

Week ending November 5, 2016

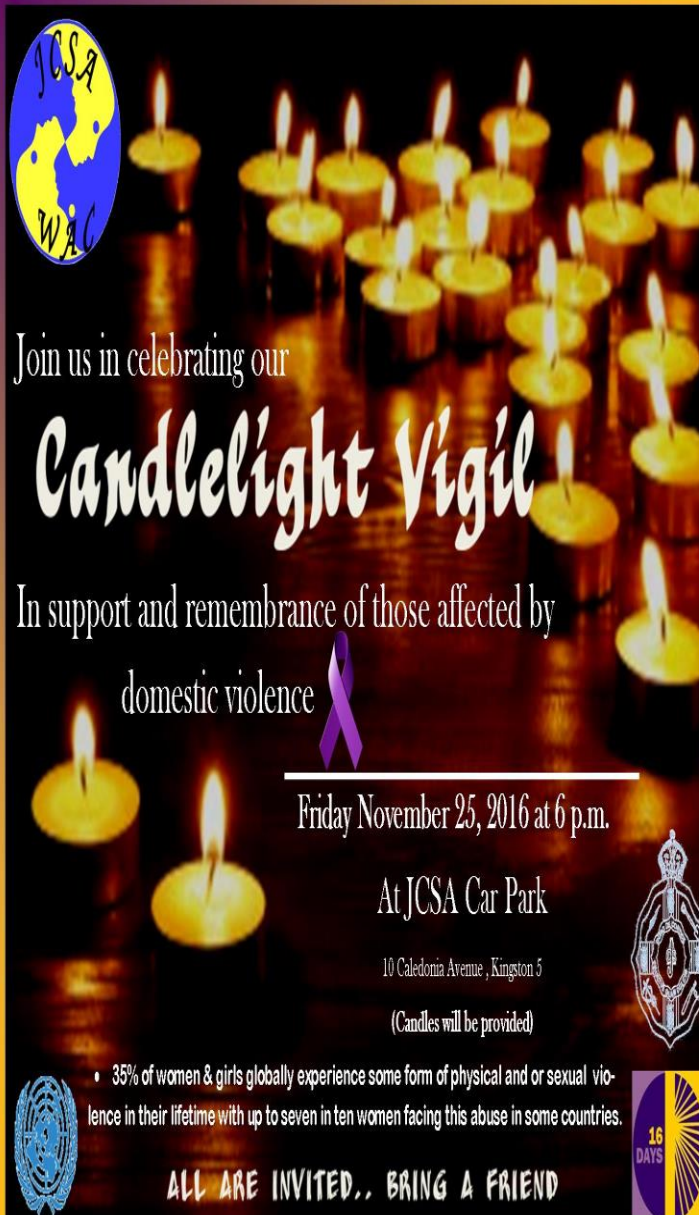
Epidemiology Week 44

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Jamaica Civil Service Association- Women's
Action Committee Candle Light Vigil



Join us in celebrating our
Candlelight Vigil
In support and remembrance of those affected by
domestic violence

Friday November 25, 2016 at 6 p.m.
At JCSA Car Park
10 Caledonia Avenue, Kingston 5
(Candles will be provided)

• 35% of women & girls globally experience some form of physical and/or sexual violence in their lifetime with up to seven in ten women facing this abuse in some countries.

ALL ARE INVITED.. BRING A FRIEND

16 DAYS

EPI WEEK 44

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

PAGE 8

REPORTS FOR SYNDROMIC SURVEILLANCE



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

1

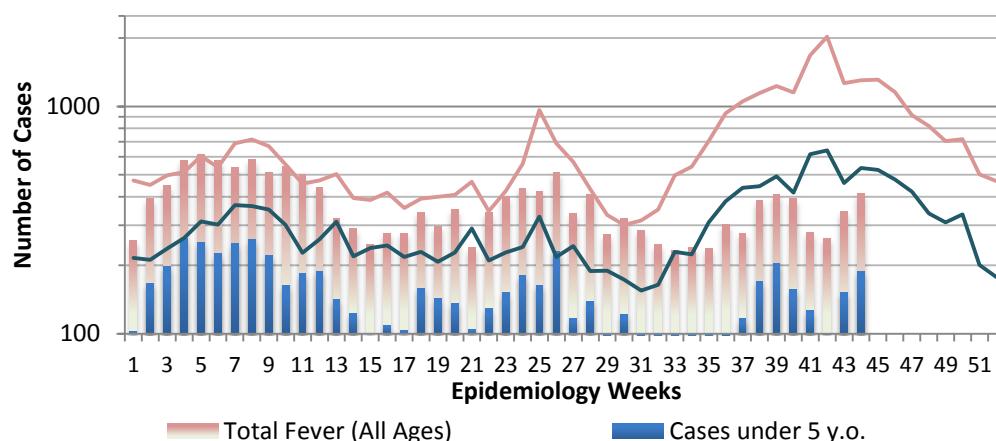
*Incidence/Prevalence cannot be calculated

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.



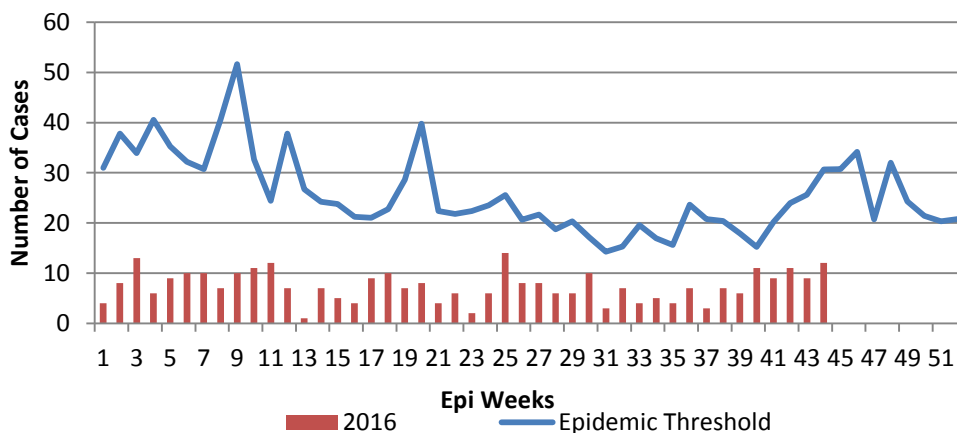
Fever in under 5y.o. and Total Population 2016 vs Epidemic Thresholds, Epidemiology Week 44

**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).



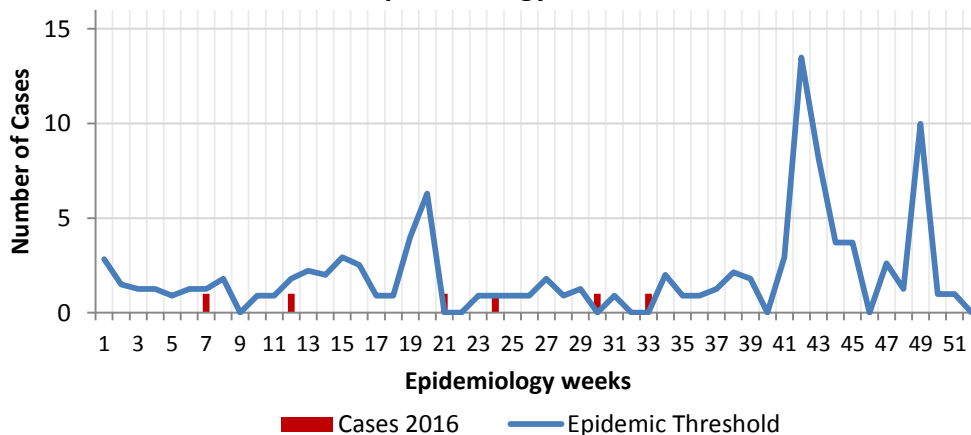
Fever and Neurological Symptoms Weekly Threshold vs Cases 2016, Epidemiology Week 44

**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 44



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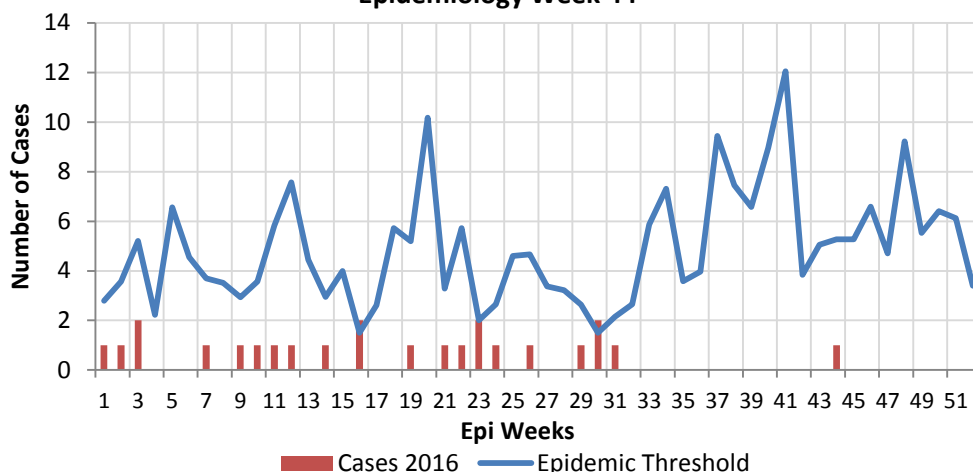
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FEVER AND JAUNDICE

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



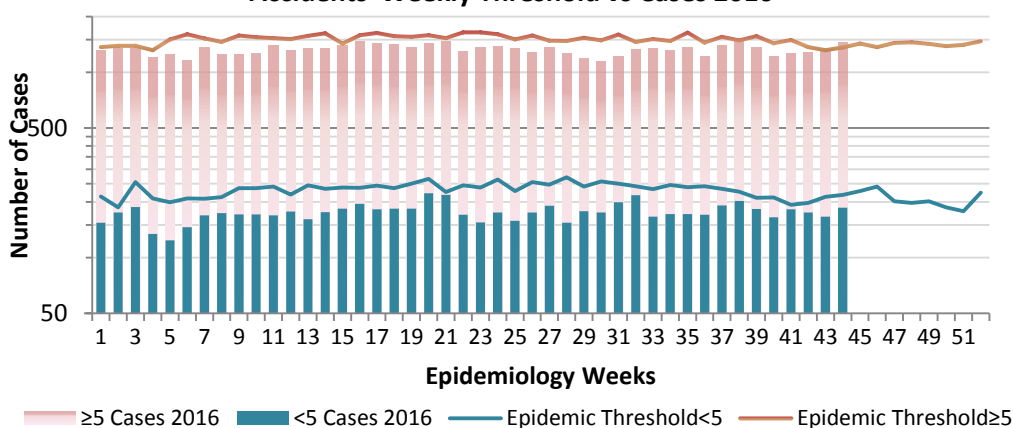
Fever and Jaundice Weekly Threshold vs Cases 2016, Epidemiology Week 44

**ACCIDENTS**

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



Accidents Weekly Threshold vs Cases 2016

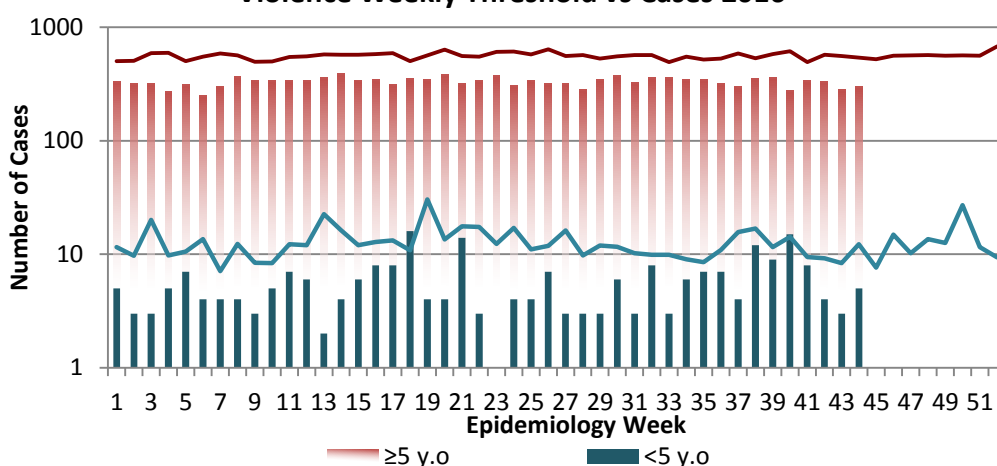
**VIOLENCE**

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

**CLASS ONE NOTIFIABLE EVENTS****Comments**

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		CONFIRMED YTD		
		CLASS 1 EVENTS	CURRENT YEAR	PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	62	129	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	2	0	
	Hansen's Disease (Leprosy)	1	0	
	Hepatitis B	27	30	
	Hepatitis C	4	9	
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)	1	0	
	Meningitis	31	66	
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	1	0	
	Meningitis H/Flu	0	0	
SPECIAL PROGRAMMES	AFP/Polio	0	0	
	Congenital Rubella Syndrome	0	0	*Data not available
	Congenital Syphilis	0	0	
	Fever and Rash	Measles	0	2
		Rubella	0	
	Maternal Deaths ²	43	51	1 Dengue Hemorrhagic Fever data include Dengue related deaths;
	Ophthalmia Neonatorum	396	246	
	Pertussis-like syndrome	0	0	2 Maternal Deaths include early and late deaths.
	Rheumatic Fever	34	29	
	Tetanus	0	1	 
	Tuberculosis	0	0	
	Yellow Fever	0	0	
	Chikungunya	0	1	
	Zika Virus	158	0	

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 44



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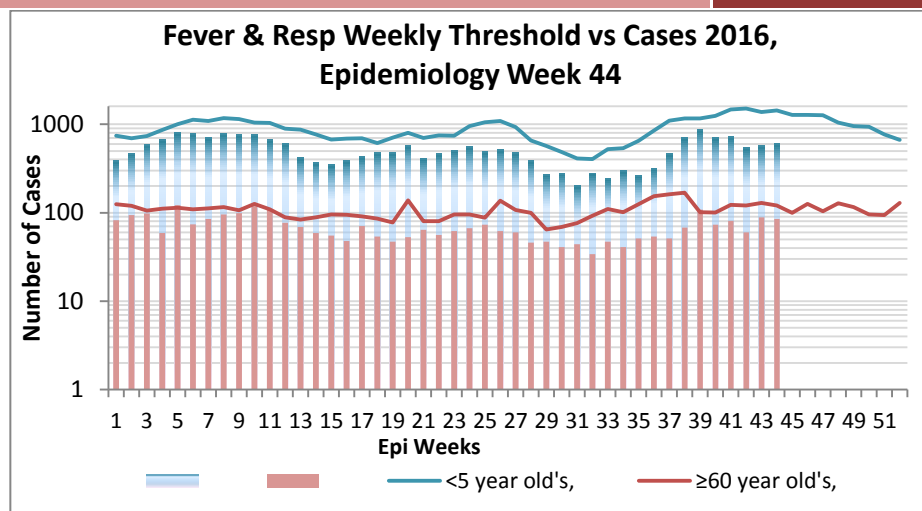
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Oct 30- Nov 5, 2016

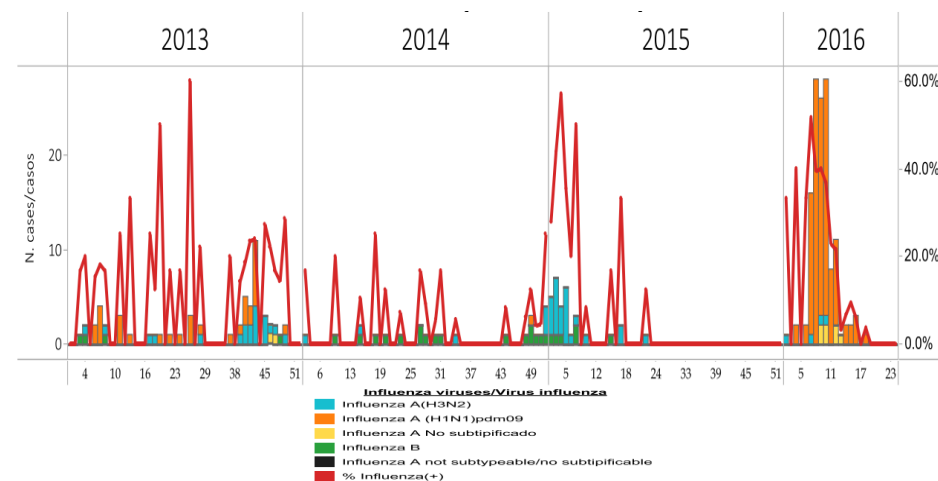
Epidemiology Week 44

September 2016		
	EW 44	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.

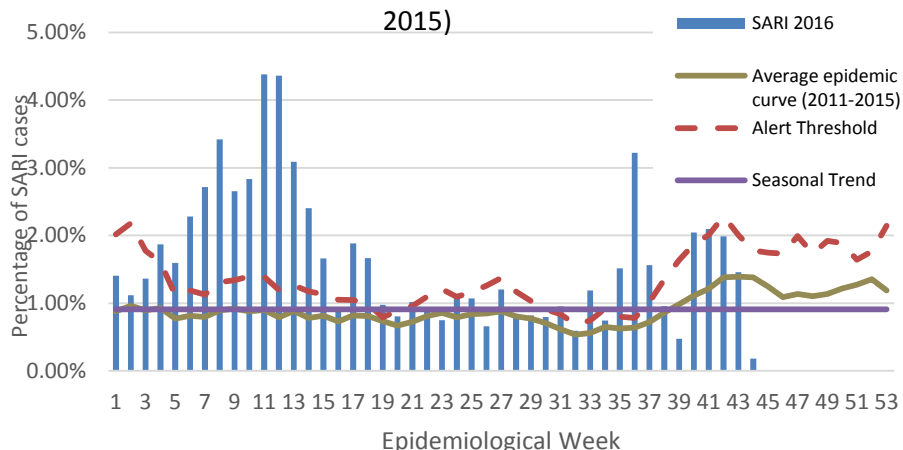
Incidence

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**

Dengue Bulletin



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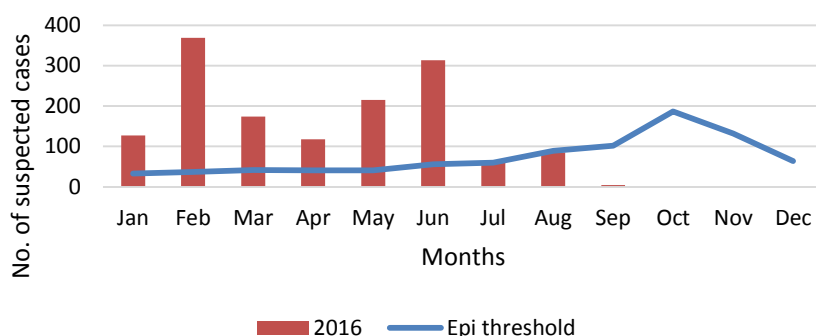
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Epidemiology Week 44

2016 Cases vs. Epidemic Threshold

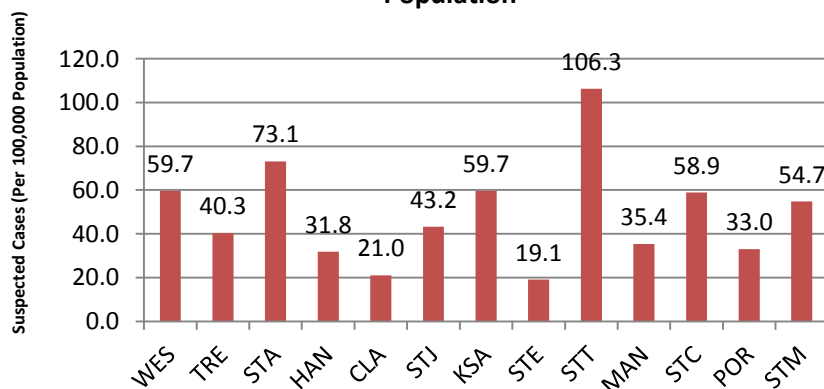


DISTRIBUTION

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

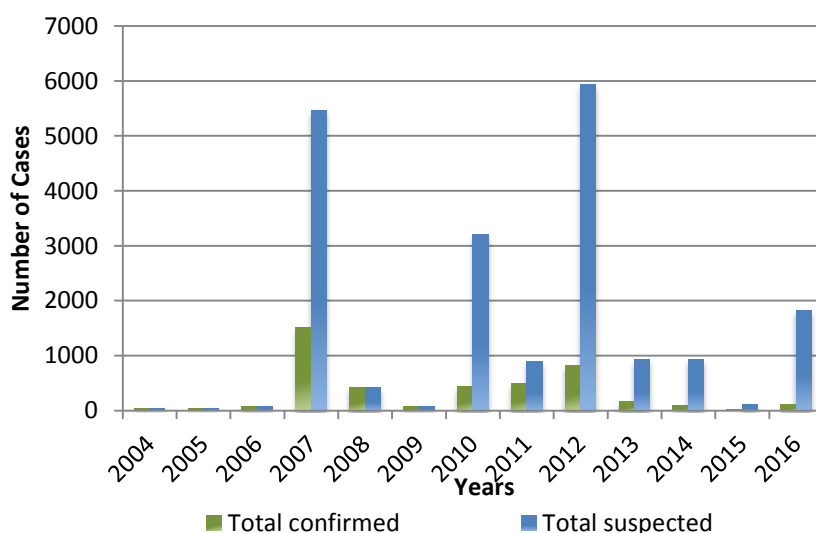
Suspected Dengue Fever Cases per 100,000 Parish Population



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



Gastroenteritis Bulletin

EW
44

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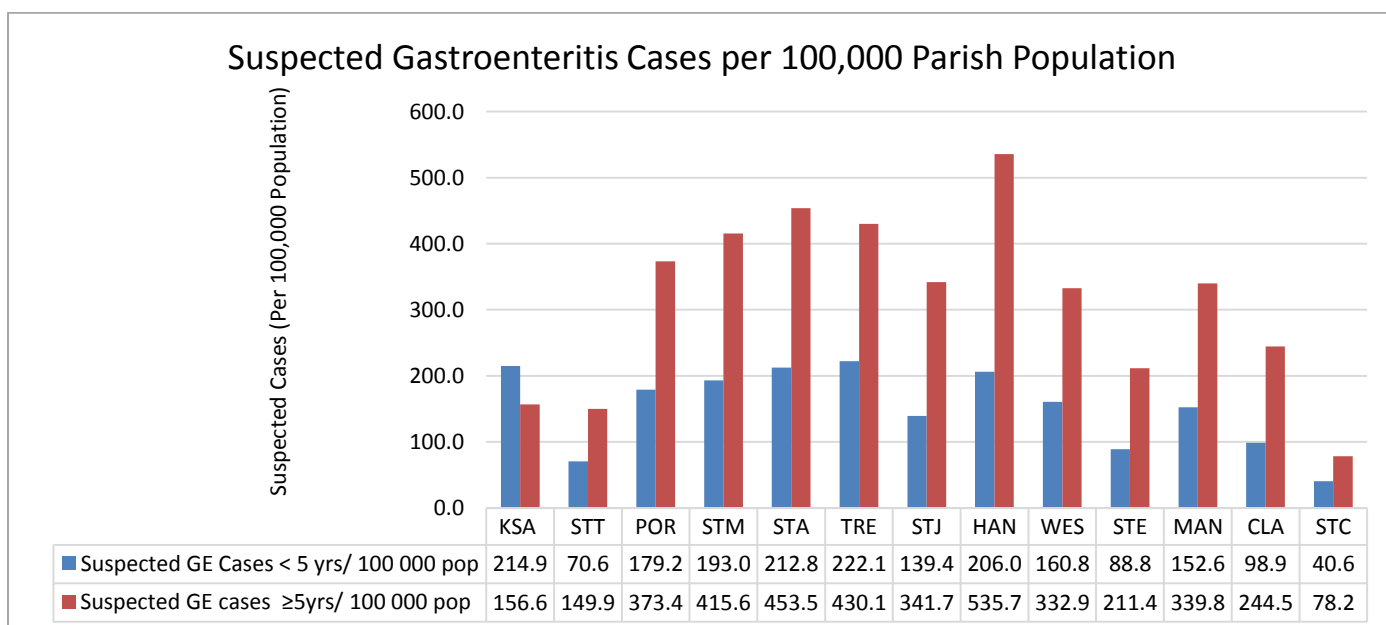
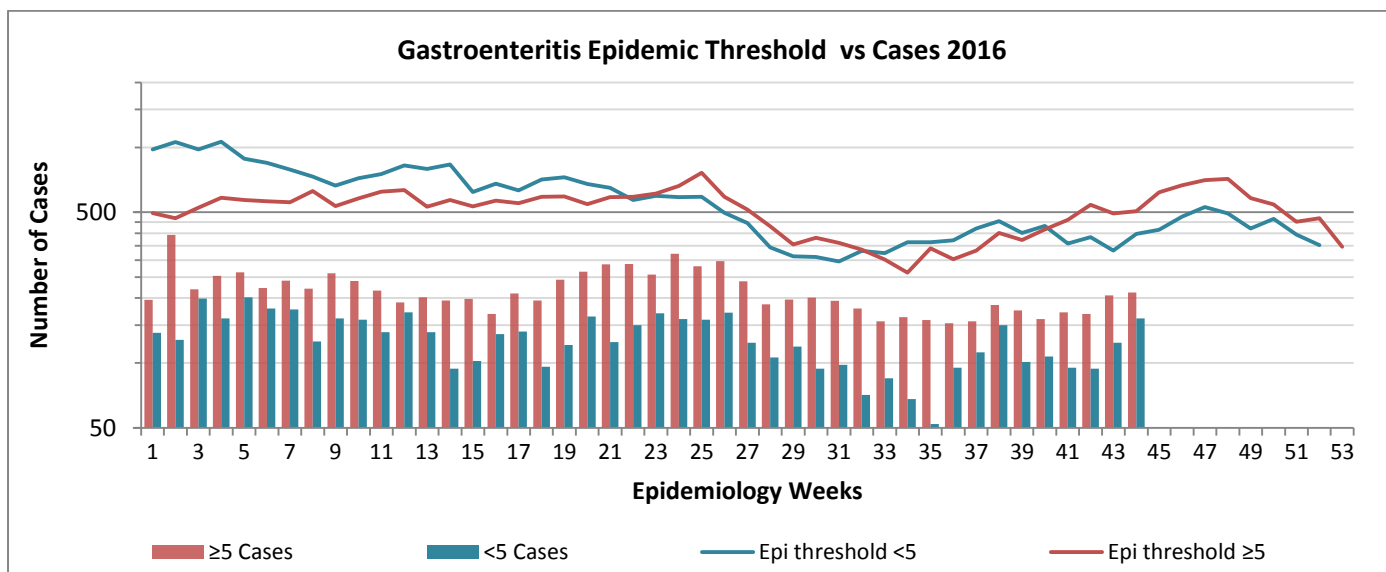
Weekly Breakdown of Gastroenteritis cases

Year	EW 44			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	161	212	373	5,724	9,395	15,119
2015	160	217	377	9,385	10,165	19,550

Gastroenteritis:

In Epidemiology Week 44, 2016, the total number of reported GE cases showed a 19% decrease compared to EW 44 of the previous year.

The year to date figure showed a 17% decrease in cases for the period.

**Figure 1: Total Gastroenteritis Cases Reported 2015-2016**

RESEARCH PAPER



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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 docketts 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 docketts audited (98%) revealed that nurses followed documentation guidelines for admission, recording patients' past complaints, medical history and assessment data. Most of the docketts (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 docketts 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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