WEEKLY EPIDEMIOLOGY BULLETIN
NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Measles

Measles is a highly contagious viral disease, which affects mostly children. It is transmitted via droplets from the nose, mouth, or throat of infected persons. Initial symptoms, which usually appear 10-12 days after infection, include high fever, runny nose, bloodshot eyes, and tiny white spots on the inside of the mouth. Several days later, a rash develops, starting on the face and upper neck and gradually spreading downwards. There is no specific treatment for measles and most people recover within 2-3 weeks. However, particularly in malnourished children and people with reduced immunity, measles can cause serious complications, including blindness, encephalitis, severe diarrhea, ear infection, and pneumonia. Measles can be prevented by immunization.

Source: https://www.paho.org/hq/index.php?lang=en

EPI WEEK 52

REPORTS FOR SYNDROMIC SURVEILLANCE

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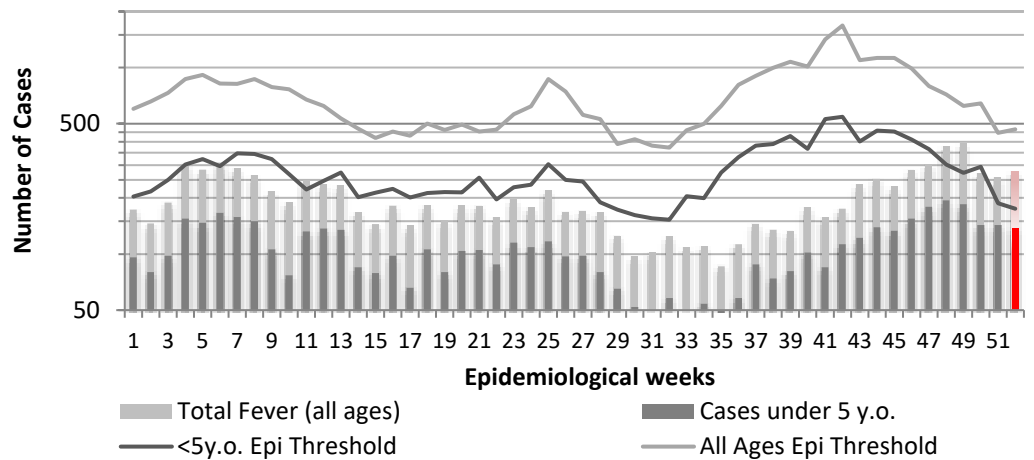
Temperature of $>38^0C$ /100.4^0F (or recent history of fever) with or without an obvious diagnosis or focus of infection.

KEY

RED CURRENT WEEK

Fever in Under 5y.o. and Total Fever vs Epidemic Thresholds, Jamaica Epidemiological Week 52, 2018
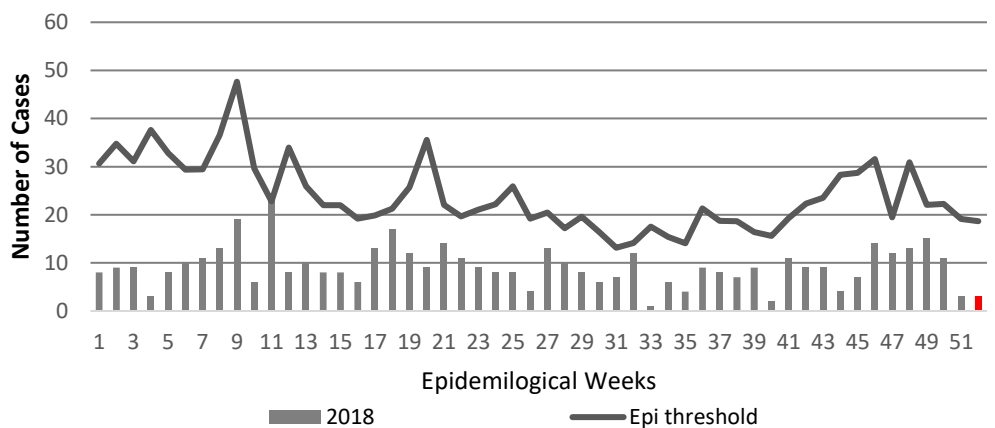
Number of Cases

500

50

1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51

Epidemiological weeks

Total Fever (all ages)   Cases under 5 y.o.
<5y.o. Epi Threshold   All Ages Epi Threshold

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).

Total Fever and Neurological Symptoms vs Epidemic Threshold Jamaica: Week 52, 2018
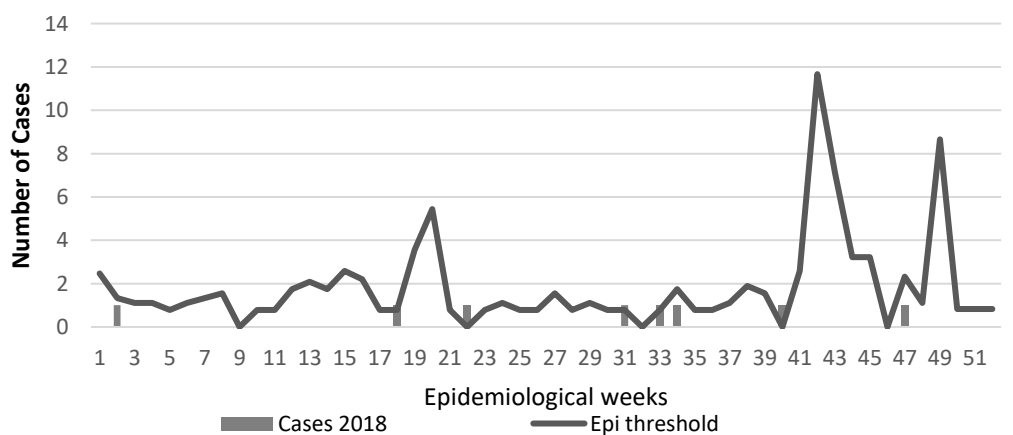
Number of Cases

60
50
40
30
20
10
0

1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51

Epidemilogical Weeks

2018   Epi threshold

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.

Total Fever and Haemorrhagic Symptoms vs Epidemic Threshold Jamaica: Week 52, 2018

Number of Cases

14
12
10
8
6
4
2
0

1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51

Epidemiological weeks

Cases 2018   Epi threshold

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 >38^0C /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.

Total Fever and Jaundice vs Epidemic Threshold, Jamaica: Week 52, 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 52, 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 52, 2018
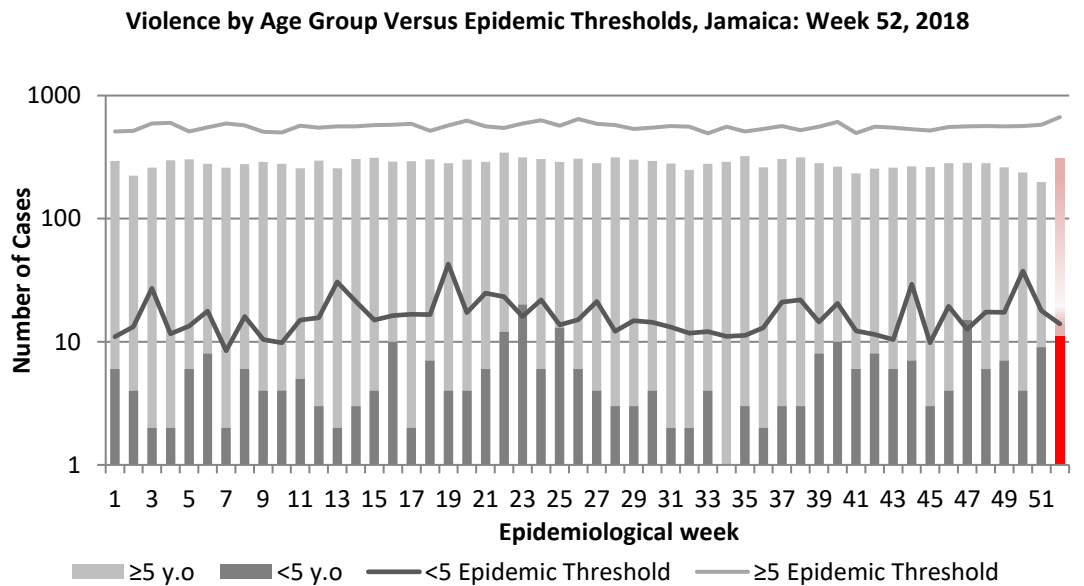
3 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

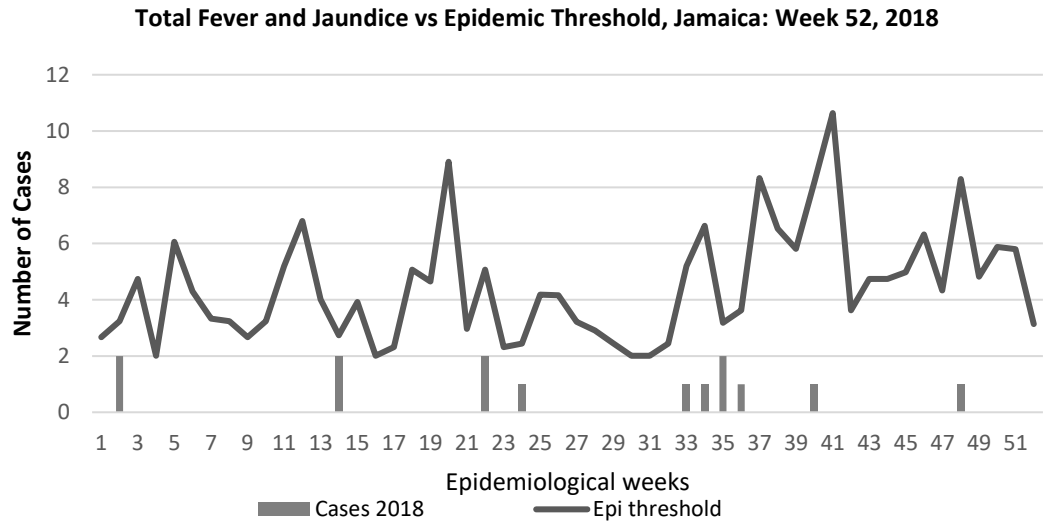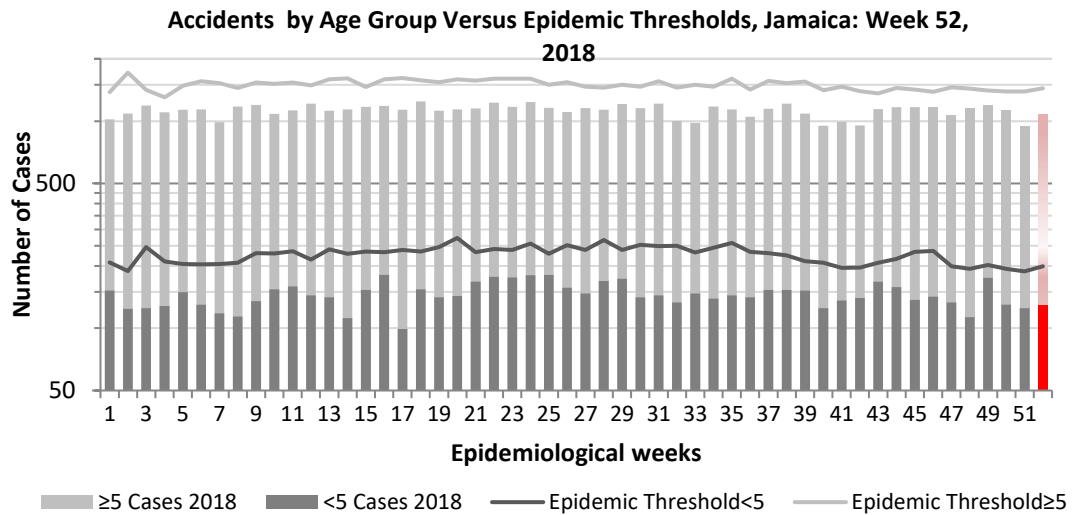HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

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CLASS ONE NOTIFIABLE EVENTS   Comments

CLASS 1 EVENTS	CONFIRMED YTD		Comments
	CURRENT YEAR	PREVIOUS YEAR	

NATIONAL /INTERNATIONAL INTEREST

CLASS 1 EVENTS	CURRENT YEAR	PREVIOUS YEAR
Accidental Poisoning[1]	(440) 136	(513) 204
Cholera	0	0
Dengue Hemorrhagic Fever[2]	4	3
Hansen's Disease (Leprosy)	0	2
Hepatitis B	48	55
Hepatitis C	9	13
HIV/AIDS	NA	NA
Malaria (Imported)	6	7
Meningitis (Clinically confirmed)	38	135

EXOTIC/ UNUSUAL

	CURRENT YEAR	PREVIOUS YEAR
Plague	0	0

HIGH MORBIDIT/ MORTALIY

	CURRENT YEAR	PREVIOUS YEAR
Meningococcal Meningitis	0	0
Neonatal Tetanus	0	0
Typhoid Fever	0	0
Meningitis H/Flu	0	0

SPECIAL PROGRAMMES

	CURRENT YEAR	PREVIOUS YEAR
AFP/Polio	0	0
Congenital Rubella Syndrome	0	0
Congenital Syphilis	0	0
Fever and Rash — Measles	0	0
Fever and Rash — Rubella	0	0
Maternal Deaths[3]	59	50
Ophthalmia Neonatorum	319	373
Pertussis-like syndrome	0	0
Rheumatic Fever	0	0
Tetanus	0	0
Tuberculosis	41	124
Yellow Fever	0	0
Chikungunya[4]	10	0
Zika Virus[5]	1	0

Comments column:

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

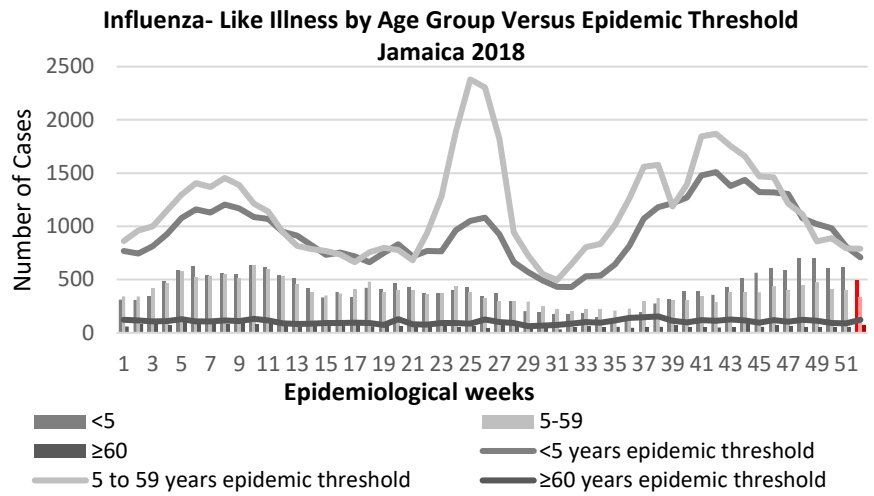[5] Zika PCR positive cases

NA- Not Available

4 NOTIFICATIONS- All clinical sites

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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

## *EW 52*

December 23-29, 2018   Epidemiological Week 52

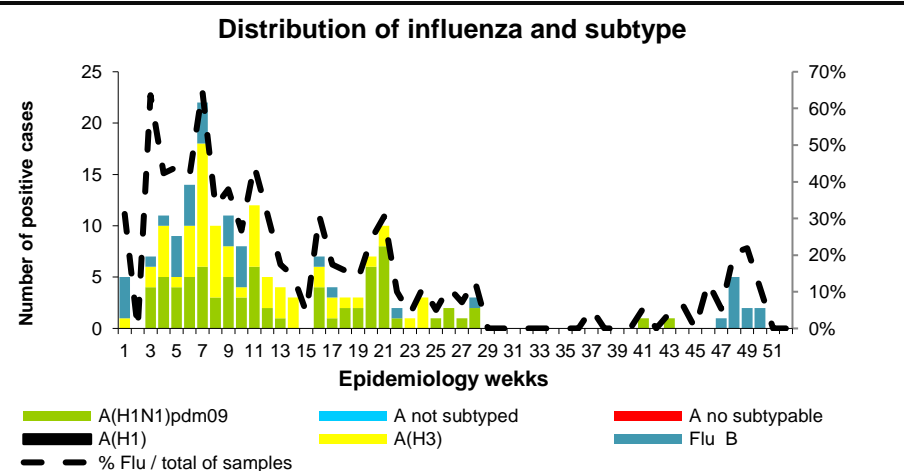| December 2018		
	EW 52	*YTD*
SARI cases	*3*	*374*
Total Influenza positive Samples	*1*	*182*
Influenza A	*0*	*141*
H3N2	*0*	*65*
H1N1pdm09	*0*	*76*
Not subtyped	*0*	*1*
Influenza B	*1*	*39*
Parainfluenza	*0*	*8*

Comments:
During EW 52 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
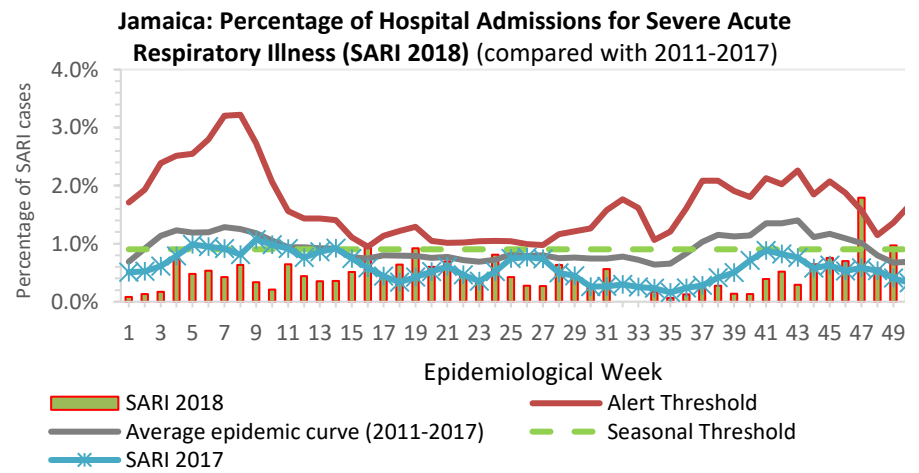
GLOBAL AND REGIONAL UPDATES

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

Caribbean: Influenza activity decreased and RSV activity was reported in most of the subregion. In Cuba and Haiti, the greatest activity of SARI was associated with influenza A (H1N1) pdm09.

Influenza- Like Illness by Age Group Versus Epidemic Threshold Jamaica 2018

Legend: <5 | 5-59 | ≥60 | <5 years epidemic threshold | 5 to 59 years epidemic threshold | ≥60 years epidemic threshold

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

Legend: SARI 2018 | Alert Threshold | Average epidemic curve (2011-2017) | Seasonal Threshold | SARI 2017

Distribution of influenza and subtype

Legend: A(H1N1)pdm09 | A not subtyped | A no subtypable | A(H1) | A(H3) | Flu B | % Flu / total of samples

NOTIFICATIONS- All clinical sites

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HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

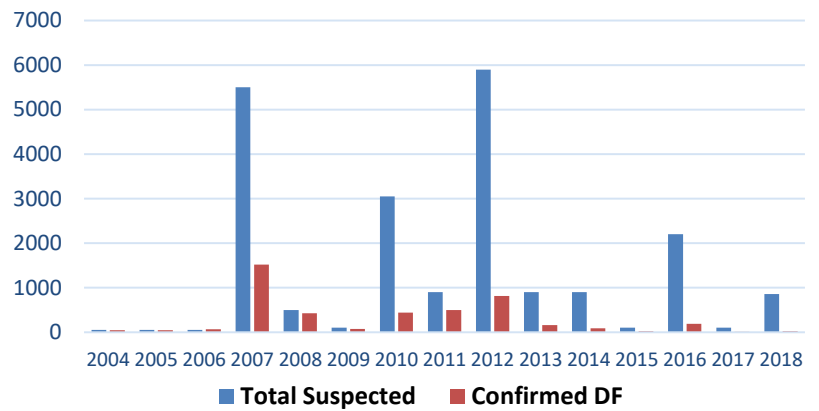SENTINEL REPORT- 79 sites. Automatic reporting

Dengue Bulletin

December 23-29, 2018	Epidemiological Week 52

Dengue Cases by Year: 2007-2018, Jamaica

Reported suspected and confirmed dengue with symptom onset in weeks 1-52, 2018

		2018		2017 YTD
		EW 52	YTD	
Total Suspected Dengue Cases		13	856	154
Lab Confirmed Dengue cases		0	23	6
CONFIRMED	*DHF/DSS	0	4	3
CONFIRMED	Dengue Related Deaths	0	2	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.**

Suspected Dengue Cases for 2018 Versus Monthly Mean, Alert, and Epidemic Thresholds
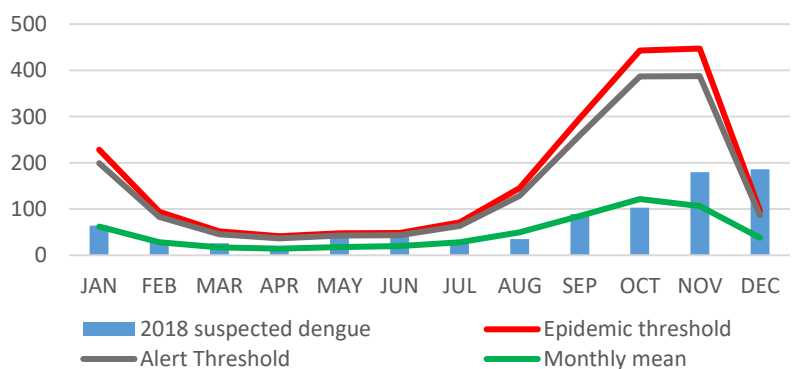
NOTIFICATIONS- All clinical sites

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 52

December 23-29, 2018 | Epidemiological Week 52

Weekly Breakdown of Gastroenteritis cases

Year	EW 52			YTD		
	<5	**≥5**	**Total**	**<5**	**≥5**	**Total**
2018	95	182	277	6,785	10,480	17,265
2017	174	278	452	8,261	10,521	18,782

Gastroenteritis:
In epidemiological week 52, 2018, the total number of reported GE cases showed a 39% decrease compared to EW 52 of the previous year.
The year to date figures showed a 8% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2017-2018
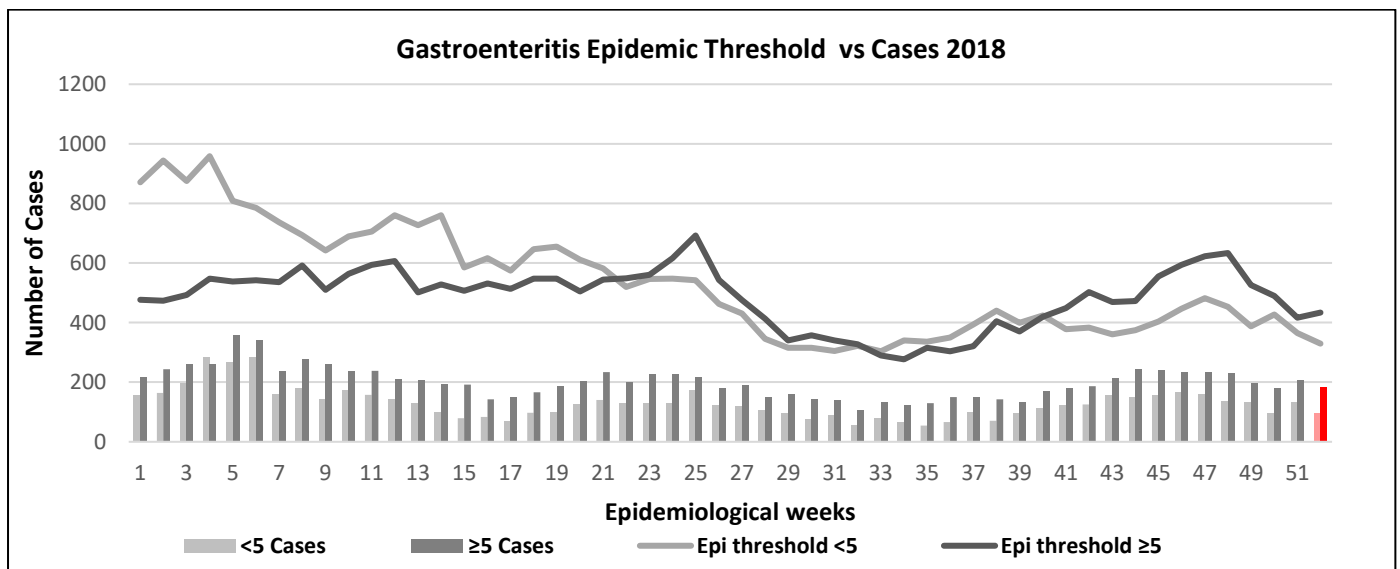
Total number of GE cases per parish up to Week 52 , 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	2222	180	113	456	713	384	382	241	285	239	647	501	422
≥5	1868	345	188	798	1342	670	887	388	554	415	1127	972	926

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

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.