

# WEEKLY EPIDEMIOLOGY BULLETIN

## NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

### Weekly Spotlight

#### World Cancer Day February 4, 2017

Just as cancer affects everyone in different ways, **all people have the power to take various actions** to reduce the impact that cancer has on individuals, families and communities.



Inspire action, take action



Make healthy lifestyle choices



Prevent cancer



Understand that early detection saves lives



Create healthy schools



Ask for support



Create healthy workplaces



Return to work



Create healthy cities



Take control of my cancer journey



Support others to return to work



Love, and be loved



Challenge perceptions



Make my voice heard



Improve access to cancer care



Shape policy change



Build a quality workforce



Make the case for investing in cancer control



Join forces to make a difference



World Cancer Day is a chance to reflect on what you can do, make a pledge and take action. Whatever you choose to do 'We can. I can.' make a difference to the fight against cancer.

## EPI WEEK 3



SYNDROMES

PAGE 2



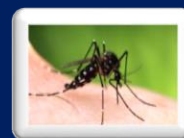
CLASS 1 DISEASES

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INFLUENZA

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DENGUE FEVER

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GASTROENTERITIS

PAGE 7



RESEARCH PAPER

PAGE 8

Downloaded from: <http://www.worldcancerday.org/about/2016-2018-world-cancer-day-campaign>



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

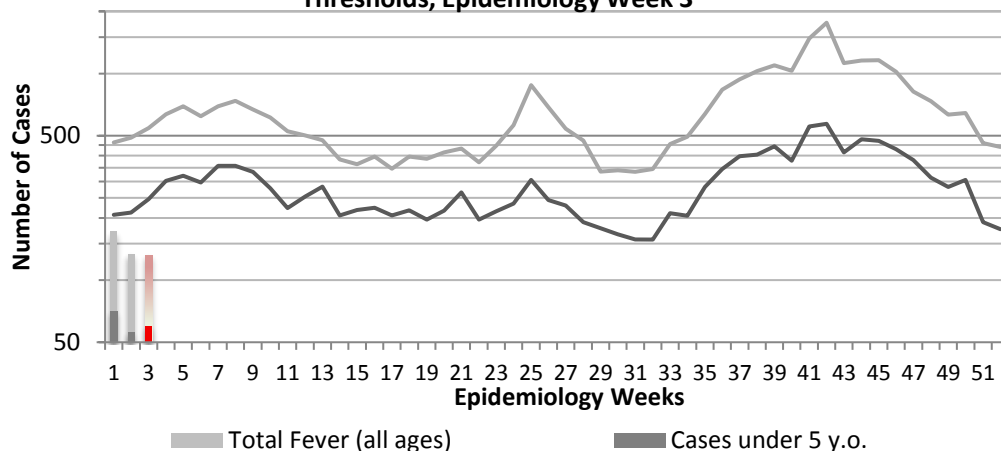
### FEVER

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 3

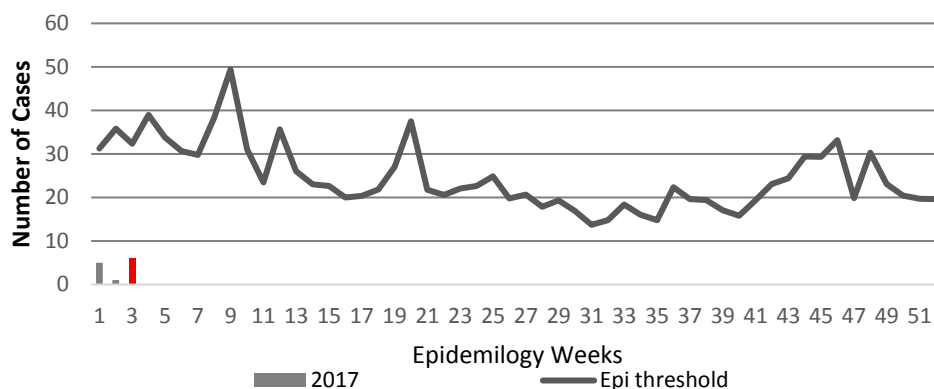


### FEVER AND NEUROLOGICAL

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 3

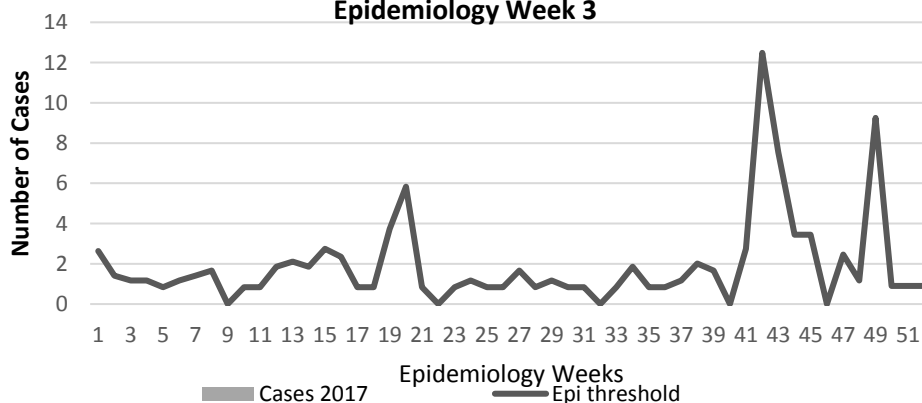


### FEVER AND HAEMORRHAGIC

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 3



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All clinical sites



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



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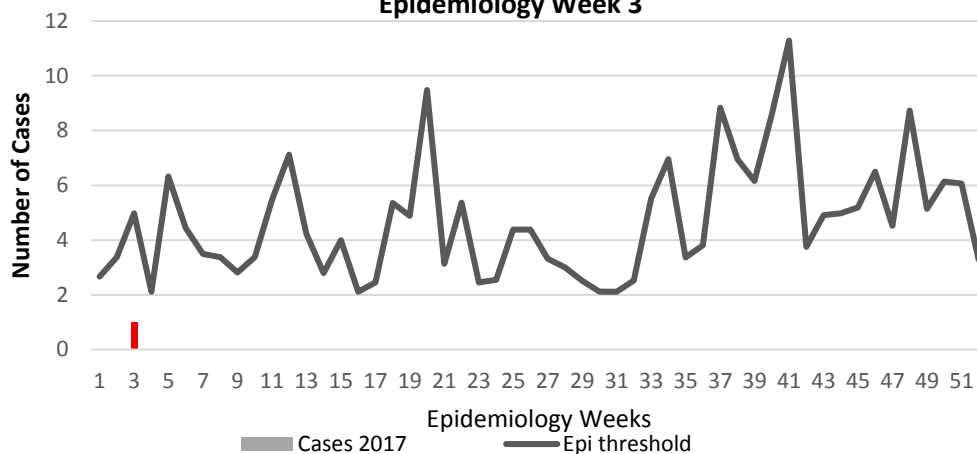
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**FEVER AND JAUNDICE**

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



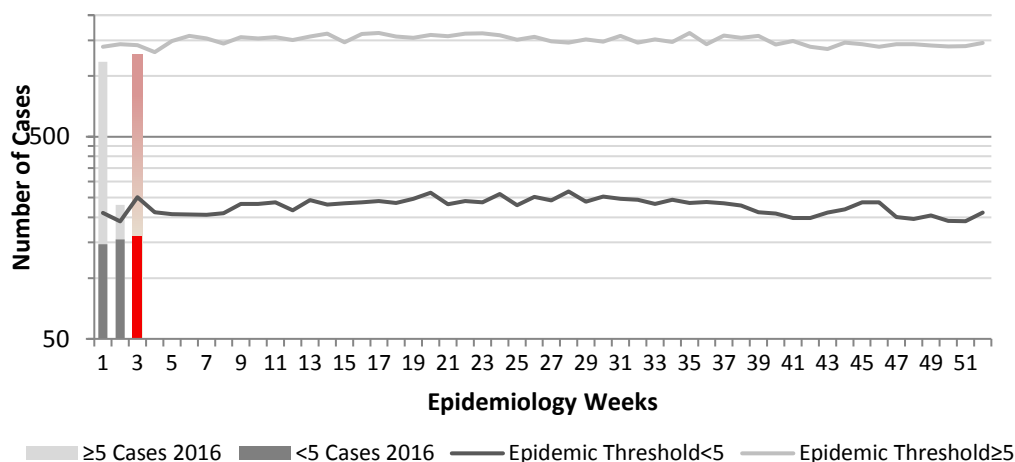
**Fever and Jaundice Weekly Threshold vs Cases 2017, Epidemiology Week 3**

**ACCIDENTS**

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



**Accidents Weekly Threshold vs Cases 2017**

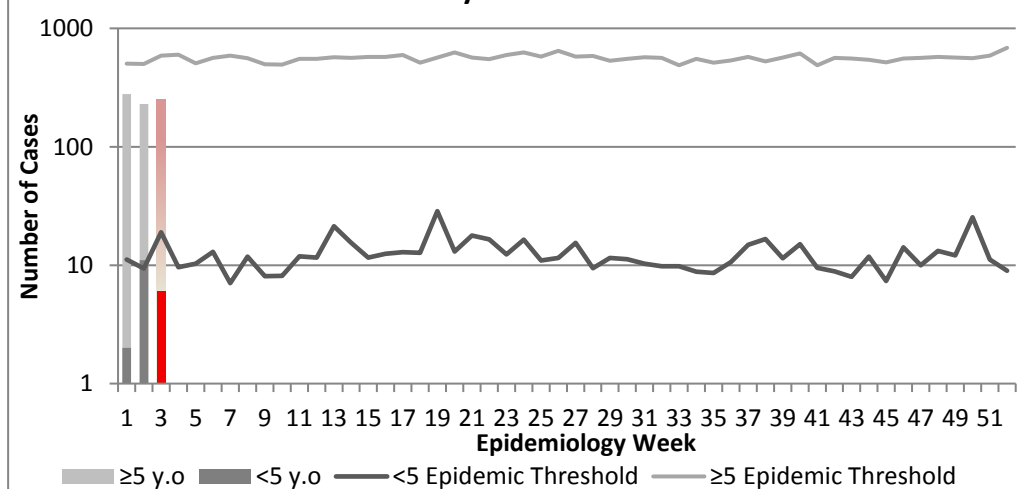
**VIOLENCE**

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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## CLASS ONE NOTIFIABLE EVENTS

## Comments

			CONFIRMED YTD		
	CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		3	11	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)		2	5	
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>		2	0	
	Ophthalmia Neonatorum		5	13	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	02	
	Tetanus		0	0	
	Tuberculosis		0	0	
	Yellow Fever		0	0	
	Chikungunya		0	0	 
	Zika Virus		0	0	



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## NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 3

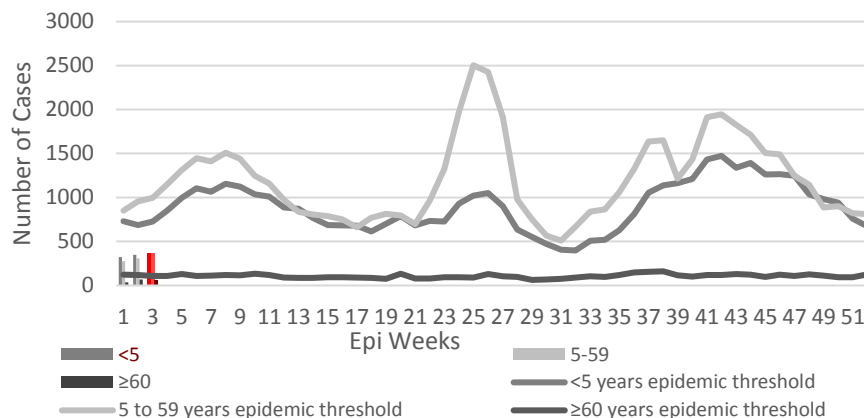
Jan. 15-21, 2017

Epidemiology Week 3

## January 2017

	EW 3	YTD
SARI cases	8	23
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

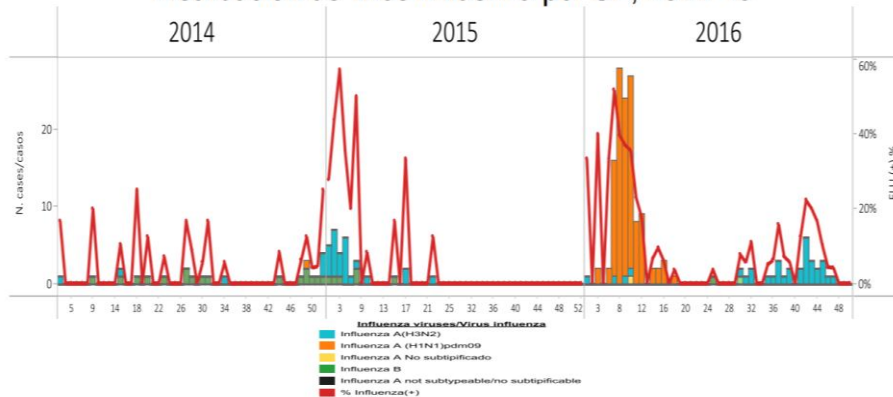
## Fever and Respiratory 2017



## Comments:

During EW3, SARI activity slightly increased and remained below the alert threshold. No SARI-related deaths were reported this week.

During EW 3, SARI cases were most frequently reported among adults aged from 15 to 49 years of age

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

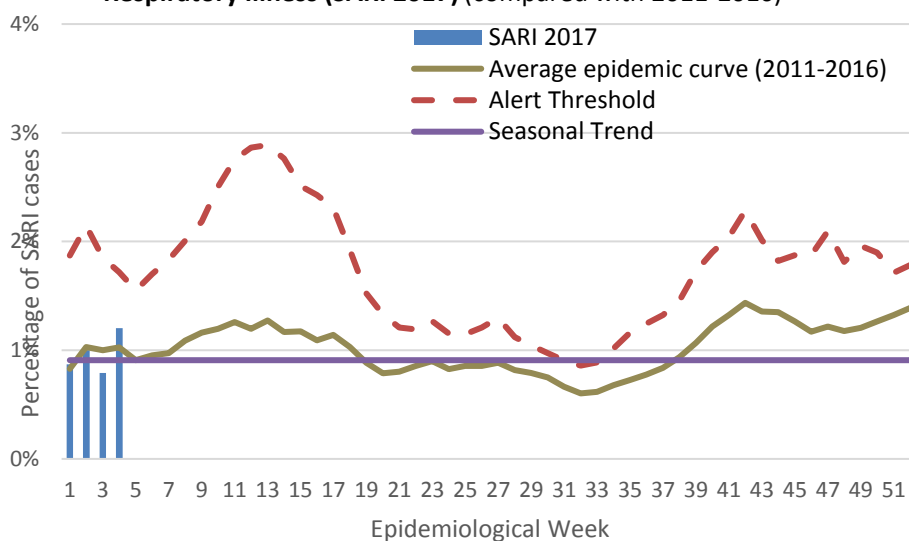
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.



## 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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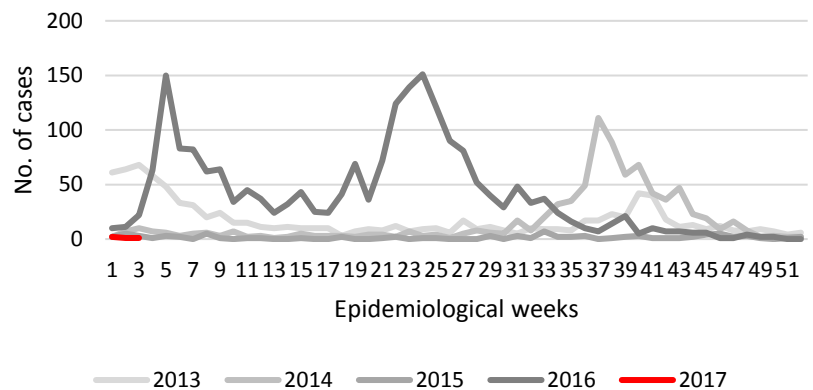
# Dengue Bulletin

Jan.15-21, 2017

Epidemiology Week 3



Dengue Cases by Epidemiology Weeks 2013-2017

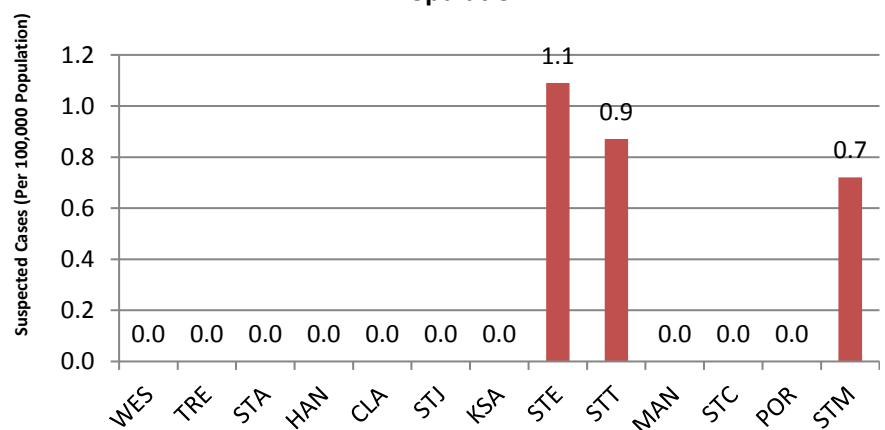


## DISTRIBUTION

### Year-to-Date Suspected Dengue Fever

	M	F	Un-kwn	Total	%
<1	1	0	0	1	25
1-4	0	0	0	0	0
5-14	0	0	0	0	0
15-24	0	1	0	1	25
25-44	0	0	1	1	25
45-64	0	1	0	1	25
≥65	0	0	0	0	0
Unknown	0	0	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>100</b>

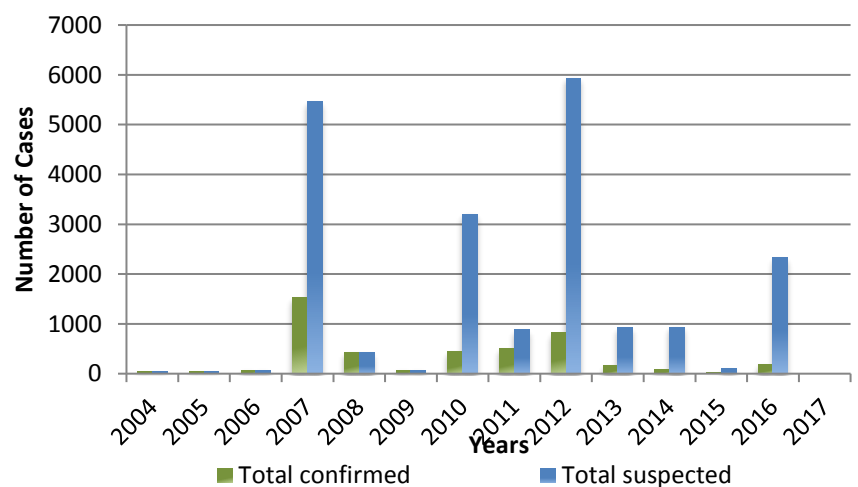
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2017		2016 YTD
		EW 3	YTD	
Total Suspected Dengue Cases		1	4	31
Lab Confirmed Dengue cases		0	0	10
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 3

Jan. 15-21, 2017

Epidemiology Week 3

## Weekly Breakdown of Gastroenteritis cases

Year	EW 3			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	290	262	552	697	772	1,469
2016	199	220	419	465	613	1,078

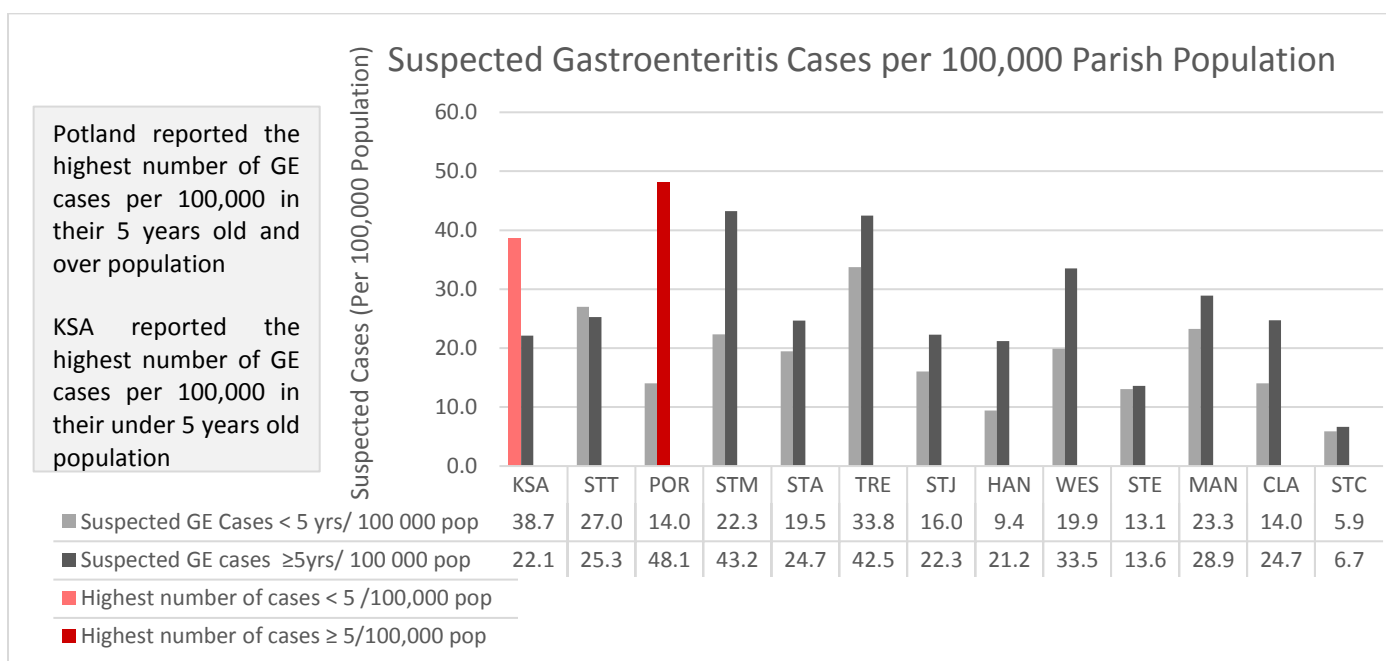
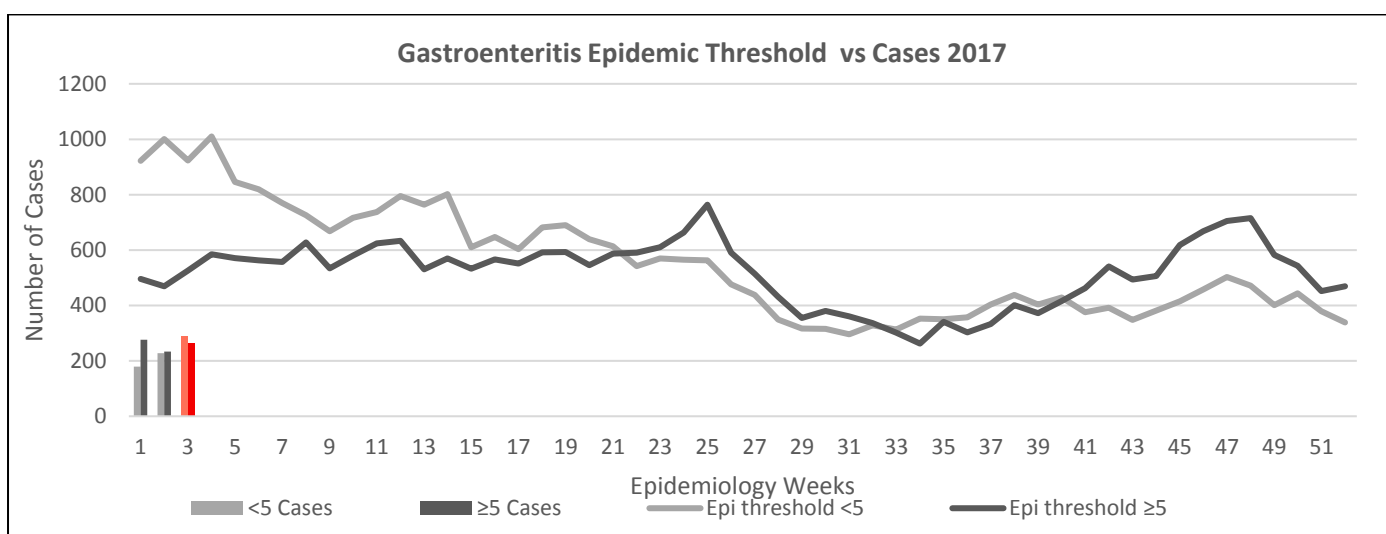
### Gastroenteritis:

In Epidemiology Week 3, 2017, the total number of reported GE cases showed a 17.31% increase compared to EW 3 of the previous year.

The year to date figure showed an 7.2% increase in cases for the period.



**Figure 1: Total Gastroenteritis Cases Reported 2016-2017**



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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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