

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

World Population Day

11 July 2016

There are more young people in the world than ever before. With proper investment in their education and health, they could transform their countries' economies and futures. © UNFPA/Anra Adhikari



In 1989, the Governing Council of the United Nations Development Programme recommended that 11 July be observed by the international community as World Population Day, a day to focus attention on the urgency and importance of population issues. This year's theme is 'Investing in teenage girls.'

Teenage girls around the world face enormous challenges. Many are considered by their communities or parents to be ready for marriage and motherhood. Many are forced from school, damaging their future prospects. Even among girls who stay in school, access



to basic information about their health, human rights and

reproductive rights can be hard to come by, leaving them vulnerable to illness, injury and exploitation. These challenges are exacerbated among marginalized girls, such as members of ethnic minorities or those living in poverty or remote areas.

"Leaders and communities must focus on and stand up for the human rights of the most marginalized teenage girls, particularly those who are poor, out of school, exploited, or subjected to harmful traditional practices, including child marriage," UNFPA Executive Director Dr. Babatunde Osotimehin said. "Marginalized girls are vulnerable to poor reproductive health and more likely to become mothers while still children themselves. They have a right to understand and control their own bodies and shape their own lives."

Source: <http://www.unfpa.org/events/world-population-day#sthash.3FDgFi7P.dpuf>

EPI WEEK 25



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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

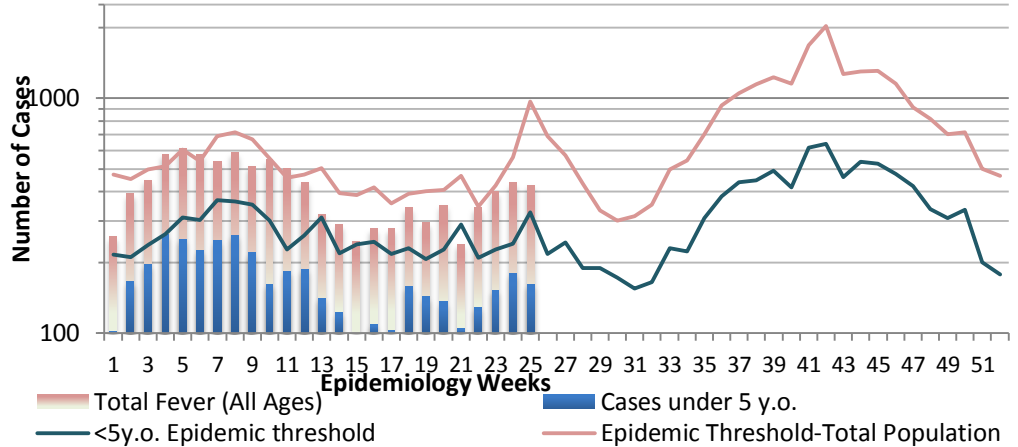
REPORTS FOR SYNDROMIC SURVEILLANCE

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 25

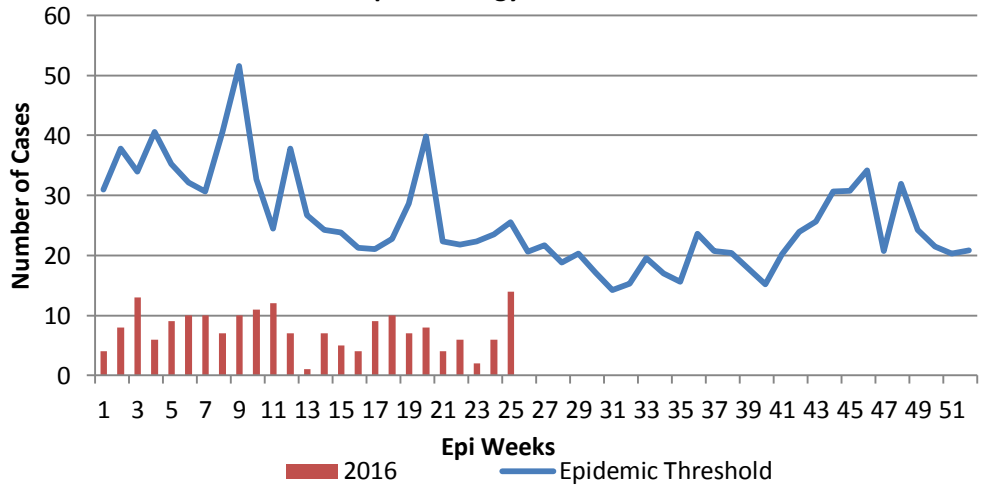


FEVER AND NEUROLOGICAL

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 25

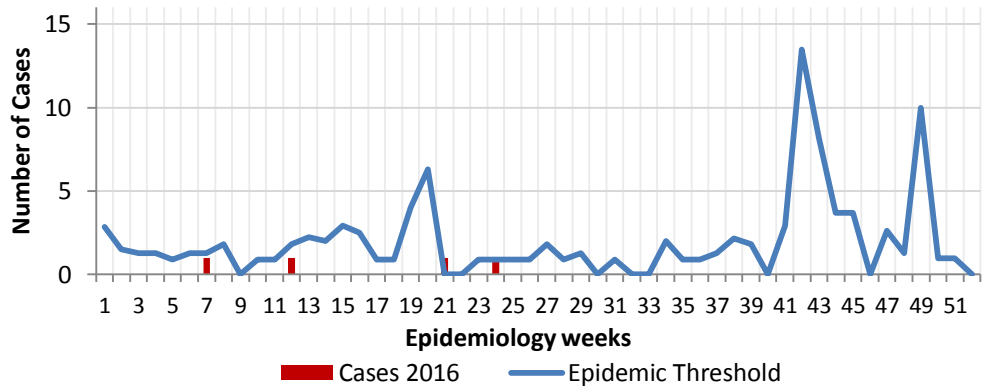


FEVER AND HAEMORRHAGIC

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 25



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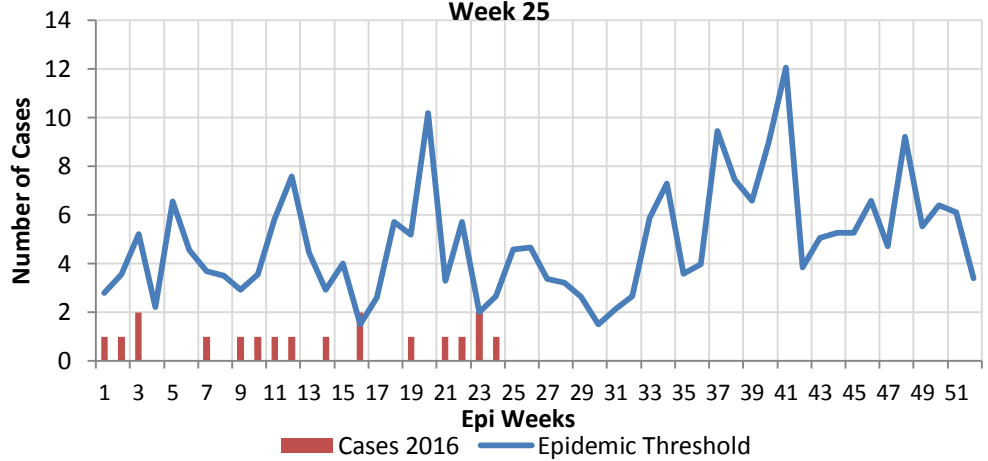
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FEVER AND JAUNDICE

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

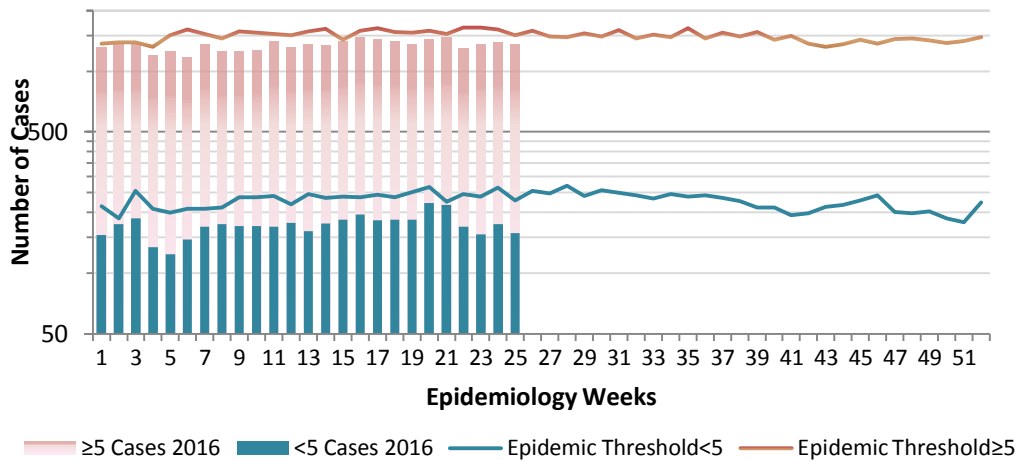


ACCIDENTS

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



Accidents Weekly Threshold vs Cases 2016



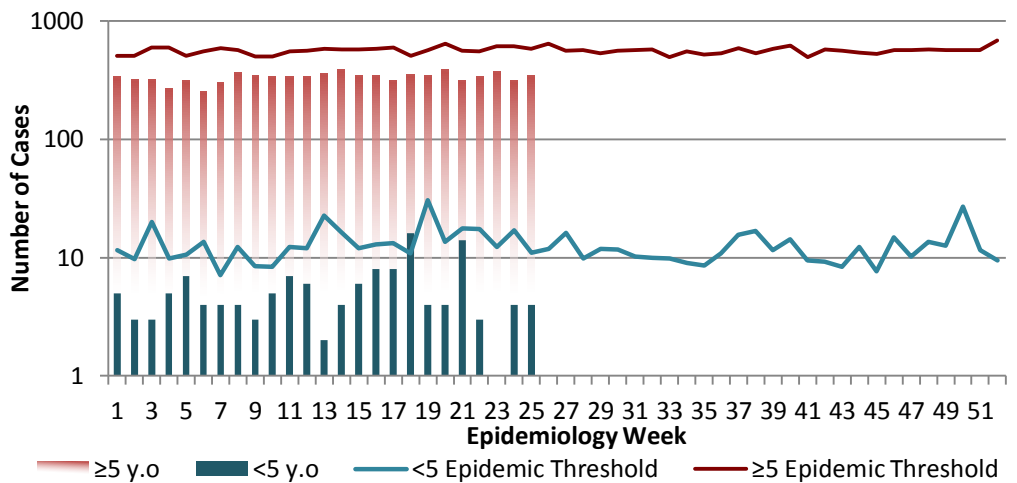
VIOLENCE

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	18	93	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	2	0		
	Hansen's Disease (Leprosy)	1	0		
	Hepatitis B	14	26		
	Hepatitis C	4	2		
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)	1	0		
	Meningitis	10	53		
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	17		2
		Rubella	0		0
	Maternal Deaths ²	23	24		
	Ophthalmia Neonatorum	200	153		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	1	9		
	Tetanus	0	1		
	Tuberculosis	0	0		
	Yellow Fever	0	0		
	Chikungunya	0	1		
Zika Virus	24	0			



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

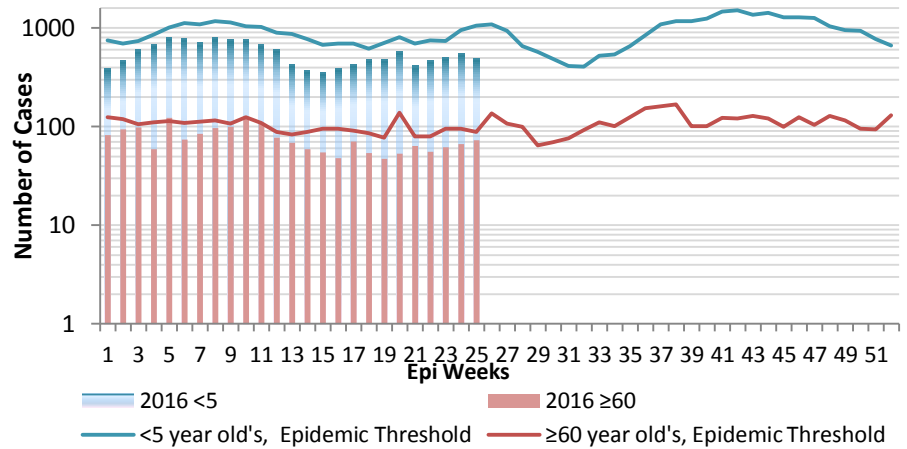
EW 25

June 19-25, 2016

Epidemiology Week 25

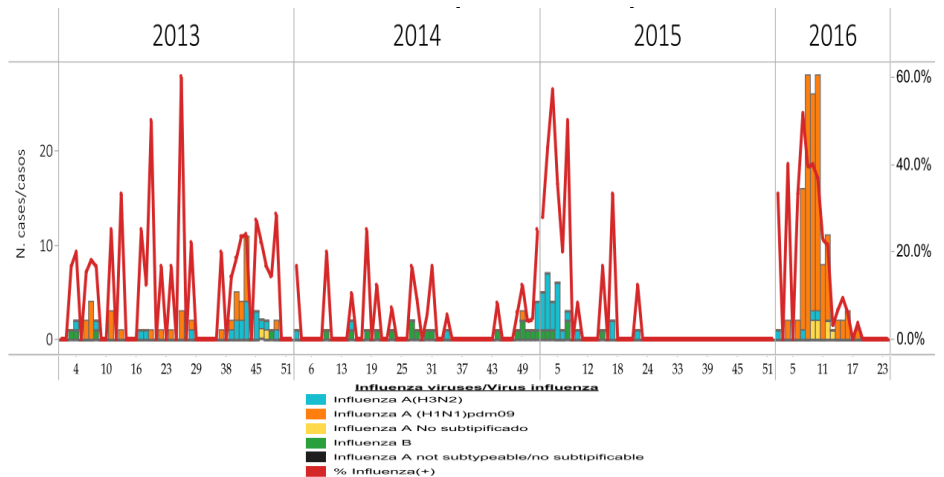
June 2016		
	<i>EW 25</i>	<i>YTD</i>
SARI cases	10	698
Total Influenza positive Samples	0	114
Influenza A	0	113
H3N2	0	1
H1N1pdm09	0	80
Not subtyped	0	32
Influenza B	0	0
Other	0	1

Fever & Resp Weekly Threshold vs Cases 2016, Epidemiology Week 25



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.



INDICATORS

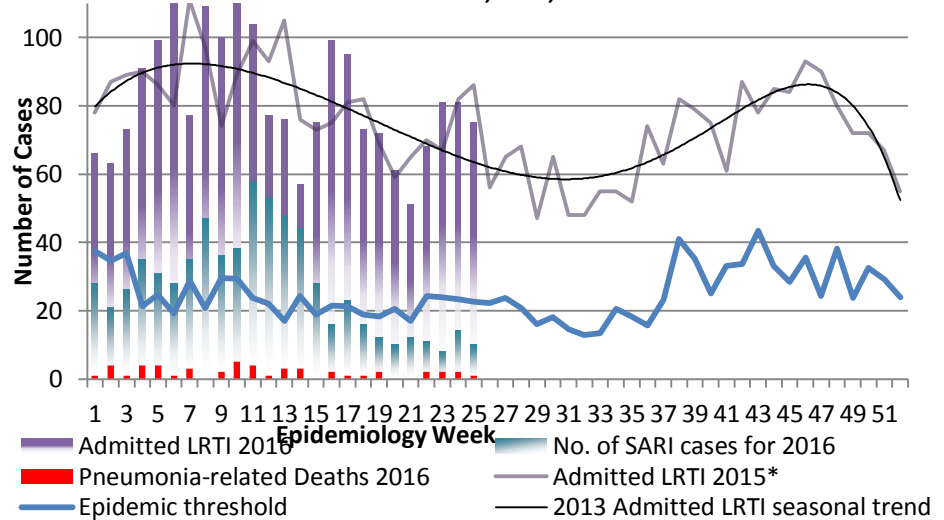
Burden
Year to date, respiratory syndromes account for 4.2% of visits to health facilities.

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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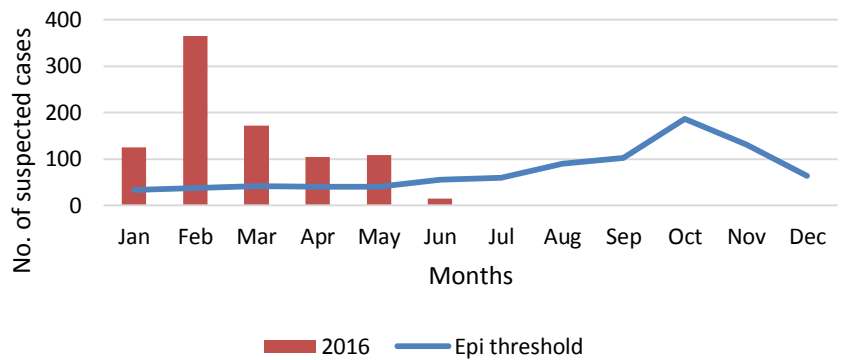
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Dengue Bulletin

June 19-25, 2016

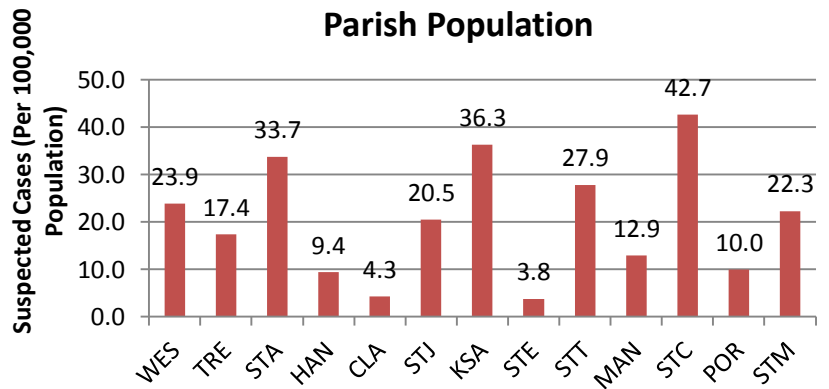
Epidemiology Week 25

2016 Cases vs. Epidemic Threshold



DISTRIBUTION					
Year-to-Date Suspected Dengue Fever					
	M	F	Un-kwn	Total	%
<1	4	9	0	14	1
1-4	15	23	0	38	5
5-14	87	89	3	178	19
15-24	72	106	1	175	20
25-44	111	247	4	309	29
45-64	23	50	0	115	10
≥65	4	10	0	14	2
Unknown	30	58	10	97	14
TOTAL	346	592	18	956	100

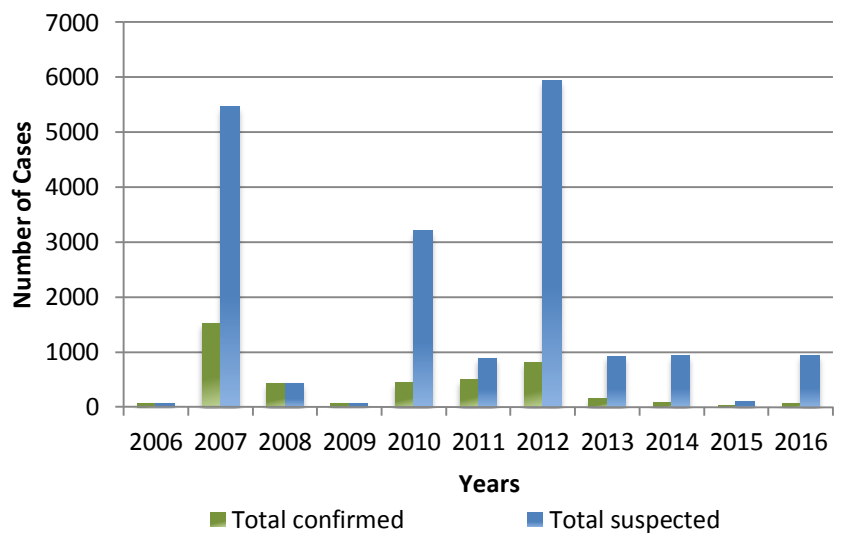
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2016		2015 YTD
		EW 25	YTD	
Total Suspected Dengue Cases		4	956	30
Lab Confirmed Dengue cases		0	68	2
CONFIRMED	DHF/DSS	0	2	0
	Dengue Related Deaths	0	0	0

Dengue Cases by Year: 2004-2016, Jamaica



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Gastroenteritis Bulletin

EW
25

June 19-25, 2016

Epidemiology Week 25

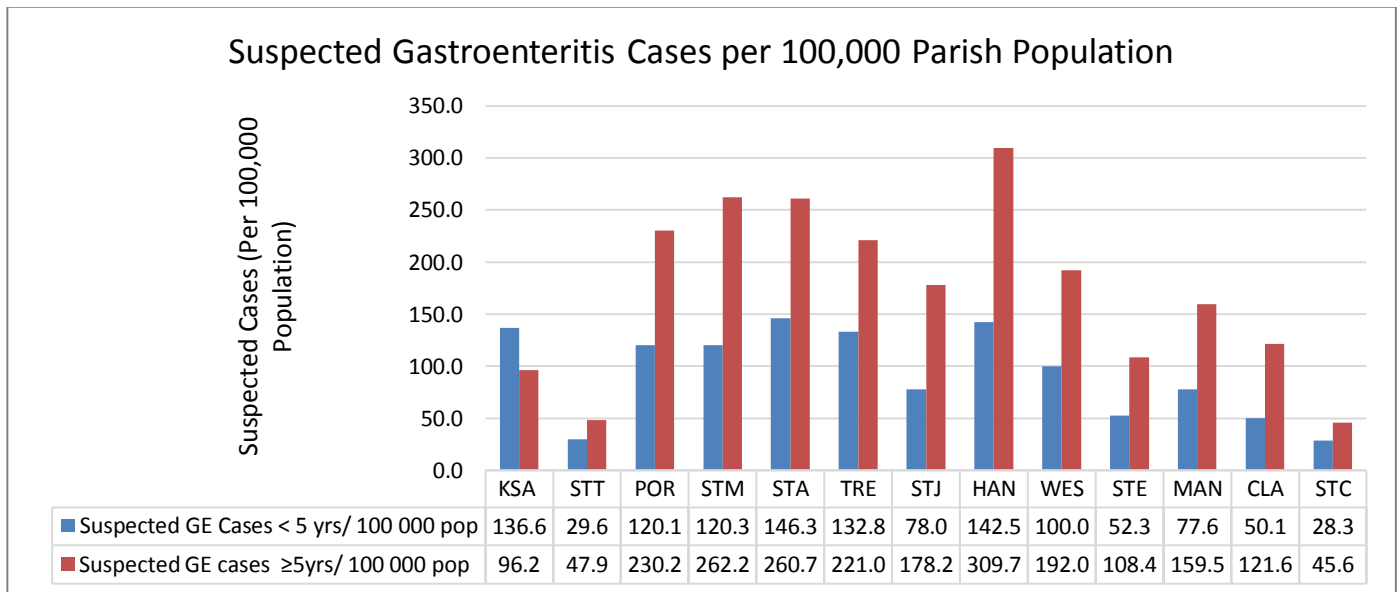
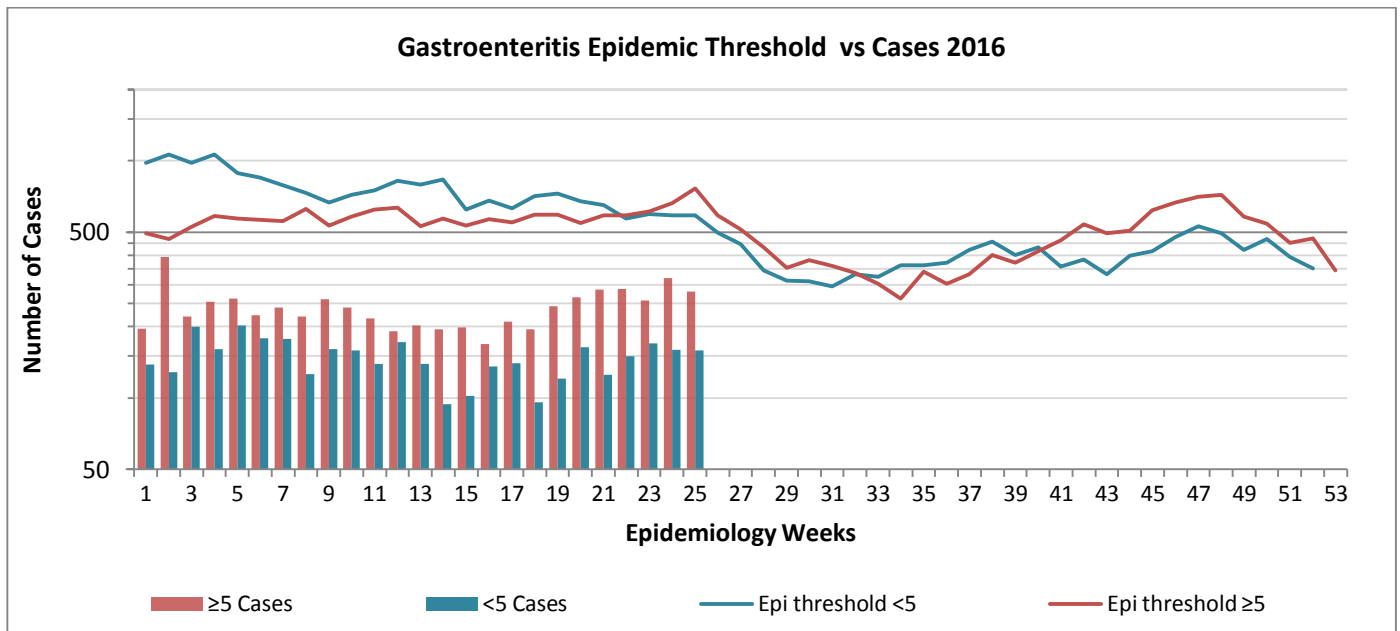
Weekly Breakdown of Gastroenteritis cases

Year	EW 25			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	159	281	440	3,538	5,554	9,092
2015	173	207	380	6,574	6,595	13,169

Gastroenteritis: Three or more loose stools within 24 hours. In Epidemiology Week 25, 2016, the total number of reported GE cases showed a 11% increase compared to EW 25 of the previous year. The year to date figure showed a 30% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2015-2016



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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

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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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