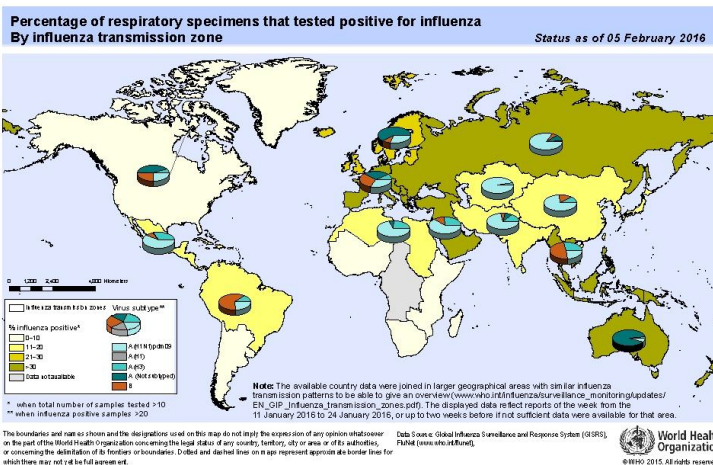


WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight Influenza update

08 February 2016, - Update number 256, based on data up to 24 January, 2016



Summary

Globally, increasing levels of influenza activity continued to be reported in the temperate zones of the northern hemisphere with influenza A(H1N1)pdm09 as the most detected virus.

- In North America, a slight increase of influenza A(H1N1)pdm09 was reported, but overall levels were still low.
- In tropical countries of the Americas, Central America and the Caribbean, influenza and other respiratory virus activity were overall at low levels in most countries. Puerto Rico and Guadeloupe reported increased influenza and ILI activities in recent weeks. In Costa Rica, influenza activity continued at high but decreasing levels.
- National Influenza Centres (NICs) and other national influenza laboratories from 87 countries, areas or territories reported data to FluNet for the time period from 11 January 2016 to 24 January 2016 (data as of 2016-02-05 04:13:45 UTC). The WHO GISRS laboratories tested more than 112204 specimens during that time period. 20839 were positive for influenza viruses, of which 17413 (83.6%) were typed as influenza A and 3428 (16.4%) as influenza B. Of the sub-typed influenza A viruses, 10873 (81.9%) were influenza A(H1N1)pdm09 and 2405 (18.1%) were influenza A(H3N2). Of the characterized B viruses, 509 (42.1%) belonged to the B-Yamagata lineage and 700 (57.9%) to the B-Victoria lineage.

Source: http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/

EPI WEEK 5



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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

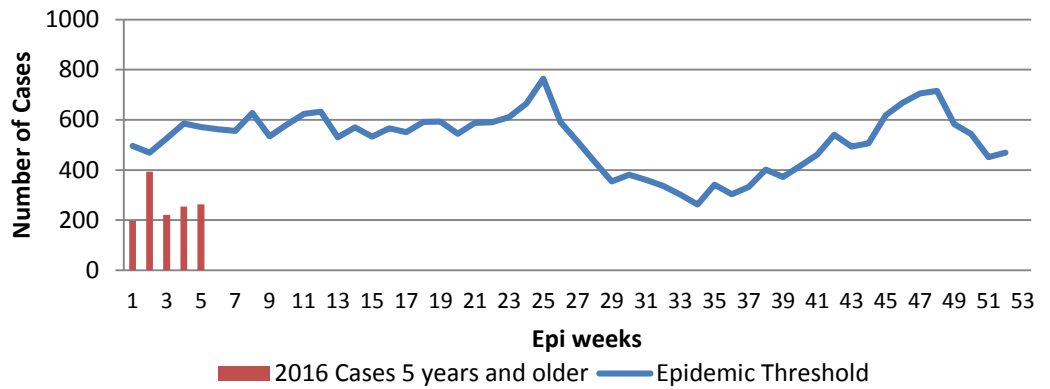
REPORTS FOR SYNDROMIC SURVEILLANCE

GASTROENTERITIS

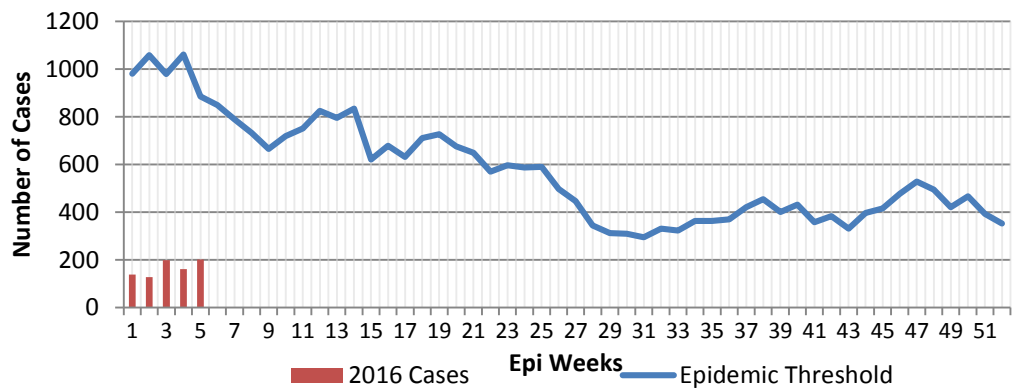
Three or more loose stools within 24 hours.



GE ≥5 Weekly Threshold vs Cases 2016, EW 5



GE <5 Weekly Threshold vs Cases 2016, EW 5

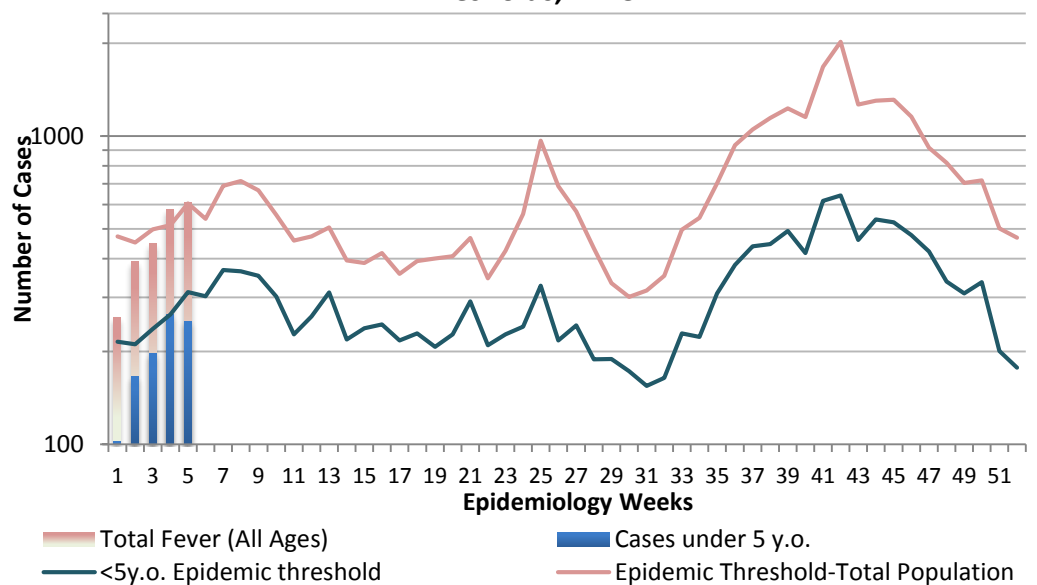


FEVER

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, EW 5



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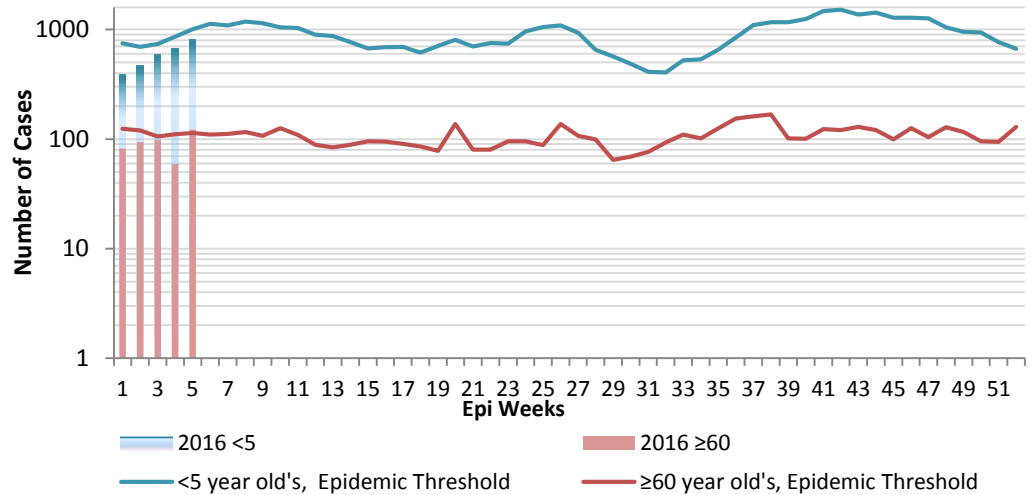
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER AND RESPIRATORY

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



Fever & Resp Weekly Threshold vs Cases 2016, EW 5

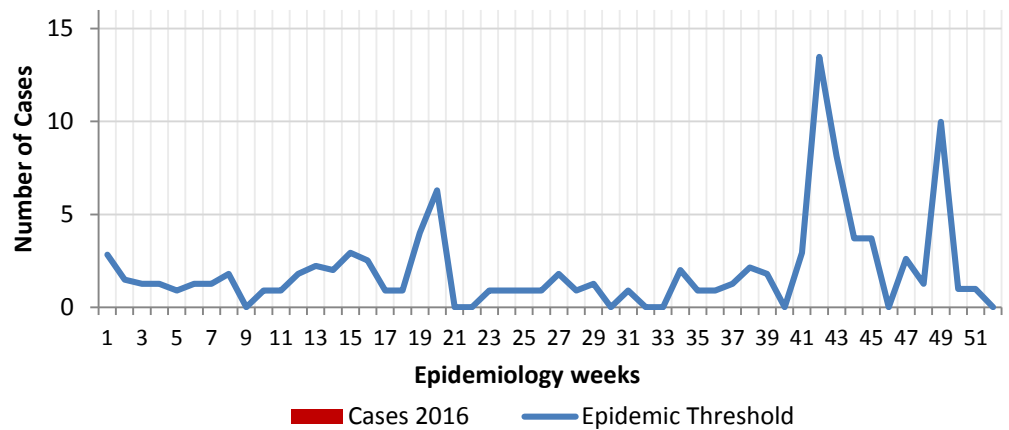


FEVER AND HAEMORRHAGIC

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, EW 5

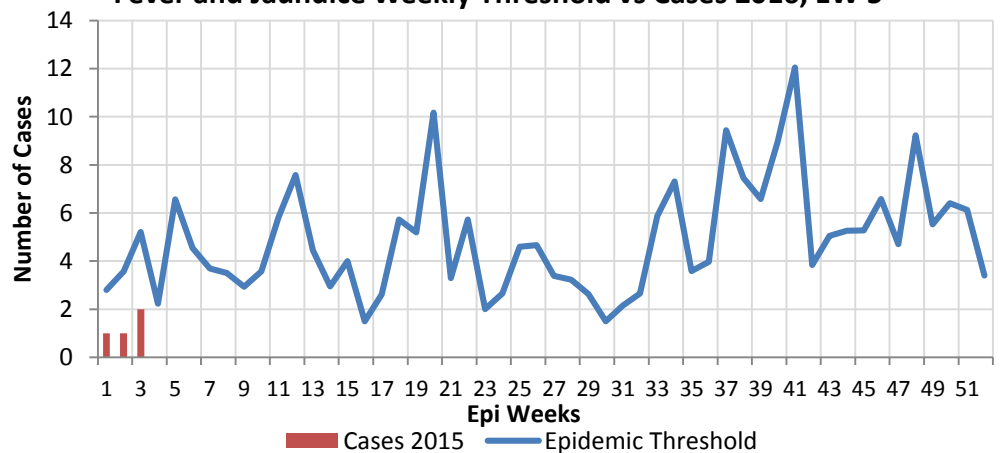


FEVER AND JAUNDICE

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



Fever and Jaundice Weekly Threshold vs Cases 2016, EW 5



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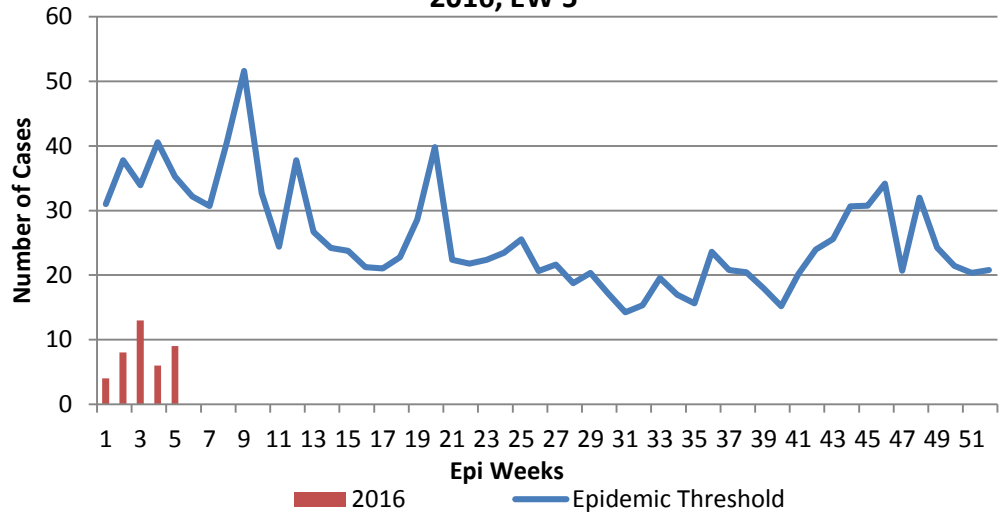
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FEVER AND NEUROLOGICAL

Temperature of $>38^{\circ}C$ / $100.4^{\circ}F$ (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, EW 5

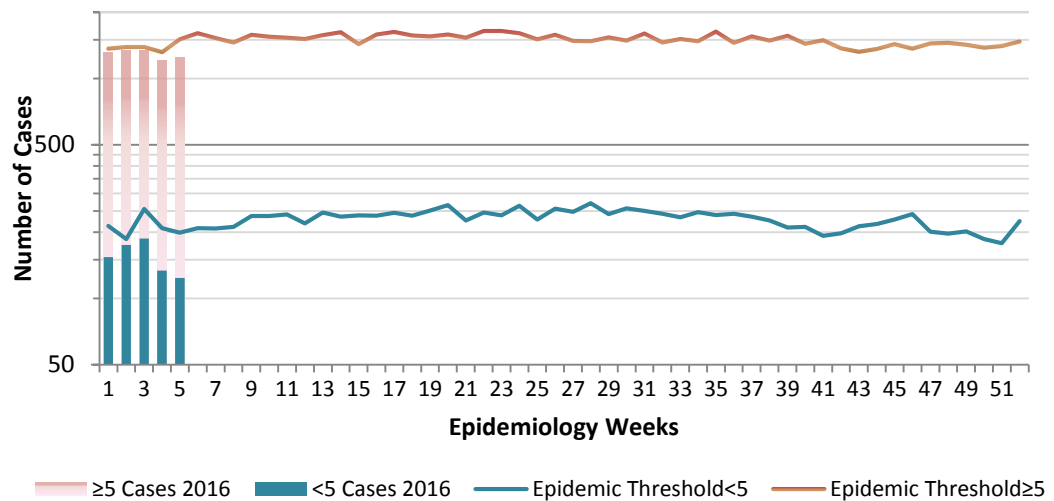


ACCIDENTS

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



Accidents Weekly Threshold vs Cases 2016, EW 5

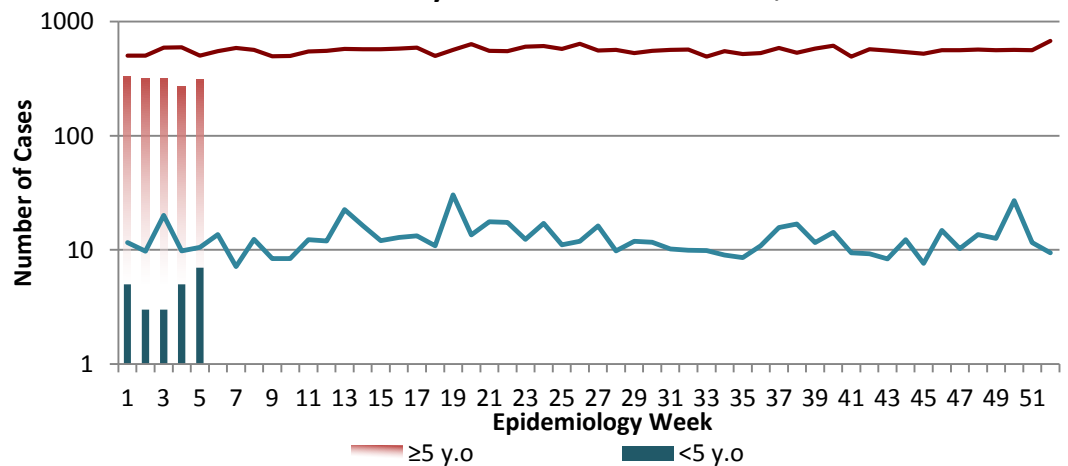


VIOLENCE

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



Violence Weekly Threshold vs Cases 2016, EW 5



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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	0	19	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	0	3		
	Hepatitis C	0	0		
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)	1	0		
	Meningitis	1	15		
EXOTIC/ UNUSUAL	Plague	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.	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis	0	0		
	Neonatal Tetanus	0	0		
	Typhoid Fever	0	0		
	Meningitis H/Flu	0	0		
SPECIAL PROGRAMMES	AFP/Polio	0	0	*Data not available	
	Congenital Rubella Syndrome	0	0		
	Congenital Syphilis	0	0	**Leptospirosis is awaiting classification as class 1, 2 or 3	
	Fever and Rash	Measles	0		0
		Rubella	0		0
	Maternal Deaths ²	0	0	¹ Dengue Hemorrhagic Fever data include Dengue related deaths; ² Maternal Deaths include early and late deaths.	
	Ophthalmia Neonatorum	32	45		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
Tuberculosis	0	0			
Yellow Fever	0	0			
UNCLASSIFIED**	Leptospirosis	5	0	 	



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT


EW 5

January 31– February 6, 2016

Epidemiology Week 5

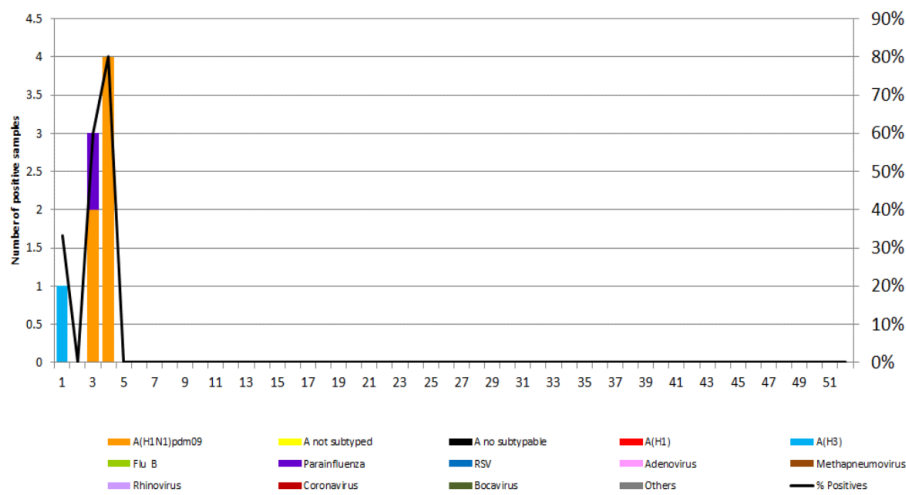
January, 2016		
	EW 5	YTD
SARI cases	31	141
Total Influenza positive	4	8
Samples		
<u>Influenza A</u>	4	7
H3N2	0	1
H1N1pdm09	4	6
Influenza B	0	0

Admitted Lower Respiratory Tract Infection and LRTI-related Deaths

	Current year		Previous year	
	Week 5 2016	YTD 2016	Week 5 2015	YTD 2015
	Admitted Lower Respiratory Tract Infections	99	392	86
Pneumonia-related Deaths	4	14	2	7

Comments:
 Influenza A(H1N1)pdm09 continued to predominate at 86% followed by A(H3N2) at 14%. There have been no detections of the influenza variant virus A/H3N2v, avian influenza H5 or H7 viruses among samples tested in Jamaica to date.

Distribution of Influenza and other respiratory viruses by EW surveillance EW 4, 2016, NIC Jamaica



INDICATORS

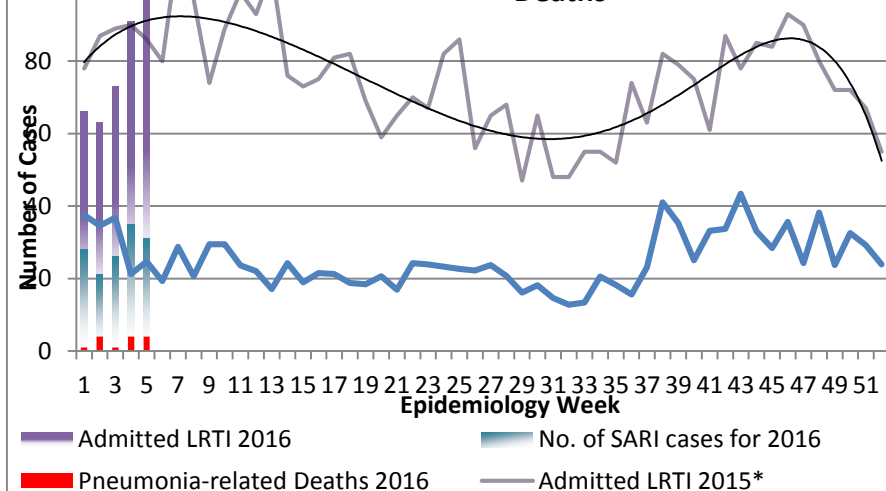
Burden
 Year to date, respiratory syndromes account for 6.5% of visits to health facilities.

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



Prevalence
 Not applicable to acute respiratory conditions.

2014 Cases of Admitted LRTI, SARI, Pneumonia related Deaths



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



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Dengue Bulletin

January 31–February 6, 2016

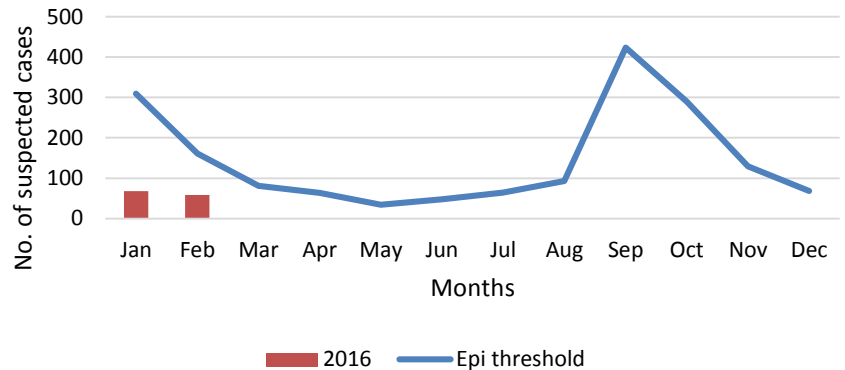
Epidemiology Week 5

DENGUE

*Parish population is calculated based on census data from STATIN 2012.



2016 Cases vs. Epidemic Threshold

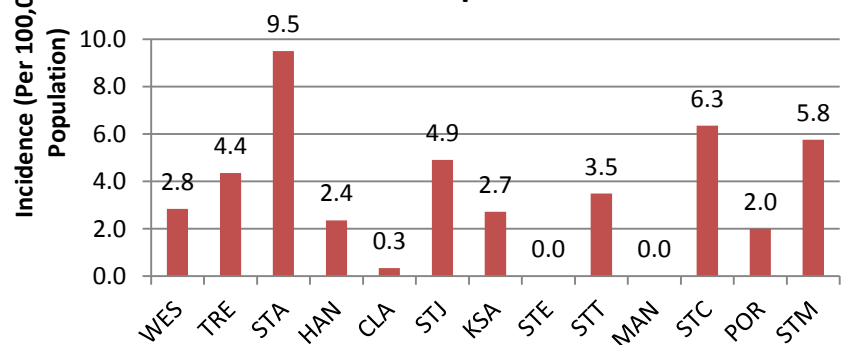


DISTRIBUTION

Year-to-Date Suspected Dengue Fever

	M	F	Total	%
<1	0	2	2	2
1-4	1	0	1	1
5-14	2	2	4	3
15-24	1	2	3	2
25-44	1	0	1	1
45-64	0	0	0	0
≥65	0	0	0	0
Unknown	57	58	115	91
TOTAL	62	64	126	100

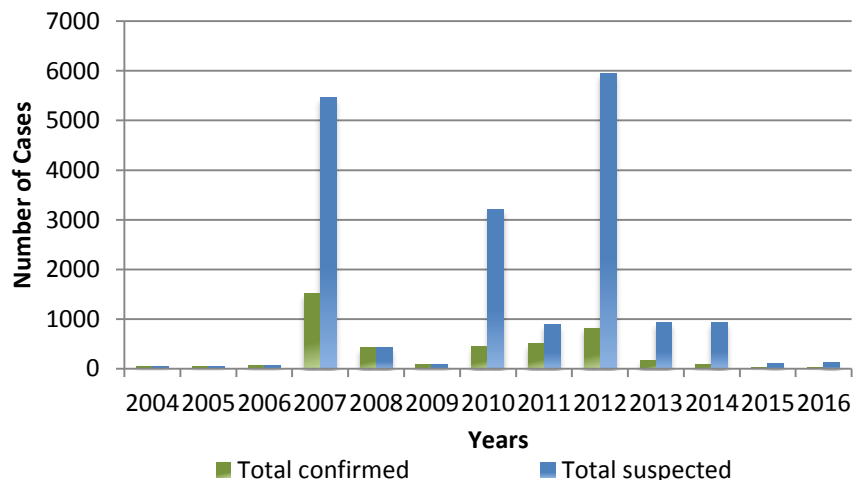
Suspected Dengue Fever Cases per 100,000 Parish Population*



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

		2016		2015 YTD
		EW 5	YTD	
Total Suspected Dengue Cases		55	126	14
Lab Confirmed Dengue cases		4	19	0
CONFIRMED	DHF/DSS	0	0	0
	Dengue Related Deaths	0	0	0

Dengue Cases by Year: 2004-2016, Jamaica



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Gastroenteritis Bulletin

EW
5

January 31 –February 6, 2016

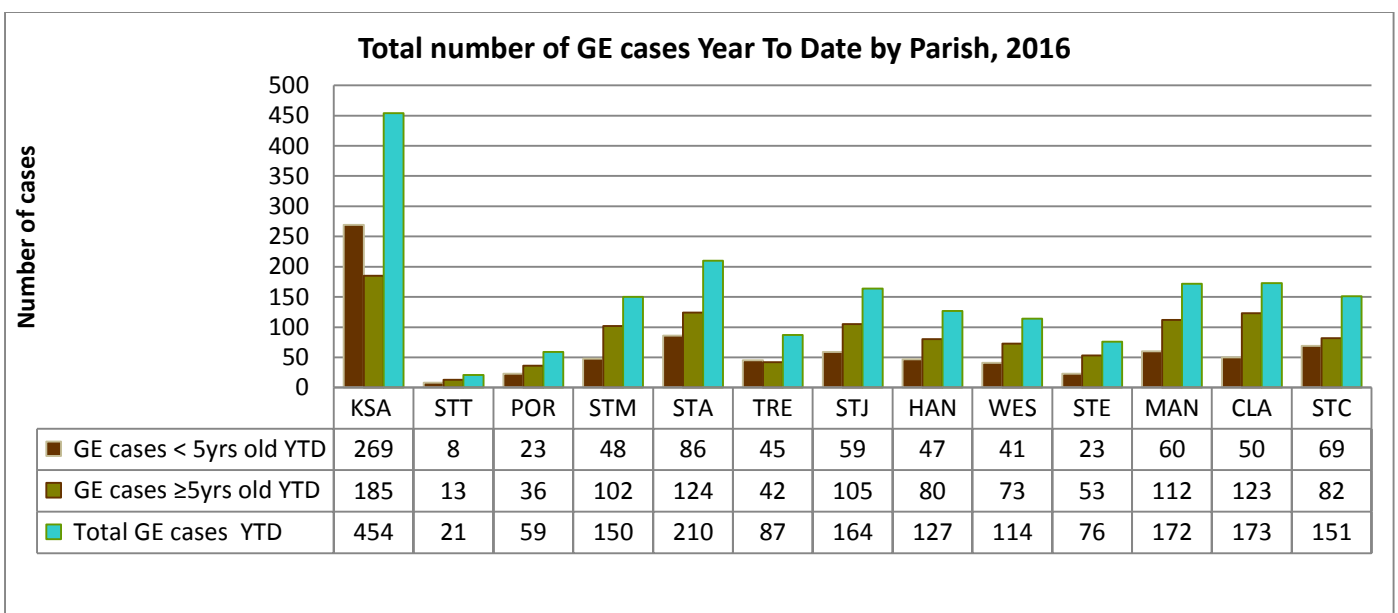
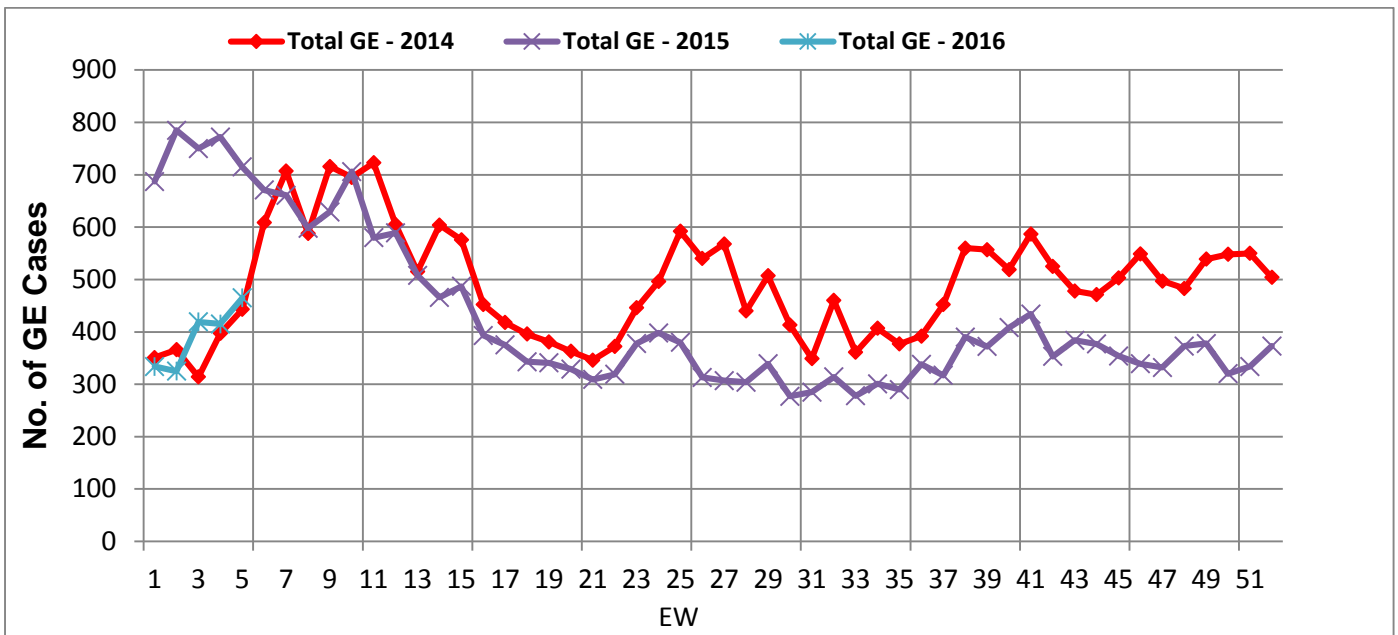
Epidemiology Week 5

Weekly Breakdown of Gastroenteritis cases

Year	EW 4			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	202	263	465	828	1130	1958
2015	353	362	715	2034	1675	3709

In Epidemiology Week 5, 2016, the total number of reported GE cases showed a 35% decrease compared to EW 4 of the previous year. The year to date figure showed a 47% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2014-2016



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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 assigned to the audited wards.

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



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NOTIFICATIONS-
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sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



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