

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

CONJUNCTIVITIS/PINK EYE



Viral Conjunctivitis, commonly called as “pink eye” is redness and swelling of the eye that may be due to infection or irritation caused by viruses. However there are other causes of conjunctivitis that will cause redness of the eye.

Pink eye is a common condition and the infection can be spread by touching/rubbing the eyes with dirty hands or sharing objects such as eye drops, contact lens, towel/handkerchief and makeup. Most persons will recover from pink eye within 7-10 days without medical treatment.

The Ministry of Health is reminding those persons who are currently experiencing the symptoms of pink eye to not attend school, work or other crowded places until the infection clears up.

If symptoms persist longer than 10 days, persons must seek medical care.

The signs and symptoms of pink eye include redness of eyes; watery eyes; itchy and/or burning eyes; grainy feeling in the eyes and hypersensitivity to light.

The Ministry of Health is advising persons to prevent the spread of pink eye by:

- Avoiding close contact with persons who have pink eye.
- Washing hands before and after touching the eyes or using eye drops.
- Wearing eye protection when exposed to wind, dust, heat or sun to avoid eye irritation.
- Avoiding sharing of eye makeup, eye medicines, contact lens, containers and solutions.
- Avoiding the sharing of towels, linens, pillows or handkerchiefs.
- Avoiding the use of eye makeup while the eye is affected.
- Using clean linens, towels and washcloths daily if infected.

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EPI WEEK 33



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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

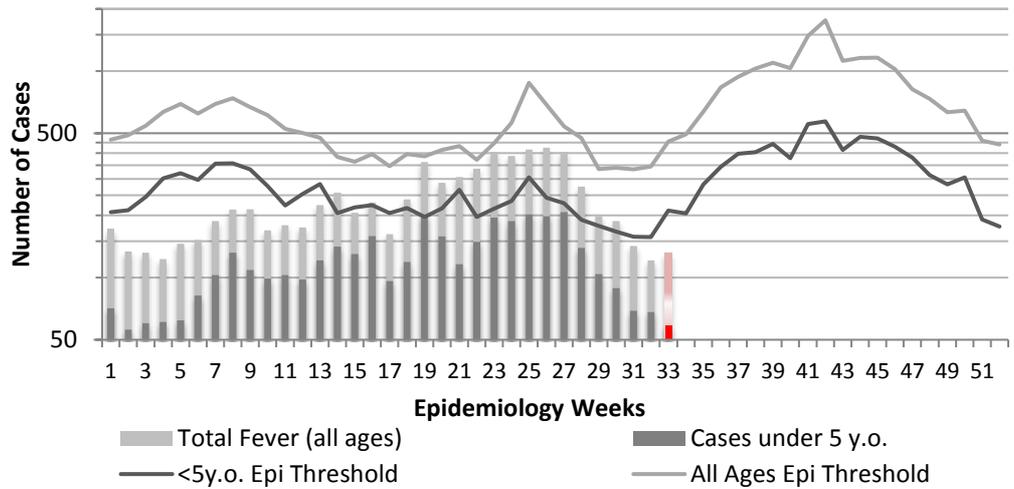
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

RED CURRENT WEEK

Fever in under 5y.o. and Total Population 2017 vs Epidemic Thresholds, Epidemiology Week 33

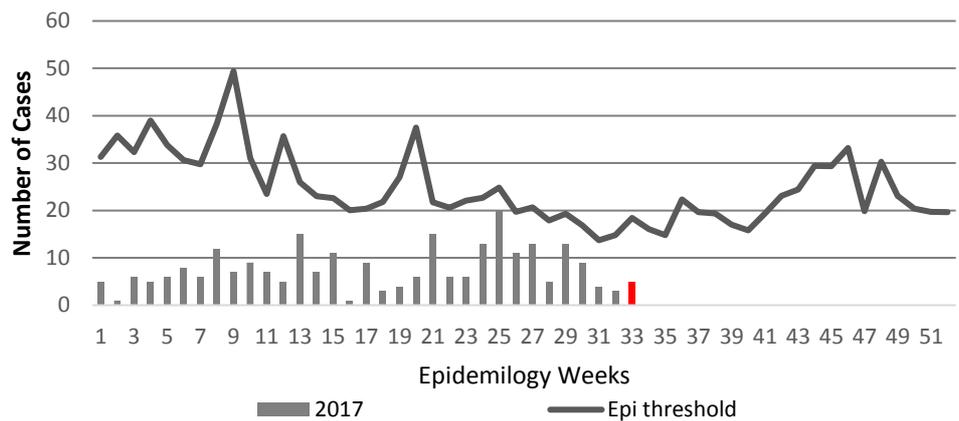


FEVER AND NEUROLOGICAL

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 33

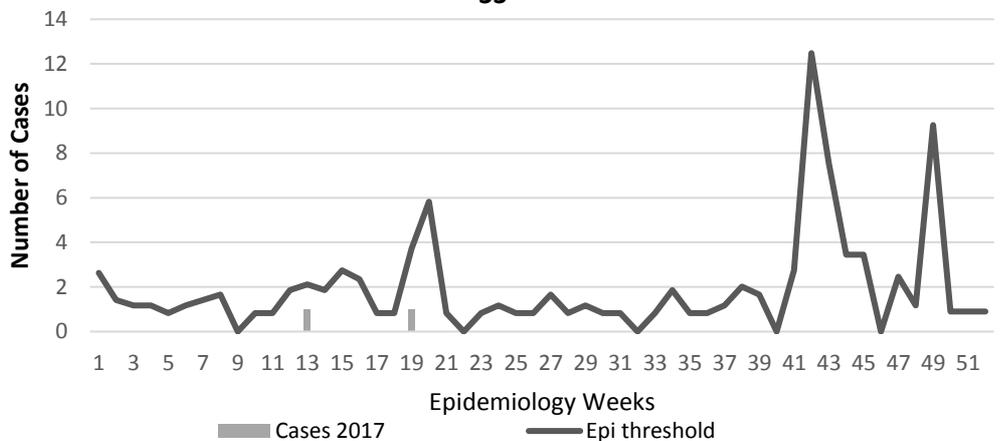


FEVER AND HAEMORRHAGIC

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 33



NOTIFICATIONS- All clinical sites



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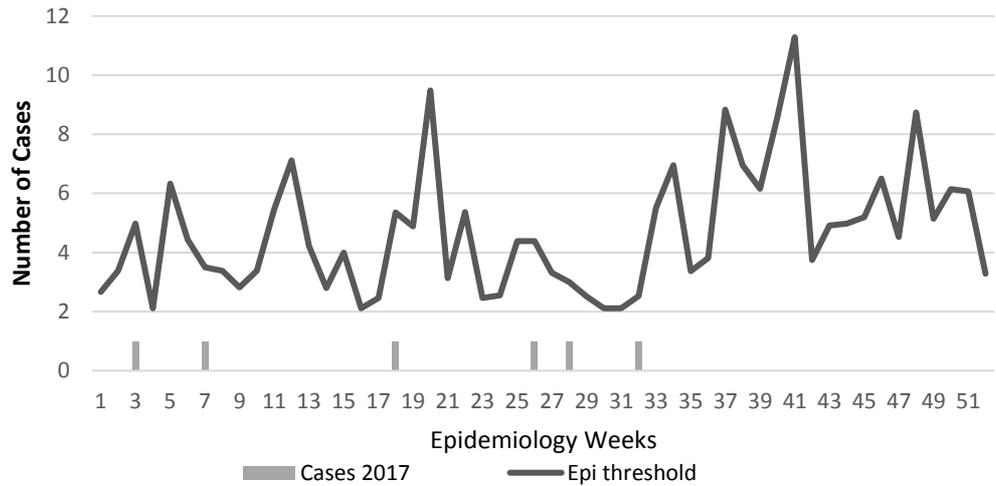
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FEVER AND JAUNDICE

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



Fever and Jaundice Weekly Threshold vs Cases 2017, Epidemiology Week 33

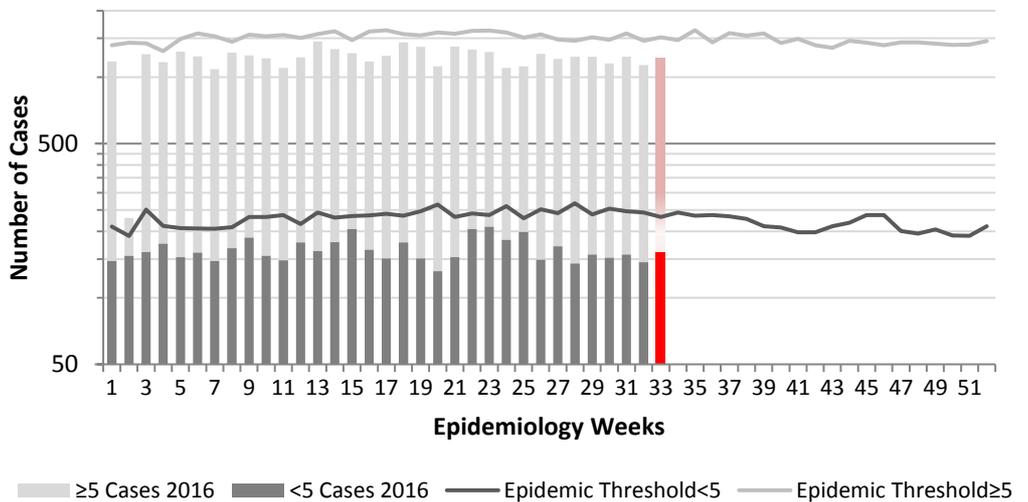


ACCIDENTS

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



Accidents Weekly Threshold vs Cases 2017



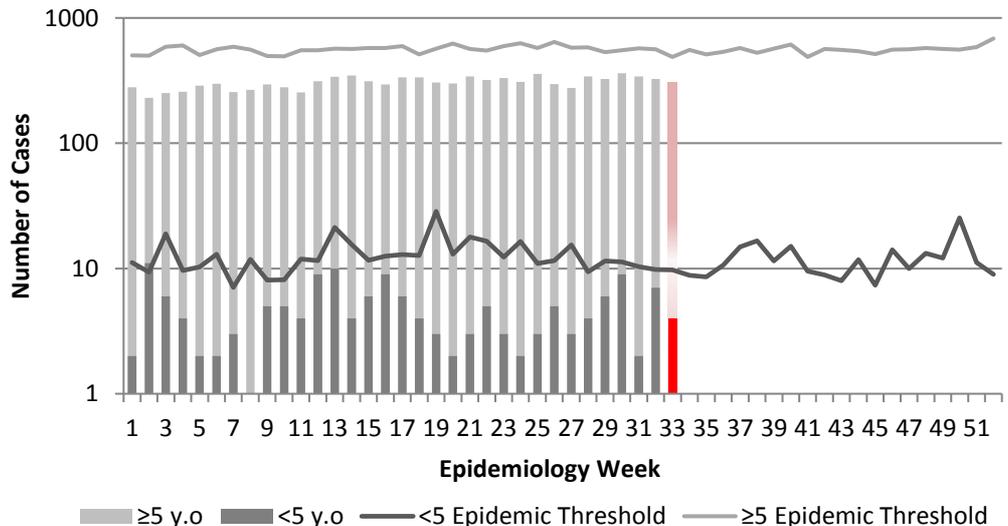
VIOLENCE

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



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CLASS ONE NOTIFIABLE EVENTS

Comments

	CLASS 1 EVENTS	CONFIRMED YTD			
		CURRENT YEAR	PREVIOUS YEAR		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	70	101	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	33	23		
	Hepatitis C	8	4		
	HIV/AIDS - See HIV/AIDS National Programme Report				
	Malaria (Imported)	7	2		
	Meningitis (Clinically confirmed)	28	43		
EXOTIC/ UNUSUAL	Plague	0	0	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.	
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	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.	
	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	172	278		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	3	6		
	Tetanus	1	0		
	Tuberculosis	31	39		
Yellow Fever	0	0			
	Chikungunya	0	4	  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	
	Zika Virus	0	157		



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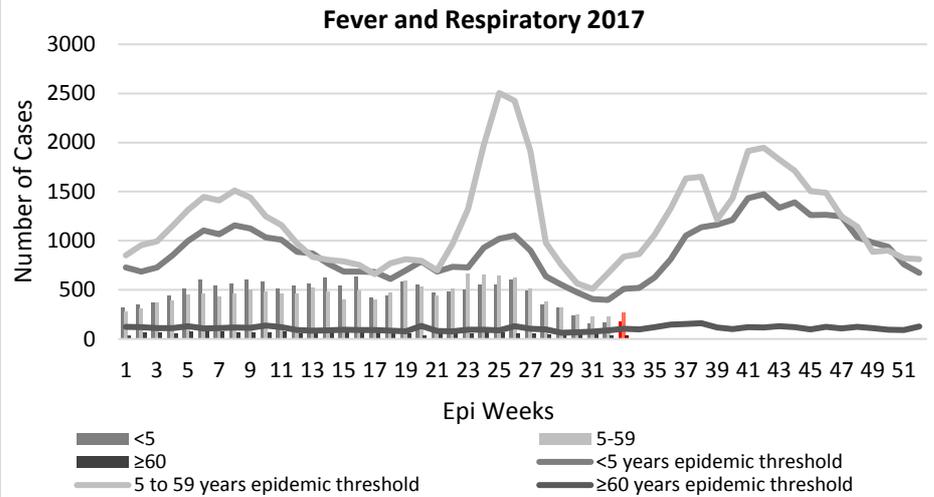
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 33

August 13-19, 2017

Epidemiology Week 33

July 2017		
	EW 33	YTD
SARI cases	2	308
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



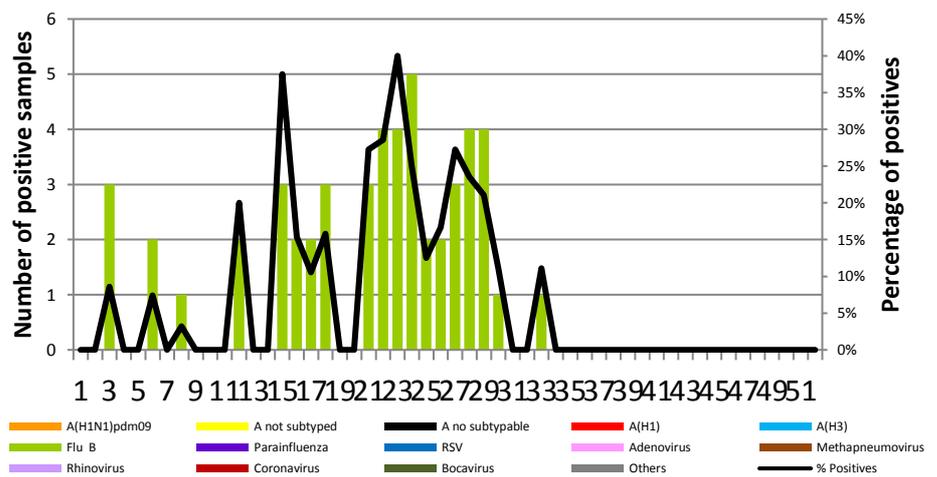
Comments:

During EW 33, the proportion of SARI hospitalizations among all hospitalizations slightly increased below the average epidemic curve and the alert threshold as compared to previous weeks

During EW 31, the number of SARI cases slightly increased as compared to previous weeks and was lower than the previous seasons for the same period.

During EW 33, few influenza detections were reported, with slightly increased activity (10% positivity) and influenza B predominating.

Distribution of Influenza and other respiratory viruses among SARI cases by EW surveillance EW 33, 2017, NIC Jamaica



INDICATORS

Burden

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

Incidence

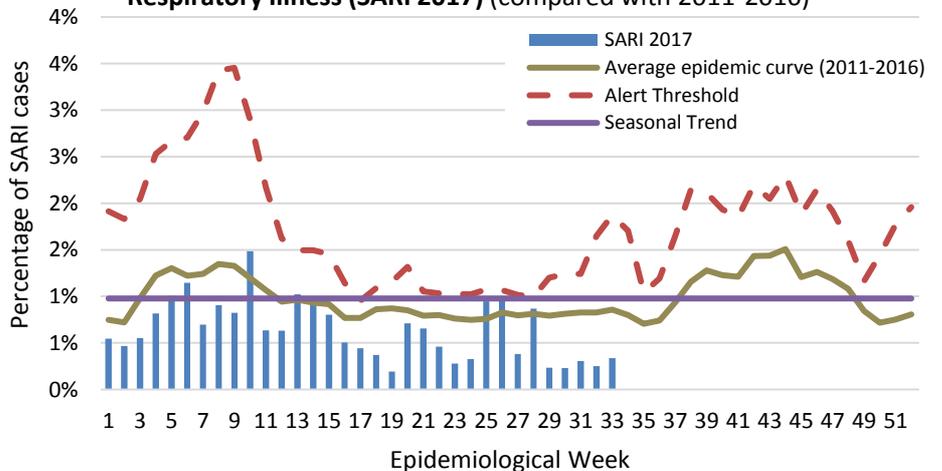
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.



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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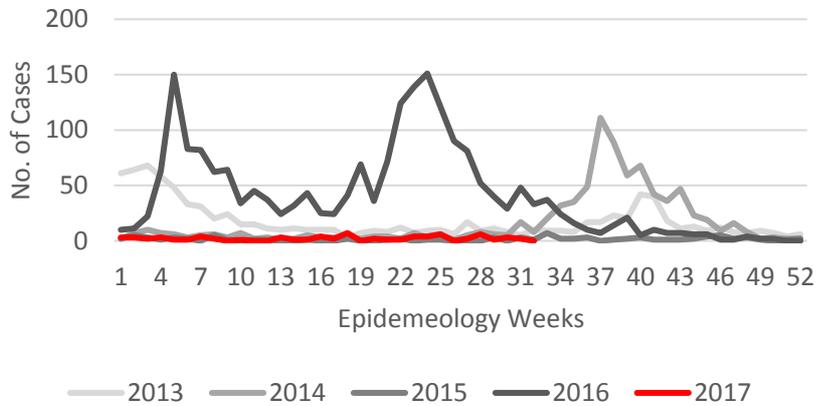
Dengue Bulletin

August 13-19, 2017

Epidemiology Week 33



Dengue Cases by Epidemiology Weeks 2013-2017

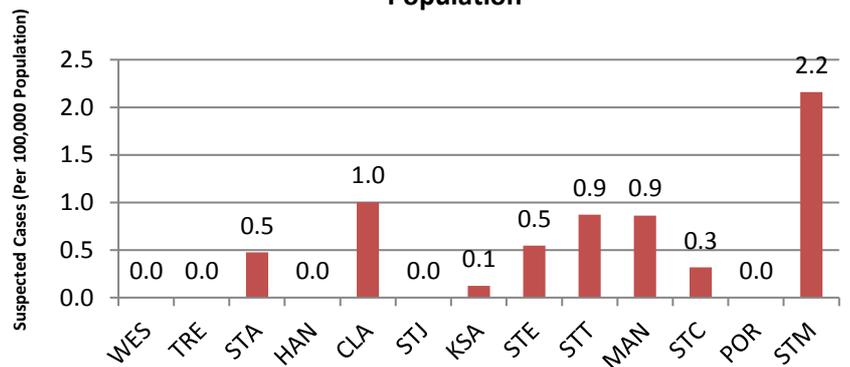


DISTRIBUTION

Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1	2	0	0	2	2.9
1-4	4	1	0	5	7.1
5-14	6	11	0	17	24.3
15-24	7	8	0	15	21.4
25-44	14	6	1	21	30
45-64	4	4	0	8	11.4
≥65	0	0	0	0	0
Unknown	1	1	0	2	2.9
TOTAL	38	31	1	70	100

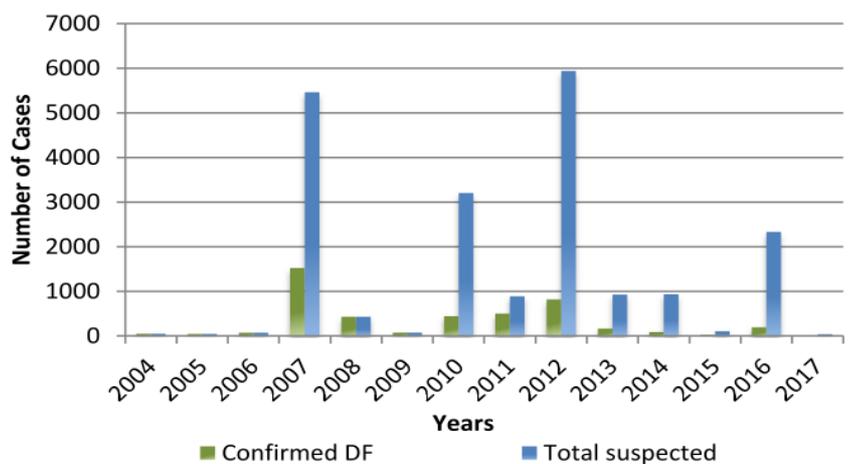
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2017		2016
		EW 33	YTD	YTD
Total Suspected Dengue Cases		0	70	1823
Lab Confirmed Dengue cases		0	14	153
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
33

August 13-19, 2017

Epidemiology Week 33

Weekly Breakdown of Gastroenteritis cases

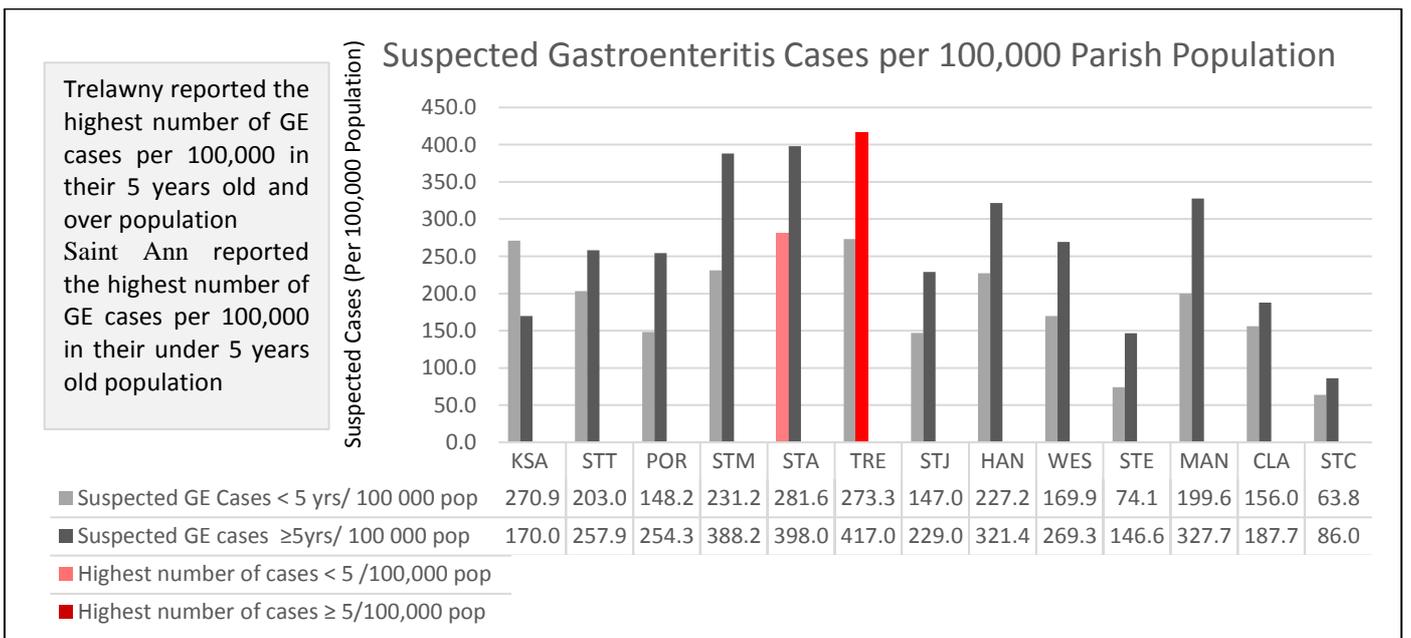
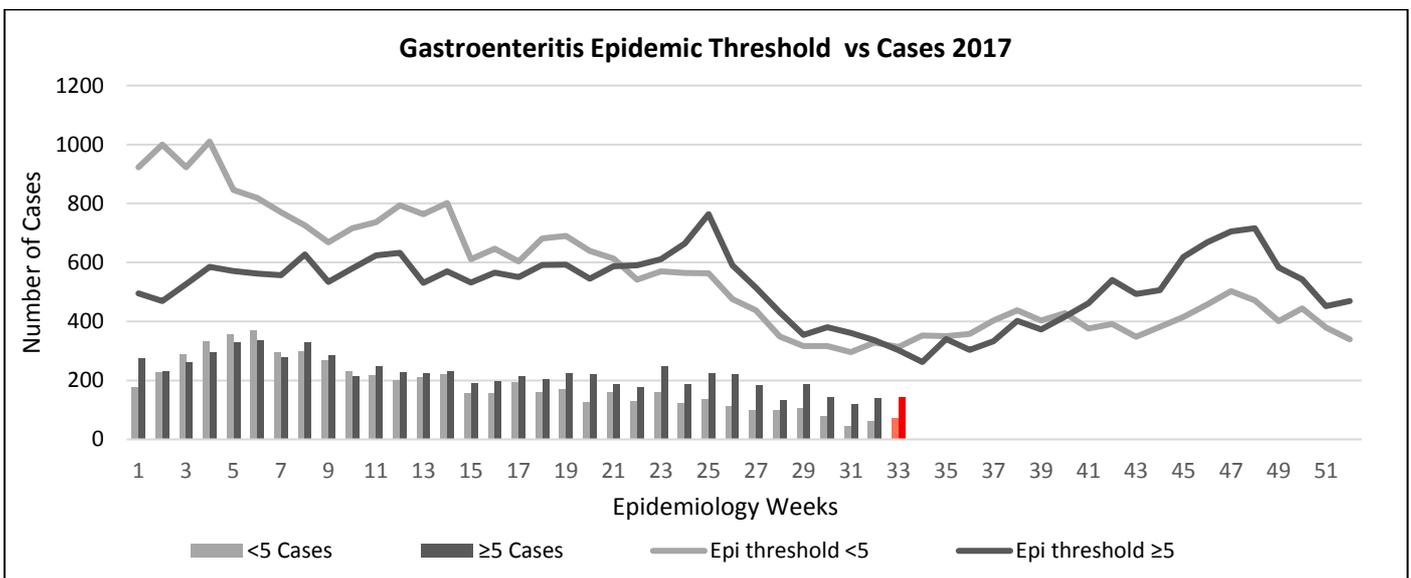
Year	EW 33			YTD		
	<5	≥5	Total	<5	≥5	Total
2017	74	142	216	6,049	7,329	13,378
2016	85	156	241	4,565	7,485	12,050

Gastroenteritis:

In Epidemiology Week 32, 2017, the total number of reported GE cases showed an 13% decrease compared to EW 32 of the previous year. The year to date figure showed a 11% increase in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2016-2017



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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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