

# 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

runny nose, cough and make people confuse it

Yet seasonal influenza people every year. That

vaccinations are so especially to protect older people, pregnant

who have vulnerable What most of us think seasonal influenza, so

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.

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. 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”. This Spotlight focuses on the lessons we can learn from previous flu pandemics, how prepared we are for another one, and how work on seasonal flu can boost capacity for pandemic preparedness.

Source:

[http://www.who.int/influenza/spotlight?utm\\_source=website&utm\\_medium=homepage&utm\\_campaign=influenza&utm\\_content=banner](http://www.who.int/influenza/spotlight?utm_source=website&utm_medium=homepage&utm_campaign=influenza&utm_content=banner)



of headaches, muscle pain can with a heavy cold. kills up to 650 000 is why influenza important, young children, women, or people immune. of as ‘the flu’ is called because it



## EPI WEEK 44

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

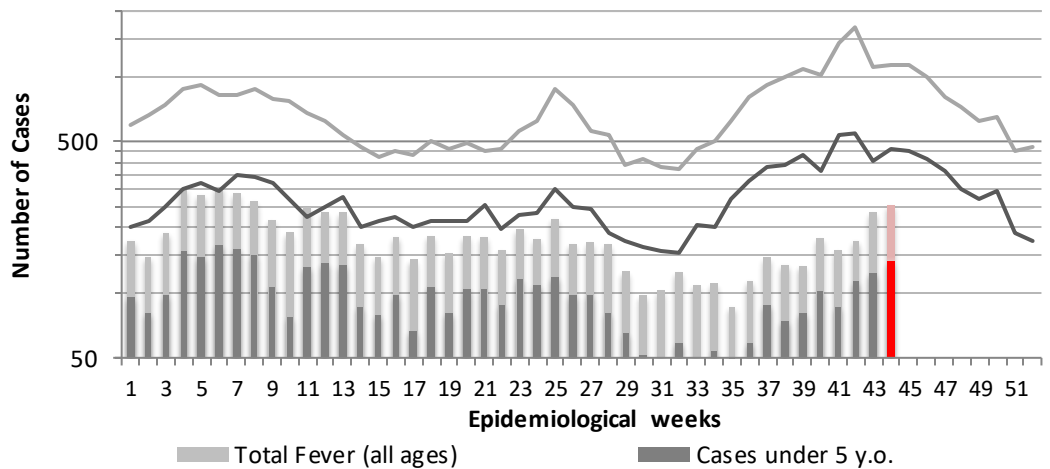
Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) with or without an obvious diagnosis or focus of infection.



### KEY

**RED** CURRENT WEEK

Fever in under 5y.o. and Total Fever vs epidemic Thresholds, Jamaica  
Epidemiological week 44, 2018

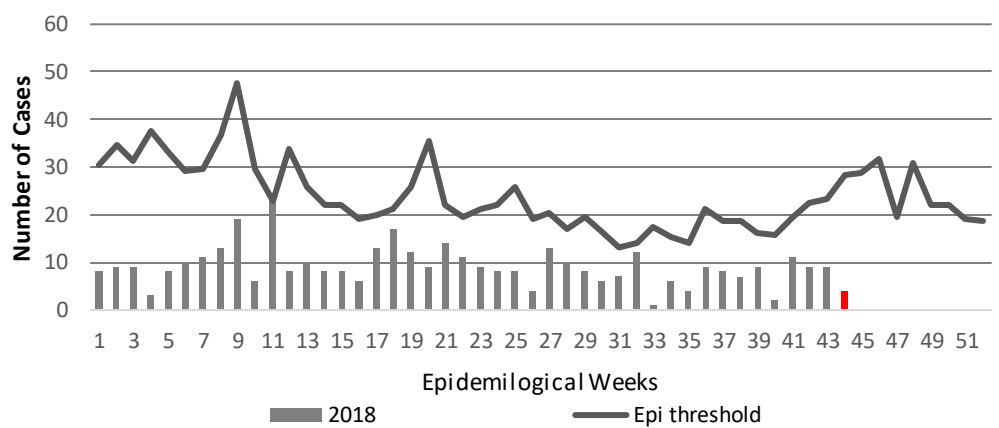


## FEVER AND NEUROLOGICAL

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).



Total Fever and Neurological Symptoms vs epidemic threshold Jamaica: Week 44, 2018

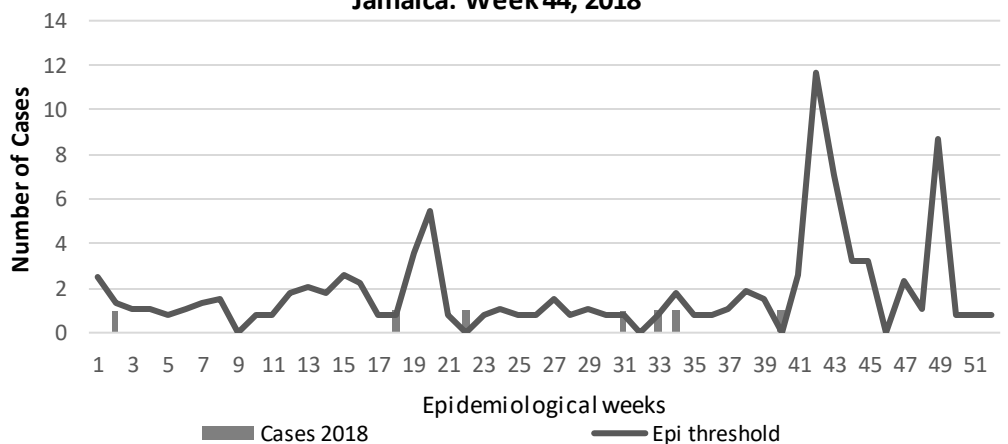


## FEVER AND HAEMORRHAGIC

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.



Total Fever and Haemorrhagic Symptoms vs epidemic threshold Jamaica: Week 44, 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

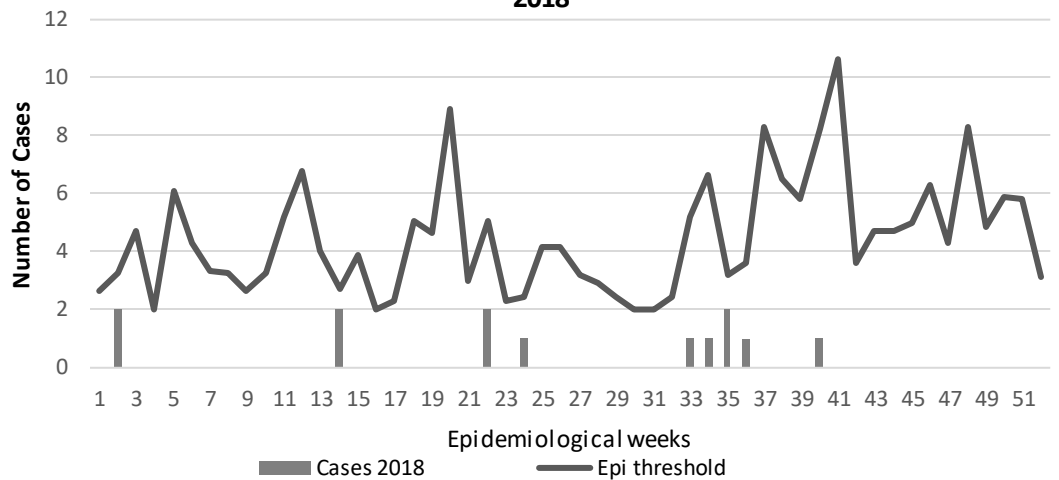
### FEVER AND JAUNDICE

Temperature of  $>38^{\circ}C$  /  $100.4^{\circ}F$  (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 44, 2018**



### ACCIDENTS

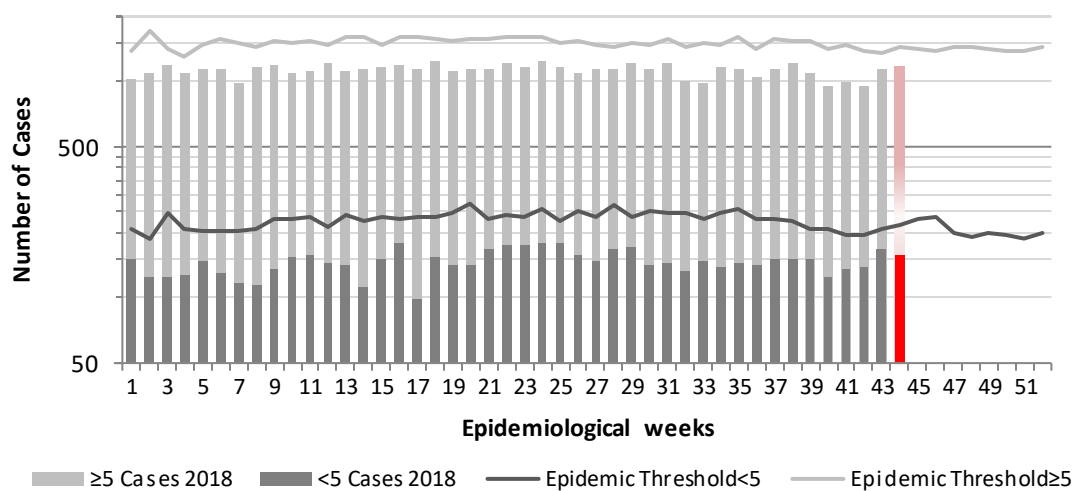
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

**KEY**

**RED CURRENT WEEK**



**Accidents by age group versus epidemic thresholds, Jamaica: Week 44, 2018**

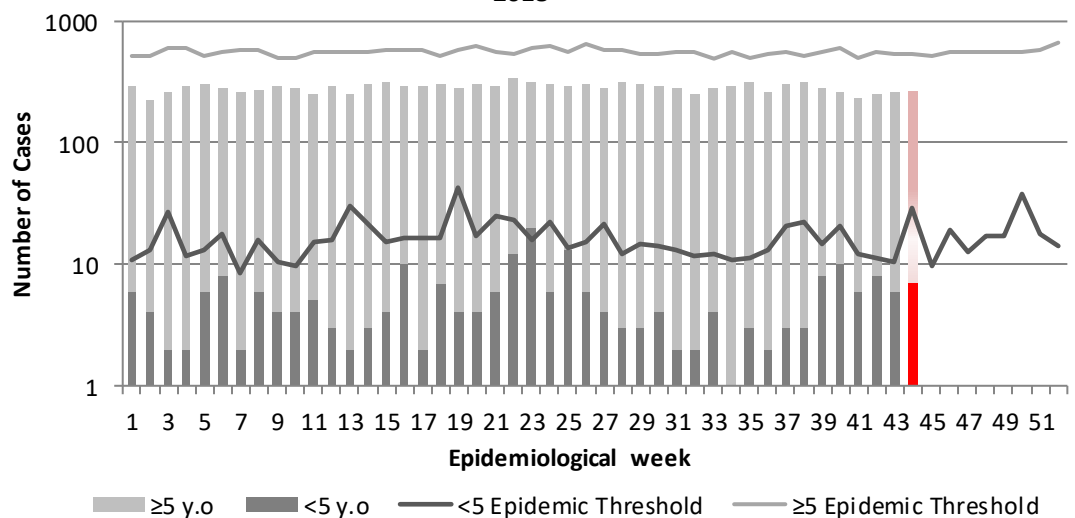


### VIOLENCE

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



**Violence by age group versus epidemic thresholds, Jamaica: Week 44, 2018**



**3 NOTIFICATIONS-**  
All clinical sites




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CLASS ONE NOTIFIABLE EVENTS				Comments	
			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.
	CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR	
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning <sup>1</sup>		(423) 129	(431) 180	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Cholera		0	0	
	Dengue Hemorrhagic Fever <sup>2</sup>		2	3	
	Hansen's Disease (Leprosy)		0	2	
	Hepatitis B		42	43	
	Hepatitis C		7	9	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		5	0	
	Meningitis (Clinically confirmed)		35	102	
EXOTIC/ UNUSUAL	Plague		0	0	<sup>1</sup> Numbers in brackets indicate combined suspected and confirmed Accidental Poisoning cases <sup>2</sup> Dengue Hemorrhagic Fever data include Dengue related deaths; <sup>3</sup> Figures include all deaths associated with pregnancy reported for the period. <sup>4</sup> 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 <sup>3</sup>		52	44	
	Ophthalmia Neonatorum		266	292	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		33	107	
	Yellow Fever		0	0	
Chikungunya <sup>4</sup>		10	0		
Zika Virus		1	0	NA- Not Available	



4 NOTIFICATIONS- All clinical sites



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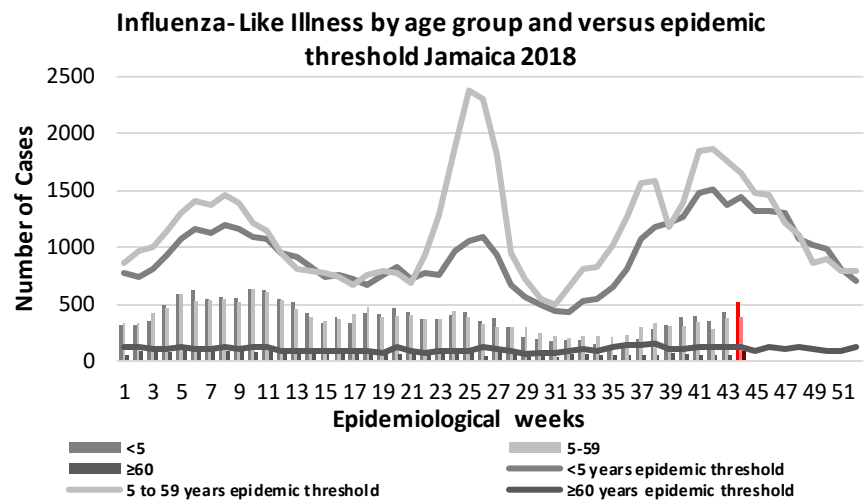
# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

## EW 44

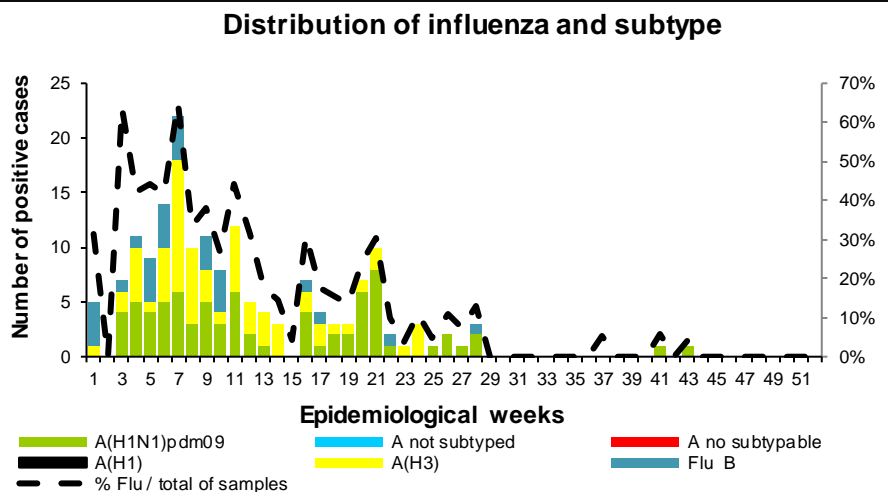
October 28 – November 3, 2018

Epidemiological Week 44

October 2018		
	EW 44	YTD
SARI cases	7	278
<b>Total Influenza positive Samples</b>	<b>0</b>	<b>170</b>
<b>Influenza A</b>	<b>0</b>	<b>141</b>
H3N2	0	65
H1N1pdm09	0	76
Not subtyped	0	1
<b>Influenza B</b>	<b>0</b>	<b>29</b>
<b>Parainfluenza</b>	<b>0</b>	<b>7</b>



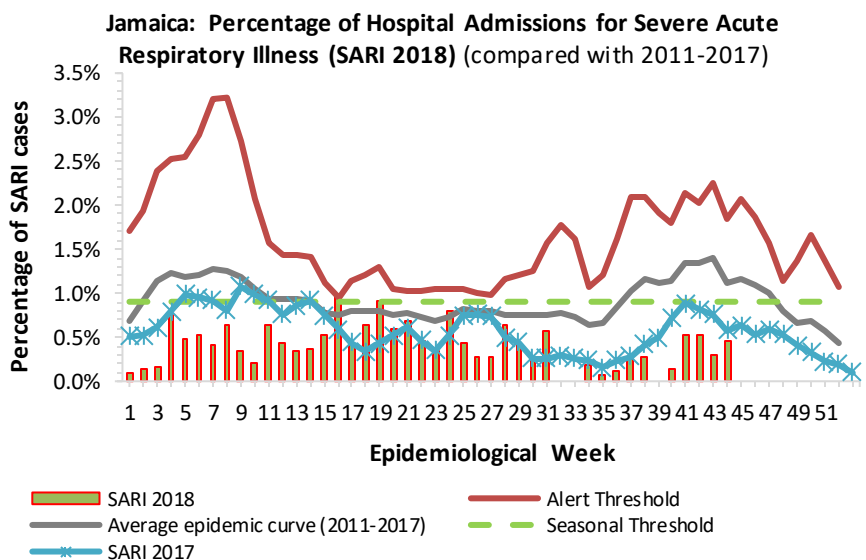
**Comments:**  
During EW 44, SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Decreased influenza activity was reported; with influenza A(H1N1)pdm09 pre dominating in previous weeks



### 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



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

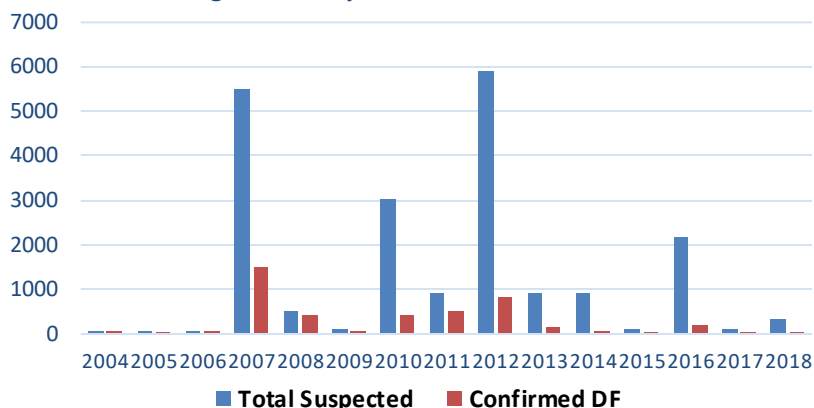
# Dengue Bulletin

October 28 – November 3, 2018

Epidemiological Week 43



Dengue Cases by Year: 2007-2018, Jamaica



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

	2018		2017 YTD
	EW 44	YTD	
Total Suspected Dengue Cases	3	359	122
Lab Confirmed Dengue cases	3	7	1
<b>CONFIRMED</b>	*DHF/DSS	0	2
	Dengue Related Deaths	0	0

# DENGUE FEVER

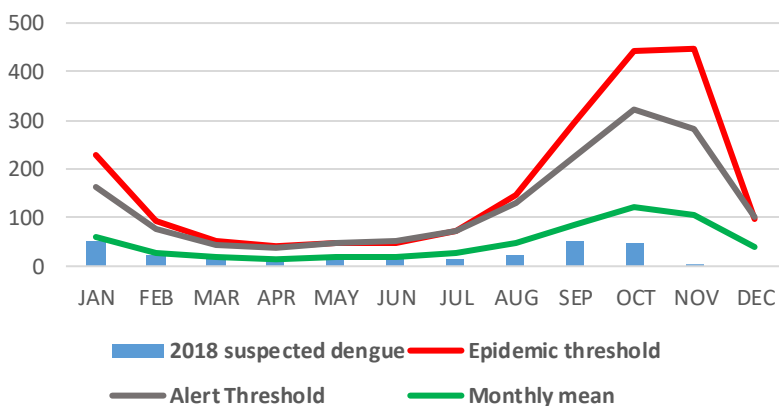
- Symptoms**
  - High Fever
  - Headache
  - Nausea
  - Stomach Ache
  - Vomiting
  - Muscle Pain
  - Rashes
  - Diarrhea
  - Mild Bleeding gums
- Diagnoses**
  - Antibody detection
  - Antigen detection
  - RNA detection
  - Viral isolation
- Prevention**
  - Cover containers
  - Use mosquito nets,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

\*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**  
**44**

October 28 – November 3, 2018

Epidemiological Week 44

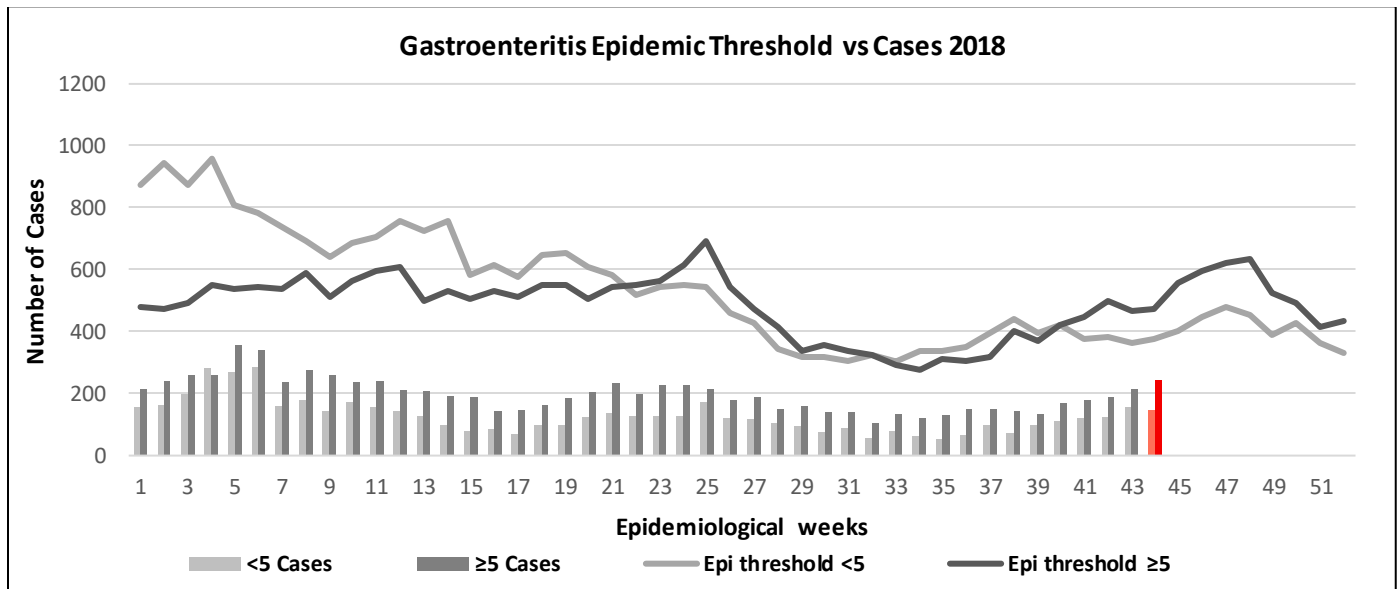
## Weekly Breakdown of Gastroenteritis cases

Year	EW 44			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	148	243	391	5,692	8,748	14,440
2017	115	175	290	6,894	8,815	15,709

### Gastroenteritis:

In epidemiological week 44, 2018, the total number of reported GE cases showed a 35% increase compared to EW 43 of the previous year. The year to date figures showed a 8% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2017-2018



## Total number of GE cases per parish for Week 43, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	1927	147	96	382	589	336	340	218	241	192	541	380	330
≥5	1503	293	160	669	1145	582	771	330	481	353	905	766	790



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

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# RESEARCH PAPER

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## Knowledge, Attitudes, and Practices regarding screening for Cervical Cancer of Female Health Care Workers age 20-60 years employed to Manchester Health Services.

By: Thompson-Nelson K

### Southern Regional Health Authority

## Recent statistics highlighted that there is a problem of low compliance in cervical cancer screening among women of reproductive age in Manchester.

**Objectives :** To assess the knowledge, attitudes and practices of female health care workers regarding screening for cervical cancer, to assess level of compliance to the screening guidelines and to identify barriers to screening.

**Methods:** This study was a cross-sectional descriptive one, utilizing both quantitative and qualitative designs. Quantitative design was done using a researcher to administer the questionnaires. These study participants were selected using random sampling (N=150) and the staff lists were coded using numbers to ensure anonymity of subjects. The qualitative design included in-depth interviews of four participants who were not included in the quantitative phase of the study.

**Results:** There was a high awareness of cervical cancer and Pap smear among the group in that 99% and 100% respectively heard about cervical cancer and Pap smear. More than 50% scored, "poor to very poor." regarding knowledge of risk factors for the disease. Of the sample 55% were in compliance with the cervical cancer screening guidelines and 91% displayed a positive attitude to screening while 89% had ever done a Pap smear. Fear, comfort and privacy were the most outstanding barriers to screening mentioned, and the majority of the smears were done at private facilities.

**Conclusion :** This study has revealed information that will help Coordinators at the National and Local level to devise strategies necessary to strengthen the existing screening programme, educate re risk factors of the disease as well as to empower health care workers to improve compliance to the screening guidelines and uptake of screening in the public health care facilities.



8 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



HOSPITAL  
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SENTINEL  
REPORT- 79 sites.  
Automatic reporting