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Week ending September 26, 2015 Epidemiology Week 38

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Hand Foot and Mouth Disease (HFMD) (Part 2)

Hand, Foot, and Mouth Disease
http:// http://images.ddccdn.com/cg/images/en2662081.jpg

Hand foot and mouth disease (HFMD) is a common, usually self-limiting viral illness. It occurs mainly in children under 5 years, but occasionally can occur in adults.

Transmission. The viruses that cause HFMD are transmitted by direct contact with the fluids from the blisters, respiratory secretions and stool of an affected person.
The virus may also be transmitted by touching hard surfaces contaminated with the bodily secretions named above.

Diagnosis. The diagnosis is usually made clinically, however, in severe cases a respiratory or stool sample may be taken for laboratory isolation of the virus.

Treatment. There is no specific treatment for HFMD, however, over the counter medications can help with the symptoms; for example: paracetamol for the fever.
It is also important that a person, especially a child or an elderly person, with HFMD continue to drink plenty of fluids in order to prevent dehydration. This may be difficult as the mouth sores may make eating and drinking painful.

Prevention. There is no vaccine to prevent HFMD. The mainstay of prevention is proper hygiene, especially frequent hand-washing. It is also advised that well individuals avoid contact with the body fluids of persons who are ill.
Source: http://www.cdc.gov/hand-foot-mouth/index.html.

EPI WEEK 38

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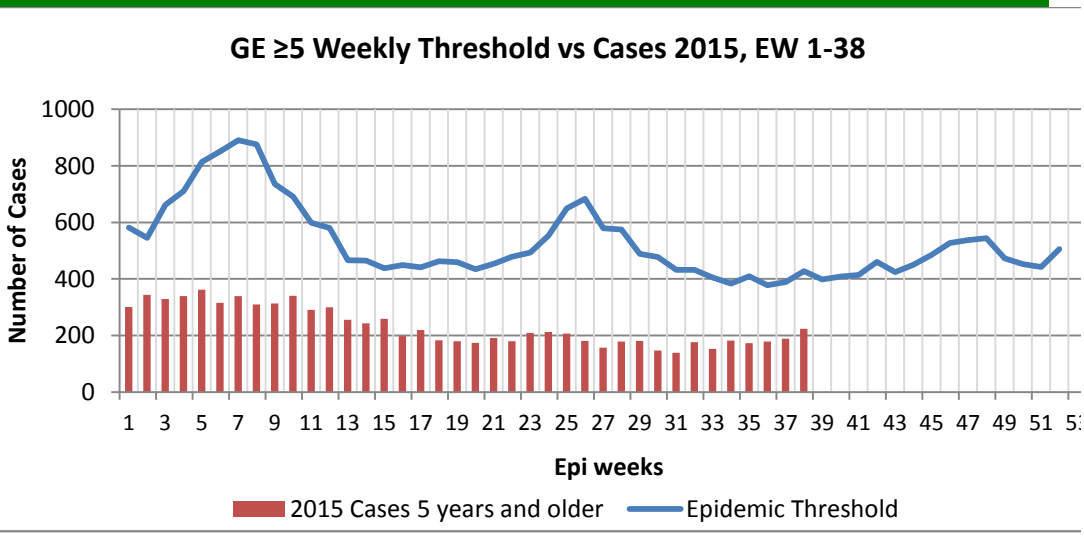
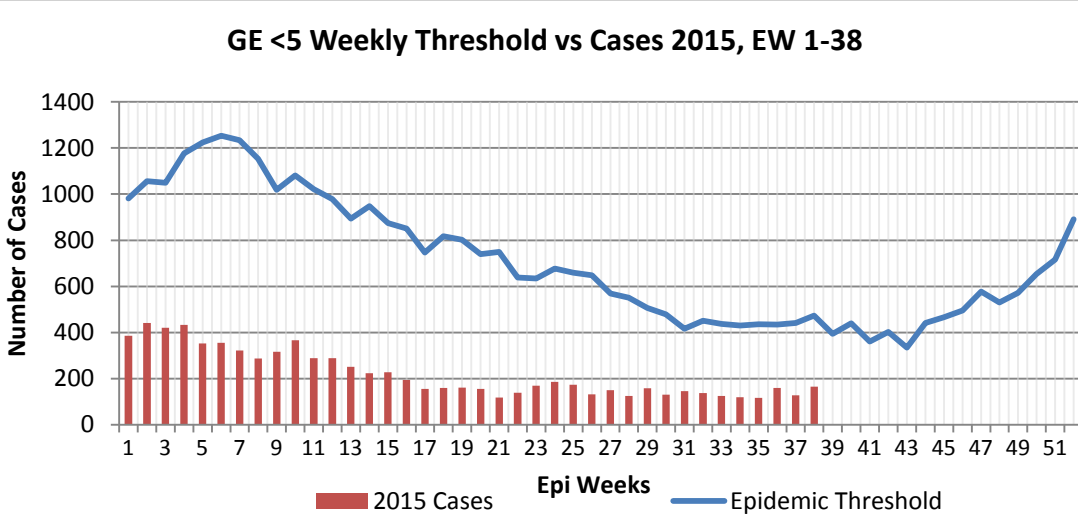
REPORTS FOR SYNDROMIC SURVEILLANCE

GASTROENTERITS

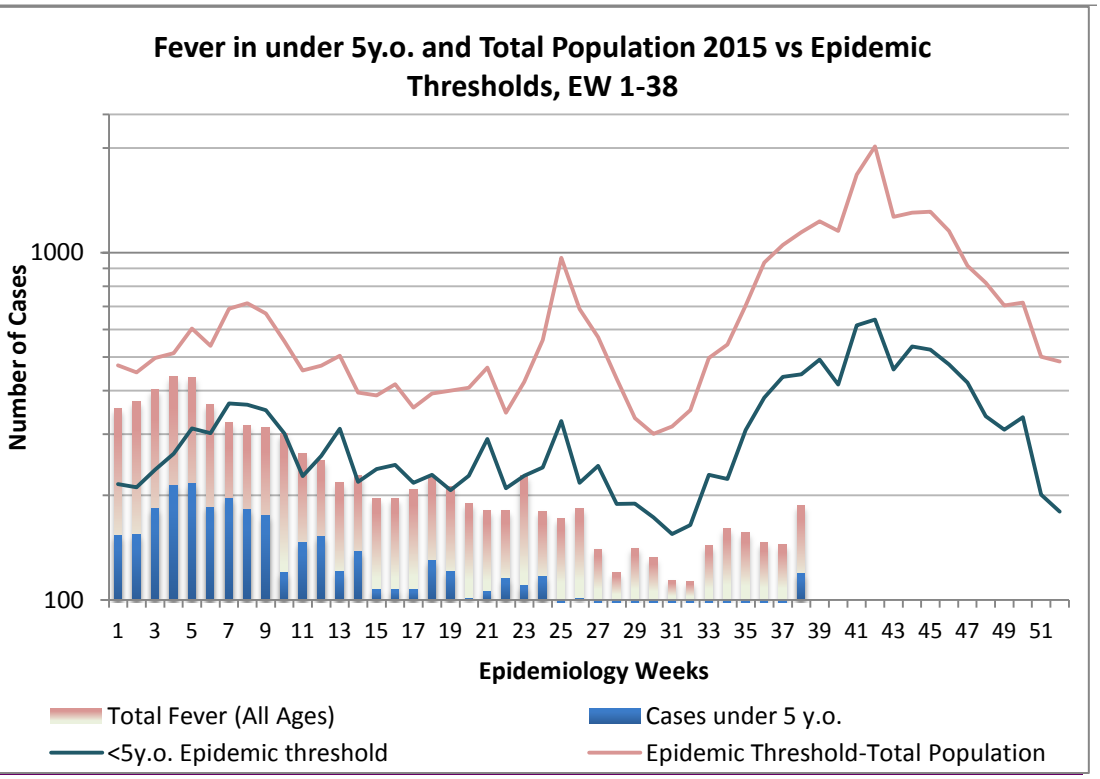
Three or more loose stools within 24 hours.





FEVER

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



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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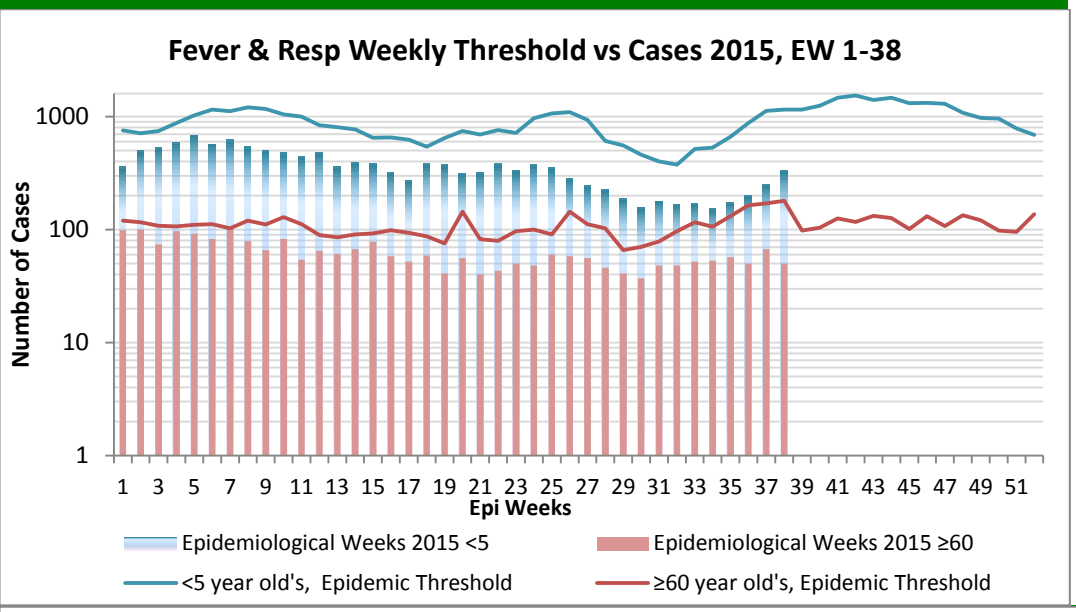
REPORTS FOR SYNDROMIC SURVEILLANCE

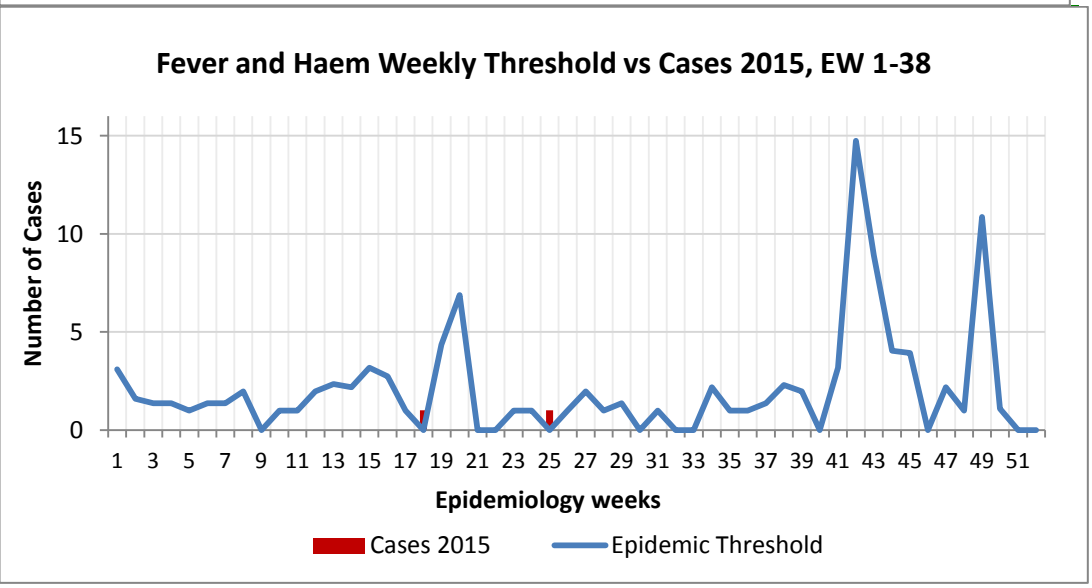
FEVER AND RESPIRATORY

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.



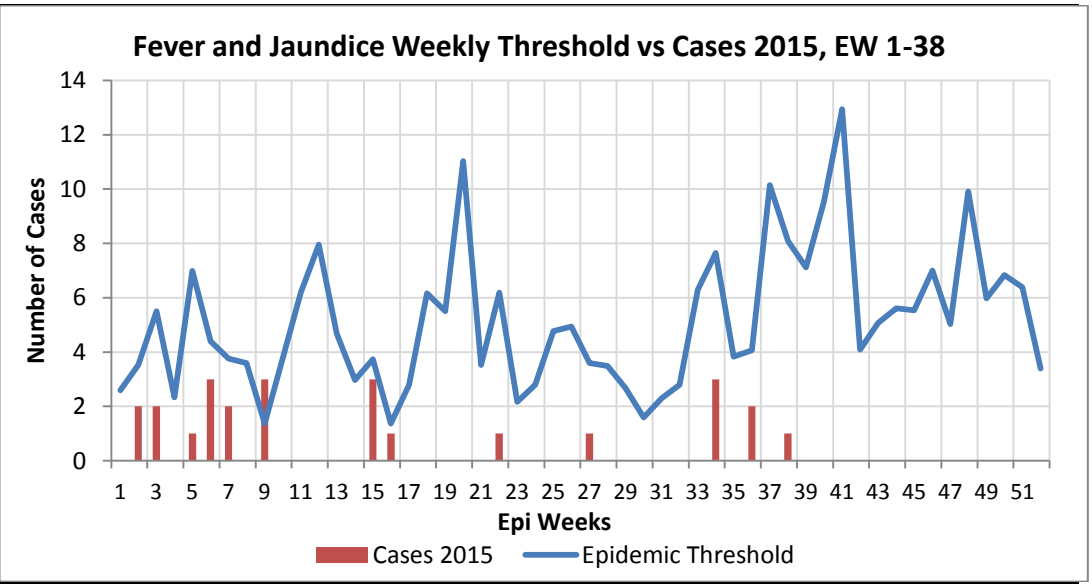
FEVER AND HAEMORRHAGIC

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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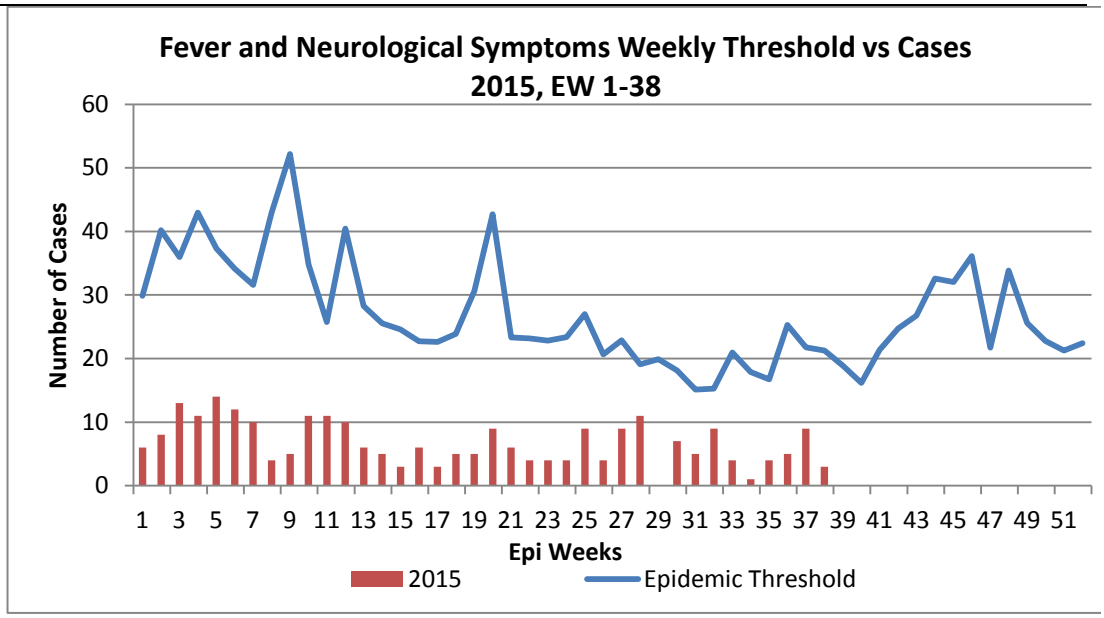
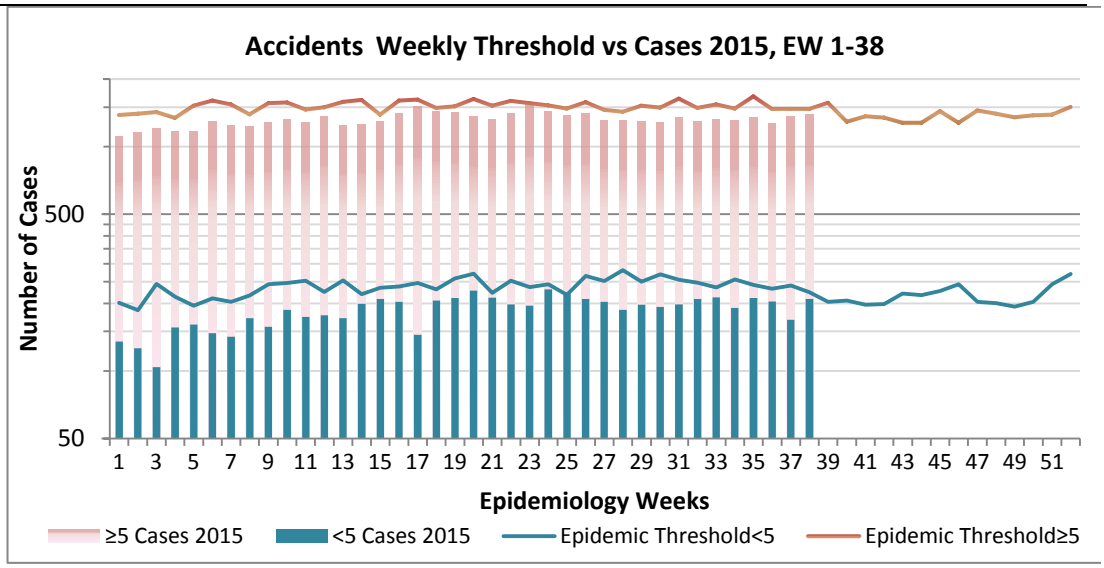
FEVER AND NEUROLOGICAL

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).



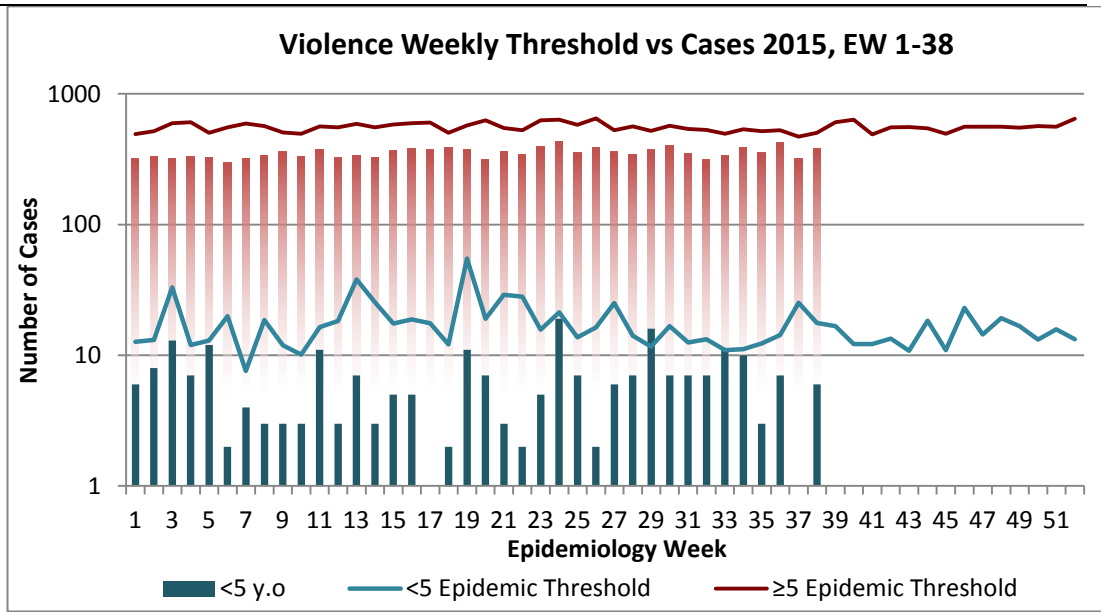
ACCIDENTS

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		454	460
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		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		278	542
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]		30	43
	Ophthalmia Neonatorum		181	214
	Pertussis-like syndrome		0	0
	Rheumatic Fever		5	14
	Tetanus		1	2
	Tuberculosis		57	39
	Yellow Fever		0	0
UNCLASSED**	Leptospirosis		18	9

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 38

September 20 – September 26, 2015 Epidemiology Week 38

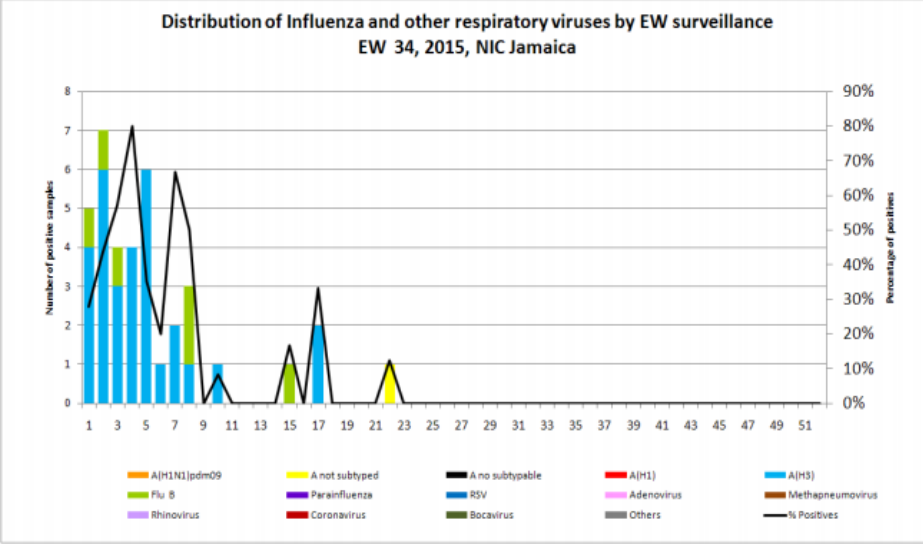
September, 2015	EW 38	YTD
SARI cases	16	639
Total Influenza positive Samples	**0**	**37**
Influenza A	**0**	**31**
H3N2	0	30
H1N1pdm09	0	0
Influenza B		**6**

Admitted Lower Respiratory Tract Infection and LRTI-related Deaths

	Current year		Previous year	
	Week 38 2015	YTD 2015	Week 38 2014	YTD 2014
Admitted Lower Respiratory Tract Infections	82	2888	74	2537
Pneumonia-related Deaths	0	45	2	59

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

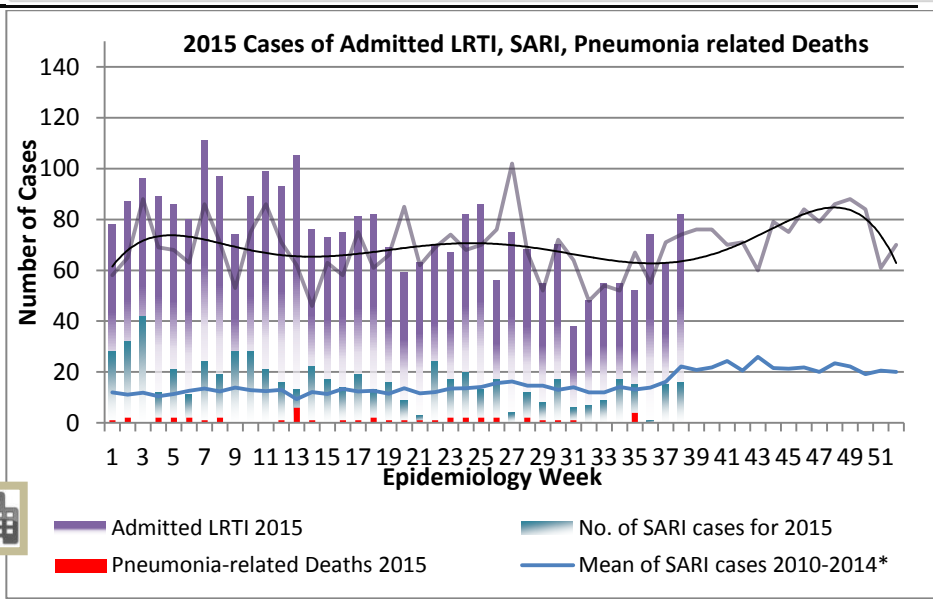
Year to date, respiratory syndromes account for 3.3% of visits to health facilities.

Incidence

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

Prevalence

Not applicable to acut respiratory conditions.



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

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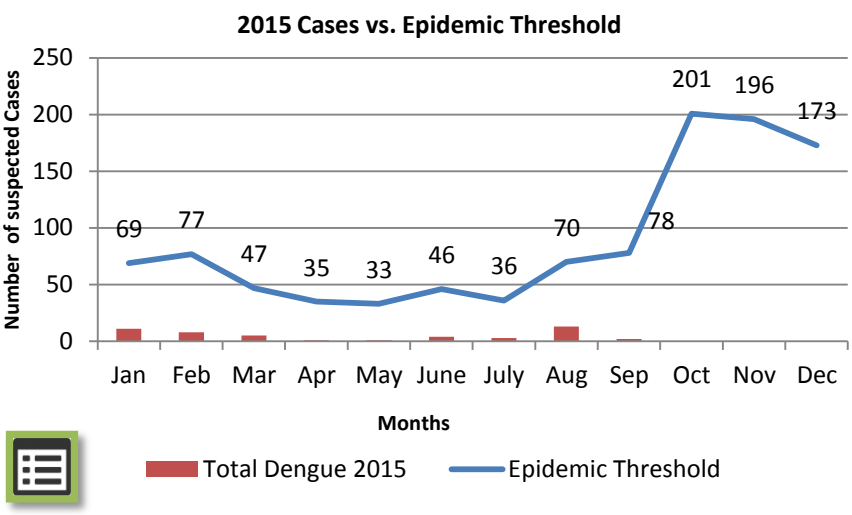
Dengue Bulletin

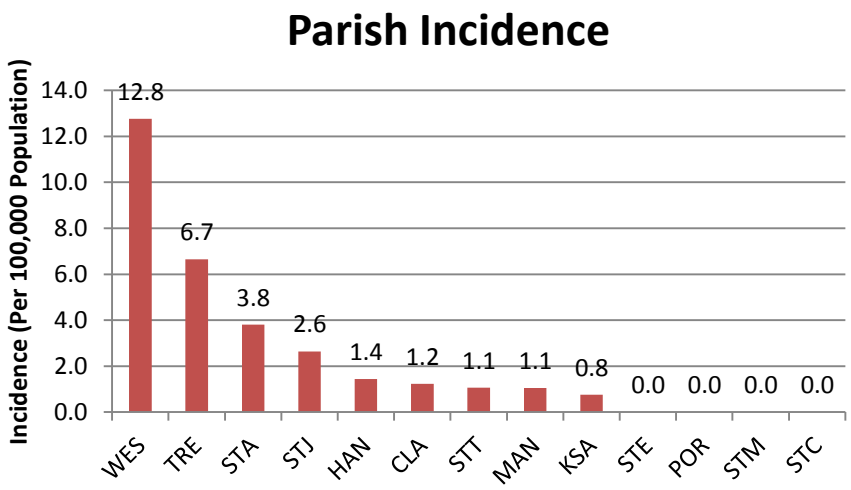
September 20 – September 26, 2015 Epidemiology Week 38



DISTRIBUTION

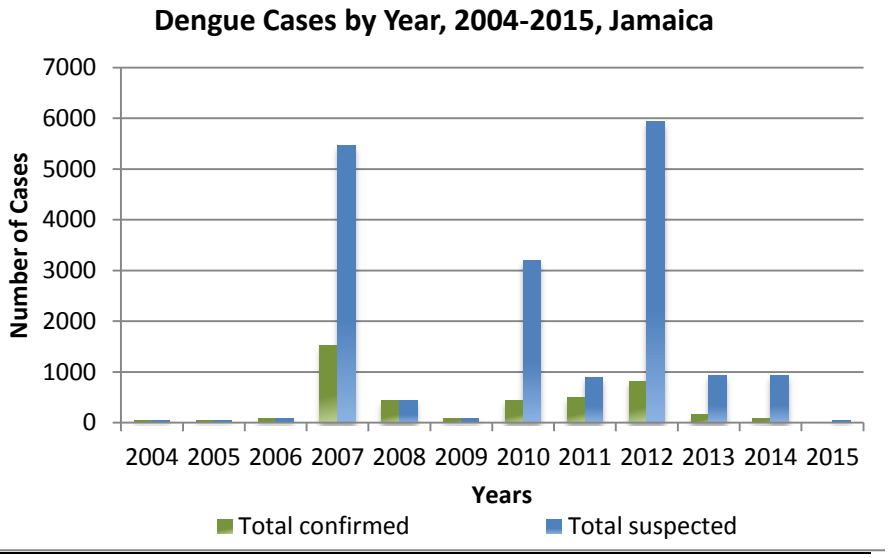
Year-to-Date Suspected Dengue Fever

	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
TOTAL	**28**	**22**	**50**	**100**



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

		2015		2014
		EW 38	YTD	YTD
Total Suspected Dengue Cases		0	50	401
Lab Confirmed Dengue cases		0	4	5
CONFIRMED	DHF/DSS	0	0	0
CONFIRMED	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

EW 38

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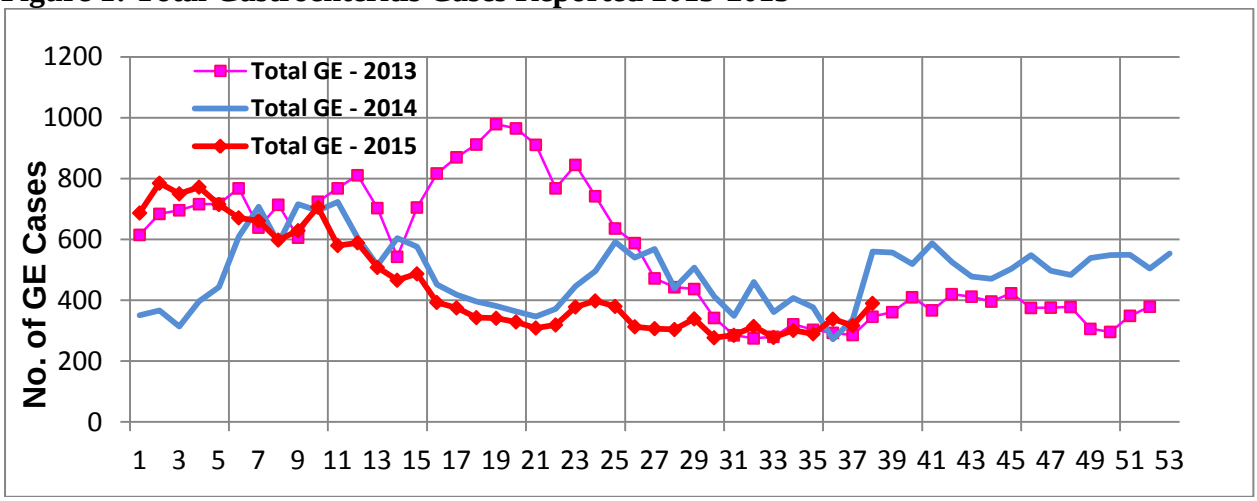
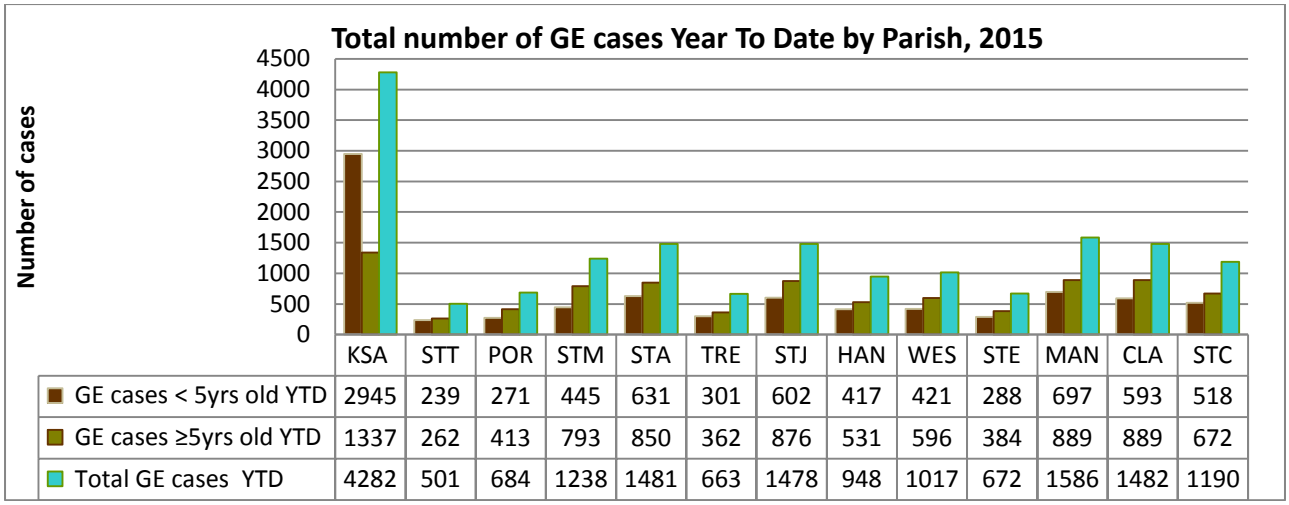
Weekly Breakdown of Gastroenteritis cases

Year	EW 38			YTD		
	<5	≥5	Total	<5	≥5	Total
2015	166	224	390	8368	8854	17222
2014	269	291	560	9262	9015	18277

In Epidemiology Week 38, 2015, the total number of reported GE cases showed a 30% decrease compared to EW 38 of the previous year.
The year to date figure showed a 6% decrease 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	2945	239	271	445	631	301	602	417	421	288	697	593	518
GE cases ≥5yrs old YTD	1337	262	413	793	850	362	876	531	596	384	889	889	672
Total GE cases YTD	4282	501	684	1238	1481	663	1478	948	1017	672	1586	1482	1190

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 dockets 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 dockets audited (98%) revealed that nurses followed documentation guidelines for ad-mission, recording patients' past complaints, medical history and assessment data. Most of the dockets (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 dockets 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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