WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Health is a Human Right

Take a stand for the right to health

More people can access essential health services today than ever before, but at least half of the world's population still go without. Those living in the poorest countries, in the most marginalized communities, face the greatest challenges in access, the highest burden of disease, and the worst health outcomes.

This year is an opportunity to stand up for their rights. It is the 70th anniversary of the Universal Declaration for Human Rights, and the 70th anniversary of WHO. Both the Declaration and WHO's Constitution, the organization's founding document, assert that health is a fundamental right for all people.

These are the **ABCs** of what it will take to deliver the right to health

Understanding health as a human right creates a legal obligation on states to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as to providing for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information and education, and gender equality

A rights-based approach to health requires that health policy and programmes must prioritize the needs of those furthest behind first towards greater equity, a principle that has been echoed in the recently adopted 2030 Agenda for Sustainable Development and Universal Health Coverage

Source: https://www.who.int/news-room/feature-stories/detail/take-a-stand-for-the-right-to-health

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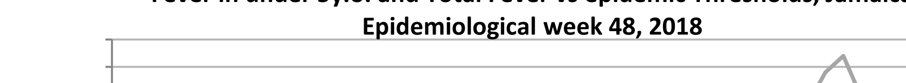
REPORTS FOR SYNDROMIC SURVEILLANCE

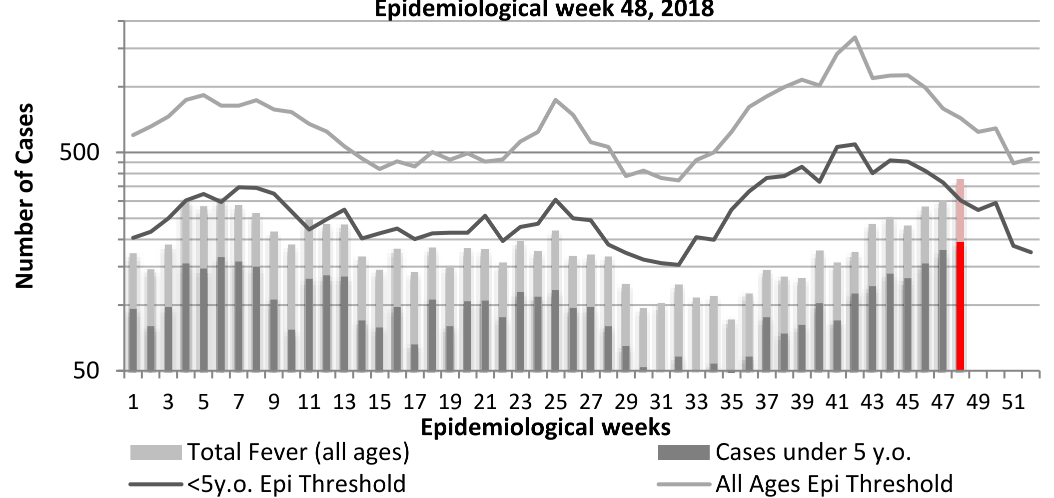
FEVER

Temperature of >38⁰C /100.4⁰F (or recent history of fever) with or without an obvious diagnosis or focus of infection.

KEY

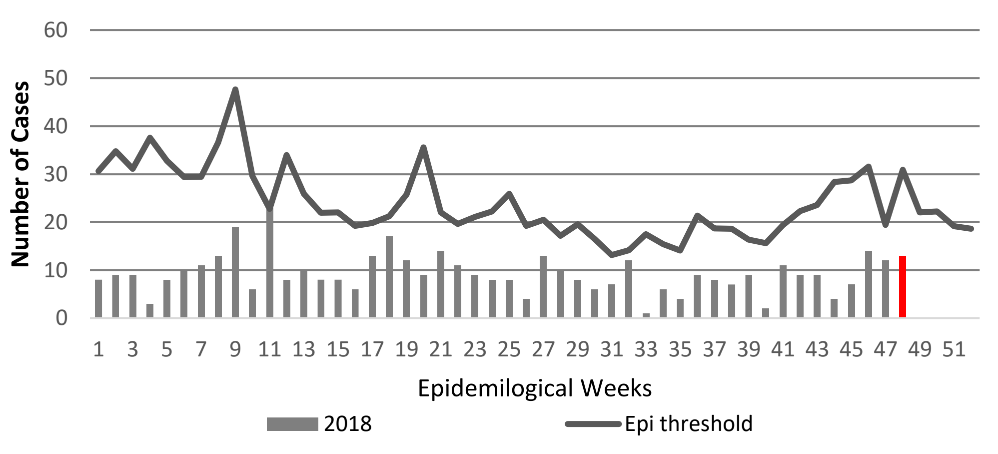
RED CURRENT WEEK





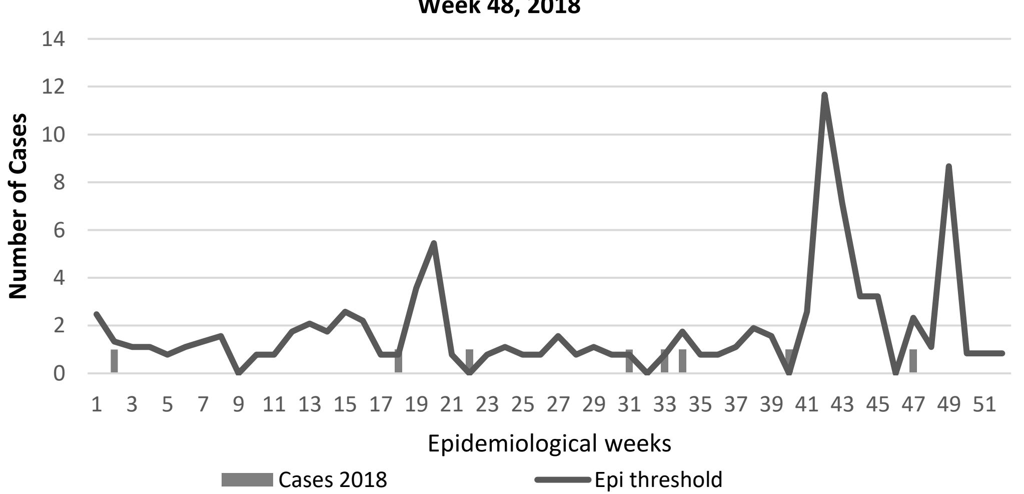
FEVER AND NEUROLOGICAL

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).



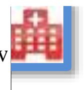
FEVER AND HAEMORRHAGIC

Temperature of >38⁰C /100.4⁰F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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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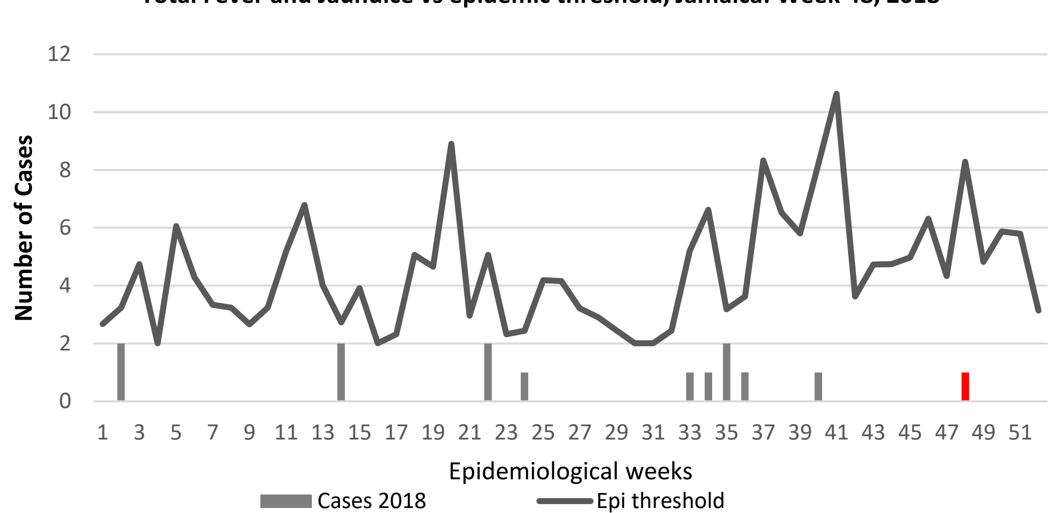
FEVER AND JAUNDICE

Temperature of >38⁰C /100.4⁰F (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.

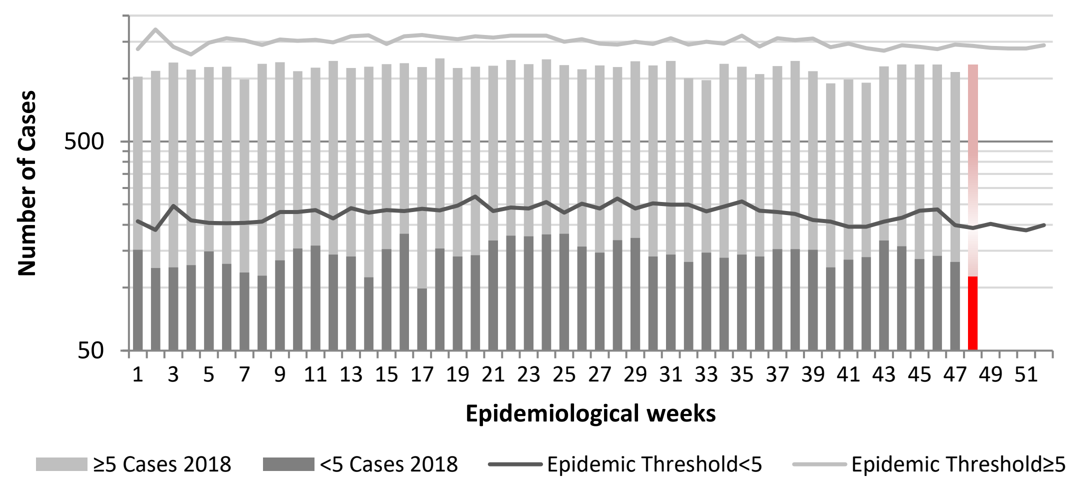


ACCIDENTS

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

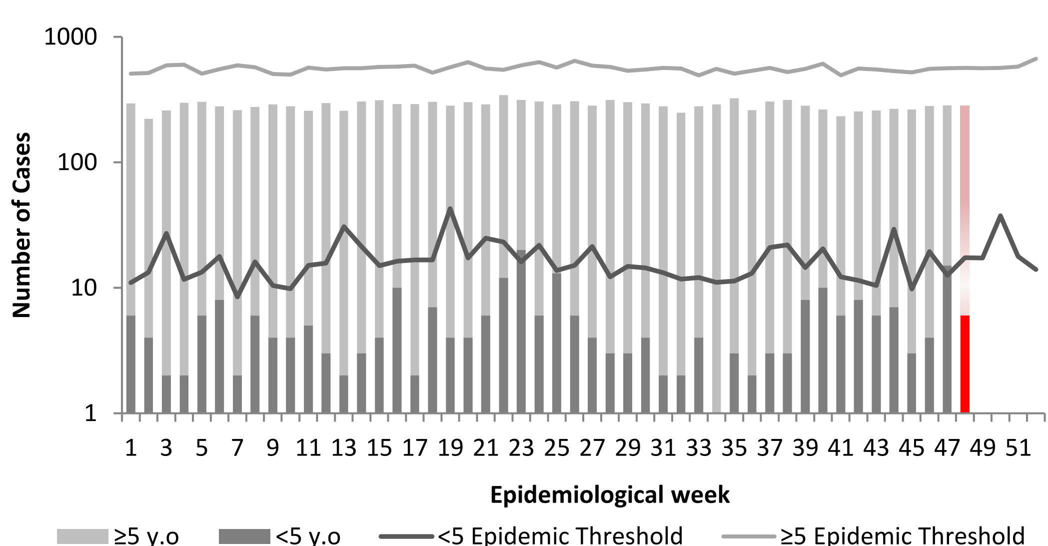
KEY

RED CURRENT WEEK



VIOLENCE

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



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS	CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning[1]	(439) 135	(466) 192
	Cholera	0	0
	Dengue Hemorrhagic Fever[2]	2	3
	Hansen's Disease (Leprosy)	0	2
	Hepatitis B	47	53
	Hepatitis C	9	10
	HIV/AIDS	NA	NA
	Malaria (Imported)	5	0
	Meningitis (Clinically confirmed)	35	115
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
	Fever and Rash — Rubella	0	0
	Maternal Deaths[3]	57	49
	Ophthalmia Neonatorum	288	342
	Pertussis-like syndrome	0	0
	Rheumatic Fever	0	0
	Tetanus	0	0
	Tuberculosis	41	117
	Yellow Fever	0	0
	Chikungunya[4]	10	0
	Zika Virus[5]	1	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.

[1] Numbers in brackets indicate combined suspected and confirmed Accidental Poisoning cases

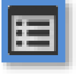
[2] Dengue Hemorrhagic Fever data include Dengue related deaths;

[3] Figures include all deaths associated with pregnancy reported for the period.

[4] CHIKV IgM positive cases

[5] Zika IgM positive cases

NA- Not Available



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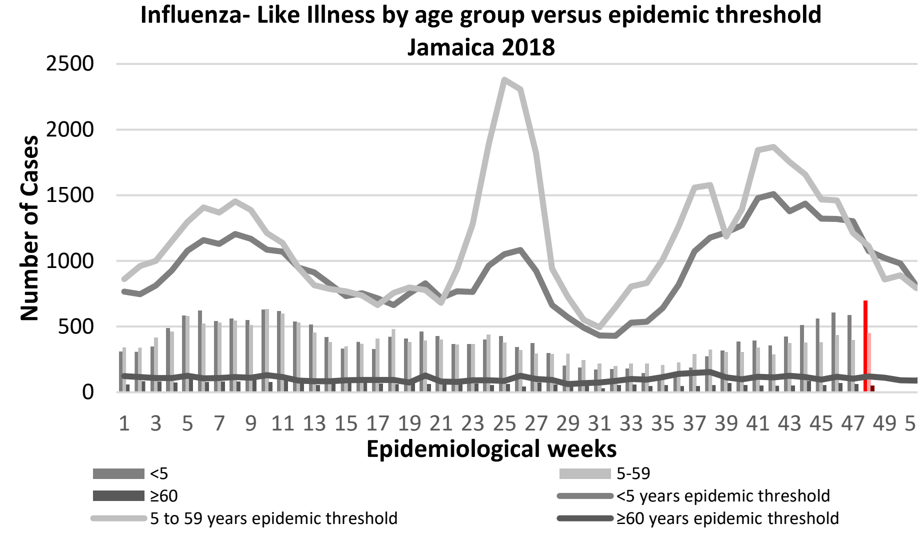
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

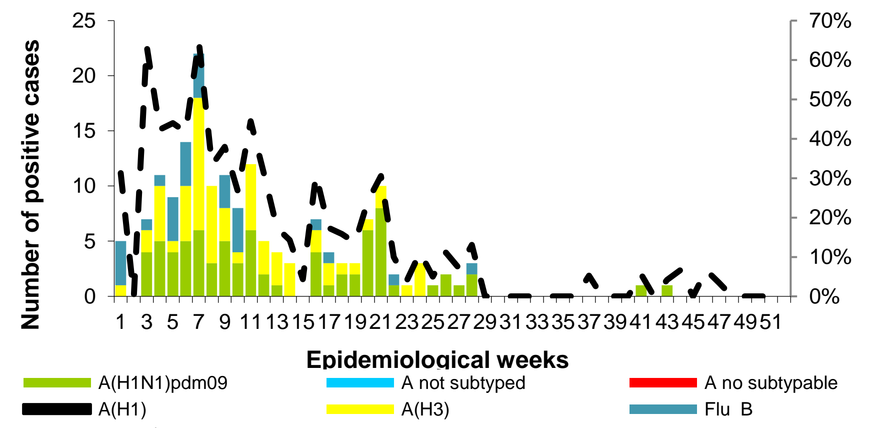
EW 48

November 25- December 1, 2018 Epidemiological Week 48

November 2018		
	EW 48	*YTD*
SARI cases	*8*	*337*
Total Influenza positive Samples	***0***	***170***
Influenza A	***0***	***141***
H3N2	*0*	*65*
H1N1pdm09	*0*	*76*
Not subtyped	*0*	*1*
Influenza B	*0*	***29***
Parainfluenza	*0*	*7*



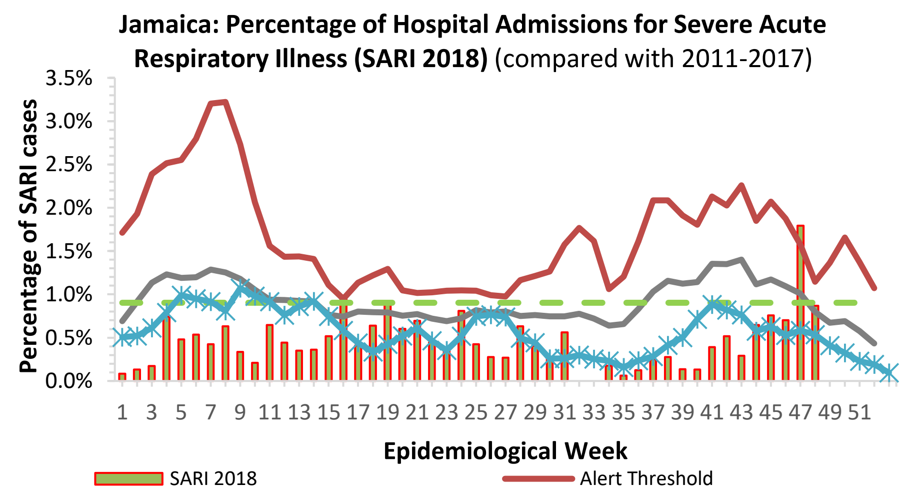
Comments:
During EW 48 SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Decreased influenza activity was reported; with influenza A(H1N1)pdm09 predominating in previous weeks

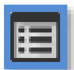


GLOBAL AND REGIONAL UPDATES

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.





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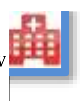

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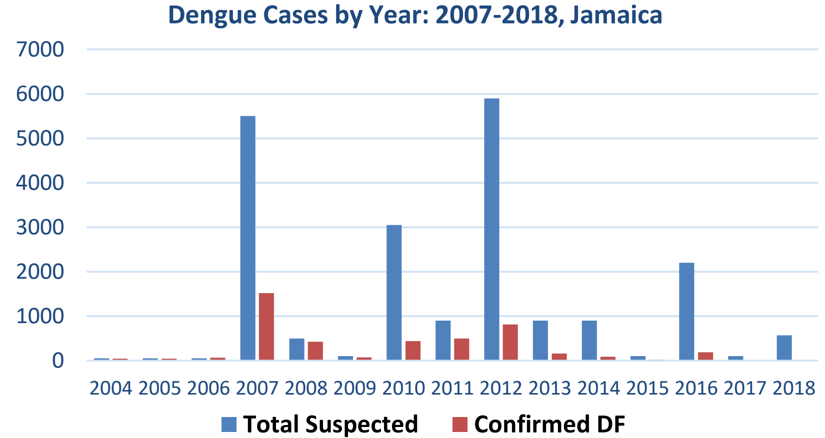
Dengue Bulletin

November 25- December 1, 2018 | Epidemiological Week 48



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

		2018 EW 48	2018 YTD	2017 YTD
Total Suspected Dengue Cases		27	597	154
Lab Confirmed Dengue cases		0	11	6
CONFIRMED	*DHF/DSS	0	2	3
CONFIRMED	Dengue Related Deaths	0	0	0

DENGUE FEVER

Symtomps
- 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 hemorragic fever. Only symtomatic treatment is given.

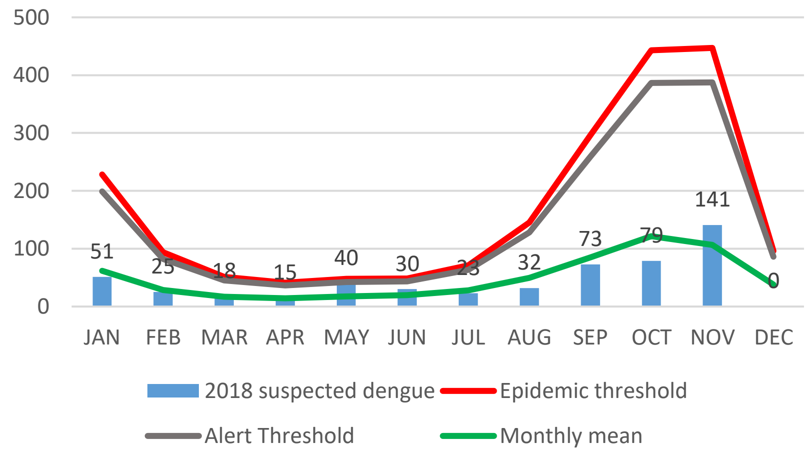
Prevention
- Cover containers
- Use mosquito nets, sprays.
- Wear full sleeves
- Fumigation

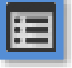
MAYOM HOSPITAL

*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.





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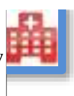

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Gastroenteritis Bulletin

November 25- December 1, 2018 | Epidemiological Week 48

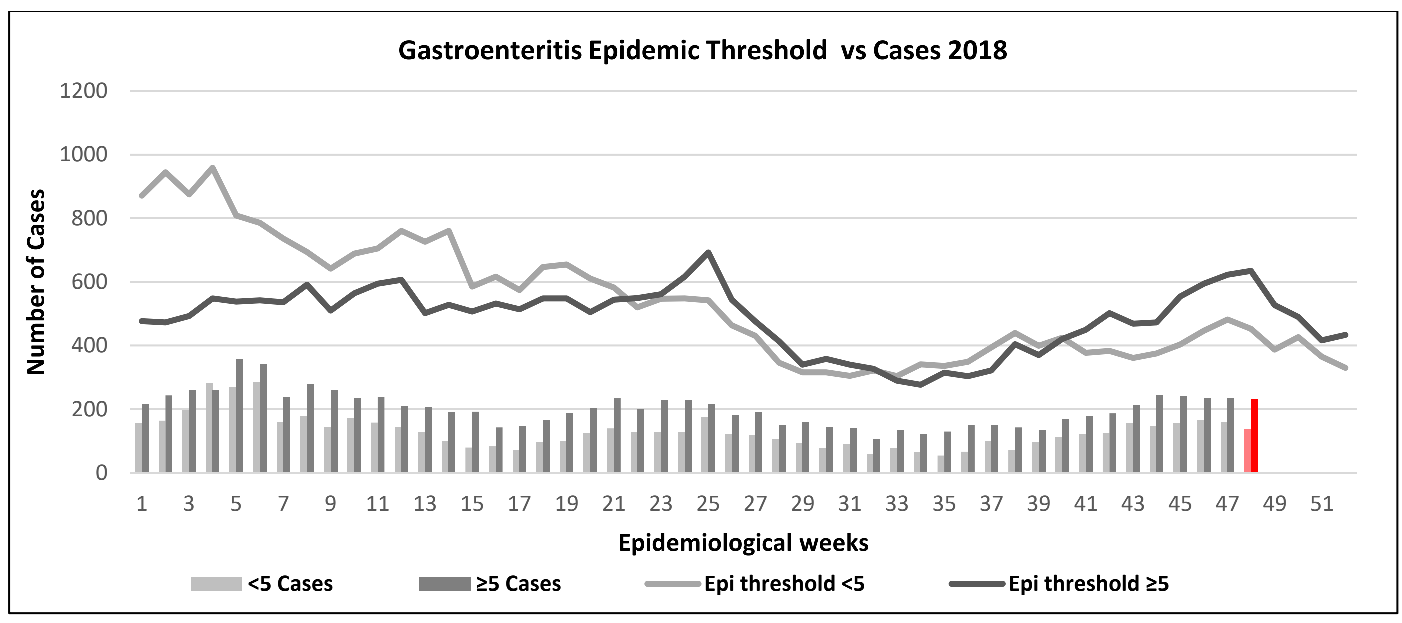
EW 48

Weekly Breakdown of Gastroenteritis cases

Year	EW 48			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	136	230	366	6,324	9,710	16,034
2017	199	227	426	7,484	9,596	17,083

Gastroenteritis:
In epidemiological week 48, 2018, the total number of reported GE cases showed a 14% increase compared to EW 48 of the previous year.
The year to date figures showed a 6% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2017-2018



Total number of GE cases per parish for Week 48, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	2112	157	106	429	654	363	359	230	266	217	587	456	388
≥5	1713	318	171	757	1243	629	828	357	518	383	1025	891	977

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RESEARCH PAPER

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

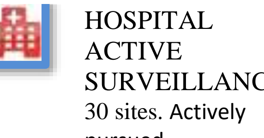
Recent statistics highlighted that there is a problem of low compliance in cervical cancer screening among women of reproductive age in Manchester.

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.



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