WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Influenza, Are We Ready?

When 100 passengers on a flight from Dubai to New York in September 2018 fell ill with respiratory symptoms, health officials were concerned that they might be carrying a serious respiratory illness called MERS-CoV (Middle East respiratory syndrome coronavirus) and quarantined the plane until further health checks could be completed. Testing showed that several were positive for the influenza virus, which can be easily spread when people are in close contact or in contained spaces such as airports and planes for several hours.

Influenza may not always be thought of by most people as a serious illness – the symptoms of headaches, runny nose, cough and muscle pain can make people confuse it with a heavy cold. Yet seasonal influenza kills up to 650 000 people every year. That is why influenza vaccinations are so important, especially to protect young children, older people, pregnant women, or people who have vulnerable immune systems

What most of us think of as 'the flu' is seasonal influenza, so called because it comes around in the coldest season twice a year (once in the Northern hemisphere's winter, and once in the Southern hemisphere's winter) in temperate zones of the world, and circulates year-round in the tropics and subtropics.

EPI WEEK 42

RESEARCH PAPER

PAGE 8

The influenza virus is constantly mutating – essentially putting on ever-changing disguises – to evade our immune systems. When a new virus emerges that can easily infect people and be spread between people, and to which most people have no immunity, it can turn into a pandemic. "**Another pandemic caused by a new influenza virus is a certainty. But we do not know when it will happen, what virus strain it will be and how severe the disease will be**," said Dr Wenqing Zhang, the manager of WHO's Global Influenza Programme. "**This uncertainty makes influenza very different to many other pathogens**," she said.


DEATH BRINGS WARNING OF INFLUENZA

Voluntary Flu Ban Urged

BAN ON DANCES IS PLACED BY HEALTH OFFICER

SCHOOLS CLOSED; NO SERVICES IN CHURCHES SUNDAY

NEWPORT GYM CLASSES STOP

FLUSHING OR OILING OF STREETS URGED BY COUNCIL OF DEFENSE

FUNERAL BAN IS ORDERED

NEWPORT LIBRARY ORDERED CLOSED

2018 marks the 100th anniversary of one of the most catastrophic public health crises in modern history, the 1918 influenza pandemic known colloquially as "Spanish flu".

Source: http://www.who.int/influenza/spotlight

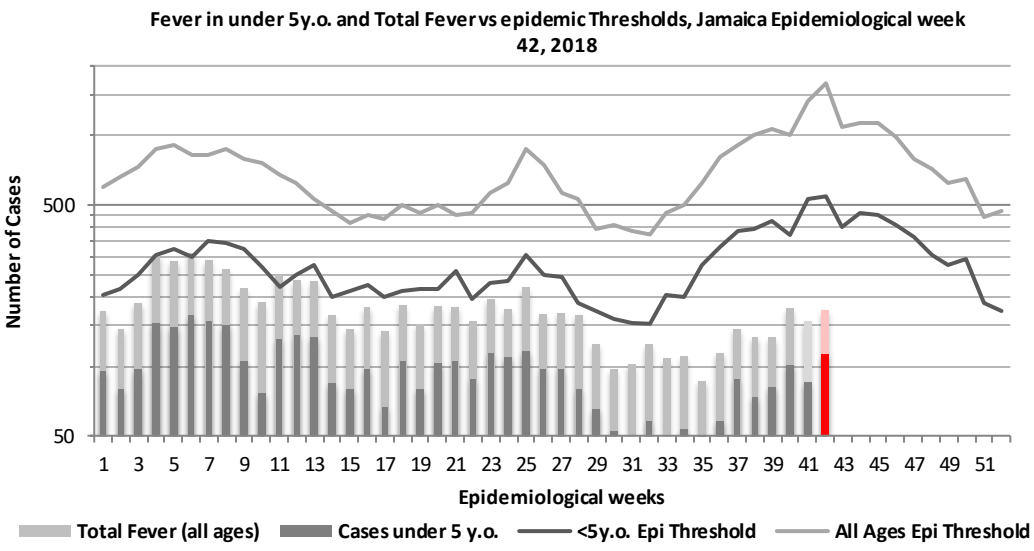
REPORTS FOR SYNDROMIC SURVEILLANCE

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



2 NOTIFICATIONS- All clinical sites

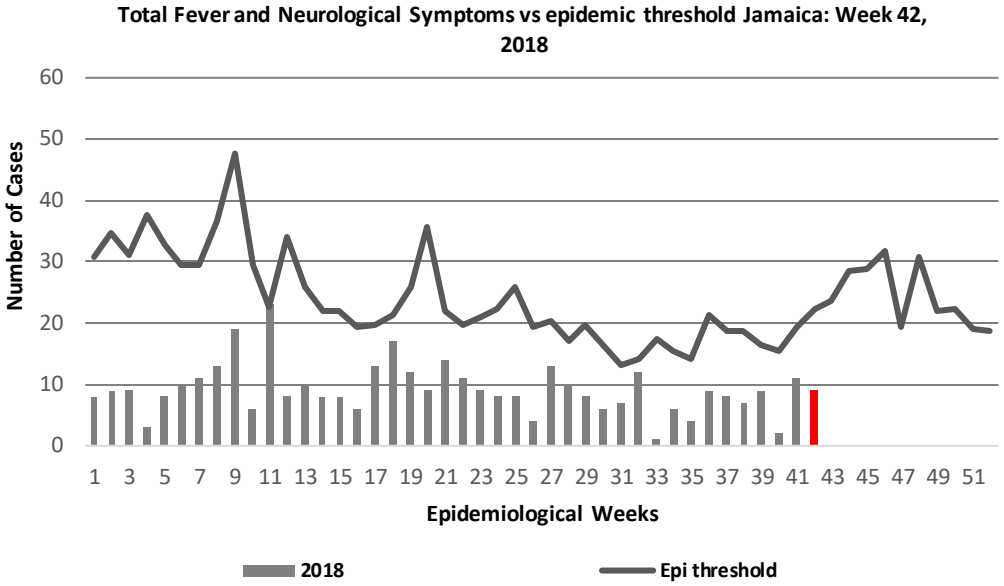
INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 79 sites. Automatic reporting

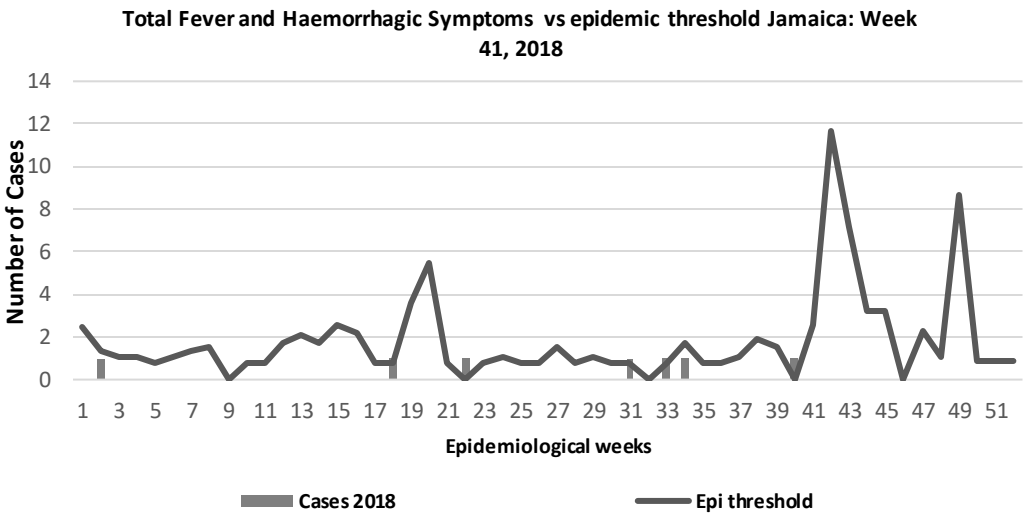
FEVER AND NEUROLOGICAL

Temperature of >38^{0}C /100.4^{0}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

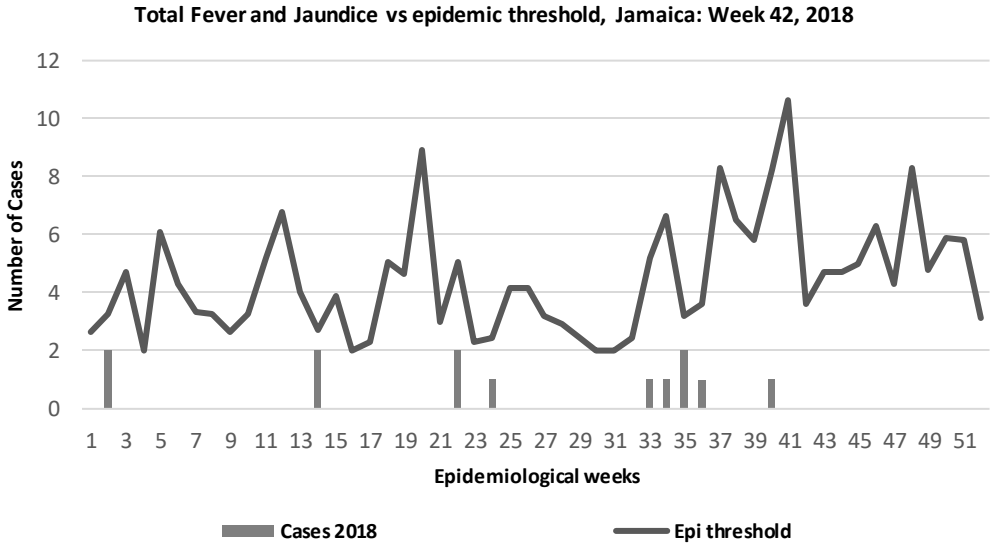
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



FEVER AND JAUNDICE

Temperature of >38^0C /100.4^0F (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.



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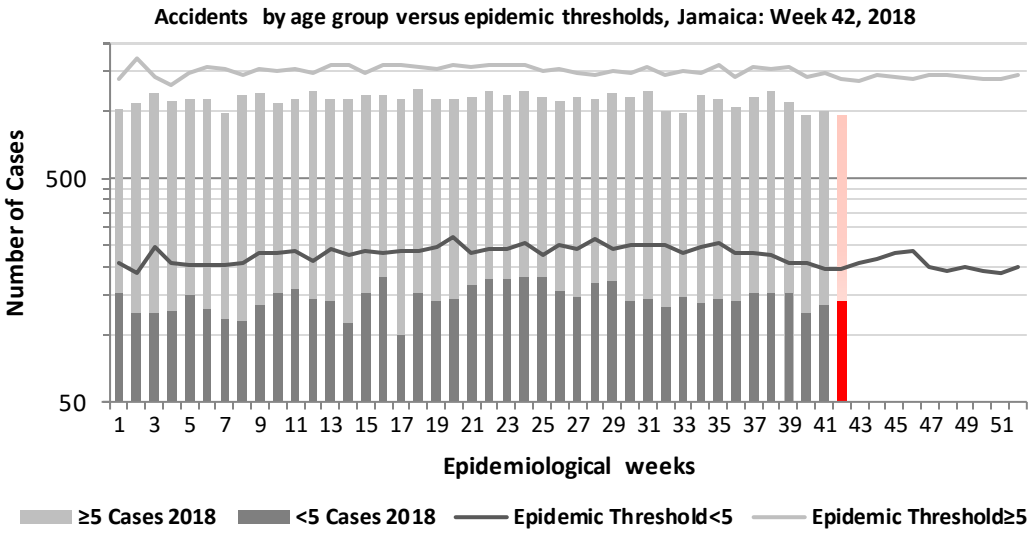
ACCIDENTS

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

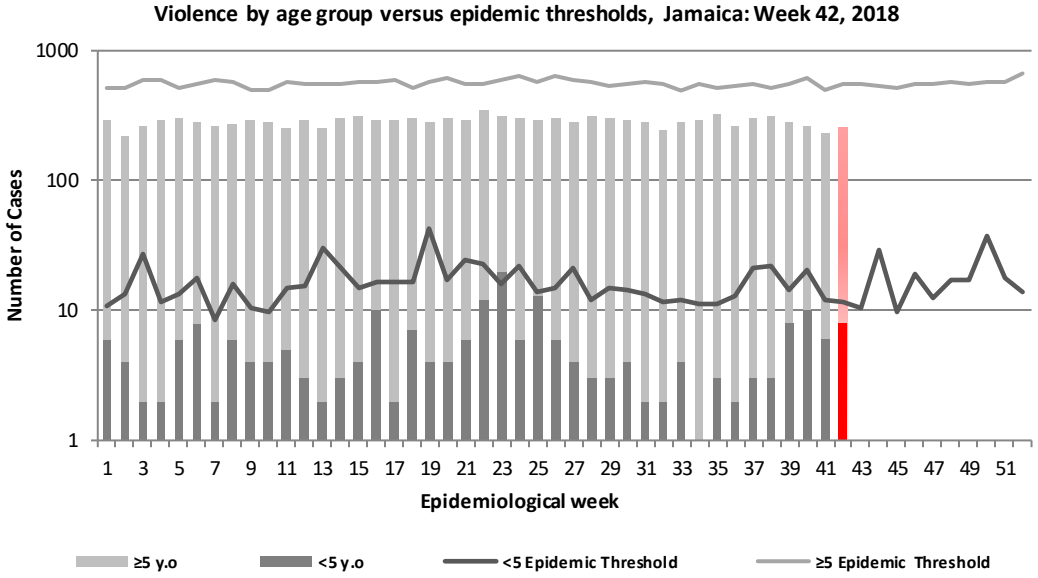
KEY

RED CURRENT WEEK



VIOLENCE

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



CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS	CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning[1]	(382) 119	(419) 168
	Cholera	0	0
	Dengue Hemorrhagic Fever[2]	2	3
	Hansen's Disease (Leprosy)	0	2
	Hepatitis B	41	42
	Hepatitis C	7	9

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.

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	HIV/AIDS		NA	NA
	Malaria (Imported)		2	0
	Meningitis (Clinically confirmed)		35	94
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[3]		52	42
	Ophthalmia Neonatorum		256	282
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		32	80
	Yellow Fever		0	0
	Chikungunya[4]		10	0
	Zika Virus		1	0

Pertussis-like syndrome and Tetanus are clinically confirmed classifications.

[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

NA- Not Available

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

October 14-20, 2018 Epidemiological Week 42

EW 42

October 2018		
	EW 42	*YTD*
SARI cases	*4*	*252*
Total Influenza positive Samples	***0***	***169***
Influenza A	***0***	***140***
H3N2	*0*	*65*
H1N1pdm09	*0*	*75*

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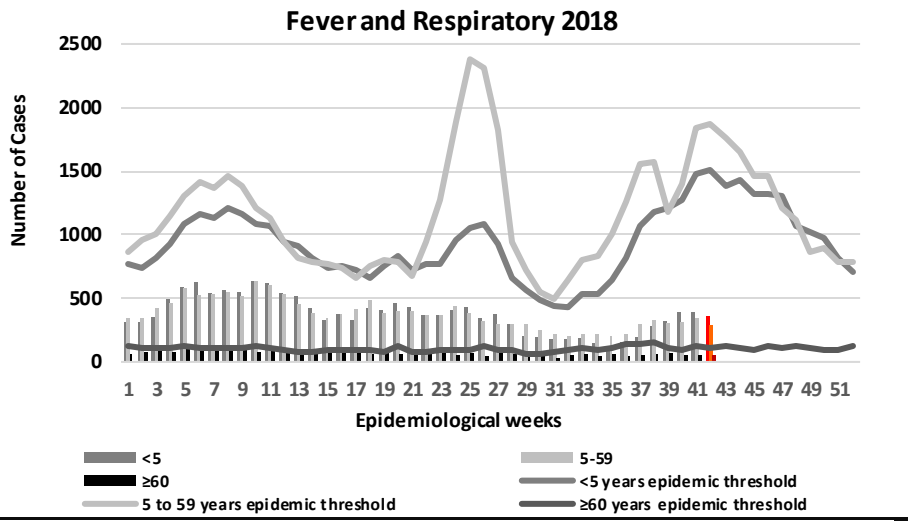
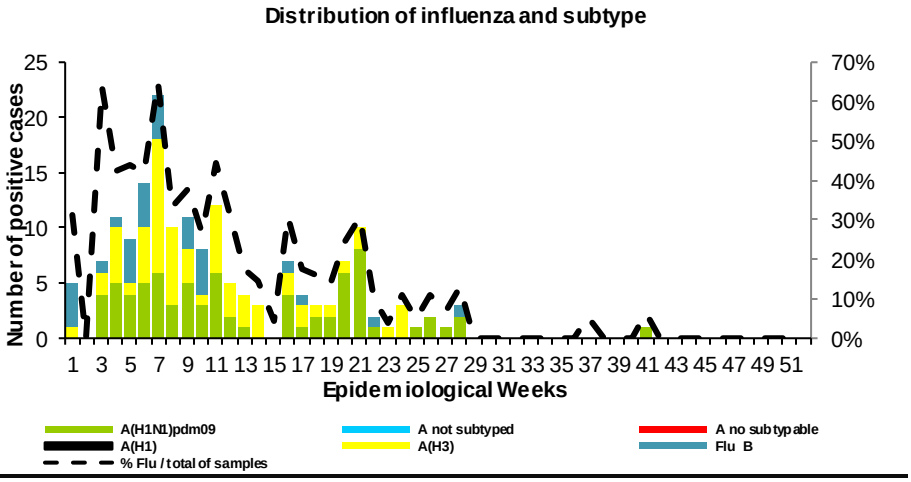
Not subtyped	*0*	*1*
Influenza B	*0*	*29*
Parainfluenza	*0*	*7*



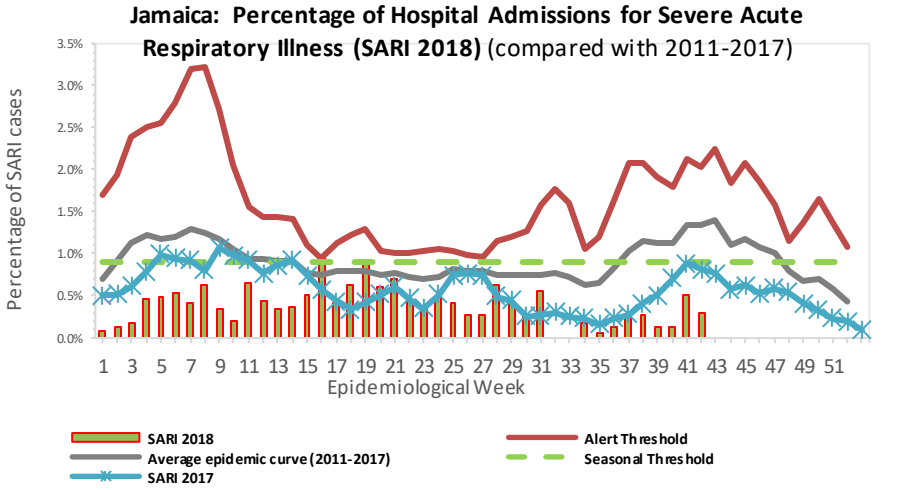
Comments:
During EW 42, SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Decreased influenza activity was reported; with influenza A(H1N1)pdm09 predominating in previous weeks



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.



Dengue Bulletin

October 14-20, 2018 | Epidemiological Week 42

6 NOTIFICATIONS- All clinical sites

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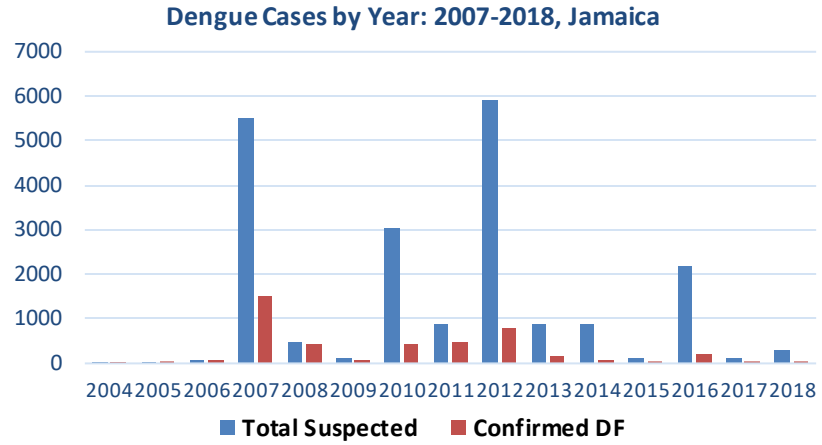
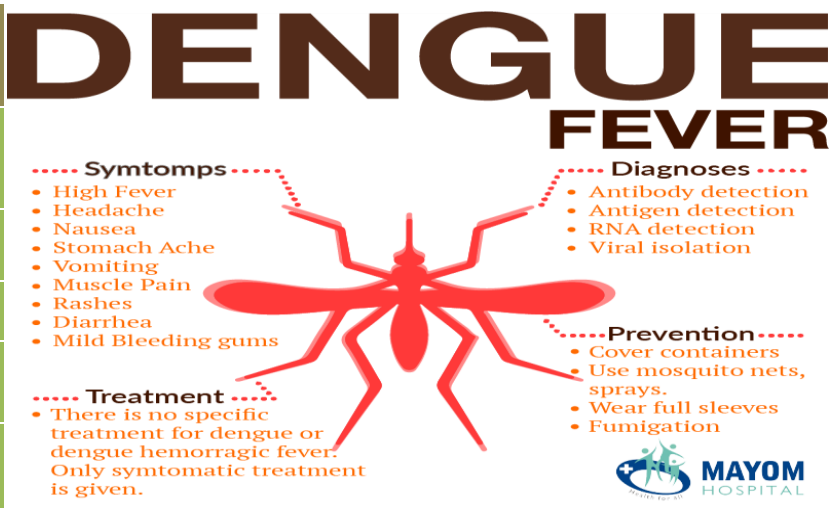


Weekly Breakdown of suspected and confirmed cases of DF, DHF, DSS

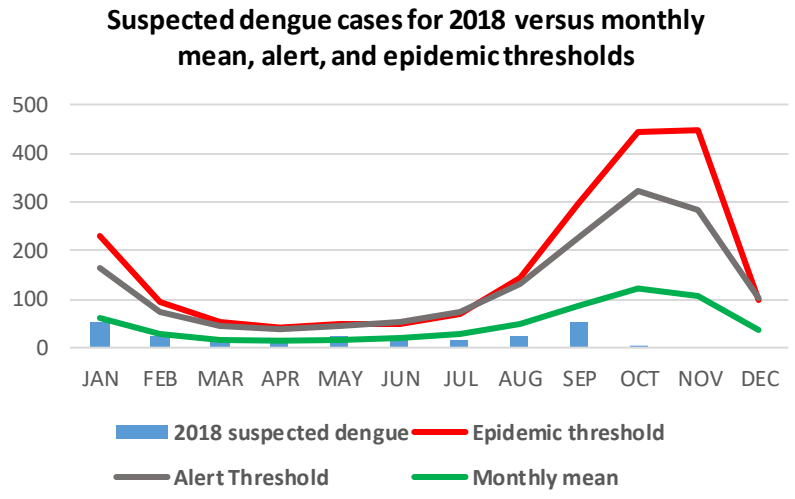
		2018		2017 YTD
		EW 42	YTD	
Total Suspected Dengue Cases		0	296	119
Lab Confirmed Dengue cases		0	4	1
CONFIRMED	*DHF/DSS	0	2	1
	Dengue Related Deaths	0	0	0



***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.**



Gastroenteritis Bulletin

October 14-20, 2018 | Epidemiological Week 42

EW 42

7 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

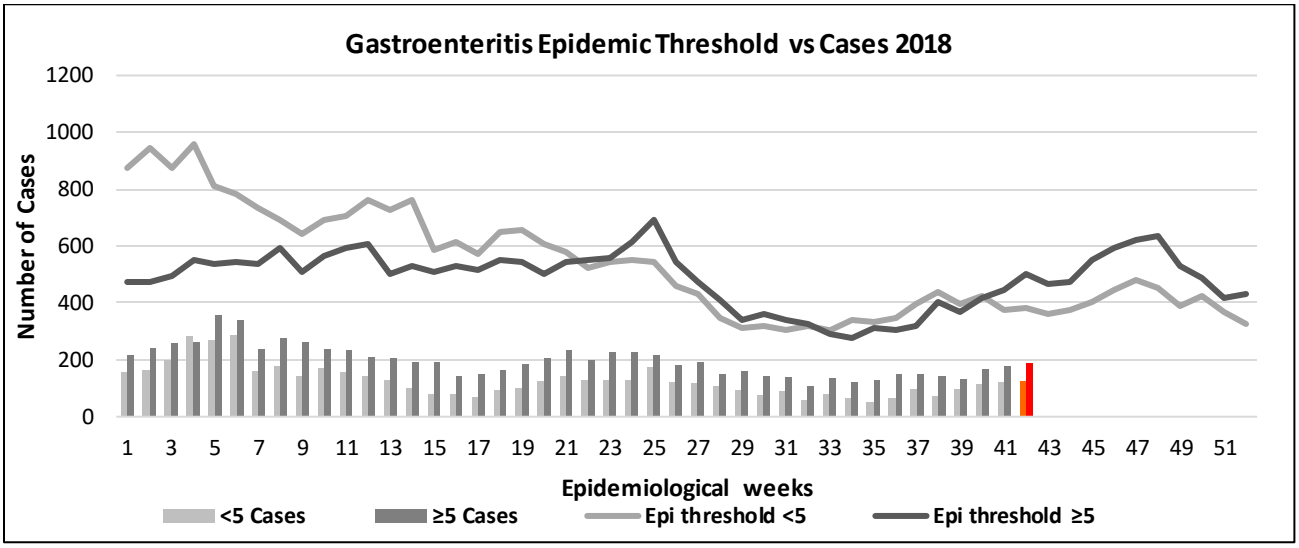
SENTINEL REPORT- 79 sites. Automatic reporting

Weekly Breakdown of Gastroenteritis cases

Year	EW 42			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	125	187	312	5,374	8,281	13,655
2017	112	169	281	6,699	8,516	15,215

Gastroenteritis:
In epidemiological week 42, 2018, the total number of reported GE cases showed a 11% increase compared to EW 42 of the previous year.
The year to date figures showed a 10% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2017-2018



Total number of GE cases per parish for Week 42, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	1810	138	96	353	558	323	333	215	225	184	488	343	308
≥5	1409	283	151	641	1093	545	736	319	456	337	854	704	753

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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 ± 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