

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

## Noncommunicable diseases and their risk factors

### Launch of new global estimates on levels of physical activity in adults



#### 1 in 4 adults are inactive

5 SEPTEMBER 2018 - New data published in The Lancet Global Health today show that more than one in four adults globally (28% or 1.4 billion people) are physically inactive. However this can be as high as one in three adults inactive in some counties.

The paper, authored by four World Health Organization experts, reports data that update 2008 estimates on levels of activity and, for the first time, reports trend analyses showing that overall, the global level of inactivity in adults remains largely unchanged since 2001.

Women were less active than men, with an over 8% difference at the global level (32% men vs 23%, women). High income countries are more inactive (37%) compared with middle income (26%) and low income countries (16%).

These data show the need for all countries to increase the priority given to national and sub-national actions to provide the environments that support physical activity and increase the opportunities for people of all ages and abilities, to be active every day.

The new Global Action Plan on Physical Activity sets the target to reduce physical inactivity by 10% by 2025 and 15% by 2030.

Regular physical inactivity increases peoples risk of poor health, including cardiovascular disease, several types of cancer and diabetes, falls, as well as mental health conditions. Publication of levels of participation in children and young people are forthcoming.



Source: <http://www.who.int/ncds/prevention/physical-activity/lancet-global-health-insufficient-physical-activity-2001-2016/en/>

## EPI WEEK 35



### SYNDROMES

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### CLASS 1 DISEASES

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### INFLUENZA

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### DENGUE FEVER

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### GASTROENTERITIS

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### RESEARCH PAPER

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# REPORTS FOR SYNDROMIC SURVEILLANCE

## FEVER

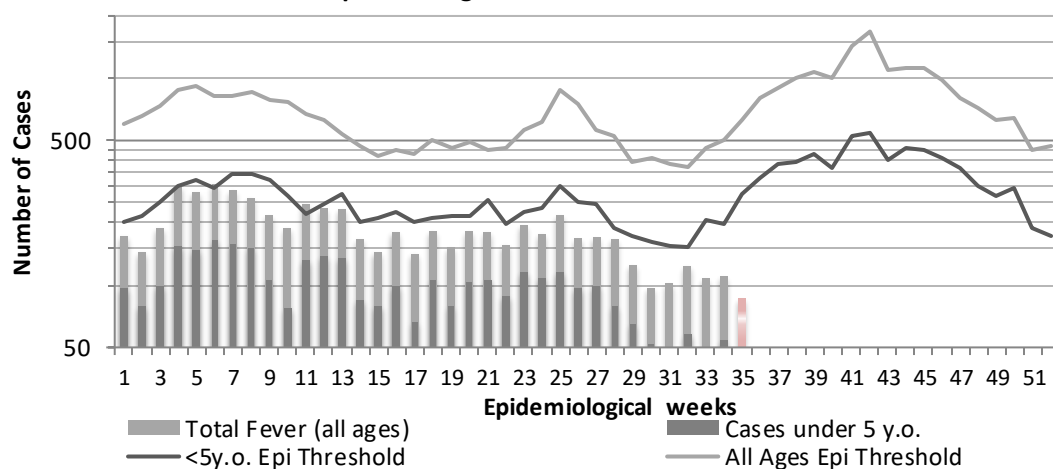
Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) with or without an obvious diagnosis or focus of infection.



**KEY**

**RED** CURRENT  
**WEEK**

**Fever in under 5y.o. and Total Fever vs epidemic Thresholds, Jamaica  
Epidemiological week 35, 2018**

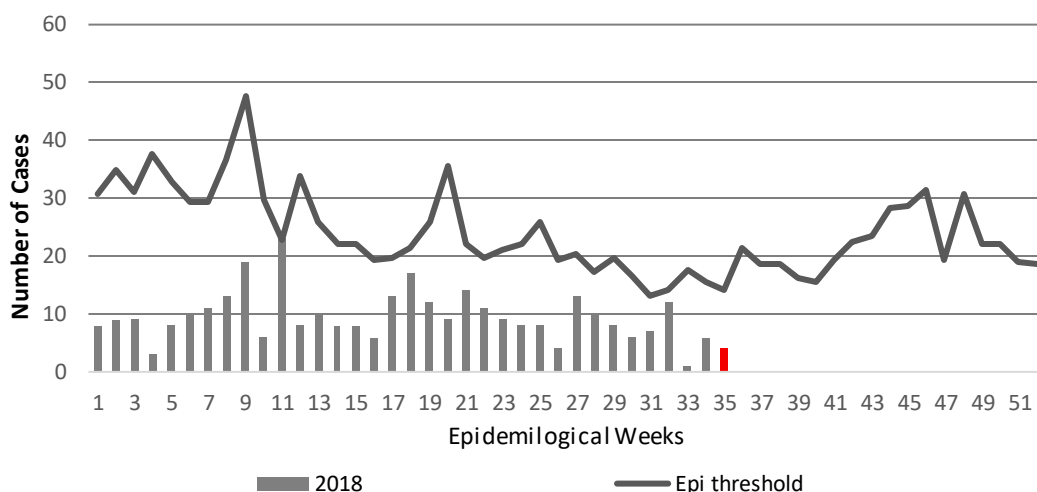


## FEVER AND NEUROLOGICAL

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 35, 2018**

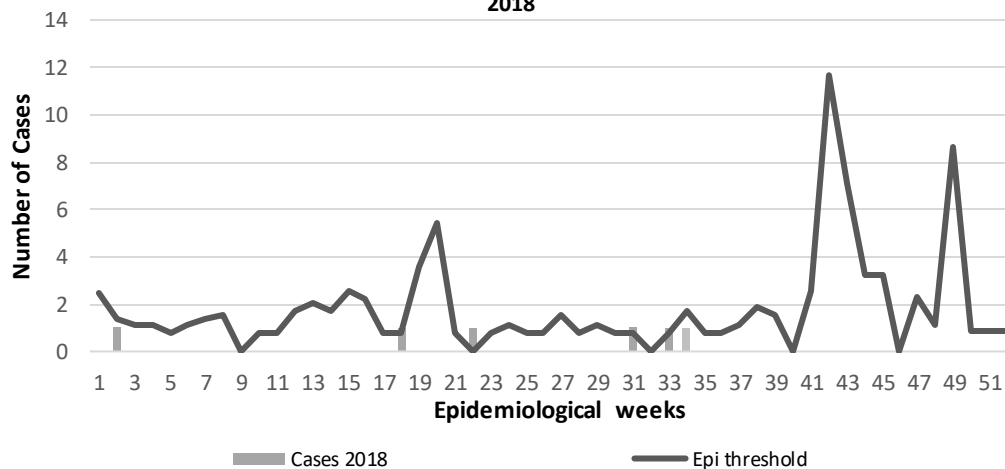


## FEVER AND HAEMORRHAGIC

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 35, 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

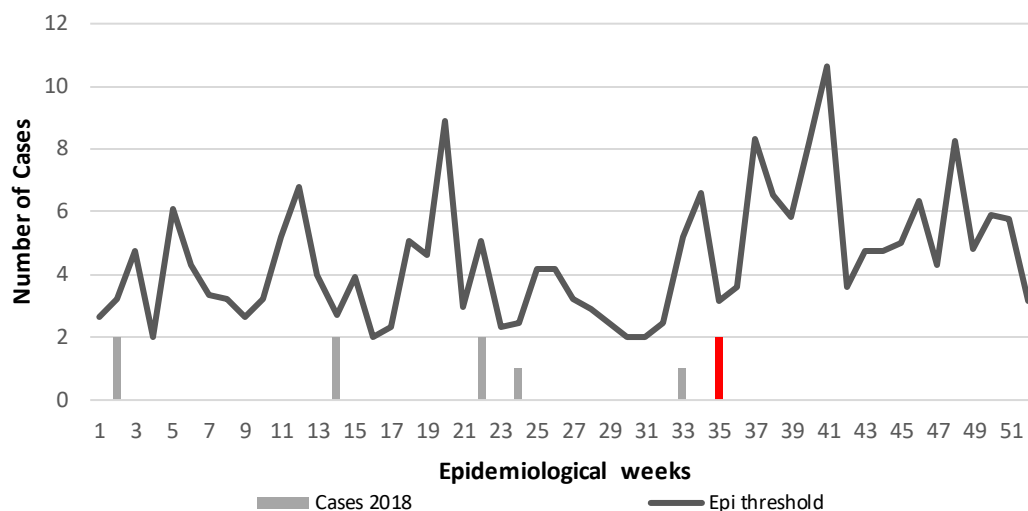
**FEVER AND JAUNDICE**

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 35, 2018

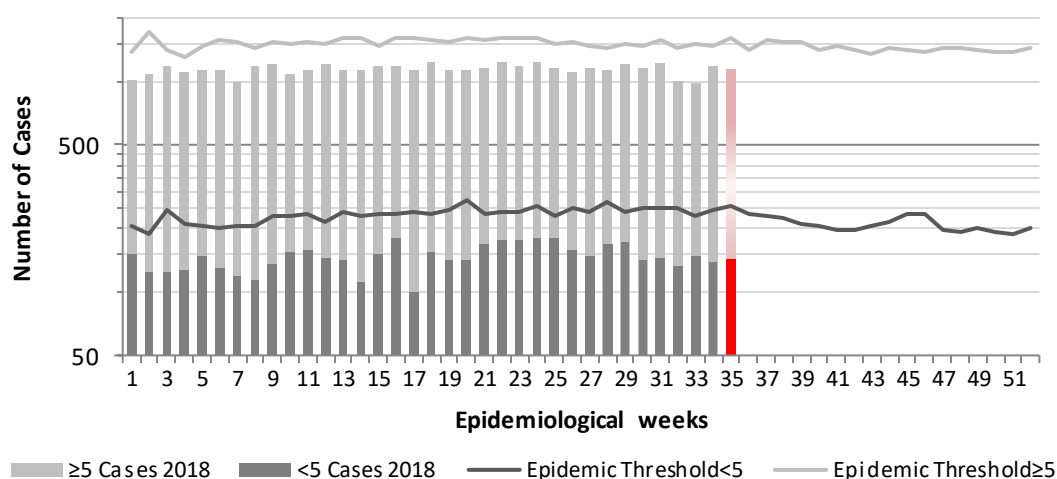
**ACCIDENTS**

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

**KEY**  
**RED CURRENT WEEK**



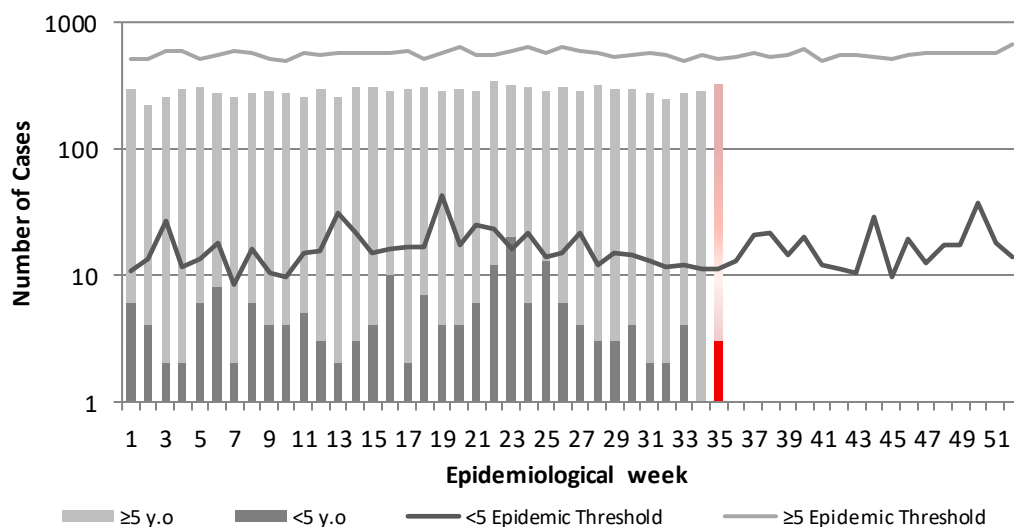
Accidents by age group versus epidemic thresholds, Jamaica: Week .., 2018

**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 35, 2018



**3 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

## CLASS ONE NOTIFIABLE EVENTS

## Comments

			CONFIRMED YTD		
	CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR	
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning <sup>1</sup>		(302) 94	(360) 142	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>2</sup>		0	3	
	Hansen's Disease (Leprosy)		0	2	
	Hepatitis B		33	33	
	Hepatitis C		5	8	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		2	0	
	Meningitis (Clinically confirmed)		32	70	
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	<sup>1</sup> Numbers in brackets indicate combined suspected and confirmed Accidental Poisoning cases <sup>2</sup> Dengue Hemorrhagic Fever data include Dengue related deaths; <sup>3</sup> Figures include all deaths associated with pregnancy reported for the period. <sup>4</sup> CHIKV IgM positive cases 
	Congenital Rubella Syndrome		0	0	
	Congenital Syphilis		0	0	
	Fever and Rash	Measles	0	0	
		Rubella	0	0	
	Maternal Deaths <sup>3</sup>		44	39	
	Ophthalmia Neonatorum		212	191	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		25	76	
	Yellow Fever		0	0	
	Chikungunya <sup>4</sup>		9	0	NA- Not Available
	Zika Virus		0	0	



4 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
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# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

August 26- September 1, 2018

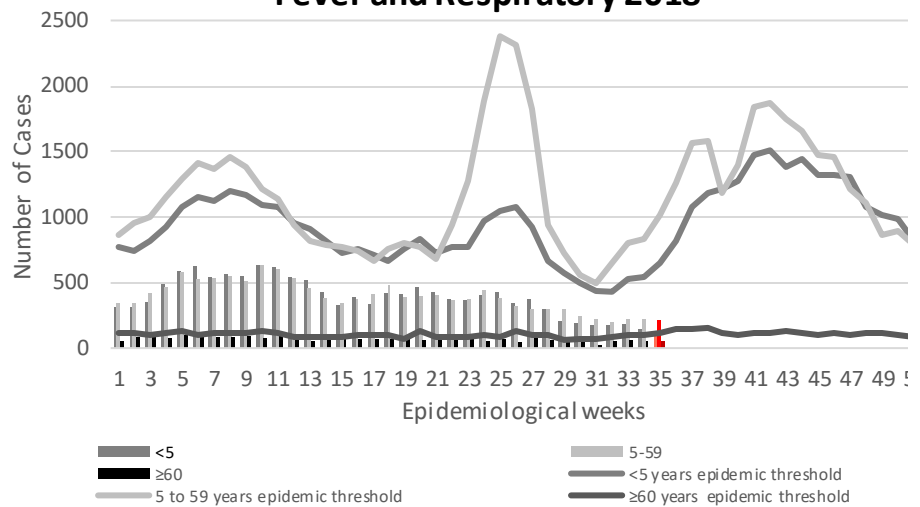
Epidemiological Week 35

*EW 35*

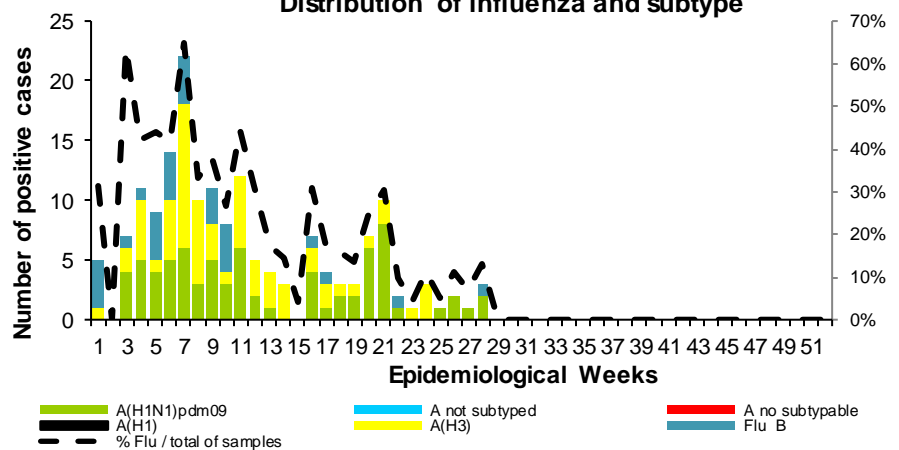
September 2018

**Fever and Respiratory 2018**

	EW 35	YTD
SARI cases	1	232
<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>

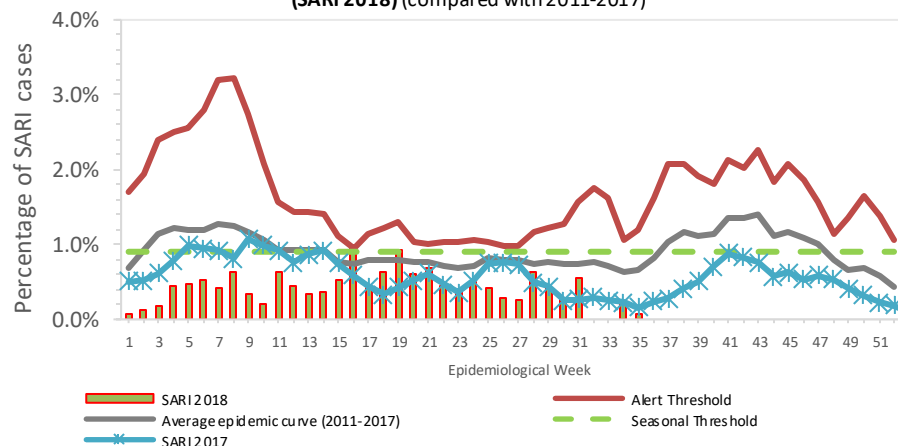
**Comments:**

During EW 35, SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Decreased influenza activity was reported; with influenza A(H1N1)pdm09 predominating in previous weeks

**Distribution of influenza and subtype****GLOBAL AND REGIONAL  
UPDATES**

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

**Caribbean:** Influenza virus activity slightly 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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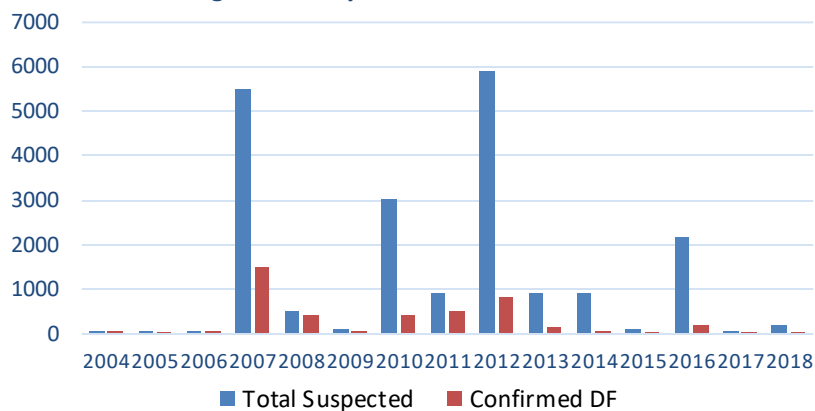
# Dengue Bulletin

August 26- September 1, 2018

Epidemiological Week 35



Dengue Cases by Year: 2007-2018, Jamaica



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

		2018		2017 YTD
		EW 35	YTD	
Total Suspected Dengue Cases		3	211	95
Lab Confirmed Dengue cases		0	1	1
CONFIRMED	*DHF/DSS	0	0	0
	Dengue Related Deaths	0	0	0

## DENGUE FEVER

### Symptoms

- High Fever
- Headache
- Nausea
- Stomach Ache
- Vomiting
- Muscle Pain
- Rashes
- Diarrhea
- Mild Bleeding gums

### Treatment

- There is no specific treatment for dengue or dengue hemorrhagic fever. Only symptomatic treatment is given.

### Diagnoses

- Antibody detection
- Antigen detection
- RNA detection
- Viral isolation

### Prevention

- Cover containers
- Use mosquito nets, sprays.
- Wear full sleeves
- Fumigation

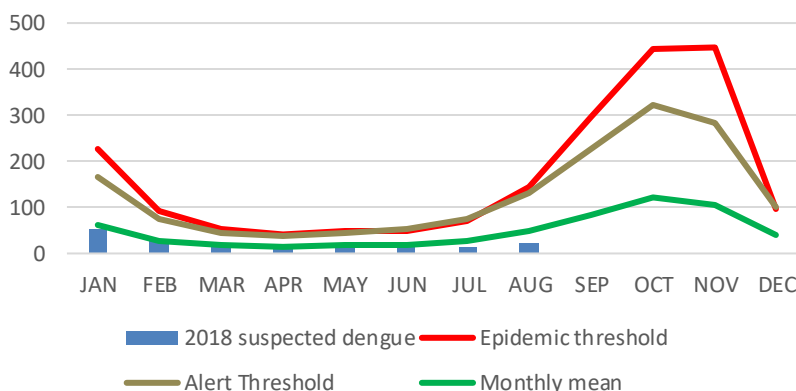


\*DHF/DSS: Dengue Haemorrhagic Fever/ Dengue Shock Syndrome

### 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  
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# Gastroenteritis Bulletin

August 26 – September 1, 2018

Epidemiological Week 35

**EW**  
**35**

## Weekly Breakdown of Gastroenteritis cases

Year	EW 35			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	54	130	184	4,683	7,172	11,855
2017	50	122	172	6,163	7,575	13,738

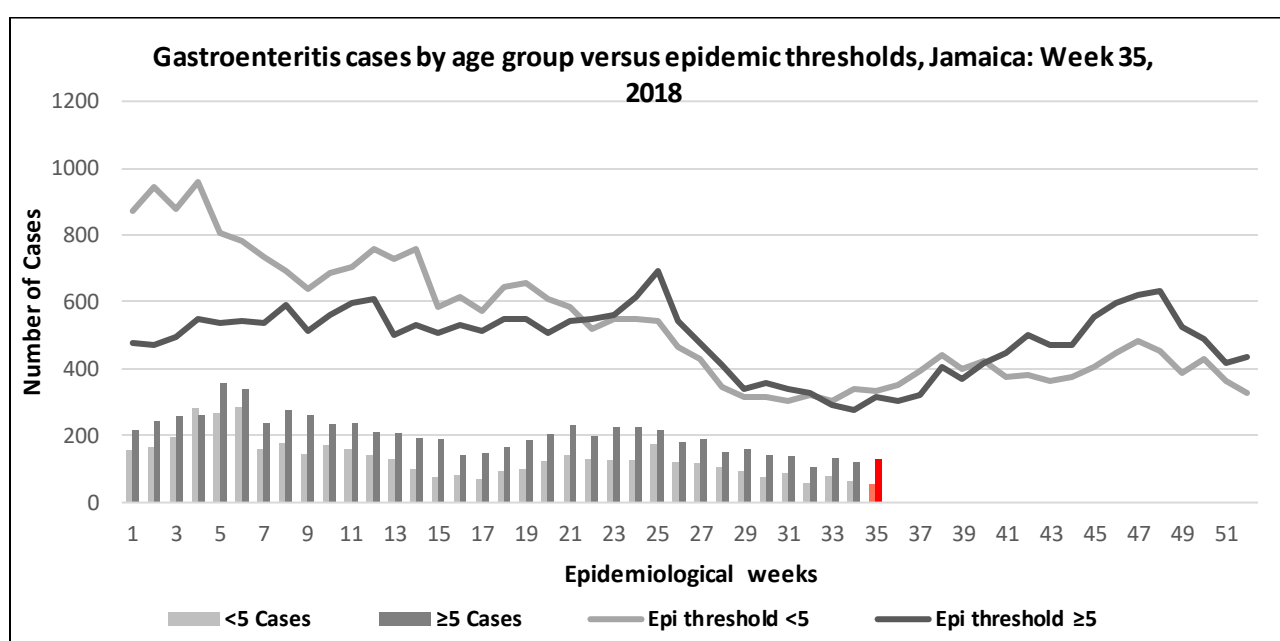
### Gastroenteritis:

In epidemiological week 35, 2018, the total number of reported GE cases showed a 6.5% increase compared to EW 35 of the previous year.

The year to date figures showed a 14 % decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2017-2018



## Total number of GE cases per parish for Week 35, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	1522	119	85	307	485	285	304	197	196	172	448	296	267
≥5	1203	240	136	566	911	476	664	290	366	287	772	606	655



7 NOTIFICATIONS-  
All clinical  
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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*

Presenting Author e-mail: [ChinD@moh.gov.jm](mailto:ChinD@moh.gov.jm)

### 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  
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