, pneumonia case-counts slightly decreased (64 cases in EW 52), with the highest proportion in Kingston and Saint Andrew.



INDICATORS

Burden

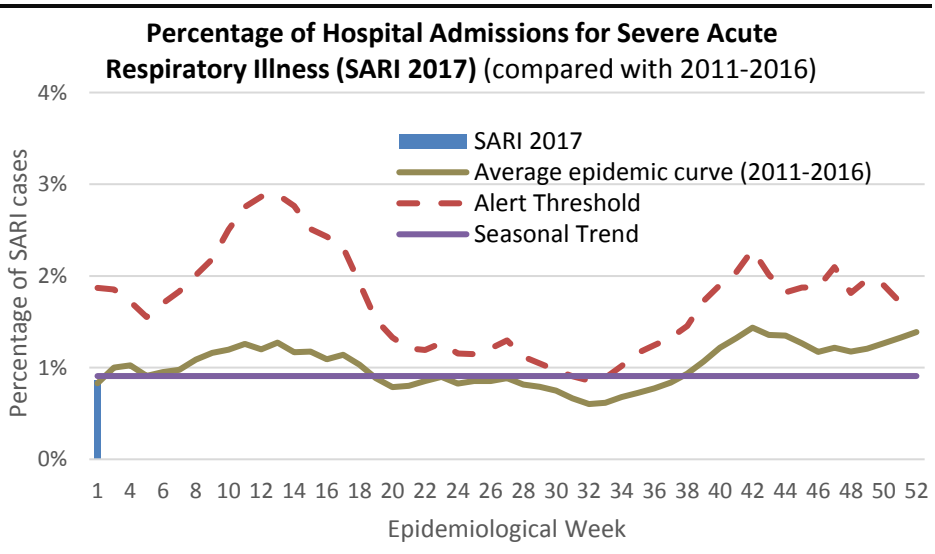
Year to date, respiratory syndromes account for 2.9% of visits to health facilities.

Incidence

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

Prevalence

Not applicable to acute respiratory conditions.



NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

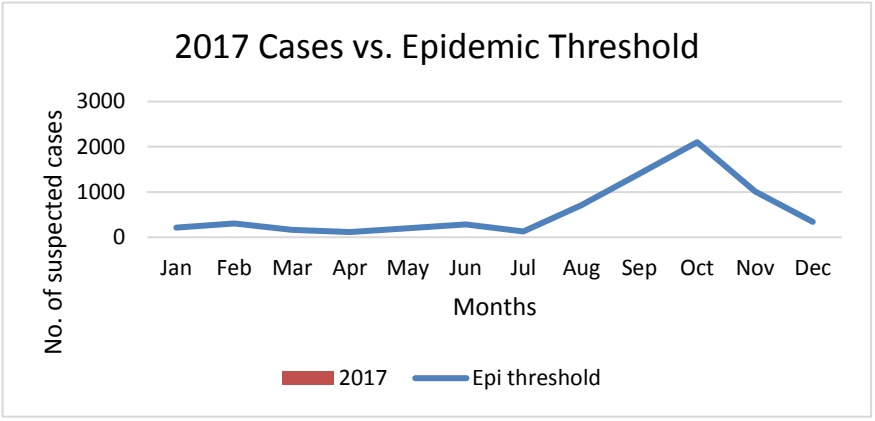
SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

Released January 20, 2017 ISSN 0799-3927

Dengue Bulletin

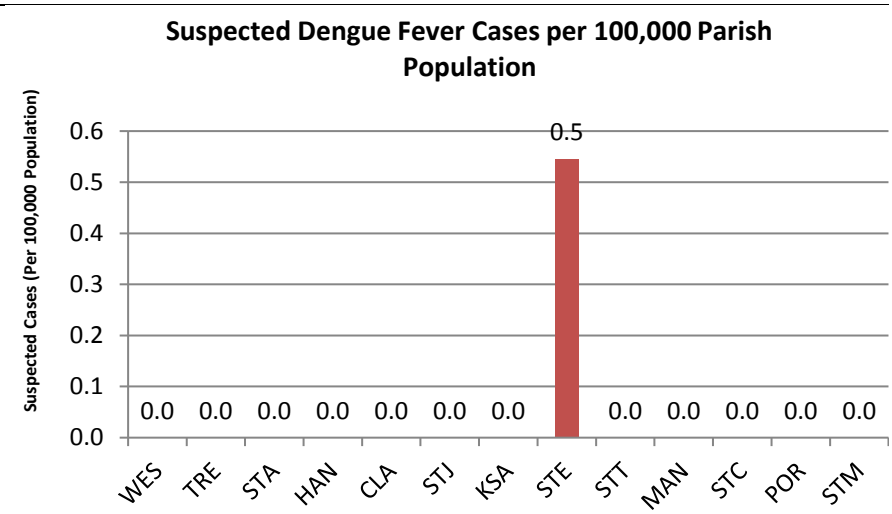
Jan. 1-7, 2017 Epidemiology Week 1



DISTRIBUTION

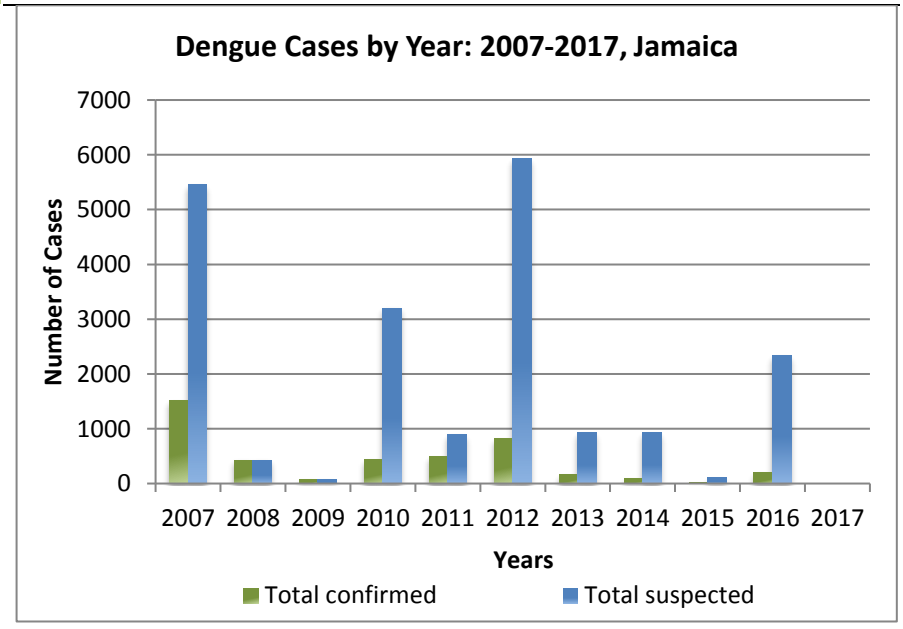
Year-to-Date Suspected Dengue Fever

	M	F	Un-kwn	Total	%
<1	0	0	0	0	0
1-4	0	0	0	0	0
5-14	0	0	0	0	0
15-24	0	0	0	0	0
25-44	0	0	1	1	100
45-64	0	0	0	0	0
≥65	0	0	0	0	0
Unknown	0	0	0	0	0
TOTAL	0	0	1	1	**100**



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

		2017		2016 YTD
		EW 1	YTD	
Total Suspected Dengue Cases		1	1	10
Lab Confirmed Dengue cases		0	0	1
CONFIRMED	DHF/DSS	0	0	0
CONFIRMED	Dengue Related Deaths	0	0	0



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

Released January 20, 2017 ISSN 0799-3927

Gastroenteritis Bulletin

EW 1

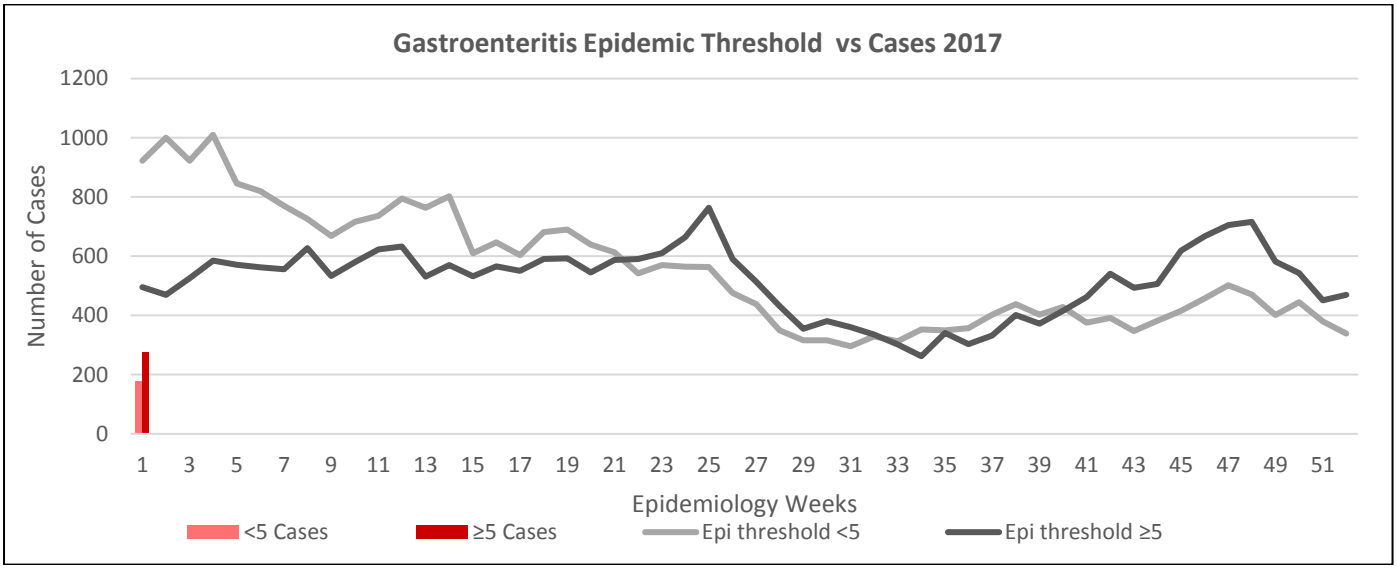
Jan. 1-7, 2017 Epidemiology Week 1

Weekly Breakdown of Gastroenteritis cases

Year	EW 1			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	179	276	455	179	276	455
2016	138	196	334	138	196	334

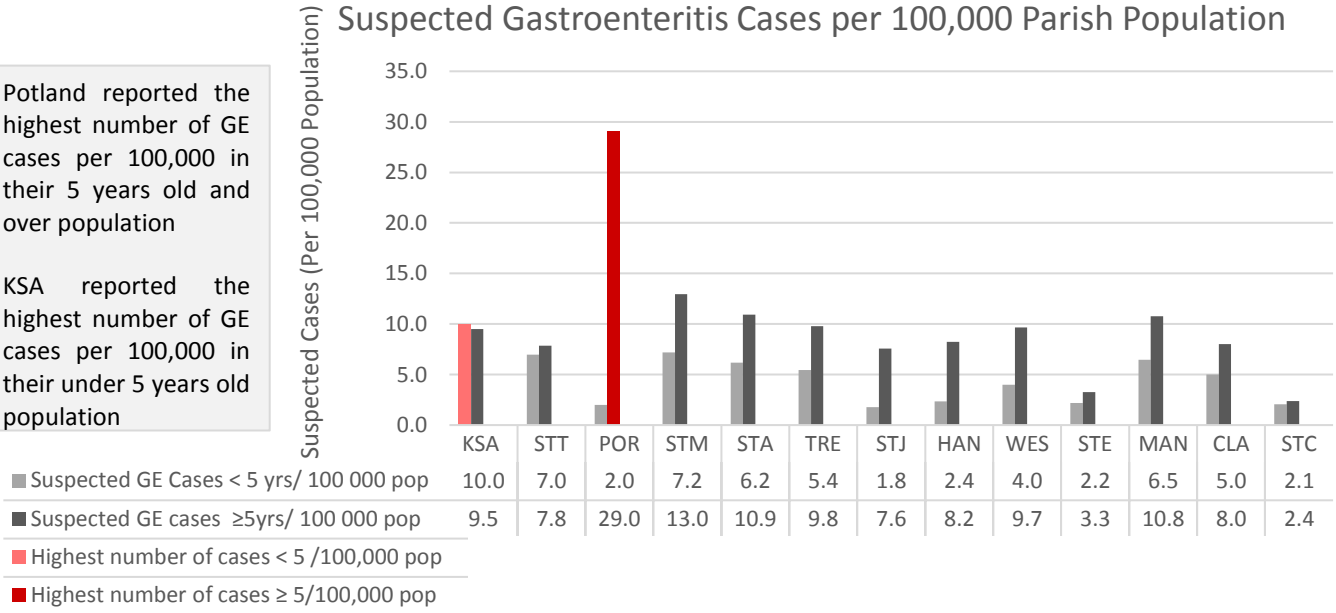
Gastroenteritis:
In Epidemiology Week 1, 2017, the total number of reported GE cases showed a 12% increase compared to EW 1 of the previous year.
The year to date figure showed an 13% increase in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2015-2016



Potland reported the highest number of GE cases per 100,000 in their 5 years old and over population

KSA reported the highest number of GE cases per 100,000 in their under 5 years old population



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

Released January 20, 2017 ISSN 0799-3927

RESEARCH PAPER

HIV Case-Based Surveillance System Audit

S. Whitbourne, Z. Miller

Objectives: Evaluate the Public Health Surveillance System for HIV reporting, to help ensure that the data collected is accurate and useful for understanding epidemiological trends.

Background: Public health programmes focus on the monitoring, control and reduction in the incidence of target diseases, conditions or health events through various interventions and actions. The surveillance system is the primary mechanism through which specific disease information is collected and needs to be periodically assessed.

Methodology: In 2016, an audit was conducted of the HIV Case-Based Surveillance System in Jamaica. Laboratory records were reviewed from seven major health care facilities representing all four Regional Health Authorities. Cases with a positive HIV test in 2014 were noted and comparisons of positive cases were made with the cases that had been reported to the National Surveillance Unit. Qualitative data was also collected from key personnel in the form of questionnaires related to the processes involved in diagnosis, detection, investigation and reporting of HIV positive cases, but this paper will focus on the quantitative findings.

Findings: Preliminary data analysis reveals a high level of underreporting of HIV cases to the national level.

Conclusions: Audits and other forms of assessment need to be conducted on surveillance systems to ensure that the data supporting a public health programme is reliable and accurate, for effective delivery of services to target populations.

The Ministry of Health
24-26 Grenada Crescent
Kingston 5, Jamaica
Tele: (876) 633-7924
Email: surveillance@moh.gov.jm