

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Obesity and overweight

EPI WEEK 7

Key facts

- Worldwide obesity has nearly tripled since 1975.
- In 2016, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 650 million were obese.
- 39% of adults aged 18 years and over were overweight in 2016, and 13% were obese.
- Most of the world's population live in countries where overweight and obesity kills more people than underweight.
- 41 million children under the age of 5 were overweight or obese in 2016.
- Over 340 million children and adolescents aged 5-19 were overweight or obese in 2016.
- Obesity is preventable.

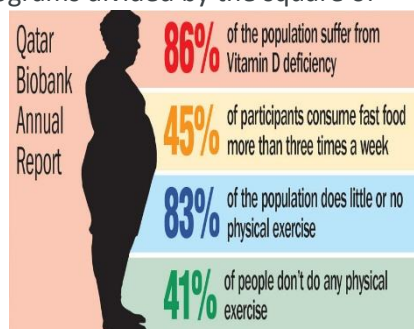
Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²).

Adults

For adults, WHO defines overweight and obesity as follows:

- overweight is a BMI greater than or equal to 25; and
- obesity is a BMI greater than or equal to 30.



Children under 5 years of age

For children under 5 years of age:

- overweight is weight-for-height greater than 2 standard deviations above WHO Child Growth Standards median; and
- obesity is weight-for-height greater than 3 standard deviations above the WHO Child Growth Standards median.

Children aged between 5–19 years

Overweight and obesity are defined as follows for children aged between 5–19 years:

- overweight is BMI-for-age greater than 1 standard deviation above the WHO Growth Reference median; and
- obesity is greater than 2 standard deviations above the WHO Growth Reference median.

In the WHO European Region



Source: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>



SYNDROMES

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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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REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

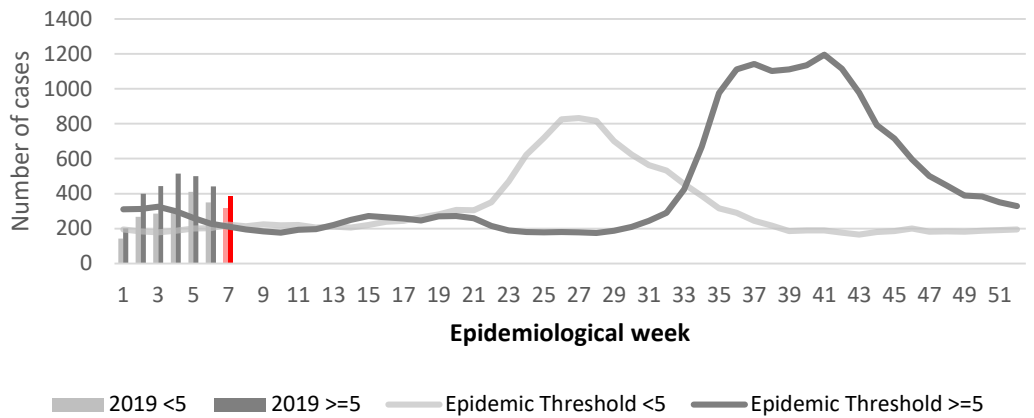
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

RED CURRENT WEEK

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

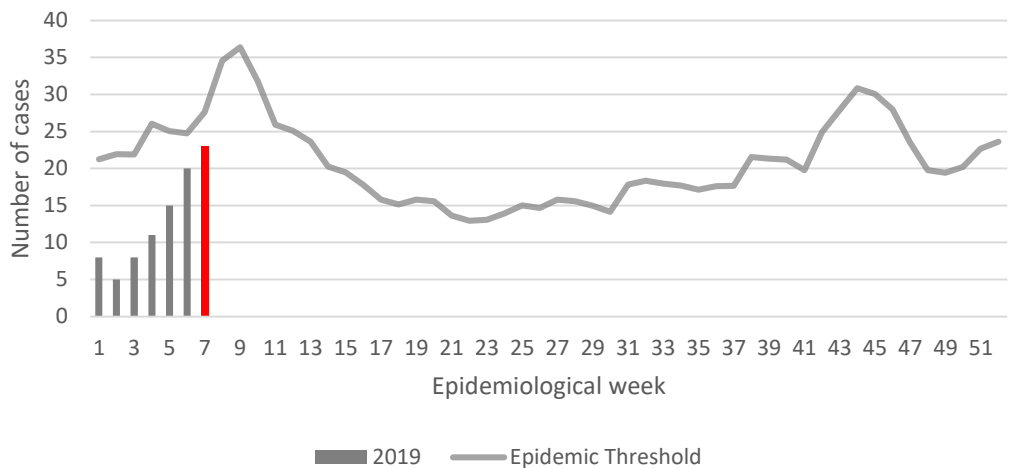


FEVER AND NEUROLOGICAL

Temperature of $>38^{\circ}\text{C}$ / 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 (except AFP).



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

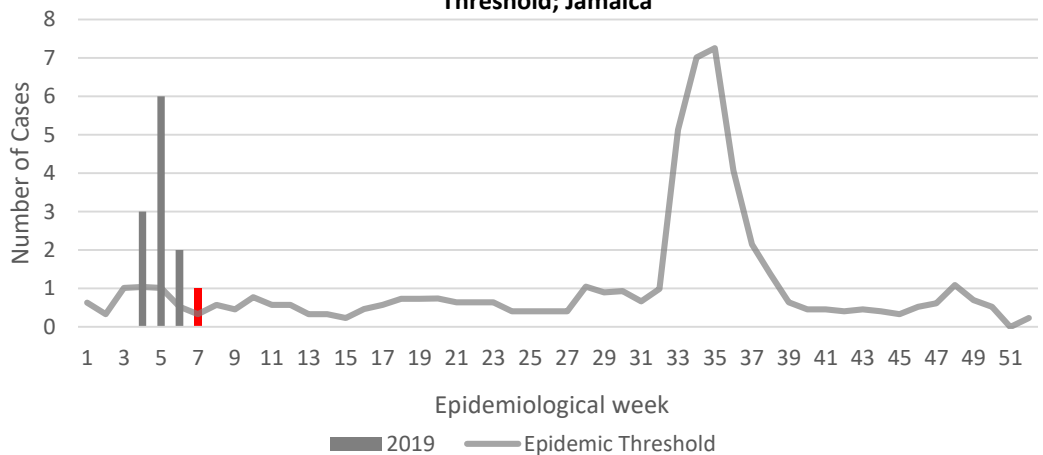


FEVER AND HAEMORRHAGIC

Temperature of $>38^{\circ}\text{C}$ / 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 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



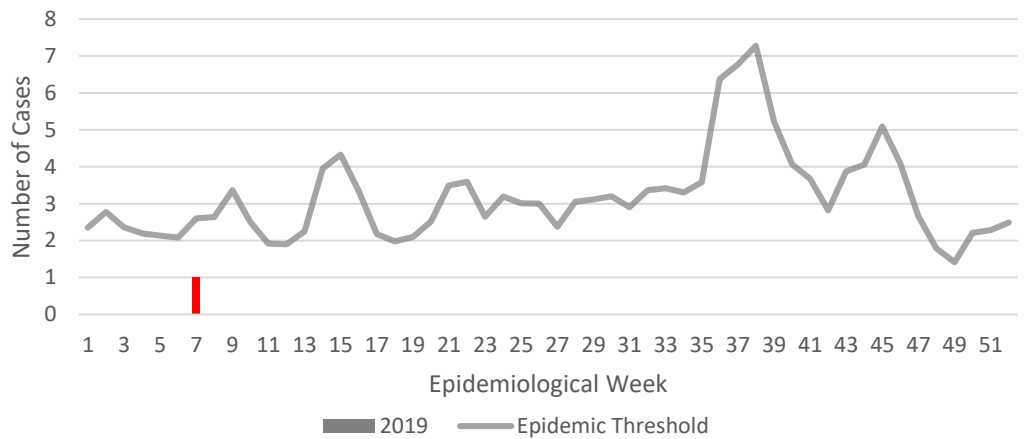
SENTINEL REPORT- 79 sites. Automatic reporting

FEVER AND JAUNDICE

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

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



ACCIDENTS

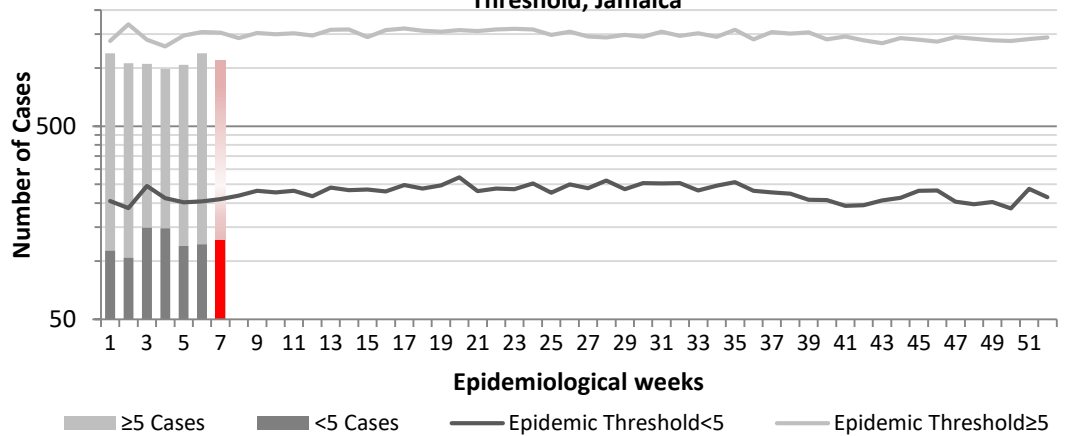
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

RED CURRENT WEEK



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

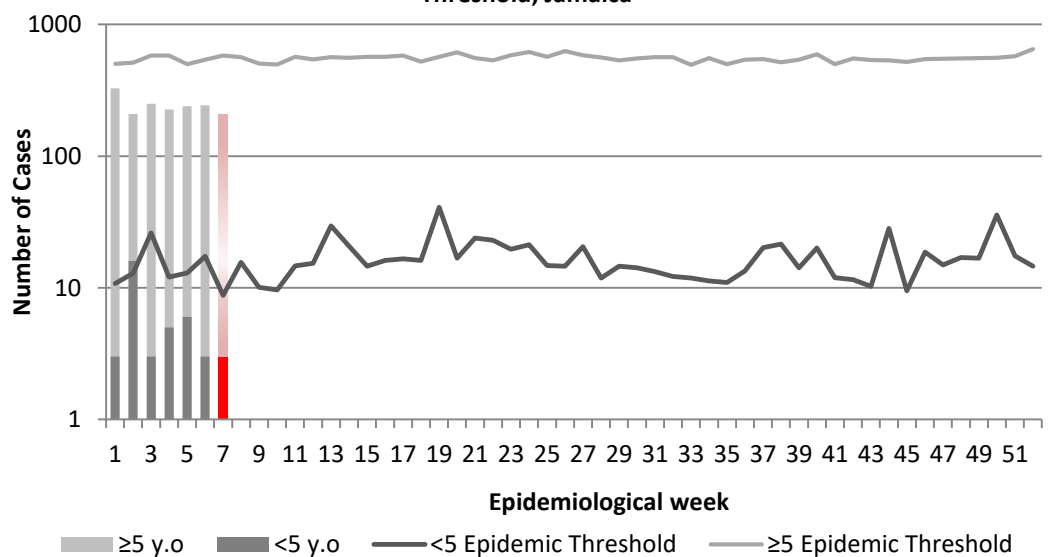


VIOLENCE

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



3 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

CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	CONFIRMED YTD		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.	
		CURRENT YEAR	PREVIOUS YEAR		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning ¹	6	16	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.	
	Cholera	0	0		
	Dengue Hemorrhagic Fever ²	0	0		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	1	0		
	Hepatitis C	1	0		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis (Clinically confirmed)	1	9		
EXOTIC/ UNUSUAL	Plague	0	0		
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis	0	0	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	
	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	8	12		
	Ophthalmia Neonatorum	35	38		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	0	4		
Yellow Fever	0	0			
	Chikungunya ⁴	0	0		
	Zika Virus ⁵	0	0	NA- Not Available	

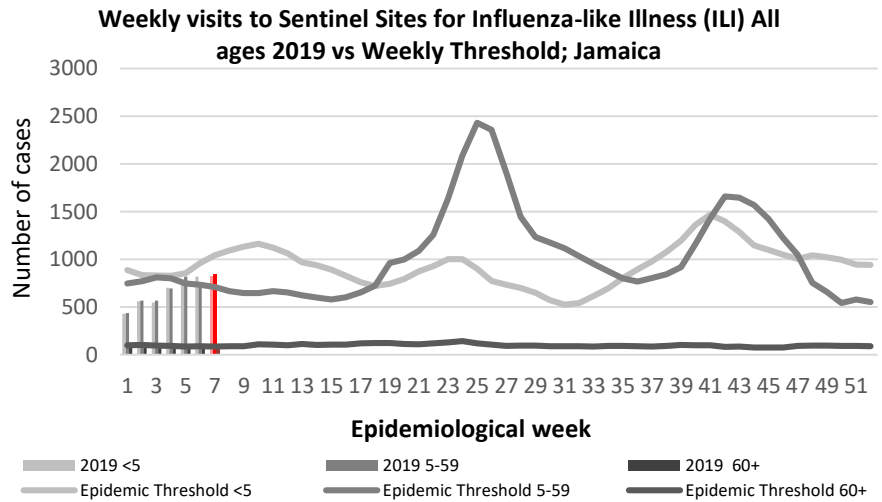
 <p>4 NOTIFICATIONS- All clinical sites</p>	 <p>INVESTIGATION REPORTS- Detailed Follow up for all Class One Events</p>	 <p>HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued</p>	 <p>SENTINEL REPORT- 79 sites. Automatic reporting</p>
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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

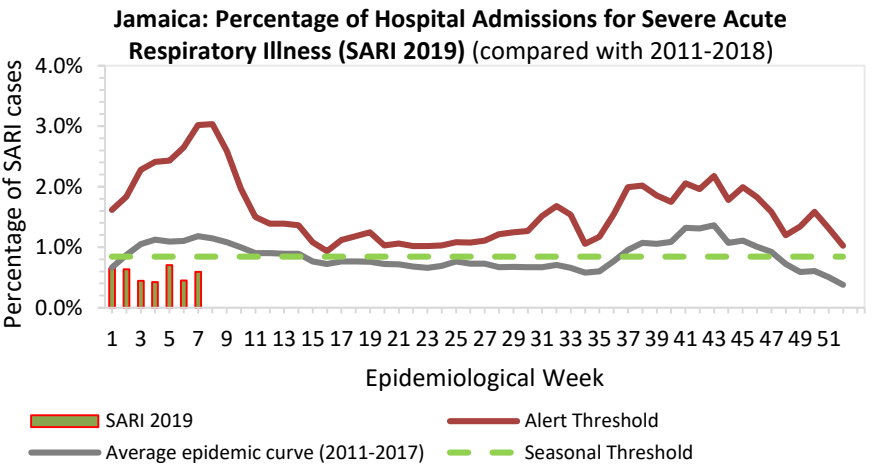
EW 7

February 10-16, 2019 Epidemiological Week 7

February 2019		
	EW 7	YTD
SARI cases	12	71
Total Influenza positive Samples	7	37
Influenza A	7	36
H3N2	0	4
H1N1pdm09	0	16
Not subtyped	7	16
Influenza B	0	1
Parainfluenza	0	0



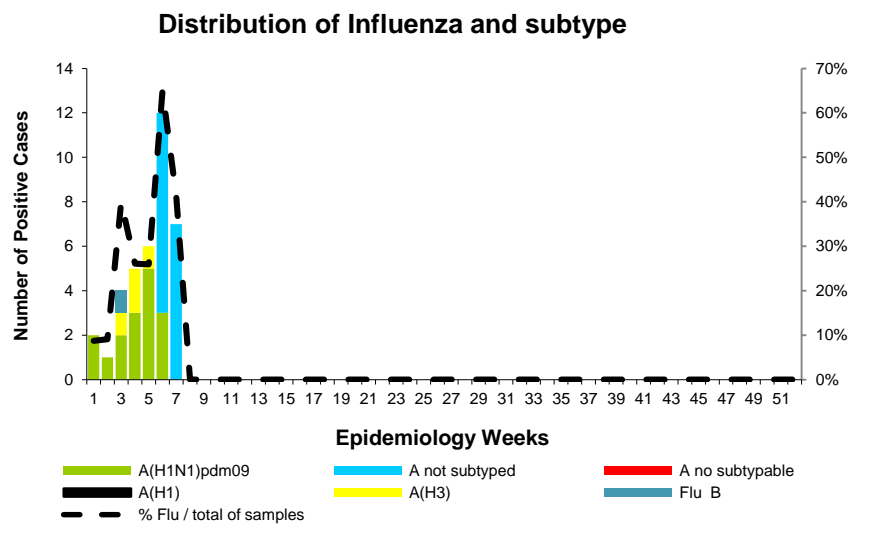
Comments:
During EW 7 SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Increased influenza activity was reported, with Influenza A(H1N1)pdm09 predominating.



GLOBAL AND REGIONAL UPDATES

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.



5 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

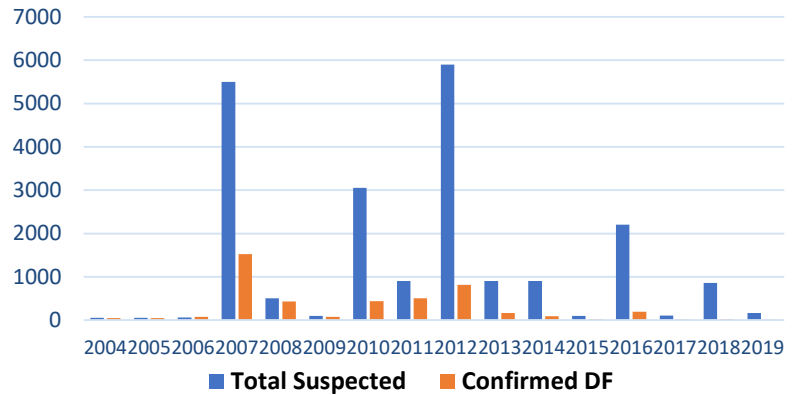
Dengue Bulletin

February 3-9, 2019 Epidemiological Week 7

Epidemiological Week 7



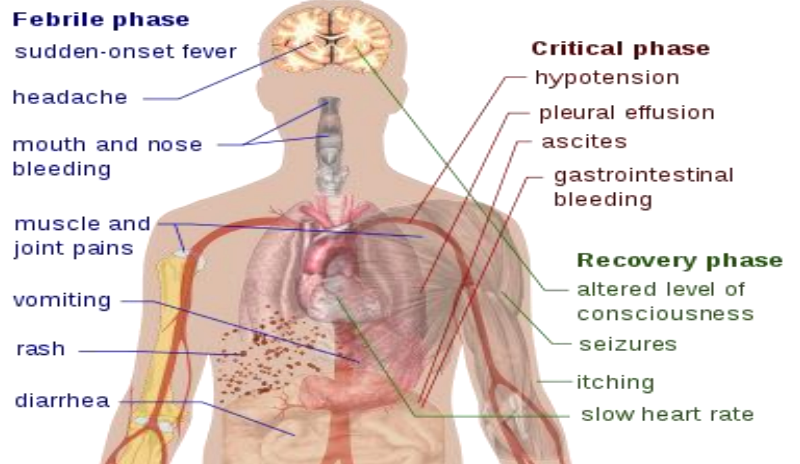
Dengue Cases by Year: 2007-2019, Jamaica



Reported suspected and confirmed dengue with symptom onset in weeks 1-52, 2019

		2019		2018 YTD
		EW 7	YTD	
Total Suspected Dengue Cases		3	1970	40
Lab Confirmed Dengue cases		0	15	0
CONFIRMED	*DHF/DSS	0	0	2
	Dengue Related Deaths	0	2	0

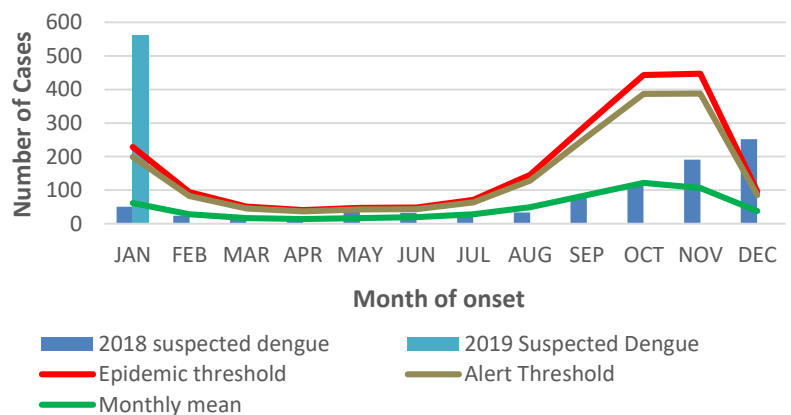
Symptoms of Dengue fever



*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 and 2019 versus monthly mean, alert, and epidemic thresholds



6 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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SENTINEL REPORT- 79 sites. Automatic reporting

Gastroenteritis Bulletin

EW
7

February 3-9, 2019 Epidemiological Week 7

Epidemiological Week 7

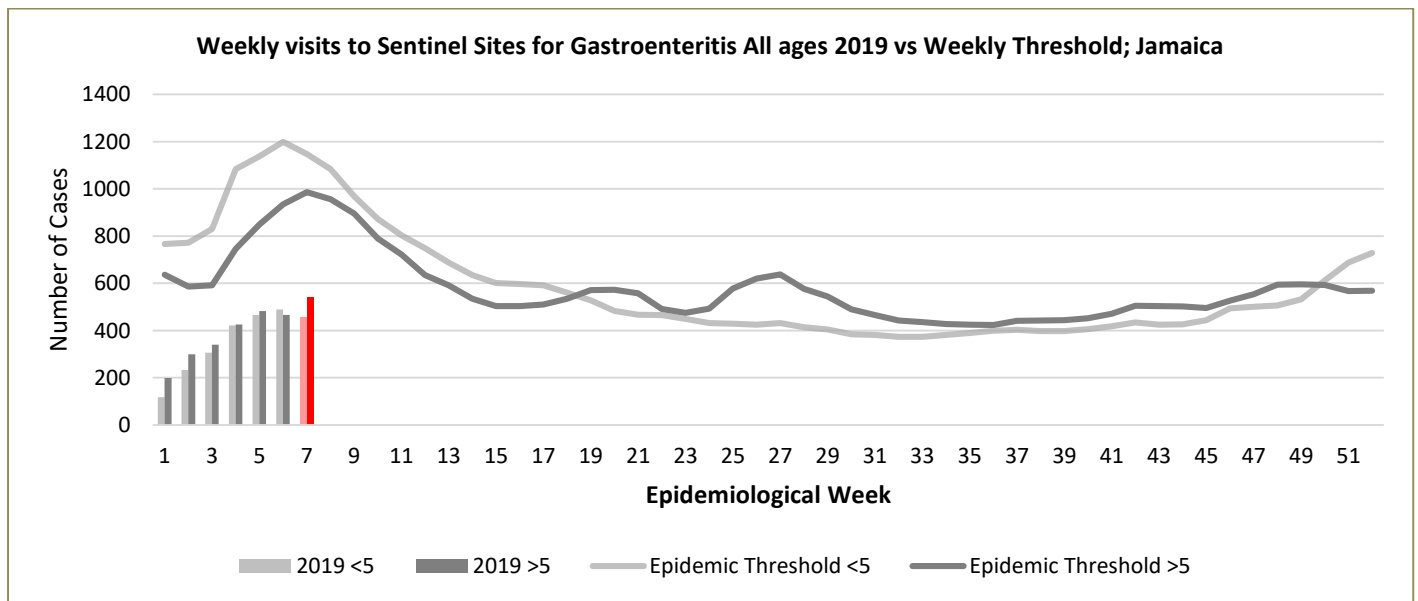
Weekly Breakdown of Gastroenteritis cases

Year	EW 7			YTD		
	<5	≥5	Total	<5	≥5	Total
2019	455	539	994	2,489	2,750	5,239
2018	160	241	401	1,517	1,930	3,447

Gastroenteritis:

In epidemiological week 7, 2019, the total number of reported GE cases showed a 148% increase compared to EW 7 of the previous year. The year to date figures showed a 52% increase in cases for the period.

Total Gastroenteritis Cases Reported 2019



Total number of GE cases per parish up to Week 7, 2019

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	1012	63	24	101	174	157	210	29	65	68	322	119	145
≥5	646	106	55	183	316	147	205	44	98	99	381	237	233



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

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*

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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.



8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
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SENTINEL
REPORT- 79 sites.
Automatic reporting