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Week ending October 21, 2017 Epidemiology Week 42

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Close to 3 million people access hepatitis C cure

Hosted by the Government of Brazil, the World Hepatitis Summit 2017 is being co-organized by WHO and the World Hepatitis Alliance. The Summit aims to encourage more countries to take decisive action to tackle hepatitis, which still causes more than 1.3 million deaths every year and affects more than 325 million people.

Many countries are demonstrating strong political leadership, facilitating dramatic price reductions in hepatitis medicines, including through the use of generic medicines—which allow better access for more people within a short time.

In 2016, 1.76 million people were newly treated for hepatitis C , a significant increase on the 1.1 million people who were treated in 2015. The 2.8 million additional people starting lifelong treatment for hepatitis B in 2016 was a marked increase from the 1.7 million people starting it in 2015. But these milestones represent only initial steps – access to treatment must be increased globally if the 80% treatment target is to be reached by 2030.

However, funding remains a major constraint: most countries lack adequate financial resources to fund key hepatitis services.

Downloaded from:http://www.who.int/mediacentre/news/releases/2017/hepatitis-c-cure/en/

EPI WEEK 42

NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

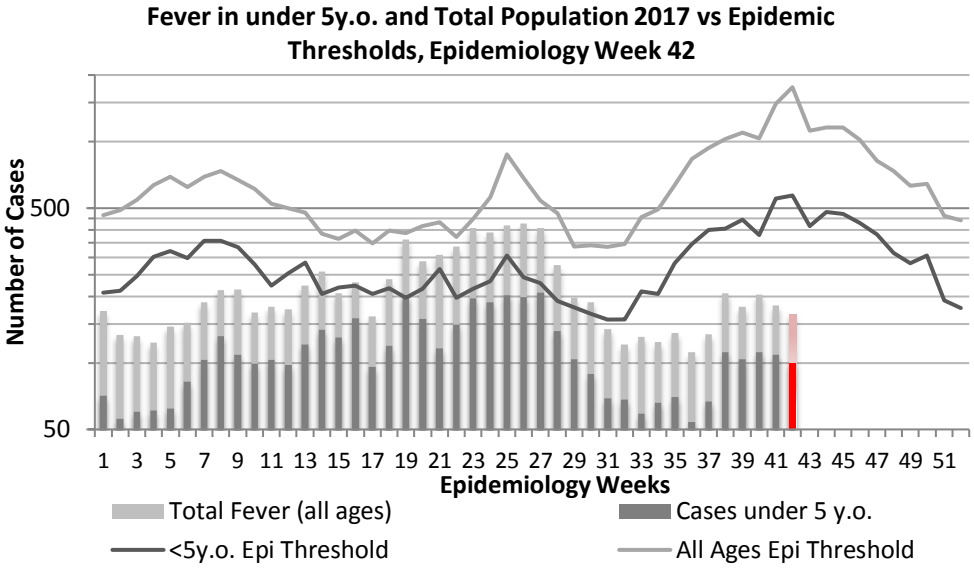
SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

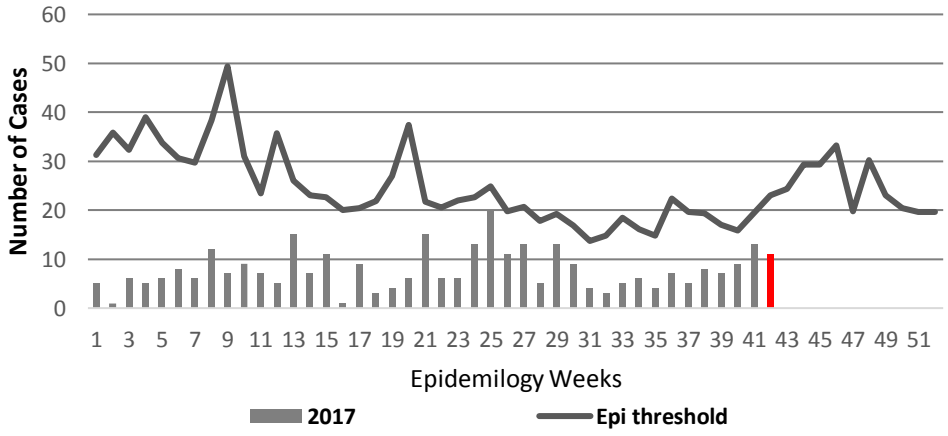
REPORTS FOR SYNDROMIC SURVEILLANCE

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

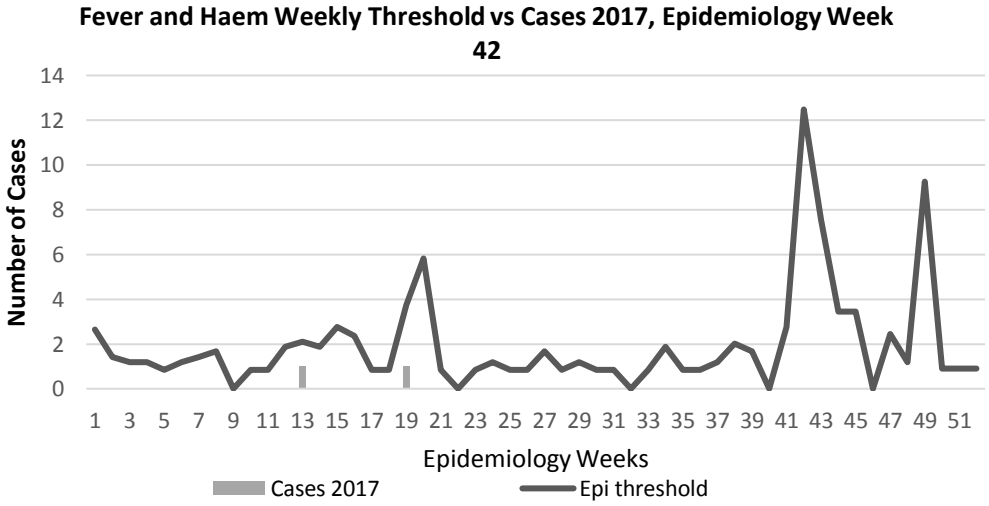
KEY
RED CURRENT WEEK



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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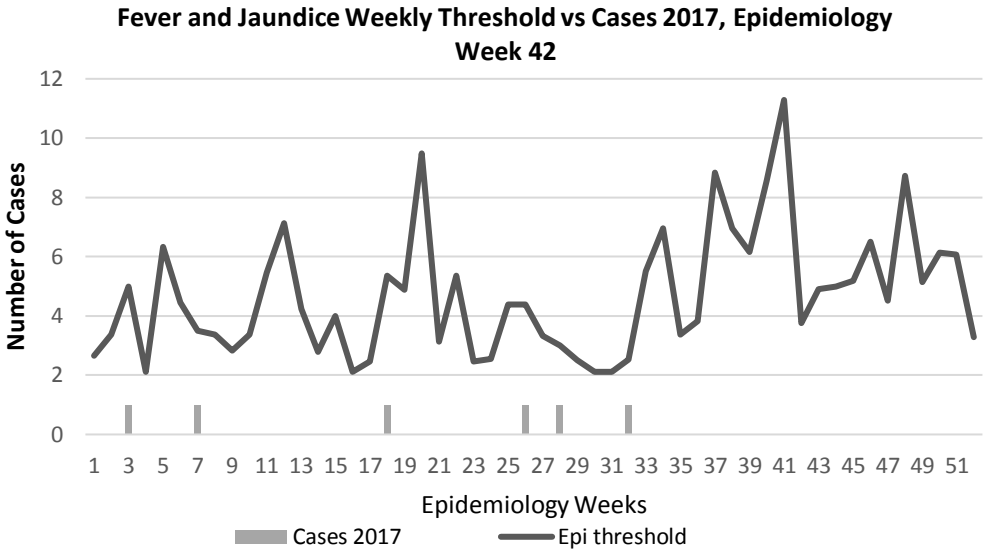
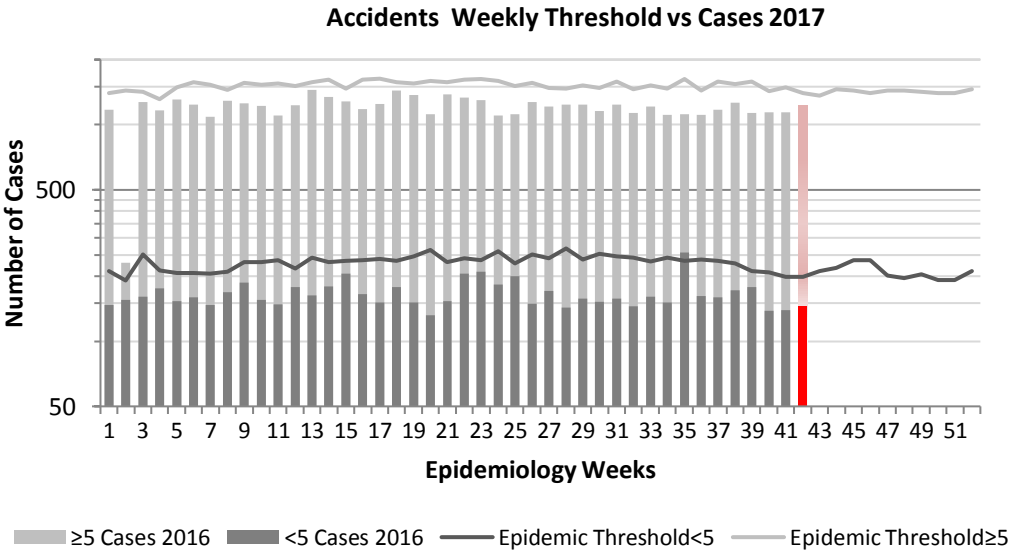
FEVER AND JAUNDICE

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



ACCIDENTS

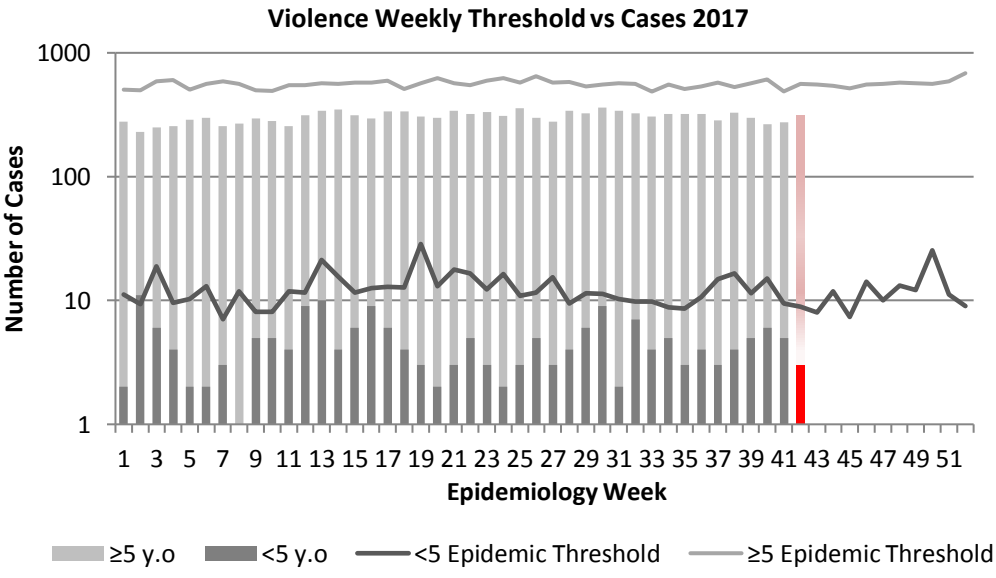
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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		95	128
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		0	3
	Hansen's Disease (Leprosy)		0	2
	Hepatitis B		42	26
	Hepatitis C		9	4
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		6	2
	Meningitis (Clinically confirmed)		35	63
EXOTIC/ UNUSUAL	Plague		0	0
H IGH MORBIDIT/ MORTALIY	Meningococcal Meningitis		0	0
	Neonatal Tetanus		0	0
	Typhoid Fever		0	0
	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]		35	23
	Ophthalmia Neonatorum		282	343
	Pertussis-like syndrome		0	0
	Rheumatic Fever		3	6
	Tetanus		1	0
	Tuberculosis		46	49
	Yellow Fever		0	0
	Chikungunya		0	4
	Zika Virus		0	162

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.

1 Dengue Hemorrhagic Fever data include Dengue related deaths;

2 Maternal Deaths include early and late deaths.

Hep B increase for wk 29, 2017 due to results received from NBTS/NPHL

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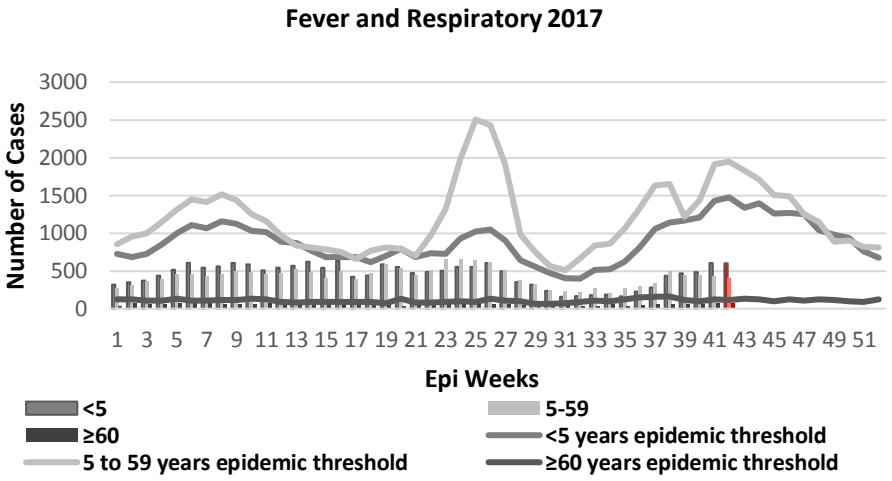
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 42

October 15-21, 2017 Epidemiology Week 42

October 2017	*EW 42*	*YTD*
SARI cases	*0*	*308*
Total Influenza positive Samples	*2*	*26*
Influenza A	*0*	*0*
H3N2	*0*	*0*
H1N1pdm09	*0*	*0*
Not subtyped	*0*	*0*
Influenza B	*4*	*26*
Other	*0*	*0*

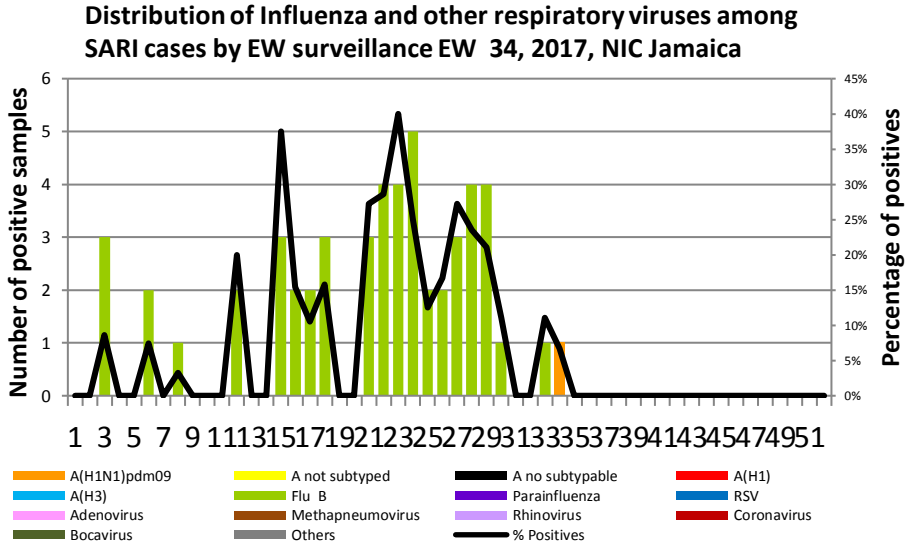


Comments:

During EW 41, the proportion of SARI hospitalizations among all hospitalizations slightly decreased and remained below the average epidemic curve and the alert threshold as compared to previous weeks.

During EW 39, the number of pneumonia cases increased below the alert threshold and was higher than the previous seasons for the same period.

During EW 41, ARI cases remained at similar levels as compared to previous weeks, and was similar to levels observed in previous season for the same period.



INDICATORS

Burden

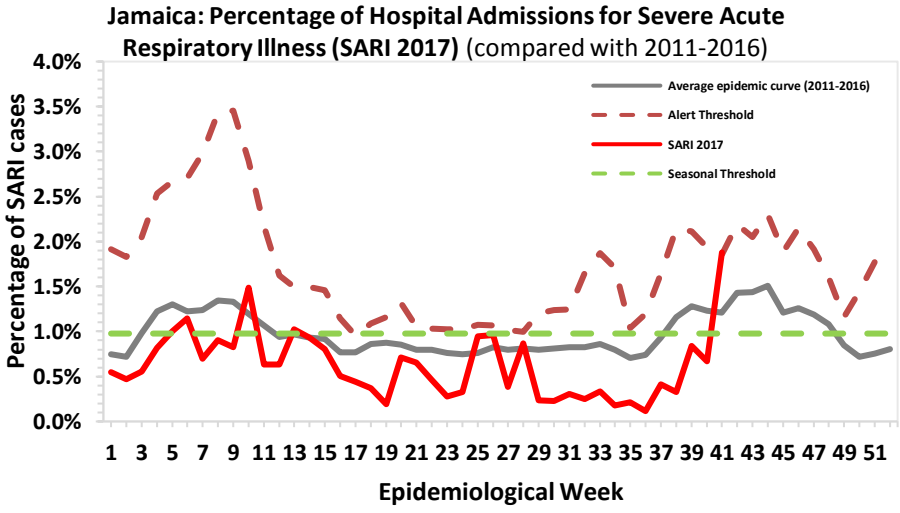
Year to date, respiratory syndromes account for 4.4% of visits to health facilities.

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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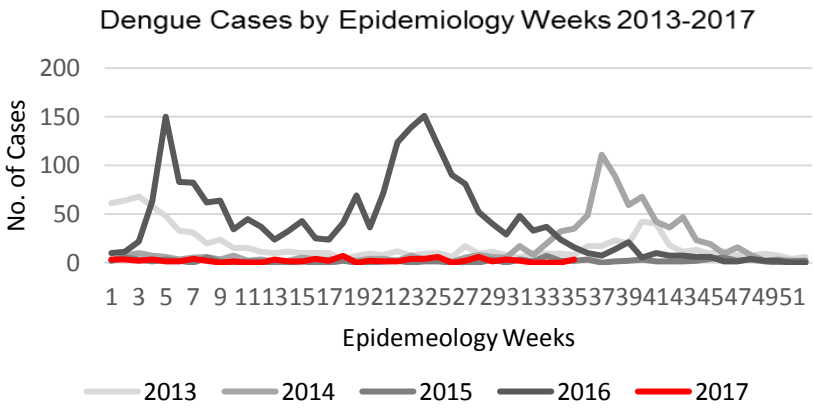
Dengue Bulletin

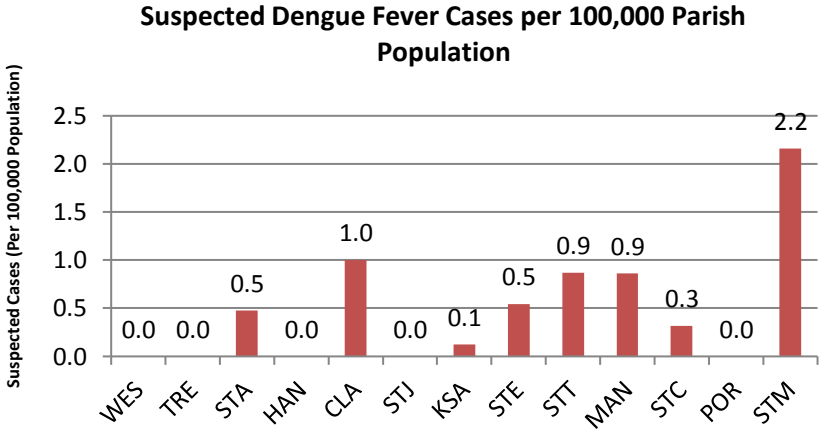
October 15-21, 2017 Epidemiology Week 42



DISTRIBUTION

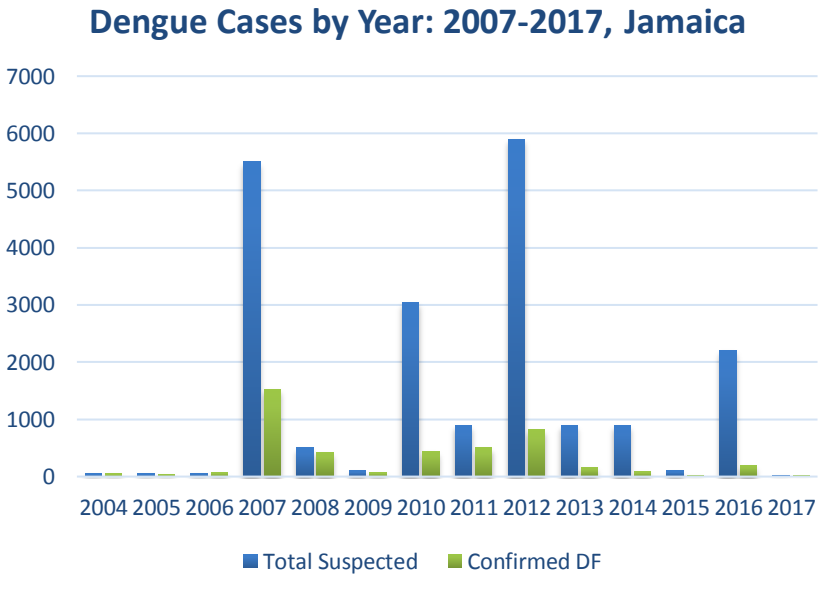
Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	2	0	0	2	2.9
1-4	4	1	0	5	7.1
5-14	6	11	0	17	24.3
15-24	7	8	0	15	21.4
25-44	14	6	1	21	30
45-64	4	4	0	8	11.4
≥65	0	0	0	0	0
Unknown	1	1	0	2	2.9
TOTAL	38	31	1	70	**100**



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

		2017		2016 YTD
		EW 42	YTD	
Total Suspected Dengue Cases		0	70	1823
Lab Confirmed Dengue cases		0	14	153
CONFIRMED	**DHF/DSS**	0	0	3
	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

EW 42

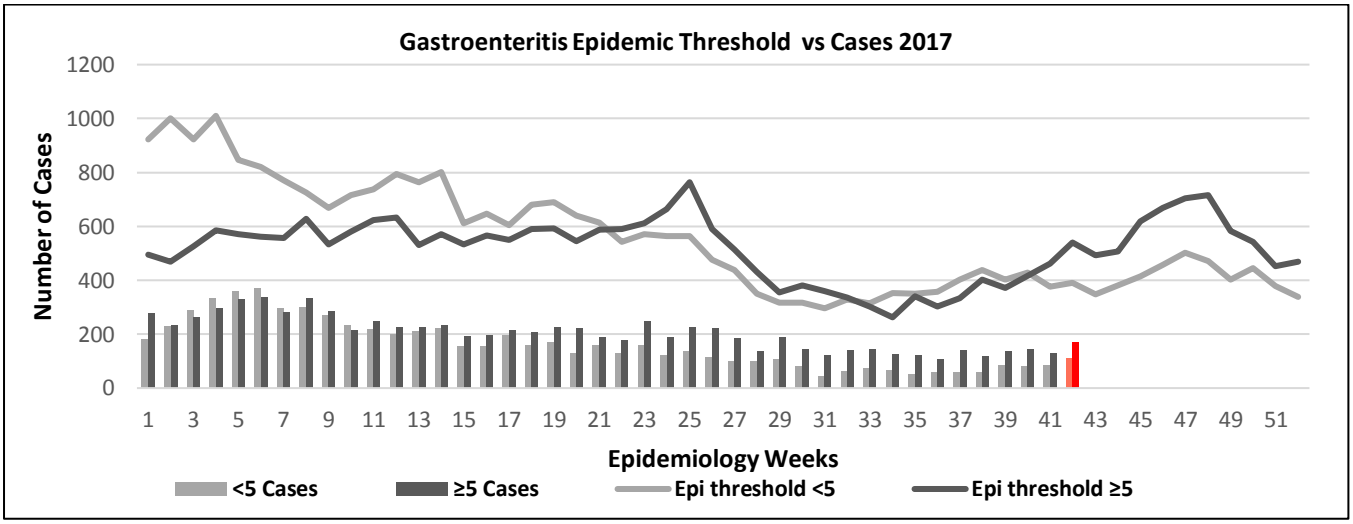
October 15-21, 2017 Epidemiology Week 42

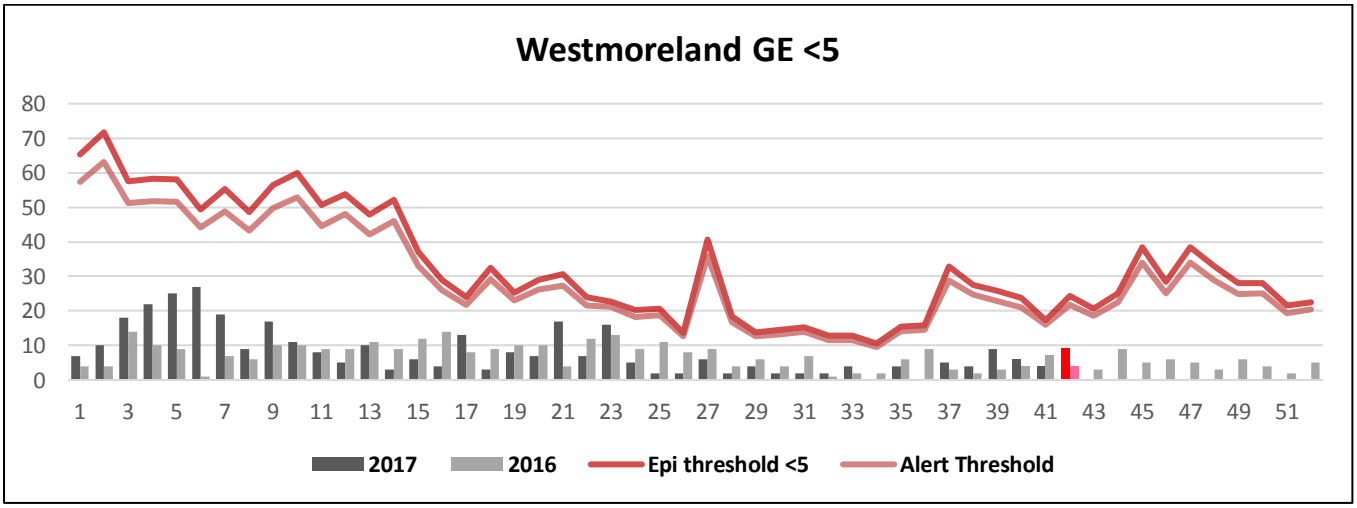
Weekly Breakdown of Gastroenteritis cases

Year	EW 42			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	112	169	281	6,699	8,516	15,215
2016	94	169	263	5,439	8,977	14,416

Gastroenteritis:
In Epidemiology Week 42, 2017, the total number of reported GE cases showed a 12% decrease compared to EW 42 of the previous year.
The year to date figure showed an 8% increase in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2016-2017





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RESEARCH PAPER

Strengthening Health Care Systems for HIV and AIDS in Jamaica: A Programme of Research and Capacity Building 2007-2012

N Edwards[1], E Kahwa[2], D Kaseje[3], J Mill[4], J Webber[5], S Roelofs[6], M Walusimbi[7], H Klopper[8], J Harrowing[8]
[1]*University of Ottawa, Canada*
[2]*The UWI School of Nursing, Mona, University of the West Indies, Jamaica*
[3]*Great Lakes University of Kisumu, Kenya,*
[4]*University of Alberta, Canada*
[5]*Canadian Nurses' Association, Canada,*
[6]*Mulago Hospital, Uganda*
[7]*University of Western Cape, South Africa,*
[8]*University of Lethbridge, Canada*

Objectives: To contribute to health systems strengthening for HIV and AIDS care in Jamaica by fostering dynamic and sustained engagement of nurses in the process of change through capacity building in research and policy.

Methods: This work was done as part of an international program of research which was implemented in Jamaica and three African countries (Kenya, Uganda and South Africa). Using mixed methods and participatory action research, we tested the "leadership hub model" to invigorate nurses' involvement in policy and research and improve nursing care. Data collection included cross sectional surveys of nurses on clinical practice, quality assurance and stigma; an institutional assessment of workplace policies and the impact of the HIV epidemic on the nursing workforce. Capacity building included training in the policy development process, training in research skills including opportunities for collaborating on research projects, research grants for junior investigators, and research internships for nurses.

Results: Three research projects were completed in Jamaica. Sixteen (16) Jamaican nurses participated in the international research internship to build capacity for research. Frontline nurses, nurse researchers, and decision makers improved capacity in using and leading research to influence policy. Three (3) research proposals by junior nurse researchers and three (3) HIV policy evaluation proposals by leadership hubs were funded and successfully completed.

Conclusions: This program of research built research and policy capacity among nurses for leadership roles in improving equity, quality and efficiency of health systems for HIV and AIDS care. Findings from the three interrelated research projects will be presented.

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