WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

World Blood Donor Day



Safe blood for all

This year, World Blood Donor Day will once again be celebrated around the world on 14 June. The event serves to thank voluntary, unpaid blood donors for their lifesaving gifts of blood and also to raise awareness of the need for regular blood donations to ensure that all individuals and

communities have access to affordable and timely supplies of safe and quality-assured blood and blood products, as an integral part of universal health coverage and a key component of effective health systems.

Key Facts

- Of the 117.4 million blood donations collected globally, 42% of these are collected in high-income countries, home to 16% of the world's population.
- In low-income countries, up to 52% of blood transfusions are given to children under 5 years of age; whereas in high-income countries, the most frequently transfused patient group is over 65 years of age, accounting for up to 75% of all transfusions.
- Based on samples of 1000 people, the blood donation rate is 32.6 donations in high-income countries, 15.1 donations in upper-middle-income countries, 8.1 donations in lowermiddle-income countries and 4.4 donations in low-income countries.
- An increase of 11.6 million blood donations from voluntary unpaid donors has been reported from 2008 to 2015. In total, 78 countries collect over 90% of their blood supply from voluntary unpaid blood donors; however, 58 countries collect more than 50% of their blood supply from family/replacement or paid donors.
- Only 50 of 173 reporting countries produce plasma-derived medicinal products (PDMP) through the fractionation of plasma collected in the reporting country. A total of 83 countries reported that all PDMP are imported, 24 countries reported that no PDMP were used during the reporting period, and 16 countries did not respond to the question.



EPI WEEK 22

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SYNDROMES



CLASS 1 DISEASES
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REPORTS FOR SYNDROMIC SURVEILLANCE

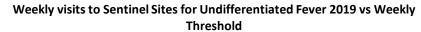
FEVER

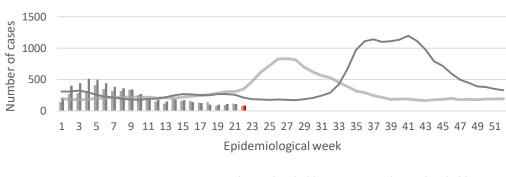
Temperature of $>38^{\circ}C$ /100.4°*F* (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

VARIATIONS OF RED and PINK CURRENT WEEK



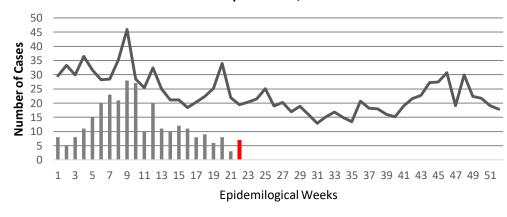


2019 <5 2019 >=5 Epidemic Threshold <5 — Epidemic Threshold >=5

FEVER AND NEUROLOGICAL

Temperature of >38°C /100.4°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 fexcept AFP).

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



2019 — Epi threshold

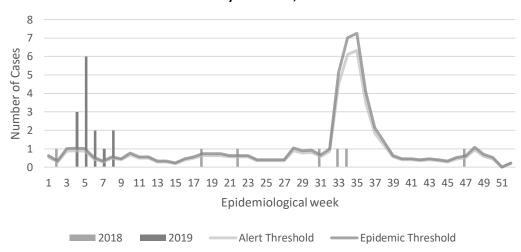
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FEVER AND HAEMORRHAGIC

Temperature of >38°C /100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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





2 NOTIFICATIONS-All clinical sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

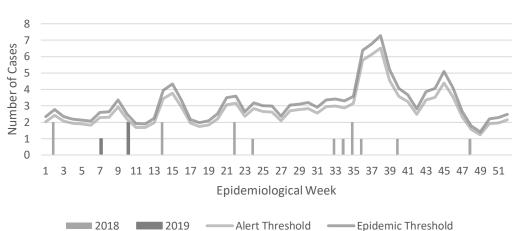


FEVER AND JAUNDICE

Temperature of >38°C $/100.4^{\circ}F$ (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.







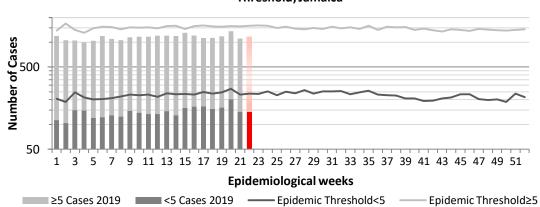
ACCIDENTS

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

and PINK CURRENT WEEK



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



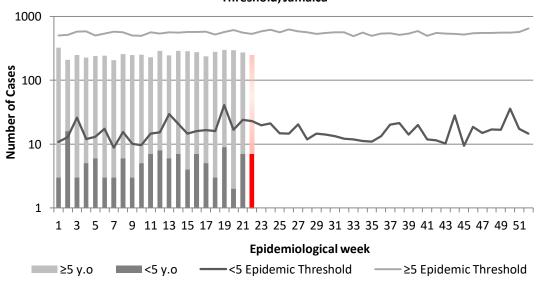


VIOLENCE

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





NOTIFICATIONS-All clinical sites



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



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



CLASS ONE NOTIFIABLE EVENTS

Comments

		AFP Field Guides			
	CLASS 1 EV	/ENTS	CURRENT YEAR	PREVIOUS YEAR	from WHO indicate that for an effective
Ţ.	Accidental P	oisoning	18	93	surveillance system, detection rates for
NATIONAL /INTERNATIONAL INTEREST	Cholera		0	0	AFP should be 1/100,000
ATI	Dengue Hem	norrhagic Fever ¹	0	0	population under 15
EST	Hansen's Di	sease (Leprosy)	0	0	years old (6 to 7) cases annually.
L /INTERN INTEREST	Hepatitis B		11	14	
L J	Hepatitis C		2	1	Pertussis-like
√NO	HIV/AIDS		NA	NA	syndrome and Tetanus are
ATI	Malaria (Im	ported)	0	2	clinically confirmed
Z	Meningitis (Clinically confirmed)	5	31	classifications.
EXOTIC/ UNUSUAL	Plague		0	0	1 Dengue Hemorrhagic Fever
IY	Meningococ	cal Meningitis	0	0	data include Dengue
H IGH MORBIDIT/ MORTALIY	Neonatal Tet	anus	0	0	related deaths;
H I ORI	Typhoid Fev	er	0	0	2 Figures include all
ΣΣ	Meningitis H	I/Flu	0	0	deaths associated with pregnancy
MMES	AFP/Polio		0	0	reported for the
	Congenital R	Rubella Syndrome	0	0	period.
	Congenital S	yphilis	0	0	3 CHIKV IgM positive
	Fever and Rash	Measles	0	0	cases
		Rubella	0	0	4 Zika
[DO]	Maternal De	aths ²	24	32	PCR positive cases
L PR	Ophthalmia 1	Ophthalmia Neonatorum		145	
CIA	Pertussis-like syndrome		0	0	
SPECIAL PROGRA	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		6	30	
	Yellow Feve	r	0	0	
	Chikungunya	a ³	0	0	
	Zika Virus ⁴		0	0	NA- Not Available







INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

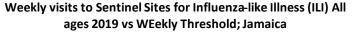


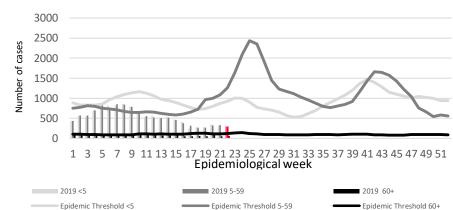
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 22

May 26-June 1, 2019 Epidemiological Week 22

May 2019								
	EW 22	YTD						
SARI cases	13	282						
Total Influenza positive Samples	2	321						
Influenza A	1	298						
H3N2	0	63						
H1N1pdm09	0	224						
Not subtyped	1	8						
Influenza B	1	23						
Parainfluenza	0	4						





Comments:

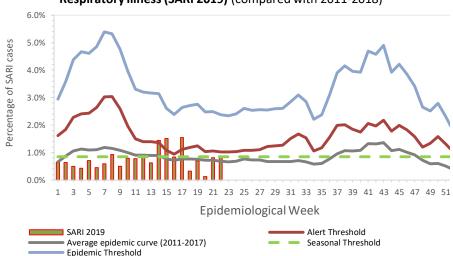
Swine flu is a respiratory disease caused by the influenza virus (Influenza A H1N1 and H3N2) that infect the respiratory tract of pigs and result in a barking cough, decreased appetite, nasal secretions and listless behaviour.

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 22 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)

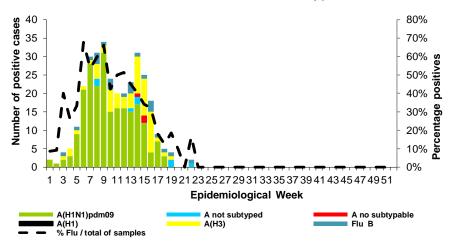


GLOBAL AND REGIONAL UPDATES

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

Caribbean: During EW 22, influenza detections decreased with influenza A(H1N1)pdm09 and A(H3N2) cocirculating; percent positivity for influenza was below the alert threshold. The percentage of SARI cases increases compared to the previous week and was below the alert threshold.

Distribution of influenza and subtype





5 NOTIFICATIONS-All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

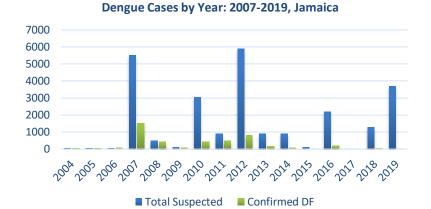


Dengue Bulletin

May 26- June 1, 2019 Epidemiological Week 22

Epidemiological Week 22





Reported suspected and confirmed dengue with symptom onset in weeks 1-22, 2019

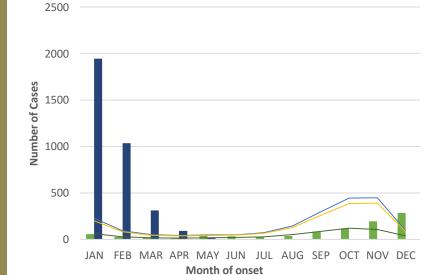
		20	19	2018	
		EW 22	YTD	YTD	
	cted Dengue ises	1	3,678	121	
Lab Confiri ca	0	25	0		
RMED	*DHF/DSS	0	0	2	
CONFIRMED	Dengue Related Deaths	0	3	0	

Symptoms of Dengue fever Febrile phase Critical phase sudden-onset fever hypotension headache pleural effusion mouth and nose ascites bleeding gastrointestinal bleeding muscle and joint pains Recovery phase altered level of vomiting consciousness seizures itching diarrhea slow heart rate

Suspected dengue cases for 2018 and 2019 versus monthly mean, alert, and epidemic thresholds

*DHF/DSS: Dengue Haemorrhagic Fever/ Dengue Shock Syndrome <u>Points to note</u>:

- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.



■ 2019 Suspected Dengue -

Monthly mean

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6 NOTIFICATIONS-All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



2018 suspected dengue

Alert Threshold

HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

Epidemic threshold

Gastroenteritis Bulletin

EW

May 26- June 1, 2019 Epidemiological Week 22

Epidemiological Week 22

22

Weekly Breakdown of Gastroenteritis cases

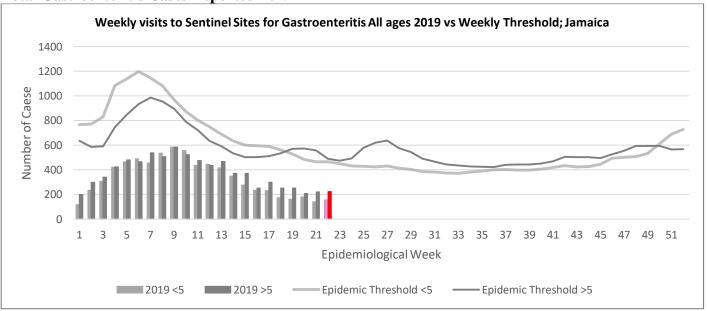
Year		EW 22		YTD				
	<5 ≥5		Total	<5 ≥5		Total		
2019	157	223	380	7,361	8,172	15,533		
2018	129	199	328	3,398	5,024	8,422		

Gastroenteritis:

In epidemiological week 22, 2019, the total number of reported GE cases showed a 16% increase compared to EW 22 of the previous year.

The year to date figures showed a 84% 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 22, 2019

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	2632	245	92	405	761	376	552	187	369	257	701	376	408
≥5	1854	384	159	633	1012	446	619	251	401	346	891	650	526



pursued

RESEARCH PAPER

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

C Blake-Mowatt, JLM Lindo, S Stanley, J Bennett 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.







INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

