

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

International Day Against Drug Abuse

and Illicit Trafficking, 26 June

2016 Theme — Listen First



Listening to children and youth is the first step to help them grow healthy and safe

'Listen First' is an initiative to increase support for prevention of drug use that is based on science and is thus an effective investment in the well-being of children and youth, their families and their communities.

The General Assembly decided to observe 26 June as the International Day against Drug Abuse and Illicit Trafficking as an expression of its determination to strengthen action and cooperation to achieve the goal of an international society free of drug abuse.

The UN General Assembly held a Special Session on drugs in April 2016 which marked an important milestone in achieving the goals set in the policy document of 2009 "Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem", and defined action to be taken by **Member States** as well as goals to be achieved by **2019**.



The outcome document recommends measures to address demand and supply reduction, and to improve access to controlled medicines while preventing diversion. The recommendations also cover new psychoactive substances; strengthening international cooperation; and alternative development. The text puts new emphasis on proportionate national sentencing policies and practices for drug-related offences, and features a strong focus on prevention and treatment.

Source: <http://www.un.org/en/events/drugabuseday/>

EPI WEEK 23



SYNDROMES

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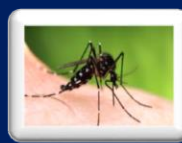
CLASS 1 DISEASES

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INFLUENZA

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GASTROENTERITIS

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RESEARCH PAPER

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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

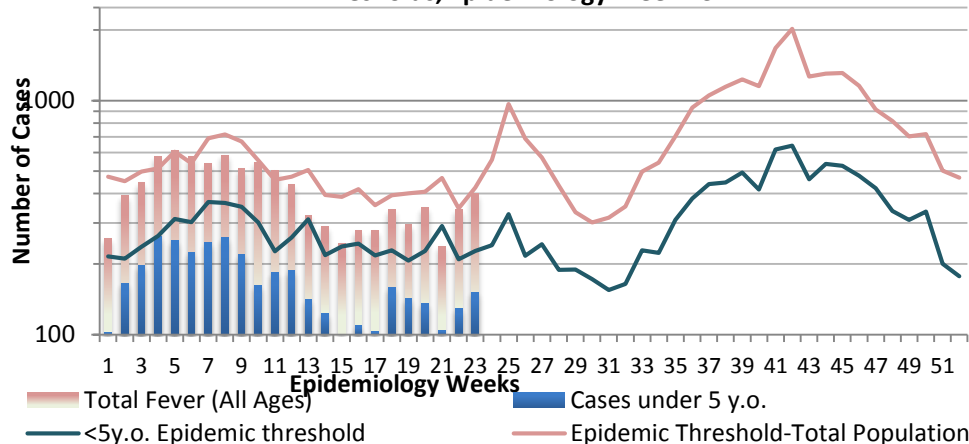
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

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



Fever in under 5y.o. and Total Population 2016 vs Epidemic Thresholds, Epidemiology Week 23

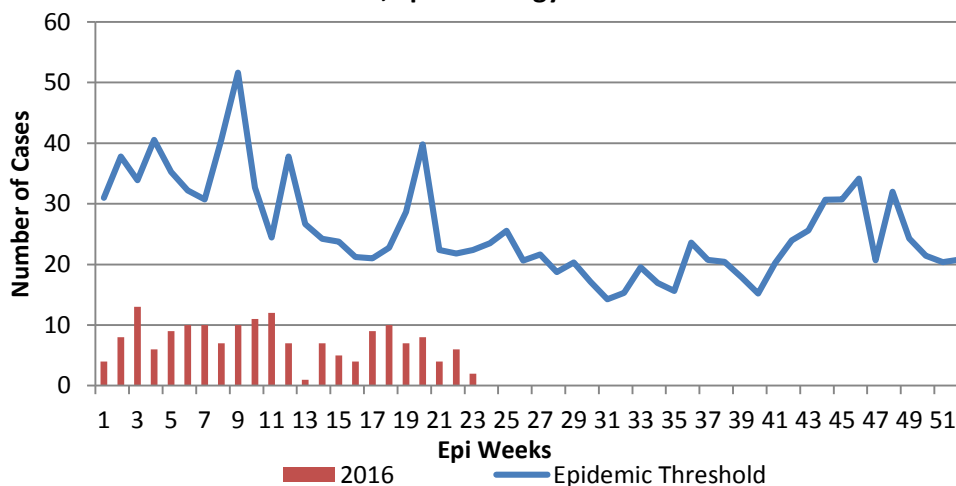


FEVER AND NEUROLOGICAL

Temperature of $>38^{\circ}\text{C}$ / 100.4°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 2016, Epidemiology Week 23

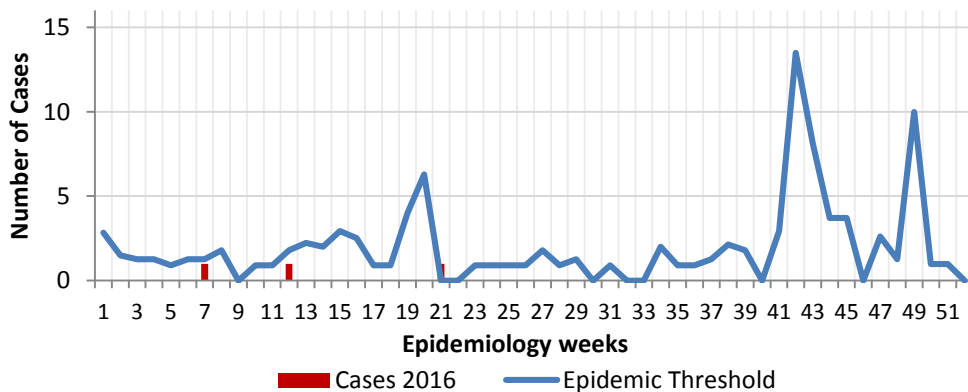


FEVER AND HAEMORRHAGIC

Temperature of $>38^{\circ}\text{C}$ / 100.4°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 2016, Epidemiology Week 23



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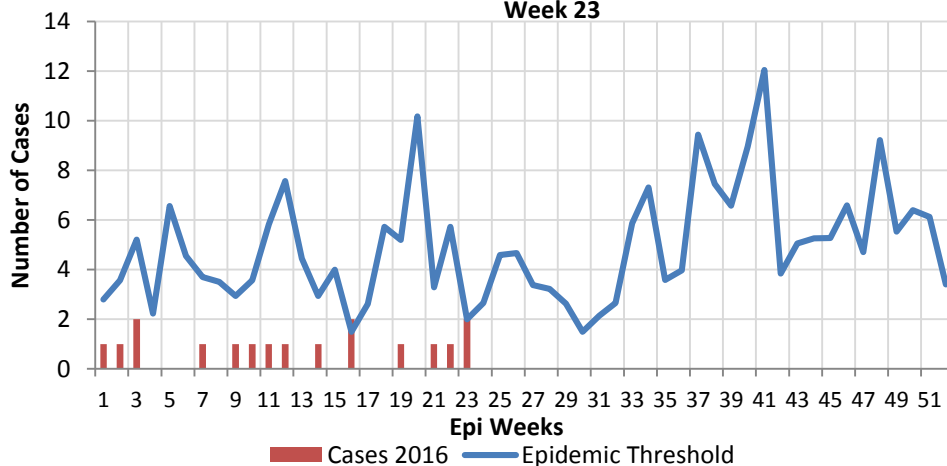
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FEVER AND JAUNDICE

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



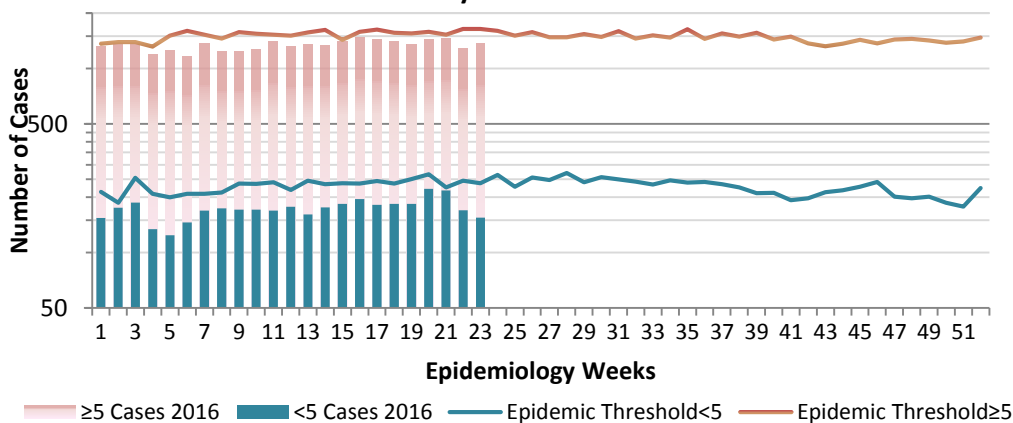
Fever and Jaundice Weekly Threshold vs Cases 2016, Epidemiology Week 23

**ACCIDENTS**

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



Accidents Weekly Threshold vs Cases 2016

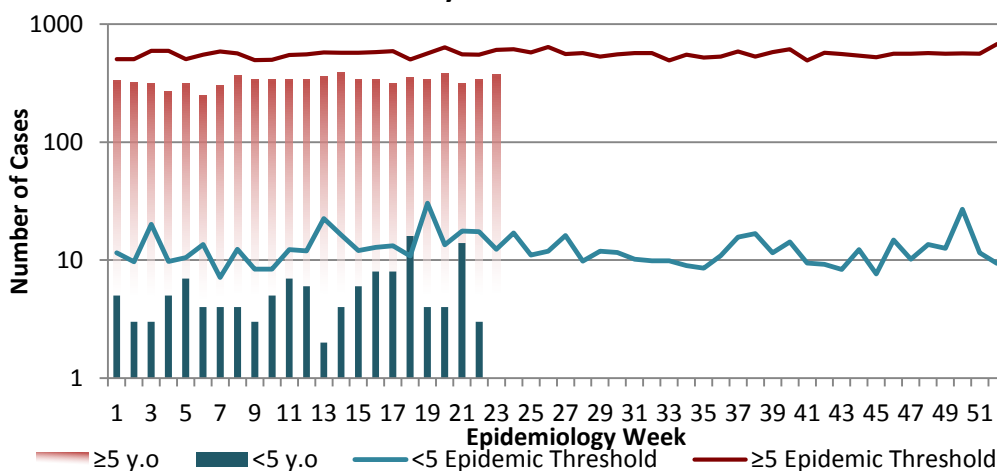
**VIOLENCE**

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 2016



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— CLASS ONE NOTIFIABLE EVENTS

Comments

				CONFIRMED YTD		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.	
		CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		18	89		Pertussis-like syndrome and Tetanus are clinically confirmed classifications.	
	Cholera		0	0			
	Dengue Hemorrhagic Fever ¹		2	0			
	Hansen’s Disease (Leprosy)		1	0			
	Hepatitis B		14	22			
	Hepatitis C		4	2			
	HIV/AIDS - See HIV/AIDS National Programme Report						
	Malaria (Imported)		1	0			
	Meningitis		10	50			
EXOTIC/ UNUSUAL	Plague		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.	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis		0	0			
	Neonatal Tetanus		0	0			
	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	17	2			1 Dengue Hemorrhagic Fever data include Dengue related deaths; 2 Maternal Deaths include early and late deaths.
		Rubella	0	0			
	Maternal Deaths ²		23	24			
	Ophthalmia Neonatorum		195	140			
	Pertussis-like syndrome		0	0			
	Rheumatic Fever		1	9			
	Tetanus		0	1			
	Tuberculosis		0	0			
	Yellow Fever		0	0			
		Chikungunya		0	1		
Zika Virus		24	0				

*Data not available

1 Dengue Hemorrhagic Fever data include Dengue related deaths;

2 Maternal Deaths include early and late deaths.

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All clinical sitesINVESTIGATION
REPORTS- Detailed Follow up for all Class One EventsHOSPITAL ACTIVE
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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

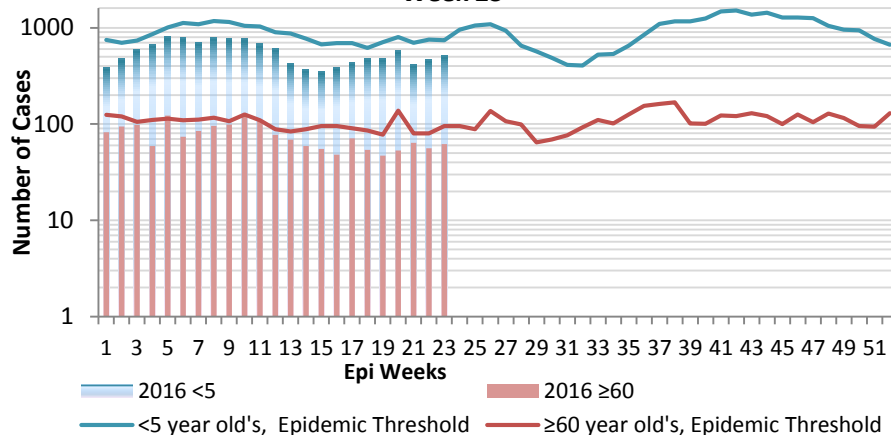
EW 23

June 5-11, 2016

Epidemiology Week 23

June 2016		
	EW 23	YTD
SARI cases	8	674
Total Influenza positive Samples	0	114
Influenza A	0	113
H3N2	0	1
H1N1pdm09	0	80
Not subtyped	0	32
Influenza B	0	0
Other	0	1

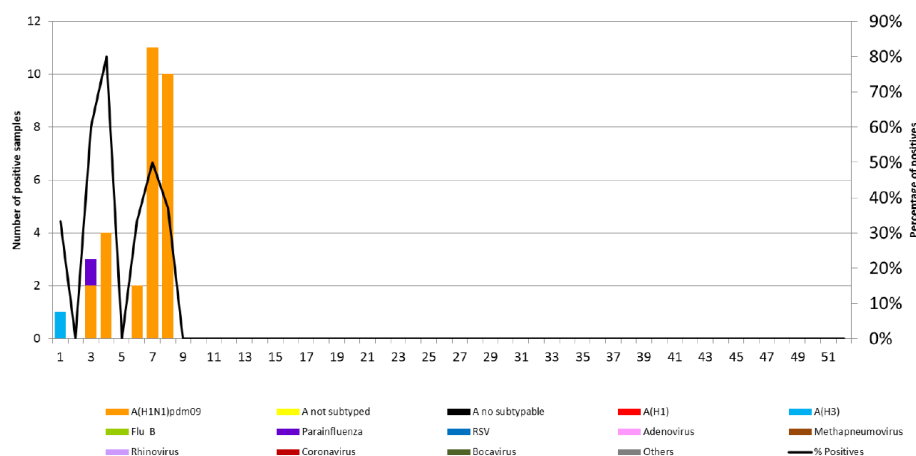
Fever & Resp Weekly Threshold vs Cases 2016, Epidemiology Week 23

**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.

Distribution of Influenza and other respiratory viruses by EW surveillance EW 8, 2016, NIC Jamaica - Interim report

**INDICATORS****Burden**

Year to date, respiratory syndromes account for 4.2% of visits to health facilities.

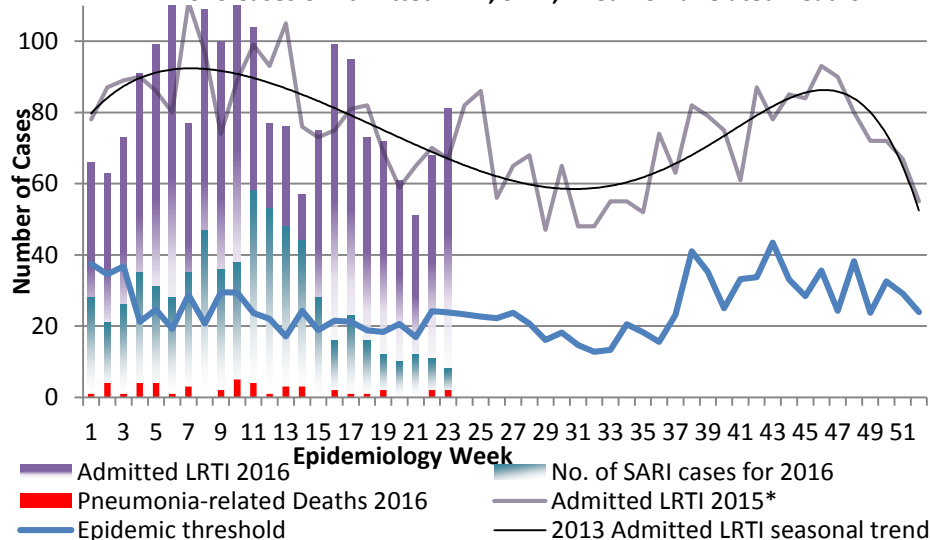
Incidence

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

**Prevalence**

Not applicable to acute respiratory conditions.

2016 Cases of Admitted LRTI, SARI, Pneumonia related Deaths



*Additional data needed to calculate Epidemic Threshold



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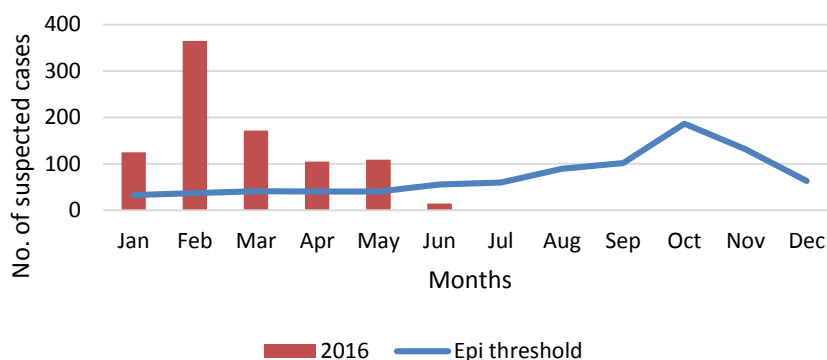
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Dengue Bulletin

June 5-11, 2016

Epidemiology Week 23

2016 Cases vs. Epidemic Threshold

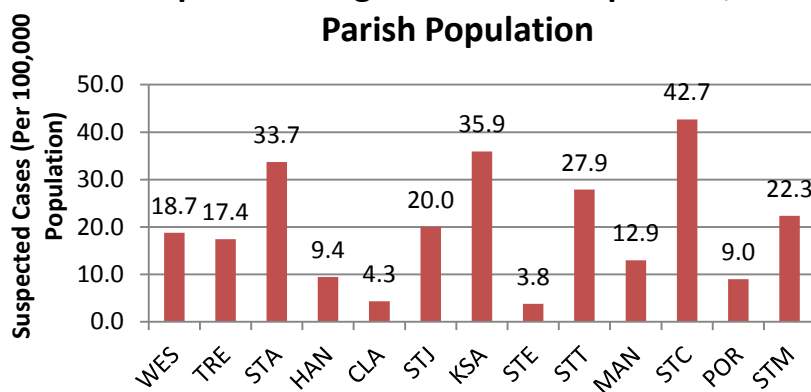


DISTRIBUTION


Year-to-Date Suspected Dengue Fever

	M	F	Un-kwn	Total	%
<1	4	10	0	14	1
1-4	15	23	0	38	5
5-14	86	89	3	178	19
15-24	72	102	1	175	20
25-44	96	210	3	309	29
45-64	35	79	1	115	10
≥65	4	10	0	14	2
Unknown	29	58	10	97	14
TOTAL	341	581	18	940	100

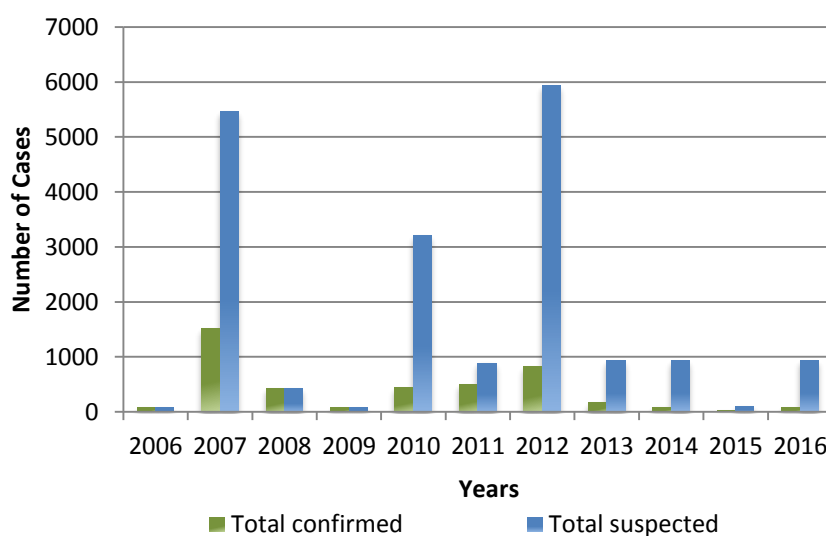
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2016		2015 YTD
		EW 23	YTD	
				
Total Suspected Dengue Cases		7	940	30
Lab Confirmed Dengue cases		0	68	2
CONFIRMED	DHF/DSS	0	2	0
	Dengue Related Deaths	0	0	0

Dengue Cases by Year: 2004-2016, Jamaica



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Gastroenteritis Bulletin

EW 23

June 5-11, 2016

Epidemiology Week 23

Weekly Breakdown of Gastroenteritis cases

Year	EW 23			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	170	257	427	3,378	5,233	8,611
2015	169	209	378	6,215	6,176	12,391

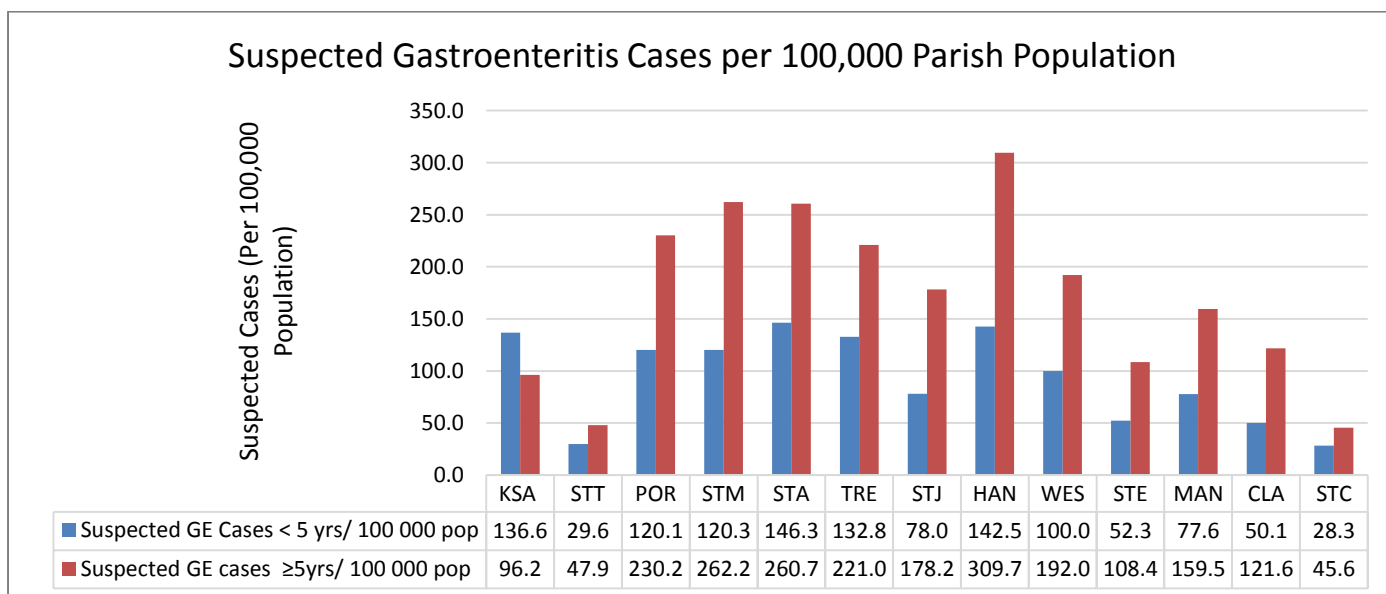
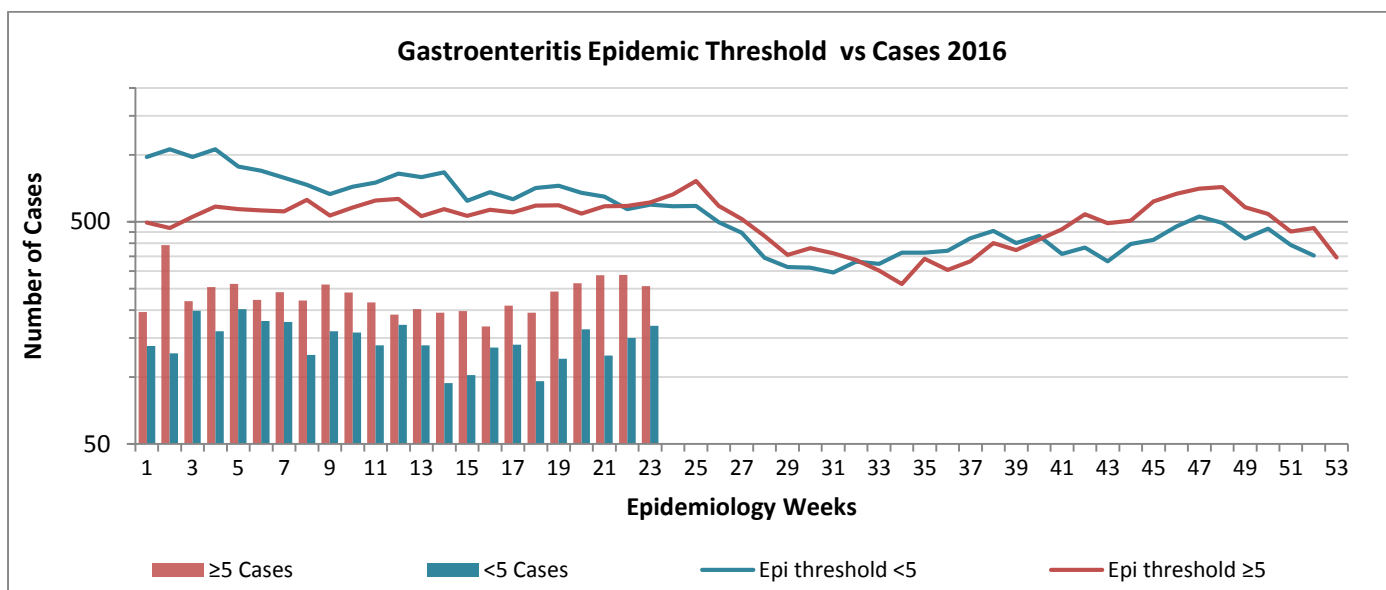
Gastroenteritis: Three or more loose stools within 24 hours.

In Epidemiology Week 23, 2016, the total number of reported GE cases showed a 11% increase compared to EW 23 of the previous year.

The year to date figure showed a 30% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2015-2016



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RESEARCH PAPER

A Comparison of the Nutritional Status of HIV- positive Children living in Family Homes and an 'Institutionalized' Children's Home

S Dawson, S Robinson, J DeSouza

Epidemiology Research and Training Unit, Ministry of Health, Kingston, Jamaica

Objective: To assess the nutritional status of HIV-infected children living in family homes and in an institution.

Design and Method: A cross-sectional descriptive study was conducted involving 31 HIV- positive children with anthropometric measurements used as outcome indicators. The children who met the inclusion criteria were enrolled, and nutritional statuses for both sets of children were assessed and compared.

Results: Fifteen of the children (48.4%) lived in family homes and sixteen (51.6%) in the institution, with a mean age of 7.2 ± 3.2 years. Significant differences between the two settings were found for the means, Weight-For-Height, WFH ($p=0.020$) and Body Mass Index, BMI ($p=0.005$); children in family homes having significantly better WFH and BMI. Four of the children (13.3%) were underweight; 3 from the institution (18.8%) and 1 (6.7%) from a family home. Two children (6.9%) were found to be 'at risk' of being overweight.

Conclusion: Although anthropometric indices for most of these children are within the acceptable range, there seems to be significant differences in nutritional status between infected children resident in family homes, and those in the institution. The factors responsible for such differences are not immediately obvious, and require further investigation. The influence of ARV therapy on nutritional outcomes in these settings require prospective studies which include dietary, immunologic and biochemical markers, in order to provide data that may help to improve the medical nutritional management of these children.



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