

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## EPI WEEK 49

### World AIDS Day 2020: Global Solidarity and Resilient HIV Services

The global HIV epidemic is not over and may be accelerating during the COVID-19 pandemic, with a devastating impact on communities and countries. In 2019, there were still 38 million people living with HIV infection. One in five people living with HIV were not aware of their infection and one in 3 people receiving HIV treatment experienced disruption to the supply of HIV treatments, testing and prevention services, especially children and adolescents. In 2019, 690 000 people died from HIV-related causes and 1.7 million people were newly infected, with nearly 2 in three (62%) of these new infections occurring among key populations and their partners.

Despite significant efforts, progress in scaling up HIV services was already stalling before the COVID-19 pandemic. Slowing progress means the world will be missing the “90-90-90” targets for 2020, which were to ensure that: 90% of people living with HIV are aware of their status; 90% of people diagnosed with HIV are receiving treatment; and 90% of all people receiving treatment have achieved viral suppression. Missing these intermediate targets will make it even more difficult to achieve the end of AIDS by 2030.

The breakdown in essential HIV services due to COVID-19 threatens lives. COVID makes it difficult and dangerous for frontline health workers to deliver continuous, high quality HIV services to everyone who needs them. Sickness and restricted movement make it difficult for people living with HIV to access services. Economic disruption caused by COVID can make HIV services unaffordable or unobtainable. And the pandemic may interfere with supply chains and service delivery. For example, as of July 2020, one third of people on HIV treatment had experienced drug stockouts or interruptions in supplies. Supply disruptions such as these are devastating; a WHO and UNAIDS modeling study showed that six-month disruption in access to HIV medicines could lead to a doubling in AIDS-related deaths in sub-Saharan Africa in 2020 alone.

**The key actions are:** **1.** Renew our fight to end HIV: The global AIDS response has slowed down: it’s time now to invest, to innovate HIV services with broader health care and the pandemic response to get back on track to end HIV by 2030. Missing the global targets for HIV for 2020 should not be a setback but a renewed call to do better. **2.** Use innovative HIV services to ensure continued HIV care: There are many new approaches countries are adopting to ensure HIV care during the pandemic. WHO has recommended multi-month prescriptions of HIV medicines to protect the health of people on HIV treatment and to reduce the burden on overburdened health services. **3.** Engage and protect our nurses, midwives and community health workers: We urge policymakers to ensure that frontline health workers, nurses, midwives and community health workers are engaged and protected when delivering services for HIV and COVID-19. **4.** Prioritize the vulnerable – youth and key populations: We need to ensure that children, adolescents and members of key and vulnerable populations affected by HIV do not fall through the cracks of health care disruptions during COVID-19. Key populations include people who use drugs, men who have sex with men, sex workers, transgender people and people in prisons that are disproportionately affected by HIV.



SYNDROMES

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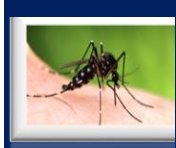
CLASS 1 DISEASES

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INFLUENZA

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DENGUE FEVER

PAGE 6



GASTROENTERITIS

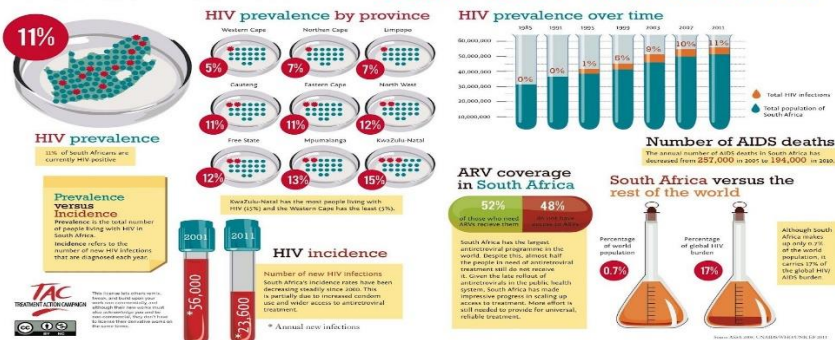
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RESEARCH PAPER

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## WHERE ARE WE IN OUR FIGHT AGAINST HIV?



SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica



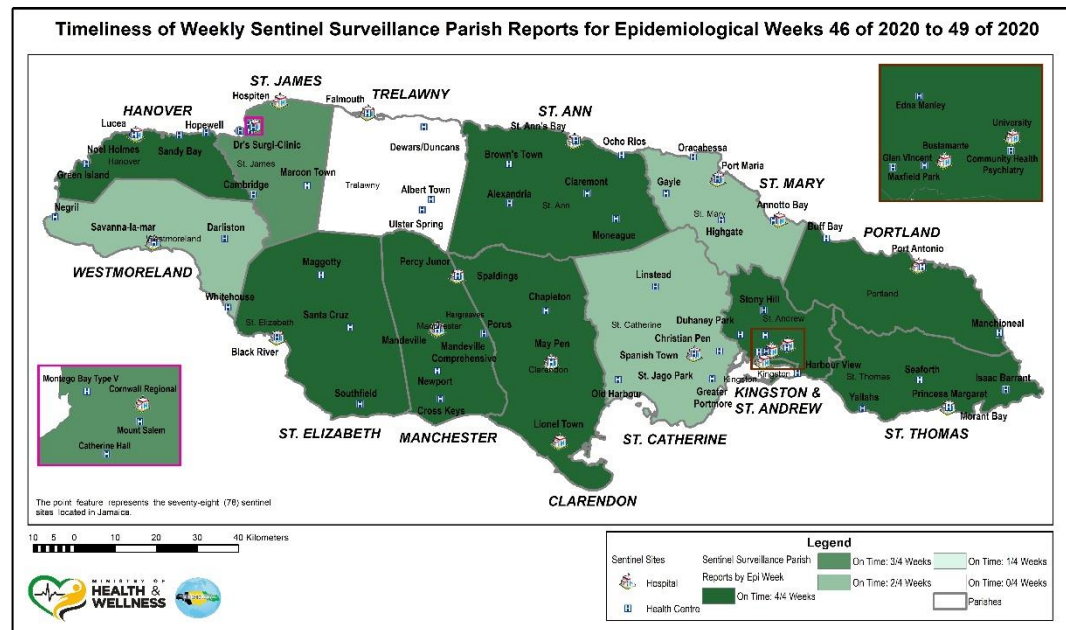
A syndromic surveillance system is good for early detection of and response to public health events.

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 - 46 to 49 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

FEVER

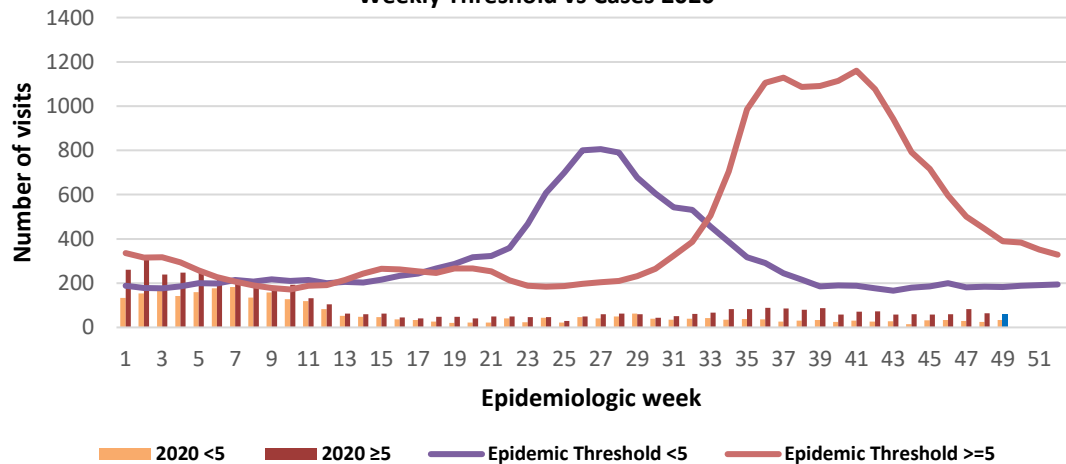
Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK

Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2020



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



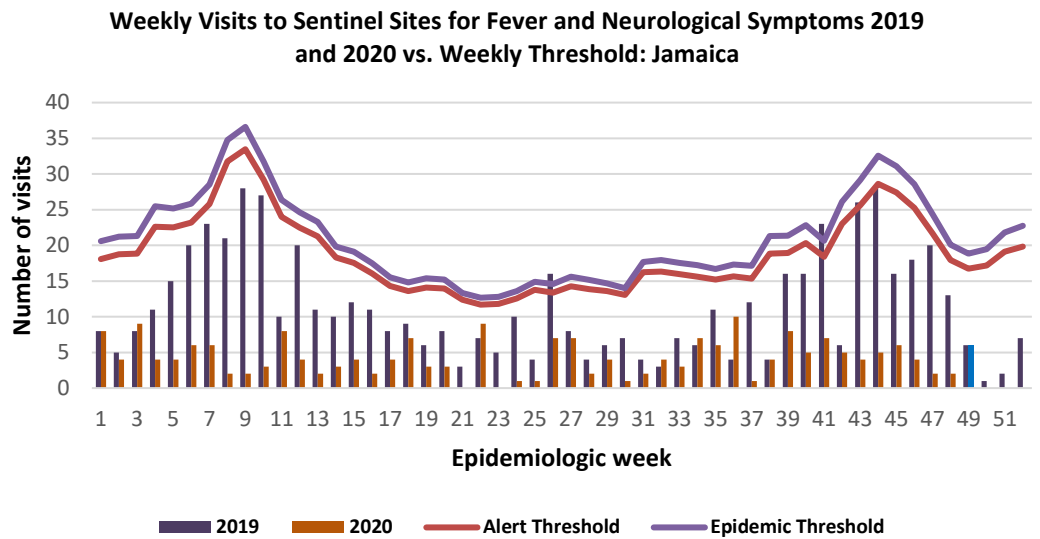
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

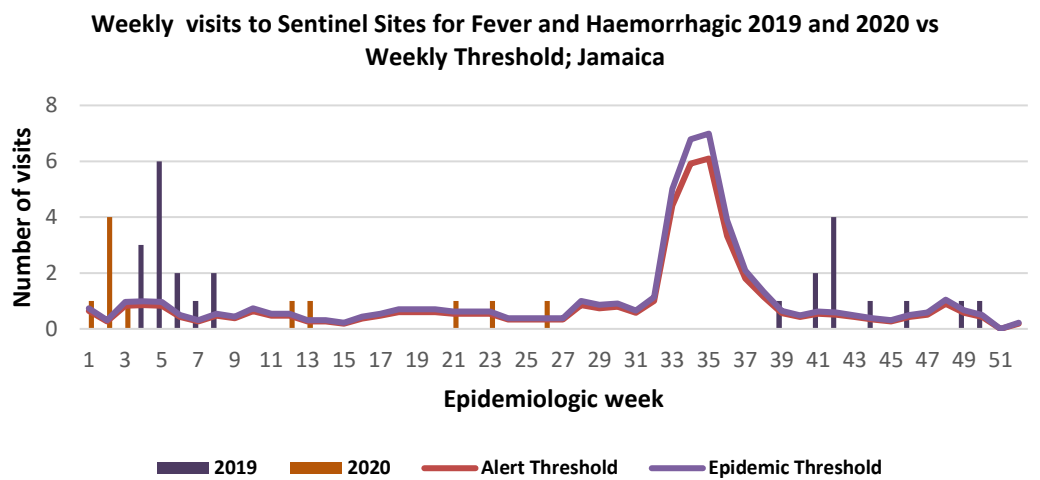
**FEVER AND NEUROLOGICAL**

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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**

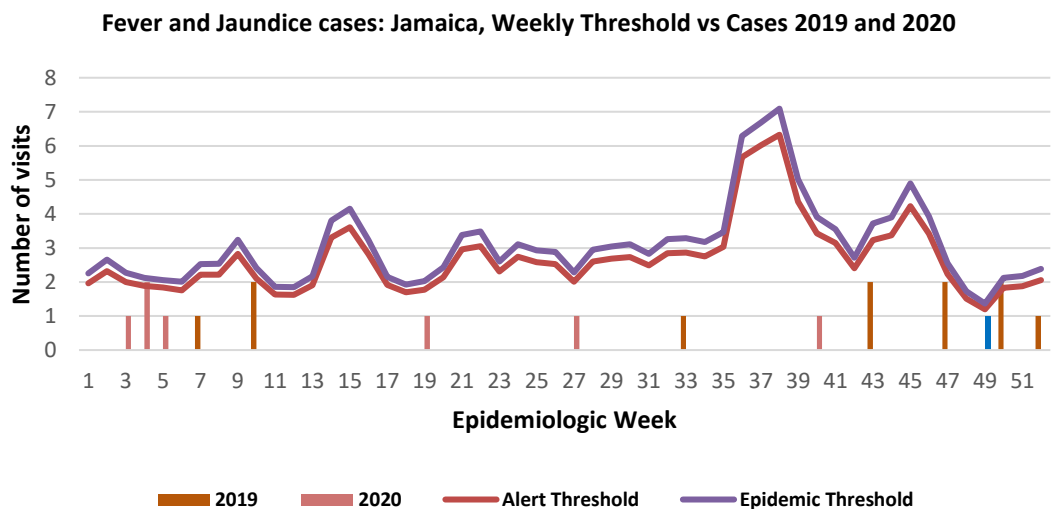
Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



**FEVER AND JAUNDICE**

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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.



**3 NOTIFICATIONS-**  
All clinical sites



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



**HOSPITAL ACTIVE SURVEILLANCE-** 30 sites. Actively pursued



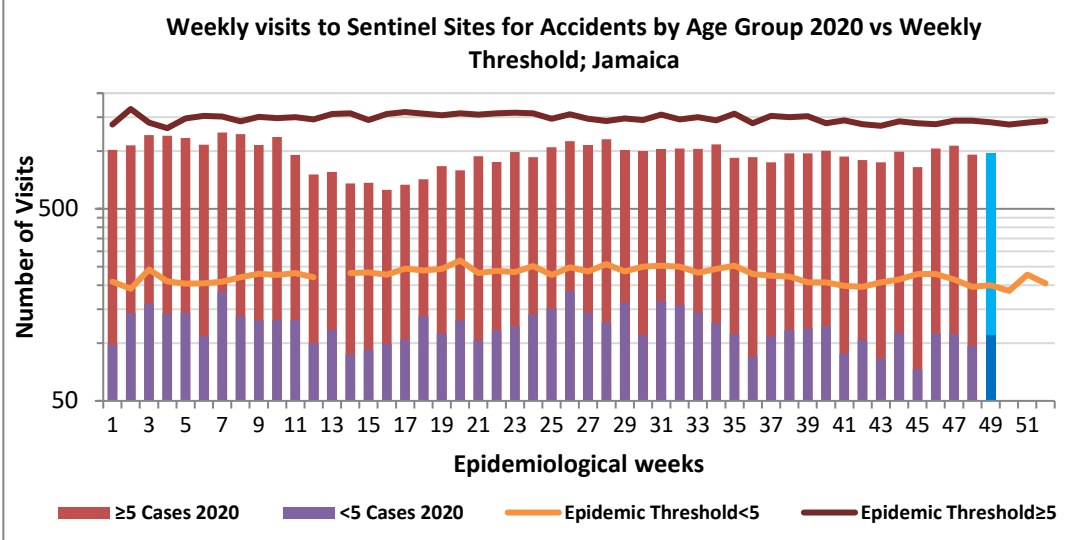
**SENTINEL REPORT-** 78 sites. Automatic reporting

**ACCIDENTS**

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

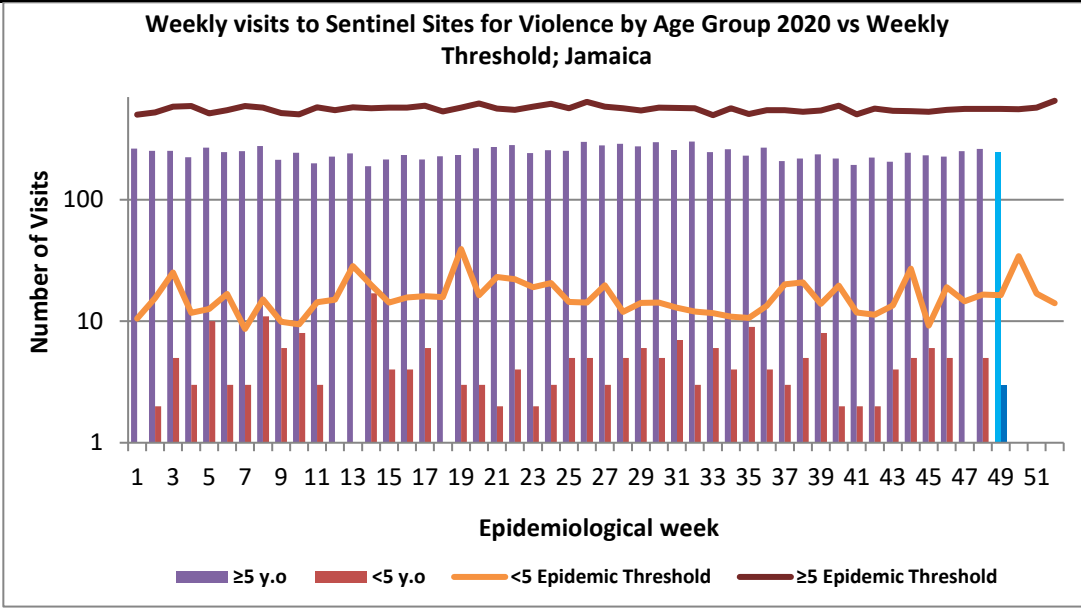
**KEY**

VARIATIONS OF BLUE SHOW CURRENT WEEK



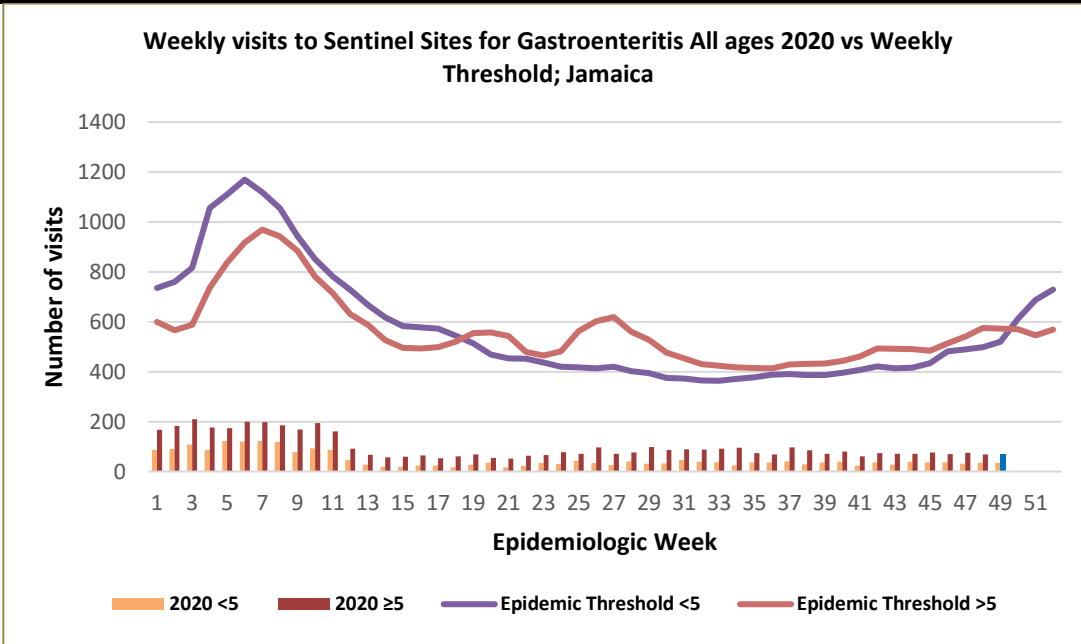
**VIOLENCE**

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



**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 up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

CLASS ONE NOTIFIABLE EVENTS		Confirmed YTD <sup>α</sup>		Comments	
CLASS 1 EVENTS		CURRENT YEAR 2020	PREVIOUS YEAR 2019		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	70 <sup>β</sup>	106	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.  <sup>γ</sup> Dengue Hemorrhagic Fever data include Dengue related deaths;	
	Cholera	0	0		
	Dengue Hemorrhagic Fever <sup>γ</sup>	See Dengue page below	See Dengue page below		
	Hansen's Disease (Leprosy)	0	0		
	Hepatitis B	3	24		
	Hepatitis C	0	2		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	1	1		
	Meningitis (Clinically confirmed)	1	23		
EXOTIC/ UNUSUAL	Plague	0	0	<sup>δ</sup> Figures include all deaths associated with pregnancy reported for the period.  <sup>ε</sup> CHIKV IgM positive cases <sup>θ</sup> Zika PCR positive cases  <sup>β</sup> Updates made to prior weeks in 2020.  <sup>α</sup> Figures are cumulative totals for all epidemiological weeks year to date.	
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 <sup>δ</sup>	46	68		
	Ophthalmia Neonatorum	23	222		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
Tuberculosis	29	64			
Yellow Fever	0	0			
	Chikungunya <sup>ε</sup>	0	7		
	Zika Virus <sup>θ</sup>	0	0	NA- Not Available	

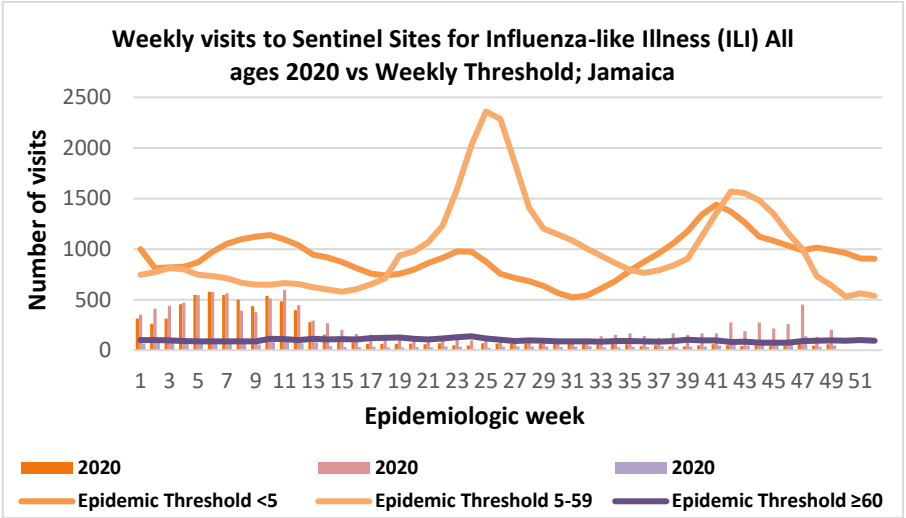
 <p><b>5 NOTIFICATIONS-</b> All clinical sites</p>	 <p><b>INVESTIGATION REPORTS-</b> Detailed Follow up for all Class One Events</p>	 <p><b>HOSPITAL ACTIVE SURVEILLANCE-</b> 30 sites. Actively pursued</p>	 <p><b>SENTINEL REPORT-</b> 78 sites. Automatic reporting</p>
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# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

*EW 49*

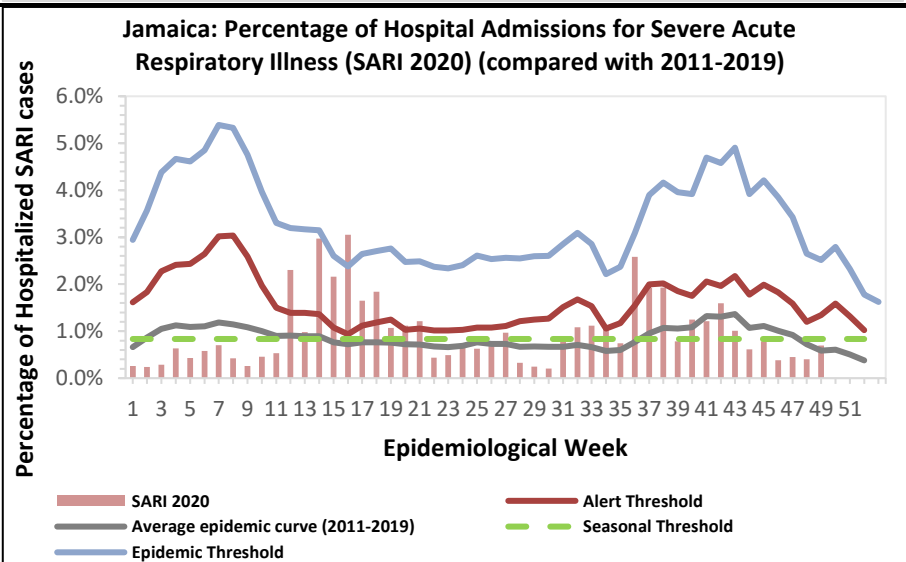
November 29, 2020 – December 05, 2020 Epidemiological Week 49

	<i>EW 49</i>	<i>YTD</i>
SARI cases	10	643
<b>Total Influenza positive Samples</b>	<b>0</b>	<b>69</b>
<b>Influenza A</b>	<b>0</b>	<b>45</b>
H3N2	0	4
H1N1pdm09	0	38
Not subtyped	0	3
<b>Influenza B</b>	<b>0</b>	<b>24</b>
<b>Parainfluenza</b>	<b>0</b>	<b>0</b>



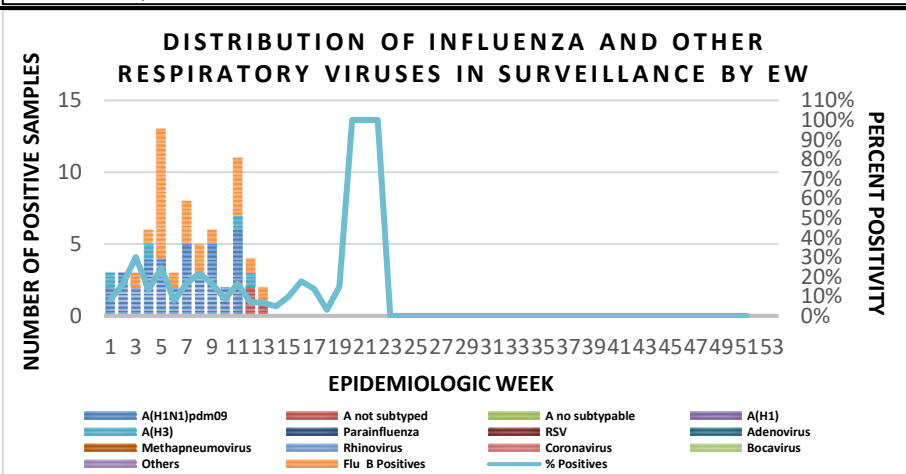
**Epi Week Summary**

During EW 49, 10 (ten) SARI admissions were reported.



**Caribbean Update EW 49**

Caribbean: Influenza and other respiratory virus activity remained low in the subregion. In Haiti, SARI activity increased above epidemic levels.



**6 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

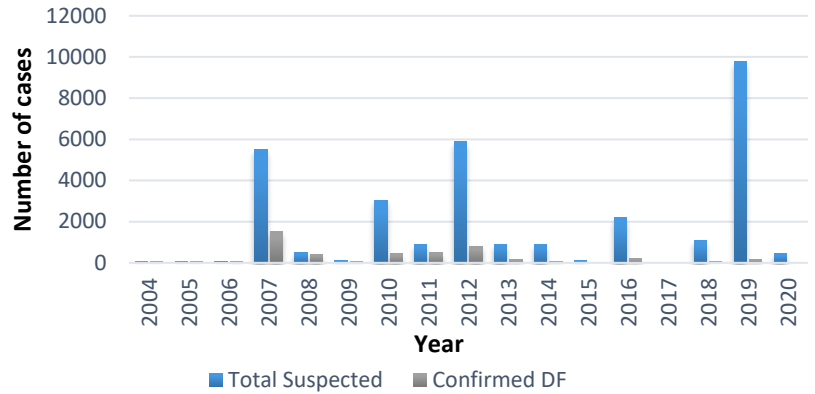
# Dengue Bulletin

November 29, 2020 – December 05, 2020 Epidemiological Week 49

Epidemiological Week 49



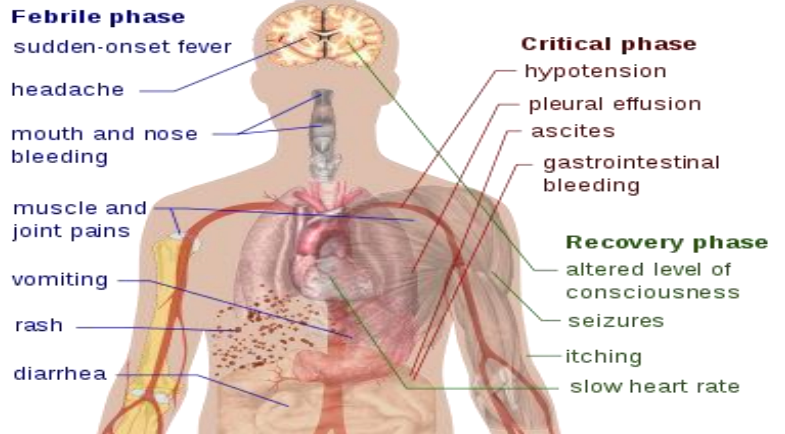
Dengue Cases by Year: 2004-2020, Jamaica



## Reported suspected and confirmed dengue with symptom onset in week 49 of 2020

	2020*	
	EW 49	YTD
Total Suspected Dengue Cases	0	824
Lab Confirmed Dengue cases	0	15
<b>CONFIRMED</b> Dengue Related Deaths	0	1

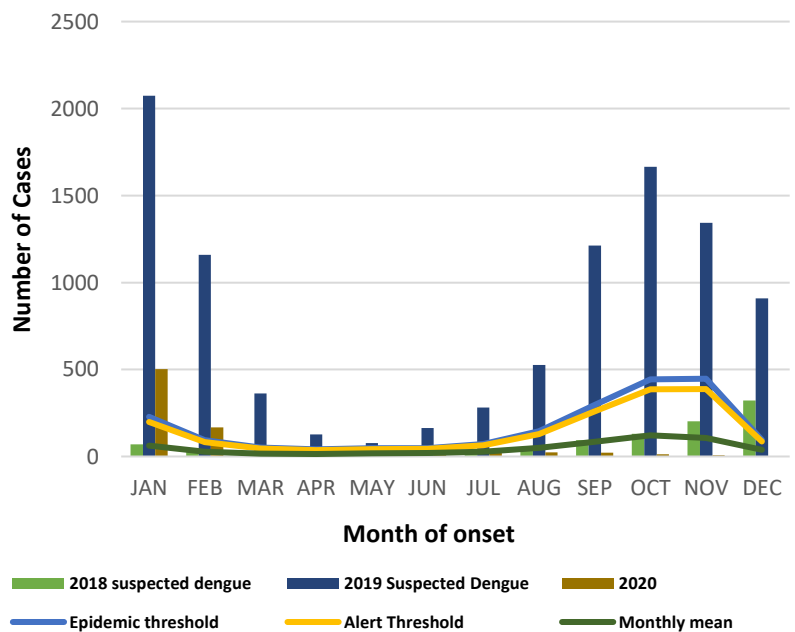
## Symptoms of Dengue fever



### Points to note:

- \* figure as at December 10, 2020
- 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-**  
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

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# RESEARCH PAPER

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## ABSTRACT

### PAEDIATRIC DIABETES CARE AUDIT AT BUSTAMANTE HOSPITAL FOR CHILDREN:

July 1<sup>st</sup>, 2012 – June 30<sup>th</sup>, 2013

Campbell D<sup>1</sup>, Gabay L<sup>2</sup>, Pierre R<sup>2</sup>.

<sup>1</sup>Bustamante Hospital for Children, <sup>2</sup>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.



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



8 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



HOSPITAL  
ACTIVE  
SURVEILLANCE-  
30 sites. Actively  
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SENTINEL  
REPORT- 78 sites.  
Automatic reporting