

WEEKLY EPIDEMIOLOGY BULLETIN

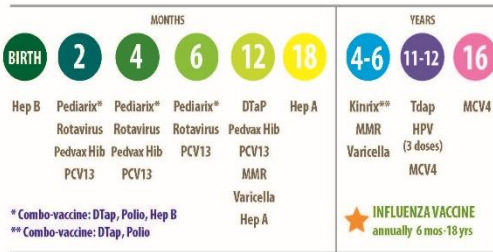
NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Immunization coverage

Key facts

- Immunization prevents illness, disability and death from vaccine-preventable diseases including cervical cancer, diphtheria, hepatitis B, measles, mumps, pertussis (whooping cough), pneumonia, polio, rotavirus diarrhoea, rubella and tetanus.
- Global vaccination coverage remains at 85%, with no significant changes during the past few years.
- Uptake of new and underused vaccines is increasing.
- An estimated 19.9 million children under the age of one did not receive DTP3 vaccine.

CHILD & ADOLESCENT Immunization Schedule



Overview

Global vaccination coverage – the proportion of the world’s children who receive recommended vaccines – has remained the same over the past few years.

During 2017, about 85% of infants worldwide (116.2 million infants) received 3 doses of diphtheria-tetanus-pertussis (DTP3) vaccine, protecting them against infectious diseases that can cause serious illness and disability or be fatal. By 2017, 123 countries had reached at least 90% coverage of DTP3 vaccine. The Global Vaccine Action Plan (GVAP) is a roadmap to prevent millions of deaths through more equitable access to vaccines by 2020. To date, progress towards the GVAP targets is off track.

The resolution urges countries to strengthen the governance and leadership of national immunization programmes, and improve monitoring and surveillance systems to ensure up-to-date data guides policy and programmatic decisions to optimize performance and impact. It also calls on countries to expand immunization services beyond infancy, mobilize domestic financing, and strengthen international cooperation to achieve GVAP goals.

It requests the WHO Secretariat to continue supporting countries to achieve regional and global vaccination goals. It recommends scaling up advocacy efforts to improve understanding of the value of vaccines and urgency of meeting the GVAP goals.

EPI WEEK 19



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

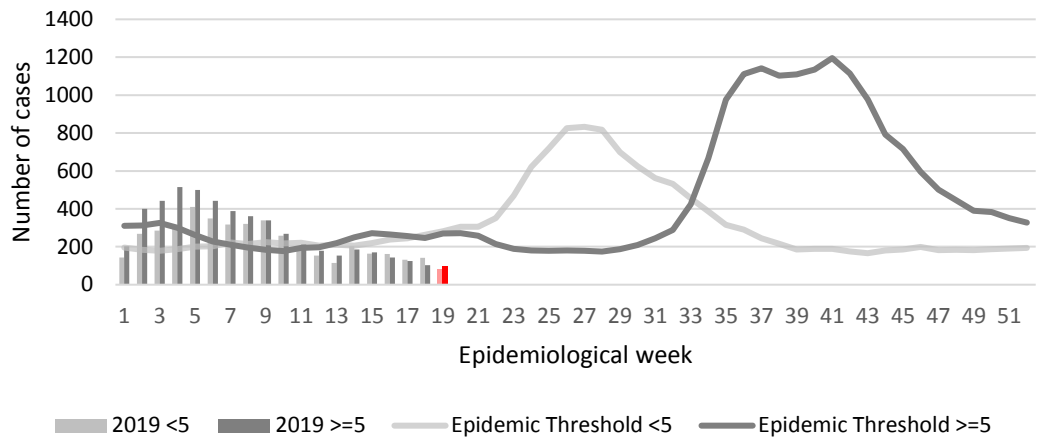
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

RED CURRENT WEEK

Fever All ages: Jamaica, Weekly Threshold vs Cases 2019

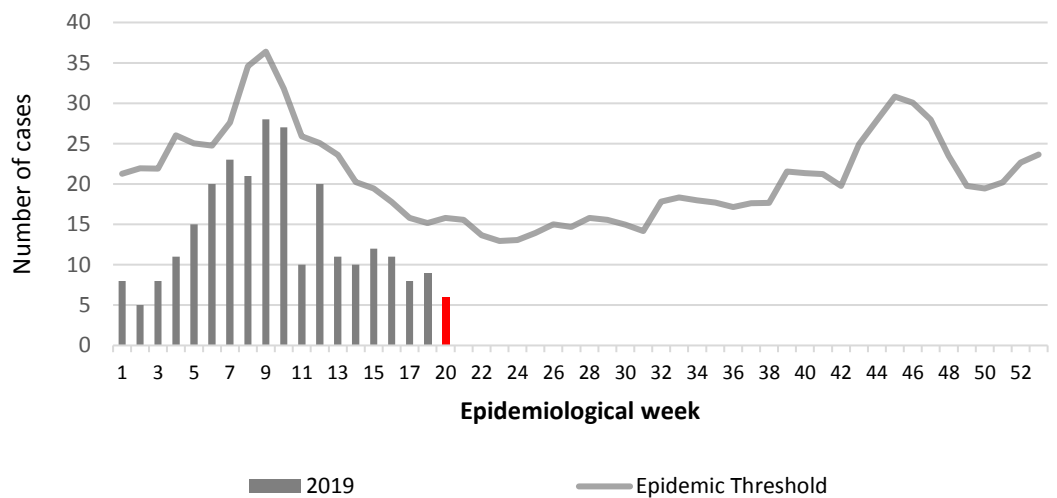


FEVER AND NEUROLOGICAL

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).



Fever and Neurological Symptoms: Jamaica, Weekly Threshold vs 2019 Cases

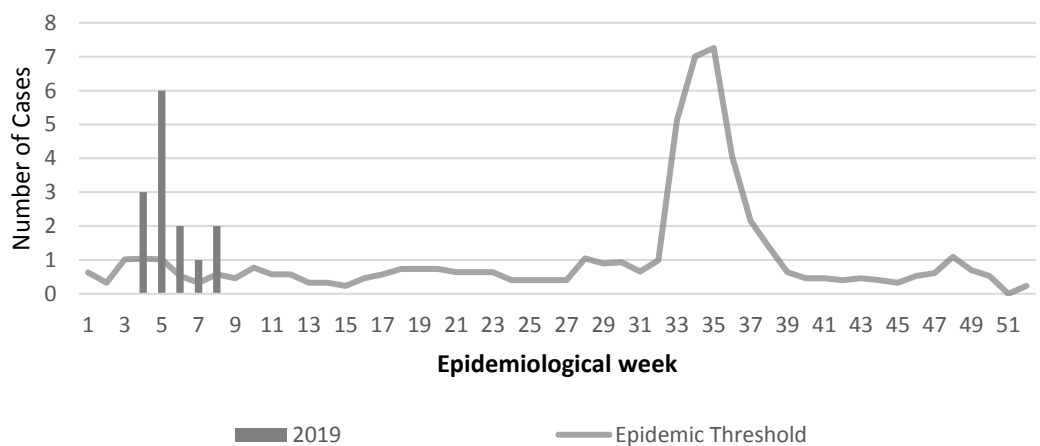


FEVER AND HAEMORRHAGIC

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.



Fever and Haemorrhagic symptoms: Jamaica, Weekly Threshold vs 2019 cases



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

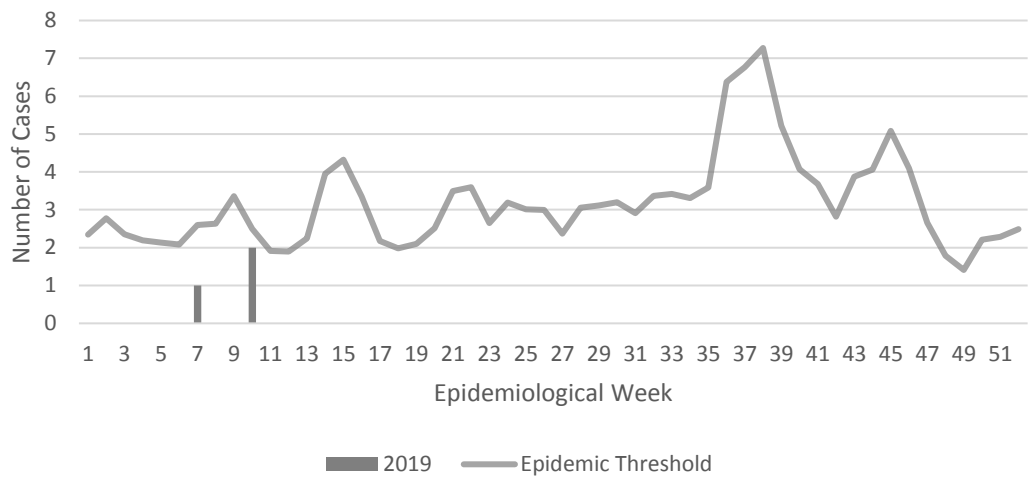
FEVER AND JAUNDICE

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.



Fever and Jaundice cases: Jamaica, Weekly Threshold vs 2019 Cases



ACCIDENTS

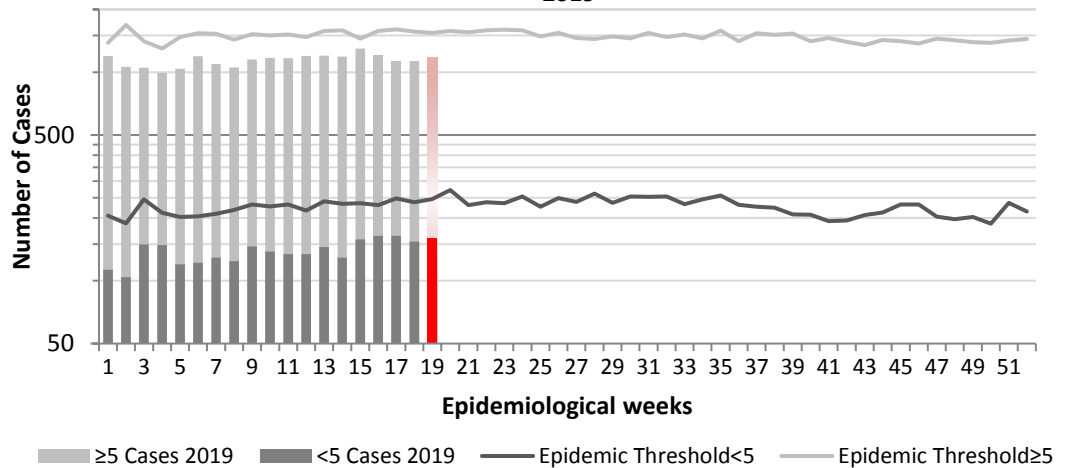
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

RED CURRENT WEEK



Accidents by Age Group Versus Epidemic Thresholds, Jamaica: Week 19, 2019

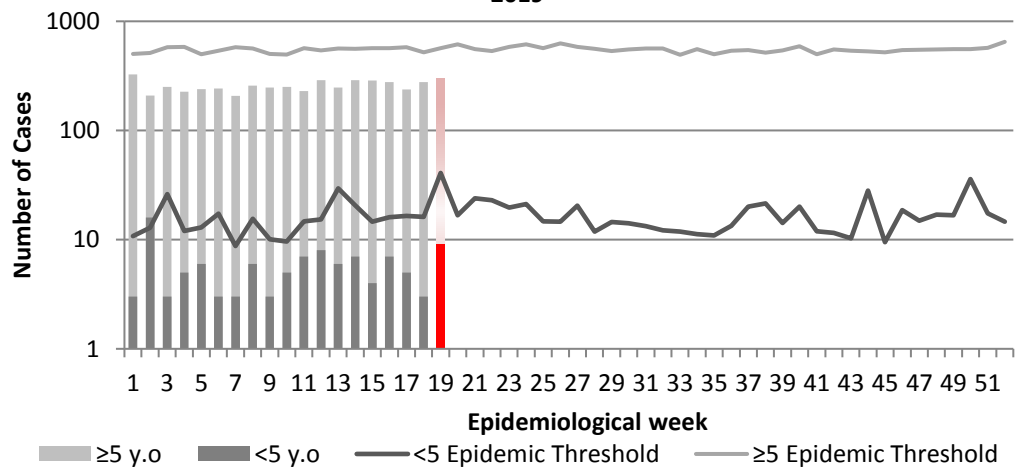


VIOLENCE

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



Violence by Age Group Versus Epidemic Thresholds, Jamaica: Week 19, 2019



3 NOTIFICATIONS-
All clinical sites




INVESTIGATION REPORTS- Detailed Follow up for all Class One Events






HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

CLASS ONE NOTIFIABLE EVENTS				Comments	
			Confirmed YTD		
	CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		6	66	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 ¹		0	0	
	Hansen’s Disease (Leprosy)		0	0	
	Hepatitis B		8	14	
	Hepatitis C		2	1	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		0	0	
	Meningitis (Clinically confirmed)		5	23	
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	
	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	2 Figures include all deaths associated with pregnancy reported for the period.
	Fever and Rash	Measles	0	0	
		Rubella	0	0	
	Maternal Deaths ²		18	30	3 CHIKV IgM positive cases 
	Ophthalmia Neonatorum		74	128	
	Pertussis-like syndrome		0	0	4 Zika PCR positive cases
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		5	26	
	Yellow Fever		0	0	
Chikungunya ³		0	0		
Zika Virus ⁴		0	0	NA- Not Available	

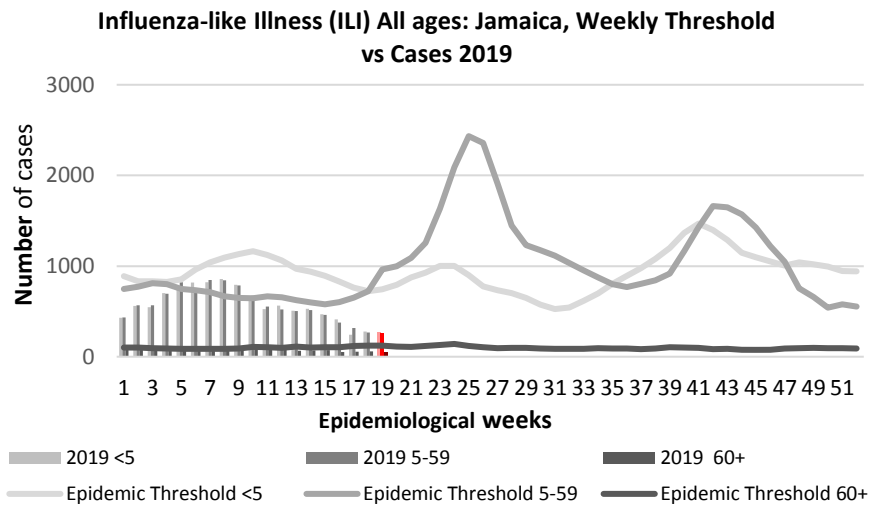
 <p>4 NOTIFICATIONS- All clinical sites</p>	 <p>INVESTIGATION REPORTS- Detailed Follow up for all Class One Events</p>	 <p>HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued</p>	 <p>SENTINEL REPORT- 78 sites. Automatic reporting</p>
--	--	--	--

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 19

May 5-11, 2019 Epidemiological Week 19

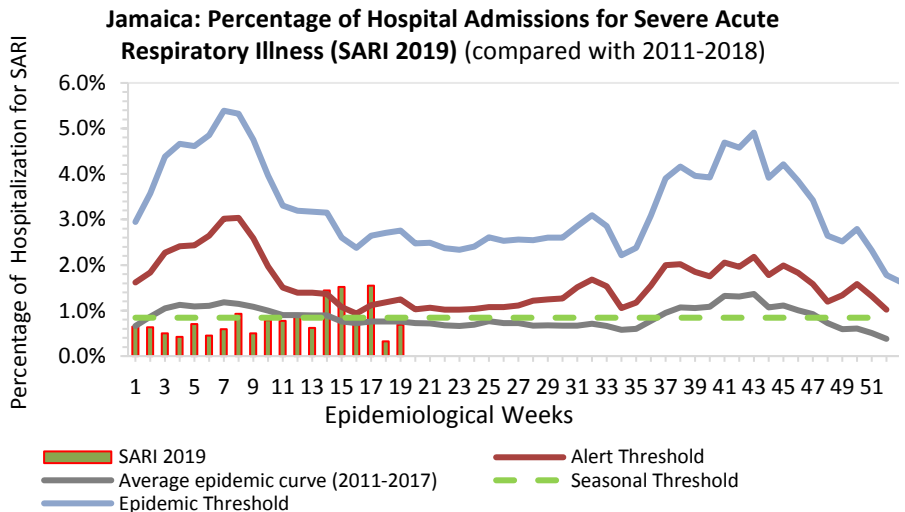
May 2019		
	EW 19	YTD
SARI cases	11	255
Total Influenza positive Samples	2	313
Influenza A	1	292
H3N2	0	58
H1N1pdm09	0	218
Not subtyped	1	13
Influenza B	0	21
Parainfluenza	0	2



Comments:

Swine flu is a respiratory disease caused by the influenza virus (Influenza A H1N1 and H3N2) that infect the respiratory tract of pigs and result in a barking cough, decreased appetite, nasal secretions and listless behaviour. Occasionally, it may be transmitted to humans in very close contact. In 2009, the new Influenza A (H1N1) virus that emerged and led to a pandemic was designated as Influenza A (H1N1) pdm09 virus to distinguish it from the seasonal Influenza A (H1N1).

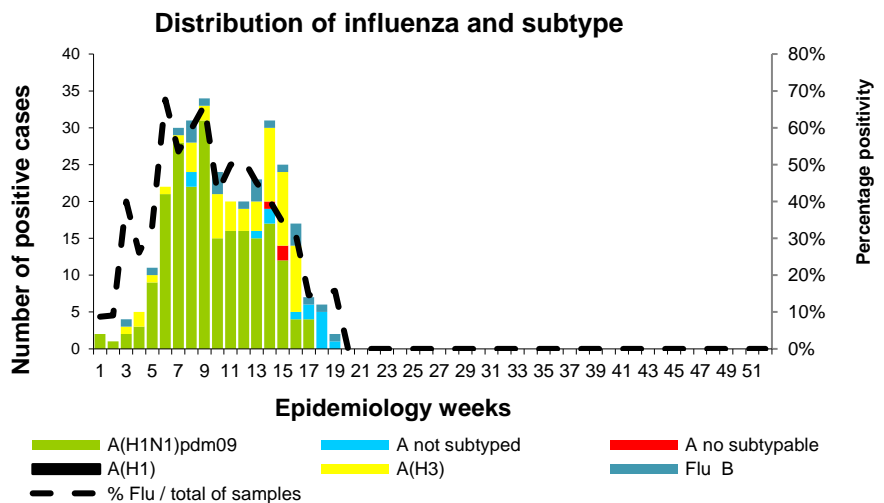
During EW 19 percentage of hospitalization for SARI was below the seasonal and alert thresholds. Increased influenza activity was noted in 2019 with influenza A(H1N1)pdm09 predominating.



GLOBAL AND REGIONAL UPDATES

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

Caribbean: During EW 19, influenza detections decreased with influenza A(H1N1)pdm09 and A(H3N2) co-circulating; percent positivity for influenza was below the alert threshold. The percentage of SARI cases decreased compared to the previous weeks and was below the alert threshold.



5 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

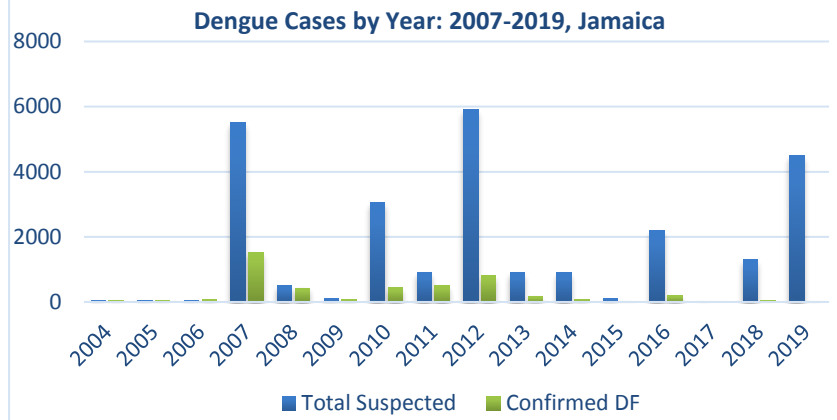


SENTINEL REPORT- 78 sites. Automatic reporting

Dengue Bulletin

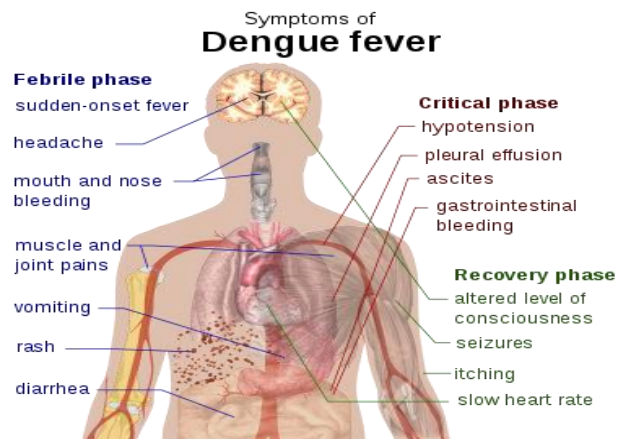
May 5-11, 2019 Epidemiological Week 19

Epidemiological Week 19



Reported suspected and confirmed dengue with symptom onset in weeks 1-19, 2019

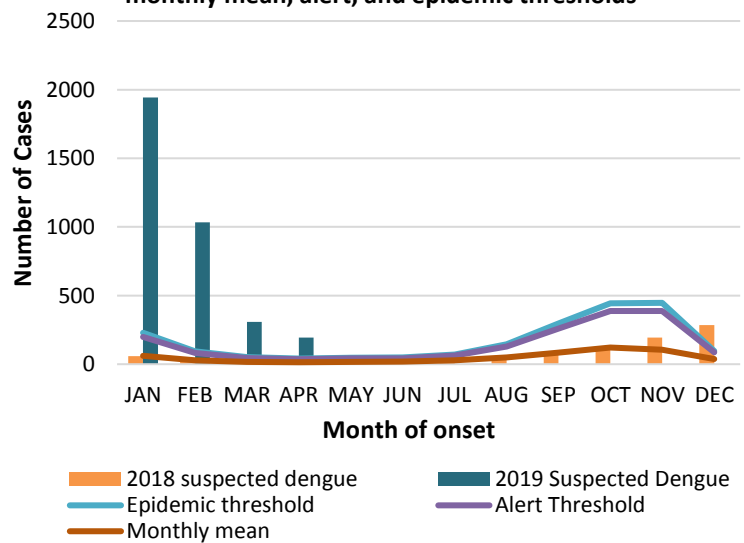
		2019		2018 YTD
		EW 19	YTD	
Total Suspected Dengue Cases		0	4628	110
	Lab Confirmed Dengue cases	0	16	0
CONFIRMED	*DHF/DSS	0	0	2
	Dengue Related Deaths	0	3	0



*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.

Suspected dengue cases for 2018 and 2019 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- 78 sites. Automatic reporting

Gastroenteritis Bulletin

**EW
19**

May 5-11, 2019 Epidemiological Week 19

Epidemiological Week 19

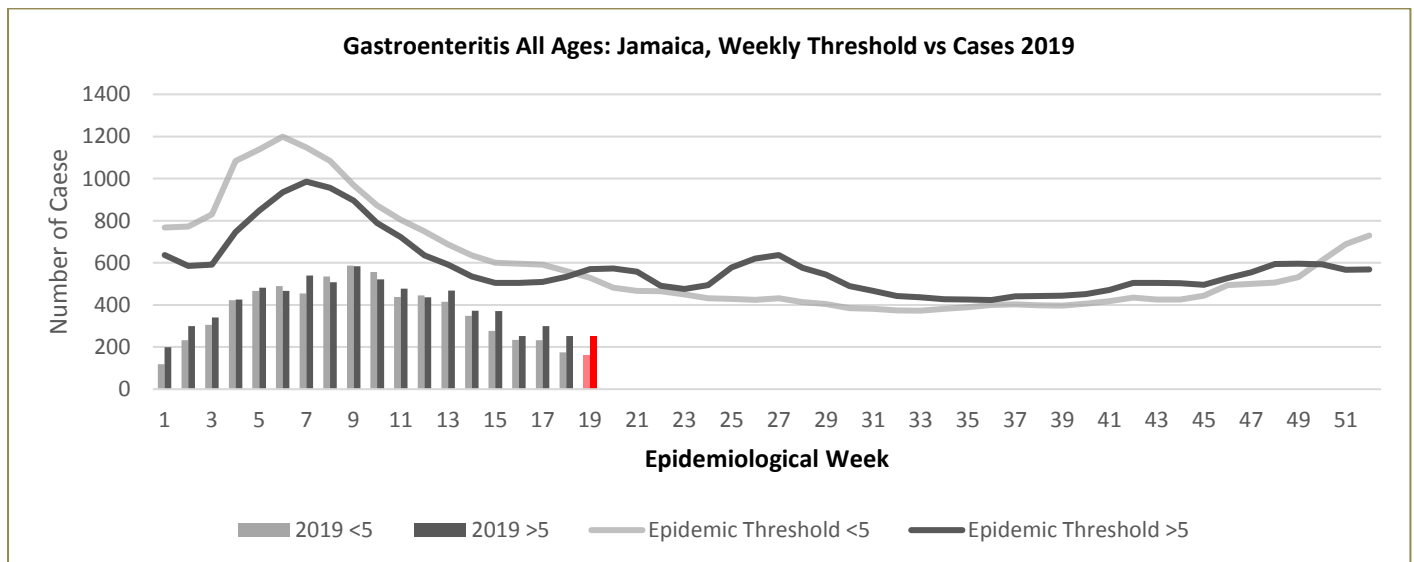
Weekly Breakdown of Gastroenteritis cases

Year	EW 19			YTD		
	<5	≥5	Total	<5	≥5	Total
2019	162	252	414	6,884	7,520	14,404
2018	99	186	285	3,004	4,387	7,391

Gastroenteritis:

In epidemiological week 19, 2019, the total number of reported GE cases showed a 45% increase compared to EW 19 of the previous year. The year to date figures showed a 95% increase in cases compared to the same period in 2018.

Total Gastroenteritis Cases Reported 2019



Total number of GE cases per parish up to Week 19, 2019

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	2528	210	89	375	650	353	517	180	346	242	656	348	390
≥5	1732	362	147	578	894	405	552	239	371	320	826	602	492



7 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

RESEARCH PAPER

A Description of Registered Nurses' Documentation Practices and their Experiences with Documentation in a Jamaican Hospital

C Blake-Mowatt, JLM Lindo, S Stanley, J Bennett

The UWI School of Nursing, Mona, The University of the West Indies, Mona, Kingston 7, Jamaica

Objective: To determine the level of documentation that exists among registered nurses employed at a Type A Hospital in Western Jamaica.

Method: Using an audit tool developed at the University Hospital of the West Indies, 79 patient docketts from three medical wards were audited to determine the level of registered nurses' documentation at the hospital. Data were analyzed using the SPSS® version 17 for Windows®. Qualitative data regarding the nurses' experience with documentation at the institution were gathered from focus group discussions including 12 nurses assigned to the audited wards.

Results: Almost all the docketts audited (98%) revealed that nurses followed documentation guidelines for admission, recording patients' past complaints, medical history and assessment data. Most of the docketts (96.7%) audited had authorized abbreviations only. Similarly, 98% of the nurses' notes reflected clear documentation for nursing actions taken after identification of a problem and a summary of the patients' condition at the end of the shift. Only 25.6% of the docketts had nursing diagnosis which corresponded to the current medical diagnosis and less than a half (48.3%) had documented evidence of discharge planning. Most of the nurses' notes (86.7%) had no evidence of patient teaching. The main reported factors affecting documentation practices were workload and staff/patient ratios. Participants believed that nursing documentation could be improved with better staffing, improved peer guidance and continuing education.

Conclusion: Generally, nurses followed the guidelines for documentation; however, elements were missing which included patient teaching and discharge planning. This was attributed to high patient load and nurse/patient ratio.



8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued



SENTINEL
REPORT- 78 sites.
Automatic reporting