

# WEEKLY EPIDEMIOLOGY BULLETIN

## NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

### Weekly Spotlight

#### WHO Guidelines on Ethical Issues in Public Health Surveillance (PART 2)

6. The global community has an obligation to support countries that lack adequate resources to undertake surveillance.

Table 2. Types of harm potentially related to disclosure of public health surveillance data

Type of harm	Result
Physical	Public attacks, spouse/partner abuse, domestic violence, delayed or inadequate treatment
Legal	Arrest, prosecution, death penalty, expulsion
Social	Discrimination, community discrimination, isolation, inability to access care or exclusion from care, rejection from the community
Economic	Loss of employment or revenue, loss of health care services, loss of insurance, increased insurance premiums, increased health care costs, limited career options, loss of life resources, forced relocation
Psychological/emotional	Distress, trauma, stigma

7. The values and concerns of communities should be taken into account in planning, implementing and using data from surveillance.

8. Those responsible for surveillance should identify, evaluate, minimize and disclose risks for harm before surveillance is conducted. Monitoring for harm should be continuous, and, when any is identified, appropriate action should be taken to mitigate it.



Health brigades in Chiapas, Mexico, during the epidemic of H1N1 influenza, 2009.

9. Surveillance of individuals or groups who are particularly susceptible to disease, harm or injustice is critical and demands careful scrutiny to avoid the imposition of unnecessary additional burdens.

10. Governments and others who hold surveillance data must ensure that identifiable data are appropriately secured.

11. Under certain circumstances, the collection of names or identifiable data is justified.



Staff at the Medical Records Office sort through patient files at Karapitayam Hospital, Galle.

12. Individuals have an obligation to contribute to surveillance when reliable, valid, complete data sets are required and relevant protection is in place. Under these circumstances, informed consent is not ethically required.

Downloaded from: <http://apps.who.int/iris/bitstream/10665/255721/1/9789241512657-eng.pdf?ua=1>

## EPI WEEK 25

### 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



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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

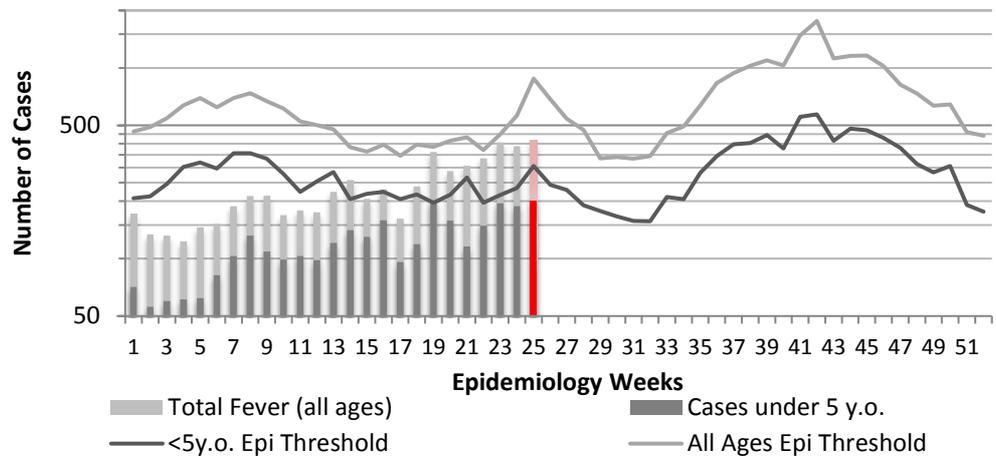
Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) with or without an obvious diagnosis or focus of infection.



### KEY

**RED** CURRENT WEEK

Fever in under 5y.o. and Total Population 2017 vs Epidemic Thresholds, Epidemiology Week 25

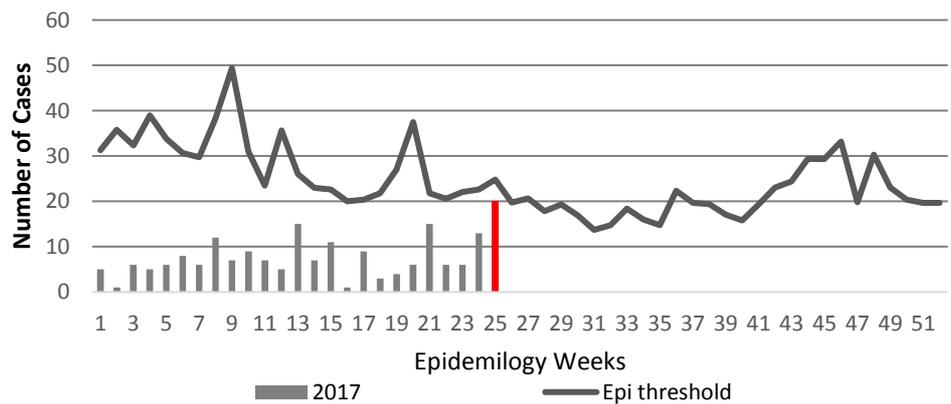


## FEVER AND NEUROLOGICAL

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 25

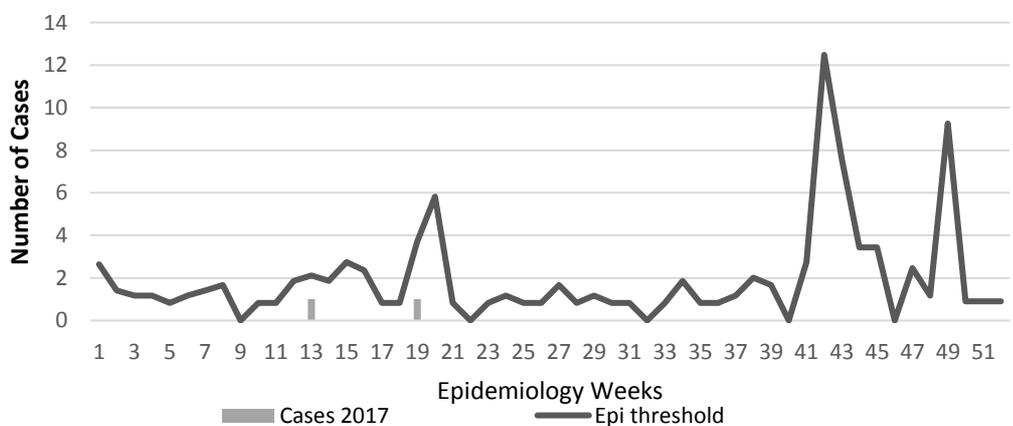


## FEVER AND HAEMORRHAGIC

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 25



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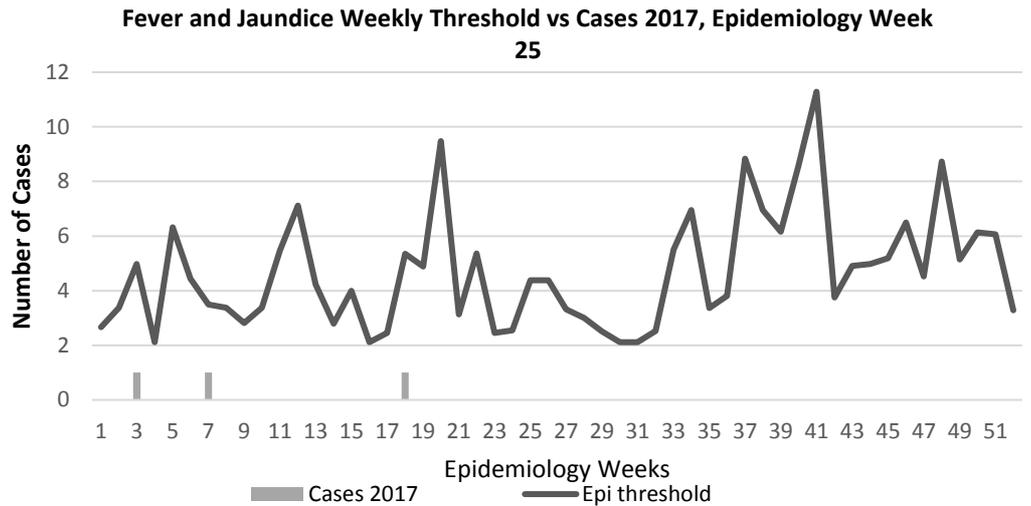


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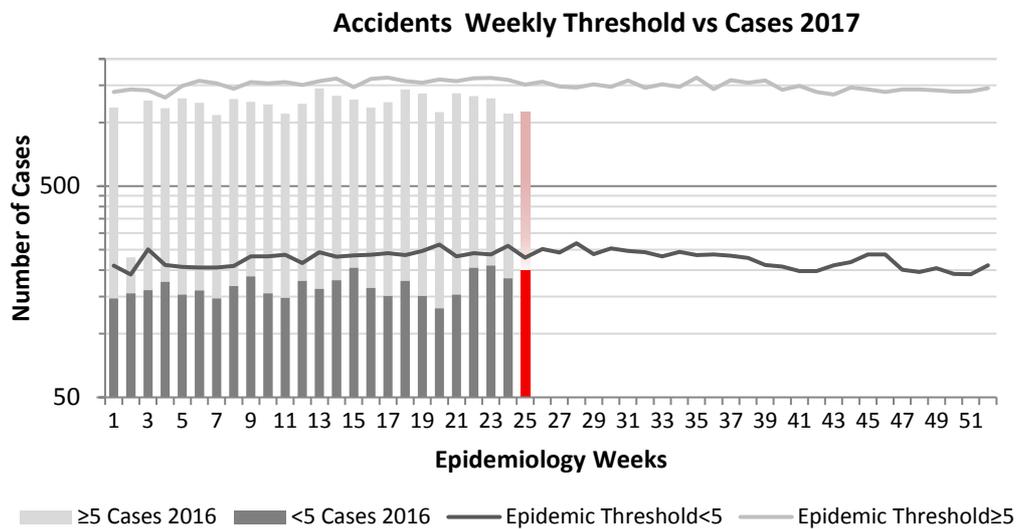
### FEVER AND JAUNDICE

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



### ACCIDENTS

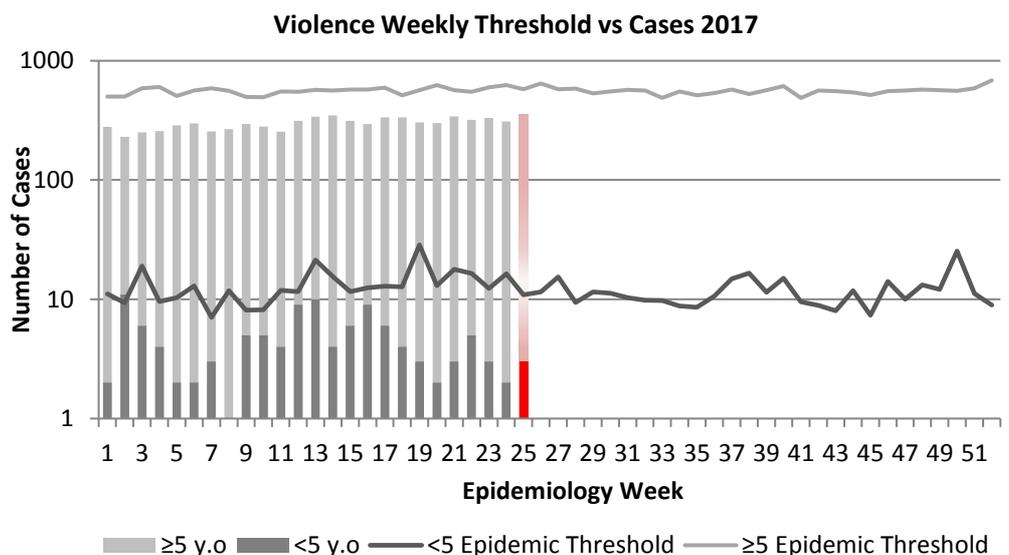
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



### 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	51	82	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	14	14		
	Hepatitis C	2	4		
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)	2	1		Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Meningitis (Clinically confirmed)	22	32		
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 <sup>2</sup>	17	25		
	Ophthalmia Neonatorum	112	200		
	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	68		



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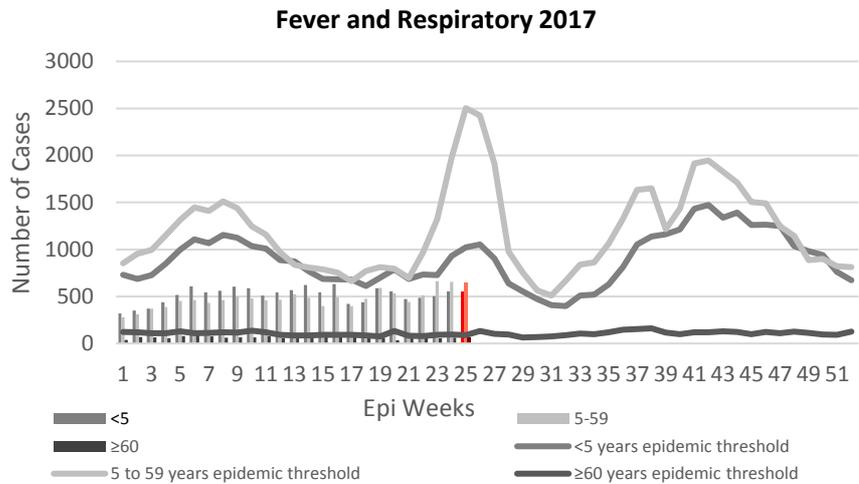
# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

*EW 25*

June 18-24, 2017

Epidemiology Week 25

June 2017		
	EW 25	YTD
SARI cases	15	260
<b>Total Influenza positive Samples</b>	<b>2</b>	<b>26</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>4</b>	<b>26</b>
<b>Other</b>	<b>0</b>	<b>0</b>



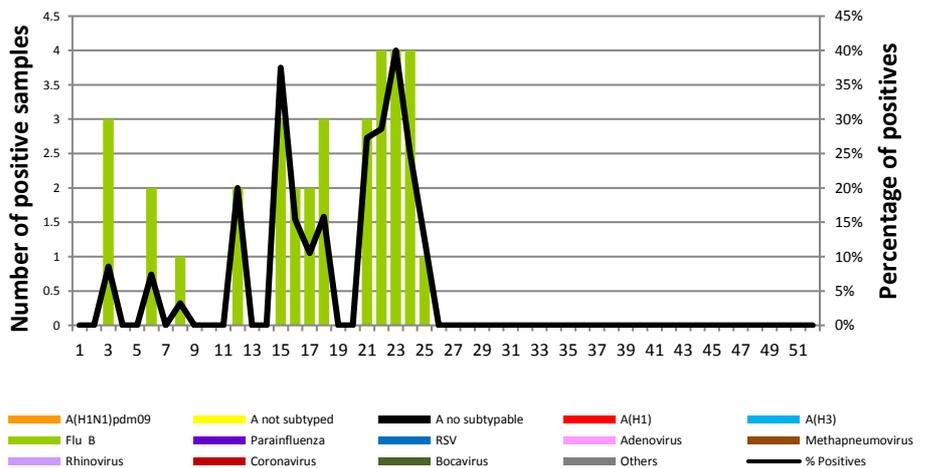
**Comments:**

During EW 25, SARI activity increased above the average epidemic curve and the alert threshold as compared to previous weeks.

During EW 25, SARI cases were most frequently reported among children between 0-4 years of age.

During EW 23, few influenza detections were reported, with decreased activity (12.5% positivity) and influenza B predominating.

**Distribution of Influenza and other respiratory viruses among SARI cases by EW surveillance EW 25, 2017, NIC Jamaica**



**INDICATORS**

**Burden**

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

**Incidence**

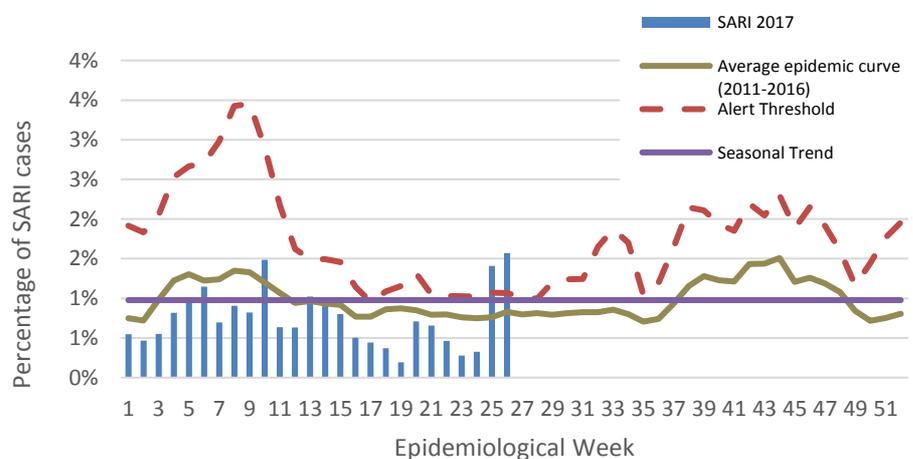
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.



**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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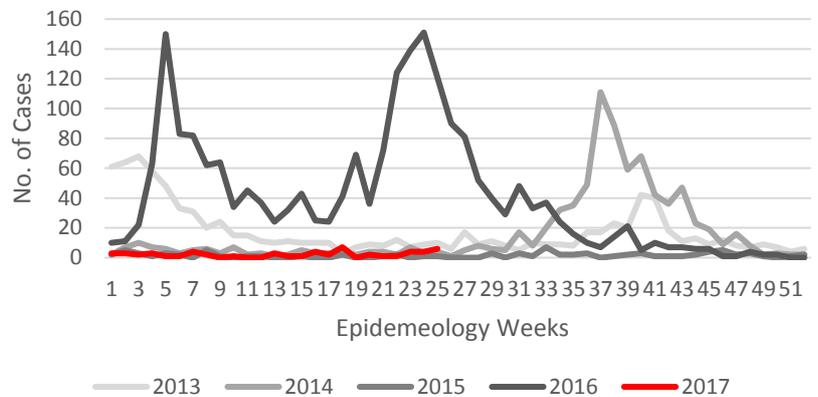
# Dengue Bulletin

June 18-24, 2017

Epidemiology Week 25



Dengue Cases by Epidemiology Weeks 2013-2017

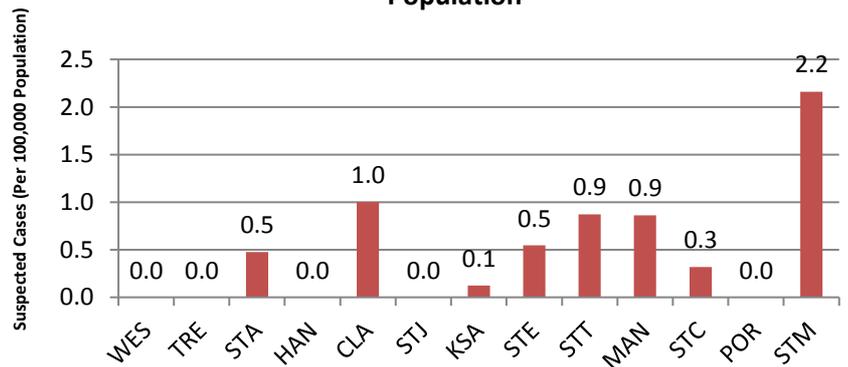


## DISTRIBUTION

### Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	2	0	0	2	3.7
1-4	2	2	0	4	7.2
5-14	6	9	0	15	26.8
15-24	5	5	0	10	18
25-44	11	5	1	17	30.5
45-64	2	3	0	5	9
≥65	0	0	0	0	0
Unknown	1	1	0	2	3.7
<b>TOTAL</b>	<b>30</b>	<b>25</b>	<b>1</b>	<b>56</b>	<b>100</b>

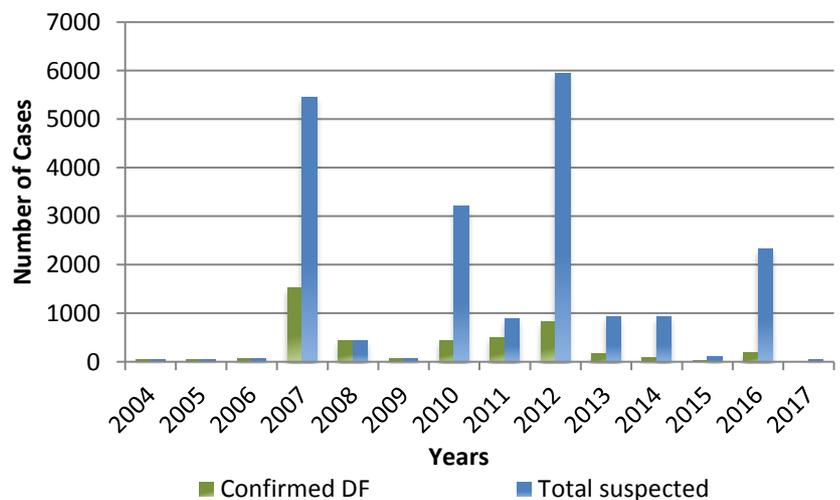
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2017		2016 YTD
		EW 25	YTD	
Total Suspected Dengue Cases		0	56	1392
Lab Confirmed Dengue cases		0	2	104
CONFIRMED	DHF/DSS	0	0	3
	Dengue Related Deaths	0	0	0

Dengue Cases by Year: 2007-2017, Jamaica



**NOTIFICATIONS-** All clinical sites



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# Gastroenteritis Bulletin

EW  
25

June 18-24, 2017

Epidemiology Week 25

## Weekly Breakdown of Gastroenteritis cases

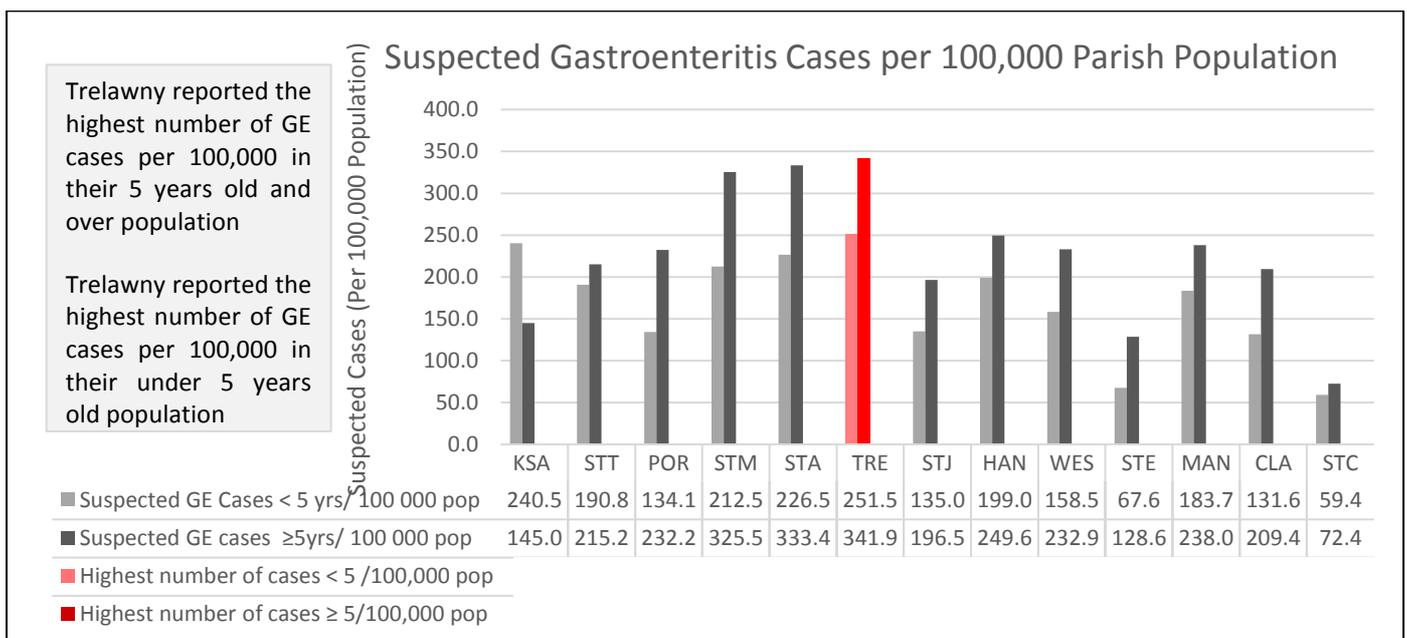
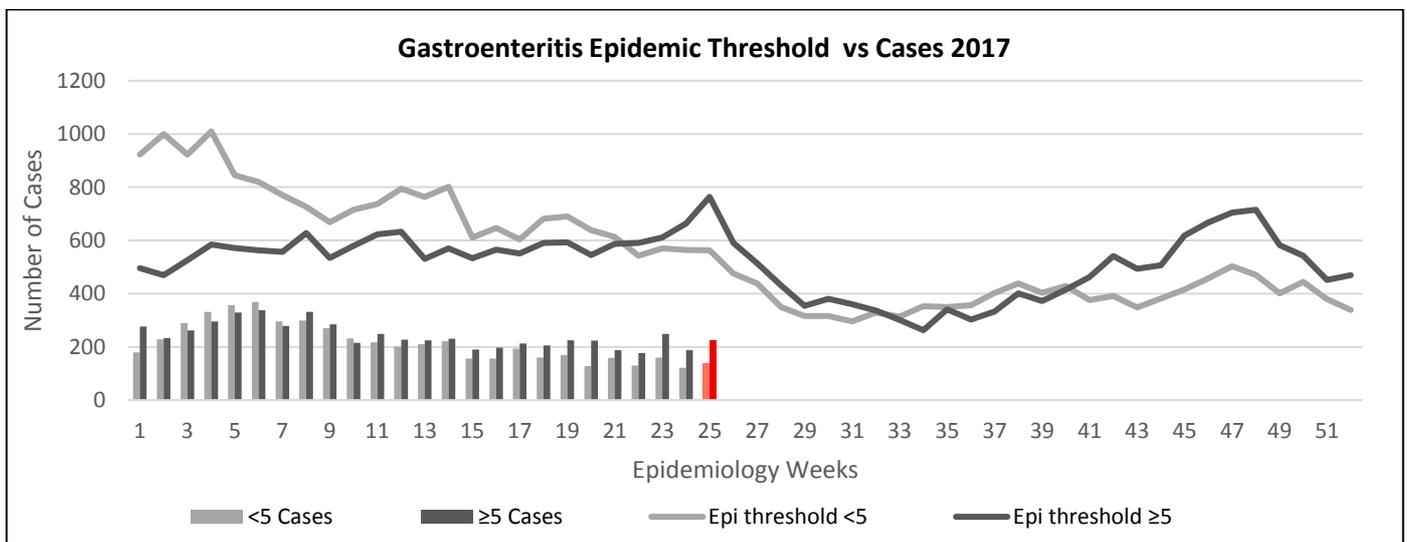
Year	EW 25			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	136	225	361	5,372	6,055	11,427
2016	159	281	440	3,697	5,835	9,532

### Gastroenteritis:

In Epidemiology Week 25, 2017, the total number of reported GE cases showed an 18% decrease compared to EW 25 of the previous year. The year to date figure showed a 20% 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 Comparison of the Nutritional Status of HIV- positive Children living in Family Homes and an 'Institutionalized' Children's Home

*S Dawson, S Robinson, J DeSouza*

*Epidemiology Research and Training Unit, Ministry of Health, Kingston, Jamaica*

**Objective:** To assess the nutritional status of HIV-infected children living in family homes and in an institution.

**Design and Method:** A cross-sectional descriptive study was conducted involving 31 HIV- positive children with anthropometric measurements used as outcome indicators. The children who met the inclusion criteria were enrolled, and nutritional statuses for both sets of children were assessed and compared.

**Results:** Fifteen of the children (48.4%) lived in family homes and sixteen (51.6%) in the institution, with a mean age of  $7.2 \pm 3.2$  years. Significant differences between the two settings were found for the means, Weight-For-Height, WFH ( $p=0.020$ ) and Body Mass Index, BMI ( $p=0.005$ ); children in family homes having significantly better WFH and BMI. Four of the children (13.3%) were underweight; 3 from the institution (18.8%) and 1 (6.7%) from a family home. Two children (6.9%) were found to be 'at risk' of being overweight.

**Conclusion:** Although anthropometric indices for most of these children are within the acceptable range, there seems to be significant differences in nutritional status between infected children resident in family homes, and those in the institution. The factors responsible for such differences are not immediately obvious, and require further investigation. The influence of ARV therapy on nutritional outcomes in these settings require prospective studies which include dietary, immunologic and biochemical markers, in order to provide data that may help to improve the medical nutritional management of these children.



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