

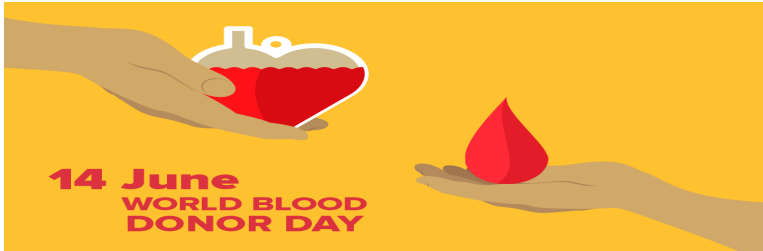
# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

## Weekly Spotlight

World Blood Donor Day June 14 2018

Theme: *blood donation as an action of solidarity*



Every year, on 14 June, countries around the world celebrate World Blood Donor Day. The event serves to thank voluntary, unpaid blood donors for their life-saving gifts of blood and to raise awareness of the need for regular blood donations to ensure the quality, safety and availability of blood and blood products for patients in need. Transfusion of blood and blood products helps save millions of lives every year. It can help patients suffering from life-threatening conditions live longer and with a higher quality of life, and supports complex medical and surgical procedures. It also has an essential, life-saving role in maternal and child care and during the emergency response to man-made and natural disasters.

A blood service patients access and blood sufficient component of health system. supply can only through regular voluntary, donors.



that gives to safe blood products in quantity is a key an effective An adequate be ensured donations by unpaid blood However, in blood services

many countries, face the challenge of making sufficient blood available, while also ensuring its quality and safety.

. We have adopted the slogan, "Be there for someone else. Give blood. Share life", to draw attention to the roles that voluntary donation systems play in encouraging people to care for one another and generate social ties and a united community.

The campaign aims to highlight stories of people whose lives have been saved through blood donation, as a way of motivating regular blood donors to continue giving blood, and to motivate people in good health who have never given blood to begin doing so, particularly young people.

Source: <http://www.who.int/campaigns/world-blood-donor-day/2018/event/en/>

## EPI WEEK 19



SYNDROMES

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CLASS 1 DISEASES

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INFLUENZA

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GASTROENTERITIS

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RESEARCH PAPER

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1 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

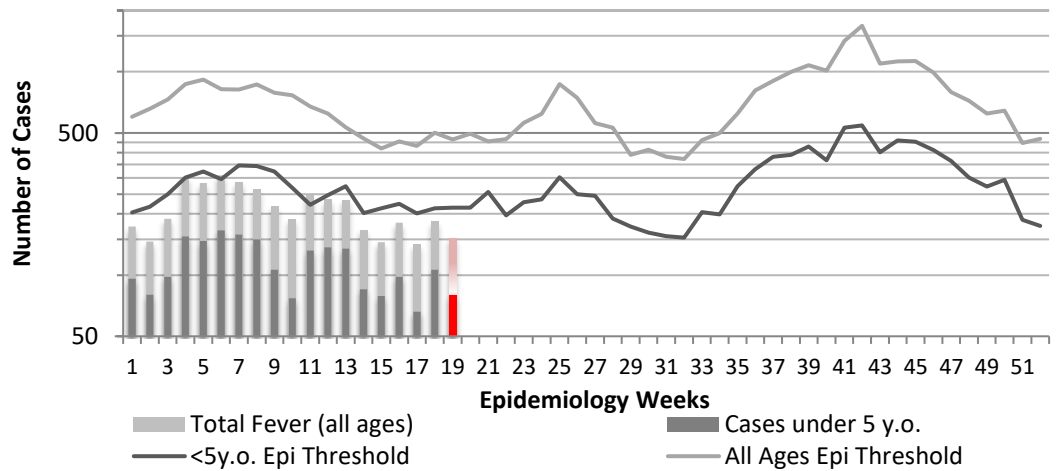
**FEVER**  
 Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) with or without an obvious diagnosis or focus of infection.

**KEY**  
**RED** CURRENT WEEK

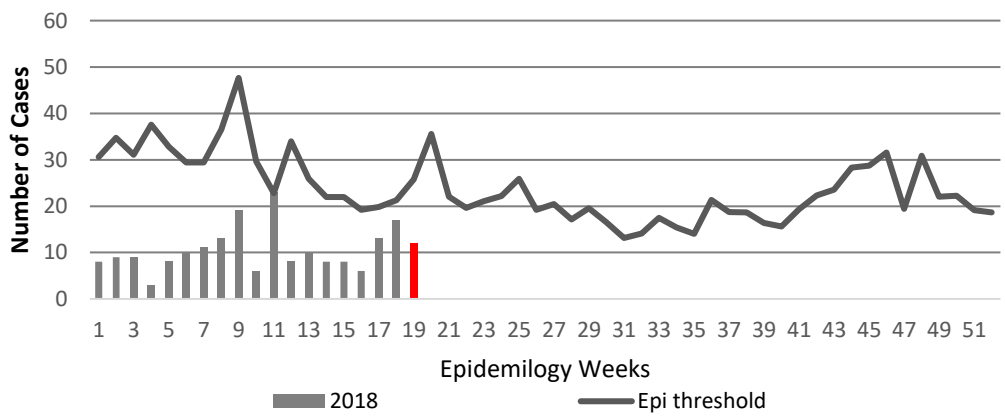
**FEVER AND NEUROLOGICAL**  
 Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) in a previously healthy person with or without headache and vomiting. The person must also have meningeal irritation, convulsions, altered consciousness, altered sensory manifestations or paralysis (except AFP).

**FEVER AND HAEMORRHAGIC**  
 Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.

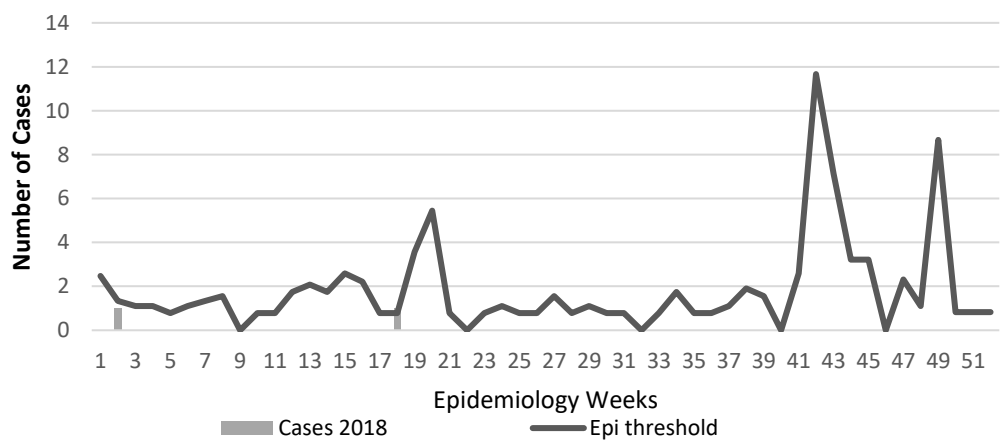
**Fever in under 5y.o. and Total Population 2018 vs Epidemic Thresholds, Epidemiology Week 19**



**Fever and Neurological Symptoms Weekly Threshold vs Cases 2018, Epidemiology Week 19**



**Fever and Haem Weekly Threshold vs Cases 2018, Epidemiology Week 19**



**2 NOTIFICATIONS-**  
 All clinical sites

**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events

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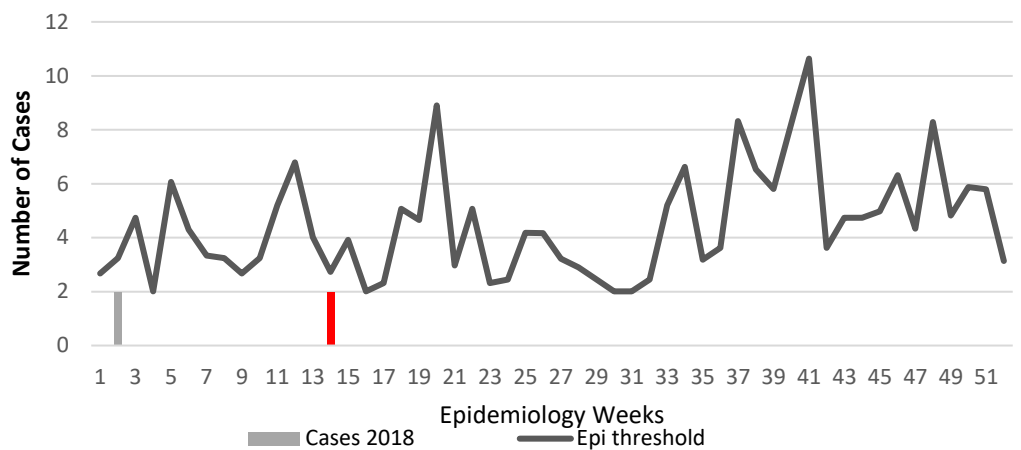
\*Incidence/Prevalence cannot be calculated

### FEVER AND JAUNDICE

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



**Fever and Jaundice Weekly Threshold vs Cases 2018, Epidemiology Week 19**

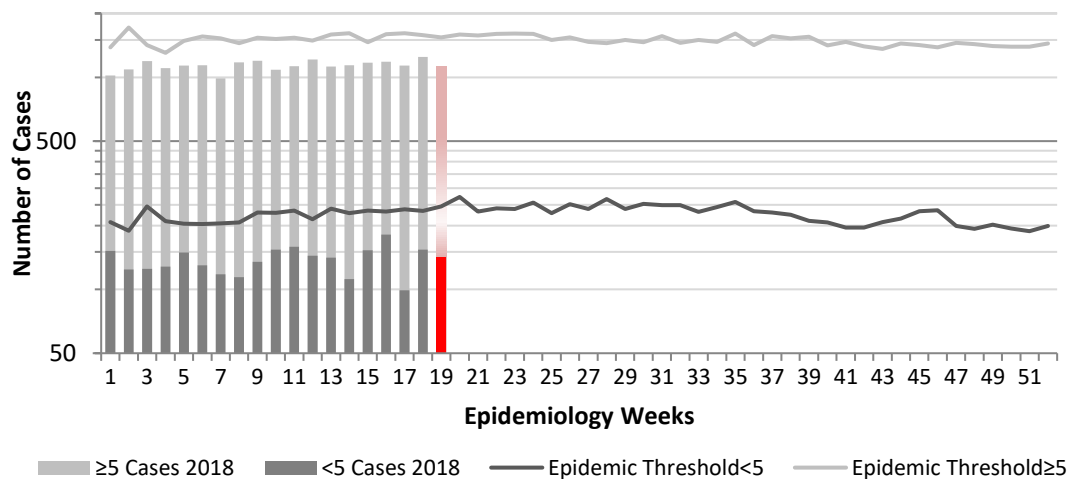


### ACCIDENTS

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



**Accidents Weekly Threshold vs Cases 2018**



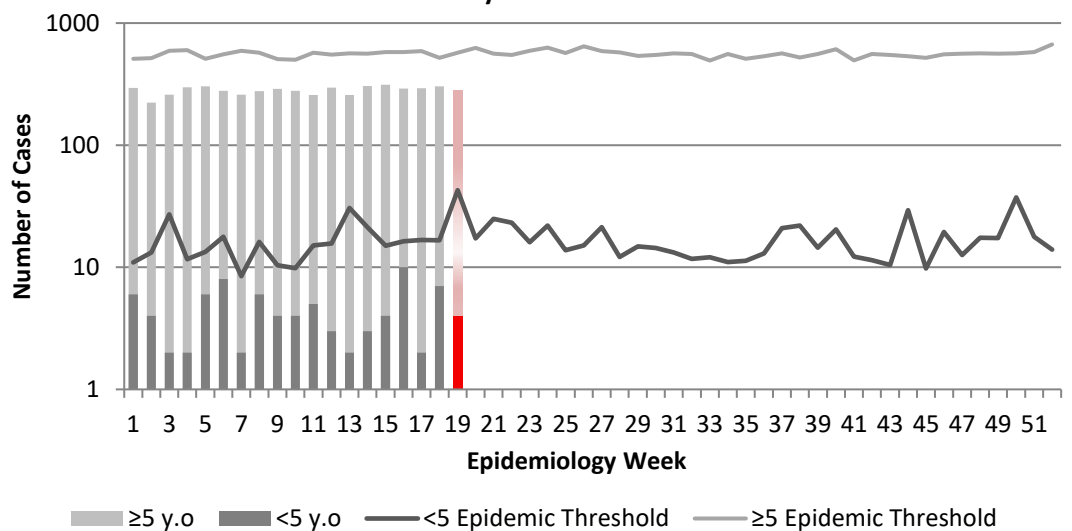
### VIOLENCE

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 2018**



**3 NOTIFICATIONS-**  
All clinical sites



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**CLASS ONE NOTIFIABLE EVENTS**

**Comments**

	CONFIRMED YTD				
	CLASS 1 EVENTS	CURRENT YEAR		PREVIOUS YEAR	
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	5	83	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 <sup>1</sup>	0	3		
	Hansen's Disease (Leprosy)	0	2		
	Hepatitis B	14	5		
	Hepatitis C	1	1		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	2	0		
	Meningitis (Clinically confirmed)	12	33		
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	*Figures are based on reports received for the period	
	Typhoid Fever	0	0		
	Meningitis H/Flu	0	0		
SPECIAL PROGRAMMES	AFP/Polio	0	0		1 Dengue Hemorrhagic Fever data include Dengue related deaths;
	Congenital Rubella Syndrome	0	0		
	Congenital Syphilis	0	0		
	Fever and Rash	Measles	0	0	2 Figures include all pregnancy related deaths reported for the period.
		Rubella	0	0	
	Maternal Deaths <sup>2</sup>	27	18	Hep B increase due to results received from NBTS/NPHL	
	Ophthalmia Neonatorum	128	80		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	14	35		
	Yellow Fever	0	0		
Chikungunya	9	0	NA- Not Available		
	Zika Virus	0			0



**4 NOTIFICATIONS-**  
All clinical sites



**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events



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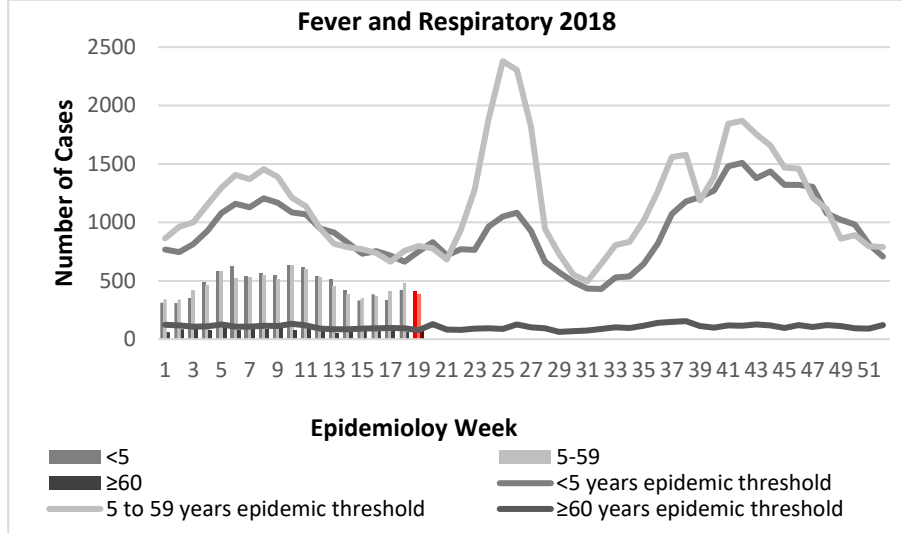
# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

## EW 19

May 6-12, 2018

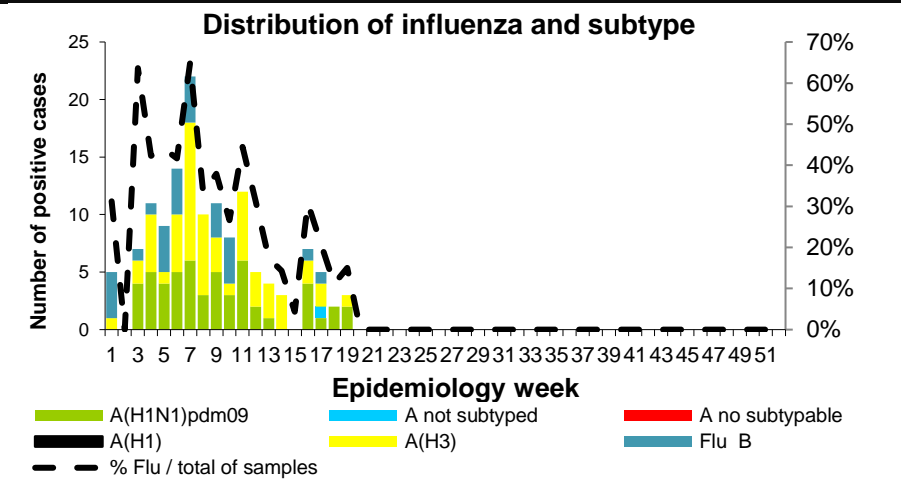
Epidemiology Week 19

May 2018		
	EW 19	YTD
SARI cases	15	151
<b>Total Influenza positive Samples</b>		
<b>Influenza A</b>	0	0
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
<b>Influenza B</b>		
<b>Other</b>	0	0



**Comments:**

During EW 19, SARI and pneumonia activity were below the seasonal threshold, similar to the previous seasons 2011-2017 for the same period (Graphs 1,2). During EW 19, low influenza activity with influenza A(H1N1)pdm09 and A(H3N2) co-circulated (Graph 4) in recent weeks.

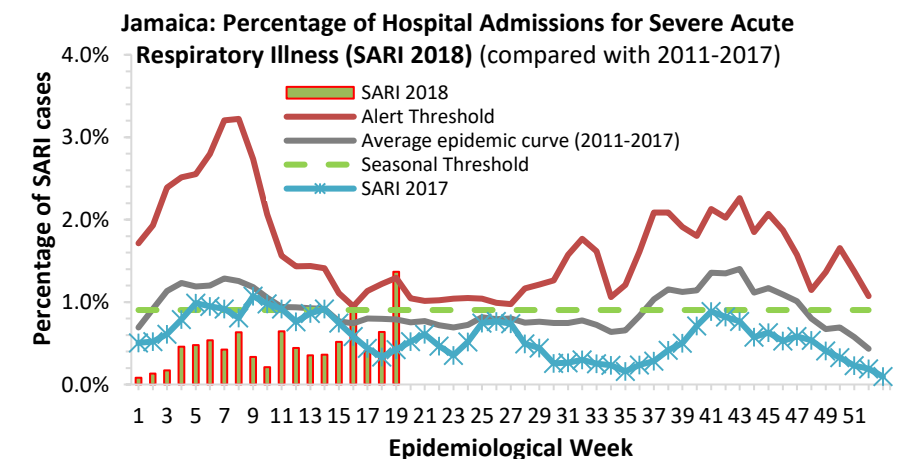


**INDICATORS**

**Burden**  
Year to date, respiratory syndromes account for 0% 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.



**5 NOTIFICATIONS-**  
All clinical sites



**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events



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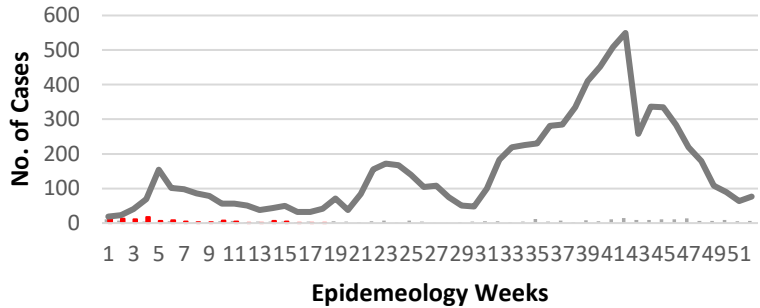
# Dengue Bulletin

May 6-12, 2018

Epidemiology Week 19



Dengue 2018 cases by Epidemic Threshold

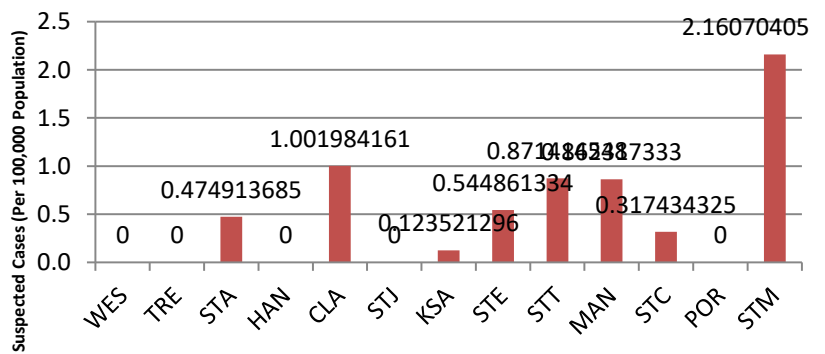


## DISTRIBUTION

### Year-to-Date Suspected Dengue Fever

	M	F	Un-known	Total	%
<1					
1-4					
5-14					
15-24					
25-44					
45-64					
≥65					
Unknown					
<b>TOTAL</b>					

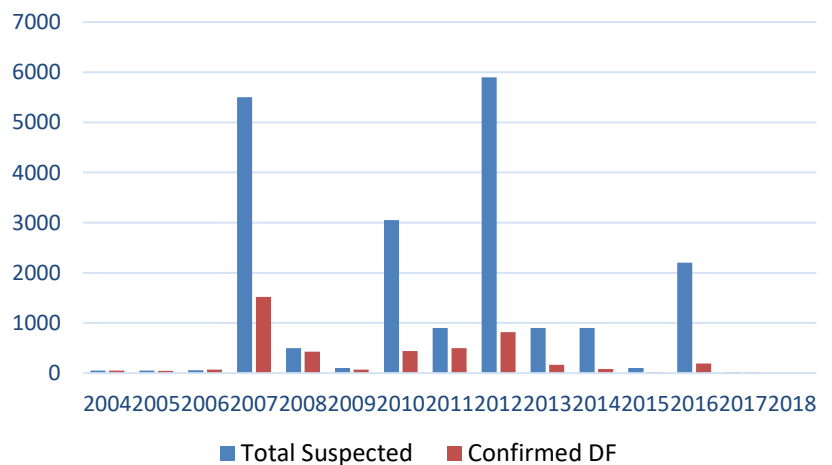
Suspected Dengue Fever Cases per 100,000 Parish Population



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

		2018		2017 YTD
		EW 19	YTD	
<b>Total Suspected Dengue Cases</b>		2	110	62
<b>Lab Confirmed Dengue cases</b>		0	0	0
<b>CONFIRMED</b>	<b>DHF/DSS</b>	3	2	2
	<b>Dengue Related Deaths</b>	0	0	0

Dengue Cases by Year: 2007-2018, Jamaica



**6 NOTIFICATIONS-**  
All clinical sites

**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events

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**SENTINEL REPORT-** 79 sites\*. Automatic reporting

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# Gastroenteritis Bulletin

**EW**  
**19**

May 6-12, 2018

Epidemiology Week 19

## Weekly Breakdown of Gastroenteritis cases

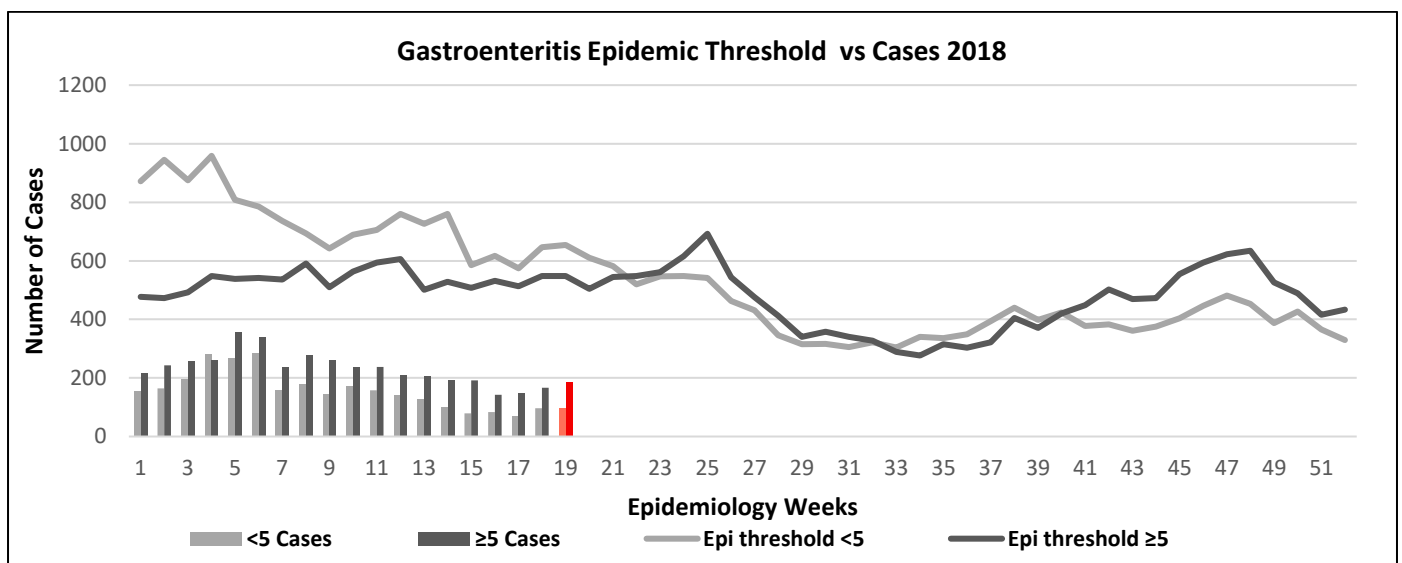
Year	EW 19			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	99	186	285	3,004	4,387	7,391
2017	170	225	395	4,538	4,806	9,344

### Gastroenteritis:

In Epidemiology Week 19, 2017, the total number of reported GE cases showed a 28% decrease compared to EW 19 of the previous year. The year to date figure showed an 21% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2016-2017



## Total number of GE cases per parish for Week 19 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	929	74	66	225	304	198	204	109	116	120	301	196	162
≥5	773	162	96	386	581	284	341	150	186	182	451	399	396



**7 NOTIFICATIONS-**  
All clinical sites



**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events



**HOSPITAL ACTIVE SURVEILLANCE-** 30 sites\*. Actively pursued

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**SENTINEL REPORT-** 79 sites\*. Automatic reporting

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# RESEARCH PAPER

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## ***Title: Determinants of Health-Seeking Behaviour in Patients with Sexually Transmitted Infections***

**Authors:** Ardene Harris<sup>1</sup>, Lovette Byfield<sup>2</sup>, Desmalee Holder-Nevins<sup>2</sup>, Camelia Thompson<sup>2</sup>

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**Corresponding Author / Presenter:** Dr. Ardene Harris at [ardene.harris@yahoo.com](mailto:ardene.harris@yahoo.com)

### ABSTRACT

**Objectives:** Persons with sexually transmitted infections (STIs) often do not seek medical care. In some countries, studies show that patients with STIs feel stigmatized. This study seeks to examine factors that influence the decision by patients with recurrent STIs to seek medical attention, and to determine the role played by stigma or the attitudes of health-care workers.

**Method:** Using a convergent parallel mixed-methods design, quantitative data were collected via a cross-sectional survey, utilizing an interviewer-administered structured questionnaire, while in-depth interviews were used to gather qualitative data. The study population consisted of 201 patients who attended public health centres served by the Kingston and St. Andrew Health Department for STI symptoms.

**Results:** Lack of time and the use of alternative medications were the two main reasons reported for delays in seeking care. Females were three times more likely than males to delay seeking care for STI symptoms (OR = 3.1, CI [1.6–6.1]). The STI patients felt stigmatized with a mean score of  $61 \pm 8.8\%$ . There was an association between STI-related stigma and a willingness to disclose one's STI status to partners ( $p < 0.001$ ). Overall, patients had positive impressions of health-care workers' attitudes towards them (mean patient satisfaction score = 82.2%).

**Conclusion:** STI patients may delay seeking care or disclosing their status to sexual partners owing to STI-related stigma. Health-care workers are viewed favourably by STI patients and can be used as agents of change, through health promotion to reduce stigma and motivate patients to seek medical attention early.

**Key Words:** Sexually transmitted infections; STI; stigma; disclosure; health-care worker

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8 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



HOSPITAL  
ACTIVE  
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SENTINEL  
REPORT- 79  
sites\*. Automatic  
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