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WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

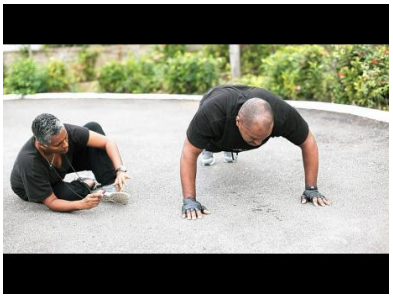
Weekly Spotlight

Move for Health Day May 10 2017

Move for Health Day, an annual global initiative to promote physical activity sponsored by World Health Organization (WHO), with broad links to communities around the world, formally got underway on Saturday (May 10, 2003). The initiative was called for by WHO Member States following the success of last year's World Health Day on the Move for Health theme. Member States have been urged to celebrate a Move for Health Day each year to promote physical activity as essential for health and well-being.

Move for Health is part of a broader WHO move to address the growing burden of chronic diseases through its Global Strategy on Diet, Physical Activity and Health.
The risk of getting a cardiovascular disease increases by up to 1.5 times in people who do not follow minimum physical activity recommendations.
Encouraging Move for Health activities is everybody's responsibility, and needs appropriate support from government and development sectors and civil society.
The solution to producing health, social and economic benefits from physical activity to population groups, men and women, of all ages and conditions including persons with disability, is simple; 30-to-60 minutes moderate-intensity physical activity daily.

MOVE FOR HEALTH DAY May 10, 2017 Celebrated each year at this time to promote physical activity as essential to health and well being.



Health Promotion & Education Unit issues a 1 WEEK challenge to all MOH Staff members (TEAM MOH) starting May 4, @ 8:30 am.

Downloaded from:
http://www.who.int/dietphysicalactivity/publications/releases/move/en/

EPI WEEK 16

NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

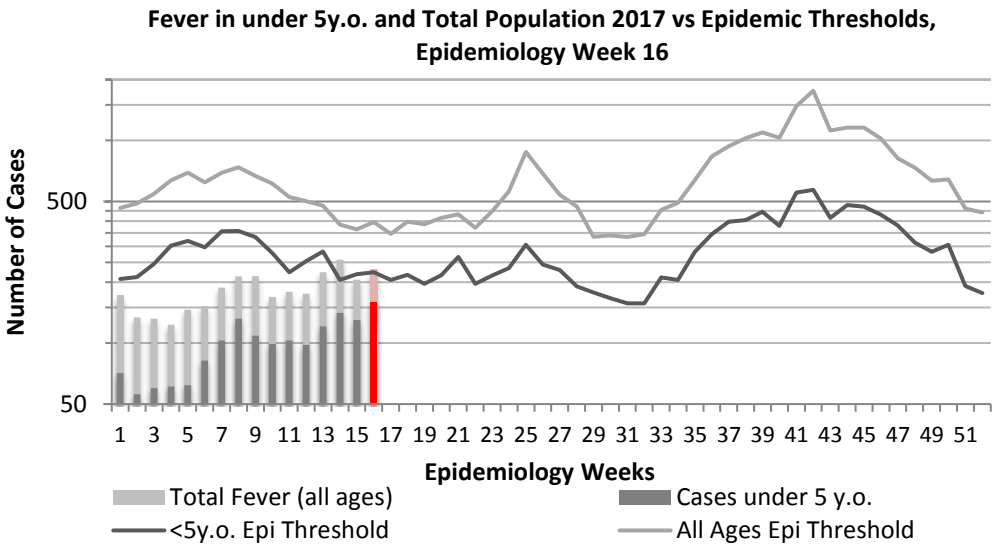
SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

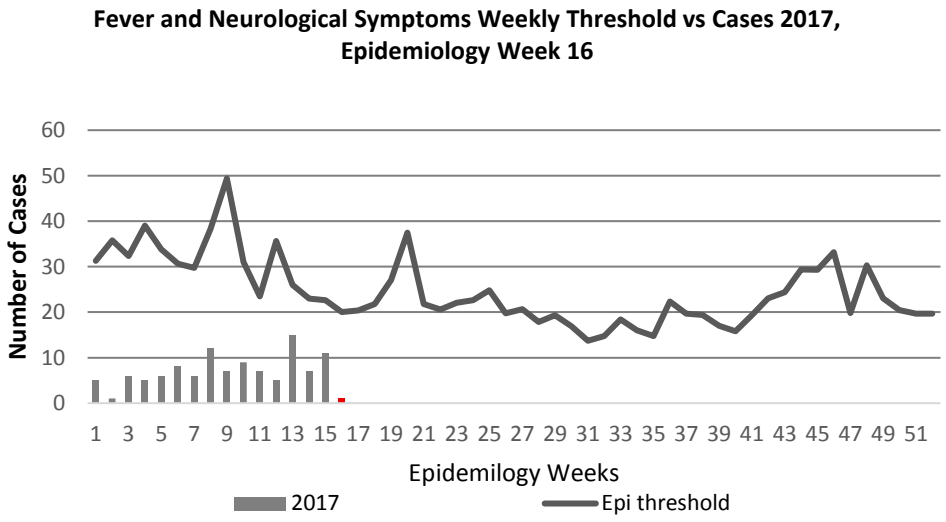
REPORTS FOR SYNDROMIC SURVEILLANCE

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

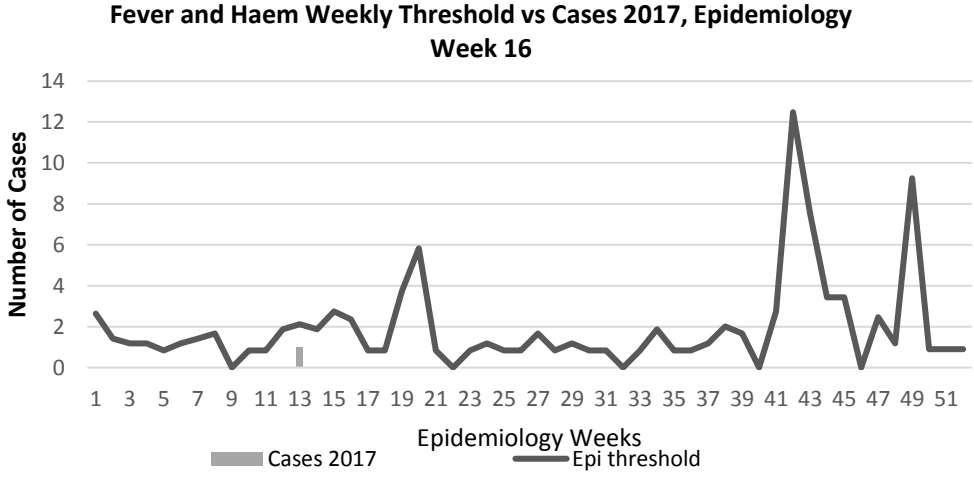
KEY
RED CURRENT WEEK



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 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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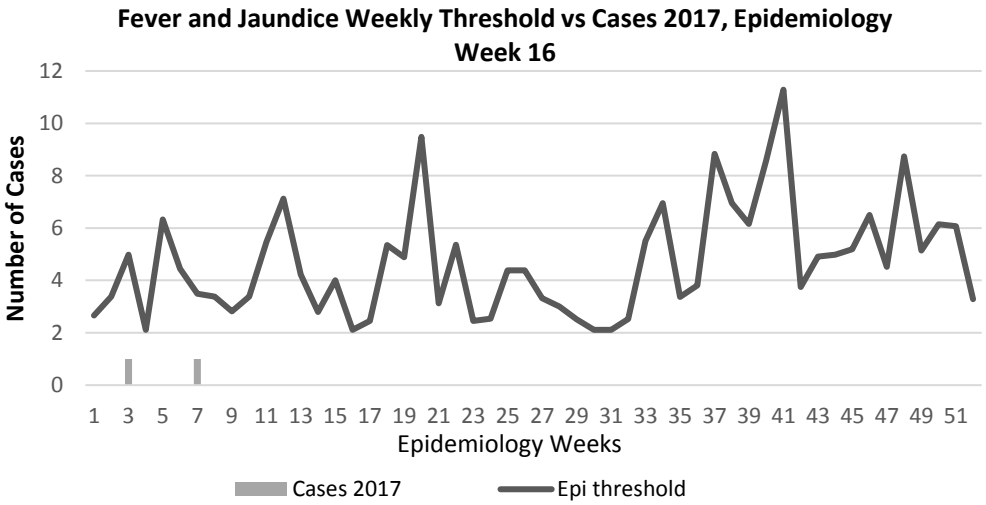
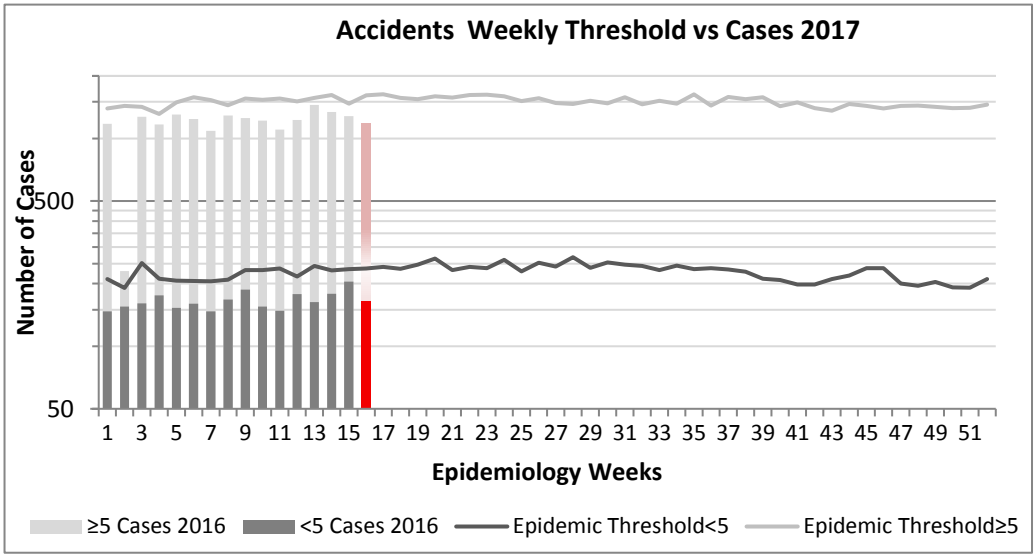
FEVER AND JAUNDICE

Temperature of $>38^0C$ /100.4^0F (or recent history of fever) in a previously healthy person presenting with jaundice.



ACCIDENTS

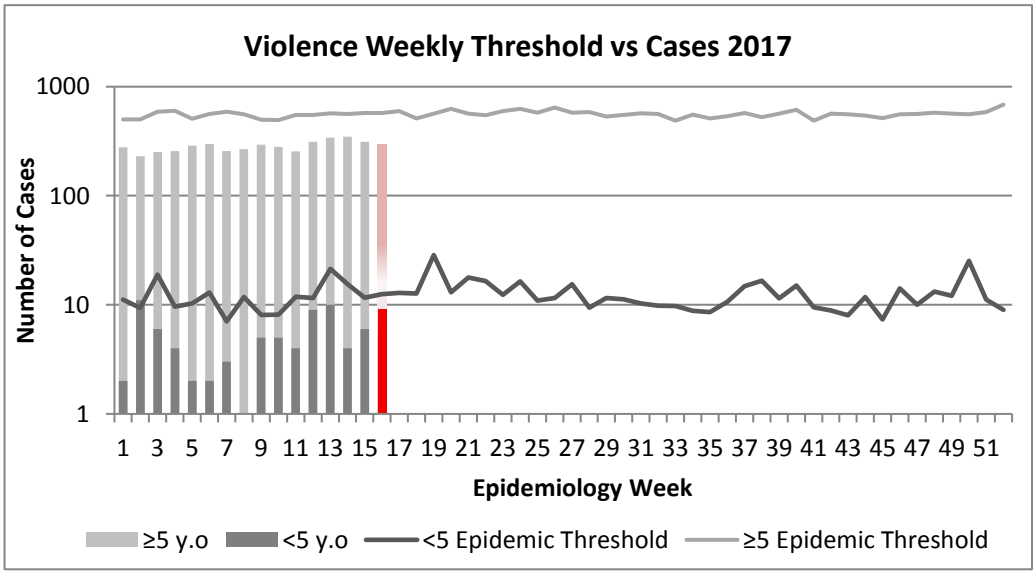
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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

	CLASS 1 EVENTS		CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		25	54
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		0	0
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		3	11
	Hepatitis C		1	2
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		2	1
	Meningitis (Clinically confirmed)		8	17
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
		Rubella	0	0
	Maternal Deaths[2]		12	22
	Ophthalmia Neonatorum		66	167
	Pertussis-like syndrome		0	0
	Rheumatic Fever		1	2
	Tetanus		1	0
	Tuberculosis		0	11
	Yellow Fever		0	0
	Chikungunya		0	0
	Zika Virus		0	12

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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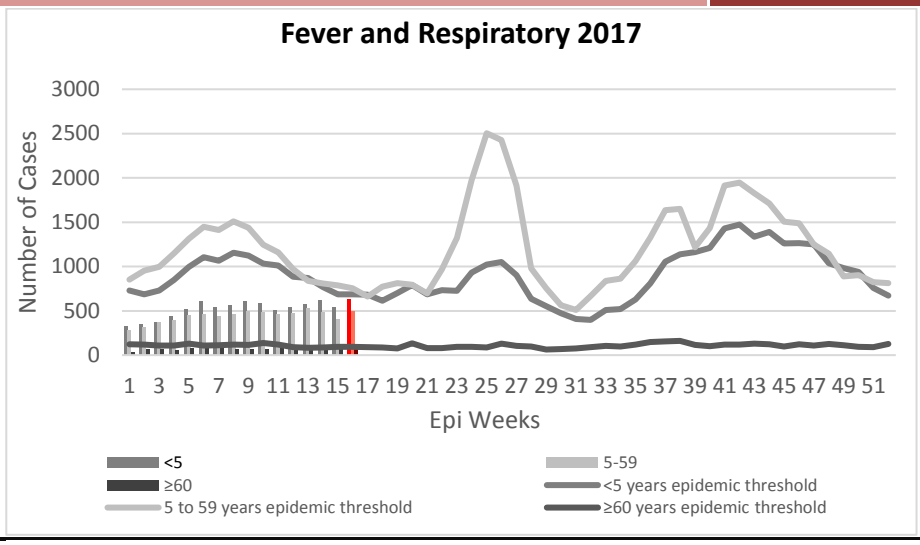
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 16

April 16-22, 2017 Epidemiology Week 16

April 2017	EW 16	YTD
SARI cases	9	198
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**

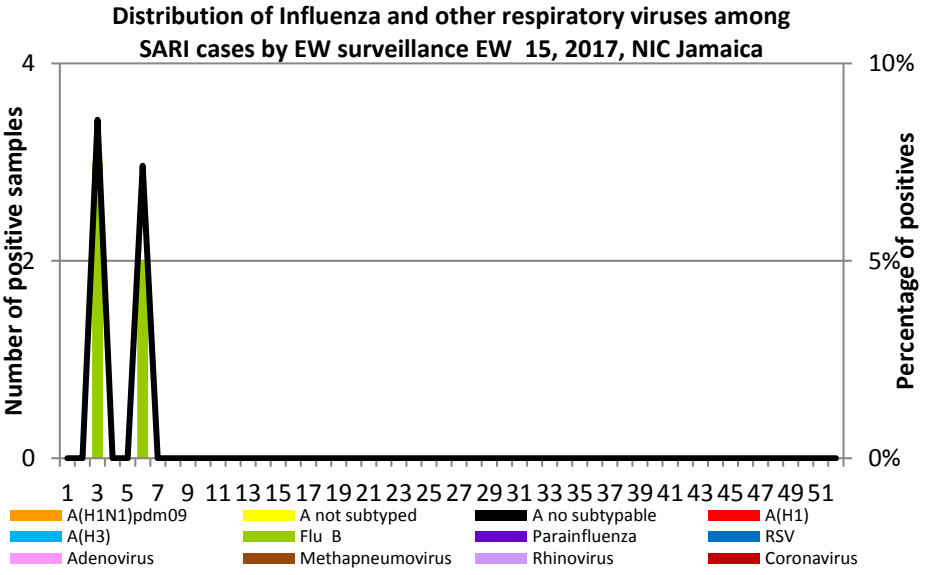


Comments:

During EW 16, SARI activity decreased and was below the average epidemic curve.

During EW 16, pneumonia case-counts slightly increased (166 cases in EW 16), and were similar to the levels observed in 2015 and the prior season, with the highest proportion in Saint Ann.

During EW 16, no influenza detections were reported.



INDICATORS

Burden

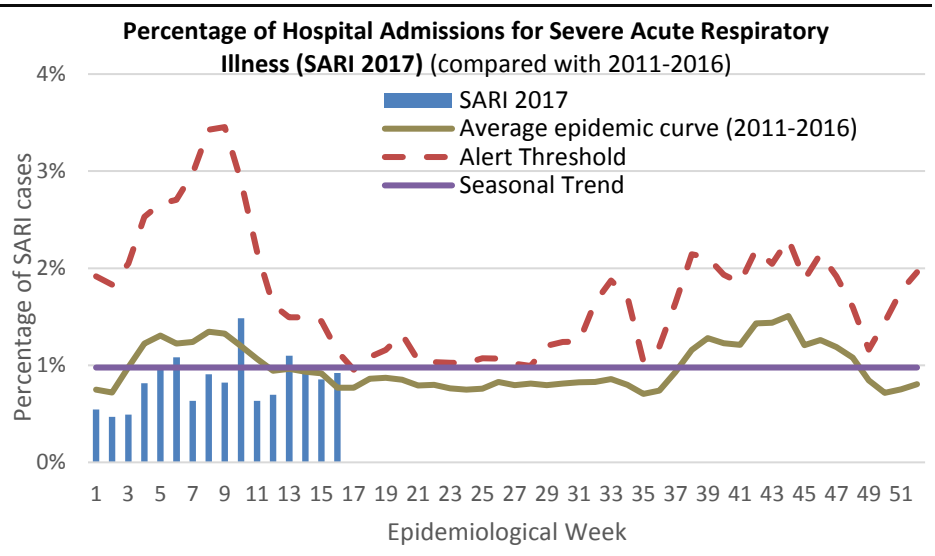
Year to date, respiratory syndromes account for 3.3% of visits to health facilities.

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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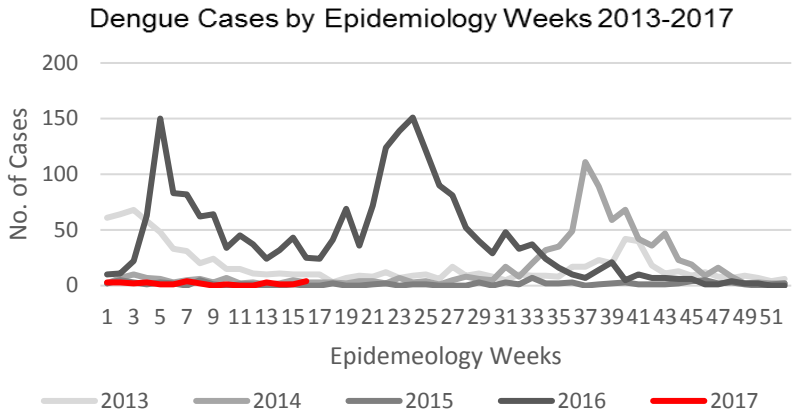
Dengue Bulletin

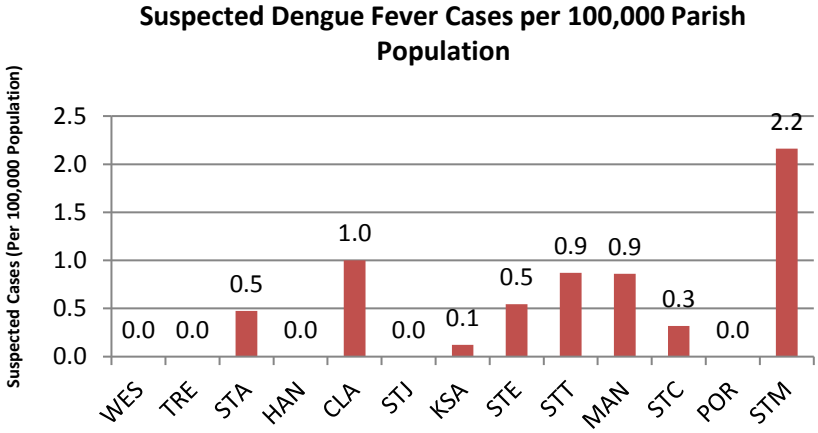
April 16-22, 2017 Epidemiology Week 16



DISTRIBUTION

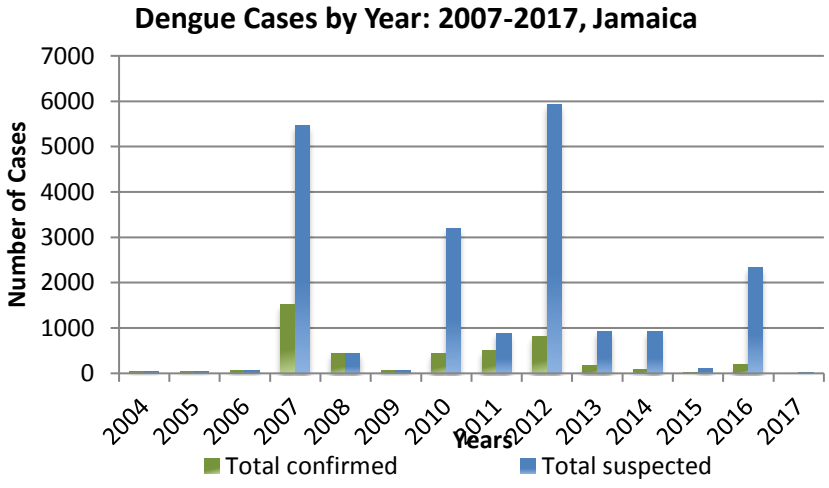
Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	1	0	0	1	3.4
1-4	1	1	0	2	6.9
5-14	4	1	0	5	17.3
15-24	3	5	0	8	27.6
25-44	5	4	1	10	34.5
45-64	1	1	0	2	6.9
≥65	0	0	0	0	0
Unknown	0	1	0	1	3.4
TOTAL	15	13	1	29	**100**



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

		2017		2016 YTD
		EW 16	YTD	
Total Suspected Dengue Cases		4	29	638
Lab Confirmed Dengue cases		0	0	80
CONFIRMED	DHF/DSS	0	0	3
	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

EW 16

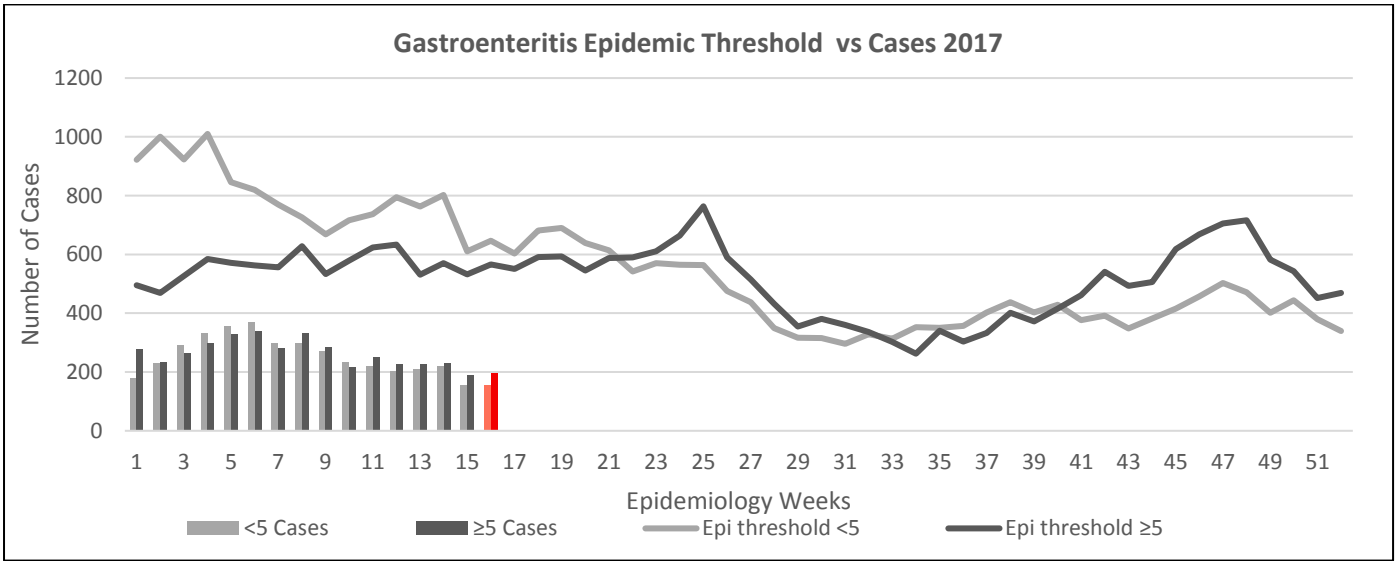
April 16-22, 2017 Epidemiology Week 16

Weekly Breakdown of Gastroenteritis cases

Year	EW 16			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	156	197	353	4,014	4,163	8,177
2016	136	169	305	2,412	3,488	5,900

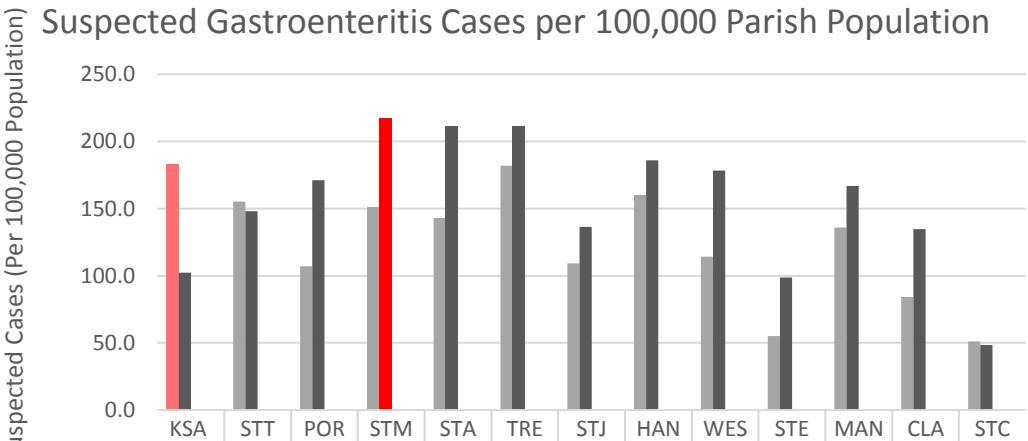
Gastroenteritis:
In Epidemiology Week 16, 2017, the total number of reported GE cases showed an 11.6% increase compared to EW 16 of the previous year.
The year to date figure showed a 13.9% increase in cases for the period.

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



	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
Suspected GE Cases < 5 yrs/ 100 000 pop	182.8	155.1	107.1	151.2	142.9	181.8	109.2	160.1	114.2	55.0	135.8	84.2	50.9
Suspected GE cases ≥5yrs/ 100 000 pop	102.3	148.1	171.2	217.5	210.9	211.2	136.3	186.0	178.4	98.6	166.9	134.6	48.4

Highest number of cases < 5 /100,000 pop

Highest number of cases ≥ 5/100,000 pop

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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]
[1]A.Q. Miller School of Journalism and Mass Communications, Kansas State University
[2]Ministry of Health, Jamaica
Email: nmuturi@ksu.edu or raunchygp@gmail.com

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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