

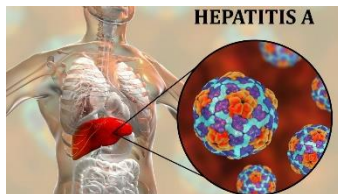
WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Hepatitis A (Series 1 of 5)

Key facts

- Hepatitis A is a viral liver disease that can cause mild to severe illness.
- The hepatitis A virus (HAV) is transmitted through ingestion of contaminated food and water or through direct contact with an infectious person.
- Almost everyone recovers fully from hepatitis A with a lifelong immunity. However, a very small proportion of people infected with hepatitis A could die from fulminant hepatitis.
- WHO estimates that hepatitis A caused approximately 7 134 deaths in 2016 (accounting for 0.5% of the mortality due to viral hepatitis).
- The risk of hepatitis A infection is associated with a lack of safe water, and poor sanitation and hygiene (such as dirty hands).
- In countries where the risk of infection from food or water is low, there are outbreaks among men who have sex with men (MSM) and persons who inject drugs (PWIDs).
- Epidemics can be prolonged and cause substantial economic loss.
- A safe and effective vaccine is available to prevent hepatitis A.
- Safe water supply, food safety, improved sanitation, hand washing and the hepatitis A vaccine are the most effective ways to combat the disease. Persons at high risk, such as travelers to countries with high levels of infection, MSM and PWIDs can get vaccinated.



Symptoms

The incubation period of hepatitis A is usually 14–28 days. Symptoms of hepatitis A range from mild to severe, and can include fever, malaise, loss of appetite, diarrhea, nausea, abdominal discomfort, dark-coloured urine and jaundice (a yellowing of the skin and whites of the eyes). Not everyone

who is infected will have all of the symptoms.

Adults have signs and symptoms of illness more often than children. The severity of disease and fatal outcomes are higher in older age groups. Infected children under 6 years of age do not usually experience noticeable symptoms, and only 10% develop jaundice. Among older children and adults, infection usually causes more severe symptoms, with jaundice occurring in more than 70% of cases. Hepatitis A sometimes relapses. The person who just recovered falls sick again with another acute episode. This is, however, followed by recovery.

Who is at risk?

Anyone who has not been vaccinated or previously infected can get infected with hepatitis A virus. In areas where the virus is widespread (high endemicity), most hepatitis A infections occur during early childhood.

Risk factors include:



- poor sanitation;
- lack of safe water;
- living in a household with an infected person;
- being a sexual partner of someone with acute hepatitis A infection;
- use of recreational drugs;
- sex between men;
- travelling to areas of high endemicity without being immunized.

Treatment

There is no specific treatment for hepatitis A. Recovery from symptoms following infection may be slow and may take several weeks or months. Most important is the avoidance of unnecessary medications.

Acetaminophen / Paracetamol and medication against vomiting should not be given.

Hospitalization is unnecessary in the absence of acute liver failure. Therapy is aimed at maintaining comfort and adequate nutritional balance, including replacement of fluids that are lost from vomiting and diarrhea.

For more information on Hepatitis A please visit: <https://www.who.int/news-room/fact-sheets/detail/hepatitis-a>

EPI WEEK 1

SYNDROMES

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CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



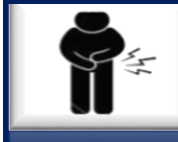
DENGUE FEVER

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GASTROENTERITIS

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RESEARCH PAPER

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SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica



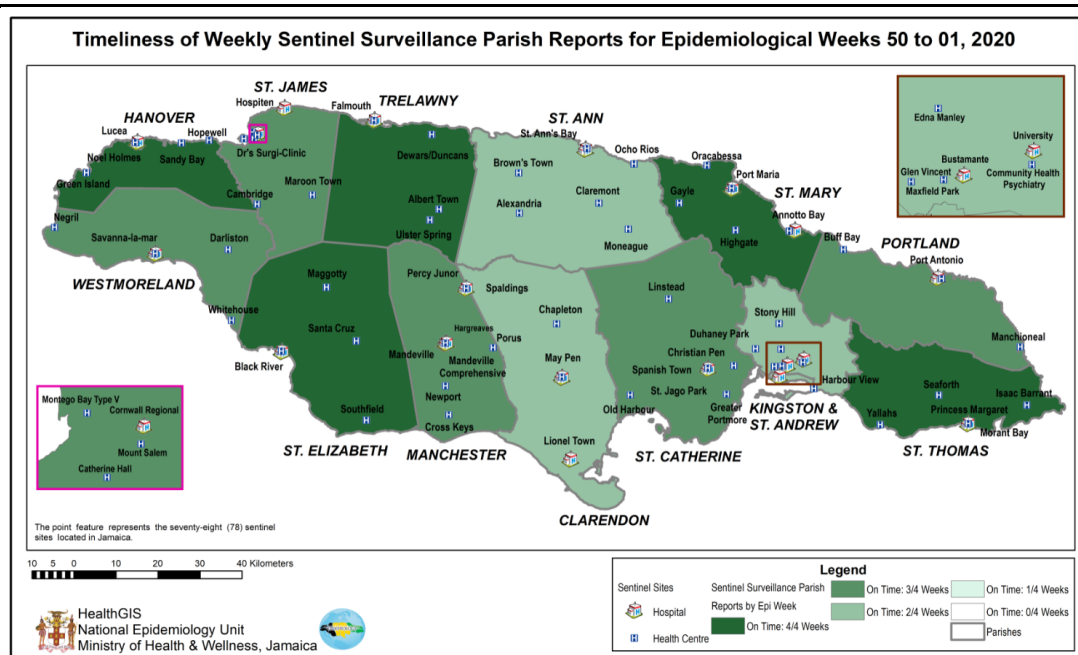
A syndromic surveillance system is good for early detection of and response to public health events.

Sentinel surveillance occurs when 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 50 of 2019 to 1 of 2020

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



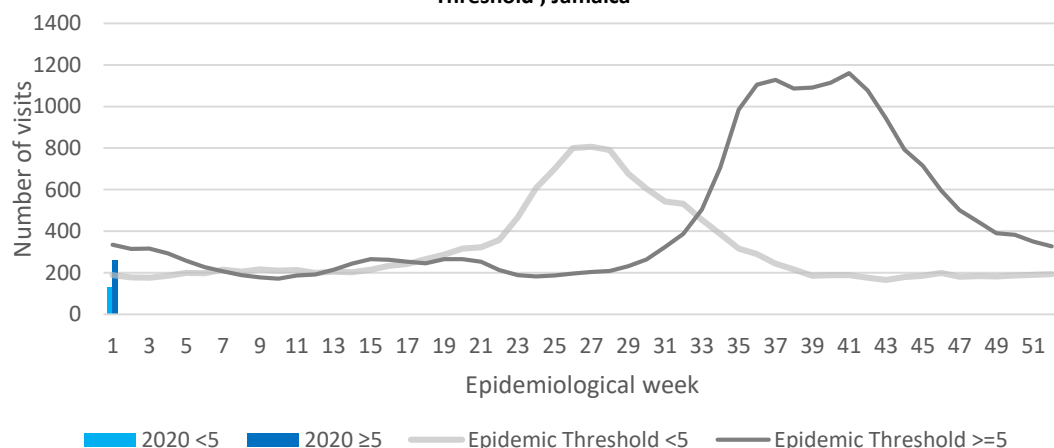
REPORTS FOR SYNDROMIC SURVEILLANCE

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 2020 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



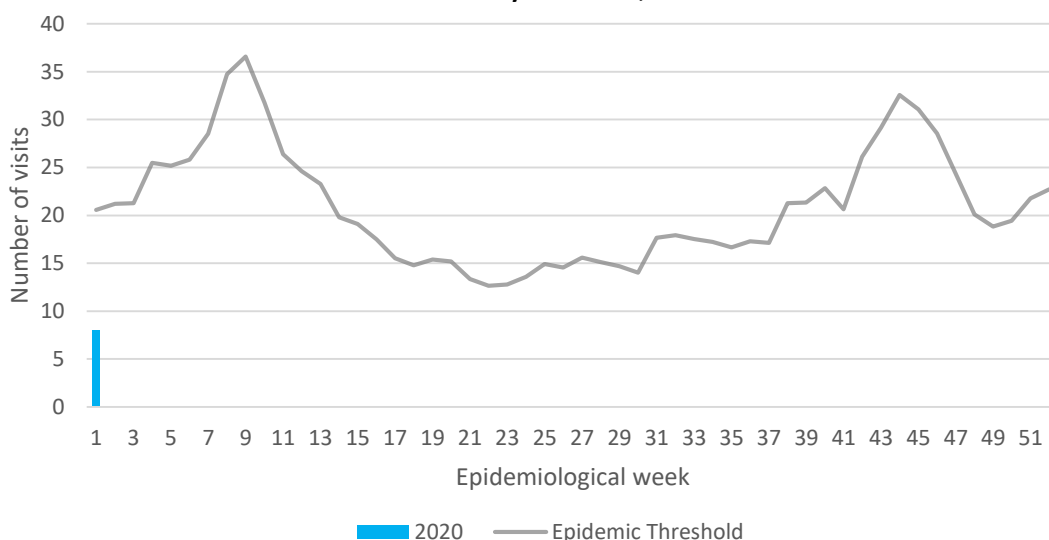
SENTINEL
REPORT- 78 sites.
Automatic reporting

FEVER AND 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). In EW 1 2020, there were eight (8) visits to for fever and neurological symptoms.



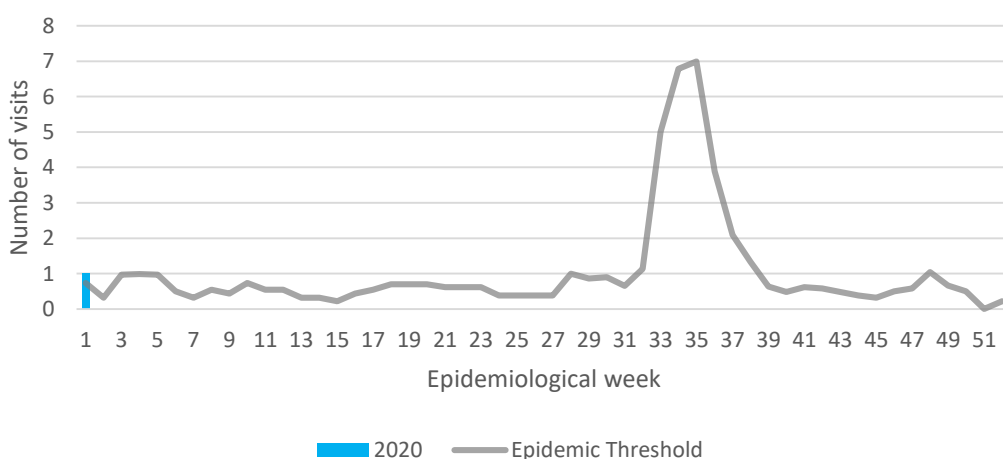
Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2020 vs. Weekly Threshold; Jamaica

**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. One (1) visit to sentinel sites for fever and haemorrhagic symptoms was reported in week 1 of 2020.



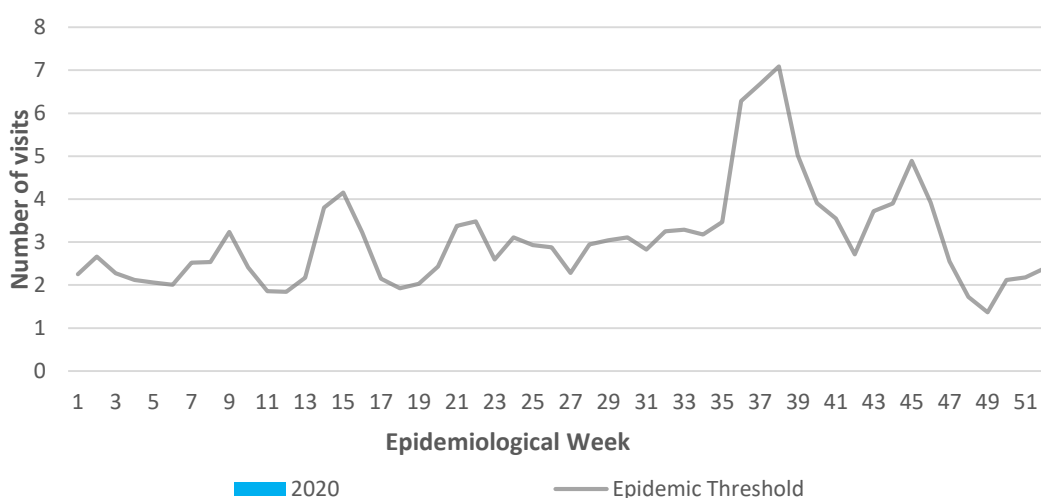
Weekly visits to Sentinel Sites for Fever and Haemorrhagic 2020 vs Weekly Threshold; Jamaica

**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. There were no visits recorded for fever and jaundice at sentinel sites for EW 1 Of 2020.

Weekly visits for Fever and Jaundice 2020 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



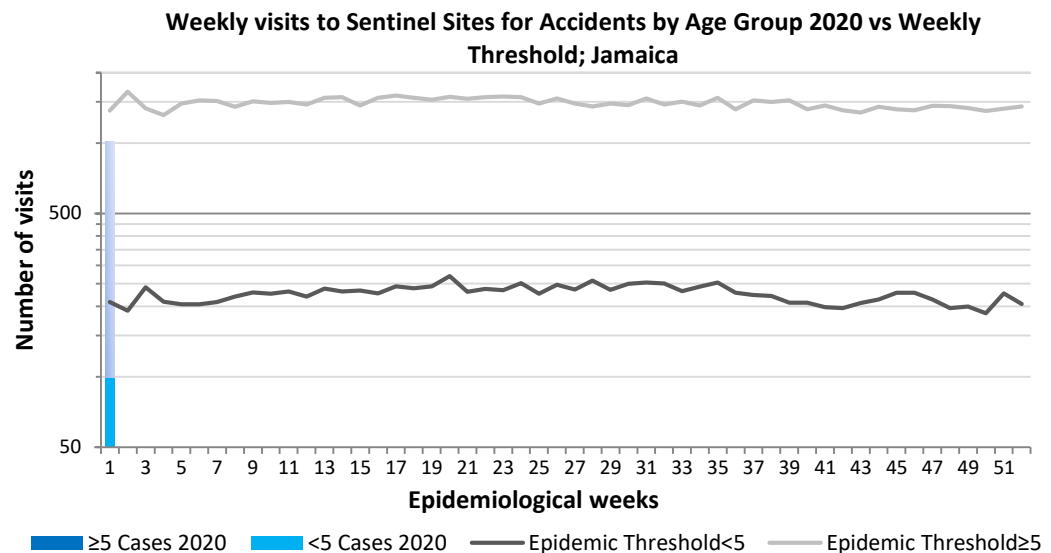
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

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

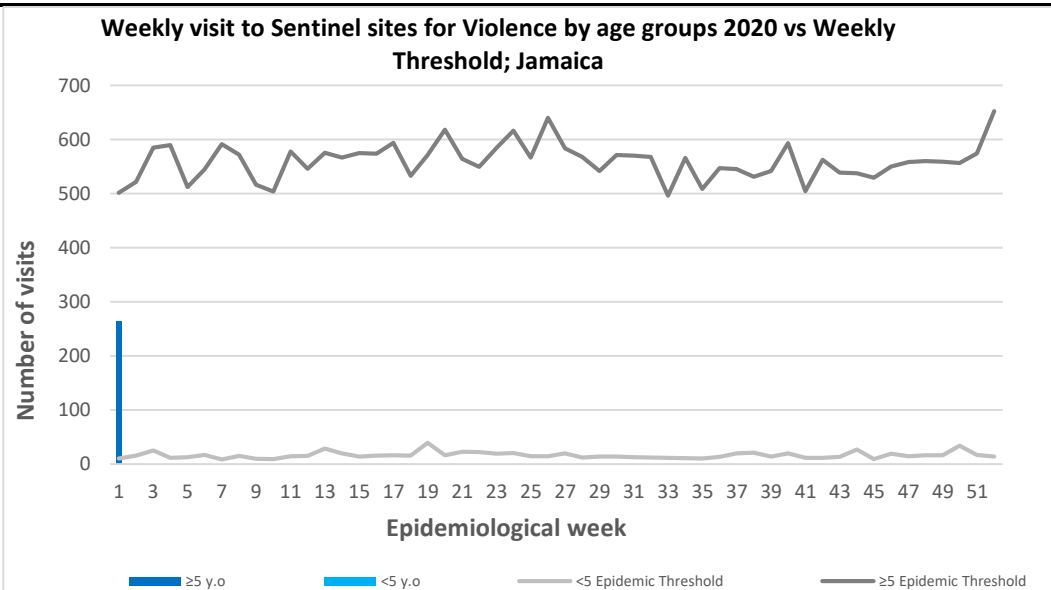
KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK

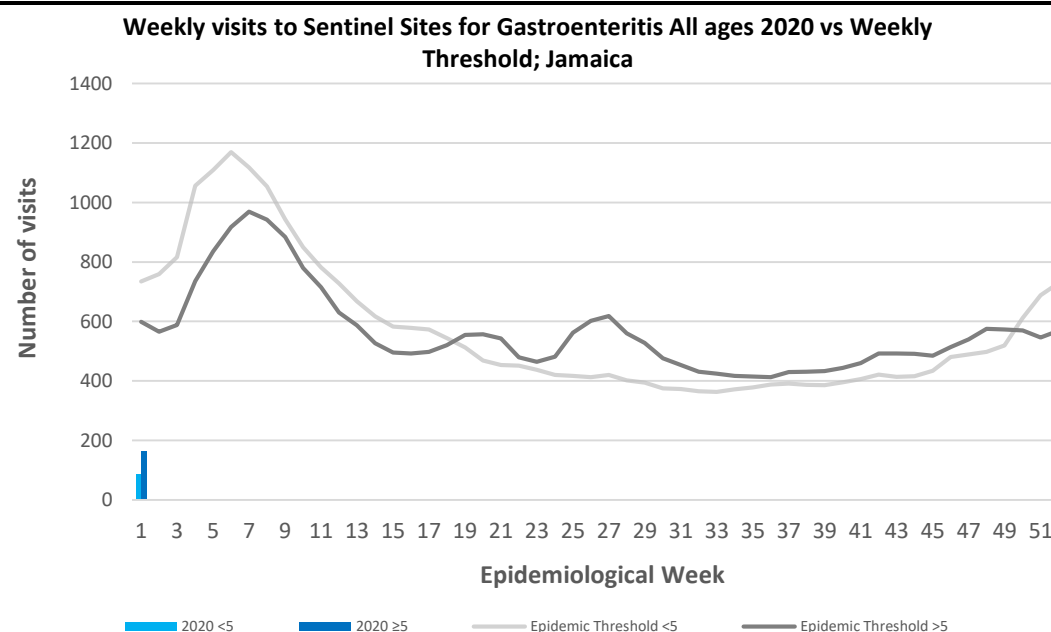
**VIOLENCE**

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

***Please note there is (one) 1 sentinel site visit for violence for <5 years age group.

**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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HOSPITAL
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30 sites. Actively
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SENTINEL
REPORT- 78 sites.
Automatic reporting

-	CLASS ONE NOTIFIABLE EVENTS				Comments
			Confirmed YTD		
	CLASS 1 EVENTS		CURRENT YEAR 2020	PREVIOUS YEAR 2019	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		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.
	Cholera		0	0	
	Dengue Hemorrhagic Fever*		NA	NA	
	Hansen’s Disease (Leprosy)		0	0	
	Hepatitis B		0	0	
	Hepatitis C		0	0	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		0	0	
	Meningitis (Clinically confirmed)		0	1	
EXOTIC/ UNUSUAL	Plague		0	0	* 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	** Figures include all deaths associated with pregnancy reported for the period. * 2019 YTD figure was updated. *** CHIKV IgM positive cases  **** Zika PCR positive cases
	Congenital Rubella Syndrome		0	0	
	Congenital Syphilis		0	0	
	Fever and Rash	Measles	0	0	
		Rubella	0	0	
	Maternal Deaths**		1	0*	
	Ophthalmia Neonatorum		0	1	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		0	0	
	Yellow Fever		0	0	
	Chikungunya ***		0	0	
	Zika Virus ****		0	0	NA- Not Available



5 NOTIFICATIONS-
All clinical sites



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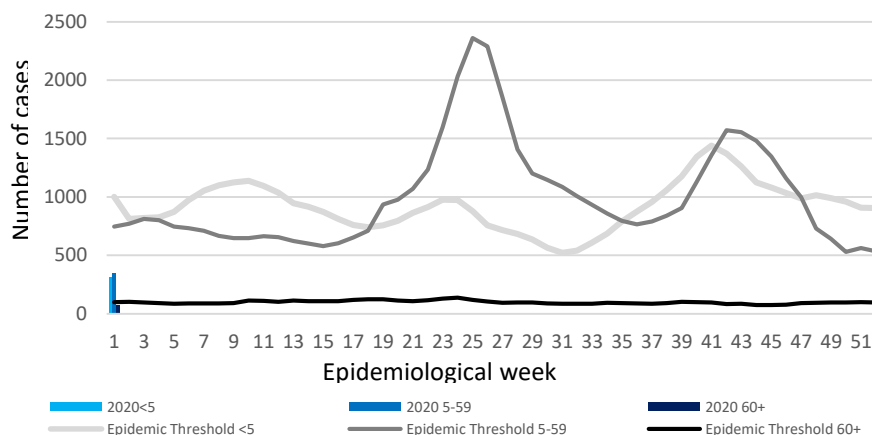
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 01

December 29, 2019– January 04, 2020 Epidemiological Week 01

	EW 01	YTD
SARI cases	4	4
Total Influenza positive Samples	0	0
Influenza A	0	0
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
Influenza B	0	0
Parainfluenza	0	0

Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2020 vs Weekly Threshold; Jamaica

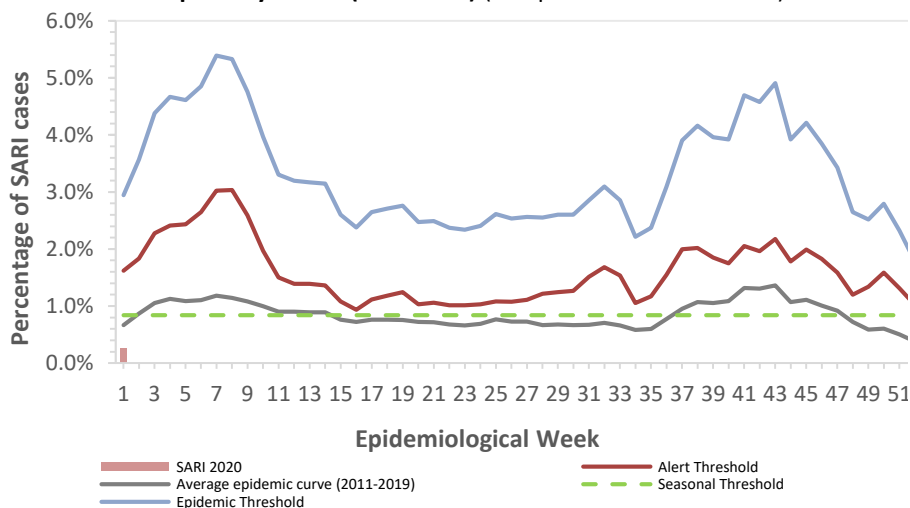


Epi Week Summary

During EW 01, 4 (four) SARI admissions were reported.

*As at January 9, 2020, zero (0) positive cases of Influenza had been reported.

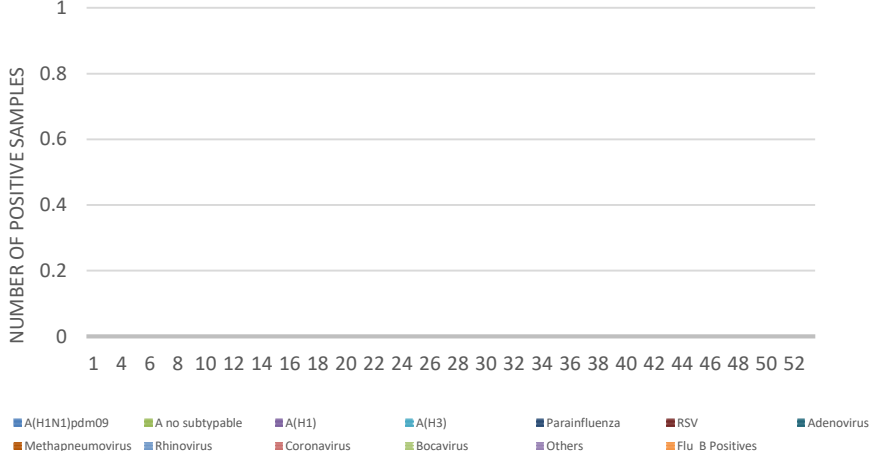
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2020) (compared with 2011-2019)



Caribbean Update EW 01

Influenza activity decreased overall in the sub-region. In Puerto Rico, influenza-like illness (ILI) activity continued elevated although the number of laboratory-confirmed influenza cases decreased in recent weeks. Influenza A(H1N1)pdm09 virus was the most common virus identified followed by influenza A(H3N2).

DISTRIBUTION OF INFLUENZA AND OTHER RESPIRATORY VIRUSES IN SURVEILLANCE BY EW



6 NOTIFICATIONS-
All clinical
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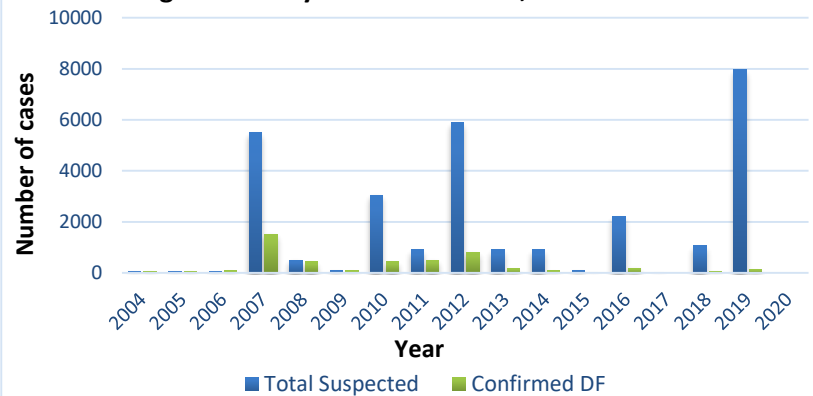


SENTINEL
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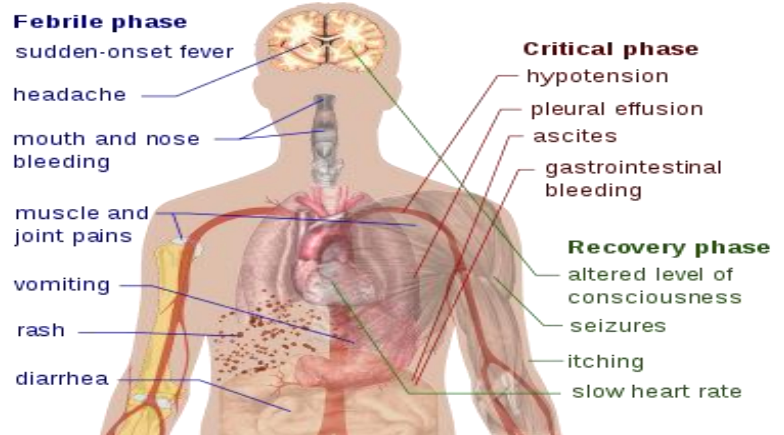
Dengue Bulletin

December 29– January 04, 2020 Epidemiological Week 01

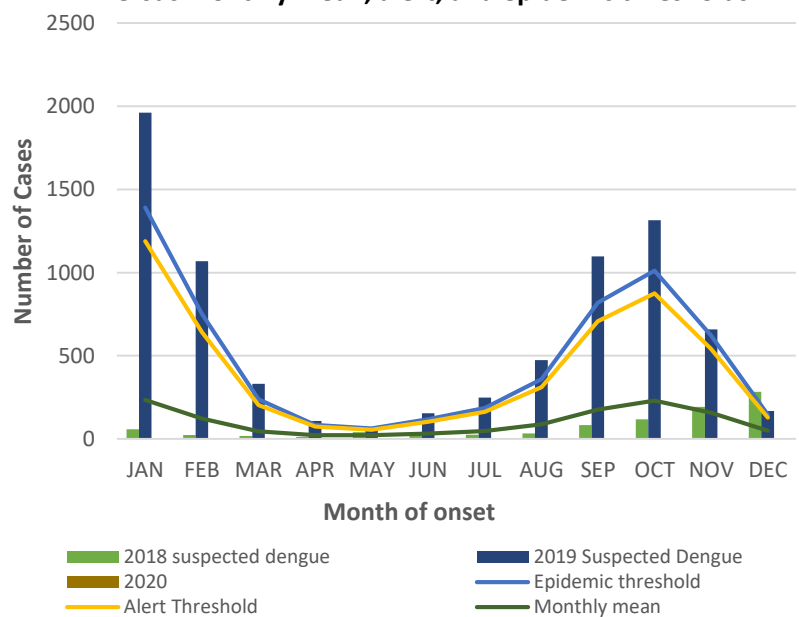
Epidemiological Week 01


Dengue Cases by Year: 2004-2020, Jamaica

Reported suspected and confirmed dengue with symptom onset in week 1 of 2020

	2020		2019 YTD
	EW 1	YTD	
Total Suspected Dengue Cases	0**	0**	165
Lab Confirmed Dengue cases	0**	0**	3
CONFIRMED Dengue Related Deaths	0**	0**	0

Symptoms of Dengue fever

Points to note:

- **figure as at January 9, 2020
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected dengue cases for 2018, 2019 and 2020 versus monthly mean, alert, and epidemic thresholds


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

Complementary and alternative therapies used by patients with hypertension and type 2 diabetes mellitus in western Jamaica

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Objective: This study examined prevalence and predictors of complementary and alternative medicine (CAM) use among clinic patients with Hypertension (HTN) and/or Type 2 Diabetes Mellitus (DM) in western Jamaica.

Methods: An investigator-administered questionnaire was used to collect data on sociodemographic factors, CAM use, and knowledge and perceptions of CAM.

Results: Of the 345 participants, 311 had HTN, 130 had Type 2 DM, and 96 had both; 79% of those with HTN and 65% with Type 2 DM reported current use of CAM. Multivariable logistic regression revealed that participants with HTN or Type 2 DM who reported none/poor knowledge of CAM were 67% less likely to use CAM compared to those who reported average/good/excellent CAM knowledge (HTN - AOR=0.33, 95% CI=0.13-0.87; Type 2 DM - AOR= 0.06, 95% CI=0.01-0.37). Patients with HTN who believed that CAM is a natural method for treating HTN were 3.9 times more likely to use CAM (AOR = 3.9, 95% CI=1.26-12.00) and patients with Type 2 DM who believed that it is acceptable to use both prescription medication and CAM simultaneously were 7.19 times more likely to use CAM (CI=1.34-38.52).

Conclusions: A high proportion of patients in western Jamaica use CAM for treating HTN and Type 2 DM and most do not discuss CAM use with healthcare providers. Several factors were found to be significantly associated with CAM use among the patients. These results can be used in designing patient and educational interventions to ensure proper use, and mitigation of harmful effects, of CAM.



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8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
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