Released July 3, 2015 ISSN 0799-3927

Week ending June 20, 2015 Epidemiology Week 24

WEEKLY EPIDEMIOLOGY BULLETIN

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

WHO 5 Facts on Malaria

1. Malaria is caused by *Plasmodiun* parasites that are transmitted to people through the bites of infected *Anopheles* mosquitoes. Of the 5 parasite species that cause malaria in humans, *Plasmodium falciparum* is the most deadly.

2. Half of the world's population is at risk of malaria. Every year, 3.2 billion people are at risk of malaria. This leads to about 198 million malaria cases and an estimated 584,000 malaria deaths.

3. Every minute a child dies from malaria. In 2013, 90% of the world's malaria deaths occurred in Africa and over 430,000 African children died before their fifth birthday.

4. Malaria mortality rates have fallen by 47% globally since 2000.

5. Early diagnosis and prompt treatment of malaria prevents deaths. It also contributes to reducing malaria transmission.

Adapted from:
http://www.who.int/features/factfiles/malaria/malaria_facts/en/index9.html

EPI WEEK 24

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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

SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

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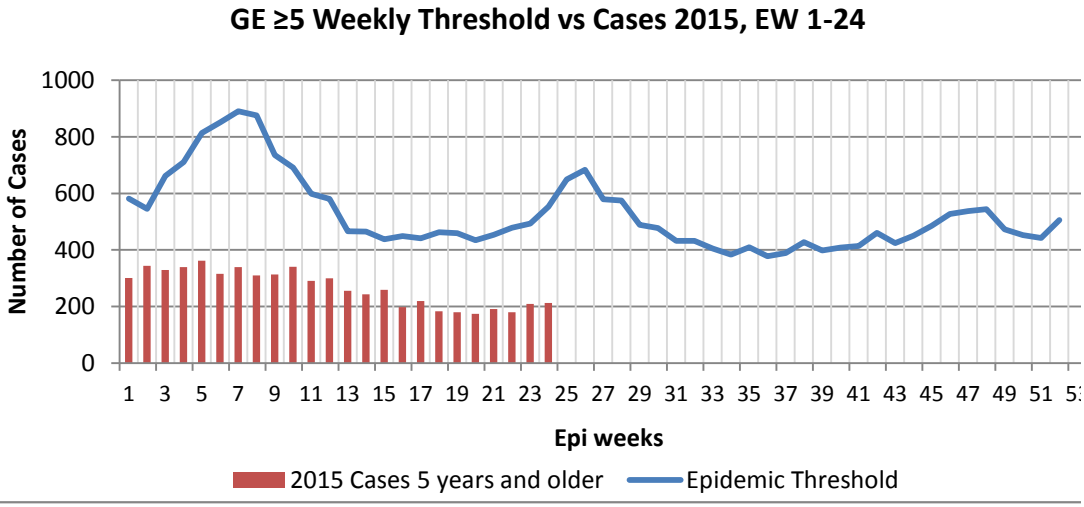
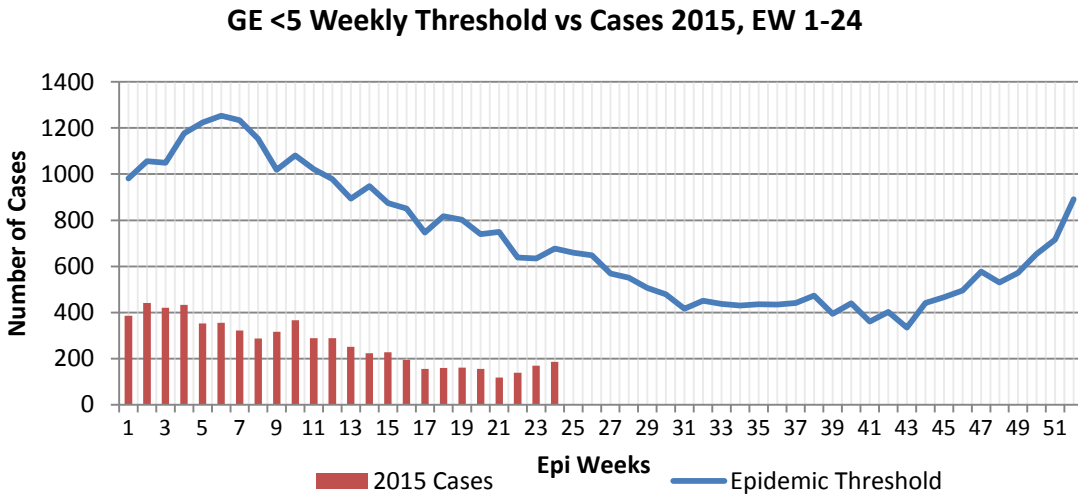
REPORTS FOR SYNDROMIC SURVEILLANCE

GASTROENTERITS

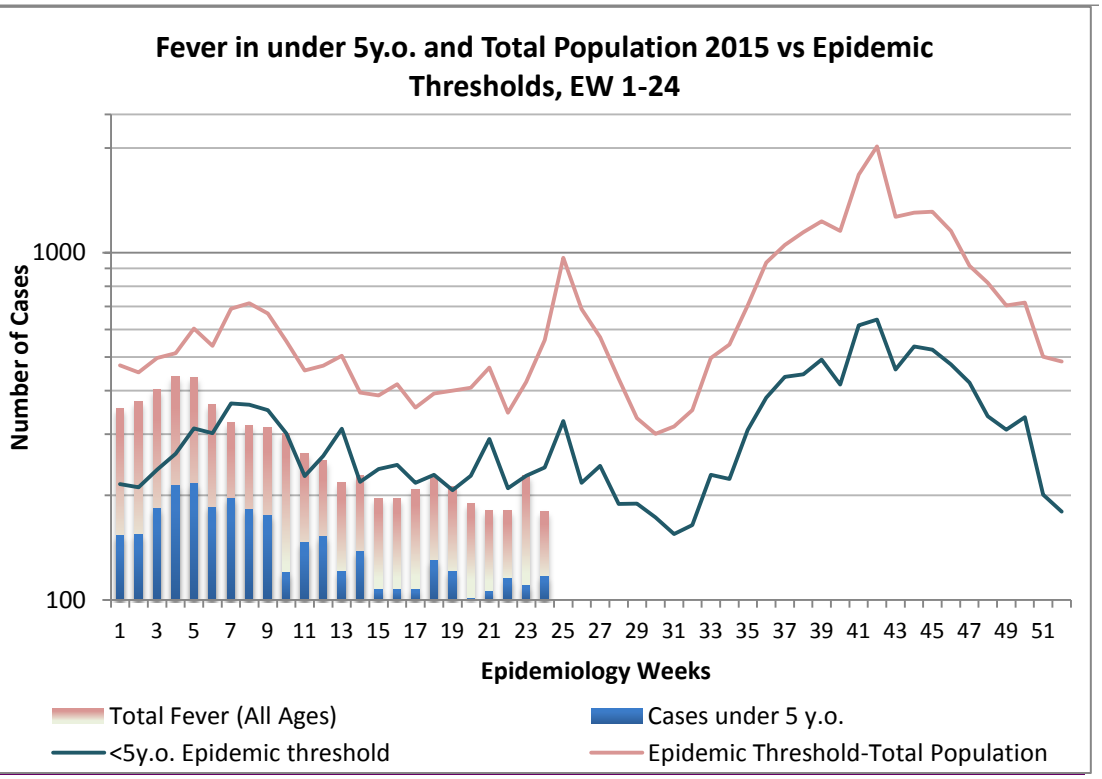
Three or more loose stools within 24 hours.





FEVER

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



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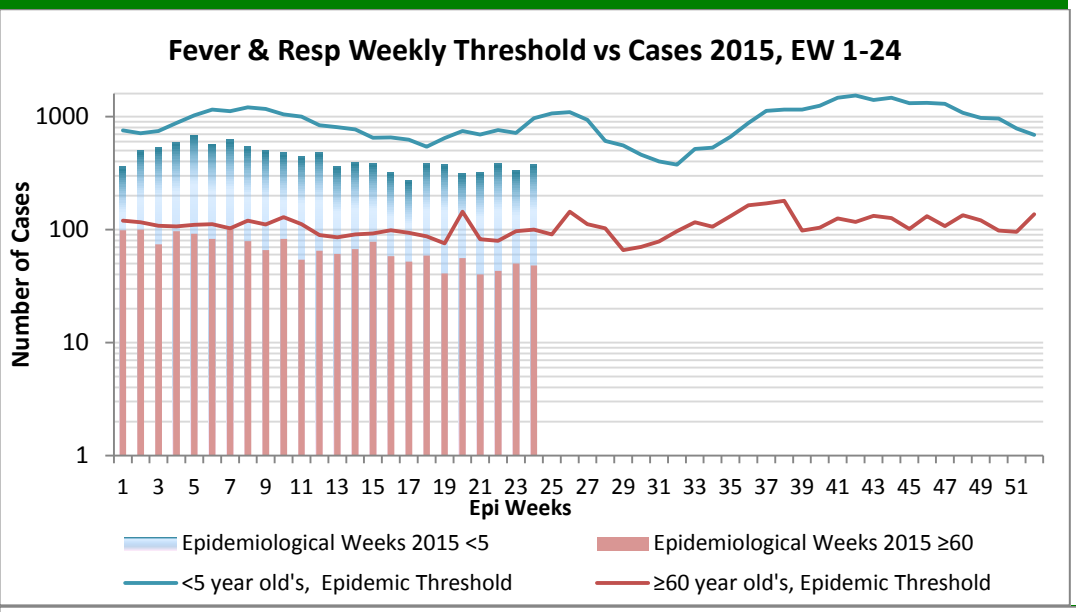
REPORTS FOR SYNDROMIC SURVEILLANCE

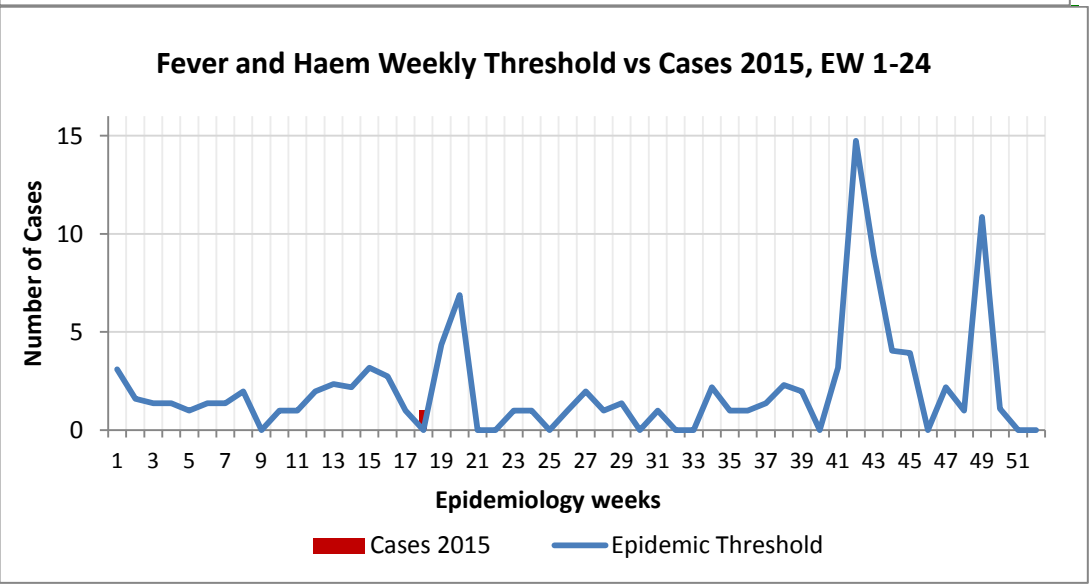
FEVER AND RESPIRATORY

Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person with or without respiratory distress presenting with either cough or sore throat.



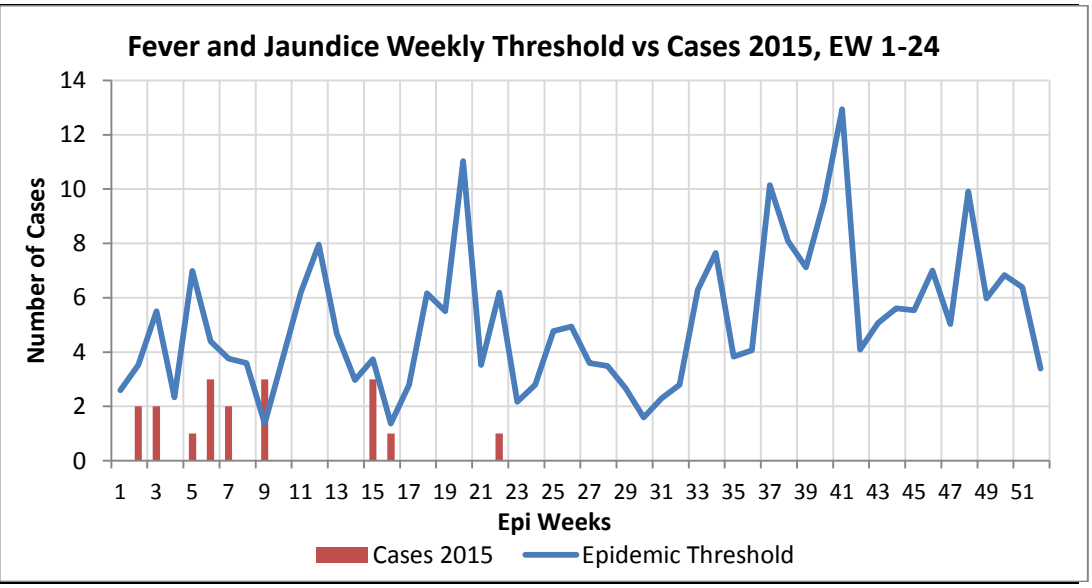
FEVER AND HAEMORRHAGIC

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.



FEVER AND JAUNDICE

Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with jaundice.



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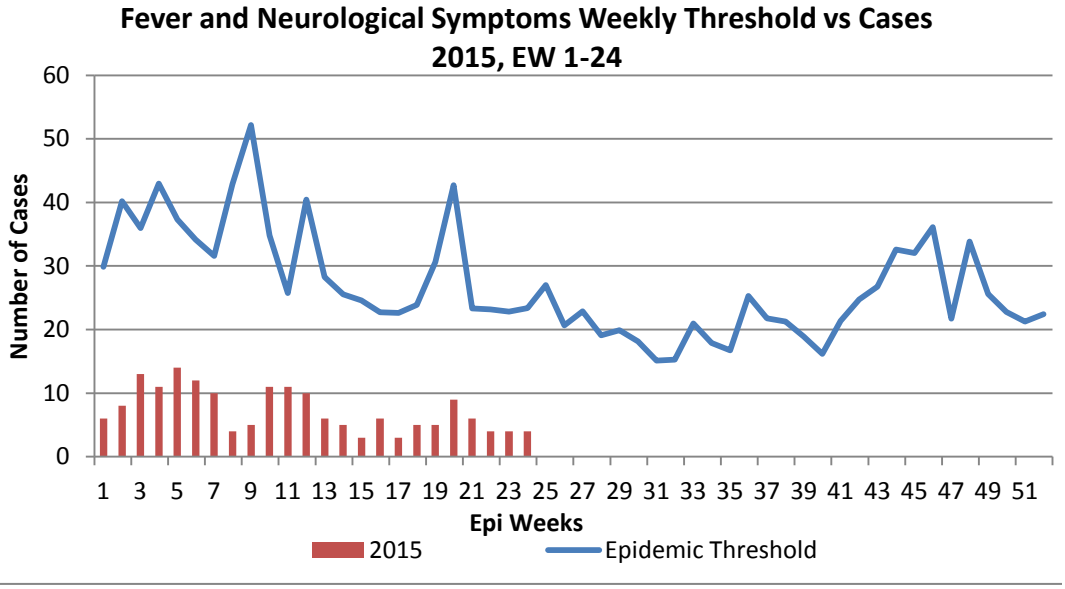
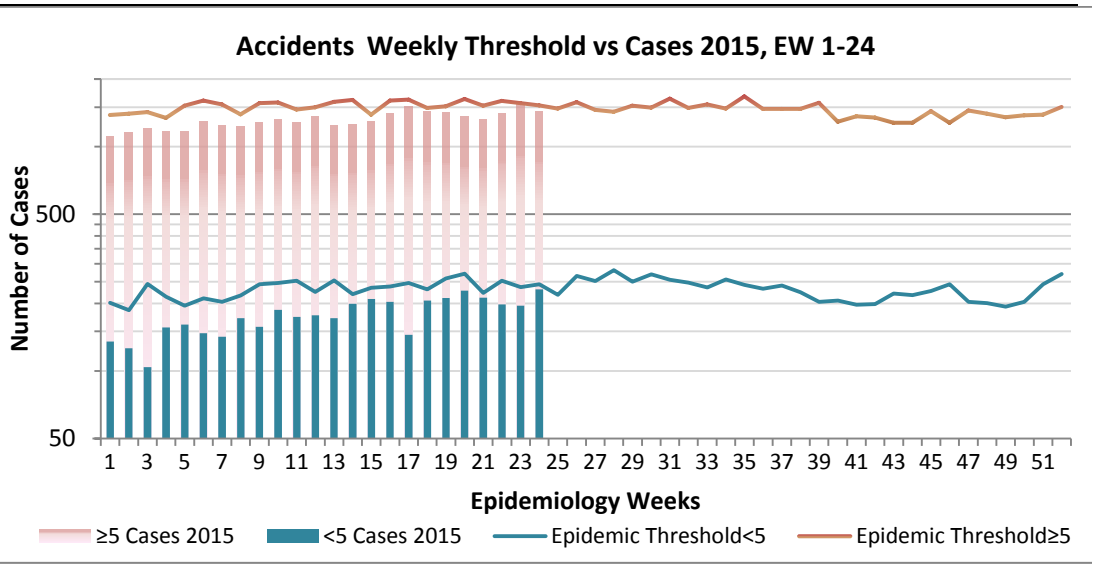
FEVER AND NEUROLOGICAL

Temperature of $>38^0C$ /100.4^0F (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).



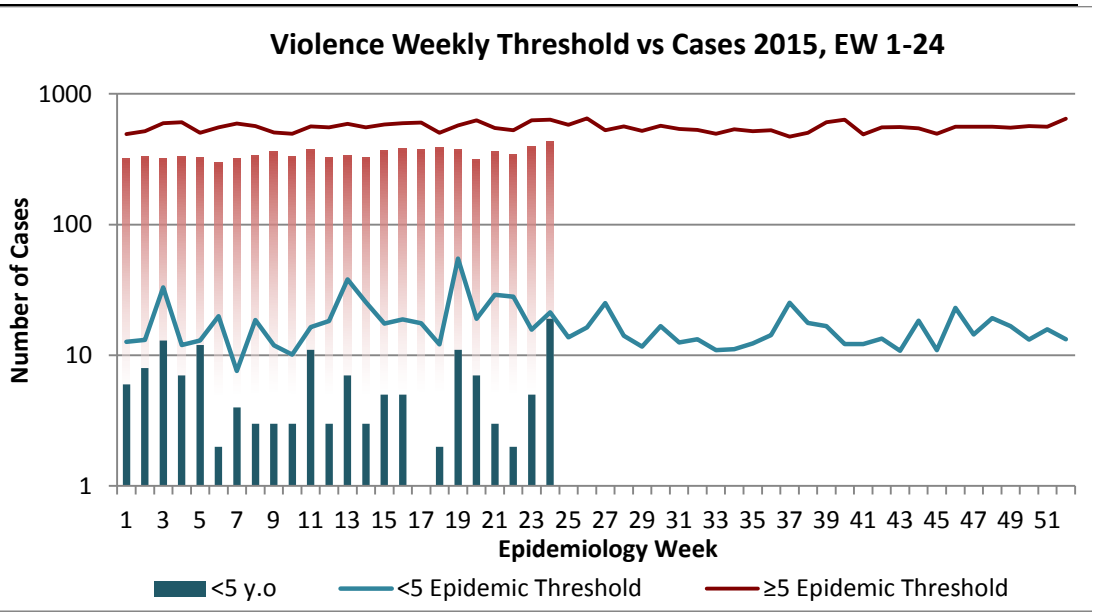
ACCIDENTS

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



VIOLENCE

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



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CLASS ONE NOTIFIABLE EVENTS and LEPTOSPIROSIS

	CLASS 1 EVENTS		CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		32	305
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		0	0
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		5	35
	Hepatitis C		1	1
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		2	0
	Meningitis		175	334
EXOTIC/ UNUSUAL	Plague		0	0
H IGH MORBIDIT/ MORTALIY	Meningococcal Meningitis		0	0
	Neonatal Tetanus		0	0
	Typhoid Fever		3	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[2]		22	20
	Ophthalmia Neonatorum		105	147
	Pertussis-like syndrome		0	0
	Rheumatic Fever		2	6
	Tetanus		1	0
	Tuberculosis		22	27
	Yellow Fever		0	0
UNCLASSED**	Leptospirosis		0	0

Comments

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.

The TB case detection rate established by PAHO for Jamaica is at least 90% of their calculated estimate of cases in the island, this is 180 (of 200) cases per year.

*Data not available

**Leptospirosis is awaiting classification as class 1, 2 or 3

1 Dengue Hemorrhagic Fever data include Dengue related deaths;

2 Maternal Deaths include early and late deaths.

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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 24

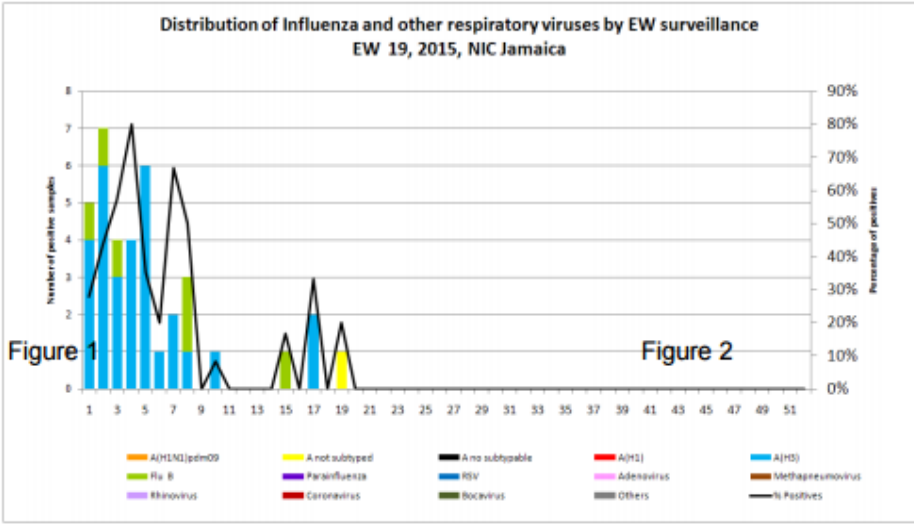
June 14 – June 20, 2015 Epidemiology Week 24

June, 2015	*EW 24*	*YTD*
SARI cases	*20*	*470*
Total Influenza positive	***0***	***33***
Samples		
Influenza A	***0***	***28***
H3N2	*0*	*28*
H1N1pdm09	*0*	*0*
Influenza B		*5*

Admitted Lower Respiratory Tract Infection and LRTI-related Deaths

	Current year		Previous year	
	Week 24 2015	**YTD** 2015	Week 24 2014	YTD 2014
Admitted Lower Respiratory Tract Infections	82	2011	68	1613
Pneumonia-related Deaths	2	32	1	30

Comments:
The percent positivity of influenza viruses circulating among respiratory samples tested in EW 19, 2015 was 20%. Influenza A/H3N2 is the predominant circulating virus (81%), while Influenza B Yamagata continues to circulate at low levels of 16%. Both viruses are components of the 2014 -2015 Influenza Vaccines for the Northern Hemisphere.

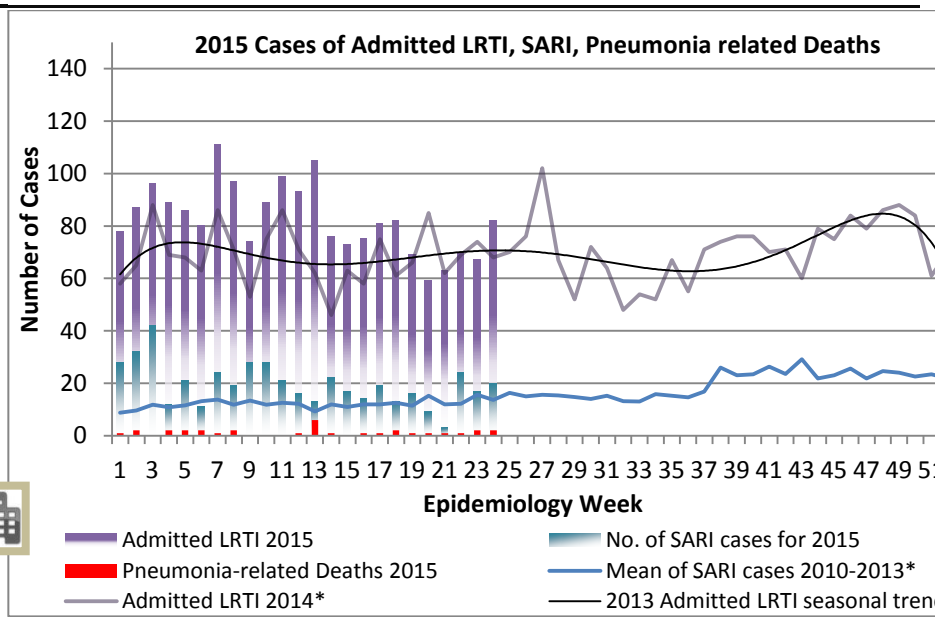


INDICATORS

Burden
Year to date, respiratory syndromes account for 3.8% of visits to health facilities.

Incidence
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.

Prevalence
Not applicable to acute respiratory conditions.



***Additional data needed to calculate Epidemic Threshold**

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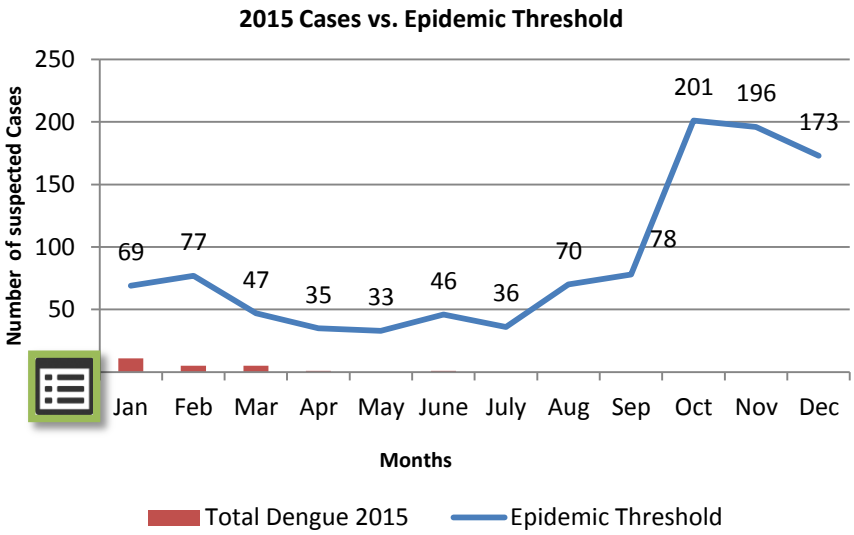
Dengue Bulletin

June 14 – June 20, 2015 Epidemiology Week 24

IMPORTANT INFORMATION

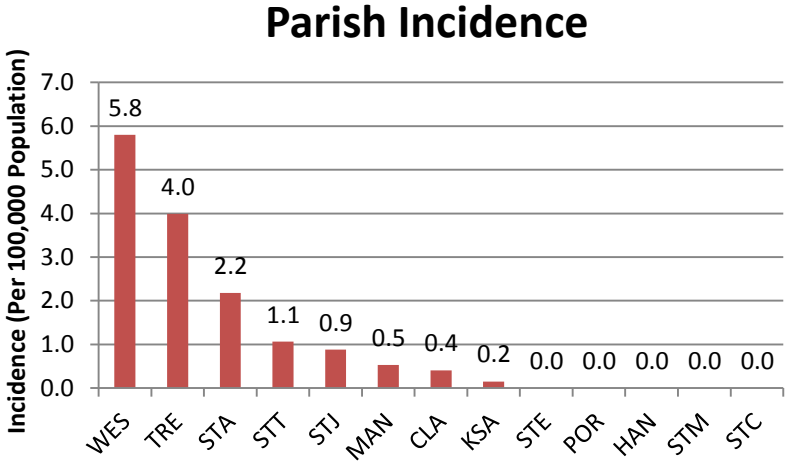
2014 Cases	Suspected DF	928
	Dengue incidence	34.1/100,000
	Lab-confirmed	72
	DHF/DSS	0
	Dengue-related Deaths	0
2015 YTD	Suspected DF	23
	Incidence	0.85/100,000
	Lab-Confirmed	3
	DHF/DSS	0



DISTRIBUTION

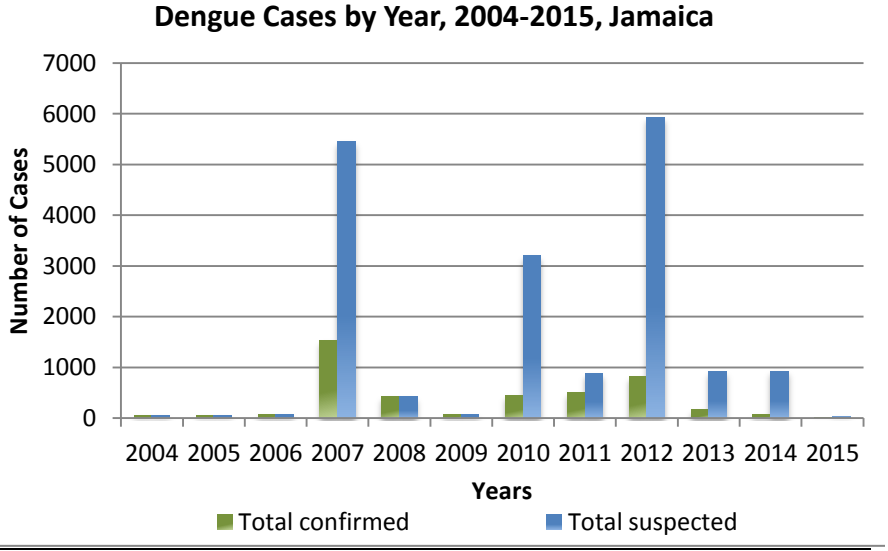
Year-to-Date Suspected Dengue Fever

	M	F	Total	%
<1	2	2	4	17.4
1-4	1	0	1	4.3
5-14	1	2	3	13.0
15-24	1	1	2	8.7
25-44	4	5	9	39.1
45-64	2	1	3	13.0
≥65	1	0	1	4.3
Unknown	0	0	0	0
TOTAL	**12**	**11**	**23**	**100**



Weekly Breakdown of suspected and confirmed cases of DF,DHF,DSS,DRD

		2015 EW 24	2015 YTD	2014 YTD
Total Suspected Dengue Cases		0	23	97
Lab Confirmed Dengue cases		0	3	0
CONFIRMED	DHF/DSS	0	0	2
CONFIRMED	Dengue Related Deaths	0	0	2



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Gastroenteritis Bulletin

EW 24

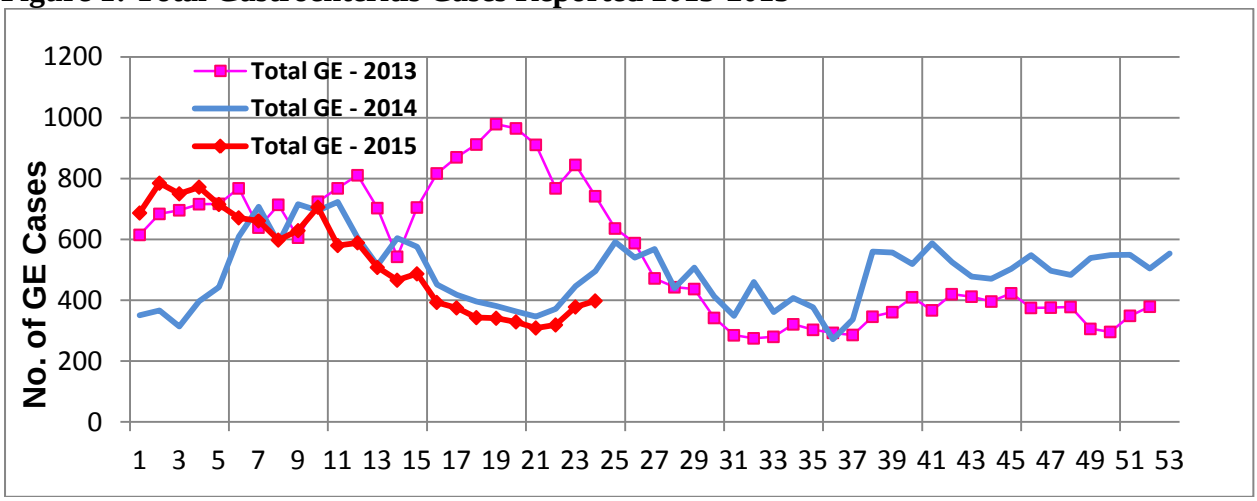
June 14 – June 20, 2015 Epidemiology Week 24

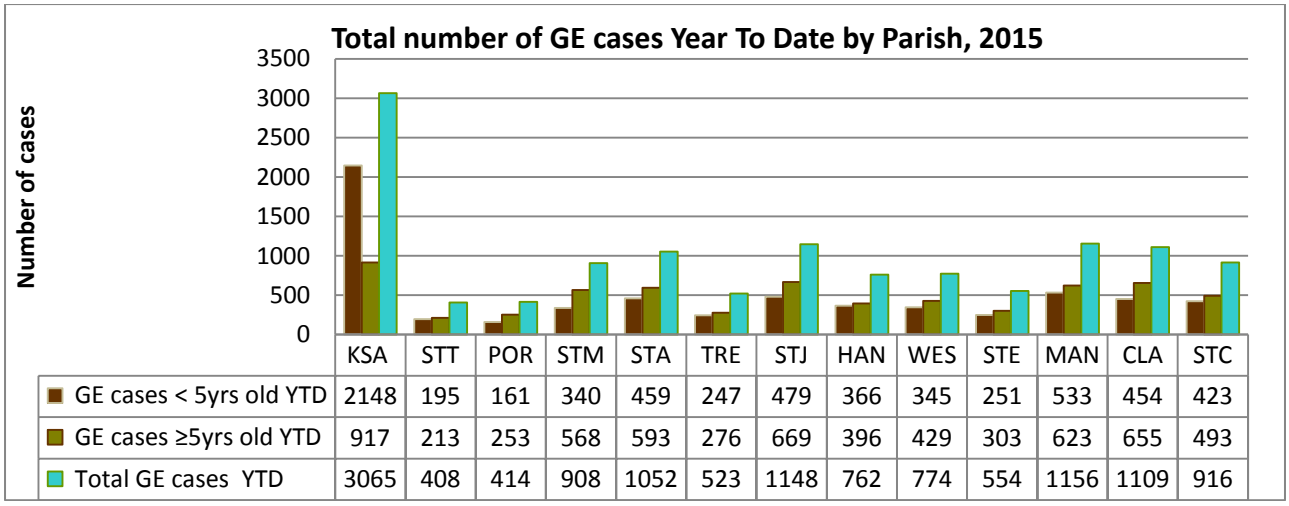
Weekly Breakdown of Gastroenteritis cases

Year	EW 24			YTD		
	<5	≥5	Total	<5	≥5	Total
2015	186	212	398	6401	6388	12789
2014	261	235	496	5880	5979	11859

In Epidemiology Week 24, 2015, the total number of reported GE cases showed a 20% decrease compared to EW 24 of the previous year.
The year to date figure showed an 8% increase in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2013-2015





	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
GE cases < 5yrs old YTD	2148	195	161	340	459	247	479	366	345	251	533	454	423
GE cases ≥5yrs old YTD	917	213	253	568	593	276	669	396	429	303	623	655	493
Total GE cases YTD	3065	408	414	908	1052	523	1148	762	774	554	1156	1109	916

RESEARCH PAPER

Patient Satisfaction with Nurse Practitioner delivered Services at two Health Centres in Kingston and St. Andrew

K Jones, JLM Lindo, P Anderson Johnson
The UWI School of Nursing, Mona, The University of the West Indies, Kingston 7

Objective: To explore the level of patient satisfaction with nurse practitioner delivered services in two health centres in Kingston and St. Andrew.

Method: A cross sectional survey of 120 adult clients (≥18 years old) seen by the nurse practitioner at a Type 3 and a Type 5 health centre in Kingston and St. Andrew was conducted utilizing a self administered questionnaire. The data collection instrument included a modified Nurse Practitioner Satisfaction Survey. Data were analyzed using the SPSS® version 18 for Windows®.

Results: Of 120 participants, 77.2% were females with an average age of 40±16 years. Most (63.3%) were from the Type 5 health centre. The mean general satisfaction score was 80.88 out of a possible 90 and 83.3% of the respondents reported they were very satisfied and 16.6% were satisfied with the nurse practitioner ser-vices at both facilities. There was no significant difference between the mean satisfaction scores among males (80.41±6.5) and females (80.95±8.3) and respondents from the Type 3 (81.09±9.18) and Type 5 (81.76±7.1) health centre. No respondent was dissatisfied. The mean satisfaction score was significantly higher among respondents 40 years and older than that of their younger counterparts (p=0.032). Socio-demographic and organization characteristics were not associated with the mean satisfaction score.

Conclusions: A high level of satisfaction exists among patients seen by the nurse practitioner in the two facilities in Kingston and St Andrew. Nurse practitioners may play an expanded role in the delivery of primary healthcare.

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