

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

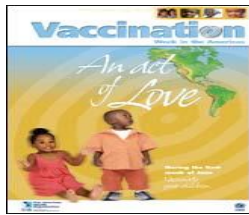
Weekly Spotlight

Vaccination Week in the Americas 2017

24-30 April 2017

History

In 2002, prompted by a measles outbreak in Venezuela and Colombia, the health ministers of countries in the Andean region proposed a coordinated international vaccination effort to help

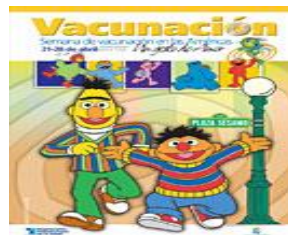


prevent future outbreaks. Country participation in VWA is flexible and based on national health priorities. Since the first celebration of Vaccination Week in the Americas (VWA) in 2003, hundreds of millions of individuals of all ages have been vaccinated against a wide range of vaccine preventable diseases such as measles, rubella, yellow fever, diphtheria, tetanus, polio, and influenza, through activities conducted under the framework of the initiative. Multiple VWA social mobilization campaigns have also been undertaken throughout the region and the initiative has received ever increasing political support.

The first VWA was held in June 2003. Nineteen countries participated in this pilot year and the Regional focus was on measles elimination. Across the region more than 16 million people were vaccinated. In September, Vaccination Week in the Americas was accepted as an annual, hemispheric initiative, by the Directing Council of the Pan American Health Organization, with the adoption of Resolution CD44.R1

Twenty-three countries participated in the second annual VWA. The regional focus of VWA 2004 consisted of follow-up campaigns against measles, elimination of rubella and CRS, and the vaccination of older adults. Over 43 million people were vaccinated in the second year of the VWA campaign.

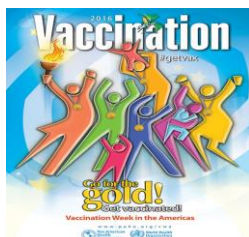
Forty-five countries and territories participated in Vaccination Week in the Americas 2007, the highest total thus far in the history of the initiative. More than 47 million individuals were vaccinated as a result of the week's initiatives which worked to strengthen



border coordination, reach isolated populations, strengthen routine programs and advance the control of yellow fever and hepatitis B, among other goals.

The 14th celebration of Vaccination Week in the Americas (VWA) took place from 23 – 30 April 2016 with the regional slogan:

“Vaccination: Go for the gold!”



Downloaded from: http://www.paho.org/vwa/?page_id=2

EPI WEEK 15



SYNDROMES

PAGE 2



CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



GASTROENTERITIS

PAGE 7



RESEARCH PAPER

PAGE 8



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

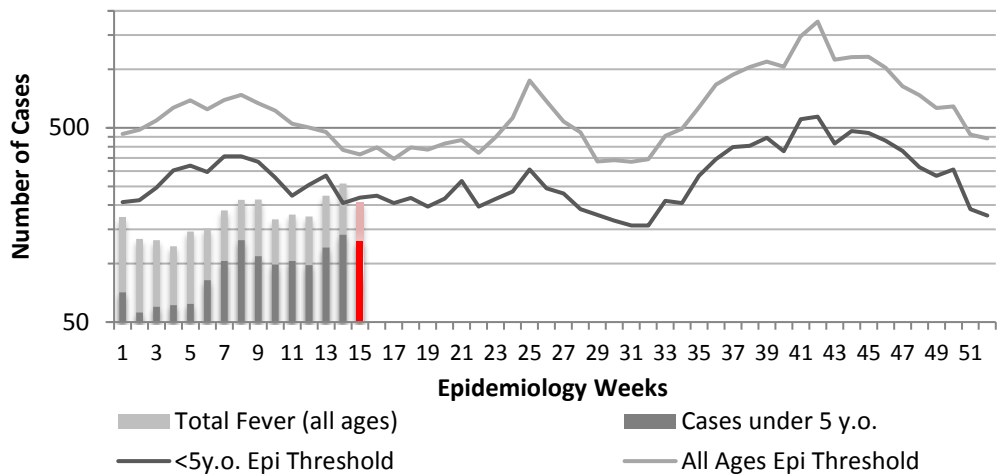
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

RED CURRENT WEEK

Fever in under 5y.o. and Total Population 2017 vs Epidemic Thresholds, Epidemiology Week 15

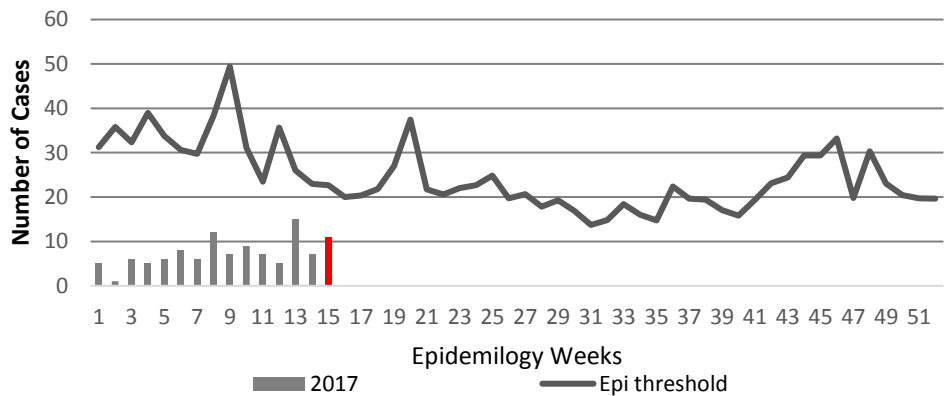


FEVER AND NEUROLOGICAL

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 2017, Epidemiology Week 15

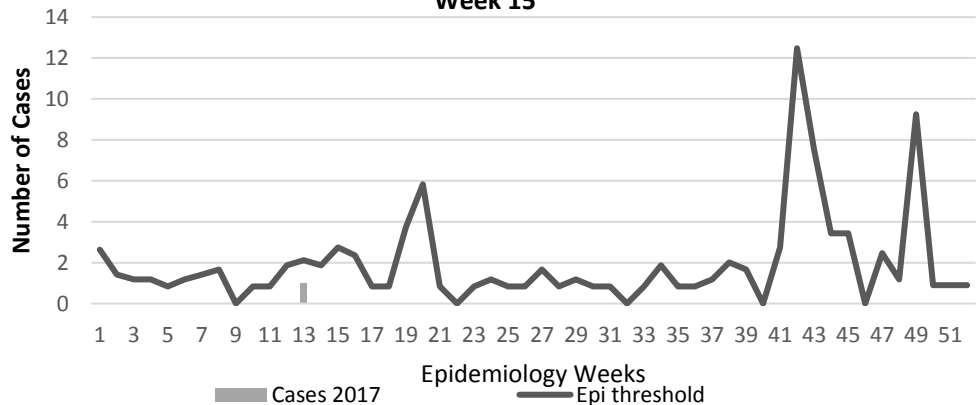


FEVER AND HAEMORRHAGIC

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 2017, Epidemiology Week 15



NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites*. Actively pursued



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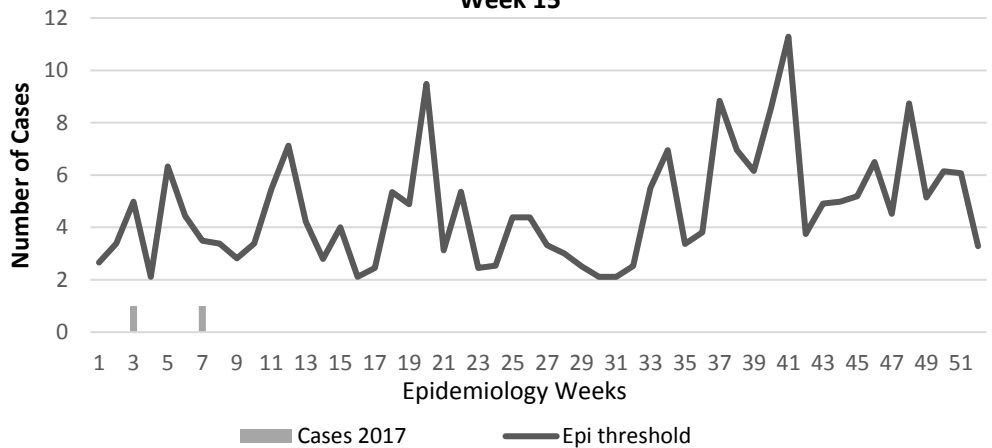
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FEVER AND JAUNDICE

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 2017, Epidemiology Week 15

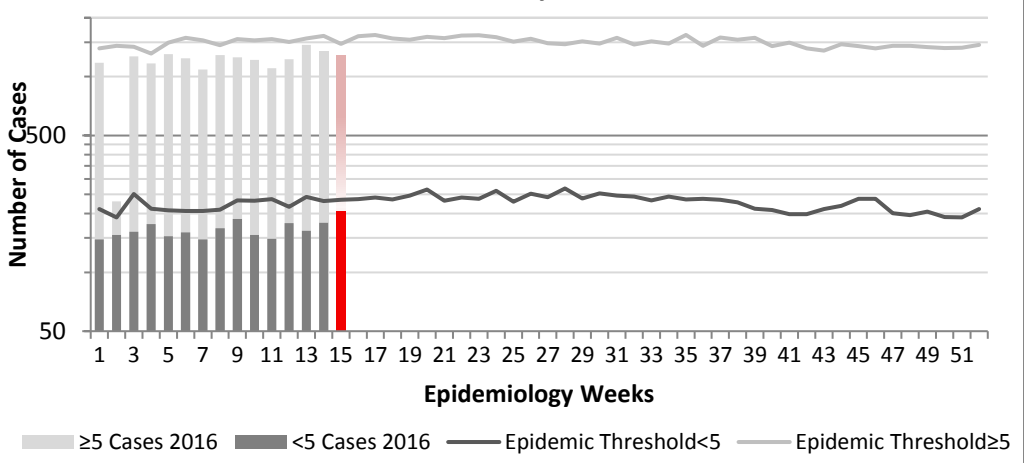


ACCIDENTS

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



Accidents Weekly Threshold vs Cases 2017



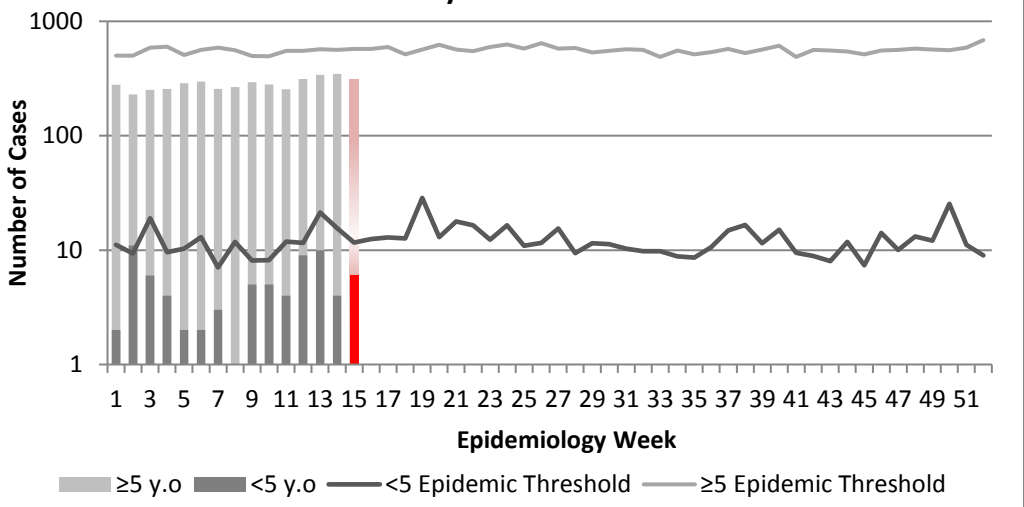
VIOLENCE

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 2017



NOTIFICATIONS-
All clinical sites



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CLASS ONE NOTIFIABLE EVENTS

Comments

	CLASS 1 EVENTS	CONFIRMED YTD				
		CURRENT YEAR	PREVIOUS YEAR			
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	21	50	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.		
	Cholera	0	0			
	Dengue Hemorrhagic Fever ¹	0	0			
	Hansen's Disease (Leprosy)	0	0			
	Hepatitis B	2	7			
	Hepatitis C	1	2			
	HIV/AIDS - See HIV/AIDS National Programme Report					Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Malaria (Imported)	2	1			
	Meningitis (Clinically confirmed)	7	17			
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	12	22			
	Ophthalmia Neonatorum	62	151			
	Pertussis-like syndrome	0	0			
	Rheumatic Fever	1	2			
	Tetanus	0	0			
	Tuberculosis	0	8			
	Yellow Fever	0	0			
Chikungunya	0	0				
Zika Virus	0	12				



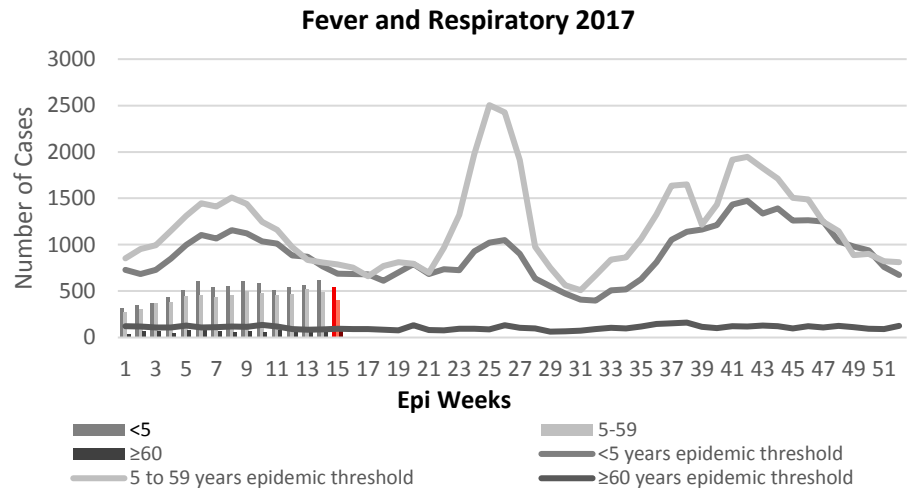
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 15

April 9-15, 2017

Epidemiology Week 15

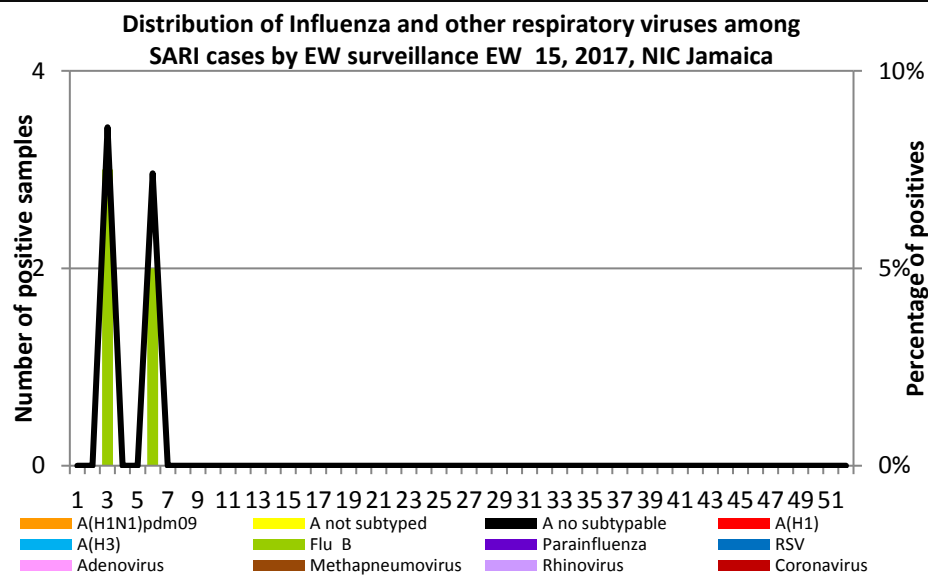
April 2017		
	<i>EW 15</i>	<i>YTD</i>
SARI cases	12	189
Total Influenza positive Samples	0	5
Influenza A	0	0
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
Influenza B	0	5
Other	0	0



Comments:
 During EW 15, SARI activity was below the seasonal threshold and the average epidemic curve, and remained below the alert threshold.

During EW 15, SARI cases were most frequently reported among adults aged from 2 to 4 years of age.

During EW 15, no influenza activity was reported.



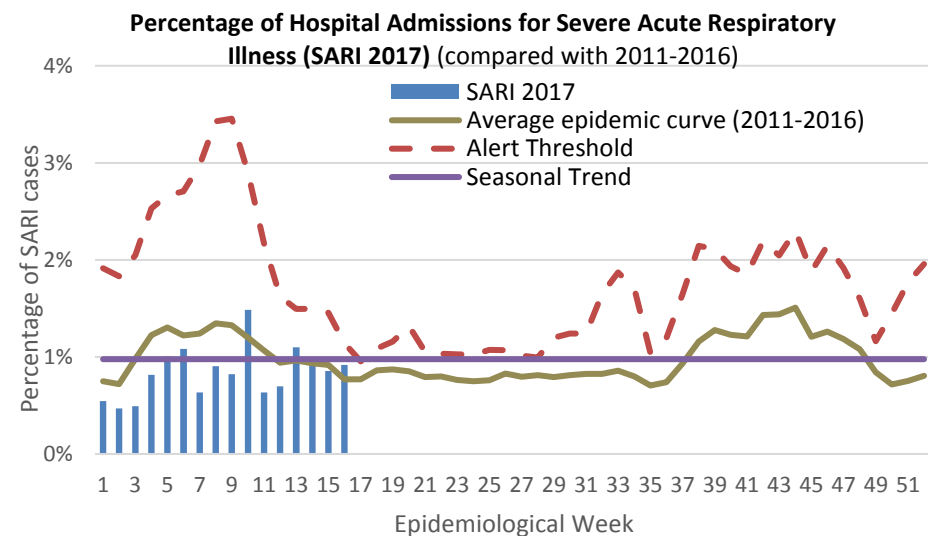
INDICATORS

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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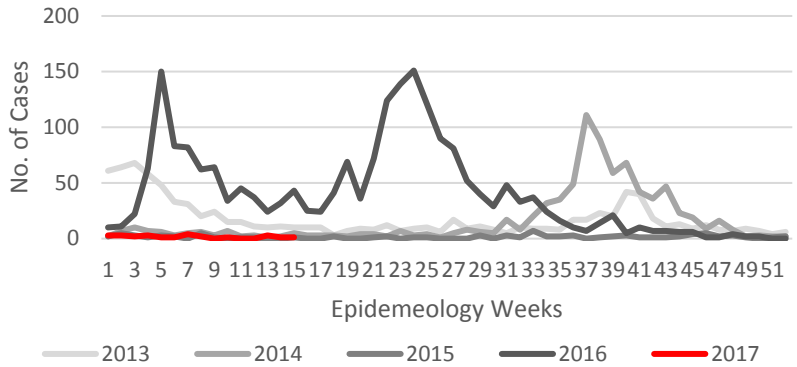
Dengue Bulletin

April 9-15, 2017

Epidemiology Week 15



Dengue Cases by Epidemiology Weeks 2013-2017

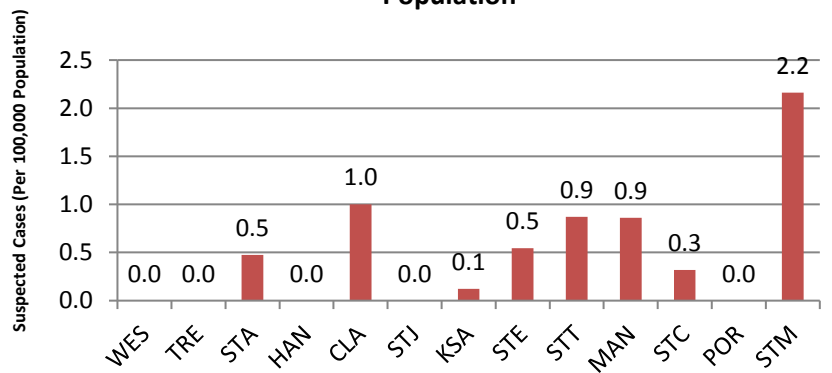


DISTRIBUTION


Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	1	0	0	1	4
1-4	1	1	0	2	8
5-14	3	1	0	4	16
15-24	3	3	0	6	24
25-44	4	4	1	9	36
45-64	1	1	0	2	8
≥65	0	0	0	0	0
Unknown	0	1	0	0	4
TOTAL	13	11	1	25	100

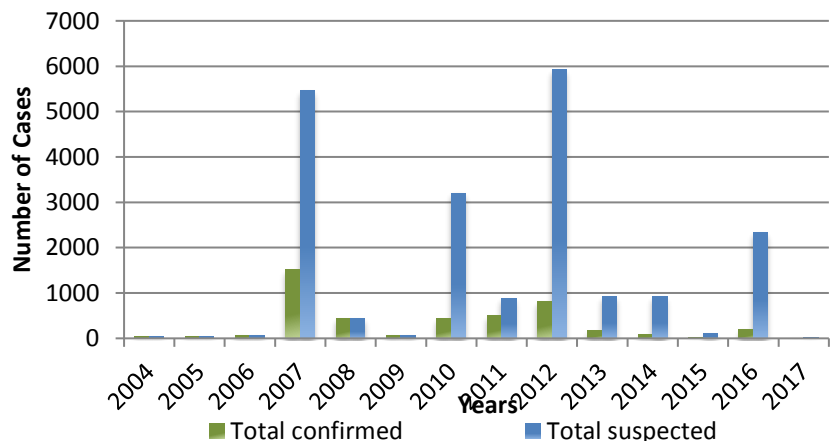
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2017		2016 YTD
		EW 15	YTD	
				
Total Suspected Dengue Cases		1	25	617
Lab Confirmed Dengue cases		0	0	77
CONFIRMED	DHF/DSS	0	0	3
	Dengue Related Deaths	0	0	0

Dengue Cases by Year: 2007-2017, Jamaica



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Gastroenteritis Bulletin

EW
15

April 9-15, 2017

Epidemiology Week 15

Weekly Breakdown of Gastroenteritis cases

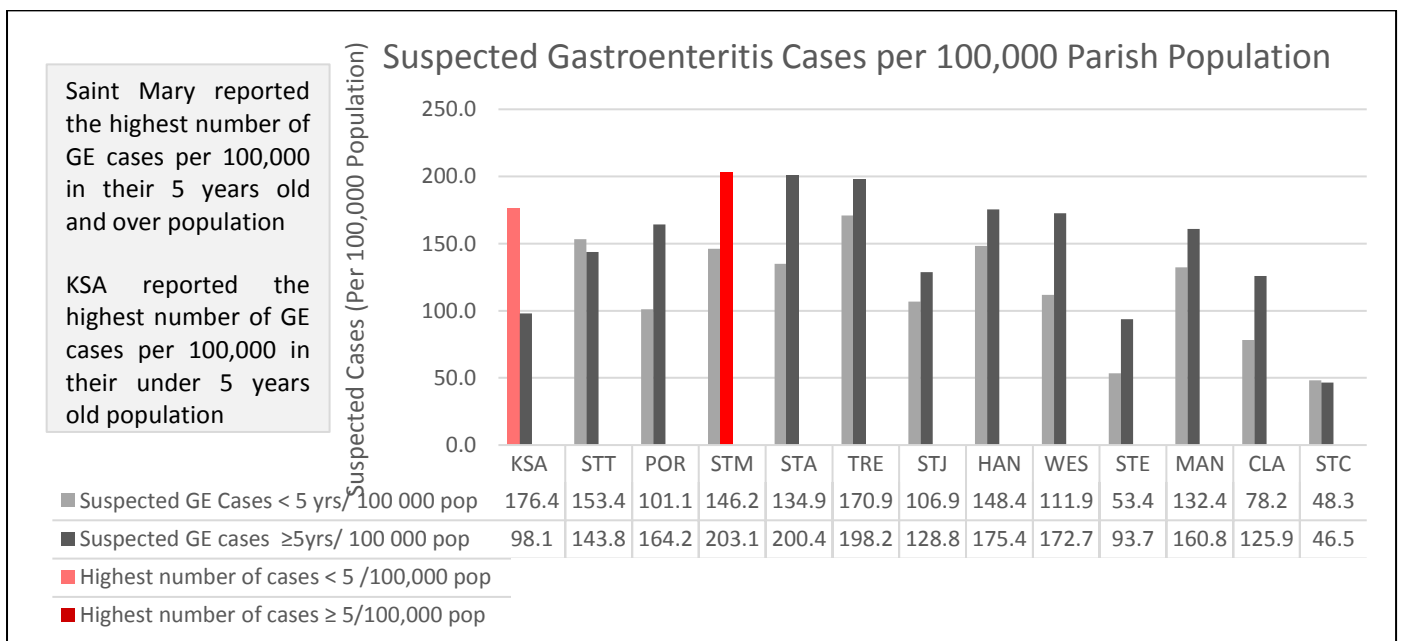
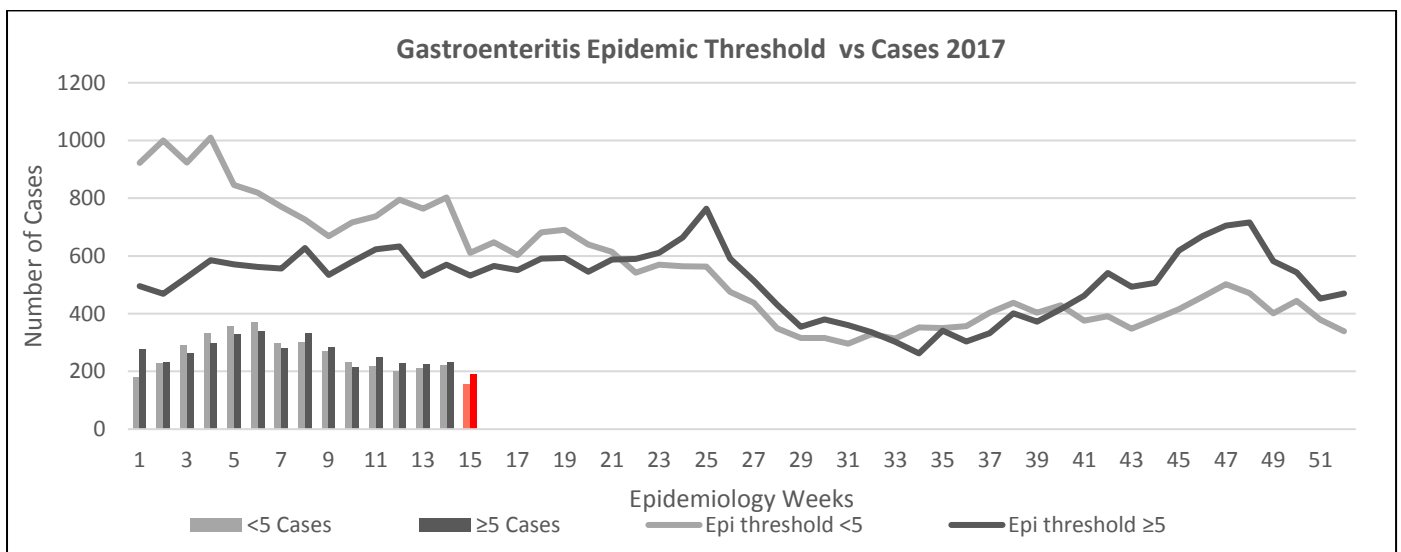
Year	EW 15			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	156	190	346	3,858	3,966	7,824
2016	102	198	300	2,276	3,319	5,595

Gastroenteritis:

In Epidemiology Week 15, 2017, the total number of reported GE cases showed an 11.5% increase compared to EW 15 of the previous year. The year to date figure showed a 14% increase in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2016-2017



Saint Mary 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



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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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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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