

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

World Hepatitis Day 2019

Theme 2019: Invest in eliminating hepatitis

Know. Prevent. Test. Treat. Eliminate Hepatitis.

Are you at risk? Get tested! Early testing means early treatment to prevent illness and to save your life.

Are you protected? Hepatitis B and C are preventable. Every injection should be safe. Hepatitis B vaccine provides lifelong protection. Hepatitis B and C can be transmitted by sex, therefore protect yourself by using condoms.

Be strong: get treated or cured from hepatitis. If you tested positive, ask whether you need treatment - do not delay.

Living with hepatitis B? Some people will need treatment and can stay healthy with life-long therapy.

Living with hepatitis C? 3-month treatment can cure the infection.

Hepatitis B is a viral infection that attacks the liver and can cause both acute and chronic disease.

The virus is most commonly transmitted from mother to child during birth and delivery, as well as through contact with blood or other body fluids.

In 2015, hepatitis B resulted in an estimated 887 000 deaths, mostly from cirrhosis and hepatocellular carcinoma.

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV): the virus can cause both acute and chronic hepatitis, ranging in severity from a mild illness lasting a few weeks to a serious, lifelong illness.

The hepatitis C virus is a bloodborne virus: the most common modes of infection are through exposure to small quantities of blood. This may happen through injection drug use, unsafe injection practices, unsafe health care, transfusion of unscreened blood and blood products, and sexual practices that lead to exposure to blood.

A significant number of those who are chronically infected will develop cirrhosis or liver cancer.

Antiviral medicines can cure more than 95% of persons with hepatitis C infection, thereby reducing the risk of death from cirrhosis and liver cancer, but access to diagnosis and treatment is low.

There is currently no effective vaccine against hepatitis C; however, research in this area is ongoing.

Downloaded from: <https://www.who.int/campaigns/world-hepatitis-day/2019/>

EPI WEEK 27



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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SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica



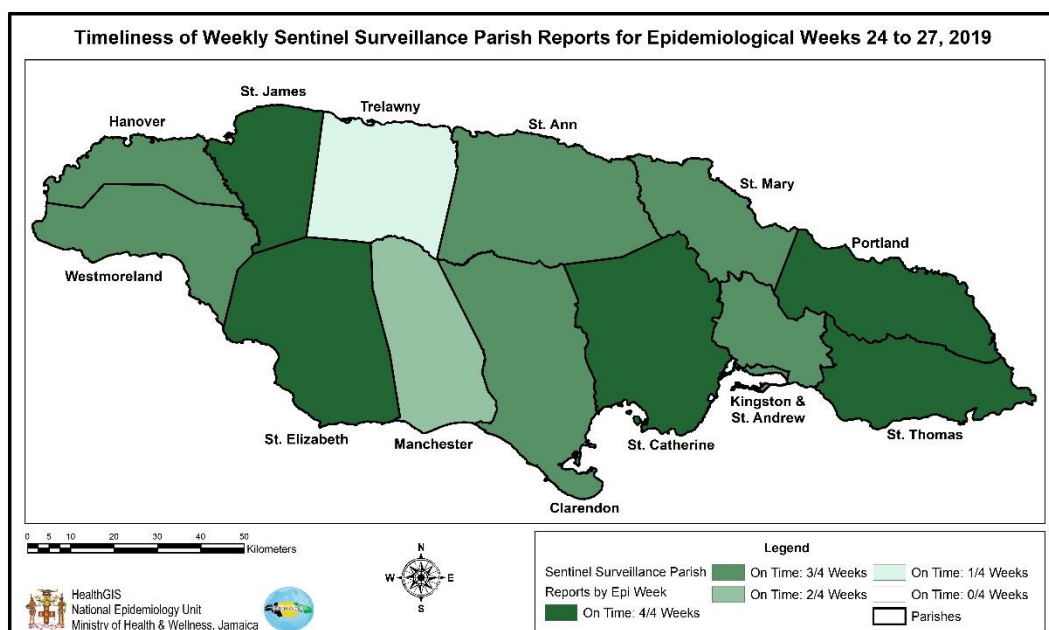
A syndromic surveillance system is good for early detection of and response to public health events.

Sentinel surveillance occurs when a selected number of health facilities (sentinel sites) form a network that reports on certain health conditions on a regular basis, for example, weekly. Reporting is mandatory whether or not there are cases to report.

Jamaica's sentinel surveillance system concentrates on visits to sentinel sites for health events and syndromes of national importance which are reported weekly (see pages 2 -4). There are seventy-eight (78) reporting sentinel sites across Jamaica.

Map representing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks - Weeks 24 to 27

Parish health departments submit reports weekly by 3 PM on a Tuesday. Reports submitted after 3PM are considered late.



REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

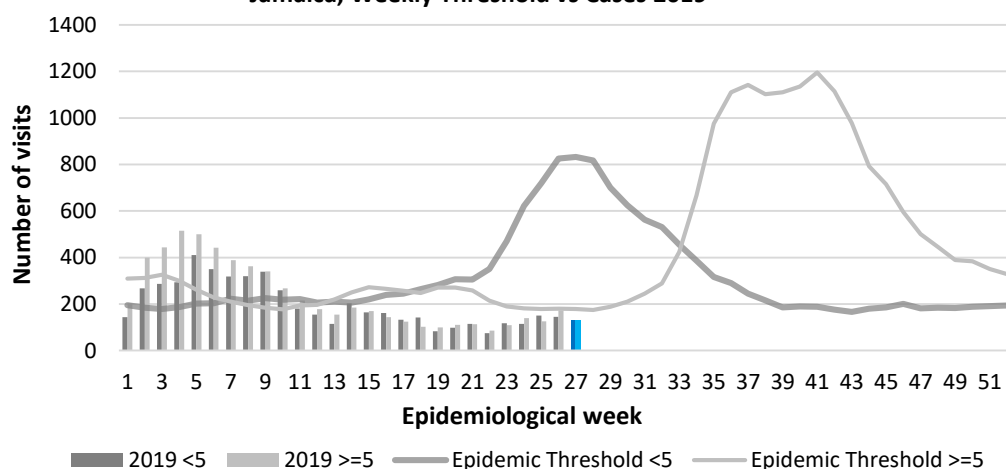
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

VARIATIONS OF BLUE
SHOW CURRENT WEEK

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



2 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



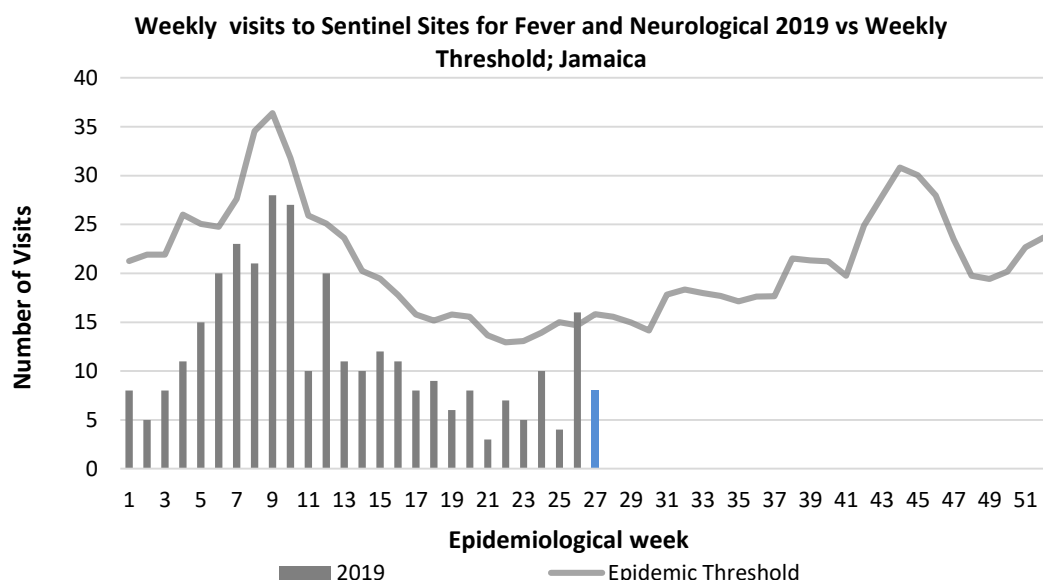
HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued



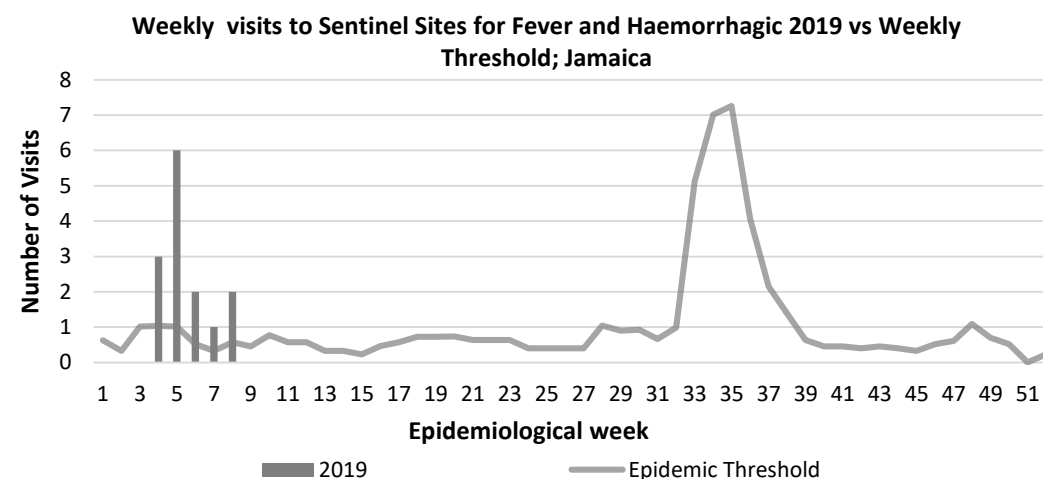
SENTINEL
REPORT- 78 sites.
Automatic reporting

FEVER AND 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).

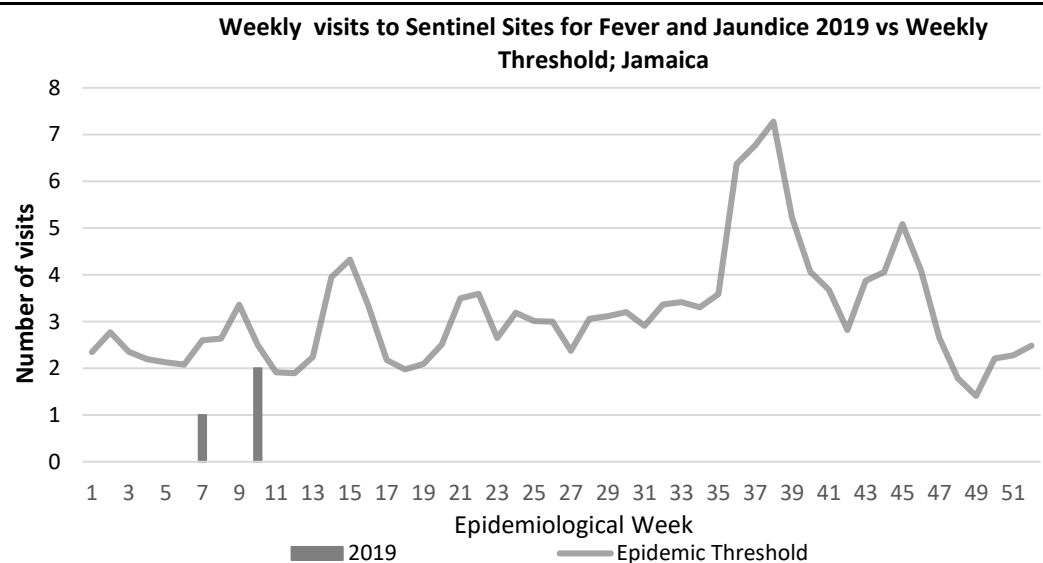
**FEVER AND HAEMORRHAGIC**

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. Visits for Fever and Haemorrhagic symptoms were reported in weeks 4 to 8 only, year to date.

**FEVER AND JAUNDICE**

Temperature of $>38^{\circ}\text{C}$ / 100.4°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. Visits to sentinel sites for Fever and Jaundice were reported in weeks 7 and 10 only, year to date.



3 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



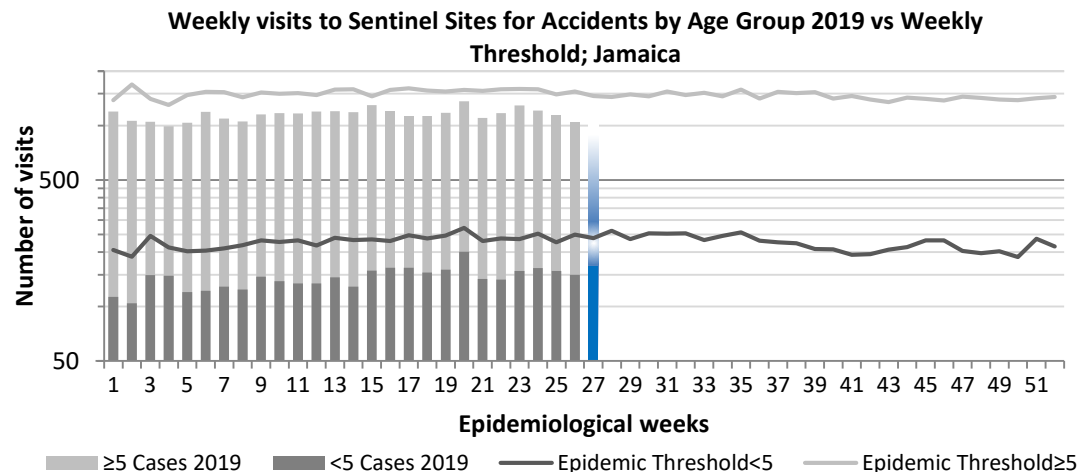
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

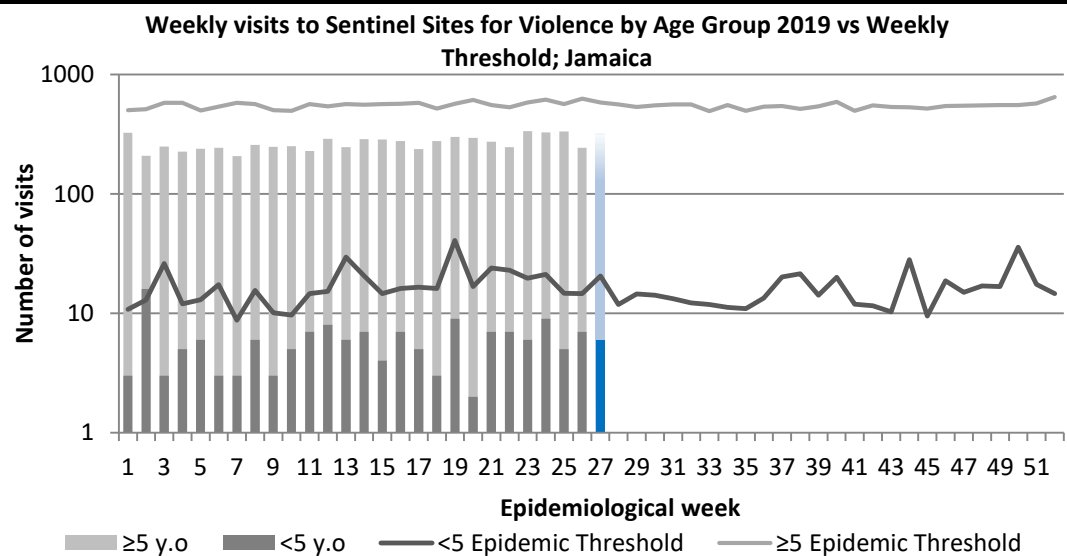
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

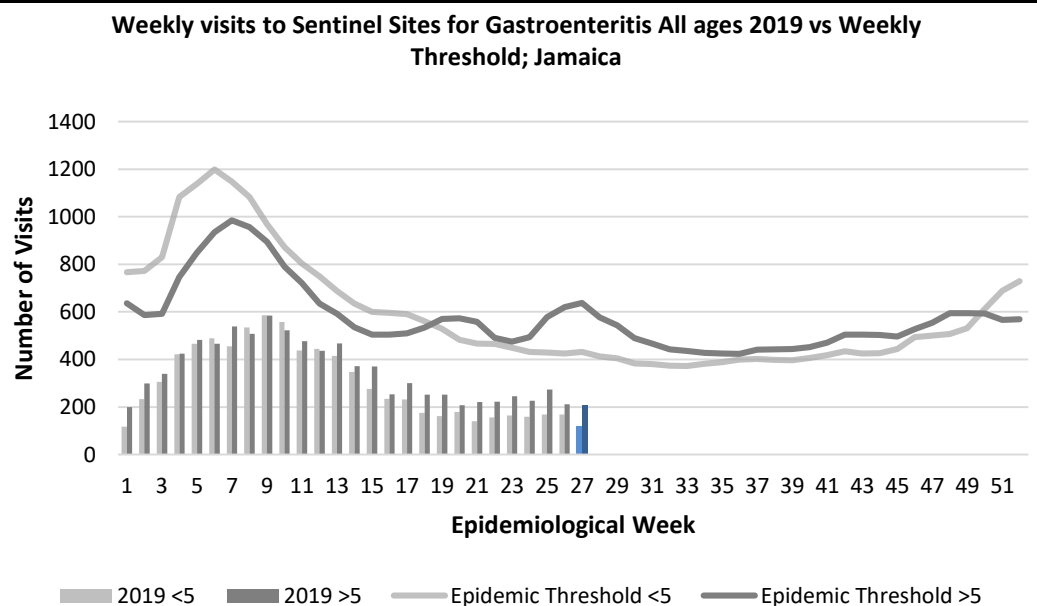
**VARIATIONS Of BLUE
CURRENT WEEK**

**VIOLENCE**

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

**GASTROENTERITIS**

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.



4 NOTIFICATIONS-
All clinical
sites




**INVESTIGATION
REPORTS-** Detailed Follow
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**SENTINEL
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-	CLASS ONE NOTIFIABLE EVENTS				Comments
			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.
	CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		21	205	
	Cholera		0	0	
	Dengue Hemorrhagic Fever ¹		0	0	
	Hansen’s Disease (Leprosy)		0	0	
	Hepatitis B		11	18	
	Hepatitis C		2	2	
	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	
	Meningitis H/Flu		0	0	
SPECIAL PROGRAMMES	AFP/Polio		0	0	2 Figures include all deaths associated with pregnancy reported for the period. 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	175	
	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



5 NOTIFICATIONS-
All clinical sites



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

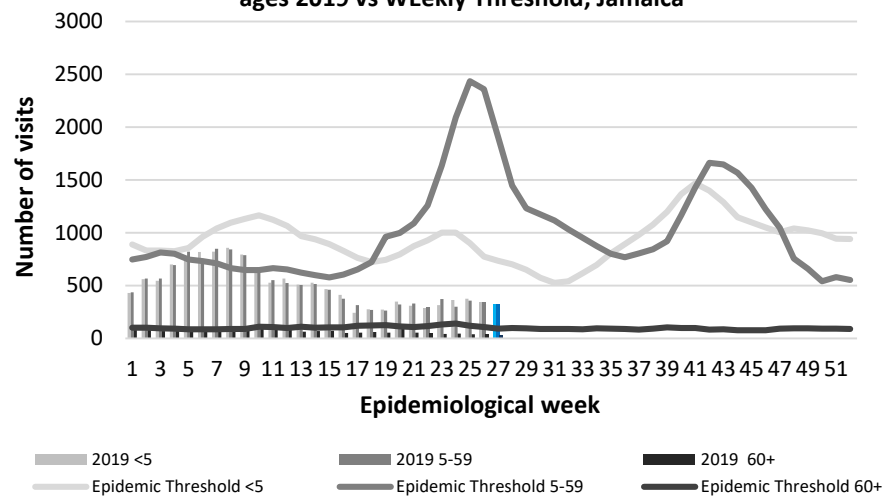
EW 27

June 30 – July 6, 2019 Epidemiological Week 27

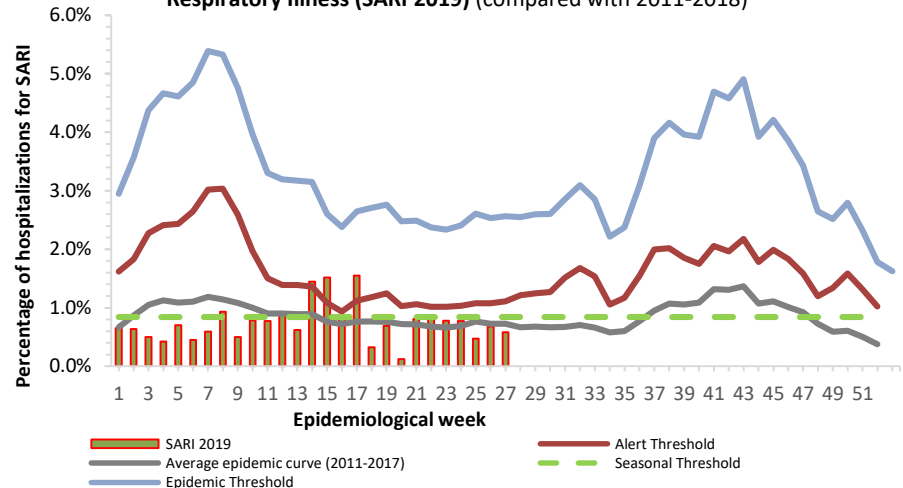
June 2019		
	EW 27	YTD
SARI cases	10	337
Total Influenza positive Samples	3	352
Influenza A	3	312
H3N2	2	79
H1N1pdm09	1	225
Not subtyped	0	5
Influenza B	0	40
Parainfluenza	0	5

During EW 27 influenza activity remains the same in comparison to the previous week with the circulation of influenza A virus; percent positivity for influenza increased and was above the alert threshold

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



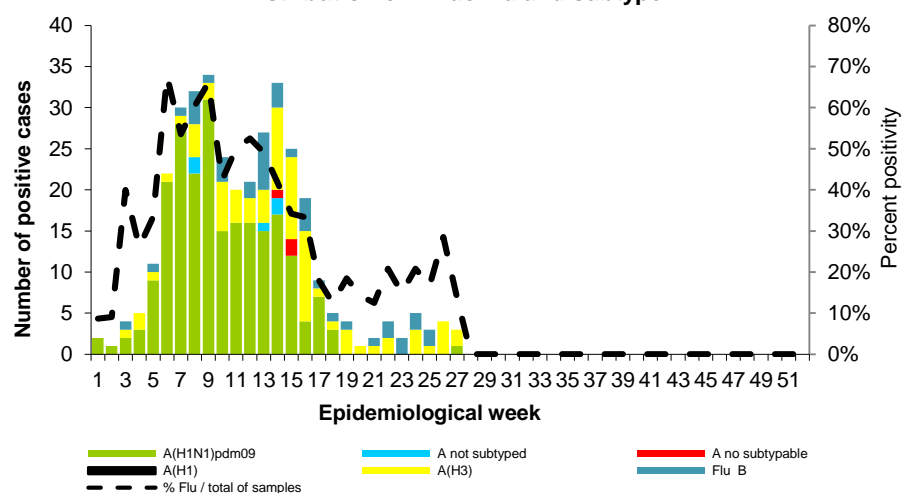
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2019) (compared with 2011-2018)



GLOBAL AND REGIONAL UPDATES

Caribbean: During EW 27 Influenza and SARI activity were low and continue to decrease; influenza A(H3N2) predominated in recent weeks

Distribution of influenza and subtype



6 NOTIFICATIONS-
All clinical sites



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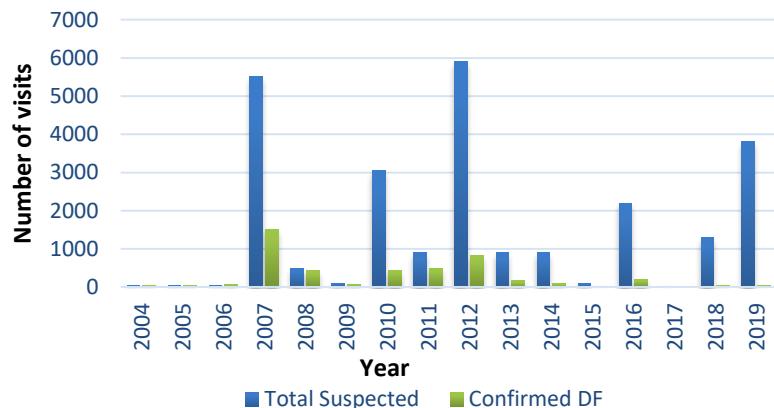
Dengue Bulletin

June 30 – July 3, 2019 Epidemiological Week 27

Epidemiological Week 27



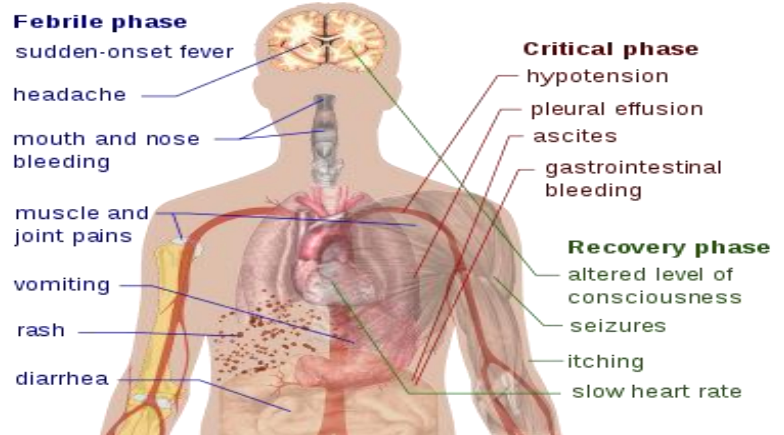
Dengue Cases by Year: 2007-2019, Jamaica



Reported suspected and confirmed dengue with symptom onset in weeks 1-27, 2019

		2019		2018 YTD
		EW 27	YTD	
Total Suspected Dengue Cases		0	3807	150
Lab Confirmed Dengue cases		0	28	0
CONFIRMED	Dengue Related Deaths	0	5	0

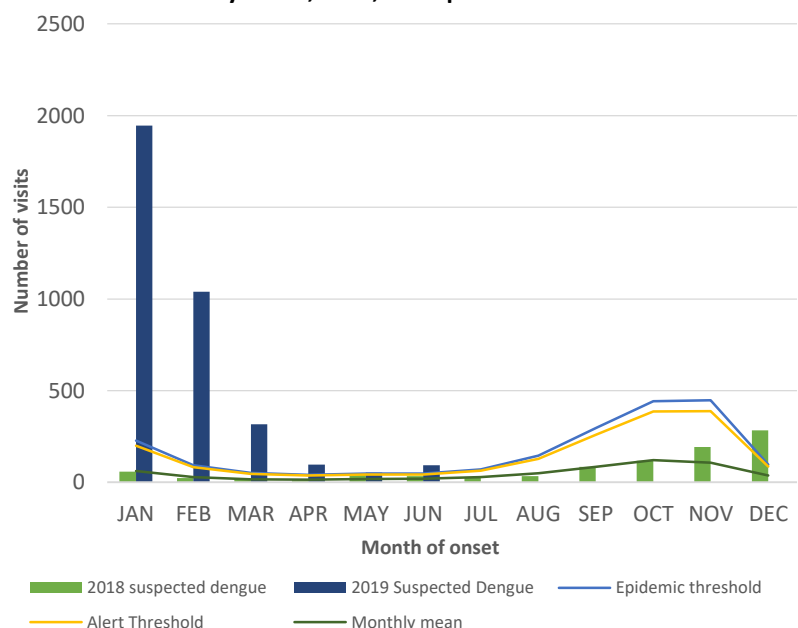
Symptoms of Dengue fever



* 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



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RESEARCH PAPER

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

Authors : *C Blake-Mowatt, JLM Lindo, S Stanley, J Bennett*

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

ABSTRACT

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.



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8 NOTIFICATIONS-
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