Week ending July 30, 2016

Epidemiology Week 30

WEEKLY EPIDEMIOLOGY BULLETIN
NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight
INTERNATIONAL YOUTH DAY

THEME: The Road to 2030: Eradicating Poverty and Achieving Sustainable Consumption and Production

This year's Day is about achieving the **2030 Agenda for Sustainable Development.**

It focuses on the leading role of young people in ensuring poverty eradication and achieving sustainable development through sustainable consumption and production.

Sustainable Consumption is the use of products and services that meet our daily and basic needs while safeguarding the needs of future generations. The development and promotion of individual choices and actions that increase the eco-efficiency of consumption of all and minimize waste and pollution is critical to achieving equitable socioeconomic development.

Yet, many young men and women face barriers to certain green consumption choices. Those barriers to sustainable consumption choices include the high prices of goods and services and a lack of information about the available choices.

Source: https://www.un.org/development/desa/dspd/2016/07/19/international-youth-day-12-august-2016/

EPI WEEK 30

NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

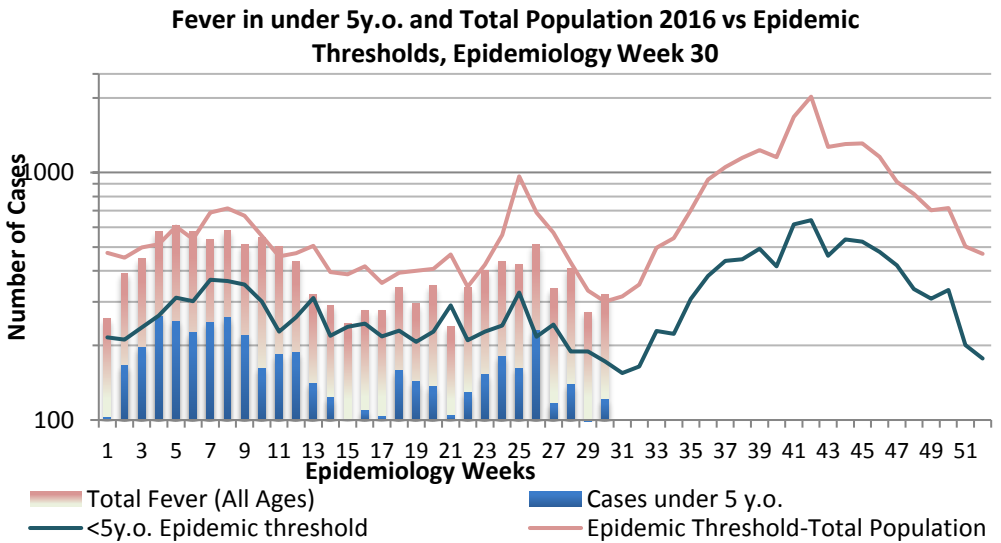HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated
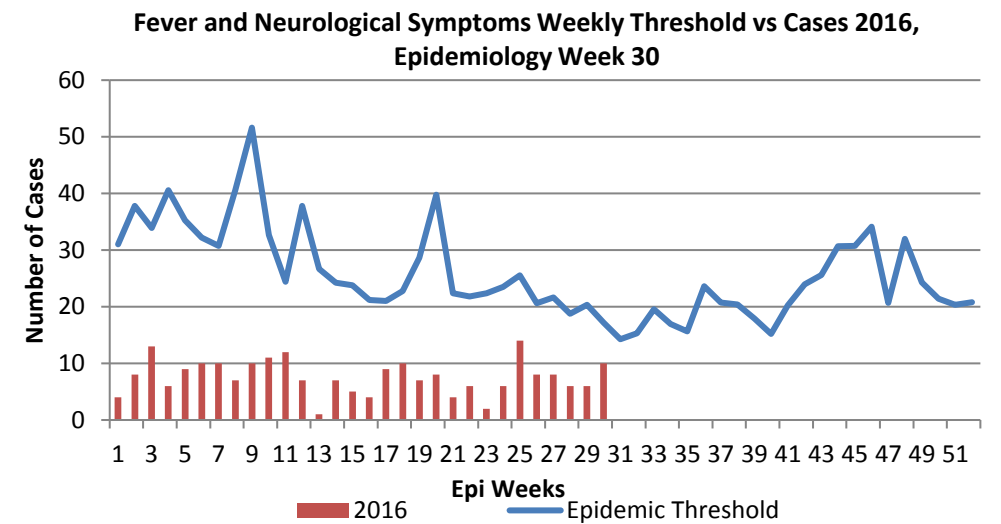
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

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

Fever in under 5y.o. and Total Population 2016 vs Epidemic Thresholds, Epidemiology Week 30

- Total Fever (All Ages)
- Cases under 5 y.o.
- <5y.o. Epidemic threshold
- Epidemic Threshold-Total Population

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 Neurological Symptoms Weekly Threshold vs Cases 2016, Epidemiology Week 30

- 2016
- Epidemic Threshold

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.
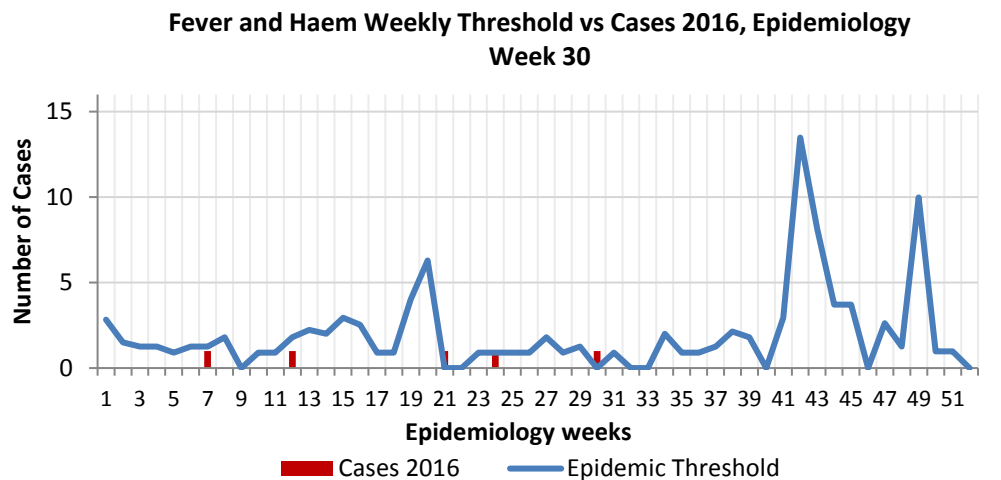
Fever and Haem Weekly Threshold vs Cases 2016, Epidemiology Week 30

- Cases 2016
- Epidemic Threshold

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

Fever and Jaundice Weekly Threshold vs Cases 2016, Epidemiology Week 30
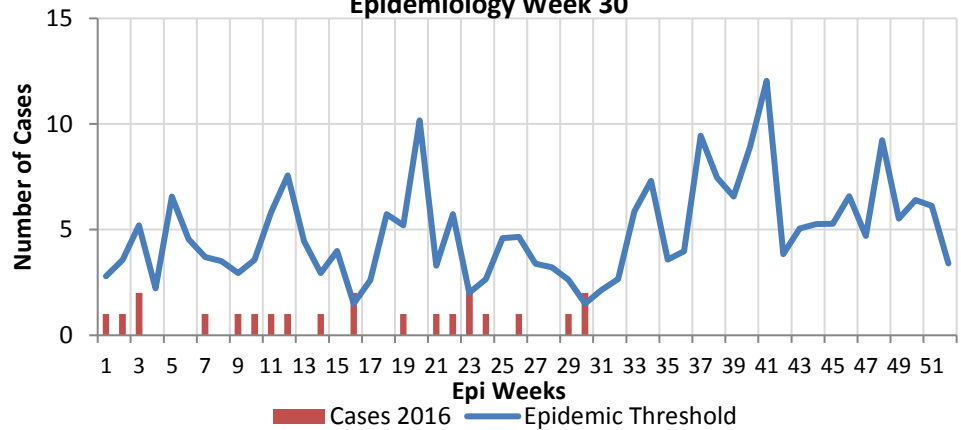
ACCIDENTS
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

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
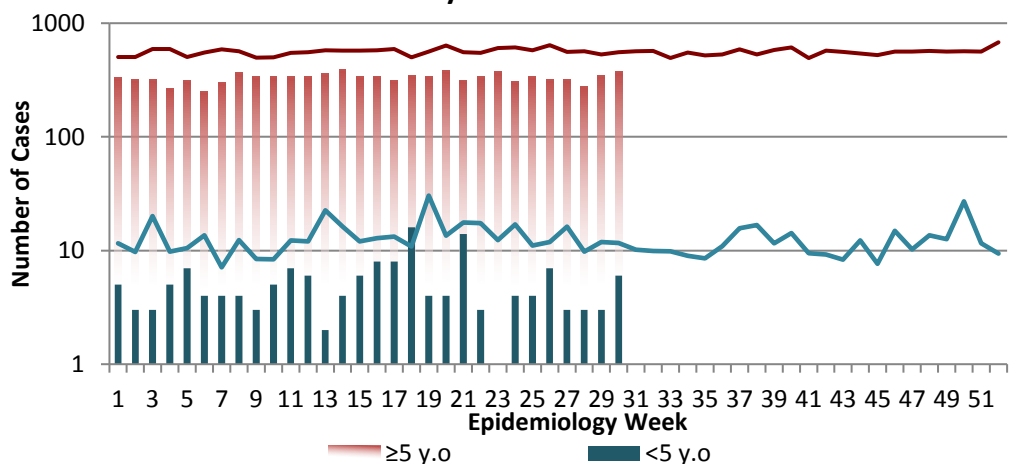
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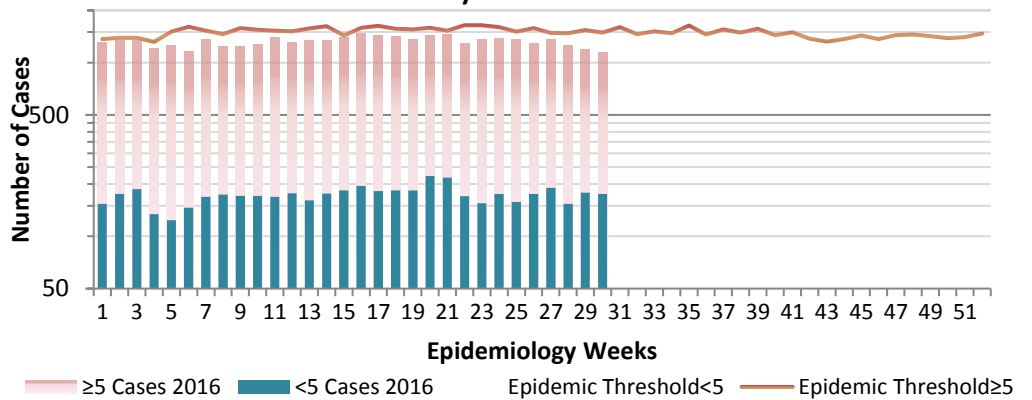
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— CLASS ONE NOTIFIABLE EVENTS Comments

	CLASS 1 EVENTS	CONFIRMED YTD	
		CURRENT YEAR	PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	43	105
	Cholera	0	0
	Dengue Hemorrhagic Fever[1]	2	0
	Hansen's Disease (Leprosy)	1	0
	Hepatitis B	19	26
	Hepatitis C	4	4
	HIV/AIDS - See HIV/AIDS National Programme Report		
	Malaria (Imported)	1	0
	Meningitis	13	62
EXOTIC/ UNUSUAL	Plague	0	0
HIGH MORBIDIT/ MORTALIY	Meningococcal Meningitis	0	0
	Neonatal Tetanus	0	0
	Typhoid Fever	1	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	17	2
	Fever and Rash — Rubella	0	0
	Maternal Deaths[2]	23	24
	Ophthalmia Neonatorum	266	187
	Pertussis-like syndrome	0	0
	Rheumatic Fever	1	9
	Tetanus	0	1
	Tuberculosis	0	0
	Yellow Fever	0	0
	Chikungunya	0	1
	Zika Virus	55	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.

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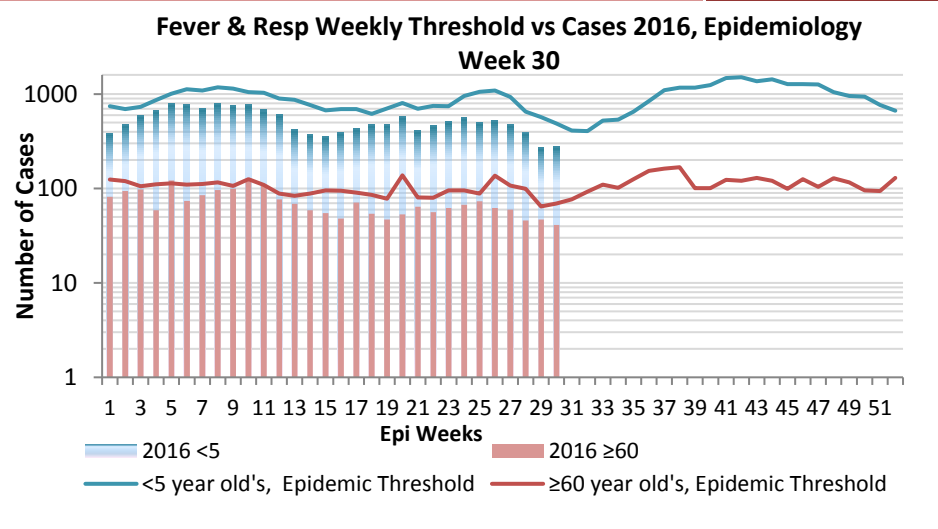*Incidence/Prevalence cannot be calculated

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

## *EW 30*

July 14-30, 2016   Epidemiology Week 30

June 2016		
	EW 30	*YTD*
SARI cases	*10*	*743*
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 30

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.
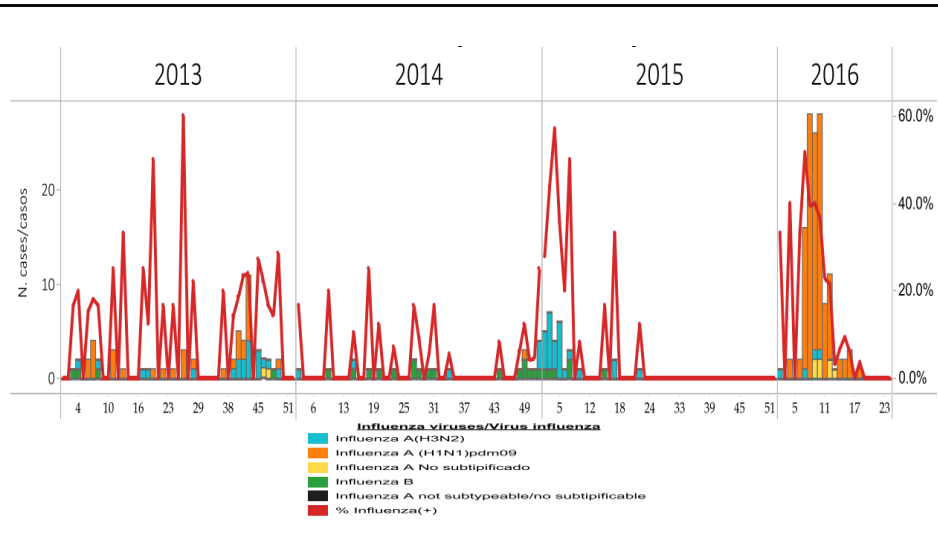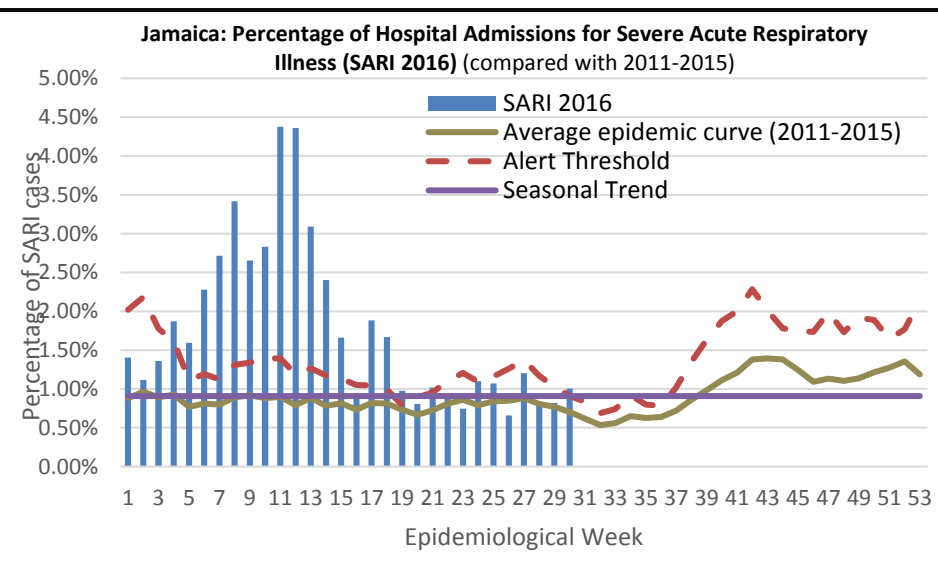

INDICATORS

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.

Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2016) (compared with 2011-2015)

*Additional data needed to calculate Epidemic Threshold

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Dengue Bulletin

July 24-30, 2016   Epidemiology Week 30

2016 Cases vs. Epidemic Threshold
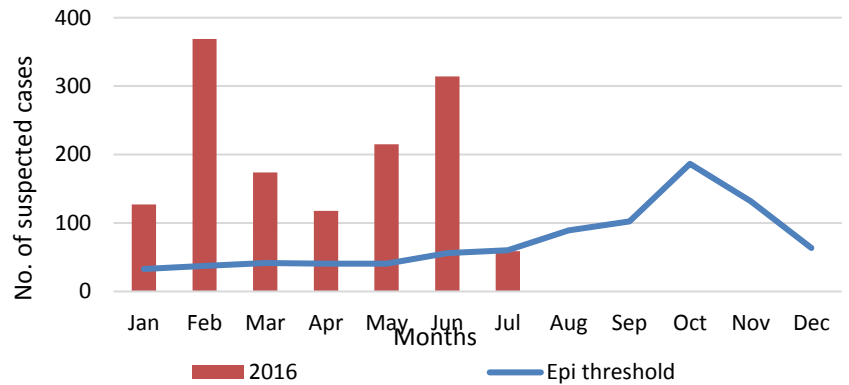
DISTRIBUTION

Year-to-Date Suspected Dengue Fever

|	M	F	Un-kwn	Total	%
<1	4	10	0	14	1
1-4	21	24	0	45	5
5-14	108	119	2	229	19
15-24	87	154	4	245	20
25-44	132	314	5	451	29
45-64	53	154	2	209	10
≥65	8	17	0	25	2
Unknown	43	76	10	136	14
TOTAL	456	868	30	1354	**100**

Suspected Dengue Fever Cases per 100,000 Parish Population
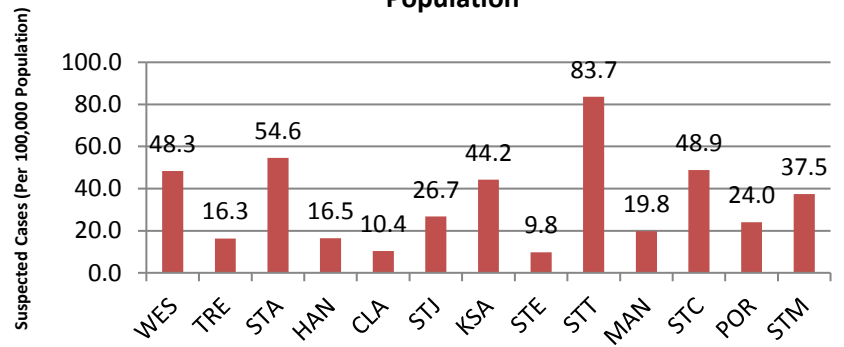
Weekly Breakdown of suspected and confirmed cases of DF,DHF,DSS,DRD

		2016		2015 YTD
		EW 30	YTD	
Total Suspected Dengue Cases		12	1354	30
Lab Confirmed Dengue cases		0	102	2
CONFIRMED	DHF/DSS	0	2	0
	Dengue Related Deaths	0	0	0

Dengue Cases by Year: 2004-2016, Jamaica
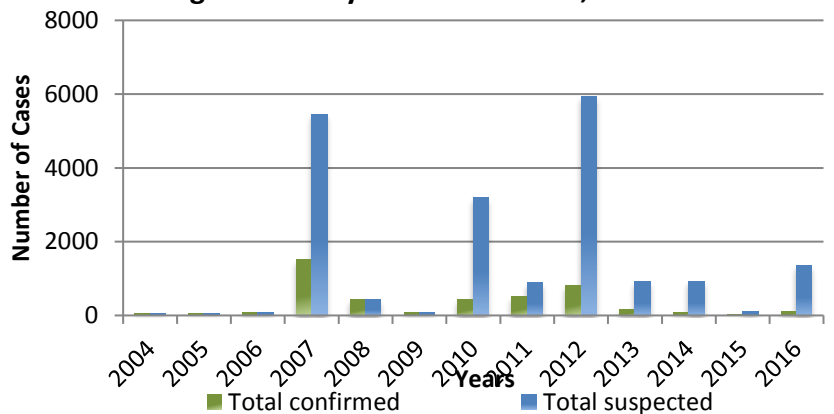
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Gastroenteritis Bulletin

EW 30

July 24-30, 2016   Epidemiology Week 30
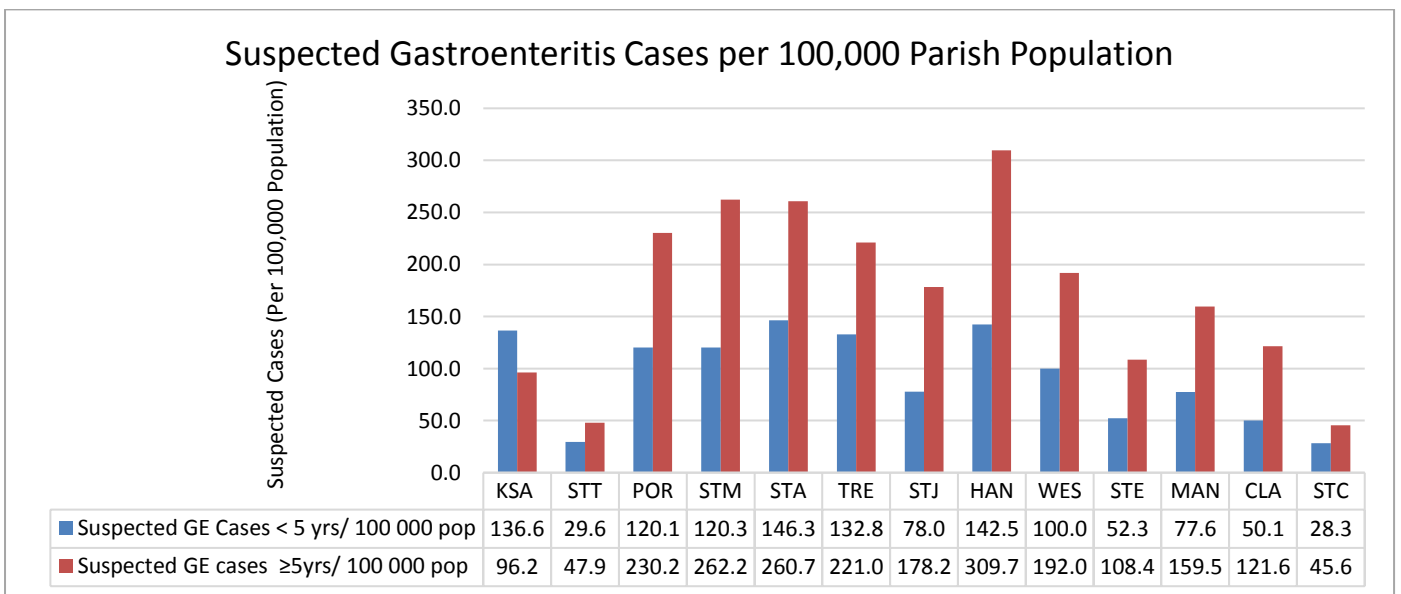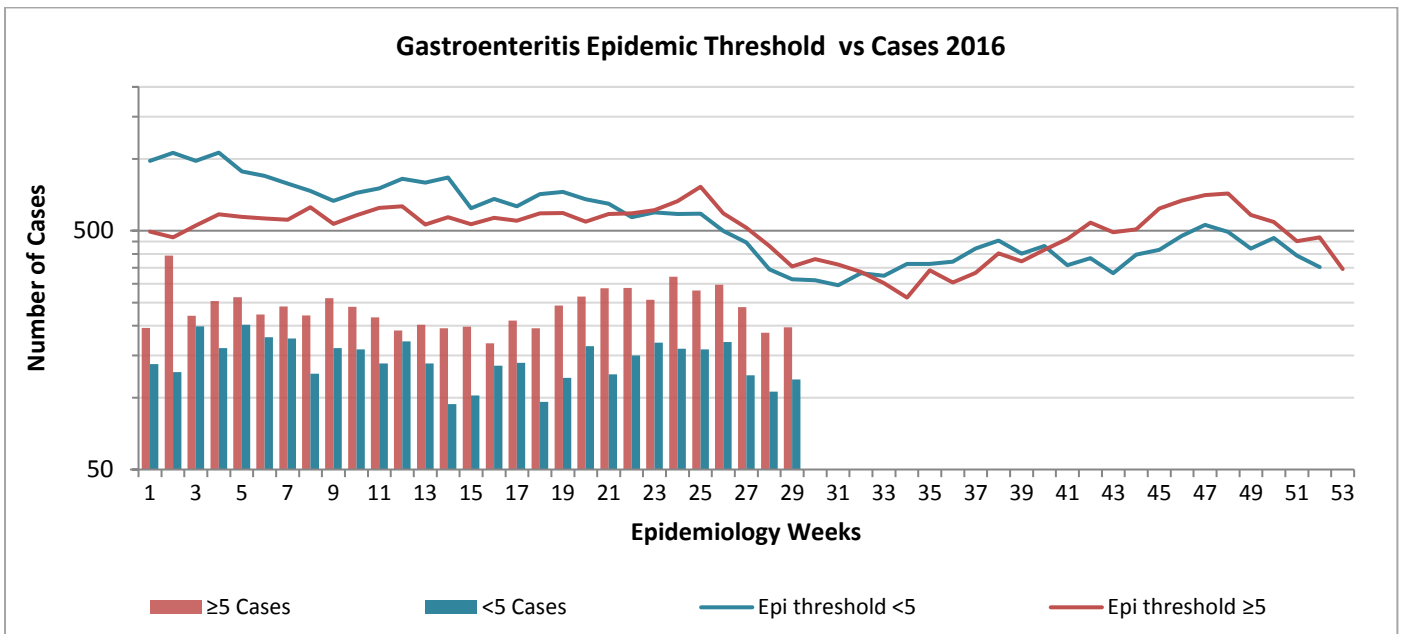
Weekly Breakdown of Gastroenteritis cases

Year	EW 28			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	94	201	295	4,311	6,956	11,267
2015	130	147	277	7,269	7,440	14,709

Gastroenteritis:
In Epidemiology Week 30, 2016, the total number of reported GE cases showed a 1.06% increase compared to EW 30 of the previous year.
The year to date figure showed a 7% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2015-2016

Gastroenteritis Epidemic Threshold vs Cases 2016

Legend: ≥5 Cases   <5 Cases   Epi threshold <5   Epi threshold ≥5

Suspected Gastroenteritis Cases per 100,000 Parish Population

	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
Suspected GE Cases < 5 yrs/ 100 000 pop	136.6	29.6	120.1	120.3	146.3	132.8	78.0	142.5	100.0	52.3	77.6	50.1	28.3
Suspected GE cases ≥5yrs/ 100 000 pop	96.2	47.9	230.2	262.2	260.7	221.0	178.2	309.7	192.0	108.4	159.5	121.6	45.6

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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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