

WEEKLY EPIDEMIOLOGY BULLETIN

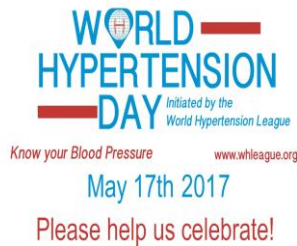
NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

World Hypertension Day May 17, 2017

The theme for 2017 is “Know Your Blood Pressure”

World Hypertension Day is celebrated every year on 17th of May to raise the public awareness about the hypertension, its preventive measures and complications. It was first celebrated on May 14, 2005 and organized by the World Hypertension League (WHL). Hypertension is a condition called high blood pressure during which the arterial blood pressure raises to high level from the normal level (120/80 mmHg). It is medical condition called as silent killer as it does not show any clear symptoms however severe hypertension show some symptoms of headaches, sleepiness, palpitation, blurred vision to name a few.



It is divided in two types primary or essential hypertension and secondary hypertension, on the basis of its causing factors. The primary hypertension is more common but its causes are unknown. Whereas, causes of secondary hypertension are kidney damage, sleep apnea syndrome, tumors, recreational drugs, pregnancy-related conditions, over or wrong medications, alcoholic drinks, bad food and etc.



World Hypertension Day is celebrated to distribute the message of

maintenance of normal blood pressure among common public. High Blood Pressure means hypertension causes various complications in the body and may lead to the major risk to the heart, stroke, kidney disease, eye disorders, coma or even death. Blood pressure can be measured at home or hospital using acceptable measuring device called BP apparatus.

Some of the objectives of celebrating this campaign on annual basis are:
To motivate the common public for regular checkup of their blood pressure at least once a year. To encourage the people having hypertension on global basis to go to their health practitioner for regular checkup and proper treatment.



To promote all the common public especially youths and young people to maintain their normal weight, normal cholesterol level, normal blood pressure, healthy living, healthy eating, regular physical exercise and etc. To encourage people to leave their bad habits like drinking alcohol, lazy routine, oily and fatty diet, fried and spicy diet, smoking, obese, overweight and etc.

Downloaded from: <http://www.indiacelebrating.com/events/world-hypertension-day/>

EPI WEEK 17



SYNDROMES

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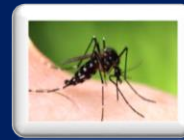
CLASS 1 DISEASES

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INFLUENZA

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DENGUE FEVER

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GASTROENTERITIS

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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

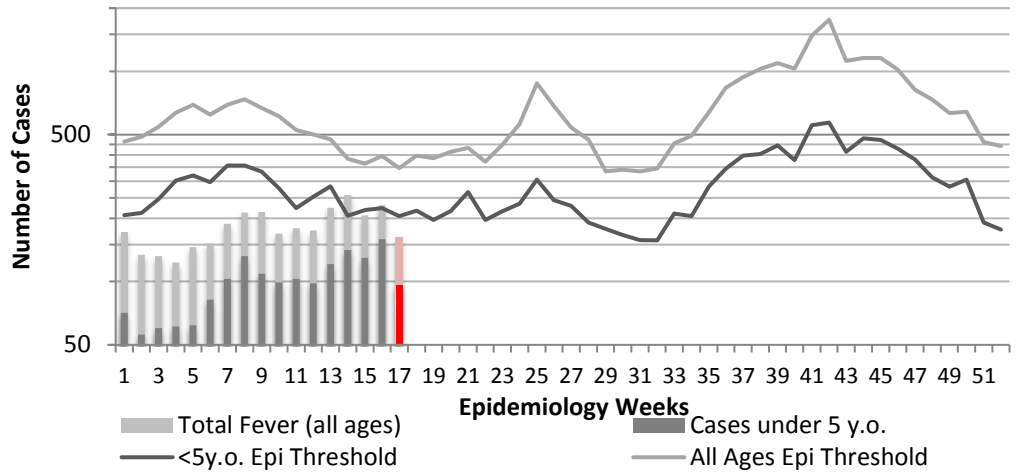
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

RED CURRENT WEEK

Fever in under 5y.o. and Total Population 2017 vs Epidemic Thresholds, Epidemiology Week 17

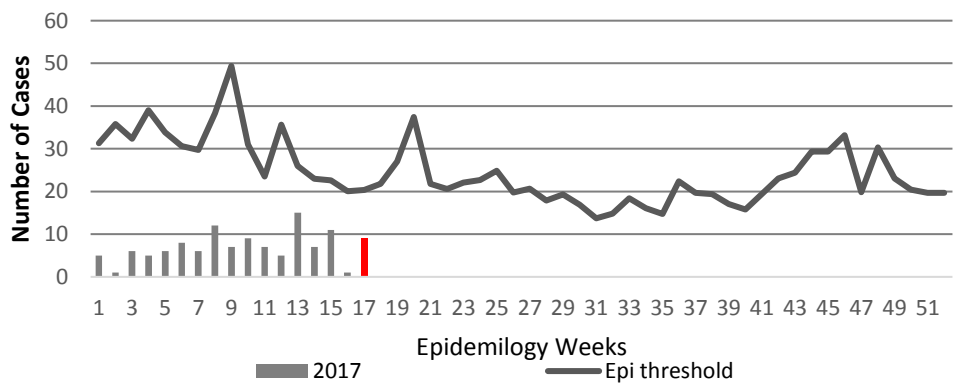


FEVER AND NEUROLOGICAL

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 17

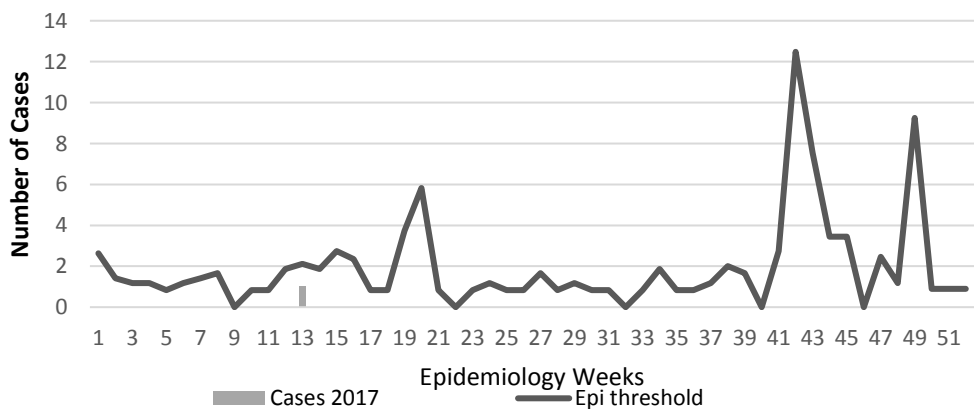


FEVER AND HAEMORRHAGIC

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 17



NOTIFICATIONS- All clinical sites



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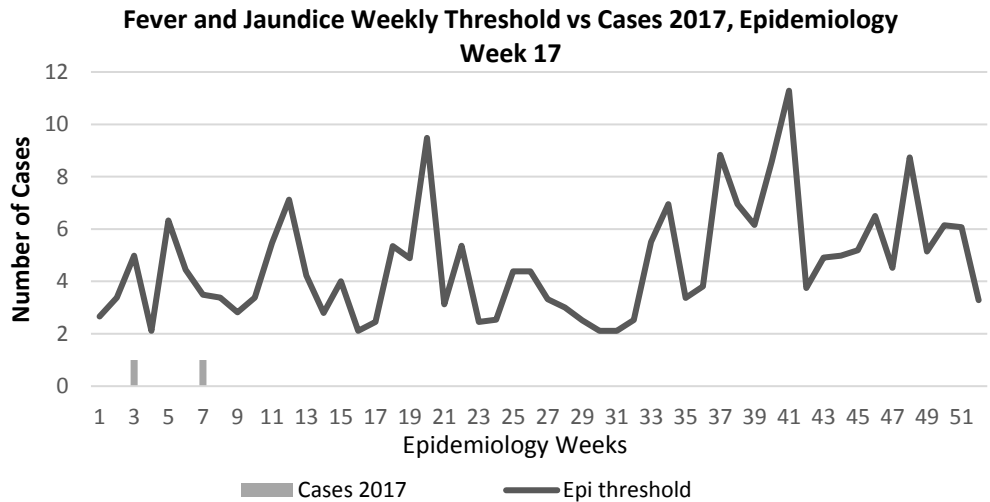


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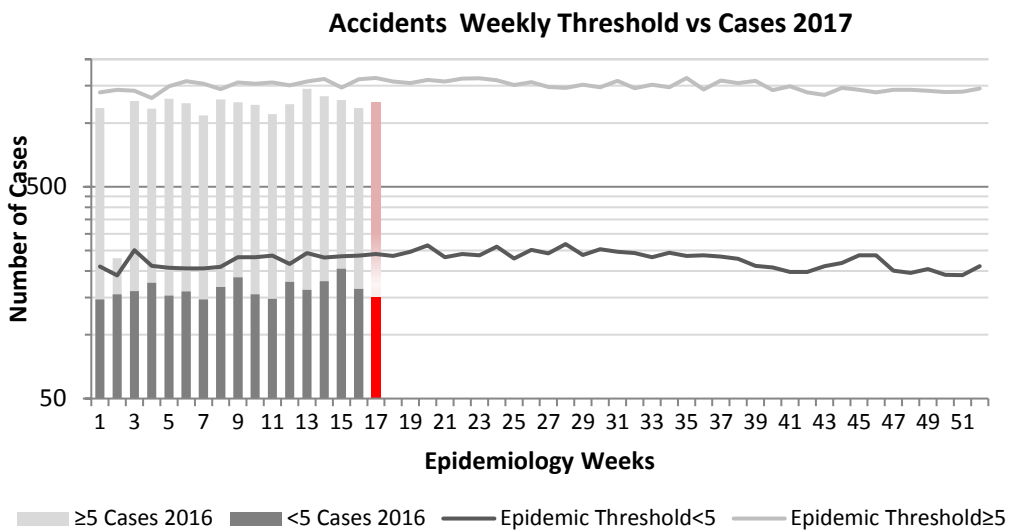
FEVER AND JAUNDICE

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



ACCIDENTS

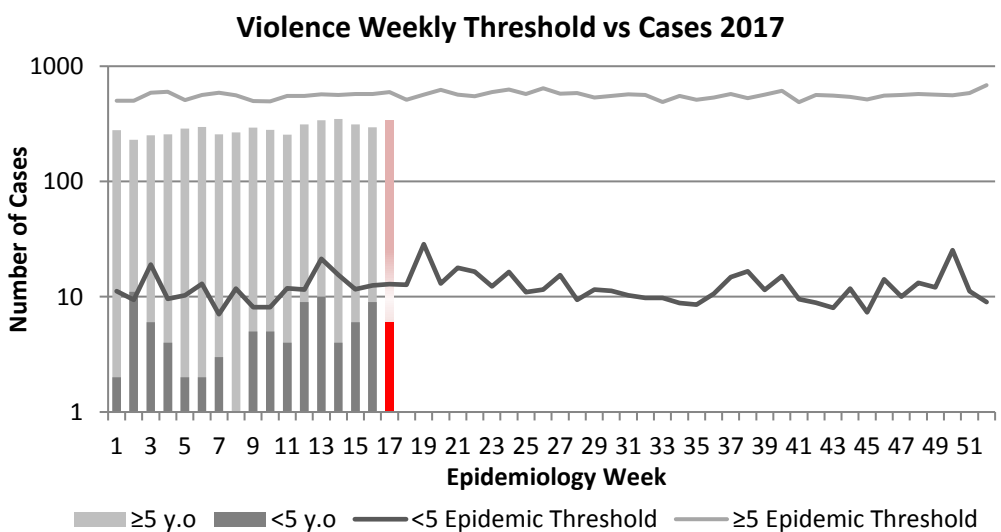
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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	28	56	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	4	11		
	Hepatitis C	1	2		
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)	2	1		Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Meningitis (Clinically confirmed)	8	18		
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	
	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	70	172		
	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		



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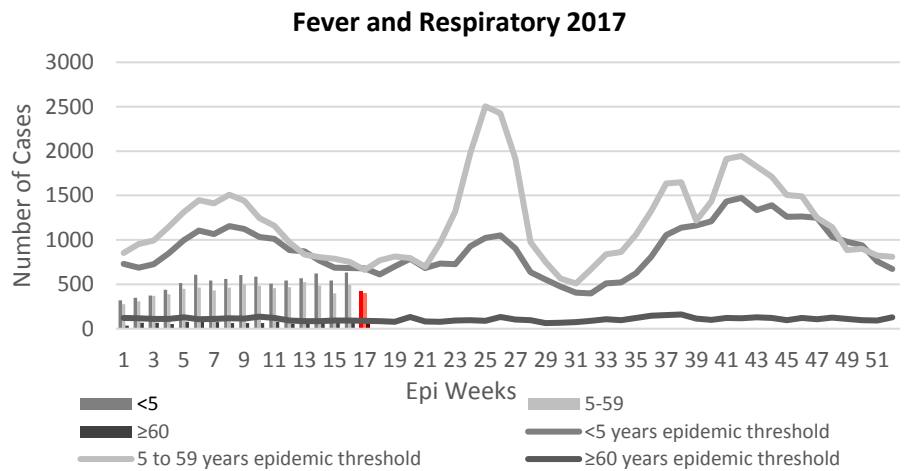
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 17

April 23-29, 2017

Epidemiology Week 17

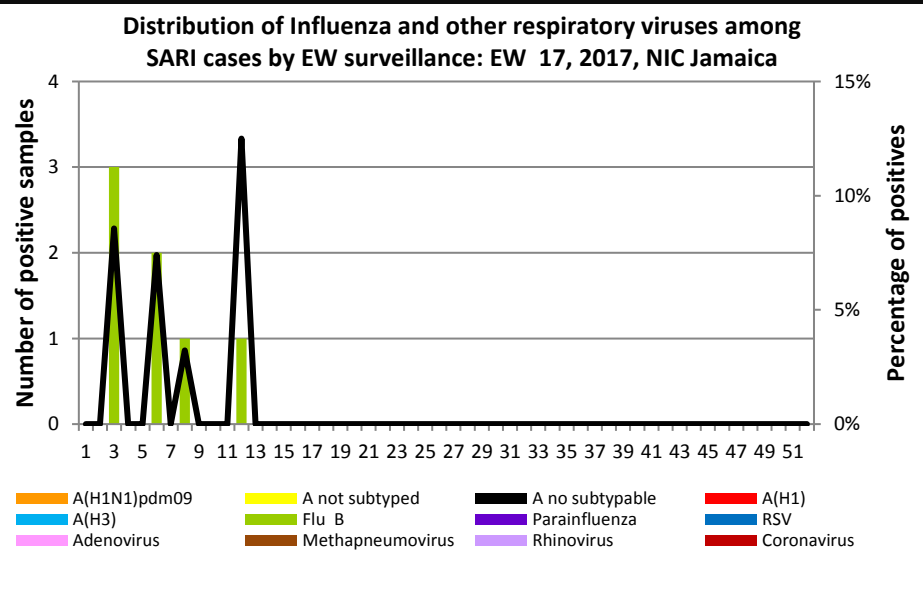
April 2017		
	EW 17	YTD
SARI cases	6	205
Total Influenza positive Samples	0	7
Influenza A	0	0
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
Influenza B	0	7
Other	0	0



Comments:
During EW 17, SARI activity decreased and was below the average epidemic curve.

During EW 17, SARI cases were most frequently reported among children between 0-4 years of age.

During EW 16, no influenza detections were reported but only one sample was tested.



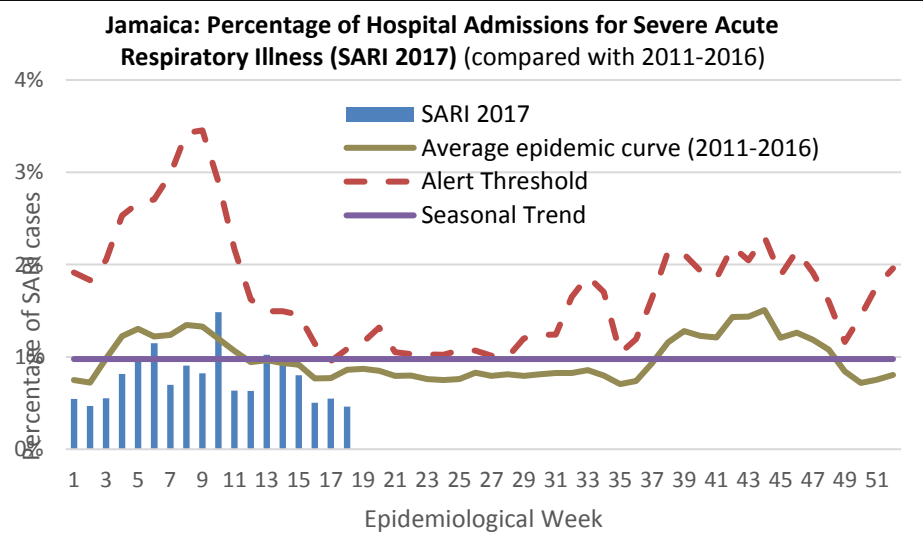
INDICATORS

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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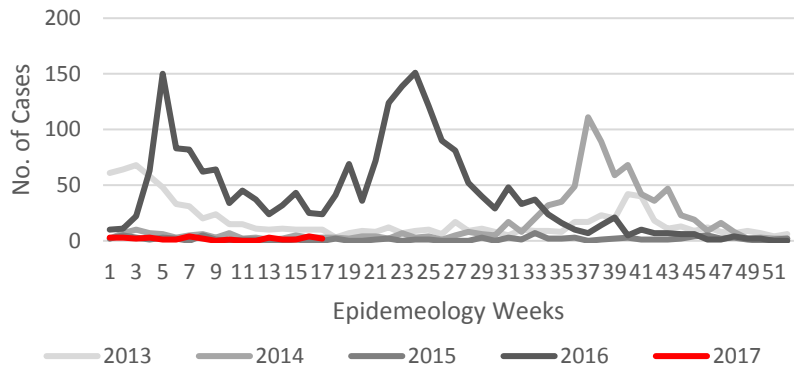
Dengue Bulletin

April 23-29, 2017

Epidemiology Week 17



Dengue Cases by Epidemiology Weeks 2013-2017

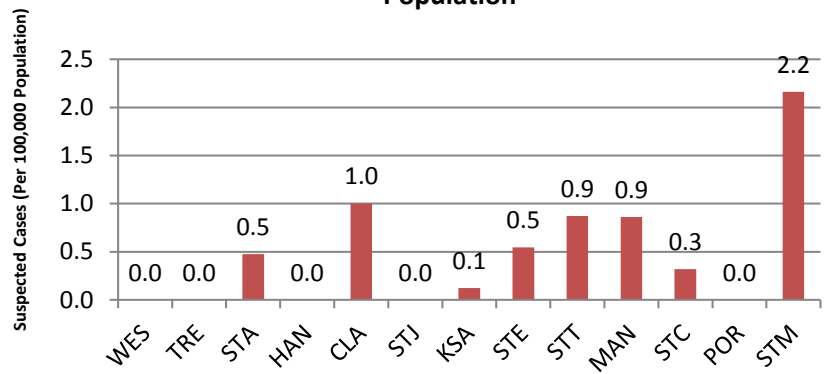


DISTRIBUTION


Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	1	0	0	1	3.2
1-4	1	1	0	2	6.5
5-14	4	4	0	8	25.8
15-24	3	2	0	5	16.1
25-44	5	4	1	10	32.3
45-64	1	3	0	4	12.9
≥65	0	0	0	0	0
Unknown	0	1	0	1	3.2
TOTAL	15	15	1	31	100

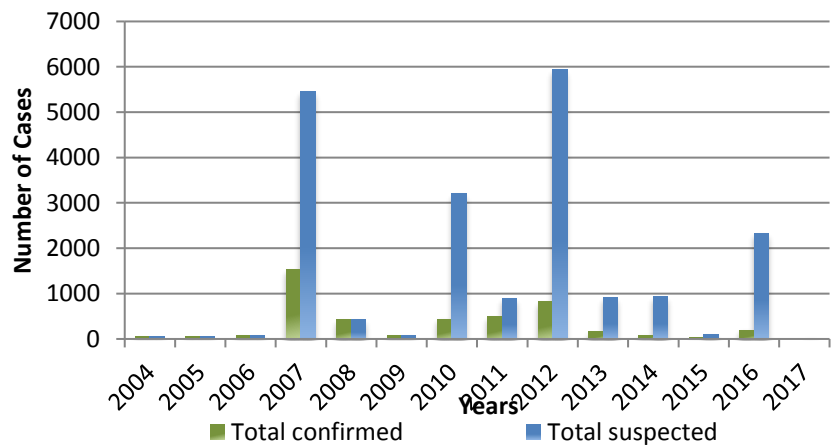
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2017		2016 YTD
		EW 17	YTD	
				
Total Suspected Dengue Cases		2	31	663
Lab Confirmed Dengue cases		0	0	81
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
17

April 23-29, 2017

Epidemiology Week 17

Weekly Breakdown of Gastroenteritis cases

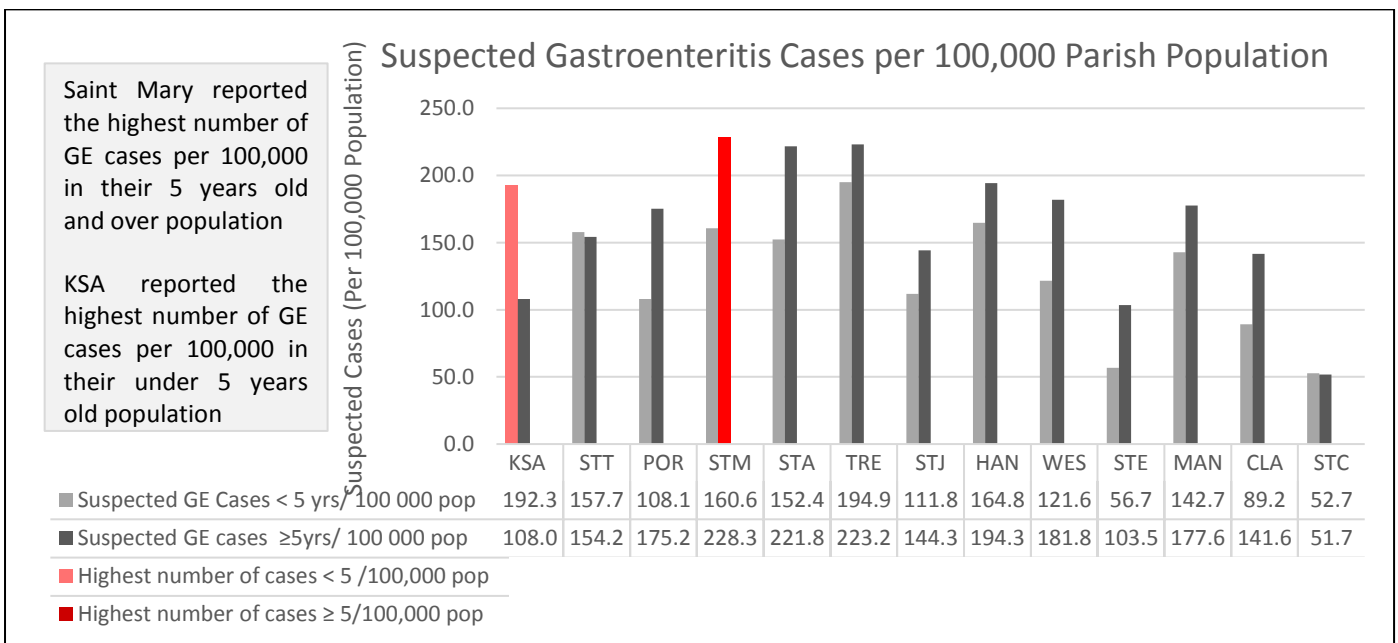
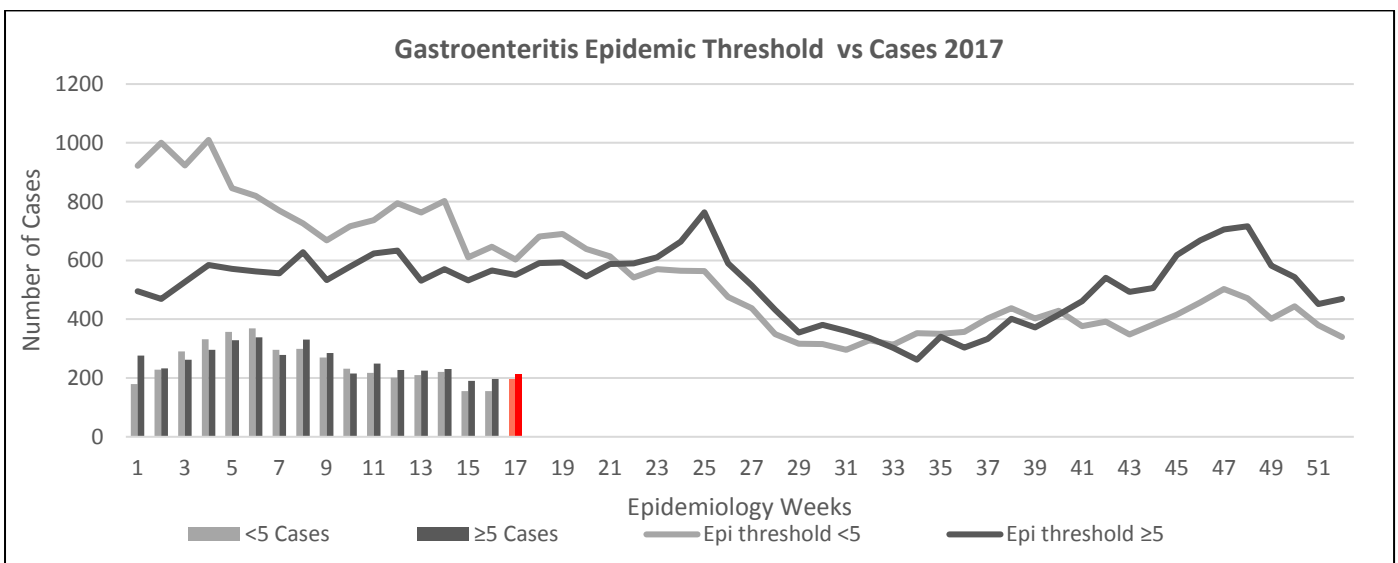
Year	EW 17			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	194	213	407	4,208	4,376	8,584
2016	140	210	350	2,552	3,698	6,250

Gastroenteritis:

In Epidemiology Week 17, 2017, the total number of reported GE cases showed an 8.5% increase compared to EW 17 of the previous year. The year to date figure showed a 7.2% increase in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2016-2017



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RESEARCH PAPER

A Need for Capacity Building in Faith-Based Response to HIV/AIDS in Jamaica

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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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