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Week ending June 10, 2017 Epidemiology Week 23

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

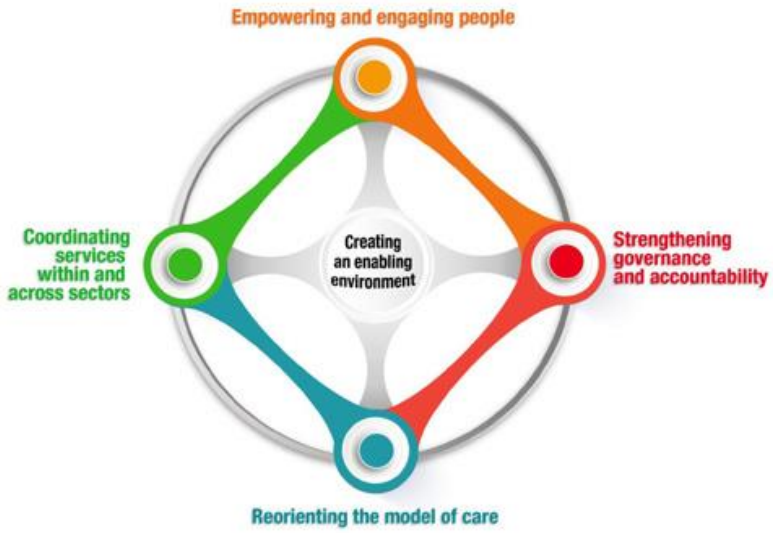
What is people-centred care?

Globally, 1 in 20 people still lacks access to essential health services that could be delivered at a primary care clinic instead of a hospital. Where services are accessible, they can be fragmented and of poor quality. WHO is supporting countries to progress towards universal health coverage by designing health services for people instead of diseases and health institutions, so that everyone gets the right care, at the right time, in the right place.

The Way Forward: Five Strategies

The vision for the *Framework on Integrated people-centred health services* is a future in which all people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects their preferences, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient, and acceptable and all carers are motivated, skilled and operate in a supportive environment.

WHO recommends five interwoven strategies that need to be implemented in order to achieve this vision. Health authorities are encouraged to select those policies and interventions that best fit their national, sub-national or local needs and to customize them to match their priorities, capabilities and resources.



Five strategies

Engaging and empowering people and communities;
Strengthening governance and accountability;
Reorienting the model of care;
Coordinating services within and across sectors;
Creating an enabling environment.

Source: http://who.int/servicedeliverysafety/areas/people-centred-care/strategies/en/

EPI WEEK 23


SYNDROMES

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CLASS 1 DISEASES

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INFLUENZA

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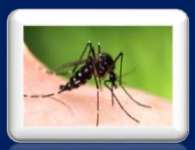
DENGUE FEVER

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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

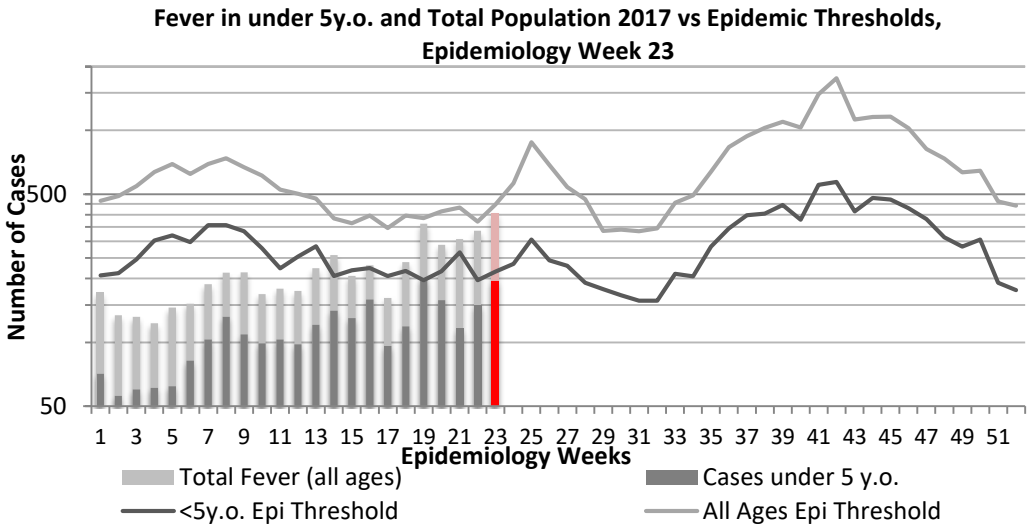
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

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

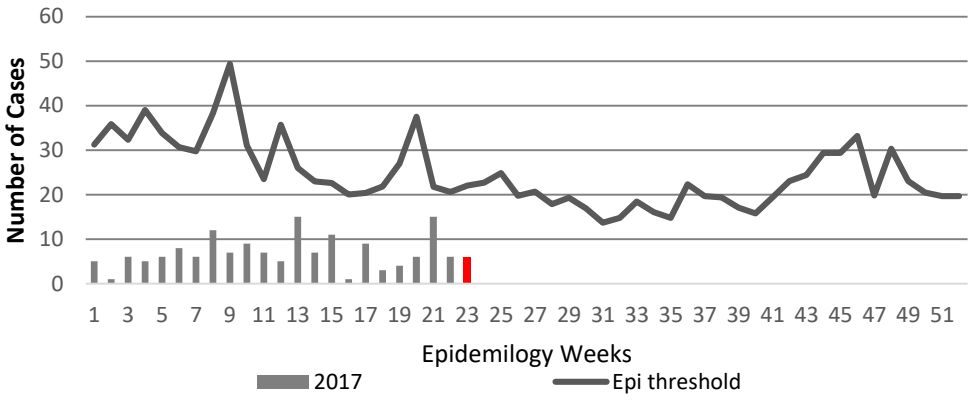
KEY

RED CURRENT WEEK



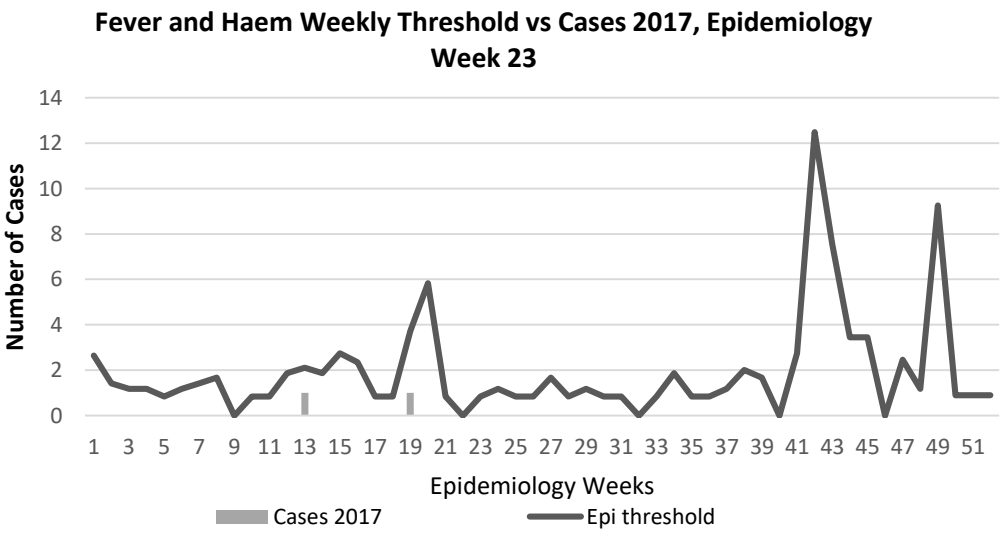
FEVER AND NEUROLOGICAL

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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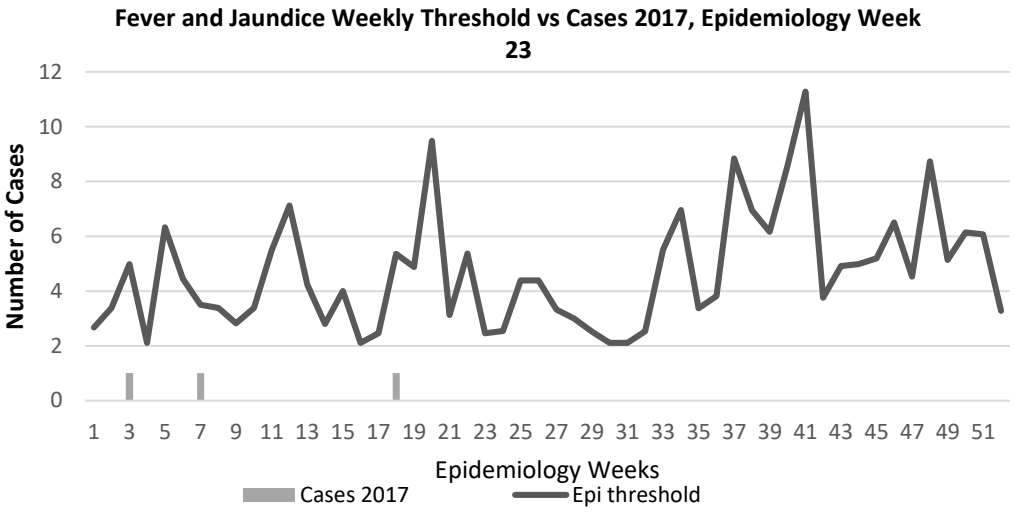
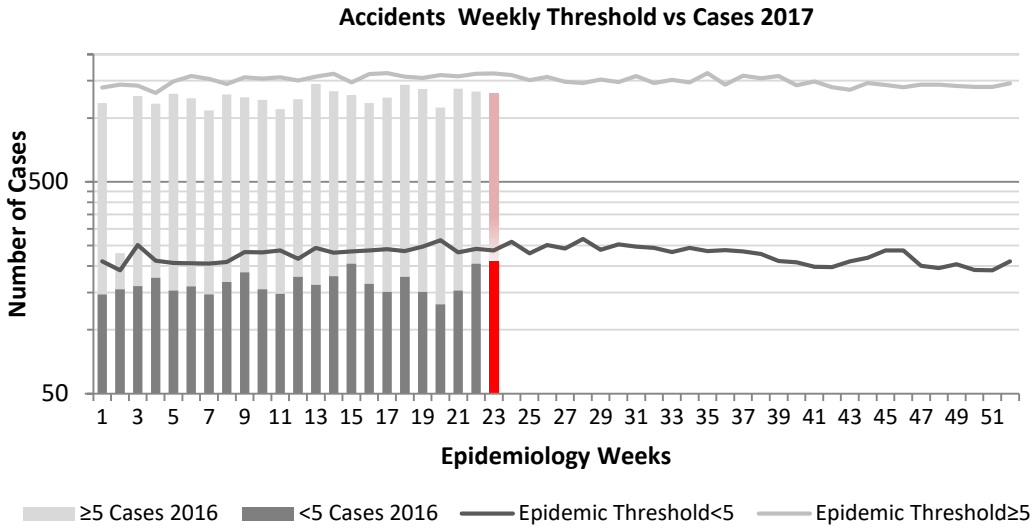
FEVER AND JAUNDICE

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



ACCIDENTS

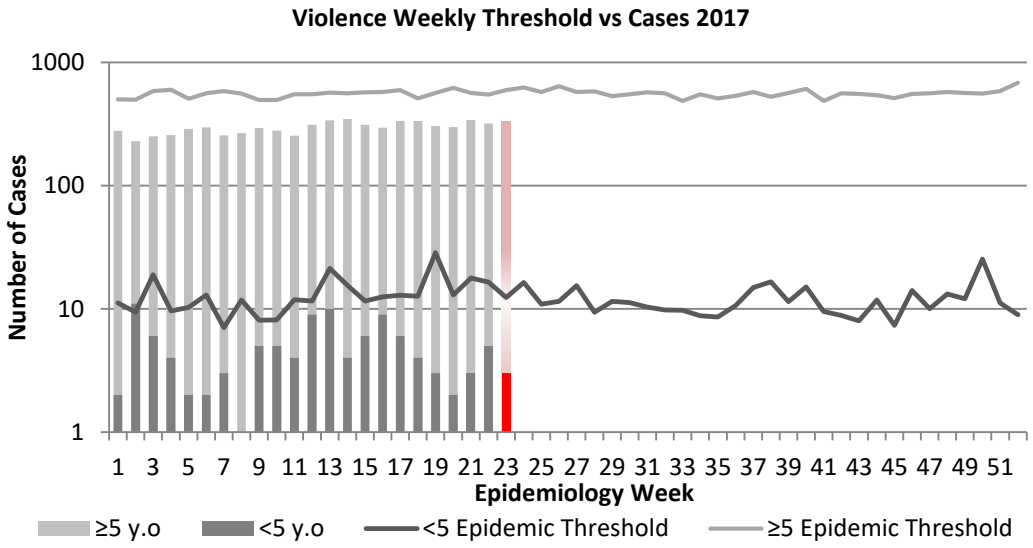
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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		45	78
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		0	0
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		12	14
	Hepatitis C		2	4
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		2	1
	Meningitis (Clinically confirmed)		17	29
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]		16	25
	Ophthalmia Neonatorum		98	195
	Pertussis-like syndrome		0	0
	Rheumatic Fever		3	6
	Tetanus		1	0
	Tuberculosis		0	11
	Yellow Fever		0	0
	Chikungunya		0	0
	Zika Virus		0	18

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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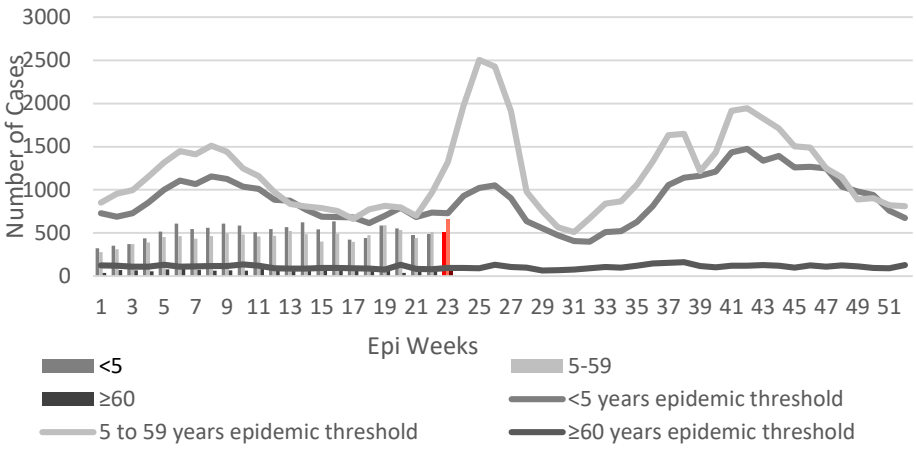
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 23

June 4- June 10, 2017 Epidemiology Week 23

June 2017		
	EW 23	*YTD*
SARI cases	*5*	*245*
Total Influenza positive Samples	***2***	***26***
Influenza A	***0***	***0***
H3N2	*0*	*0*
H1N1pdm09	*0*	*0*
Not subtyped	*0*	*0*
Influenza B	*4*	***26***
Other	*0*	***0***

Fever and Respiratory 2017



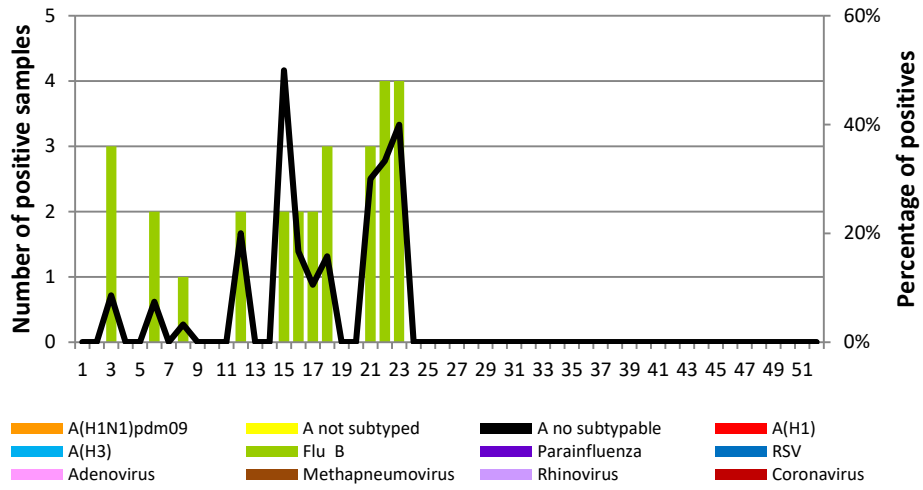
Comments:

During EW 23, SARI activity slightly decreased and was below the average epidemic curve.

During EW 23, SARI cases were most frequently reported among children between 0-4 years of age.

During EW 23, few influenza detections were reported, with increased activity (40% positivity) and influenza B predominating.

Distribution of Influenza and other respiratory viruses among SARI cases by EW surveillance EW 23, 2017, NIC Jamaica



INDICATORS

Burden

Year to date, respiratory syndromes account for 4.4% of visits to health facilities.

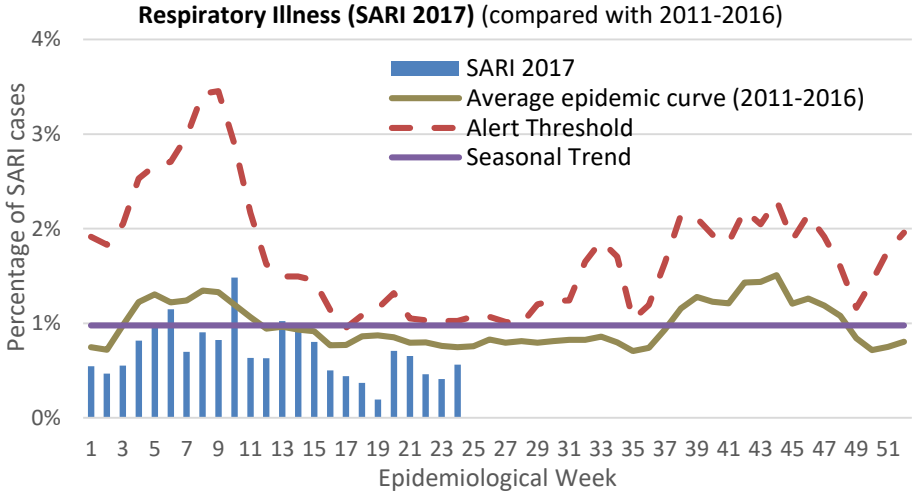
Incidence

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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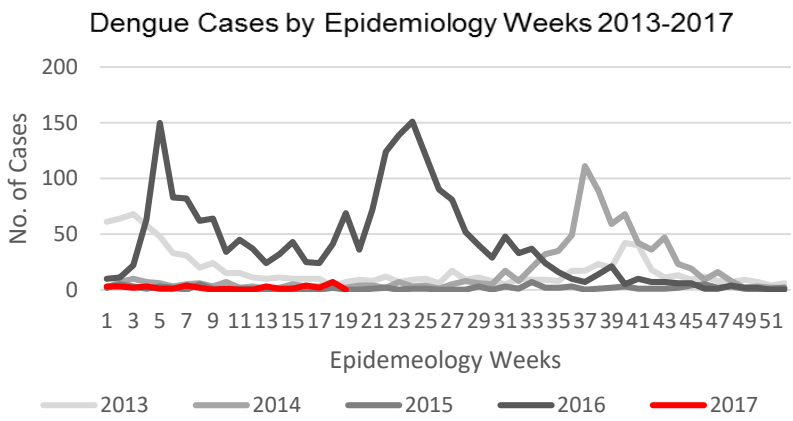
Dengue Bulletin

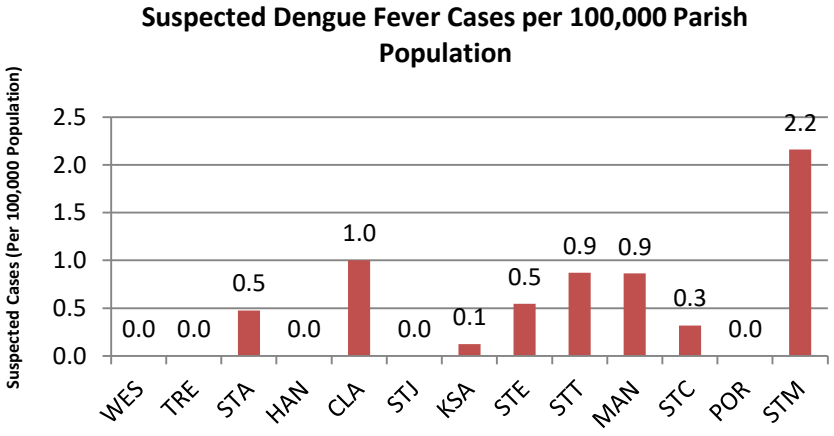
June 3- June 10, 2017 Epidemiology Week 23



DISTRIBUTION

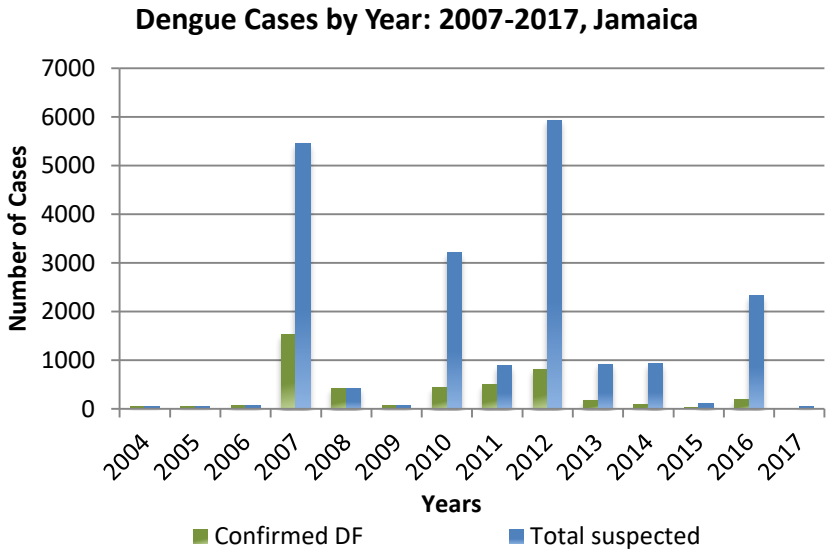
Year-to-Date Suspected Dengue Fever

	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**



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

		2017		2016 YTD
		EW 22	YTD	
Total Suspected Dengue Cases		0	46	1064
Lab Confirmed Dengue cases		0	2	91
CONFIRMED	DHF/DSS	0	0	2
CONFIRMED	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

EW 23

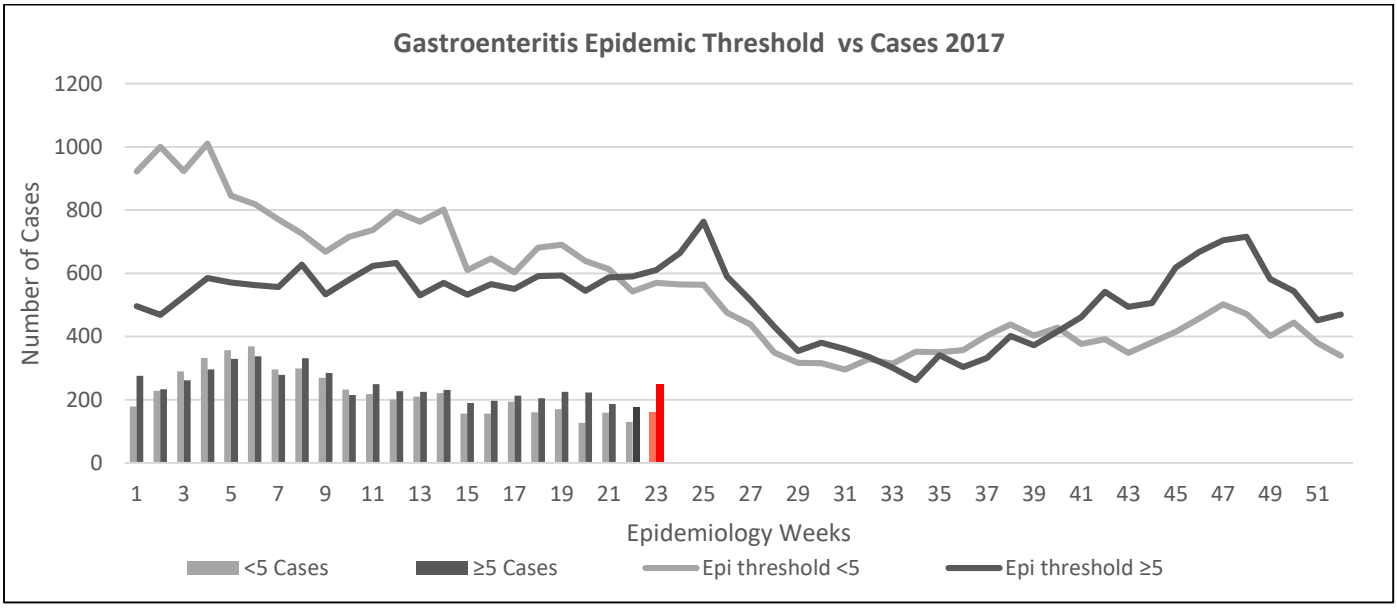
June 4- June 10, 2017 Epidemiology Week 23

Weekly Breakdown of Gastroenteritis cases

Year	EW 23			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	160	249	409	5,114	5,642	10,756
2016	170	257	427	3,378	5,233	8,611

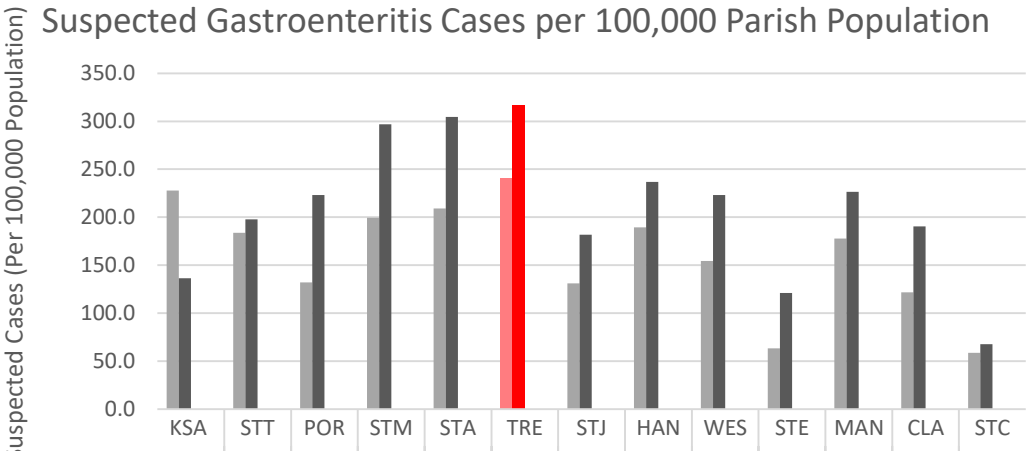
Gastroenteritis:
In Epidemiology Week 23, 2017, the total number of reported GE cases showed an 4% decrease compared to EW 23 of the previous year.
The year to date figure showed a 25% increase in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2016-2017



Trelawny reported the highest number of GE cases per 100,000 in their 5 years old and over population

Trelawny 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	227.9	183.9	132.1	199.5	209.0	240.6	131.0	189.6	154.5	63.2	177.6	121.6	58.6
Suspected GE cases ≥5yrs/ 100 000 pop	136.2	197.8	223.2	296.7	304.4	316.9	181.8	236.7	223.3	121.0	226.4	190.4	67.6

Highest number of cases < 5 /100,000 pop

Highest number of cases ≥ 5/100,000 pop

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RESEARCH PAPER

Estimating Cost Effectiveness of HPV Vaccination or Pap Smear Expansion or VIA Screening Introduction By Using the CERVIVAC Model

J Barnett, K Lewis-Bell
Ministry of Health, Jamaica

Objective: To examine the potential costs, health benefits and value for money (e.g. cost per DALY saved primarily) of introducing the HPV vaccination for a cohort of girls entering high school; or expanding pap smear screening; or introduction of Visual Inspection with Acetic Acid (VIA) screening method.

Method: Analysis was conducted using a prospective cohort-based model (CERIVAC) which incorporated meta-analysis to project the changes in the natural history of the disease based on the intervention's scale and scope. Information required related to demographics and system costs and structure for each intervention.

Results: The VIA programme produced the highest cost-effectiveness result i.e. lowest cost per DALY averted, from the government and society perspective, US$75 and US$4,212 respectively. Societal, the least cost effective was the expanded pap smear screening option US$6,773.00 (US$2,094.00 – government). Cost per DALY averted for the vaccination intervention were US$5,360 and US$5,313 respectively and it produced the highest number of DALYs averted. Notwithstanding, the results of an incremental cost effectiveness analysis between VIA and vaccination supports the clear dominance of the former.

Conclusion: Using the WHO classification as our proxy income threshold, VIA (US$75 and US$4,212) is less than the country's GDP per capita (US$4,471), thus it is highly cost effective and a justifiable investment for the country. Therefore on the basis of technical efficiency alone, Jamaica should select the VIA option.

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