

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Infant and young child feeding



### Key Facts

- Every infant and child has the right to good nutrition according to the "Convention on the Rights of the Child".
- Undernutrition is associated with 45% of child deaths.
- Globally in 2016, 155 million children under 5 were estimated to be stunted (too short for age), 52 million were estimated to be wasted (too thin for height), and 41 million were overweight or obese.
- About 40% of infants 0–6 months old are exclusively breastfed.
- Few children receive nutritionally adequate and safe complementary foods; in many countries less than a fourth of infants 6–23 months of age meet the criteria of dietary diversity and feeding frequency that are appropriate for their age.
- Over 820 000 children's lives could be saved every year among children under 5 years, if all children 0–23 months were optimally breastfed. Breastfeeding improves IQ, school attendance, and is associated with higher income in adult life. (1)
- Improving child development and reducing health costs through breastfeeding results in economic gains for individual families as well as at the national level.

Undernutrition is estimated to be associated with 2.7 million child deaths annually or 45% of all child deaths. Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. The first 2 years of a child's life are particularly important, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall.

Exclusive breastfeeding for 6 months has many benefits for the infant and mother. Chief among these is protection against gastrointestinal infections which is observed not only in developing but also industrialized countries. Early initiation of breastfeeding, within 1 hour of birth, protects the newborn from acquiring infections and reduces newborn mortality. The risk of mortality due to diarrhoea and other infections can increase in infants who are either partially breastfed or not breastfed at all.

## EPI WEEK 26

### SYNDROMES

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# REPORTS FOR SYNDROMIC SURVEILLANCE

## FEVER

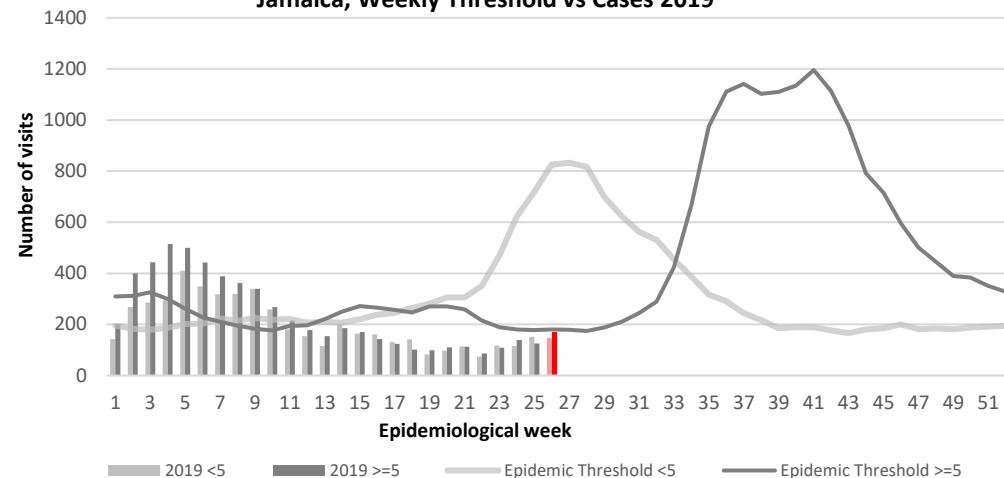
Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) with or without an obvious diagnosis or focus of infection.



## KEY

VARIATIONS OF **RED** and **PINK** SHOW CURRENT WEEK

### Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2019

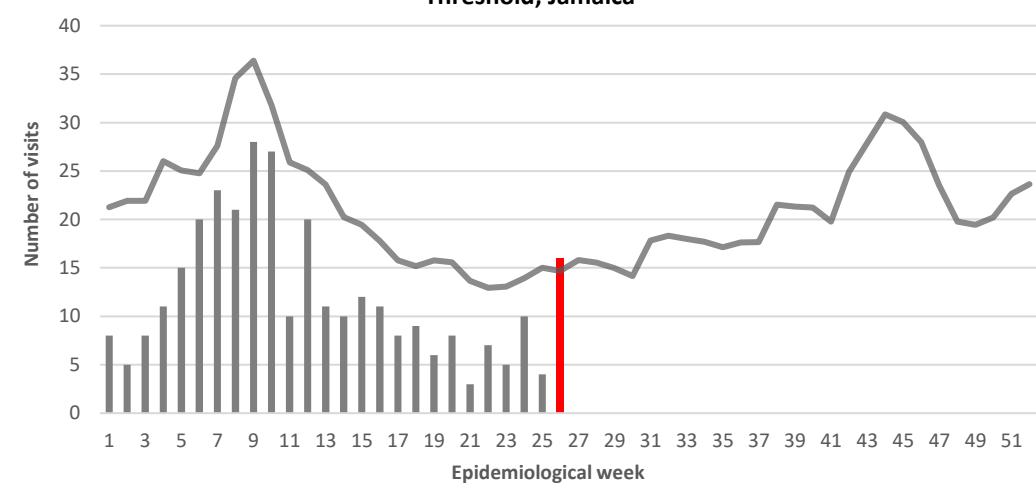


## FEVER AND NEUROLOGICAL

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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 2019 vs Weekly Threshold; Jamaica

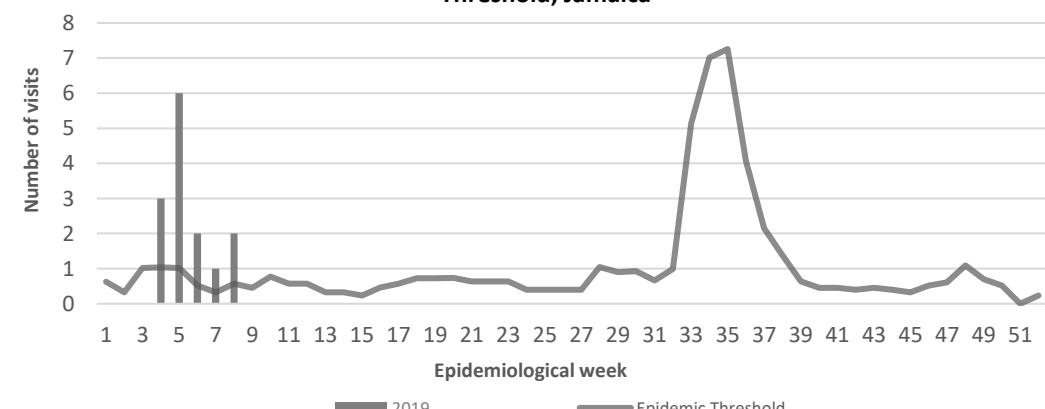


## FEVER AND HAEMORRHAGIC

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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- 78 sites.  
Automatic reporting

**FEVER AND JAUNDICE**

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) in a previously healthy person presenting with jaundice.

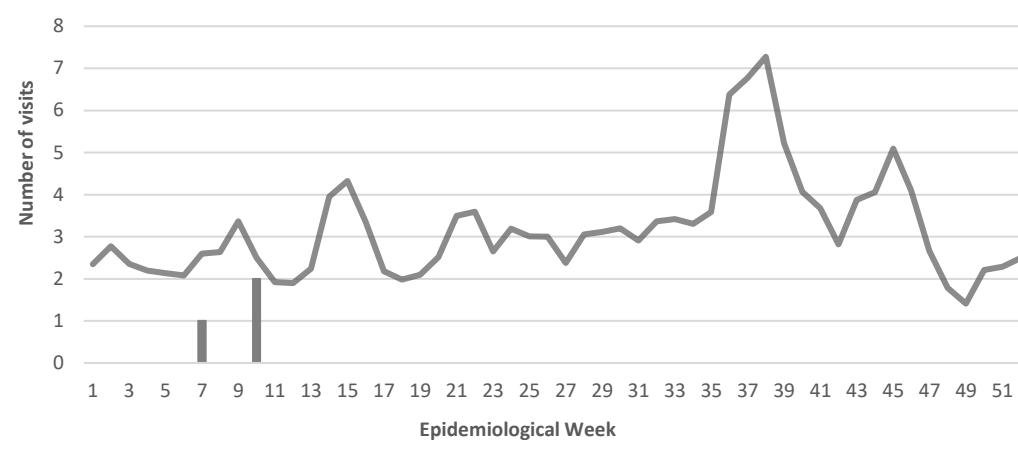
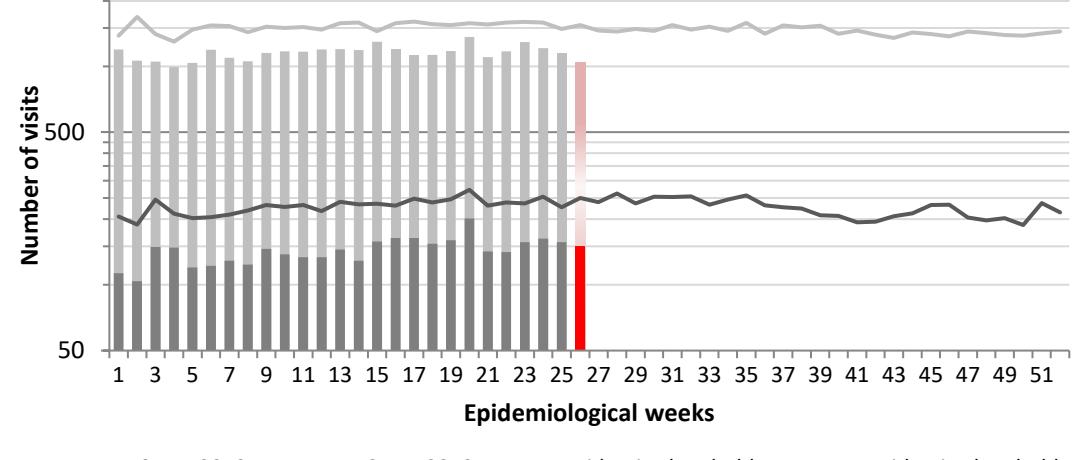
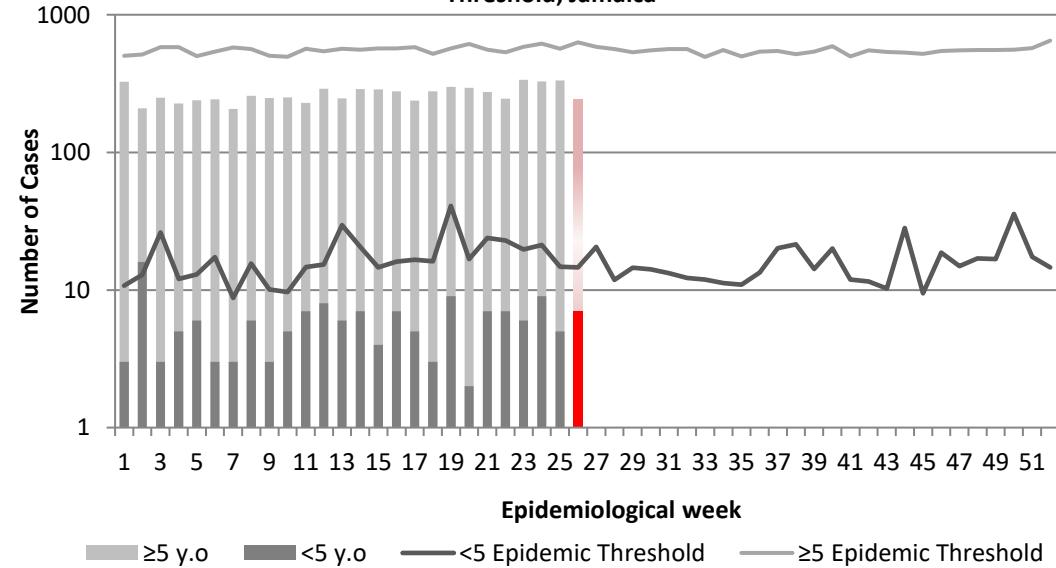
The epidemic threshold is used to confirm the emergence of an epidemic in order to implement control measures. It is calculated using the mean reported cases per week plus 2 standard deviations.

**ACCIDENTS**

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

**KEY****VARIATIONS OF RED and PINK CURRENT WEEK****VIOLENCE**

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

**Weekly visits to Sentinel Sites for Fever and Jaundice 2019 vs Weekly Threshold; Jamaica****Weekly visits to Sentinel Sites for Accidents by Age Group 2019 vs Weekly Threshold; Jamaica****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-** 78 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	21	107	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Cholera	0	0	
	Dengue Hemorrhagic Fever <sup>1</sup>	0	0	
	Hansen's Disease (Leprosy)	0	0	
	Hepatitis B	11	14	
	Hepatitis C	2	1	
	HIV/AIDS	NA	NA	
	Malaria (Imported)	0	2	
	Meningitis (Clinically confirmed)	10	37	
EXOTIC/ UNUSUAL	Plague	0	0	1 Dengue Hemorrhagic Fever data include Dengue related deaths;
HIGH MORBIDIT/ MORTALITY	Meningococcal Meningitis	0	0	2 Figures include all deaths associated with pregnancy reported for the period.
	Neonatal Tetanus	0	0	
	Typhoid Fever	0	0	
	Meningitis H/Flu	0	0	
	AFP/Polio	0	0	
SPECIAL PROGRAMMES	Congenital Rubella Syndrome	0	0	3 CHIKV IgM positive cases
	Congenital Syphilis	0	0	4 Zika PCR positive cases 
	Fever and Rash	Measles	0	
		Rubella	0	
	Maternal Deaths <sup>2</sup>	29	37	
	Ophthalmia Neonatorum	98	145	
	Pertussis-like syndrome	0	0	
	Rheumatic Fever	0	0	
	Tetanus	0	0	
	Tuberculosis	27	32	
	Yellow Fever	0	0	
	Chikungunya <sup>3</sup>	0	0	
	Zika Virus <sup>4</sup>	0	0	NA- Not Available



4 NOTIFICATIONS-  
All clinical sites



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# NATIONAL SURVEILLANCE UNIT

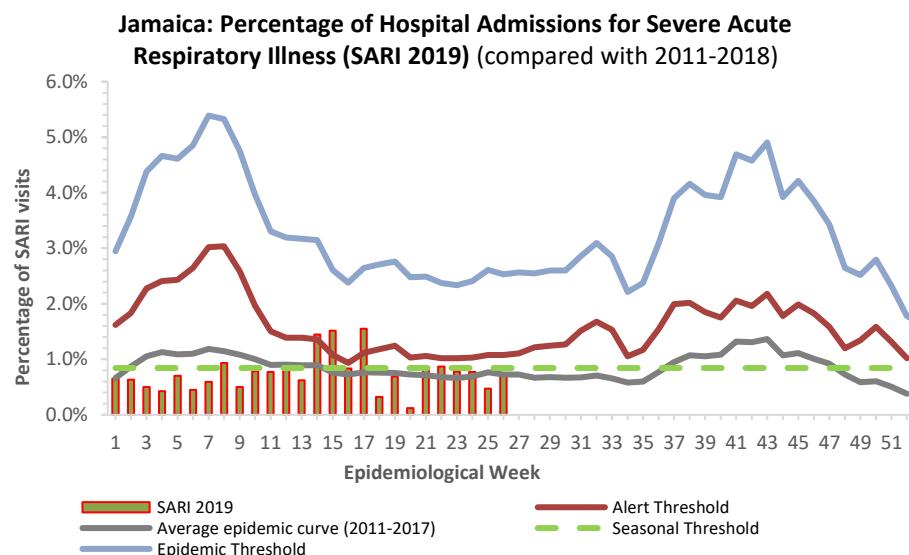
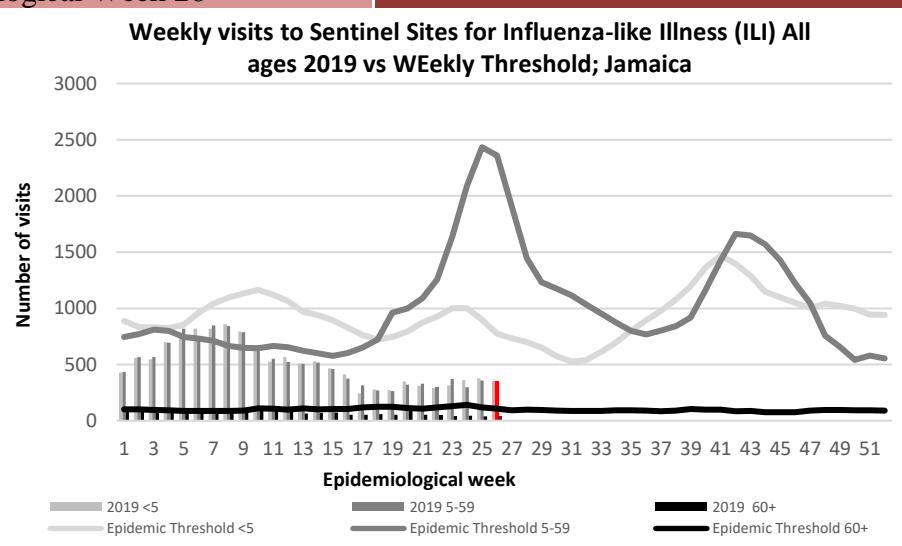
## INFLUENZA REPORT

June 23 - June 29, 2019 Epidemiological Week 26

EW 26

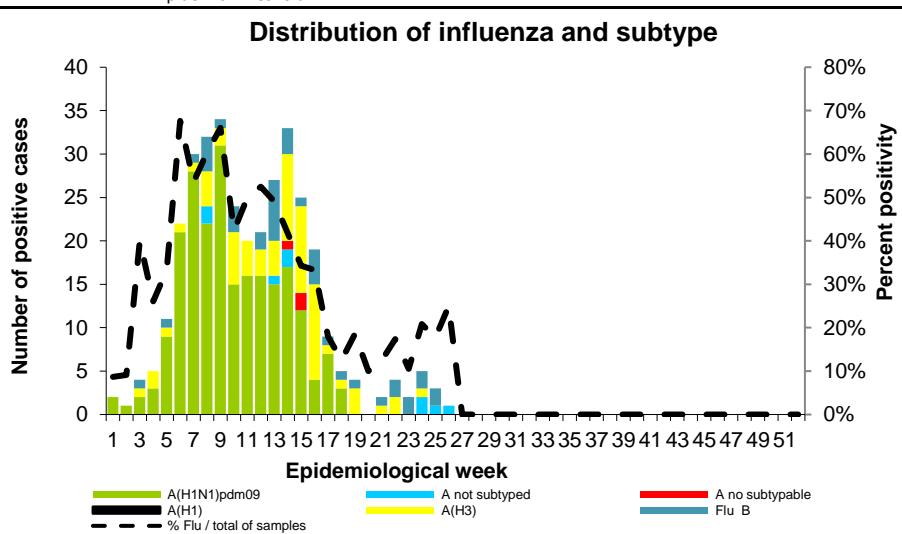
June 2019		
	EW 26	YTD
SARI cases	11	327
<b>Total Influenza positive Samples</b>	<b>1</b>	<b>345</b>
<b>Influenza A</b>	<b>1</b>	<b>305</b>
H3N2	0	69
H1N1pdm09	0	224
Not subtyped	1	9
<b>Influenza B</b>	<b>0</b>	<b>40</b>
<b>Parainfluenza</b>	<b>0</b>	<b>4</b>

During EW 26 influenza A detections were low. The number of SARI cases increased compared to the previous week.



### GLOBAL AND REGIONAL UPDATES

**Caribbean:** During: EW 26, Influenza and SARI activity were low and continue to decrease; influenza A(H3N2) predominated in recent weeks.



5 NOTIFICATIONS-  
All clinical  
sites



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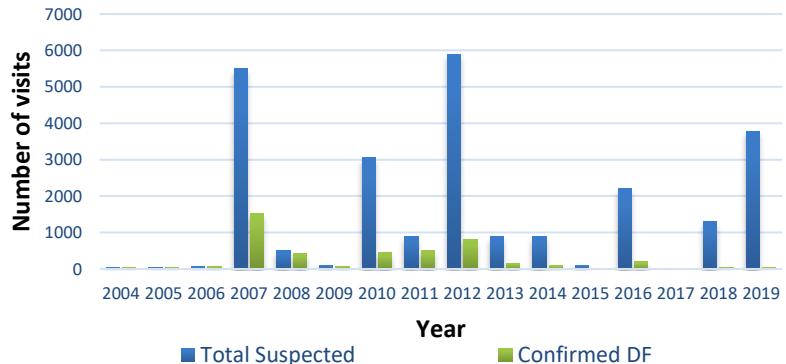
# Dengue Bulletin

June 23- June 29, 2019 Epidemiological Week 26

Epidemiological Week 26



Dengue Cases by Year: 2004-2019, Jamaica



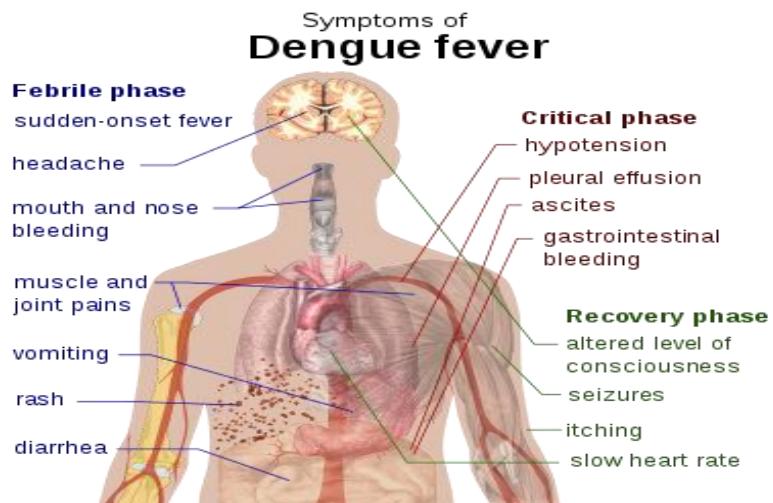
## Reported suspected and confirmed dengue with symptom onset in weeks 1-26, 2019

	2019		2018 YTD
	EW 26	YTD	
Total Suspected Dengue Cases	6	3787	149
Lab Confirmed Dengue cases	0	28	0
CONFIRMED	*DHF/DSS	0	2
	Dengue Related Deaths	0	5

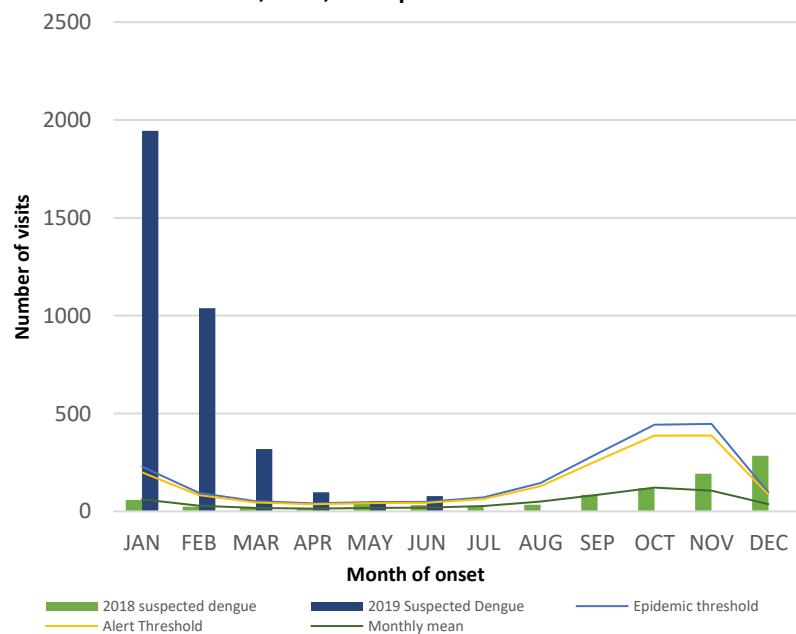
\*DHF/DSS: Dengue Haemorrhagic Fever/ Dengue Shock Syndrome

### 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



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# Gastroenteritis Bulletin

June 23- June 29, 2019 Epidemiological Week 26

Epidemiological Week 26

EW  
26

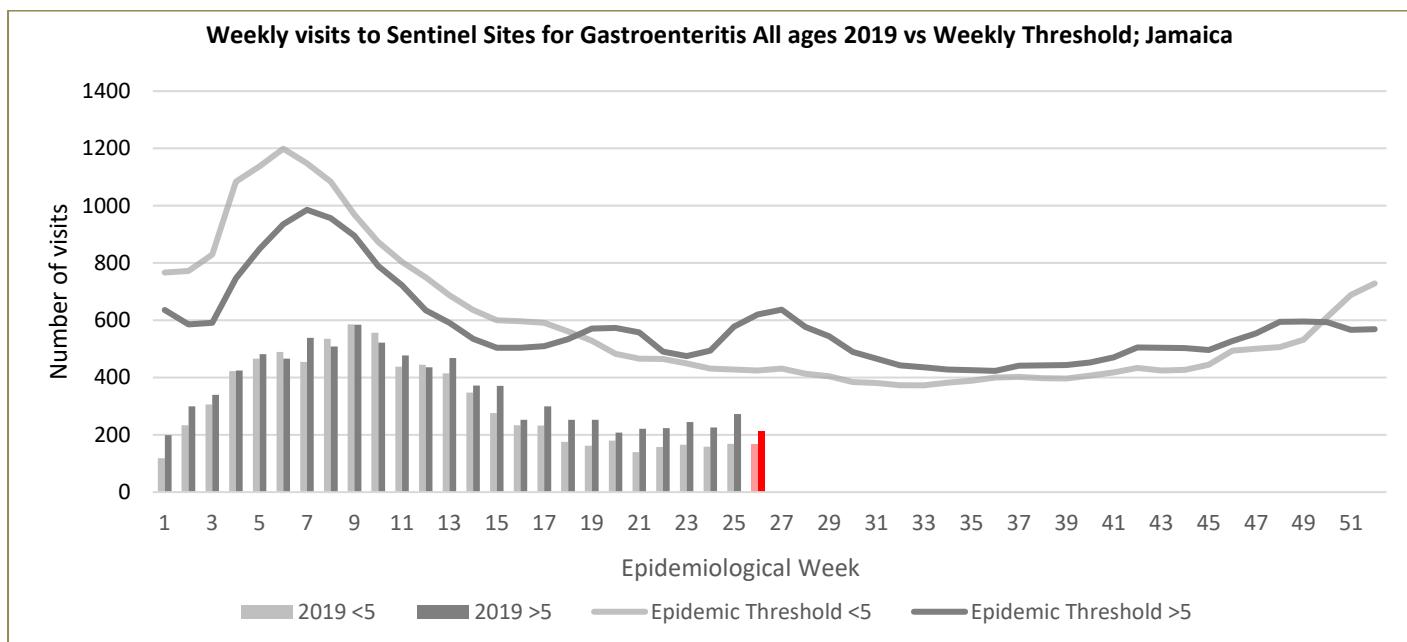
## Weekly Breakdown of Gastroenteritis vistis

Year	EW 26			YTD		
	<5	≥5	Total	<5	≥5	Total
2019	168	212	380	8,022	9,128	17,150
2018	123	180	305	3,951	5,876	9,827

## Gastroenteritis:

In epidemiological week 26, 2019, the total number of reported GE cases showed a 25% increase compared to EW 26 of the previous year. The year to date figures showed a 75% 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 26, 2019

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	2809	263	103	468	847	420	589	196	416	282	758	415	456
≥5	2001	411	165	714	1160	506	722	286	482	379	993	723	586



7 NOTIFICATIONS-  
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# RESEARCH PAPER

**Title:** *Determinants of Health-Seeking Behaviour in Patients with Sexually Transmitted Infections*

**Authors:** Ardene Harris<sup>1</sup>, Lovette Byfield<sup>2</sup>, Desmalee Holder-Nevins<sup>2</sup>, Camelia Thompson<sup>2</sup>

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## ABSTRACT

**Objectives:** Persons with sexually transmitted infections (STIs) often do not seek medical care. In some countries, studies show that patients with STIs feel stigmatized. This study seeks to examine factors that influence the decision by patients with recurrent STIs to seek medical attention, and to determine the role played by stigma or the attitudes of health-care workers.

**Method:** Using a convergent parallel mixed-methods design, quantitative data were collected via a cross-sectional survey, utilizing an interviewer-administered structured questionnaire, while in-depth interviews were used to gather qualitative data. The study population consisted of 201 patients who attended public health centres served by the Kingston and St. Andrew Health Department for STI symptoms.

**Results:** Lack of time and the use of alternative medications were the two main reasons reported for delays in seeking care. Females were three times more likely than males to delay seeking care for STI symptoms (OR = 3.1, CI [1.6–6.1]). The STI patients felt stigmatized with a mean score of  $61 \pm 8.8\%$ . There was an association between STI-related stigma and a willingness to disclose one's STI status to partners ( $p < 0.001$ ). Overall, patients had positive impressions of health-care workers' attitudes towards them (mean patient satisfaction score = 82.2%).

**Conclusion:** STI patients may delay seeking care or disclosing their status to sexual partners owing to STI-related stigma. Health-care workers are viewed favourably by STI patients and can be used as agents of change, through health promotion to reduce stigma and motivate patients to seek medical attention early.

**Key Words:** Sexually transmitted infections; STI; stigma; disclosure; health-care worker



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8 NOTIFICATIONS-  
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