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WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

2016 *Move for Health Day* - May 10th

Ministry of Health's theme:

MAKE IT COUNT

Every year, around 10 May, Member States are encouraged to promote physical activity with national activities - the day is known as "Move for Health Day". The day provides a focal point to generate public awareness of the benefits of physical activity in the prevention of noncommunicable diseases. It is up to each individual Member State to plan and organize the activities.

"Move for Health" refers to moderate to vigorous physical activity of any type that anyone can perform anywhere to improve health. In addition, it refers to how individuals, communities and nations can promote their health and well-being through healthy lifestyles.

Four main objectives

The main objectives of national and global actions on Move for Health Day are to:

- generate public awareness of the benefits of physical activity in the prevention of noncommunicable diseases;
- advocate the benefits of physical activity and give attention to good practice;
- increase population-wide physical activity participation in all domains (leisure time, transport, work) and settings (school, community, home, workplace);
- promote healthy behaviours and lifestyles and address health-related issues through sports and physical activity, such as no tobacco use, healthy diet, reduction of violence, stress and social isolation.

Source: http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/activities/move-for-health-day

EPI WEEK 16

NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

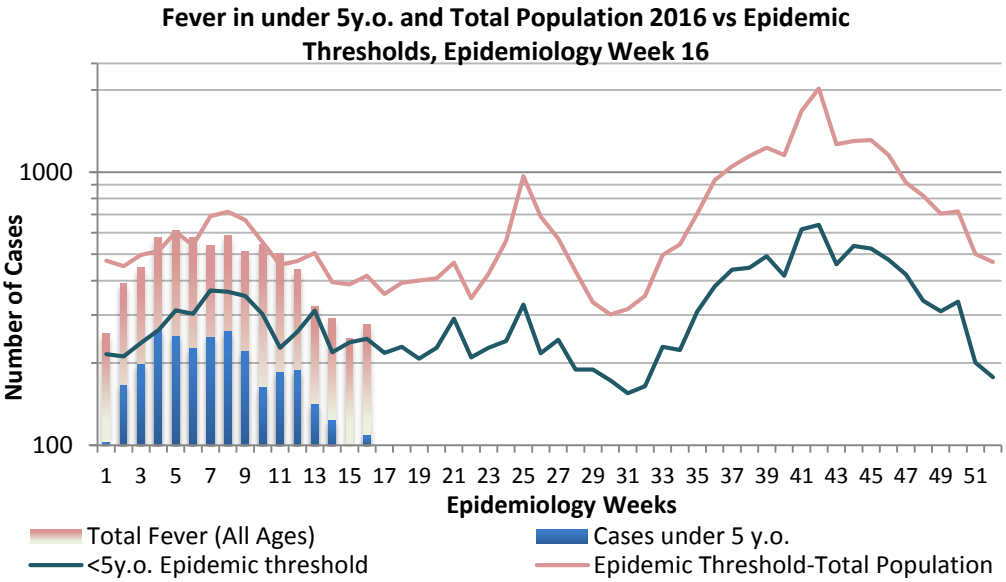
SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

REPORTS FOR SYNDROMIC SURVEILLANCE

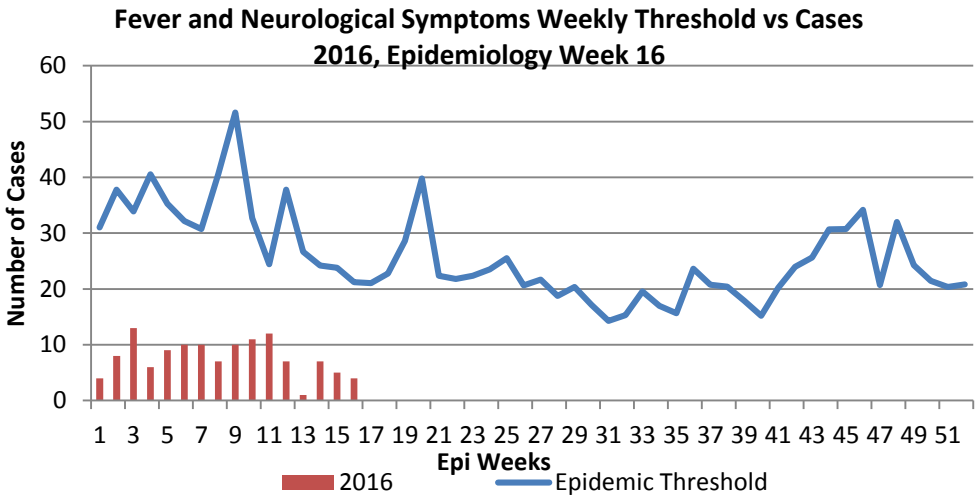
FEVER

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).



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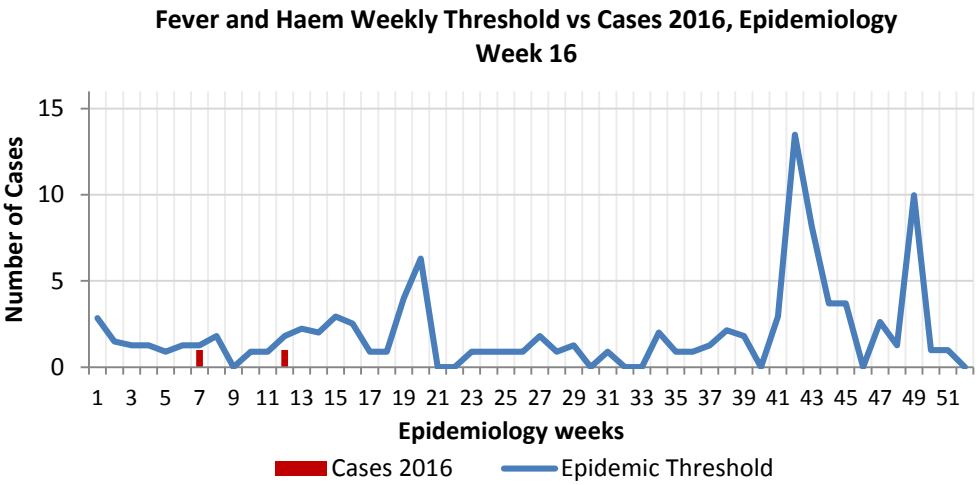
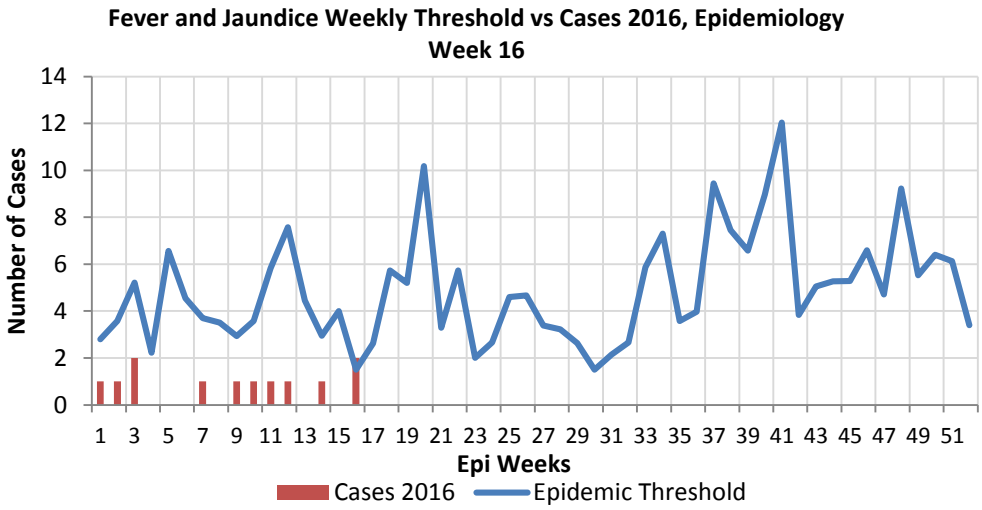
FEVER AND HAEMORRHAGIC

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.



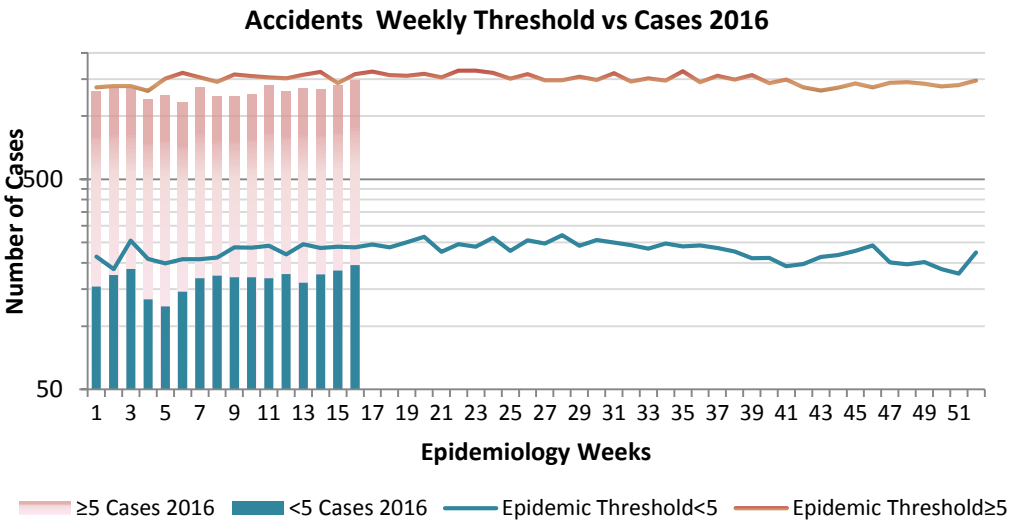
FEVER AND JAUNDICE

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



ACCIDENTS

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



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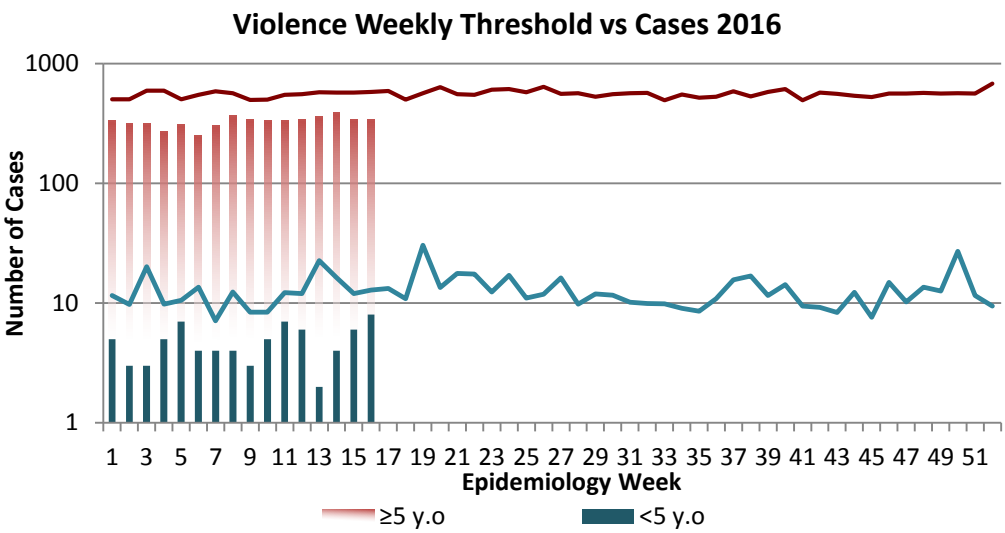
VIOLENCE

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.



CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS	CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	15	59
	Cholera	0	0
	Dengue Hemorrhagic Fever[1]	1	0
	Hansen's Disease (Leprosy)	1	0
	Hepatitis B	11	18
	Hepatitis C	2	2
	HIV/AIDS - See HIV/AIDS National Programme Report		
	Malaria (Imported)	1	0
	Meningitis	7	37
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 PROGRA MMES	AFP/Polio	0	0
	Congenital Rubella Syndrome	0	0
	Congenital Syphilis	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

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Fever and Rash	Measles	0	0
	Rubella	0	0
Maternal Deaths[2]		18	19
Ophthalmia Neonatorum		167	115
Pertussis-like syndrome		0	0
Rheumatic Fever		0	7
Tetanus		0	1
Tuberculosis		0	0
Yellow Fever		0	0
Chikungunya		0	1
Zika Virus		8	0

180 (of 200) cases per year.

*Data not available

1 Dengue Hemorrhagic Fever data include Dengue related deaths;

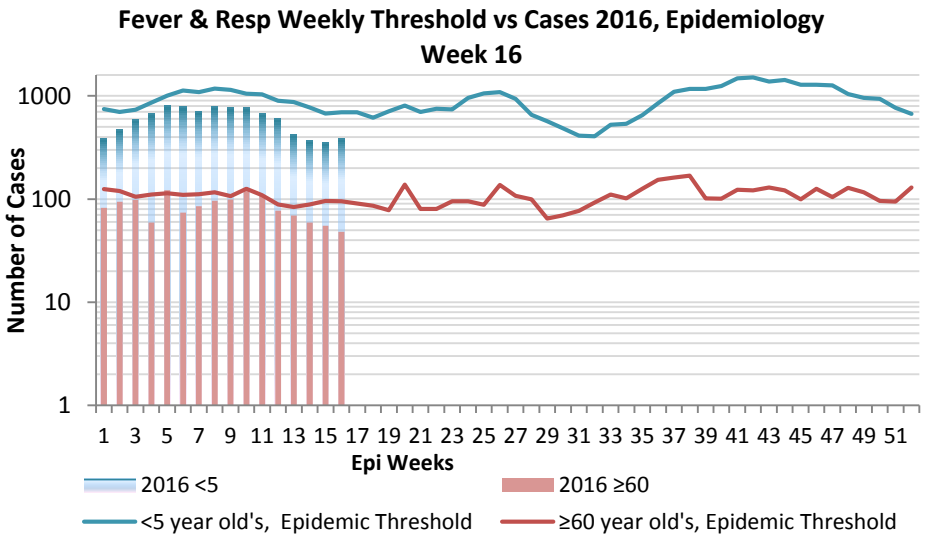
2 Maternal Deaths include early and late deaths.

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 16

April 17 – April 23, 2016 Epidemiology Week 16

February, 2016	*EW 16*	*YTD*
SARI cases	*16*	*584*
Total Influenza positive Samples	***1***	***114***
Influenza A	***1***	***112***
H3N2	*0*	*1*
H1N1pdm09	*1*	*80*
Not subtyped	*0*	*32*
Influenza B	*0*	***0***
Other	*0*	***1***



Comments:
The percent positivity among all samples tested from EW 1 to EW 8, 2016 is 40.3% (N= 77) Influenza A(H1N1)pdm09 continued to circulate in EWs 1 to 8 as the predominant virus at 97%. No Influenza B viruses have been detected since 2016. In addition, there has been no detection of the influenza A/H3v or A/H1v variant viruses, or avian H5 and H7 viruses among human samples tested.

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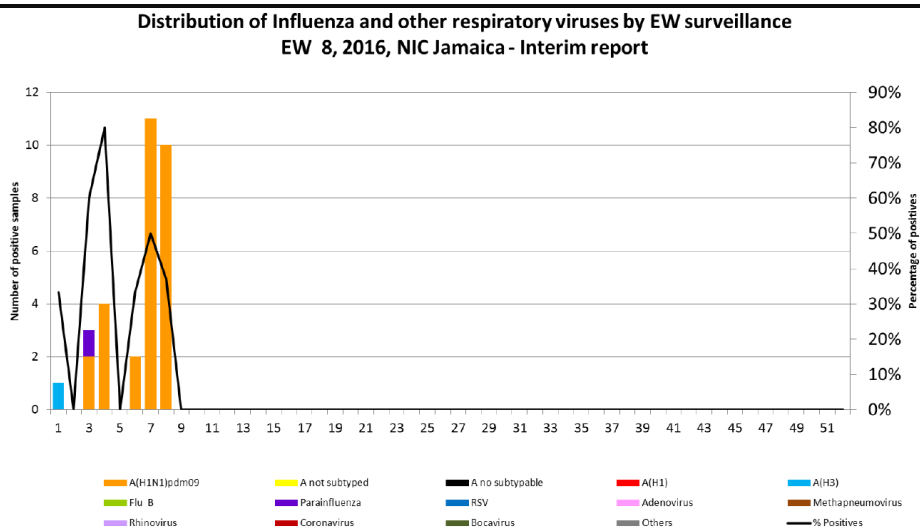
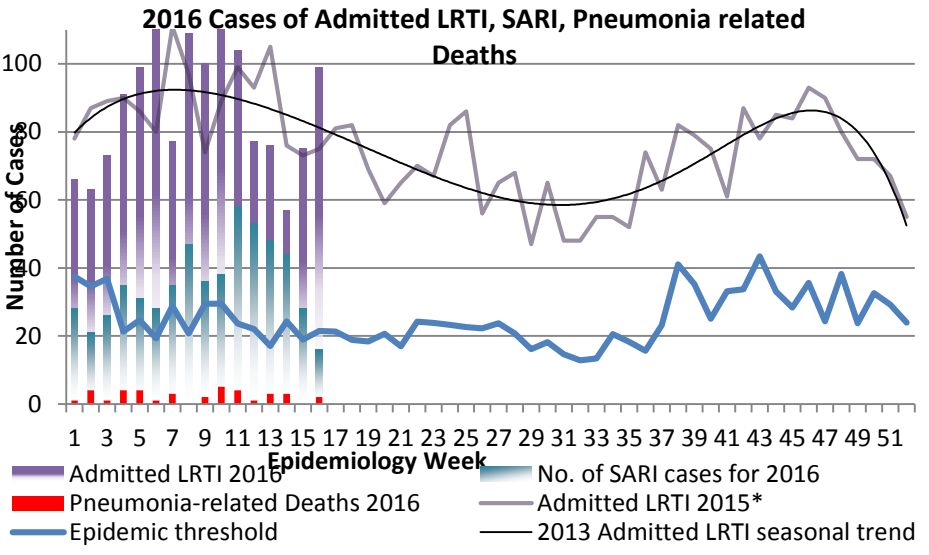


INDICATORS

Burden
Year to date, respiratory syndromes account for 3.4% of visits to health facilities.

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

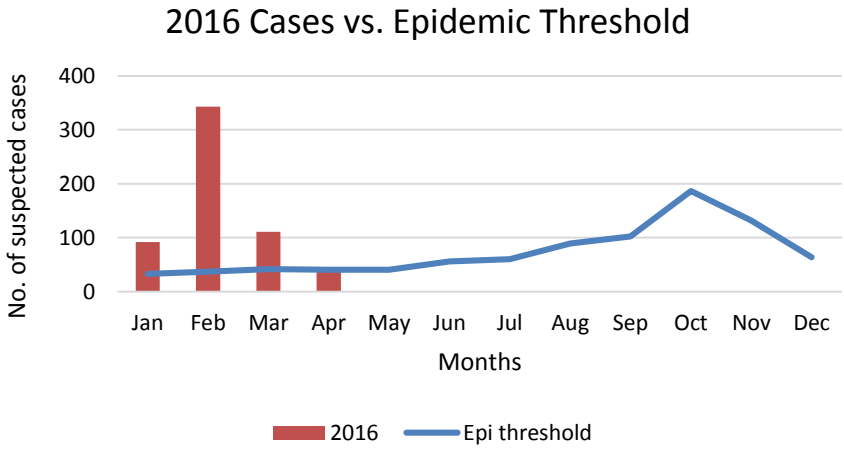
Prevalence
Not applicable to acute respiratory conditions.



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

Dengue Bulletin

April 17 – April 23, 2016 Epidemiology Week 16



DISTRIBUTION

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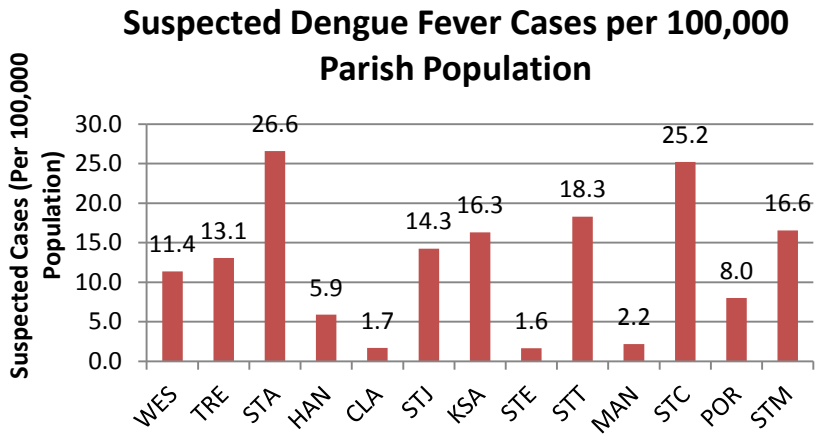
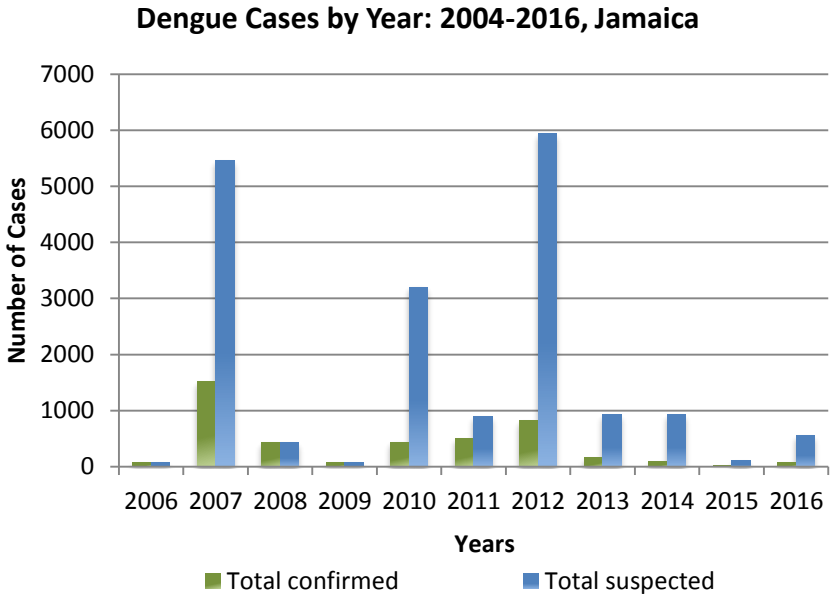
Year-to-Date Suspected Dengue Fever					
	M	F	Un-kwn	Total	%
<1	1	4	0	5	1
1-4	9	19	0	28	5
5-14	58	44	1	103	19
15-24	48	63	0	111	20
25-44	51	110	1	162	29
45-64	18	35	1	54	10
≥65	2	7	0	9	2
Unknown	25	44	9	78	14
TOTAL	**212**	**326**	**12**	**550**	**100**



Weekly Breakdown of suspected and confirmed cases of DF,DHF,DSS,DRD				
		2016		2015 YTD
		EW 16	YTD	
Total Suspected Dengue Cases		5	550	25
Lab Confirmed Dengue cases		0	65	1
CONFIRMED	DHF/DSS	0	1	0
	Dengue Related Deaths	0	0	0



Gastroenteritis Bulletin

EW 16

April 17 – April 23, 2016 Epidemiology Week 16

Weekly Breakdown of Gastroenteritis cases

Year	EW 16			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	136	169	305	2412	3488	5900
2015	195	198	393	5157	4840	9997

Figure 1: Total Gastroenteritis Cases Reported 2015-2016

Gastroenteritis: Three or more loose stools within 24 hours.
In Epidemiology Week 16, 2016, the total number of reported GE cases showed a 22% decrease compared to EW 16 of the previous year.
The year to date figure showed a 41% decrease in cases for the period.

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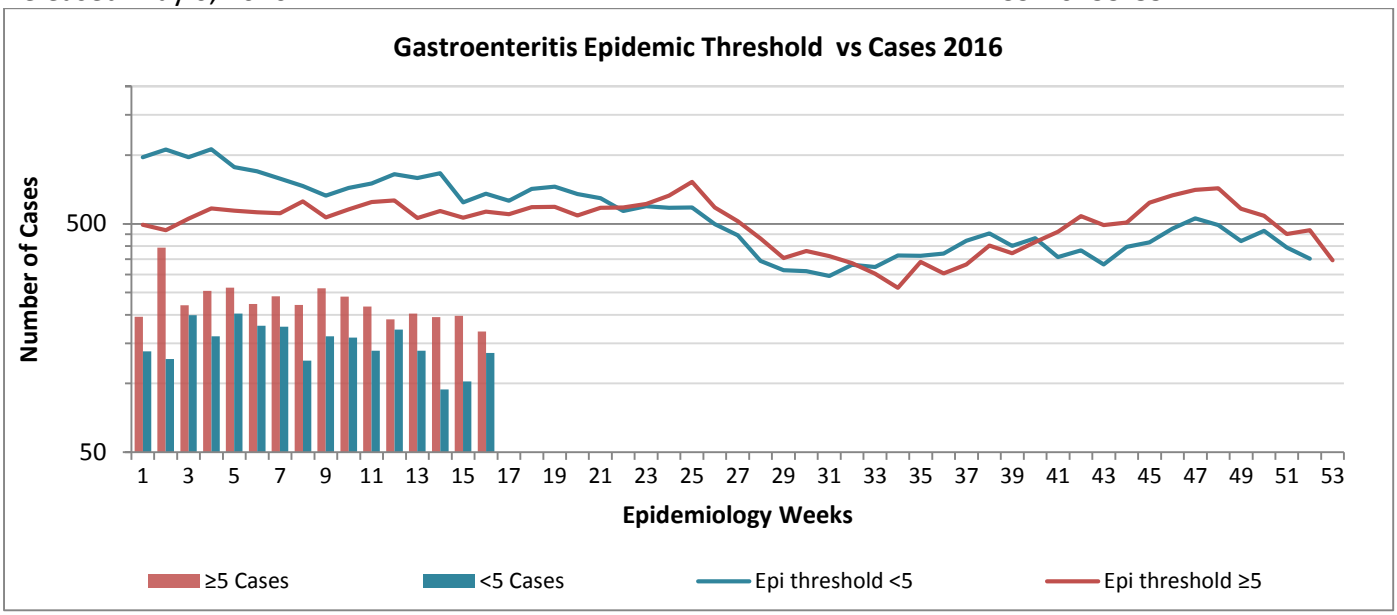

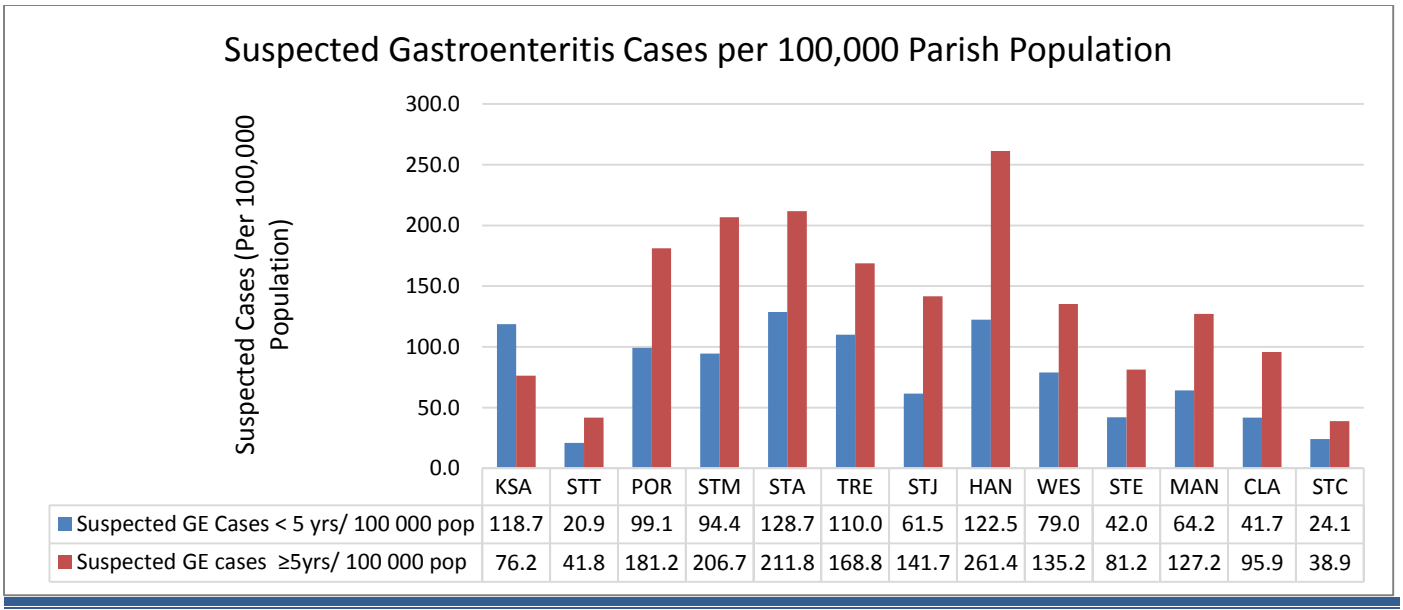

	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
Suspected GE Cases < 5 yrs/ 100 000 pop	118.7	20.9	99.1	94.4	128.7	110.0	61.5	122.5	79.0	42.0	64.2	41.7	24.1
Suspected GE cases ≥5yrs/ 100 000 pop	76.2	41.8	181.2	206.7	211.8	168.8	141.7	261.4	135.2	81.2	127.2	95.9	38.9

RESEARCH PAPER

A Need for Capacity Building in Faith-Based Response to HIV/AIDS in Jamaica

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[2]Ministry of Health, Jamaica
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Objective: To identify initiatives being conducted by faith-based organizations (FBOs) and explore their most urgent needs in addressing the HIV/AIDS epidemic.

Design and Methods: Focus group discussions (FGD) and in-depth interviews were conducted with members of FBOs, members of HIV/AIDS support groups and persons living with HIV/AIDS (PLWHA)

over a 6 month period in three parishes. Twelve (12) FGD and 30 in-depth interviews were conducted. Data were analysed by descriptive and interpretive techniques following the completion of transcriptions of the interviews and focus groups.

Results: One hundred (100) persons participated in the study, 18 of which were PLWHA. Approximately 60% of FBOs who participated had initiatives to address stigma and discrimination which included education and counselling sessions with their congregants (60%) as well as providing psychological support to PLWHA (50%). One FBO also had media publication. More than 50% of the FBO leaders interviewed expressed their most urgent need to be strengthening of the leadership to address stigma and discrimination and treatment of PLWHA among their congregants.

Conclusions: Programs to address stigma and discrimination were the most common initiatives in the FBOs that participated in the study. Strengthening the capacity of FBO leaders to identify and address stigma and discrimination among their congregants and the wider community was identified as their most urgent need followed by the capacity to provide psychological support for PLWHA.

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