Released Oct. 28, 2016 ISSN 0799-3927

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

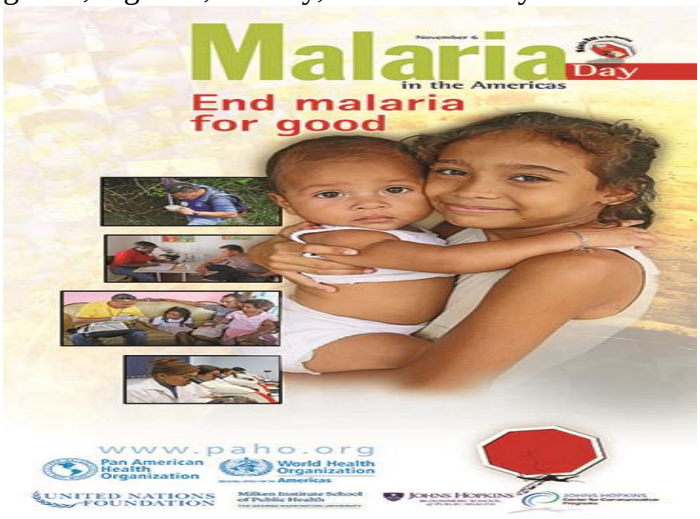
Weekly Spotlight
Malaria Day in the Americas
November 4, 2016

Theme: "Counting Malaria Out: Promoting Best Practices and Collaboration".

Each year, approximately 250 million people suffer from malaria, with an estimated one million deaths annually worldwide. In the Americas, malaria morbidity has been reduced by 56% between 2000 and 2009. Eighteen of the 21 malaria endemic countries in the Region indicate this trend of declining malaria cases, while three countries continue to report increases in total number of cases. To broaden the discussion and expand opportunities to better understand the multifaceted nature of the demand for the response to malaria.

Malaria Day in the Americas is regarded as an important opportunity and mechanism for countries of the Region to engage various stakeholders in aggressively fighting malaria.

Malaria Day campaigns to increase advocacy and commitment among stakeholders and draws communities and the general population into concrete actions that contribute to the achievement of goals and targets at the global, regional, country, and community level.



Source: http://www.paho.org/campeonesmalaria/?page_id=32&lang=en

EPI WEEK 41

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

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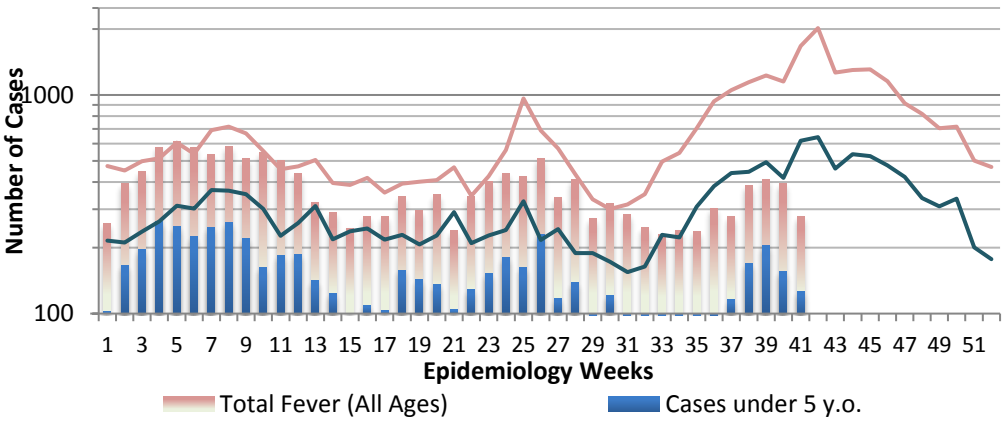
REPORTS FOR SYNDROMIC SURVEILLANCE

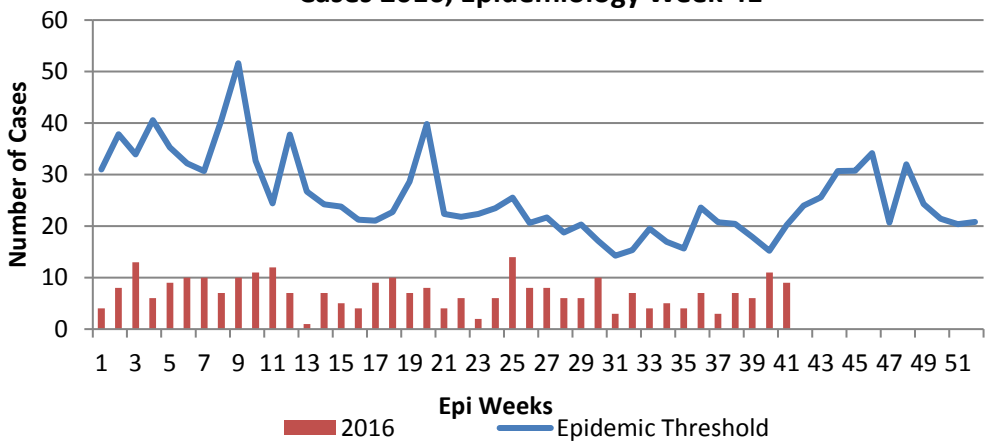
FEVER

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



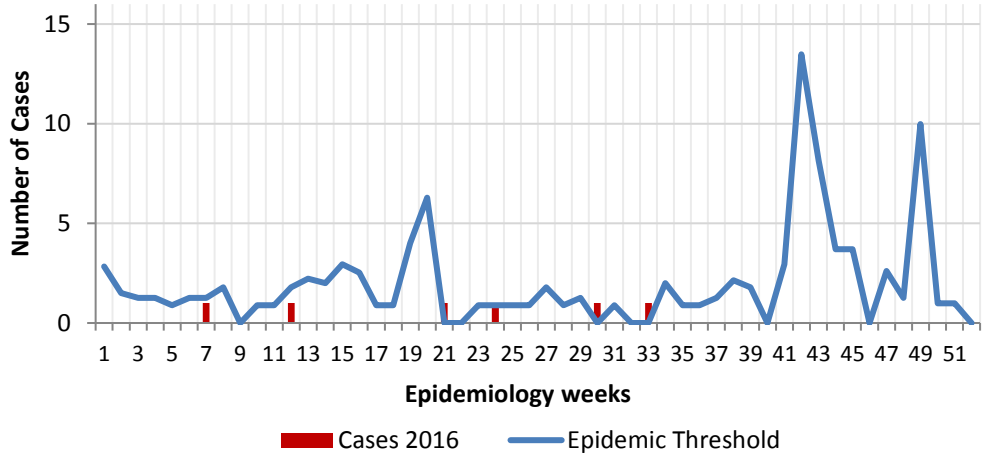
FEVER AND NEUROLOGICAL

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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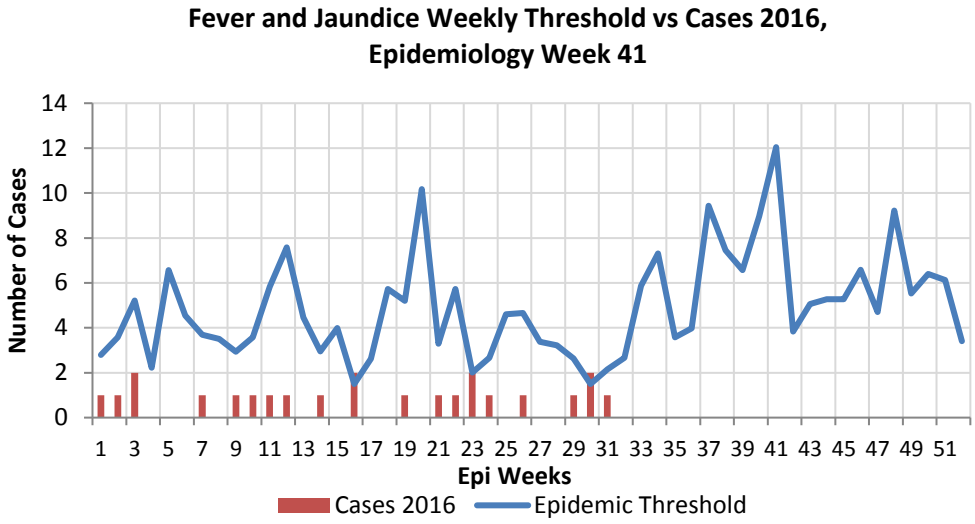
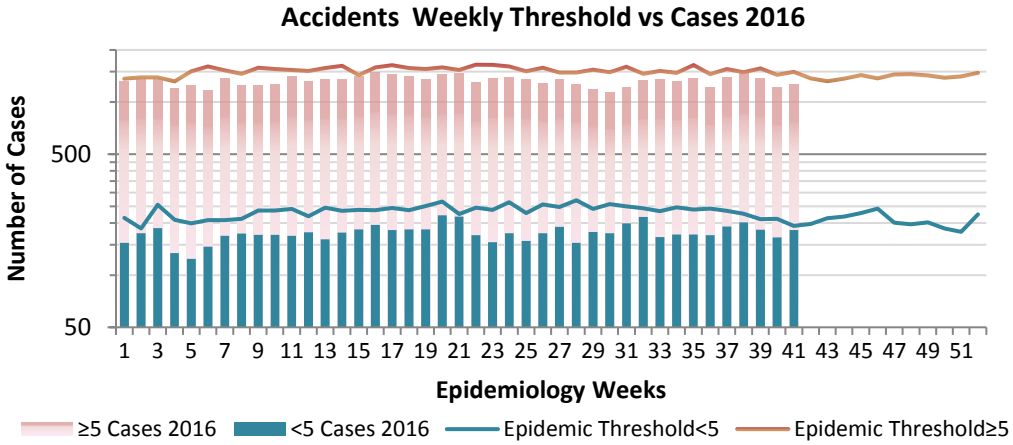
FEVER AND JAUNDICE

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



ACCIDENTS

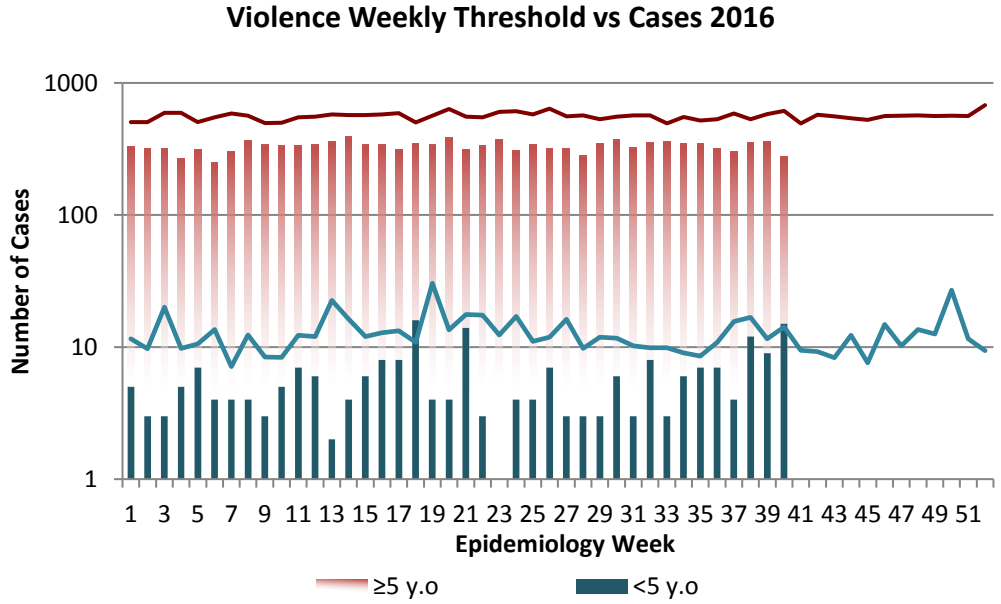
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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		62	128
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		2	0
	Hansen's Disease (Leprosy)		1	0
	Hepatitis B		26	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
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	0	2
		Rubella	0	0
	Maternal Deaths[2]		23	24
	Ophthalmia Neonatorum		343	242
	Pertussis-like syndrome		0	0
	Rheumatic Fever		1	9
	Tetanus		0	1
	Tuberculosis		0	0
	Yellow Fever		0	0
	Chikungunya		0	1
	Zika Virus		158	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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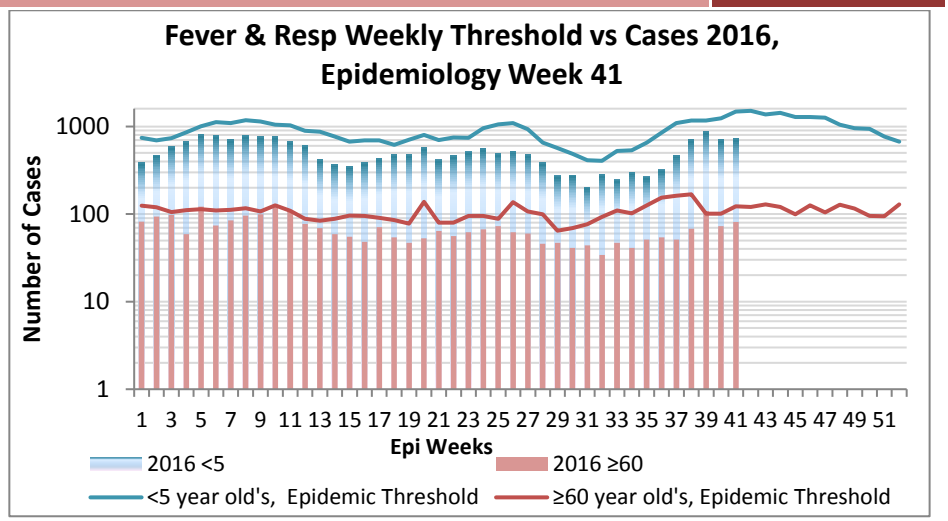
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 41

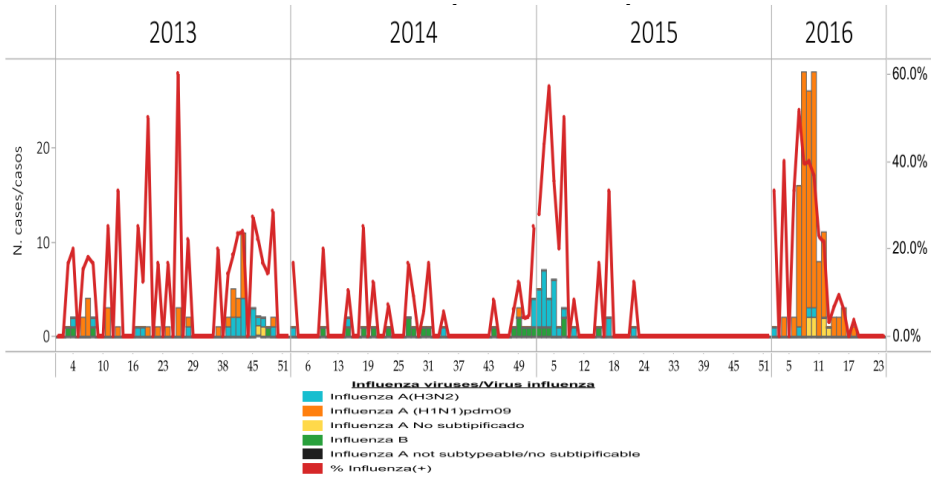
Oct. 9-15, 2016 Epidemiology Week 41

September 2016	EW 41	YTD
SARI cases	20	895
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

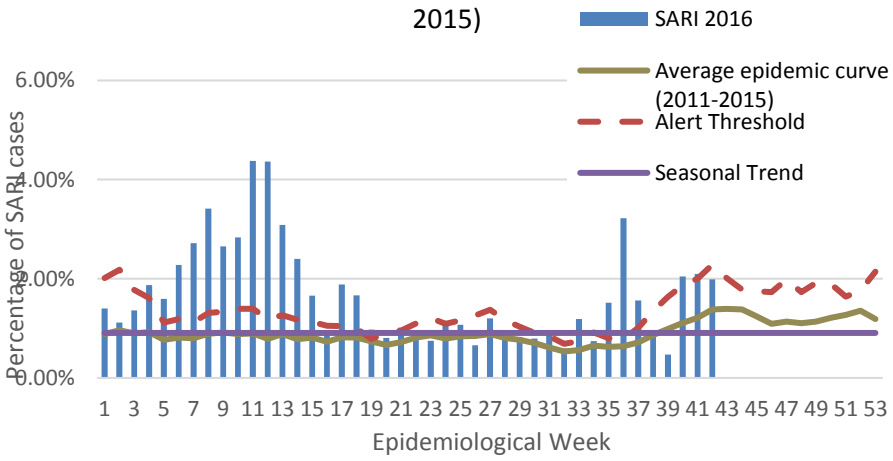
Year to date, respiratory syndromes account for 4.2% of visits to health facilities.

Incidence

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

Prevalence

Not applicable to acute respiratory conditions.



***Additional data needed to calculate Epidemic Threshold**

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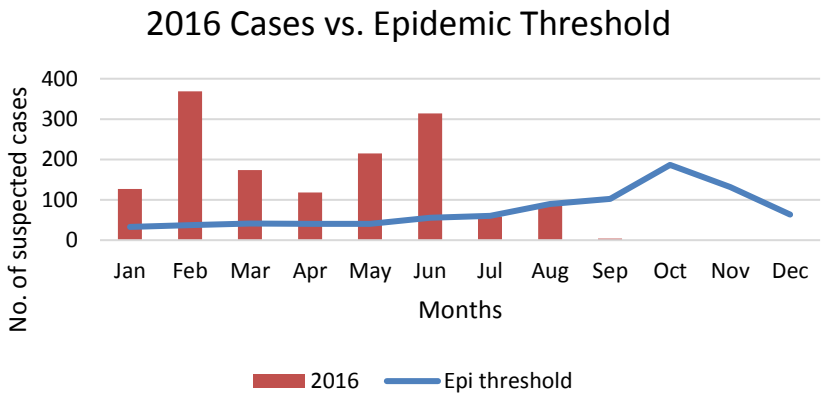
Dengue Bulletin

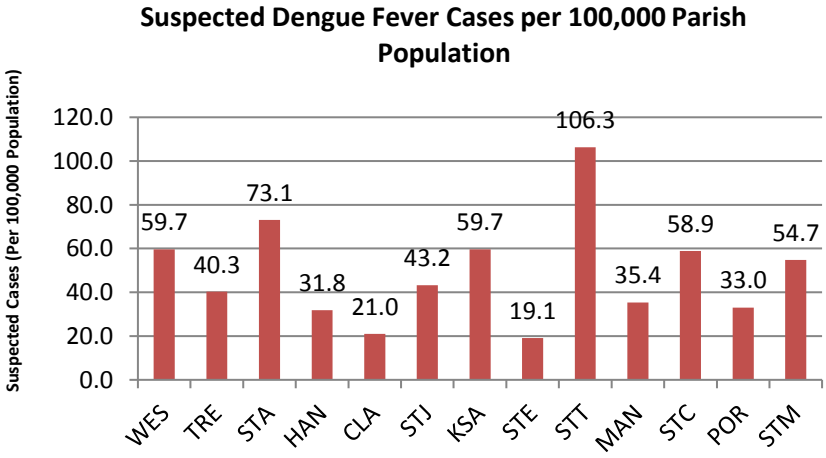
Oct. 9-15, 2016 Epidemiology Week 41



DISTRIBUTION

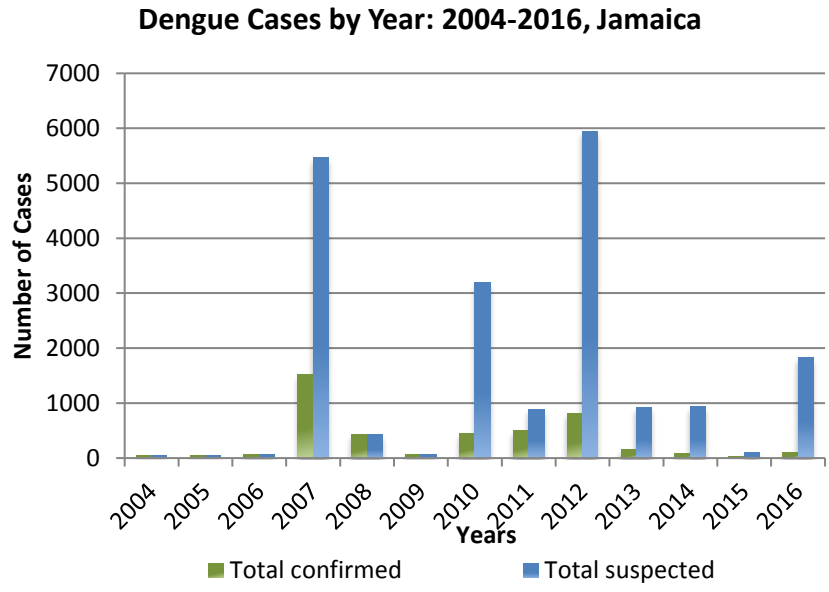
Year-to-Date Suspected Dengue Fever

	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**



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

		2016		2015 YTD
		EW 41	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



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Gastroenteritis Bulletin

EW 41

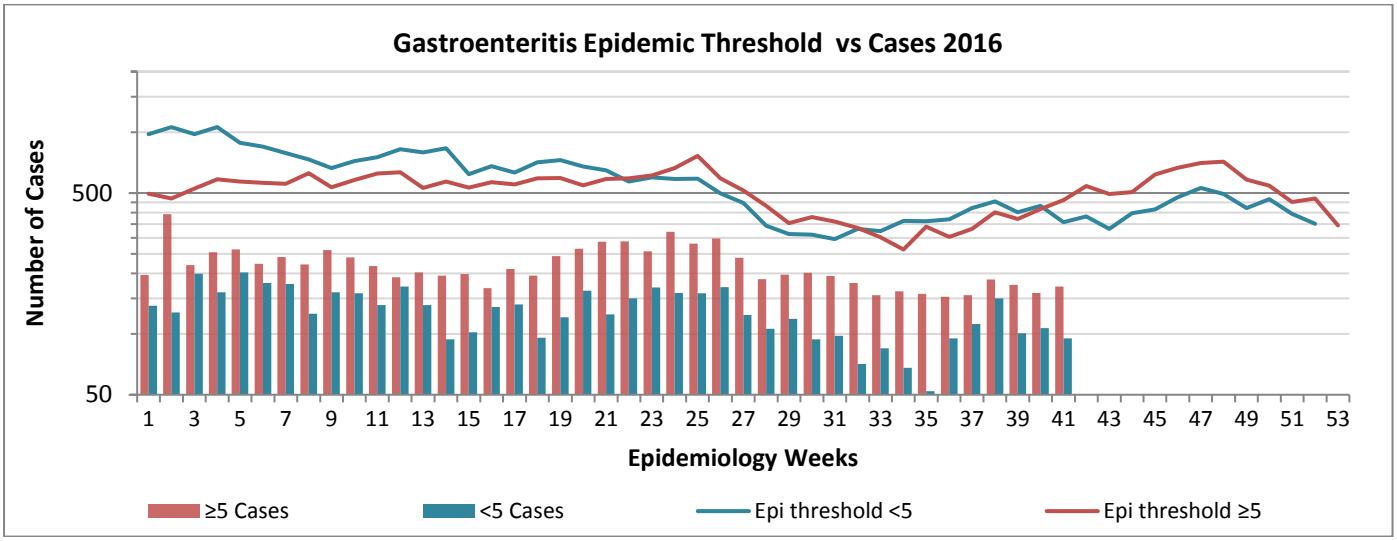
Oct. 9-15, 2016 Epidemiology Week 41

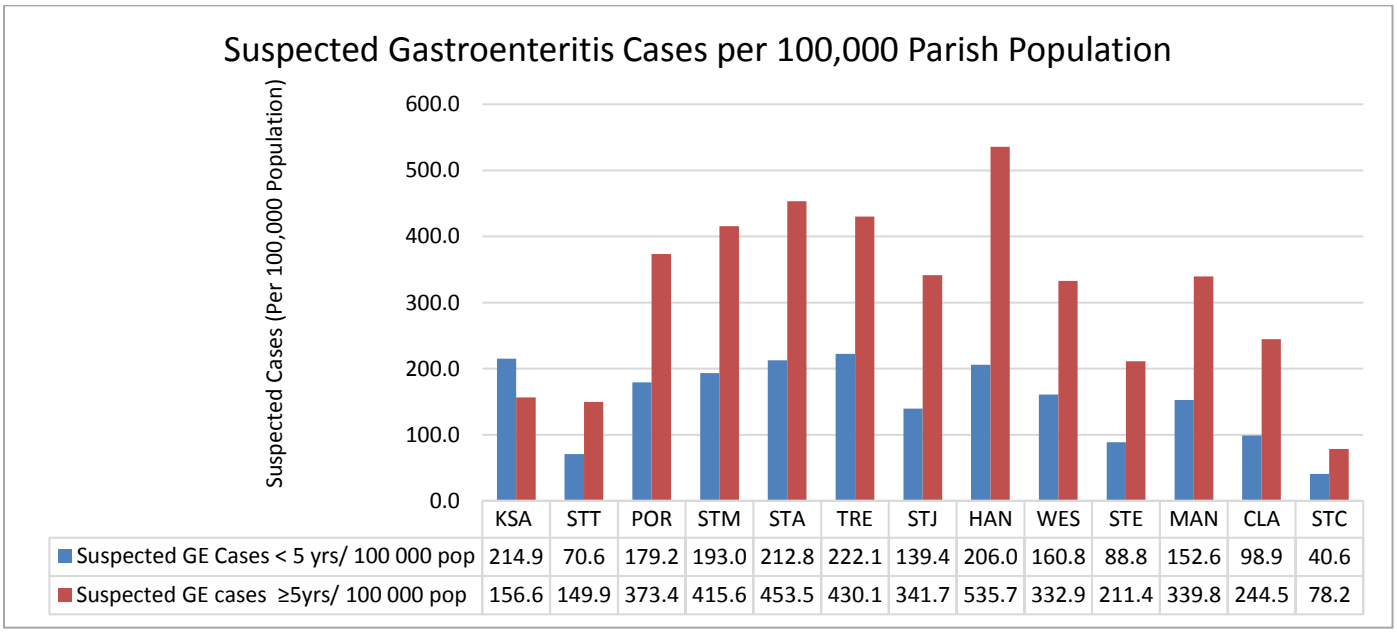
Weekly Breakdown of Gastroenteritis cases

Year	EW 41			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	95	172	267	5,345	8,808	14,153
2015	183	251	434	8,881	9,555	18,436

Gastroenteritis:
In Epidemiology Week 41, 2016, the total number of reported GE cases showed a 20.3% decrease compared to EW 41 of the previous year.
The year to date figure showed a 23% 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	214.9	70.6	179.2	193.0	212.8	222.1	139.4	206.0	160.8	88.8	152.6	98.9	40.6
Suspected GE cases ≥5yrs/ 100 000 pop	156.6	149.9	373.4	415.6	453.5	430.1	341.7	535.7	332.9	211.4	339.8	244.5	78.2

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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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