# WEEKLY EPIDEMIOLOGY BULLETIN NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Dementia

Dementia is a syndrome in which there is deterioration in memory, thinking, behaviour and the ability to perform everyday activities. Dementia is a syndrome – usually of a chronic or progressive nature – in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not affected. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation.

Although dementia mainly affects older people, it is not a normal part of ageing.

Worldwide, around 50 million people have dementia, and there are nearly 10 million new cases every year.

Alzheimer disease is the most common form of dementia and may contribute to 60–70% of cases.

Dementia is one of the major causes of disability and dependency among older people worldwide.

Dementia has a physical, psychological, social, and economic impact, not only on people with dementia, but also on their carers, families and society at large.

#### Signs and symptoms

Dementia affects each person in a different way, depending upon the impact of the disease and the person's personality before becoming ill. The signs and symptoms linked to dementia can be understood in three stages.

**Early stage:** the early stage of dementia is often overlooked, because the onset is gradual. Common symptoms include:

forgetfulness

losing track of the time

becoming lost in familiar places.

**Middle stage:** as dementia progresses to the middle stage, the signs and symptoms become clearer and more restricting. These include:

becoming forgetful of recent events and people's names

becoming lost at home

having increasing difficulty with communication

needing help with personal care

experiencing behaviour changes, including wandering and repeated questioning.

**Late stage:** the late stage of dementia is one of near total dependence and inactivity. Memory disturbances are serious and the physical signs and symptoms become more obvious. Symptoms include:

becoming unaware of the time and place

having difficulty recognizing relatives and friends having an increasing need for assisted self-care having difficulty walking experiencing behaviour changes that may escalate and include aggression.



Source: <u>https://www.who.int/news-room/fact-sheets/detail/dementia</u>

# EPI WEEK 6





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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NOTIFICATIONS-All clinical sites

DNS-

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued





CLASS ONE NOTIFIABLE EVENTS Comments										
			CONFIRM	AFP Field Guides						
	CLASS 1 EV	/ENTS	CURRENT YEAR	PREVIOUS YEAR	from WHO indicate that for an					
AL	Accidental P	oisoning <sup>1</sup>	6	9	surveillance					
NO	Cholera		0	0	system, detection					
ATI	Dengue Hen	norrhagic Fever <sup>2</sup>	0	0	should be					
EST	Hansen's Di	sease (Leprosy)	0	0	1/100,000					
INTH TER	Hepatitis B		1	0	15 years old (6 to					
AL //	Hepatitis C		1	0	7) cases annually.					
/NO	HIV/AIDS		NA	NA						
ATI	Malaria (Im	ported)	0	0	Pertussis-like syndrome and					
Z	Meningitis (	Clinically confirmed)	1	3	Tetanus are					
EXOTIC/ UNUSUAL	Plague		0	0	clinically confirmed					
)T VI	Meningococ	cal Meningitis	0	0	classifications.					
GH SIDI	Neonatal Ter	tanus	0	0	1 Numbers in brackets					
H I ORI OR7	Typhoid Fev	er	0	0	indicate combined					
ΣΣ	Meningitis H	I/Flu	0	0	Accidental Poisoning					
	AFP/Polio		0	0	cases <sup>2</sup> Dengue Hemorrhagic					
	Congenital F	Rubella Syndrome	0	0	Fever data include Dengue related deaths;					
S	Congenital S	yphilis	0	0	<sup>3</sup> Figures include all					
IME	Fever and Rash	Measles	0	0	deaths associated with					
<b>ZAN</b>		Rubella	0	0	the period.					
OGI	Maternal De	aths <sup>3</sup>	6	6	<sup>4</sup> CHIKV IgM positive cases					
C PR	Ophthalmia	Neonatorum	15	35	<sup>5</sup> Zika PCR					
CIAI	Pertussis-lik	e syndrome	0	0	positive cases					
SPE	Rheumatic F	ever	0	0						
	Tetanus		0	0						
	Tuberculosis		0	4						
	Yellow Feve	r	0	0						
	Chikunguny	a <sup>4</sup>	0	0						
	Zika Virus <sup>5</sup>	INTERTICATION	0	0	NA- Not Available					
All clim sites	ical	REPORTS- Detailed up for all Class One E	Follow HOSP vents SURV 30 sites pursued	VE EILLANCE- S. Actively d	REPORT- 79 sites. Automatic reporting					

EW6

## NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

February 3-9, 2019 Epidemiological Week 6

February 2019							
	EW6	YTD					
SARI cases	8	59					
Total Influenza positive Samples	10	28					
Influenza A	10	27					
H3N2	1	4					
H1N1pdm09	0	7					
Not subtyped	10	16					
Influenza B	0	1					
Parainfluenza	0	0					

#### **Comments:**

During EW 6 SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Increased influenza activity was reported, with influenza A(H1N1)pdm09 predominating.





#### GLOBAL AND REGIONAL UPDATES

<u>Worldwide</u>: Seasonal influenza subtype A accounted for the majority of influenza detections.

<u>Caribbean:</u> 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.

#### Distribution of influenza and subtype



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5 NOTIFICATIONS-All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued





The year to date figures showed a 39%

increase in cases for the period.

Gastroenteritis Bulletin									EW				
F	ebruary 3-9	gical Week 6	6										
	Weekly	Gastroenteritis:											
	Year	ar EW 6 YTD						In epidemiological week 6, 2019, the					
		<5	≥5	Total	<5	≥5	Total	total number of repo showed a 49% increa	total number of reported GE cases showed a 49% increase compared to				
	2019	180	166	055	2 034	2 211	1 245	EW 6 of the previous year.					

2,211

1,689

4,245

3,046

Total	Gastroenteritis	Cases	Reported	2019
			- <b>I</b>	

466

354

955

643

2,034

1,357

2019

2018

489

289



# Total number of GE cases per parish up to Week 6, 2019

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	634	37	11	55	99	92	136	14	49	206	94	95	52
≥5	392	76	33	120	199	91	135	23	60	63	253	168	132



NOTIFICATIONS-7 All clinical sites



**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



# **RESEARCH PAPER**

Title: A Review of the 1918 Influenza Pandemic - The Jamaica Experience

Authors: Iyanna Wellington, Ardene Harris, Nicolas Elias, Shara Williams, Kelly-Ann Gordon-Johnson, Nathlee McMorris, Neisha Vanhorne, Lesley-Ann James, Andriene Grant, Karen Webster-Kerr

Institution: National Epidemiology Unit, Ministry of Health, Jamaica

Corresponding Author / Presenter: Dr Iyanna Wellington at wellingtoni@moh.gov.jm

#### ABSTRACT

**Objective:** To describe the 1918 influenza pandemic in Jamaica and explore the socio-political and health-care contexts of the event.

**Methods:** Reviewed documents to obtain data on demographic parameters, hospital admissions for influenza, social conditions, and health system response.

**Results:** The Jamaican population in 1918 was 809,005 (384,319 males and 424,686 females). Health care was delivered by a network of: private practices, hospitals, infirmaries, and dispensaries.

The 1918 influenza pandemic started in January; the first recorded case of pandemic influenza in Jamaica occurred around October 1918 and by December the pandemic in Jamaica waned. In 1918/19 the proportion of influenza hospitalizations was 157 times greater than the mean for the preceding 10 years (1,412/10,000 versus 9/10,000). The influenza-specific death rate in 1918/19 was 3,288/10,000 in hospitalized patients while the maximum annual influenza-specific death rate in non-outbreak years was 80/10,000. The crude death rate declined by 32% from 1918/19 to 1919/20.

The First World War, local riots, food shortages, and recent hurricanes may have challenged the local authorities' reaction to the emergence of the pandemic in Jamaica. The response to the outbreak included: school closures, bans on public gatherings, disinfection of public transport, local travel bans, hiring of additional sanitary workers, opening of emergency hospitals and soup kitchens, health education, and policy changes.

**Conclusion:** The 1918 influenza outbreak in Jamaica was sudden and severe. The response to the 1918 influenza outbreak was affected by the socio-political realities of the day, which should be kept in mind for future pandemic preparedness planning.



NOTIFICATIONS All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

