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Week ending November 19, 2016 Epidemiology Week 46

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

International Day of Persons with Disabilities

Theme: Achieving 17 Goals for the Future We Want

This theme notes the recent adoption of the 17 Sustainable Development Goals (SDGs) and the role of these goals in building a more inclusive and equitable world for persons with disabilities. At least 10% of the world's population, or 650 million people, live with a disability.

- 20% of the world's poor are disabled. The percentage of children with disabilities not attending school is extremely variable and is between 65 - 85% in some African countries. Mortality for children with disabilities may be as high as 80% in countries where under-five mortality as a whole has decreased to below 20%. In many low-income and middle -income countries, only 5-15% of disabled people who require assistive devices and technology have access to them.

- Considering the challenges that people with disabilities face it is vital that the global community works to mainstream disability across all development sectors

Community-based rehabilitation

Community-based rehabilitation (CBR) is a development strategy that is currently implemented in over 90 countries throughout the world to address the needs of people with disabilities and their family members. CBR aims to provide rehabilitation, reduce poverty, equalize opportunities and promote the inclusion of disabled people in their communities. It focuses on four key development areas – health, education, livelihood and social – and promotes mainstreaming and empowerment.

Downloaded from: http://www.un.org/en/events/disabilitiesday/
http://www.who.int/disabilities/media/events/idpdinfo031209/en/

EPI WEEK 46

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

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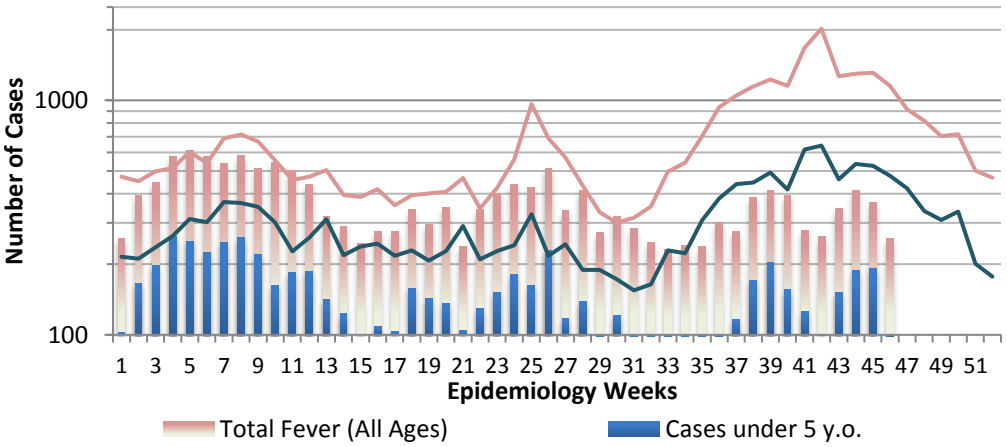
REPORTS FOR SYNDROMIC SURVEILLANCE

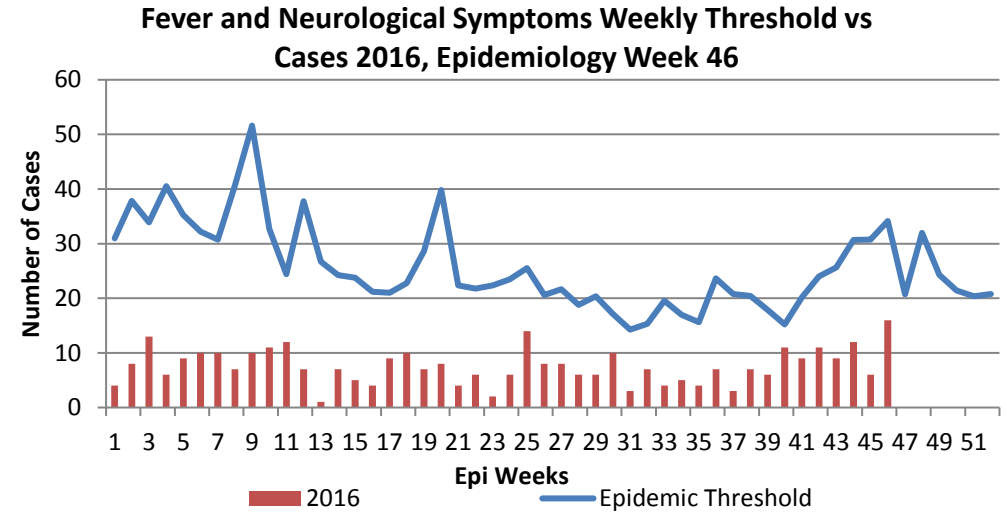
FEVER

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



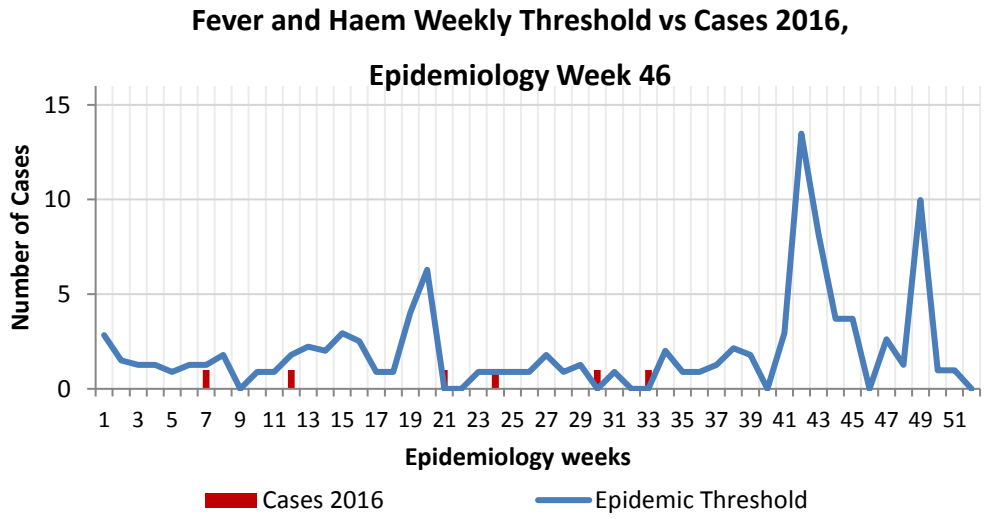
FEVER AND NEUROLOGICAL

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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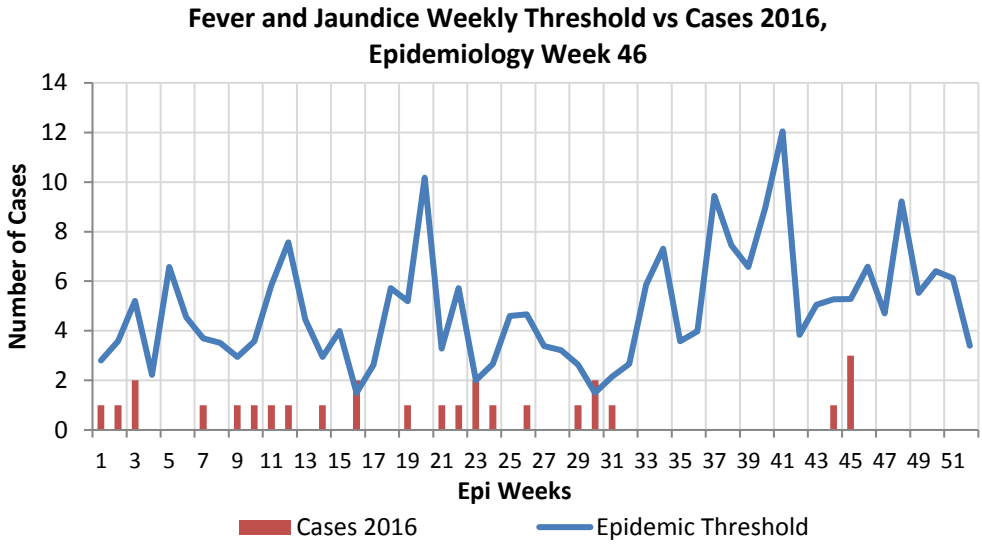
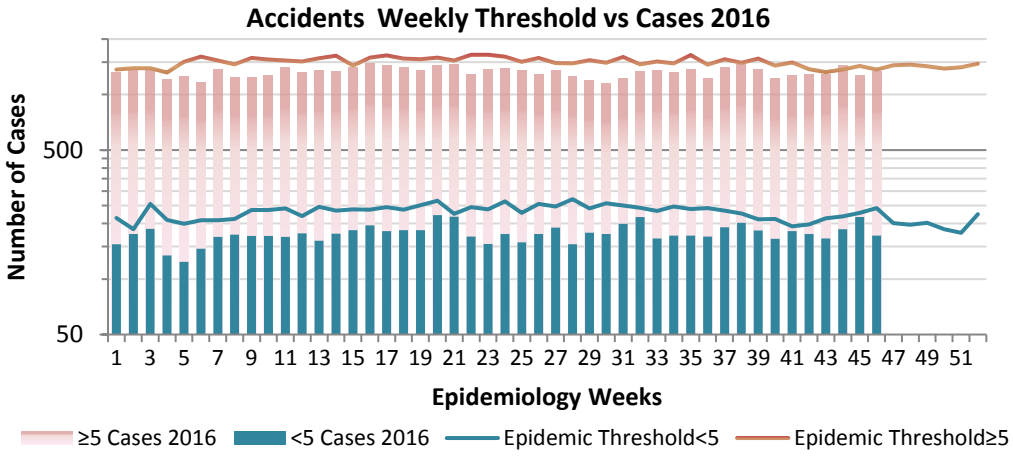
FEVER AND JAUNDICE

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



ACCIDENTS

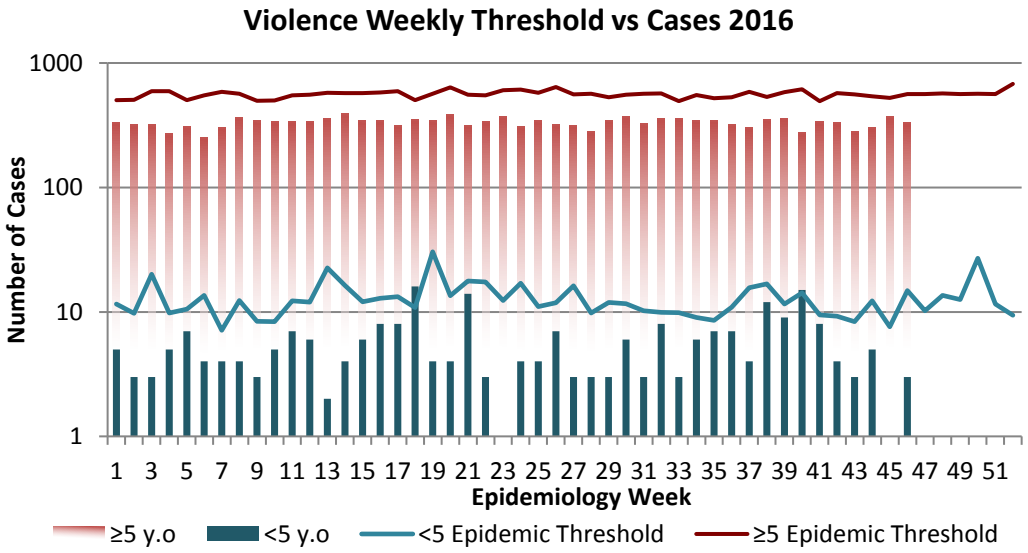
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



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		79	130
	Cholera		0	0
	Dengue Hemorrhagic Fever[1]		2	0
	Hansen's Disease (Leprosy)		1	0
	Hepatitis B		27	31
	Hepatitis C		4	9
	HIV/AIDS - See HIV/AIDS National Programme Report			
	Malaria (Imported)		1	0
	Meningitis (Clinically confirmed)		40	66
EXOTIC/ UNUSUAL	Plague		0	0
H IGH MORBIDIT/ MORTALIY	Meningococcal Meningitis		0	0
	Neonatal Tetanus		0	0
	Typhoid Fever		1	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	2
		Rubella	0	0
	Maternal Deaths[2]		45	54
	Ophthalmia Neonatorum		416	252
	Pertussis-like syndrome		0	0
	Rheumatic Fever		6	13
	Tetanus		0	1
	Tuberculosis		0	0
	Yellow Fever		0	0
	Chikungunya		0	1
	Zika Virus		200	0

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.

*Data not available

1 Dengue Hemorrhagic Fever data include Dengue related deaths;

2 Maternal Deaths include early and late deaths.

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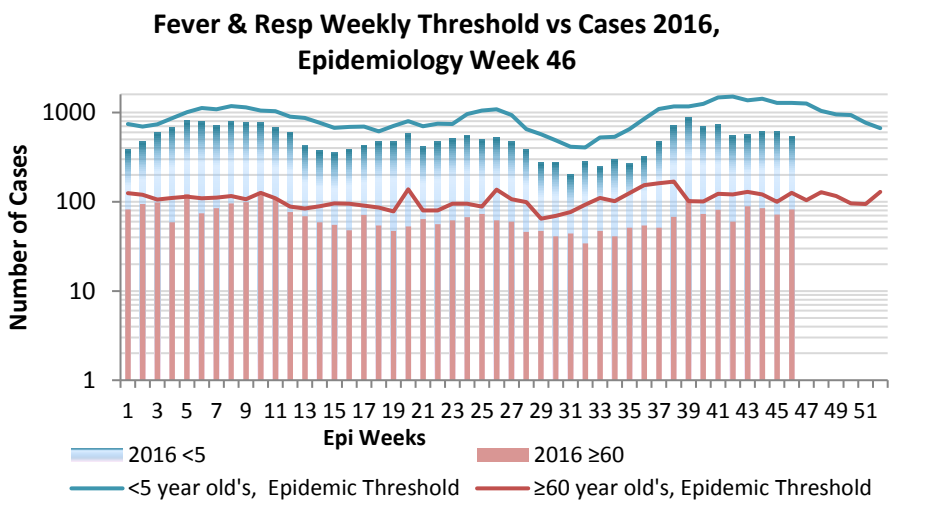
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 46

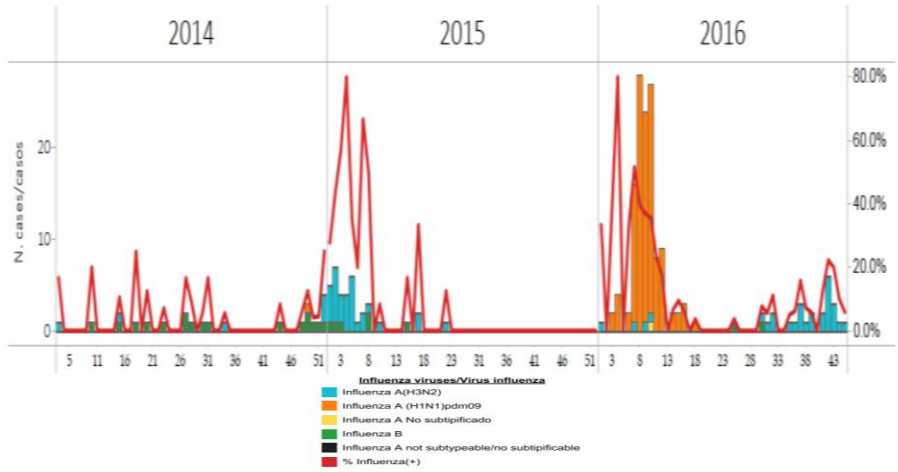
Nov 13-19, 2016 Epidemiology Week 46

September 2016	EW 46	YTD
SARI cases	28	983
Total Influenza positive Samples	**1**	**158**
Influenza A	**1**	**154**
H3N2	0	20
H1N1pdm09	0	80
Not subtyped	1	54
Influenza B	**0**	**3**
Other	**0**	**1**



Comments:

During EW 46, SARI activity increased (2.7%) above the alert threshold. During EW 46, SARI cases were most frequently reported among adults aged from 15 to 49 years of age. During EW 46, pneumonia case-counts slightly decreased (91 cases in EW 46), with the highest proportion in Kingston and Saint Andrew. During EW 45, influenza activity decreased (5.9% positivity for influenza) with influenza A(H3N2) predominating; no other respiratory virus activity was reported.



INDICATORS

Burden

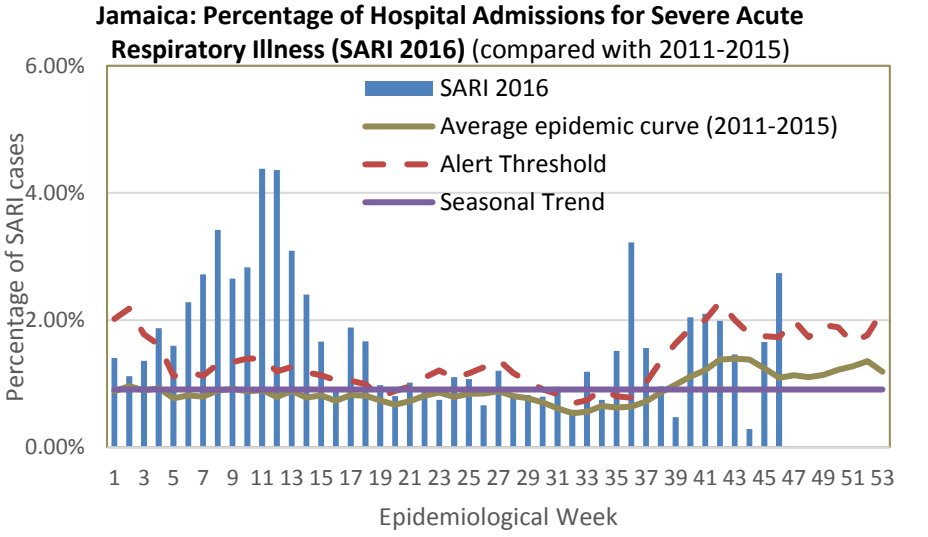
Year to date, respiratory syndromes account for 4.3% of visits to health facilities.

Incidence

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

Prevalence

Not applicable to acute respiratory conditions.



***Additional data needed to calculate Epidemic Threshold**

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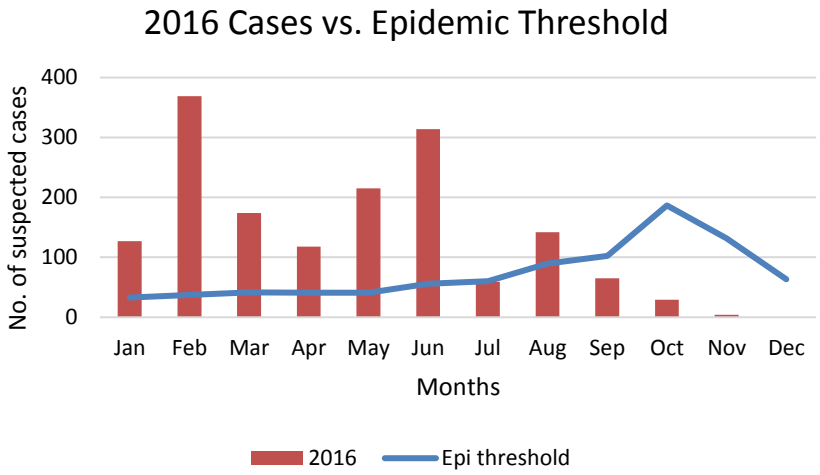
Dengue Bulletin

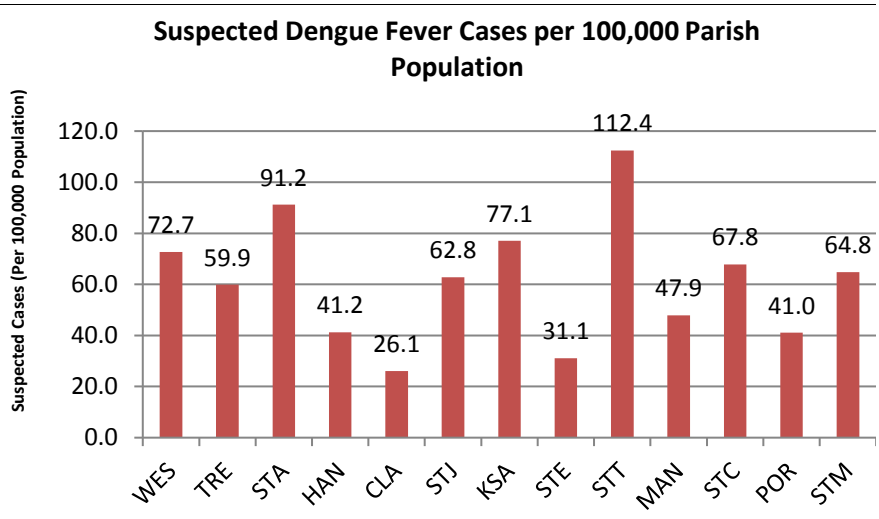
Nov 13-19, 2016 Epidemiology Week 46



DISTRIBUTION

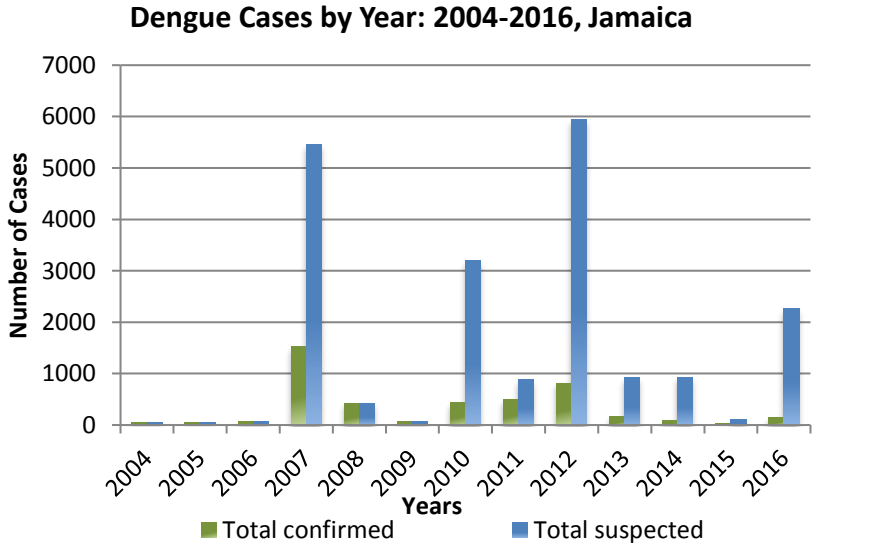
Year-to-Date Suspected Dengue Fever

	M	F	Un-kwn	Total	%
<1	4	10	0	14	1
1-4	24	25	0	45	5
5-14	126	135	3	229	19
15-24	101	180	4	245	20
25-44	151	373	6	451	29
45-64	62	184	2	209	10
≥65	9	18	0	25	2
Unknown	48	89	444	136	14
TOTAL	525	1014	730	2269	**100**



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

		2016		2015 YTD
		EW 46	YTD	
Total Suspected Dengue Cases		3	2269	30
Lab Confirmed Dengue cases		0	154	2
CONFIRMED	DHF/DSS	0	3	0
	Dengue Related Deaths	0	0	0



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Gastroenteritis Bulletin

EW 46

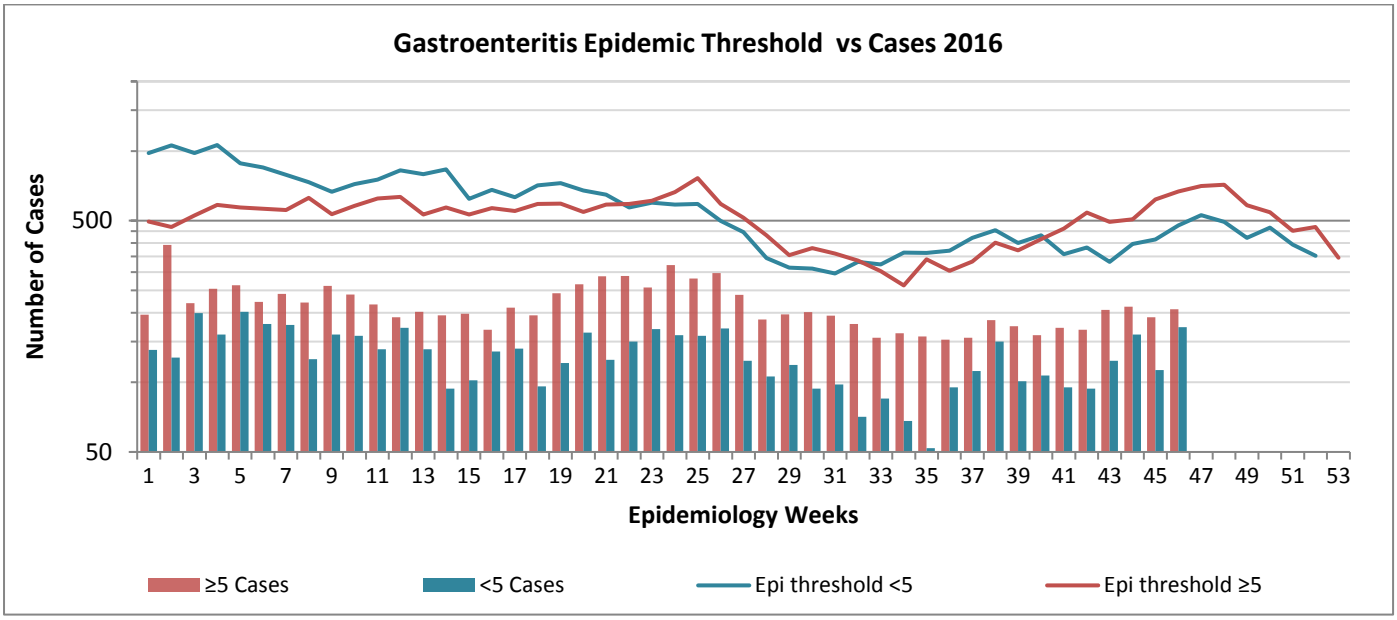
Nov 13-19, 2016 Epidemiology Week 46

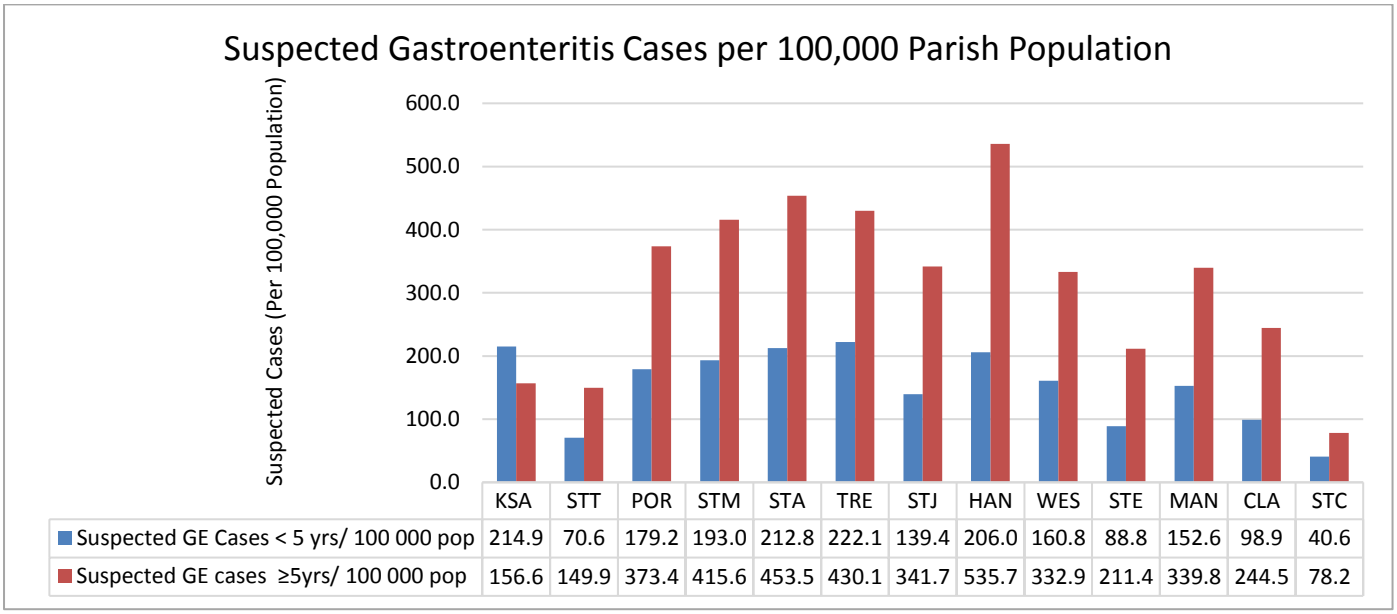
Weekly Breakdown of Gastroenteritis cases

Year	EW 46			YTD		
	<5	≥5	Total	<5	≥5	Total
2016	173	207	380	6,010	9,793	15,803
2015	149	190	339	9,701	10,542	20,243

Gastroenteritis:
In Epidemiology Week 46, 2016, the total number of reported GE cases showed a 5.23% increase compared to EW 46 of the previous year.
The year to date figure showed a 19.7% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2015-2016





	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
Suspected GE Cases < 5 yrs/ 100 000 pop	214.9	70.6	179.2	193.0	212.8	222.1	139.4	206.0	160.8	88.8	152.6	98.9	40.6
Suspected GE cases ≥5yrs/ 100 000 pop	156.6	149.9	373.4	415.6	453.5	430.1	341.7	535.7	332.9	211.4	339.8	244.5	78.2

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RESEARCH PAPER

A Need for Capacity Building in Faith-Based Response to HIV/AIDS in Jamaica

N Muturi [1], R Page [2]
[1]A.Q. Miller School of Journalism and Mass Communications, Kansas State University
[2]Ministry of Health, Jamaica
Email: nmuturi@ksu.edu or raunchygp@gmail.com

Objective: To identify initiatives being conducted by faith-based organizations (FBOs) and explore their most urgent needs in addressing the HIV/AIDS epidemic.

Design and Methods: Focus group discussions (FGD) and in-depth interviews were conducted with members of FBOs, members of HIV/AIDS support groups and persons living with HIV/AIDS (PLWHA) over a 6 month period in three parishes. Twelve (12) FGD and 30 in-depth interviews were conducted. Data were analysed by descriptive and interpretive techniques following the completion of transcriptions of the interviews and focus groups.

Results: One hundred (100) persons participated in the study, 18 of which were PLWHA. Approximately 60% of FBOs who participated had initiatives to address stigma and discrimination which included education and counselling sessions with their congregants (60%) as well as providing psychological support to PLWHA (50%). One FBO also had media publication. More than 50% of the FBO leaders interviewed expressed their most urgent need to be strengthening of the leadership to address stigma and discrimination and treatment of PLWHA among their congregants.

Conclusions: Programs to address stigma and discrimination were the most common initiatives in the FBOs that participated in the study. Strengthening the capacity of FBO leaders to identify and address stigma and discrimination among their congregants and the wider community was identified as their most urgent need followed by the capacity to provide psychological support for PLWHA.

The Ministry of Health
24-26 Grenada Crescent
Kingston 5, Jamaica
Tele: (876) 633-7924
Email: surveillance@moh.gov.jm