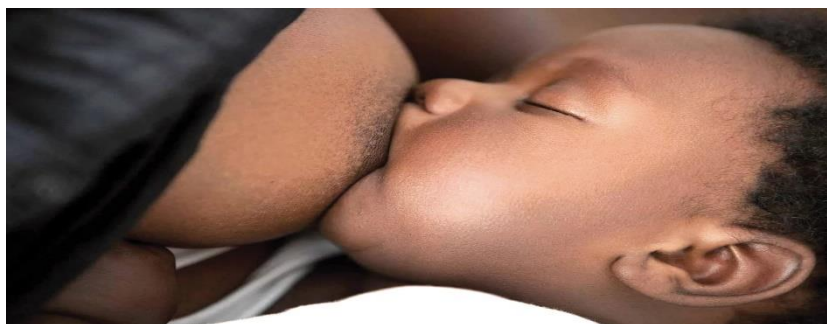


WEEKLY EPIDEMIOLOGY BULLETIN

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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CLASS 1 DISEASES

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INFLUENZA

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DENGUE FEVER

PAGE 6



GASTROENTERITIS

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RESEARCH PAPER

PAGE 8



REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

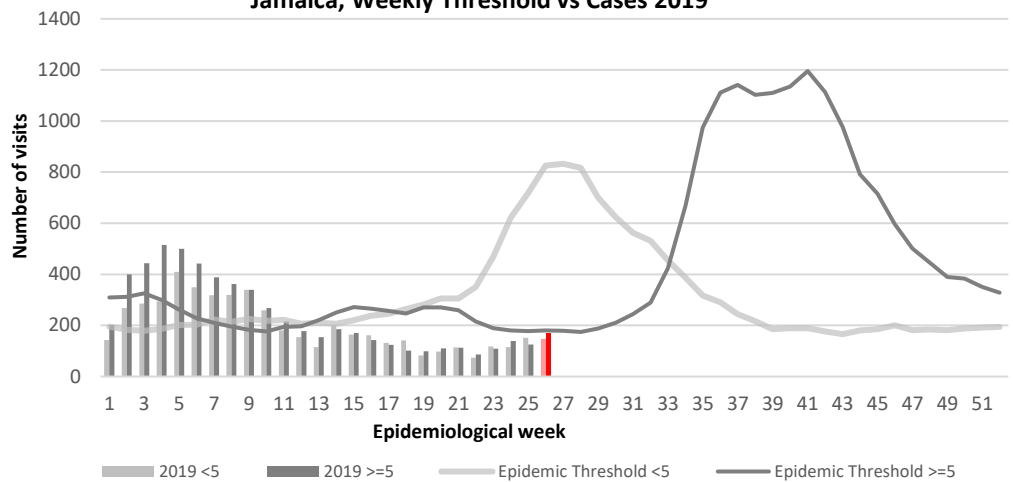
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

VARIATIONS OF RED and PINK SHOW CURRENT WEEK

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

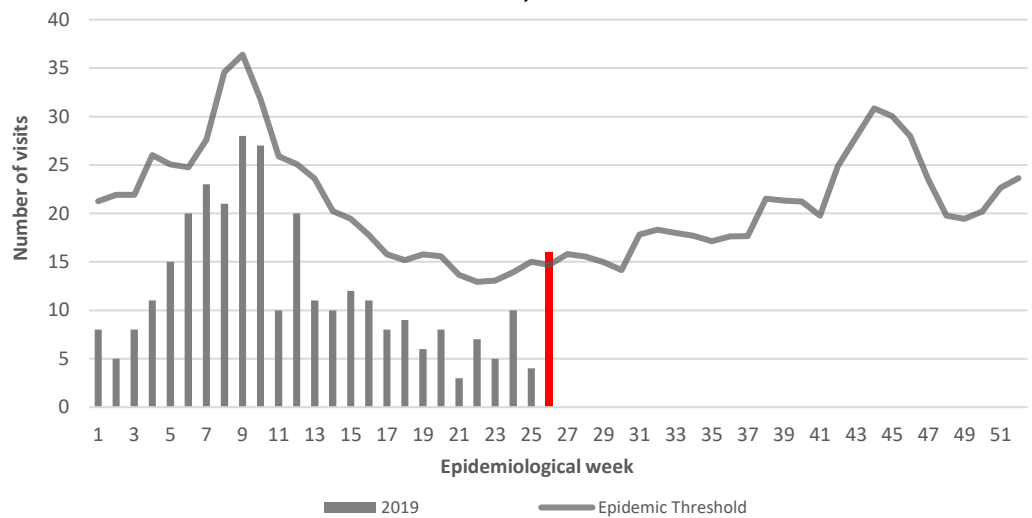


FEVER AND NEUROLOGICAL

Temperature of $>38^{\circ}\text{C}$ / 100.4°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

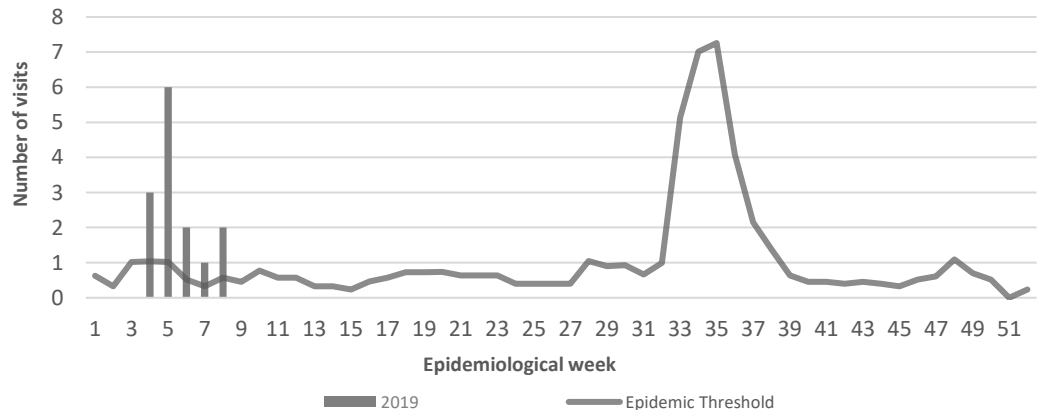


FEVER AND HAEMORRHAGIC

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

KEY
VARIATIONS OF RED
and PINK CURRENT
WEEK

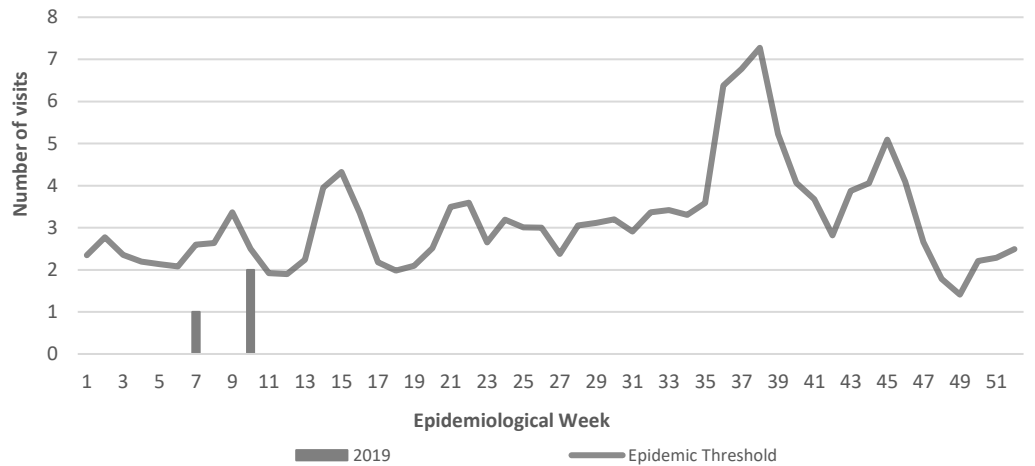


VIOLENCE

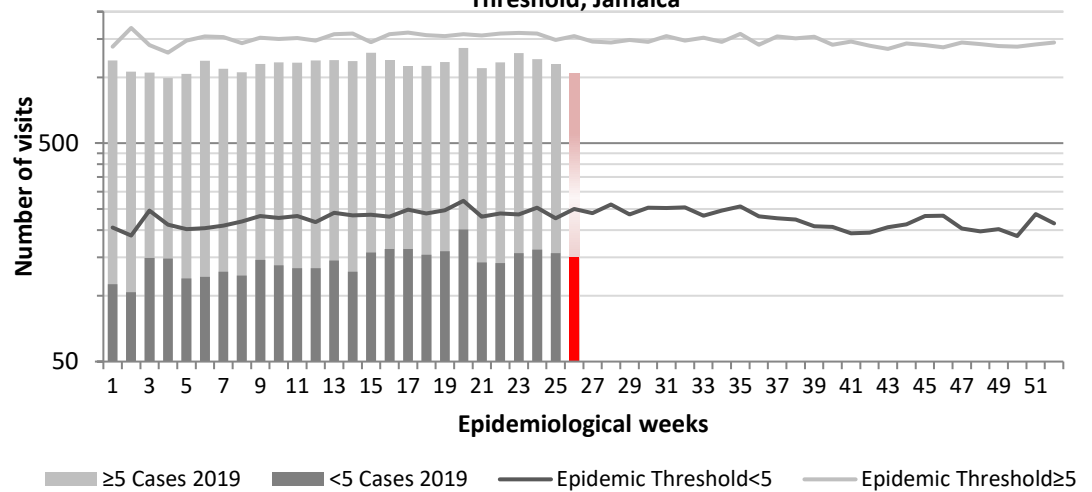
Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.



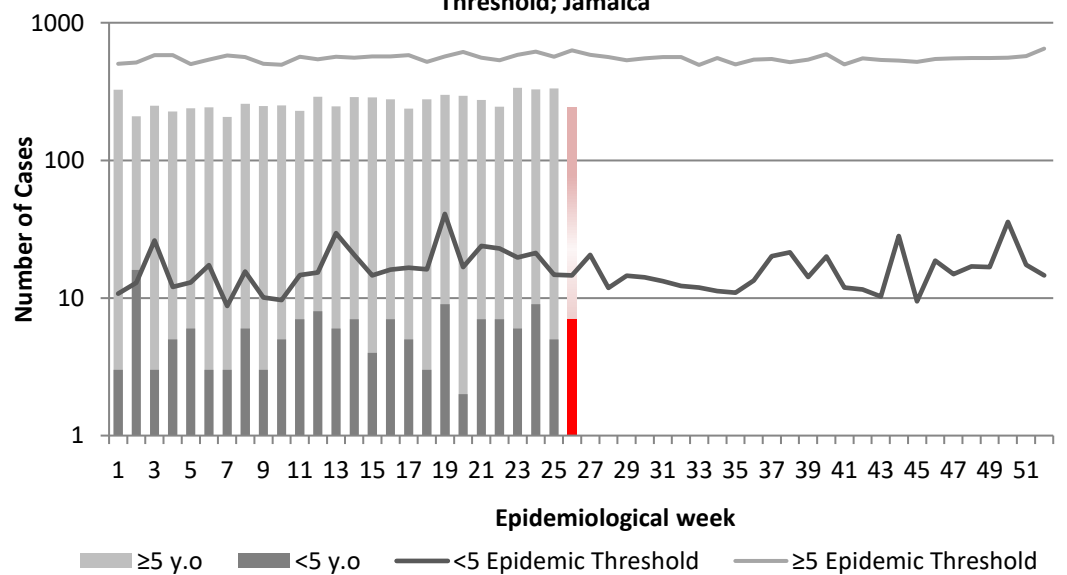
Weekly visits to Sentinel Sites for Fever and Jaundice 2019 vs Weekly Threshold; Jamaica



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



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CLASS ONE NOTIFIABLE EVENTS

Comments

| | Confirmed YTD | | Comments | | |
|----------------------------------|---------------------------------------|--------------|-------------------|---|---|
| | CLASS 1 EVENTS | CURRENT YEAR | | PREVIOUS YEAR | |
| NATIONAL /INTERNATIONAL INTEREST | Accidental Poisoning | 21 | 107 | 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. | |
| | Cholera | 0 | 0 | | |
| | Dengue Hemorrhagic Fever ¹ | 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 MORBIDITY/ MORTALITY | Meningococcal Meningitis | 0 | 0 | | |
| | Neonatal Tetanus | 0 | 0 | | |
| | Typhoid Fever | 0 | 0 | 2 Figures include all deaths associated with pregnancy reported for the period. | |
| | Meningitis H/Flu | 0 | 0 | | |
| SPECIAL PROGRAMMES | AFP/Polio | 0 | 0 | 3 CHIKV IgM positive cases 4 Zika PCR positive cases | |
| | Congenital Rubella Syndrome | 0 | 0 | | |
| | Congenital Syphilis | 0 | 0 | | |
| | Fever and Rash | Measles | 0 | | 0 |
| | | Rubella | 0 | | 0 |
| | Maternal Deaths ² | 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 ³ | 0 | 0 | | | |
| Zika Virus ⁴ | 0 | 0 | NA- Not Available | | |



4 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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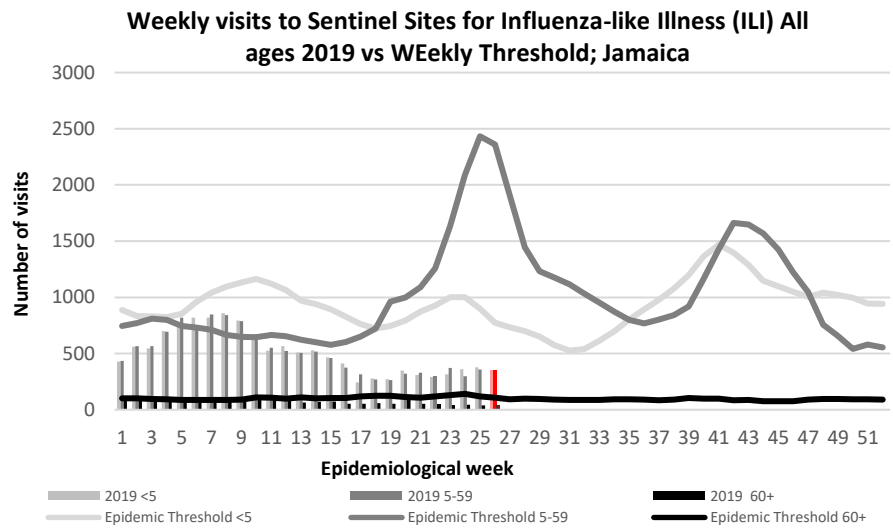
SENTINEL REPORT- 78 sites. Automatic reporting

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 26

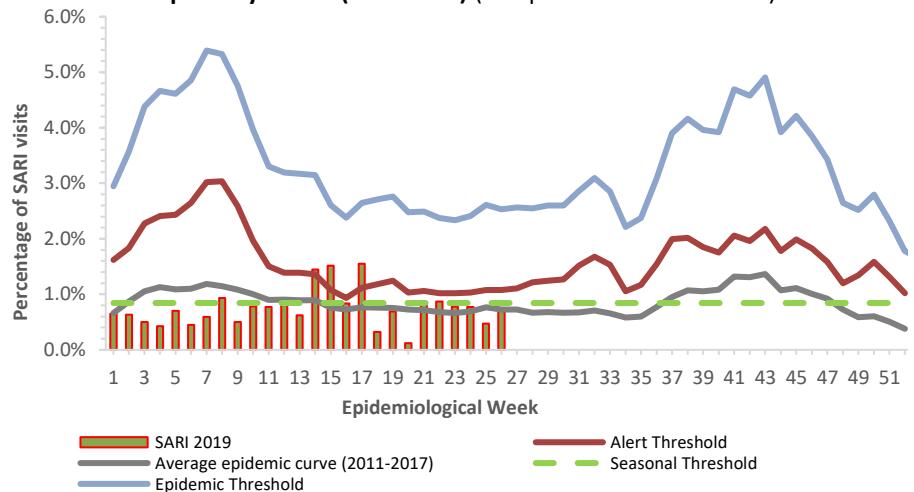
June 23 - June 29, 2019 Epidemiological Week 26

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



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

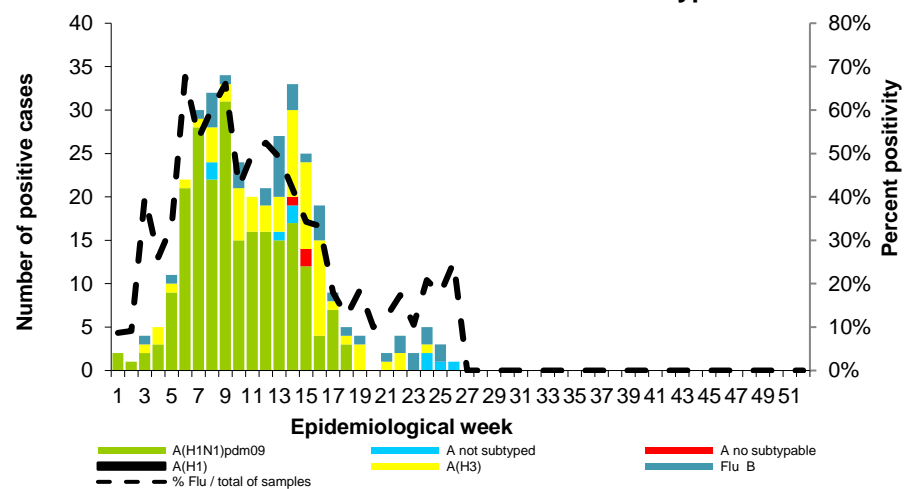
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2019) (compared with 2011-2018)



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.

Distribution of influenza and subtype



5 NOTIFICATIONS-
All clinical sites



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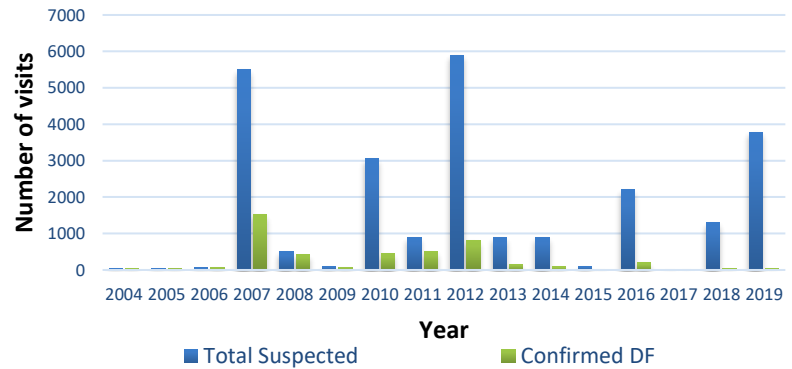
Dengue Bulletin

June 23- June 29, 2019 Epidemiological Week 26

Epidemiological Week 26



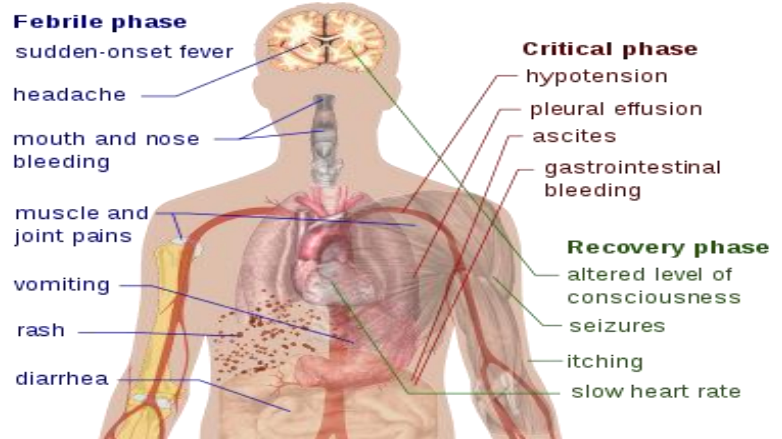
Dengue Cases by Year: 2004-2019, Jamaica



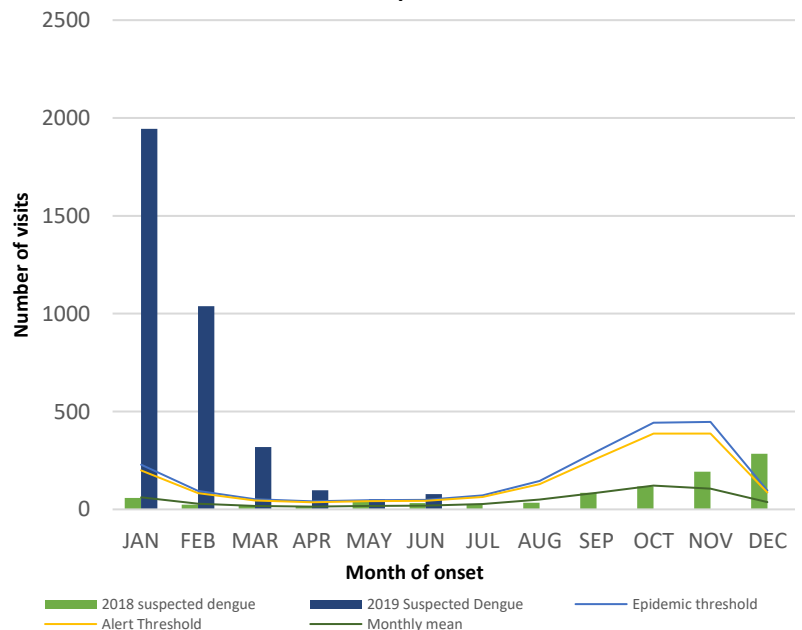
Reported suspected and confirmed dengue with symptom onset in weeks 1-26, 2019

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

Symptoms of Dengue fever



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



*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.



6 NOTIFICATIONS- All clinical sites



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SENTINEL REPORT- 78 sites. Automatic reporting

Gastroenteritis Bulletin

EW
26

June 23- June 29, 2019 Epidemiological Week 26

Epidemiological Week 26

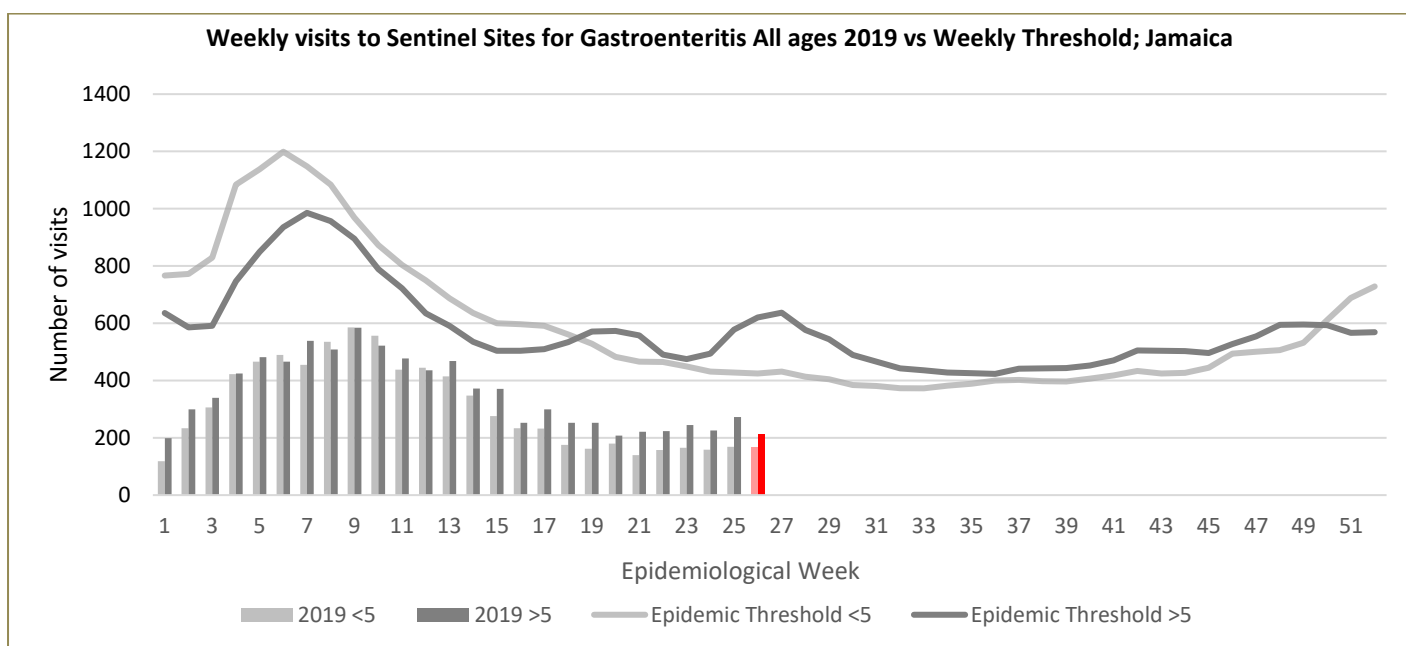
Weekly Breakdown of Gastroenteritis vists

| 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-
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

RESEARCH PAPER

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

Authors: *Ardene Harris¹, Lovette Byfield², Desmalee Holder-Nevins², Camelia Thompson²*

Institution: *Department of Community Health and Psychiatry, University of the West Indies, Mona*

Corresponding Author / Presenter: *Dr. Ardene Harris at ardene.harris@yahoo.com*

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-
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- 78 sites.
Automatic reporting