

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

World No Tobacco Day

Tobacco – a threat to development

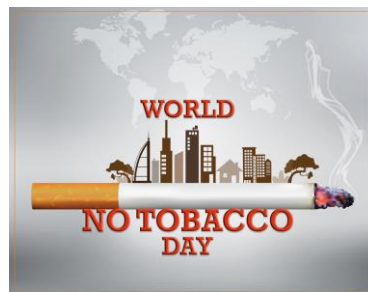
Every year, on 31 May, WHO and partners mark World No Tobacco Day (WNTD), highlighting the health and additional risks associated with tobacco use, and advocating for effective policies to reduce tobacco consumption.



All countries benefit from successfully controlling the tobacco epidemic, above all by protecting their citizens from the harms of tobacco use and reducing its economic toll on national economies. The aim of the Sustainable Development Agenda for 2030 campaign, and its 17 global goals, is to ensure that "no one is left behind."

In addition to saving lives and reducing health inequalities, comprehensive tobacco control contains the adverse environmental impact of tobacco growing, manufacturing, trade and consumption. Tobacco control can break the cycle of poverty, contribute to ending hunger, promote sustainable agriculture and economic growth, and combat climate change. Increasing taxes on tobacco products can also be used to finance universal health coverage and other development programs of the government.

More than 7 million deaths from tobacco use every year, a figure that is predicted to grow to more than 8 million a year by 2030 without intensified action. Tobacco use is a threat to any person, regardless of gender, age, race, cultural or educational background. It brings suffering, disease, and death, impoverishing families and national economies.



Tobacco use costs national economies enormously through increased health-care costs and decreased productivity. It worsens health inequalities and exacerbates poverty, as the poorest people spend less on essentials such as food, education and health care. Some 80% of premature deaths from tobacco occur in low- or middle-income countries, which face increased challenges to achieving their development goals.

Tobacco growing requires large amounts of pesticides and fertilizers, which can be toxic and pollute water supplies. Each year, tobacco-growing uses 4.3 million hectares of land, resulting in global deforestation between 2% and 4%. Tobacco manufacturing also produces over 2 million tons of solid waste.



Downloaded from: <http://www.who.int/campaigns/no-tobacco-day/2017/event/en/>

EPI WEEK 19



SYNDROMES

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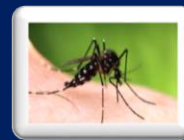
CLASS 1 DISEASES

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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

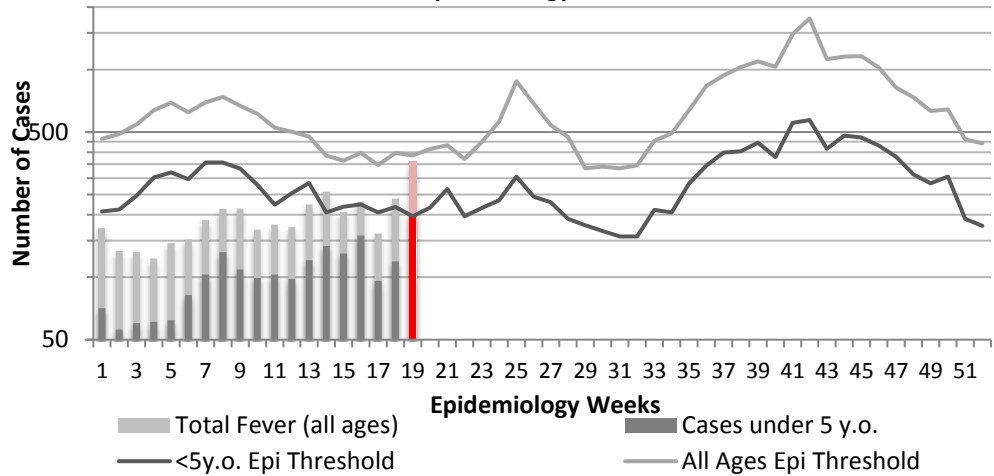
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

RED CURRENT WEEK

Fever in under 5y.o. and Total Population 2017 vs Epidemic Thresholds, Epidemiology Week 19

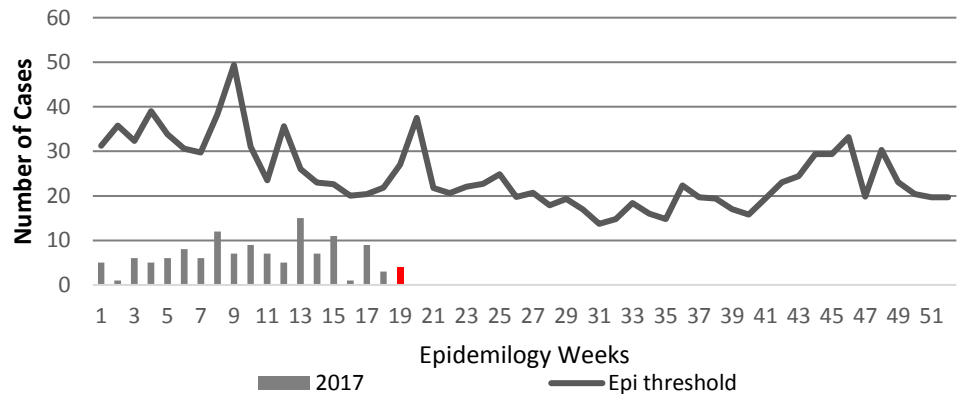


FEVER AND NEUROLOGICAL

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 19

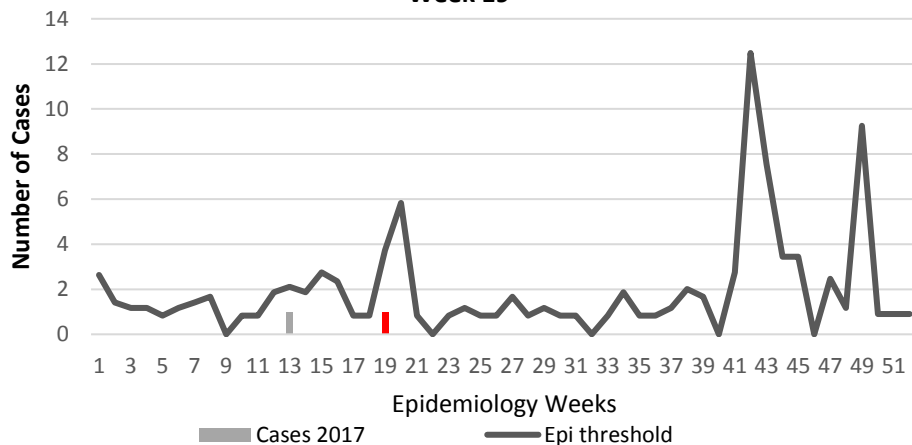


FEVER AND HAEMORRHAGIC

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 19



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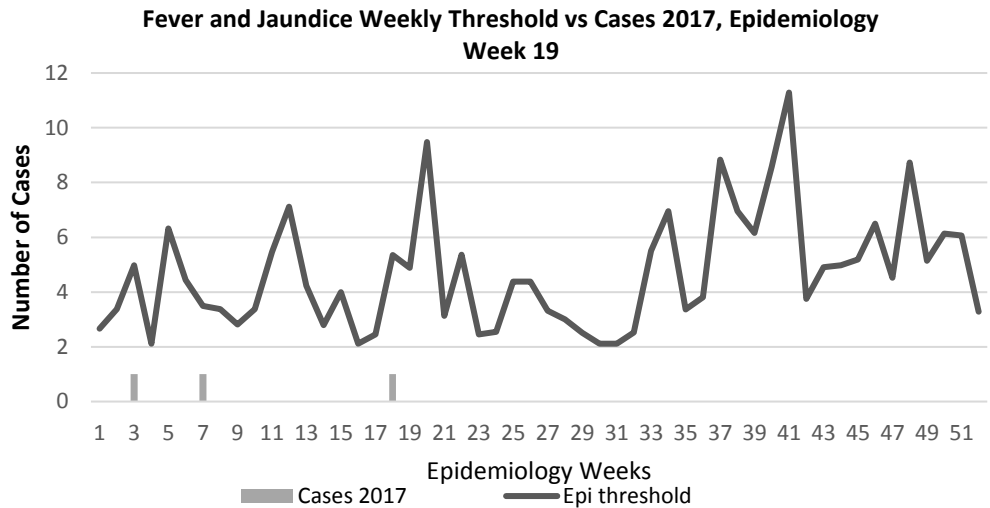


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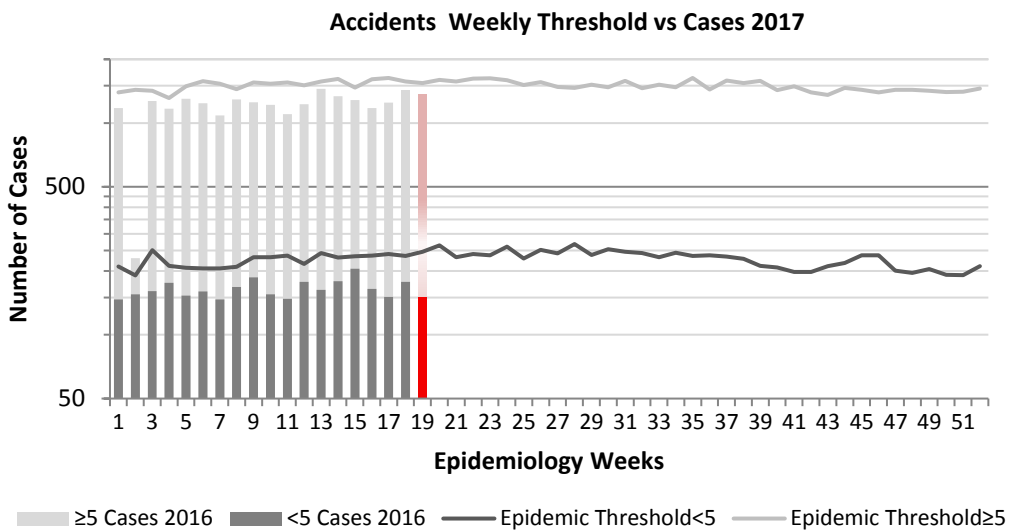
FEVER AND JAUNDICE

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



ACCIDENTS

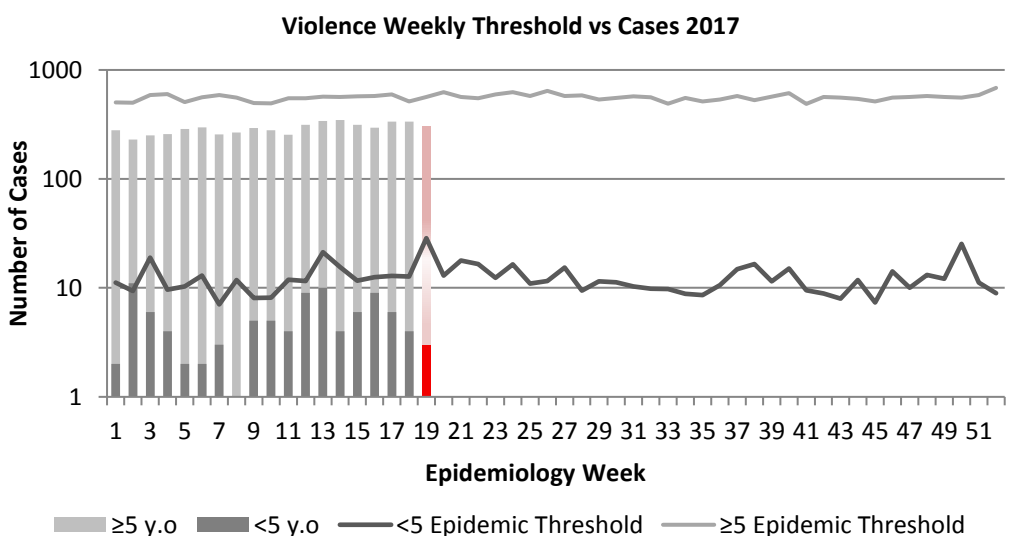
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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	32	64	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	5	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)	9	23		
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	13	23		
	Ophthalmia Neonatorum	80	177		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	1	3		
	Tetanus	1	0		
	Tuberculosis	0	11		
Yellow Fever	0	0			
Chikungunya		0	0	 	
	Zika Virus	0	18		



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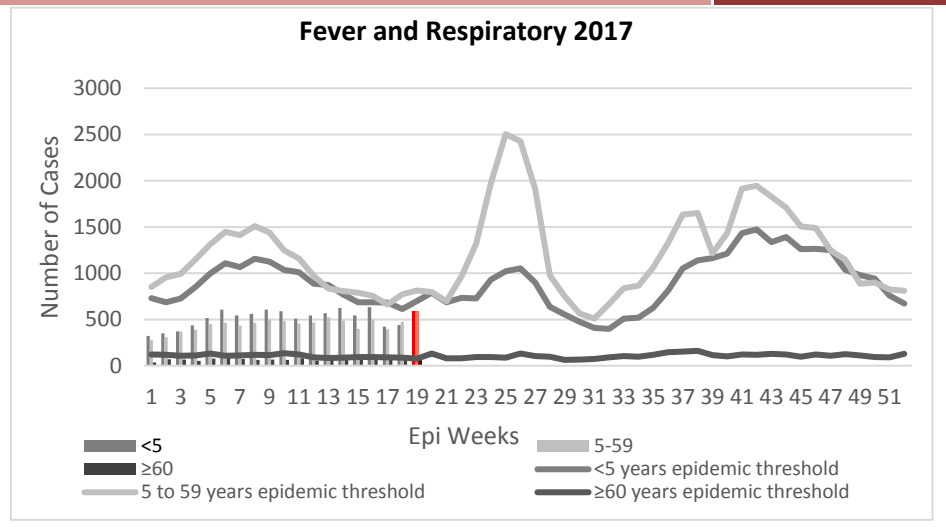
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 19

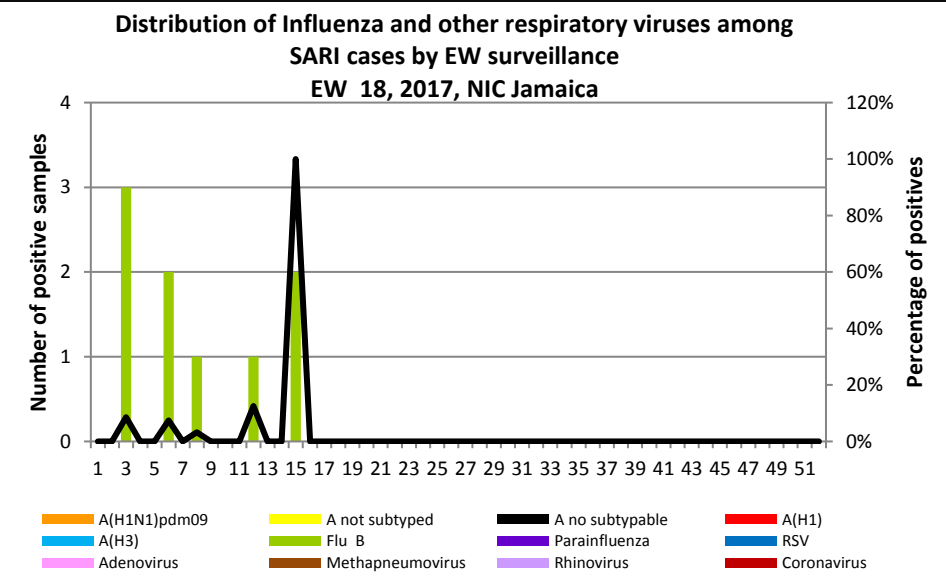
May 7-13, 2017

Epidemiology Week 19

May 2017		
	EW 19	YTD
SARI cases	3	213
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 18, SARI activity slightly decreased and was below the average epidemic curve. During EW 18, SARI cases were most frequently reported among children between 0-4 years of age. During EW 18, pneumonia case-counts slightly decreased (150 cases in EW 18), and were similar to the levels observed in 2015 and the prior season. During EW 18, no influenza detections were reported but only one sample was tested.

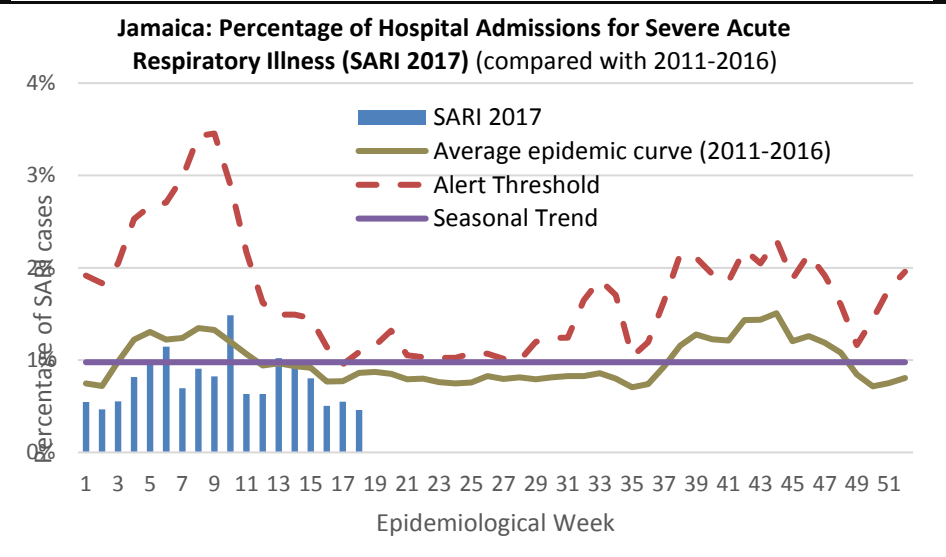


INDICATORS

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.



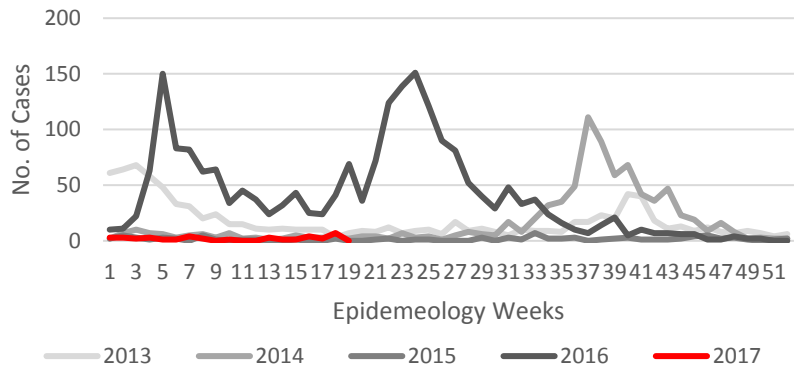
Dengue Bulletin

May 7-13, 2017

Epidemiology Week 19



Dengue Cases by Epidemiology Weeks 2013-2017

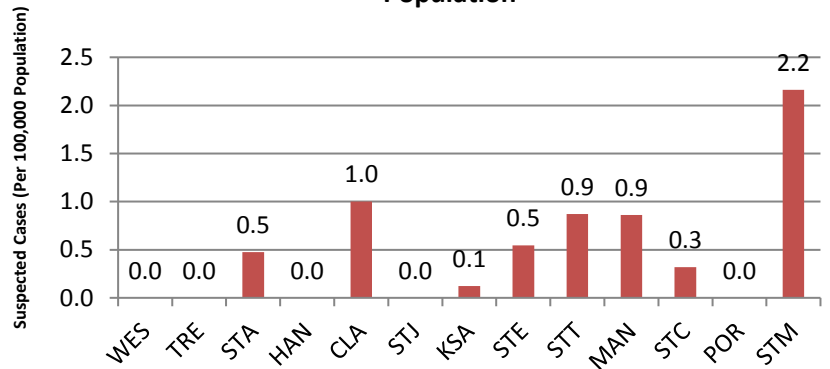


DISTRIBUTION


Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	1	0	0	1	2.6
1-4	2	1	0	3	7.9
5-14	4	5	0	9	23.7
15-24	4	3	0	7	18.4
25-44	6	5	1	12	31.6
45-64	1	3	0	4	10.5
≥65	0	0	0	0	0
Unknown	1	1	0	2	5.3
TOTAL	19	18	1	38	100

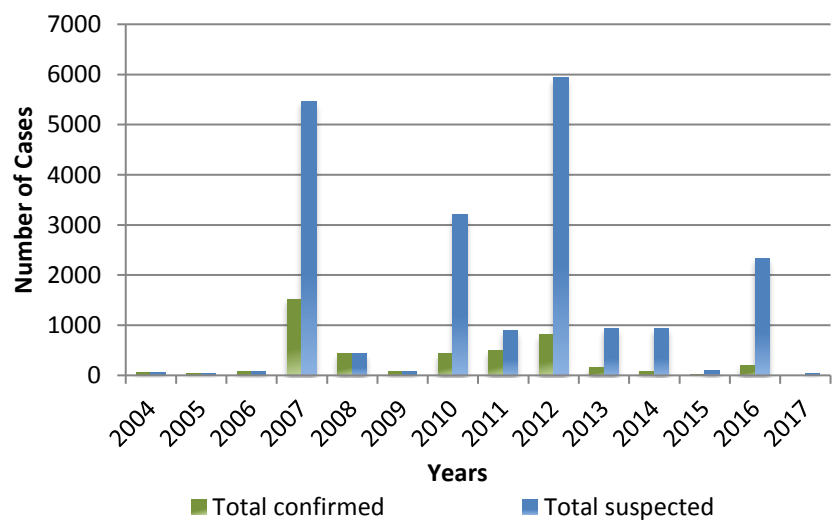
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2017		2016 YTD
		EW 19	YTD	
				
Total Suspected Dengue Cases		0	38	767
Lab Confirmed Dengue cases		0	0	85
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
19

May 7-13, 2017

Epidemiology Week 19

Weekly Breakdown of Gastroenteritis cases

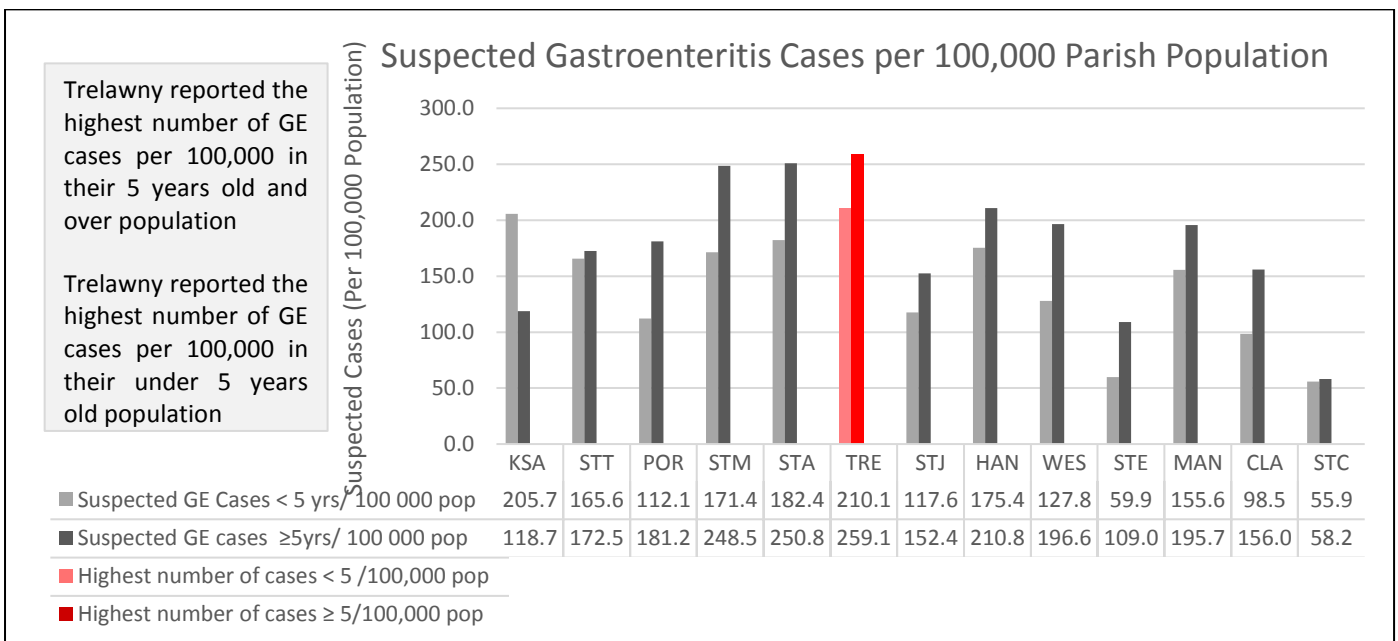
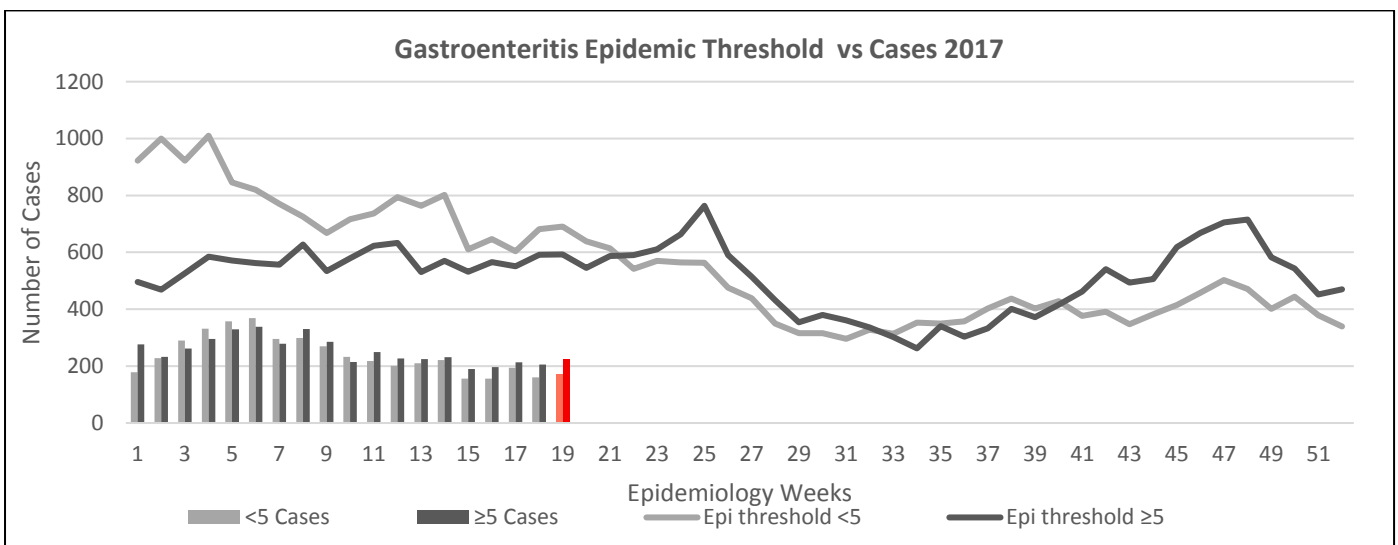
Year	EW 19			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	170	225	395	4,538	4,806	9,344
2016	121	243	364	2,769	4,136	6,905

Gastroenteritis:

In Epidemiology Week 19, 2017, the total number of reported GE cases showed an 1.5% increase compared to EW 19 of the previous year. The year to date figure showed a 7.3% increase in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2016-2017



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



The Ministry of Health
24-26 Grenada Crescent
Kingston 5, Jamaica
Tele: (876) 633-7924
Email: surveillance@moh.gov.jm



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