WEEKLY EPIDEMIOLOGY BULLETIN NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight 2016 World Malaria Report

Malaria control improves for vulnerable in Africa, but global progress off-track

WHO's World Malaria Report 2016 reveals that children and pregnant women in sub-Saharan Africa have greater access to effective malaria control. Across the region, a steep increase in diagnostic testing for children and preventive treatment for pregnant women has been reported over the last 5 years. Among all populations at risk of malaria, the use of insecticidetreated nets has expanded rapidly.



But in many countries in the region, substantial gaps in programme coverage remain. Funding shortfalls and

fragile health systems are undermining overall progress, jeopardizing the attainment of global targets. Malaria remains an acute public health problem, particularly in sub-Saharan Africa. According to the report, there were 212 million new cases of malaria and 429 000 deaths worldwide in 2015.

There are still substantial gaps in the coverage of core malaria control tools. In 2015, an estimated 43% of the population in sub-Saharan Africa was not protected by treated nets or indoor spraying with insecticides, the primary methods of malaria vector control.

"We are definitely seeing progress," notes Dr Pedro Alonso, Director of the WHO Global Malaria Programme. "But the world is still struggling to achieve the high levels of programme coverage that are needed to beat this disease."

Source: http://who.int/mediacentre/news/releases/2016/malaria-control-africa/en/



All

sites





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All

sites



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HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS		CONFIRMED YTD		AFP Field Guides
			CURRENT YEAR	PREVIOUS YEAR	from WHO indicate that for an effective
Ţ	Accidental Poisoning		92	130	surveillance system, detection rates for AFP should be 1/100,000 population under 15 years old (6 to 7) cases annually.
NO/	Cholera		0	0	
Dengue Hemorrhagic Fever ¹		norrhagic Fever ¹	2	0	
ERN EST	Hansen's Disease (Leprosy)		1	0	
NTE	Hepatitis B		27	32	
INI IL/I	Hepatitis C		4	10	
√NC	HIV/AIDS - See HIV/AIDS National Programme Report				 Pertussis-like
ATI	Malaria (Imported)		1	0	syndrome and Tetanus are
ź	Meningitis (Clinically confirmed)		45	66	
EXOTIC/ UNUSUAL	Plague		0	0	confirmed classifications.
GH SIDIT/ TALIY	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
H I ORI OR	Typhoid Fever		1	0	
ΣΣ	Meningitis H/Flu		0	0	
	AFP/Polio		0	0	
	Congenital Rubella Syndrome		0	0	
\sim	Congenital Syphilis		0	0	
OGRAMMES	Fever and	Measles	0	2	per year.
	Rash	Rubella	0	0	
	Maternal Deaths ²		46	57	*Data not available
PR(Ophthalmia Neonatorum		416	268	·
IAL	Pertussis-like syndrome Rheumatic Fever		0	0	 Dengue Hemorrhagic Fever data include Dengue related deaths; Maternal Deaths include early and late
PEC			41	31	
$\mathbf{\Sigma}$	Tetanus		0	1	
	Tuberculosis		0	0	deaths.
	Yellow Fever		0	0	
	Chikungunya	a	0	1	
			203	0	



All

sites





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*Incidence/Prevalence cannot be calculated

Comments

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

Nov 27- Dec 3, 2016

Epidemiology Week 48



Septembe	er 2016		
	EW 48	YTD	
SARI cases	20	1011	1000
Total Influenza positive Samples	0	159	er of Cases
Influenza A	0	155	۾ 10
H3N2	0	20	N
H1N1pdm09	0	80	1
Not subtyped	0	55	
Influenza B	0	3	
Other	0	1	

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,

decreased (91 cases in EW 46), with

the highest proportion in Kingston and Saint Andrew. During EW 45,

influenza activity decreased (5.9%

influenza)

for

case-counts

slightly

with

Fever & Resp Weekly Threshold vs Cases 2016, **Epidemiology Week 48**



influenza A(H3N2) predominating; no other respiratory virus activity was reported.

INDICATORS

Burden

Comments:

pneumonia

positivity

Year respiratory to date. 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

All

sites

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

Epidemiology Week 48

Nov 27- Dec. 3, 2016



DISTRIBUTION

Year-to-Date Suspected Dengue Fever

F

10

25

135

180

373

184

18

89

1014

Weekly Breakdown of suspected and

confirmed cases of DF,DHF,DSS,DRD

Μ

4

24

126

101

151

62

9

48

525

Total Suspected

Dengue Cases

Lab Confirmed

Dengue cases

DHF/DSS

Dengue

<1

1-4

5-14

15-24

25-44

45-64

>65

Unknown

TOTAL

Un-

kwn

0

0

3

4

6

2

0

444

730

2016

YTD

2269

154

3

0

EW

47

3

0

0

0

Total

14

45

229

245

451

209

25

136

2269

%

1

5

19

20

29

10

2

14

100

2015

YTD

30

2

0

0

2016 Cases vs. Epidemic Threshold



Suspected Dengue Fever Cases per 100,000 Parish Population



Dengue Cases by Year: 2004-2016, Jamaica



CONFIRMED Related Deaths All

sites



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Suspected Cases (Per 100,000 Population)



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In Epidemiology Week 48, 2016, the

total number of reported GE cases showed a 5.2% increase compared to EW

The year to date figure showed a 17.23%

Gastroenteritis Bulletin

Nov 27 - Dec. 3, 2016

Epidemiology Week 4

Gastroenteritis:

48 of the previous year.

decrease in cases for the period.

曲

Weekly Breakdown of Gastroenteritis cases EW 47 Year YTD <5 ≥5 Total <5 ≥5 Total 2016 6,374 206 198 404 10,173 16,547 2015 160 213 373 10,010 10,938 20,948

Figure 1: Total Gastroenteritis Cases Reported 2015-2016



Suspected Gastroenteritis Cases per 100,000 Parish Population





All





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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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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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All

sites





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