Released August 4, 2017 ISSN 0799-3927

Week ending July 22,2017 Epidemiology Week 29

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

World Breastfeeding Week August 1-7, 2017

Theme: "Sustaining Breastfeeding Together."

No country in the world fully meets recommended standards for breastfeeding, according to a new report by UNICEF and WHO in collaboration with the Global Breastfeeding Collective, a new initiative to increase global breastfeeding rates.

Evidence shows that breastfeeding has cognitive and health benefits for both infants and their mothers. It is especially critical during the first six months of life, helping prevent diarrhoea and pneumonia, two major causes of death in infants. Mothers who breastfeed have a reduced risk of ovarian and breast cancer, two leading causes of death among women Breastmilk works like a baby's first vaccine, protecting infants from potentially deadly diseases and giving them all the nourishment they need to survive and thrive.

Breastfeeding is one of the most effective—and cost effective—investments nations can make in the health of their youngest members and the future health of their economies and societies.

The Global Breastfeeding Collective is calling on countries to:

- Increase funding to raise breastfeeding rates from birth through two years.
- Enact paid family leave and workplace breastfeeding policies, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector.
- Implement the Ten Steps to Successful Breastfeeding in maternity facilities, including providing breastmilk for sick and vulnerable newborns.
- Strengthen monitoring systems that track the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets.

Breastfeeding is critical for the achievement of many of the Sustainable Development Goals.

Downloaded from: http://www.who.int/mediacentre/news/releases/2017/lack-investment-breastfeeding/en/

EPI WEEK 29

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

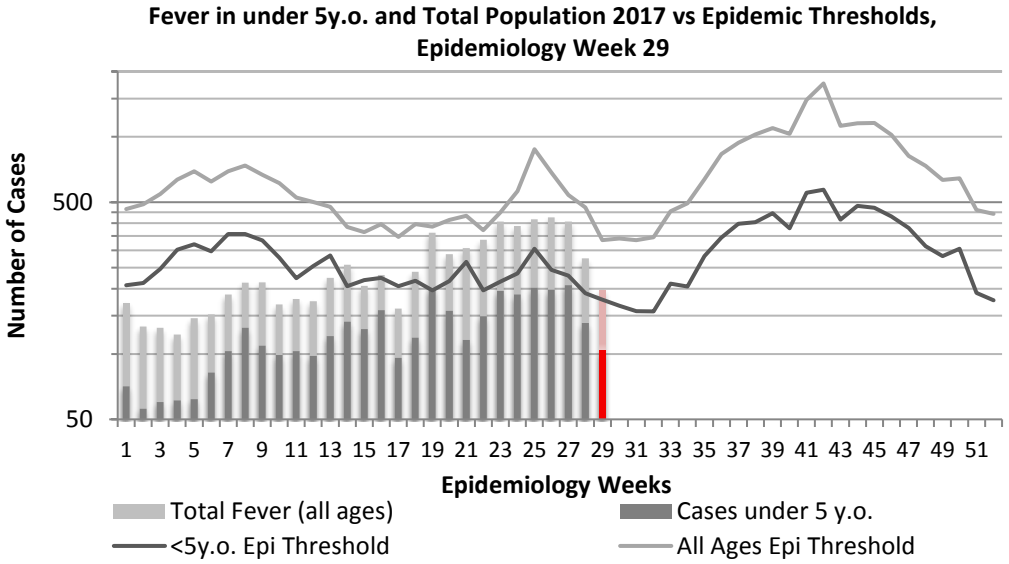
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

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

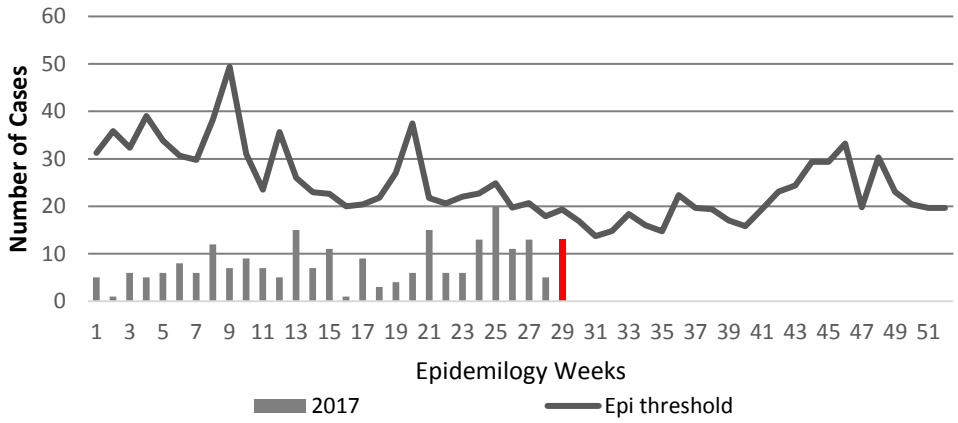
KEY

RED CURRENT WEEK



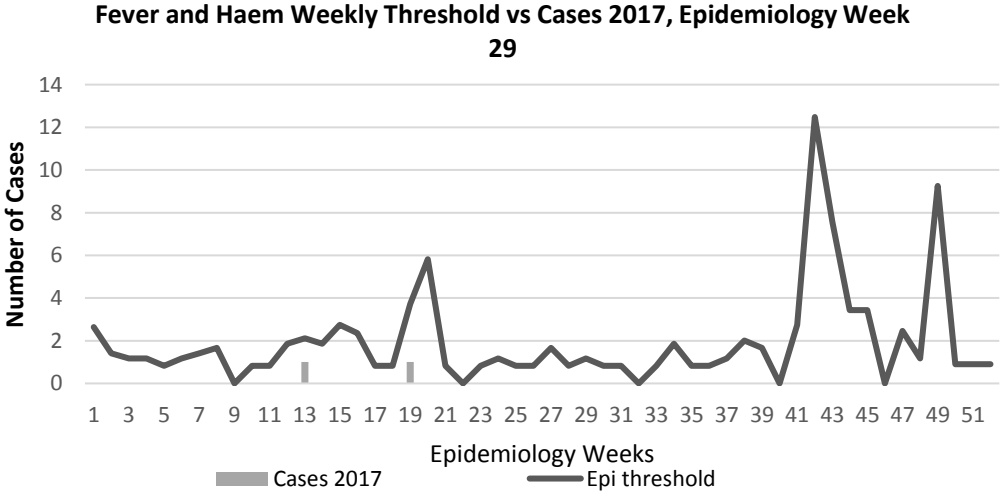
FEVER AND NEUROLOGICAL

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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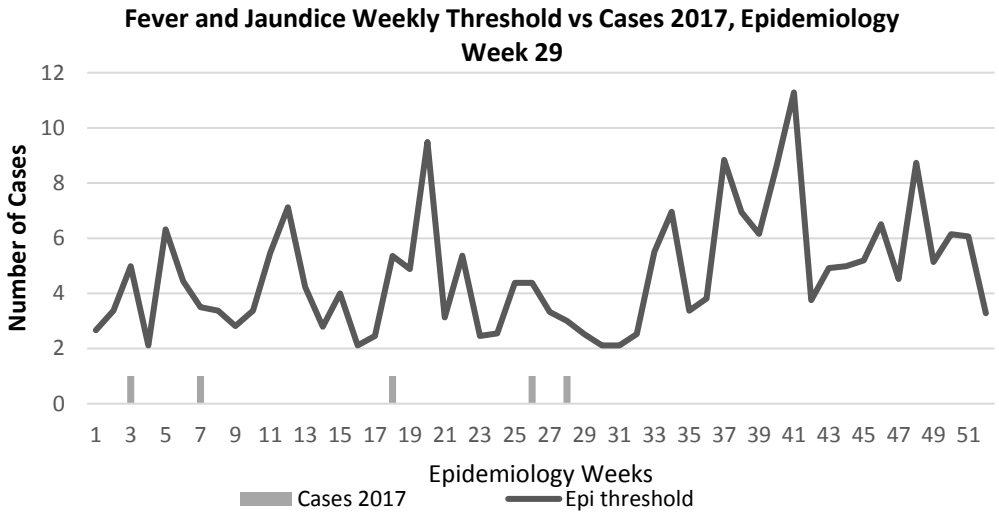
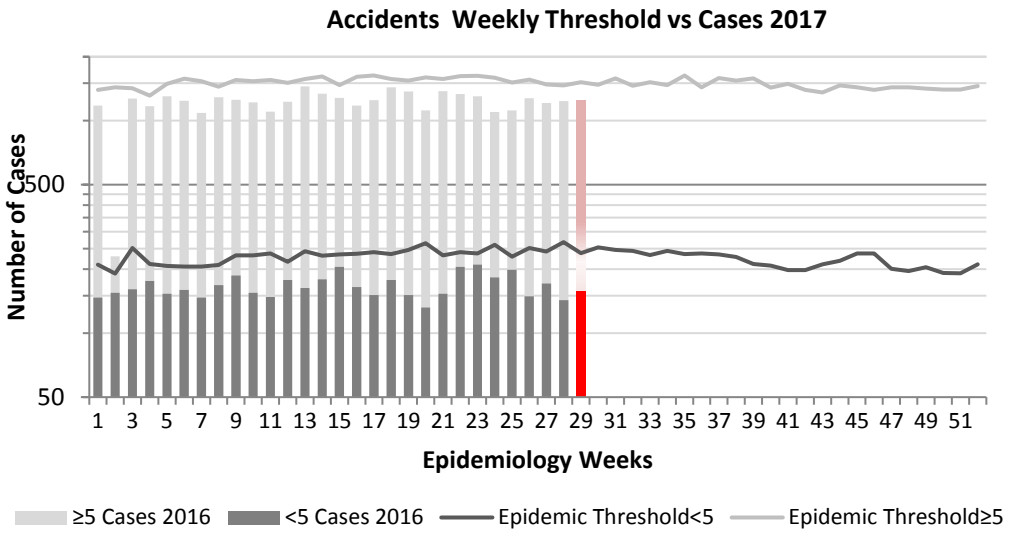
FEVER AND JAUNDICE

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



ACCIDENTS

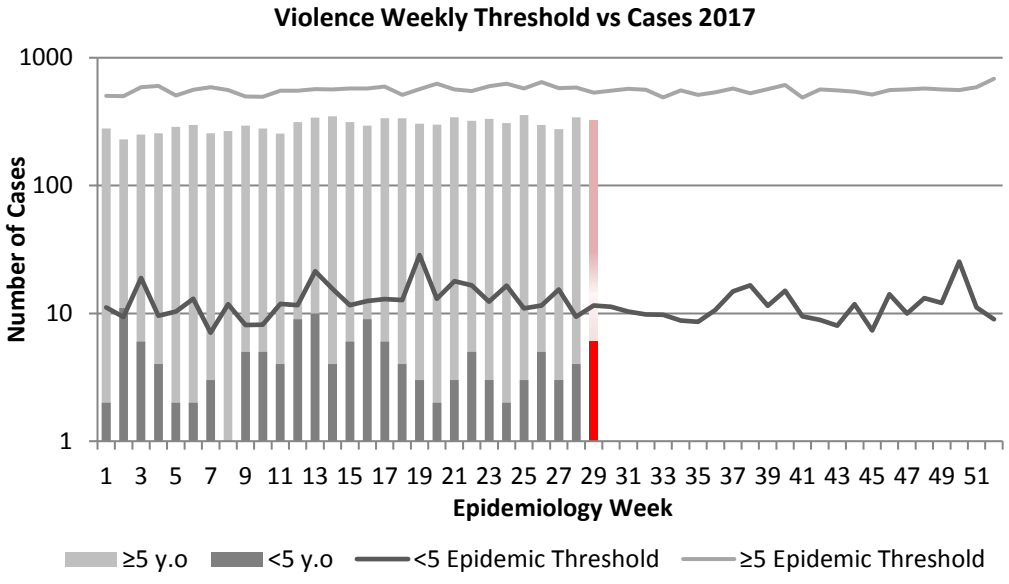
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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		60	92
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		0	3
	Hansen's Disease (Leprosy)		0	2
	Hepatitis B		32	19
	Hepatitis C		4	4
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		7	2
	Meningitis (Clinically confirmed)		26	37
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]		18	25
	Ophthalmia Neonatorum		142	264
	Pertussis-like syndrome		0	0
	Rheumatic Fever		3	6
	Tetanus		1	0
	Tuberculosis		22	30
	Yellow Fever		0	0
	Chikungunya		0	4
	Zika Virus		0	111

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.

1 Dengue Hemorrhagic Fever data include Dengue related deaths;

2 Maternal Deaths include early and late deaths.

Hep B increase for wk 29, 2017 due to results received from NBTS/NPHL

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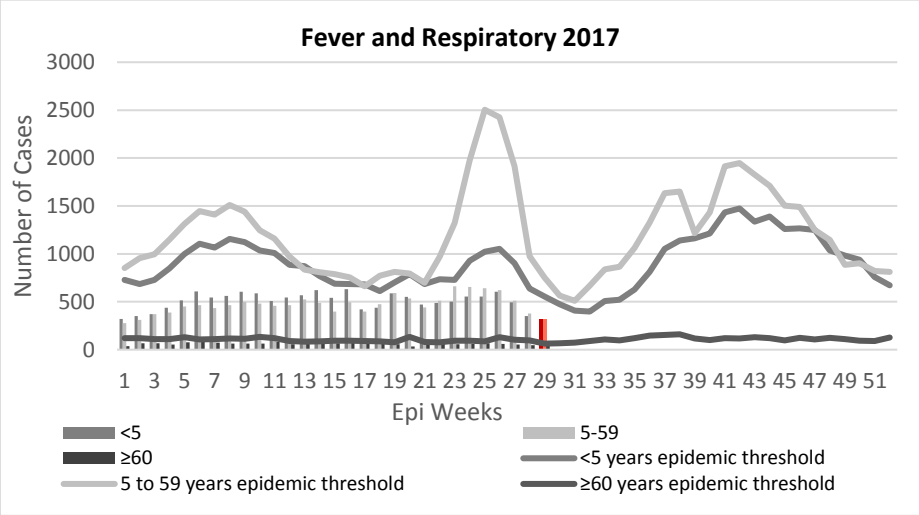
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 29

July 16-22, 2017 Epidemiology Week 29

July 2017	EW 29	YTD
SARI cases	4	297
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

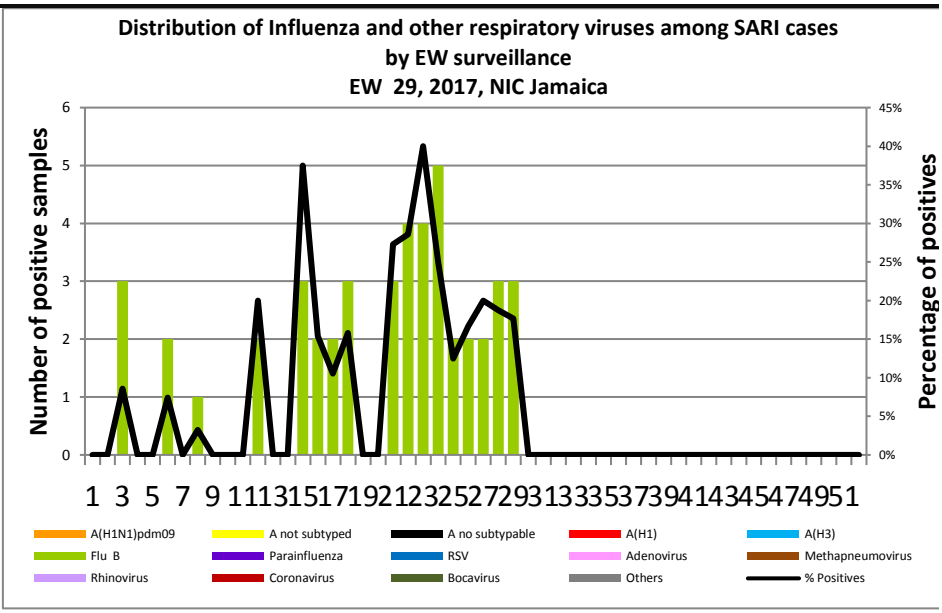


Comments:

During EW 29, the proportion of SARI hospitalizations among all hospitalizations decreased below the average epidemic curve and the alert threshold as compared to previous weeks.

During EW 29, the number of SARI cases slightly decreased as compared to previous weeks and was lower than the previous seasons for the same period.

During EW 29, few influenza detections were reported, with increased activity (20% positivity) and influenza B predominating.



INDICATORS

Burden

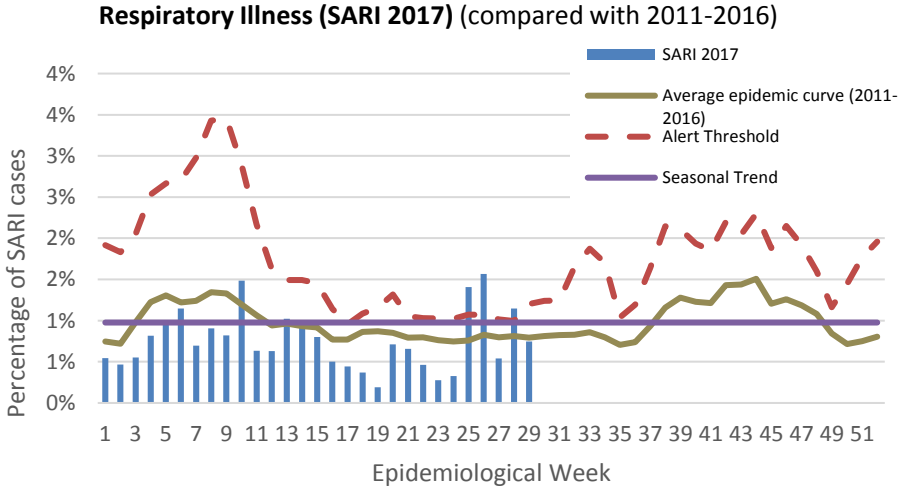
Year to date, respiratory syndromes account for 4.4% of visits to health facilities.

Incidence

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

Prevalence

Not applicable to acute respiratory conditions.



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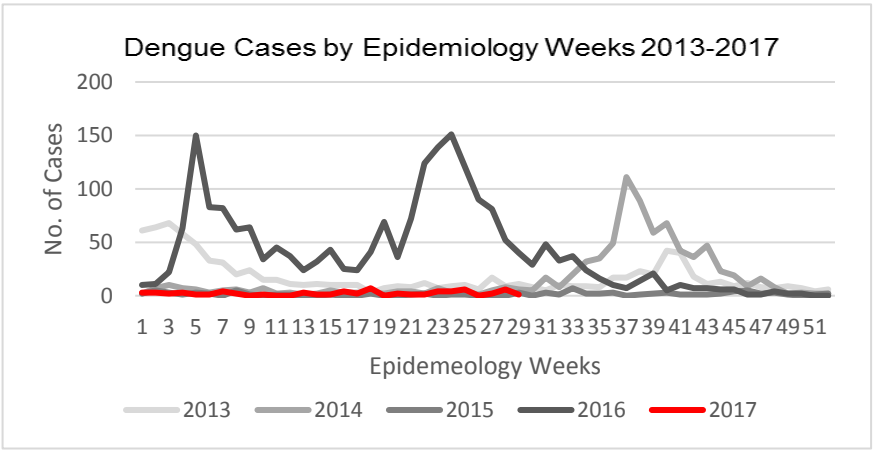
Dengue Bulletin

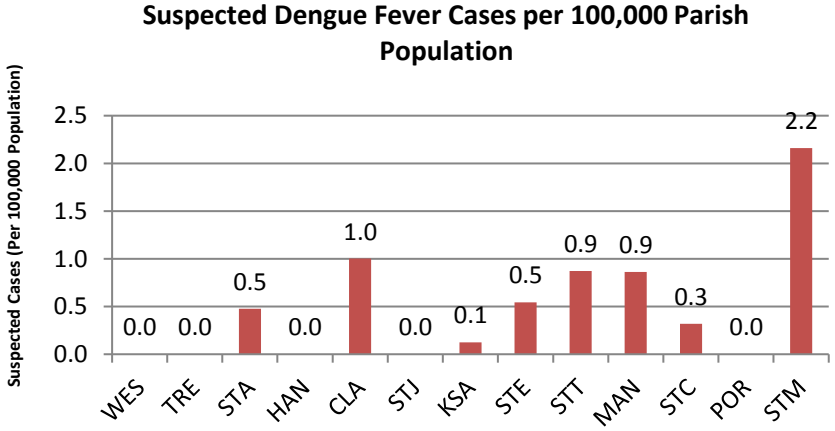
July 16-22, 2017 Epidemiology Week 29



DISTRIBUTION

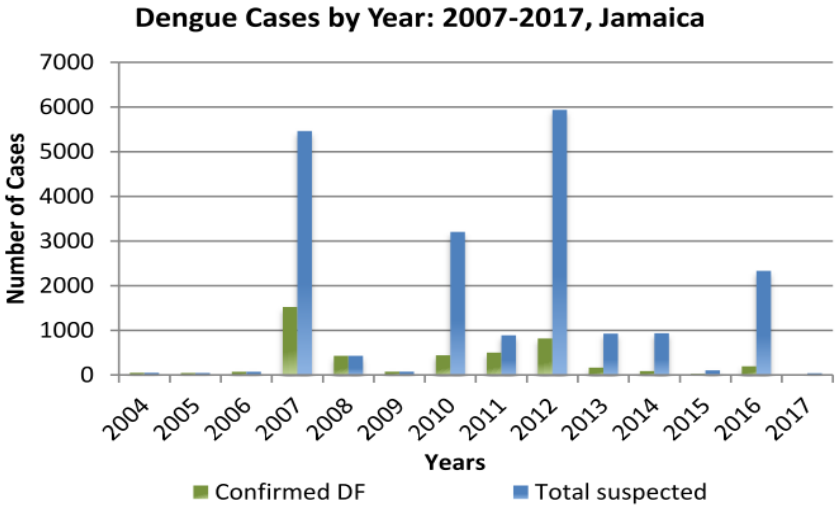
Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	1	0	0	1	1.5
1-4	4	2	0	6	9.2
5-14	6	9	0	15	23.1
15-24	7	7	0	14	21.5
25-44	12	6	1	19	29.2
45-64	3	5	0	8	12.3
≥65	0	0	0	0	0
Unknown	1	1	0	2	3.2
TOTAL	34	30	1	65	**100**



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

		2017		2016 YTD
		EW 29	YTD	
Total Suspected Dengue Cases		1	65	1621
Lab Confirmed Dengue cases		0	11	124
CONFIRMED	DHF/DSS	0	0	3
CONFIRMED	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

EW 29

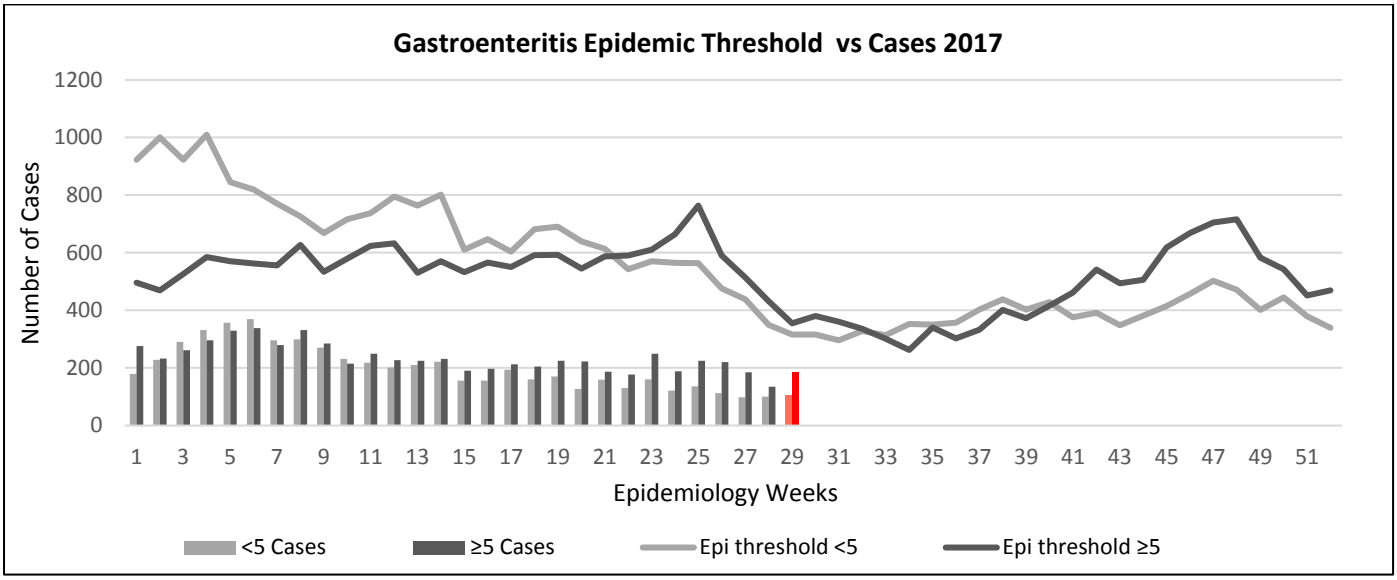
July 19-22, 2017 Epidemiology Week 29

Weekly Breakdown of Gastroenteritis cases

Year	EW 29			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	106	187	293	5,789	6,782	12,571
2016	119	197	316	4,217	6,755	10,972

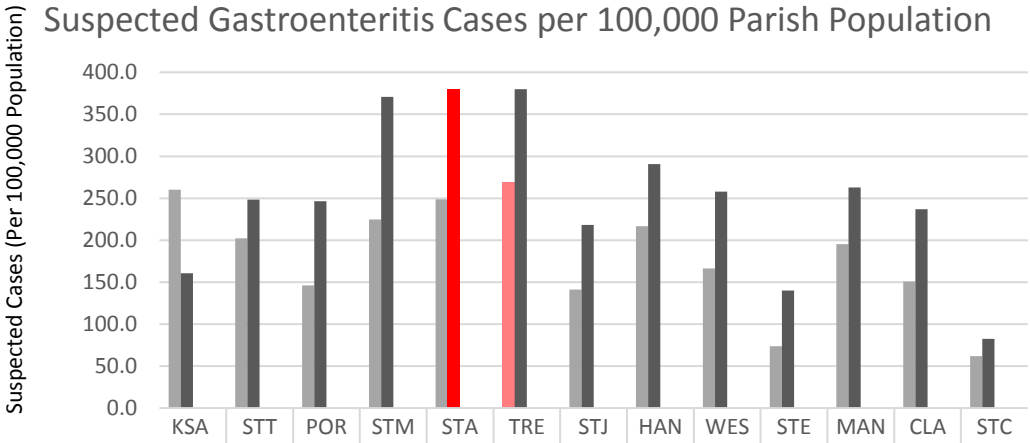
Gastroenteritis:
In Epidemiology Week 29, 2017, the total number of reported GE cases showed an 11% decrease compared to EW 29 of the previous year.
The year to date figure showed a 15% increase in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2016-2017



Saint Ann 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	260.1	202.2	146.2	224.7	248.9	268.9	141.2	216.6	166.5	73.6	195.3	150.6	61.7
Suspected GE cases ≥5yrs/ 100 000 pop	160.7	248.4	246.3	370.9	379.5	380.0	218.3	290.8	257.9	140.0	263.0	236.8	82.5

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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