

Week ending November 26, 2016

Epidemiology Week 47

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight Universal Health Coverage Day

Promoting health through the life-course

Universal Health Coverage Day, commemorated each 12 December, is the anniversary of the first unanimous United Nations resolution calling for countries to provide affordable, quality health care to every person, everywhere.

Universal health coverage has been included in the new Sustainable Development Goals adopted by the United Nations.

Universal Health Coverage (UHC) means everyone can access the quality health services they need without financial hardship.

In 2016, the question we face is not “if” but “when.” Having made the case for health for all, we must now accelerate progress.

This UHC Day, we will tell the human stories behind health system gaps, hold leaders accountable for more and smarter investments, and underscore that universal health coverage is imperative for the future we want by 2030.

HEALTH IS A HUMAN RIGHT



THAT 400 MILLION ARE WAITING FOR

SOURCE: WORLD HEALTH ORGANIZATION / WORLD BANK GROUP (2015)

HEALTH FOR ALL: RIGHT. SMART. OVERDUE.

Downloaded from: <http://www.who.int/life-course/news/events/uhc-day-2016/en/>
<http://universalhealthcoverageday.org/toolkit/>

EPI WEEK 47

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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

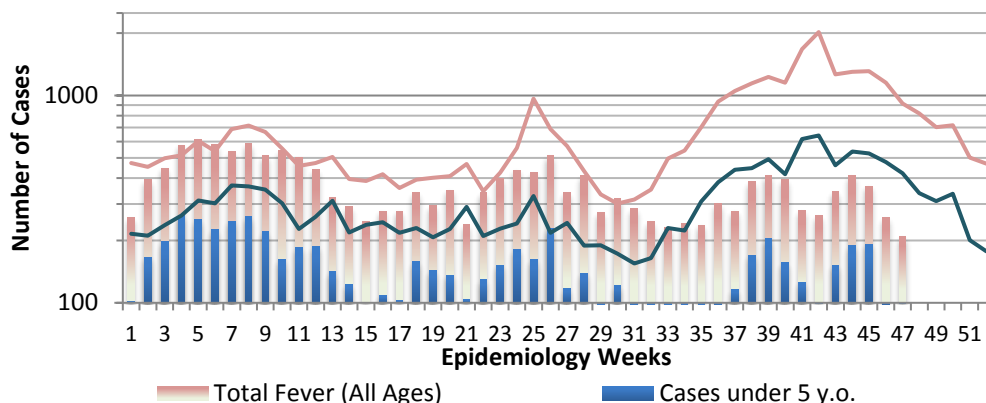
REPORTS FOR SYNDROMIC SURVEILLANCE

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 47

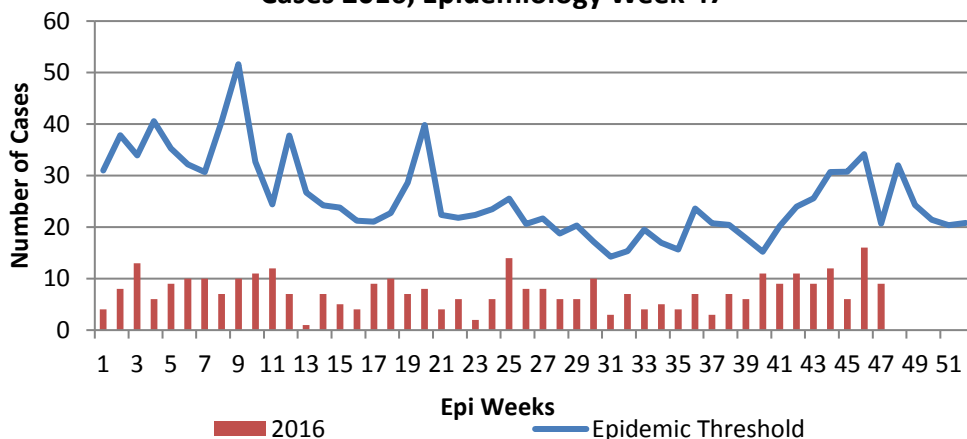


FEVER AND NEUROLOGICAL

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 47

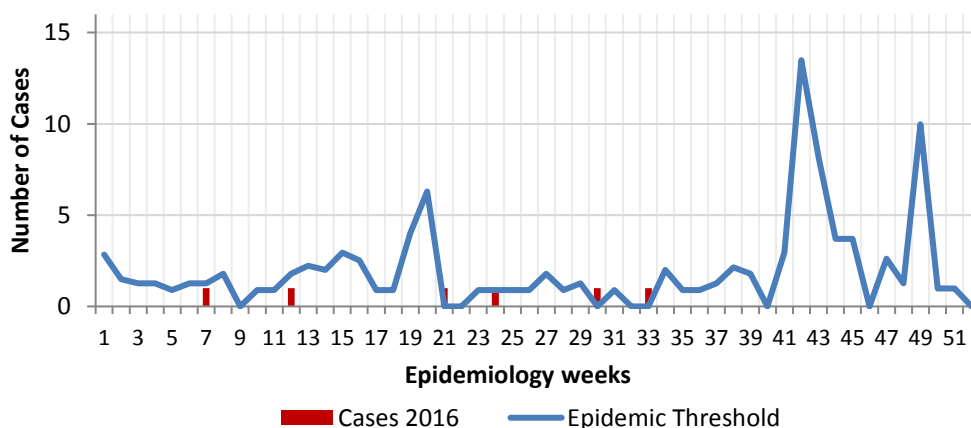


FEVER AND HAEMORRHAGIC

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 47



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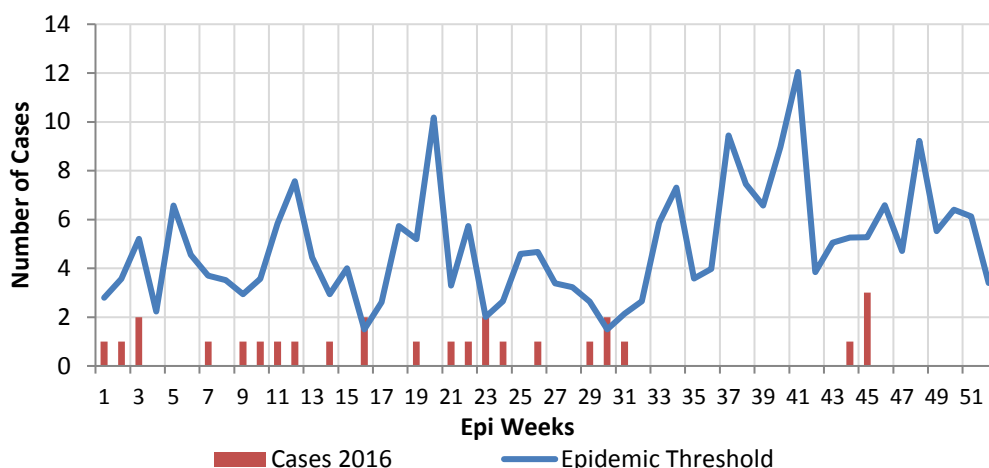
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FEVER AND JAUNDICE

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



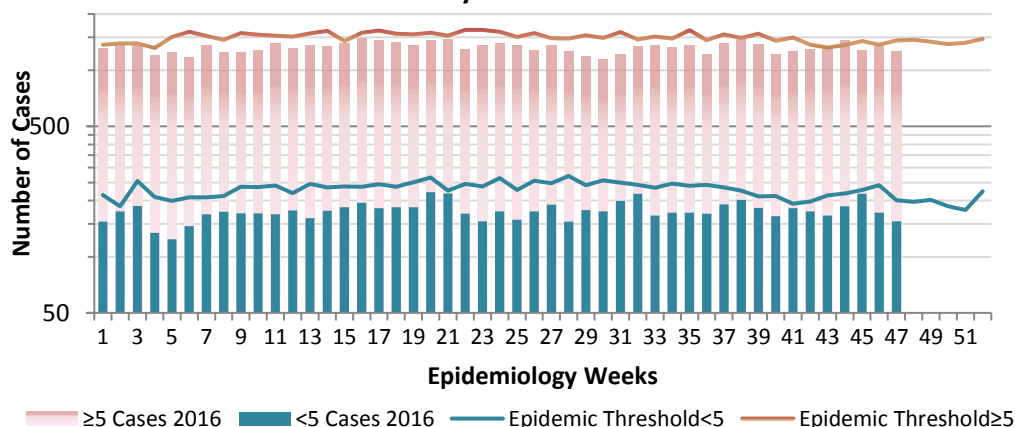
Fever and Jaundice Weekly Threshold vs Cases 2016, Epidemiology Week 47

**ACCIDENTS**

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



Accidents Weekly Threshold vs Cases 2016

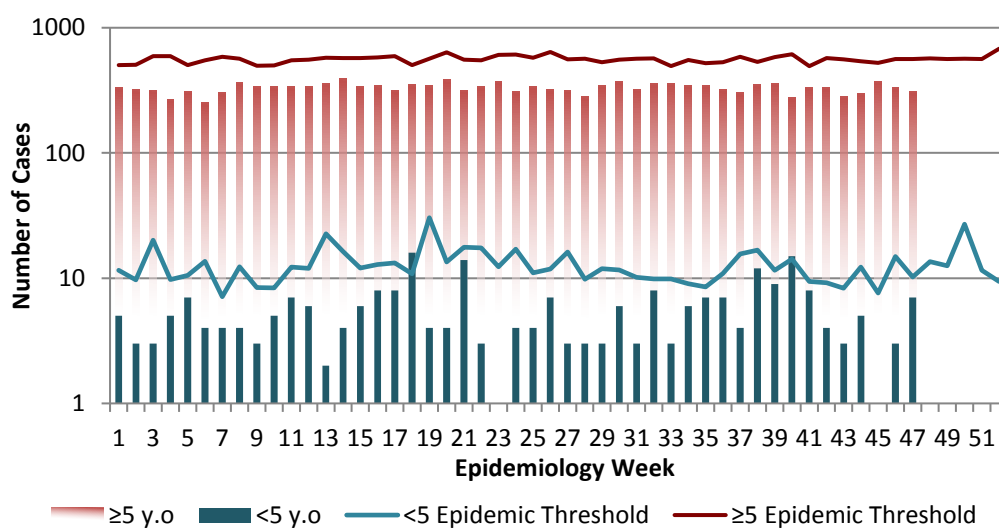
**VIOLENCE**

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		81	130	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	32	
	Hepatitis C		4	9	
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)		1	0	
	Meningitis (Clinically confirmed)		42	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.
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	*Data not available
	Congenital Rubella Syndrome		0	0	
	Congenital Syphilis		0	0	
	Fever and Rash	Measles	0	2	
		Rubella	0	0	
	Maternal Deaths ²		46	57	
	Ophthalmia Neonatorum		416	264	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		41	31	
	Tetanus		0	1	
	Tuberculosis		0	0	
	Yellow Fever		0	0	
	Chikungunya		0	1	<div><div></div><div></div></div>
	Zika Virus		203	0	



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 47

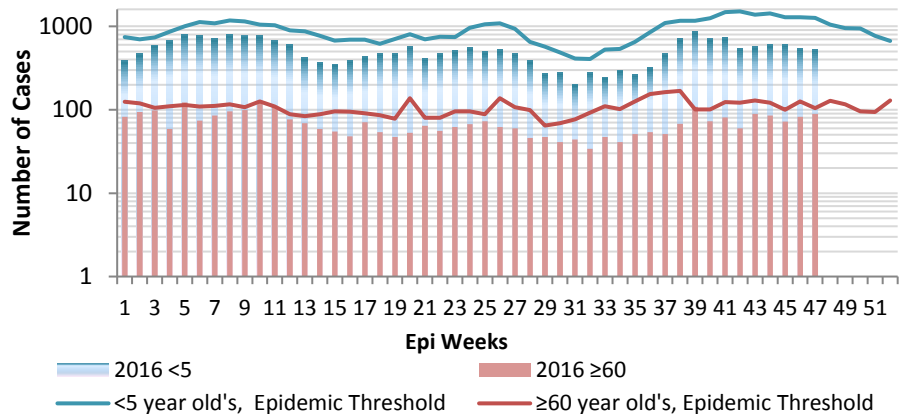
Nov 20-26, 2016

Epidemiology Week 47

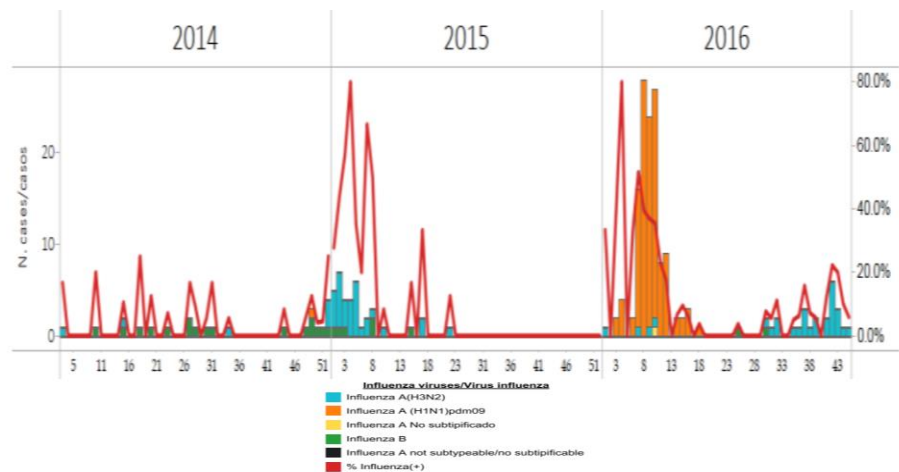
September 2016

Fever & Resp Weekly Threshold vs Cases 2016,
Epidemiology Week 47

	EW 47	YTD
SARI cases	8	991
Total Influenza positive Samples	1	159
Influenza A	1	155
H3N2	0	20
H1N1pdm09	0	80
Not subtyped	1	55
Influenza B	0	3
Other	0	1

**Comments:**

During EW 46, SARI activity increased (2.7%) above the alert threshold. During EW 46, SARI cases were most frequently reported among adults aged from 15 to 49 years of age. During EW 46, pneumonia case-counts slightly decreased (91 cases in EW 46), with the highest proportion in Kingston and Saint Andrew. During EW 45, influenza activity decreased (5.9% positivity for influenza) with influenza A(H3N2) predominating; no other respiratory virus activity was reported.

**INDICATORS****Burden**

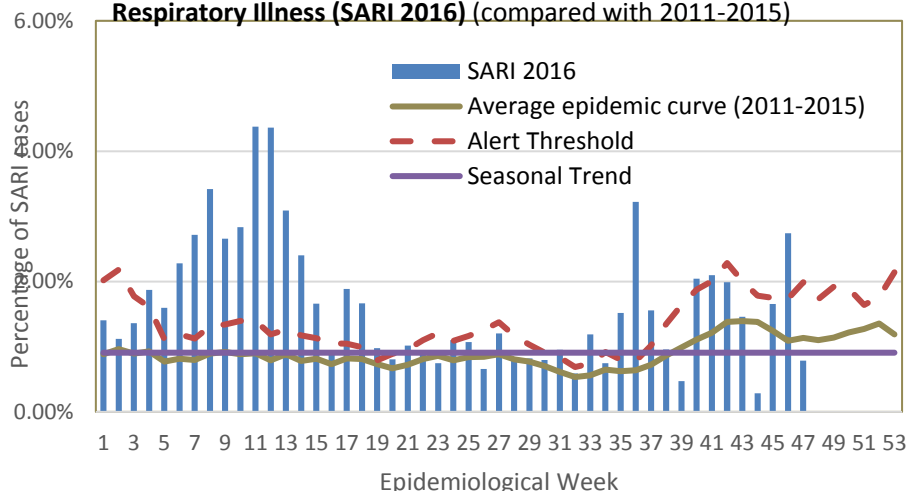
Year to date, respiratory syndromes account for 4.3% of visits to health facilities.

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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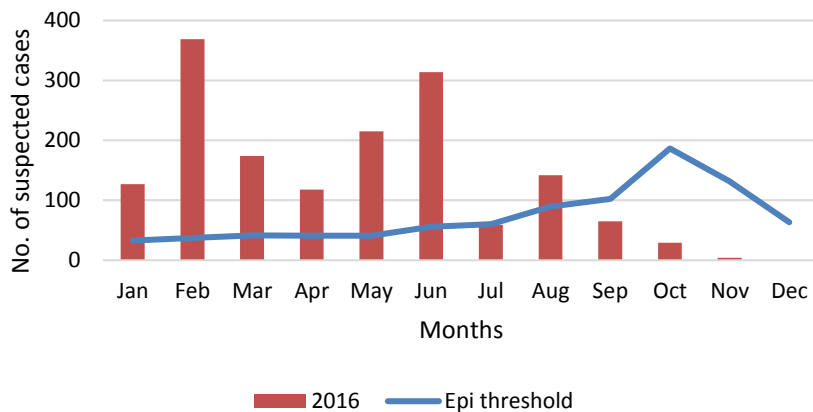
Dengue Bulletin

Nov 20-26, 2016

Epidemiology Week 47



2016 Cases vs. Epidemic Threshold

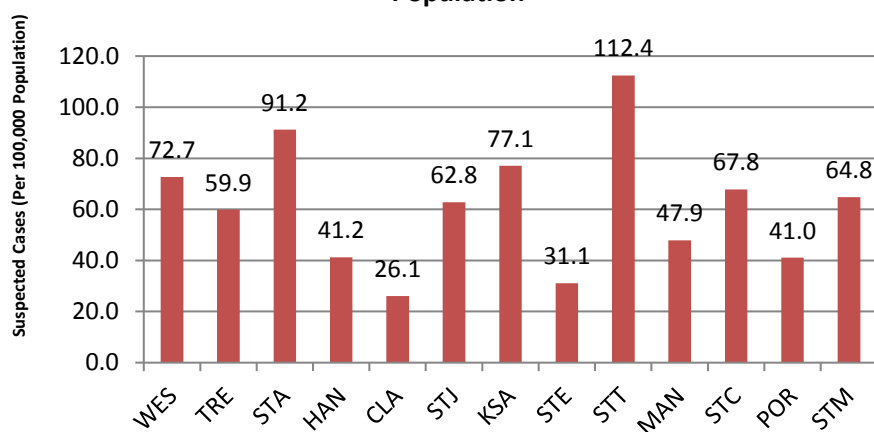


DISTRIBUTION


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	444	136	14
TOTAL	525	1014	730	2269	100

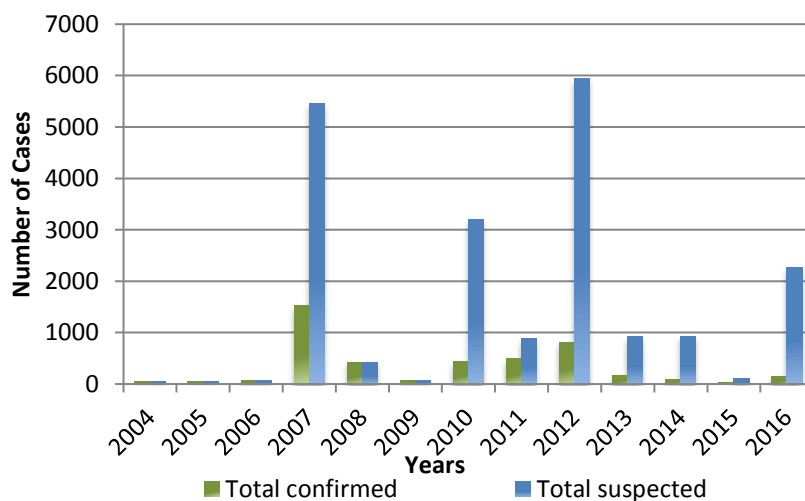
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2016		2015 YTD
		EW 47	YTD	
				
Total Suspected Dengue Cases		3	2269	30
Lab Confirmed Dengue cases		0	154	2
CONFIRMED	DHF/DSS	0	3	0
	Dengue Related Deaths	0	0	0

Dengue Cases by Year: 2004-2016, Jamaica



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Gastroenteritis Bulletin

EW 47

Nov 20-26, 2016

Epidemiology Week 47

Weekly Breakdown of Gastroenteritis cases

Year	EW 47			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	158	182	340	6,168	9,975	16,143
2015	149	183	332	9,850	10,725	20,575

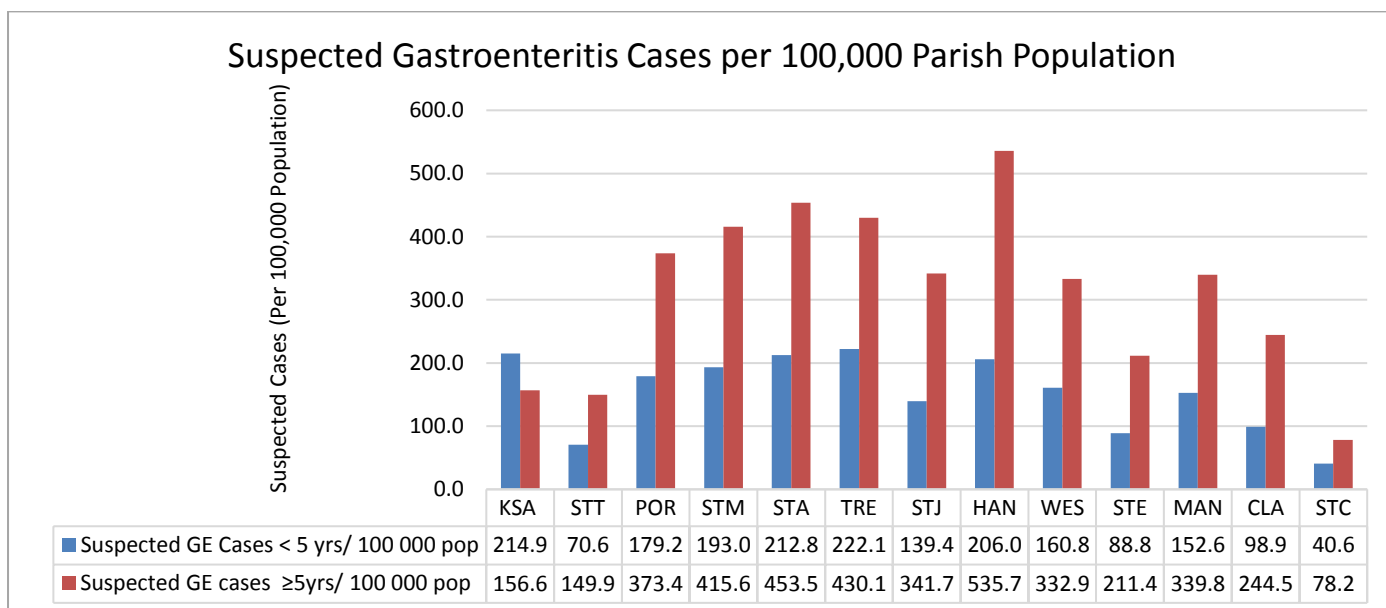
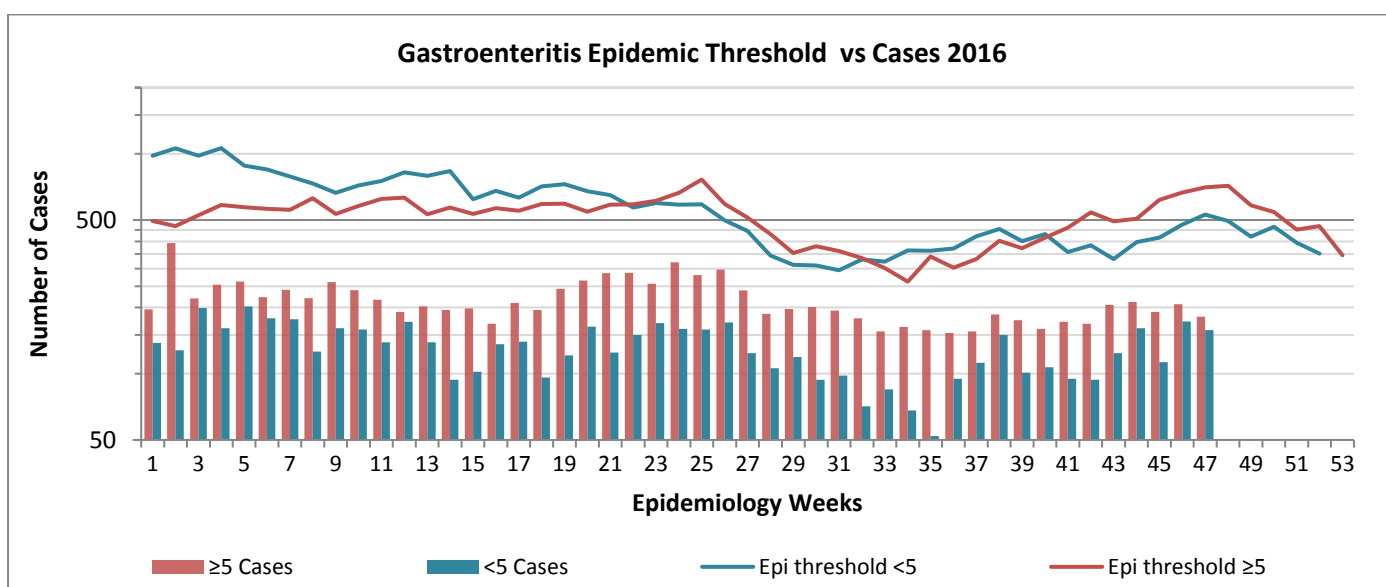
Gastroenteritis:

In Epidemiology Week 47, 2016, the total number of reported GE cases showed a 3.7% increase compared to EW 47 of the previous year.

The year to date figure showed a 19.35% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2015-2016



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RESEARCH PAPER

A Need for Capacity Building in Faith-Based Response to HIV/AIDS in Jamaica

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Objective: To identify initiatives being conducted by faith-based organizations (FBOs) and explore their most urgent needs in addressing the HIV/AIDS epidemic.

Design and Methods: Focus group discussions (FGD) and in-depth interviews were conducted with members of FBOs, members of HIV/AIDS support groups and persons living with HIV/AIDS (PLWHA) over a 6 month period in three parishes. Twelve (12) FGD and 30 in-depth interviews were conducted. Data were analysed by descriptive and interpretive techniques following the completion of transcriptions of the interviews and focus groups.

Results: One hundred (100) persons participated in the study, 18 of which were PLWHA. Approximately 60% of FBOs who participated had initiatives to address stigma and discrimination which included education and counselling sessions with their congregants (60%) as well as providing psychological support to PLWHA (50%). One FBO also had media publication. More than 50% of the FBO leaders interviewed expressed their most urgent need to be strengthening of the leadership to address stigma and discrimination and treatment of PLWHA among their congregants.

Conclusions: Programs to address stigma and discrimination were the most common initiatives in the FBOs that participated in the study. Strengthening the capacity of FBO leaders to identify and address stigma and discrimination among their congregants and the wider community was identified as their most urgent need followed by the capacity to provide psychological support for PLWHA.



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