## WEEKLY EPIDEMIOLOGY BULLETIN NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

### Hepatitis C (Series 3 of 5)



#### Key facts

 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.

Hepatitis C is a major cause of liver cancer.

• 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.

• Globally, an estimated 71 million people have chronic hepatitis C virus infection.

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

- WHO estimated that in 2016, approximately 399 000 people died from hepatitis C, mostly from cirrhosis and hepatocellular carcinoma (primary 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.

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#### Symptoms

The incubation period for hepatitis C ranges from 2 weeks to 6 months. Following initial infection,

approximately 80% of people do not exhibit any symptoms. Those who are acutely symptomatic may exhibit fever, fatigue, decreased appetite, nausea, vomiting, abdominal pain, dark urine, grey-coloured faeces, joint pain and jaundice (yellowing of skin and the whites of the eyes).

## Populations at increased risk of HCV infection include:

- people who inject drugs;
- people in prisons and other closed settings;

• people who use drugs through other routes of administration (non-injecting);

people who use intranasal drugs;

• recipients of infected blood products or invasive procedures in health-care facilities with inadequate infection control practices ;

children born to mothers infected with HCV ; people with sexual partners who are HCV-

infected;

people with HIV infection;

prisoners or previously incarcerated persons;

people who have had tattoos or piercings.

How does HCV infection progress?



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CLASS 1 DISEASES

EEK.

**SYNDROMES** 

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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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For more information on Hepatitis C please visit: https://www.who.int/news-room/fact-sheets/detail/hepatitis-c

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## SENTINEL SYNDROMIC SURVEILLANCE



Sterveillance

Map representing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks -Weeks 52 of 2019 to 3 of 2020

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



## REPORTS FOR SYNDROMIC SURVEILLANCE



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**FEVER AND NEUROLOGICAL** 

Temperature of >38°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 Haemorrhagic 2020 vs Weekly

**Threshold; Jamaica** 

**FEVER AND** HAEMORRHAGIC

Temperature of  $>38^{\circ}C$ /100.4<sup>o</sup>*F* (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.

8

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#### **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.

There were no visits to sentinel sites recorded for fever and jaundice at sentinel sites as at EW 3 of 2020.



3 NOTIFICATIONS-All clinical sites



**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events



2020

HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51

**Epidemiological Week** 

- Epidemic Threshold





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### CLASS ONE NOTIFIABLE EVENTS

#### Comments

	CLASS 1 EVENTS		Confirmed YTD		AFP Field Guides
			CURRENT YEAR 2020	PREVIOUS YEAR 2019	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.
AL	Accidental Poisoning		0	6	
NATIONAL /INTERNATION/ INTEREST	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	<ul> <li>* Dengue Hemorrhagic Fever data include Dengue related deaths;</li> <li>** Figures include all deaths associated with pregnancy reported for the period. * 2019 YTD figure was updated.</li> </ul>
H IGH MORBIDIT/ MORTALIY	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 S	yphilis	0	0	*** CHIKV IgM positive cases
	Fever and Rash	Measles	0	0	
		Rubella	0	0	
	Maternal Deaths**		1	1	PCR positive cases
	Ophthalmia Neonatorum		0	12	_
	Pertussis-like syndrome		0	0	_
	Rheumatic Fever		0	0	_
	Tetanus		0	0	-
	Tuberculosis		0	3	
	Yellow Fever		0	0	
	Chikungunya***		0	0	
	Zika Virus****		0	0	NA- Not Available



5 NOTIFICATIONS-All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



#### Released January 31, 2020

### NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

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## Dengue Bulletin

January 12- January 18, 2020 Epidemiological Week 03

Epidemiological Week 03





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

# Number of Cases 1500 1000 500

2500



#### Points to note:

- figure as at January 23, 2020
- Only PCR positive dengue cases are 0 reported as confirmed.
- IgM positive cases are classified as presumed dengue.



All clinical

sites

**INVESTIGATION** REPORTS- Detailed Follow up for all Class One Events



ACTIVE SURVEILLANCE-30 sites. Actively pursued



## **RESEARCH PAPER**

Ministry of Health & Wellness Annual National Health Research Conference 2019

# Major Findings from Project JA Livity: Jamaica's first National Food Consumption Study (NFCS).

Ellen Campbell Grizzle<sup>1</sup> Ava Simpson<sup>2</sup> Janice Wissart<sup>3</sup> Olusgun Afis Ismail<sup>4</sup> Michael E Lee<sup>5</sup> Rasheed Perry<sup>6</sup>

College of Health Sciences, University of Technology, Jamaica

**Objective:** Jamaica's first NFCS measured wide issues impacting food choices among the free living population 18 years and over that have bearing on the nation's growing obesity problem. These factors include the kind of foods and drinks consumed and associated nutritional values. Reasons for food preferences were determined and a ratio between household earning and money spent on food was calculated. The findings were used to establish baselines for food choices and the micronutrient status of the Jamaican population.

<u>Method:</u> A multi-stage sample design was used to select the 295 Enumeration Districts (EDS) from the 5776 EDS in Jamaica according to the STATINJA 2011 census. Using systematic sampling, three households were selected in each of the 295 EDS producing a sample size of 885 households. Questionnaires were administered in face to face interviews. Researchers set out to collect 60 blood samples on a systematic basis.

**<u>Results</u>:** The NFCS found that staples were the highest food group consumed with the majority of households choosing bread and white rice daily. High fat foods were frequently consumed and sugary snacks and salty foods were eaten once daily. Jamaicans eat takeout/fast foods once daily such as chicken and chips, fish and chips and patty and cocoa bread. Five out of 10 respondents were overweight or obese while only 2.47% were so diagnosed. Persons chose foods based on "likes", cost, availability and lastly religion. Jamaican households spend an estimated 30% of earnings monthly on food.

**Conclusion:** The study unearthed several factors that contribute to Jamaica's burgeoning obesity problem.



The Ministry of Health and Wellness 24-26 Grenada Crescent Kingston 5, Jamaica Tele: (876) 633-7924 Email: surveillance@moh.gov.jm



NOTIFICATIONS-All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

