

Week ending October 1, 2016

Epidemiology Week 39

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight Global Handwashing Day October 15, 2016

Global Handwashing Day is a global advocacy day dedicated to increasing awareness and understanding about the importance of handwashing with soap as an effective and affordable way to prevent diseases and save lives. Global handwashing Day is an opportunity to design, test, and replicate creative ways to encourage people to wash their hands with soap at critical times.



Handwashing Saves Lives

Although people around the world clean their hands with water, very few use

soap to wash their hands because soap and water for handwashing might be less accessible in developing countries. Even when soap is available, it might be reserved primarily for laundry and bathing instead of for handwashing. Washing hands with soap removes germs much more effectively than with water alone.

Millions of children under the age of 5 years die from diarrheal diseases and pneumonia, the top two killers of young children around the world. Handwashing is not only simple and inexpensive, but also can dramatically cut the number of young children who get sick, if hands are washed with soap. Handwashing with soap could prevent about 1 out of every 3 episodes of diarrheal illnesses and almost 1 out of 6 episodes of respiratory infection like pneumonia.

Source: <http://www.cdc.gov/features/globalhandwashing/>

<http://globalhandwashing.org/global-handwashing-day/>

EPI WEEK 39



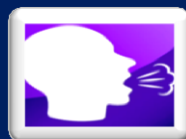
SYNDROMES

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CLASS 1 DISEASES

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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

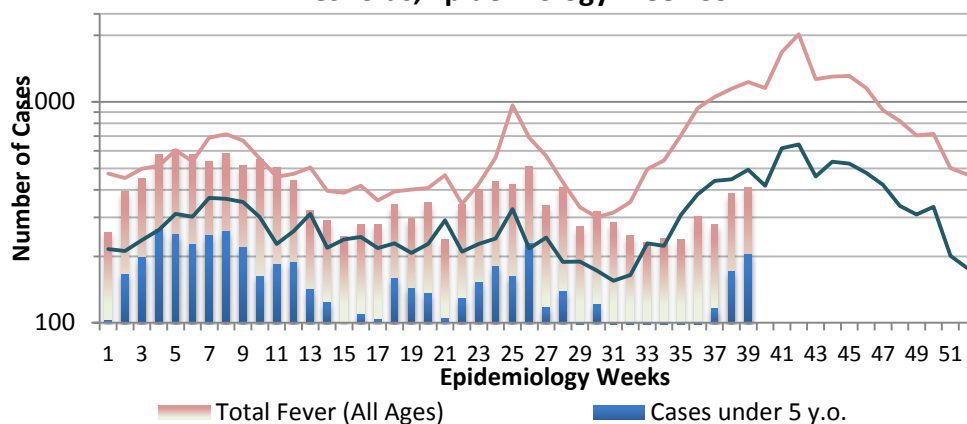
REPORTS FOR SYNDROMIC SURVEILLANCE

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 39

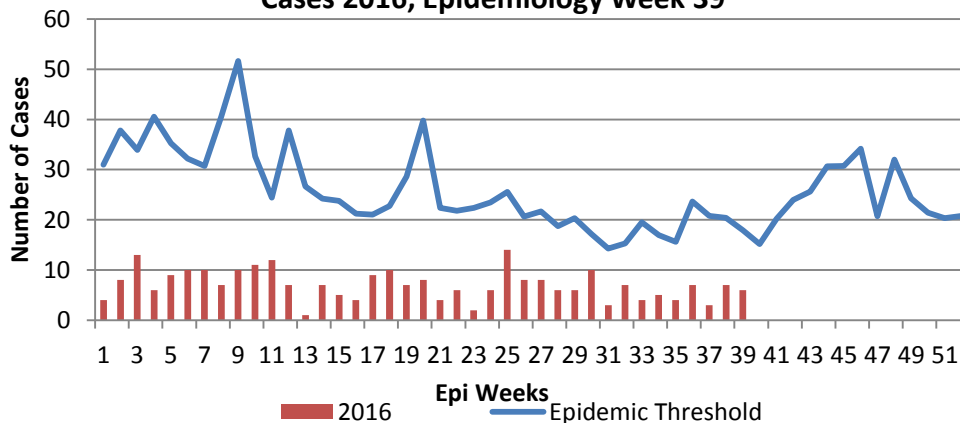


FEVER AND NEUROLOGICAL

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 39

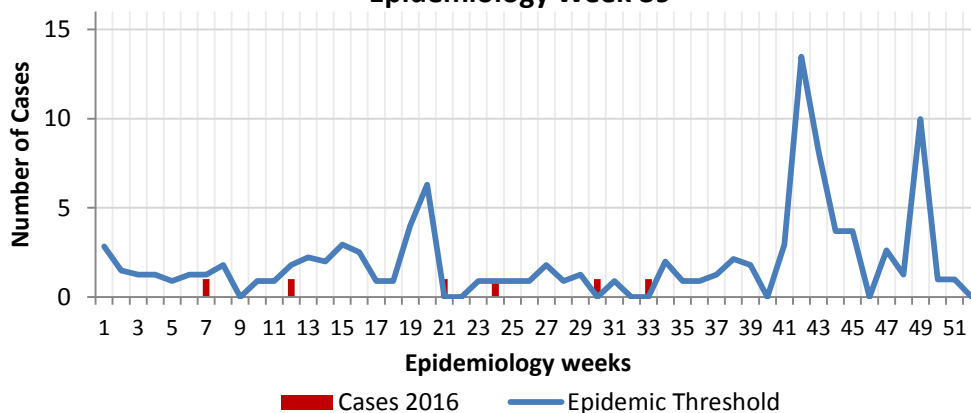


FEVER AND HAEMORRHAGIC

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 39



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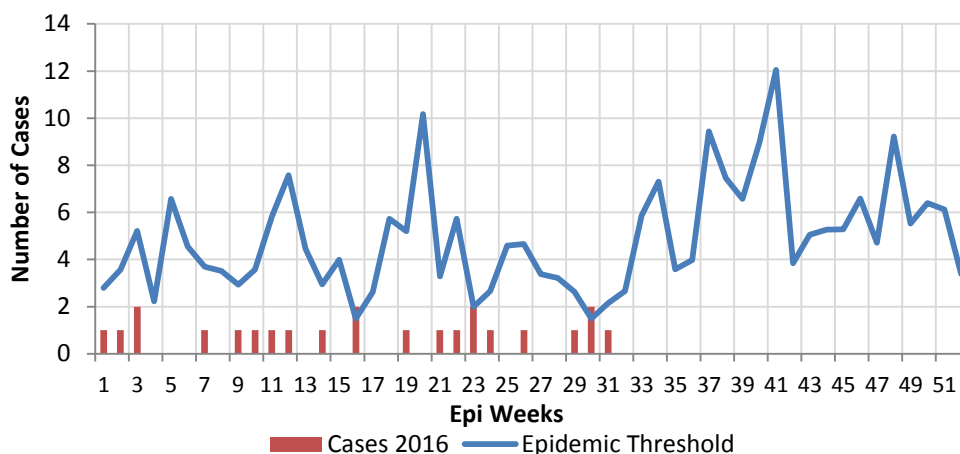
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FEVER AND JAUNDICE

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



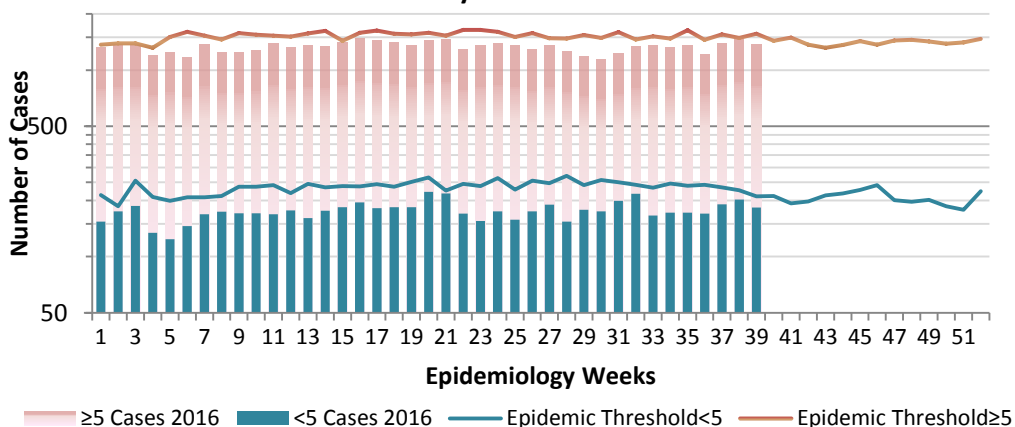
Fever and Jaundice Weekly Threshold vs Cases 2016, Epidemiology Week 39

**ACCIDENTS**

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



Accidents Weekly Threshold vs Cases 2016

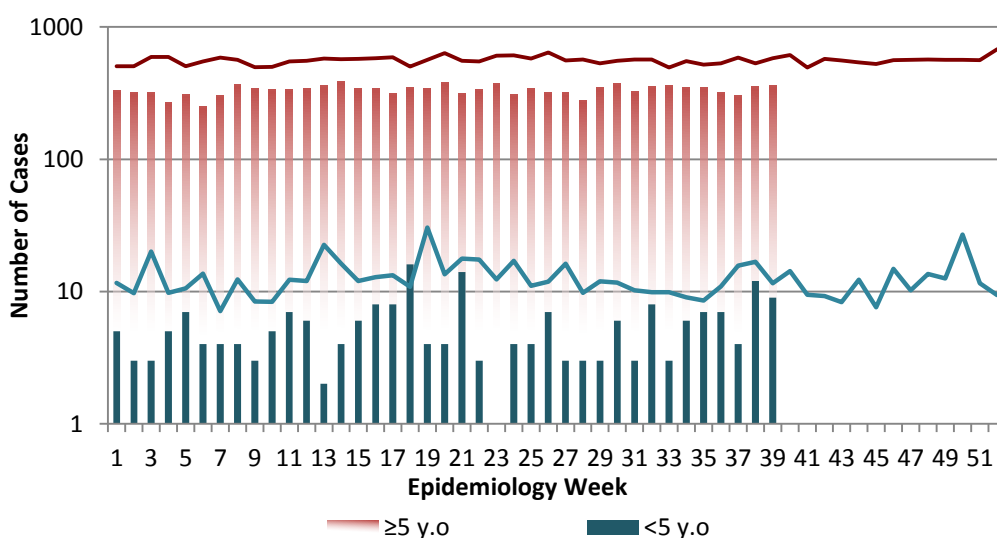
**VIOLENCE**

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		62	126	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		24	30	
	Hepatitis C		4	8	
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)		1	0	
	Meningitis		31	66	
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. *Data not available ¹ Dengue Hemorrhagic Fever data include Dengue related deaths; ² Maternal Deaths include early and late deaths.
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	2	
		Rubella	0	0	
	Maternal Deaths ²		23	24	
	Ophthalmia Neonatorum		338	235	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		1	9	
	Tetanus		0	1	
	Tuberculosis		0	0	
	Yellow Fever		0	0	
	Chikungunya		0	1	
	Zika Virus		122	0	



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 39

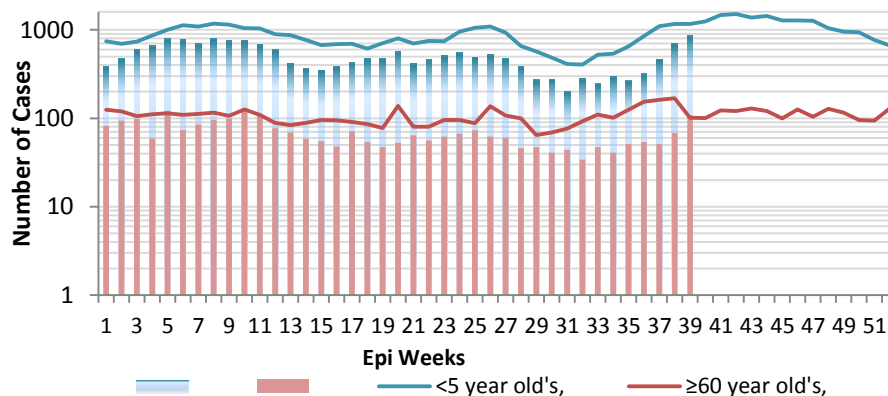
Sept. 25 to Oct. 1, 2016

Epidemiology Week 39

September 2016

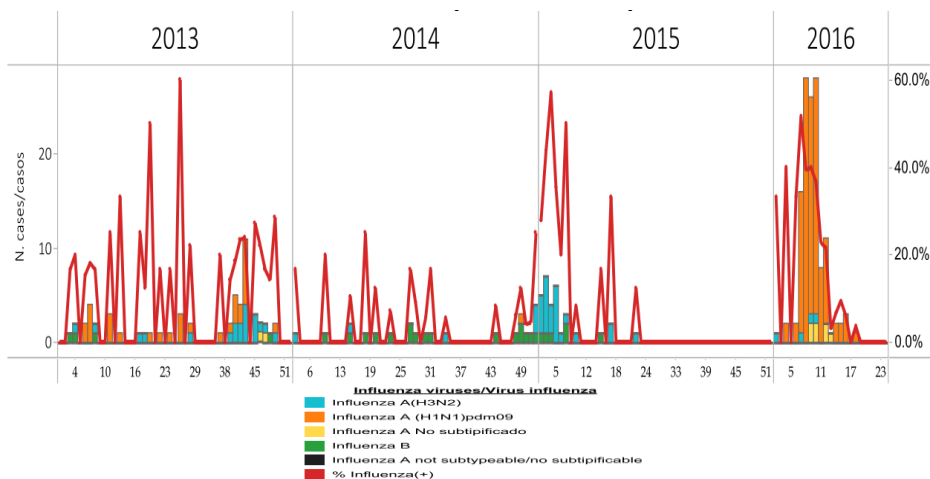
Fever & Resp Weekly Threshold vs Cases 2016,
Epidemiology Week 39

	EW 39	YTD
SARI cases	6	852
Total Influenza positive Samples	1	133
Influenza A	0	113
H3N2	1	10
H1N1pdm09	0	80
Not subtyped	1	42
Influenza B	0	0
Other	0	1



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

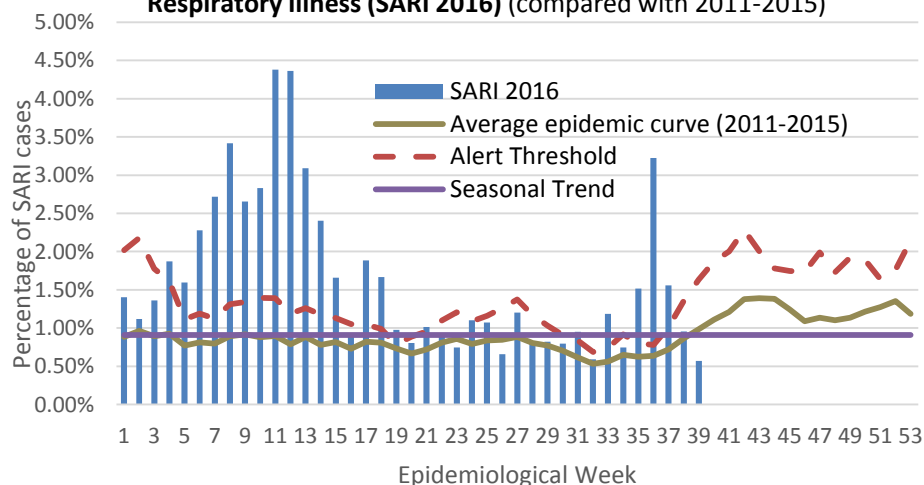
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.



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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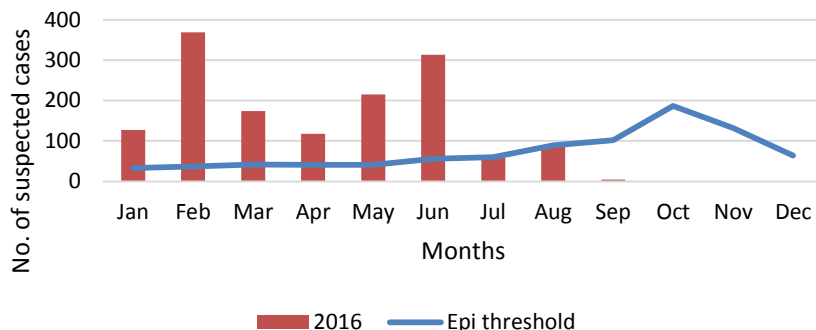
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Dengue Bulletin

Sept. 25 to Oct. 1, 2016

Epidemiology Week 39

2016 Cases vs. Epidemic Threshold

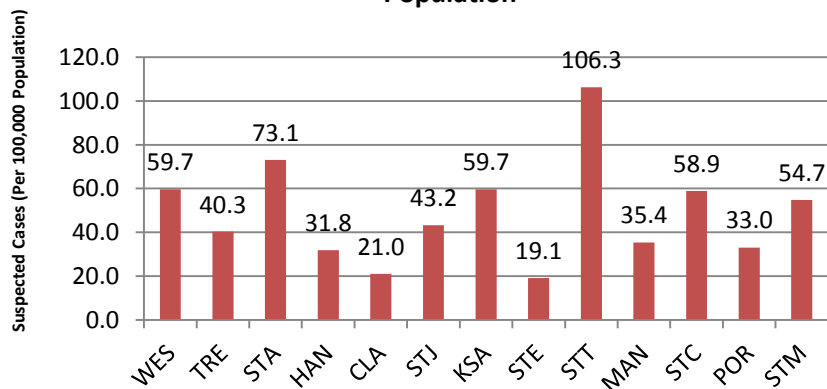


DISTRIBUTION

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	271	136	14
TOTAL	525	1014	286	1825	100

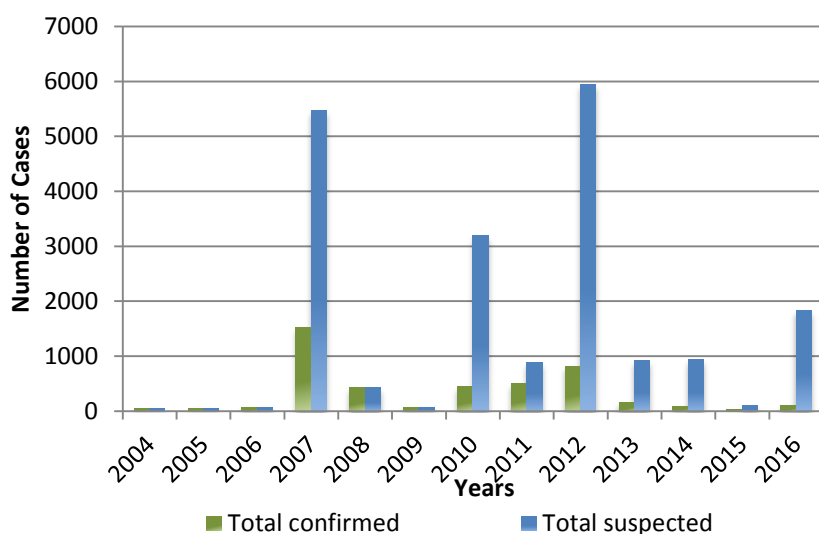
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2016		2015 YTD
		EW 39	YTD	
Total Suspected Dengue Cases		1	1825	30
Lab Confirmed Dengue cases		0	110	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 39

Sept. 25 to Oct. 1, 2016

Epidemiology Week 39

Weekly Breakdown of Gastroenteritis cases

Year	EW 39			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	101	175	276	5,143	8,476	13,619
2015	177	195	372	8,545	8,904	17,594

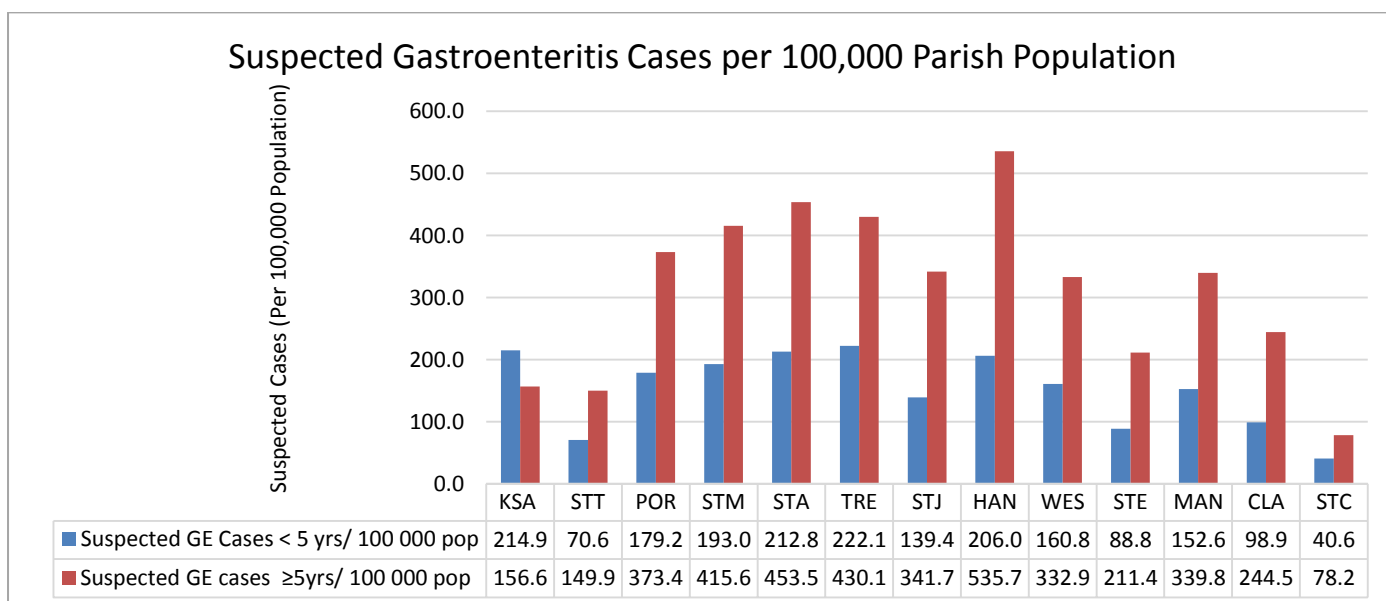
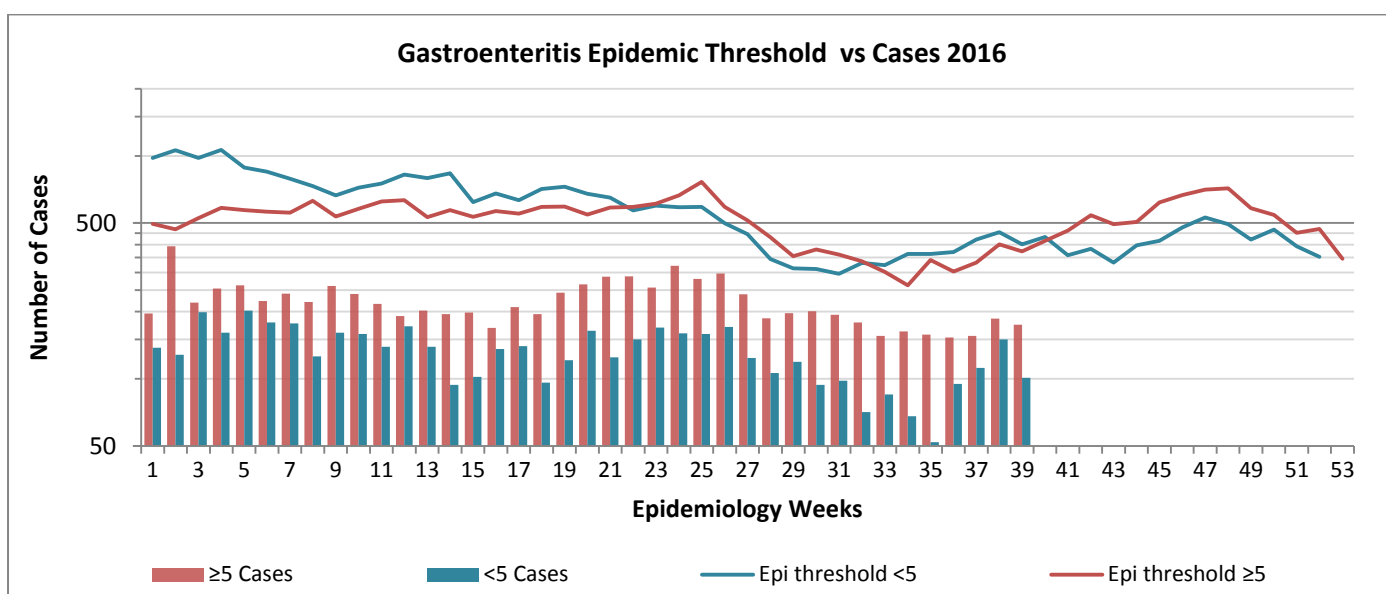
Gastroenteritis:

In Epidemiology Week 39, 2016, the total number of reported GE cases showed a 9.3% decrease compared to EW 39 of the previous year.

The year to date figure showed a 22.6% 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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