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Week ending November 11, 2017 Epidemiology Week 45

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

New Global Commitment to End Tuberculosis

Global efforts to combat TB have saved an estimated 53 million lives since 2000 and reduced the TB mortality rate by 37%. However, progress in many countries has stalled, global targets are off-track, and persistent gaps remain in TB care and prevention.

As a result, TB still kills more people than any other infectious disease. There are major problems associated with antimicrobial resistance, and it is the leading killer of people with HIV.

"One of the main problems has been a lack of political will and inadequate investment in fighting TB," added Dr Tedros. "Today's declaration must go hand-in-hand with increased investment."

The meeting was attended by ministers and country delegations, as well as representatives of civil society and international organizations, scientists, and researchers. More than 1000 participants took part in the two-day conference which resulted in collective commitment to ramp up action on four fronts

Downloaded from: http://www.who.int/mediacentre/news/releases/2017/commitment-end-tuberculosis/en/

EPI WEEK 45

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

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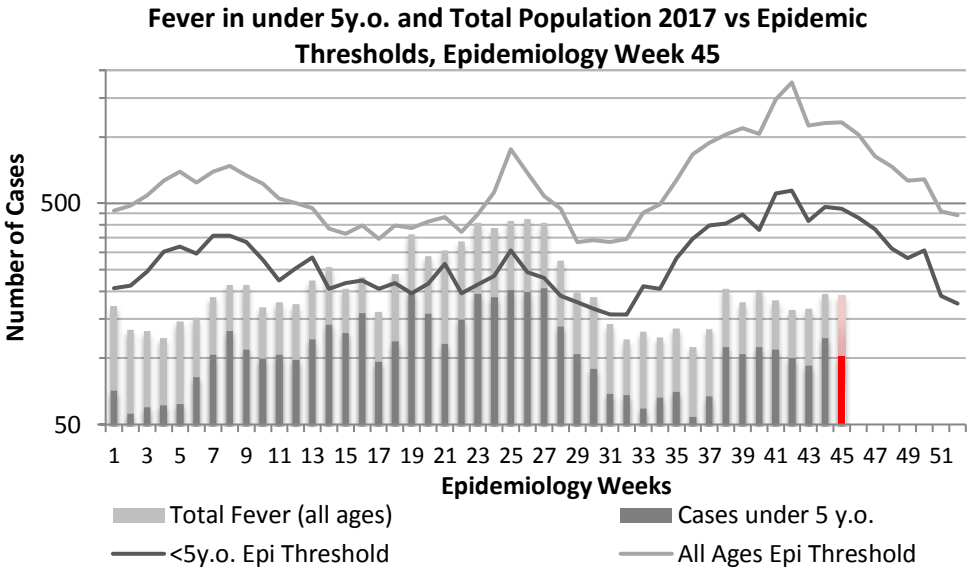
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

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

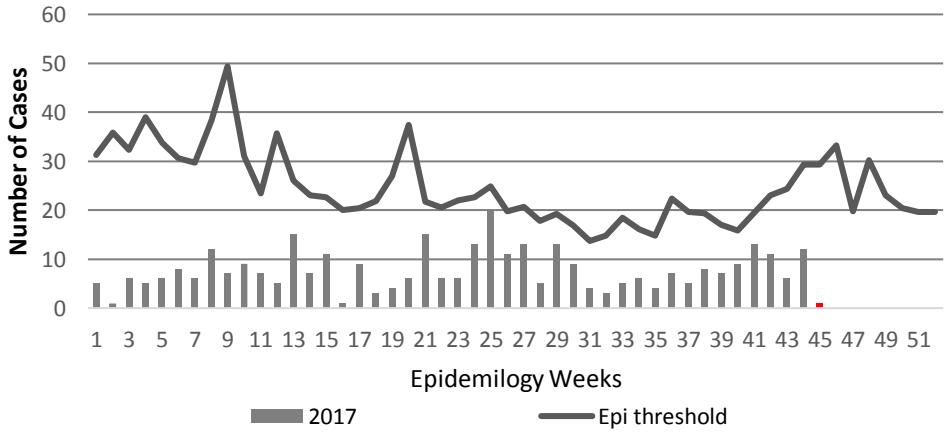
KEY

RED CURRENT WEEK



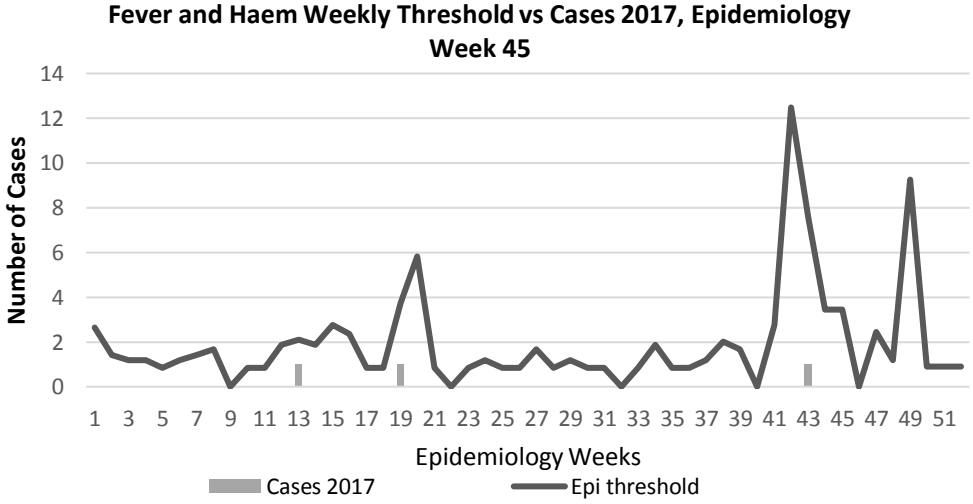
FEVER AND NEUROLOGICAL

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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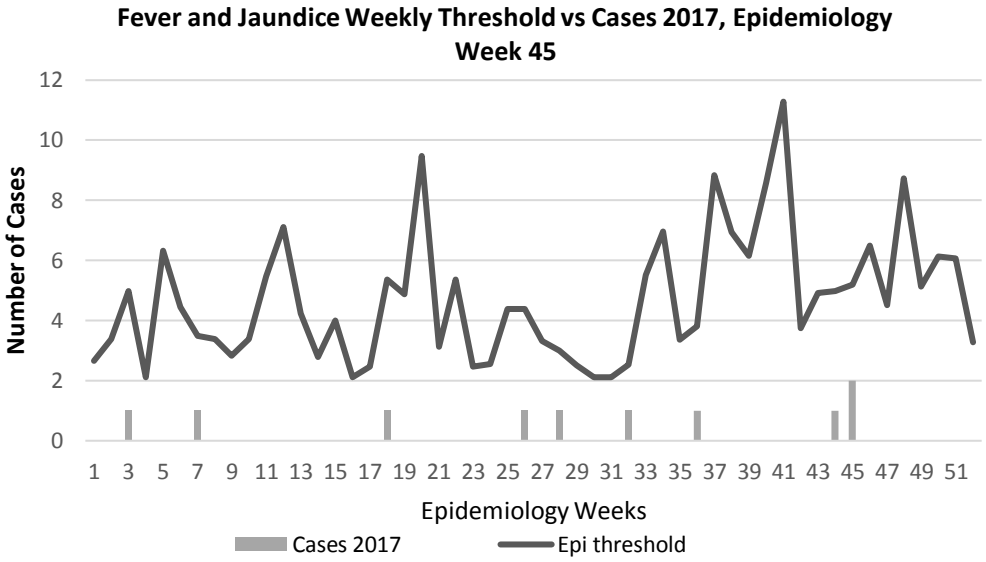
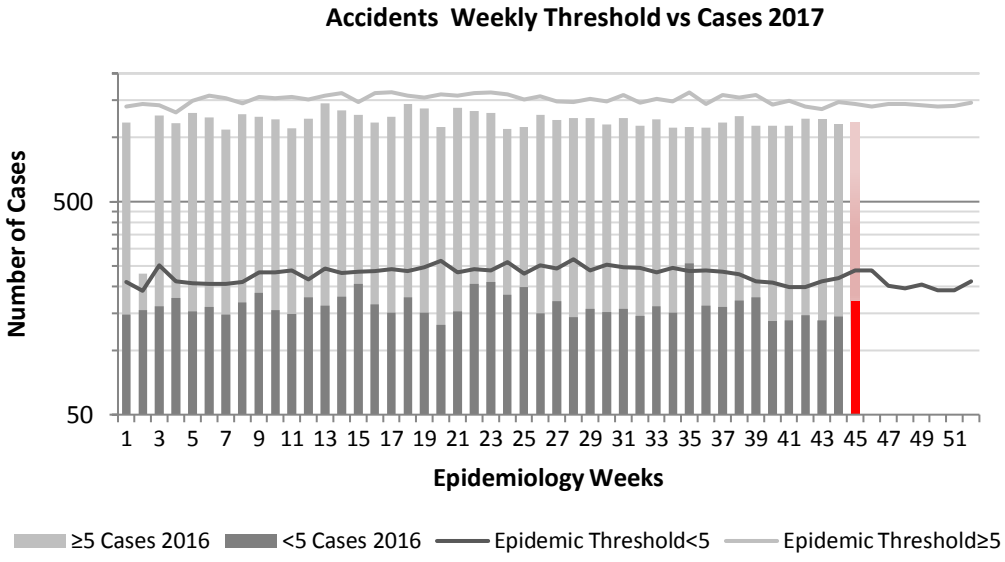
FEVER AND JAUNDICE

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



ACCIDENTS

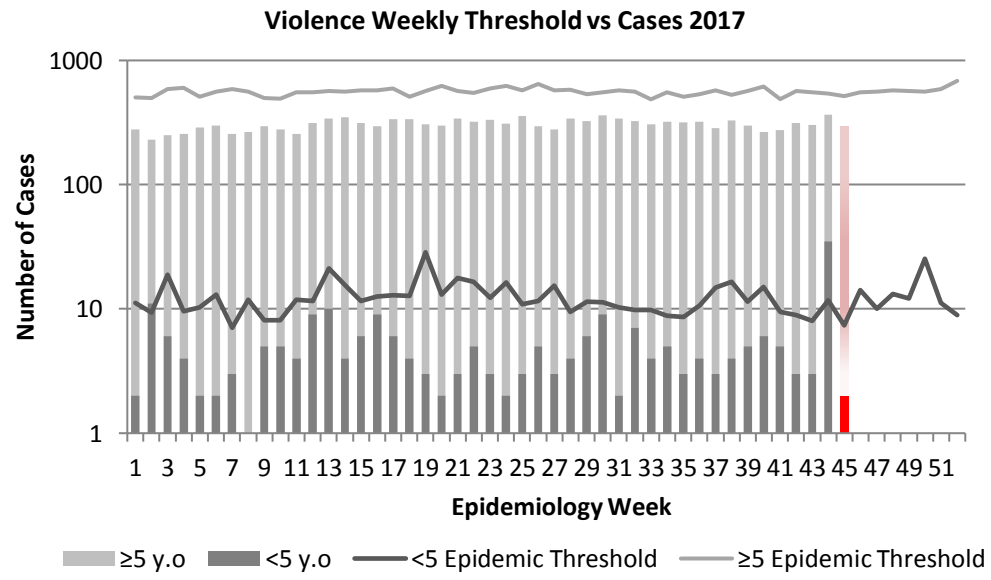
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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		101	129
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		0	3
	Hansen's Disease (Leprosy)		0	2
	Hepatitis B		51	27
	Hepatitis C		10	4
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		6	2
	Meningitis (Clinically confirmed)		37	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]		40	43
	Ophthalmia Neonatorum		309	407
	Pertussis-like syndrome		0	0
	Rheumatic Fever		3	6
	Tetanus		1	0
	Tuberculosis		50	104
	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 45

November 5 – November 11, 2017 Epidemiology Week 45

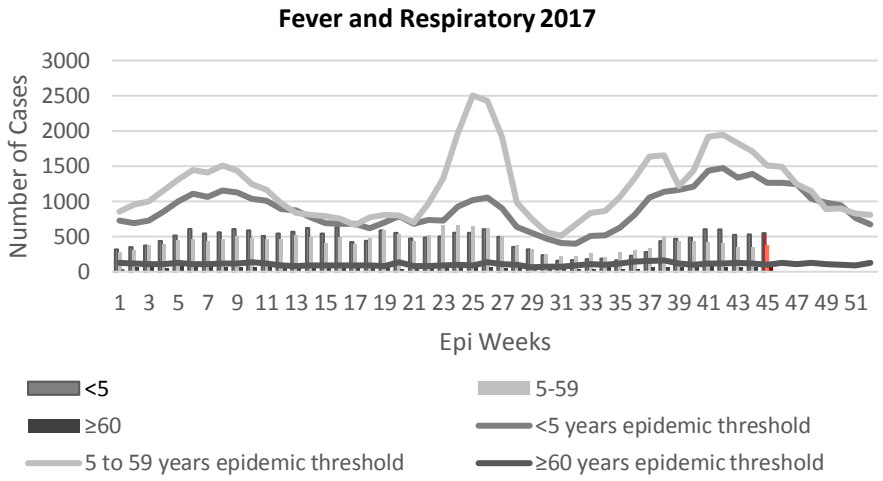
October 2017		
	EW 45	*YTD*
SARI cases	*0*	*308*
Total Influenza positive Samples	*2*	*26*
Influenza A	*0*	*0*
H3N2	*0*	*0*
H1N1pdm09	*0*	*0*
Not subtyped	*0*	*0*
Influenza B	*4*	*26*
Other	*0*	*0*

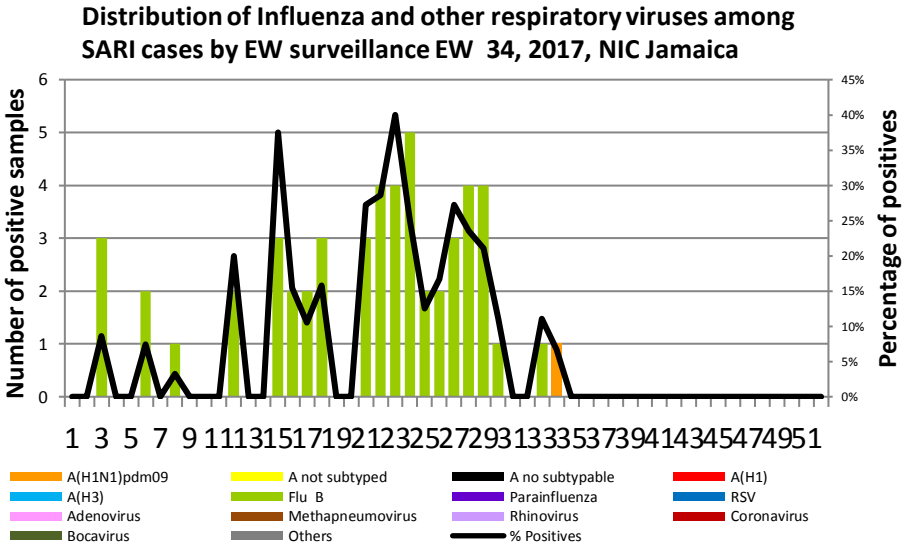
Comments:

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

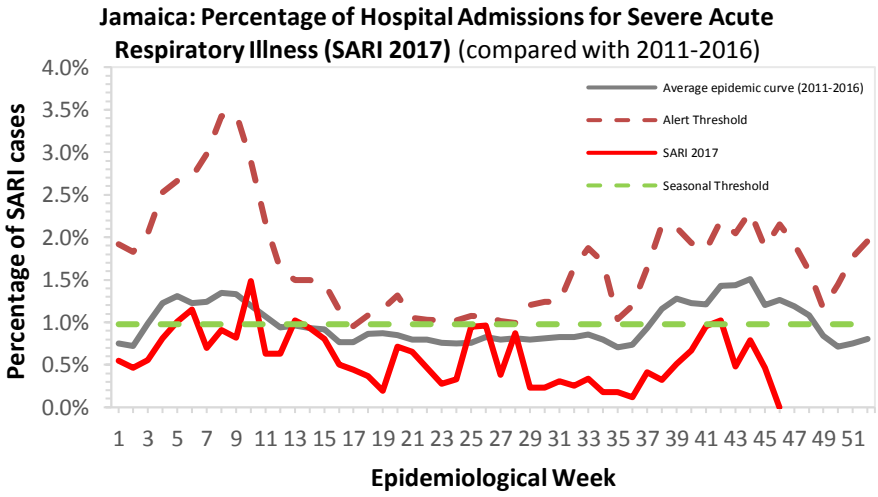
Year to date, respiratory syndromes account for 4.4% of visits to health facilities.

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

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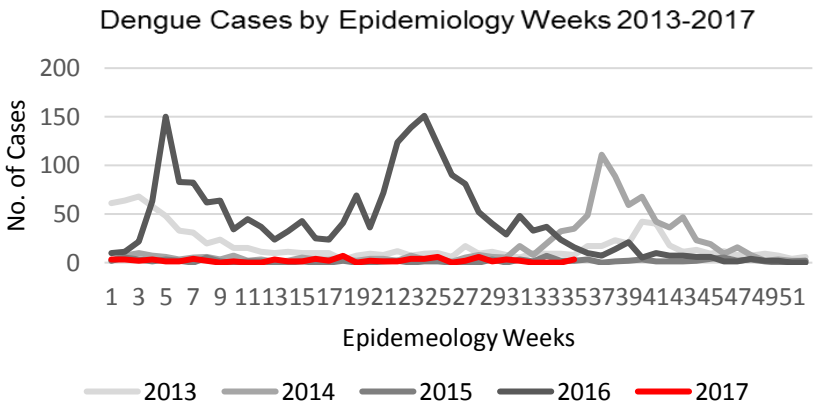
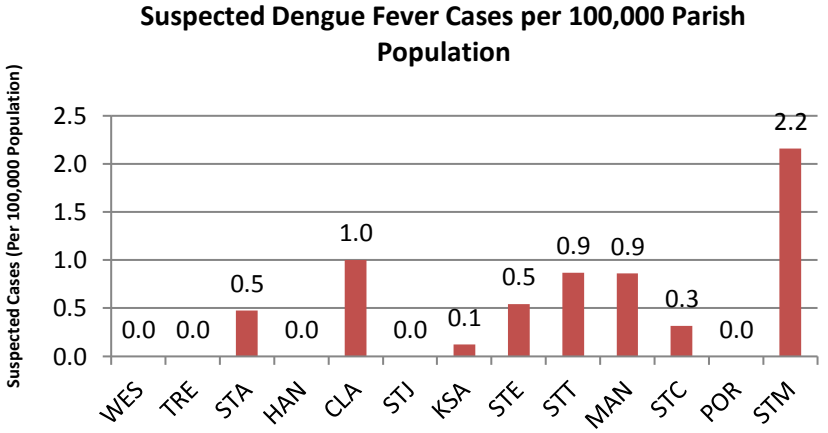


DISTRIBUTION

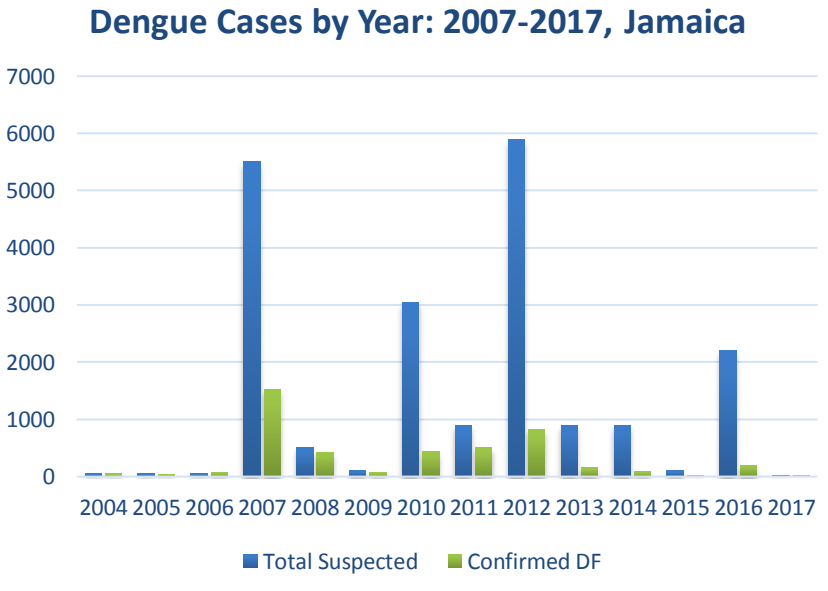
Year-to-Date Suspected Dengue Fever

	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 45	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 45

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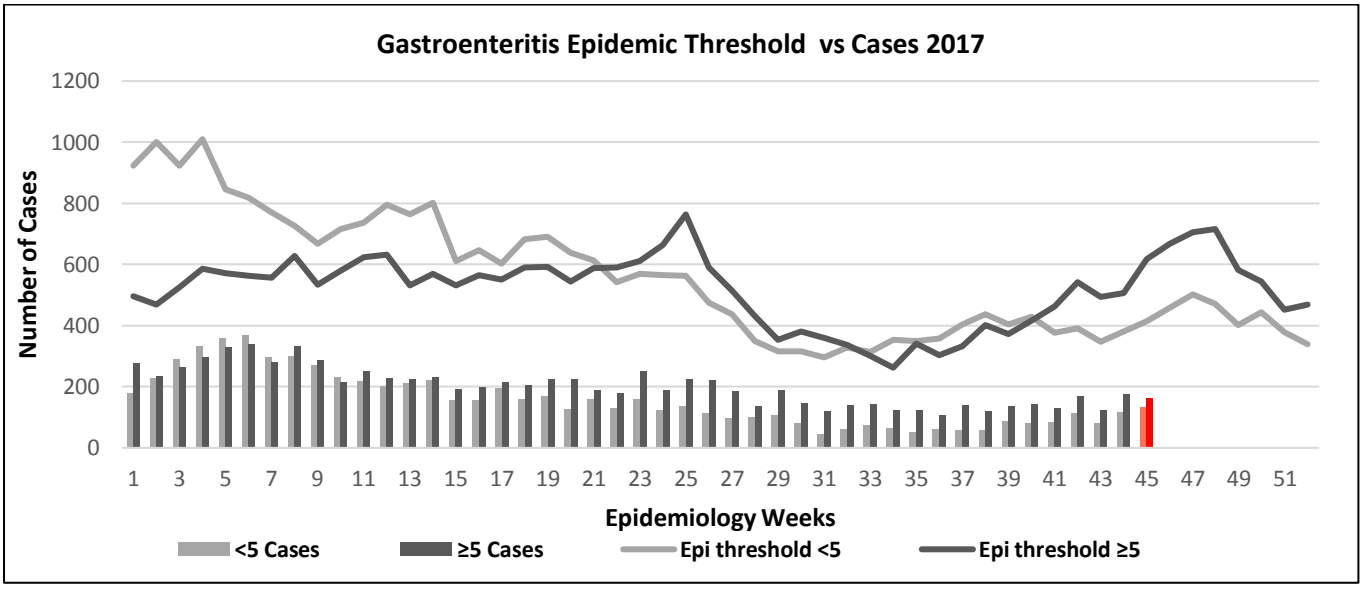
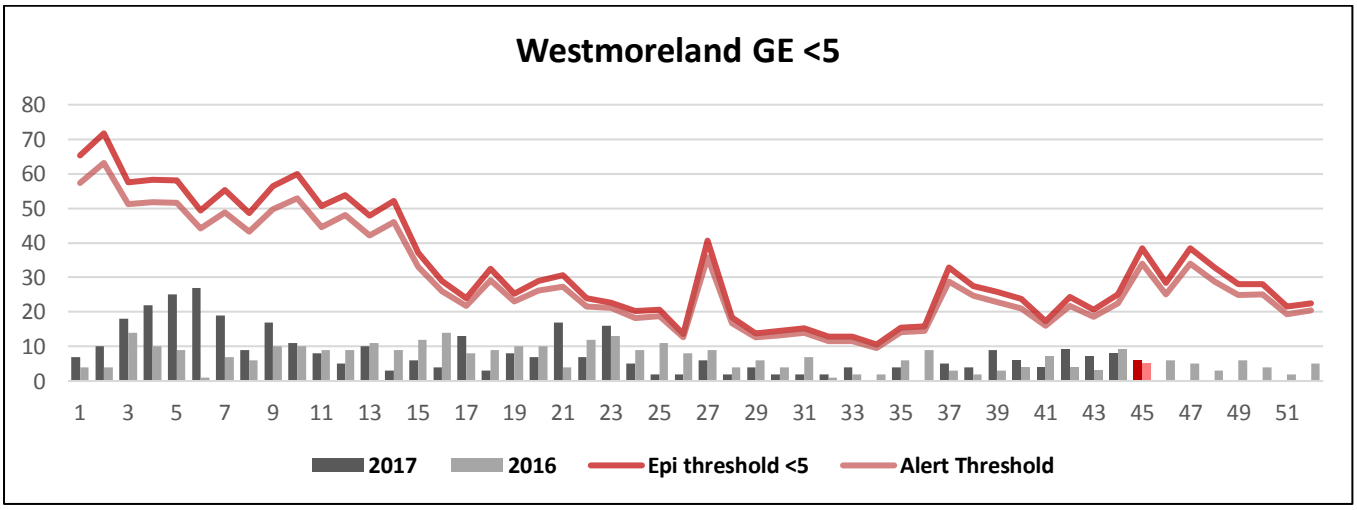
Weekly Breakdown of Gastroenteritis cases

Year	EW 45			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	132	163	295	7,026	8,978	16,004
2016	113	191	304	5,837	9,586	15,423

Gastroenteritis:
In Epidemiology Week 45, 2017, the total number of reported GE cases showed a 12% decrease compared to EW 45 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

Patient Satisfaction with Nurse Practitioner delivered Services at two Health Centres in Kingston and St. Andrew

K Jones, JLM Lindo, P Anderson Johnson
The UWI School of Nursing, Mona, The University of the West Indies, Kingston 7

Objective: To explore the level of patient satisfaction with nurse practitioner delivered services in two health centres in Kingston and St. Andrew.

Method: A cross sectional survey of 120 adult clients (≥18 years old) seen by the nurse practitioner at a Type 3 and a Type 5 health centre in Kingston and St. Andrew was conducted utilizing a self administered questionnaire. The data collection instrument included a modified Nurse Practitioner Satisfaction Survey. Data were analyzed using the SPSS® version 18 for Windows®.

Results: Of 120 participants, 77.2% were females with an average age of 40±16 years. Most (63.3%) were from the Type 5 health centre. The mean general satisfaction score was 80.88 out of a possible 90 and 83.3% of the respondents reported they were very satisfied and 16.6% were satisfied with the nurse practitioner ser-vices at both facilities. There was no significant difference between the mean satisfaction scores among males (80.41±6.5) and females (80.95±8.3) and respondents from the Type 3 (81.09±9.18) and Type 5 (81.76±7.1) health centre. No respondent was dissatisfied. The mean satisfaction score was significantly higher among respondents 40 years and older than that of their younger counterparts (p=0.032). Socio-demographic and organization characteristics were not associated with the mean satisfaction score.

Conclusions: A high level of satisfaction exists among patients seen by the nurse practitioner in the two facilities in Kingston and St Andrew. Nurse practitioners may play an expanded role in the delivery of primary healthcare.

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