

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Disability and Health

Key facts

- Over a billion people, about 15% of the world's population, have some form of disability.
- Between 110 million and 190 million adults have significant difficulties in functioning.
- Rates of disability are increasing due to population ageing and increases in chronic health conditions, among other causes.



- People with disabilities have less access to health care services and therefore experience unmet health care needs.

The International Classification of Functioning, Disability and Health

(ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports). Over a billion people are estimated to live with some form of disability. This corresponds to about 15% of the world's population. Between 110 million (2.2%) and 190 million (3.8%) people 15 years and older have significant difficulties in functioning. Furthermore, the rates of disability are increasing in part due to ageing populations and an increase in chronic health conditions.



Disability is extremely diverse. While some health conditions associated with disability result in poor health and extensive health care needs, others do not. However all people with disabilities have the same general health care needs as everyone else, and therefore need access to mainstream health care

services. Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination.

EPI WEEK 29

SYNDROMES

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CLASS 1 DISEASES

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INFLUENZA

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RESEARCH PAPER

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SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica



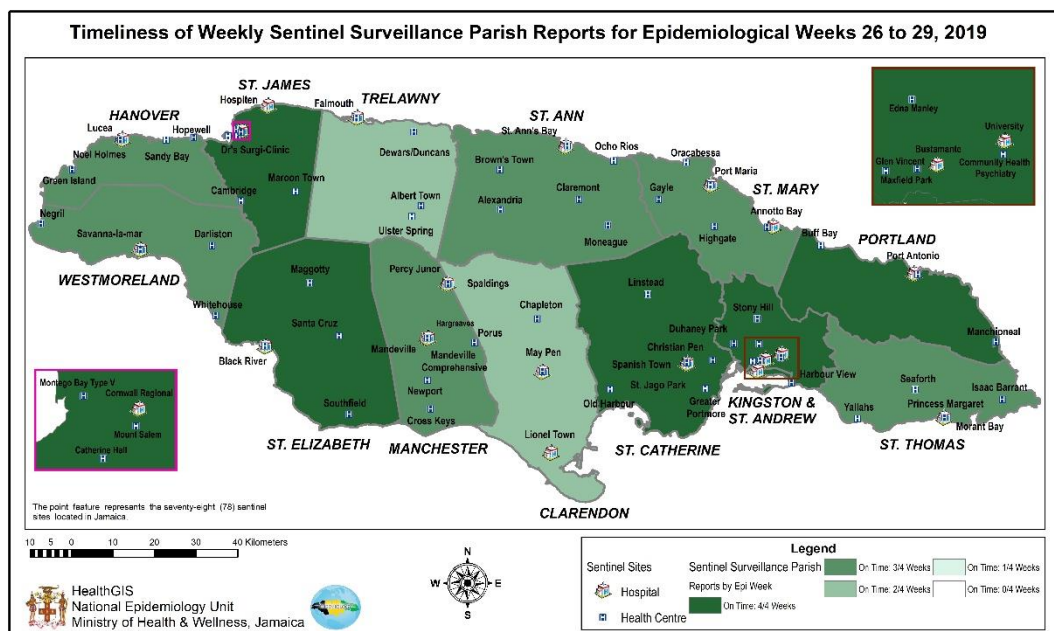
A syndromic surveillance system is good for early detection of and response to public health events.

Sentinel surveillance occurs when selected 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 (hospitals and health centres) across Jamaica.

Map representing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks - Weeks 26 to 29

Parish health departments submit reports weekly by 3 p.m. on Tuesdays. Reports submitted after 3 p.m. are considered late.



REPORTS FOR SYNDROMIC SURVEILLANCE

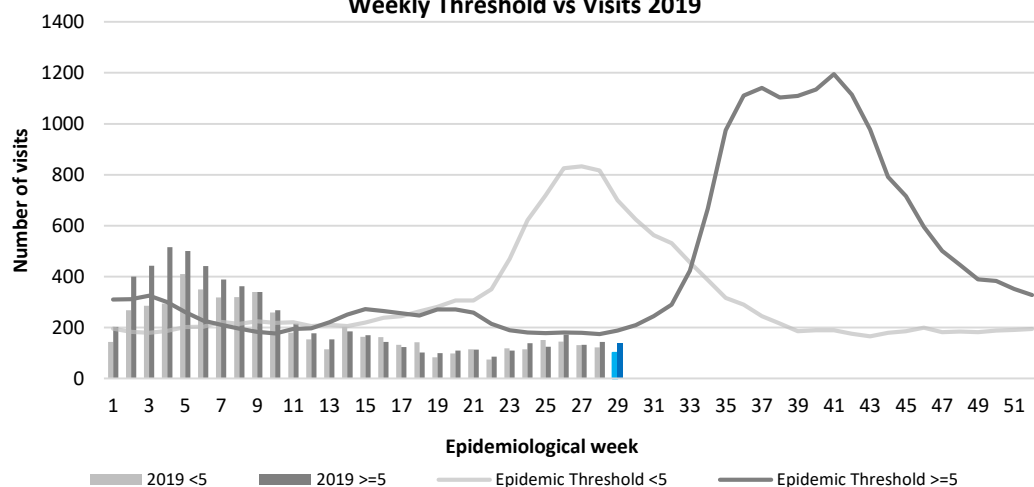
FEVER

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 Visits 2019



2 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued



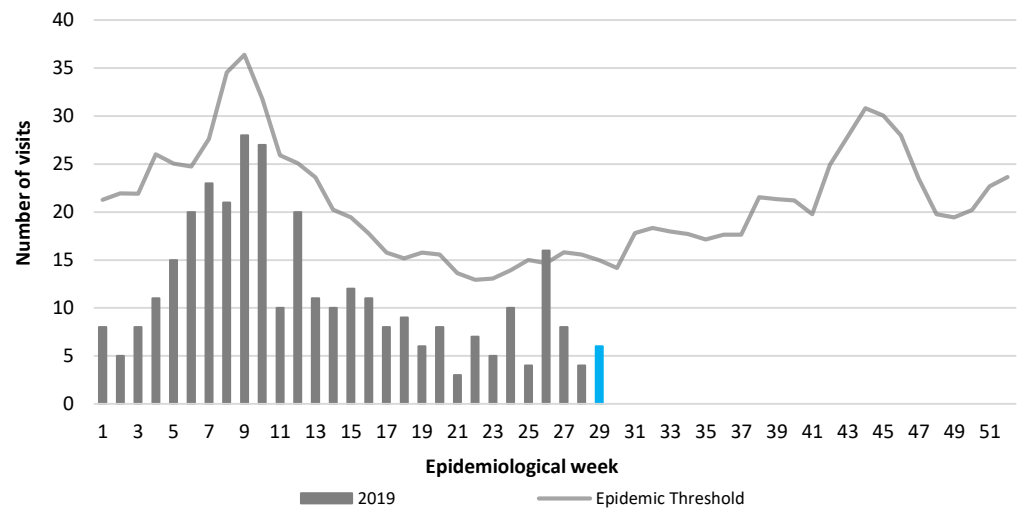
SENTINEL
REPORT- 78 sites.
Automatic reporting

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).



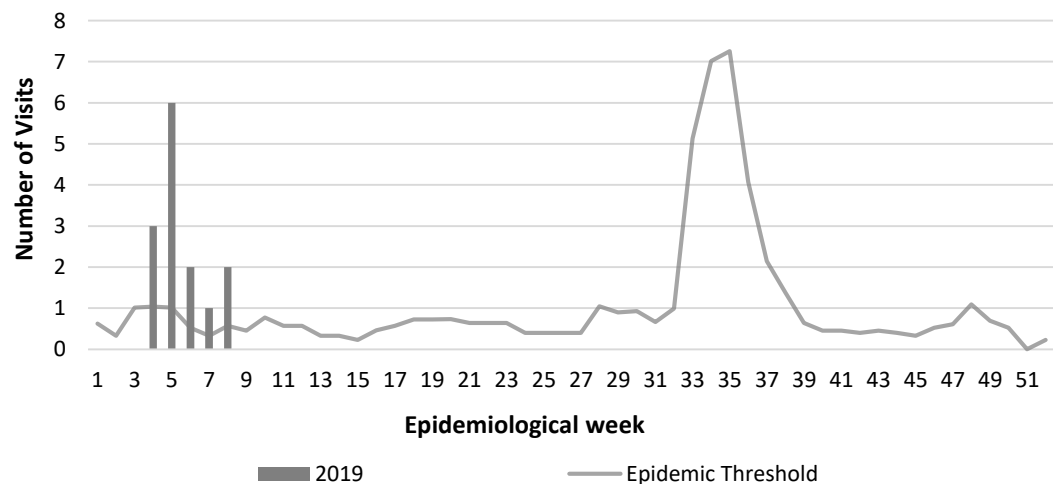
Weekly visits to Sentinel Sites for Fever and Neurological symptoms 2019 vs Weekly Threshold: Jamaica

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



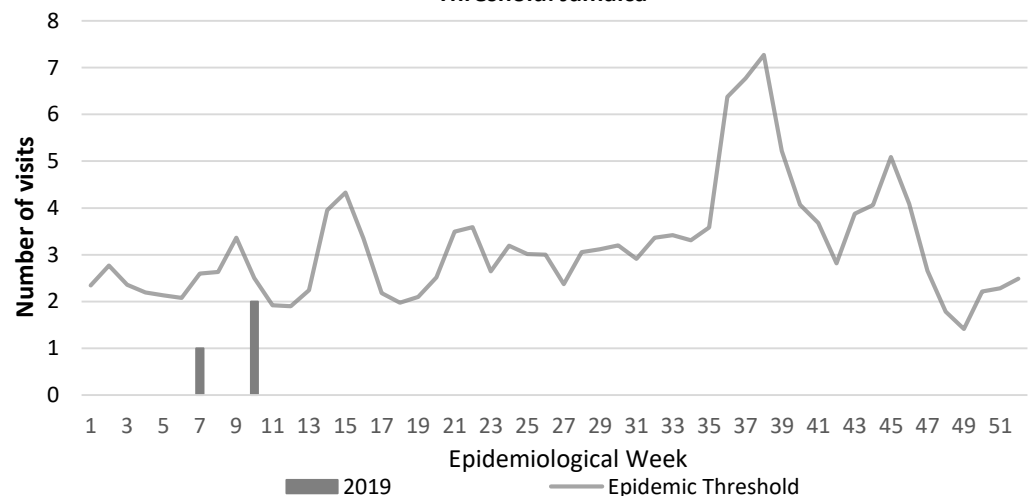
Weekly visits to Sentinel Sites for Fever and Haemorrhagic Symptoms 2019 vs Weekly Threshold; Jamaica

**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.

Weekly visits to Sentinel Sites for Fever and Jaundice 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

ACCIDENTS

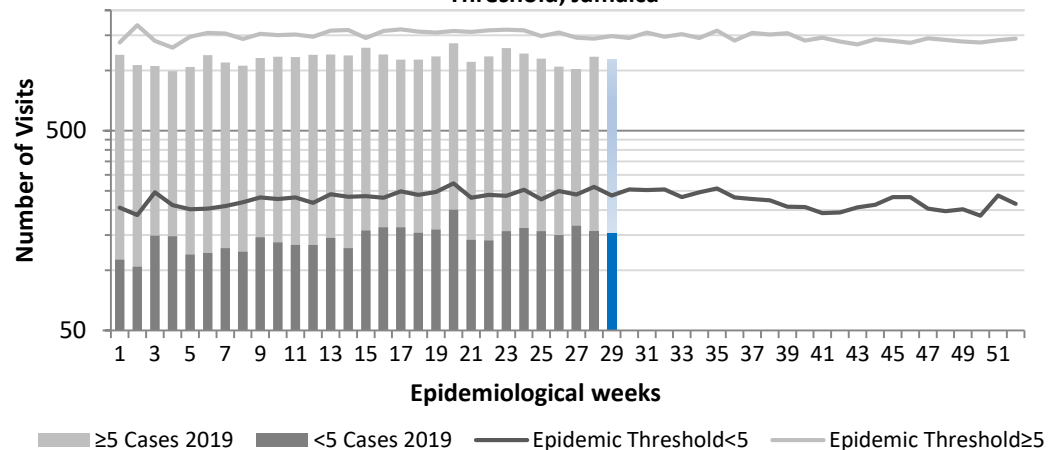
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK



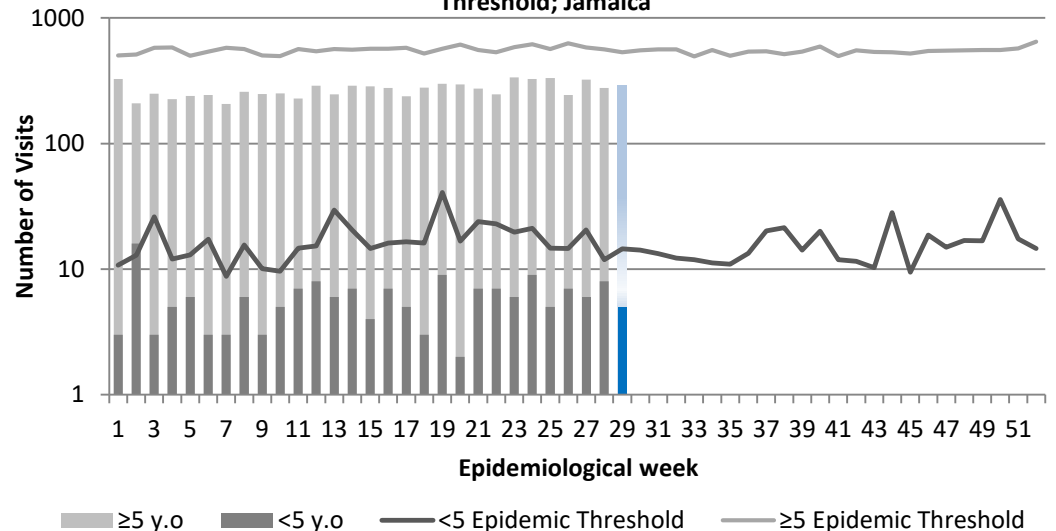
Weekly visits to Sentinel Sites for Accidents by Age Group 2019 vs Weekly Threshold; Jamaica

**VIOLENCE**

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



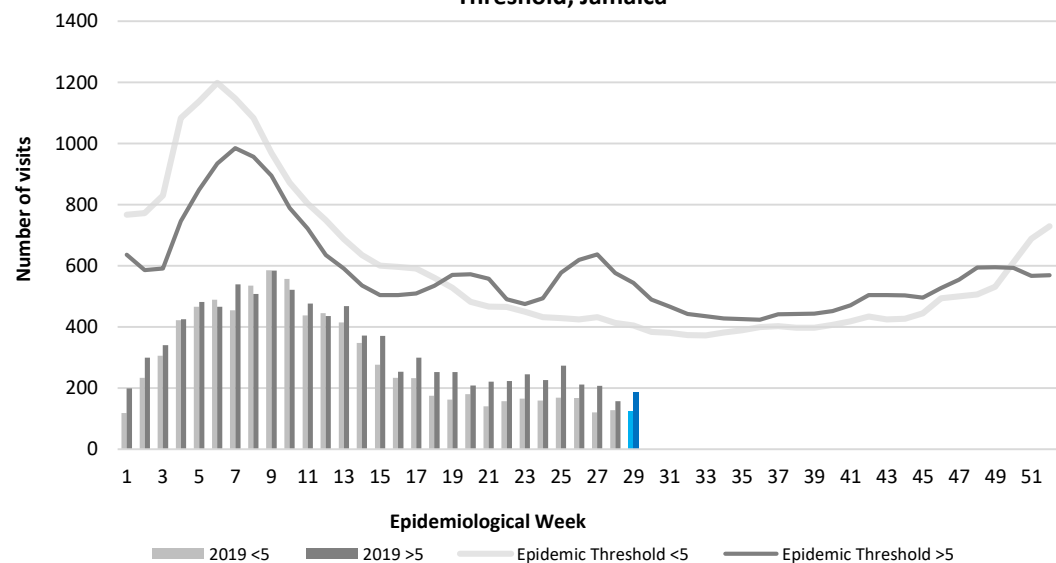
Weekly visits to Sentinel Sites for Violence by Age Group 2019 vs Weekly Threshold; Jamaica

**GASTROENTERITIS**

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



Weekly visits to Sentinel Sites for Gastroenteritis All ages 2019 vs Weekly Threshold; Jamaica



4 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
			Confirmed YTD	
	CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		23	121*
	Cholera		0	0
	Dengue Hemorrhagic Fever*		NA	NA
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		11	20
	Hepatitis C		2	2
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	2
	Meningitis (Clinically confirmed)		11	37
EXOTIC/ UNUSUAL	Plague		0	0
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
	Congenital Rubella Syndrome		0	0
	Congenital Syphilis		0	0
	Fever and Rash	Measles	0	0
		Rubella	0	0
	Maternal Deaths**		34	35
	Ophthalmia Neonatorum		102	177
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		27	33
	Yellow Fever		0	0
	Chikungunya***		0	0
	Zika Virus****		0	0

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.

* Dengue Hemorrhagic Fever data include Dengue related deaths;

** Figures include all deaths associated with pregnancy reported for the period.

*** CHIKV IgM positive cases

**** Zika PCR positive cases

**Errata :
Accidental poisoning 2018 figures :
EW 27 - 115
EW 28 - 116*

NA- Not Available



5 NOTIFICATIONS-
All clinical sites



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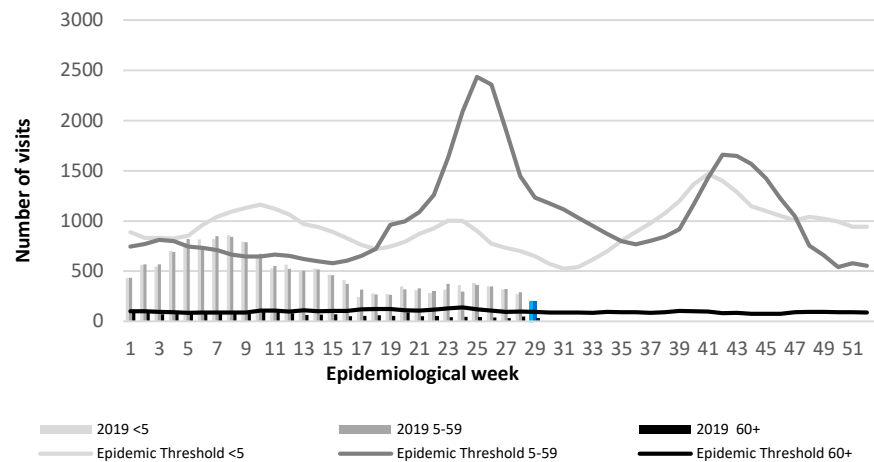
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 29

July 14 – July 20, 2019 Epidemiological Week 29

July 2019		
	EW 29	YTD
SARI cases	0	339
Total Influenza positive Samples	0	356
Influenza A	0	315
H3N2	0	79
H1N1pdm09	0	225
Not subtyped	0	8
Influenza B	0	41
Parainfluenza	0	5

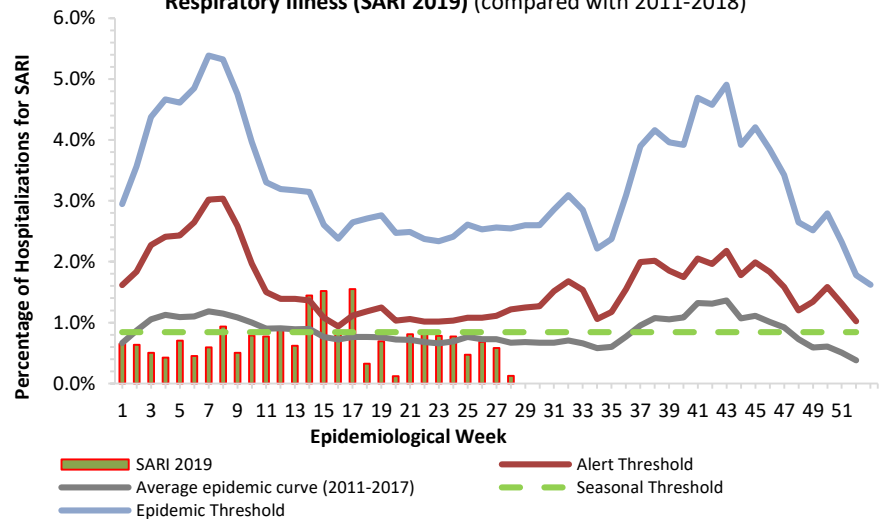
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2019 vs Weekly Threshold; Jamaica



During EW 29, Influenza detections decreased with circulation of influenza A and B viruses. Percent positivity for influenza was also low.

No SARI cases reported for EW 29 from any of the 6 sentinel sites.

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



GLOBAL AND REGIONAL UPDATES

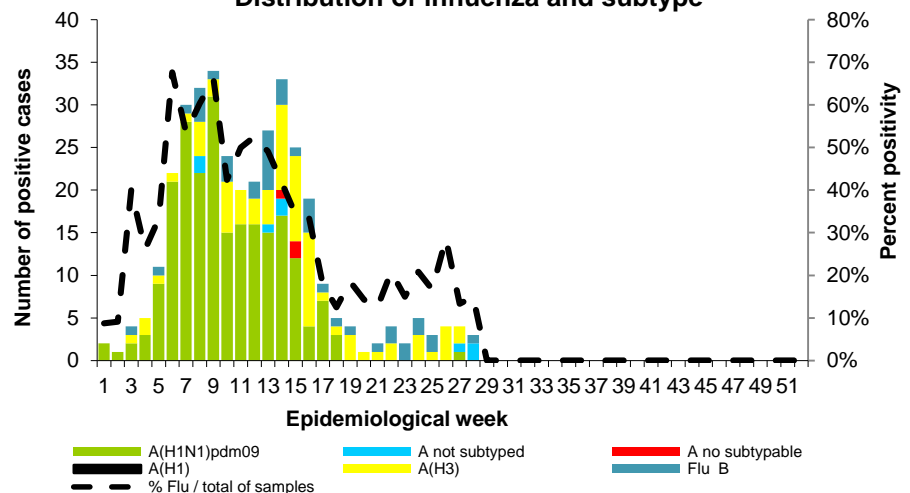
Global:

Worldwide, seasonal influenza A viruses accounted for the majority of detections.

Caribbean:

During EW 29 Influenza and SARI activity were low and continue to decrease; influenza A(H3N2) predominated in recent weeks.

Distribution of influenza and subtype



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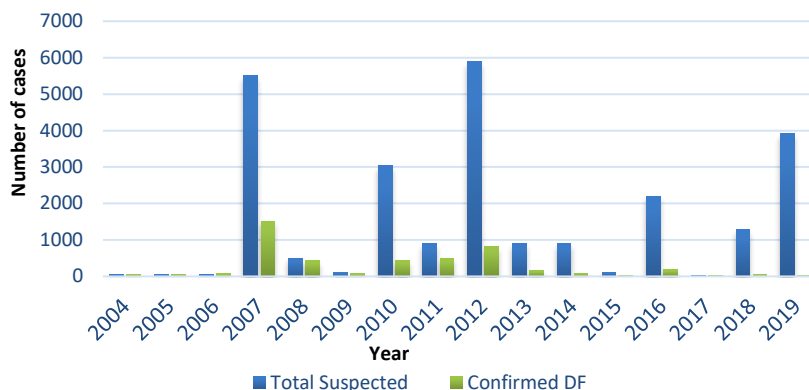
Dengue Bulletin

July 14 – July 20, 2019 Epidemiological Week 29

Epidemiological Week 29



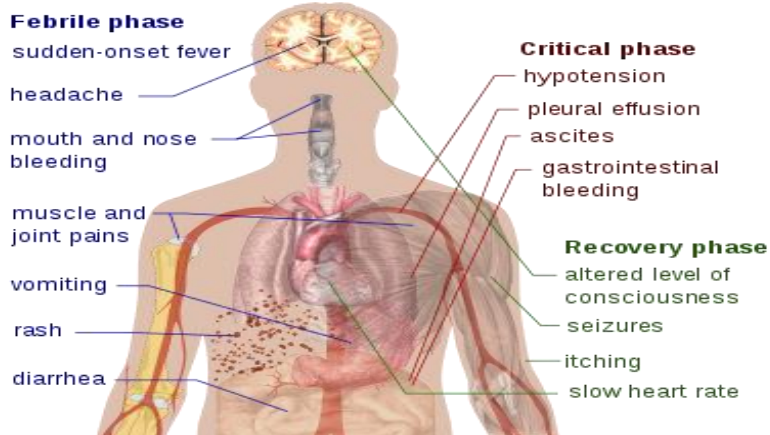
Dengue Cases by Year: 2004-2019, Jamaica



Reported suspected and confirmed dengue with symptom onset in weeks 1-29, 2019

		2019		2018 YTD
		EW 29	YTD	
Total Suspected Dengue Cases		3	3906	159
Lab Confirmed Dengue cases		0	29	1
CONFIRMED	Dengue Related Deaths	0	5	0

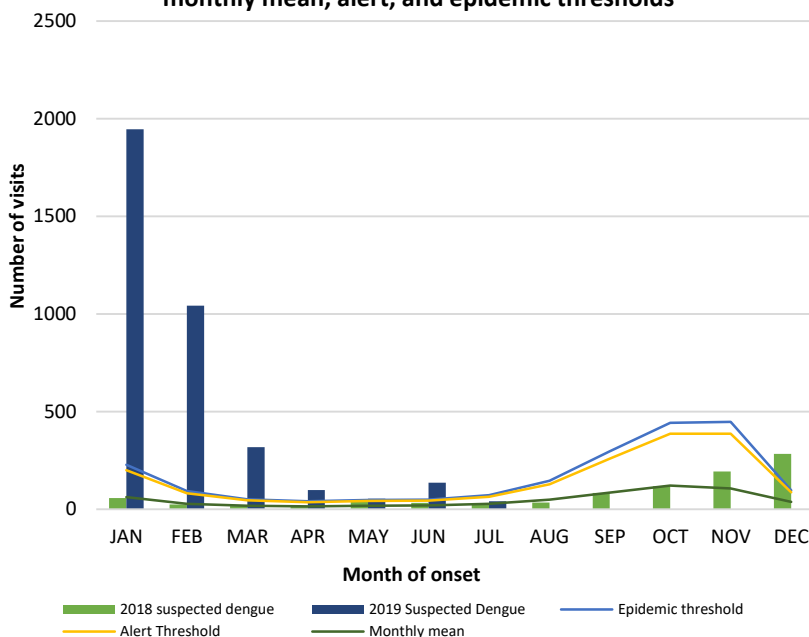
Symptoms of Dengue fever



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



7 NOTIFICATIONS-
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RESEARCH PAPER

Strengthening Health Care Systems for HIV and AIDS in Jamaica: A Programme of Research and Capacity Building 2007-2012

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Objectives: To contribute to health systems strengthening for HIV and AIDS care in Jamaica by fostering dynamic and sustained engagement of nurses in the process of change through capacity building in research and policy.

Methods: This work was done as part of an international program of research which was implemented in Jamaica and three African countries (Kenya, Uganda and South Africa). Using mixed methods and participatory action research, we tested the "leadership hub model" to invigorate nurses' involvement in policy and research and improve nursing care. Data collection included cross sectional surveys of nurses on clinical practice, quality assurance and stigma; an institutional assessment of workplace policies and the impact of the HIV epidemic on the nursing workforce. Capacity building included training in the policy development process, training in research skills including opportunities for collaborating on research projects, research grants for junior investigators, and research internships for nurses.

Results: Three research projects were completed in Jamaica. Sixteen (16) Jamaican nurses participated in the international research internship to build capacity for research. Frontline nurses, nurse researchers, and decision makers improved capacity in using and leading research to influence policy. Three (3) research proposals by junior nurse researchers and three (3) HIV policy evaluation proposals by leadership hubs were funded and successfully completed.

Conclusions: This program of research built research and policy capacity among nurses for leadership roles in improving equity, quality and efficiency of health systems for HIV and AIDS care. Findings from the three interrelated research projects will be presented.



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8 NOTIFICATIONS-
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