WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Violence against women:Strengthening the health response in times of crisis

1 in 3 women around the world experience physical or sexual violence, mostly by an intimate partner. This makes it the most widespread, but among the least reported human rights abuses. It is prevalent during times of peace and stability, but risks escalate when a crisis strikes.

While data is scarce, studies indicate that gender-based violence in humanitarian emergencies is likely to be devastatingly common. A recent survey in South Sudan, for instance, found that more than half of women with a current or past intimate partner had experienced physical and/or sexual violence, while close to one-third of women reported sexual violence by a non-partner.

In conflicts, women's bodies too often become battlefields, with violence used to humiliate and oppress. Risks are amplified because women can be uprooted from their homes, and separated from their usual support networks, while social and legal protection systems are weakened or destroyed.

The short and long-term health consequences of violence for women's health are many and significant. Women who experience violence are a higher risk of injuries, adverse sexual and reproductive health and mental health consequences.

For example, women who suffer intimate partner violence are twice as likely to experience depression, and 1.5 times more likely to acquire a sexually transmitted infection. It also has health consequences for their children, and socio-economic impacts on the families, communities and societies.

Women who are abused are more likely to seek healthcare for a variety of related conditions, even if (as often occurs) they do not explicitly disclose their experience. For these reasons, it is crucial to ensure that health workers are appropriately trained to provide effective, empathetic support, and that health facilities can provide safe and confidential care.

WHO has published new clinical guidelines and tools to support countries and train healthcare providers to provide appropriate women-centred care, which includes a focus on empathetic listening, non-judgmental response, identifying women's needs and concerns and facilitating their access to social support. With partners, more and more countries around the world are now adapting or updating their own guidelines, as well as providing new training programmes for health workers in line with these recommendations.

Within this work, significant attention has been paid to expanding support to countries and settings where conflict or disasters have intensified risks of gender-based violence. For example, in Syria, health providers and health organizations have been engaged towards facilitating appropriate care and protection.

In Afghanistan, the Ministry of Public Health is undertaking a training of 6500 health workers to help them support survivors. In Pakistan, health worker trainings have been undertaken in three provinces. In Myanmar, a national training of trainers was conducted as part of establishing a one-stop crisis centre to respond to violence against women in hospitals. In Uganda, training guidelines are being rolled out across health facilities.

Source: http://www.who.int/news-room/feature-stories/detail/violence-against-women

EPI WEEK 45

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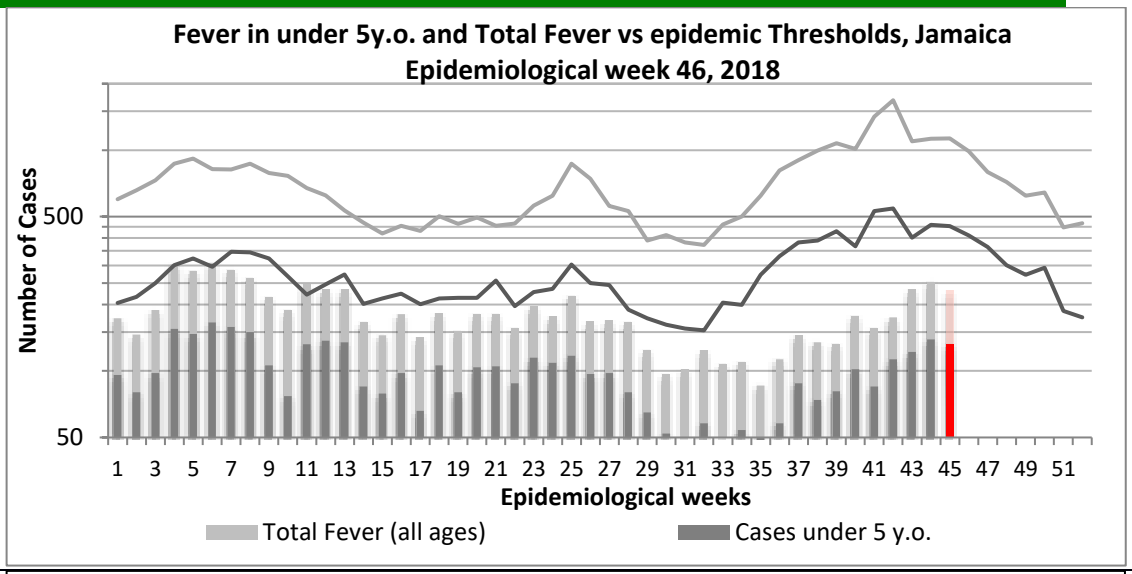
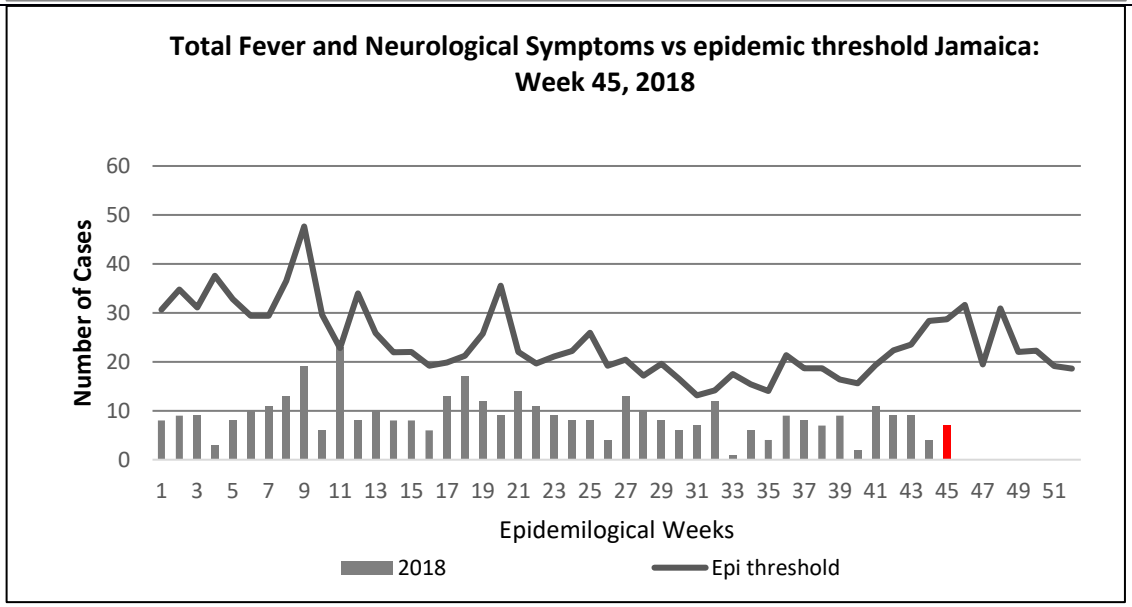
REPORTS FOR SYNDROMIC SURVEILLANCE

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

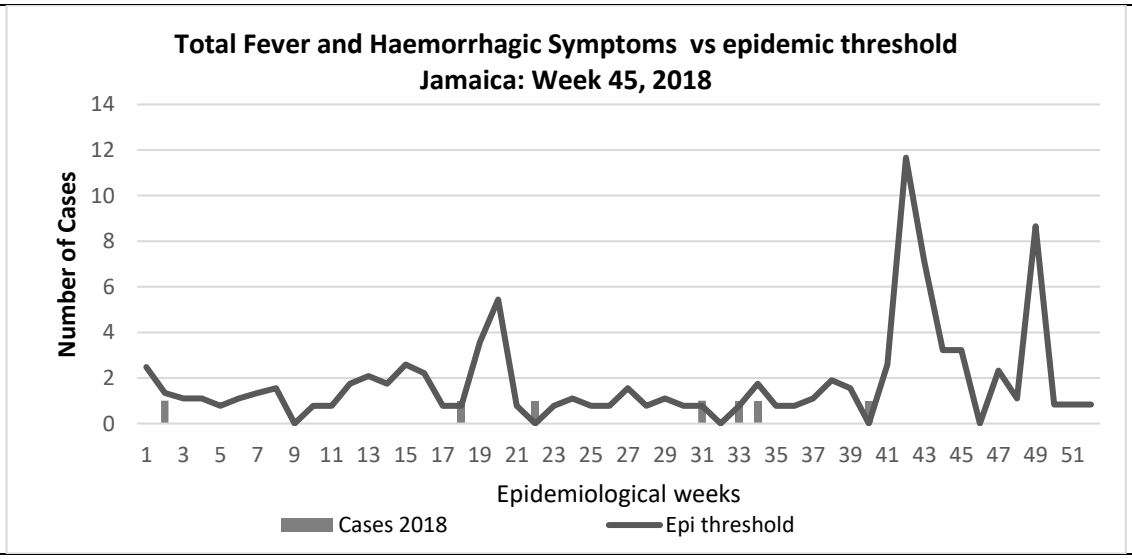
KEY
RED CURRENT WEEK



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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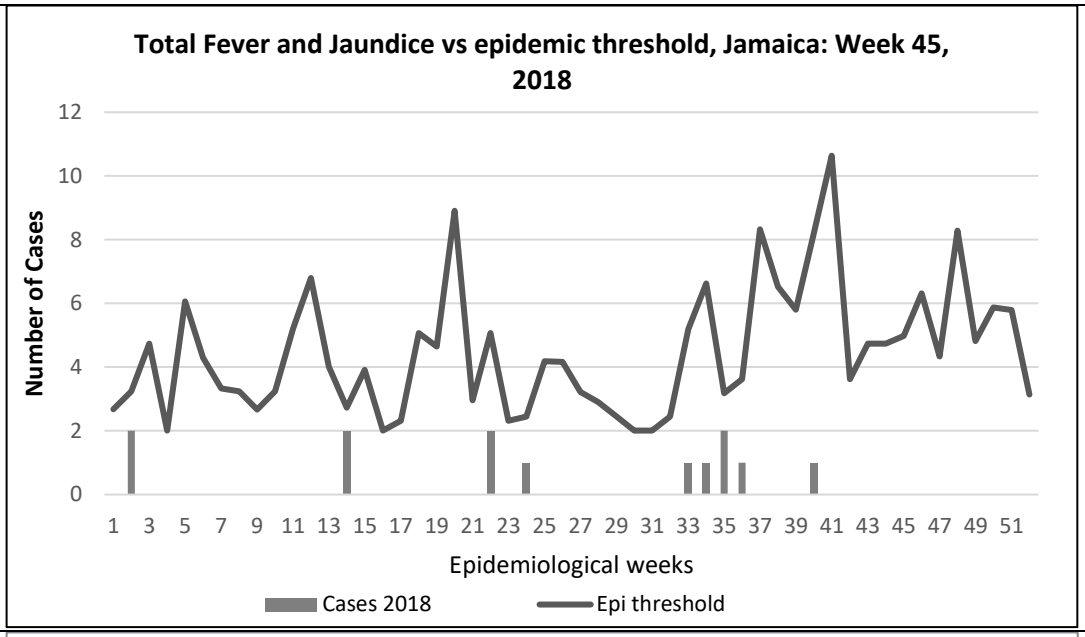
FEVER AND JAUNDICE

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.

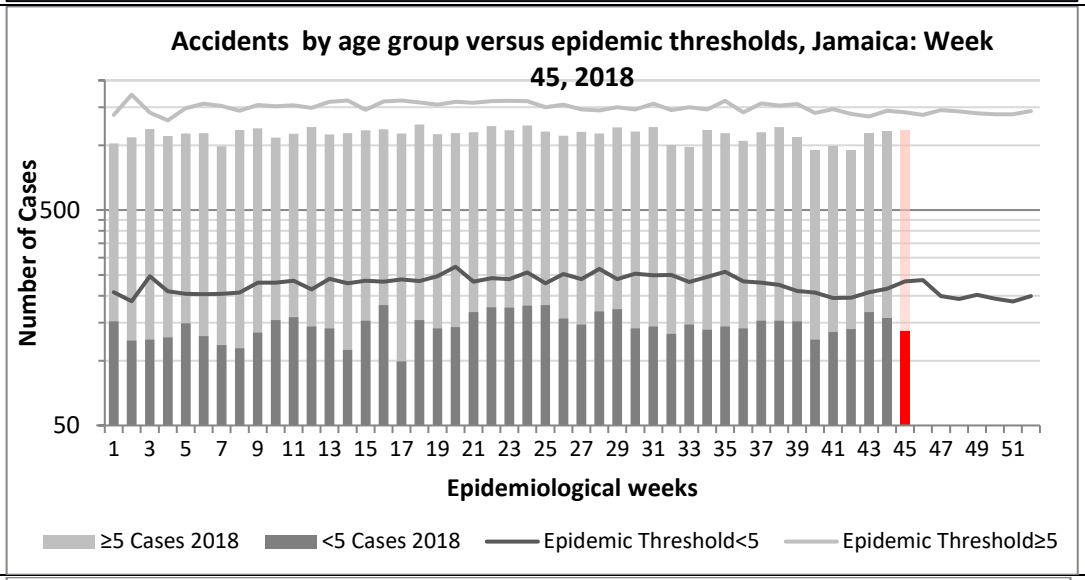


ACCIDENTS

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

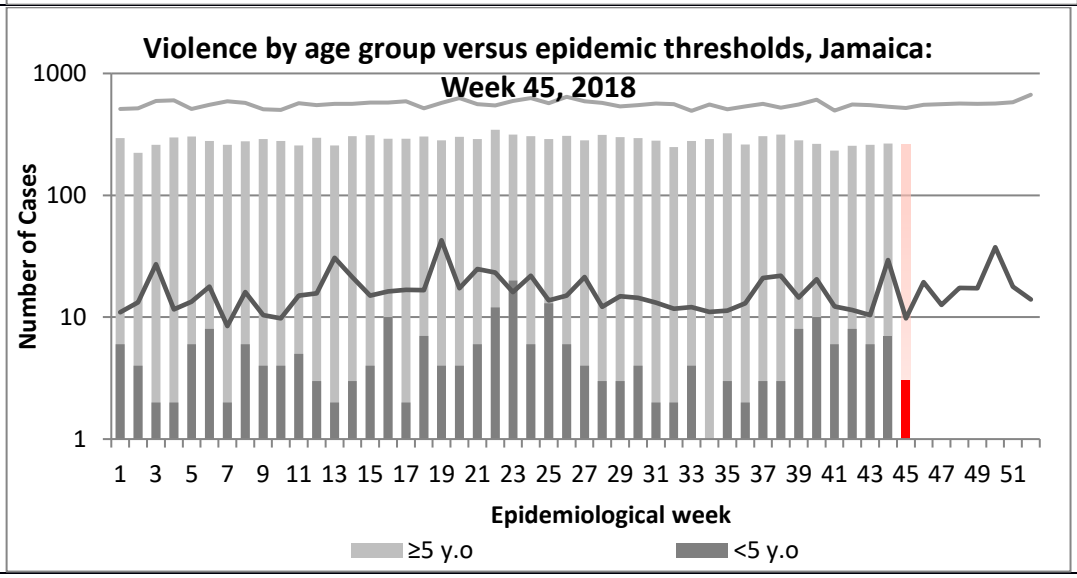
KEY

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]		(437) 131	(452) 186
	Cholera		0	0
	Dengue Hemorrhagic Fever[2]		2	3
	Hansen's Disease (Leprosy)		0	2
	Hepatitis B		42	51
	Hepatitis C		7	10
	HIV/AIDS		NA	NA
	Malaria (Imported)		5	0
	Meningitis (Clinically confirmed)		35	102
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]		53	45
	Ophthalmia Neonatorum		269	309
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		33	107
	Yellow Fever		0	0
	Chikungunya[4]		10	0
	Zika Virus[5]		1	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**

[5] **Zika IgM positive cases**

NA- Not Available

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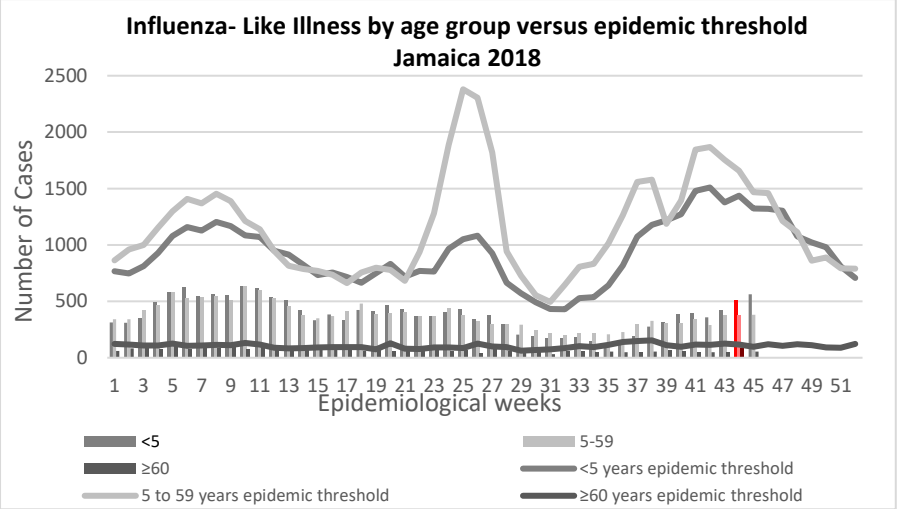
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

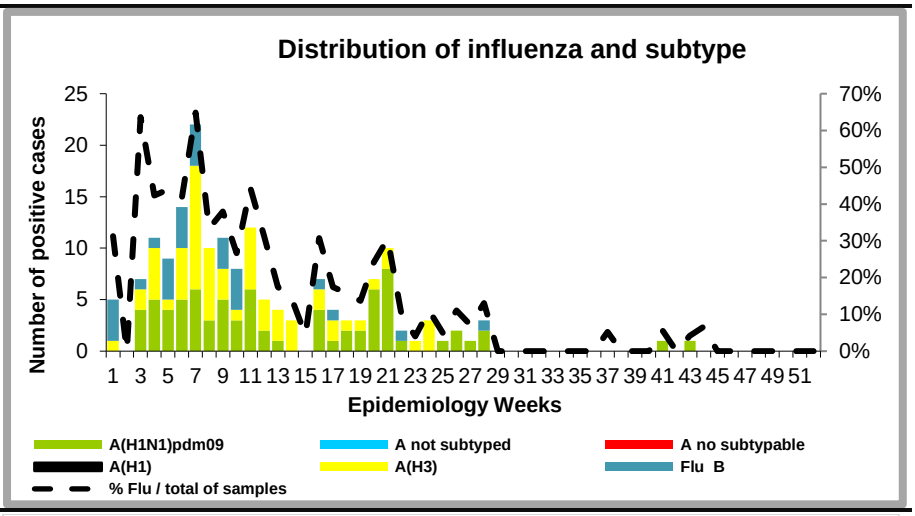
EW 45

November 4 – November 10, 2018 Epidemiological Week 45

November 2018		
	EW 45	*YTD*
SARI cases	*11*	*289*
Total Influenza positive Samples	***0***	***170***
Influenza A	***0***	***141***
H3N2	*0*	*65*
H1N1pdm09	*0*	*76*
Not subtyped	*0*	*1*
Influenza B	*0*	***29***
Parainfluenza	*0*	***7***



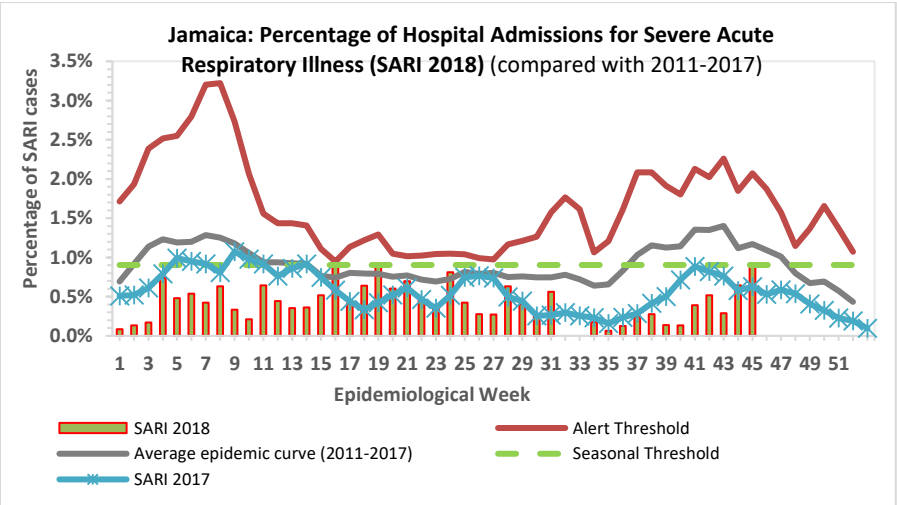
Comments:
During EW 45 SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Decreased influenza activity was reported; with influenza A(H1N1)pdm09 predominating in previous weeks



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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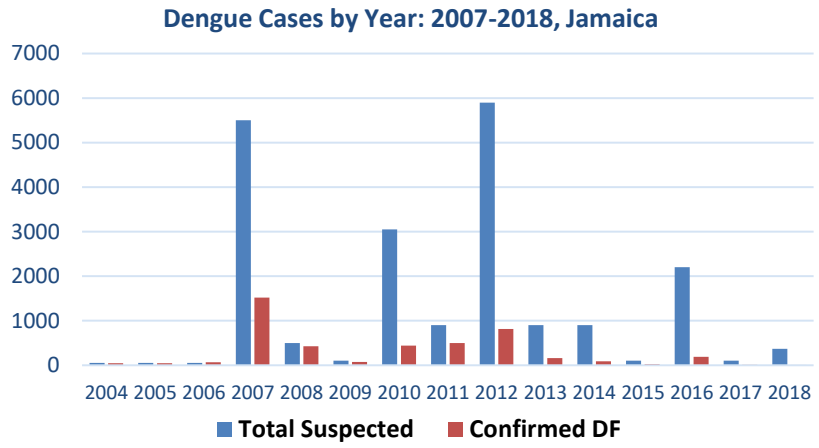
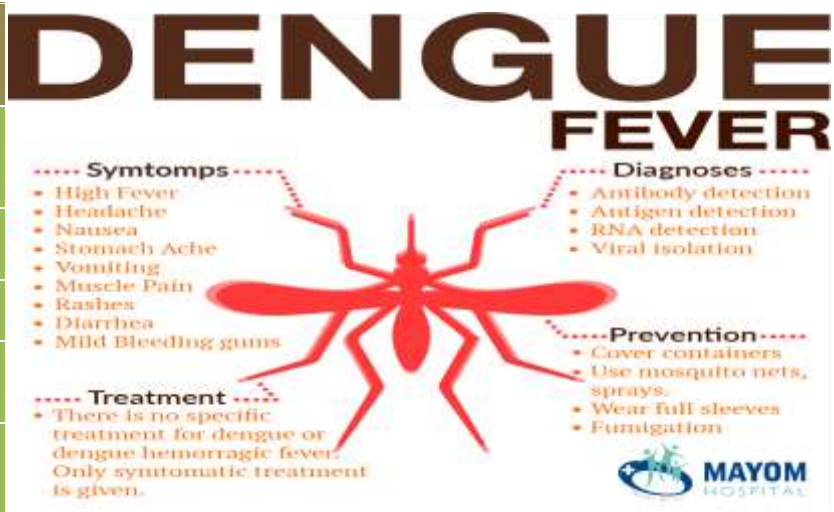
Dengue Bulletin

November 4 – November 10, 2018 | Epidemiological Week 45



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

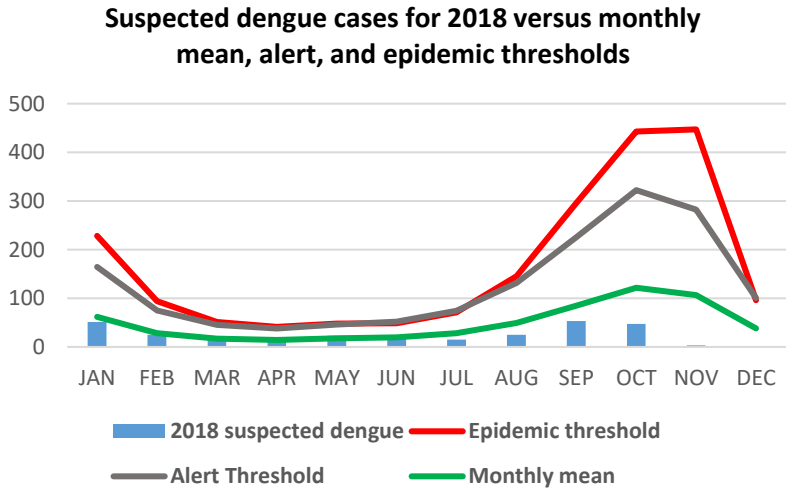
		2018		2017 YTD
		EW 45	YTD	
Total Suspected Dengue Cases		0	377	132
Lab Confirmed Dengue cases		0	7	3
CONFIRMED	*DHF/DSS	0	2	1
CONFIRMED	Dengue Related Deaths	0	0	0



***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

November 4 – November 10, 2018 | Epidemiological Week 45

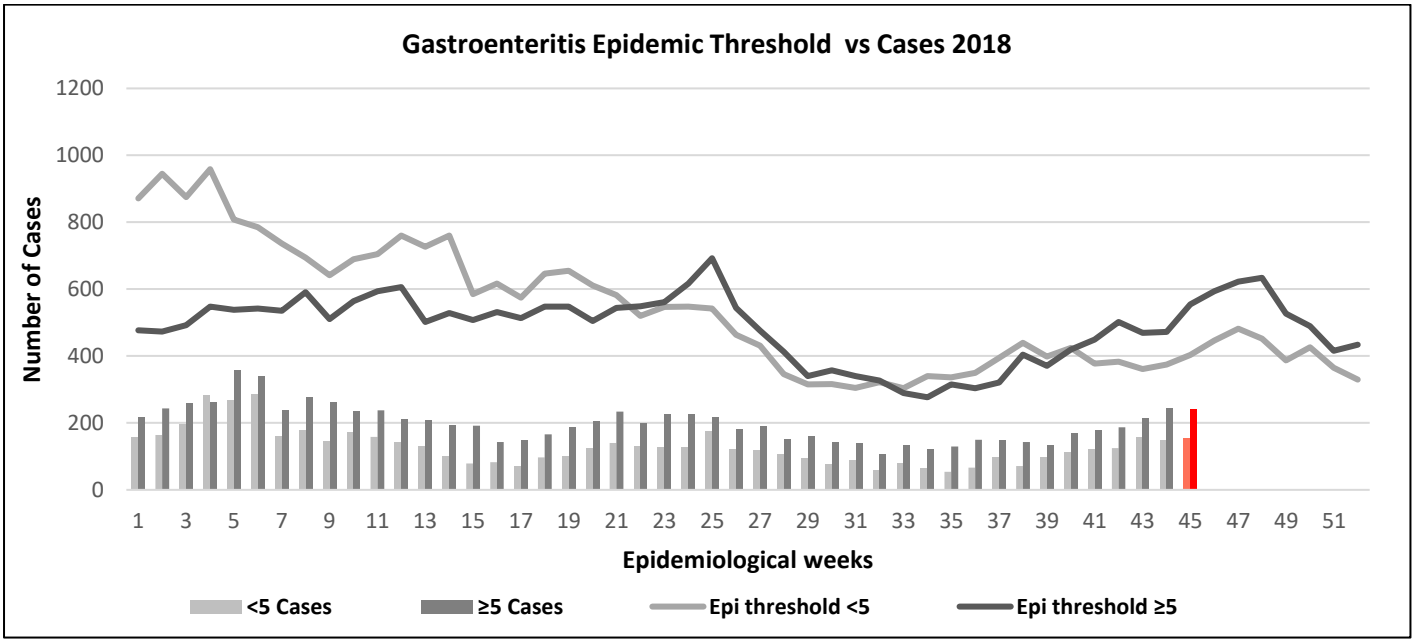
EW 45

Weekly Breakdown of Gastroenteritis cases

Year	EW 45			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	155	240	395	5,847	8,988	14,835
2017	135	163	295	7,026	8,978	16,004

Gastroenteritis:
In epidemiological week 45, 2018, the total number of reported GE cases showed a 34% increase compared to EW 45 of the previous year.
The year to date figures showed a 7% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2017-2018



Total number of GE cases per parish for Week 45, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	1976	150	97	391	607	337	347	223	251	199	524	400	345
≥5	1553	299	163	691	1176	592	783	338	495	361	926	790	821

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RESEARCH PAPER

Knowledge, Attitudes, and Practices regarding screening for Cervical Cancer of Female Health Care Workers age 20-60 years employed to Manchester Health Services.

By: Thompson-Nelson K

Southern Regional Health Authority

Recent statistics highlighted that there is a problem of low compliance in cervical cancer screening among women of reproductive age in Manchester.

Objectives : To assess the knowledge, attitudes and practices of female health care workers regarding screening for cervical cancer, to assess level of compliance to the screening guidelines and to identify barriers to screening.

Methods: This study was a cross-sectional descriptive one, utilizing both quantitative and qualitative designs. Quantitative design was done using a researcher to administer the questionnaires. These study participants were selected using random sampling (N=150) and the staff lists were coded using numbers to ensure anonymity of subjects. The qualitative design included in-depth interviews of four participants who were not included in the quantitative phase of the study.

Results: There was a high awareness of cervical cancer and Pap smear among the group in that 99% and 100% respectively heard about cervical cancer and Pap smear. More than 50% scored, “poor to very poor.” regarding knowledge of risk factors for the disease. Of the sample 55% were in compliance with the cervical cancer screening guidelines and 91% displayed a positive attitude to screening while 89% had ever done a Pap smear. Fear, comfort and privacy were the most outstanding barriers to screening mentioned, and the majority of the smears were done at private facilities.

Conclusion : This study has revealed information that will help Coordinators at the National and Local level to devise strategies necessary to strengthen the existing screening programme, educate re risk factors of the disease as well as to empower health care workers to improve compliance to the screening guidelines and uptake of screening in the public health care facilities.