

Week ending April 30, 2016

Epidemiology Week 17

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Poison Prevention Week 2016

The Caribbean Poison Information Network (CARPIN) hosts the annual Poison Prevention Week (**May 15-21**) for 2016 under the theme:

“Your Safety, Your Responsibility”

Poison Prevention Tips

Be Aware of the Poison Treatment Centres

STORE POISONS SAFELY (remember nothing is child proof)

- * Keep household products and medicines securely locked up where children can't see or reach them.
- * Keep all products in their original containers with labels.
- * Use child resistant packaging.

USE MEDICINES, HOME PRODUCTS & POISONS SAFELY

- * Read the label. Follow the directions on medicines, household product and poisons carefully.
- * If children are around take the product with you if you go to answer the phone or leave the room.
- * Lock products up after using them.
- * If it is medicine call it medicine not candy.

Children learn by imitation. Take your medicine

- * where children cannot see you put them in your mouth.

TEACH CHILDREN TO ASK FIRST

Poisons can look like food, drink or sweets. Teach children to ask first before eating, drinking or smelling anything

For further information of the Week's activities please contact at carpin@utech.edu.jm

Source: <http://www.carpin.org/poisons.htm>

EPI WEEK 17



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

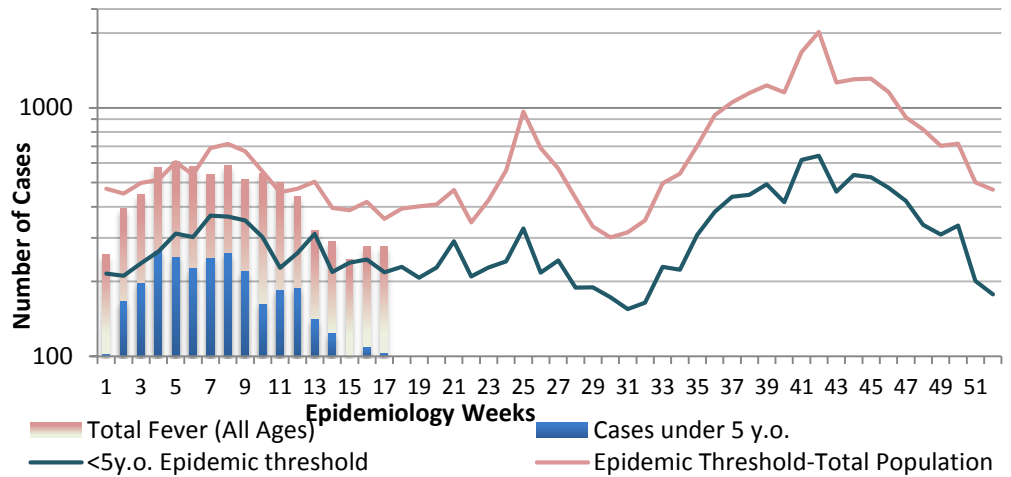
REPORTS FOR SYNDROMIC SURVEILLANCE

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 17

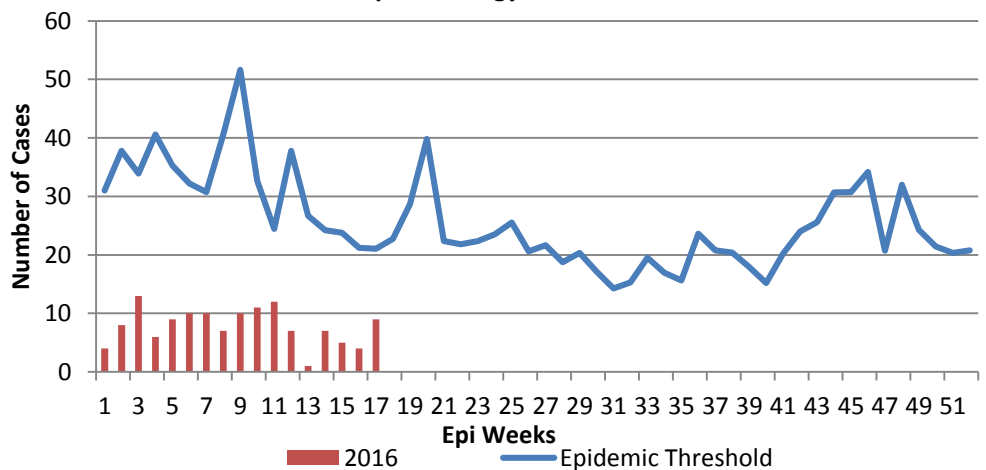


FEVER AND NEUROLOGICAL

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 17

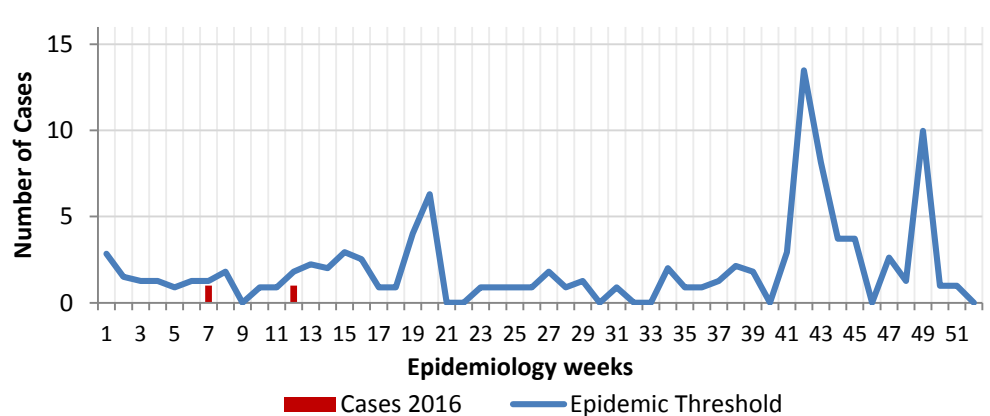


FEVER AND HAEMORRHAGIC

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 17



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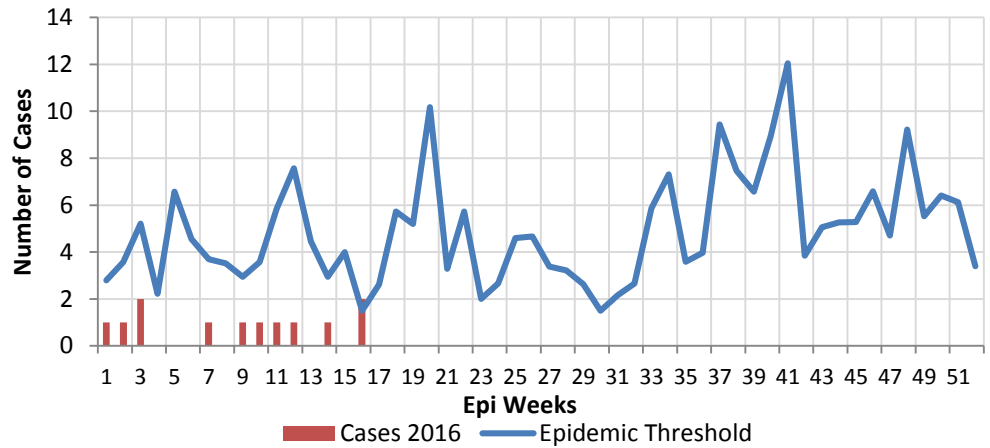
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FEVER AND JAUNDICE

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 17

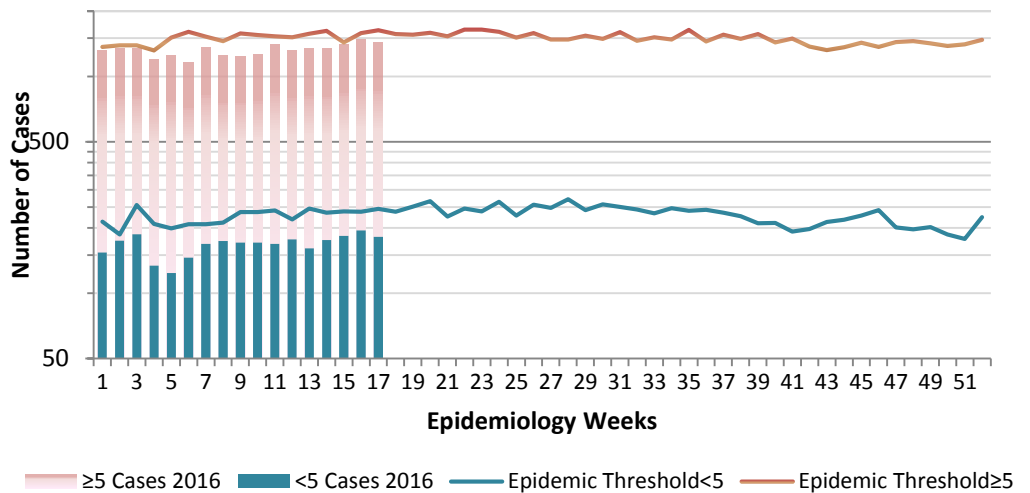


ACCIDENTS

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



Accidents Weekly Threshold vs Cases 2016



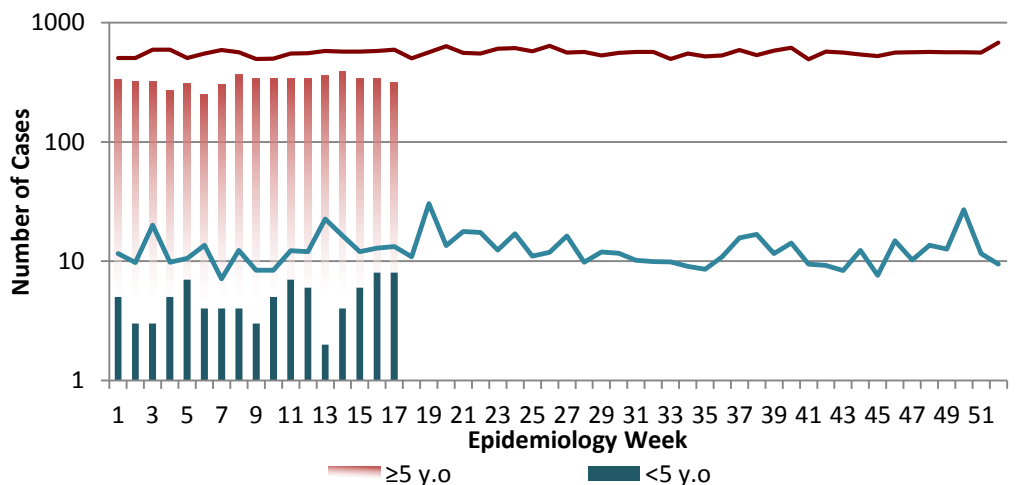
VIOLENCE

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 | 15 | 66 | 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 | 11 | 19 | | |
| | Hepatitis C | 2 | 2 | | |
| | HIV/AIDS - See HIV/AIDS National Programme Report | | | | |
| | Malaria (Imported) | 1 | 0 | | |
| | Meningitis | 7 | 38 | | |
| 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 | 20 | 20 | | |
| | Ophthalmia Neonatorum | 172 | 123 | | |
| | Pertussis-like syndrome | 0 | 0 | | |
| | Rheumatic Fever | 0 | 7 | | |
| | Tetanus | 0 | 1 | | |
| | Tuberculosis | 0 | 0 | | |
| Yellow Fever | 0 | 0 | | | |
| Chikungunya | 0 | 1 | | | |
| Zika Virus | 8 | 0 | | | |



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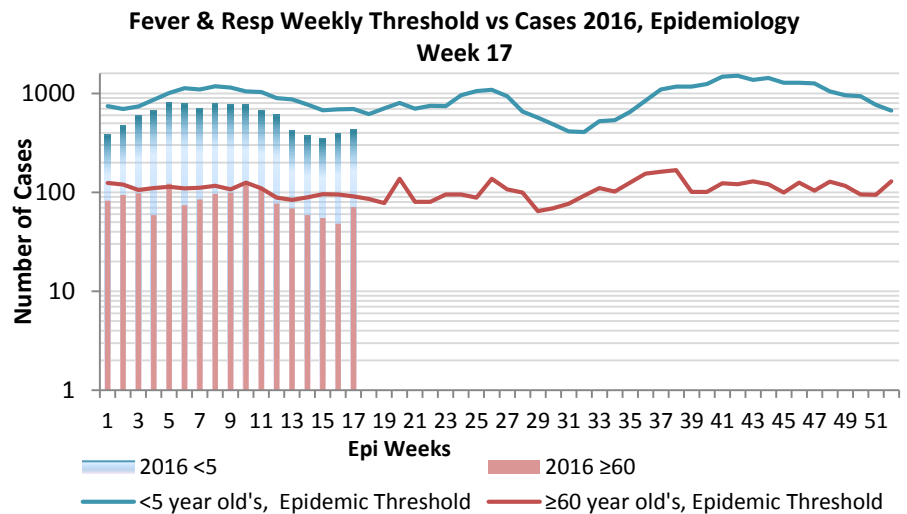
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 17

April 24 – April 30, 2016

Epidemiology Week 17

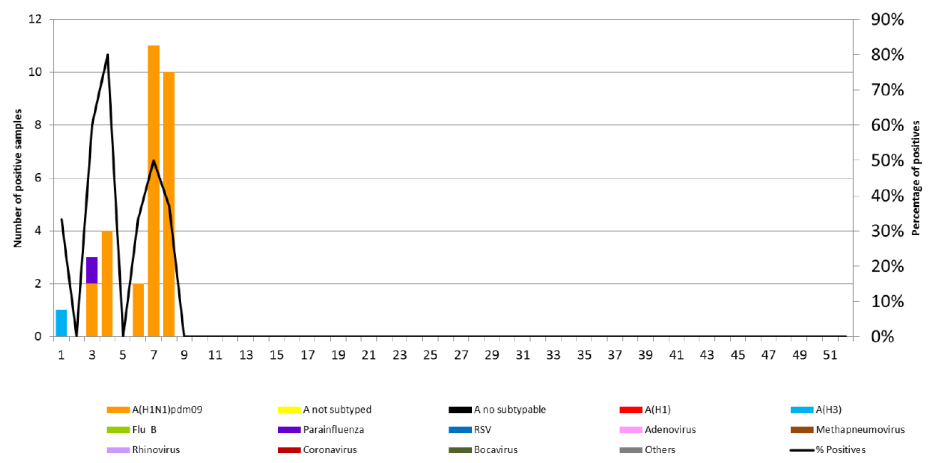
| April, 2016 | | |
|---|----------|------------|
| | EW 17 | YTD |
| SARI cases | 23 | 607 |
| Total Influenza positive Samples | 0 | 114 |
| Influenza A | 0 | 113 |
| H3N2 | 0 | 1 |
| H1N1pdm09 | 0 | 80 |
| Not subtyped | 0 | 32 |
| Influenza B | 0 | 0 |
| Other | 0 | 1 |



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

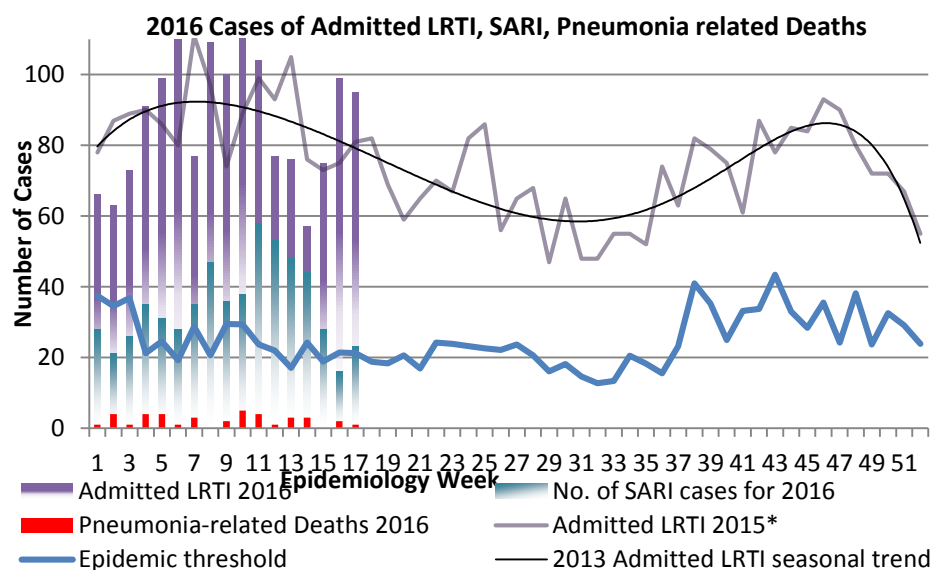


INDICATORS

Burden
Year to date, respiratory syndromes account for 4.0% 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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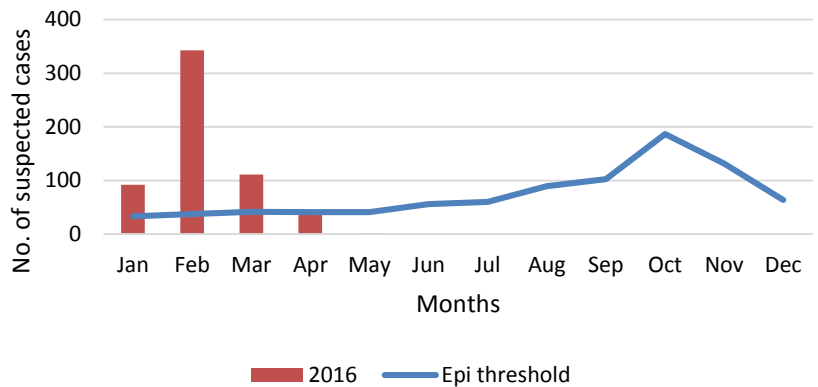
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Dengue Bulletin

April 24 – April 30, 2016

Epidemiology Week 17

2016 Cases vs. Epidemic Threshold

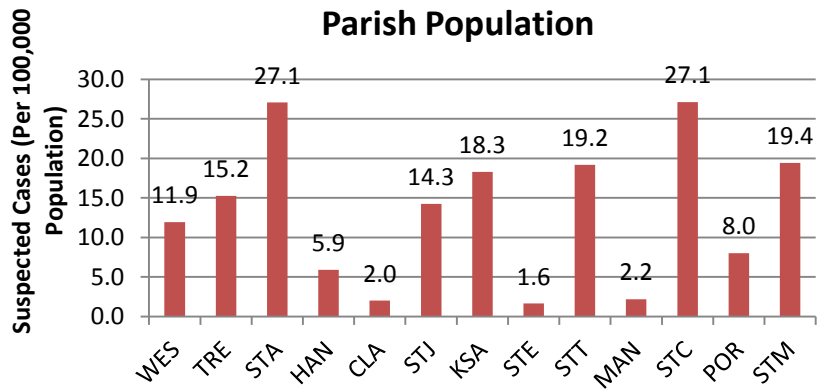


DISTRIBUTION

Year-to-Date Suspected Dengue Fever

| | M | F | Un-kwn | Total | % |
|--------------|------------|------------|-----------|------------|------------|
| <1 | 1 | 4 | 0 | 5 | 1 |
| 1-4 | 9 | 19 | 0 | 28 | 5 |
| 5-14 | 58 | 44 | 1 | 103 | 19 |
| 15-24 | 48 | 63 | 0 | 111 | 20 |
| 25-44 | 51 | 110 | 1 | 162 | 29 |
| 45-64 | 18 | 35 | 1 | 54 | 10 |
| ≥65 | 2 | 7 | 0 | 9 | 2 |
| Unknown | 25 | 44 | 49 | 118 | 14 |
| TOTAL | 212 | 326 | 52 | 590 | 100 |

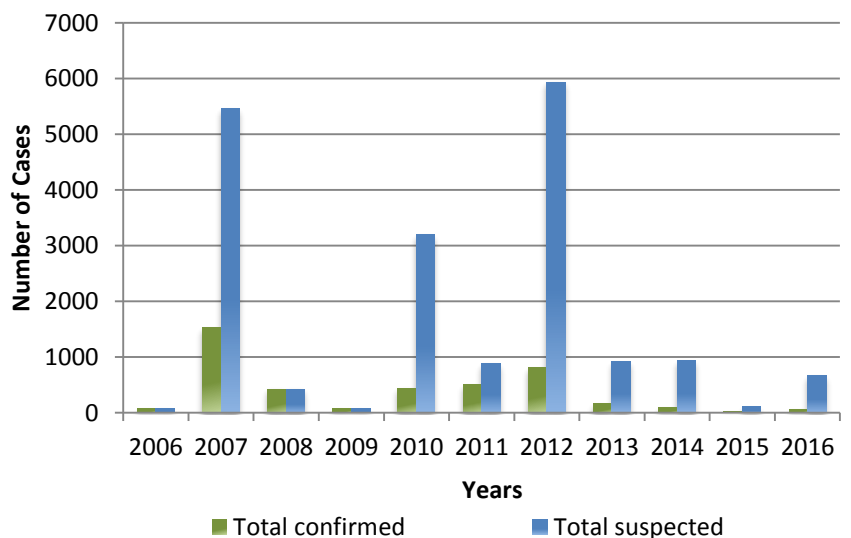
Suspected Dengue Fever Cases per 100,000 Parish Population



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

| | | 2016 | | 2015 YTD |
|------------------------------|-----------------------|-------|-----|----------|
| | | EW 16 | YTD | |
| Total Suspected Dengue Cases | | 1 | 590 | 25 |
| Lab Confirmed Dengue cases | | 0 | 65 | 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
17

April 24 – April 30, 2016

Epidemiology Week 17

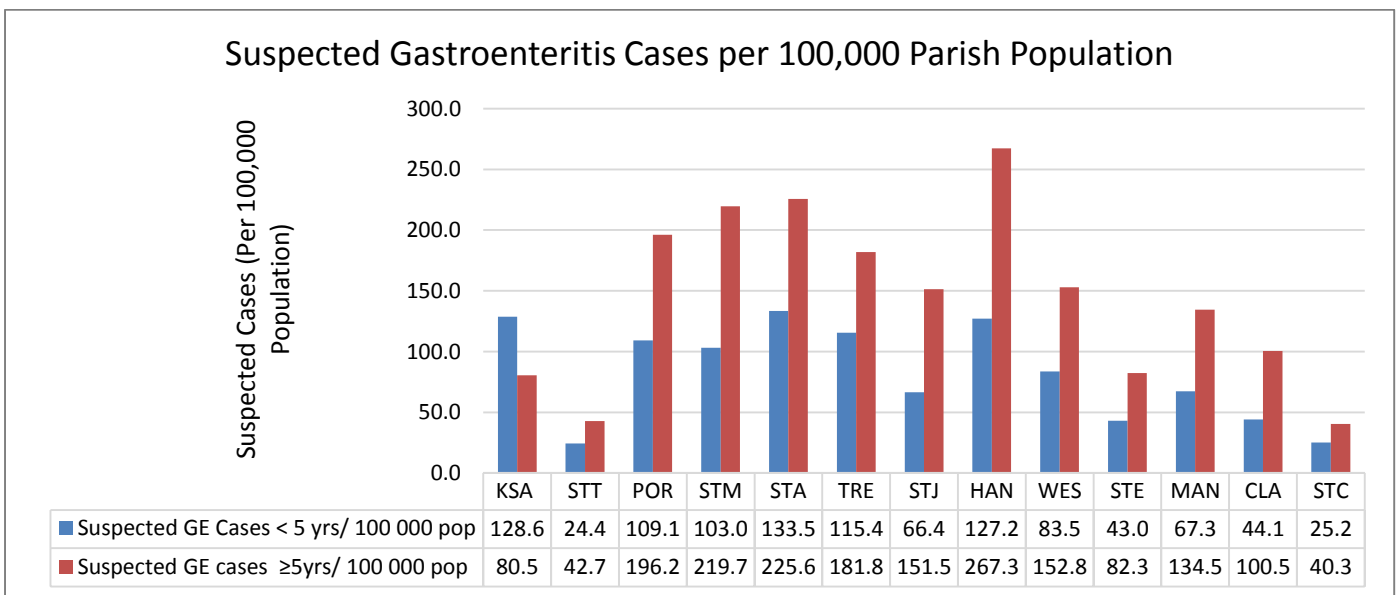
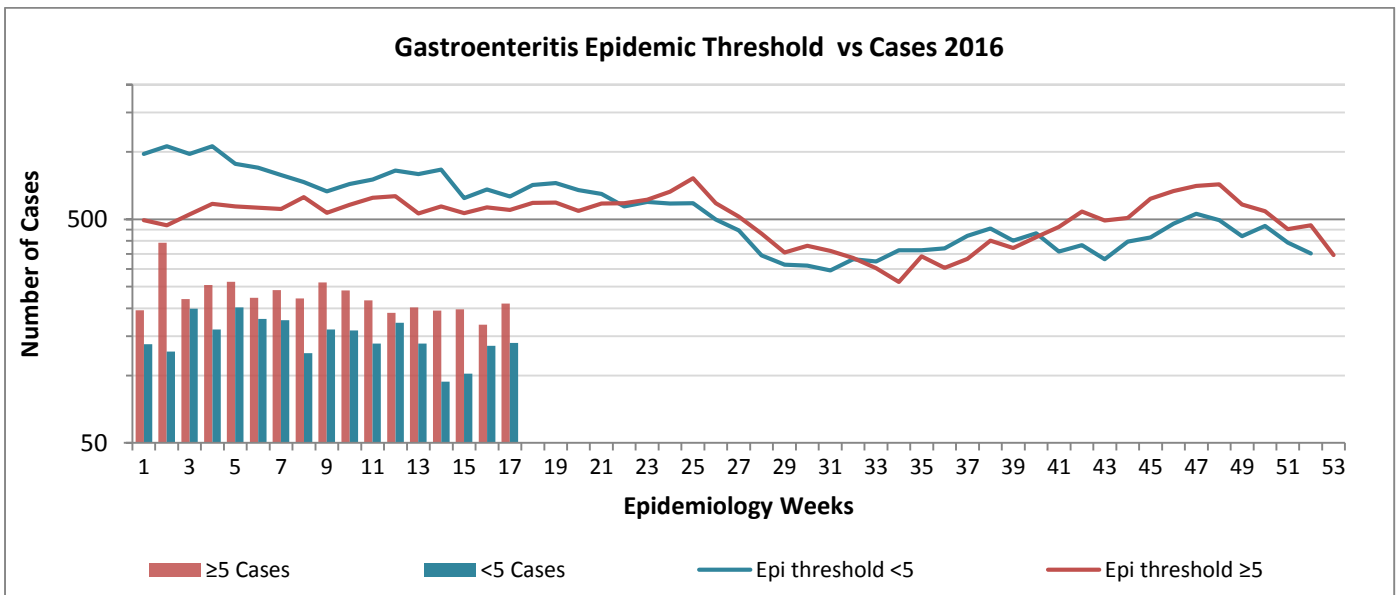
Weekly Breakdown of Gastroenteritis cases

Gastroenteritis: Three or more loose stools within 24 hours. In Epidemiology Week 16, 2016, the total number of reported GE cases showed a 22% decrease compared to EW 16 of the previous year. The year to date figure showed a 41% decrease in cases for the period.



| Year | EW 17 | | | YTD | | |
|------|-------|-----|-------|------|------|-------|
| | <5 | ≥5 | Total | <5 | ≥5 | Total |
| 2016 | 140 | 210 | 350 | 2552 | 3698 | 6250 |
| 2015 | 156 | 219 | 375 | 5313 | 5059 | 10372 |

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

N Muturi 1, R Page 2

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2Ministry of Health, 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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