

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

## Weekly Spotlight

### *World Humanitarian Day*

*"Health is a fundamental human right, and attacks on health care are a blatant violation of that right."*

- *Dr Tedros Adhanom Ghebreyesus, Director-General of WHO.*

Every year on 19 August, World Humanitarian Day brings citizens of the world together to rally support for people living in crises and to pay tribute to the aid workers who help them.

Emergencies cause immense suffering for millions of people – usually the world's poorest, most marginalized and vulnerable individuals. Humanitarian aid workers, including health care workers, strive to provide life-saving assistance and long term rehabilitation to disaster-affected communities, regardless of where they are in the world and without discrimination based on nationality, social group, religion, sex, race or any other factor.

Join the #NotATarget movement and demand world leaders do everything in their power to protect all civilians and healthcare workers in conflict.



Violence against health workers providing care in conflict is prohibited by international law, and has therefore been globally condemned. As well as destroying human life, such attacks inhibit the ability of humanitarian agencies to respond to health emergencies, increasing the vulnerability of civilians in conflict.

This World Humanitarian Day WHO demands that leaders:

- Do not target health workers, facilities, health transport or patients.
- Respect the right of all wounded and sick persons to receive medical care.
- Adopt and promote the UN Secretary-General's recommendations on the protection of medical care in armed conflict.

<http://www.who.int/news-room/feature-stories/detail/world-humanitarian-day-19-august>

## EPI WEEK 32



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# REPORTS FOR SYNDROMIC SURVEILLANCE

## FEVER

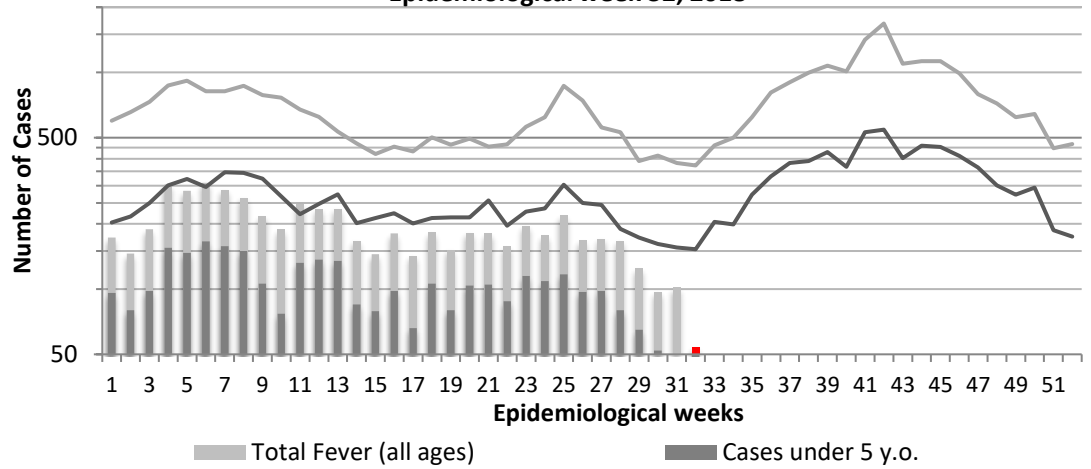
Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) with or without an obvious diagnosis or focus of infection.



### KEY

**RED** CURRENT WEEK

Fever in under 5y.o. and Total Fever vs epidemic Thresholds, Jamaica  
Epidemiological week 32, 2018

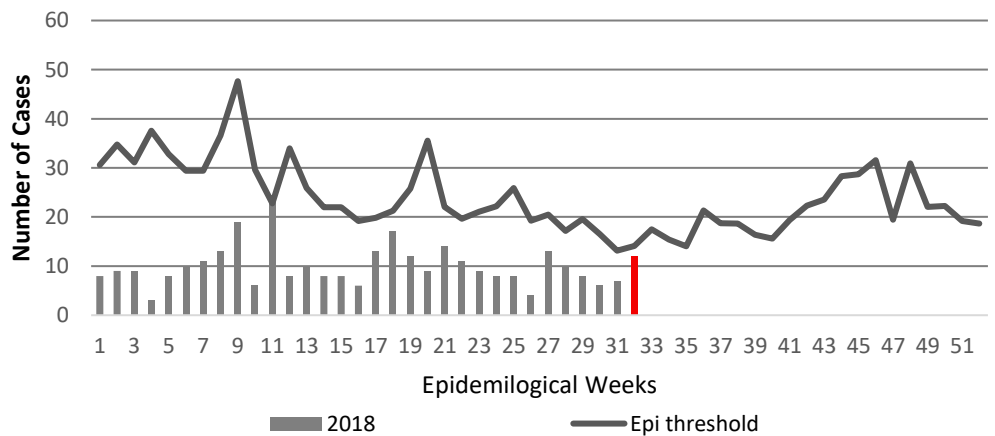


## FEVER AND NEUROLOGICAL

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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).



Total Fever and Neurological Symptoms vs epidemic threshold Jamaica:  
Week 32, 2018

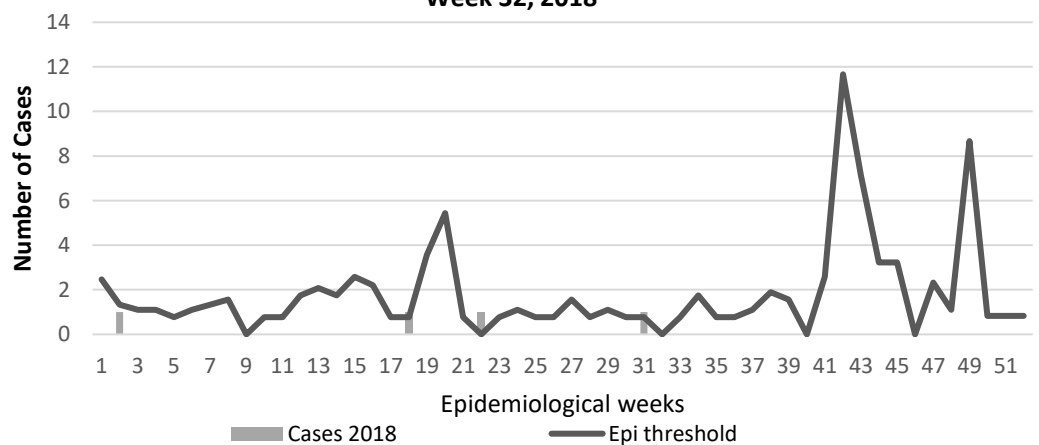


## FEVER AND HAEMORRHAGIC

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



Total Fever and Haemorrhagic Symptoms vs epidemic threshold Jamaica:  
Week 32, 2018



**2 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

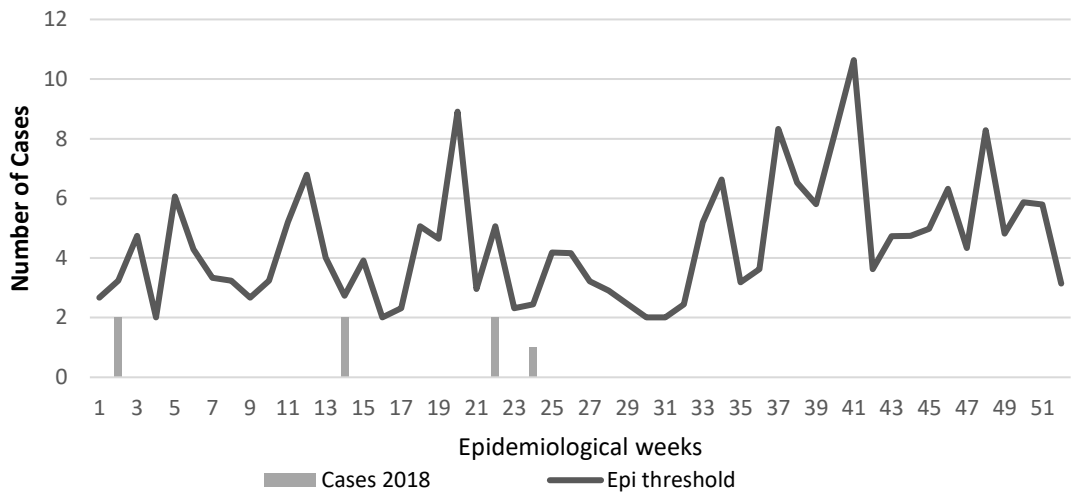
### FEVER AND JAUNDICE

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

The epidemic threshold is used to confirm the emergence of an epidemic in order to implement control measures. It is calculated using the mean reported cases per week plus 2 standard deviations.



Total Fever and Jaundice vs epidemic threshold, Jamaica: Week 32, 2018



### ACCIDENTS

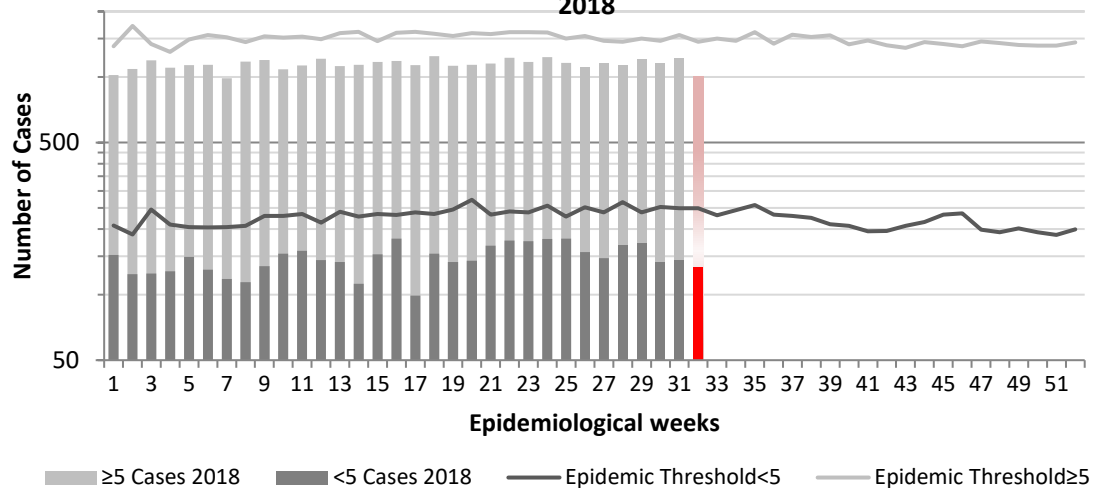
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

**KEY**

**RED CURRENT WEEK**



Accidents by age group versus epidemic thresholds, Jamaica: Week 32, 2018

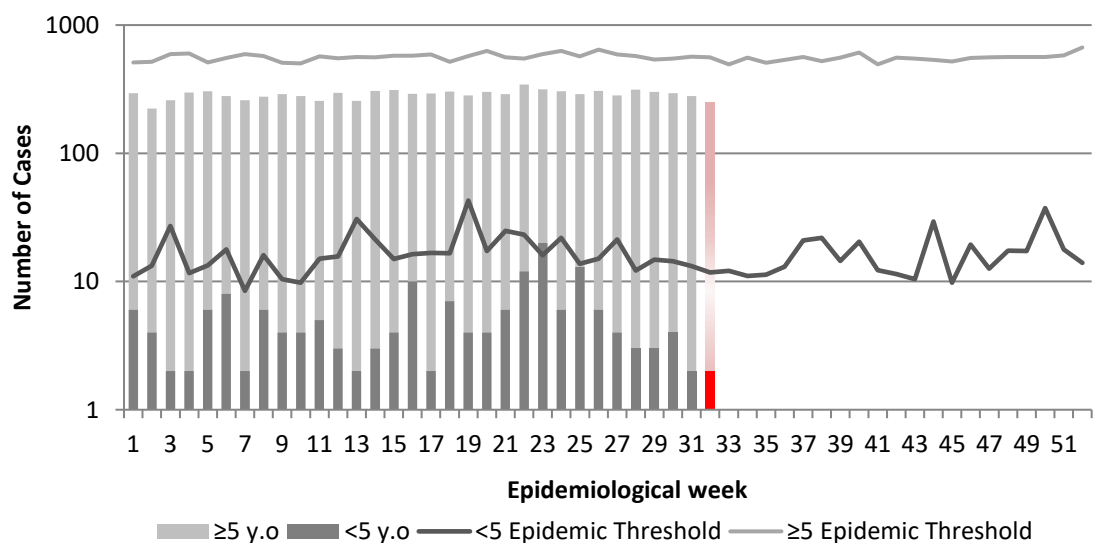


### VIOLENCE

Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.



Violence by age group versus epidemic thresholds, Jamaica: Week 32, 2018



**3 NOTIFICATIONS-**  
All clinical sites





**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events



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CLASS ONE NOTIFIABLE EVENTS				Comments	
			CONFIRMED YTD		
	CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR	
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning		264	136	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.
	Cholera		0	0	
	Dengue Hemorrhagic Fever <sup>1</sup>		0	3	
	Hansen's Disease (Leprosy)		0	2	
	Hepatitis B		20	15	
	Hepatitis C		2	2	
	HIV/AIDS <sup>2</sup>		NA	NA	
	Malaria (Imported)		2	0	
	Meningitis (Clinically confirmed)		32	63	
EXOTIC/ UNUSUAL	Plague		0	0	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis		0	0	
	Neonatal Tetanus		0	0	
	Typhoid Fever		0	0	
	Meningitis H/Flu		0	0	
SPECIAL PROGRAMMES	AFP/Polio		0	0	1 Dengue Hemorrhagic Fever data include Dengue related deaths;
	Congenital Rubella Syndrome		0	0	
	Congenital Syphilis		0	0	2 Figures are based on reports received for the period
	Fever and Rash	Measles	0	0	
		Rubella	0	0	
	Maternal Deaths <sup>3</sup>		41	31	3 Figures include all deaths associated with pregnancy reported for the period.
	Ophthalmia Neonatorum		196	167	
	Pertussis-like syndrome		0	0	4 CHIKV IgM positive cases
	Rheumatic Fever		0	0	
	Tetanus		0	0	 
	Tuberculosis		33	70	
	Yellow Fever		0	0	
Chikungunya <sup>4</sup>		9	0		
Zika Virus		0	0	NA- Not Available	



4 NOTIFICATIONS- All clinical sites



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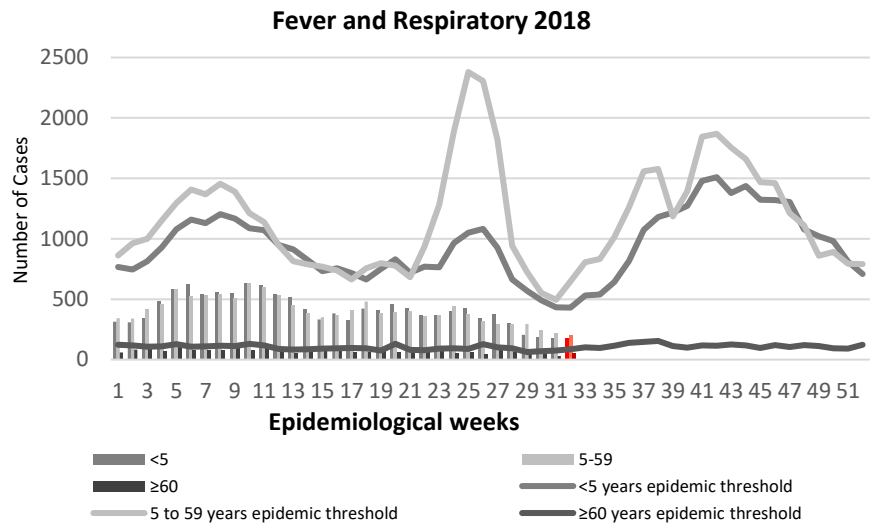
# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

## EW 32

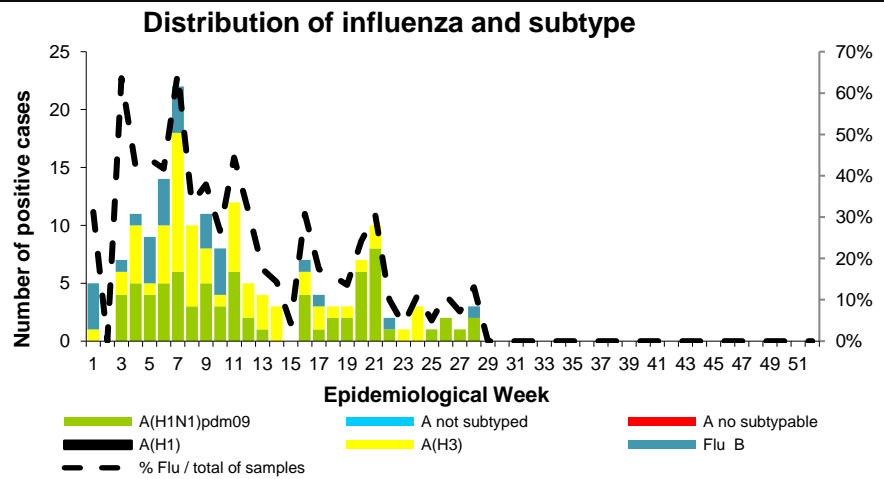
August 5 – August 11, 2018

Epidemiological Week 32

July 2018		
	EW 32	YTD
SARI cases	6	229
<b>Total Influenza positive Samples</b>	<b>0</b>	<b>168</b>
<b>Influenza A</b>	<b>0</b>	<b>139</b>
H3N2	0	65
H1N1pdm09	0	74
Not subtyped	0	1
<b>Influenza B</b>	<b>0</b>	<b>29</b>
<b>Parainfluenza</b>	<b>0</b>	<b>7</b>



**Comments:**  
During EW 32, SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. The number of ARI cases decreased below the seasonal threshold, similar to previous seasons for the same period. predominating.

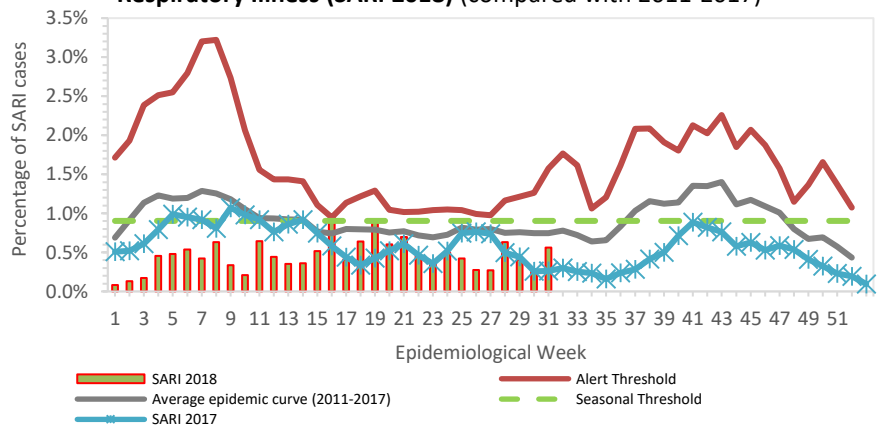


### GLOBAL AND REGIONAL UPDATES

**Worldwide:** Seasonal influenza subtype A accounted for the majority of influenza detections.

**Caribbean:** Influenza virus activity increased and low RSV activity was reported throughout most of the sub-region. In Jamaica, influenza activity decreased, with influenza A(H1N1)pdm09 and A(H3N2) co-circulating.

### Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2018) (compared with 2011-2017)



**5 NOTIFICATIONS-**  
All clinical sites



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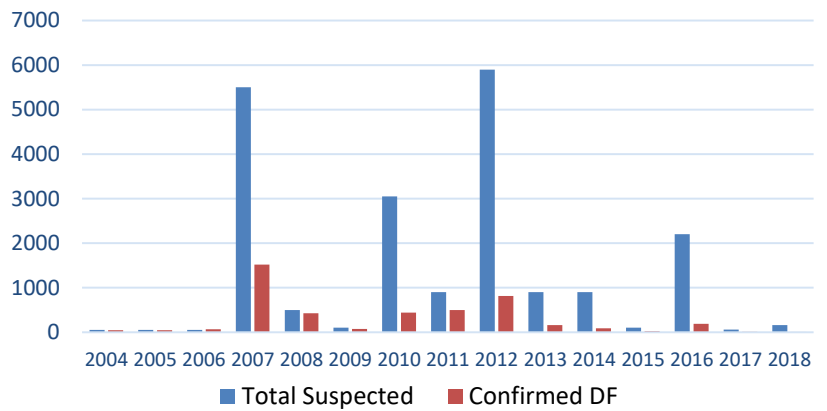
# Dengue Bulletin

August 5-August 11, 2018

Epidemiological Week 32



Dengue Cases by Year: 2007-2018, Jamaica



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

	2018		2017 YTD
	EW 32	YTD	
Total Suspected Dengue Cases	6	175	84
Lab Confirmed Dengue cases	0	1	0
<b>CONFIRMED</b>	*DHF/DSS	0	0
	Dengue Related Deaths	0	0

# DENGUE FEVER

- Symptoms**
  - High Fever
  - Headache
  - Nausea
  - Stomach Ache
  - Vomiting
  - Muscle Pain
  - Rashes
  - Diarrhea
  - Mild Bleeding gums
- Diagnoses**
  - Antibody detection
  - Antigen detection
  - RNA detection
  - Viral isolation
- Prevention**
  - Cover containers
  - Use mosquito nets, sprays.
  - Wear full sleeves
  - Fumigation
- Treatment**
  - There is no specific treatment for dengue or dengue hemorrhagic fever. Only symptomatic treatment is given.

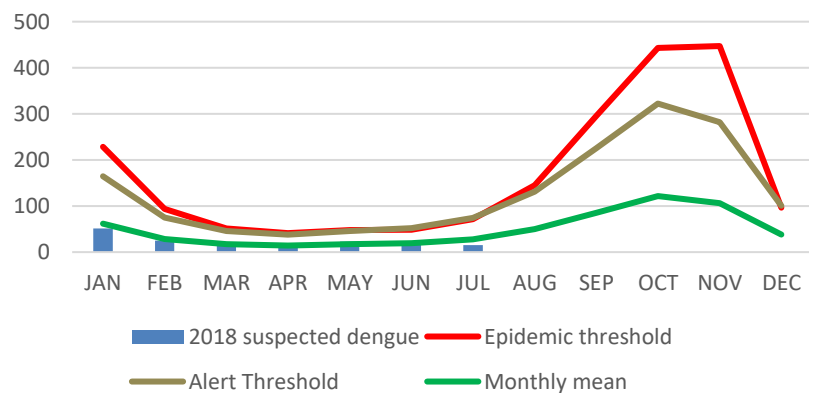
**MAYOM HOSPITAL**

\*DHF/DSS: Dengue Haemorrhagic Fever/ Dengue Shock Syndrome

### Points to note:

- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected dengue cases for 2018 versus monthly mean, alert, and epidemic thresholds



**6 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



# Gastroenteritis Bulletin

**EW**  
**32**

August 5-August 11, 2018

Epidemiological Week 32

## Weekly Breakdown of Gastroenteritis cases

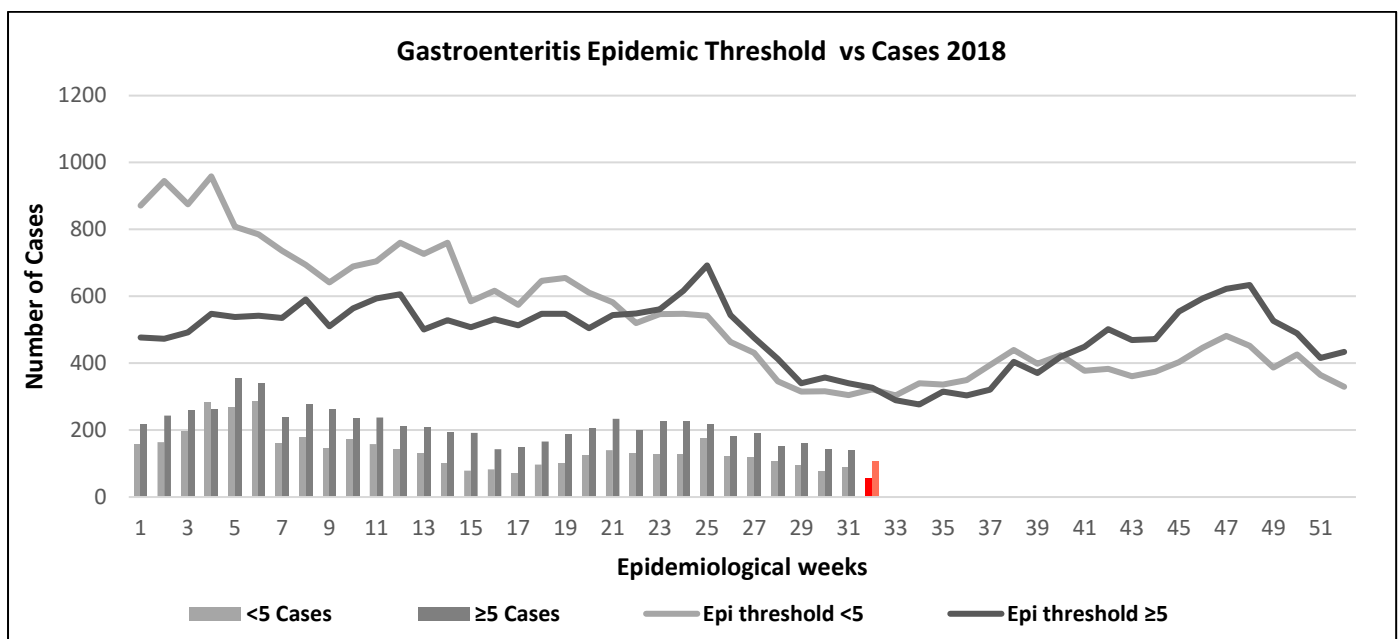
Year	EW 32			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	57	106	163	4,492	6,763	11,255
2017	62	139	201	5,975	7,187	13,162

### Gastroenteritis:

In epidemiological week 32, 2018, the total number of reported GE cases showed a 18.9 % increase compared to EW 32 of the previous year. The year to date figures showed a 14.4% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2017-2018



## Total number of GE cases per parish for Week 32, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	1473	111	81	292	468	272	293	188	192	163	436	277	246
≥5	1138	232	129	522	860	455	632	274	348	274	719	573	607



**7 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

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# RESEARCH PAPER

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## Measles Rapid Coverage Survey in Jamaican Schools 2015

*D Chin<sup>1</sup>, A Grant<sup>1</sup>, K Webster-Kerr<sup>1</sup>, S Spence<sup>1</sup>*

*<sup>1</sup>Ministry of Health, Kingston, Jamaica*

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### **Abstract**

**Objective:** The aim of the survey was to determine the success of the Measles Prevention Campaign 2015.

**Design and Methods:** A school-based survey was conducted targeting children aged 1-6 years. The study employed a two stage design in which Early Childhood Institutions (ECI) and Primary / Preparatory / All-Age (PPA) schools were randomly selected within each parish, after which ten students were randomly selected from each institution. Seven hundred and fifty (750) students from seventy-five schools were targeted. Immunization teams located within parishes visited schools to obtain dates of MMR1 and MMR2 vaccinations for each child using a standard survey tool. Coverage was calculated after adjusting for “card not seen” and migration out of parish.

**Results:** Data on 741 students from 75 schools were used for analysis. Jamaica’s MMR1 coverage moved from 99% to 100% while MMR2 coverage increased by 40% from 58% to 98% during the campaign and in mop-up activities.

**Conclusion:** The campaign was successful. Jamaica’s MMR1 coverage increased from 99% to 100% and MMR2 coverage increased by 40% from 58% to 98%. The improvement in MMR2 coverage was a result of both the campaign and mop-up exercise. Consequently, the post campaign MMR2 coverage rate could be 94% (not considering mop-up) to 98%.

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8 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



HOSPITAL  
ACTIVE  
SURVEILLANCE-  
30 sites. Actively  
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SENTINEL  
REPORT- 79 sites.  
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