WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

WHO launches new report on global tobacco use trends

Number of males using tobacco globally on the decline, showing that government-led control efforts work to save lives, protect health, beat tobacco

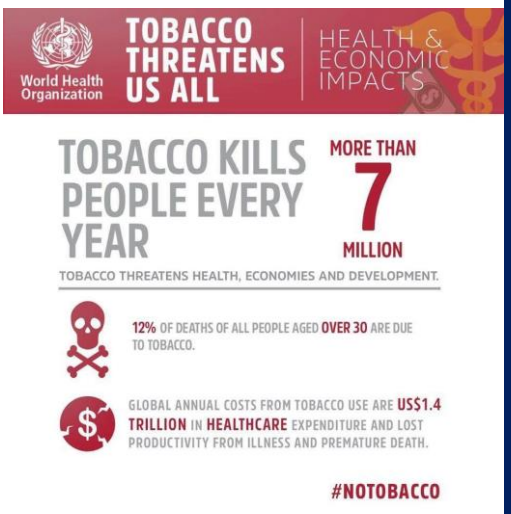
For the first time, the World Health Organization projects that the number of males using tobacco is on the decline, indicating a powerful shift in the global tobacco epidemic. The findings, published today in a new WHO report, demonstrate how government-led action can protect communities from tobacco, save lives and prevent people suffering tobacco-related harm.

During nearly the past two decades, overall global tobacco use has fallen, from 1.397 billion in 2000 to 1.337 billion in 2018, or by approximately 60 million people, according to the WHO global report on trends in prevalence of tobacco use 2000-2025 third edition.
This has been largely driven by reductions in the number of females using these products.
Over the same period, male tobacco use had risen by around 40 million, from 1.050 billion in 2000 to 1.093 billion in 2018.

But positively, the new report shows that the number of male tobacco users has stopped growing and is projected to decline by more than 1 million fewer male users come 2020 compared to 2018 levels, and 5 million less by 2025.

By 2020, WHO projects there will be 10 million fewer tobacco users, male and female, compared to 2018, and another 27 million less by 2025, amounting to 1.299 billion. Some 60% of countries have been experiencing a decline in tobacco use since 2010.

Despite such gains, progress in meeting the global target set by governments to cut tobacco use by 30% by 2025 remains off track. Based on current progress, a 23% reduction will be achieved by 2025. Only 32 countries are currently on track to reach the 30% reduction target.



Downloaded from: https://www.who.int/news-room/detail/19-12-2019-who-launches-new-report-on-global-tobacco-use-trends

EPI WEEK 49

Released December 27, 2019 ISSN 0799-3927

SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica

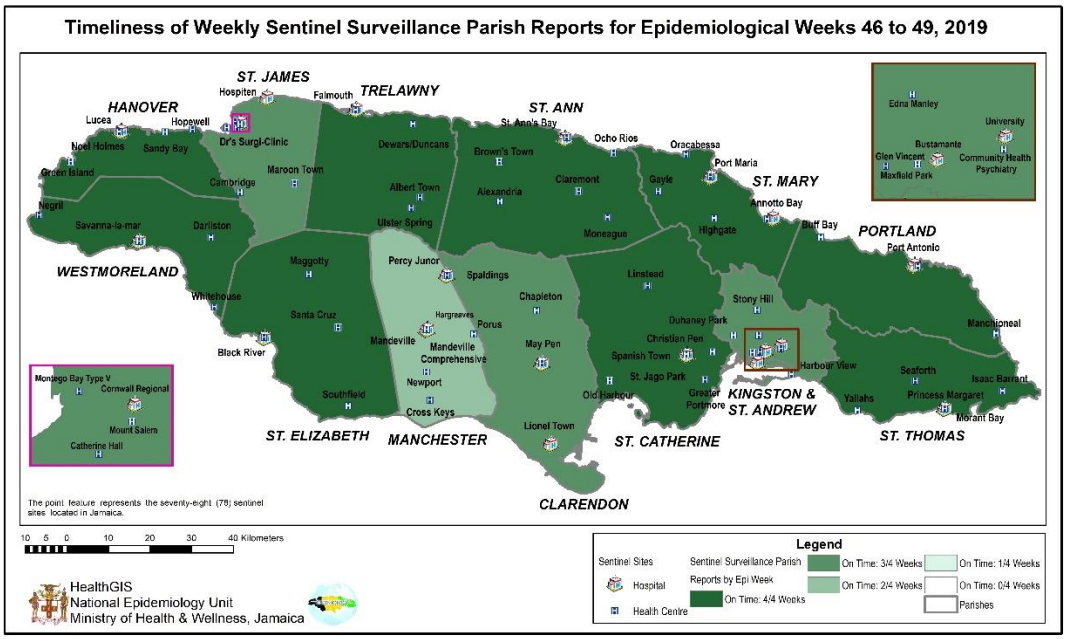
A syndromic surveillance system is good for early detection of and response to public health events.

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 46 to 49

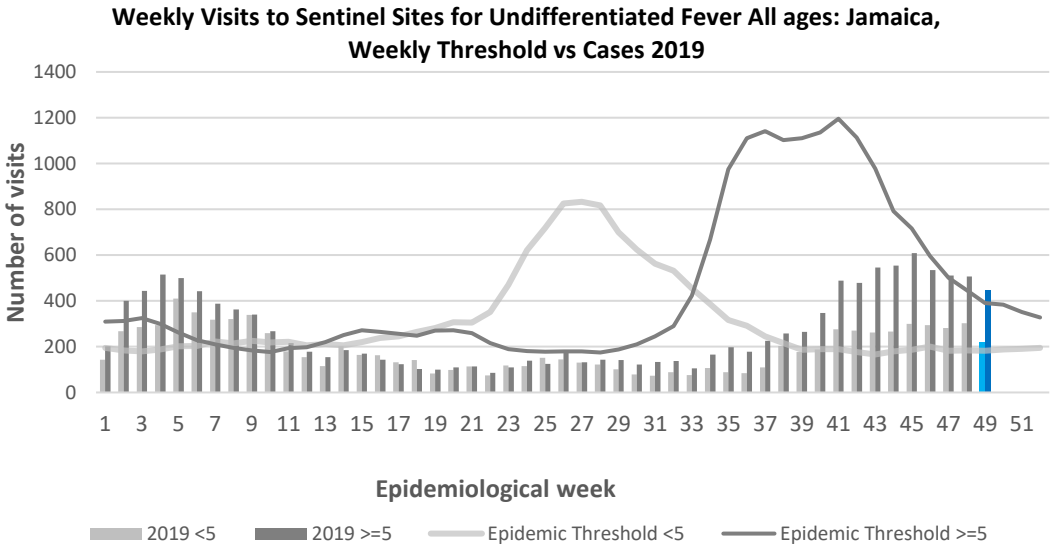
Parish health departments submit reports weekly by 3 p.m. on Tuesdays. Reports submitted after 3 p.m. are considered late.



REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER
Temperature of >38^0C /100.4^0F (or recent history of fever) with or without an obvious diagnosis or focus of infection.

KEY
VARIATIONS OF BLUE SHOW CURRENT WEEK



2 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

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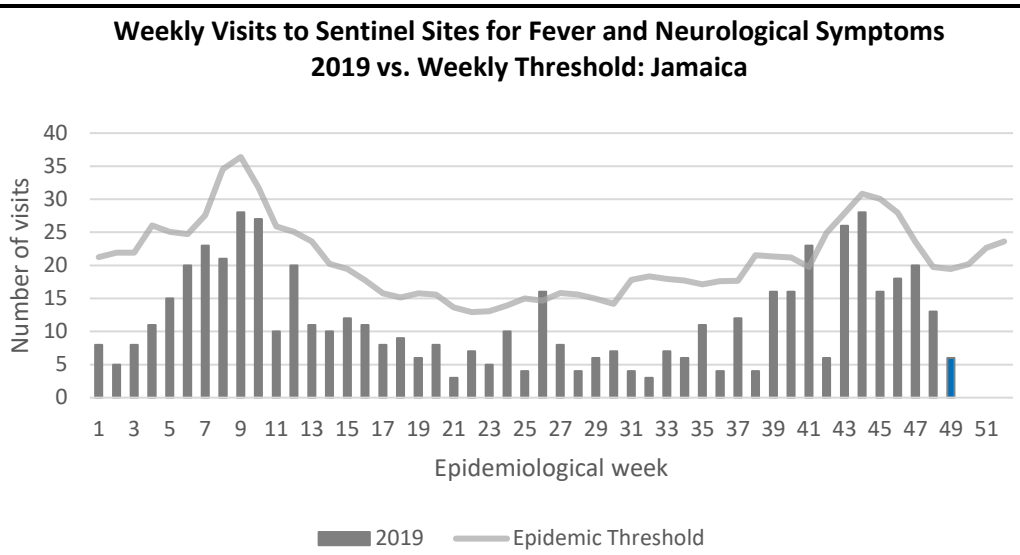
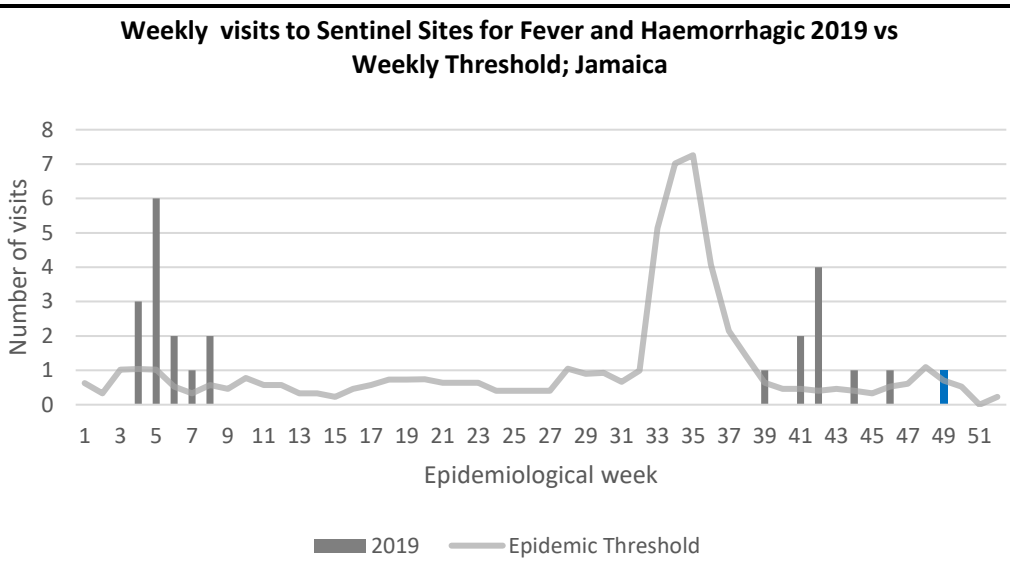
FEVER AND NEUROLOGICAL
Temperature of >38^{0}C /100.4^{0}F (or recent history of fever) in a previously healthy person with or without headache and vomiting. The person must also have meningeal irritation, convulsions, altered consciousness, altered sensory manifestations or paralysis (except AFP).

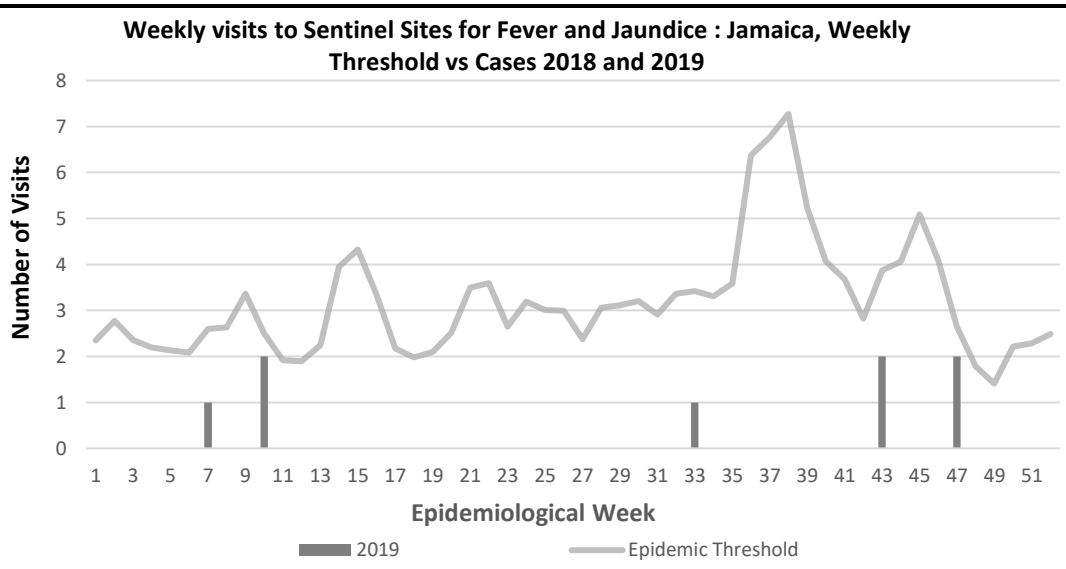


FEVER AND HAEMORRHAGIC
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice. Visits for Fever and Haemorrhagic symptoms were reported in weeks 4 to 8, 39,41,42, 44, 46 and 49 year to date.



FEVER AND JAUNDICE
Temperature of >38^0C /100.4^0F (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, 10, 33, 43 and 47 only, year to date.



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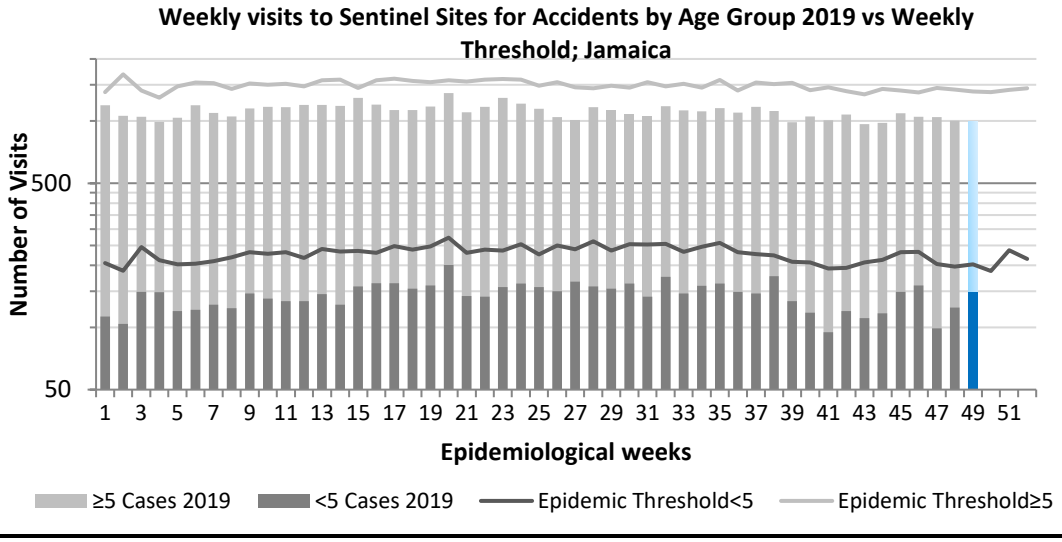
ACCIDENTS

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

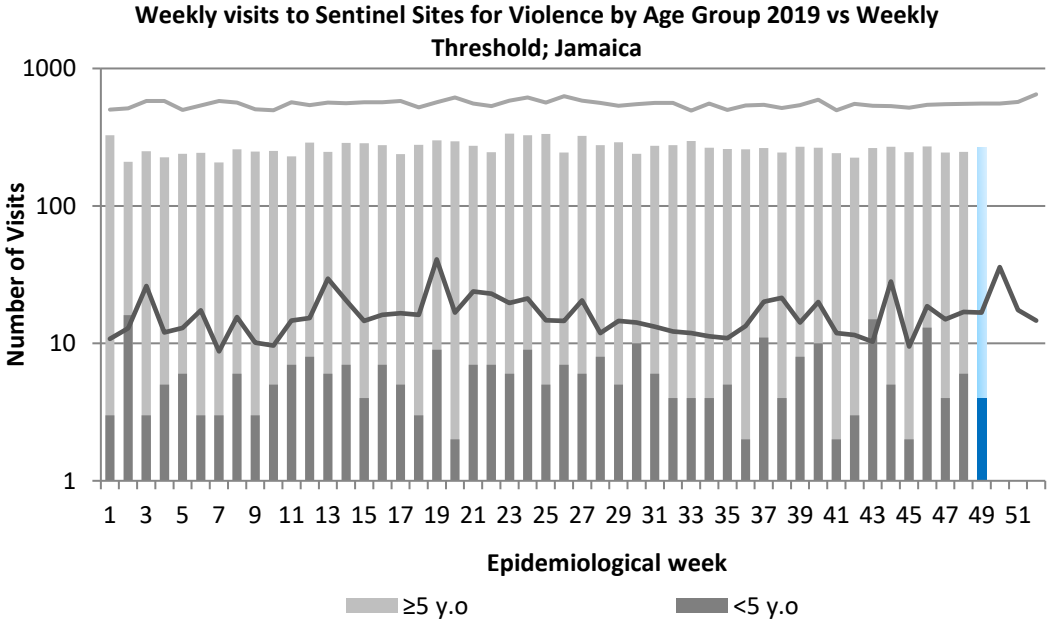
KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK



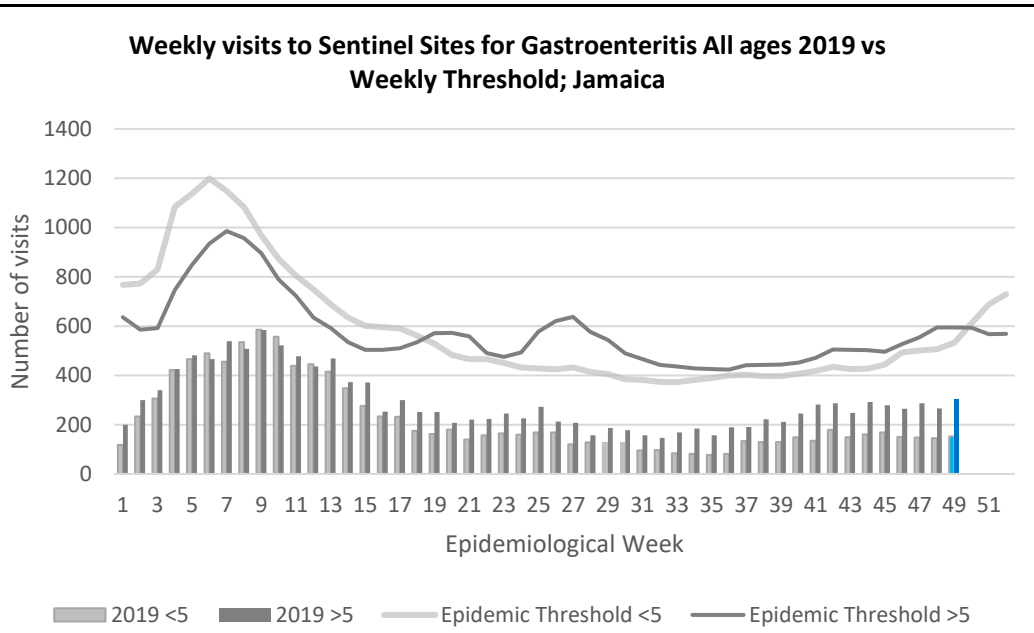
VIOLENCE

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



GASTROENTERITIS

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



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- CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS		Confirmed YTD CURRENT YEAR	Confirmed YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		106	184
	Cholera		0	0
	Dengue Hemorrhagic Fever*		NA	NA
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		24	90
	Hepatitis C		2	9
	HIV/AIDS		NA	NA
	Malaria (Imported)		1	6
	Meningitis (Clinically confirmed)		23	37
EXOTIC/ UNUSUAL	Plague		0	0
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 Syphilis		0	0
	Fever and Rash	Measles	0	0
		Rubella	0	0
	Maternal Deaths**		60	61
	Ophthalmia Neonatorum		222	290
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		64	73
	Yellow Fever		0	0
	Chikungunya***		7	10
	Zika Virus****		0	1

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

NA- Not Available

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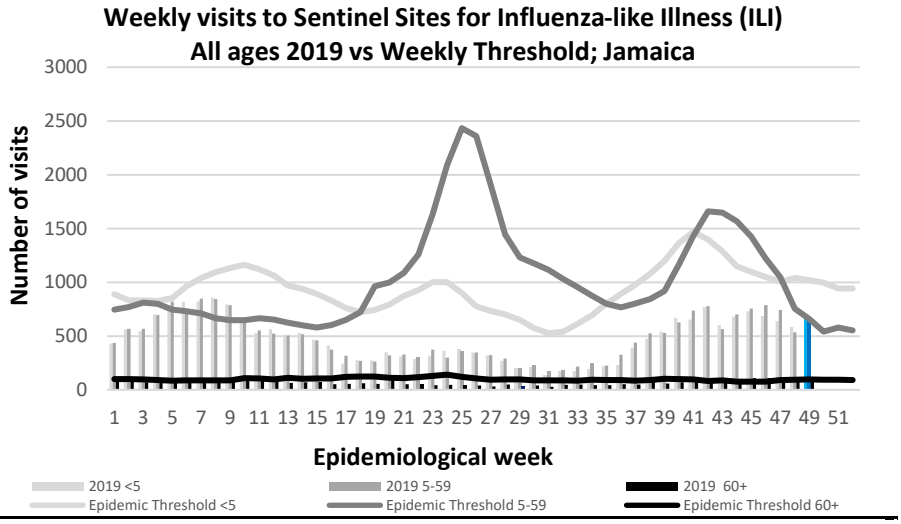
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 49

December 1– December 7, 2019 Epidemiological Week 49

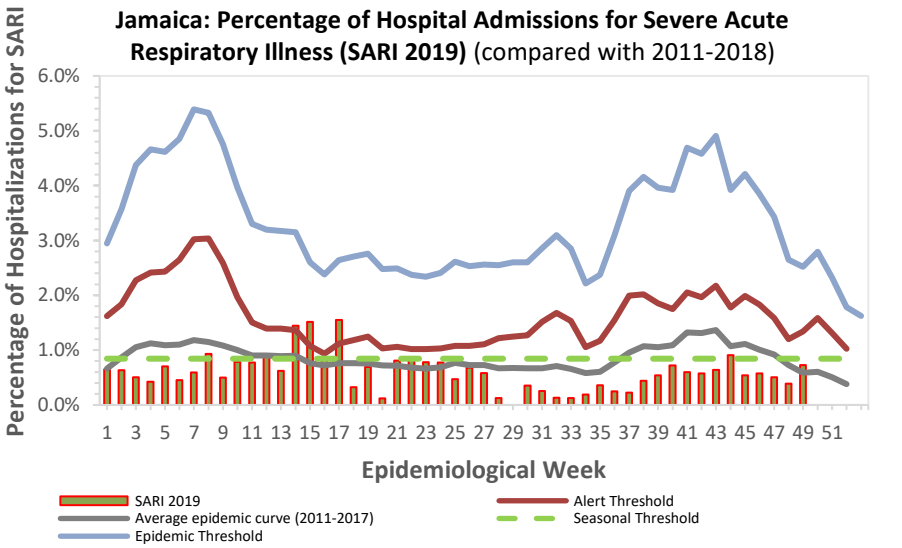
	EW 49	*YTD*
SARI cases	*15*	*505*
Total Influenza positive Samples	*5*	*477*
Influenza A	*4*	*433*
H3N2	*0*	*189*
H1N1pdm09	*0*	*228*
Not subtyped	*4*	*13*
Influenza B	*1*	*44*
Parainfluenza	*0*	*7*



Epi Week Summary

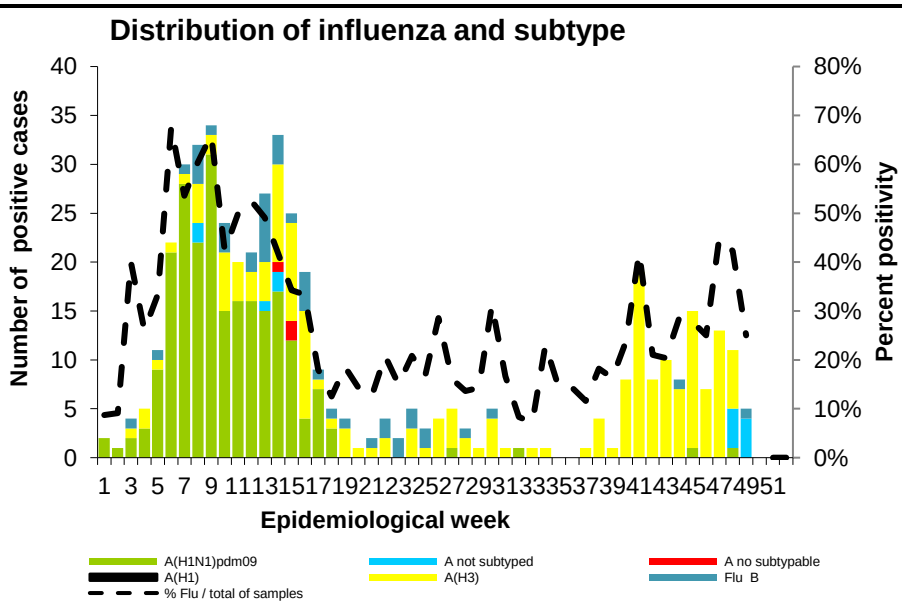
During EW 49, 5 cases of influenza were detected. Percent positivity is 25% .

During EW 49, 13 (thirteen) SARI admissions were reported.



Caribbean Update EW 49

Influenza activity increased in some countries of the sub-region. In Aruba influenza activity increased with influenza B viruses predominating and influenza A(H1N1)pdm09 co-circulating; SARI cases were at low levels. In Cuba influenza activity continues to increase with influenza B viruses predominance; SARI cases increased but remained below levels observed in previous seasons for the same period. Influenza activity continues to increase in Jamaica with influenza A(H3N2) virus predominance and influenza A(H1N1)pdm09 virus co-circulating; SARI cases were at low levels.



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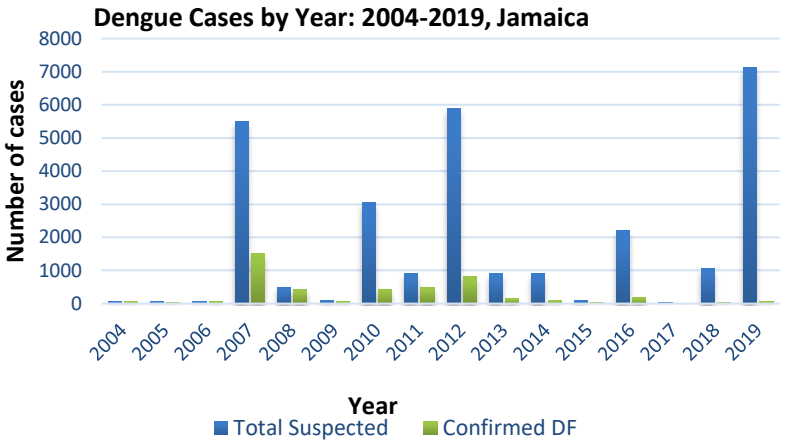
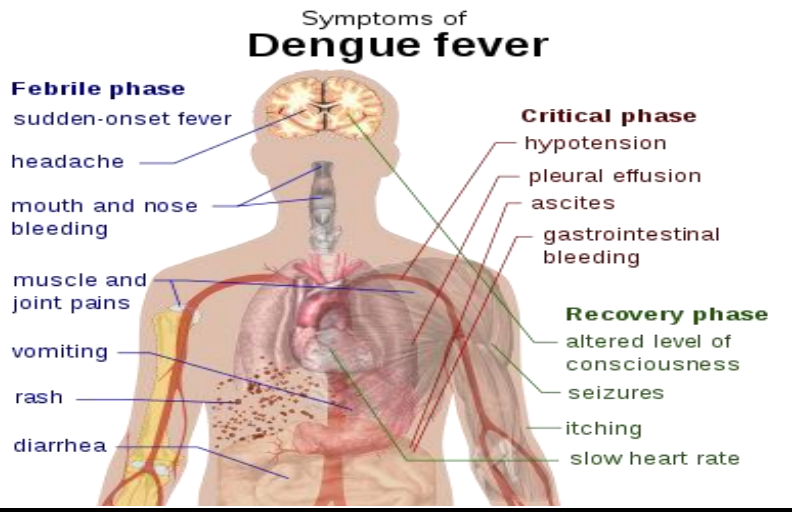
Dengue Bulletin

December 1– December 7, 2019 Epidemiological Week 49 | Epidemiological Week 49



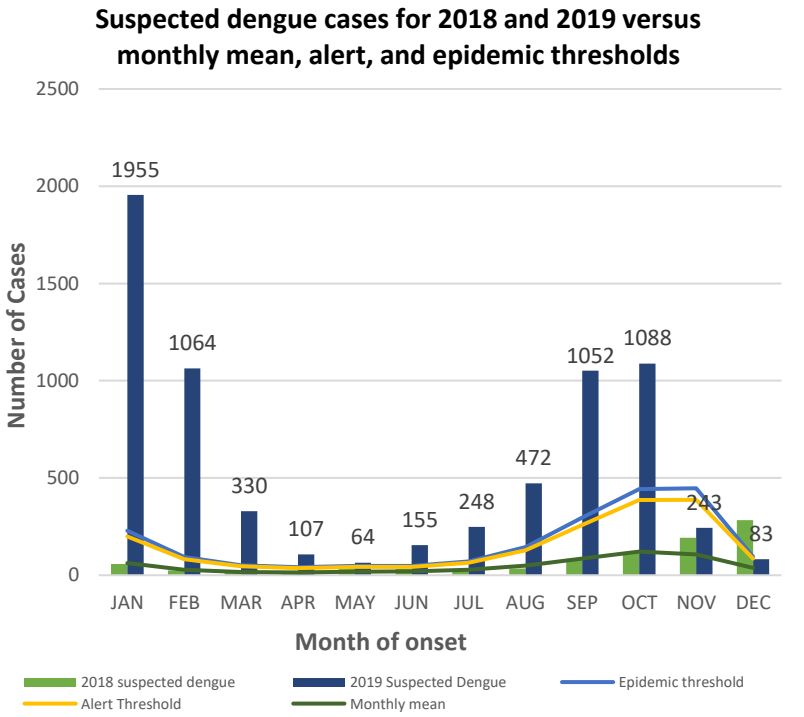
Reported suspected and confirmed dengue with symptom onset in weeks 1-49 2019

	2019		2018 YTD
	EW 49	YTD	
Total Suspected Dengue Cases	0	7137	670
Lab Confirmed Dengue cases	0	79	16
CONFIRMED Dengue Related Deaths	0	15	3



Points to note:

- **figure as at December 12, 2019
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.



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RESEARCH PAPER

ABSTRACT

PAEDIATRIC DIABETES CARE AUDIT AT BUSTAMANTE HOSPITAL FOR CHILDREN:

July 1st, 2012 – June 30th, 2013

Campbell D[1], Gabay L[2], Pierre R[2].

[1]Bustamante Hospital for Children, [2]University Hospital of the West Indies

Objective: To assess process of care of diabetic children at BHC as per American Diabetes Association (ADA) guidelines.

METHODOLOGY: Retrospective audit of medical records for patients with Diabetes Mellitus (DM) was conducted for the period July 1, 2012 – June 30, 2013. Data was collected on six (6) indices which were used to assess process of care: height, weight, blood pressure, self-monitoring of blood glucose (SMBG), HbA1c and educational advice/referral. A Score system was used to assess process of care as poor, fair or good. Data analysis was done with Statistical Package of Social Sciences v22.

RESULTS: Process of care assessment was poor for 5, fair for 31 and good for 8, of the 44 visits audited. Blood pressure and height were the least documented indices, whilst weight and SMBG were the most with 100% documentation. There were 9 DM related admissions. For documented HbA1c results only 15 recorded values were noted; 40% < 7.5, 33.3% with 7.5 – 8.5, 6.7% with 8.6 – 10 and 20% had > 10%.

CONCLUSION: Majority of visits audited had fair process. 50% of those with good process of care had comorbid obesity. Improvement needed in HbA1c testing. Education of health care professionals on current ADA guidelines for Paediatric DM care is needed as well as restructuring of services to provide recommended standard of care.

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