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Week ending December 17, 2016 Epidemiology Week 50

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

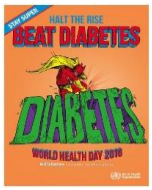
Weekly Spotlight

2016 Health Review

February –ZIKA On February 1 WHO declared Zika and associated microcephaly and other neurological disorders a Public Health Emergency of International Concern (PHEIC). There were also concerns about the virus and the Rio 2016 Olympic Games

March –YELLOW FEVER In early 2016, Angola suffered its first yellow fever outbreak in 30 years

April –DIABETES World Health Day 2016: Beat Diabetes



June –EBOLA End of the largest-ever Ebola outbreak, which claimed at least 11,310 lives in the three most affected countries

July –HEPATITIS World Hepatitis Day –around the world 400 million people are infected with hepatitis B and C, more than 10 times the number of people living with HIV

August –MATERNAL HEALTH It is estimated that every year, worldwide, 303 000 women die during pregnancy and childbirth, 2.7 million babies die during the first 28 days of life and 2.6 million babies are stillbirth. With quality health care, many of these deaths could be prevented

September –ANTIMICROBIAL RESISTANCE For the first time, Heads of State committed to taking a broad, coordinated approach to address the root cause of AMR across multiple sectors, especially human health, animal health and agriculture

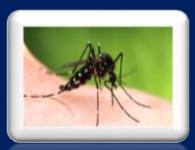
October –HURRICANE MATTHEW With damage assessment from Hurricane Matthew still underway, PAHO/WHO deployed field teams even before the storm affected areas in Haiti, the Bahamas, Cuba and Jamaica, and was preparing for a possible cholera upsurge in Haiti

November –ZIKA Zika virus and associated consequences remain a significant public health challenge requiring intense action, but they no longer represent a PHEIC

December –HIV For World AIDS Day, WHO released new guidelines on HIV self-testing to improve access to uptake of HIV diagnosis. Lack of an HIV diagnosis is a major obstacle to being able to offer Antiretroviral therapy to everyone with HIV

Read more: http://who.int/features/2016/EndOfYearReview2016EN.pdf?ua=1

EPI WEEK 50



NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

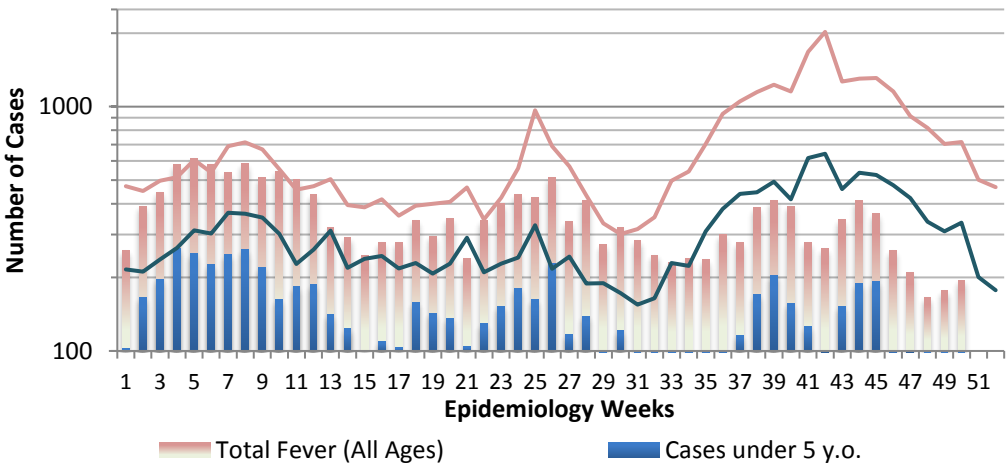
HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

SENTINEL REPORT- 79 sites*. Automatic reporting

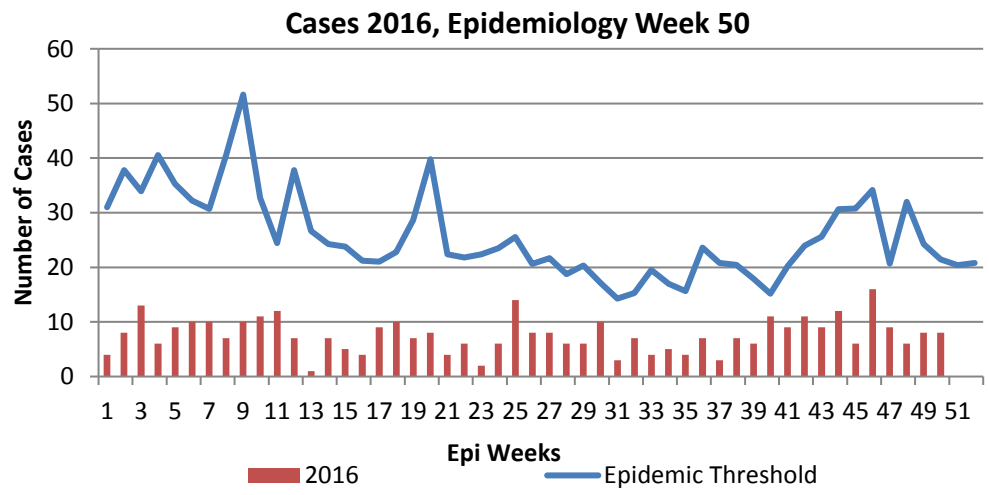
*Incidence/Prevalence cannot be calculated

REPORTS FOR SYNDROMIC SURVEILLANCE

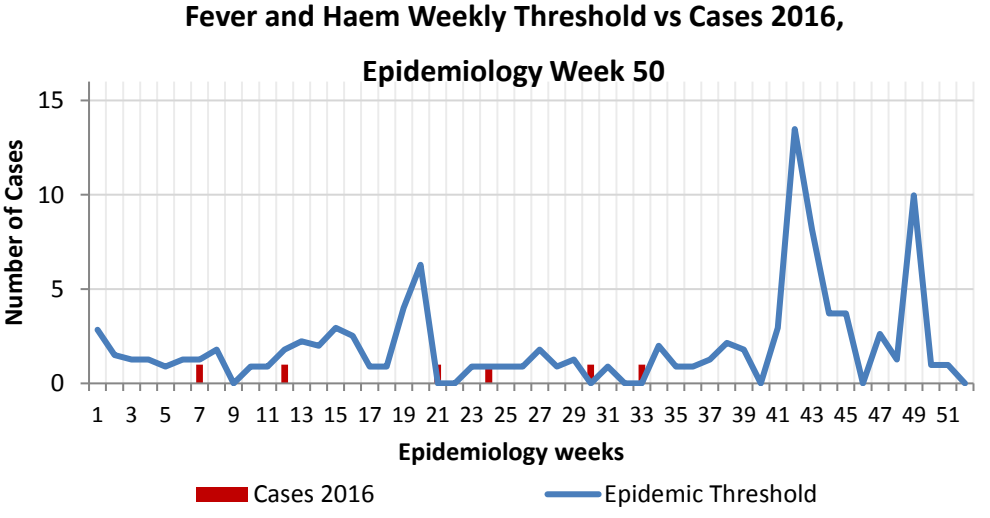
FEVER
Temperature of >38^0C /100.4^0F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



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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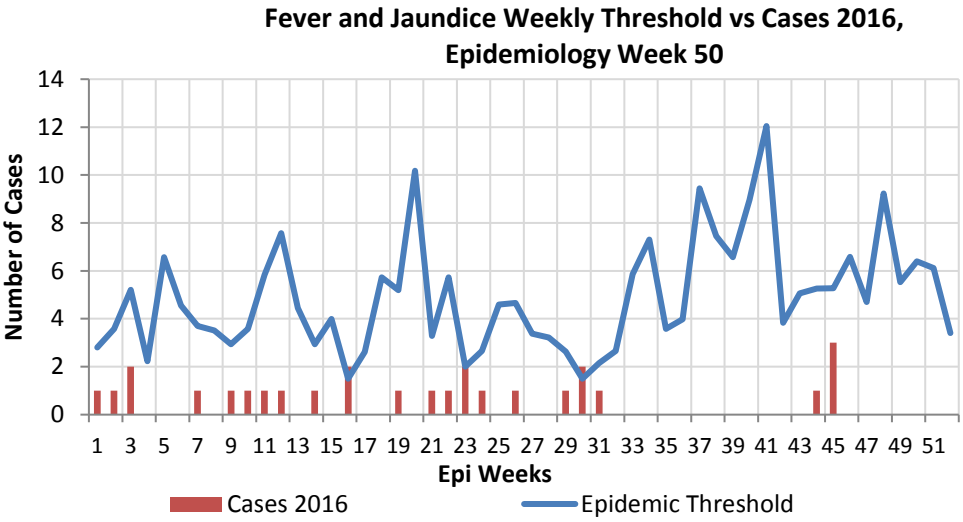
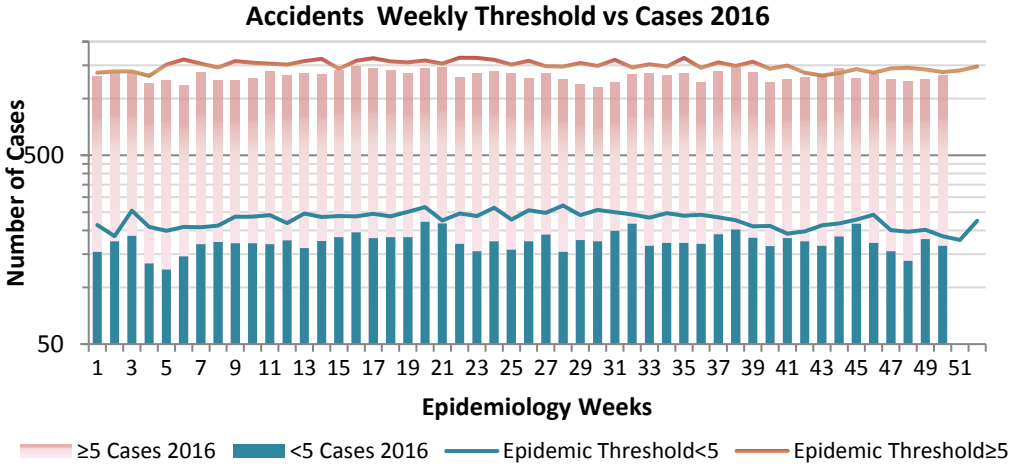
FEVER AND JAUNDICE

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



ACCIDENTS

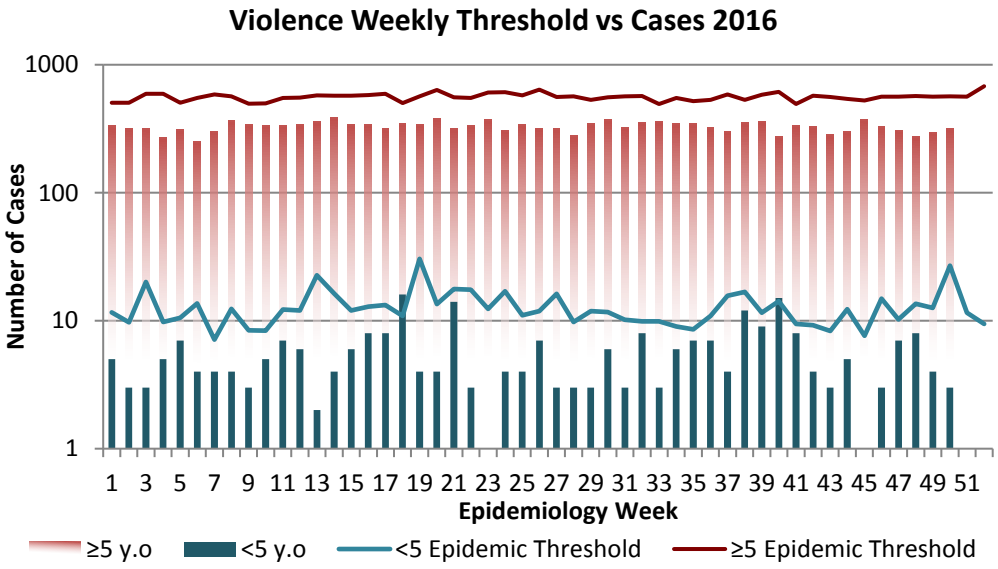
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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		102	130
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		2	0
	Hansen's Disease (Leprosy)		1	0
	Hepatitis B		27	32
	Hepatitis C		4	10
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		2	0
	Meningitis (Clinically confirmed)		48	67
EXOTIC/ UNUSUAL	Plague		0	0
H IGH MORBIDIT/ MORTALIY	Meningococcal Meningitis		0	0
	Neonatal Tetanus		0	0
	Typhoid Fever		1	3
	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	0
		Rubella	0	0
	Maternal Deaths[2]		51	58
	Ophthalmia Neonatorum		416	268
	Pertussis-like syndrome		0	0
	Rheumatic Fever		8	13
	Tetanus		0	1
	Tuberculosis		*Figure being validated	99
	Yellow Fever		0	0
	Chikungunya		0	1
	Zika Virus		203	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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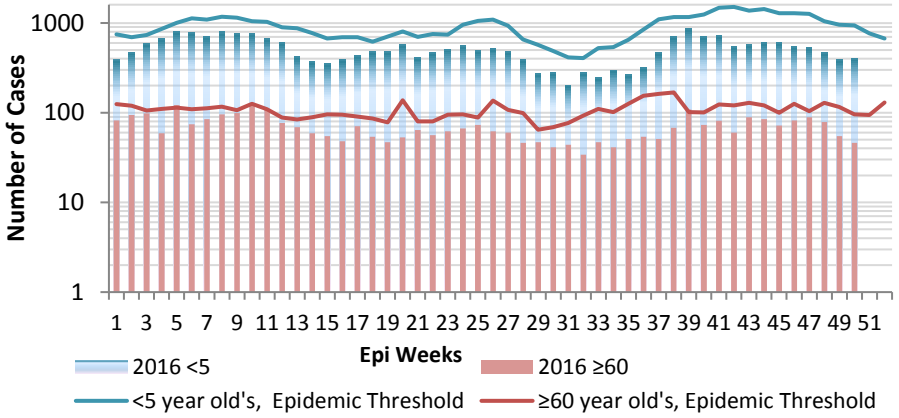
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 50

Dec 11-17, 2016 Epidemiology Week 50

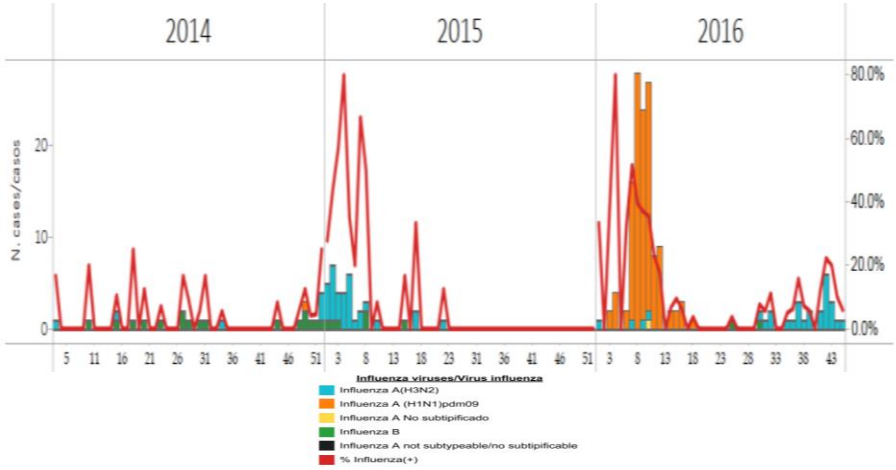
September 2016		
	EW 50	*YTD*
SARI cases	*23*	*1043*
Total Influenza positive Samples	***1***	***160***
Influenza A	***0***	***155***
H3N2	*0*	*20*
H1N1pdm09	*0*	*80*
Not subtyped	*0*	*55*
Influenza B	*1*	***4***
Other	*0*	***1***

Fever & Resp Weekly Threshold vs Cases 2016, Epidemiology Week 50



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 46, 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.

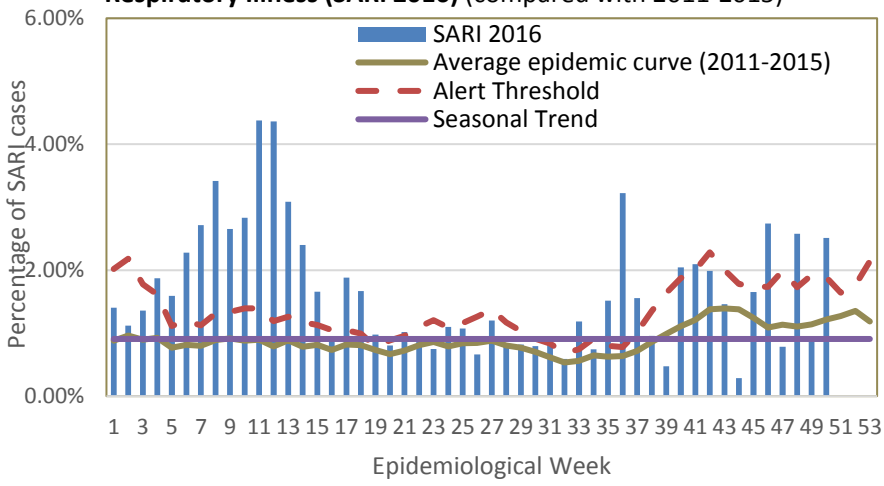
Incidence

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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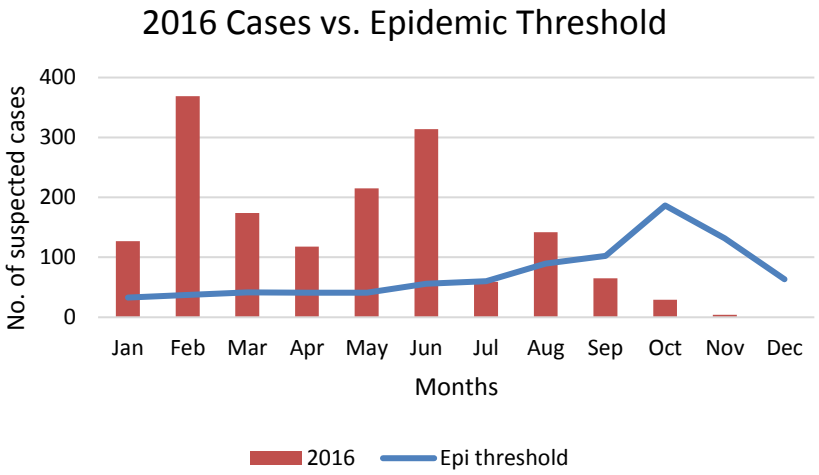
Dengue Bulletin

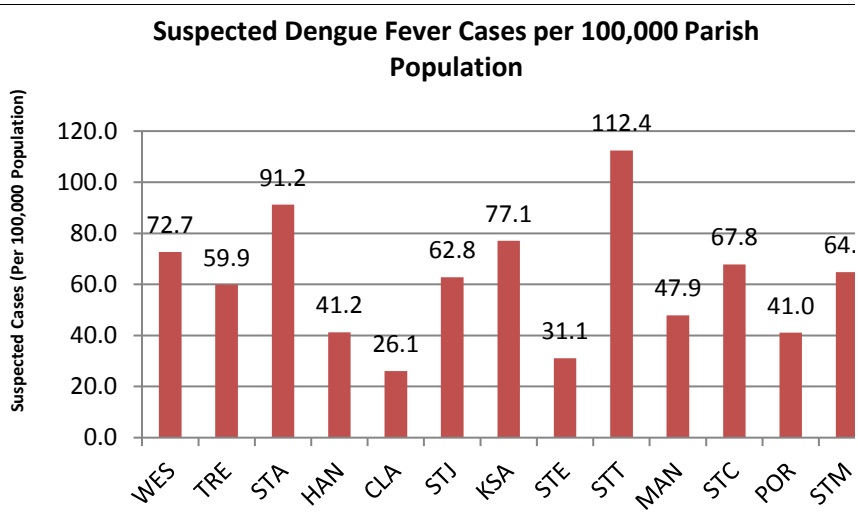
Dec. 11-17, 2016 Epidemiology Week 50



DISTRIBUTION

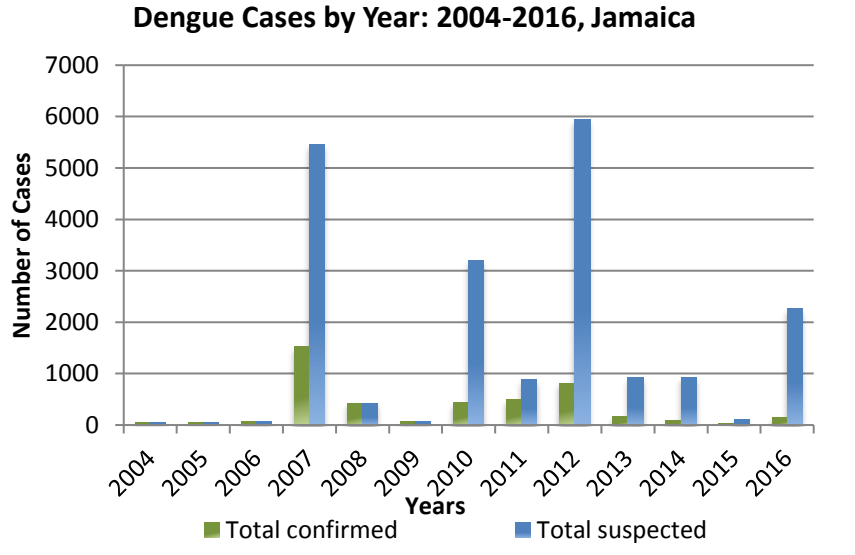
Year-to-Date Suspected Dengue Fever

	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**



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

		2016		2015 YTD
		EW 50	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



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Gastroenteritis Bulletin

EW 50

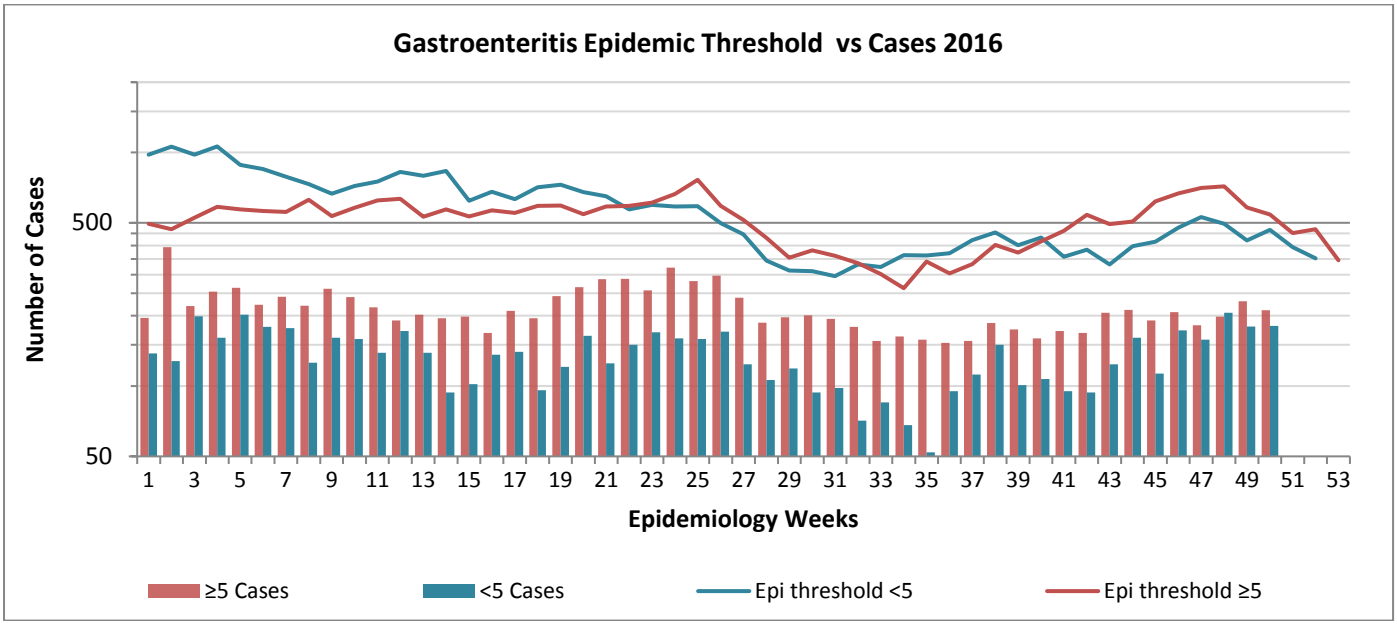
Dec. 11-17, 2016 Epidemiology Week 50

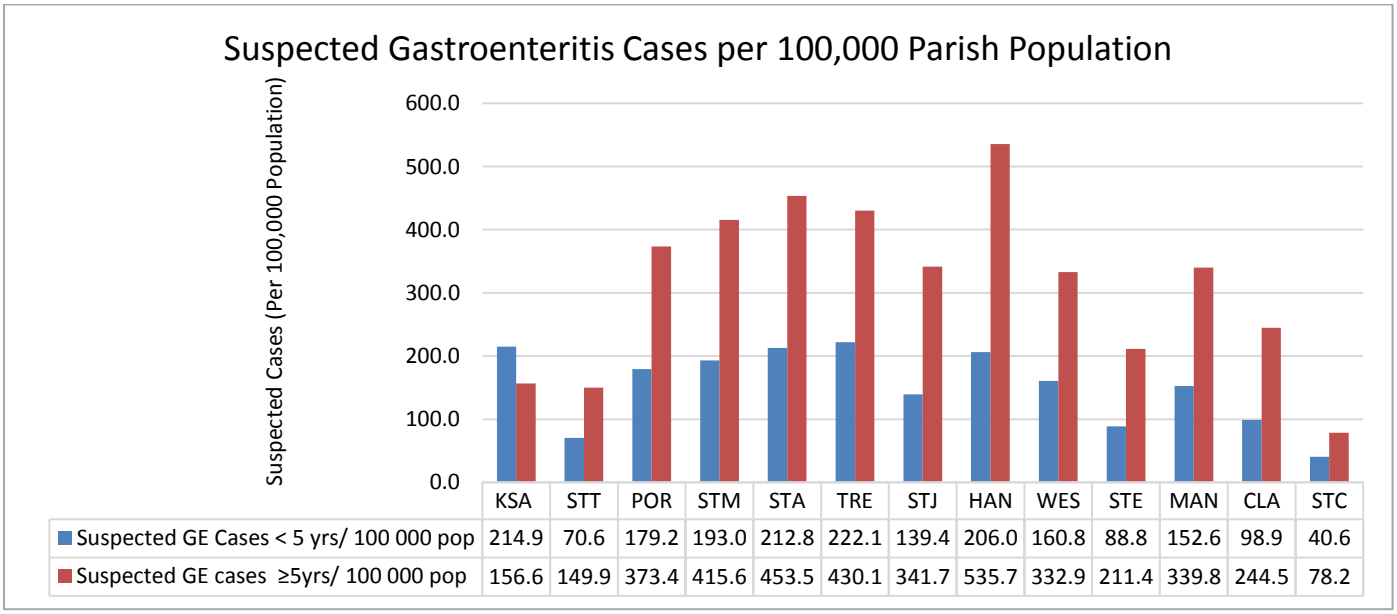
Weekly Breakdown of Gastroenteritis cases

Year	EW 50			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	181	211	392	6,735	10,615	17,350
2015	149	171	320	10,308	11,338	21,646

Gastroenteritis:
In Epidemiology Week 50, 2016, the total number of reported GE cases showed a 9.71% increase compared to EW 50 of the previous year.
The year to date figure showed a 17.21% 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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