

# WEEKLY EPIDEMIOLOGY BULLETIN

## NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

### Weekly Spotlight World Leprosy Day

#### Scale up efforts against leprosy; focus on preventing disabilities in children

Enhanced efforts, renewed commitment, and an inclusive approach is needed to end the scourge of leprosy which continues to afflict thousands of people every year, the majority of them in the WHO South-East Asia Region.

Despite being eliminated globally as a public health problem in 2000, leprosy continues to mar the lives of individuals, and impacts families and communities. Though present numbers are a fraction of what was reported a decade ago, they are unacceptable, as an effective treatment for leprosy - multidrug therapy, or MDT – has been available since the 1980s and can fully cure leprosy.



World Leprosy Day, observed on the last Sunday of January, focuses on the target of zero cases of leprosy-related disabilities in children. Disabilities do not occur overnight, but happen after a prolonged period of undiagnosed disease. Early detection is key to achieve this target, alongside scaling up interventions to prevent leprosy transmission.

Addressing the socio-economic needs of affected persons and communities and taking concrete measures to end stigma – often the reason for late diagnosis – is vitally important.

To effectively combat stigma, a multisectoral approach is needed. Health authorities need to reach out to and include leprosy-affected persons and

communities in their programming.

Laws or regulations that sanction or abet discrimination against persons suffering leprosy should be repealed. Nongovernmental and civil society organizations should be included in campaigns to challenge leprosy-related stigma, and to address discrimination



against affected persons and their family members.

As long as leprosy transmission and associated disabilities exist, so will stigma and discrimination and vice-versa.

The World Leprosy Day is an opportunity for renewed commitment to rid humanity of the debilitating disease at the earliest.

Downloaded from: <http://www.searo.who.int/mediacentre/features/2017/scale-up-efforts-against-leprosy-prevent-disabilities/en/>

## EPI WEEK 2



SYNDROMES

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**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

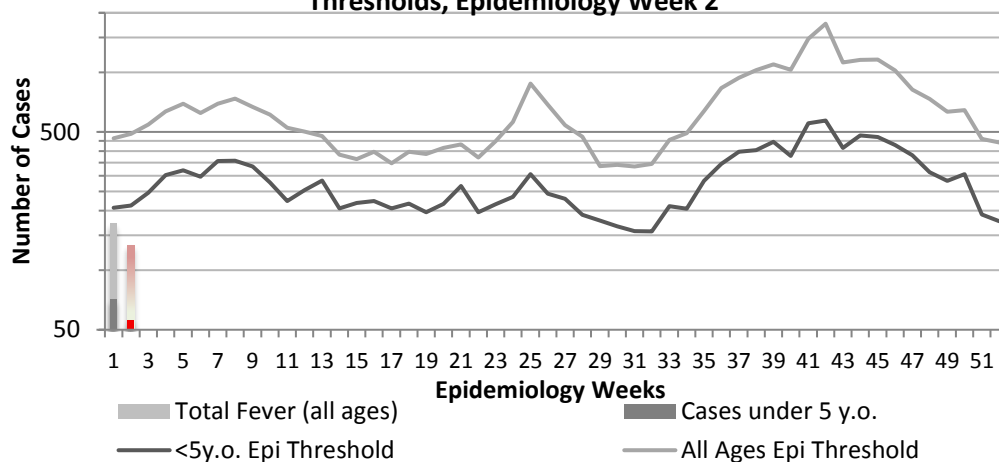
### FEVER

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) with or without an obvious diagnosis or focus of infection.



**KEY**  
FOR ALL THE SYNDROMES, WHERE THERE IS RED ON THE GRAPH THAT IS THE WEEK IN FOCUS

**Fever in under 5y.o. and Total Population 2017 vs Epidemic Thresholds, Epidemiology Week 2**

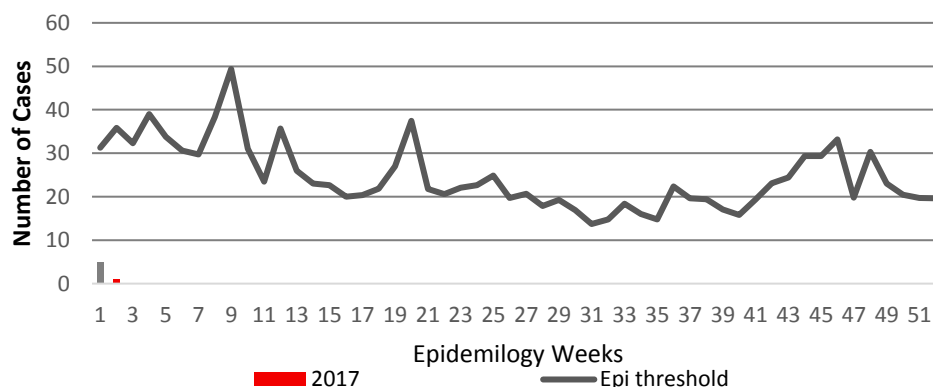


### FEVER AND NEUROLOGICAL

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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 Neurological Symptoms Weekly Threshold vs Cases 2017, Epidemiology Week 2**

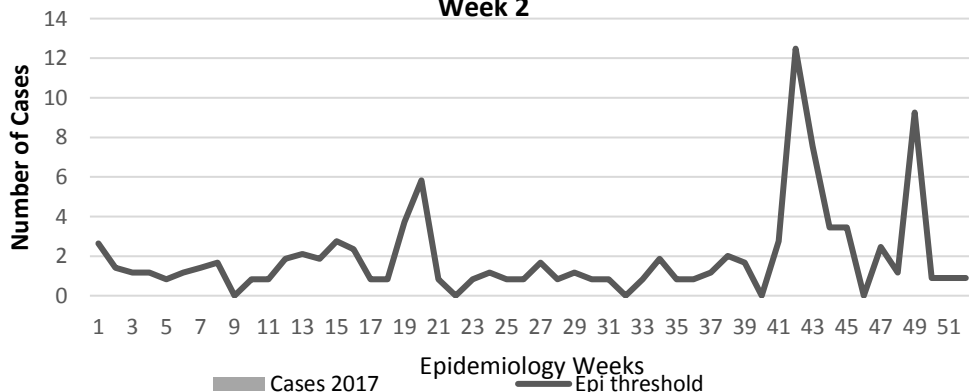


### FEVER AND HAEMORRHAGIC

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



**Fever and Haem Weekly Threshold vs Cases 2017, Epidemiology Week 2**



**NOTIFICATIONS-**  
All clinical sites



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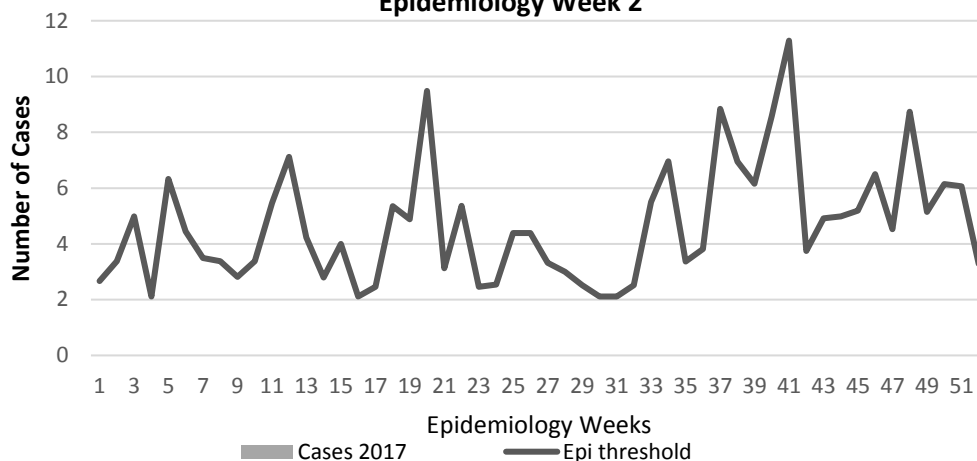
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**FEVER AND JAUNDICE**

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



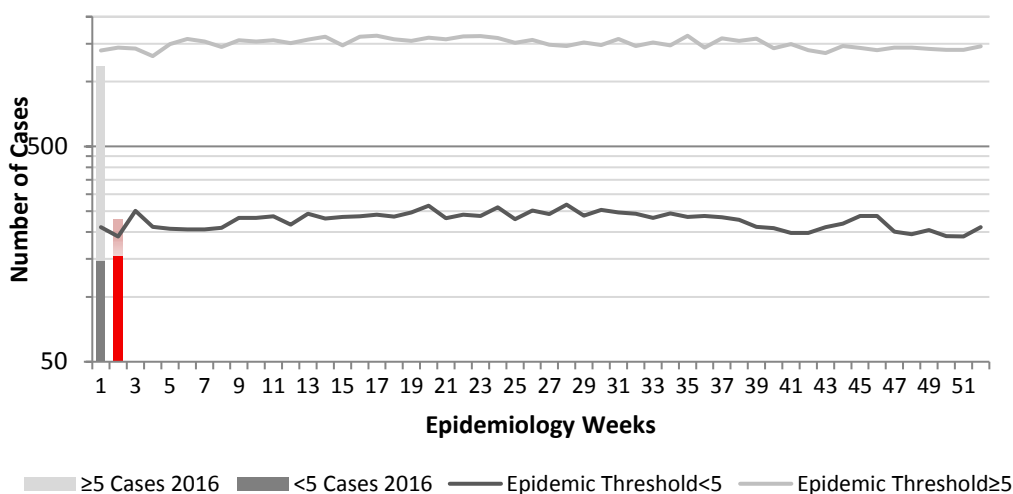
**Fever and Jaundice Weekly Threshold vs Cases 2017, Epidemiology Week 2**

**ACCIDENTS**

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



**Accidents Weekly Threshold vs Cases 2017**

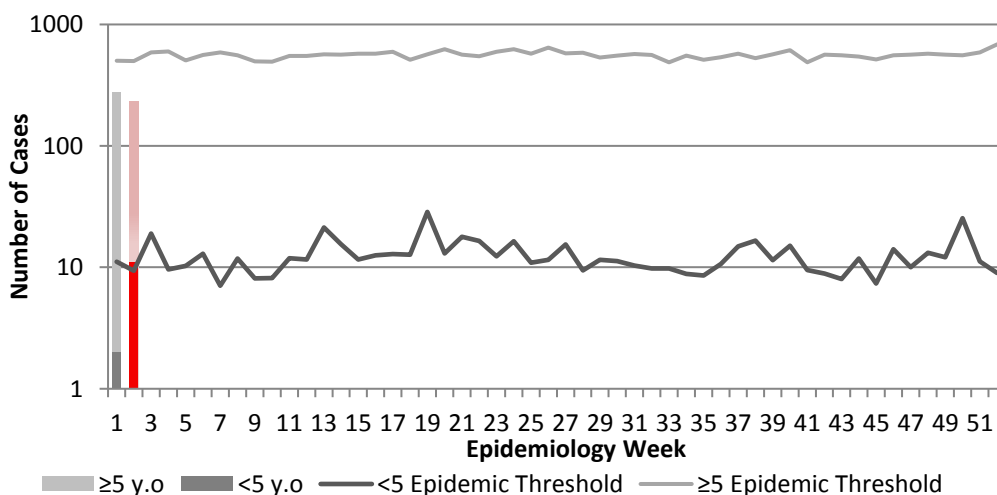
**VIOLENCE**

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.



**Violence Weekly Threshold vs Cases 2017**



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3

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## CLASS ONE NOTIFIABLE EVENTS

## Comments

|                                  |   |         | CONFIRMED YTD |               |  |
|----------------------------------|---|---------|---------------|---------------|--|
|                                  | CLASS 1 EVENTS                                    |         | CURRENT YEAR  | PREVIOUS YEAR |  |
| NATIONAL /INTERNATIONAL INTEREST | Accidental Poisoning                              |         | 3             | 6             | 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.         |
|                                  | Cholera   |         | 0             | 0             |  |
|                                  | Dengue Hemorrhagic Fever <sup>1</sup>             |         | 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)                 |         | 1             | 2             |  |
| EXOTIC/ UNUSUAL                  | Plague  |         | 0             | 0             | Pertussis-like syndrome and Tetanus are clinically confirmed classifications.  |
| HIGH MORBIDITY/ MORTALITY        | Meningococcal Meningitis                          |         | 0             | 0             |  |
|                                  | Neonatal Tetanus                                  |         | 0             | 0             | 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.                     |
|                                  | Typhoid Fever                                     |         | 0             | 0             |  |
|                                  | Meningitis H/Flu                                  |         | 0             | 0             |  |
| SPECIAL PROGRAMMES               | AFP/Polio   |         | 0             | 0             | *Data not available  |
|                                  | Congenital Rubella Syndrome                       |         | 0             | 0             |  |
|                                  | Congenital Syphilis                               |         | 0             | 0             |  |
|                                  | Fever and Rash                                    | Measles | 0             | 0             |  |
|                                  |   | Rubella | 0             | 0             |  |
|                                  | Maternal Deaths <sup>2</sup>                      |         | 0             | 0             |  |
|                                  | Ophthalmia Neonatorum                             |         | 3             | 9             |  |
|                                  | Pertussis-like syndrome                           |         | 0             | 0             |  |
|                                  | Rheumatic Fever                                   |         | 0             | 0             |  |
|                                  | Tetanus   |         | 0             | 0             |  |
|                                  | Tuberculosis                                      |         | 0             | 0             |  |
|                                  | Yellow Fever                                      |         | 0             | 0             |  |
|                                  | Chikungunya                                       |         | 0             | 0             | <div>   </div> |
|                                  | Zika Virus  |         | 0             | 0             |  |



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All clinical sites



**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events



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## NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 2

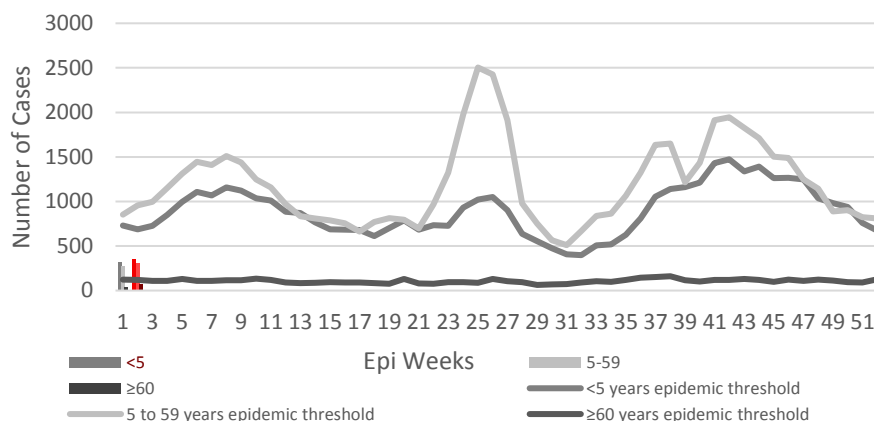
Jan. 8-14, 2017

Epidemiology Week 2

## January 2017

|   | EW 2     | YTD      |
|---|----------|----------|
| SARI cases                              | 7        | 15       |
| <b>Total Influenza positive Samples</b> | <b>0</b> | <b>0</b> |
| <b>Influenza A</b>                      | <b>0</b> | <b>0</b> |
| H3N2                                    | 0        | 0        |
| H1N1pdm09                               | 0        | 0        |
| Not subtyped                            | 0        | 0        |
| <b>Influenza B</b>                      | <b>0</b> | <b>0</b> |
| <b>Other</b>                            | <b>0</b> | <b>0</b> |

## Fever and Respiratory 2017

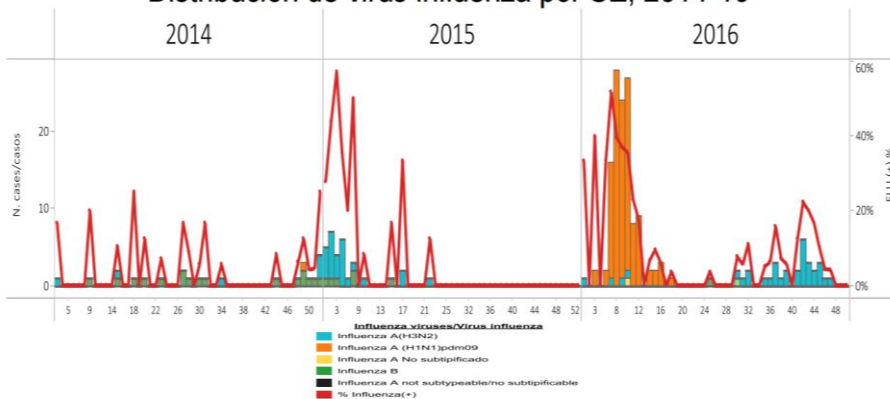


## Comments:

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.

Jamaica: Influenza virus distribution by EW, 2014-16  
Distribución de virus influenza por SE, 2014-16

## INDICATORS

## Burden

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

## Incidence

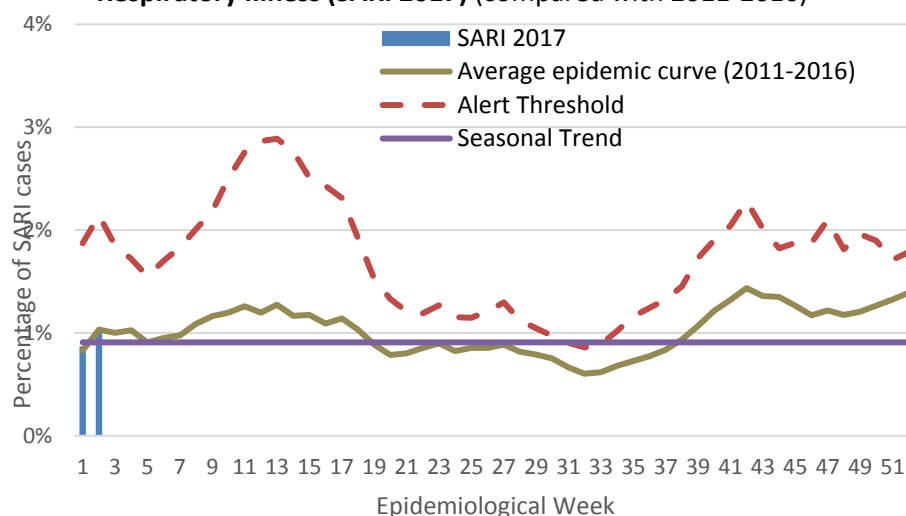
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.



## Prevalence

Not applicable to acute respiratory conditions.

## Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2017) (compared with 2011-2016)



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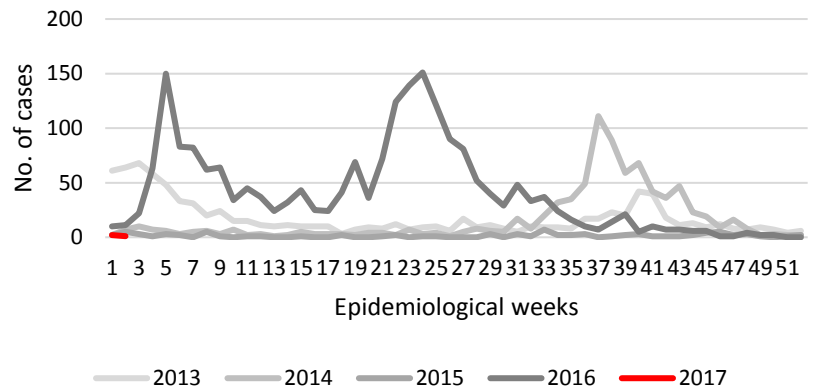
# Dengue Bulletin

Jan. 8-14, 2017

Epidemiology Week 2



Dengue Cases by Epidemiology Weeks 2013-2017

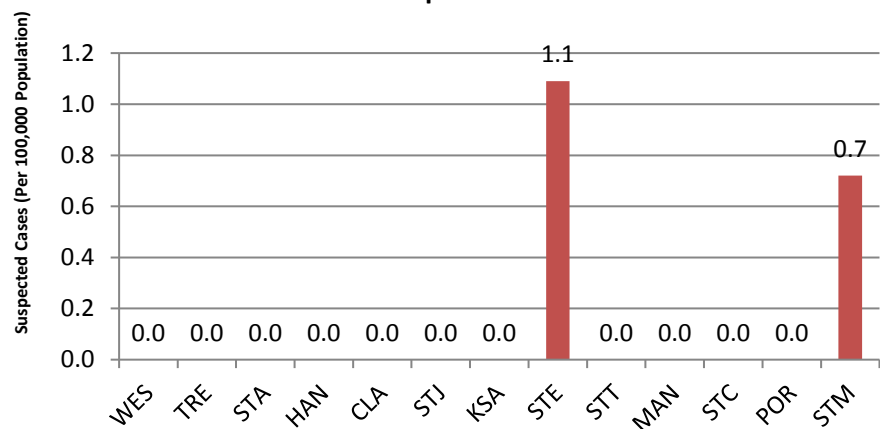


## DISTRIBUTION

### Year-to-Date Suspected Dengue Fever

|              | M        | F        | Un-kwn   | Total    | %          |
|--------------|----------|----------|----------|----------|------------|
| <1           | 1        | 0        | 0        | 1        | 33         |
| 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        |            |
| 45-64        | 0        | 1        | 0        | 1        | 0          |
| ≥65          | 0        | 0        | 0        | 0        | 0          |
| Unknown      | 0        | 0        | 0        | 0        | 0          |
| <b>TOTAL</b> | <b>1</b> | <b>1</b> | <b>1</b> | <b>3</b> | <b>100</b> |

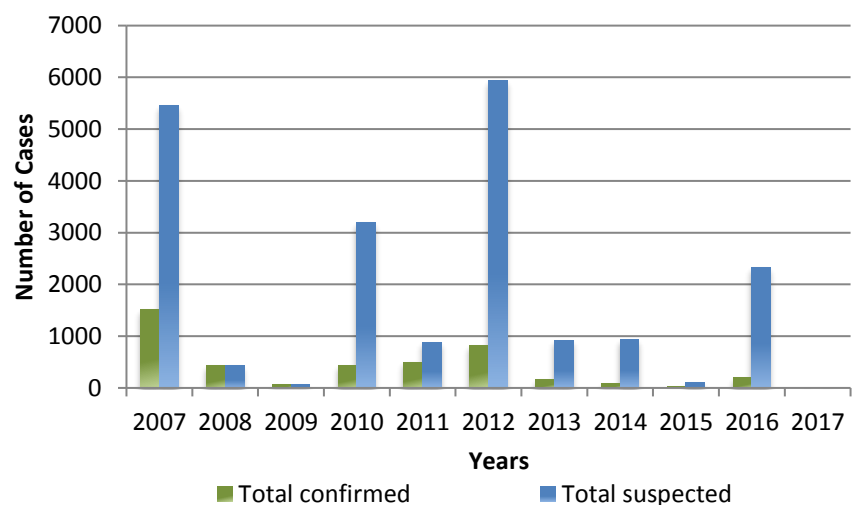
### Suspected Dengue Fever Cases per 100,000 Parish Population



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

|                              |                       | 2017 |     | 2016 YTD |
|------------------------------|-----------------------|------|-----|----------|
|                              |                       | EW 2 | YTD |          |
| Total Suspected Dengue Cases |                       | 1    | 3   | 10       |
| Lab Confirmed Dengue cases   |                       | 0    | 0   | 1        |
| CONFIRMED                    | DHF/DSS               | 0    | 0   | 0        |
|                              | Dengue Related Deaths | 0    | 0   | 0        |

### Dengue Cases by Year: 2007-2017, Jamaica



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# Gastroenteritis Bulletin

# EW 2

Jan. 8-14, 2017

Epidemiology Week 2

## Weekly Breakdown of Gastroenteritis cases

| Year | EW 2 |     |       | YTD |     |       |
|------|------|-----|-------|-----|-----|-------|
|      | <5   | ≥5  | Total | <5  | ≥5  | Total |
| 2017 | 228  | 233 | 461   | 407 | 510 | 917   |
| 2016 | 128  | 197 | 325   | 266 | 393 | 659   |

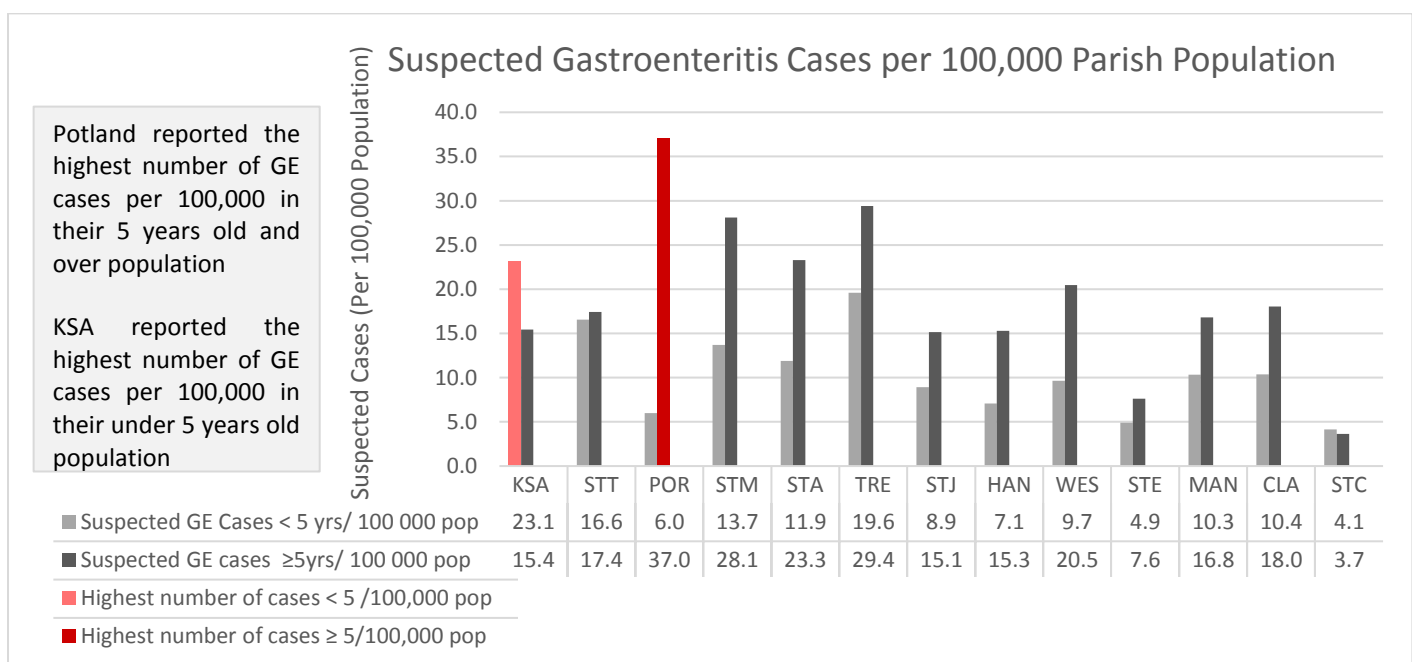
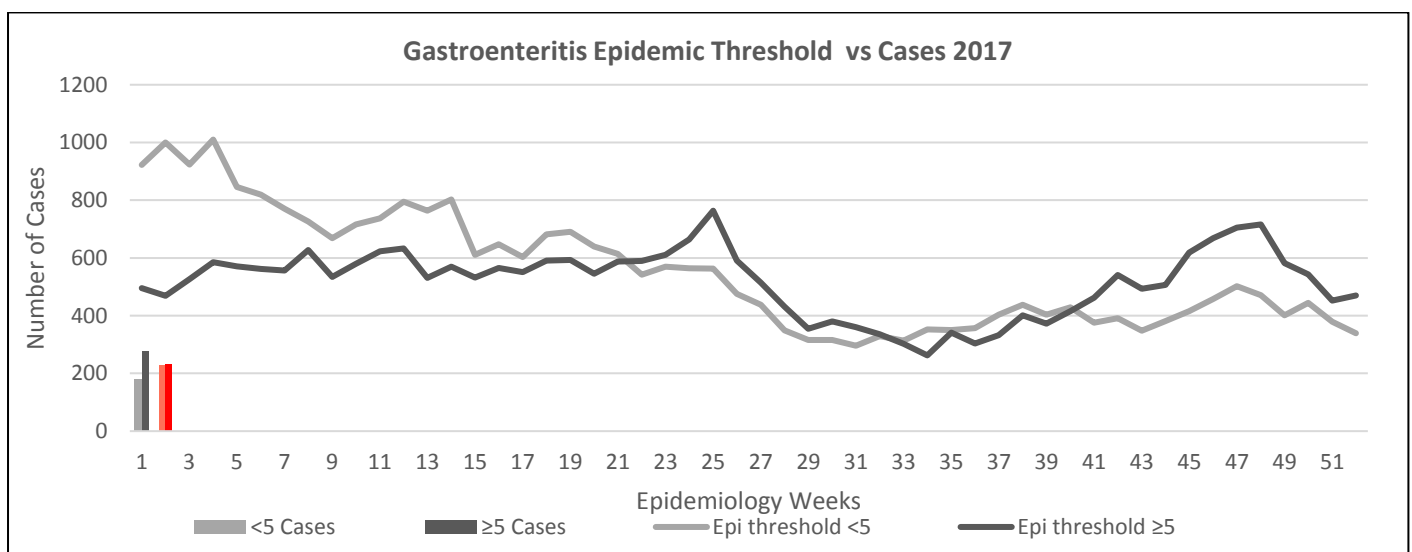
### Gastroenteritis:

In Epidemiology Week 2, 2017, the total number of reported GE cases showed a 12% increase compared to EW 2 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**



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# 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](mailto:surveillance@moh.gov.jm)



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