

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

International Childhood Cancer Day | Feb. 15, 2017

Together for kids with cancer Do more - Care more

International Childhood Cancer Day is celebrated annually on 15 February to raise awareness and to express support for children and adolescents with cancer, survivors and their families.



Each year, more than 150,000 children are diagnosed with cancer – a disease that touches all regions of the world and impacts countless families and communities. With access to quality care, more than 80% of

children with cancer can survive, living full and healthy lives. However, many children in low-income and middle income countries do not receive or complete care, and, as a result, over 90% of childhood cancer deaths occur in low resource settings.

A global response is needed to give every child the best chance of surviving cancer free – to raise awareness, improve access, better understand why and where children are diagnosed with cancer, and offer the best possible treatment.

WHO has expanded the WHO Model Lists of Essential

Medicines with additional medicines to treat childhood and adult cancers.

This will help promote access to low cost, high impact treatment. On

International

Childhood Cancer Day, we pause to recognize contributions from advocates around the world and call for renewed collaboration to care for children with cancer globally.

*Better Access to Care
for Children & Adolescents
with Cancer Everywhere*



Downloaded from: <http://www.internationalchildhoodcancerday.org/>
http://www.who.int/cancer/iccd_2016/en/



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

EPI WEEK 4



SYNDROMES

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CLASS 1 DISEASES

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INFLUENZA

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DENGUE FEVER

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GASTROENTERITIS

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RESEARCH PAPER

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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.

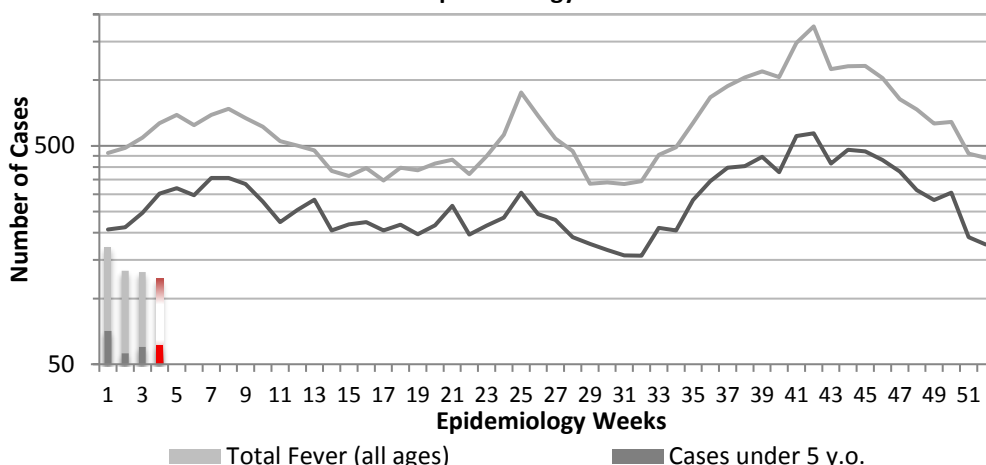


KEY

RED

CURRENT WEEK

Fever in under 5y.o. and Total Population 2017 vs Epidemic Thresholds, Epidemiology Week 4

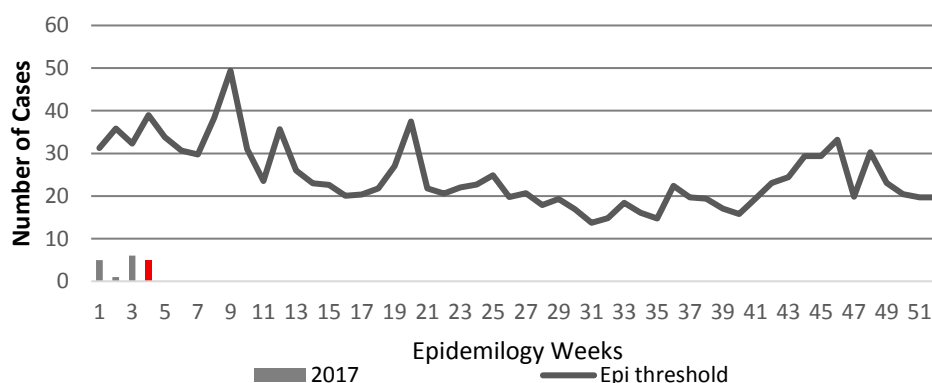


FEVER AND NEUROLOGICAL

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 2017, Epidemiology Week 4

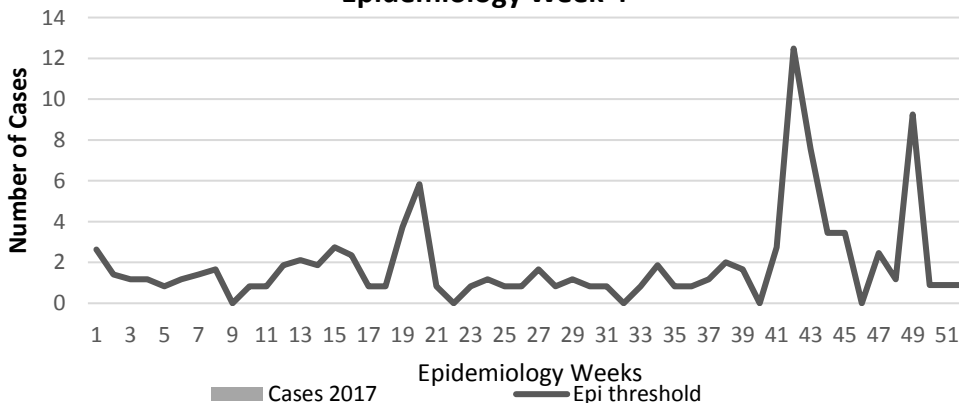


FEVER AND HAEMORRHAGIC

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 2017, Epidemiology Week 4



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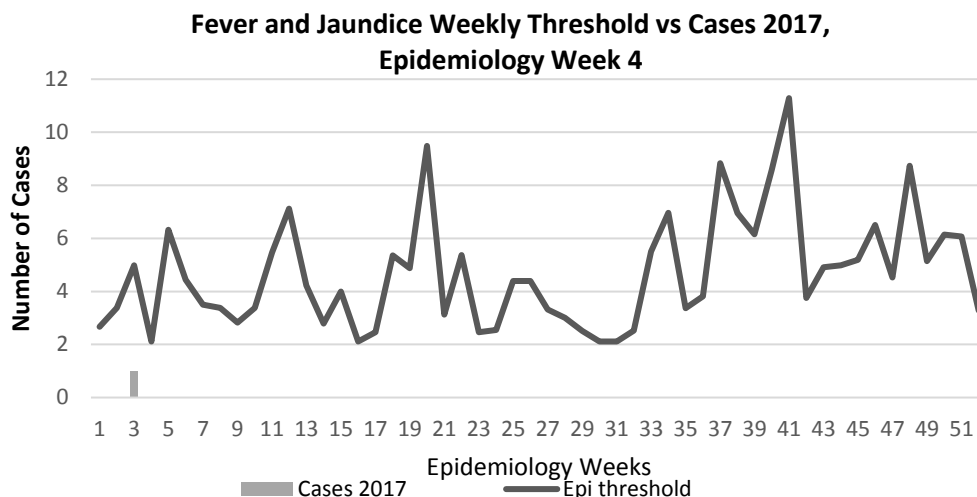


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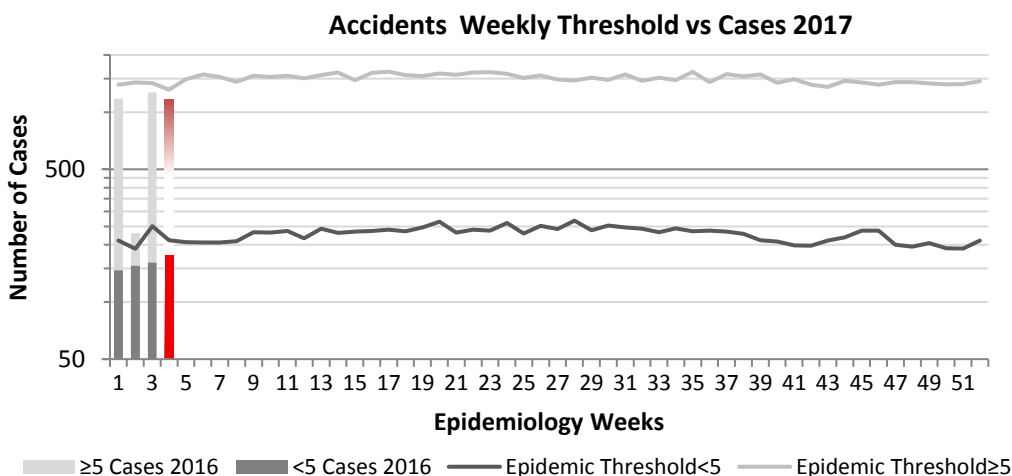
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FEVER AND JAUNDICE

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

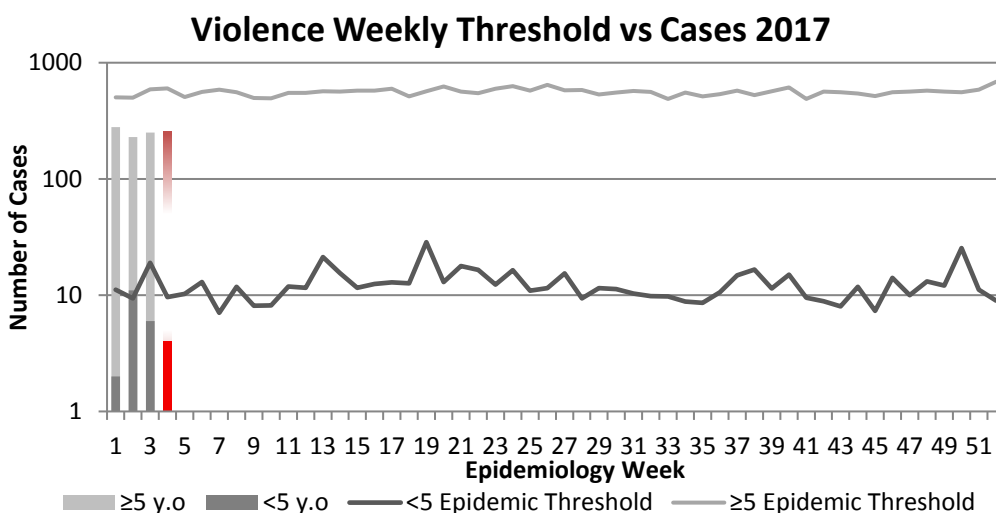
**ACCIDENTS**

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.



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CLASS ONE NOTIFIABLE EVENTS

Comments

			CONFIRMED YTD		
	CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		3	14	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 ¹		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 ²		2	0	
	Ophthalmia Neonatorum		6	13	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	2	
	Tetanus		0	0	
	Tuberculosis		0	0	
	Yellow Fever		0	0	
	Chikungunya		0	0	<div>   </div>
	Zika Virus		0	0	



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

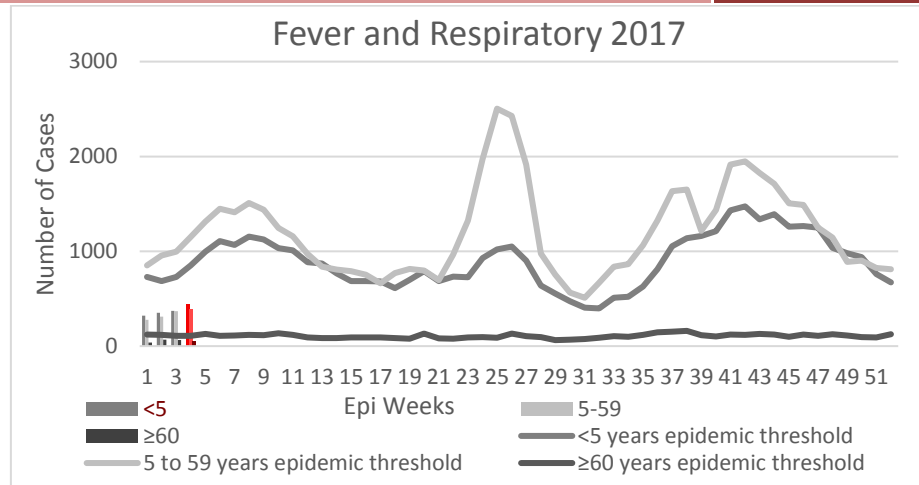
EW 4

Jan. 22-28, 2017

Epidemiology Week 4

January 2017

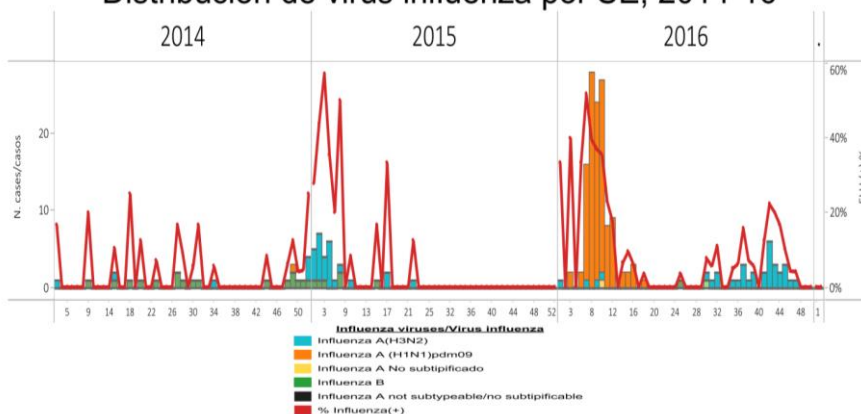
	EW 4	YTD
SARI cases	13	36
Total Influenza positive Samples	0	0
Influenza A	0	0
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
Influenza B	0	0
Other	0	0

**Comments:**

During EW4, SARI activity increased and remained below the alert threshold. No SARI-related deaths were reported this week. During EW 4, SARI cases were most frequently reported among adults aged from 15 to 49 years of age.

During EW 4, pneumonia case-counts decreased (87 to 81 cases in EW 4), and were low as compared to levels observed in 2016, with the highest proportion in Kingston and Saint Andrew.

Jamaica: Influenza virus distribution by EW, 2014-17
Distribución de virus influenza por SE, 2014-16

**INDICATORS****Burden**

Year to date, respiratory syndromes account for 2.9% of visits to health facilities.

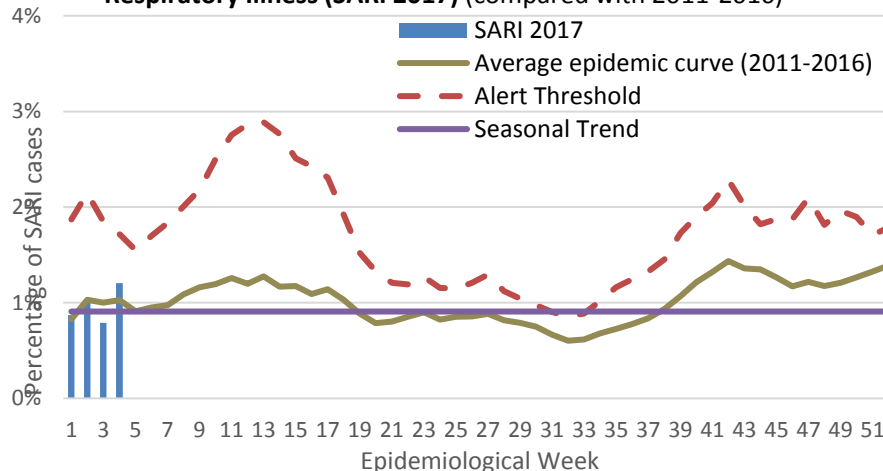
Incidence

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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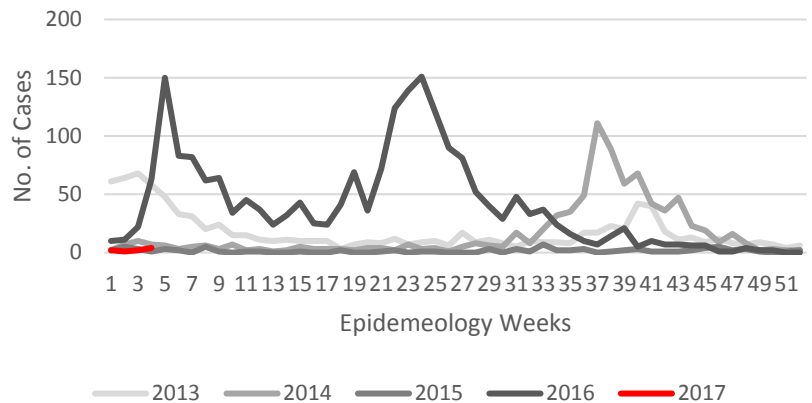
Dengue Bulletin

Jan.22-28, 2017

Epidemiology Week 4



Dengue Cases by Epidemiology Weeks 2013-2017

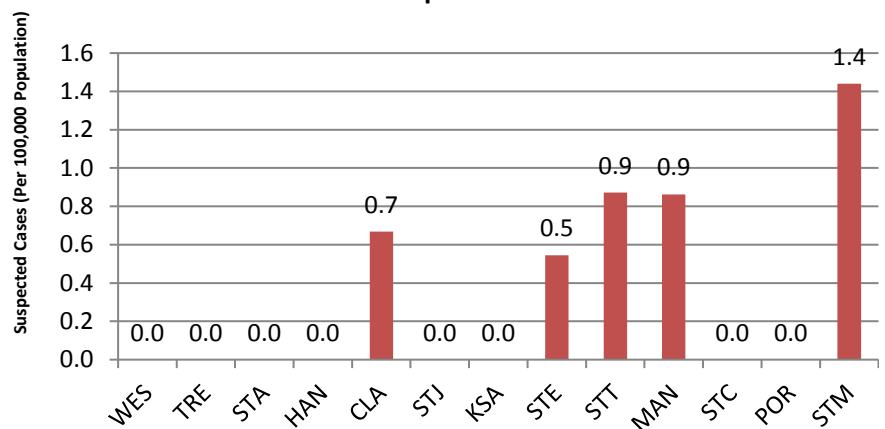


DISTRIBUTION

Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	0	0	0	0	25
1-4	0	0	0	0	0
5-14	3	0	0	3	0
15-24	1	1	0	2	25
25-44	0	1	1	2	25
45-64	0	1	0	1	25
≥65	0	0	0	0	0
Unknown	0	0	0	0	0
TOTAL	4	3	1	8	100

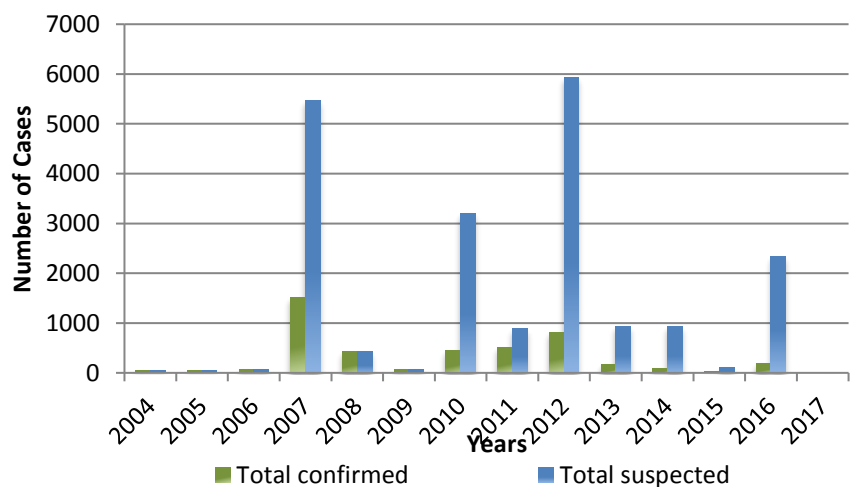
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2017		2016 YTD
		EW 4	YTD	
Total Suspected Dengue Cases		4	8	88
Lab Confirmed Dengue cases		0	0	17
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 4

Jan. 22-28, 2017

Epidemiology Week 4

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

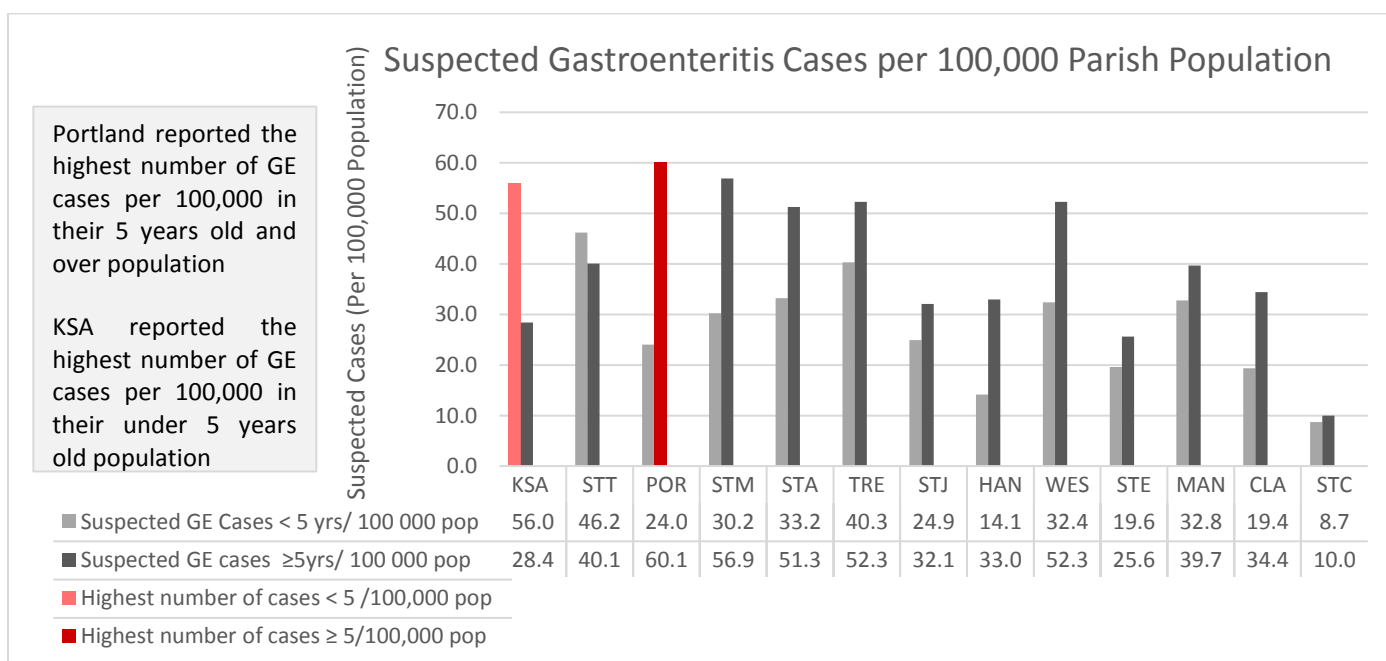
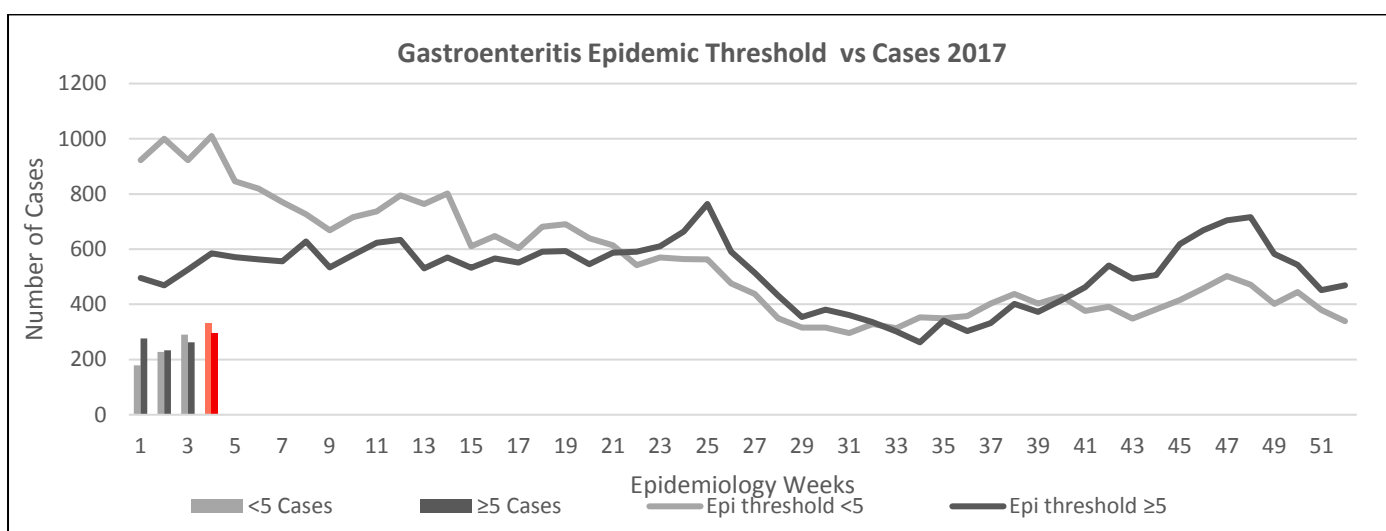
Gastroenteritis:

In Epidemiology Week 4, 2017, the total number of reported GE cases showed a 17.31% increase compared to EW 4 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.



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