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

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 o 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.



https://www.who.int/news-room/events/detail/2020/12/01/default-calendar/world-aids-day-2020



Released December 21, 2020

SENTINEL SYNDROMIC SURVEILLANCE Sentinel Surveillance in







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

FEVER

Temperature of >38°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



2 NOTIFICATIONS-All clinical

sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



Released December 21, 2020

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).



FEVER AND HAEMORRHAGIC

Temperature of $>38^{\circ}C$ /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.



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.





Epidemiologic week



Weekly visits to Sentinel Sites for Fever and Haemorrhagic 2019 and 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





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CLASS ONE NOTIFIABLE EVENTS

- CLASS O	ASS ONE NOTIFIABLE EVENTS				Comments
			Confirmed YTD^{α}		AFP Field Guides
	CLASS 1 EVENTS		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.
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		70 ^β	106	
	Cholera		0	0	
	Dengue Hemorrhagic Fever ^{γ}		See Dengue page below	See Dengue page below	
	Hansen's Disease (Leprosy)		0	0	
	Hepatitis B		3	24	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Hepatitis C		0	2	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		1	1	
	Meningitis (Clinically confirmed)		1	23	⁷ Dengue Hemorrhagic Fever
EXOTIC/ UNUSUAL	Plague		0	0	data include Dengue related deaths;
H IGH MORBIDITY/ MORTALITY	Meningococcal Meningitis		0	0	^δ Figures include all deaths associated with pregnancy reported
	Neonatal Tetanus		0	0	
	Typhoid Fever		0	0	
	Meningitis H/Flu		0	0	for the period.
SPECIAL PROGRAMMES	AFP/Polio		0	0	^ε CHIKV IgM
	Congenital Rubella Syndrome		0	0	positive cases
	Congenital Syphilis		0	0	^e Zika PCR positive
	Fever and Rash	Measles	0	0	$^{\beta}$ Updates made to prior weeks in 2020.
		Rubella	0	0	
	Maternal Deaths ^{δ}		46	68	^α Figures are cumulative totals for all epidemiological weeks year to date.
	Ophthalmia Neonatorum		23	222	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		29	64	
	Yellow Fever		0	0	
	Chikungunya ^ɛ		0	7	
	Zika Virus ^{θ}		0	0	NA- Not Available
5 NOTIFICATIONS- INVESTIGATION HOSPITAL SENTINEL All clinical REPORTS- Detailed Follow ACTIVE SENTINEL					

All clinical sites



REPORTS- Detailed Follow up for all Class One Events



ACTIVE SURVEILLANCE-30 sites. Actively pursued

REPORT- 78 sites. Automatic reporting

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 49

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





All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



ACTIVE SURVEILLANCE-30 sites. Actively pursued



Dengue Bulletin

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

Epidemiological Week 49









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



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.



All clinical

sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



RESEARCH PAPER

ABSTRACT

PAEDIATRIC DIABETES CARE AUDIT AT BUSTAMANTE HOSPITAL FOR CHILDREN:

July 1st, 2012 – June 30th, 2013

Campbell D¹, Gabay L², Pierre R².

¹Bustamante Hospital for Children, ²University 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.

<u>RESULTS</u>: 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%.

<u>CONCLUSION</u>: 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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NOTIFICATIONS-All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

