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Week ending February 13, 2016 Epidemiology Week 6

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Yellow Fever

Yellow fever outbreak in Angola: February Health News

Key facts

- Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes. The "yellow" in the name refers to the jaundice that affects some patients.
- Up to 50% of severely affected persons without treatment will die from yellow fever.
- There are an estimated 200 000 cases of yellow fever, causing 30 000 deaths, worldwide each year, with 90% occurring in Africa.
- The virus is endemic in tropical areas of Africa and Latin America, with a combined population of over 900 million people.
- The number of yellow fever cases has increased over the past two decades due to declining population immunity to infection, deforestation, urbanization, population movements and climate change.
- There is no specific treatment for yellow fever. Treatment is symptomatic, aimed at reducing the symptoms for the comfort of the patient.
- Vaccination is the most important preventive measure against yellow fever. The vaccine is safe, affordable and highly effective, and a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease and a booster dose of yellow fever vaccine is not needed. The vaccine provides effective immunity within 30 days for 99% of persons vaccinated.

Source: http://www.aljazeera.com/news/2016/02/angola-yellow-fever-epidemic-kills-dozens-160216042557160.html

EPI WEEK 6

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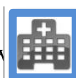
HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

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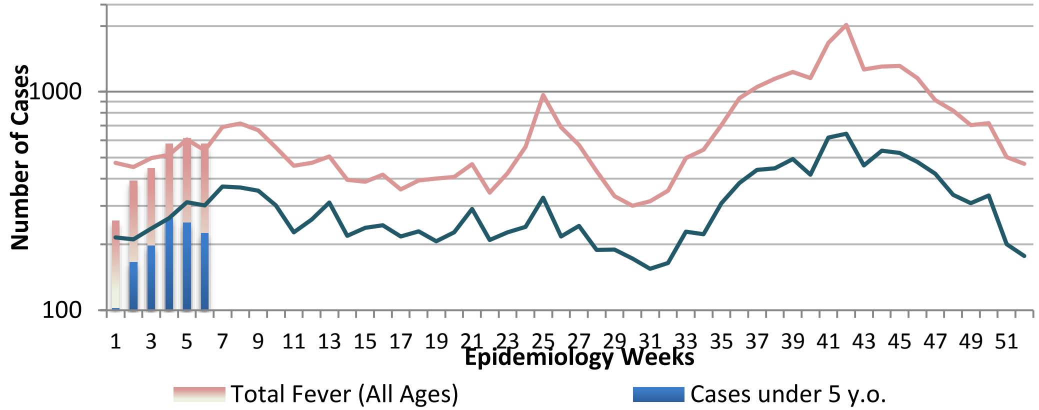
REPORTS FOR SYNDROMIC SURVEILLANCE

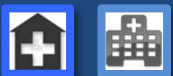
FEVER

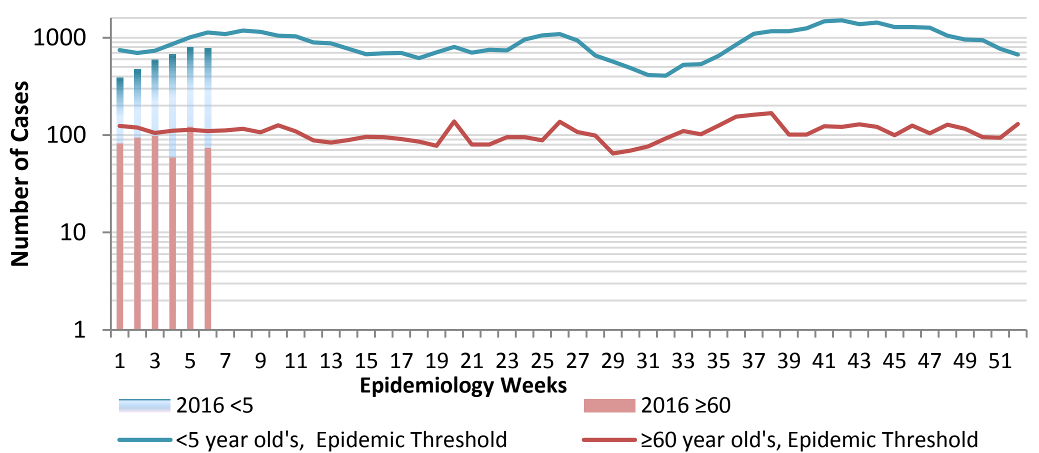
Temperature of $>38^0C$ $/100.4^0F$ (or recent history of fever) with or without an obvious diagnosis or focus of infection.



FEVER AND RESPIRATORY

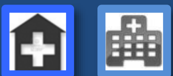
Temperature of $>38^0C$ $/100.4^0F$ (or recent history of fever) in a previously healthy person with or without respiratory distress presenting with either cough or sore throat.

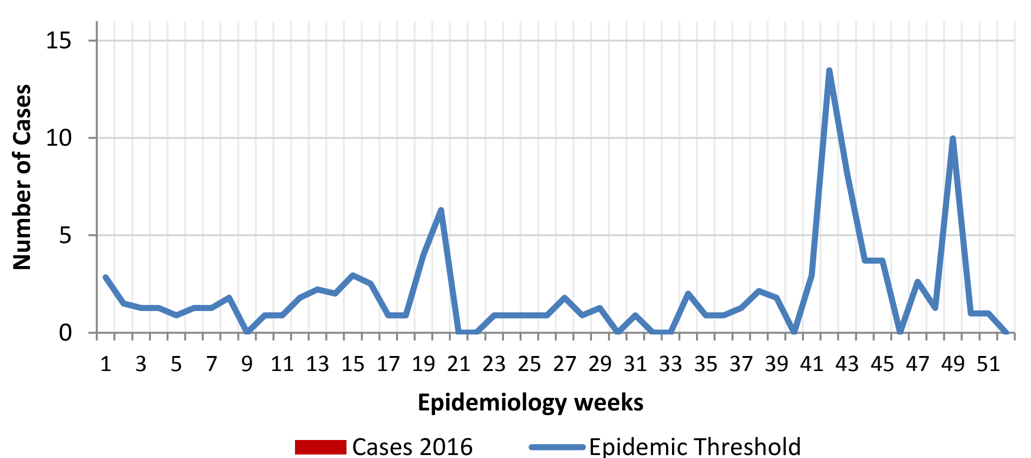




FEVER AND HAEMORRHAGIC

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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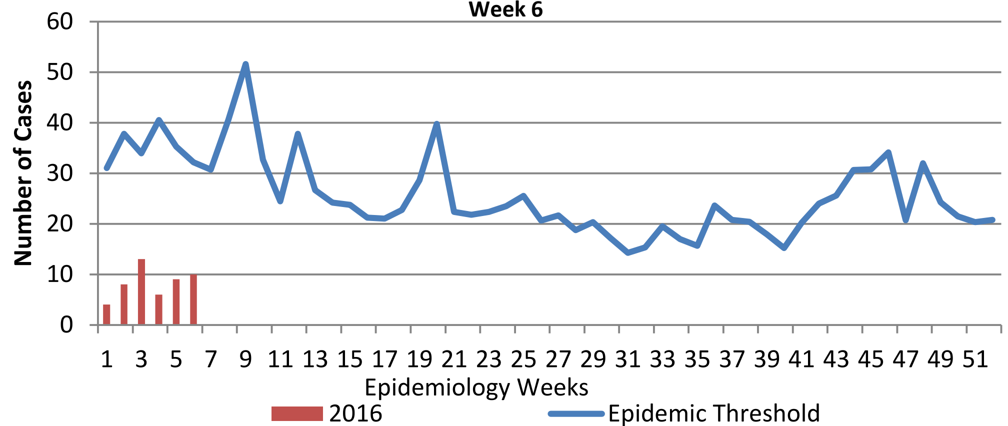
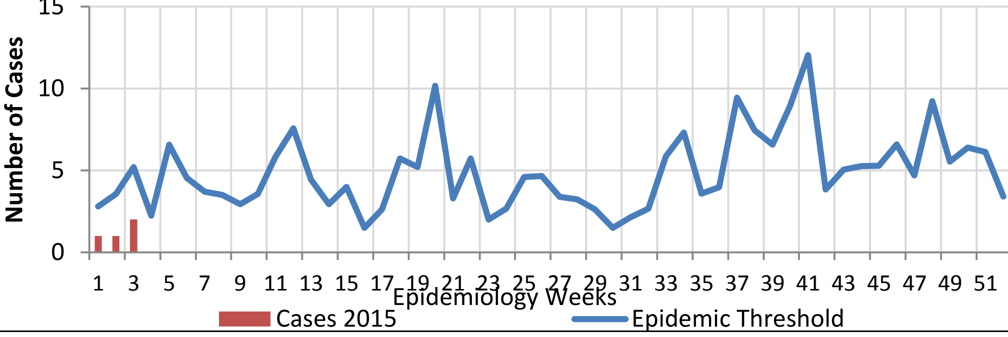
FEVER AND NEUROLOGICAL

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).



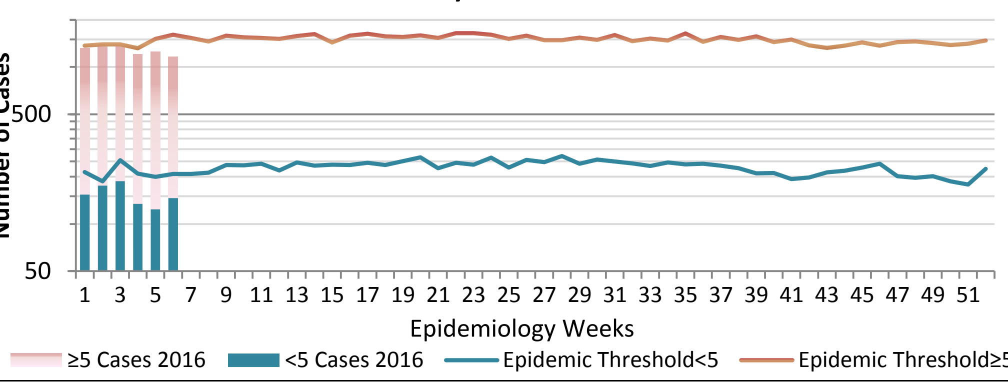
FEVER AND JAUNDICE

Temperature of >38⁰C /100.4⁰F (or recent history of fever) in a previously healthy person presenting with jaundice.



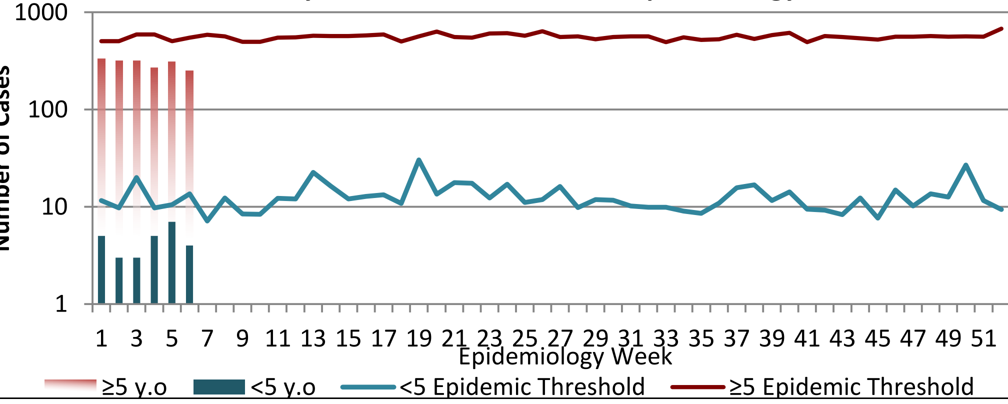
ACCIDENTS

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.



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CLASS ONE NOTIFIABLE EVENTS and LEPTOSPIROSIS

	CLASS 1 EVENTS	CONFIRMED YTD	
		CURRENT YEAR	PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	0	24
	Cholera	0	0
	Dengue Hemorrhagic Fever[1]	0	0
	Hansen's Disease (Leprosy)	1	0
	Hepatitis B	0	4
	Hepatitis C	0	1
	HIV/AIDS - See HIV/AIDS National Programme Report		
	Malaria (Imported)	1	0
	Meningitis	1	16
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]	0	0
	Ophthalmia Neonatorum	41	53
	Pertussis-like syndrome	0	0
	Rheumatic Fever	0	0
	Tetanus	0	0
	Tuberculosis	0	0
	Yellow Fever	0	0
	Chikungunya	3	1
	Zika Virus	1	0

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.

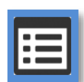
Pertussis-like syndrome and Tetanus are clinically confirmed classifications.

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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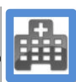

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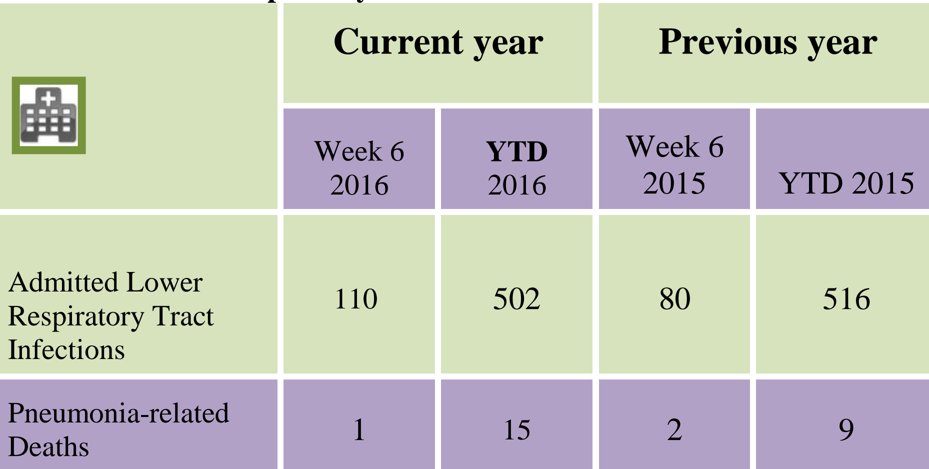
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 6

February 7– February 13, 2016 Epidemiology Week 6

February, 2016	EW 6	YTD
SARI cases	28	169
Total Influenza positive Samples	-	8
Influenza A	4	7
H3N2	0	1
H1N1pdm09	4	6
Influenza B	0	0

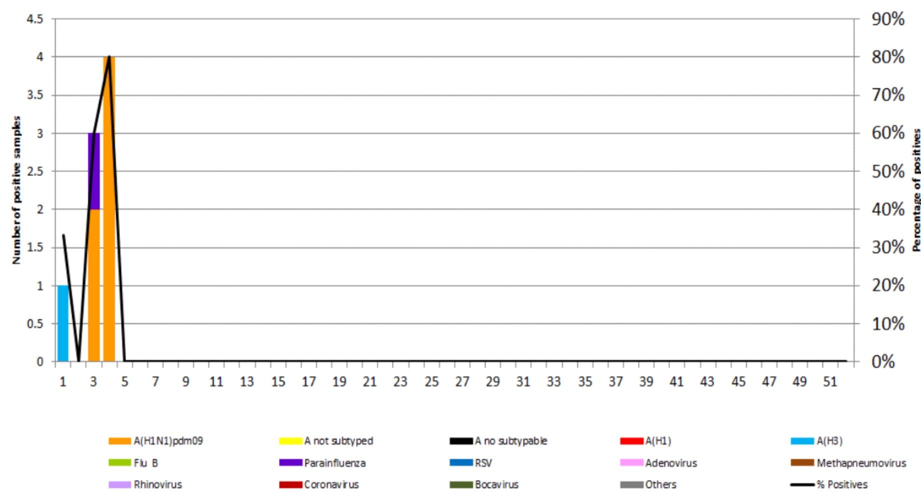
Admitted Lower Respiratory Tract Infection and LRTI-related Deaths



	Current year		Previous year	
	Week 6 2016	YTD 2016	Week 6 2015	YTD 2015
Admitted Lower Respiratory Tract Infections	110	502	80	516
Pneumonia-related Deaths	1	15	2	9

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.

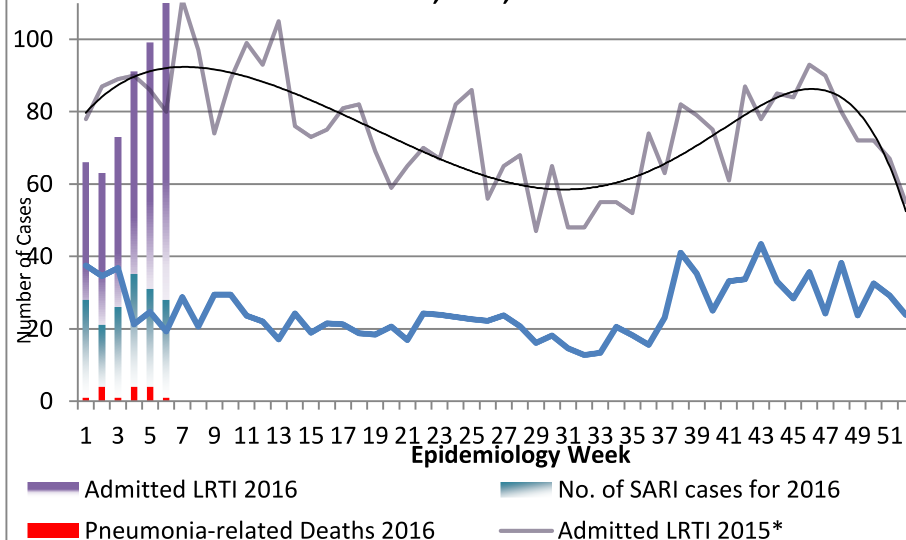


INDICATORS

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.



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

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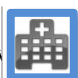
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Dengue Bulletin

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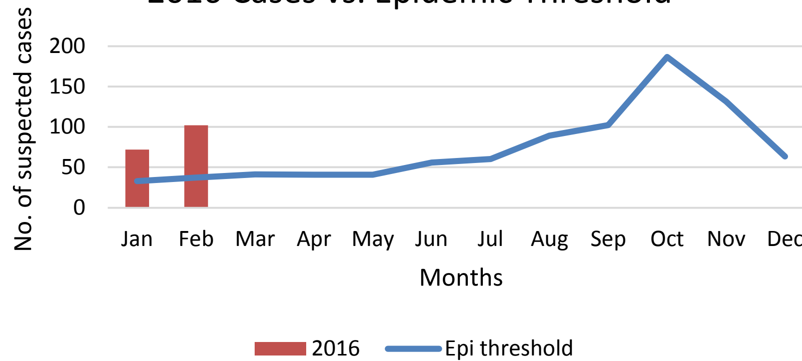
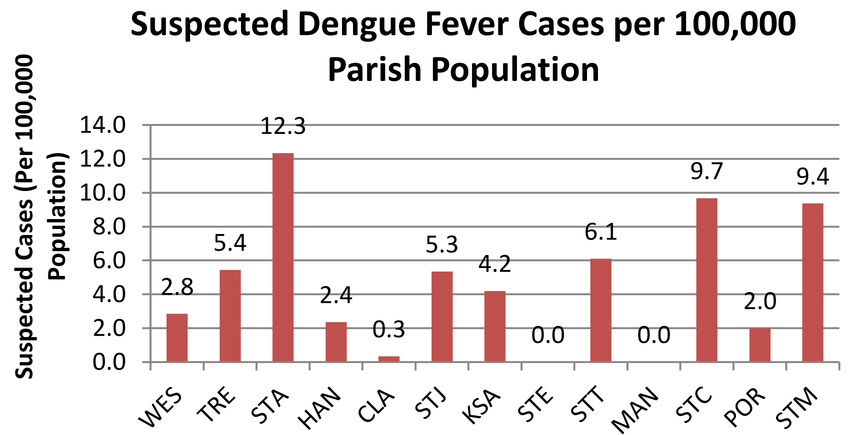


DISTRIBUTION

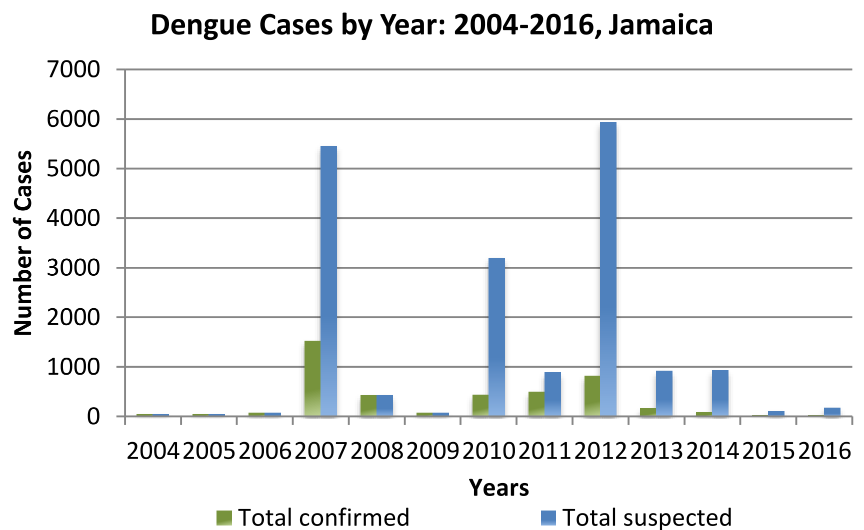
Year-to-Date Suspected Dengue Fever

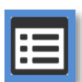
	M	F	Total	%
<1	0	2	2	2
1-4	1	0	1	1
5-14	2	2	4	3
15-24	1	2	3	2
25-44	1	0	1	1
45-64	0	0	0	0
≥65	0	0	0	0
Unknown	77	86	163	91
TOTAL	**82**	**92**	**174**	**100**



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

		2016 EW 6	2016 YTD	2015 YTD
Total Suspected Dengue Cases		38	174	16
Lab Confirmed Dengue cases		0	19	0
CONFIRMED	DHF/DSS	0	0	0
CONFIRMED	Dengue Related Deaths	0	0	0

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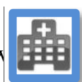
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Gastroenteritis Bulletin

EW 6

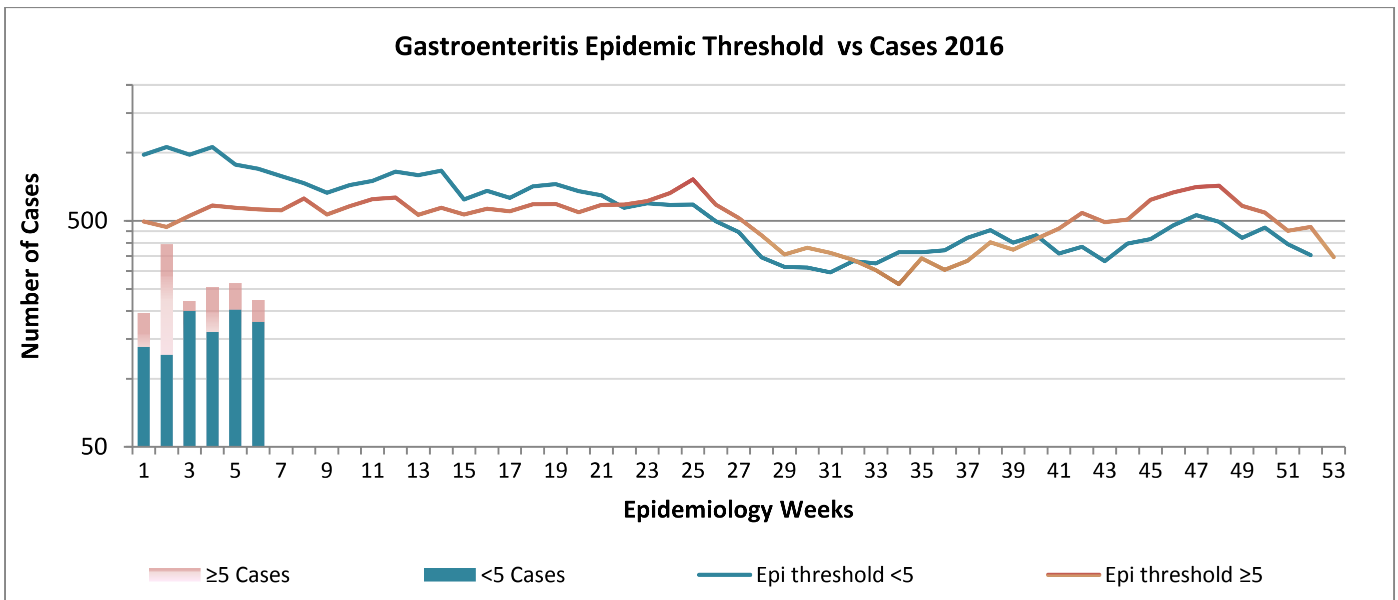
February 7 –February 13, 2016 Epidemiology Week 6

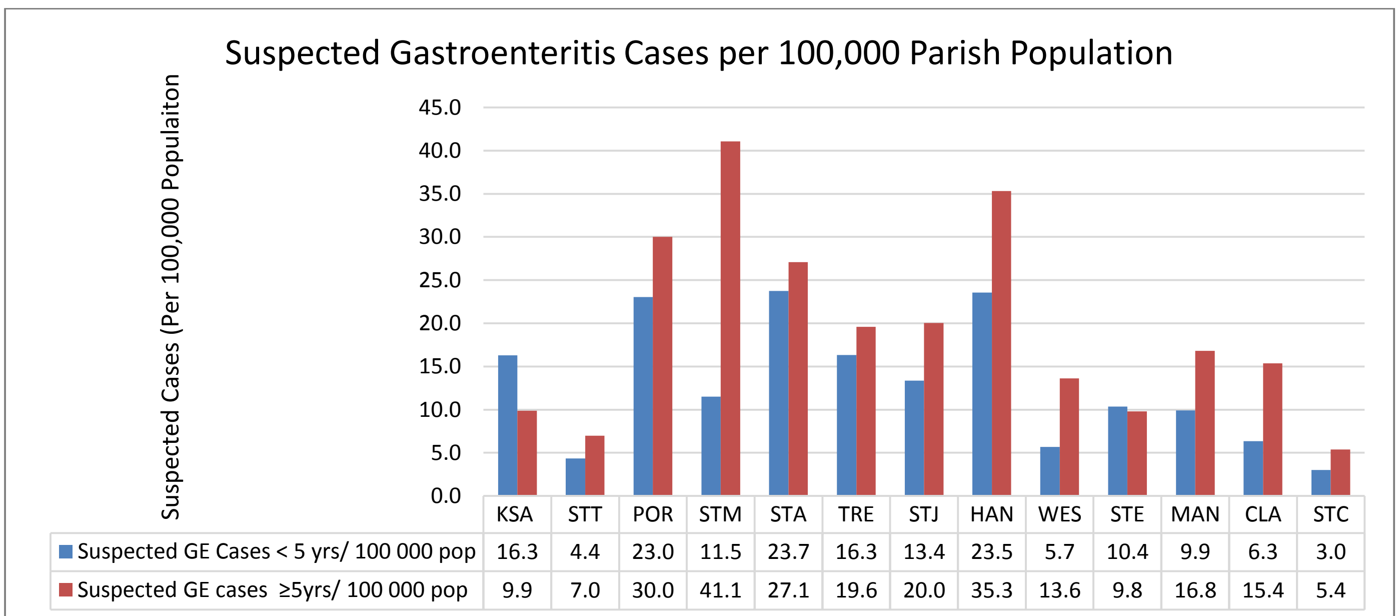
Weekly Breakdown of Gastroenteritis cases

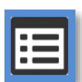
Year	EW 6			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	179	223	402	1007	1353	2360
2015	355	316	671	2389	1991	4380

Gastroenteritis: Three or more loose stools within 24 hours.
In Epidemiology Week 6, 2016, the total number of reported GE cases showed a 40% decrease compared to EW 6 of the previous year.
The year to date figure showed a 46% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2014-2016







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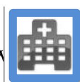

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RESEARCH PAPER

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 dockets 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 dockets audited (98%) revealed that nurses followed documentation guidelines for admission, recording patients' past complaints, medical history and assessment data. Most of the dockets (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 dockets 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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