WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Celebration of World Food Safety Day

2019 Theme: Food Safety, Everyone's Business

Food safety is the absence -- or safe, acceptable levels -- of hazards in food that may harm the health of consumers. Food-borne hazards can be microbiological, chemical or physical in nature and are often invisible to the plain eye: bacteria, viruses or pesticide residues are some examples.

Food safety has a critical role in assuring that food stays safe at every stage of the food chain - from production to harvest, processing, storage, distribution, all the way to preparation and consumption.

The first-ever World Food Safety Day, adopted by the United Nations General Assembly in December 2018, will be celebrated on 7 June 2019 under the theme "Food Safety, everyone's business". WHO, in collaboration with the Food and Agriculture Organization of the United Nations (FAO) is pleased to facilitate Member States effort to celebrate the World Food Safety Day this year and in coming years.

Access to sufficient amounts of safe and nutritious food is key to sustaining life and promoting good health. Foodborne diseases impede socioeconomic development by straining health care systems and harming national economies, tourism and trade. With an estimated 600 million cases of foodborne diseases annually - almost 1 in 10 people in the world fall ill after eating contaminated - food safety is an increasing threat to human health. Children under 5 years of age carry 40% of the foodborne disease burden with 125 000 deaths every year.

Food safety is key to achieving several UN Sustainable Development Goals and is a shared responsibility between governments, producers and consumers. Everybody has a role to play from farm to table to ensure the food we consume is safe and will not cause damages to our health. Through the World Food Safety Day, WHO pursues its efforts to mainstream food safety in the public agenda and reduce the burden of foodborne diseases globally.

Downloaded from: https://www.who.int/news-room/events/detail/2019/06/07/default-calendar/celebration-of-world-food-safety-day

EPI WEEK 21

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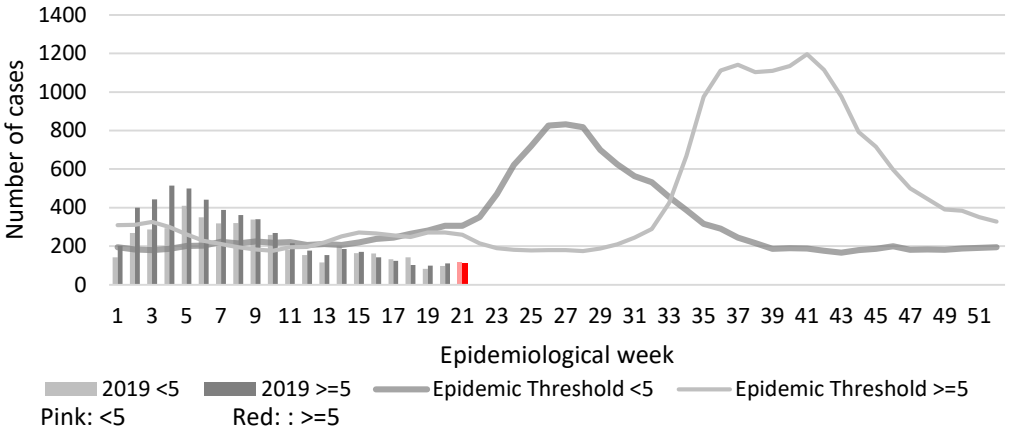
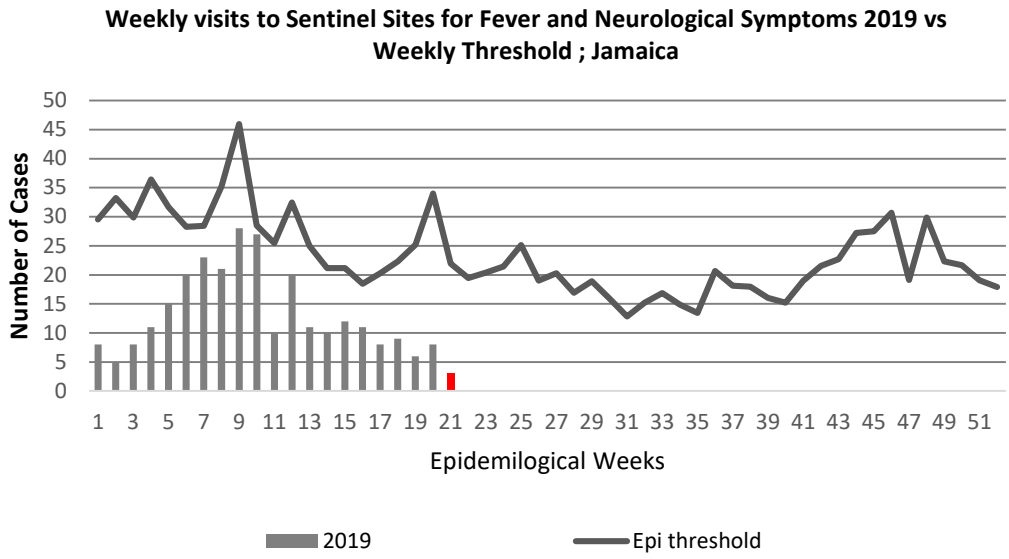
REPORTS FOR SYNDROMIC SURVEILLANCE

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

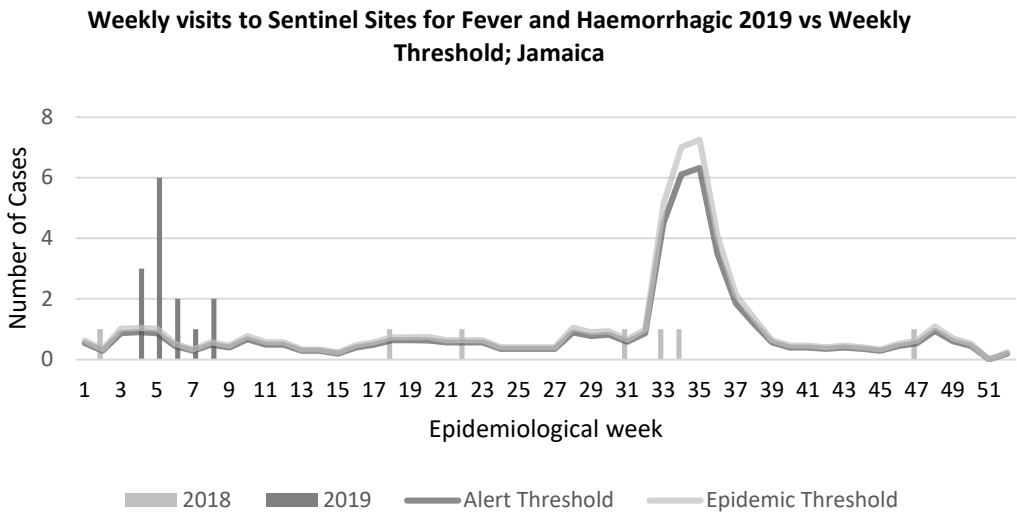
KEY
VARIATIONS OF RED and PINK CURRENT WEEK



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- 78 sites. Automatic reporting

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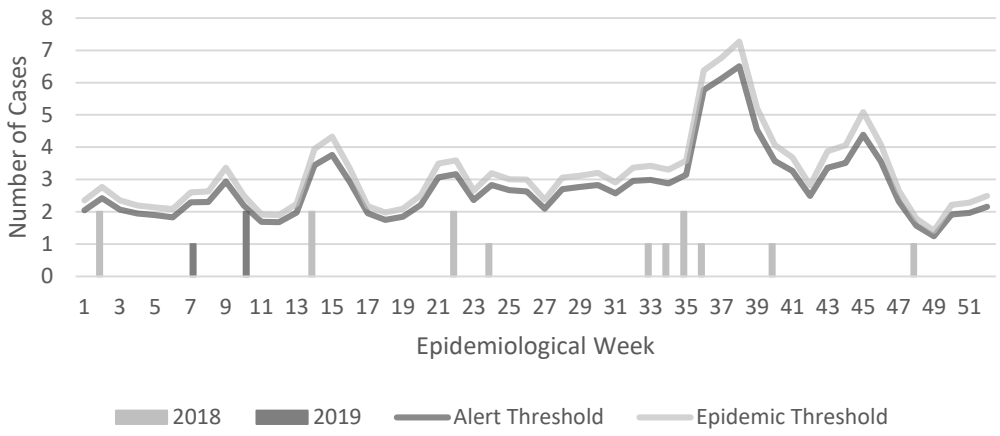
FEVER AND JAUNDICE

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.

Weekly visits to Sentinel Sites for Fever and Jaundice 2019 vs Weekly Threshold; Jamaica



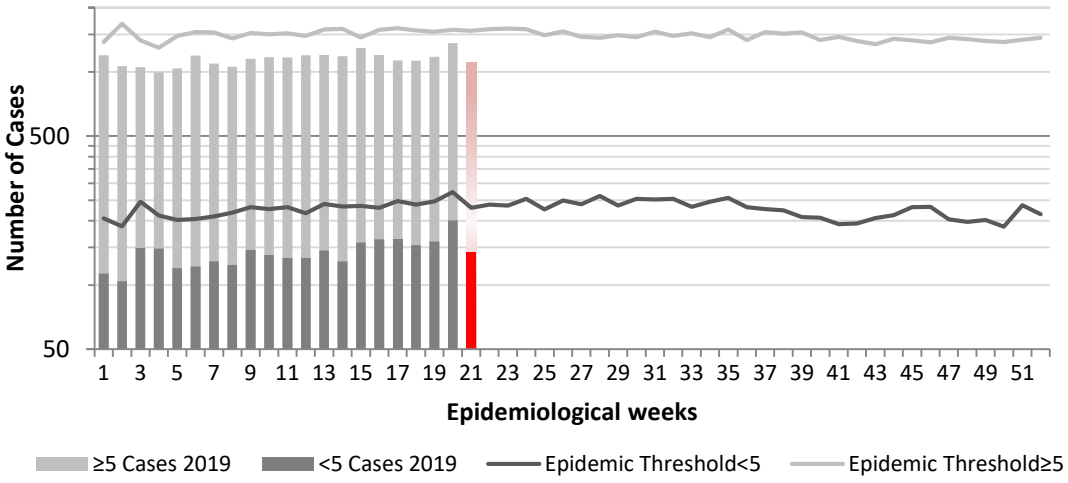
ACCIDENTS

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

KEY

VARIATIONS OF RED and PINK CURRENT WEEK

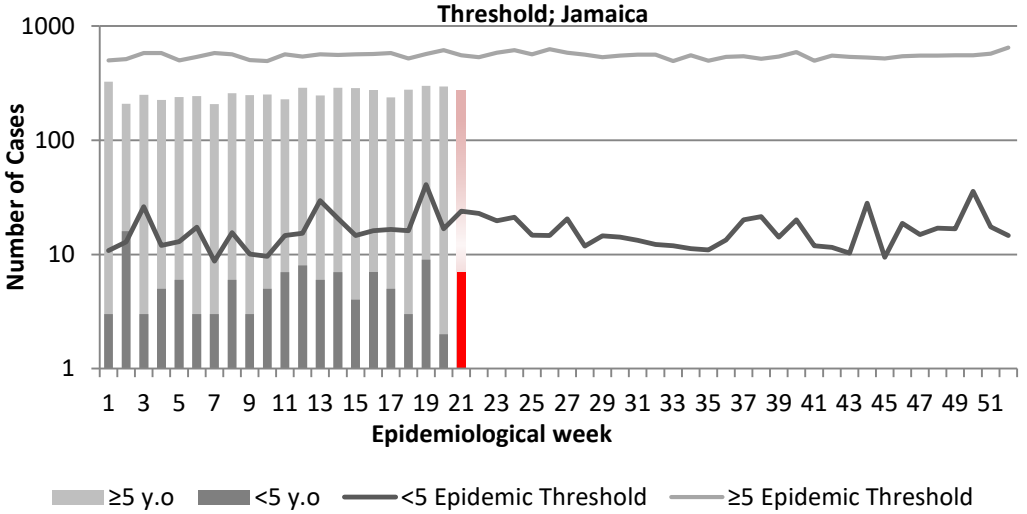
Weekly visits to Sentinel Sites for Accidents by Age Group 2019 vs Weekly Threshold; Jamaica



VIOLENCE

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

Weekly visits to Sentinel Sites for Violence by Age Group 2019 vs Weekly Threshold; Jamaica



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS		Confirmed YTD CURRENT YEAR	Confirmed YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		6	86
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		0	0
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		8	14
	Hepatitis C		2	1
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	2
	Meningitis (Clinically confirmed)		5	30
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[2]		22	30
	Ophthalmia Neonatorum		93	138
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		6	30
	Yellow Fever		0	0
	Chikungunya[3]		0	0
	Zika Virus[4]		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 Dengue Hemorrhagic Fever data include Dengue related deaths;

2 Figures include all deaths associated with pregnancy reported for the period.

3 CHIKV IgM positive cases

4 Zika PCR positive cases

NA- Not Available

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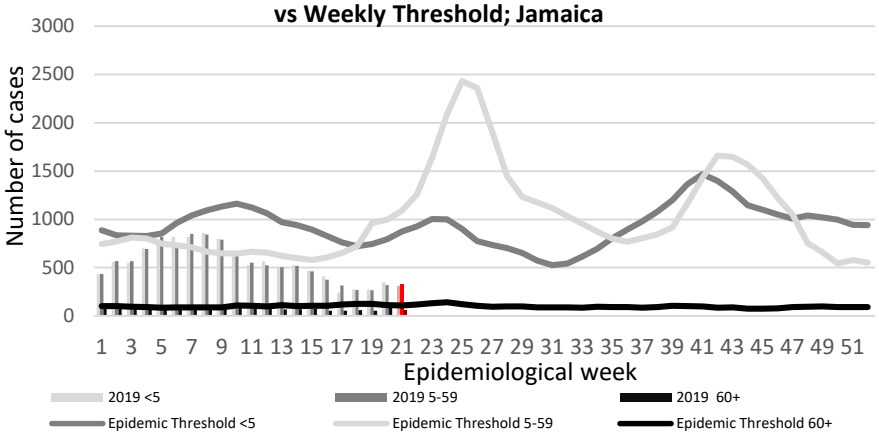
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 21

May 19-25, 2019 Epidemiological Week 21

May 2019	*EW 21*	*YTD*
SARI cases	*12*	*269*
Total Influenza positive Samples	***0***	***319***
Influenza A	***0***	***297***
H3N2	***0***	***63***
H1N1pdm09	***0***	***224***
Not subtyped	***0***	***7***
Influenza B	***0***	***22***
Parainfluenza	***0***	***4***

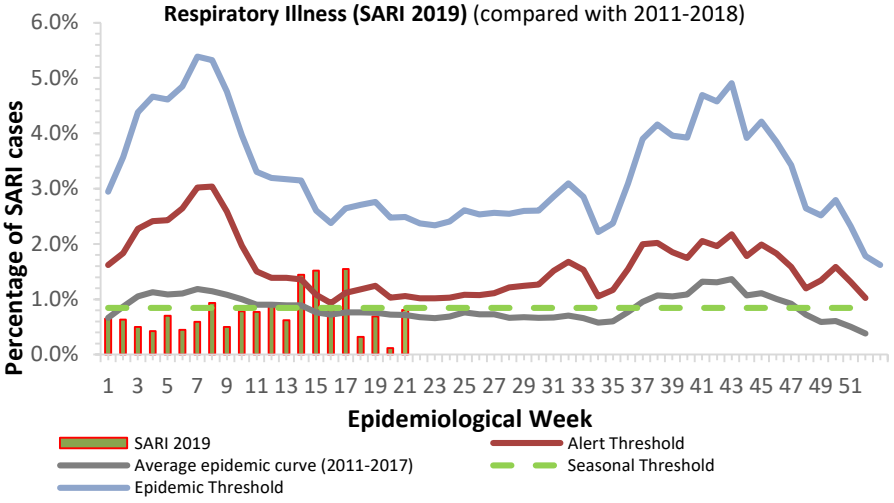
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2019 vs Weekly Threshold; Jamaica



Comments:
Swine flu is a respiratory disease caused by the influenza virus (Influenza A H1N1 and H3N2) that infect the respiratory tract of pigs and result in a barking cough, decreased appetite, nasal secretions and listless behaviour. Occasionally, it may be transmitted to humans in very close contact.
In 2009, the new Influenza A (H1N1) virus that emerged and led to a pandemic was designated as Influenza A (H1N1) pdm09 virus to distinguish it from the seasonal Influenza A (H1N1).

During EW 21 percentage of hospitalization for SARI was below the seasonal and alert thresholds. Increased influenza activity was noted in 2019 with influenza A(H1N1)pdm09 predominating.

Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2019) (compared with 2011-2018)

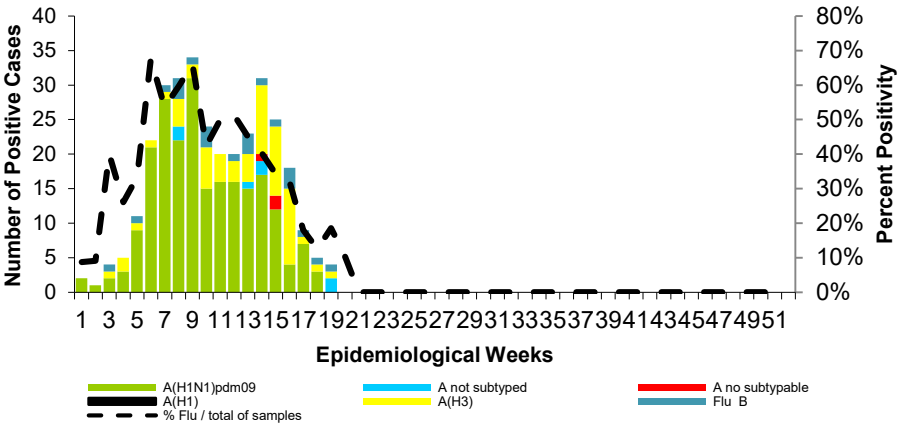


GLOBAL AND REGIONAL UPDATES

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

Caribbean: During EW 20, influenza detections decreased with influenza A(H1N1)pdm09 and A(H3N2) co-circulating; percent positivity for influenza was below the alert threshold. The percentage of SARI cases decreased compared to the previous weeks and was below the alert threshold.

Distribution of influenza and subtype



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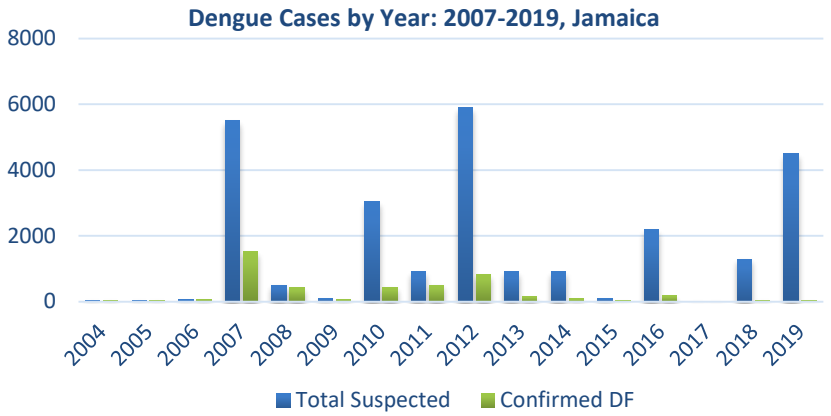
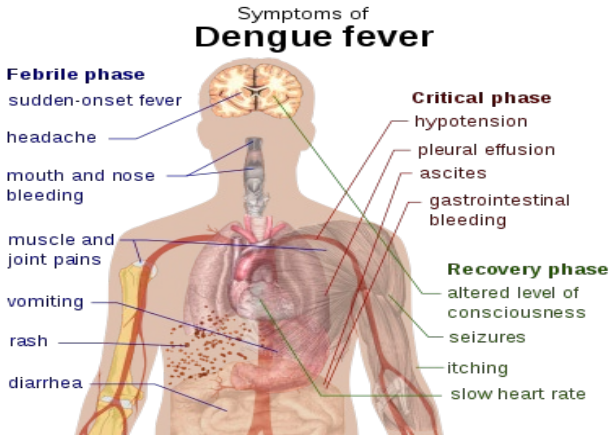
Dengue Bulletin

May 19-25, 2019 Epidemiological Week 21 | Epidemiological Week 21



Reported suspected and confirmed dengue with symptom onset in weeks 1-21, 2019

		2019		2018 YTD
		EW 21	YTD	
Total Suspected Dengue Cases		0	3663	121
Lab Confirmed Dengue cases		0	25	0
CONFIRMED	*DHF/DSS	0	0	2
	Dengue Related Deaths	0	3	0



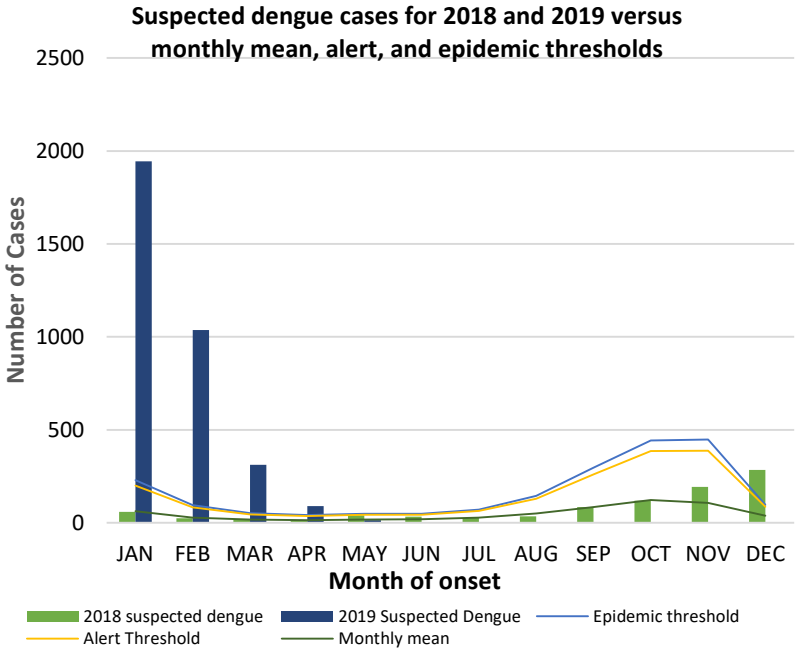
Errata:

- The Dengue Year to Date figures for Epi weeks 14 to 20 included 2018 figures
- The corrected figures for 2019 are as follows:
- Epi weeks:
  14 - 3386
  15 - 3449
  16 - 3461
  17 - 3492
  18 - 3555
  19 - 3590
  20 - 3630

*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

EW 21

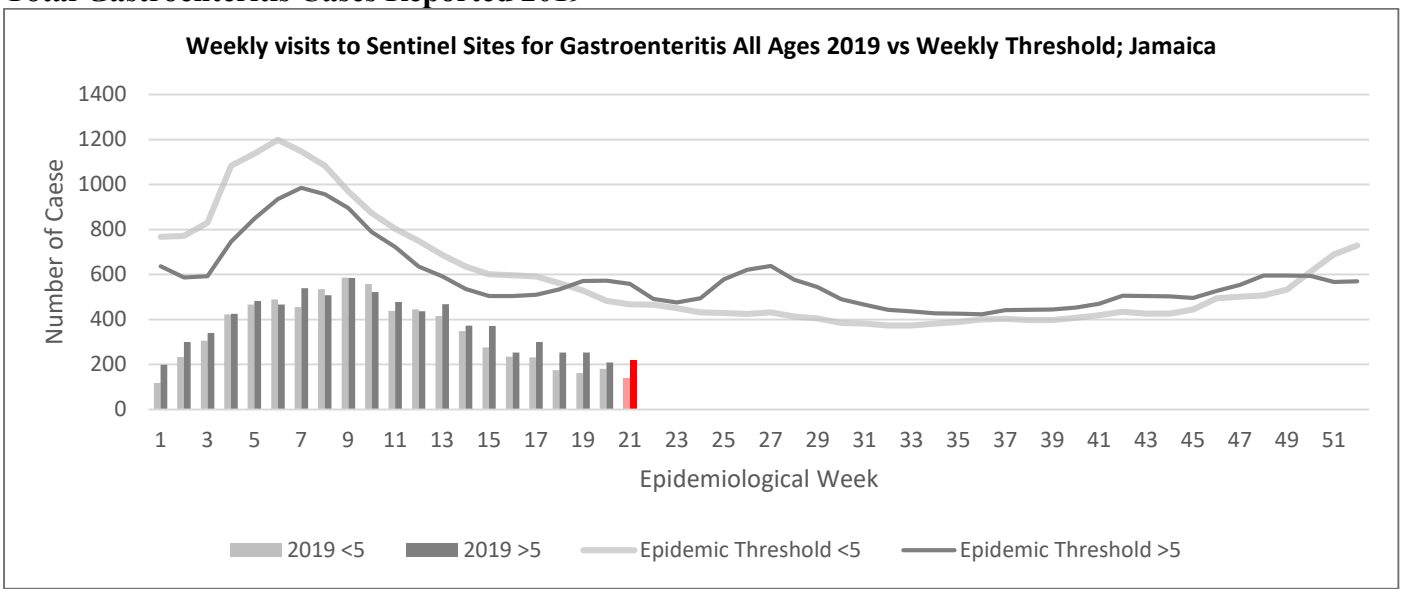
May 19-25, 2019 Epidemiological Week 21 | Epidemiological Week 21

Weekly Breakdown of Gastroenteritis cases

Year	EW 21			YTD		
	<5	≥5	Total	<5	≥5	Total
2019	140	221	361	7,212	7,974	15,186
2018	140	234	374	3,166	4,721	7,887

Gastroenteritis:
In epidemiological week 21, 2019, the total number of reported GE cases showed a 3.5% decrease compared to EW 21 of the previous year.
The year to date figures showed a 93% increase in cases compared to the same period in 2018.

Total Gastroenteritis Cases Reported 2019



Total number of GE cases per parish up to Week 21, 2019

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	2951	235	91	391	720	370	540	185	364	253	689	369	406
≥5	1803	382	159	607	977	430	591	250	389	336	875	634	516

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RESEARCH PAPER

A Description of Registered Nurses' Documentation Practices and their Experiences with Documentation in a Jamaican Hospital

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The UWI School of Nursing, Mona, The University of the West Indies, Mona, Kingston 7, Jamaica

Objective: To determine the level of documentation that exists among registered nurses employed at a Type A Hospital in Western Jamaica.

Method: Using an audit tool developed at the University Hospital of the West Indies, 79 patient dockets from three medical wards were audited to determine the level of registered nurses' documentation at the hospital. Data were analyzed using the SPSS® version 17 for Windows®. Qualitative data regarding the nurses' experience with documentation at the institution were gathered from focus group discussions including 12 nurses assigned to the audited wards.

Results: Almost all the dockets audited (98%) revealed that nurses followed documentation guidelines for admission, recording patients' past complaints, medical history and assessment data. Most of the dockets (96.7%) audited had authorized abbreviations only. Similarly, 98% of the nurses' notes reflected clear documentation for nursing actions taken after identification of a problem and a summary of the patients' condition at the end of the shift. Only 25.6% of the dockets had nursing diagnosis which corresponded to the current medical diagnosis and less than a half (48.3%) had documented evidence of discharge planning. Most of the nurses' notes (86.7%) had no evidence of patient teaching. The main reported factors affecting documentation practices were workload and staff/patient ratios. Participants believed that nursing documentation could be improved with better staffing, improved peer guidance and continuing education.

Conclusion: Generally, nurses followed the guidelines for documentation; however, elements were missing which included patient teaching and discharge planning. This was attributed to high patient load and nurse/patient ratio.