

calendar/international-lead-poisoning-prevention-week-of-action



2 NOTIFICATIONS-All clinical sites

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INVESTIGATION REPORTS- Detailed Follow up for all Class One Events HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



FEVER AND JAUNDICE

Temperature of $>38^{\circ}C$ /100.4°*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 40, 2018



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

RED CURRE WEEK

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VIOLENCE

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





3 NOTIFICATIONS-All clinical sites

CLASS ONE NOTIFIABLE EVENTS Comments										
				CONFIR	AFP Field Guides					
	CLASS 1 EV	VENTS	CUR YI	RENT EAR	PREVIOU YEAR	s from WHO indicate that for an				
AL	Accidental P	oisoning ¹	(30	65) 118	(403) 158	surveillance				
ON,	Cholera		()	0	system, detection				
ATI	Dengue Hen	1	l	3	should be					
ERN	Hansen's Di	()	2	1/100,000					
NTE 'ERI	Hepatitis B		3	7	35	population under 15 years old (6 to				
	Hepatitis C		(5	9	7) cases annually.				
₹NC	HIV/AIDS		N	A	NA					
ATIC	Malaria (Im	ported)	-	2	0	Pertussis-like syndrome_and				
Ż	Meningitis (Clinically confirmed)	3	4	85	Tetanus are				
EXOTIC/ UNUSUAL	Plague		()	0	clinically confirmed				
	Meningococc	()	0	classifications.					
IGH BID TAL	Neonatal Ter	()	0	¹ Numbers in brackets					
H IOR IOR	Typhoid Fev	0		0	indicate combined					
ZZ	Meningitis H	()	0	Accidental Poisoning					
	AFP/Polio	()	0	² Dengue Hemorrhagic					
	Congenital F	()	0	Fever data include Dengue related deaths;					
\sim	Congenital S	()	0	³ Figures include all					
ME	Fever and	Measles	0 0		0	deaths associated with pregnancy reported for				
AM	Rash	Rubella			0	the period.				
JGR	Maternal De	49		41	⁴ CHIKV IgM positive cases					
PR(Ophthalmia	253		254						
IAL	Pertussis-like	0		0						
PEC	Rheumatic F	0		0						
S	Tetanus	0		0						
	Tuberculosis	32		80						
	Yellow Feve	()	0						
	Chikungunya ⁴				0					
	Zika Virus	()	0	NA-Not Available					
4 NOTIFICATIONS- All clinical sites		INVESTIGATION REPORTS- Detailed up for all Class One E	Follow vents	HOSP ACTIV SURV 30 sites pursue	TAL VE EILLANCE- s. Actively 2d	SENTINEL REPORT- 79 sites. Automatic reporting				

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

September 30- October 6, 2018

September-October 2018								
	<i>EW40</i>	YTD						
SARI cases	2	244						
Total Influenza positive Samples	0	168						
Influe nza A	0	139						
H3N2	0	65						
H1N1pdm09	0	74						
Not subtyped	0	1						
Influe nza B	0	29						
Parainflue nza	0	7						

Comments:

During EW 40, 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) cocirculating.







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HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



Dengue Bulletin

September 30-October 6, 2018

Epidemiological Week 40



Weekly Breakdown of suspected and



confirmed cases of DF, DHF, DSS									
		20	2017 YTD						
	\mathbf{X}	EW 40							
Total Suspe Ca	cted Dengue ises	0	282	105					
Lab Confirm ca	0	3	1						
CONFIRMED	*DHF/DSS	0	1	1					
	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.







6 NOTIFICATIONS-All clinical sites



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500



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



Gastroenteritis Bulletin

September 30-October 6, 2018

Epidemiological Week 40



Weekly Breakdown of Gastroenteritis cases

Year		EW 40		YTD				
	<5	≥5	Total	<5	≥5	Total		
2018	113	168	281	5,128	7,915	13,043		
2017	79	143	222	6,502	8,218	14,720		

Gastroenteritis: In epidemiological week 40, 2018, the total number of reported GE cases showed a 4% increase compared to EW 40 of the previous year. The year to date figures showed a 11% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2017-2018



Total number of GE cases per parish for Week 40, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	1720	135	89	329	531	302	326	210	219	180	467	324	296
≥5	1346	272	143	611	1035	515	720	308	431	321	832	675	706



NOTIFICATIONS-All clinical sites



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HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



RESEARCH PAPER

Title: Determinants of Health-Seeking Behaviour in Patients with Sexually Transmitted Infections

Authors: Ardene Harris¹, Lovette Byfield², Desmalee Holder-Nevins², Camelia Thompson² Institution: Department of Community Health and Psychiatry, University of the West Indies, Mona Corresponding Author / Presenter: Dr. Ardene Harris at <u>ardene.harris@yahoo.com</u>

ABSTRACT

Objectives: Persons with sexually transmitted infections (STIs) often do not seek medical care. In some countries, studies show that patients with STIs feel stigmatized. This study seeks to examine factors that influence the decision by patients with recurrent STIs to seek medical attention, and to determine the role played by stigma or the attitudes of health-care workers.

Method: Using a convergent parallel mixed-methods design, quantitative data were collected via a crosssectional survey, utilizing an interviewer-administered structured questionnaire, while in-depth interviews were used to gather qualitative data. The study population consisted of 201 patients who attended public health centres served by the Kingston and St. Andrew Health Department for STI symptoms.

Results: Lack of time and the use of alternative medications were the two main reasons reported for delays in seeking care. Females were three times more likely than males to delay seeking care for STI symptoms (OR = 3.1, CI [1.6–6.1]). The STI patients felt stigmatized with a mean score of $61 \pm 8.8\%$. There was an association between STI-related stigma and a willingness to disclose one's STI status to partners (p < 0.001). Overall, patients had positive impressions of health-care workers' attitudes towards them (mean patient satisfaction score = 82.2%).

Conclusion: STI patients may delay seeking care or disclosing their status to sexual partners owing to STI-related stigma. Health-care workers are viewed favourably by STI patients and can be used as agents of change, through health promotion to reduce stigma and motivate patients to seek medical attention early.

Key Words: Sexually transmitted infections; STI; stigma; disclosure; health-care worker



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