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Week ending March 18, 2017 Epidemiology Week 11

WEEKLY EPIDEMIOLOGY BULLETIN

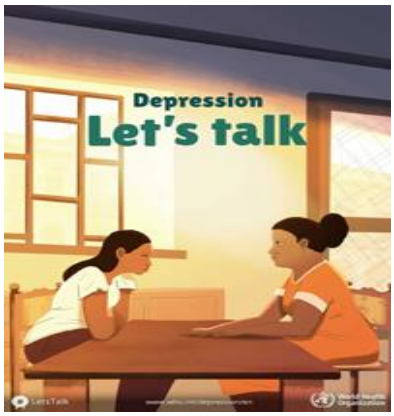
NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

World Health Day April 7, 2017

Depression. Let's talk

Depression is a common mental disorder that affects people of all ages, from all walks of life, in all countries. The risk of becoming depressed is increased by poverty, unemployment, life events such as the death of a loved one or a relationship break-up, physical illness and problems caused by alcohol and drug use. Untreated depression can prevent people from working and participating in family and community life. Talking with people you trust can be a first step towards recovery from depression.



World Health Day is celebrated on 7 April every year to mark the anniversary of the founding of WHO in 1948. Every year a theme is selected that highlights a priority area of public health. The day provides an opportunity for individuals in every community to get involved in activities that can lead to better Health.

Urgent need for increased investment

In many countries, there is no, or very little, support available for people with mental health disorders. Even in high-income countries, nearly 50% of people with depression do not get treatment. On average, just 3% of government health budgets is invested in mental health, varying from less than 1% in low-income countries to 5% in high-income countries.

Investment in mental health makes economic sense. Every US$ 1 invested in scaling up treatment for depression and anxiety leads to a return of US$ 4 in better health and ability to work. Treatment usually involves either a talking therapy or antidepressant medication or a combination of the two.

Associated health risks

WHO has identified strong links between depression and other noncommunicable disorders and diseases. Depression increases the risk of substance use disorders and diseases such as diabetes and heart disease; the opposite is also true, meaning that people with these other conditions have a higher risk of depression.

Source: http://www.paho.org/world-health-day/ & http://who.int/mediacentre/news/releases/2017/world-health-day/en/

EPI WEEK 11

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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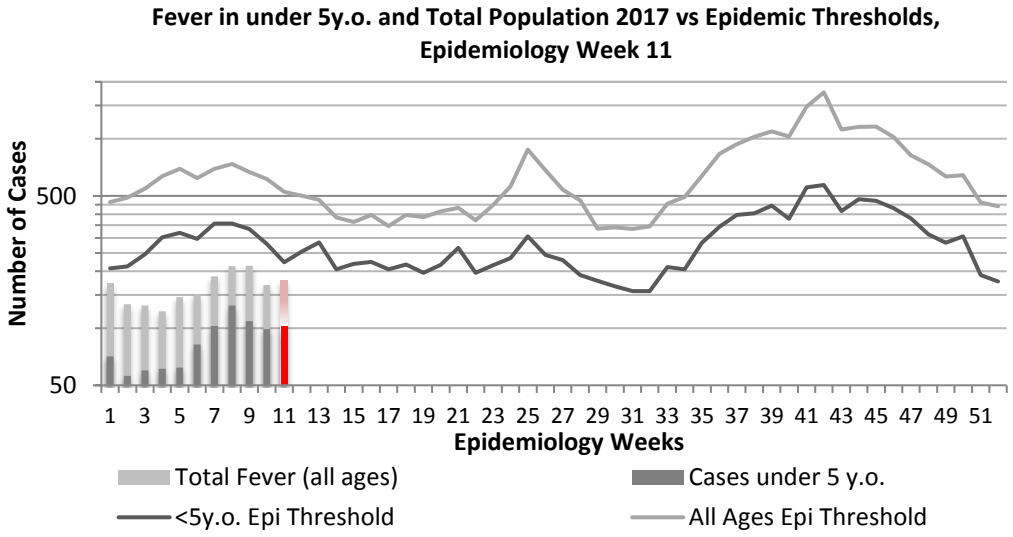
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

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

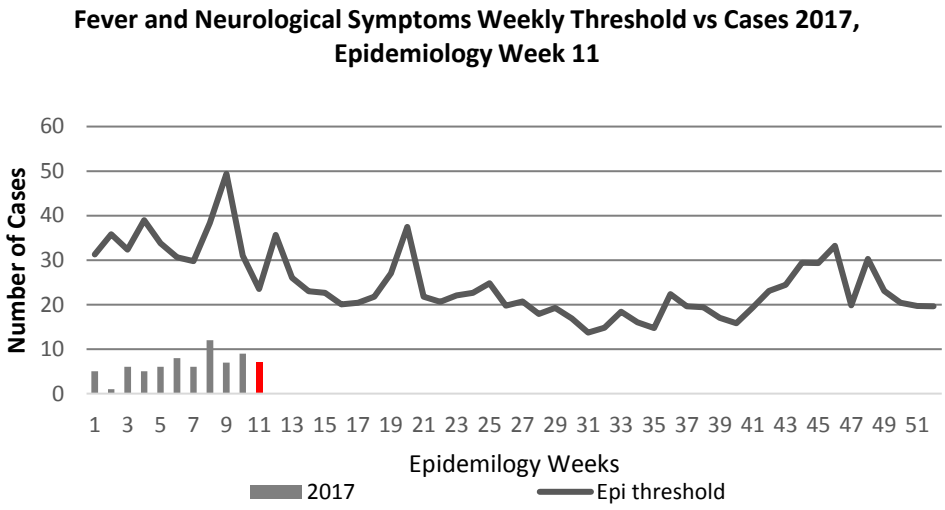
KEY

RED CURRENT WEEK



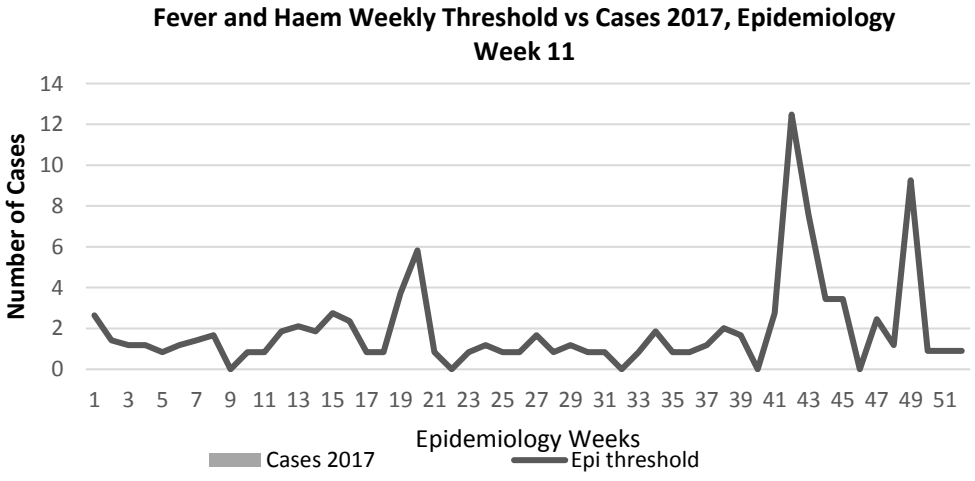
FEVER AND NEUROLOGICAL

Temperature of >380C /100.40F (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 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.



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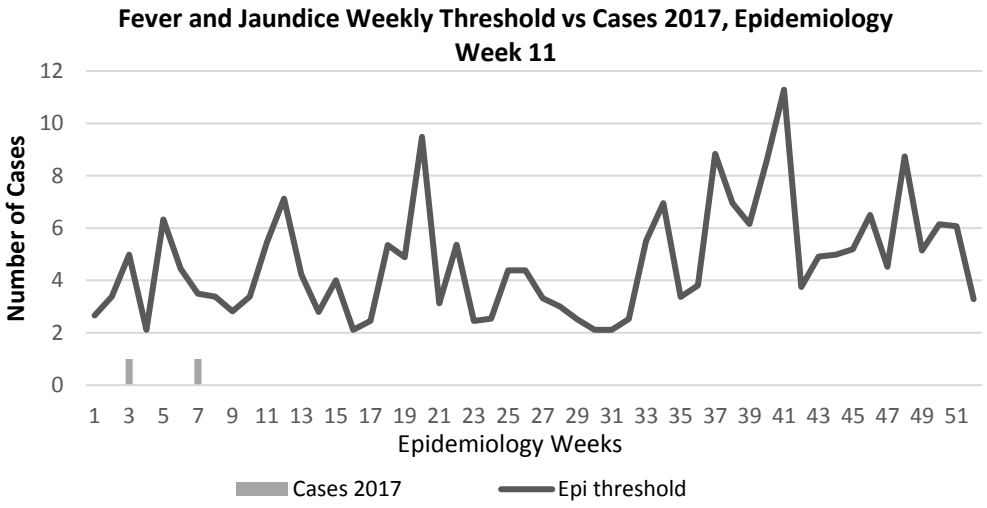
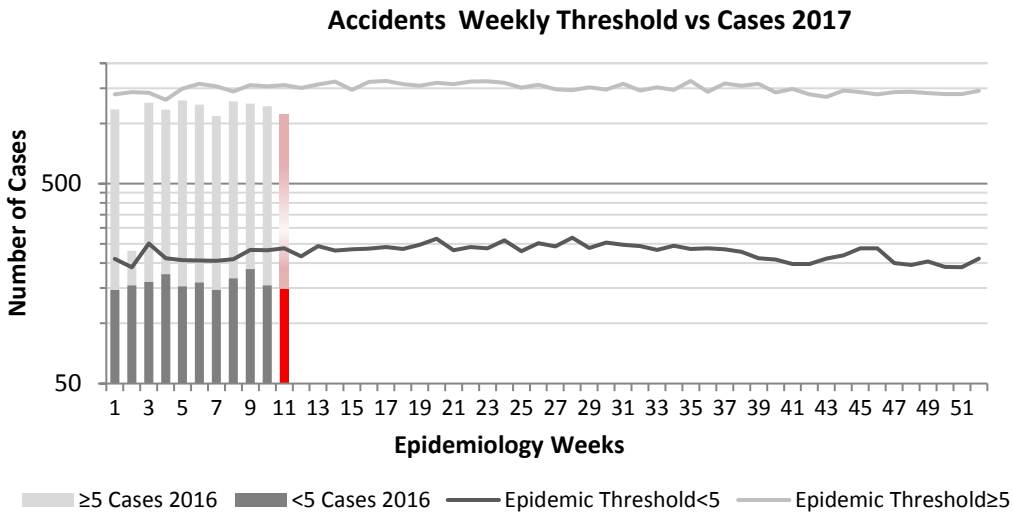
FEVER AND JAUNDICE

Temperature of $>38^0C$ /100.4^0F (or recent history of fever) in a previously healthy person presenting with jaundice.



ACCIDENTS

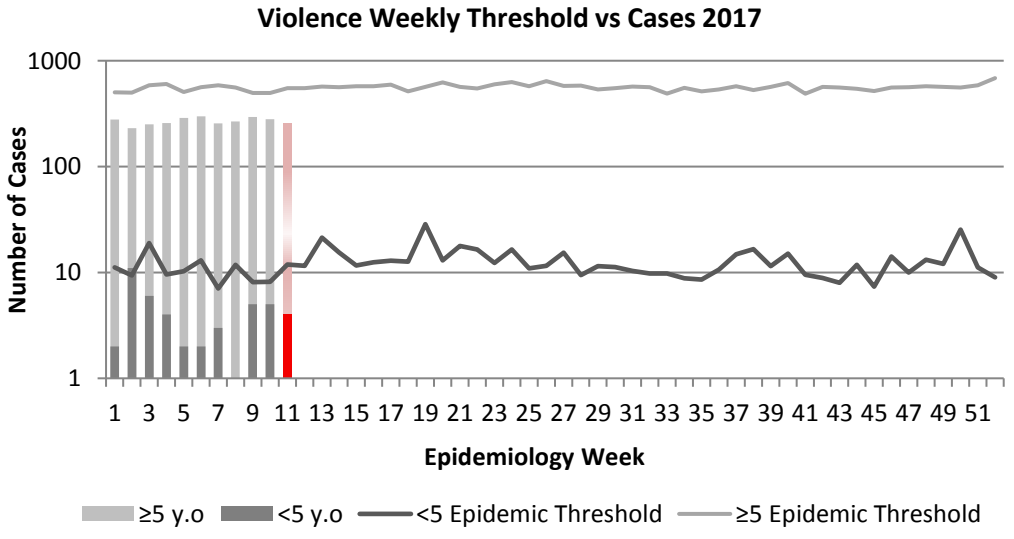
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



VIOLENCE

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

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



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS	CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	16	35
	Cholera	0	0
	Dengue Hemorrhagic Fever[1]	0	0
	Hansen's Disease (Leprosy)	0	0
	Hepatitis B	2	2
	Hepatitis C	0	0
	HIV/AIDS - See HIV/AIDS National Programme Report		
	Malaria (Imported)	2	1
	Meningitis (Clinically confirmed)	5	14
EXOTIC/ UNUSUAL	Plague	0	0
H IGH MORBIDIT/ MORTALIY	Meningococcal Meningitis	0	0
	Neonatal Tetanus	0	0
	Typhoid Fever	0	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
	Fever and Rash – Rubella	0	0
	Maternal Deaths[2]	6	5
	Ophthalmia Neonatorum	45	113
	Pertussis-like syndrome	0	0
	Rheumatic Fever	1	1
	Tetanus	0	0
	Tuberculosis	0	8
	Yellow Fever	0	0
	Chikungunya	0	0
	Zika Virus	0	8

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 70% of their calculated estimate of cases in the island, this is 180 (of 200) cases per year.

*Data not available

1 Dengue Hemorrhagic Fever data include Dengue related deaths;

2 Maternal Deaths include early and late deaths.

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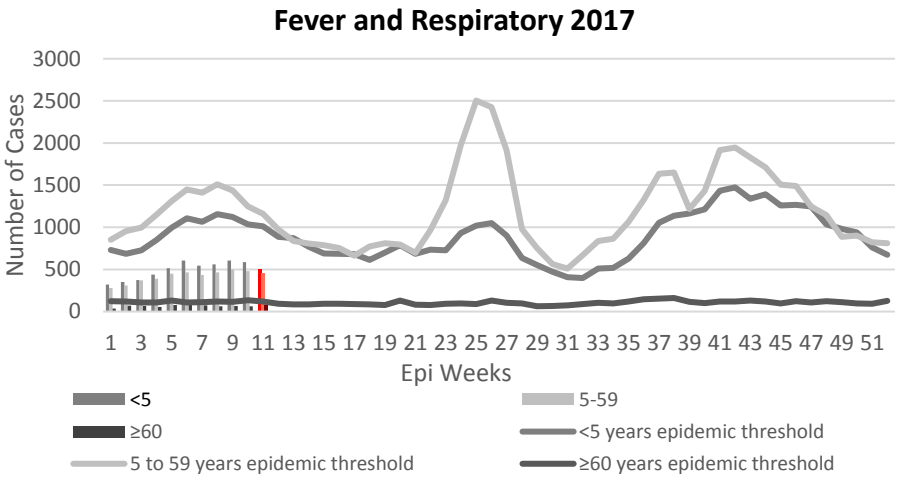
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 11

March 12-18, 2017 Epidemiology Week 11

March 2017		
	EW 11	*YTD*
SARI cases	*7*	*131*
Total Influenza positive Samples	***0***	***1***
Influenza A	***0***	***0***
H3N2	*0*	*0*
H1N1pdm09	*0*	*0*
Not subtyped	*0*	*0*
Influenza B	*0*	***1***
Other	*0*	***0***

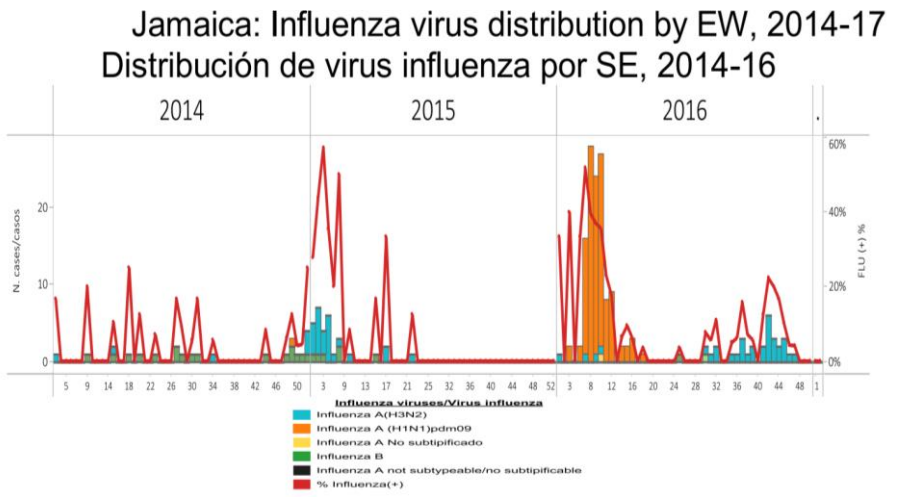


Comments:

During EW 11, SARI activity decreased and remained below the alert threshold and the average epidemic curve.

During EW 11, pneumonia case-counts decreased, and were at same levels observed in 2015 and lower than the prior season, with the highest proportion in Kingston and Saint Andrew.

During EW 11, no influenza activity was reported.



INDICATORS

Burden

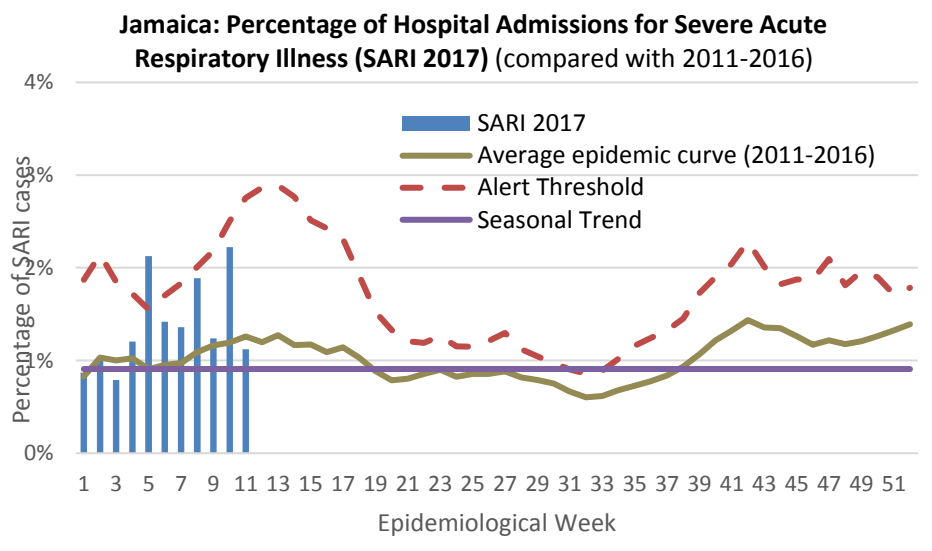
Year to date, respiratory syndromes account for 3.3% of visits to health facilities.

Incidence

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

Prevalence

Not applicable to acute respiratory conditions.



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Dengue Bulletin

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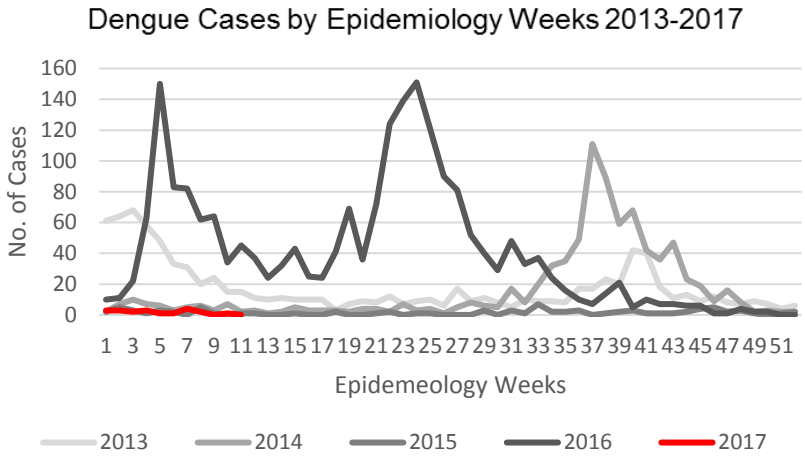
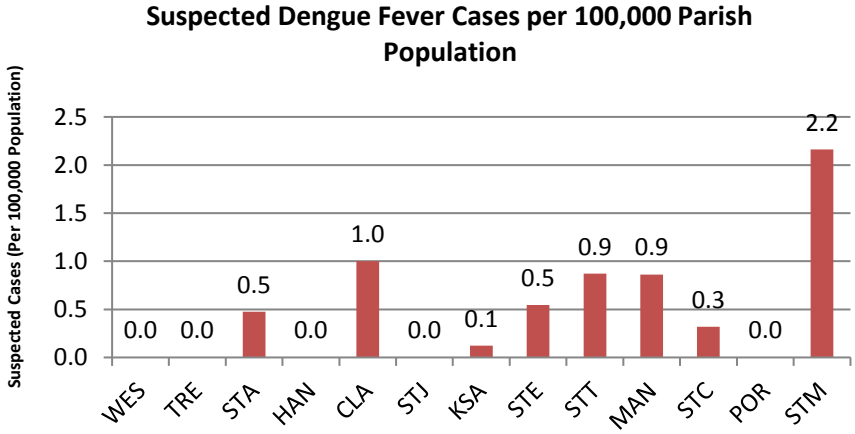


DISTRIBUTION

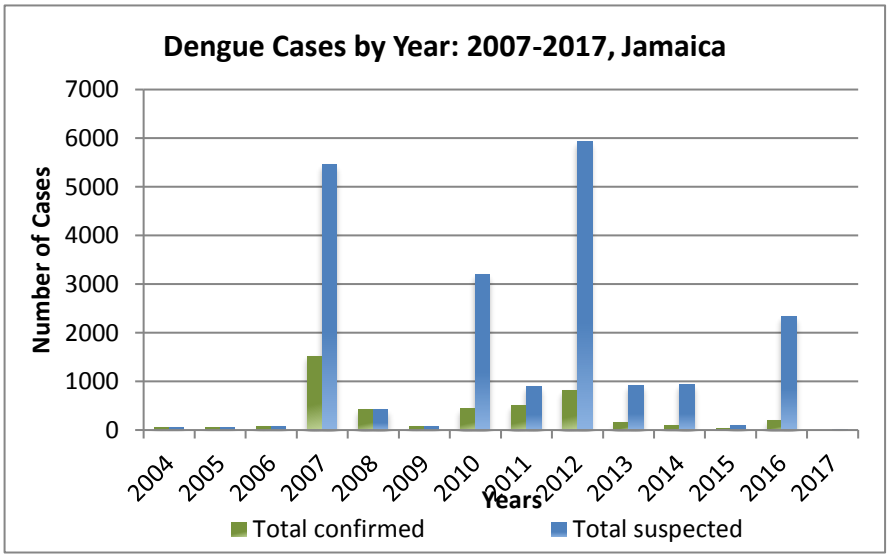
Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	0	0	0	0	0
1-4	0	0	0	0	0
5-14	4	2	0	6	31.5
15-24	2	2	0	4	21.2
25-44	3	3	1	6	31.5
45-64	2	1	0	3	15.8
≥65	0	0	0	0	0
Unknown	0	0	0	0	0
TOTAL	11	7	1	20	**100**



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

		2017		2016 YTD
		EW 11	YTD	
Total Suspected Dengue Cases		0	20	504
Lab Confirmed Dengue cases		0	0	60
CONFIRMED	DHF/DSS	0	0	2
	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

EW 11

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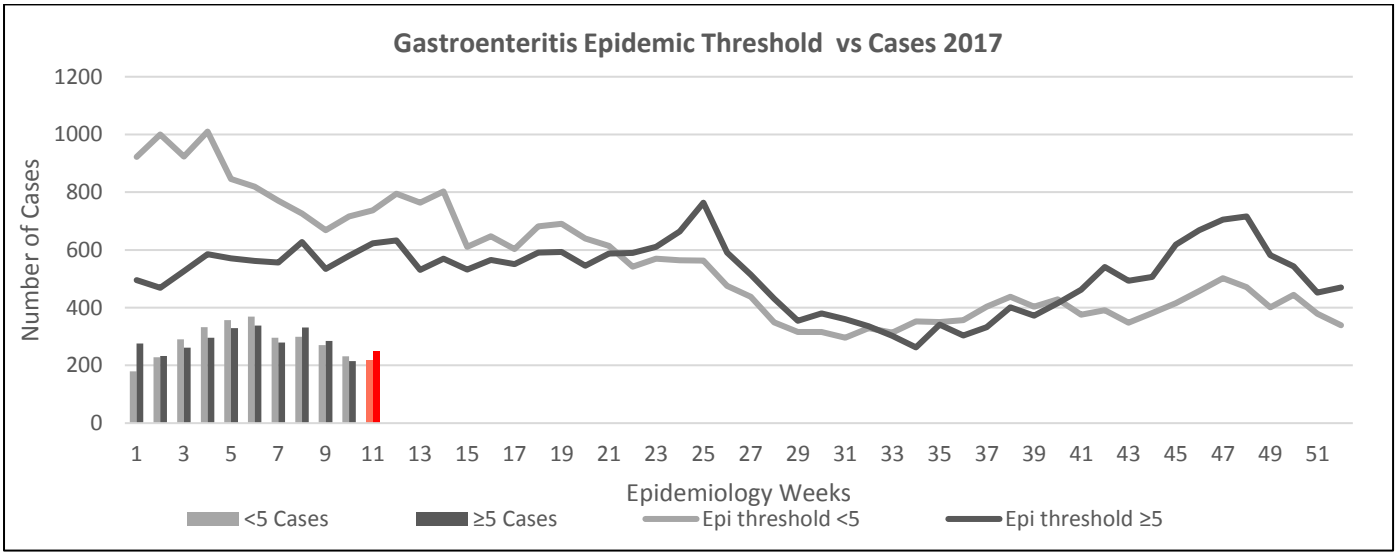
Weekly Breakdown of Gastroenteritis cases

Year	EW 11			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	218	249	467	3,070	3,093	6,163
2016	159	240	399	1,630	2,316	3,946

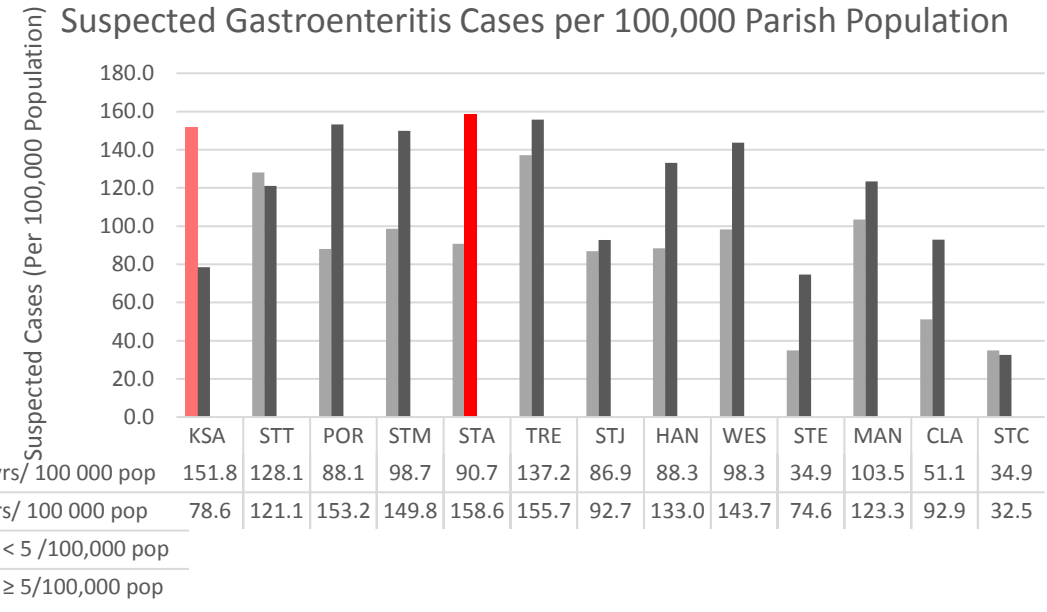
Gastroenteritis:
In Epidemiology Week 11, 2017, the total number of reported GE cases showed a 11.7% increase compared to EW 11 of the previous year.
The year to date figure showed an 15.6% increase in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2016-2017



Saint Ann reported the highest number of GE cases per 100,000 in their 5 years old and over population

KSA reported the highest number of GE cases per 100,000 in their under 5 years old population



	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
Suspected GE Cases < 5 yrs/ 100 000 pop	151.8	128.1	88.1	98.7	90.7	137.2	86.9	88.3	98.3	34.9	103.5	51.1	34.9
Suspected GE cases ≥5yrs/ 100 000 pop	78.6	121.1	153.2	149.8	158.6	155.7	92.7	133.0	143.7	74.6	123.3	92.9	32.5

Highest number of cases < 5 /100,000 pop

Highest number of cases ≥ 5/100,000 pop

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RESEARCH PAPER

HIV Case-Based Surveillance System Audit

S. Whitbourne, Z. Miller

Objectives: Evaluate the Public Health Surveillance System for HIV reporting, to help ensure that the data collected is accurate and useful for understanding epidemiological trends.

Background: Public health programmes focus on the monitoring, control and reduction in the incidence of target diseases, conditions or health events through various interventions and actions. The surveillance system is the primary mechanism through which specific disease information is collected and needs to be periodically assessed.

Methodology: In 2016, an audit was conducted of the HIV Case-Based Surveillance System in Jamaica. Laboratory records were reviewed from seven major health care facilities representing all four Regional Health Authorities. Cases with a positive HIV test in 2014 were noted and comparisons of positive cases were made with the cases that had been reported to the National Surveillance Unit. Qualitative data was also collected from key personnel in the form of questionnaires related to the processes involved in diagnosis, detection, investigation and reporting of HIV positive cases, but this paper will focus on the quantitative findings.

Findings: Preliminary data analysis reveals a high level of underreporting of HIV cases to the national level.

Conclusions: Audits and other forms of assessment need to be conducted on surveillance systems to ensure that the data supporting a public health programme is reliable and accurate, for effective delivery of services to target populations.

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