

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

EPI WEEK 04

Health System Governance

Overview: Effective Health System Governance for Universal Health Coverage UHC: Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability. Three main categories of stakeholders who interact with each other determine the health system and its governance: **1.** the State (government organizations and agencies at central and sub-national level); **2.** the health service providers (different public and private for and not for profit clinical, para-medical and non-clinical health services providers; unions and other professional associations; networks of care or of services); **3.** the citizen (population representatives, patients' associations, CSOs/NGOs, citizens associations protecting the poor, etc.) who become service users when they interact with health service providers. In the framework of the Sustainable Development Goals agenda, WHO works to support countries to exercise effective health systems governance, focused on strengthening the capacity of governments to develop and implement strategies towards achieving UHC by 2030.

In practice: WHO's work in Health System Governance aims at empowering actors and increasing accountability, transparency and responsiveness of health systems through actions focused on: **1.** Support development of comprehensive and costed national health policies and strategies that enable effective implementation of primary health care towards universal health coverage, including health security; **2.** Strengthen and reform health institutions, laws and regulations, including legal frameworks for universal health coverage that contribute to access, quality and financial risk protection; **3.** Establish mechanisms to support whole-of-society approaches, promote the empowerment of people and communities in oversight functions and the representation of citizens in health decision-making processes and gender equality; **4.** Work with parliamentarians to support laws and budgets for universal health coverage; **5.** Institutionalize whole-of-government and whole-of-society approaches, together with the Health in All Policies approach, through multisectoral, multistakeholder and inclusive collaboration with all national and international stakeholders that is accountable and transparent, with specific efforts to harness the private sector in order to help to achieve universal health coverage; **6.** Develop norms and standards for monitoring national universal health coverage policies and strategies, strengthen national monitoring of policy implementation and ensure the establishment of legal frameworks that promote, enforce and monitor equity, gender and human rights; **7.** Support the harmonization and alignment of costed and financed national action plans for health security with national health strategies.

The WHO Health System Framework

System Building Blocks

- SERVICE DELIVERY
- HEALTH WORKFORCE
- INFORMATION
- MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES
- FINANCING
- LEADERSHIP / GOVERNANCE

ACCESS
COVERAGE

QUALITY
SAFETY

Overall Goals / Outcomes

IMPROVED HEALTH
(level and equity)

RESPONSIVENESS

SOCIAL & FINANCIAL RISK
PROTECTION

IMPROVED EFFICIENCY



SYNDROMES

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CLASS 1 DISEASES

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INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



GASTROENTERITIS

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RESEARCH PAPER

PAGE 8

SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica



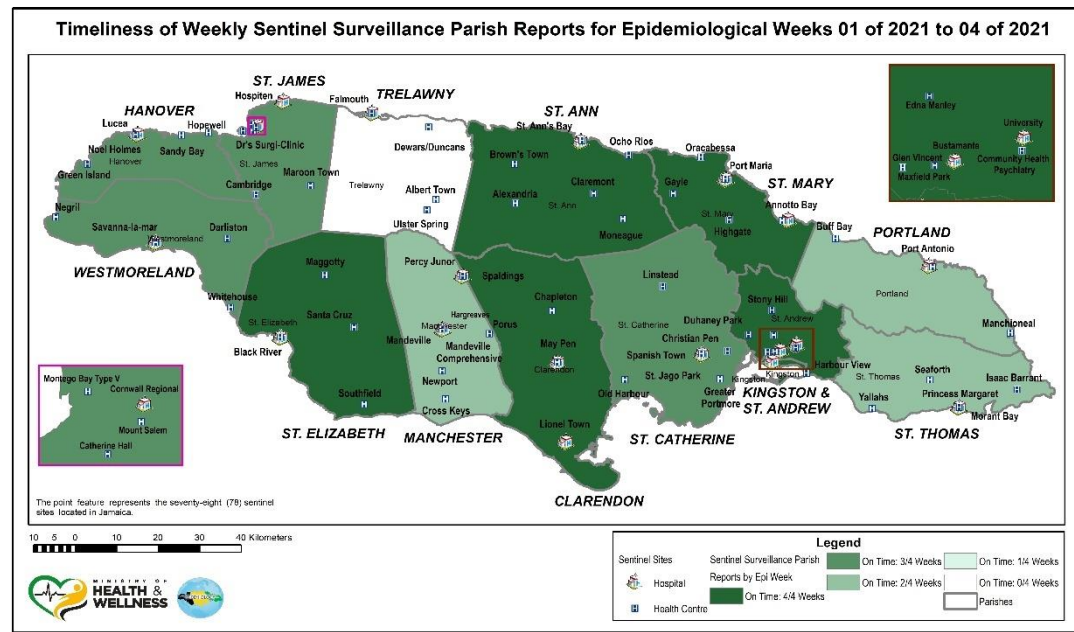
A syndromic surveillance system is good for early detection of and response to public health events.

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 - 1 2021 to 4 of 2021

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

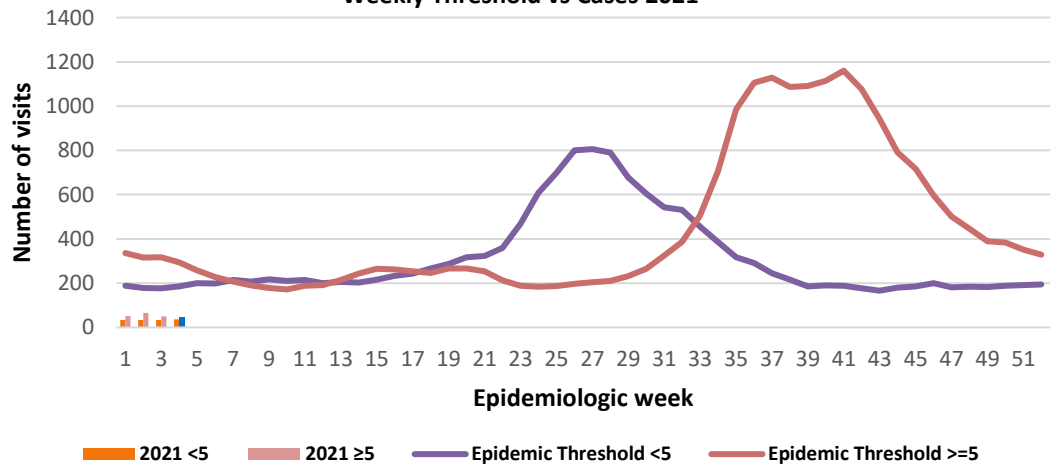
Temperature of $>38^{\circ}C$ / $100.4^{\circ}F$ (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK

Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2021



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



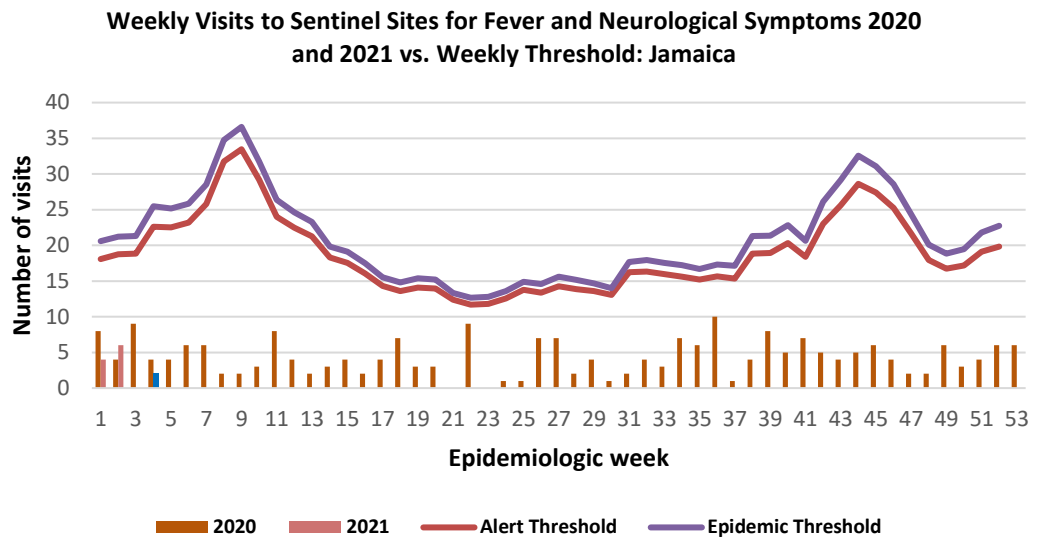
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

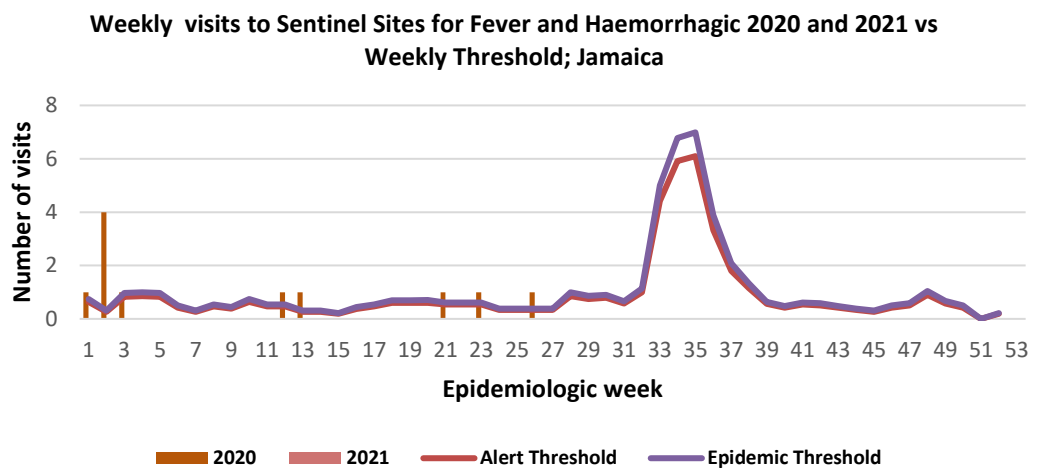
FEVER AND NEUROLOGICAL

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).



FEVER AND HAEMORRHAGIC

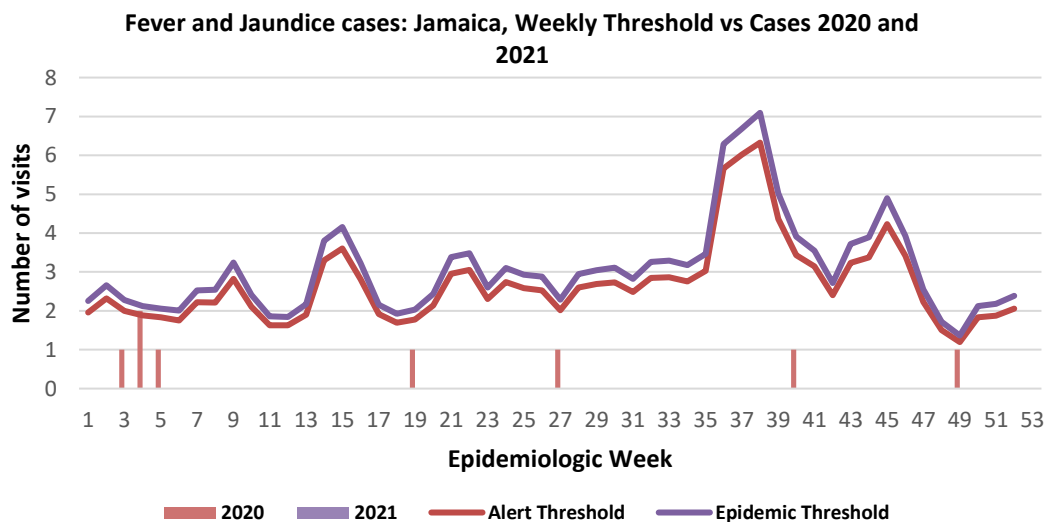
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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.



3 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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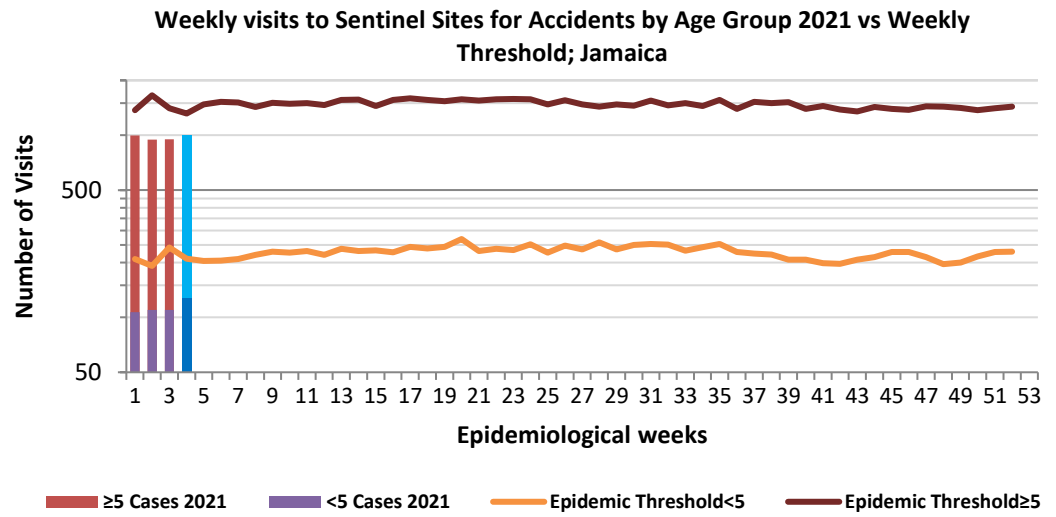
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

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

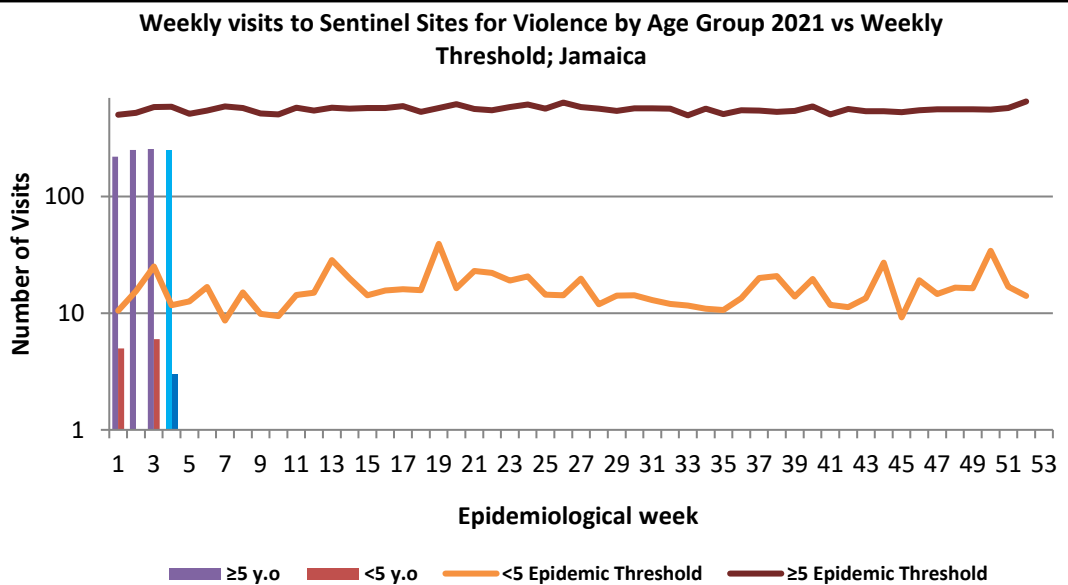
KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK



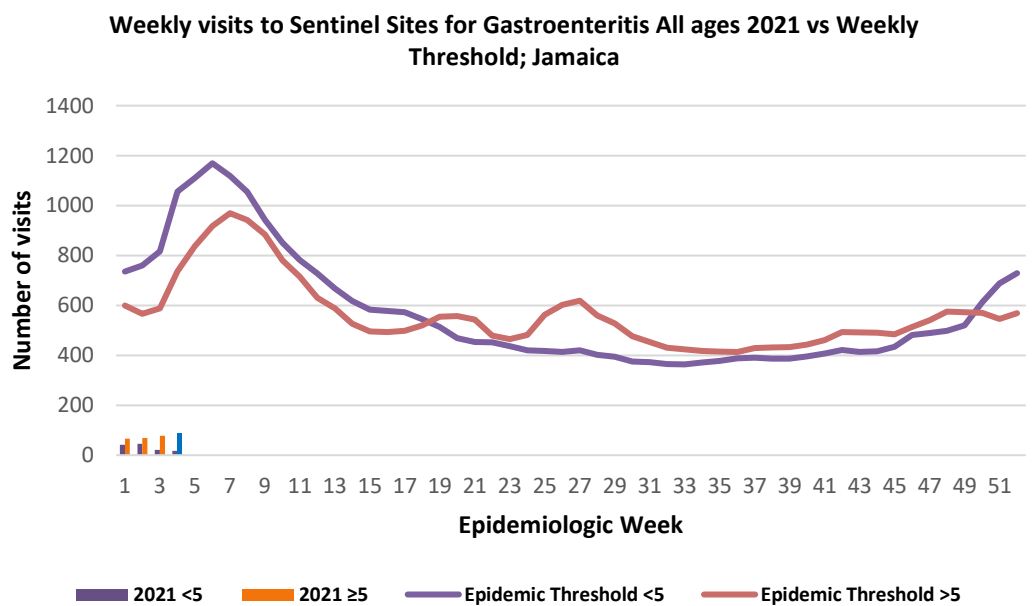
VIOLENCE

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



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- CLASS ONE NOTIFIABLE EVENTS		Comments		
	CLASS 1 EVENTS	Confirmed YTD ^α		
		CURRENT YEAR 2021	PREVIOUS YEAR 2020	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	0 ^β	3	
	Cholera	0	0	
	Dengue Hemorrhagic Fever ^γ	See Dengue page below	See Dengue page below	
	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	0	
EXOTIC/ UNUSUAL	Plague	0	0	
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 ^δ	0	1	
	Ophthalmia Neonatorum	0	0	
	Pertussis-like syndrome	0	0	
	Rheumatic Fever	0	0	
	Tetanus	0	0	
	Tuberculosis	0	0	
Yellow Fever	0	0		
Chikungunya ^ε	0	0		
Zika Virus ^θ	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.

Pertussis-like syndrome and Tetanus are clinically confirmed classifications.

^γ Dengue Hemorrhagic Fever data include Dengue related deaths;

^δ Figures include all deaths associated with pregnancy reported for the period.

^ε CHIKV IgM positive cases

^θ Zika PCR positive cases

^β Updates made to prior weeks in 2020.

^α Figures are cumulative totals for all epidemiological weeks year to date.

NA- Not Available



5 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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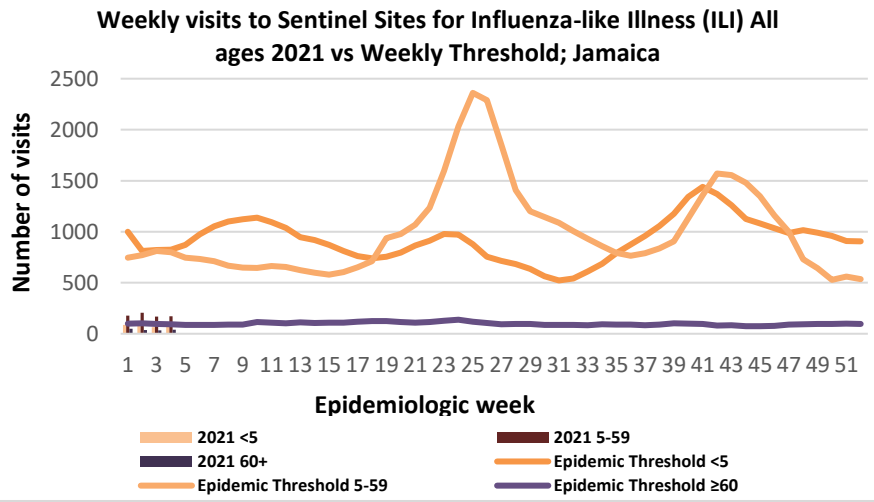
SENTINEL REPORT- 78 sites. Automatic reporting

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 4

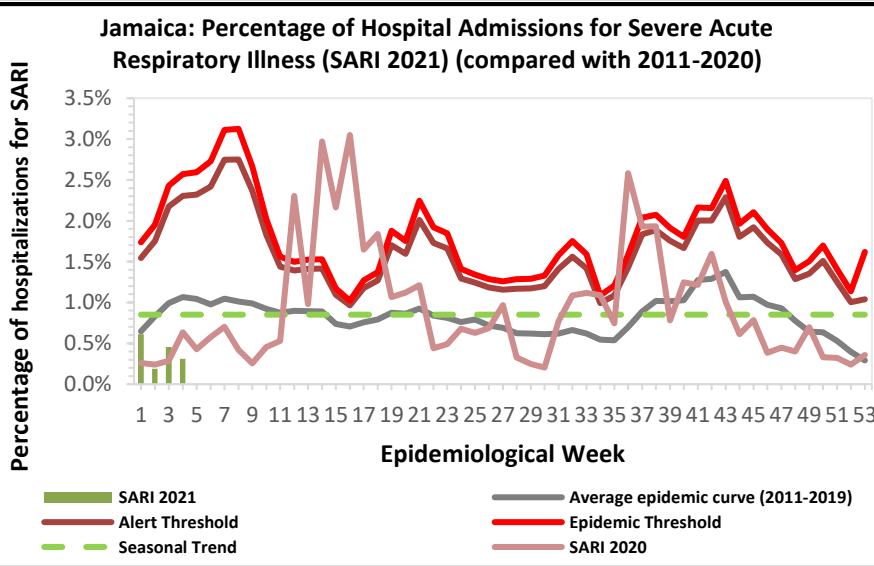
January 24, 2021 – January 30, 2021 Epidemiological Week 04

	EW 04	YTD
SARI cases	5	31
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



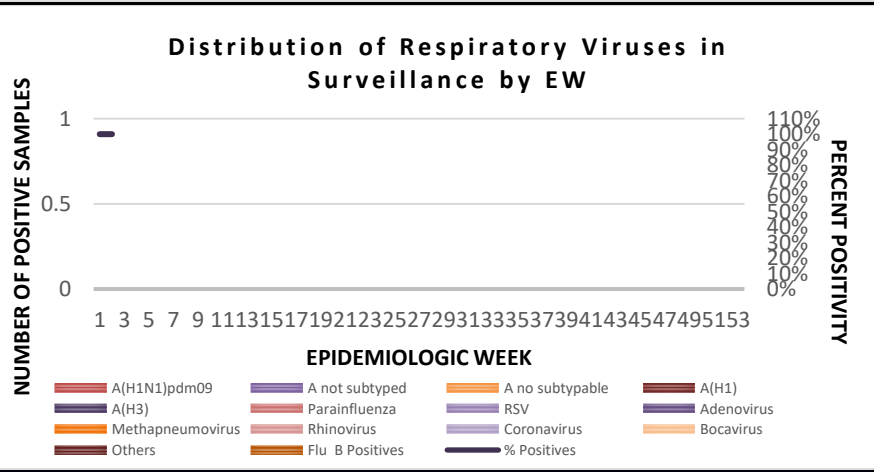
Epi Week Summary

During EW 04, 5 (five) SARI admissions were reported.



Caribbean Update EW 04

Caribbean: Influenza and other respiratory virus activity remained low. In Belize, SARS-CoV-2 activity was reported at elevated levels and increasing. In Haiti, SARS-CoV-2 activity continued at moderate levels but increasing. In Jamaica, SARSCoV-2 activity was reported at elevated levels and increasing. In Saint Lucia, ILI activity was above expected levels for this time and SARS-CoV-2 detections and activity continued to increase.



6 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

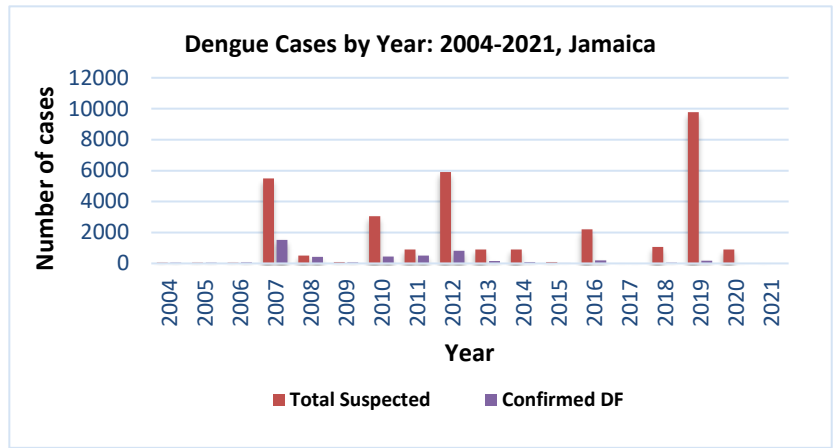


SENTINEL REPORT- 78 sites. Automatic reporting

Dengue Bulletin

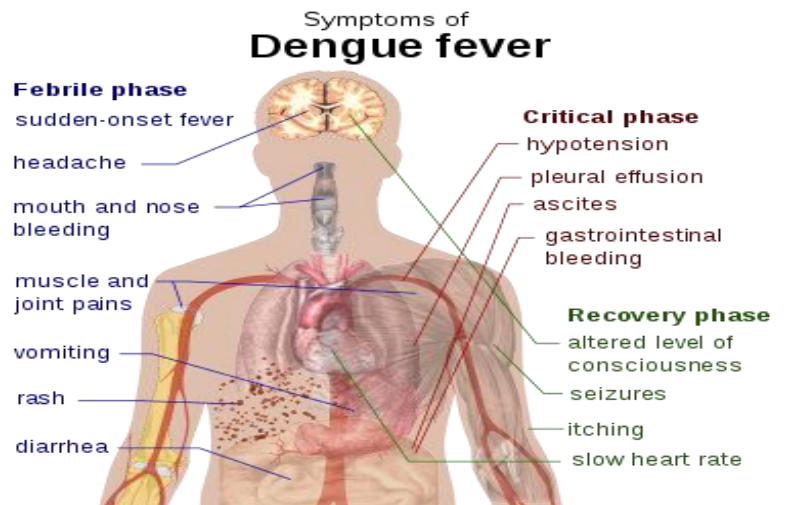
January 24, 2021 – January 30, 2021 Epidemiological Week 04

Epidemiological Week 04



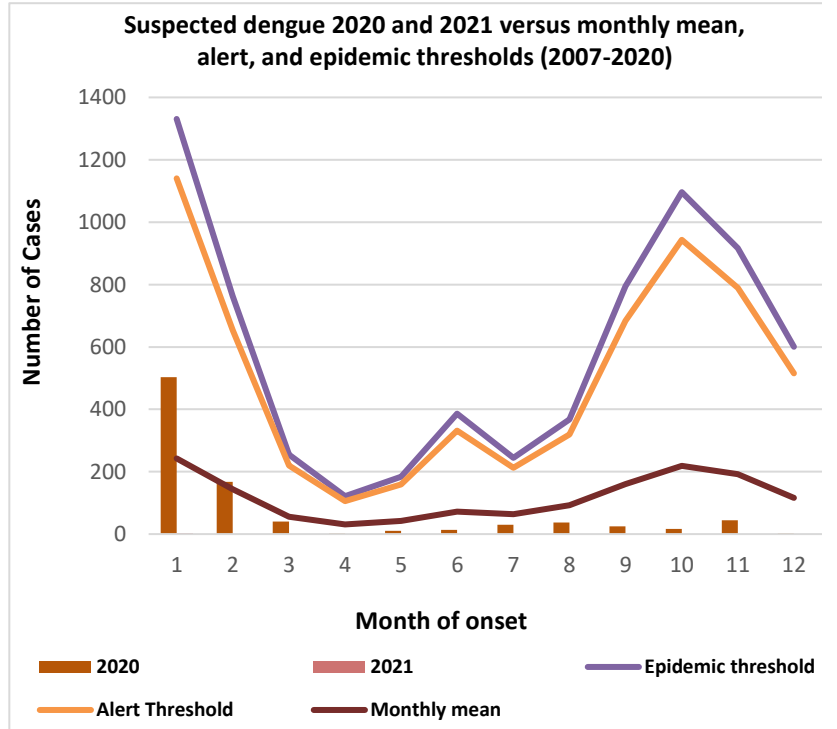
Reported suspected and confirmed dengue with symptom onset in week 04 of 2021

	2021*	
	EW 04	YTD
Total Suspected Dengue Cases	3	3
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- * figure as at February 12, 2021
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.



7 NOTIFICATIONS-
All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

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SENTINEL REPORT- 78 sites. Automatic reporting

RESEARCH PAPER

ABSTRACT

A Description of Registered Nurses' Documentation Practices and their Experiences with Documentation in a Jamaican Hospital

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The UWI School of Nursing, Mona, The University of the West Indies, Mona, Kingston 7, Jamaica

Objective: To determine the level of documentation that exists among registered nurses employed at a Type A Hospital in Western Jamaica.

Method: Using an audit tool developed at the University Hospital of the West Indies, 79 patient docketts from three medical wards were audited to determine the level of registered nurses' documentation at the hospital. Data were analyzed using the SPSS® version 17 for Windows®. Qualitative data regarding the nurses' experience with documentation at the institution were gathered from focus group discussions including 12 nurses assigned to the audited wards.

Results: Almost all the docketts audited (98%) revealed that nurses followed documentation guidelines for admission, recording patients' past complaints, medical history and assessment data. Most of the docketts (96.7%) audited had authorized abbreviations only. Similarly, 98% of the nurses' notes reflected clear documentation for nursing actions taken after identification of a problem and a summary of the patients' condition at the end of the shift. Only 25.6% of the docketts had nursing diagnosis which corresponded to the current medical diagnosis and less than a half (48.3%) had documented evidence of discharge planning. Most of the nurses' notes (86.7%) had no evidence of patient teaching. The main reported factors affecting documentation practices were workload and staff/patient ratios. Participants believed that nursing documentation could be improved with better staffing, improved peer guidance and continuing education.

Conclusion: Generally, nurses followed the guidelines for documentation; however, elements were missing which included patient teaching and discharge planning. This was attributed to high patient load and nurse/patient ratio.



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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