

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

World Health Day 2016: Beat diabetes



The theme for World Health Day 2016 will be diabetes, a noncommunicable disease (NCD) directly impacting millions of people of globally, mostly in low- and middle-income countries.

Diabetes is a chronic, metabolic disease characterized by elevated levels of blood glucose which may over time lead to serious damage to the heart, blood vessels, eyes, kidneys, and nerves. The prevalence of diabetes has been steadily increasing in the past few decades, in particular in low- and middle-income countries. Knowledge exists to reverse this trend through targeted prevention and appropriate care.

Not just a health issue

Diabetes and its complications bring about substantial economic loss to people with diabetes and their families, and to health systems and national economies through direct medical costs and loss of work and wages.

Working to prevent, detect and treat diabetes is also critical to development. Within the 2030 Agenda for Sustainable Development, Governments have set an ambitious target to reduce premature mortality from NCDs – including diabetes – by one third; achieve universal health coverage; and provide access to affordable essential medicines – all by 2030.

Diabetes is one of four priority NCDs targeted by world leaders in the 2011 Political Declaration on the Prevention and Control of NCDs and the SDGs 2016-2030. The Global Action Plan for the Prevention and Control of NCDs 2013-2020 provides a roadmap and menu of policy options to attain nine voluntary global targets, including an additional target to halt the rise in diabetes and obesity by 2025.

Diabetes matters to many

Diabetes, therefore, is an issue relevant to people around the world, as well as multiple stakeholders, including government, civil society, the private sector, and intergovernmental agencies.

While every country and community is at a different stage in addressing its diabetes challenge, there are a number of activities that could be considered at national and local level on World Health Day 2016 to help achieve its objectives to increase awareness and trigger a set of actions to tackle diabetes.

Source: <http://www.who.int/campaigns/world-health-day/2016/how-to-get-involved/en/>

EPI WEEK 11



SYNDROMES

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CLASS 1 DISEASES

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GASTROENTERITIS

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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

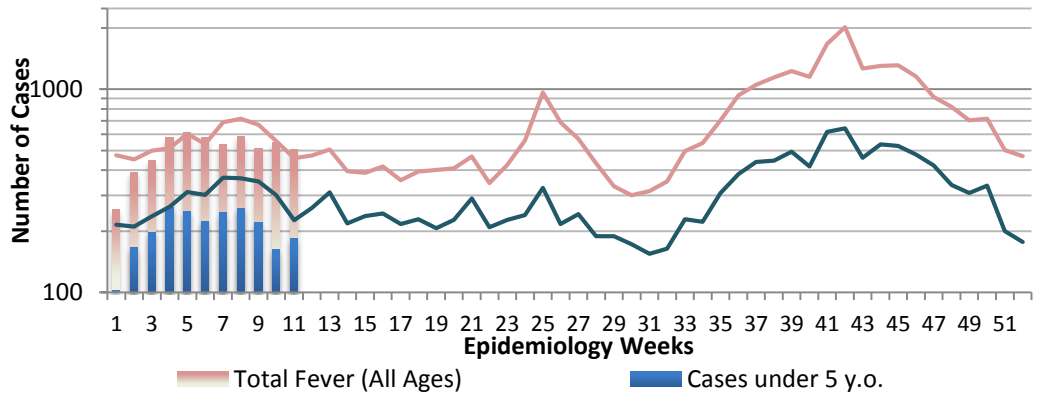
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

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



Fever in under 5y.o. and Total Population 2016 vs Epidemic Thresholds, Epidemiology Week 11

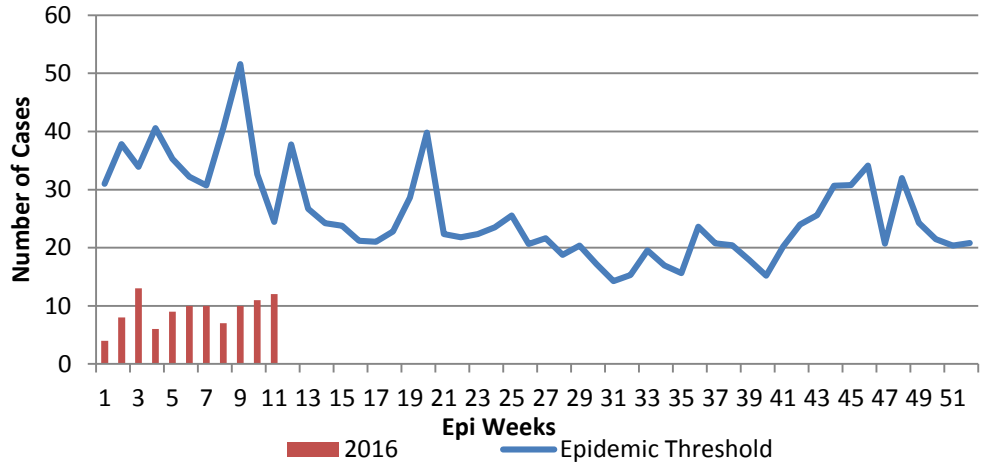


FEVER AND NEUROLOGICAL

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 Neurological Symptoms Weekly Threshold vs Cases 2016, Epidemiology Week 11

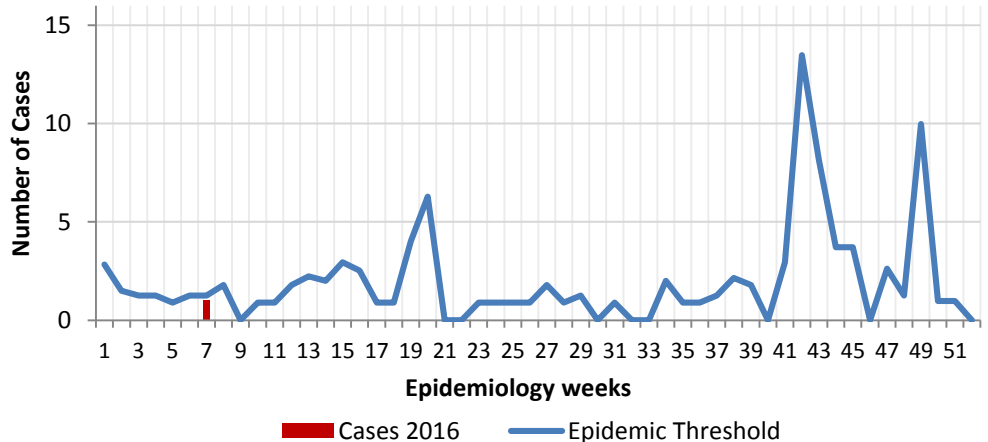


FEVER AND HAEMORRHAGIC

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 Haem Weekly Threshold vs Cases 2016, Epidemiology Week 11



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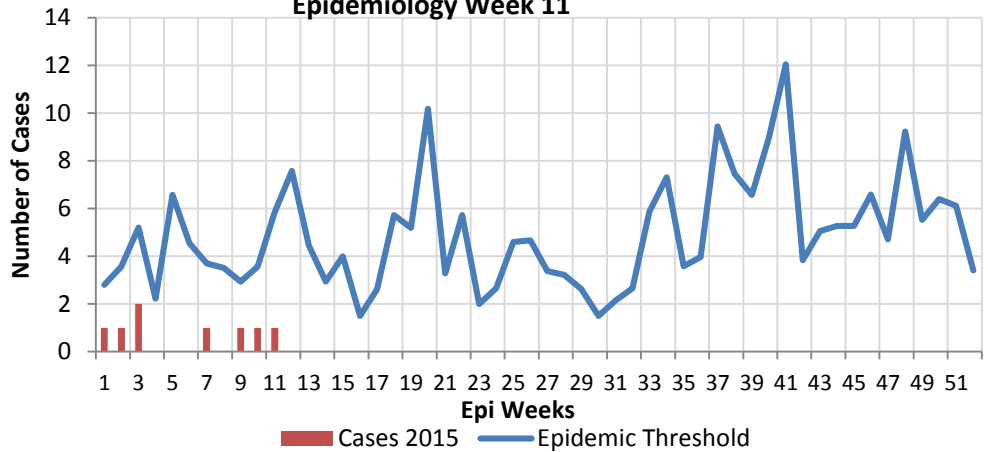
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FEVER AND JAUNDICE

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



Fever and Jaundice Weekly Threshold vs Cases 2016, Epidemiology Week 11

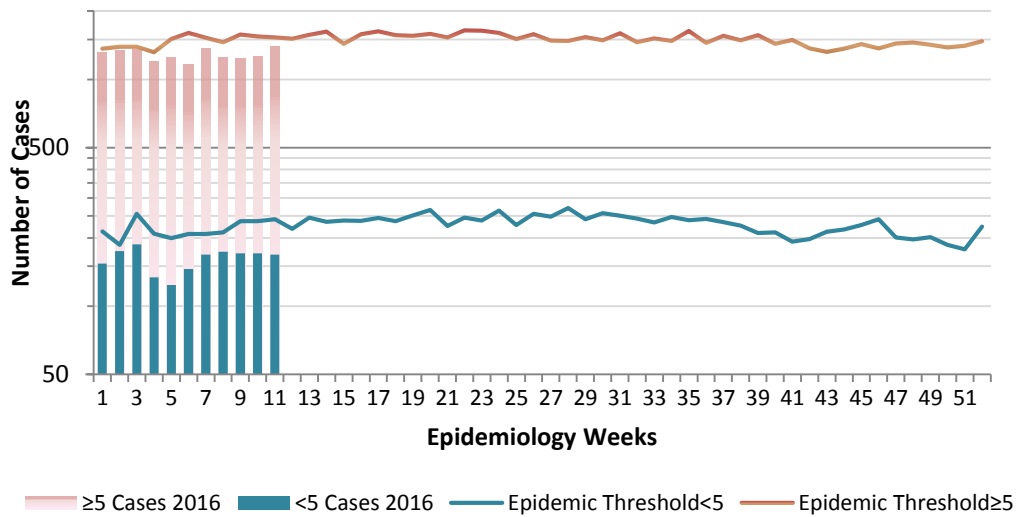


ACCIDENTS

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



Accidents Weekly Threshold vs Cases 2016

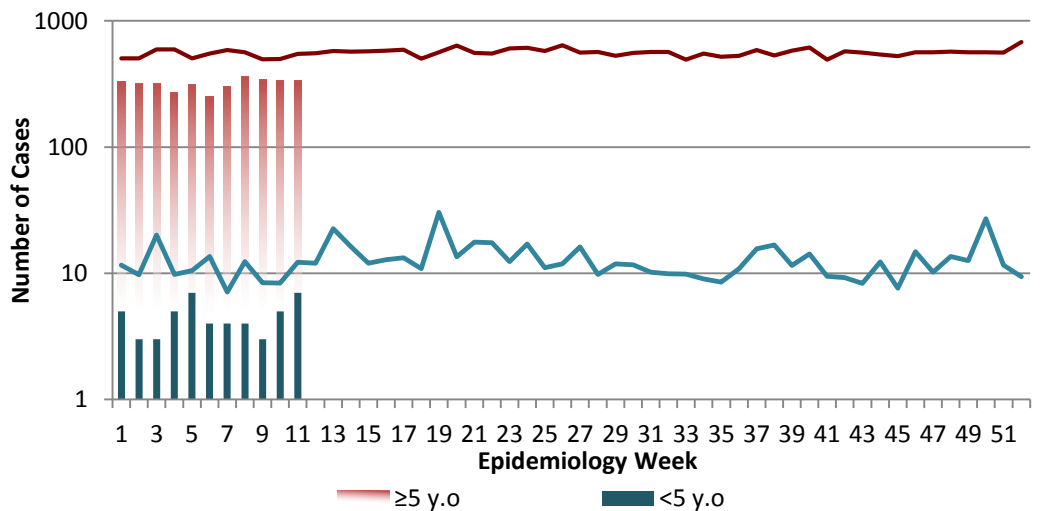


VIOLENCE

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



Violence Weekly Threshold vs Cases 2016



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— CLASS ONE NOTIFIABLE EVENTS

Comments

	CLASS 1 EVENTS	CONFIRMED YTD			
		CURRENT YEAR	PREVIOUS YEAR		
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	10	42	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.	
	Cholera	0	0		
	Dengue Hemorrhagic Fever ¹	0	0		
	Hansen's Disease (Leprosy)	1	0		
	Hepatitis B	2	13		
	Hepatitis C	0	1		
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)	1	0		
	Meningitis	4	26		
EXOTIC/ UNUSUAL	Plague	0	0		
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis	0	0	The TB case detection rate established by PAHO for Jamaica is at least 70% of their calculated estimate of cases in the island, this is 180 (of 200) cases per year.	
	Neonatal Tetanus	0	0		
	Typhoid Fever	0	0		
	Meningitis H/Flu	0	0		
SPECIAL PROGRAMMES	AFP/Polio	0	0	*Data not available ¹ Dengue Hemorrhagic Fever data include Dengue related deaths; ² Maternal Deaths include early and late deaths.	
	Congenital Rubella Syndrome	0	0		
	Congenital Syphilis	0	0		
	Fever and Rash	Measles	0		0
		Rubella	0		0
	Maternal Deaths ²	14	16		
	Ophthalmia Neonatorum	113	76		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	12		
	Tetanus	0	1		
	Tuberculosis	0	0		
	Yellow Fever	0	0		
	Chikungunya	0	1		
Zika Virus	1	0			



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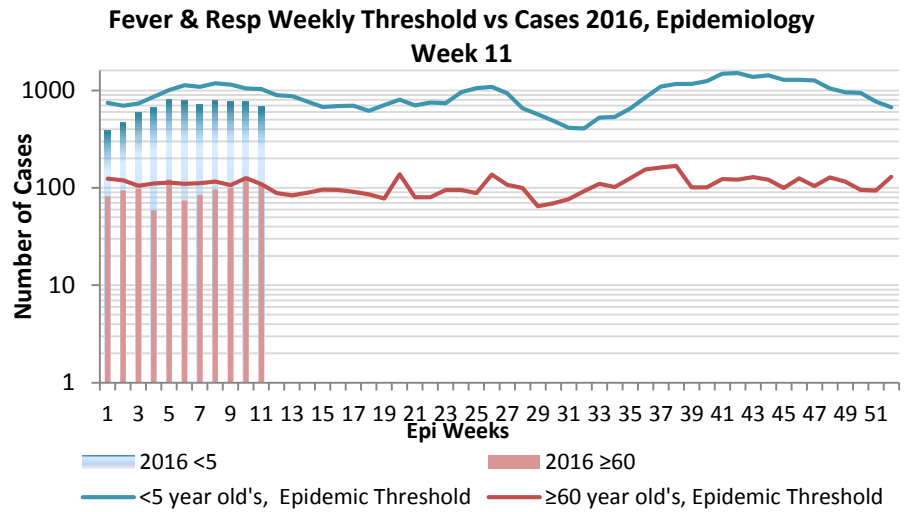
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 11

March 13– March 19, 2016

Epidemiology Week 11

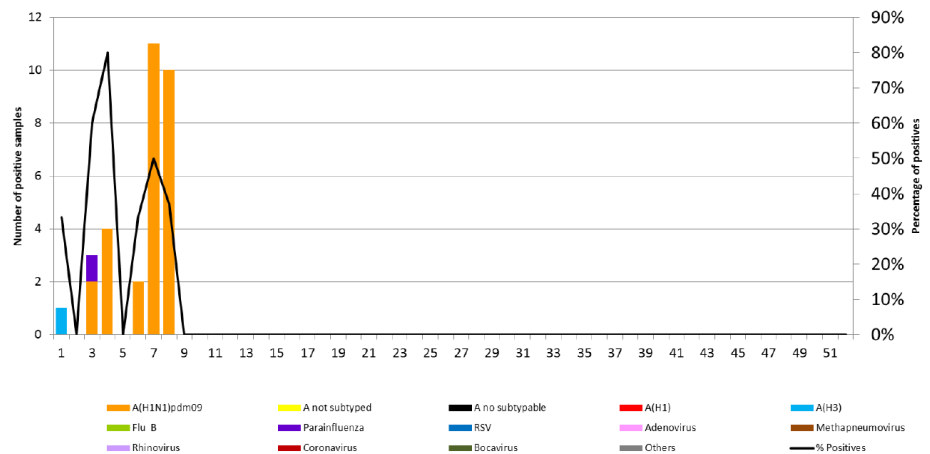
February, 2016		
	EW 11	YTD
SARI cases	58	395
Total Influenza positive	11	71
Samples		
Influenza A	11	70
H3N2	0	1
H1N1pdm09	8	66
Not subtyped	3	3
Influenza B	0	0
Other	0	1



Comments:

The percent positivity among all samples tested from EW 1 to EW 8, 2016 is 40.3% (N= 77)
 Influenza A(H1N1)pdm09 continued to circulate in EWs 1 to 8 as the predominant virus at 97%. No Influenza B viruses have been detected since 2016. In addition, there has been no detection of the influenza A/H3v or A/H1v variant viruses, or avian H5 and H7 viruses among human samples tested.

Distribution of Influenza and other respiratory viruses by EW surveillance EW 8, 2016, NIC Jamaica - Interim report

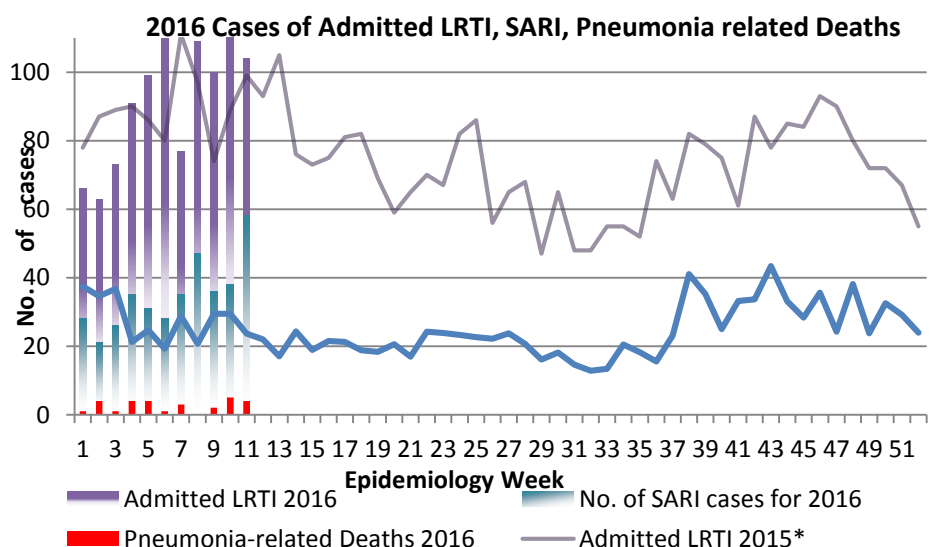


INDICATORS

Burden
 Year to date, respiratory syndromes account for 6.6% 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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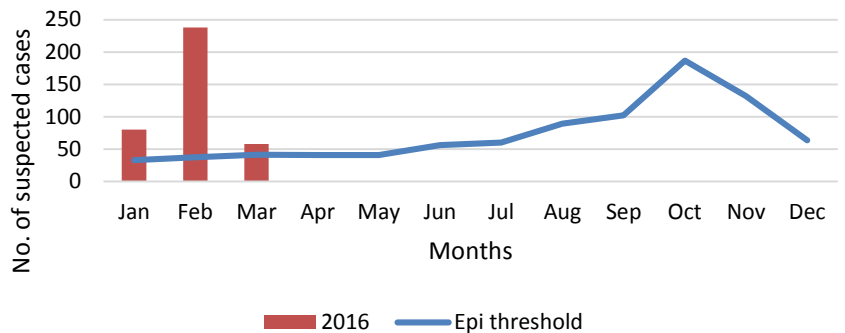
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Dengue Bulletin

March 13– March 19, 2016

Epidemiology Week 11

2016 Cases vs. Epidemic Threshold

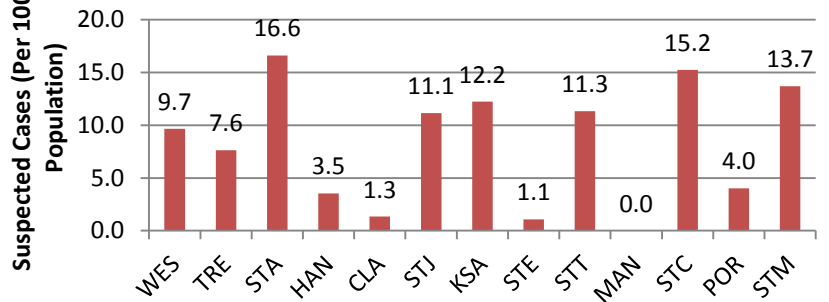


DISTRIBUTION


Year-to-Date Suspected Dengue Fever

	M	F	Un-kwn	Total	%
<1	0	2	0	2	1
1-4	1	0	0	1	0
5-14	2	2	0	4	2
15-24	1	2	0	3	1
25-44	1	0	0	1	0
45-64	0	0	0	0	0
≥65	0	0	0	0	0
Unknown	138	198	115	451	96
TOTAL	143	204	115	462	100

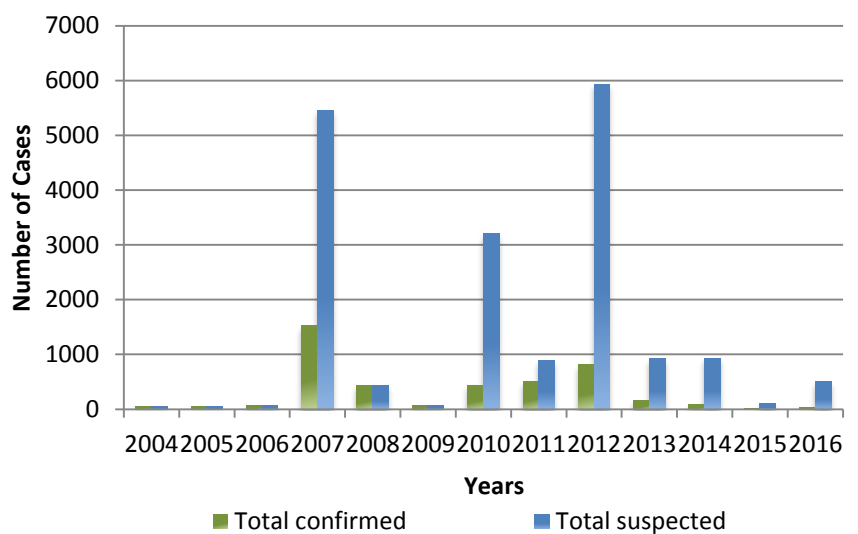
Suspected Dengue Fever Cases per 100,000 Parish Population



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

	2016		2015 YTD	
	EW 11	YTD		
 Total Suspected Dengue Cases	15	462	23	
Lab Confirmed Dengue cases	0	38	1	
CONFIRMED	DHF/DSS	0	1	0
	Dengue Related Deaths	0	0	0

Dengue Cases by Year: 2004-2016, Jamaica



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Gastroenteritis Bulletin

EW
11

March 13– March 19, 2016

Epidemiology Week 11

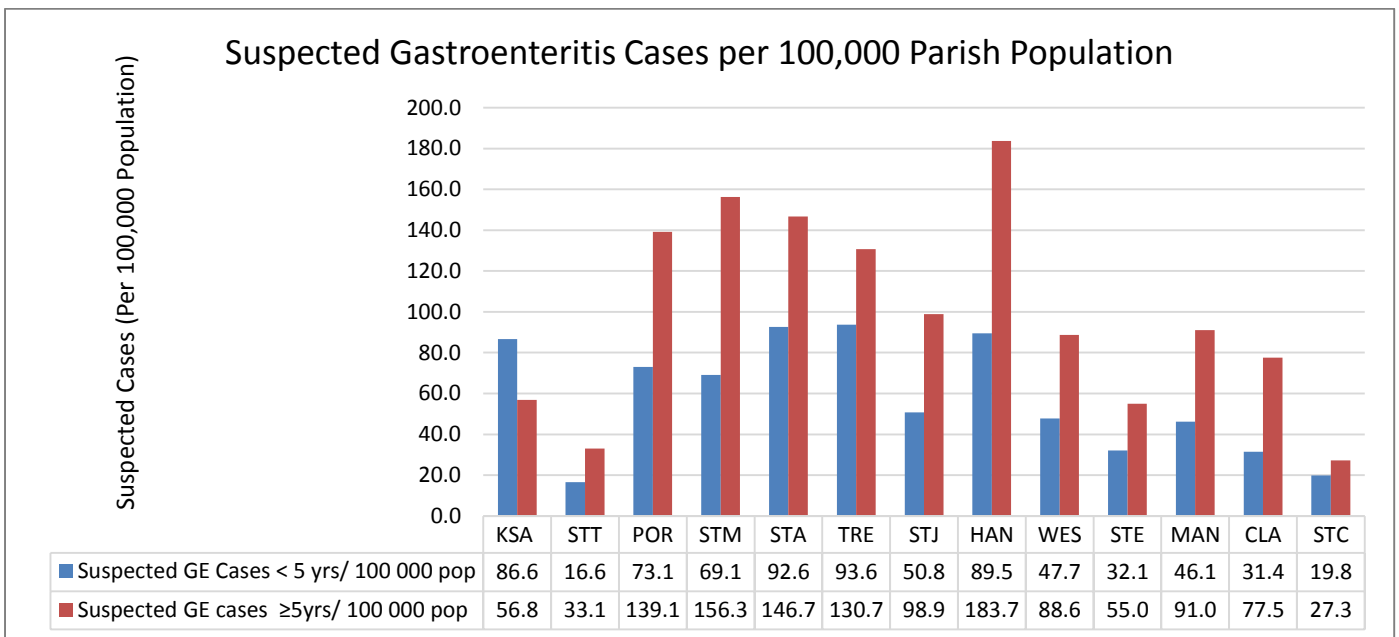
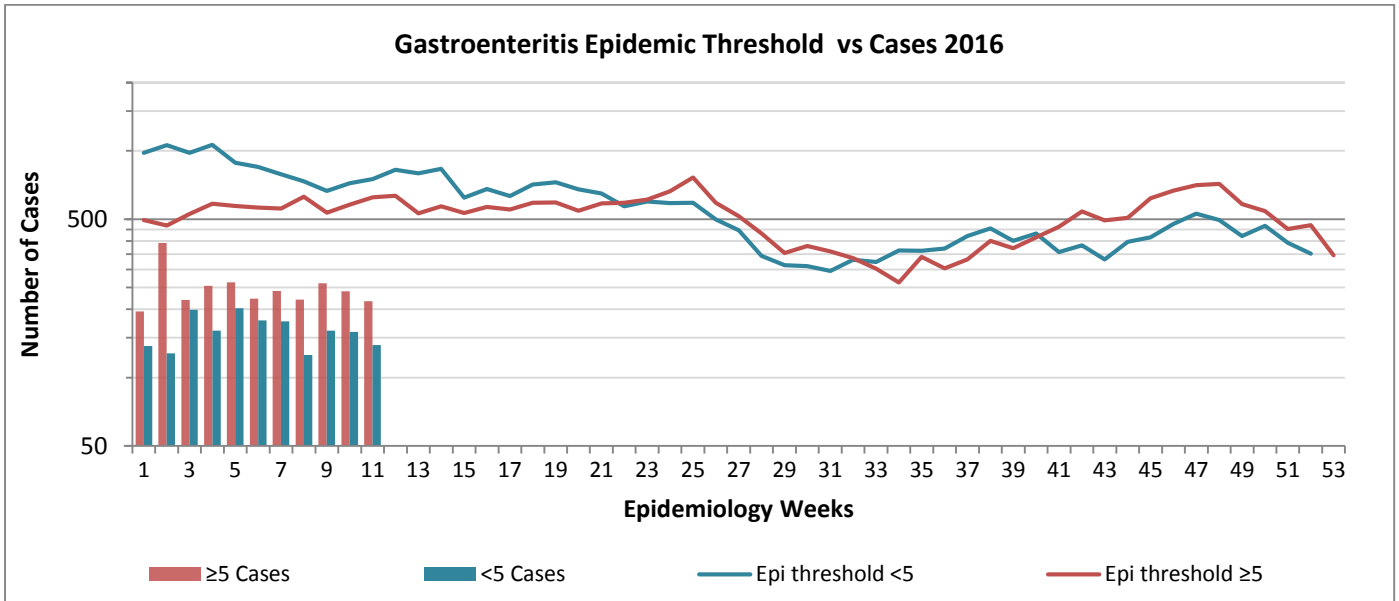
Weekly Breakdown of Gastroenteritis cases

Year	EW 11			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	139	217	356	1769	2533	4302
2015	289	291	580	3970	3584	7254

Gastroenteritis: Three or more loose stools within 24 hours. In Epidemiology Week 11, 2016, the total number of reported GE cases showed a 38% decrease compared to EW 11 of the previous year. The year to date figure showed a 40% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2014-2016



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RESEARCH PAPER

A Comparison of the Nutritional Status of HIV- positive Children living in Family Homes and an 'Institutionalized' Children's Home

S Dawson, S Robinson, J DeSouza

Epidemiology Research and Training Unit, Ministry of Health, Kingston, Jamaica

Objective: To assess the nutritional status of HIV-infected children living in family homes and in an institution.

Design and Method: A cross-sectional descriptive study was conducted involving 31 HIV- positive children with anthropometric measurements used as outcome indicators. The children who met the inclusion criteria were enrolled, and nutritional statuses for both sets of children were assessed and compared.

Results: Fifteen of the children (48.4%) lived in family homes and sixteen (51.6%) in the institution, with a mean age of 7.2 ± 3.2 years. Significant differences between the two settings were found for the means, Weight-For-Height, WFH ($p=0.020$) and Body Mass Index, BMI ($p=0.005$); children in family homes having significantly better WFH and BMI. Four of the children (13.3%) were underweight; 3 from the institution (18.8%) and 1 (6.7%) from a family home. Two children (6.9%) were found to be 'at risk' of being overweight.

Conclusion: Although anthropometric indices for most of these children are within the acceptable range, there seems to be significant differences in nutritional status between infected children resident in family homes, and those in the institution. The factors responsible for such differences are not immediately obvious, and require further investigation. The influence of ARV therapy on nutritional outcomes in these settings require prospective studies which include dietary, immunologic and biochemical markers, in order to provide data that may help to improve the medical nutritional management of these children.



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