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Week ending December 31, 2016 Epidemiology Week 52

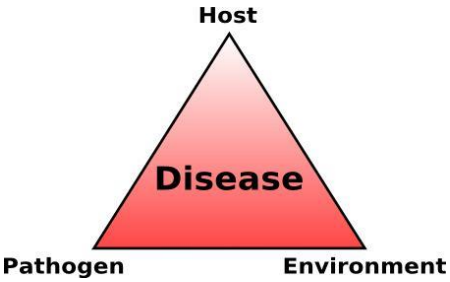
WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

What is a Disease Outbreak?

Infectious diseases



Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans.

Disease Outbreak

A disease outbreak is the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season. An outbreak may occur in a restricted geographical area, or may extend over several countries. It may last for a few days or weeks, or for several years.

A single case of a communicable disease long absent from a population, or caused by an agent (e.g. bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated.

During outbreaks, the Global Outbreak Alert and Response Network (GOARN) ensures that the right technical expertise and are skills are on the ground where and when they are needed most. WHO coordinates international outbreak response using resources from GOARN.

Yellow Fever Vaccination 2016

Downloaded from: http://www.who.int/topics/disease_outbreaks/en/
http://www.who.int/topics/infectious_diseases/en/

EPI WEEK 52

NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

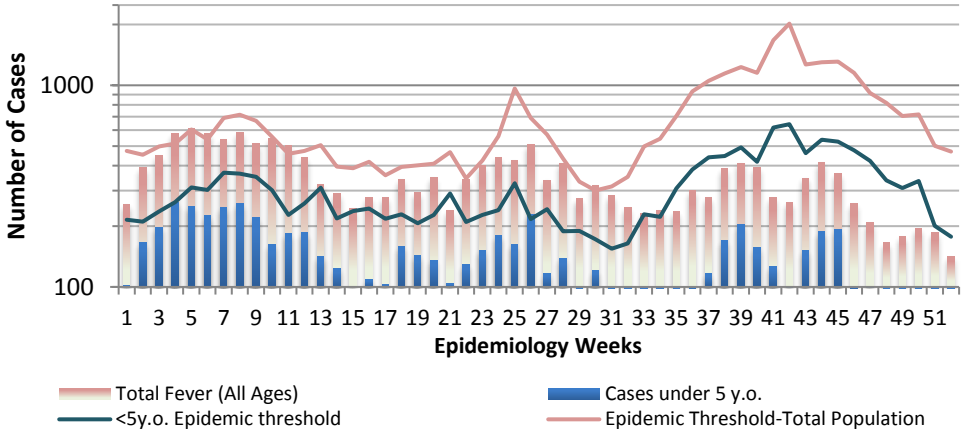
SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

REPORTS FOR SYNDROMIC SURVEILLANCE

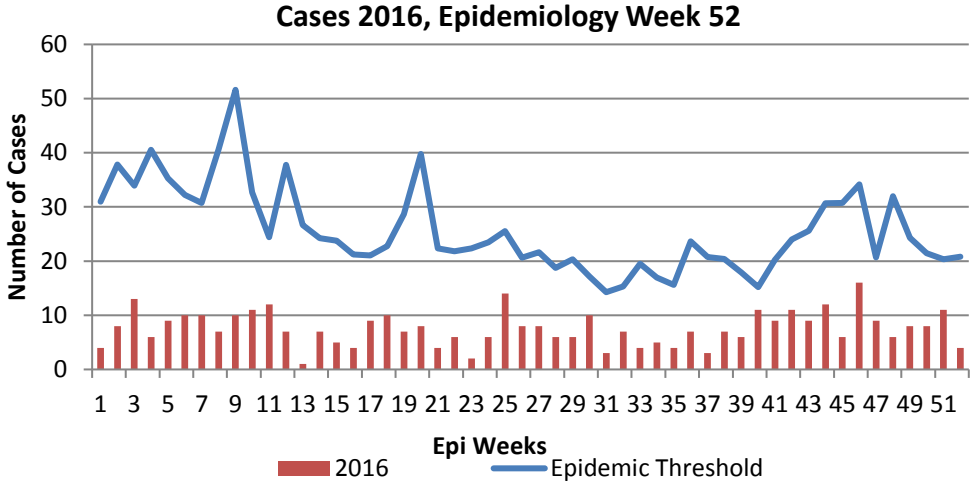
FEVER

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



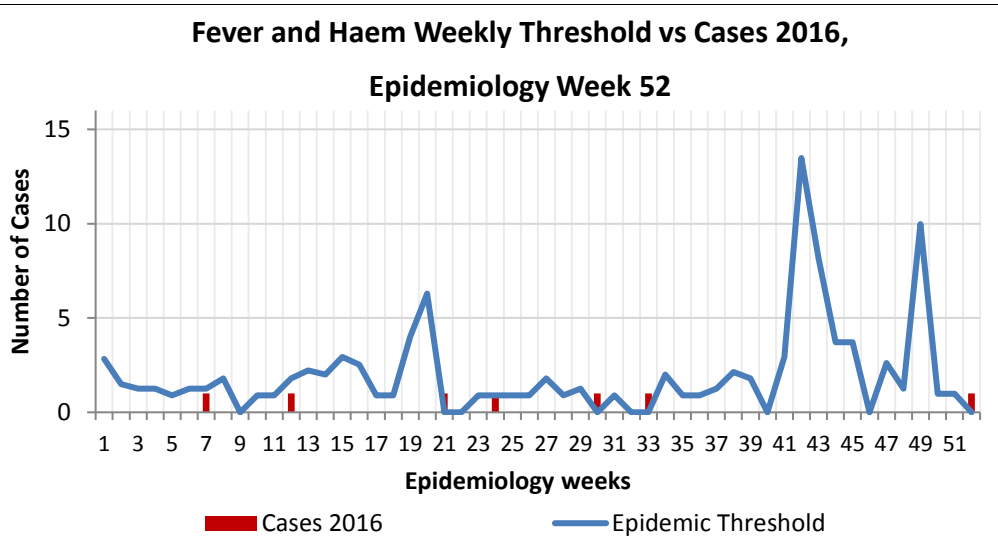
FEVER AND NEUROLOGICAL

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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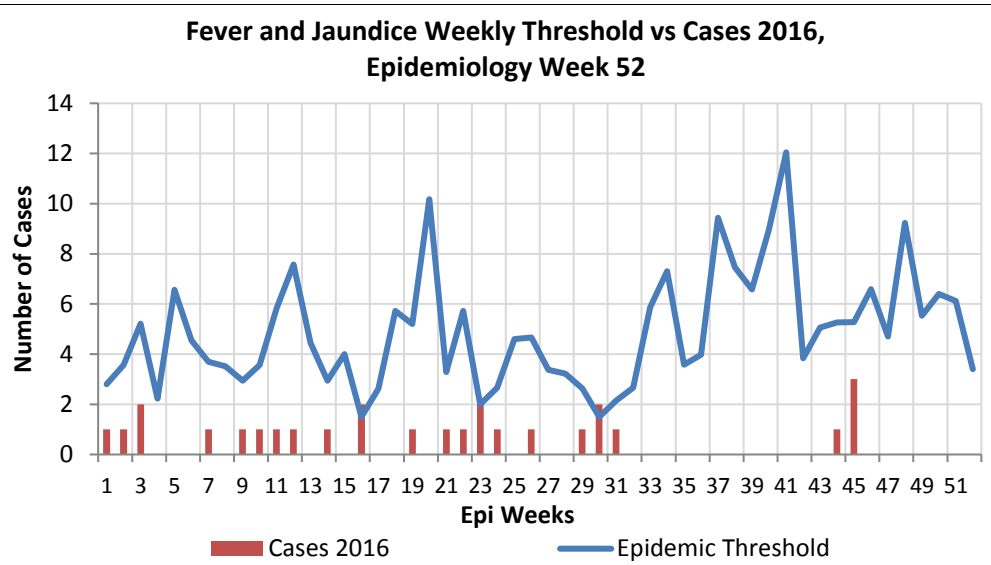
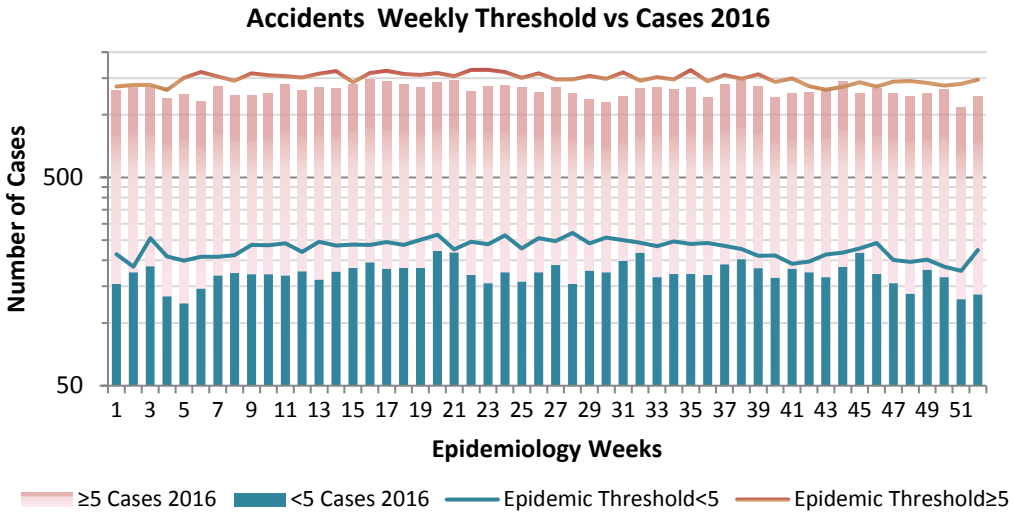
FEVER AND JAUNDICE

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



ACCIDENTS

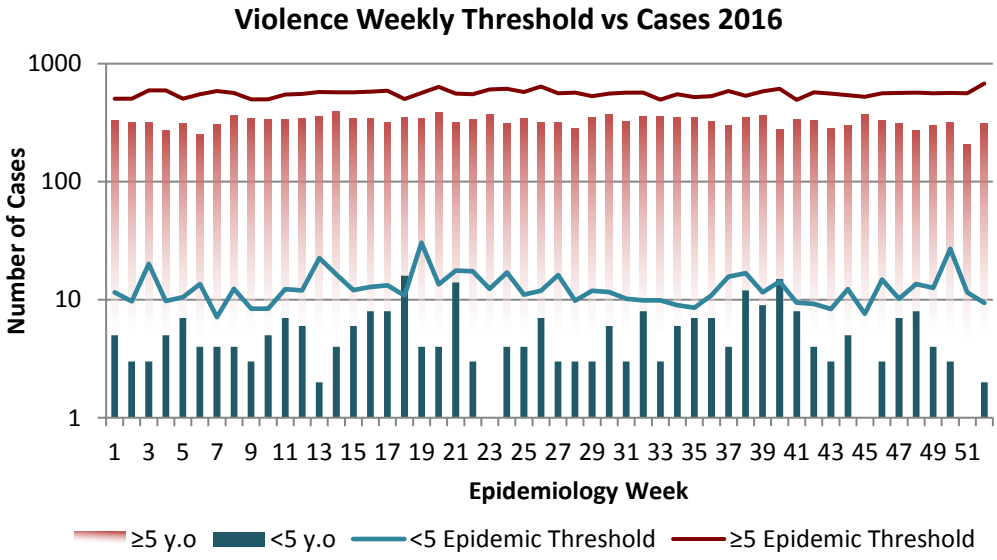
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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		107	130
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		2	0
	Hansen's Disease (Leprosy)		1	0
	Hepatitis B		27	33
	Hepatitis C		4	10
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		2	0
	Meningitis (Clinically confirmed)		49	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	59
	Ophthalmia Neonatorum		424	300
	Pertussis-like syndrome		0	0
	Rheumatic Fever		10	13
	Tetanus		0	1
	Tuberculosis		54	99
	Yellow Fever		0	0
	Chikungunya		3	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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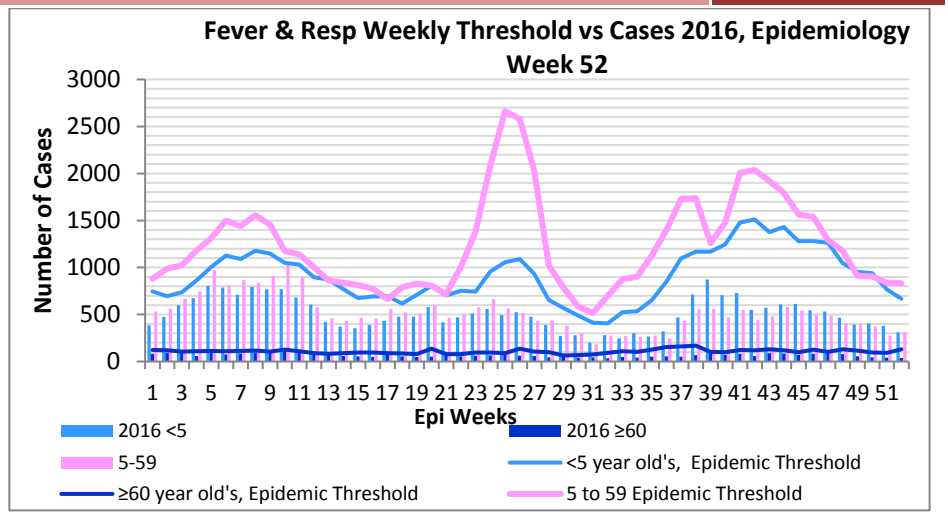
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

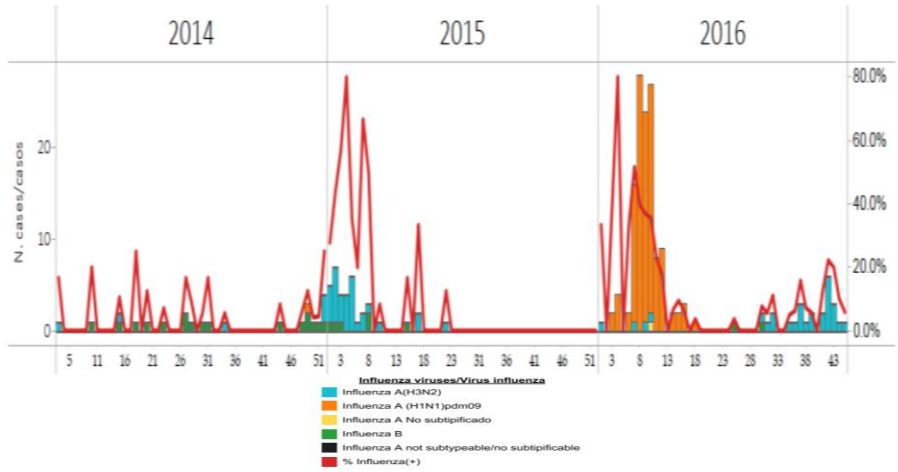
EW 52

Dec 25-31, 2016 Epidemiology Week 52

December 2016	*EW 52*	*YTD*
SARI cases	*5*	*1056*
Total Influenza positive Samples	***0***	***160***
Influenza A	***0***	***155***
H3N2	*0*	*20*
H1N1pdm09	*0*	*80*
Not subtyped	*0*	*55*
Influenza B	*0*	***4***
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 46, influenza activity decreased (5.9% positivity for influenza) with influenza A(H3N2) predominating; no other respiratory virus activity was reported.

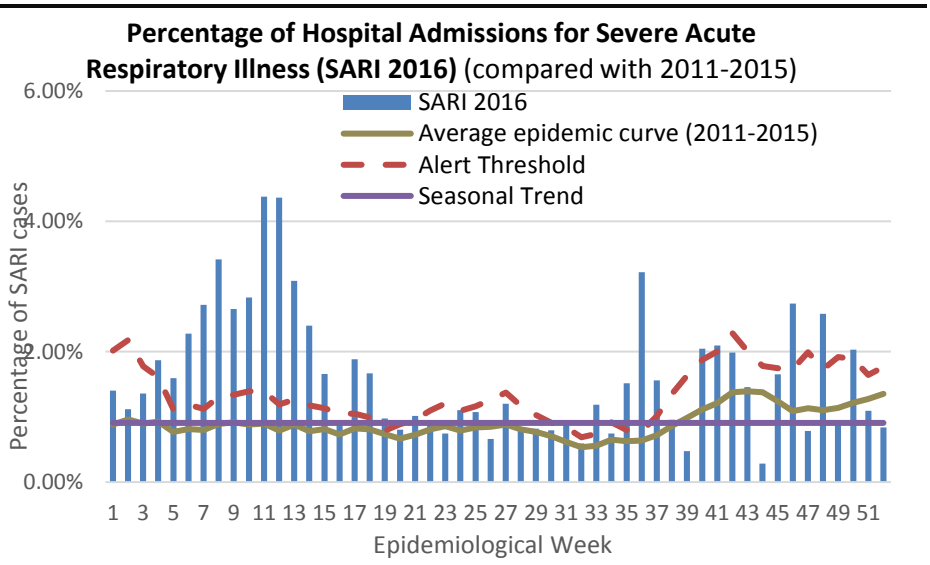


INDICATORS

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.



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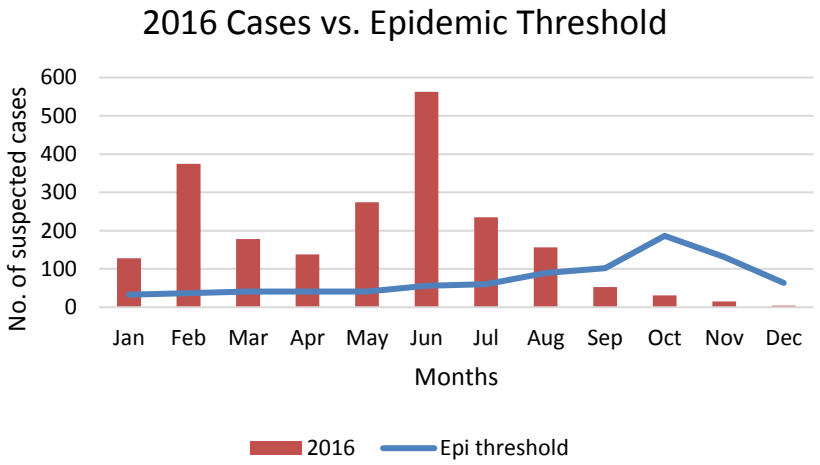
Dengue Bulletin

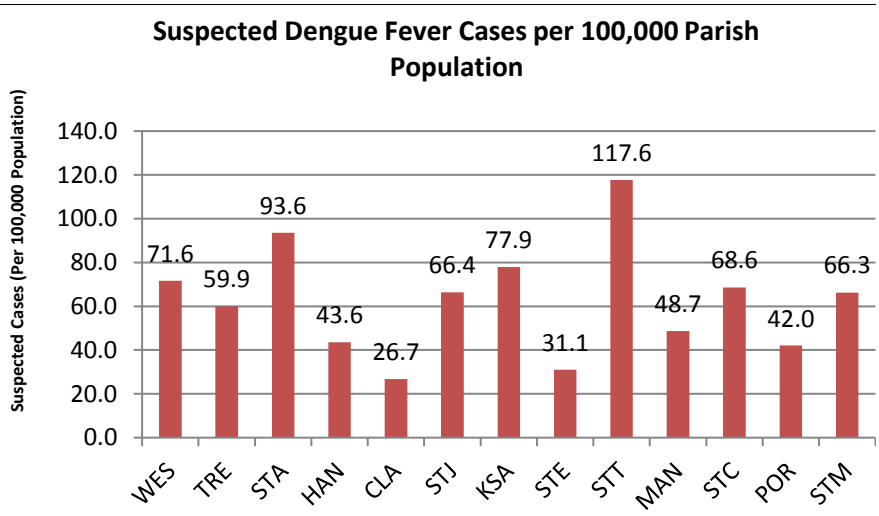
Dec. 25-31, 2016 Epidemiology Week 52



DISTRIBUTION

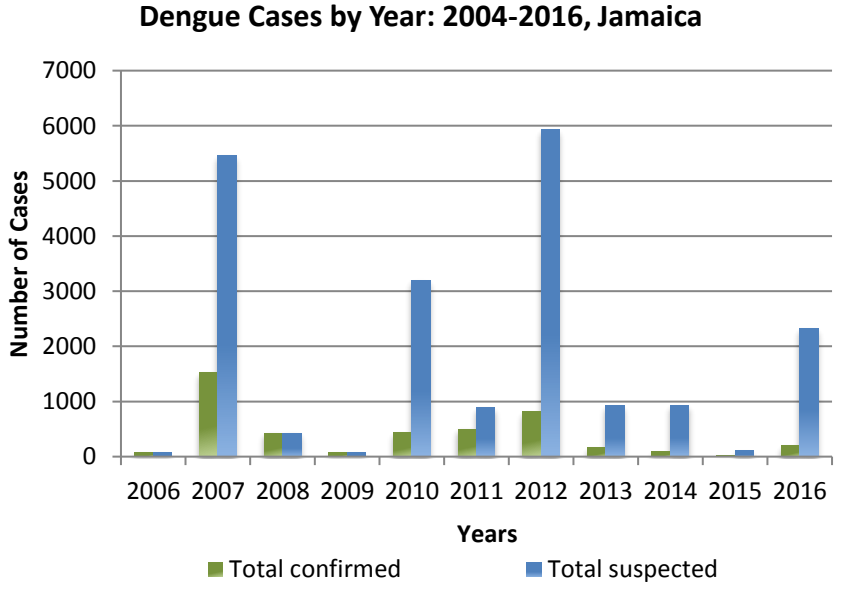
Year-to-Date Suspected Dengue Fever

	M	F	Un-kwn	Total	%
<1	15	10	0	25	1
1-4	40	35	0	75	3
5-14	170	188	5	363	15
15-24	142	248	5	395	17
25-44	227	533	5	765	33
45-64	82	253	0	335	14
≥65	15	26	1	42	2
Unknown	101	199	16	316	14
TOTAL	792	1492	32	2316	**100**



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

		2016		2015 YTD
		EW 52	YTD	
Total Suspected Dengue Cases		0	2316	118
Lab Confirmed Dengue cases		0	190	26
CONFIRMED	DHF/DSS	0	3	2
	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

EW 52

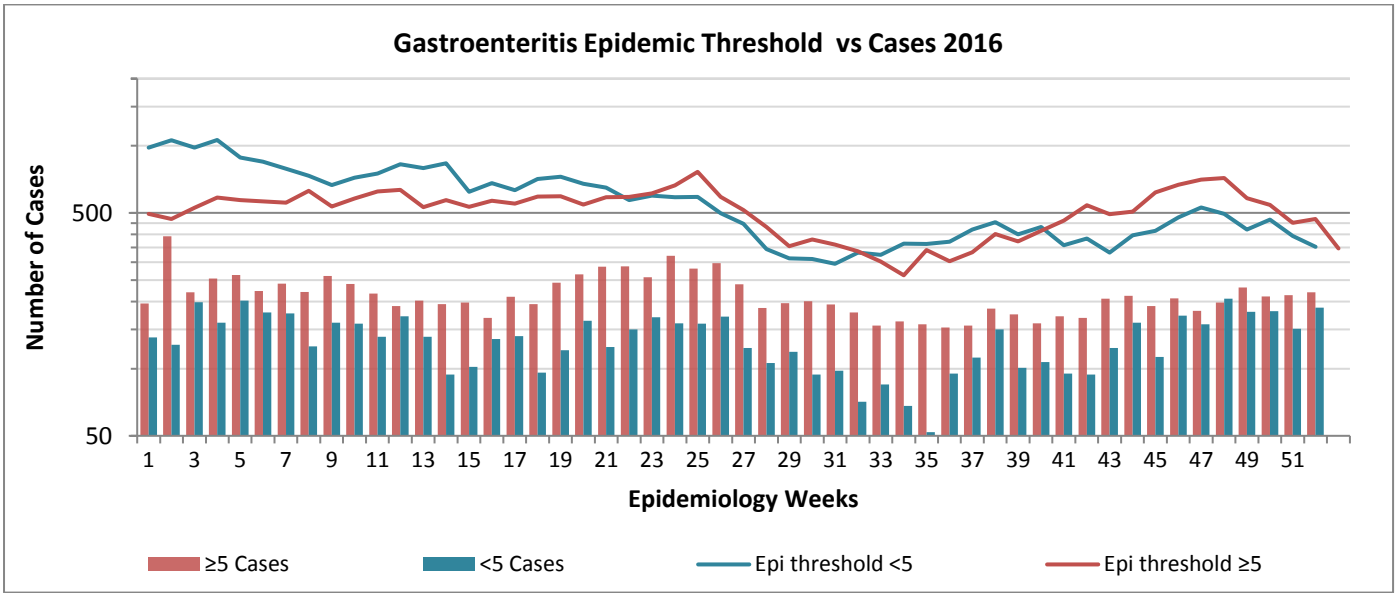
Dec. 25-31, 2016 Epidemiology Week 52

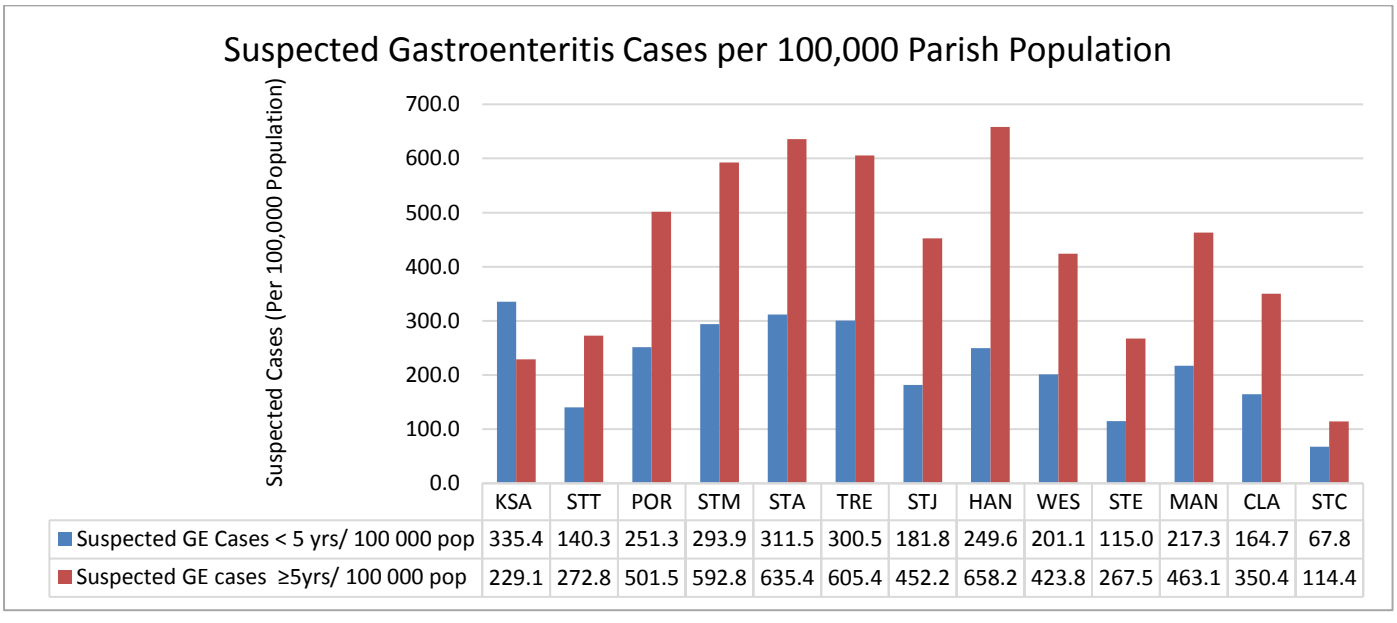
Weekly Breakdown of Gastroenteritis cases

Year	EW 52			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	188	220	408	7,080	11,051	18,131
2015	162	211	373	10,608	11,745	22,353

Gastroenteritis:
In Epidemiology Week 52, 2016, the total number of reported GE cases showed a 10.9% increase compared to EW 52 of the previous year.
The year to date figure showed a 8.11% 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	335.4	140.3	251.3	293.9	311.5	300.5	181.8	249.6	201.1	115.0	217.3	164.7	67.8
Suspected GE cases ≥5yrs/ 100 000 pop	229.1	272.8	501.5	592.8	635.4	605.4	452.2	658.2	423.8	267.5	463.1	350.4	114.4

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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 analysed 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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