

# WEEKLY EPIDEMIOLOGY BULLETIN

## NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

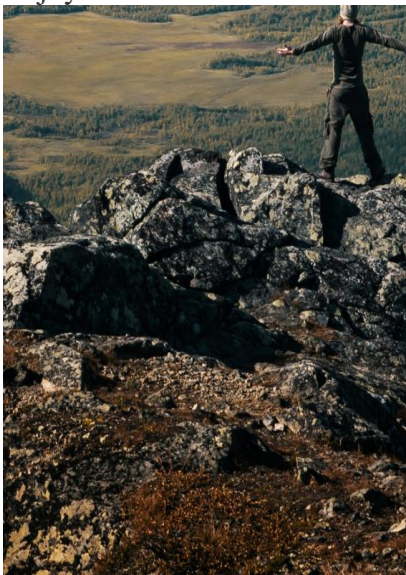
### Weekly Spotlight World Environment Day 2017

On 5 June the globe celebrates World Environment Day under the theme: **Connecting People to Nature**.

You are encouraged to go outside and show that you're #WithNature.

Breathe in the beauty and remember that by keeping our planet healthy, we keep ourselves healthy too.

See some key facts below about the benefits of nature. Enjoy!



#### Ecosystem services

Ecosystems perform many critical functions which are often neglected in decision-making. To help policymakers take them into account, economists have estimated the annual value of some of those services to human well-being.

**\$577 billion**

Crop pollination by insects worldwide

**\$274 billion**

Commercial fishing's contribution to global GDP

**\$34 billion**

Extra healthcare costs from the loss of vultures in India

**\$1 million**

Tourism revenue from each live gorilla in Uganda

**\$126,700**

Flood prevention of Mantadia National Park in Madagascar

**\$1,500 per hectare**

Pest control by birds in North American conifers

Moreover, an estimated 1.6 billion people living in poverty use forests for all or part of their livelihoods.



#### Nature and health

- Many studies show that time spent in green spaces counters mental health problems such as stress and depression. Affecting 350 million people, depression is the leading cause of disability worldwide.
- In Japan, the health benefits of forests have prompted some local governments to promote 'forest therapy'. Research shows time in the woods can boost the immune system, including against cancer.
- Urban green space is a key weapon in the fight against obesity: an estimated 3.2 million premature deaths in 2012 can be attributed to lack of physical activity.
- More and more cities are planting trees to mitigate air pollution, the world's largest single environmental health risk: 6.5 million people die each year due to everyday exposure to poor air quality.
- The use of plants in traditional medicine dates back to the beginning of human civilization. Herbal medicine has clearly recognizable therapeutic effects and plays an important role in primary health care in many developing countries.
- Common painkillers and anti-malarial treatments as well as drugs used to treat cancer, heart conditions and high blood pressure are derived from plants.

Downloaded from:

[http://www.worldenvironmentday.global/sites/default/files/toolkit\\_organizations/WED-factsheet8-02.pdf](http://www.worldenvironmentday.global/sites/default/files/toolkit_organizations/WED-factsheet8-02.pdf)

## EPI WEEK 20



SYNDROMES

PAGE 2



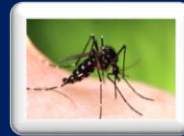
CLASS 1 DISEASES

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INFLUENZA

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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

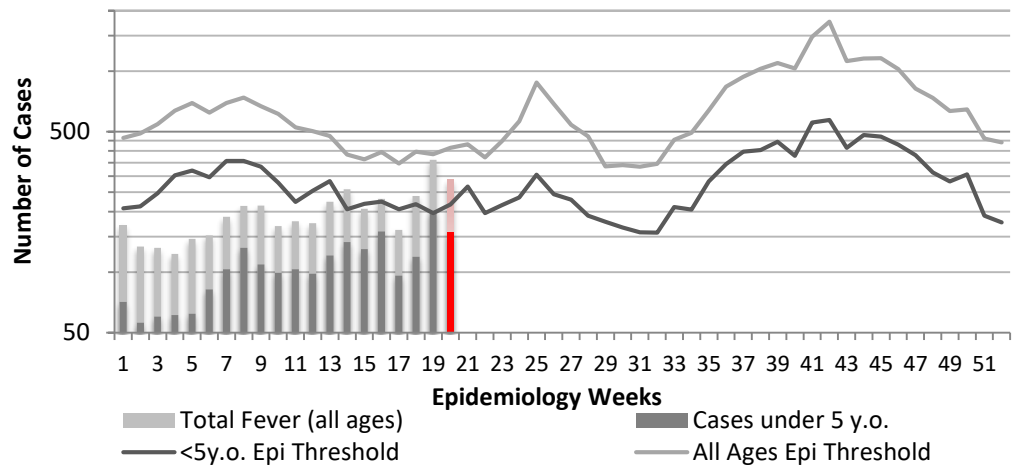
# REPORTS FOR SYNDROMIC SURVEILLANCE

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



**KEY**  
**RED CURRENT WEEK**

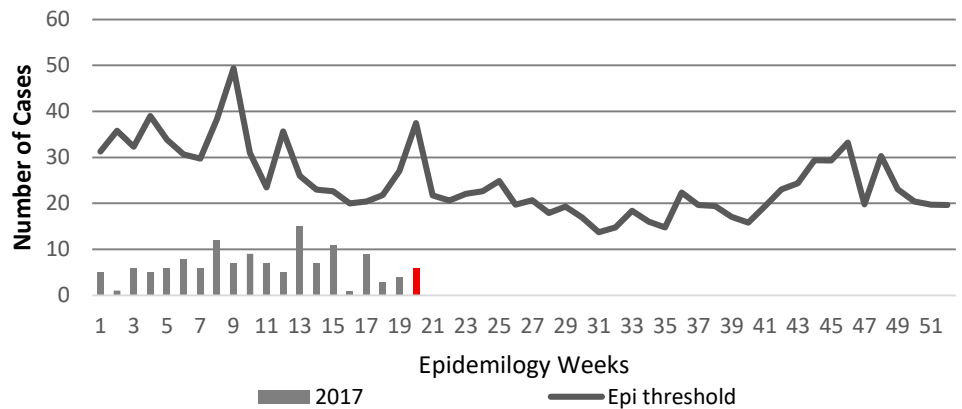
Fever in under 5y.o. and Total Population 2017 vs Epidemic Thresholds, Epidemiology Week 20



**FEVER AND NEUROLOGICAL**  
 Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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).



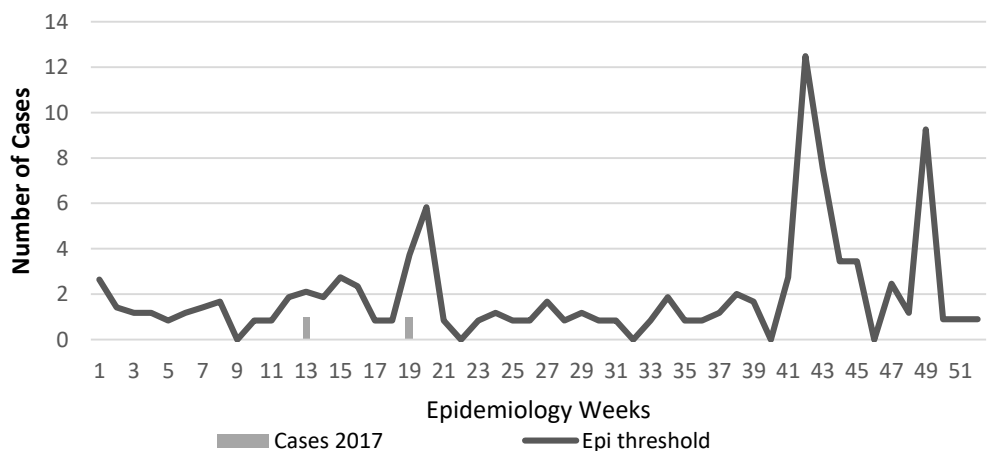
Fever and Neurological Symptoms Weekly Threshold vs Cases 2017, Epidemiology Week 20



**FEVER AND HAEMORRHAGIC**  
 Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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 20



**NOTIFICATIONS-** All clinical sites



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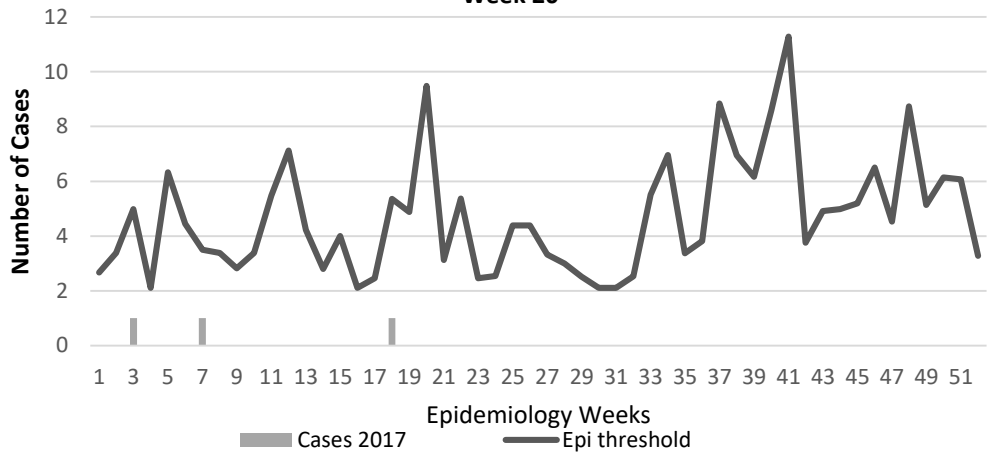
\*Incidence/Prevalence cannot be calculated

### 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 20

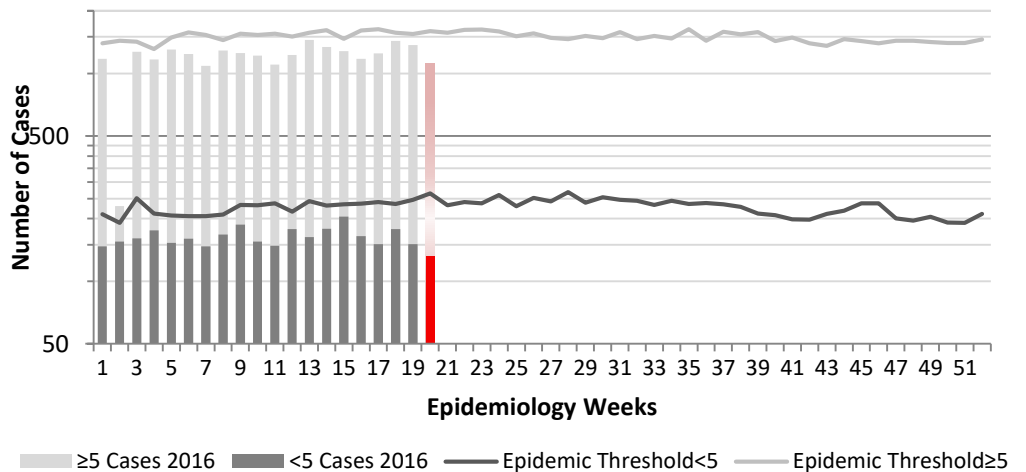


### ACCIDENTS

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



Accidents Weekly Threshold vs Cases 2017



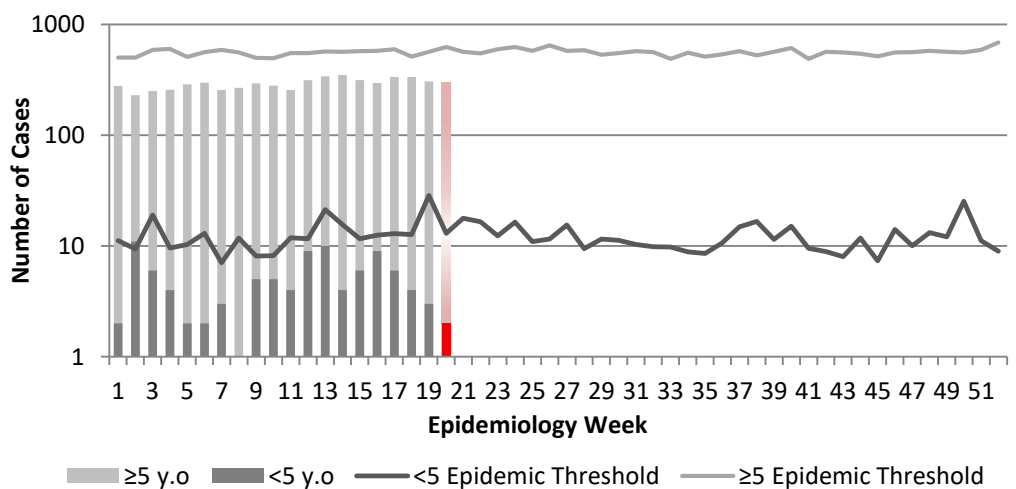
### VIOLENCE

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



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## CLASS ONE NOTIFIABLE EVENTS

## Comments

	CLASS 1 EVENTS	CONFIRMED YTD				
		CURRENT YEAR	PREVIOUS YEAR			
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	37	67	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 <sup>1</sup>	0	0			
	Hansen's Disease (Leprosy)	0	0			
	Hepatitis B	5	13			
	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)	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  <sup>1</sup> Dengue Hemorrhagic Fever data include Dengue related deaths;  <sup>2</sup> 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 <sup>2</sup>	13	23			
	Ophthalmia Neonatorum	82	190			
	Pertussis-like syndrome	0	0			
	Rheumatic Fever	1	4			
	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

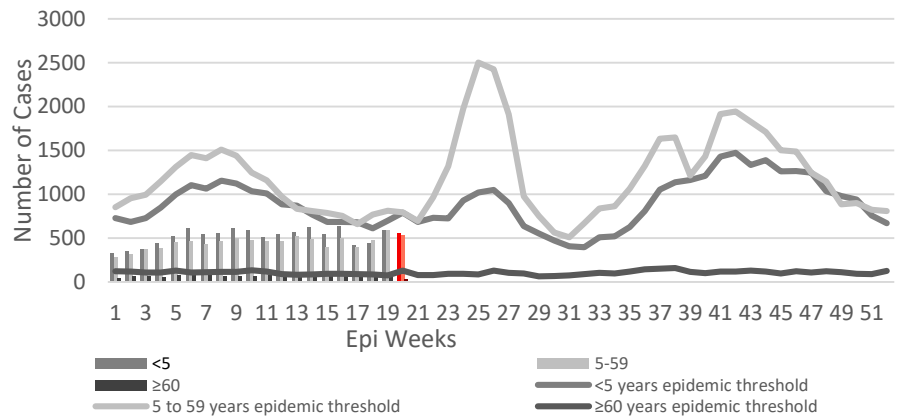
*EW 20*

May 14-20, 2017

Epidemiology Week 20

May 2017		
	EW 20	YTD
SARI cases	10	223
<b>Total Influenza positive Samples</b>	<b>0</b>	<b>13</b>
<b>Influenza A</b>	<b>0</b>	<b>0</b>
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
<b>Influenza B</b>	<b>0</b>	<b>13</b>
<b>Other</b>	<b>0</b>	<b>0</b>

**Fever and Respiratory 2017**



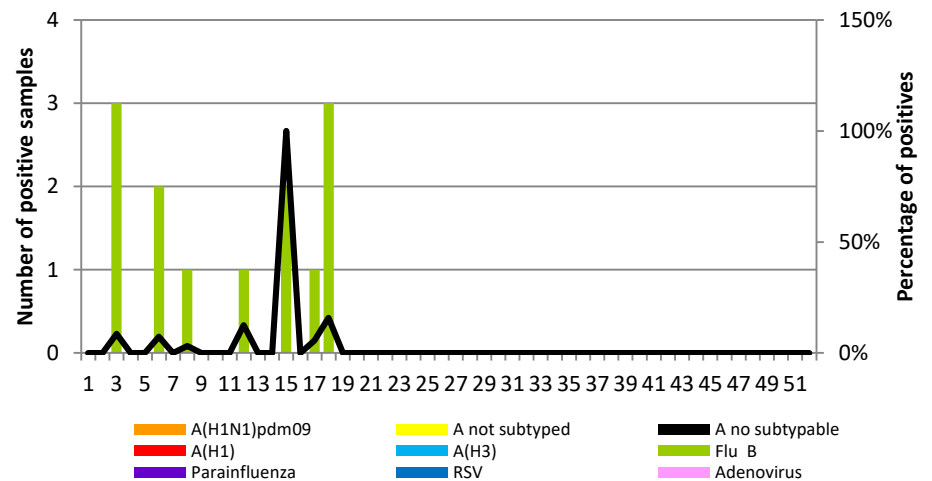
**Comments:**

During EW 20, SARI activity slightly decreased and was below the average epidemic curve.

During EW 20, SARI cases were most frequently reported among children between 0-4 years of age.

During EW 20, no influenza detections were reported.

**Distribution of Influenza and other respiratory viruses among SARI cases by EW surveillance EW 20, 2017, NIC Jamaica**



**INDICATORS**

**Burden**

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

**Incidence**

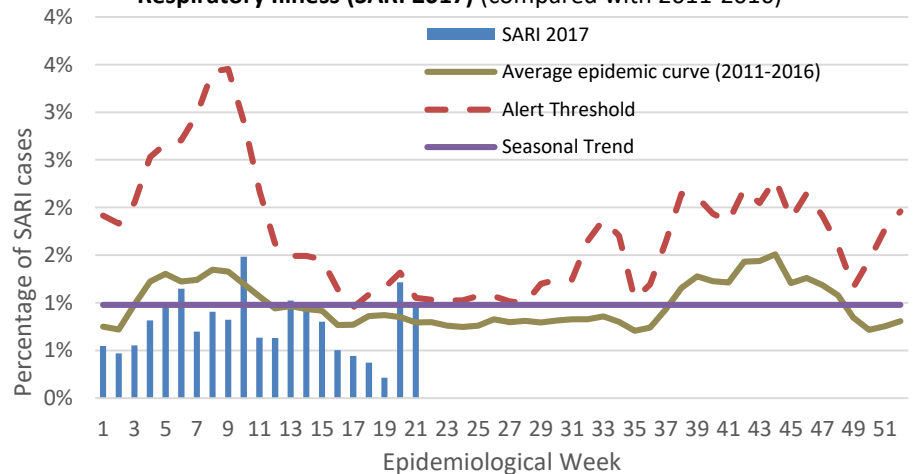
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.



**Prevalence**

Not applicable to acute respiratory conditions.

**Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2017) (compared with 2011-2016)**



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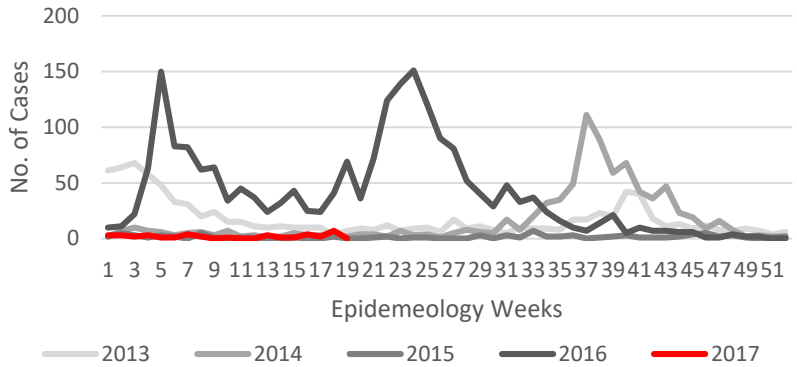
# Dengue Bulletin

May 14-20, 2017

Epidemiology Week 20



Dengue Cases by Epidemiology Weeks 2013-2017

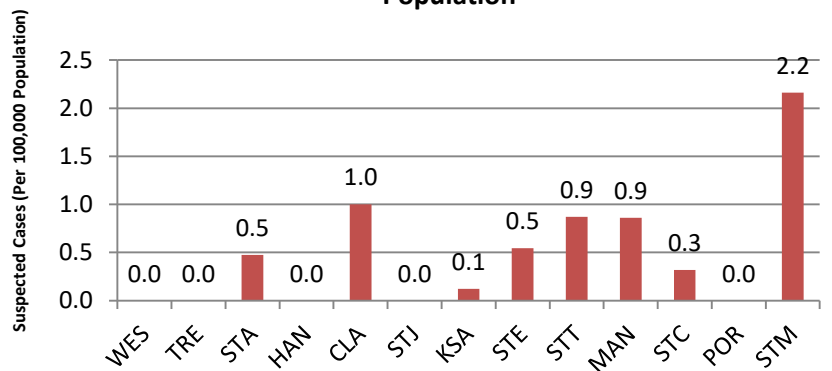


## DISTRIBUTION

### 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
<b>TOTAL</b>	<b>19</b>	<b>18</b>	<b>1</b>	<b>38</b>	<b>100</b>

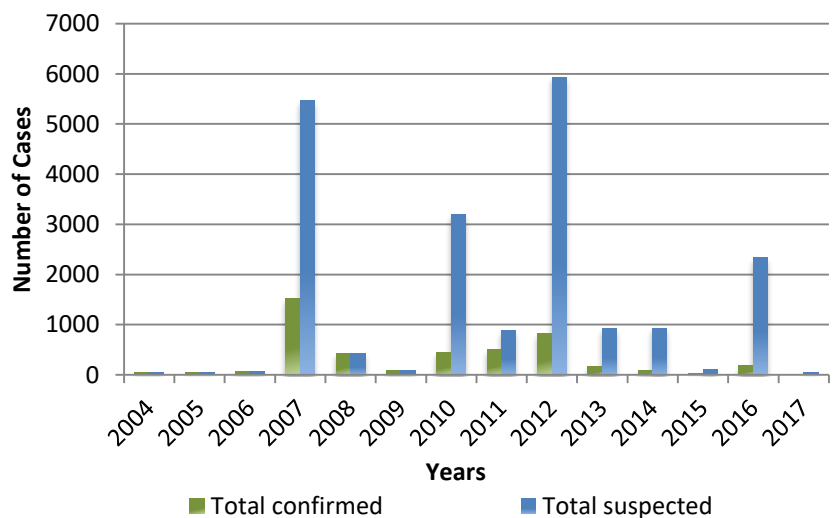
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2017		2016 YTD
		EW 20	YTD	
Total Suspected Dengue Cases		0	38	803
Lab Confirmed Dengue cases		0	0	86
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  
20

May 14-20, 2017

Epidemiology Week 20

## Weekly Breakdown of Gastroenteritis cases

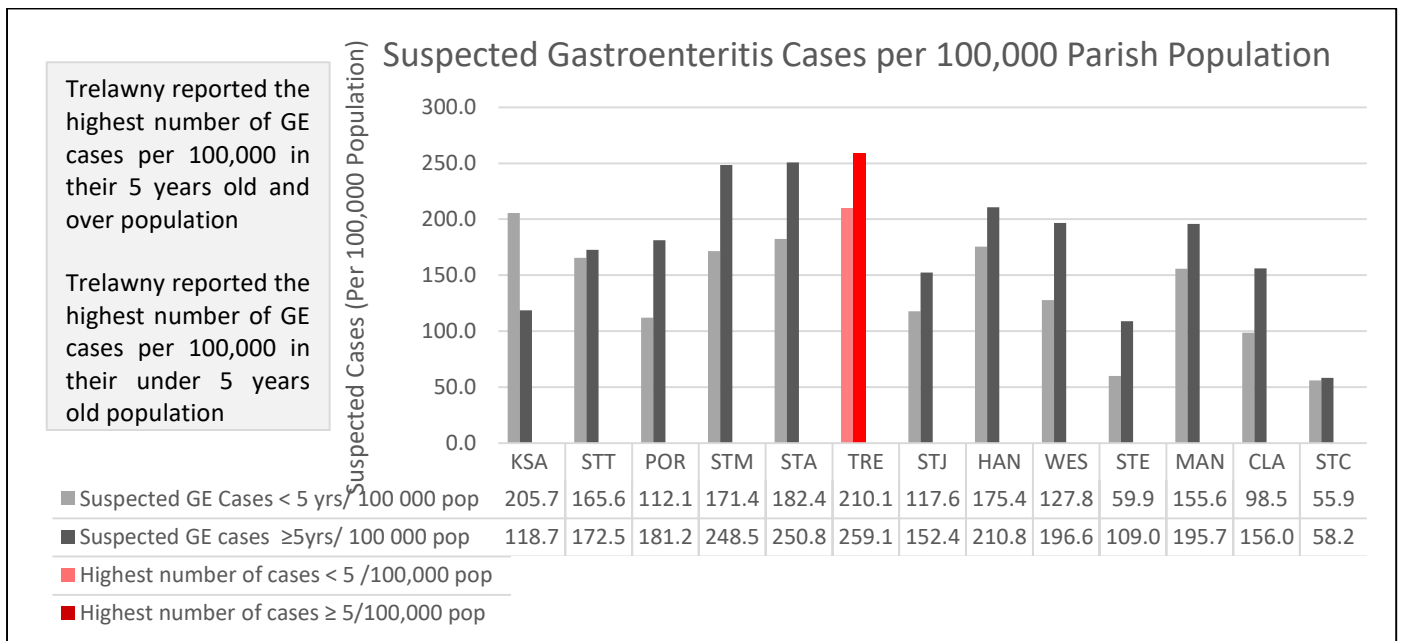
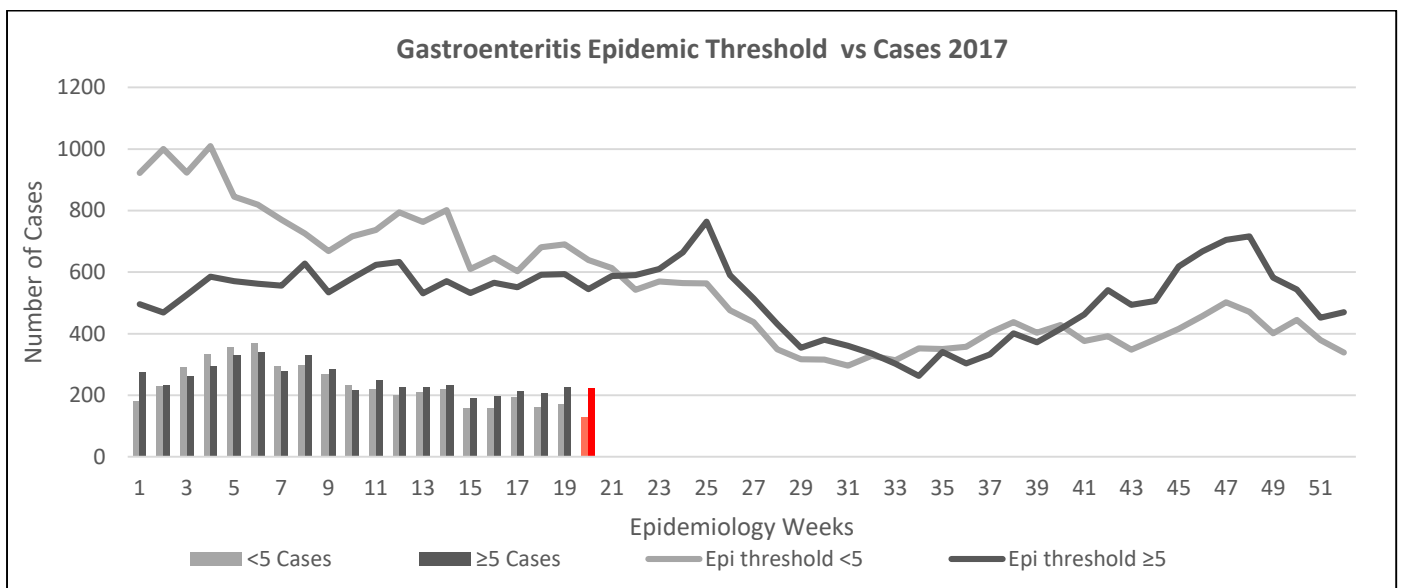
Year	EW 20			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	127	223	350	4,665	5,029	9,694
2016	164	265	429	2,933	4,401	7,335

### Gastroenteritis:

In Epidemiology Week 20, 2017, the total number of reported GE cases showed an 1.5% increase compared to EW 20 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

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## 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.



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