WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Alcohol Consumption

Key facts

- Worldwide, 3 million deaths every year result from harmful use of alcohol, this represent 5.3 % of all deaths.
- The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions.
- Overall 5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs).
- Alcohol consumption causes death and disability relatively early in life. In the age group 20–39 years approximately 13.5 % of the total deaths are alcohol-attributable.

- There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other noncommunicable conditions as well as injuries.
- The latest causal relationships have been established between harmful drinking and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS.
- Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large.

Source: http://www.who.int/news-room/fact-sheets/detail/alcohol

EPI WEEK 36

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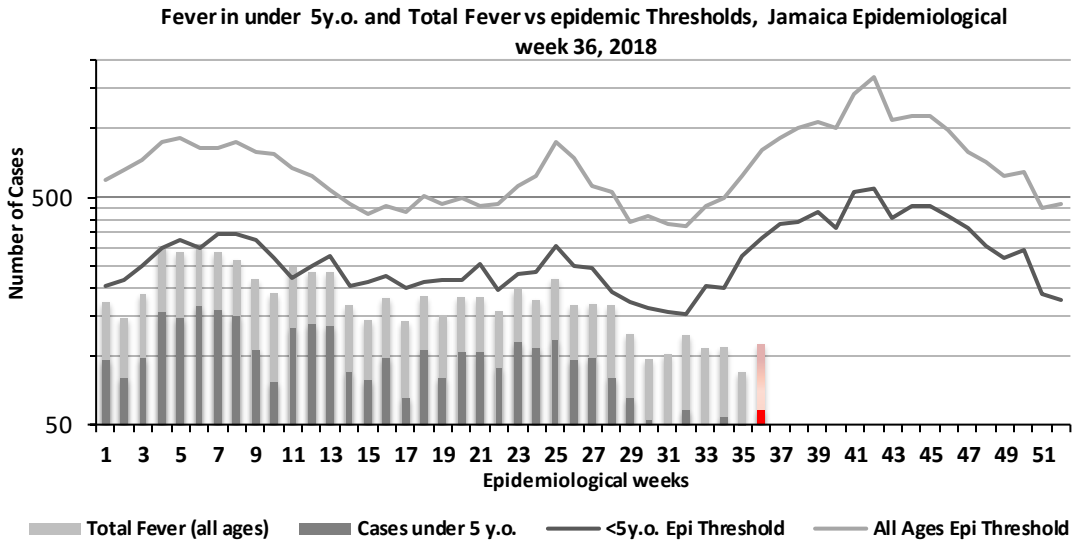
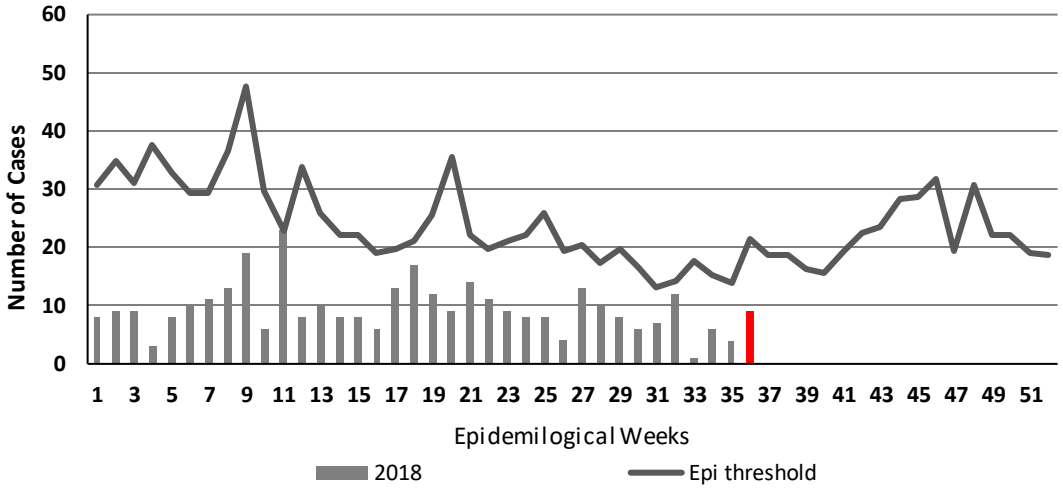
REPORTS FOR SYNDROMIC SURVEILLANCE

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

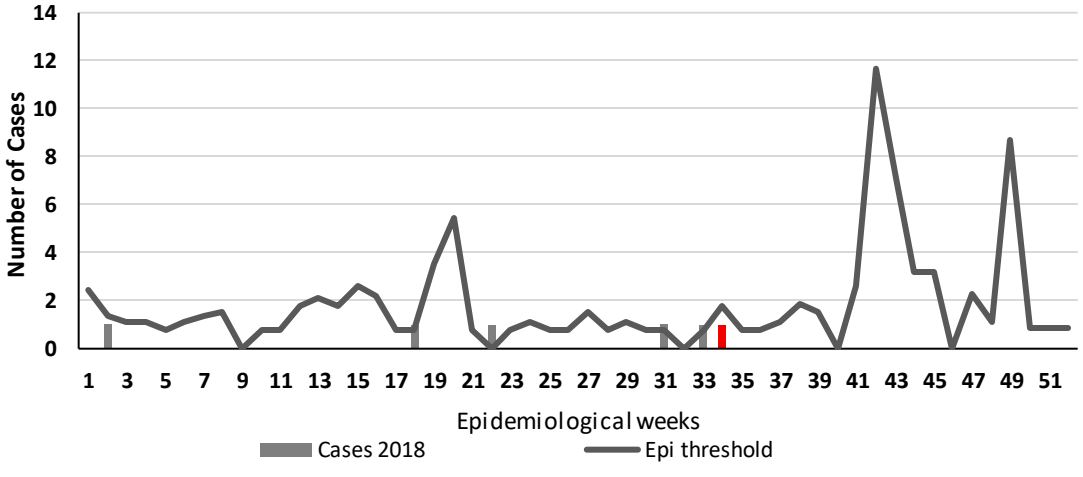
KEY
RED CURRENT WEEK



FEVER AND NEUROLOGICAL
Temperature of >38^{0}C /100.4^{0}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).



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.



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

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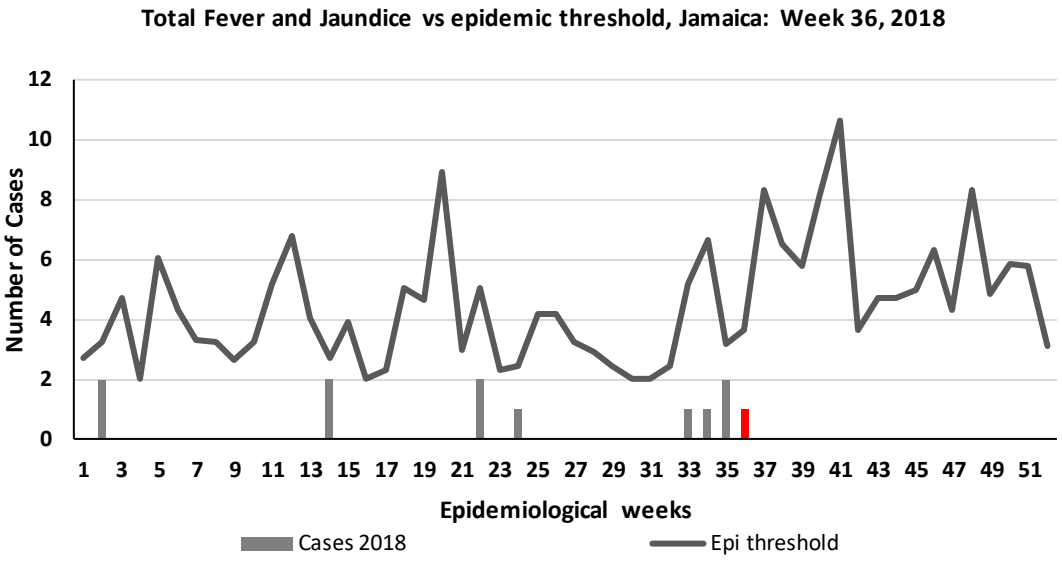
FEVER AND JAUNDICE

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

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.

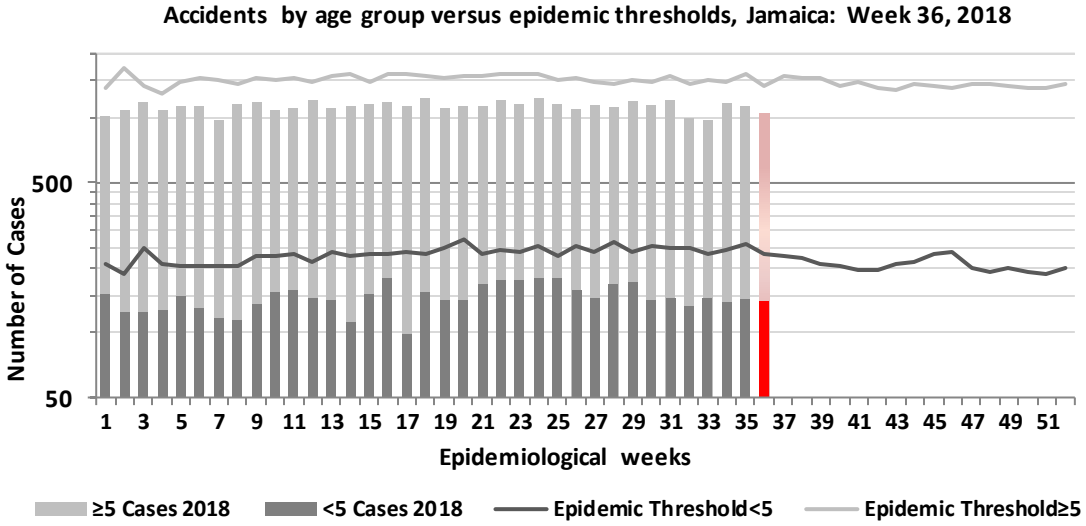


ACCIDENTS

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

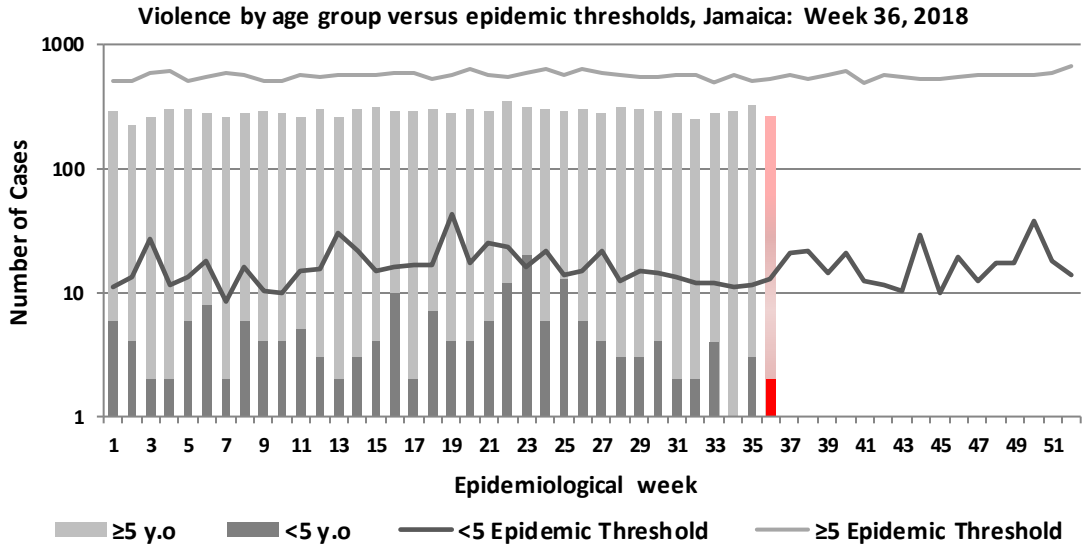
KEY

RED CURRENT WEEK



VIOLENCE

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



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS		CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning[1]		(314) 111	(368) 146
	Cholera		0	0
	Dengue Hemorrhagic Fever[2]		0	3
	Hansen's Disease (Leprosy)		0	2
	Hepatitis B		34	33
	Hepatitis C		5	8
	HIV/AIDS		NA	NA
	Malaria (Imported)		2	0
	Meningitis (Clinically confirmed)		32	75
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[3]		44	34
	Ophthalmia Neonatorum		217	203
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		25	80
	Yellow Fever		0	0
	Chikungunya[4]		10	0
	Zika Virus		0	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.

[1] **Numbers in brackets indicate combined suspected and confirmed Accidental Poisoning cases**

[2] **Dengue Hemorrhagic Fever data include Dengue related deaths;**

[3] **Figures include all deaths associated with pregnancy reported for the period.**

[4] **CHIKV IgM positive cases**

NA- Not Available

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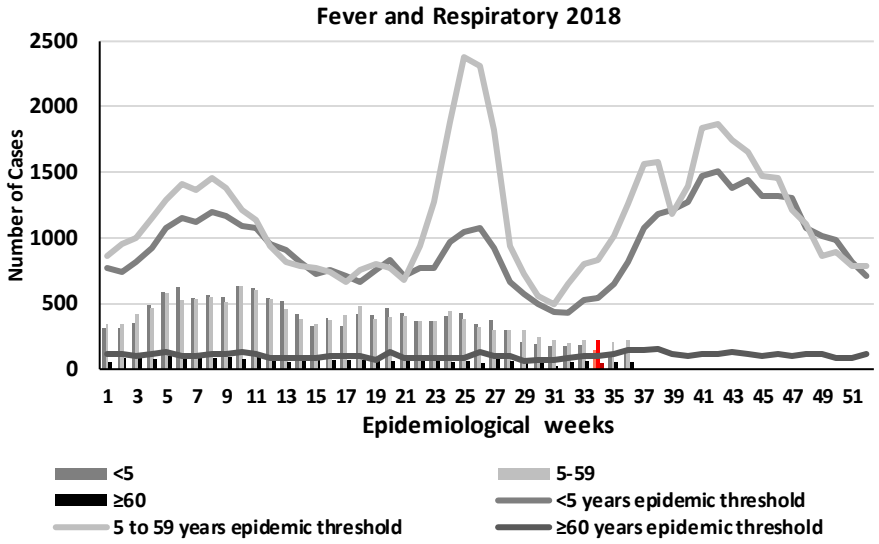
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

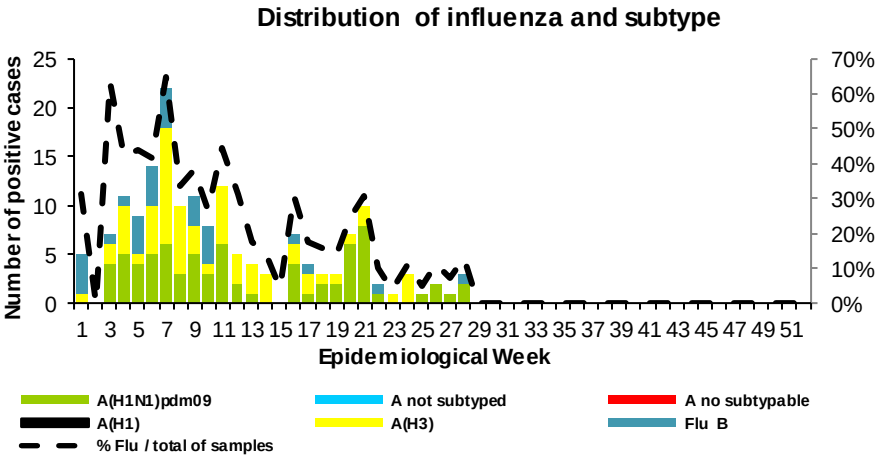
EW 36

September 2-8, 2018 Epidemiological Week 36

September 2018	*EW 36*	*YTD*
SARI cases	*2*	*234*
Total Influenza positive Samples	***0***	***168***
Influenza A	***0***	***139***
H3N2	*0*	*65*
H1N1pdm09	*0*	*74*
Not subtyped	*0*	*1*
Influenza B	*0*	***29***
Parainfluenza	*0*	*7*



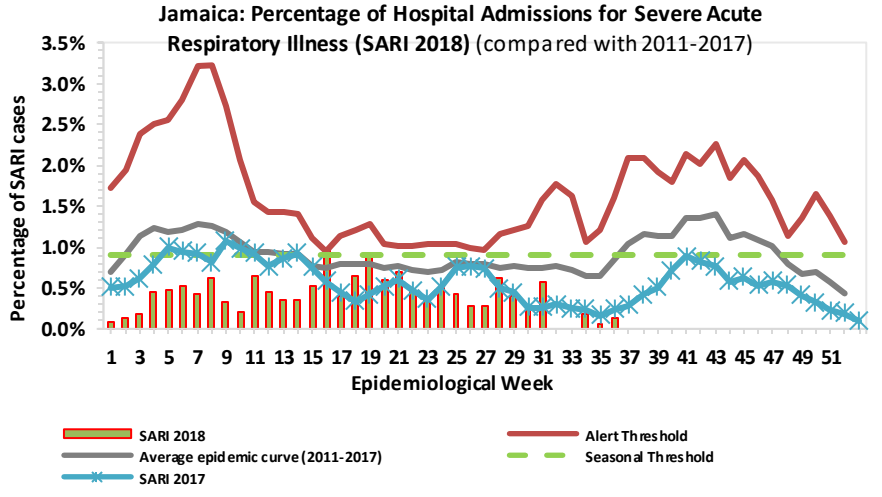
Comments:
During EW 36, SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Decreased influenza activity was reported; with influenza A(H1N1)pdm09 predominating in previous weeks



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.



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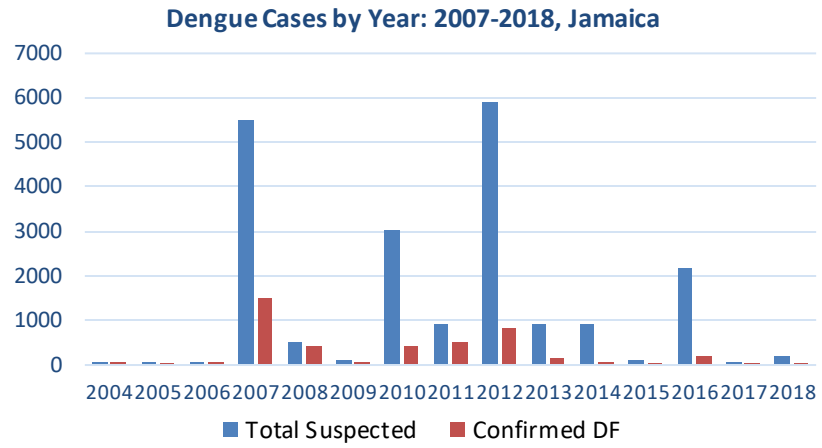
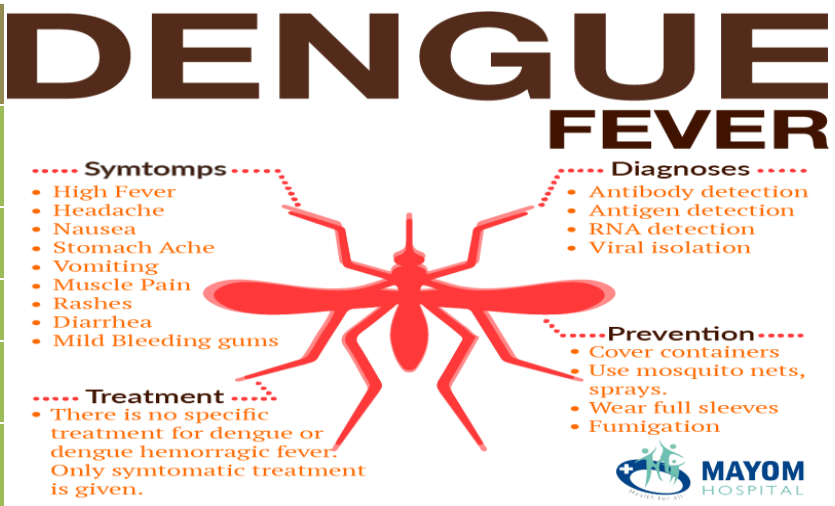
Dengue Bulletin

September 2-8, 2018 | Epidemiological Week 36



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

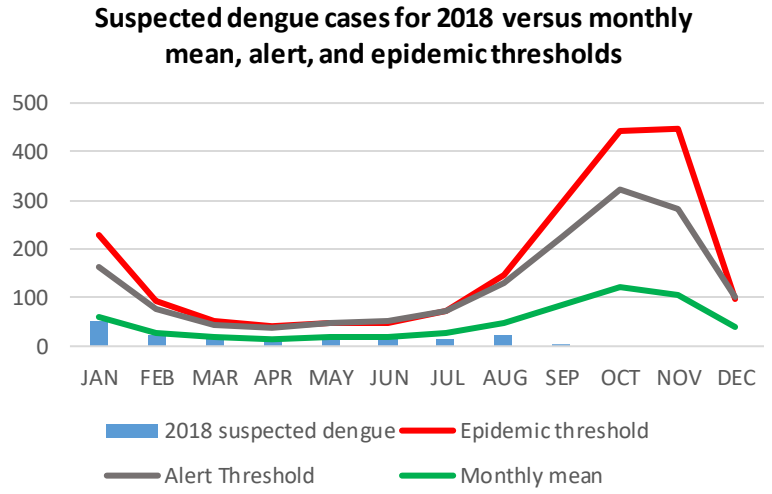
		2018		2017 YTD
		EW 36	YTD	
Total Suspected Dengue Cases		1	217	96
Lab Confirmed Dengue cases		0	1	1
CONFIRMED	*DHF/DSS	0	0	0
CONFIRMED	Dengue Related Deaths	0	0	0



***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.**



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Gastroenteritis Bulletin

September 2-8, 2018 | Epidemiological Week 36

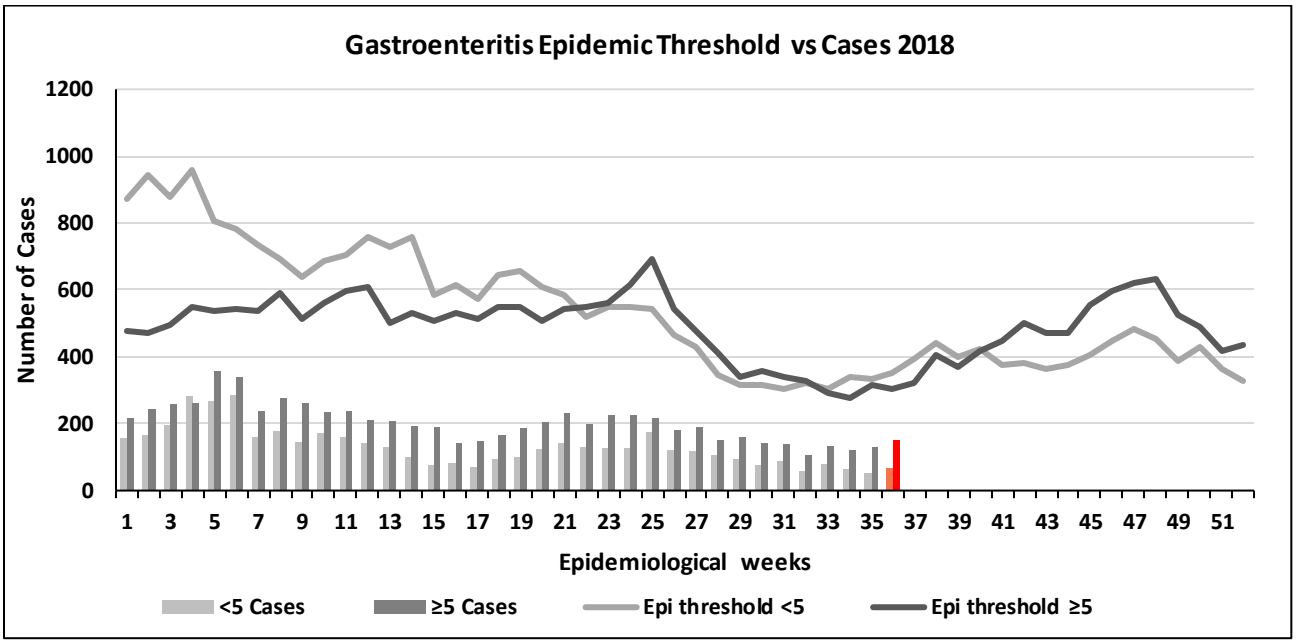
EW 36

Weekly Breakdown of Gastroenteritis cases

Year	EW 36			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	66	150	216	4,749	7,322	12,071
2017	59	170	229	6,222	7,682	13,904

Gastroenteritis:
In epidemiological week 36, 2018, the total number of reported GE cases showed a 6 % decrease compared to EW 36 of the previous year.
The year to date figures showed a 13% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2017-2018



Total number of GE cases per parish for Week 36, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	1544	122	85	312	498	287	307	198	200	172	450	300	274
≥5	1230	250	138	576	929	479	674	292	382	292	791	622	667

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RESEARCH PAPER

Measles Rapid Coverage Survey in Jamaican Schools 2015

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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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