

WEEKLY EPIDEMIOLOGY BULLETIN

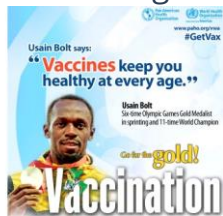
NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Vaccination Week in the Americas April 23 - 30, 2016



We invite you to celebrate Vaccination Week in the Americas 2016 and go for the gold!



The 14th Vaccination Week in the Americas (VWA) will be celebrated from April 23rd through April 30th, 2016. The regional slogan for VWA 2016 is "Go for the gold! Get vaccinated!"



Vaccines are weakened or killed pathogens that help your immune system fight diseases. Vaccines do not make you sick, but prepare your body to fight off disease when exposed to full strength pathogens in the future. Vaccines boost the power of your immune system and fight off more than 20 different vaccine-preventable diseases.

Source: <http://www.who.int/campaigns/immunization-week/2016/en/>

EPI WEEK 14



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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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

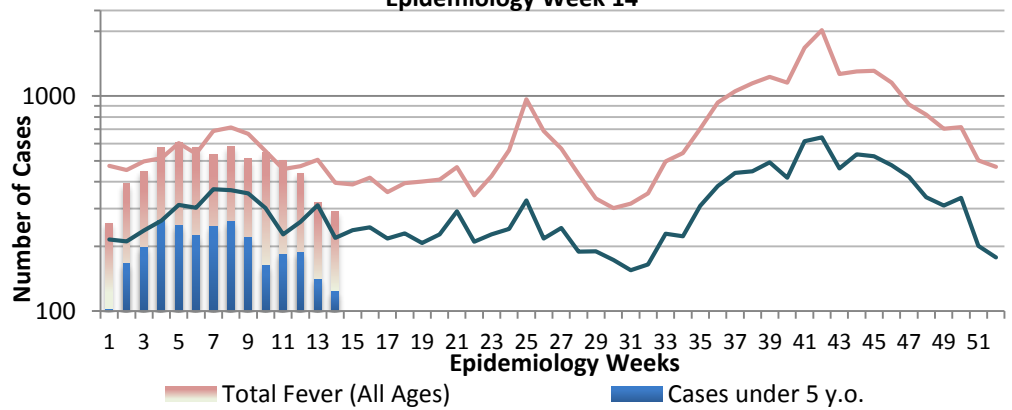
REPORTS FOR SYNDROMIC SURVEILLANCE

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 14

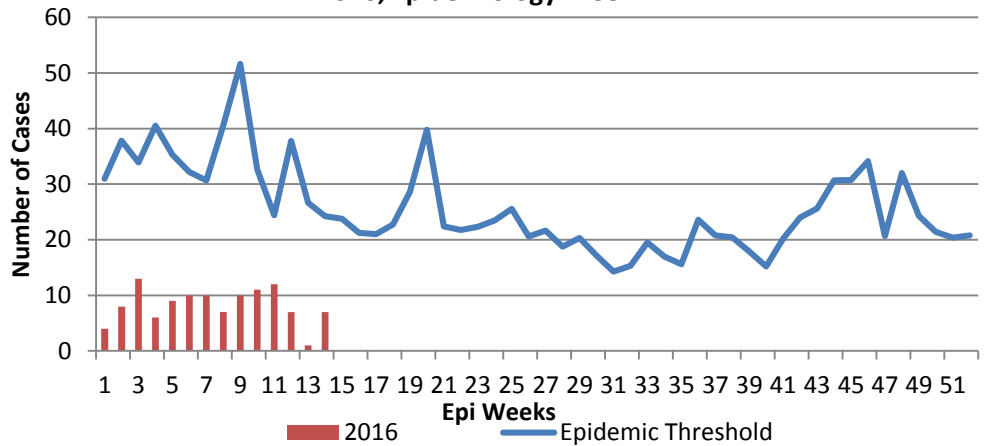


FEVER AND NEUROLOGICAL

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 14

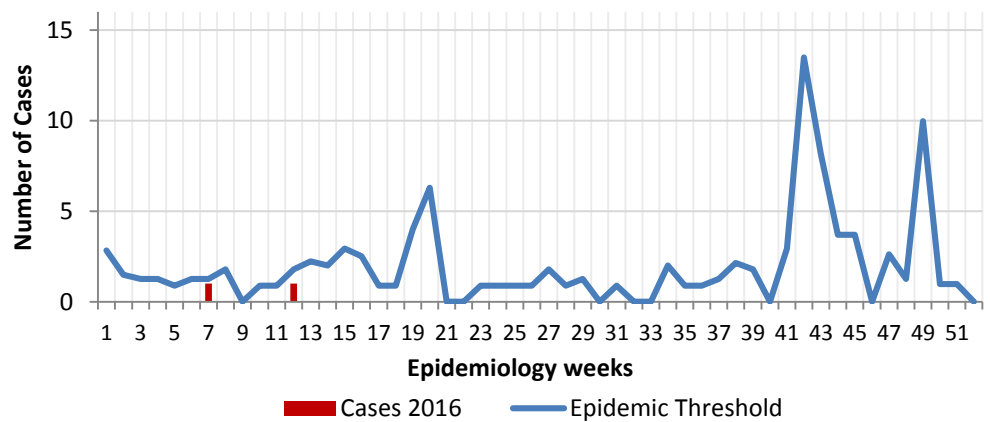


FEVER AND HAEMORRHAGIC

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 14



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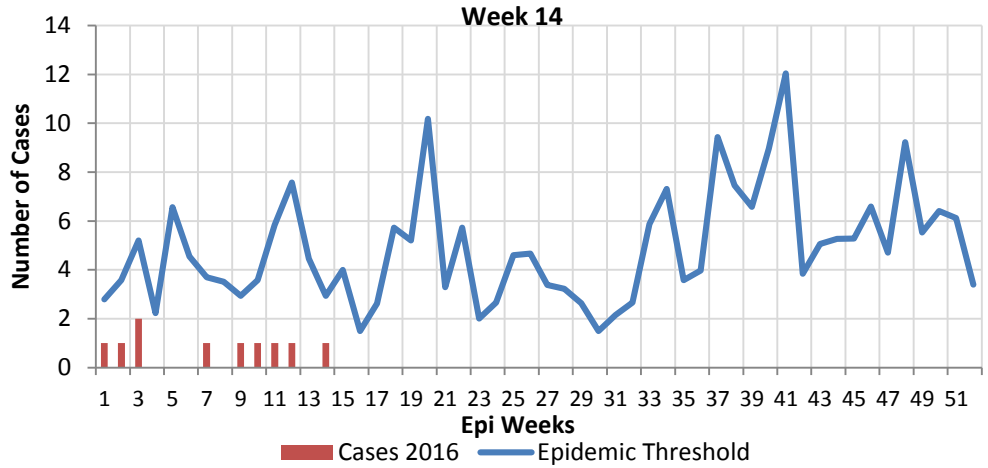
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FEVER AND JAUNDICE

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

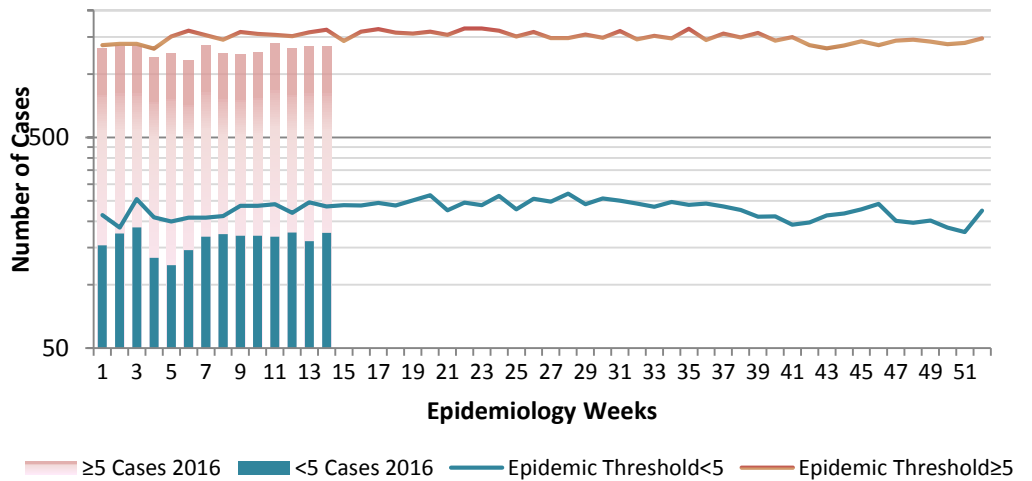


ACCIDENTS

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



Accidents Weekly Threshold vs Cases 2016



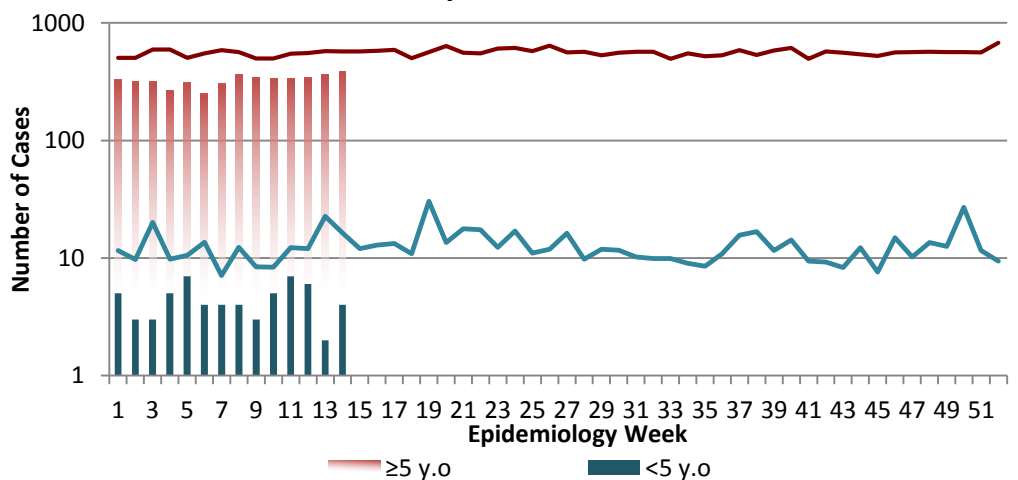
VIOLENCE

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

The epidemic threshold is used to confirm the emergence of an epidemic so as to step-up appropriate control measures.



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	50	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	1	0		
	Hansen's Disease (Leprosy)	1	0		
	Hepatitis B	7	16		
	Hepatitis C	2	2		
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)	1	0		
	Meningitis	7	37		
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	15	18		
	Ophthalmia Neonatorum	142	91		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	6		
	Tetanus	0	1		
	Tuberculosis	0	0		
	Yellow Fever	0	0		
Chikungunya	0	1			
Zika Virus	6	0			



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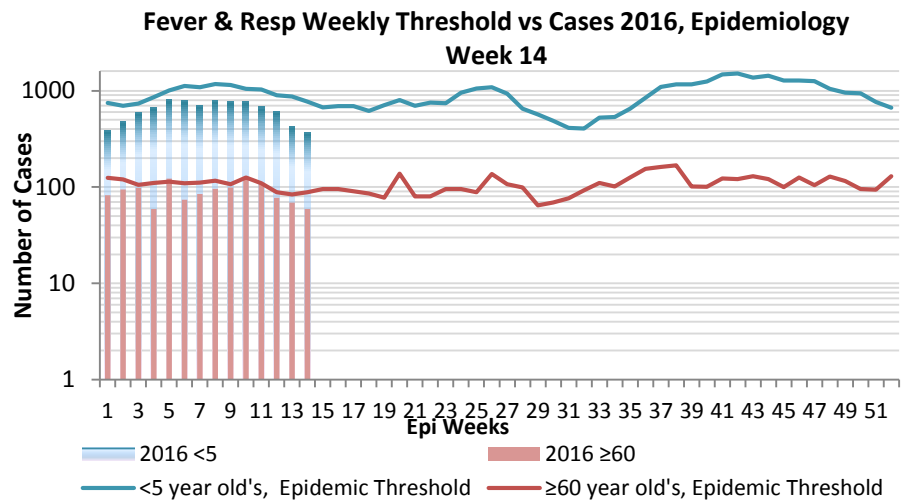
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 14

April 3 – April 9, 2016

Epidemiology Week 14

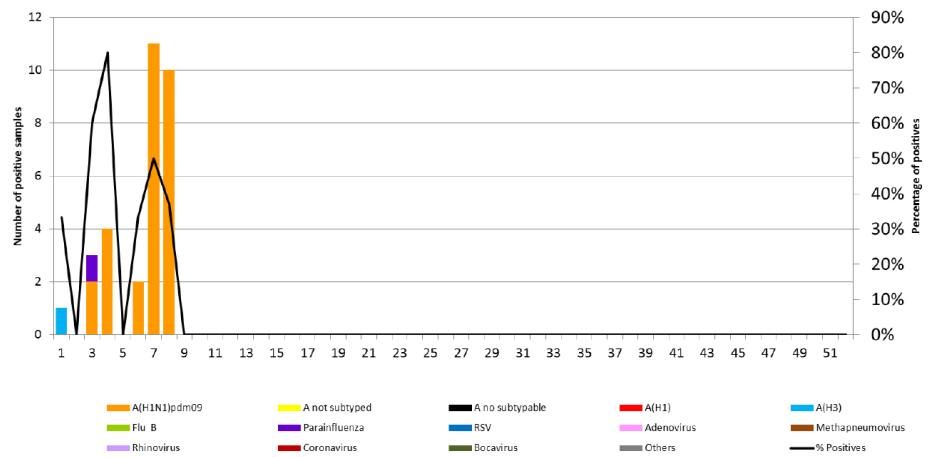
February, 2016		
	EW 14	YTD
SARI cases	44	540
Total Influenza positive Samples	0	107
Influenza A	0	106
H3N2	0	1
H1N1pdm09	0	77
Not subtyped	0	28
Influenza B	0	0
Other	0	1



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

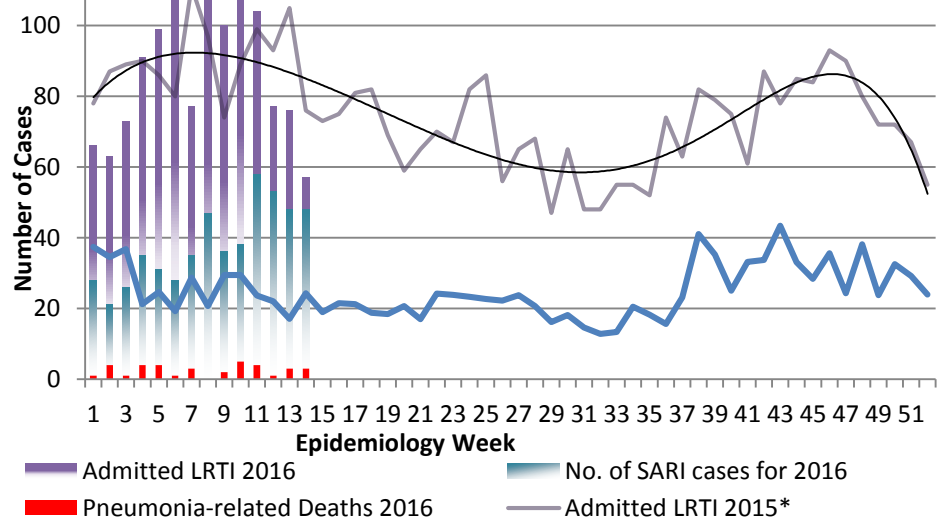
Burden
Year to date, respiratory syndromes account for 3.3% of visits to health facilities.

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

Prevalence
Not applicable to acute respiratory conditions.



2016 Cases of Admitted LRTI, SARI, Pneumonia related Deaths



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



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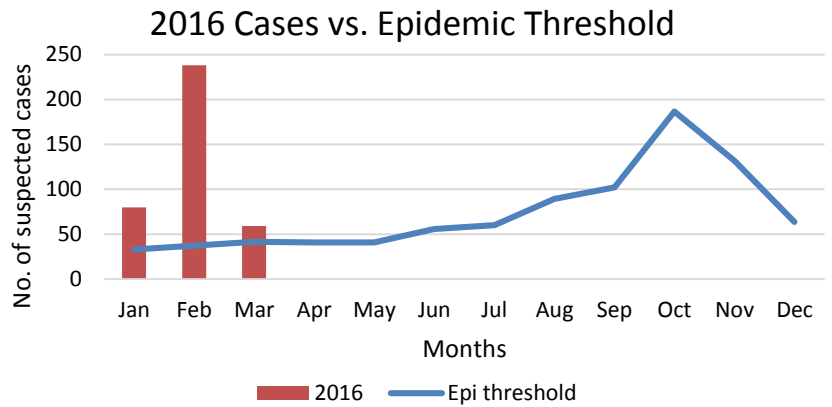
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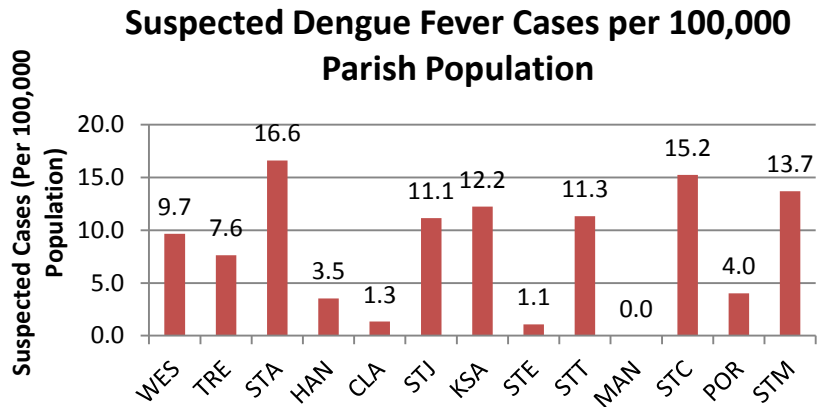
Dengue Bulletin


April 3 – April 9, 2016

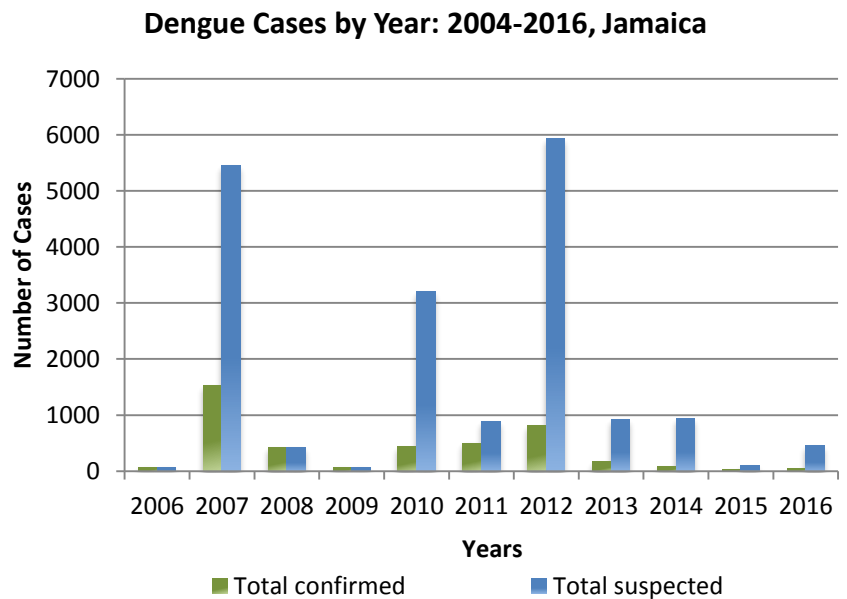
Epidemiology Week 14



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	122	458	96
TOTAL	143	204	122	469	100



Weekly Breakdown of suspected and confirmed cases of DF,DHF,DSS,DRD				
	2016		2015 YTD	
	EW 14	YTD		
				
Total Suspected Dengue Cases	0	469	24	
Lab Confirmed Dengue cases	0	41	1	
CONFIRMED	DHF/DSS	0	1	0
	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

EW
14

April 3 – April 9, 2016

Epidemiology Week 14

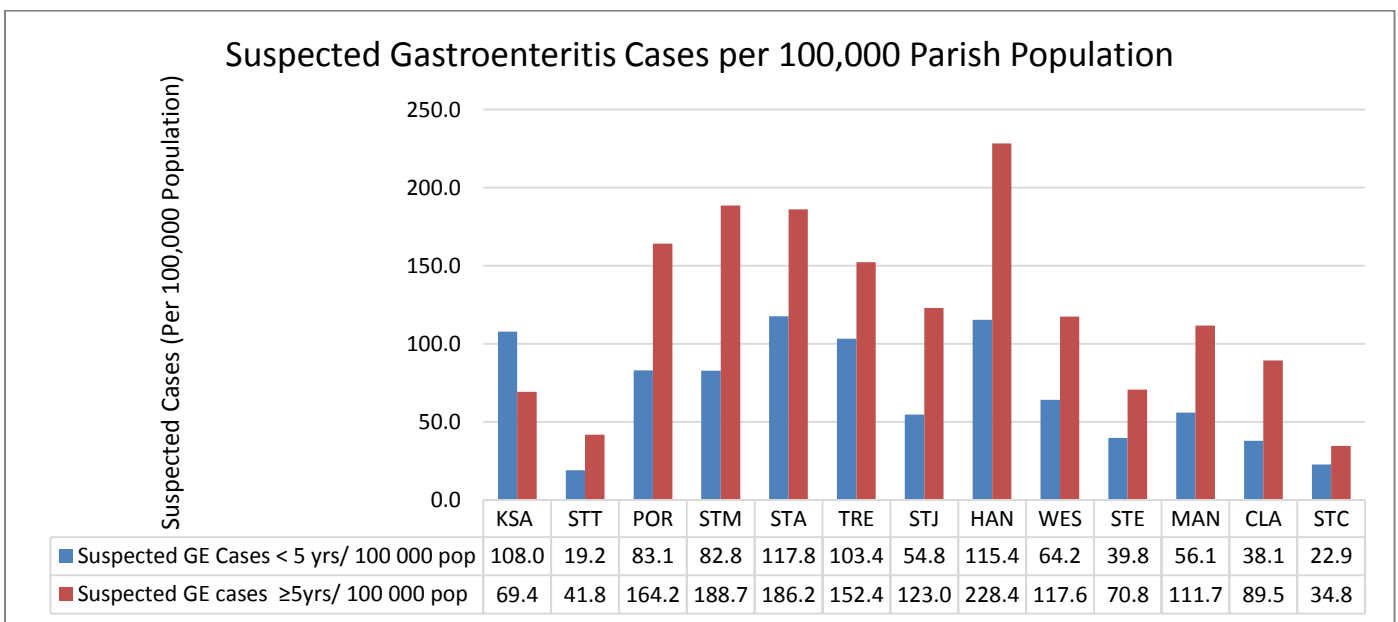
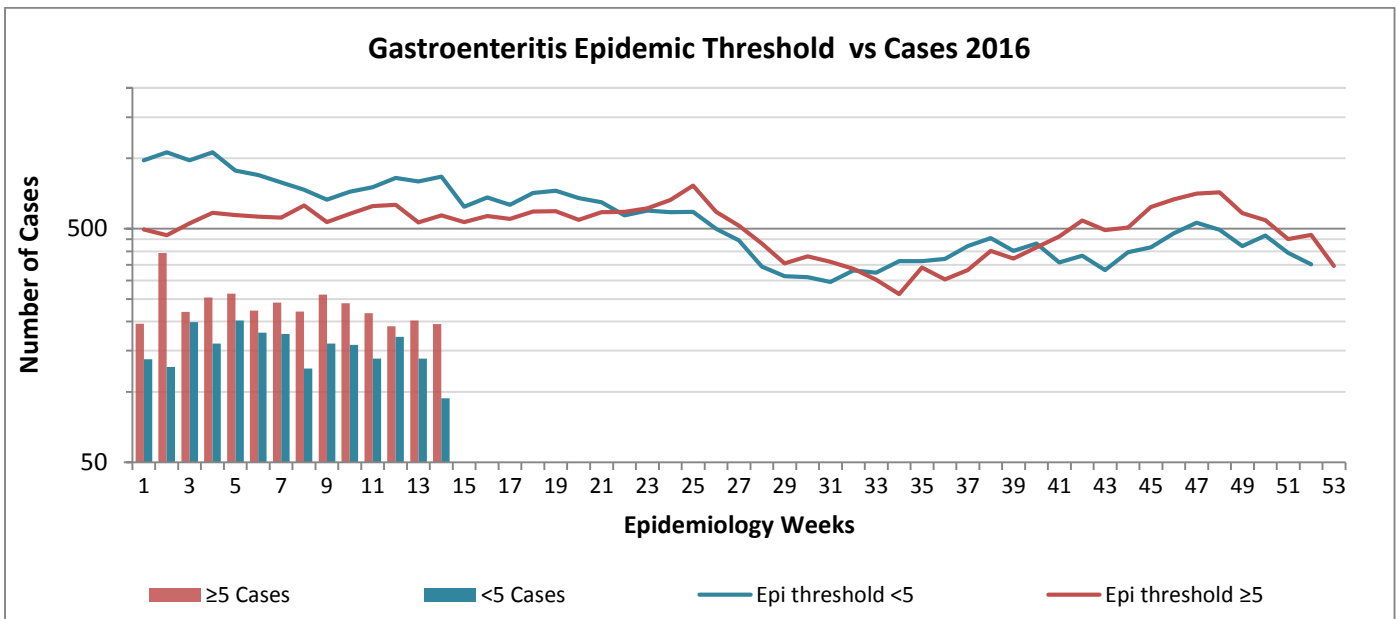
Weekly Breakdown of Gastroenteritis cases

Gastroenteritis: Three or more loose stools within 24 hours.
In Epidemiology Week 14, 2016, the total number of reported GE cases showed a 38% decrease compared to EW 14 of the previous year.
The year to date figure showed a 42% decrease in cases for the period.



Year	EW 14			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	94	195	289	2174	3121	5295
2015	223	243	466	4734	4383	9117

Figure 1: Total Gastroenteritis Cases Reported 2015-2016



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RESEARCH PAPER

A Need for Capacity Building in Faith-Based Response to HIV/AIDS in Jamaica

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Objective: To identify initiatives being conducted by faith-based organizations (FBOs) and explore their most urgent needs in addressing the HIV/AIDS epidemic.

Design and Methods: Focus group discussions (FGD) and in-depth interviews were conducted with members of FBOs, members of HIV/AIDS support groups and persons living with HIV/AIDS (PLWHA) over a 6 month period in three parishes. Twelve (12) FGD and 30 in-depth interviews were conducted. Data were analysed by descriptive and interpretive techniques following the completion of transcriptions of the interviews and focus groups.

Results: One hundred (100) persons participated in the study, 18 of which were PLWHA. Approximately 60% of FBOs who participated had initiatives to address stigma and discrimination which included education and counselling sessions with their congregants (60%) as well as providing psychological support to PLWHA (50%). One FBO also had media publication. More than 50% of the FBO leaders interviewed expressed their most urgent need to be strengthening of the leadership to address stigma and discrimination and treatment of PLWHA among their congregants.

Conclusions: Programs to address stigma and discrimination were the most common initiatives in the FBOs that participated in the study. Strengthening the capacity of FBO leaders to identify and address stigma and discrimination among their congregants and the wider community was identified as their most urgent need followed by the capacity to provide psychological support for PLWHA.



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