

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight Hepatitis Day, 28 July 2017

Eliminate hepatitis

The World Hepatitis Day, 28 July, is an opportunity to add momentum to all efforts to implement the WHO's first global health sector strategy

on viral hepatitis for 2016-2021 and help countries achieve the final goal - **to eliminate**

ELIMINATE HEPATITIS



hepatitis. The World Hepatitis Day activities are designed to:

- showcase emerging national responses to hepatitis in heavy burden countries
- to encourage actions and engagement by individuals, partners and the public.
- Build and leverage political engagement following official endorsement of the Global Health Sector Strategy on viral hepatitis at the World Health Assembly 2016.
- Highlight the need for a greater global response as outlined in the WHO's Global hepatitis report of 2017.

Key messages for World Hepatitis Day 2017

1. Viral hepatitis is a major global health problem and needs an urgent response.
2. Very few of those infected accessed testing and treatment, especially in low- and middle-income countries.
3. Viral hepatitis caused 1.34 million deaths in 2015 - comparable with TB deaths and exceeding deaths from HIV. Hepatitis deaths are increasing.
4. New hepatitis infections continue to occur, mostly hepatitis C.
5. Achieving the 2030 elimination goal is not overly ambitious; reports from 28 high-burden countries give cause for optimism.

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

EPI WEEK 27



SYNDROMES

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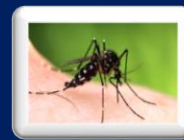
CLASS 1 DISEASES

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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

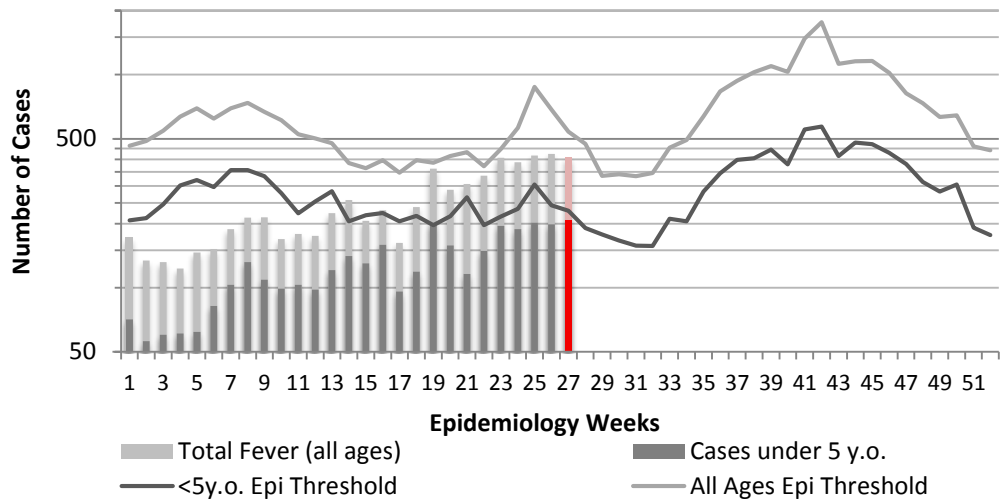
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

RED CURRENT WEEK

Fever in under 5y.o. and Total Population 2017 vs Epidemic Thresholds, Epidemiology Week 27

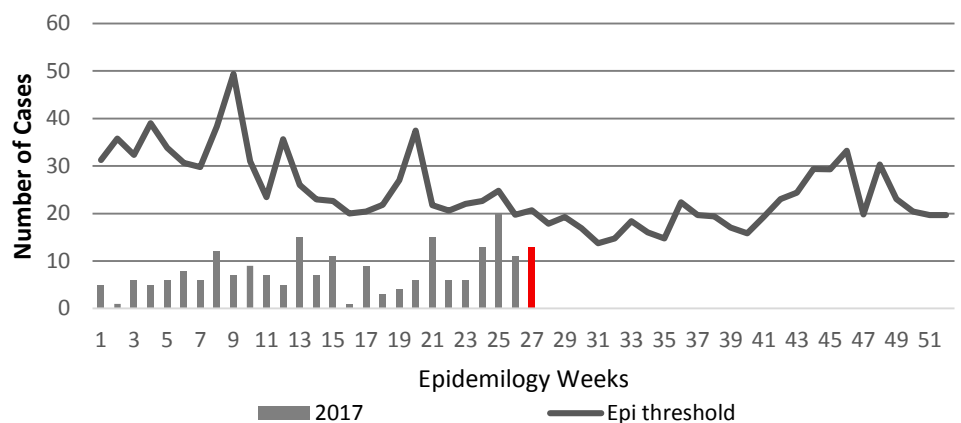


FEVER AND NEUROLOGICAL

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 27

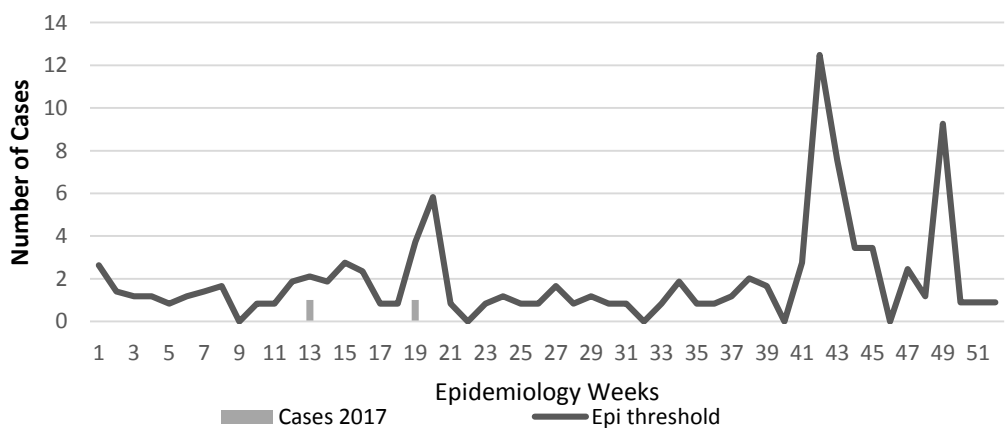


FEVER AND HAEMORRHAGIC

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 27



NOTIFICATIONS- All clinical sites



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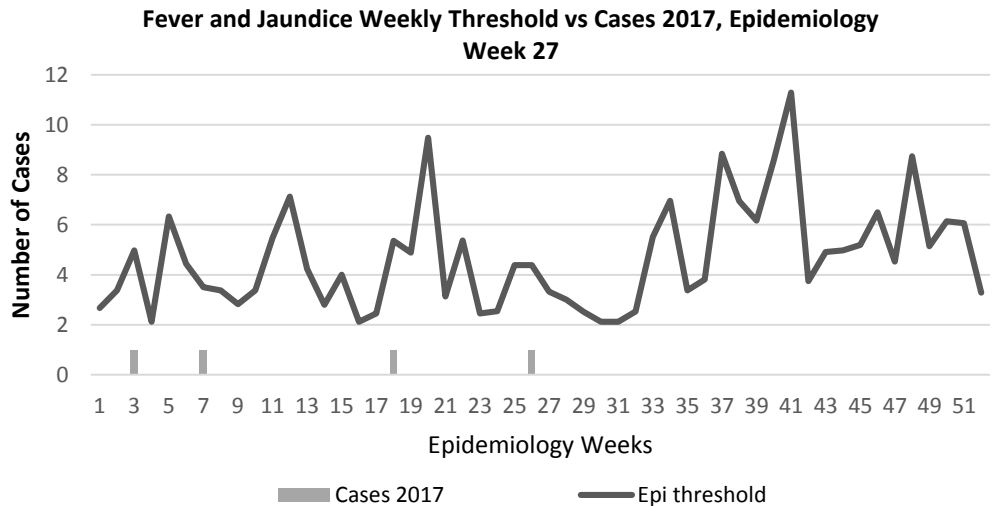


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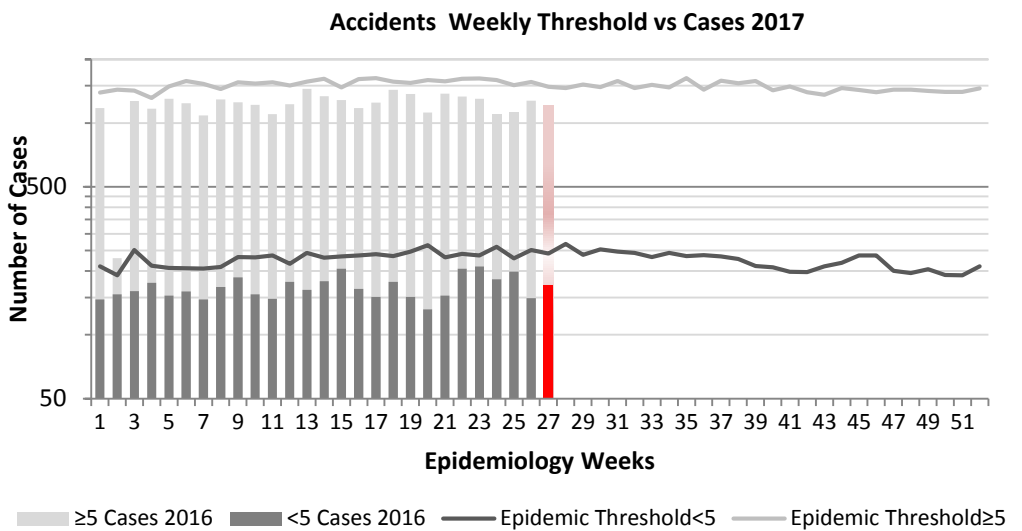
FEVER AND JAUNDICE

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



ACCIDENTS

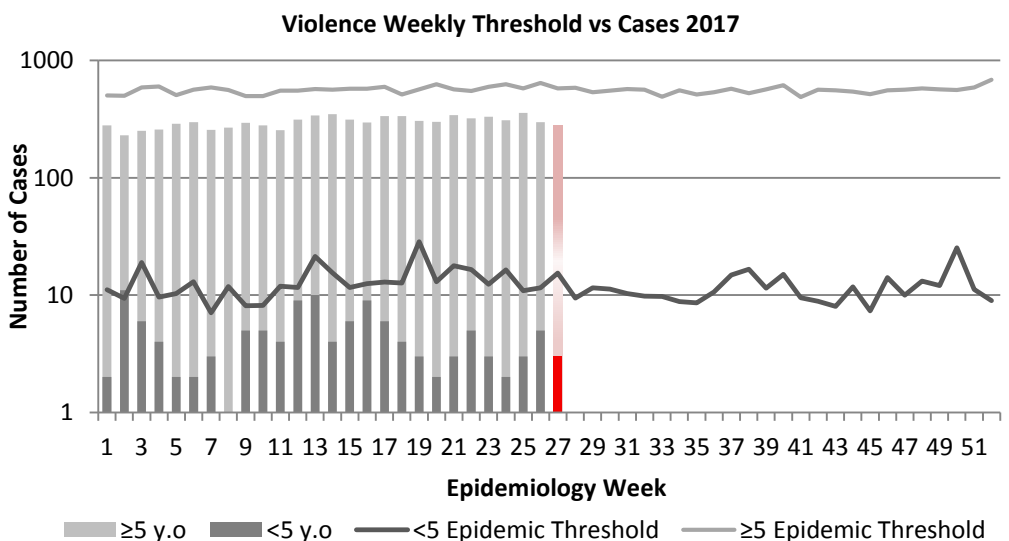
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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

	CONFIRMED YTD		Comments		
	CLASS 1 EVENTS	CURRENT YEAR		PREVIOUS YEAR	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	54	88	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	3		
	Hansen’s Disease (Leprosy)	0	2		
	Hepatitis B	15	15		
	Hepatitis C	2	4		
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)	5	2		Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Meningitis (Clinically confirmed)	26	37		
EXOTIC/ UNUSUAL	Plague	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. *Data not available	
HIGH MORBIDITY/ MORTALITY	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	18	25		
	Ophthalmia Neonatorum	123	262		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	3	6		
	Tetanus	1	0		
	Tuberculosis	17	18		
Yellow Fever	0	0			
	Chikungunya	0	0		
	Zika Virus	0	87		



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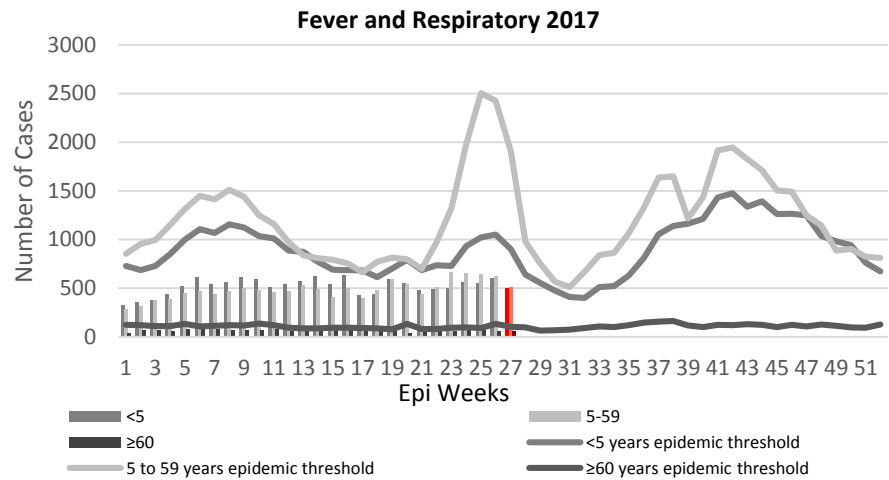
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 27

July 2-8, 2017

Epidemiology Week 27

July 2017		
	EW 27	YTD
SARI cases	7	280
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



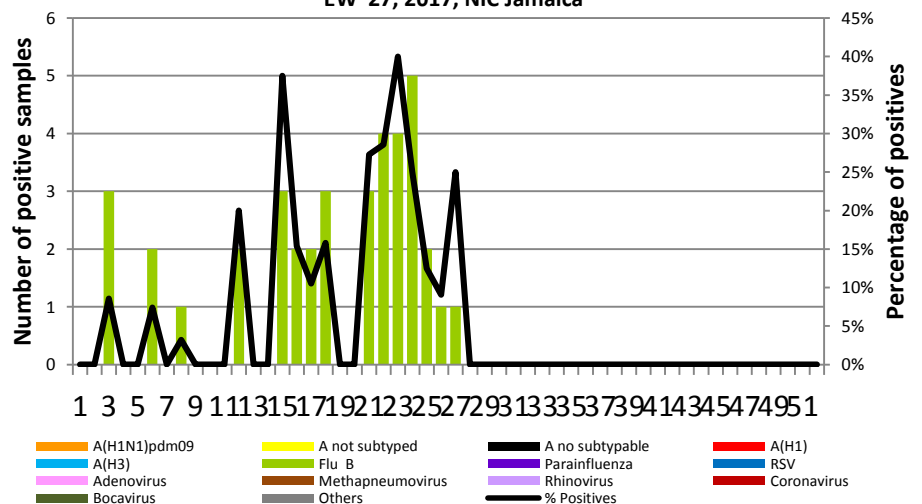
Comments:

During EW 27, SARI activity decreased below the average epidemic curve and the alert threshold as compared to previous weeks.

During EW 27, SARI cases were most frequently reported among children between 0-4 years of age.

During EW 27, few influenza detections were reported, with decreased activity (15% positivity) and influenza B predominating.

Distribution of Influenza and other respiratory viruses among SARI cases by EW surveillance EW 27, 2017, NIC Jamaica



INDICATORS

Burden

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

Incidence

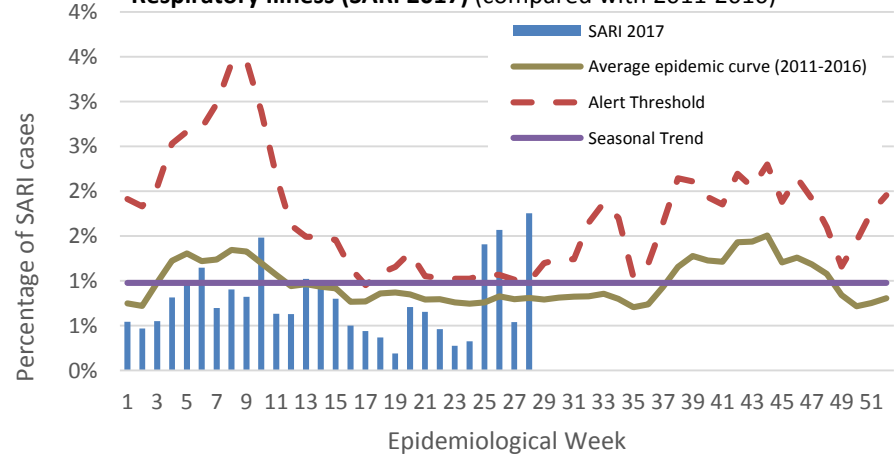
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.



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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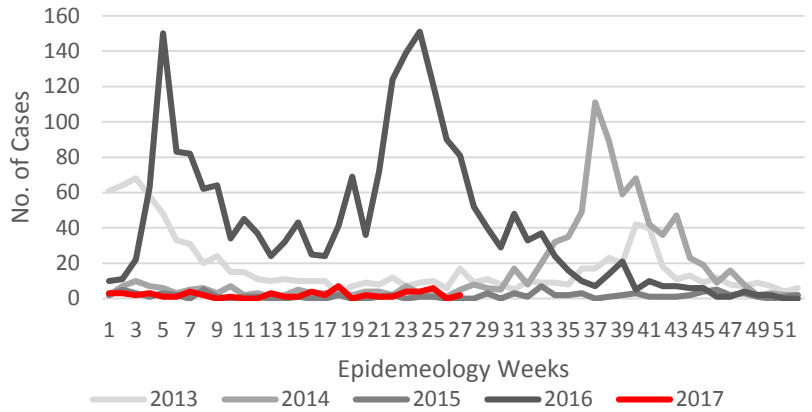
Dengue Bulletin

July 2-8, 2017

Epidemiology Week 27



Dengue Cases by Epidemiology week 2013-2017

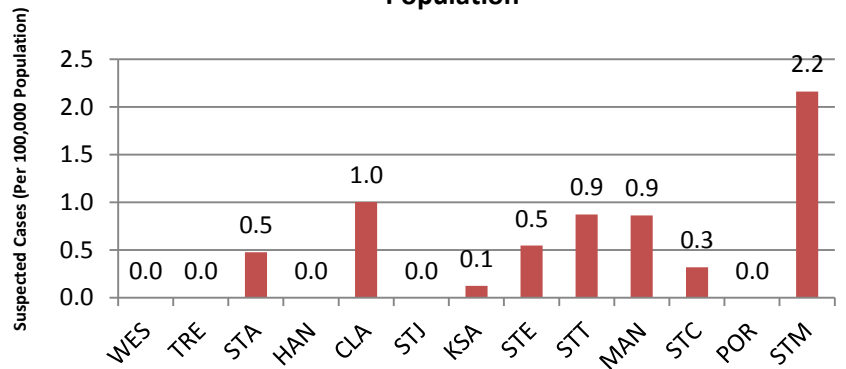


DISTRIBUTION

Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	2	0	0	2	3.45
1-4	3	2	0	5	8.62
5-14	6	8	0	14	24.14
15-24	4	6	0	10	17.24
25-44	12	5	1	16	27.59
45-64	3	4	0	7	12.11
≥65	0	0	0	0	0
Unknown	1	1	0	2	3.45
TOTAL	31	26	1	58	100

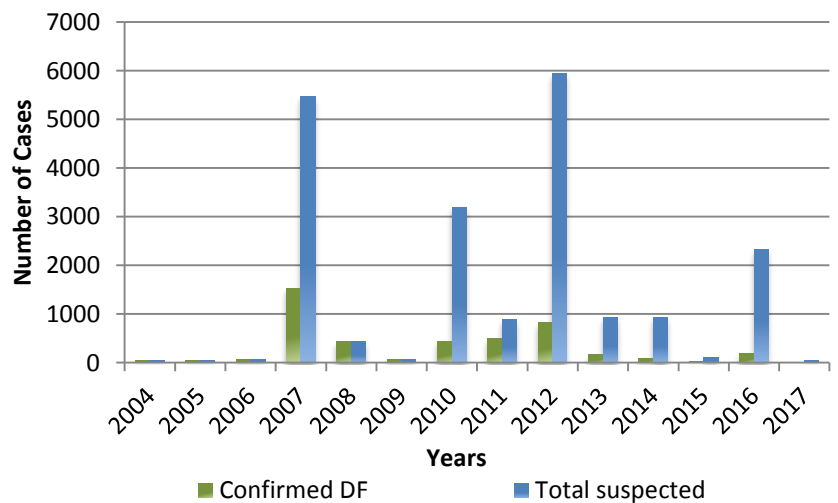
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2017		2016 YTD
		EW 27	YTD	
Total Suspected Dengue Cases		2	58	1570
Lab Confirmed Dengue cases		0	2	116
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
27

July 2-8, 2017

Epidemiology Week 27

Weekly Breakdown of Gastroenteritis cases

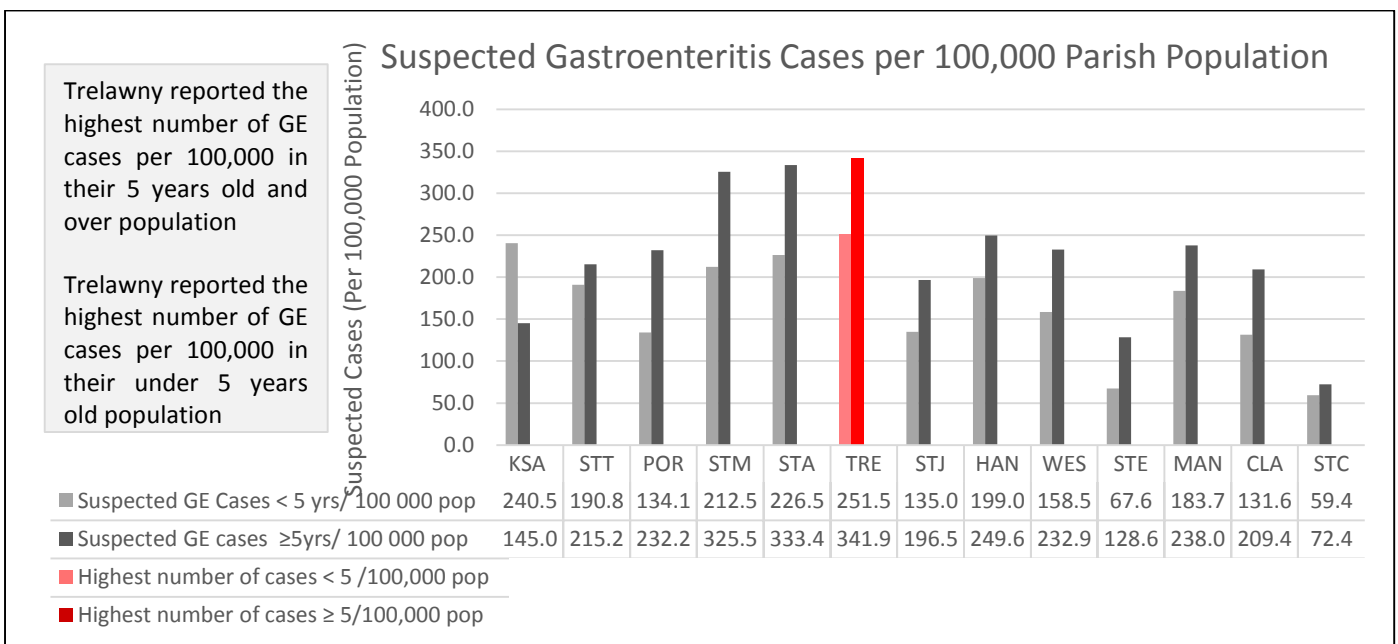
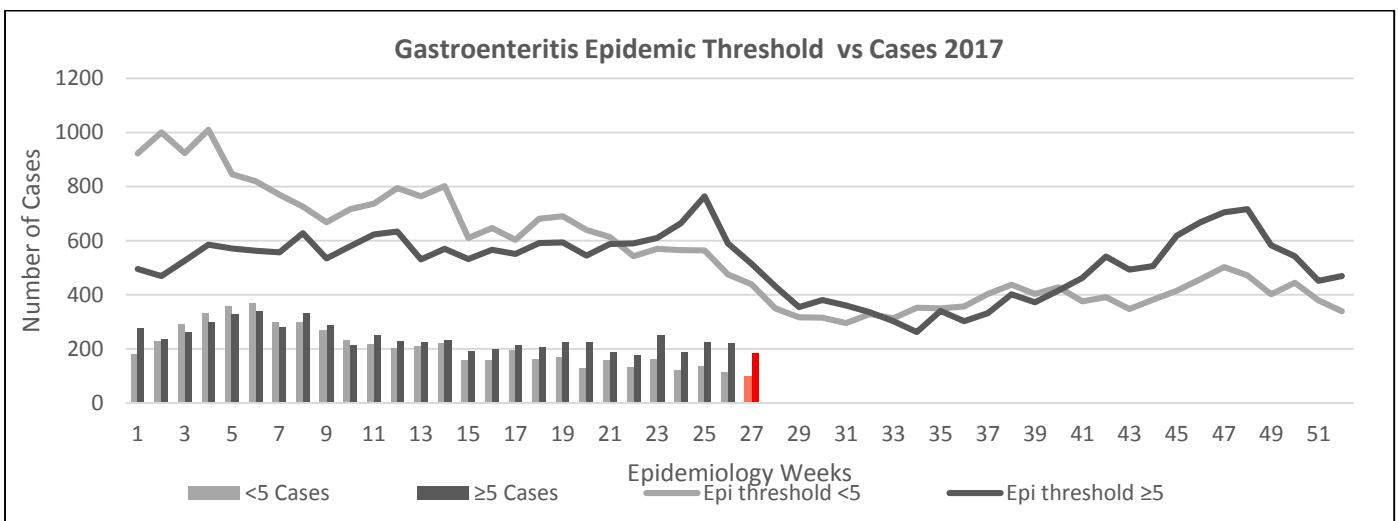
Year	EW 27			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	113	220	333	5,485	6,275	11,760
2016	171	297	468	3,868	6,132	10,000

Gastroenteritis:

In Epidemiology Week 27, 2017, the total number of reported GE cases showed an 14% decrease compared to EW 27 of the previous year. The year to date figure showed a 18% 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



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RESEARCH PAPER

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 ± 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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