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Week ending August 20, 2016 Epidemiology Week 33

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Caribbean Wellness Day Sept. 10, 2016

Theme for this year is Healthy Children in Healthy Environments.

Caribbean Wellness Day was created to highlight, strengthen or initiate sustainable population based healthy lifestyle initiatives and the partnerships that will make them possible.

Caribbean Wellness Day (CWD) is an annual event which provides an opportunity to increase the awareness of the non-communicable diseases (NCDs) burden in the Caribbean; mobilize and strengthen public, private, and civil society partnerships for NCDs; promote multi country, multispectral activities in support of wellness; and showcase national and community level activities to promote healthy living and encourage residents to develop good health practices.

As proposed, this year the focus for Caribbean Wellness Day is on **Children** with the supporting theme "**Healthy Children in Healthy Environments**."

It is hoped that this would be another year of success for CWD, as we continue to work in preventing disease, promoting and protecting the health of all Caribbean people.

Persons are being encouraged to participate in the various health-related activities, which are free, from 11a.m to 5p.m. The activities will include a kiddies' village, a special cook off competition, health checks, and live performances.

Source:http://carpha.org/Media-Centre/Caribbean-Wellness-Day

EPI WEEK 33


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INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

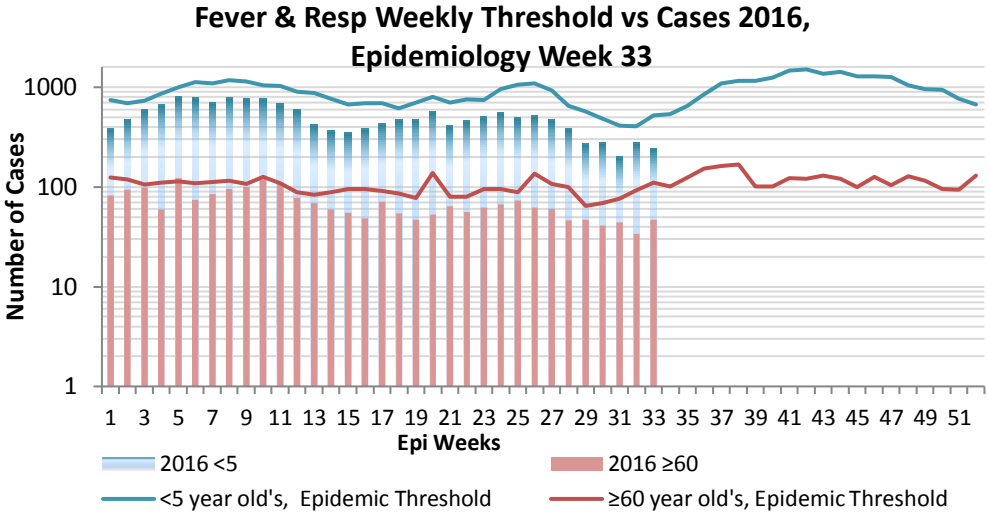
HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

SENTINEL REPORT- 79 sites*. Automatic reporting

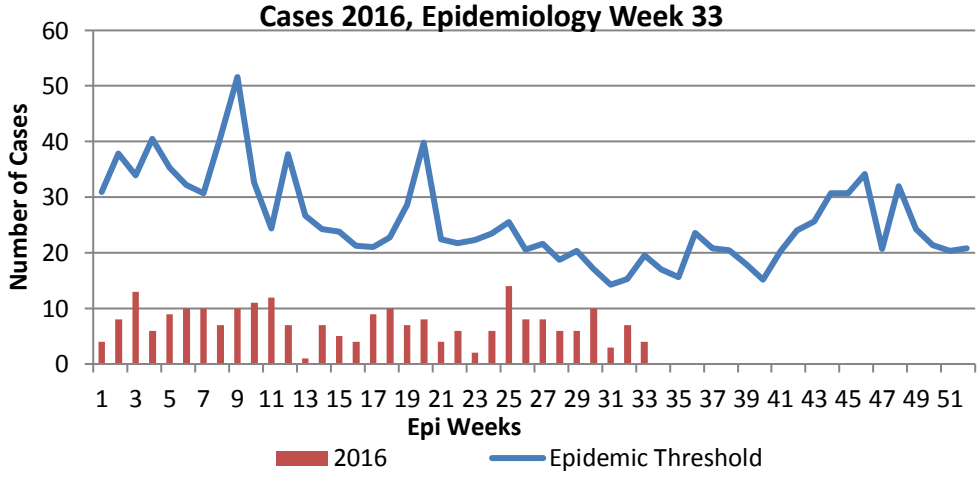
*Incidence/Prevalence cannot be calculated

REPORTS FOR SYNDROMIC SURVEILLANCE

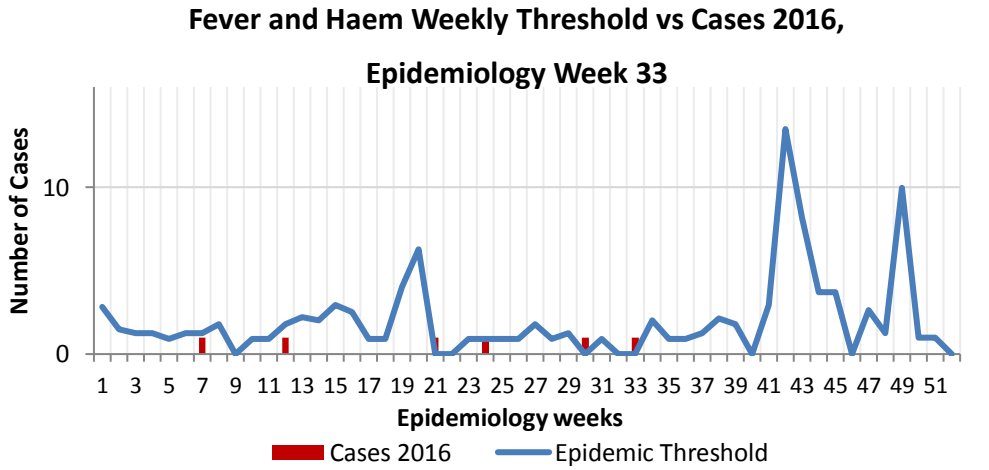
FEVER
Temperature of >38^0C /100.4^0F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



FEVER 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 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.



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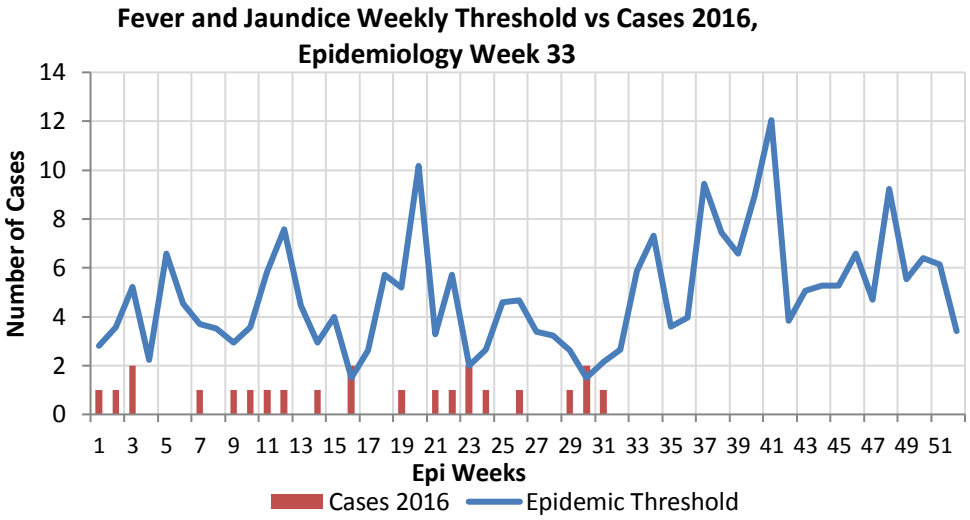
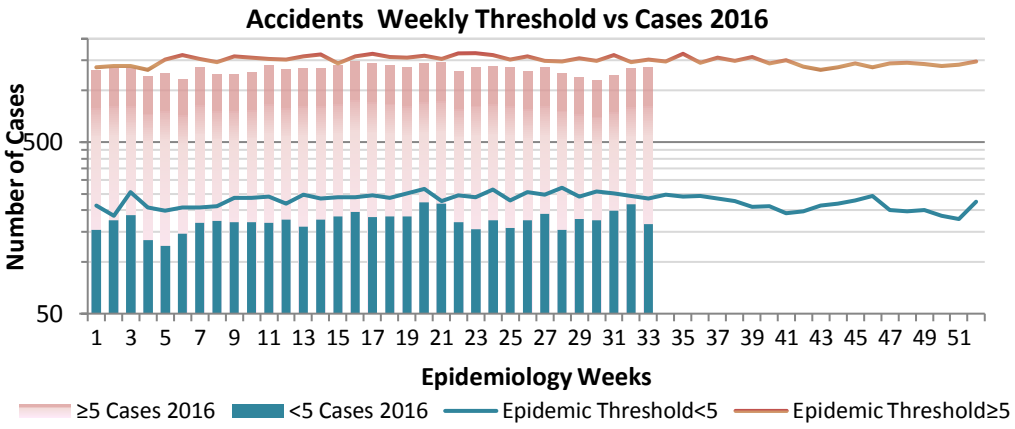
FEVER AND JAUNDICE

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



ACCIDENTS

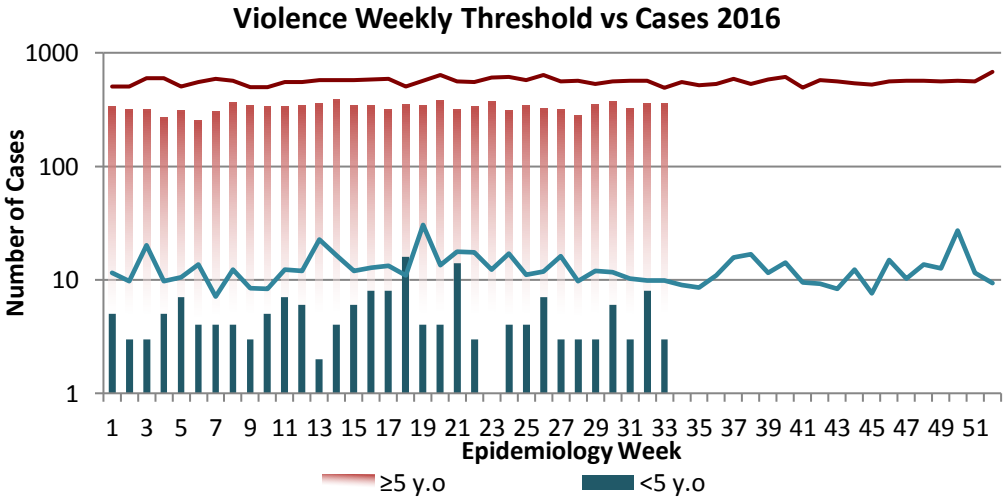
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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.



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS		CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		46	114
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		2	0
	Hansen's Disease (Leprosy)		1	0
	Hepatitis B		23	27
	Hepatitis C		4	4
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		1	0
	Meningitis		25	63
EXOTIC/ UNUSUAL	Plague		0	0
H IGH 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
		Rubella	0	0
	Maternal Deaths[2]		23	24
	Ophthalmia Neonatorum		278	202
	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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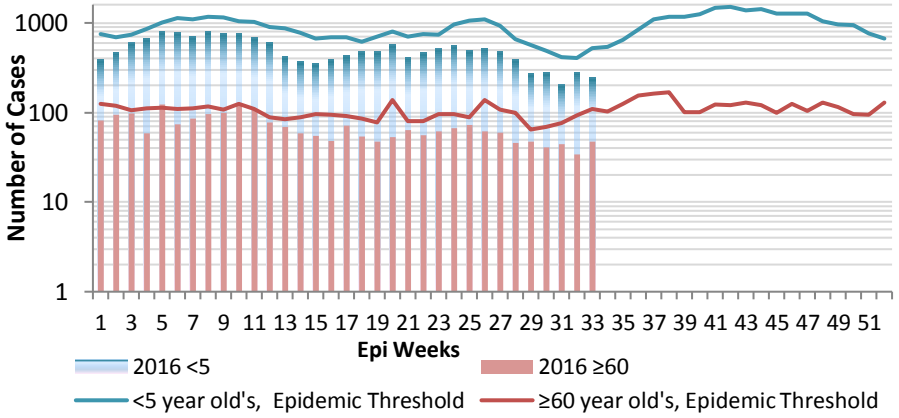
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 33

August 14 – August 20, 2016 Epidemiology Week 33

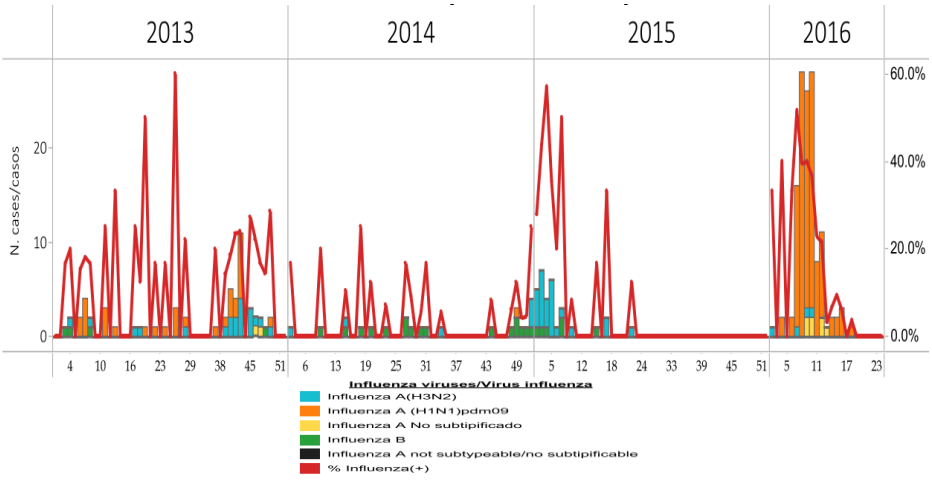
June 2016	EW 33	YTD
SARI cases	14	763
Total Influenza positive Samples	**0**	**114**
Influenza A	**0**	**113**
H3N2	0	1
H1N1pdm09	0	80
Not subtyped	0	32
Influenza B	0	**0**
Other	0	**1**

Fever & Resp Weekly Threshold vs Cases 2016, Epidemiology Week 33



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.

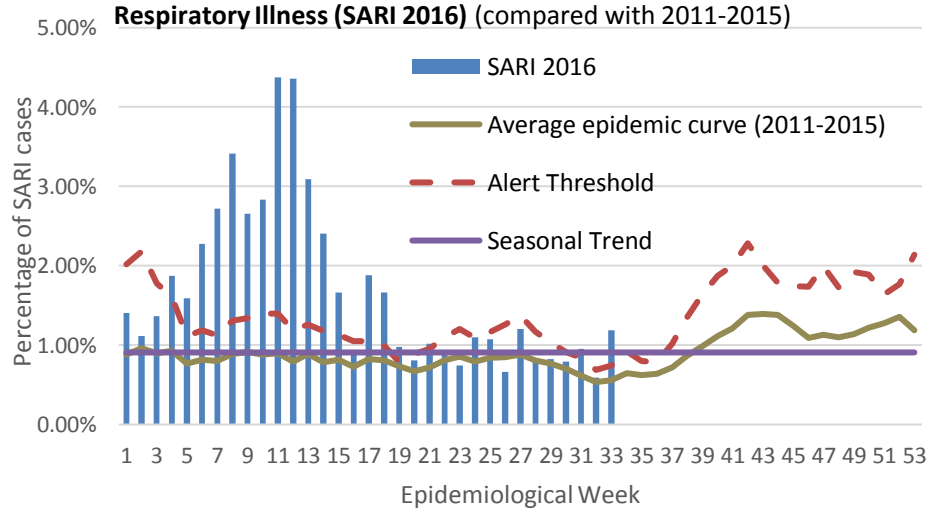
Incidence

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

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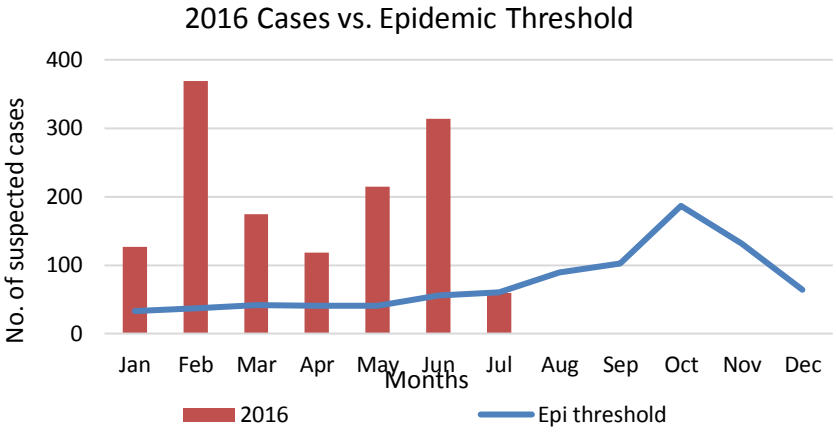
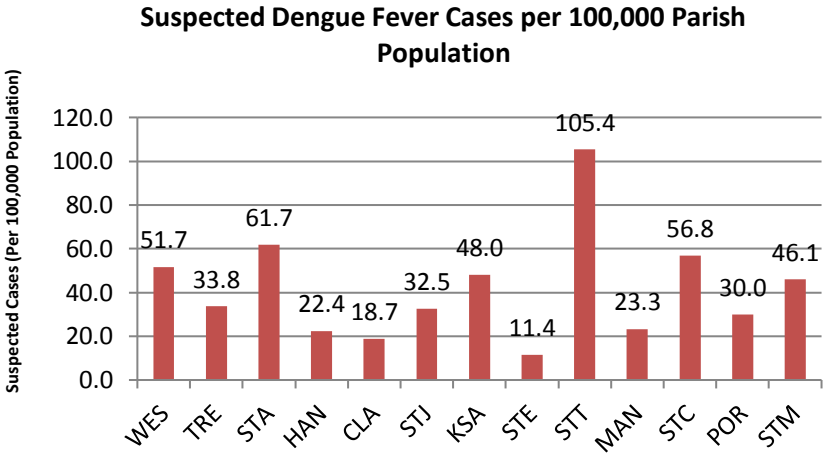


DISTRIBUTION

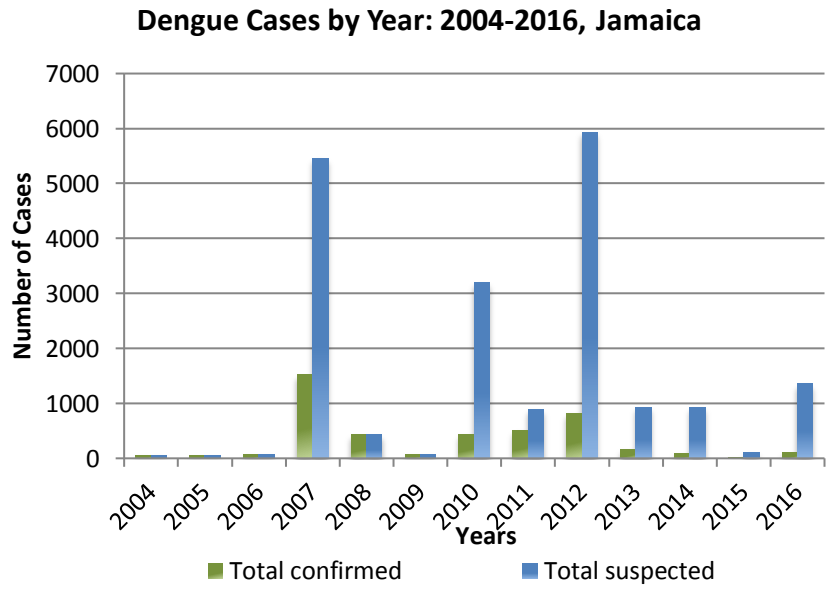
Year-to-Date Suspected Dengue Fever

	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**



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

		2016 EW 33	2016 YTD	2015 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



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Gastroenteritis Bulletin

EW 33

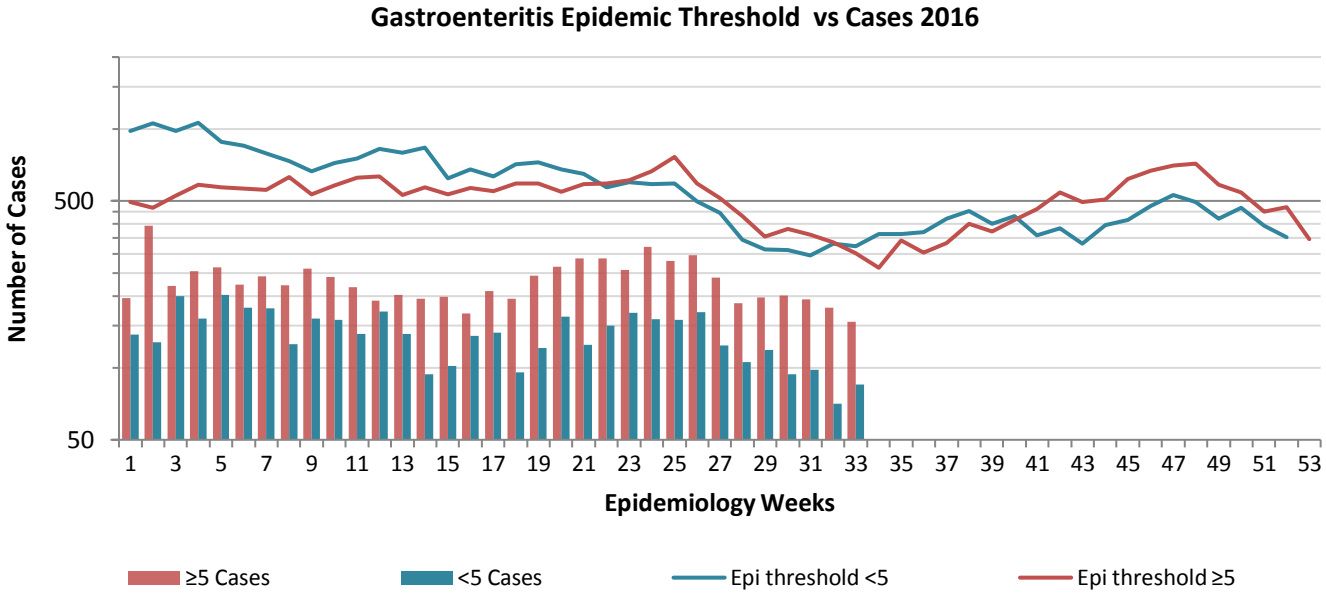
August 14 – August 20, 2016 Epidemiology Week 33

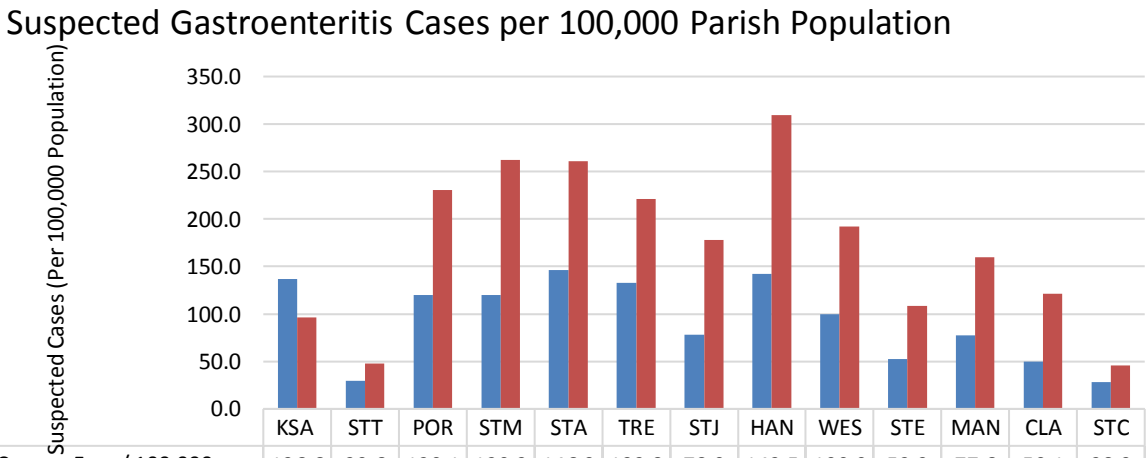
Weekly Breakdown of Gastroenteritis cases

Year	EW 33			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	85	156	241	4,565	7,485	12,050
2015	125	153	278	7,678	7,908	15,586

Gastroenteritis:
In Epidemiology Week 33, 2016, the total number of reported GE cases showed a 1.9% decrease compared to EW 33 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





	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 Description of Registered Nurses' Documentation Practices and their Experiences with Documentation in a Jamaican Hospital

C Blake-Mowatt, JLM Lindo, S Stanley, J Bennett
The UWI School of Nursing, Mona, The University of the West Indies, Mona, Kingston 7, Jamaica

Objective: To determine the level of documentation that exists among registered nurses employed at a Type A Hospital in Western Jamaica.

Method: Using an audit tool developed at the University Hospital of the West Indies, 79 patient dockets from three medical wards were audited to determine the level of registered nurses' documentation at the hospital. Data were analyzed using the SPSS® version 17 for Windows®. Qualitative data regarding the nurses' experience with documentation at the institution were gathered from focus group discussions including 12 nurses assigned to the audited wards.

Results: Almost all the dockets audited (98%) revealed that nurses followed documentation guidelines for admission, recording patients' past complaints, medical history and assessment data. Most of the dockets (96.7%) audited had authorized abbreviations only. Similarly, 98% of the nurses' notes reflected clear documentation for nursing actions taken after identification of a problem and a summary of the patients' condition at the end of the shift. Only 25.6% of the dockets had nursing diagnosis which corresponded to the current medical diagnosis and less than a half (48.3%) had documented evidence of discharge planning. Most of the nurses' notes (86.7%) had no evidence of patient teaching. The main reported factors affecting documentation practices were workload and staff/patient ratios. Participants believed that nursing documentation could be improved with better staffing, improved peer guidance and continuing education.

Conclusion: Generally, nurses followed the guidelines for documentation; however, elements were missing which included patient teaching and discharge planning. This was attributed to high patient load and nurse/patient ratio.

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