

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Breast Cancer Awareness

Facts About Breast Cancer

One in eight women in the United States will be diagnosed with breast cancer in her lifetime.

Breast cancer is the most commonly diagnosed cancer in women.

Breast cancer is the second leading cause of cancer death among women.

Each year it is estimated that over 252,710 women in the United States will be diagnosed with breast cancer and more than 40,500 will die.

1 in 8
WOMEN
WILL BE DIAGNOSED WITH
Breast Cancer
IN THEIR LIFETIME.



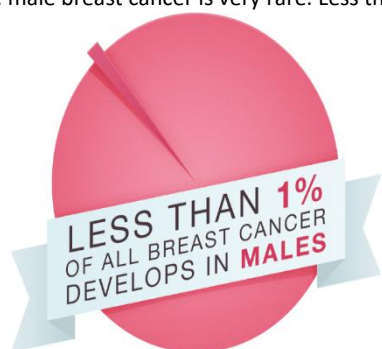
- Although breast cancer in men is rare, an estimated 2,470 men will be diagnosed with breast cancer and approximately 460 will die each year.
- On average, every 2 minutes a woman is diagnosed with breast cancer and 1 woman will die of breast cancer every 13 minutes.
- Over 3.3 million breast cancer survivors are alive in the United States today.

According to the World Health

Organization, breast cancer is the most common cancer among women worldwide, claiming the lives of hundreds of thousands of women each year and affecting countries at all levels of modernization.

Male Breast Cancer

All people, whether male or female, are born with some breast cells and tissue. Even though males do not develop milk-producing breasts, a man's breast cells and tissue can still develop cancer. Even so, male breast cancer is very rare. Less than one percent of all breast cancer cases develop in men, and only one a thousand men will ever be diagnosed with breast cancer. Breast cancer in men is usually detected as a hard lump underneath the nipple and areola. Men carry a higher mortality than women do, primarily because awareness among men is less and they are less likely to assume a lump is breast cancer, which can cause a delay in seeking treatment.



Source: <http://www.nationalbreastcancer.org/breast-cancer-facts>

EPI WEEK 38



SYNDROMES

PAGE 2



CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



GASTROENTERITIS

PAGE 7



RESEARCH PAPER

PAGE 8

REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

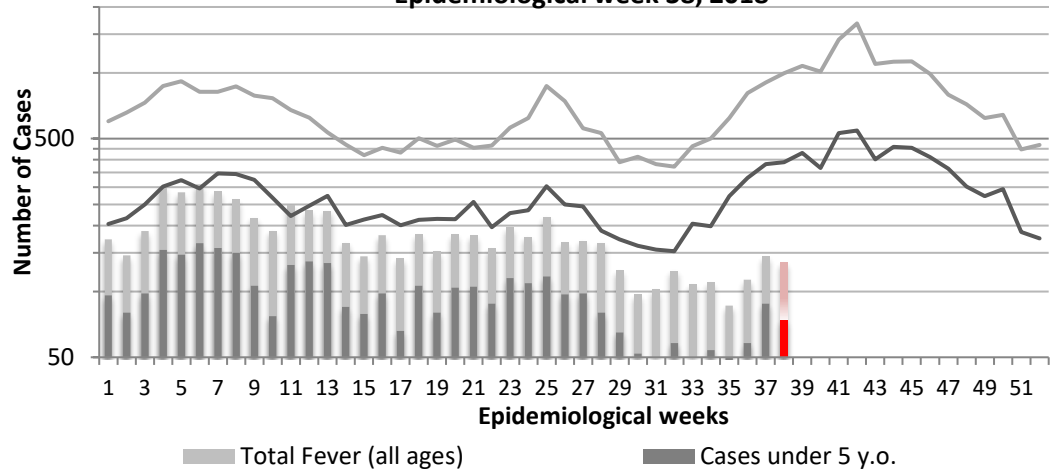
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

RED CURRENT WEEK

**Fever in under 5y.o. and Total Fever vs epidemic Thresholds, Jamaica
Epidemiological week 38, 2018**

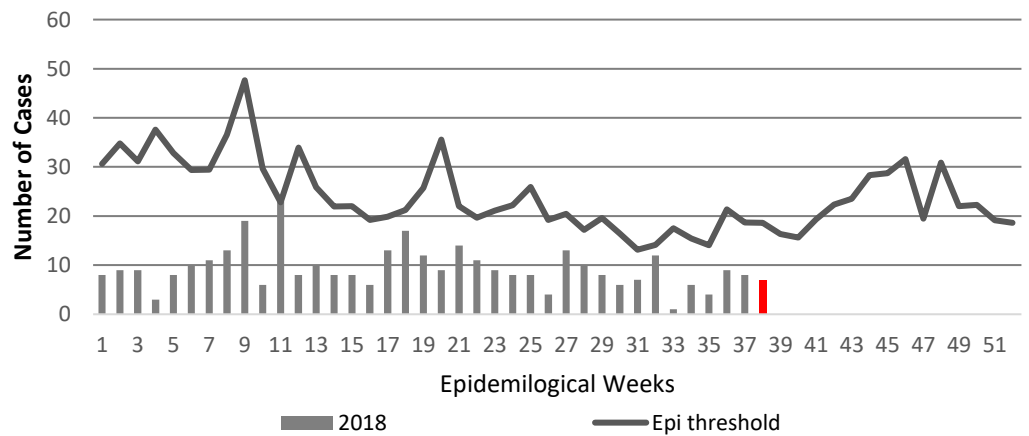


FEVER AND NEUROLOGICAL

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).



Total Fever and Neurological Symptoms vs epidemic threshold Jamaica: Week 38, 2018

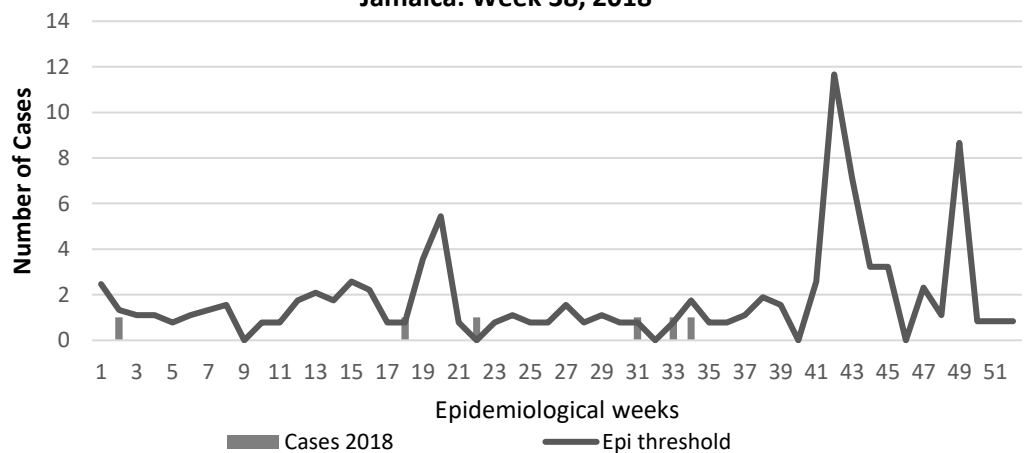


FEVER AND HAEMORRHAGIC

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.



Total Fever and Haemorrhagic Symptoms vs epidemic threshold Jamaica: Week 38, 2018



2 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

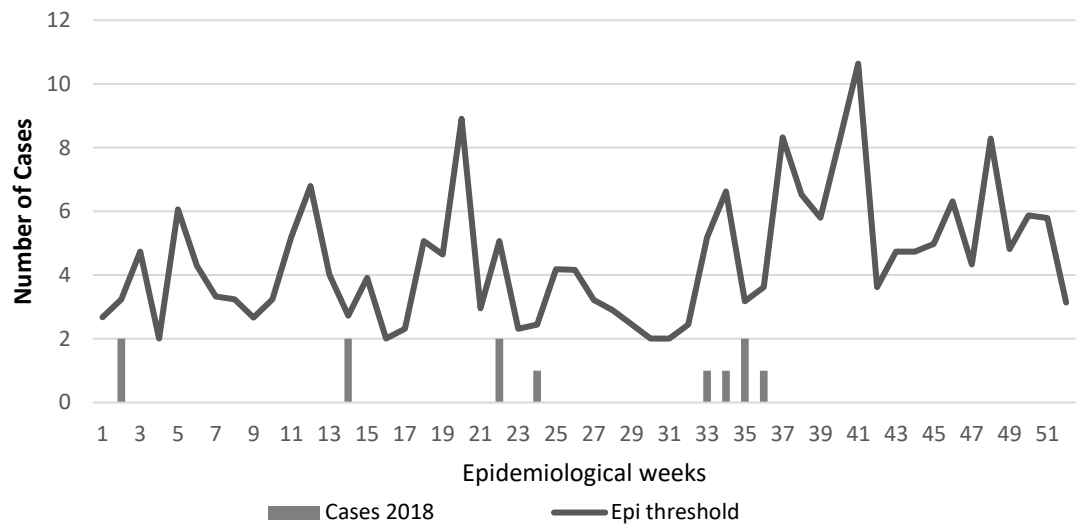
FEVER AND JAUNDICE

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

The epidemic threshold is used to confirm the emergence of an epidemic in order to implement control measures. It is calculated using the mean reported cases per week plus 2 standard deviations.



Total Fever and Jaundice vs epidemic threshold, Jamaica: Week 38, 2018



ACCIDENTS

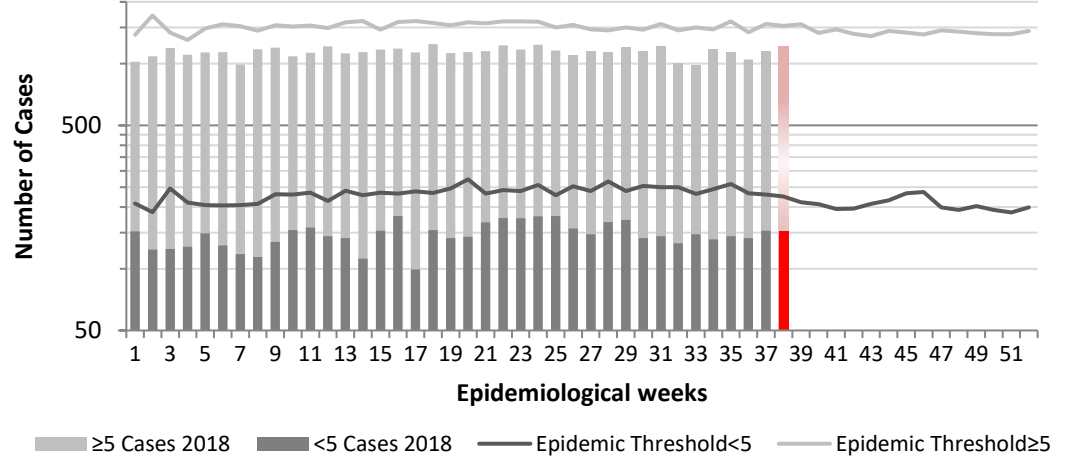
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

RED CURRENT WEEK



Accidents by age group versus epidemic thresholds, Jamaica: Week 38, 2018

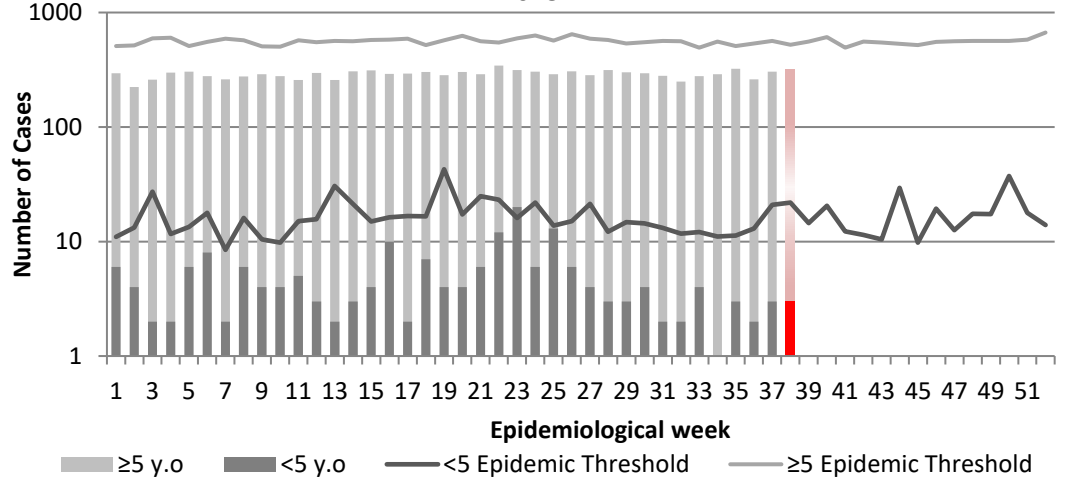


VIOLENCE

Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.



Violence by age group versus epidemic thresholds, Jamaica: Week 38, 2018



3 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

CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	CONFIRMED YTD		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.	
		CURRENT YEAR	PREVIOUS YEAR		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning ¹	(352) 117	(385) 151	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.	
	Cholera	0	0		
	Dengue Hemorrhagic Fever ²	0	3		
	Hansen's Disease (Leprosy)	0	2		
	Hepatitis B	34	35		
	Hepatitis C	6	9		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	2	0		
	Meningitis (Clinically confirmed)	34	78		
EXOTIC/ UNUSUAL	Plague	0	0	¹ Numbers in brackets indicate combined suspected and confirmed Accidental Poisoning cases ² Dengue Hemorrhagic Fever data include Dengue related deaths; ³ Figures include all deaths associated with pregnancy reported for the period. ⁴ CHIKV IgM positive cases	
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		
	Congenital Rubella Syndrome	0	0		
	Congenital Syphilis	0	0		
	Fever and Rash	Measles	0		0
		Rubella	0		0
	Maternal Deaths ³	48	37		
	Ophthalmia Neonatorum	234	231		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	25	80		
	Yellow Fever	0	0		
Chikungunya ⁴	10	0			
Zika Virus	0	0			

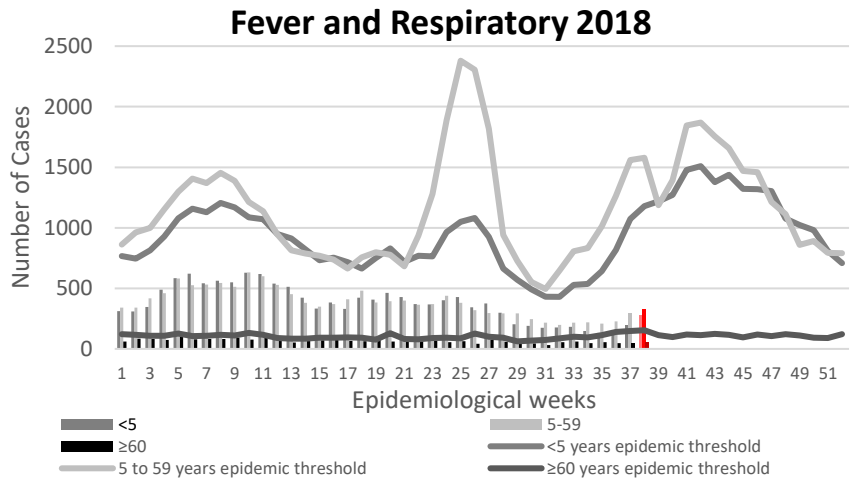
 <p>4 NOTIFICATIONS- All clinical sites</p>	 <p>INVESTIGATION REPORTS- Detailed Follow up for all Class One Events</p>	 <p>HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued</p>	 <p>SENTINEL REPORT- 79 sites. Automatic reporting</p>
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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

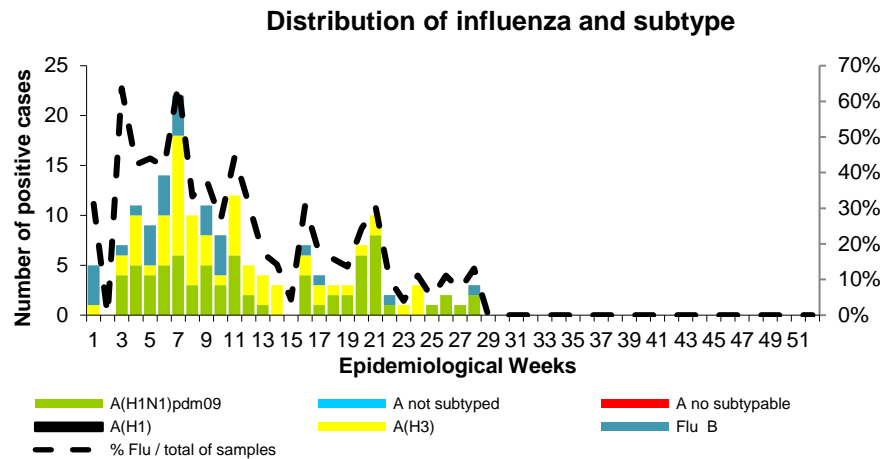
EW 38

September 16-22, 2018 Epidemiological Week 38

September 2018		
	EW 38	YTD
SARI cases	5	242
Total Influenza positive Samples	0	168
Influenza A	0	139
H3N2	0	65
H1N1pdm09	0	74
Not subtyped	0	1
Influenza B	0	29
Parainfluenza	0	7



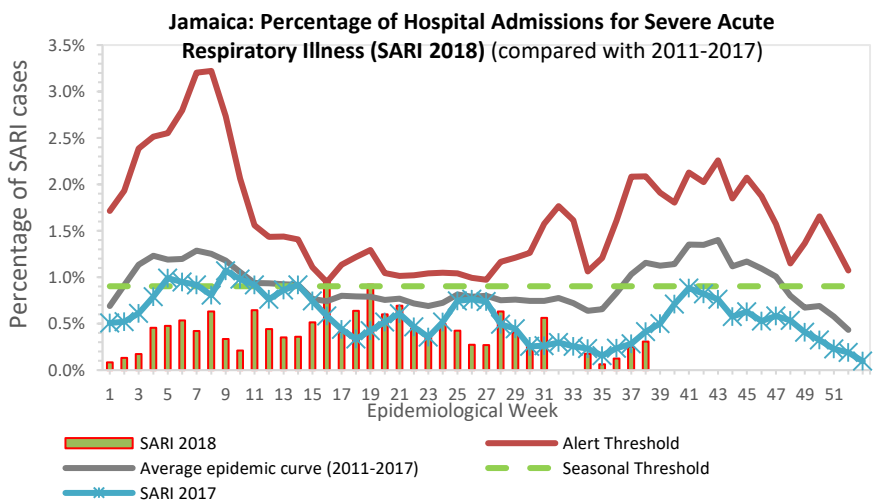
Comments:
 During EW 38, SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Decreased influenza activity was reported; with influenza A(H1N1)pdm09 predominating in previous weeks



GLOBAL AND REGIONAL UPDATES

Worldwide: Seasonal influenza subtype A accounted for the majority of influenza detections.

Caribbean: Influenza virus activity slightly increased, and low RSV activity was reported throughout most of the sub-region. In Jamaica, influenza activity decreased, with influenza A(H1N1)pdm09 and A(H3N2) co-circulating.



5 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

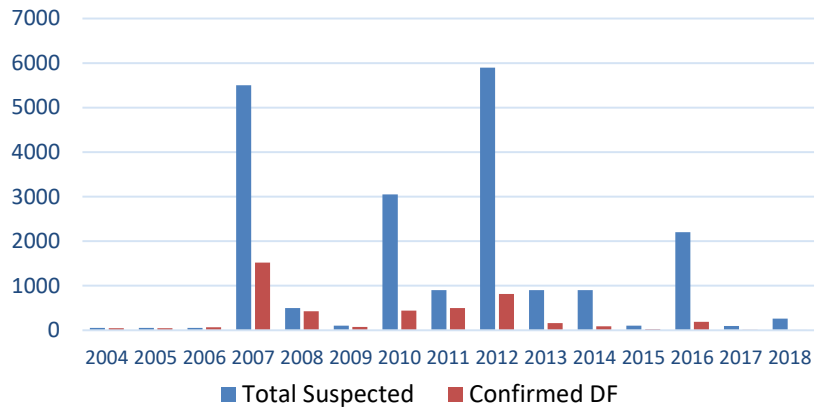
Dengue Bulletin

September 16-22, 2018

Epidemiological Week 38



Dengue Cases by Year: 2007-2018, Jamaica



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

	2018		2017 YTD
	EW 38	YTD	
Total Suspected Dengue Cases	1	265	99
Lab Confirmed Dengue cases	0	2	1
CONFIRMED	*DHF/DSS	0	0
	Dengue Related Deaths	0	0

DENGUE FEVER

- Symptoms**
 - High Fever
 - Headache
 - Nausea
 - Stomach Ache
 - Vomiting
 - Muscle Pain
 - Rashes
 - Diarrhea
 - Mild Bleeding gums
- Diagnoses**
 - Antibody detection
 - Antigen detection
 - RNA detection
 - Viral isolation
- Treatment**
 - There is no specific treatment for dengue or dengue hemorrhagic fever. Only symptomatic treatment is given.
- Prevention**
 - Cover containers
 - Use mosquito nets, sprays.
 - Wear full sleeves
 - Fumigation

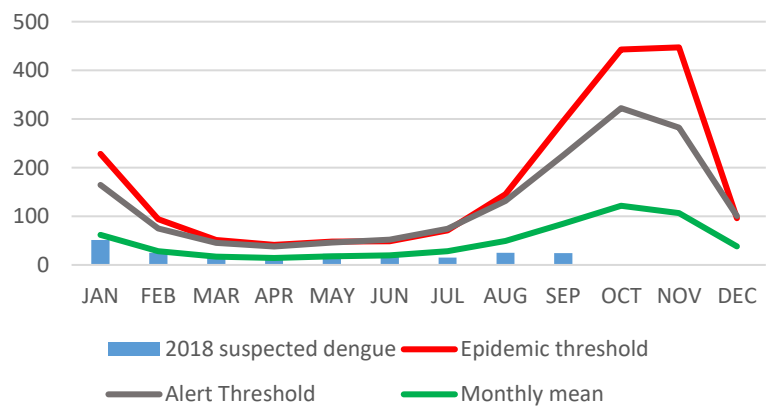
MAYOM HOSPITAL

*DHF/DSS: Dengue Haemorrhagic Fever/ Dengue Shock Syndrome

Points to note:

- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected dengue cases for 2018 versus monthly mean, alert, and epidemic thresholds



6 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

Gastroenteritis Bulletin

EW
38

September 16-22, 2018

Epidemiological Week 38

Weekly Breakdown of Gastroenteritis cases

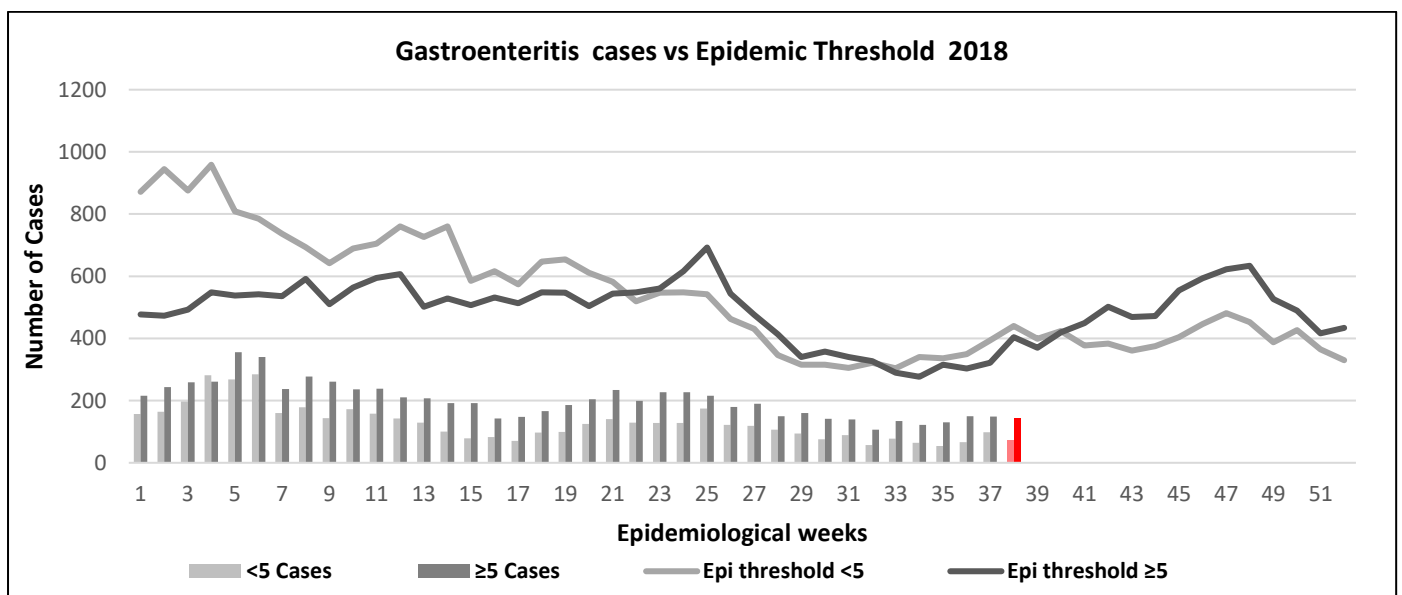
Year	EW 38			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	98	149	247	4,847	7,471	12,318
2017	58	140	198	6,280	7,822	14,102

Gastroenteritis:

In epidemiological week 38, 2018, the total number of reported GE cases showed a 22% increase compared to EW 38 of the previous year. The year to date figures showed a 12% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2017-2018



Total number of GE cases per parish for Week 38, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	1608	128	87	324	514	294	321	206	205	175	456	314	286
≥5	1282	263	141	591	981	495	698	302	401	308	814	653	685



7 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

RESEARCH PAPER

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

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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



8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL ACTIVE
SURVEILLANCE-
30 sites. Actively
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SENTINEL
REPORT- 79 sites.
Automatic reporting