Week ending July 8,2017   Epidemiology Week 28

WEEKLY EPIDEMIOLOGY BULLETIN
NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight
World Breastfeeding Week August 1-7, 2017

Theme: "Sustaining Breastfeeding Together."

SUSTAINING BREASTFEEDING TOGETHER
WABA | WORLD BREASTFEEDING WEEK

Breast feeding is organized and promoted worldwide by the WABA (World Alliance for Breastfeeding Action), WHO (World Health Organization) and UNICEF (United Nations International Children's Emergency Fund) to get the goal of elite breastfeeding by mother for their baby of first six months in order to get the incredible health benefits, to fulfill the all vital nutrients, to encourage mother for the healthy growth and development of their child, to guard them from the lethal health problems and diseases including neonatal jaundice, pneumonia, cholera and many more

SUPPORT MUMS TO BREASTFEED ANYTIME, ANYWHERE

WE CAN ALL HELP MAKE SOCIETY BREASTFEEDING-FRIENDLY

Breast feeding has been emphasized to a great extent by the World Health Organization and the American Academy of Pediatrics (AAP) for promoting the healthy living for both the mother and the baby. It is highly recommended by them to all mothers that they should give breastfeeding to their child for the first six months of the life and after that a supplemented breastfeeding can be given for the one, two or more years.

EPI WEEK 28

NOTIFICATIONS- All clinical sites
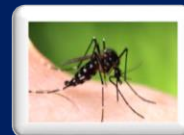
INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE-30 sites*. Actively pursued

SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated
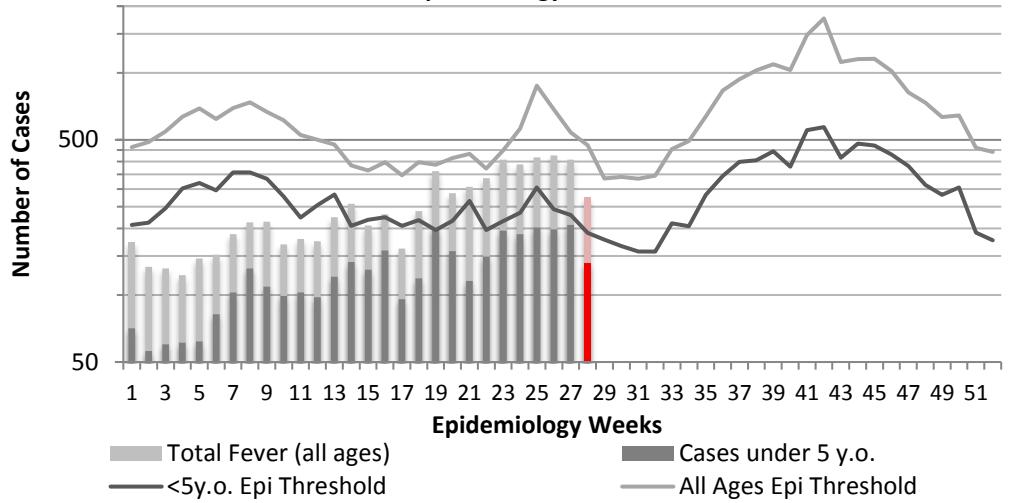
REPORTS FOR SYNDROMIC SURVEILLANCE

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 in under 5y.o. and Total Population 2017 vs Epidemic Thresholds, Epidemiology Week 28**

Total Fever (all ages) — Cases under 5 y.o. — <5y.o. Epi Threshold — All Ages Epi Threshold

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 Neurological Symptoms Weekly Threshold vs Cases 2017, Epidemiology Week 28
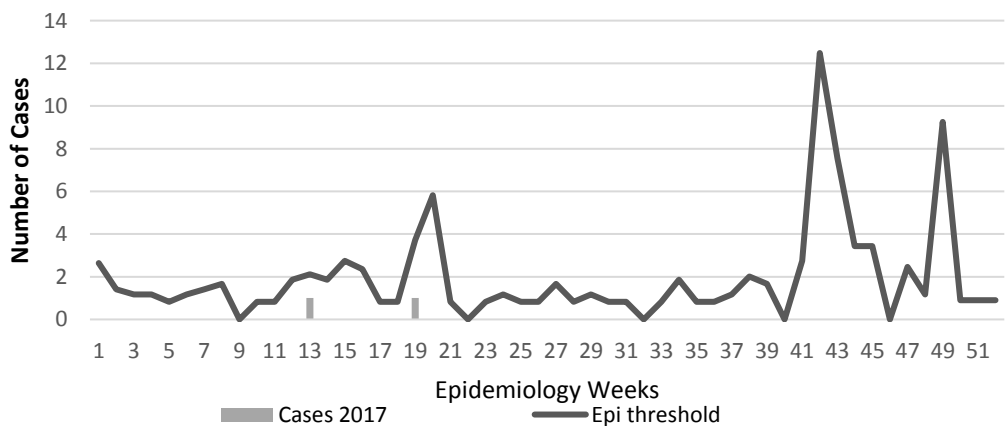

2017 — Epi threshold
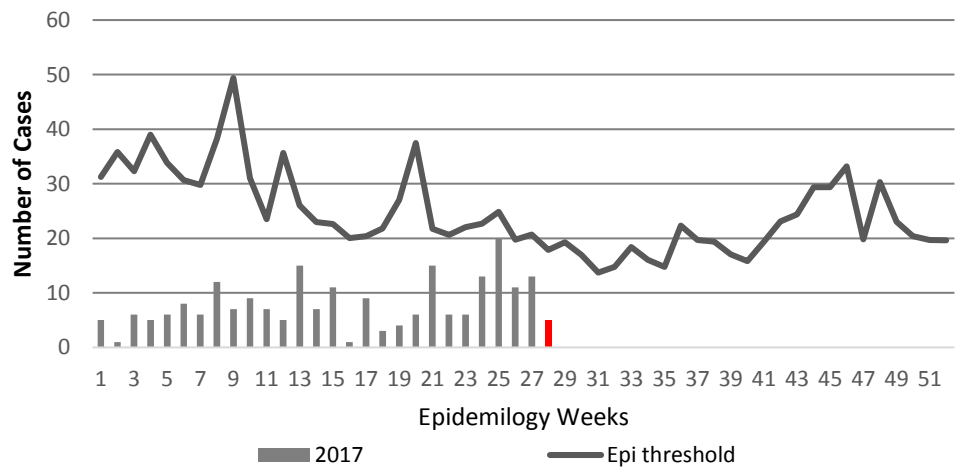
FEVER AND HAEMORRHAGIC

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.

Fever and Haem Weekly Threshold vs Cases 2017, Epidemiology Week 28

Cases 2017 — Epi threshold

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FEVER AND JAUNDICE

Temperature of >38⁰C /100.4⁰F (or recent history of fever) in a previously healthy person presenting with jaundice.

Fever and Jaundice Weekly Threshold vs Cases 2017, Epidemiology Week28

Legend: Cases 2017 — Epi threshold

ACCIDENTS

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

Accidents Weekly Threshold vs Cases 2017

Legend: ≥5 Cases 2016 — <5 Cases 2016 — Epidemic Threshold<5 — Epidemic Threshold≥5
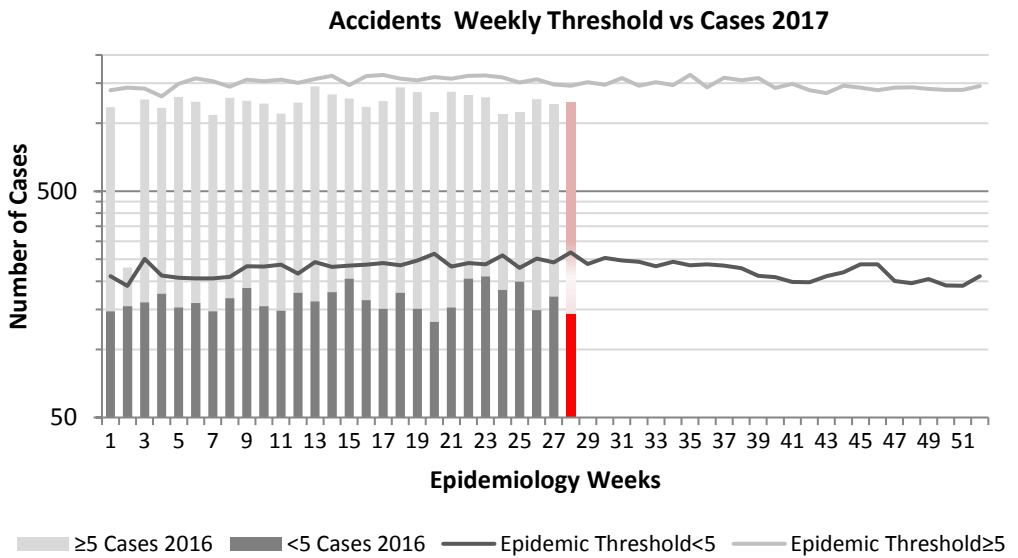
VIOLENCE

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.
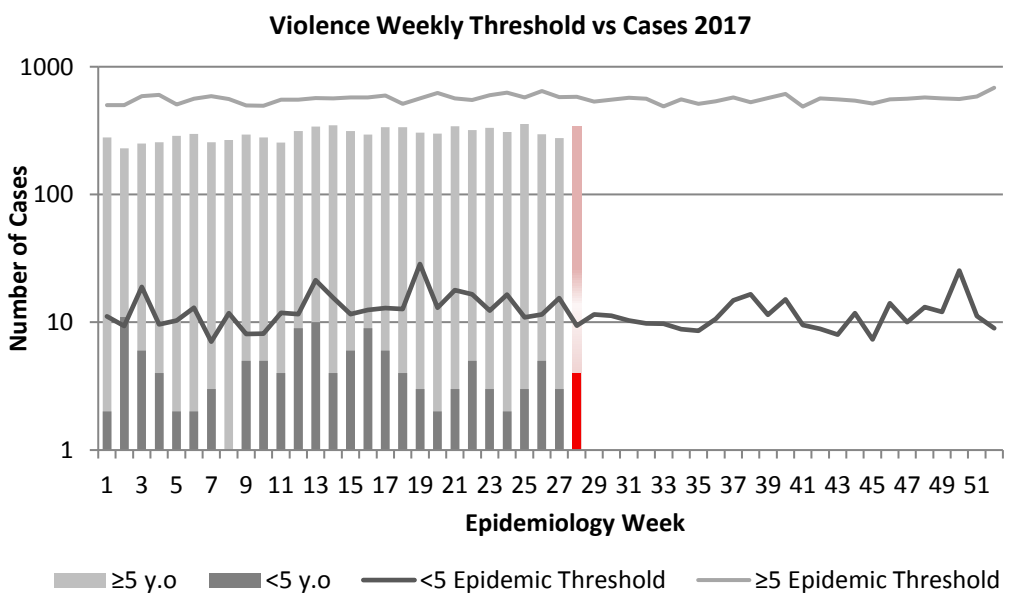
Violence Weekly Threshold vs Cases 2017

Legend: ≥5 y.o — <5 y.o — <5 Epidemic Threshold — ≥5 Epidemic Threshold

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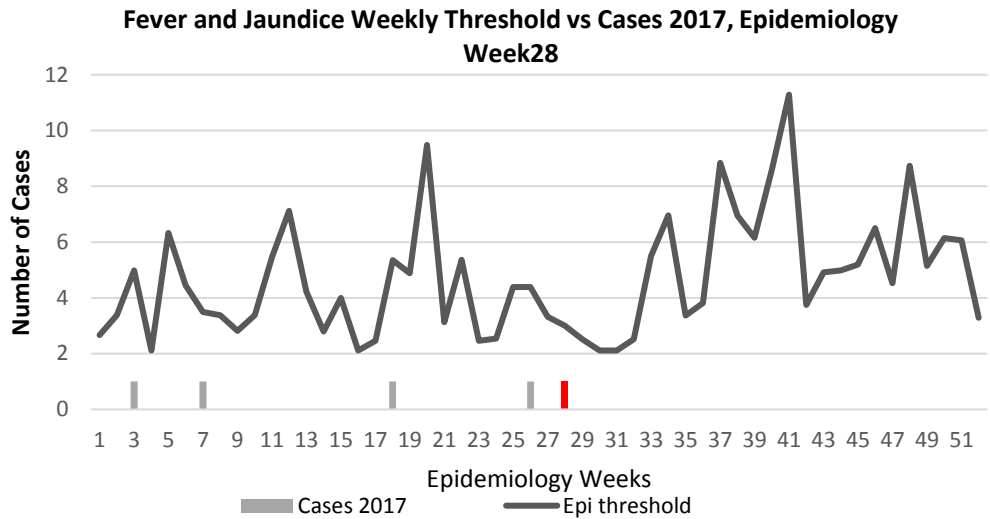
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3

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CLASS ONE NOTIFIABLE EVENTS

Comments

	CLASS 1 EVENTS	CONFIRMED YTD	
		CURRENT YEAR	PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	60	91
	Cholera	0	0
	Dengue Hemorrhagic Fever[1]	0	3
	Hansen's Disease (Leprosy)	0	2
	Hepatitis B	15	16
	Hepatitis C	2	4
	HIV/AIDS - See HIV/AIDS National Programme Report		
	Malaria (Imported)	7	2
	Meningitis (Clinically confirmed)	26	37
EXOTIC/ UNUSUAL	Plague	0	0
HIGH 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
	Fever and Rash — Rubella	0	0
	Maternal Deaths[2]	18	25
	Ophthalmia Neonatorum	137	264
	Pertussis-like syndrome	0	0
	Rheumatic Fever	3	6
	Tetanus	1	0
	Tuberculosis	19	21
	Yellow Fever	0	0
	Chikungunya	0	4
	Zika Virus	0	105

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.

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 28

July 9-15, 2017   Epidemiology Week 28

July 2017		
	EW 28	*YTD*
SARI cases	*13*	*293*
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

Legend: <5 | 5-59 | ≥60 | <5 years epidemic threshold | 5 to 59 years epidemic threshold | ≥60 years epidemic threshold

Comments:

During EW 28, the proportion of SARI hospitalizations among all hospitalizations increased above the average epidemic curve and the alert threshold as compared to previous weeks

During EW 28, the number of SARI cases slightly decreased as compared to previous weeks and was similar to the previous seasons for the same period

During EW 28, few influenza detections were reported, with increased activity (20% positivity) and influenza B predominating

Distribution of Influenza and other respiratory viruses among SARI cases by EW surveillance EW 28, 2017, NIC Jamaica

Legend: A(H1N1)pdm09 | A not subtyped | A no subtypable | A(H1) | A(H3) | Flu B | Parainfluenza | RSV | Adenovirus | Methapneumovirus | Rhinovirus | Coronavirus | Bocavirus | Others | % Positives

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)
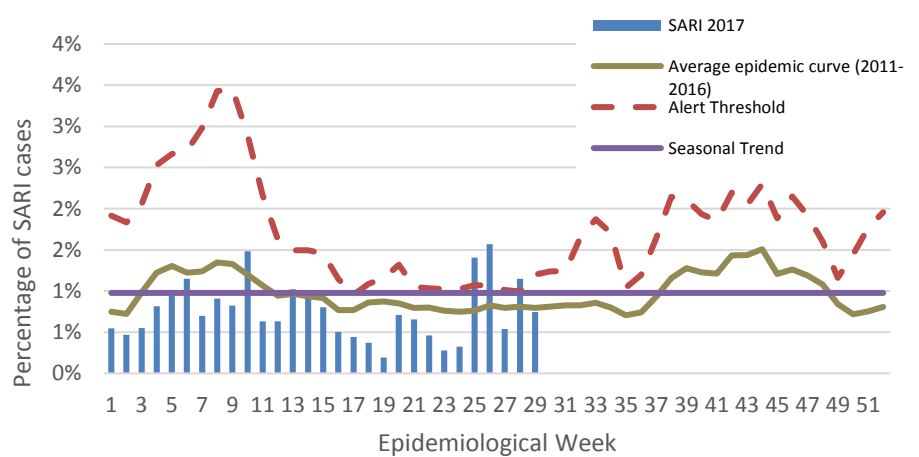
Legend: SARI 2017 | Average epidemic curve (2011-2016) | Alert Threshold | Seasonal Trend

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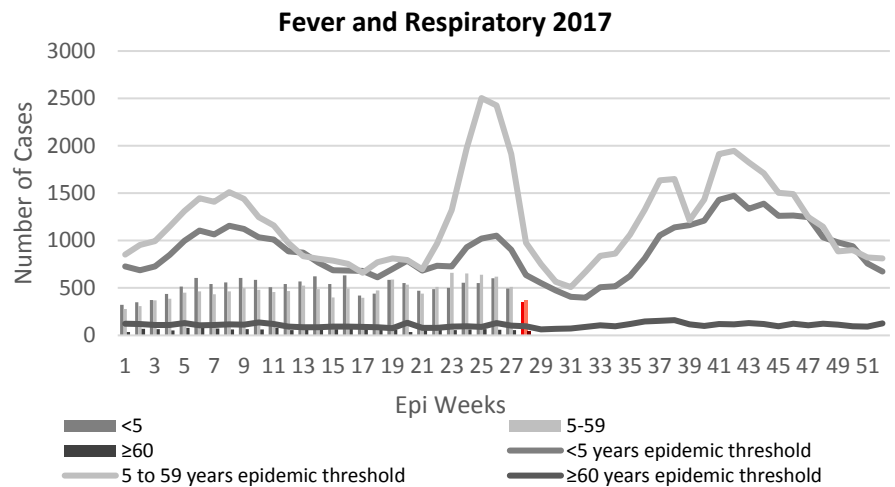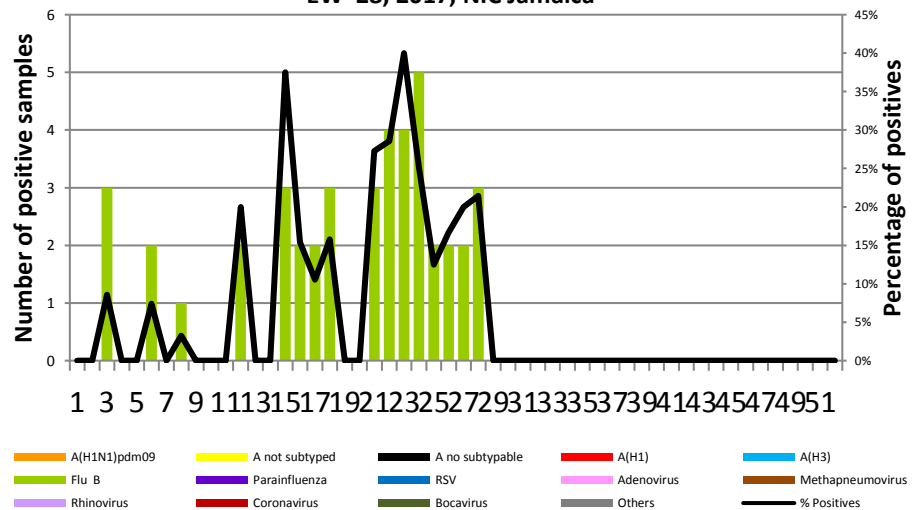
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Dengue Bulletin

Dengue Cases by Epidemiology Weeks 2013-2017

Legend: 2013, 2014, 2015, 2016, 2017
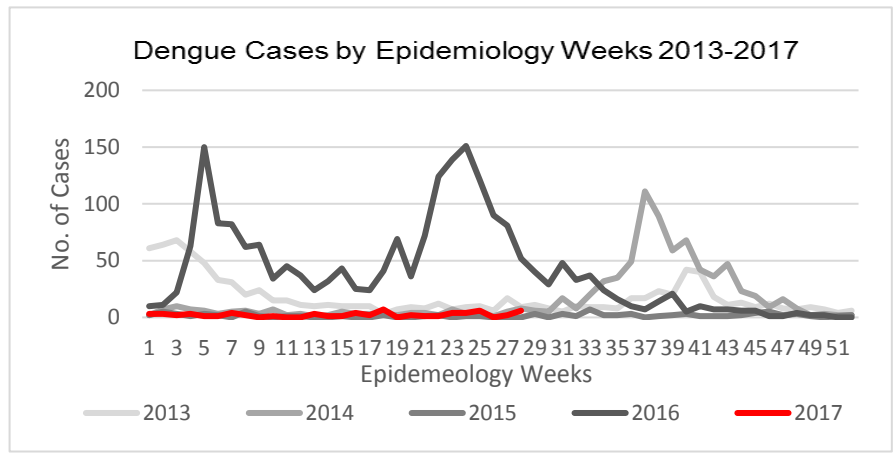
DISTRIBUTION

Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	1	0	0	1	1.6
1-4	3	2	0	5	7.8
5-14	6	9	0	15	23.4
15-24	7	7	0	14	21.9
25-44	12	6	1	19	29.7
45-64	3	5	0	8	12.5
≥65	0	0	0	0	0
Unknown	1	1	0	2	3.1
TOTAL	33	30	1	64	**100**
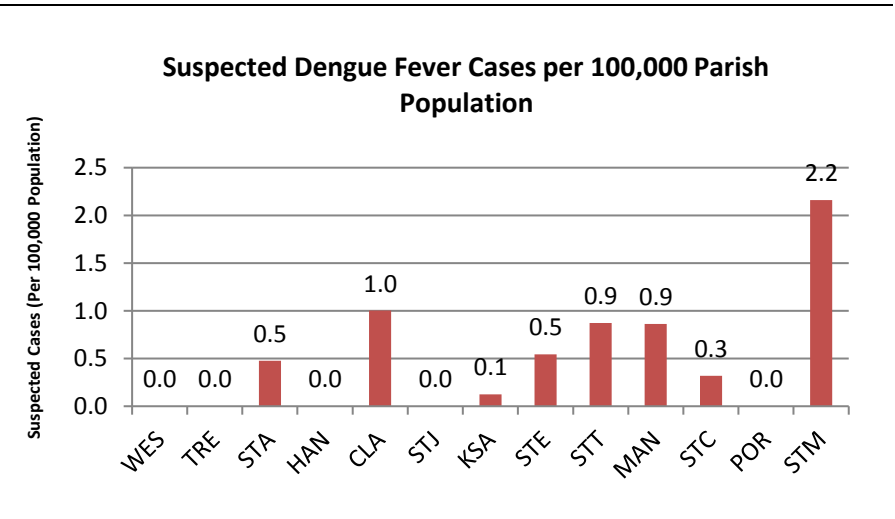
Weekly Breakdown of suspected and confirmed cases of DF,DHF,DSS,DRD

		2017		2016 YTD
		EW 28	YTD	
Total Suspected Dengue Cases		6	64	1620
Lab Confirmed Dengue cases		0	11	124
CONFIRMED	DHF/DSS	0	0	3
CONFIRMED	Dengue Related Deaths	0	0	0

Suspected Dengue Fever Cases per 100,000 Parish Population

WES 0.0, TRE 0.0, STA 0.5, HAN 0.0, CLA 1.0, STJ 0.0, KSA 0.1, STE 0.5, STT 0.9, MAN 0.9, STC 0.3, POR 0.0, STM 2.2

Dengue Cases by Year: 2007-2017, Jamaica

Legend: Confirmed DF, Total suspected

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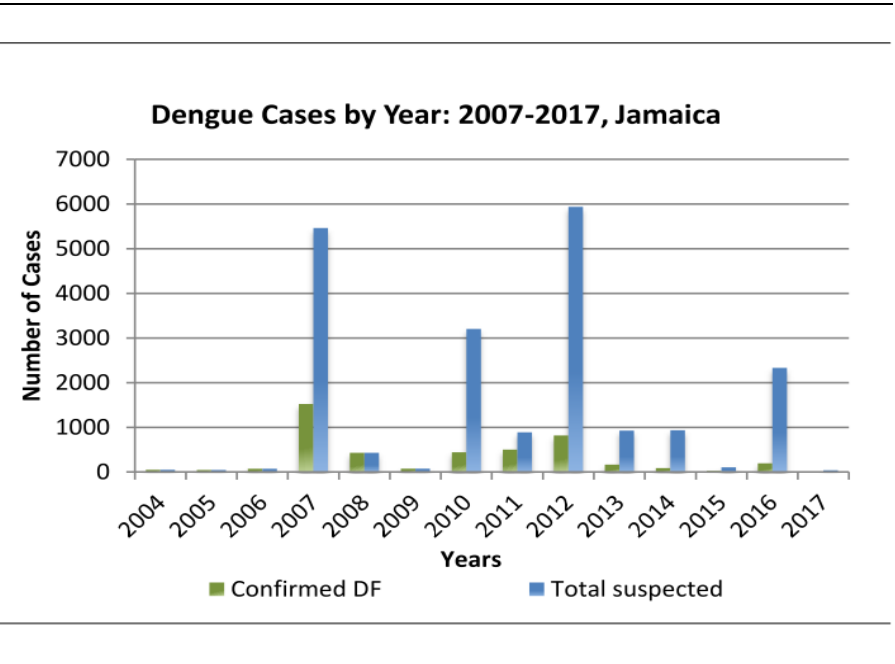*Incidence/Prevalence cannot be calculated

Gastroenteritis Bulletin

EW 28

July 9-15, 2017

Epidemiology Week 28

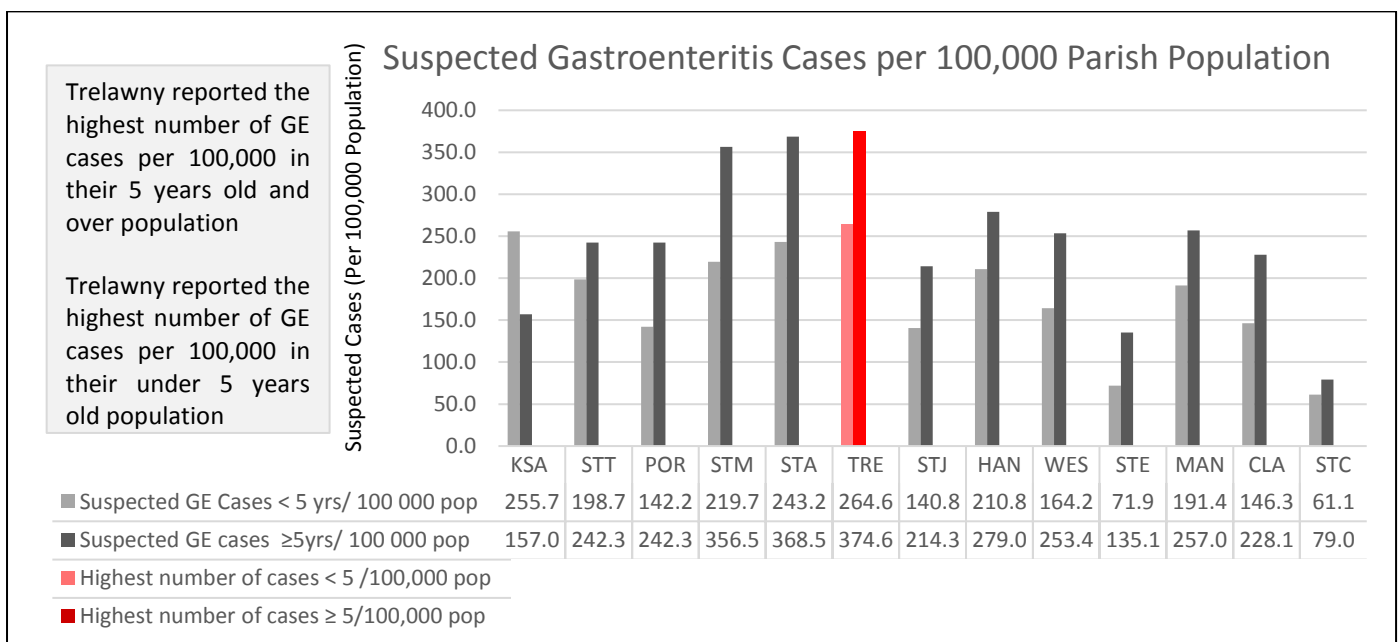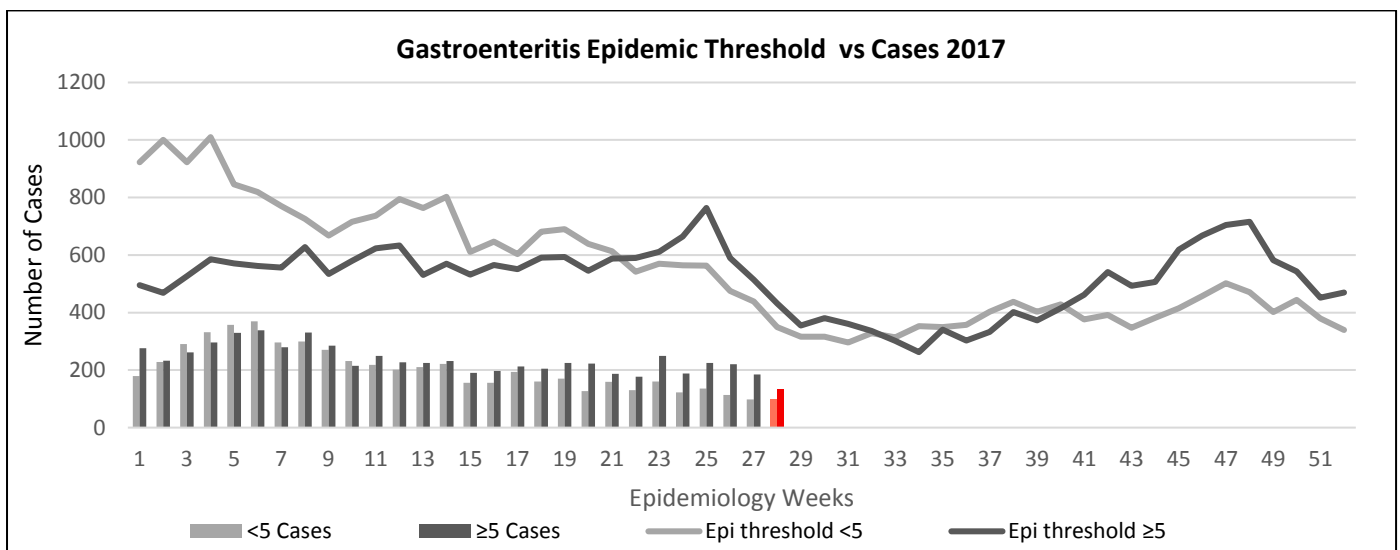## Weekly Breakdown of Gastroenteritis cases

Year	EW 28			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 28, 2017, the total number of reported GE cases showed an 6% decrease compared to EW 28 of the previous year.
The year to date figure showed a 15% increase in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2016-2017

Gastroenteritis Epidemic Threshold vs Cases 2017

Legend: <5 Cases | ≥5 Cases | Epi threshold <5 | Epi threshold ≥5

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

Suspected Gastroenteritis Cases per 100,000 Parish Population

	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
Suspected GE Cases < 5 yrs/ 100 000 pop	255.7	198.7	142.2	219.7	243.2	264.6	140.8	210.8	164.2	71.9	191.4	146.3	61.1
Suspected GE cases ≥5yrs/ 100 000 pop	157.0	242.3	242.3	356.5	368.5	374.6	214.3	279.0	253.4	135.1	257.0	228.1	79.0
Highest number of cases < 5 /100,000 pop													
Highest number of cases ≥ 5/100,000 pop													

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RESEARCH PAPER

HIV Case-Based Surveillance System Audit
S. Whitbourne, Z. Miller

Objectives: Evaluate the Public Health Surveillance System for HIV reporting, to help ensure that the data collected is accurate and useful for understanding epidemiological trends.

Background: Public health programmes focus on the monitoring, control and reduction in the incidence of target diseases, conditions or health events through various interventions and actions. The surveillance system is the primary mechanism through which specific disease information is collected and needs to be periodically assessed.

Methodology: In 2016, an audit was conducted of the HIV Case-Based Surveillance System in Jamaica. Laboratory records were reviewed from seven major health care facilities representing all four Regional Health Authorities. Cases with a positive HIV test in 2014 were noted and comparisons of positive cases were made with the cases that had been reported to the National Surveillance Unit. Qualitative data was also collected from key personnel in the form of questionnaires related to the processes involved in diagnosis, detection, investigation and reporting of HIV positive cases, but this paper will focus on the quantitative findings.

Findings: Preliminary data analysis reveals a high level of underreporting of HIV cases to the national level.

Conclusions: Audits and other forms of assessment need to be conducted on surveillance systems to ensure that the data supporting a public health programme is reliable and accurate, for effective delivery of services to target populations.

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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

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