

Week ending September 12, 2015

Epidemiology Week 36

# WEEKLY EPIDEMIOLOGY BULLETIN

## NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

### Weekly Spotlight

#### Bird Flu Vaccine Conditionally Approved



Credit Scott Olson/Getty Images

A vaccine to help protect chickens from avian influenza after more than 48 million birds died in the USA during an outbreak this year has cleared a first hurdle, with the Agriculture Department granting its maker a “conditional” license.

Harrisvaccines announced on Monday that the department had granted the license, a type issued to deal with emergencies, market limitations or other special circumstances, for a vaccine that can be easily updated as new strains of the virus appear. But the company does not yet have government approval to sell the drug.

The H5N2 strain of avian influenza that did most of the damage in the spring is extremely virulent, moving from one or two birds to entire flocks within 24 to 48 hours. It is believed to have been spread by wild birds migrating north, and poultry and egg producers have been concerned that birds will bring it or another equally devastating strain back with them as they begin their migration south this winter.

Mr. Harris said Harrisvaccines, which previously developed a vaccine used to combat a deadly pork virus, had been working to develop such a vaccine since the outbreak began, and it submitted its vaccine to the U.S.D.A.’s Southeast Poultry Research Center for evaluation.

The company’s technology creates a synthetic version of a virus’s genetic code and uses that to make a vaccine, eliminating the need to work with a live virus in making the drug.

Harrisvaccines is continuing to test the efficacy of the vaccine, with one trial with turkeys underway and other planned for testing on adult hens and day-old chicks. Mr. Harris said the biggest drawback so far is that the vaccine must be injected, which is logistically complicated in operations involving tens and even hundreds of thousands of birds.

Adapted from: <http://www.nytimes.com/2015/09/22/business/bird-flu-vaccine-conditionally-approved-but-still-cant-be-sold.html>



**NOTIFICATIONS-**  
All clinical sites



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



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

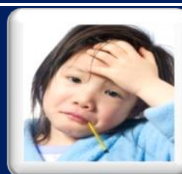


**SENTINEL REPORT-** 79 sites\*. Automatic reporting

\*Incidence/Prevalence cannot be calculated

### EPI WEEK 36

#### SYNDROMES



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#### CLASS 1 DISEASES

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#### INFLUENZA

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#### DENGUE FEVER

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#### GASTROENTERITIS

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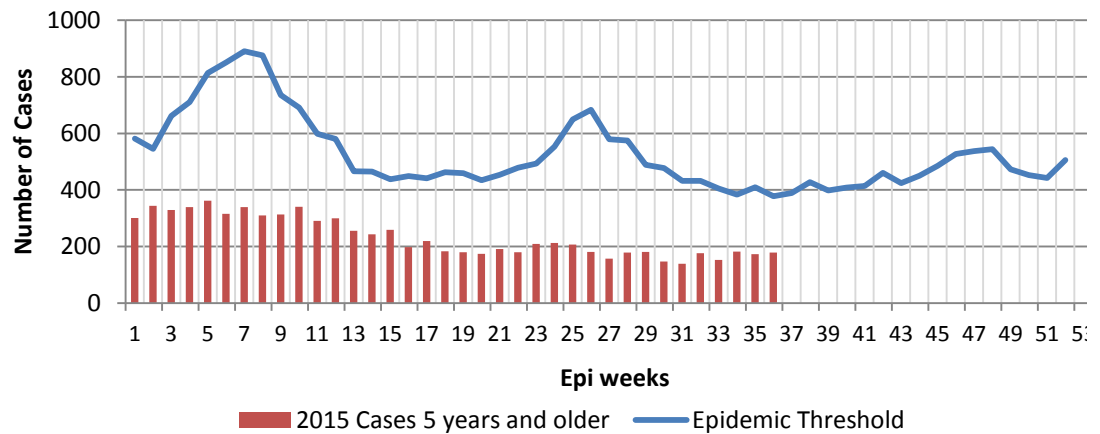
# REPORTS FOR SYNDROMIC SURVEILLANCE

## GASTROENTERITIS

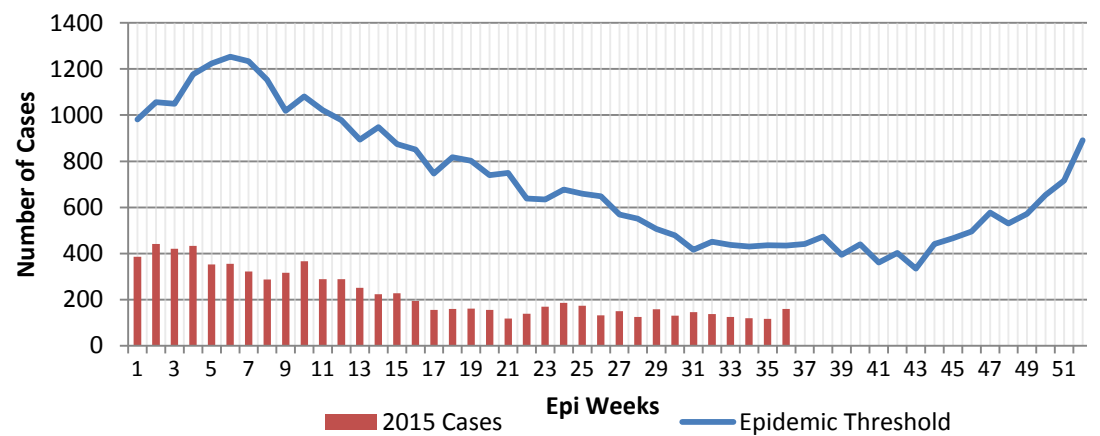
Three or more loose stools within 24 hours.



**GE ≥5 Weekly Threshold vs Cases 2015, EW 1-36**



**GE <5 Weekly Threshold vs Cases 2015, EW 1-36**

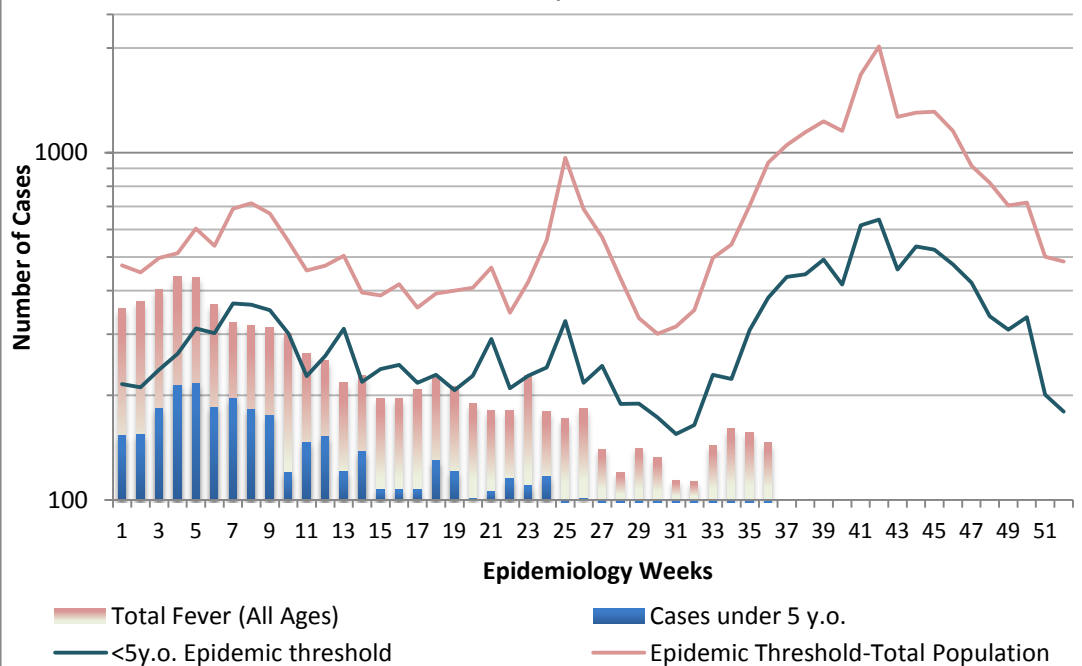


## FEVER

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



**Fever in under 5y.o. and Total Population 2015 vs Epidemic Thresholds, EW 1-36**



**NOTIFICATIONS-** All clinical sites

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

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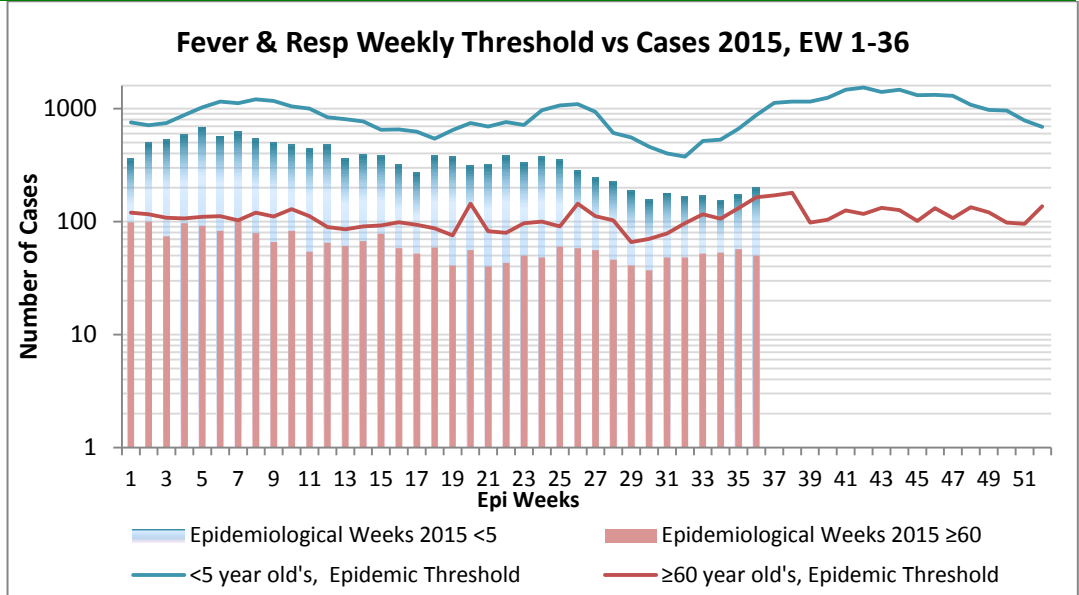
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# REPORTS FOR SYNDROMIC SURVEILLANCE

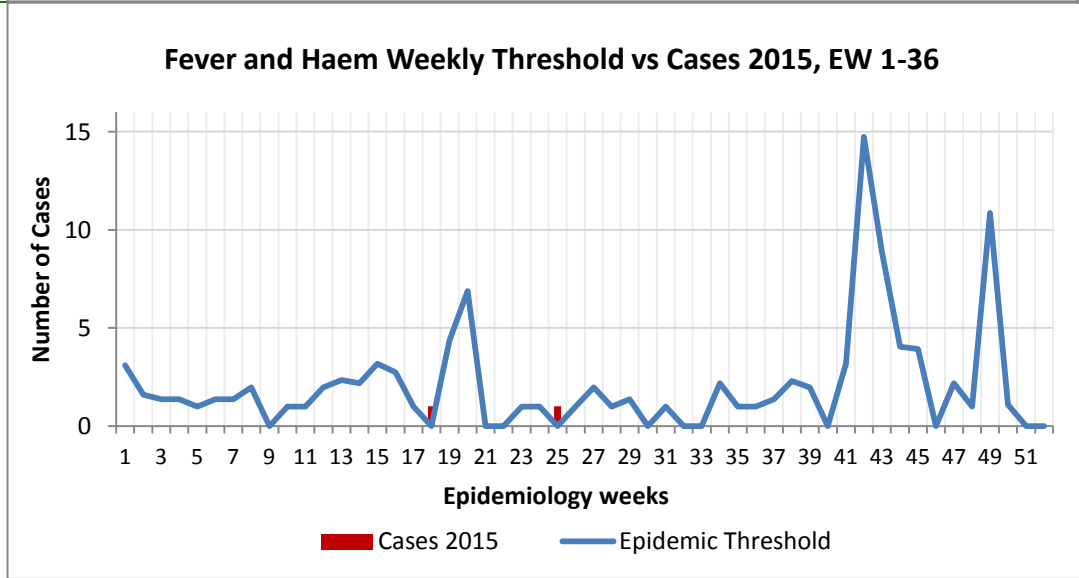
## FEVER AND RESPIRATORY

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



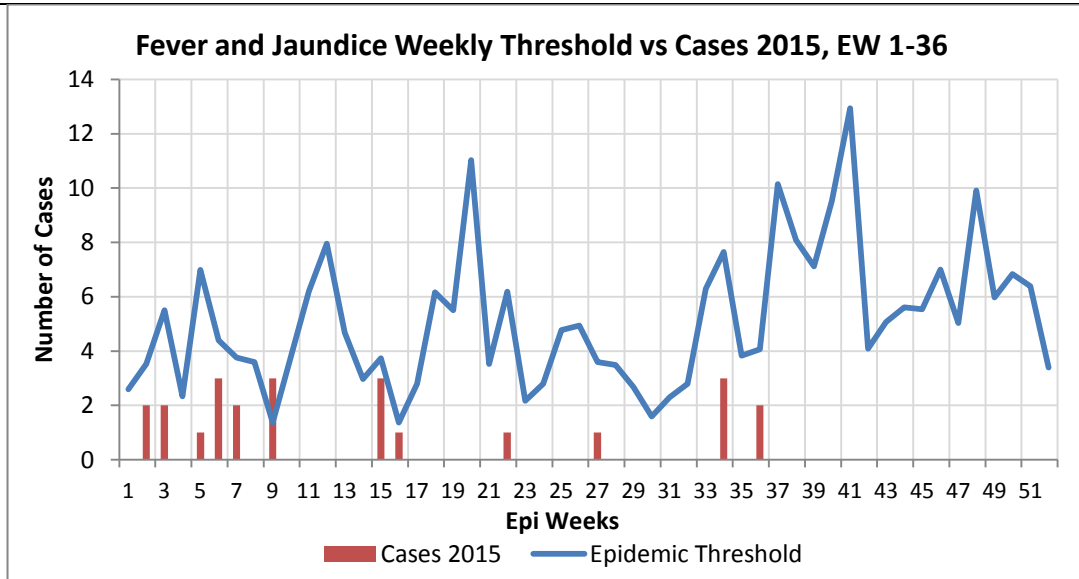
## FEVER AND HAEMORRHAGIC

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



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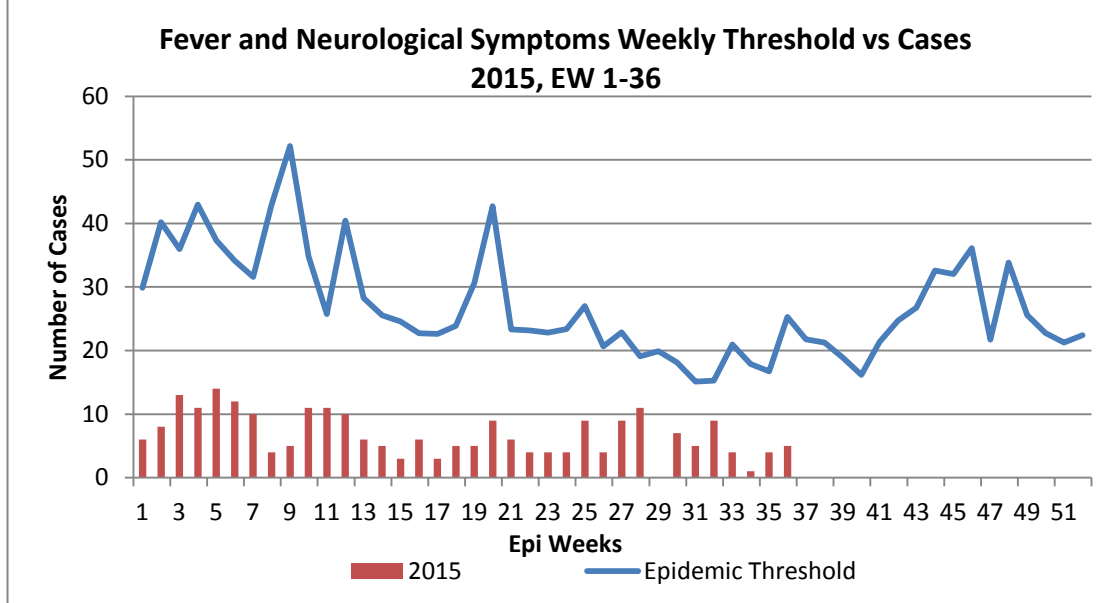
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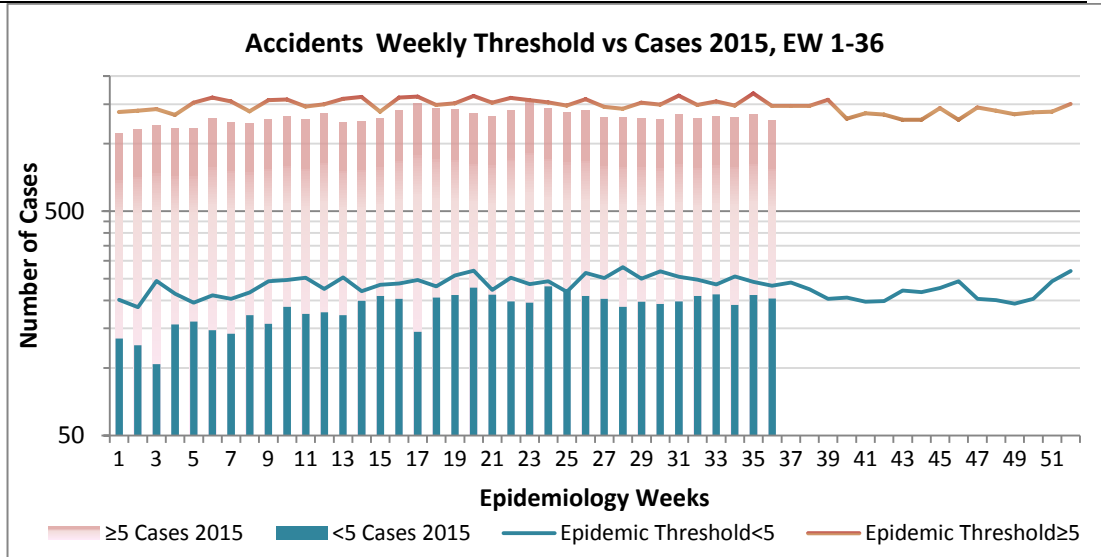
**FEVER AND NEUROLOGICAL**

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).



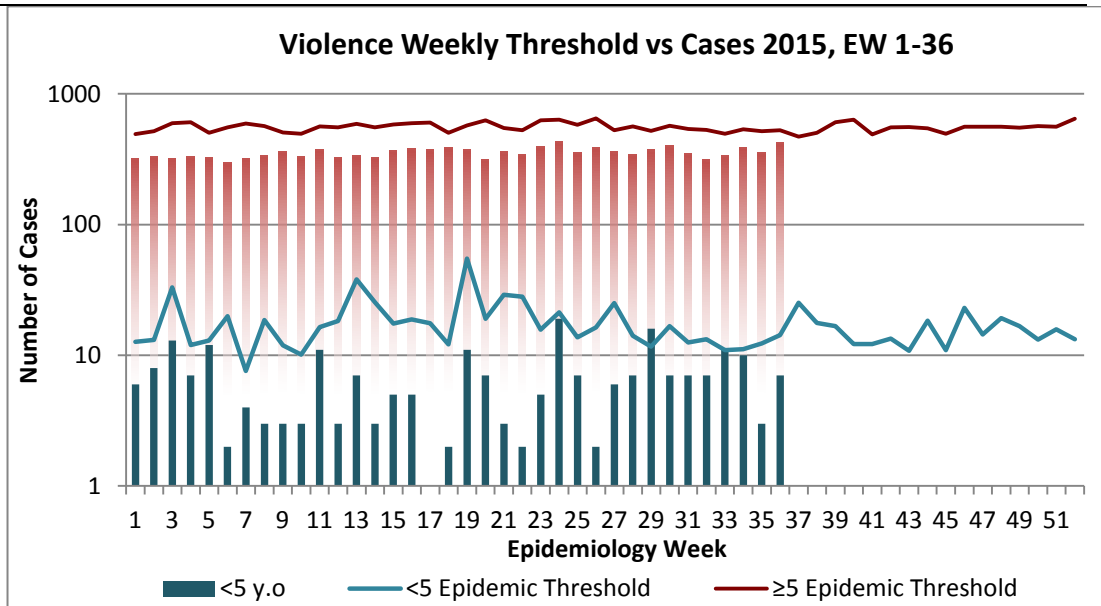
**ACCIDENTS**

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

Comments

	CLASS 1 EVENTS	CONFIRMED YTD		
		CURRENT YEAR	PREVIOUS YEAR	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	437	444	
	Cholera	0	0	
	Dengue Hemorrhagic Fever <sup>1</sup>	0	0	
	Hansen's Disease (Leprosy)	1	1	
	Hepatitis B	15	59	
	Hepatitis C	4	11	
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)	2	1	
	Meningitis	255	506	
EXOTIC/ UNUSUAL	Plague	0	0	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis	0	0	
	Neonatal Tetanus	0	0	
	Typhoid Fever	3	0	
	Meningitis H/Flu	0	0	
	AFP/Polio	0	0	
SPECIAL PROGRAMMES	Congenital Rubella Syndrome	0	0	
	Congenital Syphilis	0	0	
	Fever and Rash	Measles	0	0
		Rubella	0	0
	Maternal Deaths <sup>2</sup>	30	39	
	Ophthalmia Neonatorum	174	202	
	Pertussis-like syndrome	0	0	
	Rheumatic Fever	5	14	
	Tetanus	1	2	
	Tuberculosis	57	39	
Yellow Fever	0	0		
UNCLASSIFIED**	Leptospirosis	17	9	

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.

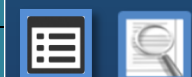
The TB case detection rate established by PAHO for Jamaica is at least 90% of their calculated estimate of cases in the island, this is 180 (of 200) cases per year.


\*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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
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# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

**EW 36**

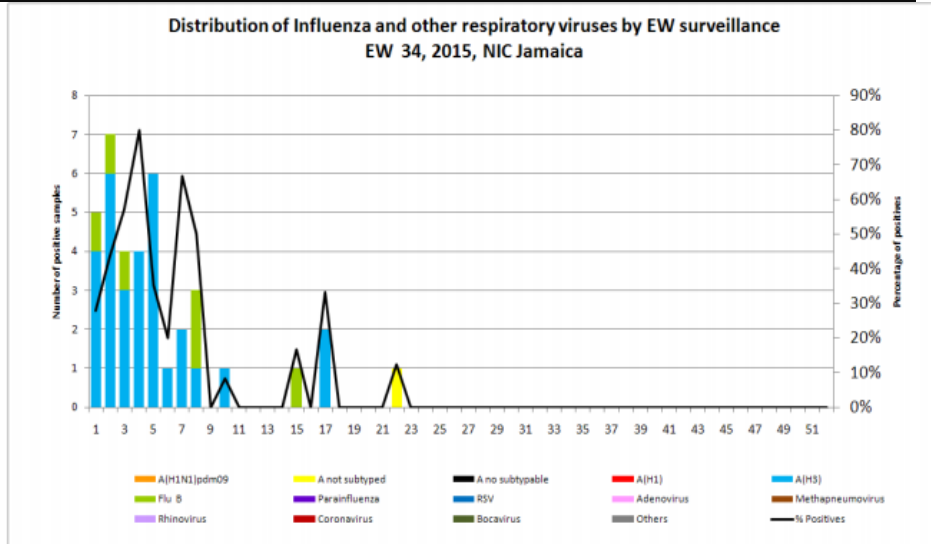
September 6 – September 12, 2015

Epidemiology Week 36

September, 2015			Admitted Lower Respiratory Tract Infection and LRTI-related Deaths				
	EW 36	YTD	Current year		Previous year		
			Week 36 2015	YTD 2015	Week 36 2014	YTD 2014	
SARI cases	1	608					
<b>Total Influenza positive</b>	0	37					
<b>Samples</b>			Admitted Lower Respiratory Infections	74	2743	55	2392
<b>Influenza A</b>	0	31					
H3N2	0	30					
<b>Influenza B</b>	0	6	Pneumonia-related Deaths	0	45	2	55
H1N1pdm09	0	0					

**Comments:**

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. There has been no detection of the influenza variant A/H3 virus (A/H3N2v), influenza Avian H5 or H7 viruses among samples tested.

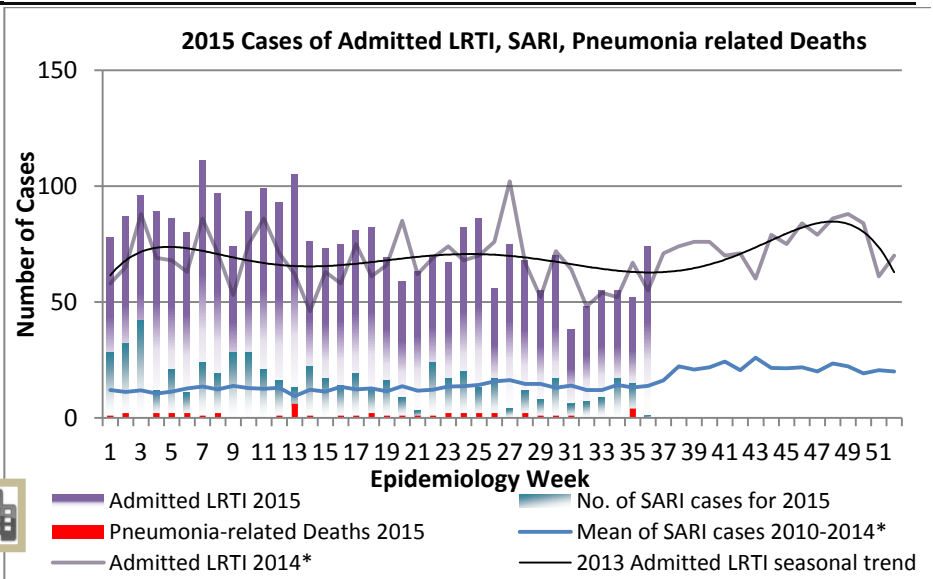


**INDICATORS**

**Burden**  
Year to date, respiratory syndromes account for 3.3% 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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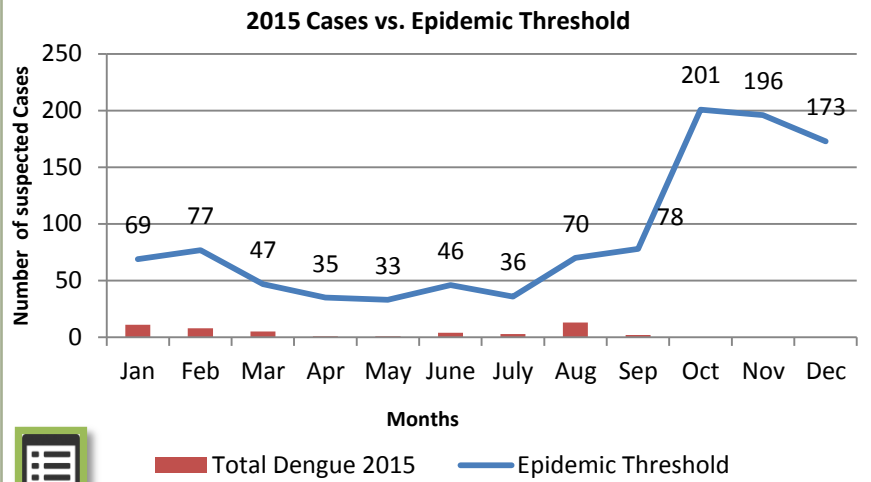
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# Dengue Bulletin

September 6 – September 12, 2015

Epidemiology Week 36

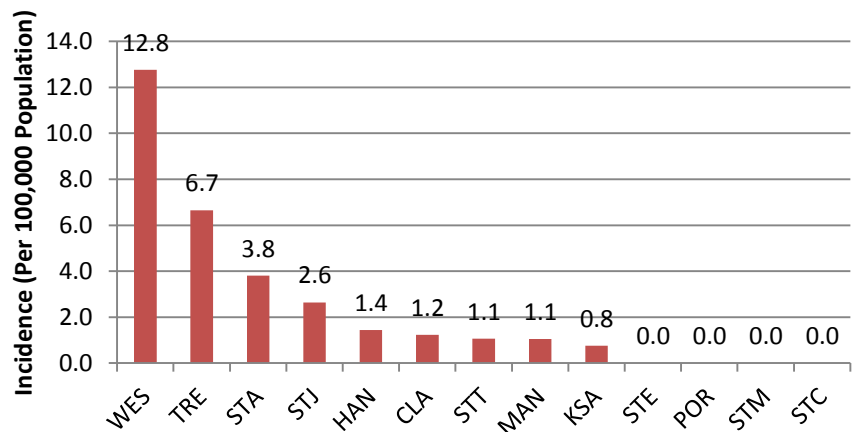


## DISTRIBUTION

### Year-to-Date Suspected Dengue Fever

	M	F	Total	%
<1	3	2	5	10.0
1-4	1	0	1	2.0
5-14	3	7	10	20.0
15-24	10	3	13	26.0
25-44	7	7	14	28.0
45-64	3	2	5	10.0
≥65	1	1	2	4.0
Unknown	0	0	0	0
<b>TOTAL</b>	<b>28</b>	<b>22</b>	<b>50</b>	<b>100</b>

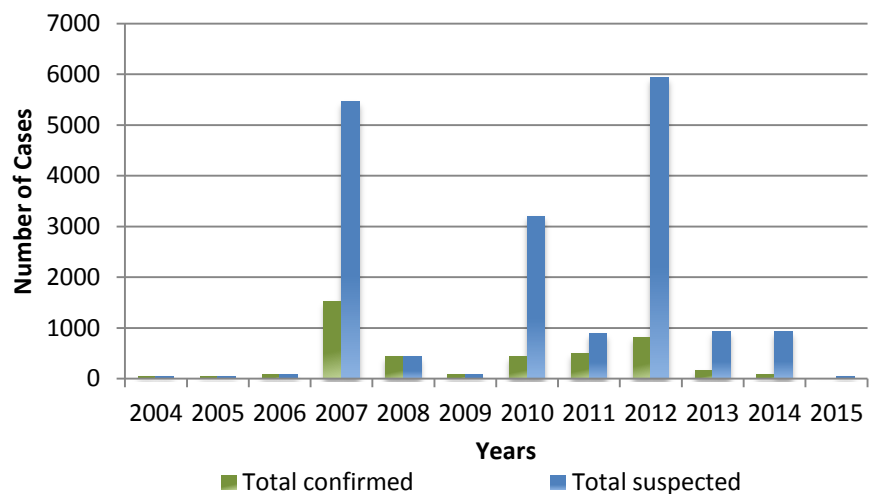
## Parish Incidence



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

		2015		2014 YTD
		EW 36	YTD	
Total Suspected Dengue Cases		0	50	241
Lab Confirmed Dengue cases		0	4	5
CONFIRMED	DHF/DSS	0	0	0
	Dengue Related Deaths	0	0	0

## Dengue Cases by Year, 2004-2015, Jamaica



NOTIFICATIONS- All clinical sites

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# Gastroenteritis Bulletin

**EW**  
**36**

September 6 – September 12, 2015

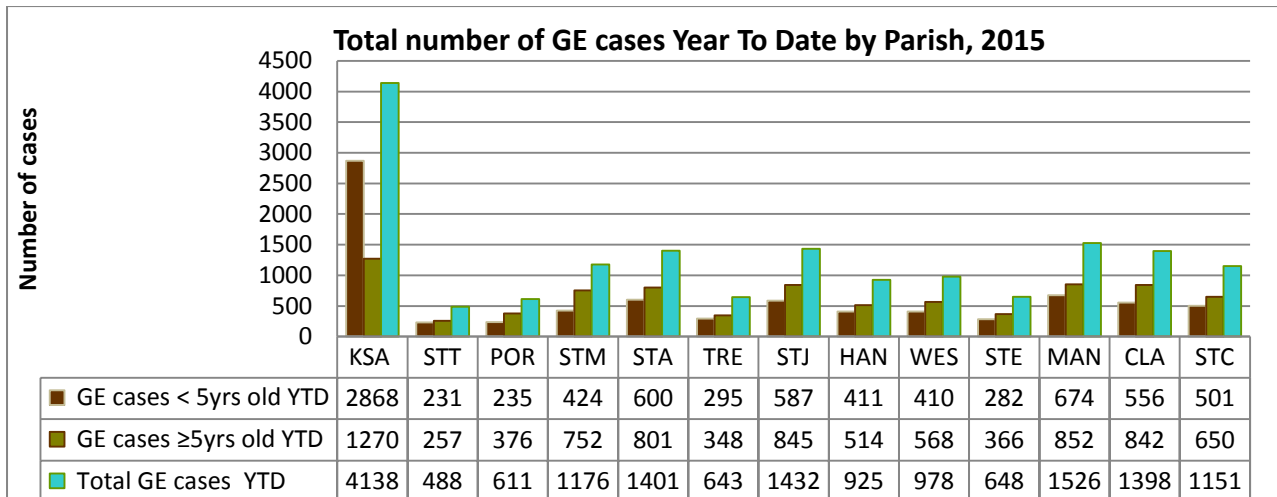
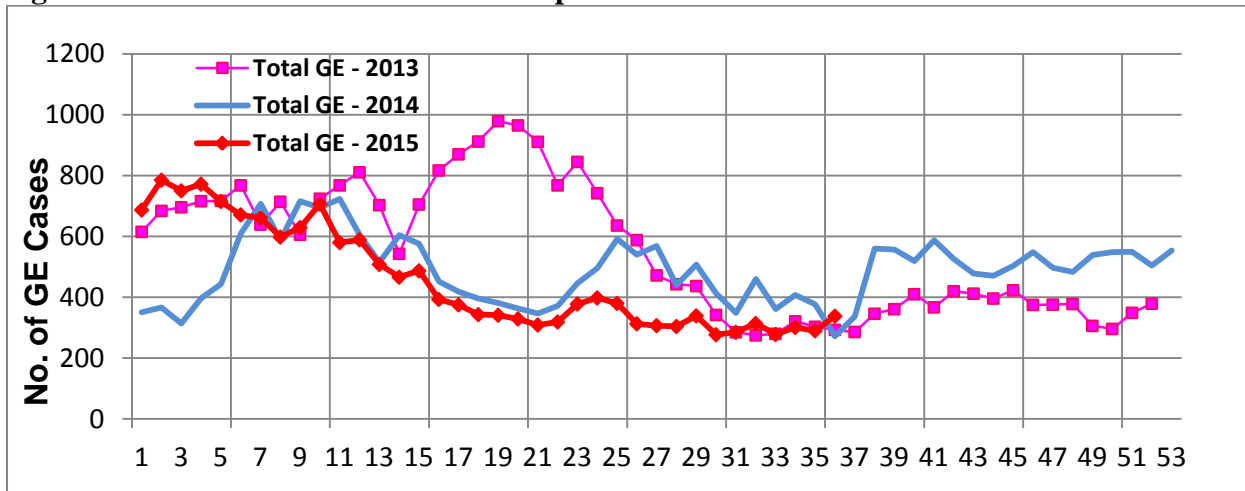
Epidemiology Week 36

## Weekly Breakdown of Gastroenteritis cases

Year	EW 36			YTD		
	<5	≥5	Total	<5	≥5	Total
2015	160	178	338	8074	8441	16515
2014	186	206	392	8762	8503	17265

In Epidemiology Week 36, 2015, the total number of reported GE cases showed a 14% decrease compared to EW 36 of the previous year. The year to date figure showed a 4% decrease in cases for the period.

**Figure 1: Total Gastroenteritis Cases Reported 2013-2015**





# RESEARCH PAPER

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

*C Blake-Mowatt, JLM Lindo, S Stanley, J Bennett*

*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 as-signed to the audited wards.

**Results:** Almost all the docketts audited (98%) revealed that nurses followed documentation guidelines for ad-mission, 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.



The Ministry of Health  
24-26 Grenada Crescent  
Kingston 5, Jamaica  
Tele: (876) 633-7924  
Email: [mohsurveillance@gmail.com](mailto:mohsurveillance@gmail.com)



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sites



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REPORTS- Detailed Follow  
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