Released October 23, 2015 ISSN 0799-3927

Week ending October 10, 2015 Epidemiology Week 40

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

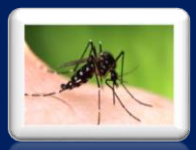
Weekly Spotlight

HIV – A Global Situation Update

- HIV continues to be a major global public health issue, having claimed more than 34 million lives so far. In 2014, 1.2 [1.0–1.5] million people died from HIV-related causes globally.
- There were approximately 36.9 [34.3–41.4] million people living with HIV at the end of 2014 with 2.0 [1.9–2.2] million people becoming newly infected with HIV in 2014 globally.
- Sub-Saharan Africa is the most affected region, with 25.8 [24.0–28.7] million people living with HIV in 2014. Also sub-Saharan Africa accounts for almost 70% of the global total of new HIV infections.
- HIV infection is often diagnosed through rapid diagnostic tests (RDTs), which detect the presence or absence of HIV antibodies. Most often these tests provide same day test results; essential for same day diagnosis and early treatment and care.
- There is no cure for HIV infection. However, effective treatment with antiretroviral (ARV) drugs can control the virus so that people with HIV can enjoy healthy and productive lives.
- It is estimated that currently only 51% of people with HIV know their status. In 2014, approximately 150 million children and adults in 129 low- and middle-income countries received HIV testing services.
- In 2014, 14.9 million people living with HIV were receiving antiretroviral therapy (ART) globally, of which 13.5 million were receiving ART in low- and middle-income countries. The 14.9 million people on ART represent 40% [37–45%] of people living with HIV globally

Source: http://www.who.int/mediacentre/factsheets/fs360/en/

EPI WEEK 40



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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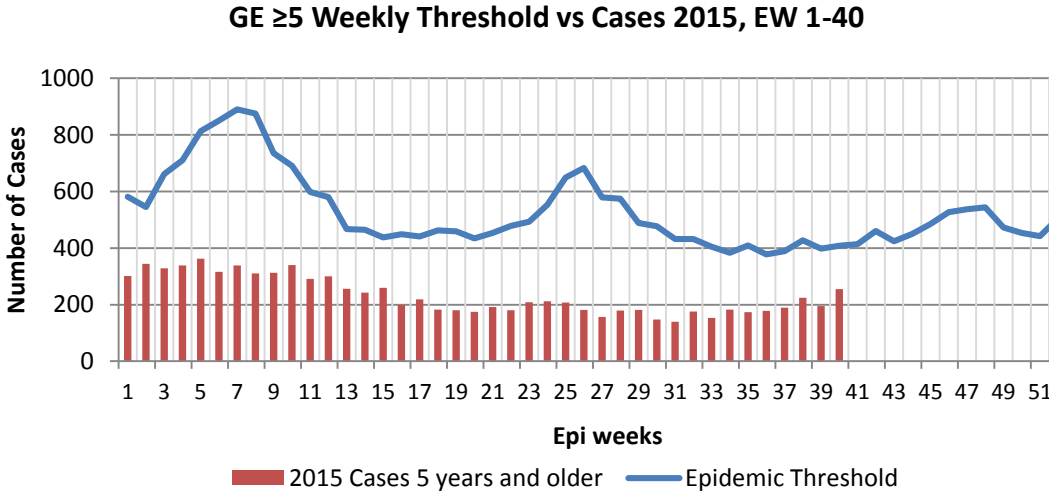
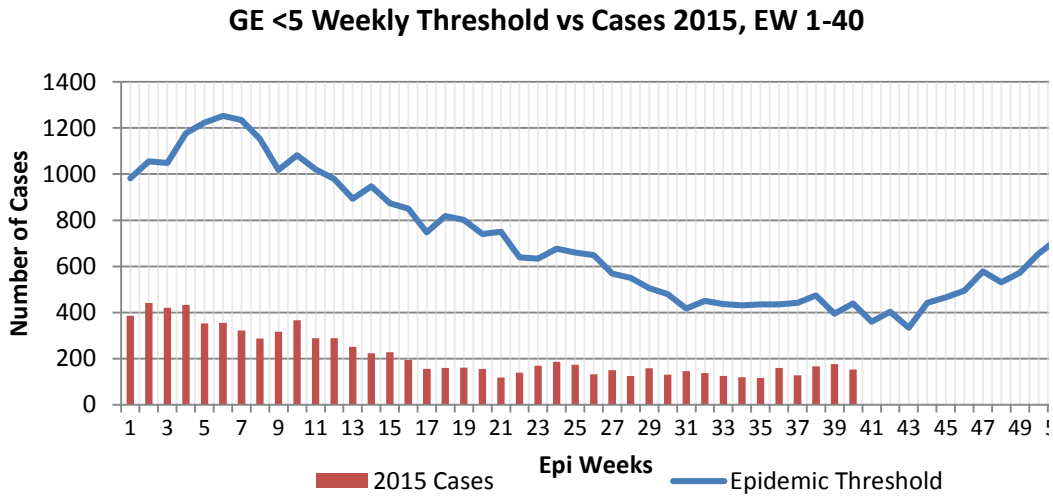
REPORTS FOR SYNDROMIC SURVEILLANCE

GASTROENTERITS

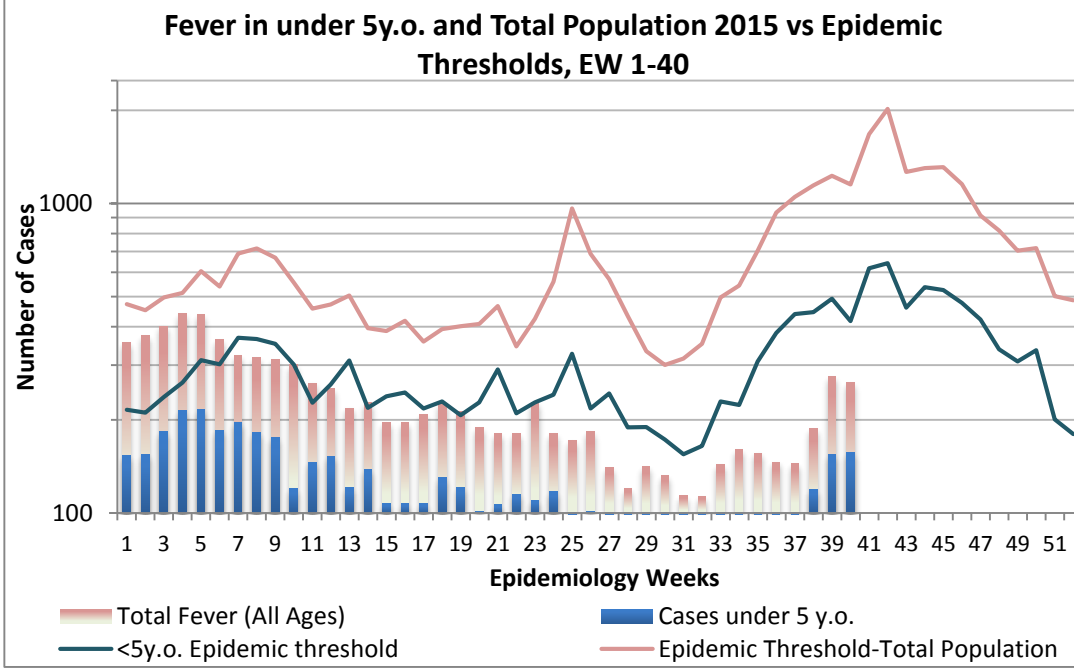
Three or more loose stools within 24 hours.





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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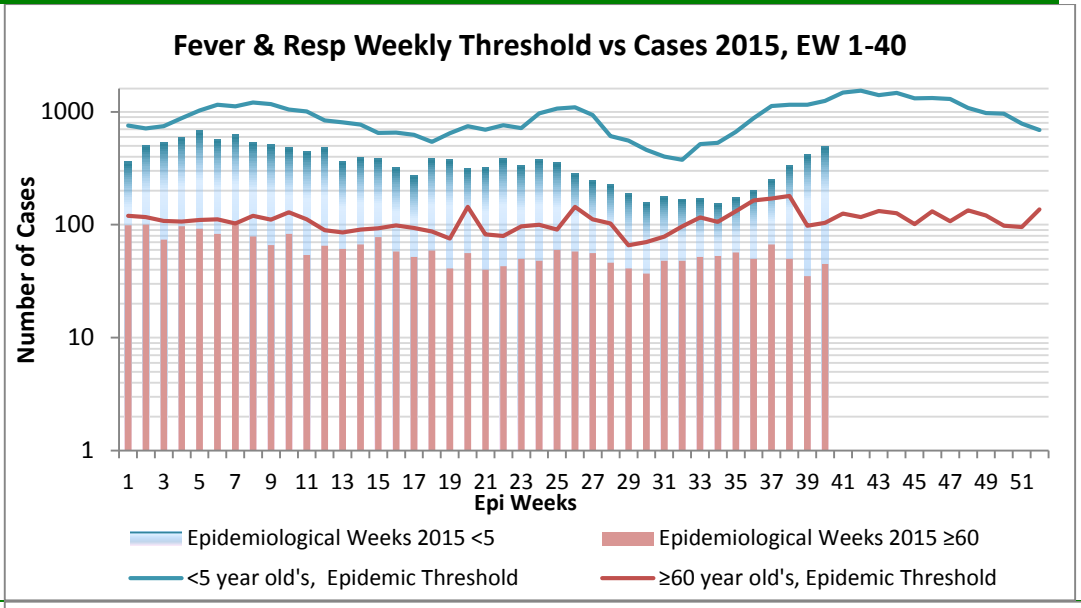
REPORTS FOR SYNDROMIC SURVEILLANCE

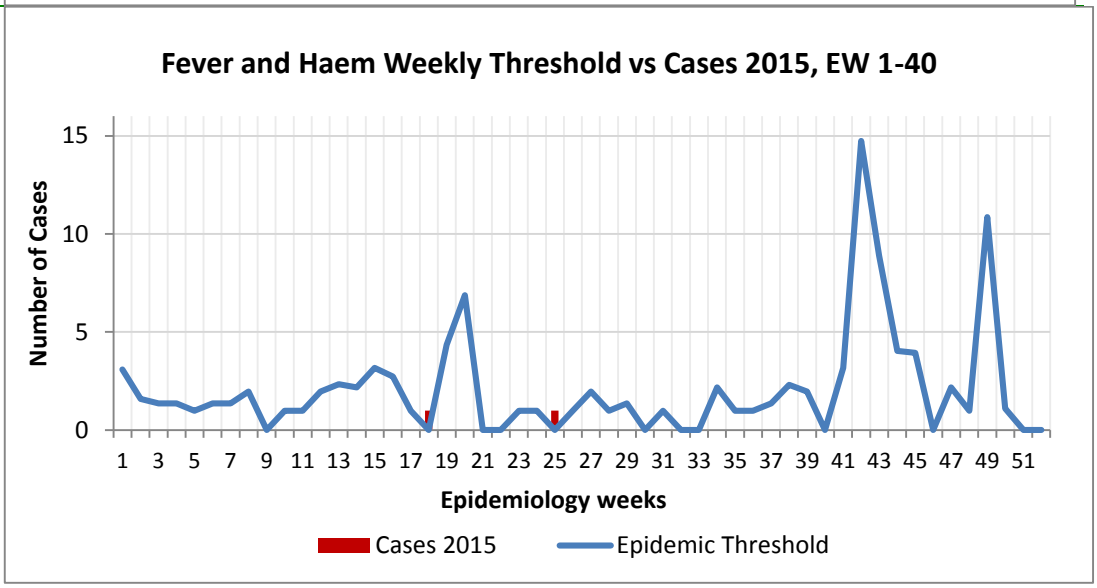
FEVER AND RESPIRATORY

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.



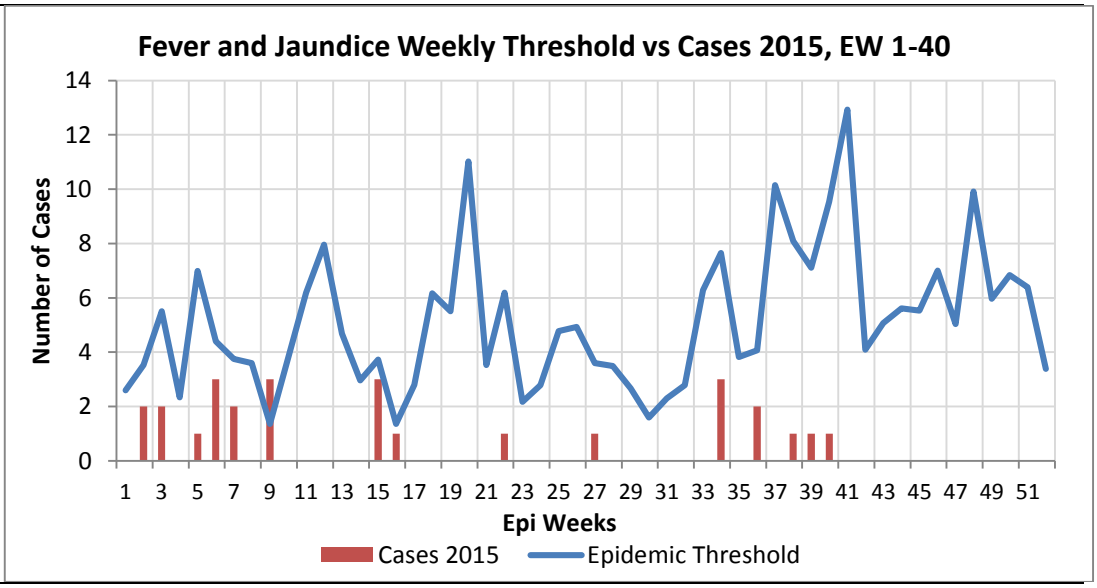
FEVER AND HAEMORRHAGIC

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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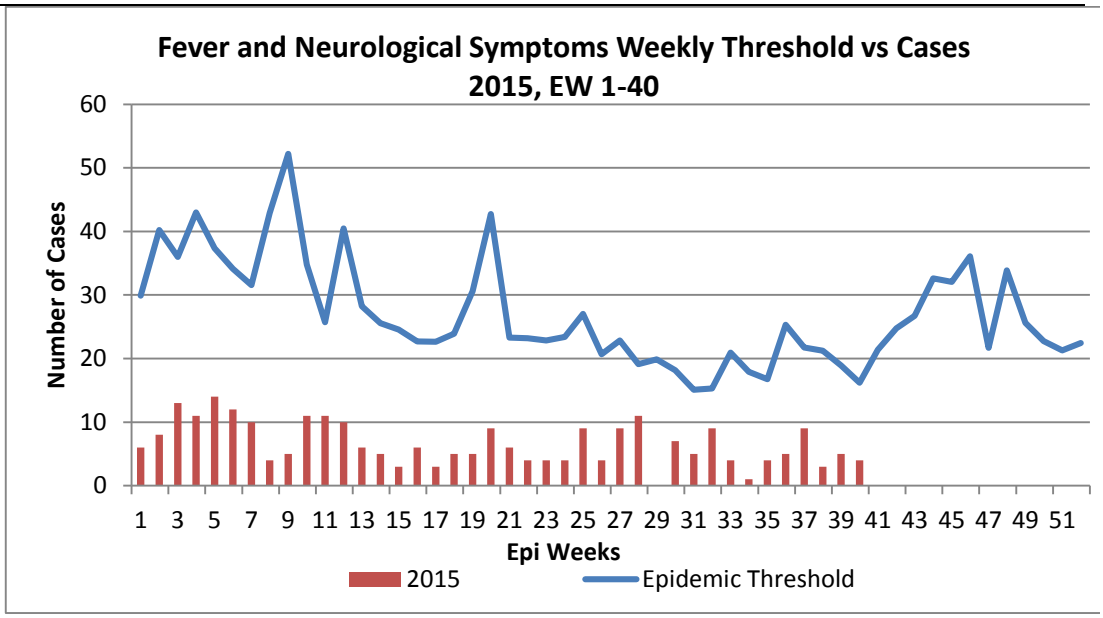
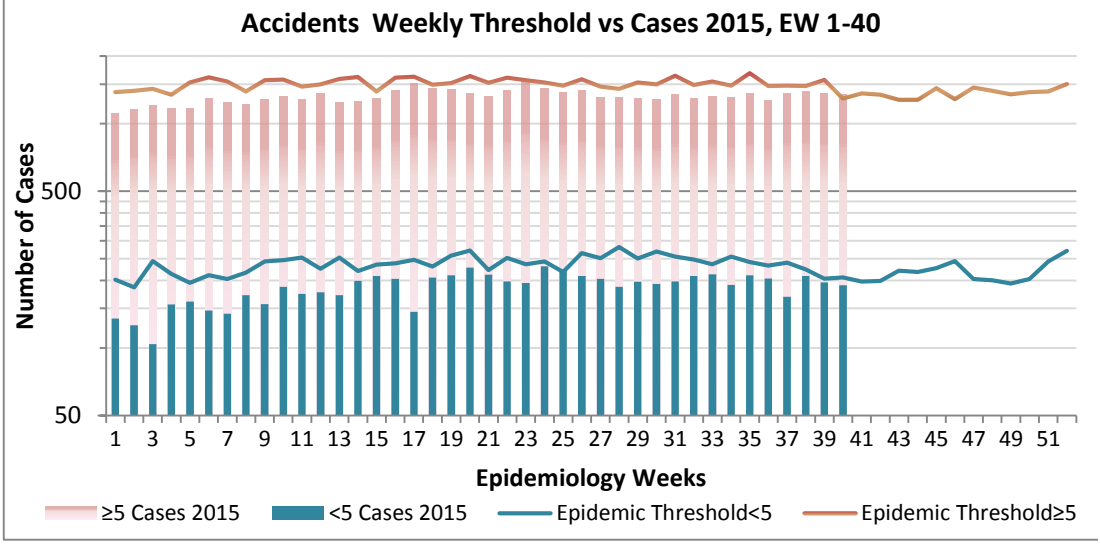
FEVER AND NEUROLOGICAL

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).



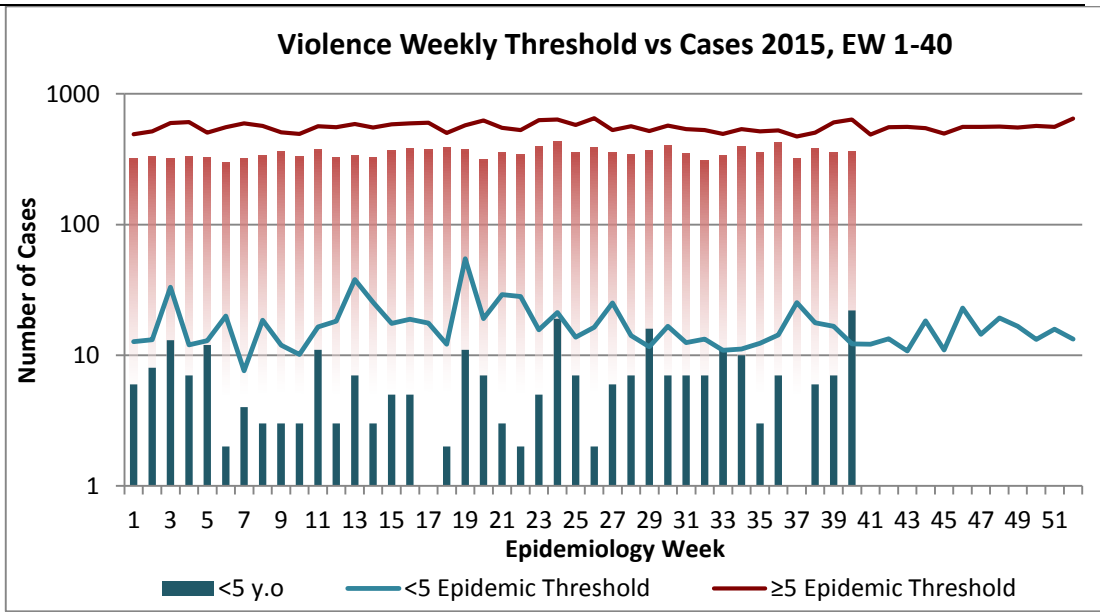
ACCIDENTS

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		474	470
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		0	0
	Hansen's Disease (Leprosy)		1	1
	Hepatitis B		16	59
	Hepatitis C		4	11
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		2	1
	Meningitis		287	569
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]		35	44
	Ophthalmia Neonatorum		190	217
	Pertussis-like syndrome		0	0
	Rheumatic Fever		6	16
	Tetanus		1	2
	Tuberculosis		59	60
	Yellow Fever		0	0
UNCLASSED**	Leptospirosis		18	9

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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 40

October 4– October 10, 2015 Epidemiology Week 40

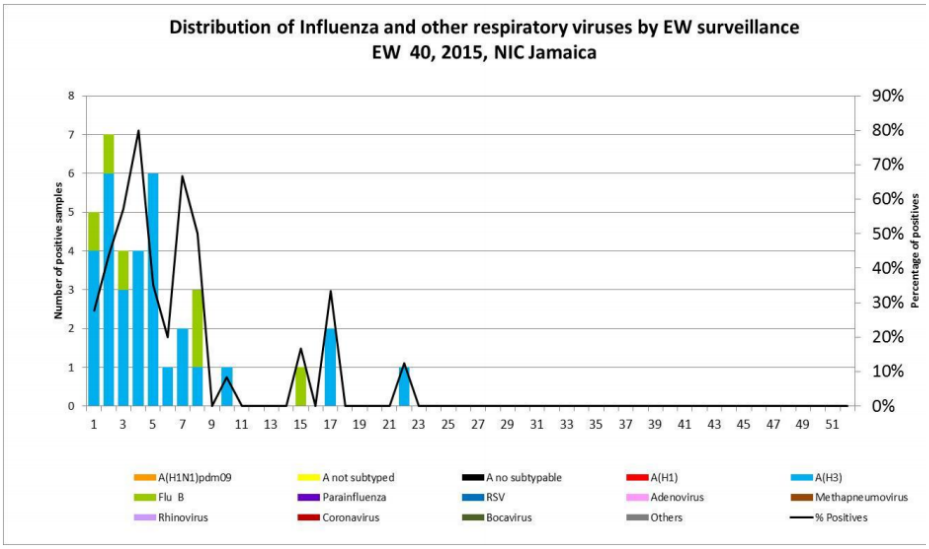
October, 2015	EW 40	YTD
SARI cases	3	655
Total Influenza positive Samples	**0**	**37**
Influenza A	**0**	**31**
H3N2	0	30
H1N1pdm09	0	0
Influenza B	0	**6**

Admitted Lower Respiratory Tract Infection and LRTI-related Deaths

	Current year		Previous year	
	Week 40 2015	YTD 2015	Week 40 2014	YTD 2014
Admitted Lower Respiratory Tract Infections	61	3028	76	2689
Pneumonia-related Deaths	0	45	1	64

Comments:

The percent positivity of influenza viruses circulating among respiratory samples tested in EW 40, 2015 was 0%. Influenza A/H3N2 is the predominant circulating virus (84%), 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

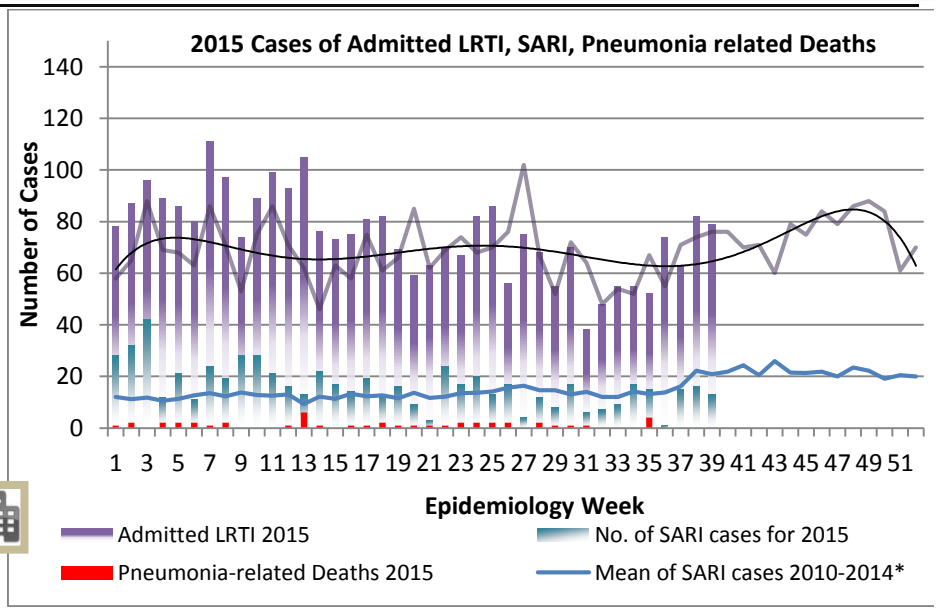
Year to date, respiratory syndromes account for 3.3% of visits to health facilities.

Incidence

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

Prevalence

Not applicable to acut respiratory conditions.



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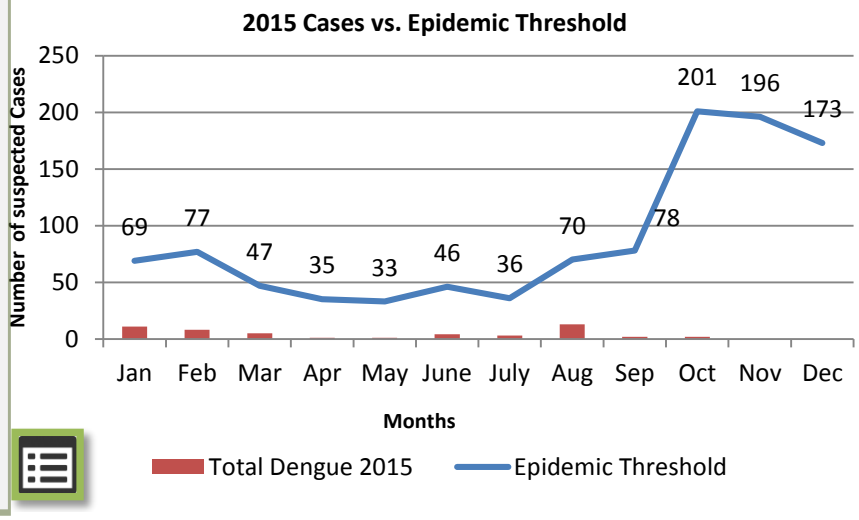
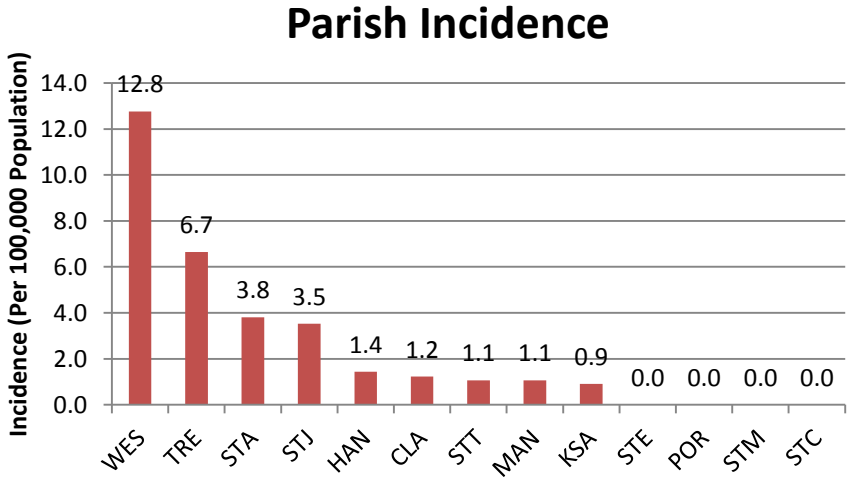
***Additional data needed to calculate Epidemic Threshold**

Dengue Bulletin

October 4– October 10, 2015 Epidemiology Week 40



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	19.0
15-24	10	4	14	26.0
25-44	8	7	15	29.0
45-64	3	2	5	10.0
≥65	1	1	2	4.0
Unknown	0	0	0	0
TOTAL	**29**	**22**	**52**	**100**



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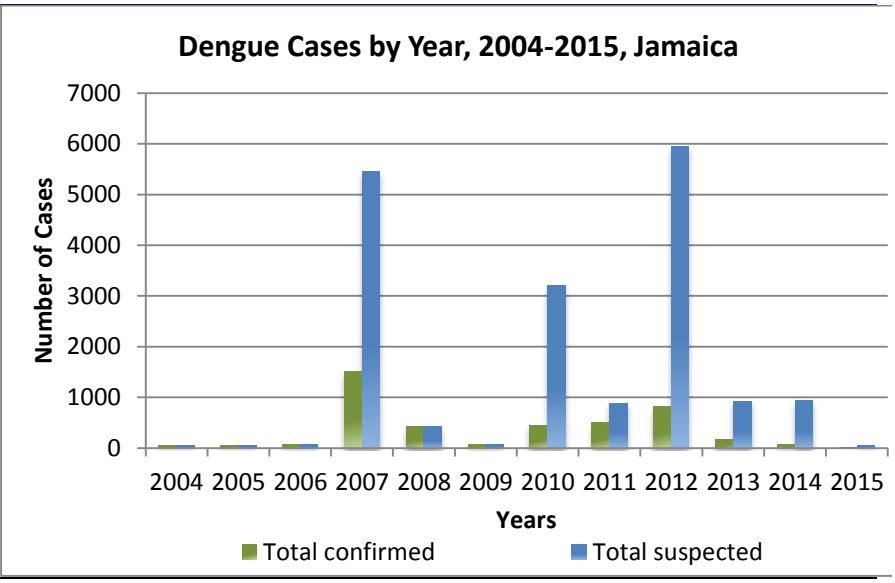
Weekly Breakdown of suspected and confirmed cases of DF,DHF,DSS,DRD		2015		2014 YTD
		EW 40	YTD	
Total Suspected Dengue Cases		0	52	549
Lab Confirmed Dengue cases		0	5	16
CONFIRMED	DHF/DSS	0	0	0
	Dengue Related Deaths	0	0	0



Gastroenteritis Bulletin

EW 40

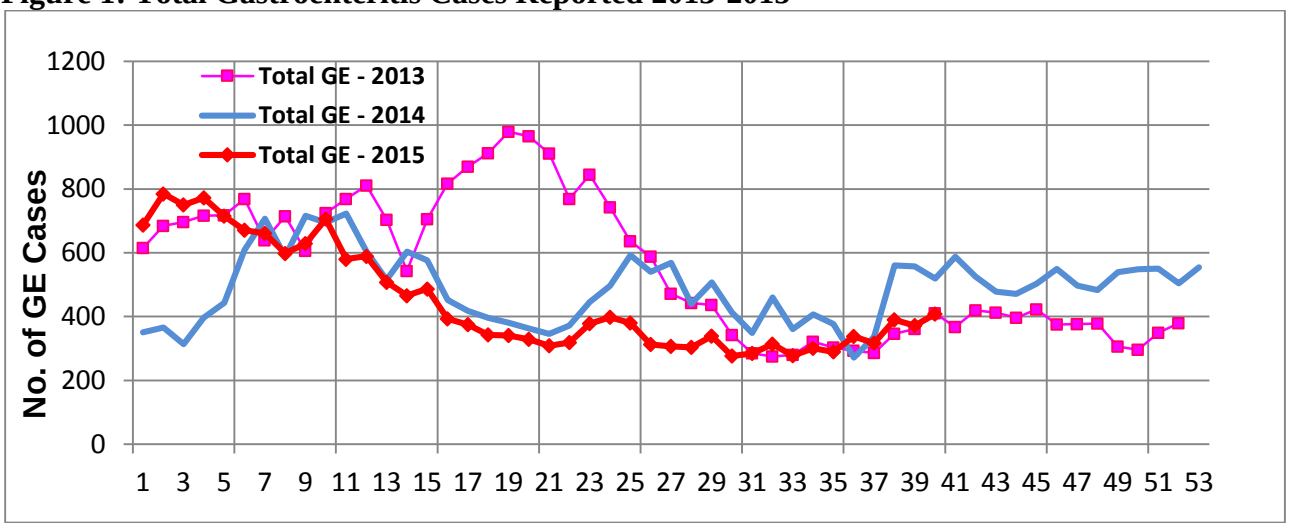
October 4– October 10, 2015 Epidemiology Week 40

Weekly Breakdown of Gastroenteritis cases

Year	EW 40			YTD		
	<5	≥5	Total	<5	≥5	Total
2015	153	255	408	8698	9304	18002
2014	276	246	519	9807	9546	19353

In Epidemiology Week 40, 2015, the total number of reported GE cases showed a 22% decrease compared to EW 40 of the previous year.
The year to date figure showed a 7% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2013-2015



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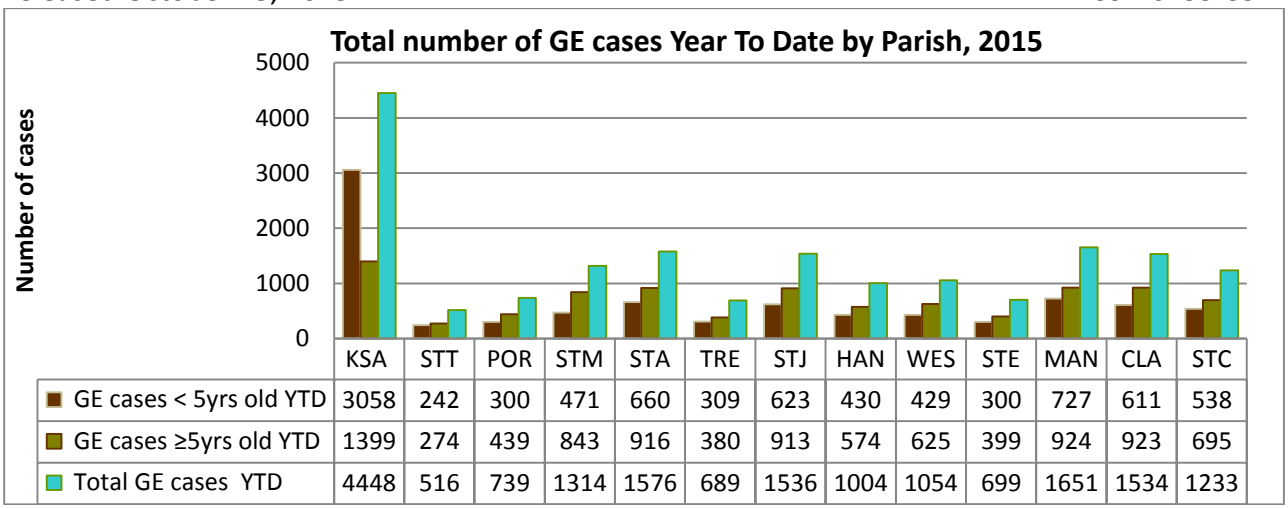

	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
GE cases < 5yrs old YTD	3058	242	300	471	660	309	623	430	429	300	727	611	538
GE cases ≥5yrs old YTD	1399	274	439	843	916	380	913	574	625	399	924	923	695
Total GE cases YTD	4448	516	739	1314	1576	689	1536	1004	1054	699	1651	1534	1233

RESEARCH PAPER

Has Cervical Cancer Screening Increased in Jamaica?

Davidson-Sadler T[1]

[1]*Ministry of Health, Jamaica*

Objective: To examine whether there has been an increase in screening for cervical cancer using the Papanicolau (Pap) smear test in Jamaica since 1997.

Design and Methods: A secondary data analysis was done on data published in the Reproductive Health Survey 1997, 2001 and 2008; and the Ministry of Health, Monthly Clinical Summary Report 2002 to 2011.

Results: There was a 24.8% increase in women aged 15 – 49 years old that had ever had a Pap smear test between 1997and 2002 17.8%, and 2002 and 2008 5.8%. The parish with the highest coverage over the period was St. Thomas. The percentage of women aged 25 – 49 who had a Pap test in the past three years increased by 29.2% (from 53.1% to 68.6%) between 2002 and 2008. The higher socioeconomic status was associated with higher rates of screening. The number of Pap smear test done in the government health centres increased by 78% from 2002 to 2011.

Conclusion: There was an overall increase in cervical cancer screening coverage including within the National target age group since 1997. However, some parishes showed a decline between 2002 and 2008. Targeted interventions must be employed to reach parishes with low coverage.

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