

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight Hurricane Watch

Matthew strengthened to a Category 3

Matthew strengthened to a Category 3 major hurricane in the Caribbean today and remains a dangerous threat to Jamaica, Haiti, Cuba and the Bahamas over the next few days. The storm could still impact the U.S. East Coast by next week after its rampage through the Caribbean.

As of 11 a.m. ET, Matthew had maximum-sustained winds of 115 mph, according to the National Hurricane Center. It was moving to the west-southwest at 12 mph and was located 495 miles east-southeast of Kingston, Jamaica. A tropical storm warning is in effect for portions of the coast of Columbia.

A hurricane is classified as "major" when its sustained winds reach 111 mph. A major hurricane is a Category 3, 4 or 5 on the Saffir-Simpson Hurricane Wind Scale. It's the first major hurricane in September in the Caribbean since Felix in 2007.

Sometime on Saturday or early Sunday, Matthew should make its long-anticipated northwest or northward turn in the Caribbean Sea, weather.com reported.

Hurricane watches or warnings are likely to be posted in Jamaica, Haiti, Cuba and the Bahamas over the next few days.



Source:<http://jamaica-gleaner.com/article/news/20160930/hurricane-matthew-now-category-3-storm-heads-toward-jamaica>

EPI WEEK 37



SYNDROMES

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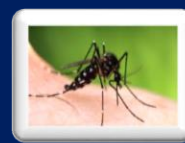
CLASS 1 DISEASES

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INFLUENZA

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DENGUE FEVER

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GASTROENTERITIS

PAGE 7



RESEARCH PAPER

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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



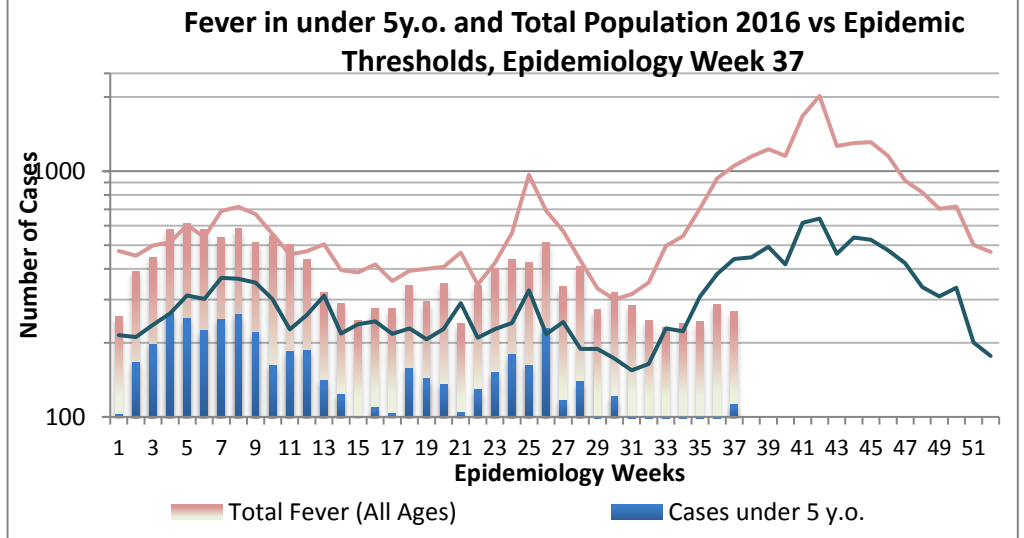
SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

REPORTS FOR SYNDROMIC SURVEILLANCE

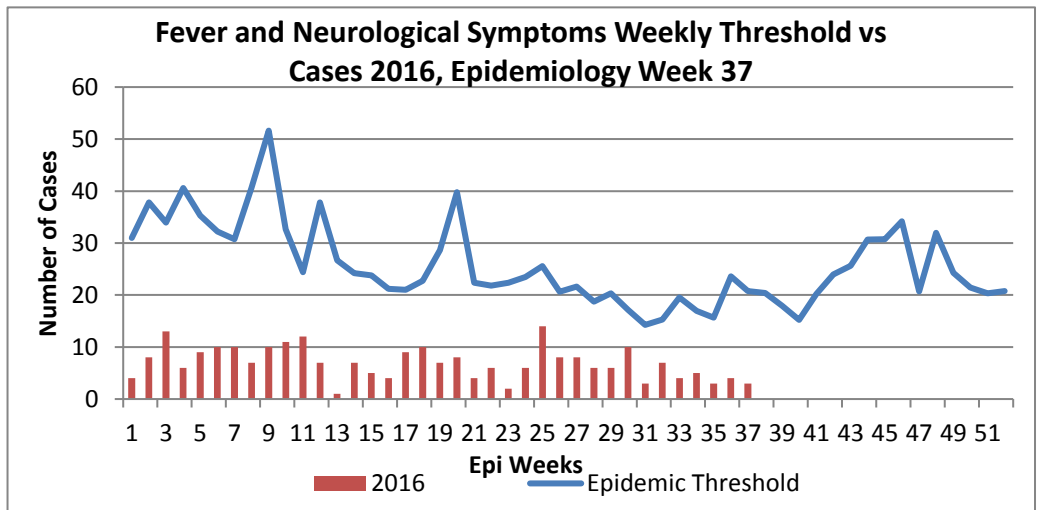
FEVER

Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



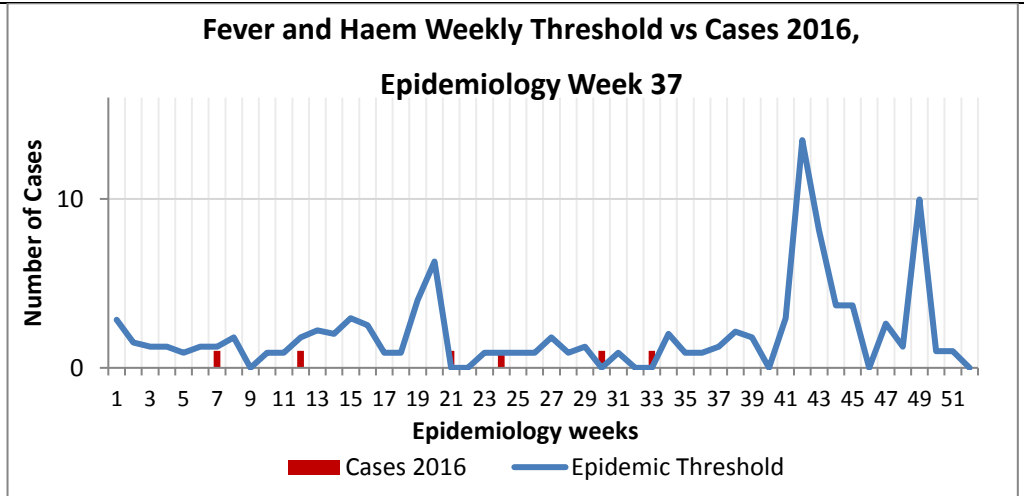
FEVER AND NEUROLOGICAL

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 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.



NOTIFICATIONS- All clinical sites



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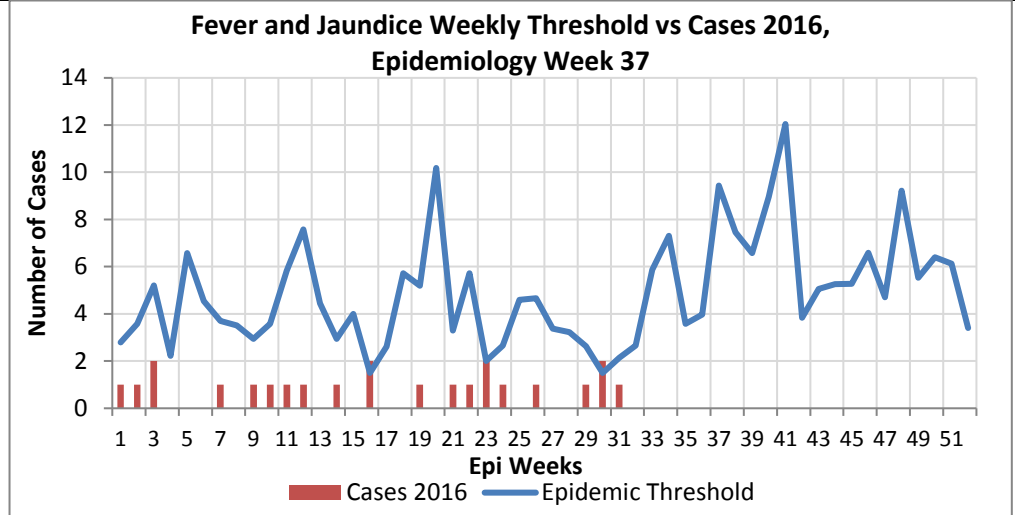


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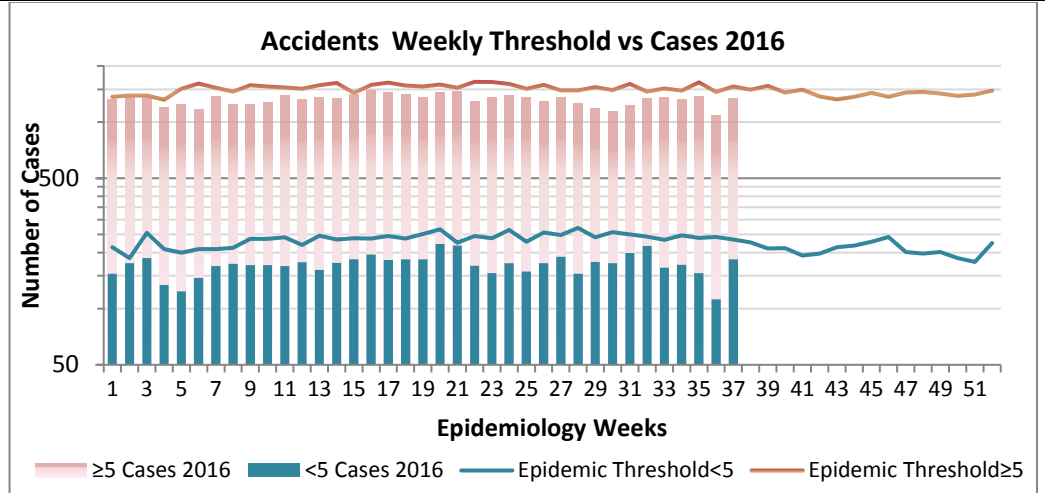
FEVER AND JAUNDICE

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



ACCIDENTS

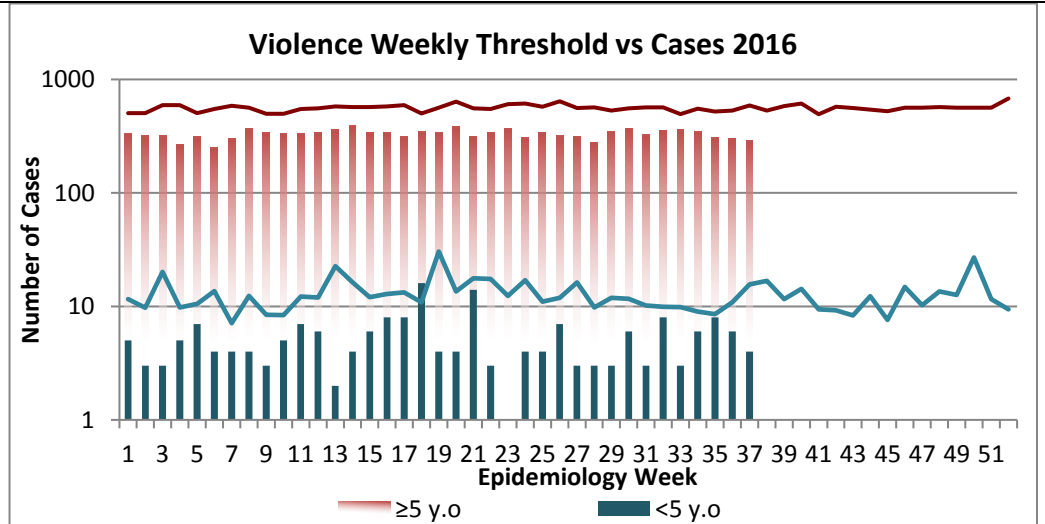
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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

Comments

	CLASS 1 EVENTS	CONFIRMED YTD			
		CURRENT YEAR	PREVIOUS YEAR		
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	50	125	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	24	30		
	Hepatitis C	4	4		
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)	1	0		
	Meningitis	29	65		
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	1	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	329	216		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	1	9		
	Tetanus	0	1		
	Tuberculosis	0	0		
	Yellow Fever	0	0		
Chikungunya	0	1			
Zika Virus	91	0			

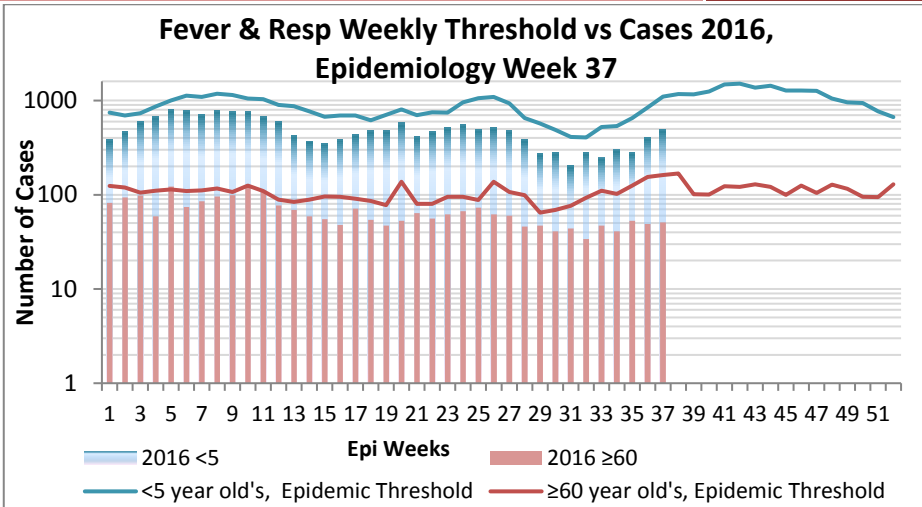
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 37

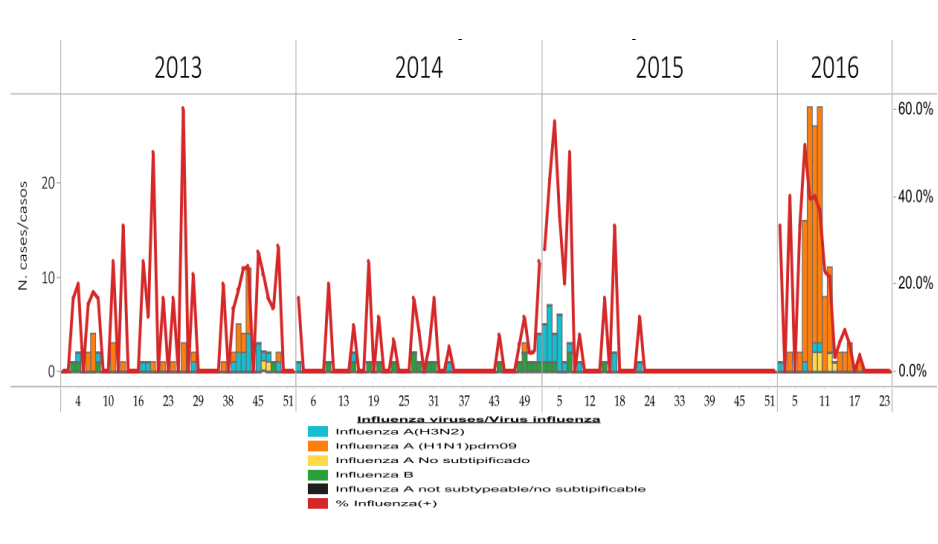
Sept. 11 to Sept. 17, 2016

Epidemiology Week 37

September 2016		
	EW 37	YTD
SARI cases	16	836
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.

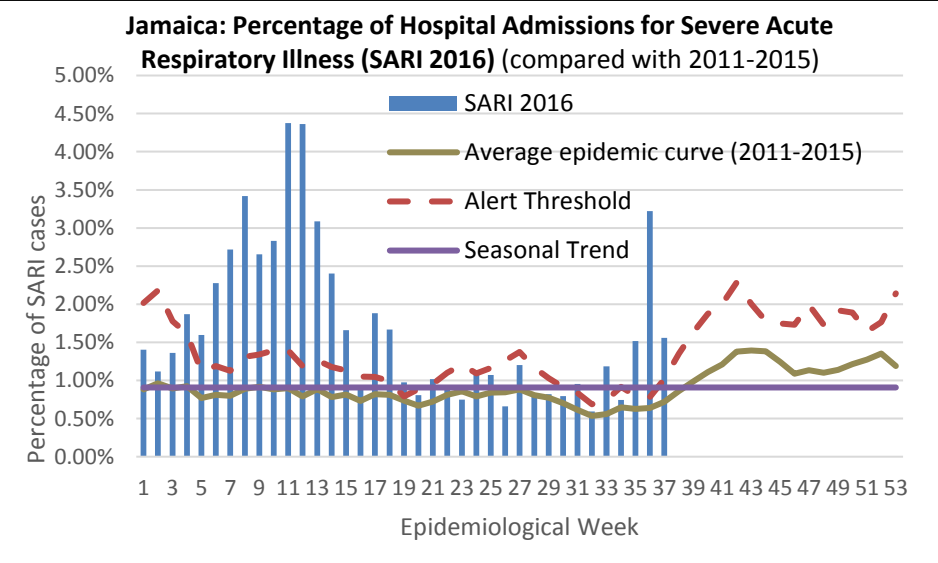


INDICATORS

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.



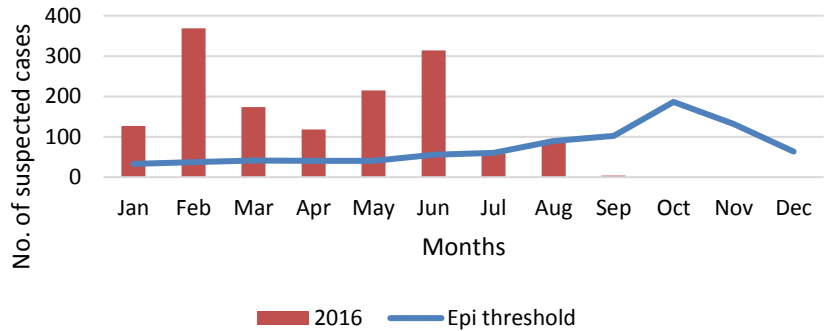
***Additional data needed to calculate Epidemic Threshold**

Dengue Bulletin

Sept. 11 to Sept. 17, 2016

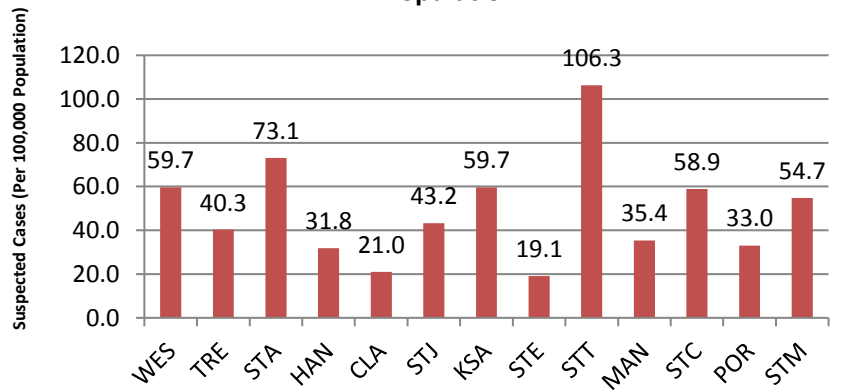
Epidemiology Week 37

2016 Cases vs. Epidemic Threshold




DISTRIBUTION					
Year-to-Date Suspected Dengue Fever					
	M	F	Un-kwn	Total	%
<1	4	10	0	14	1
1-4	24	25	0	45	5
5-14	126	135	3	229	19
15-24	101	180	4	245	20
25-44	151	373	6	451	29
45-64	62	184	2	209	10
≥65	9	18	0	25	2
Unknown	48	89	271	136	14
TOTAL	525	1014	286	1825	100

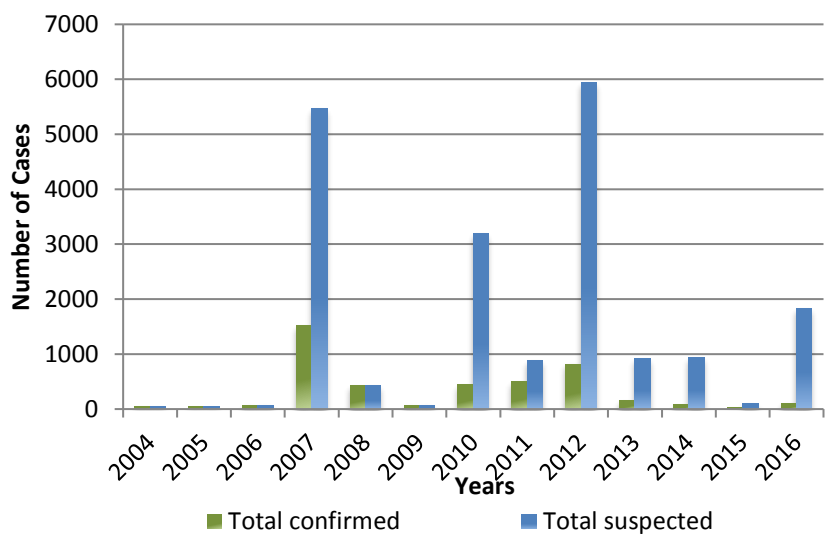
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2016		2015 YTD
		EW 37	YTD	
				
Total Suspected Dengue Cases		1	1825	30
Lab Confirmed Dengue cases		0	110	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
37

Sept. 11 to Sept. 17, 2016

Epidemiology Week 37

Weekly Breakdown of Gastroenteritis cases

Year	EW 36			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	109	148	257	4,869	8,101	12,970
2015	128	189	317	8,202	8,630	16,832

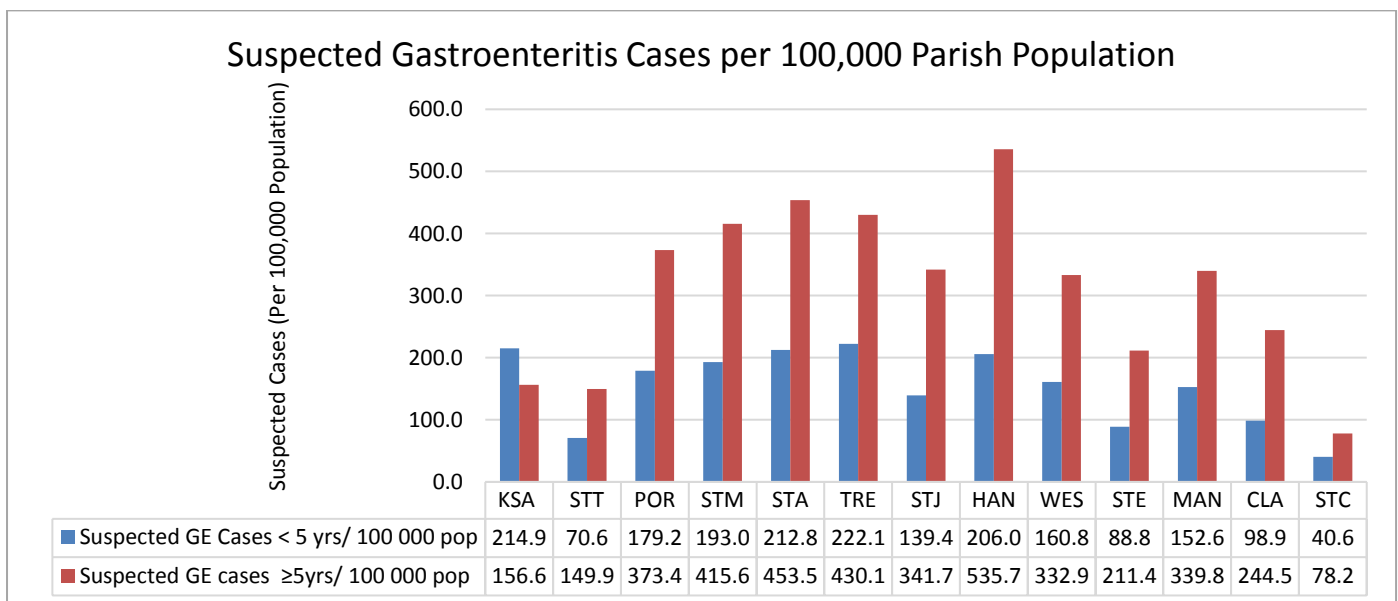
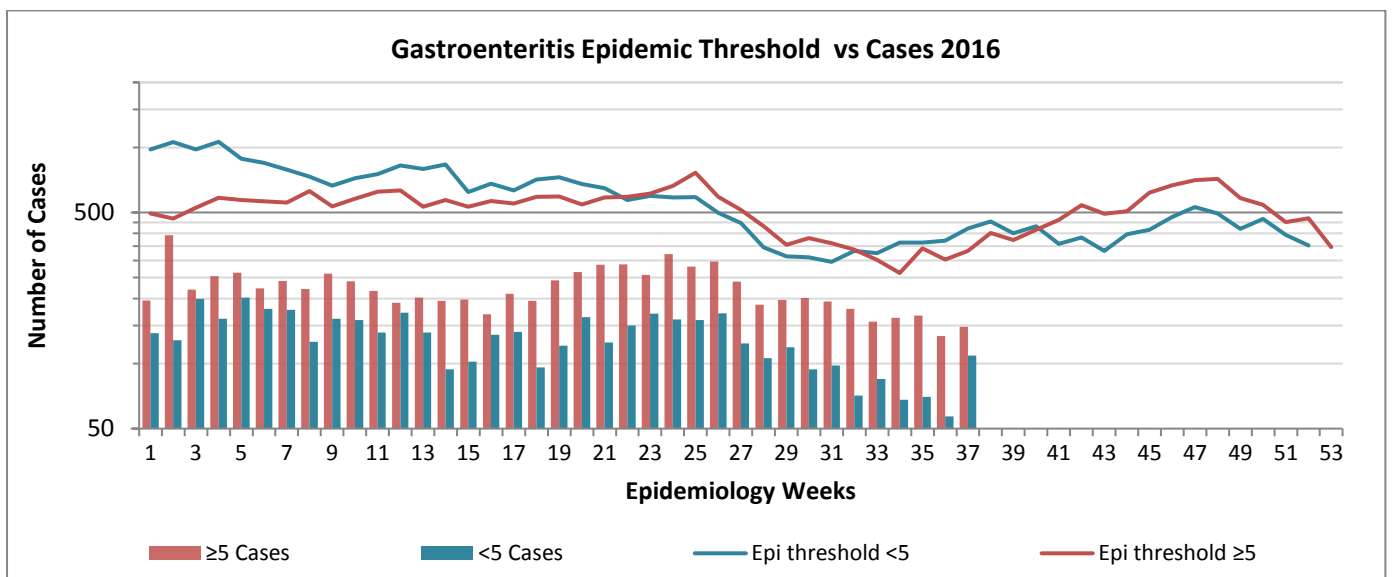
Gastroenteritis:

In Epidemiology Week 37, 2016, the total number of reported GE cases showed a 43% decrease compared to EW 37 of the previous year.

The year to date figure showed a 23% 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

Epidemiology Research and Training Unit, Ministry of Health, Kingston, Jamaica

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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