

Week ending October 29, 2016

Epidemiology Week 43

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight World Prematurity Day November 17, 2016

Theme: Promoting health through the life-course

World Prematurity Day is observed on November 17, 2016. World Prematurity Day is an observance held on the 17th of November.

Approximately 15 million babies are born prematurely each year accounting for more than one in 10 of all babies born worldwide. In 2015, for the first time, the complications of preterm birth outranked all other causes as the world's number one killer of young children. Of the estimated 6.3 million deaths of children under the age of 5 in 2013, complications from preterm births accounted for nearly 1.1 million deaths. These new findings, published in the Lancet and then publicized worldwide on World Prematurity Day on November 17, brought more attention and urgency to global initiatives to address preterm birth.

Premature birth is a very serious health problem. Worldwide, 15 million babies are born preterm and more than a million die as a result. Babies who survive often have lifelong health problems such as cerebral palsy, vision and hearing loss, and intellectual disabilities.

World Prematurity Day, November 17th

1 baby in 10 is born premature. Worldwide.



Help turn the world **Purple** for
World Prematurity Day

Source: <http://www.who.int/life-course/news/events/world-prematurity-day-2016/en/>

EPI WEEK 43

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

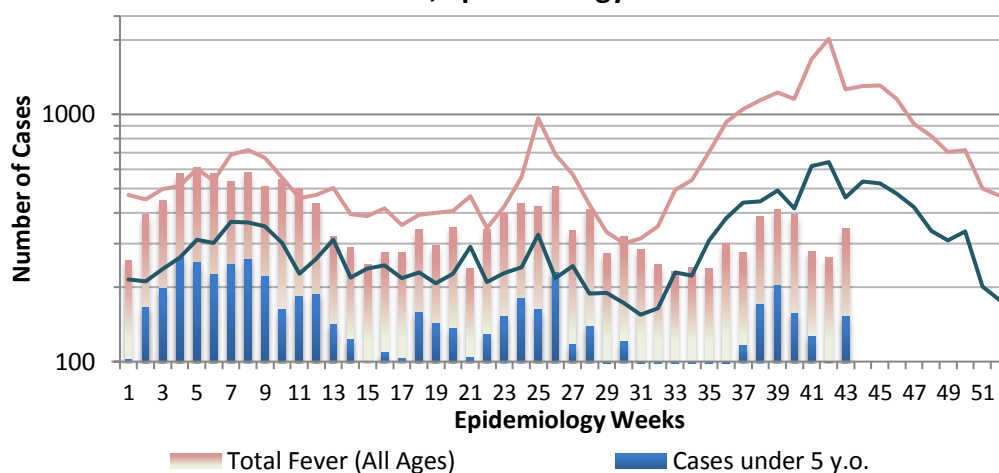
REPORTS FOR SYNDROMIC SURVEILLANCE

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 43

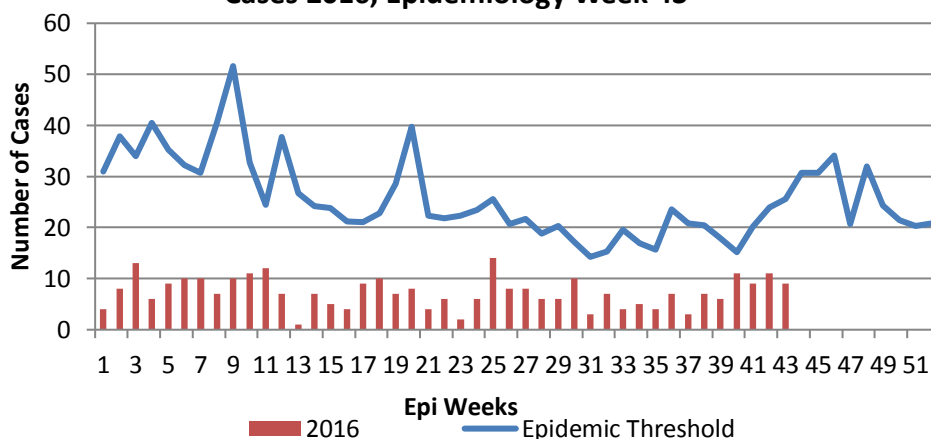


FEVER AND NEUROLOGICAL

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 43

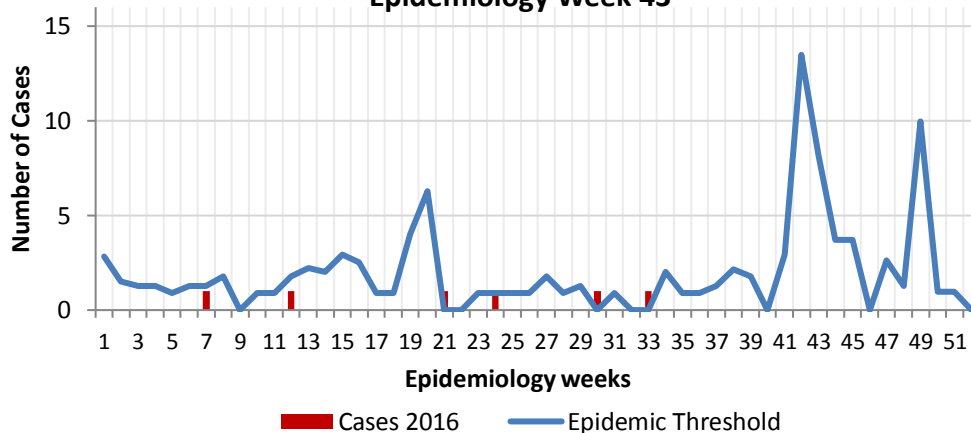


FEVER AND HAEMORRHAGIC

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 43



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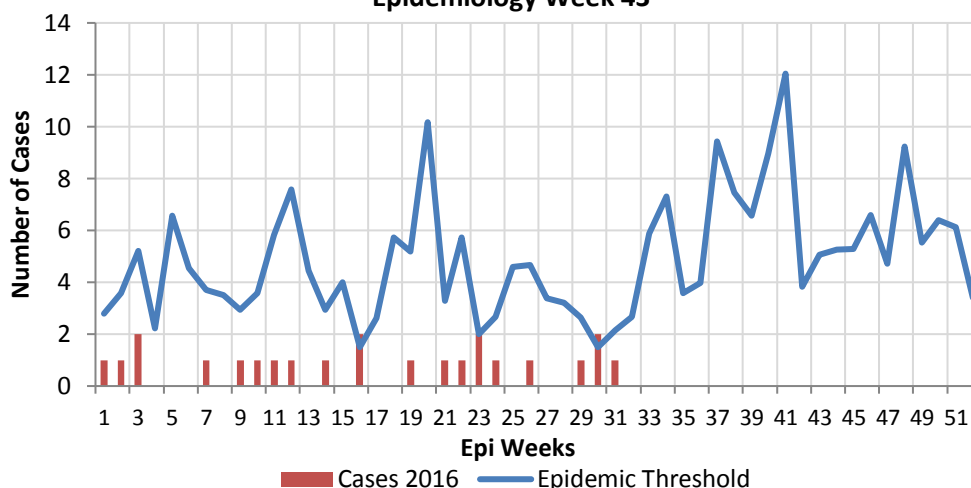
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FEVER AND JAUNDICE

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



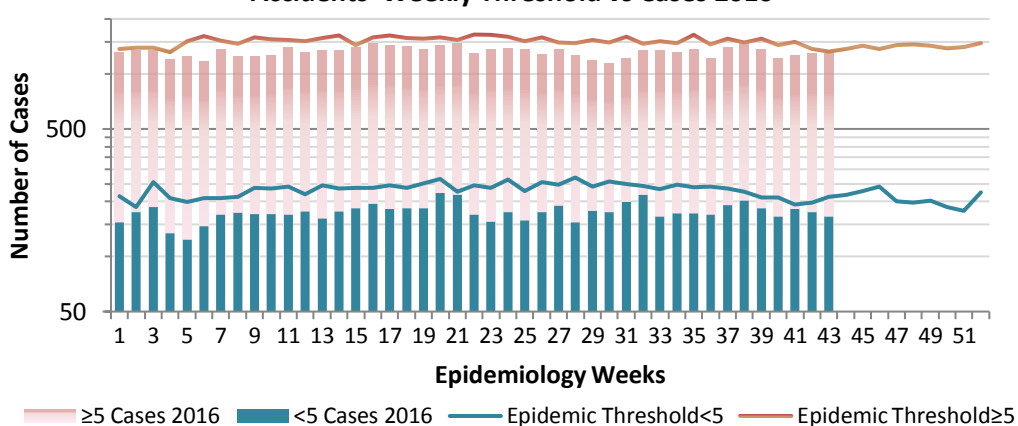
Fever and Jaundice Weekly Threshold vs Cases 2016, Epidemiology Week 43

**ACCIDENTS**

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



Accidents Weekly Threshold vs Cases 2016

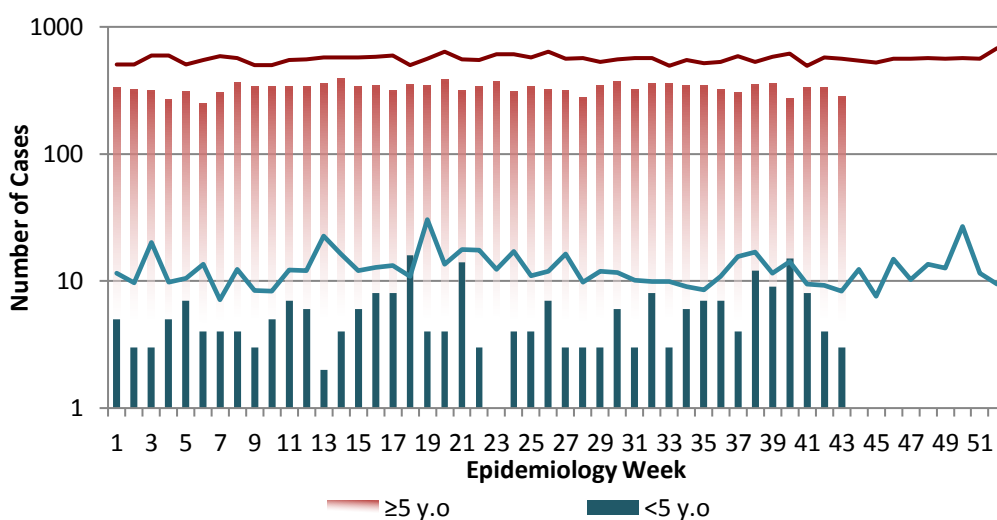
**VIOLENCE**

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	129	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		27	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	0	2	
		Rubella	0	0	
	Maternal Deaths ²		23	24	
	Ophthalmia Neonatorum		360	246	
	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	



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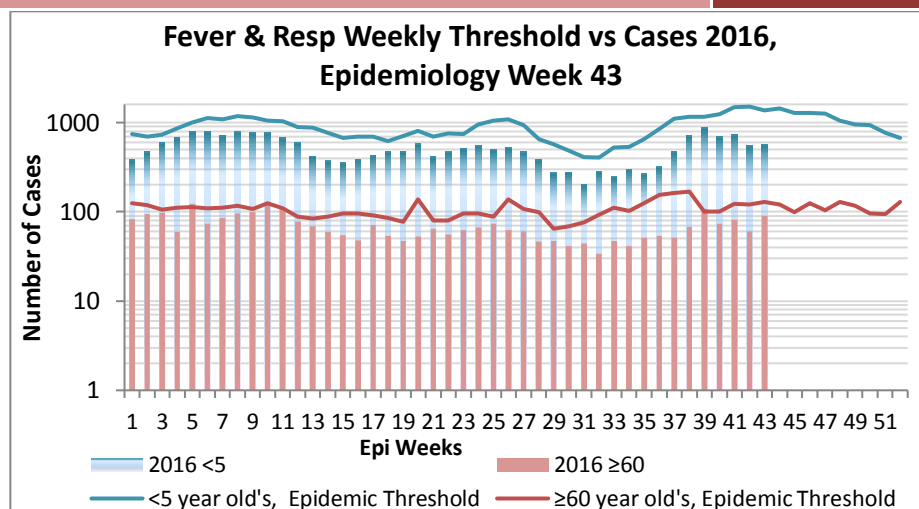
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 43

Oct. 23-29, 2016

Epidemiology Week 43

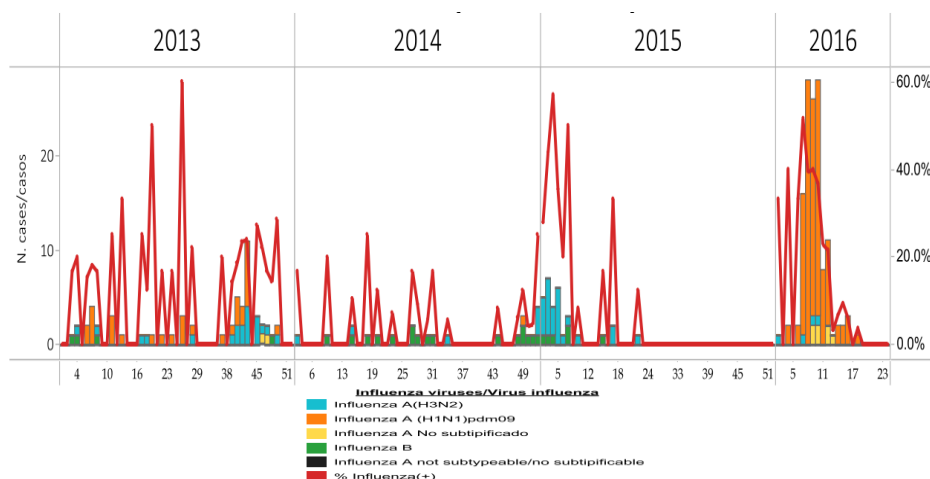
September 2016		
	EW 43	YTD
SARI cases	14	932
Total Influenza positive Samples	1	133
Influenza A	0	113
H3N2	1	10
H1N1pdm09	0	80
Not subtyped	1	42
Influenza B	0	0
Other	0	1



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

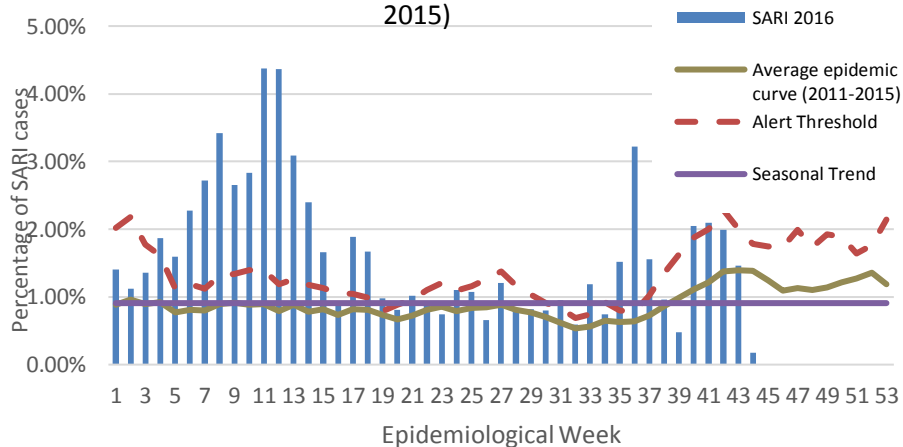
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.



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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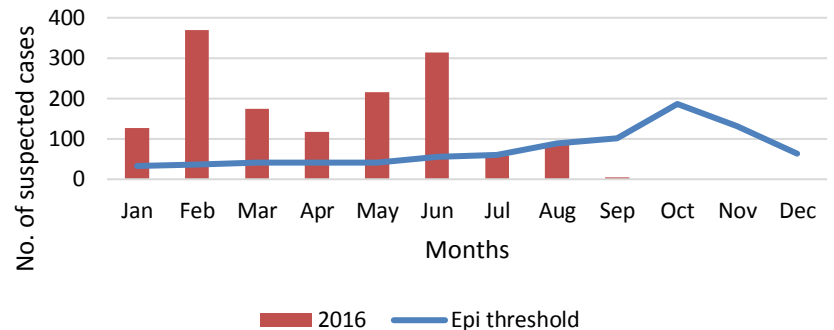
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Dengue Bulletin

Oct. 23-29, 2016

Epidemiology Week 43

2016 Cases vs. Epidemic Threshold

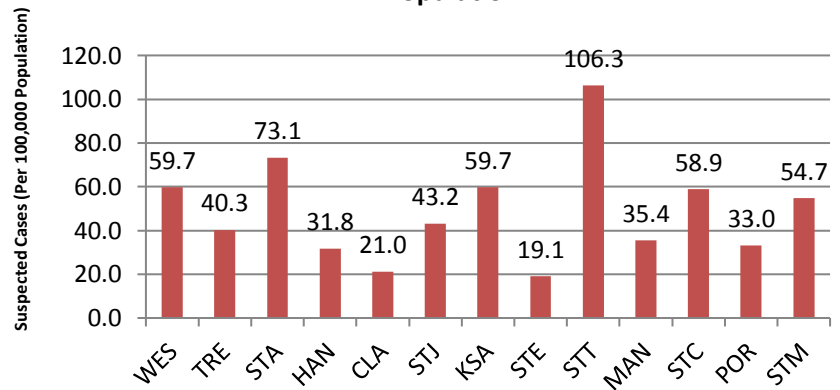


DISTRIBUTION

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

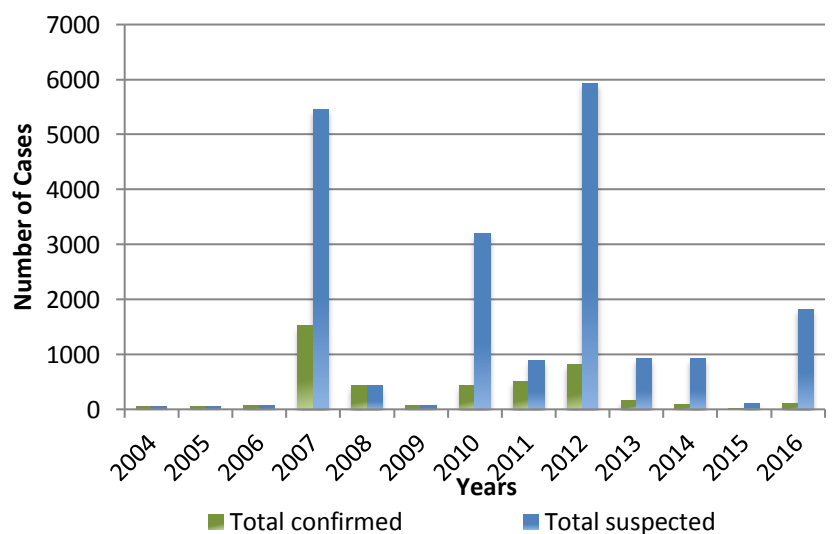
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2016		2015 YTD
		EW 43	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 43

Oct. 23-29, 2016

Epidemiology Week 43

Weekly Breakdown of Gastroenteritis cases

Year	EW 43			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	124	206	330	5,563	9,183	14,746
2015	191	193	384	9,225	9,948	19,173

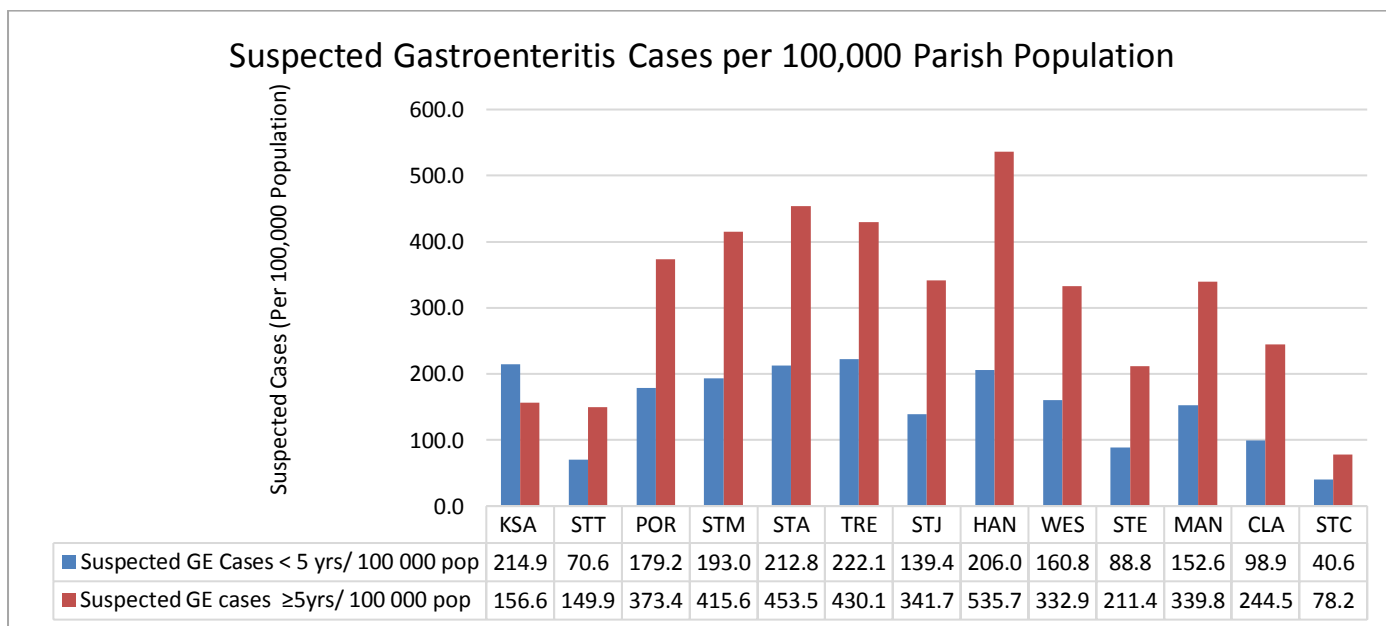
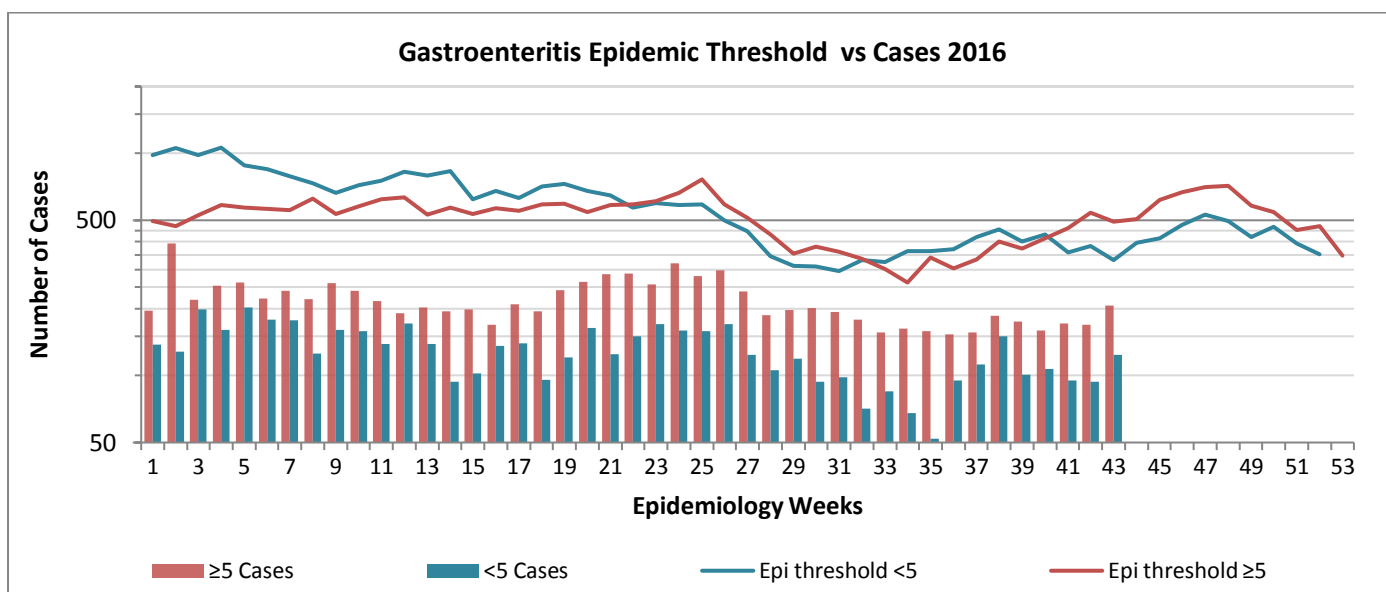
Gastroenteritis:

In Epidemiology Week 43, 2016, the total number of reported GE cases showed a 15% decrease compared to EW 43 of the previous year.

The year to date figure showed a 19% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2015-2016



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RESEARCH PAPER

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

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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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