

Week ending August 6, 2016

Epidemiology Week 30

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

WORLD SUICIDE PREVENTION DAY

THEME: Connect, communicate, care



The World Health Organization estimates that over 800,000 people die by suicide each year – that's one person every 40 seconds. Up to 25 times as many again make a suicide attempt. The tragic ripple effect means that there are many, many more people who have been bereaved by suicide or have been close to someone who has tried to take his or her own life. And this is happening in spite of the fact that suicide is preventable.

CONNECT Fostering connections with those who have lost a loved one to suicide or have been suicidal



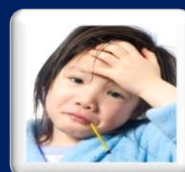
themselves is crucial to furthering suicide prevention efforts. Of course, these connections should be two-way.

COMMUNICATE Equipping people to communicate effectively with those who might be vulnerable to suicide is an important part of any suicide prevention strategy.

CARE All the connecting and communicating in the world will have no effect without the final ingredient – care. We need to make sure that policy-makers and planners care enough about suicide prevention to make it a priority, and to fund it at a level that is commensurate with its significance as a public health problem. Connect. Communicate. Care.

Source: www.iasp.info/wspd/pdf/2016/2016_wspd_brochure.pdf

EPI WEEK 31



SYNDROMES

PAGE 2



CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



GASTROENTERITIS

PAGE 7



RESEARCH PAPER

PAGE 8



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

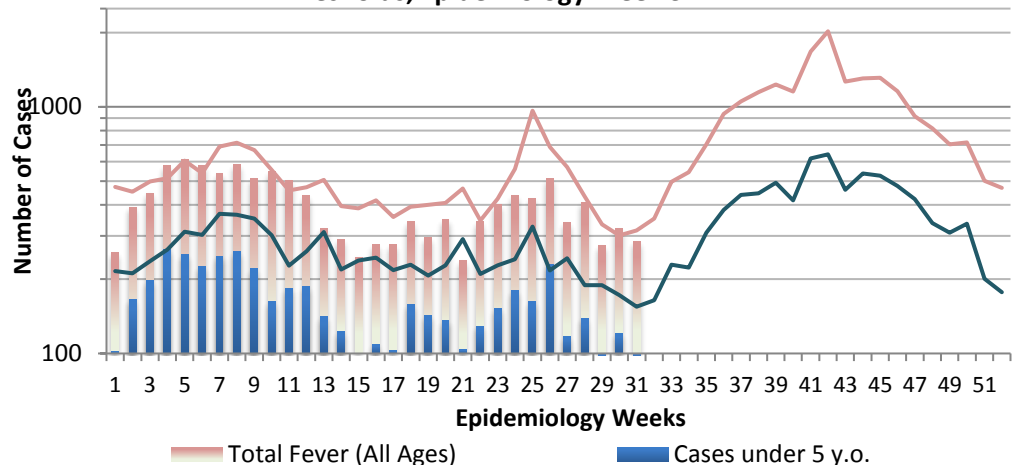
REPORTS FOR SYNDROMIC SURVEILLANCE

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 31

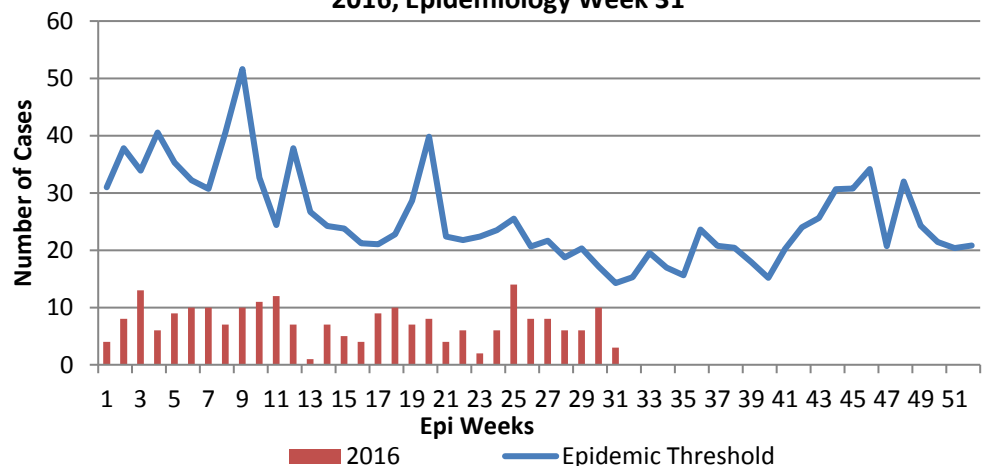


FEVER AND NEUROLOGICAL

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 31

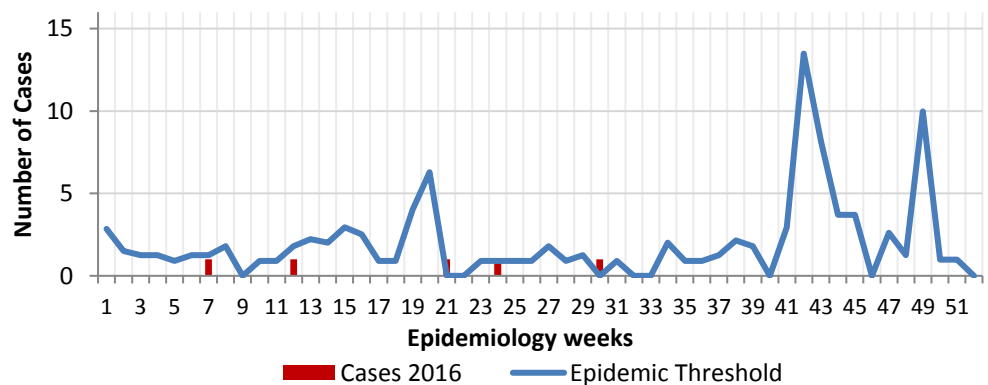


FEVER AND HAEMORRHAGIC

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 31



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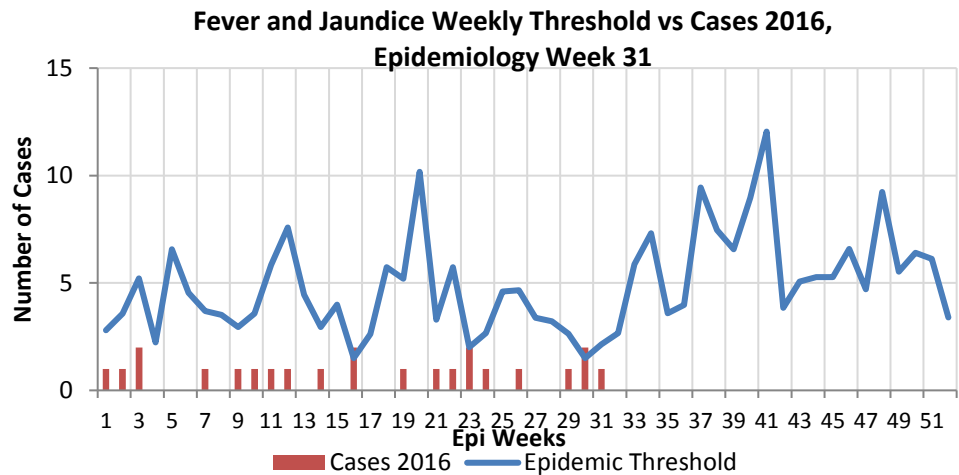


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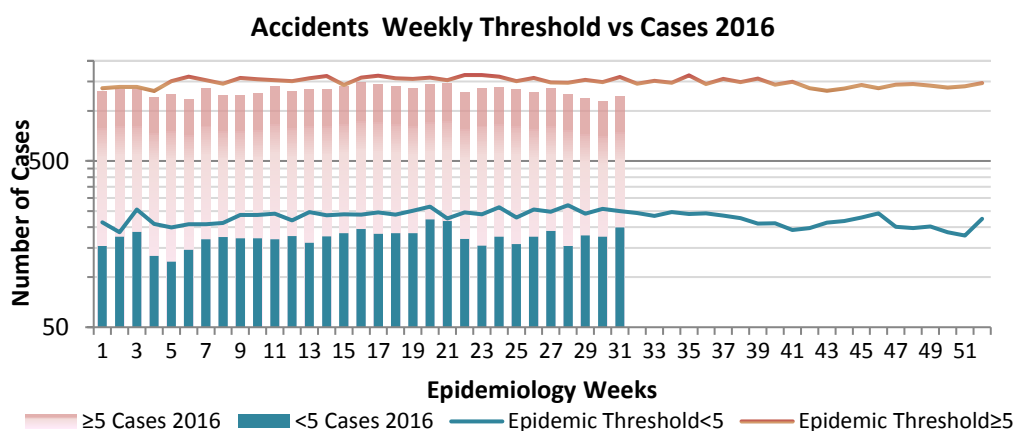
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FEVER AND JAUNDICE

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

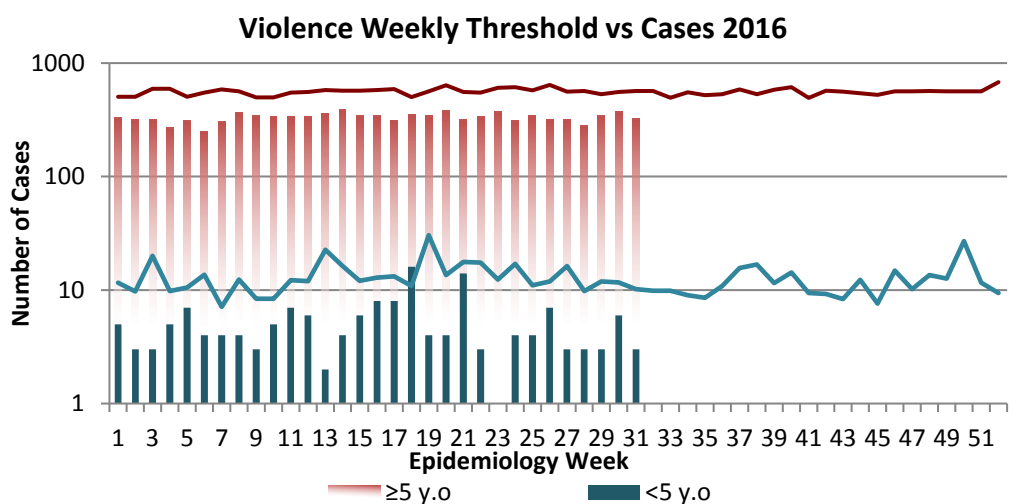
**ACCIDENTS**

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

**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****Comments**

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	CONFIRMED YTD		
	CLASS 1 EVENTS	CURRENT YEAR	PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	43	108
	Cholera	0	0
	Dengue Hemorrhagic Fever ¹	2	0
	Hansen's Disease (Leprosy)	1	0
	Hepatitis B	22	27
	Hepatitis C	4	4
	HIV/AIDS - See HIV/AIDS National Programme Report		
	Malaria (Imported)	1	0
	Meningitis	14	62
EXOTIC/ UNUSUAL	Plague	0	0
HIGH MORBIDITY/ MORTALITY	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
		Rubella	0
	Maternal Deaths ²	23	24
	Ophthalmia Neonatorum	268	191
	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

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.



NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 31



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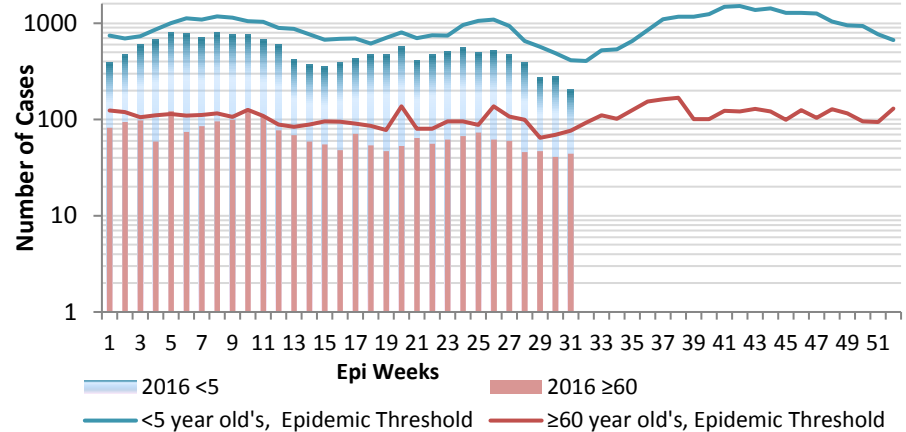
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July 31 – August 6, 2016

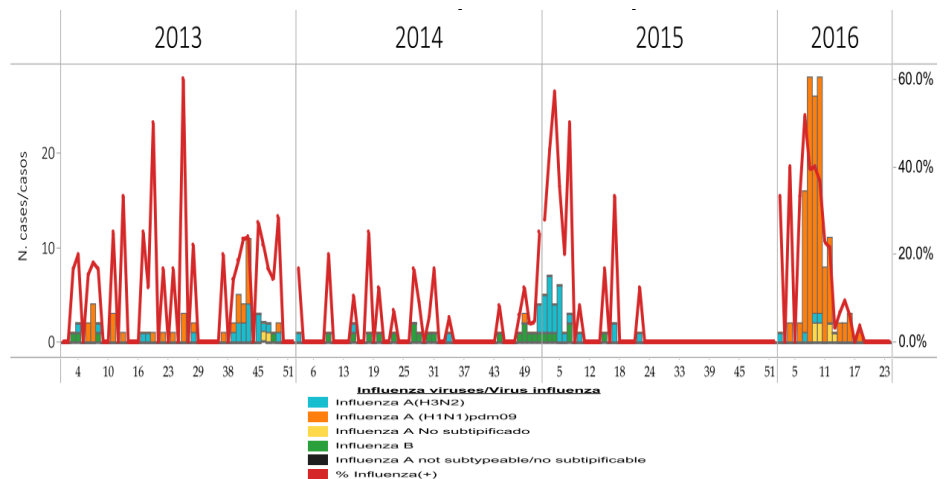
Epidemiology Week 31

June 2016		
	EW 31	YTD
SARI cases	6	749
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 31

**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.

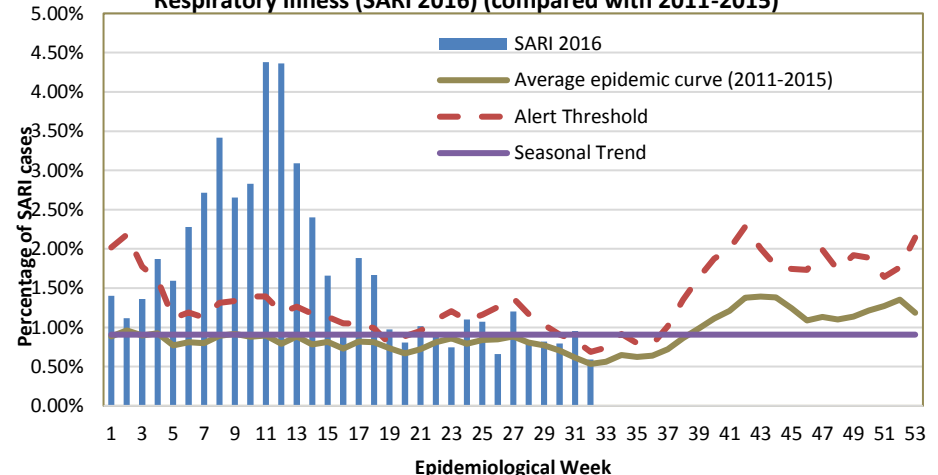
Incidence

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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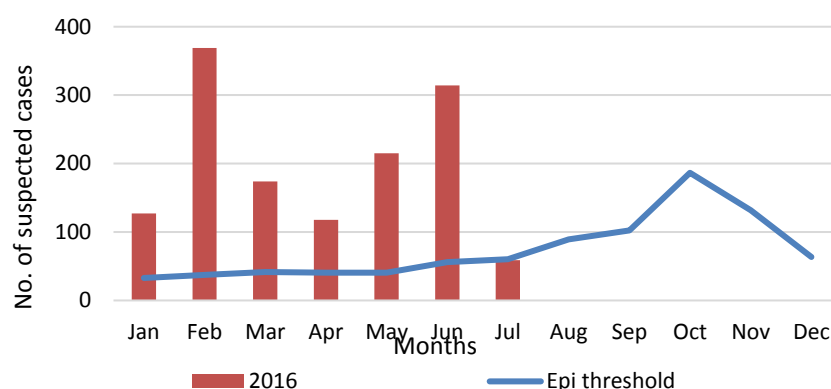
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Dengue Bulletin

July 31 – August 6, 2016

Epidemiology Week 31

2016 Cases vs. Epidemic Threshold

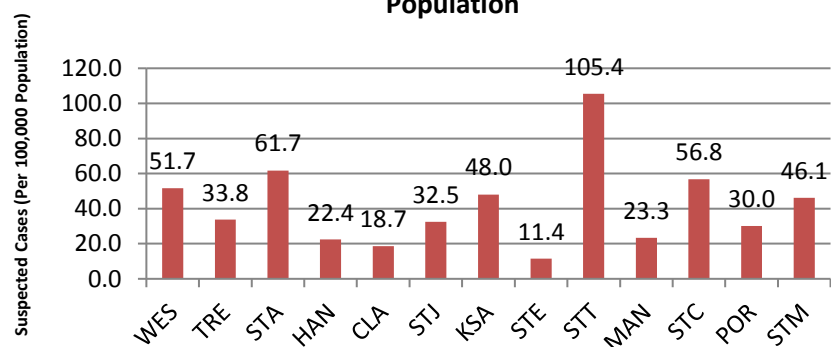


DISTRIBUTION

Year-to-Date Suspected Dengue Fever

	M	F	Un-kwn	Total	%
<1	4	10	0	14	1
1-4	24	25	0	45	5
5-14	126	135	3	229	19
15-24	101	180	4	245	20
25-44	151	373	6	451	29
45-64	62	184	2	209	10
≥65	9	18	0	25	2
Unknown	48	89	16	136	14
TOTAL	525	1014	31	1570	100

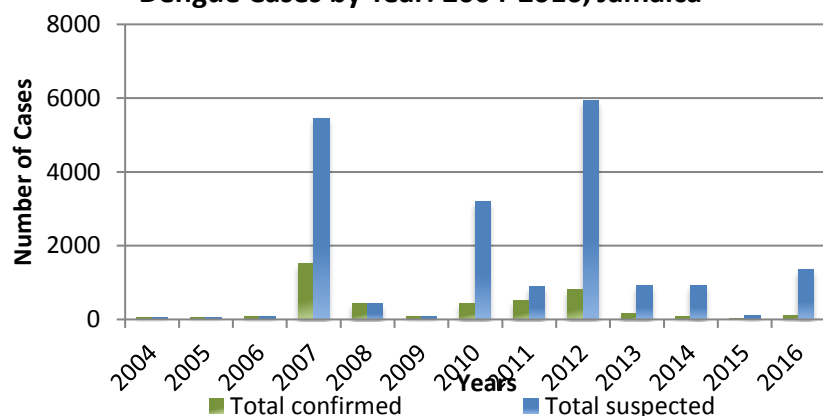
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2016		2015 YTD
		EW 31	YTD	
Total Suspected Dengue Cases		8	1570	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 31

July 31 – August 6, 2016

Epidemiology Week 30

Weekly Breakdown of Gastroenteritis cases

Year	EW 31			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	98	194	292	4,409	7,150	11,559
2015	146	139	285	7,415	7,579	14,994

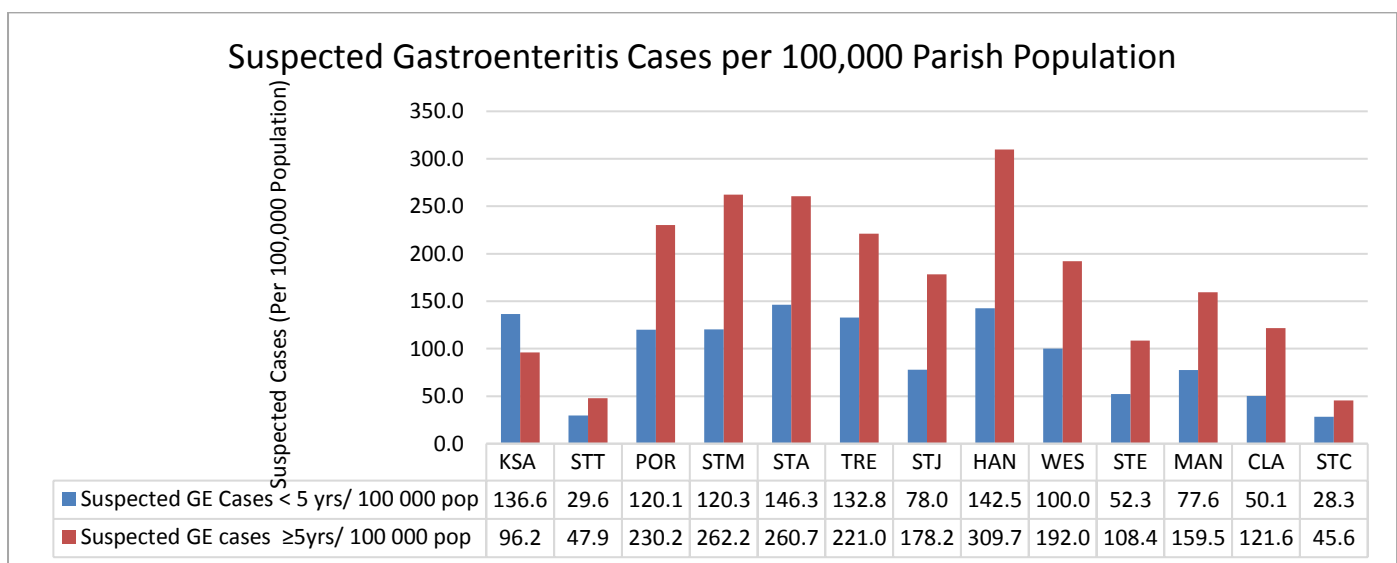
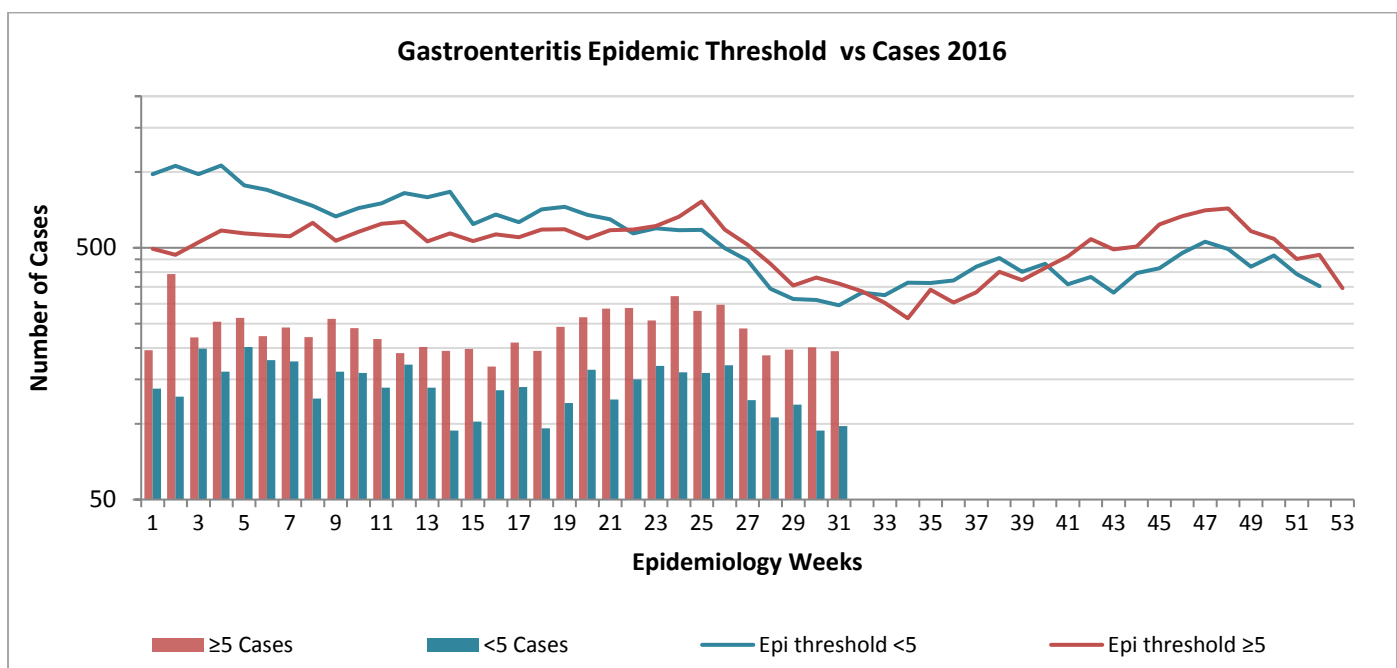
Gastroenteritis:

In Epidemiology Week 31, 2016, the total number of reported GE cases showed a 6% increase compared to EW 31 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



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RESEARCH PAPER

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