

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

WHO calls for urgent action to reduce patient harm in healthcare

Theme: "Speak up for patient safety!"



Millions of patients are harmed each

year due to unsafe health care. Most of these deaths are avoidable. The personal, social and economic impact of patient harm leads to losses of trillions of US dollars worldwide. The World Health Organization is focusing global attention on the issue of patient safety and launching a campaign in solidarity with patients on the very first World Patient Safety Day on 17 September.

Four out of every ten patients are harmed during primary and ambulatory health care. The most detrimental errors are related to diagnosis, prescription and the use of medicines. Unsafe surgical care procedures cause complications in up to 25% of patients resulting in 1 million deaths during or immediately after surgery annually.

Patient harm in health care is unacceptable. WHO is calling for urgent action by countries and partners around the world to reduce patient harm in health care. Patient safety and quality of care are essential for delivering effective health services and achieving universal health coverage.

Greater patient involvement is the key to safer care. On the very first World Patient Safety Day WHO is prioritizing patient safety as a global health priority and urging patients, healthcare workers, policy makers and health care industry to "Speak up for patient safety!". The 17 September was established as World Patient Safety Day by the 72nd World Health Assembly in May 2019.



Downloaded from: <https://www.who.int/news-room/detail/13-09-2019-who-calls-for-urgent-action-to-reduce-patient-harm-in-healthcare>

EPI WEEK 36



SYNDROMES

PAGE 2



CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



GASTROENTERITIS

PAGE 7



RESEARCH PAPER

PAGE 8

SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica



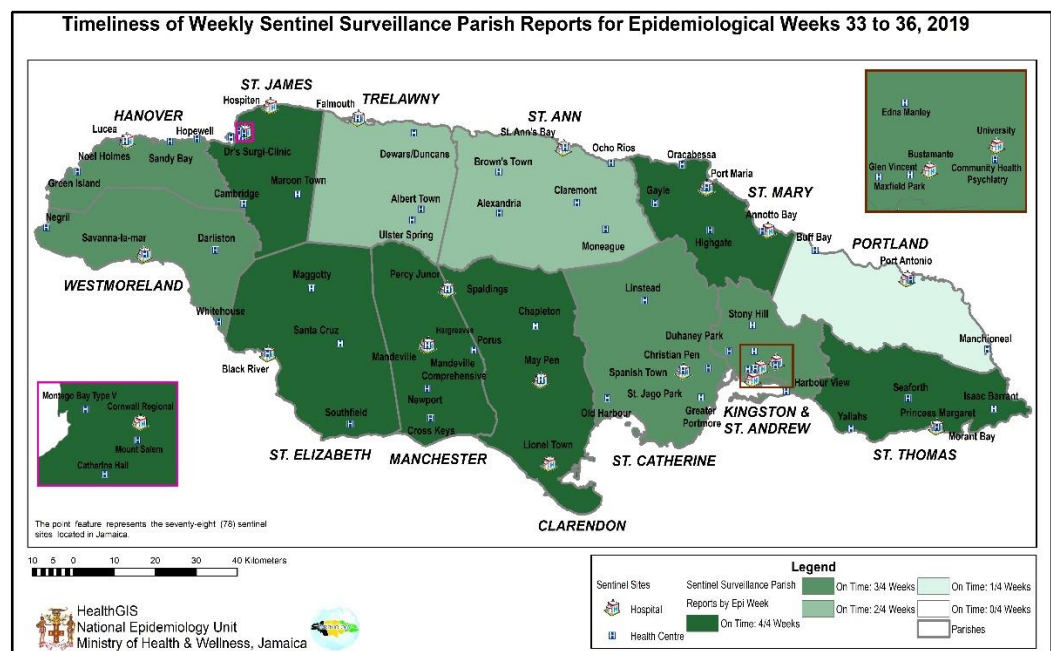
A syndromic surveillance system is good for early detection of and response to public health events.

Sentinel surveillance occurs when selected health facilities (sentinel sites) form a network that reports on certain health conditions on a regular basis, for example, weekly. Reporting is mandatory whether or not there are cases to report.

Jamaica's sentinel surveillance system concentrates on visits to sentinel sites for health events and syndromes of national importance which are reported weekly (see pages 2 -4). There are seventy-eight (78) reporting sentinel sites (hospitals and health centres) across Jamaica.

Map representing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks - Weeks 33 to 36

Parish health departments submit reports weekly by 3 p.m. on Tuesdays. Reports submitted after 3 p.m. are considered late.



REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

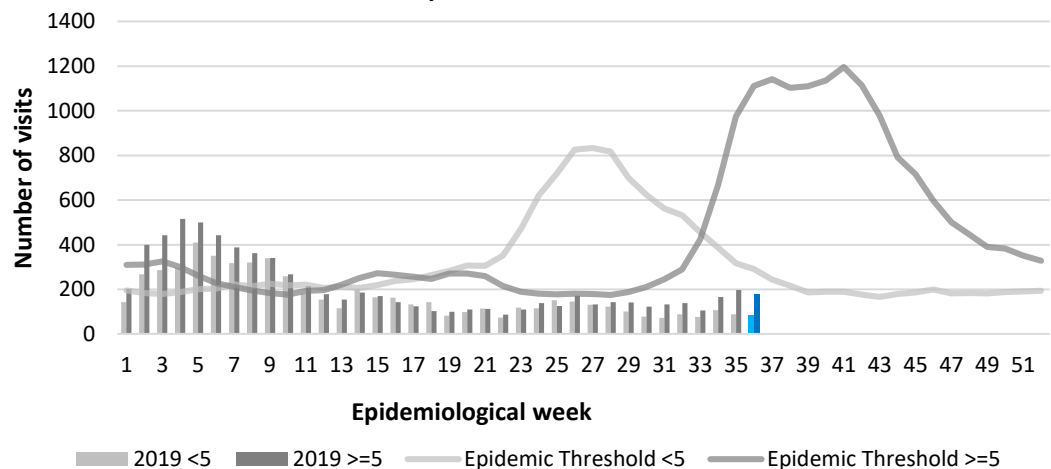
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK

Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2019



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



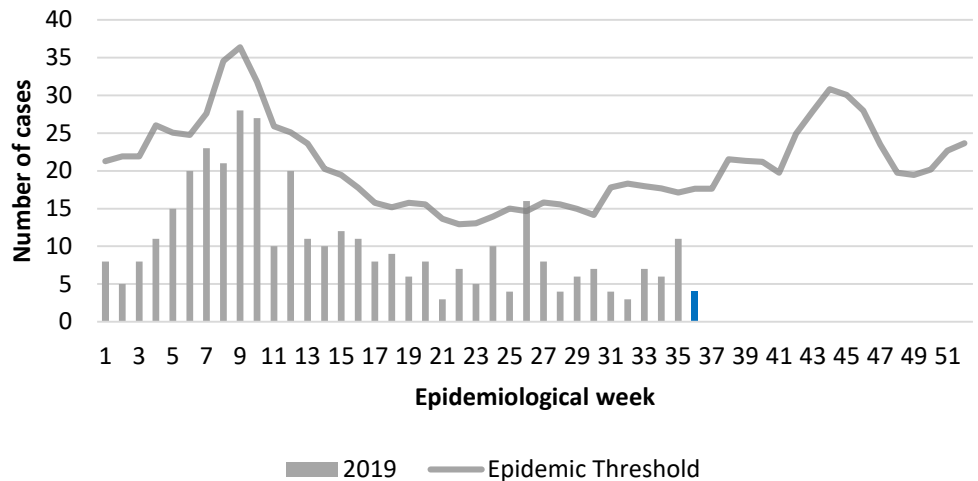
SENTINEL REPORT- 78 sites. Automatic reporting

FEVER AND 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).



Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2018 vs. Weekly Threshold: Jamaica

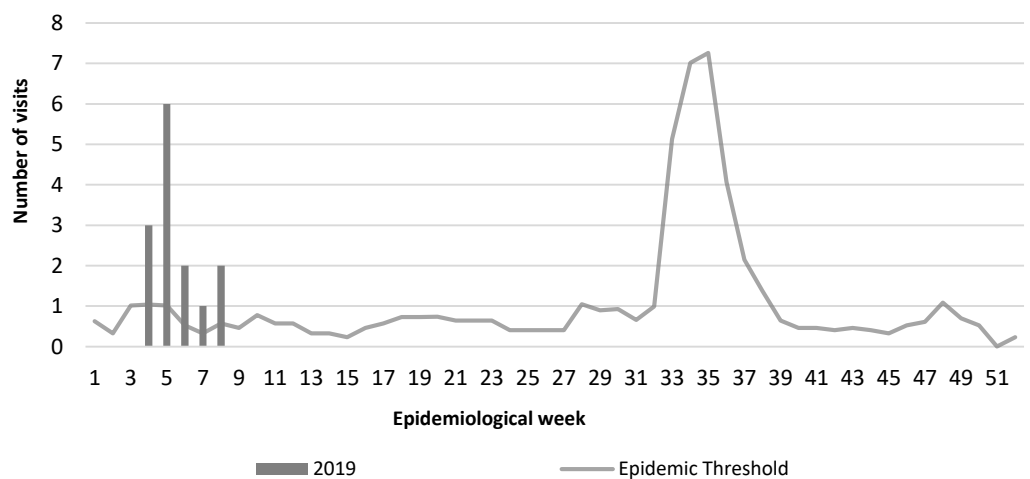


FEVER AND HAEMORRHAGIC

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. Visits for Fever and Haemorrhagic symptoms were reported in weeks 4 to 8 only, year to date.



Weekly visits to Sentinel Sites for Fever and Haemorrhagic Symptoms 2019 vs Weekly Threshold; Jamaica

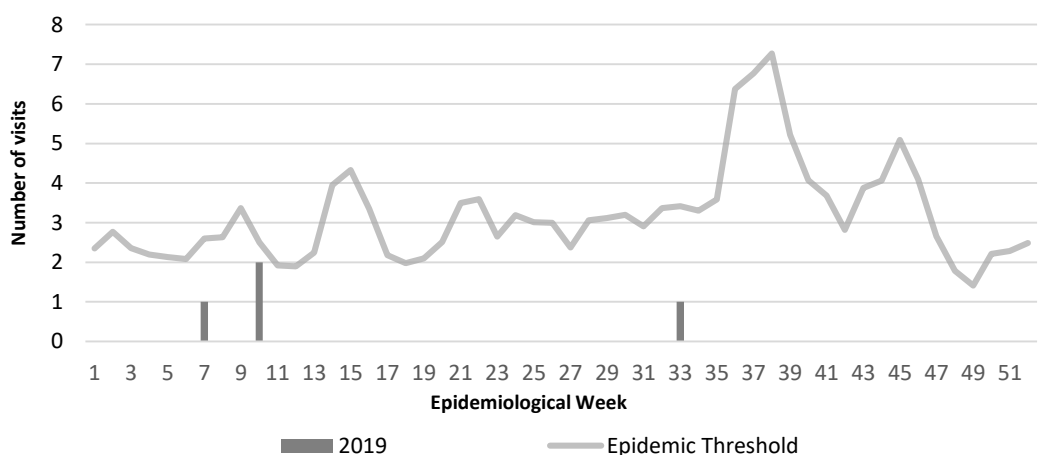


FEVER AND JAUNDICE

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. Visits to sentinel sites for Fever and Jaundice were reported in weeks 7 and 10 only, year to date.

Weekly Visits to Sentinel Sites for Fever and Jaundice 2019 vs. Weekly Threshold



3 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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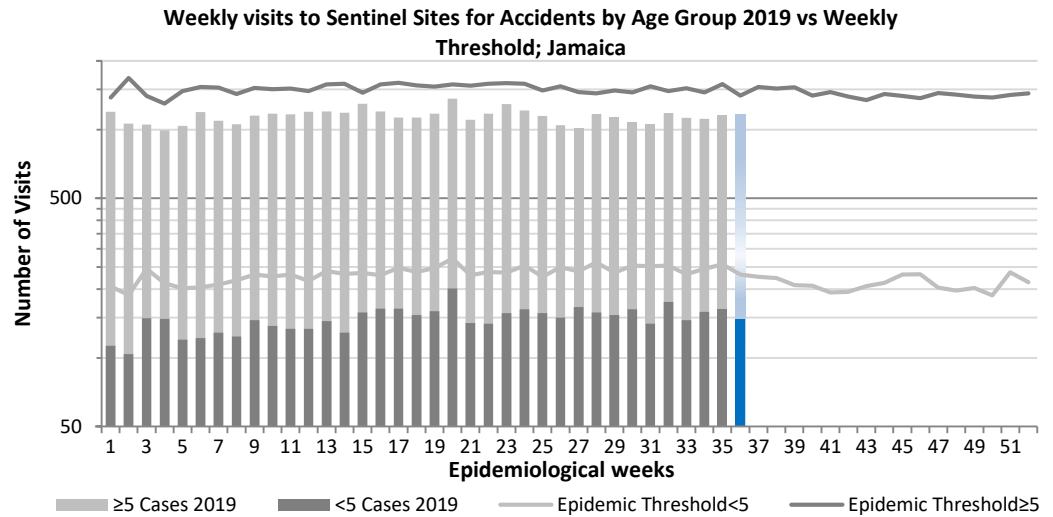
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

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

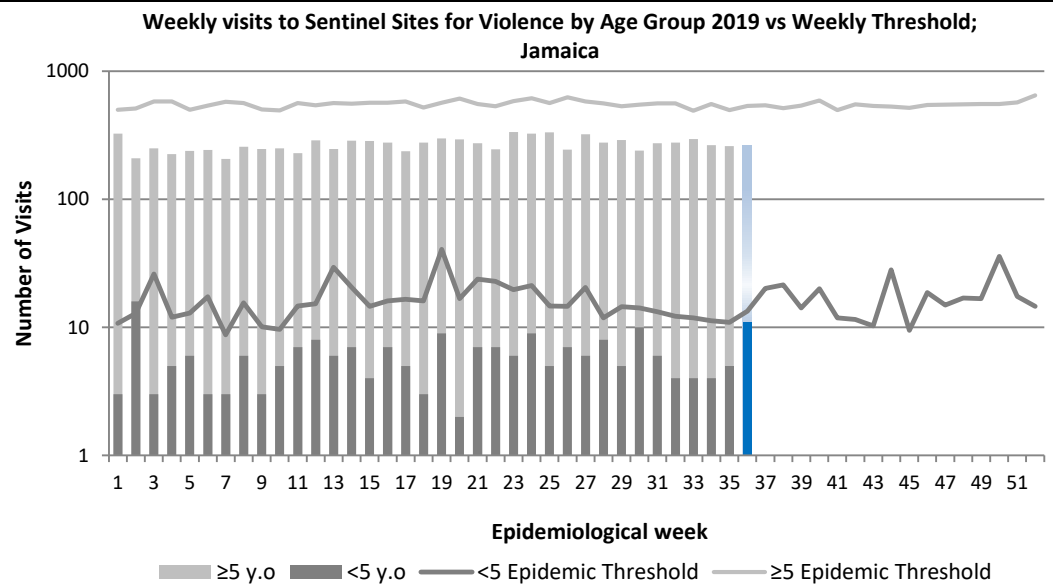
KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK



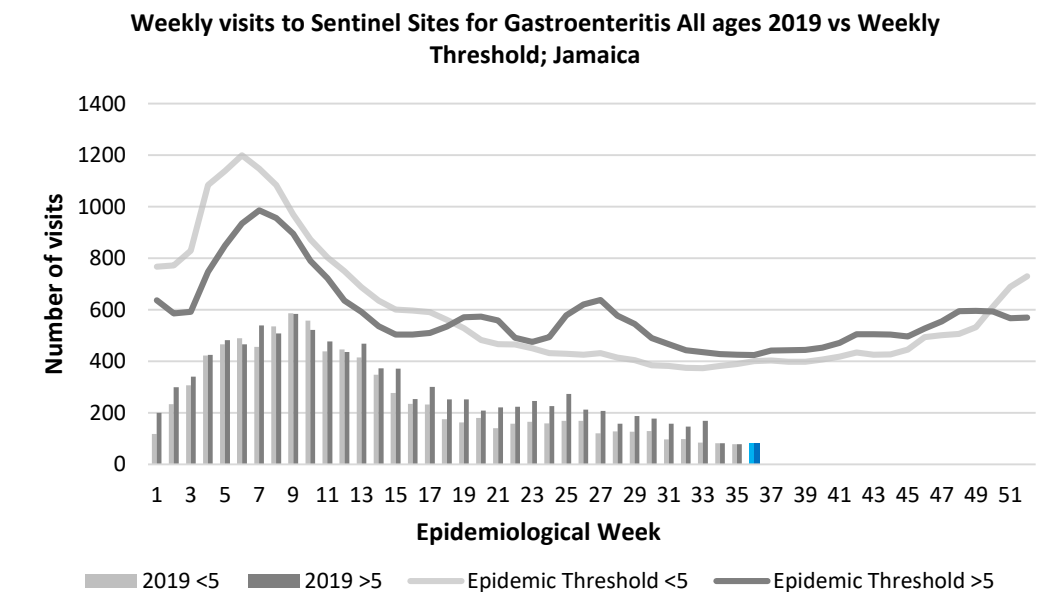
VIOLENCE

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



GASTROENTERITIS

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.



4 NOTIFICATIONS-
All clinical sites




INVESTIGATION REPORTS- Detailed Follow up for all Class One Events




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| CLASS ONE NOTIFIABLE EVENTS | | | | Comments | |
|----------------------------------|-----------------------------------|---------------|---------------|---|---|
| | CLASS 1 EVENTS | Confirmed YTD | | | |
| | | CURRENT YEAR | PREVIOUS YEAR | | |
| NATIONAL /INTERNATIONAL INTEREST | Accidental Poisoning | 56 | 152 | 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. | |
| | Cholera | 0 | 0 | | |
| | Dengue Hemorrhagic Fever* | NA | NA | | |
| | Hansen's Disease (Leprosy) | 0 | 0 | | |
| | Hepatitis B | 11 | 33 | | |
| | Hepatitis C | 2 | 5 | | |
| | HIV/AIDS | NA | NA | | |
| | Malaria (Imported) | 0 | 2 | | |
| | Meningitis (Clinically confirmed) | 18 | 37 | | |
| EXOTIC/ UNUSUAL | Plague | 0 | 0 | * Dengue Hemorrhagic Fever data include Dengue related deaths; | |
| HIGH MORBIDITY/ MORTALITY | Meningococcal Meningitis | 0 | 0 | ** Figures include all deaths associated with pregnancy reported for the period. | |
| | Neonatal Tetanus | 0 | 0 | | |
| | Typhoid Fever | 0 | 0 | | |
| | Meningitis H/Flu | 0 | 0 | | |
| SPECIAL PROGRAMMES | AFP/Polio | 0 | 0 | *** CHIKV IgM positive cases  **** Zika PCR positive cases | |
| | Congenital Rubella Syndrome | 0 | 0 | | |
| | Congenital Syphilis | 0 | 0 | | |
| | Fever and Rash | Measles | 0 | | 0 |
| | | Rubella | 0 | | 0 |
| | Maternal Deaths** | 43 | 48 | | |
| | Ophthalmia Neonatorum | 161 | 217 | | |
| | Pertussis-like syndrome | 0 | 0 | | |
| | Rheumatic Fever | 0 | 0 | | |
| | Tetanus | 0 | 0 | | |
| | Tuberculosis | 33 | 57 | | |
| Yellow Fever | 0 | 0 | | | |
| | Chikungunya*** | 1 | 10 | | |
| | Zika Virus**** | 0 | 0 | NA- Not Available | |

 5 NOTIFICATIONS- All clinical sites

 INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

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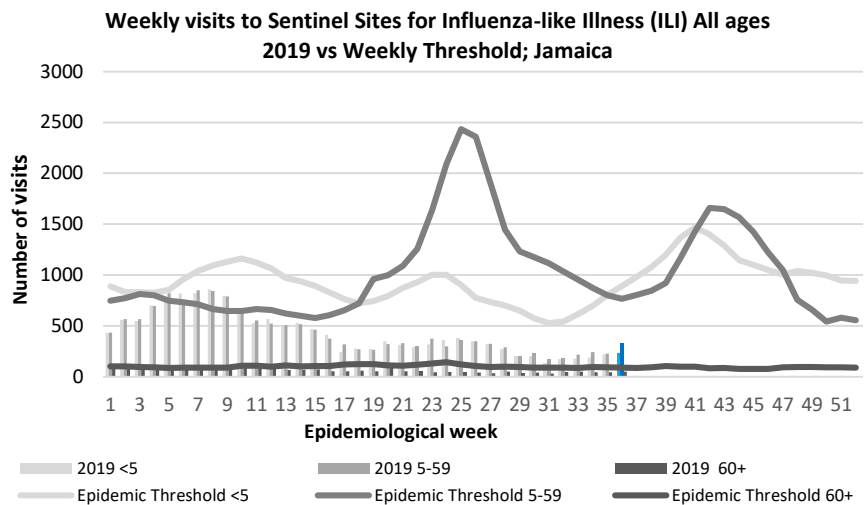
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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 36

September 1 – September 7, 2019 Epidemiological Week 36

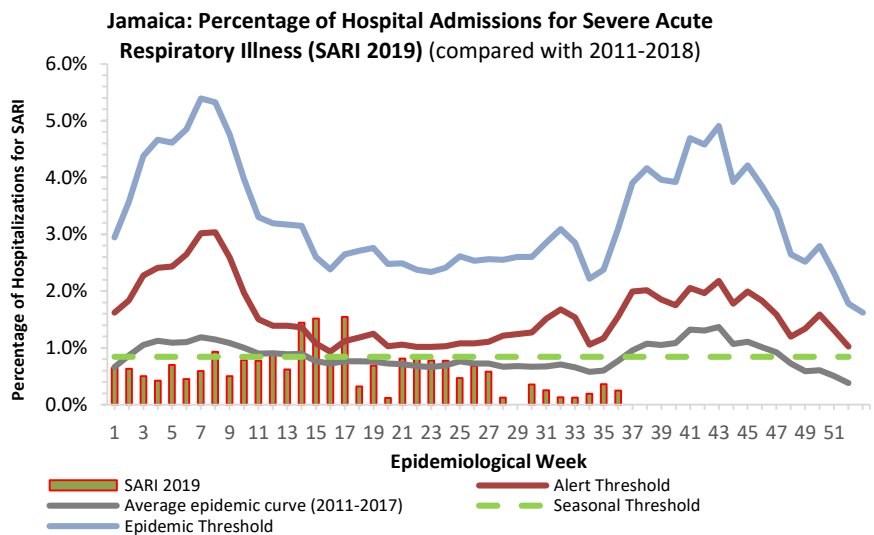
| | EW 36 | YTD |
|----------------------------------|-------|-----|
| SARI cases | 4 | 366 |
| Total Influenza positive Samples | 0 | 367 |
| Influenza A | 0 | 325 |
| H3N2 | 0 | 91 |
| H1N1pdm09 | 0 | 226 |
| Not subtyped | 0 | 5 |
| Influenza B | 0 | 42 |
| Parainfluenza | 0 | 6 |



Epi Week Summary

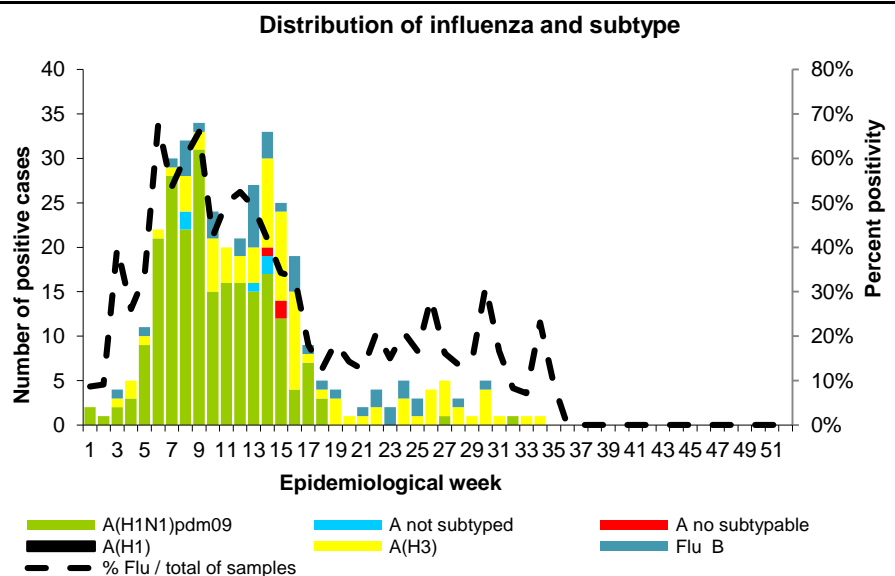
During EW 36, 0 cases of influenza were detected. Percent positivity remained low.

During EW 36, 4 (four) SARI admissions were reported.



Caribbean Update EW 36

Caribbean: Influenza and SARI activity was low and continue to decrease in the sub-region. Influenza-positive cases were above the average epidemic curve, with influenza A(H3N2) predominance.



6 NOTIFICATIONS-
All clinical sites



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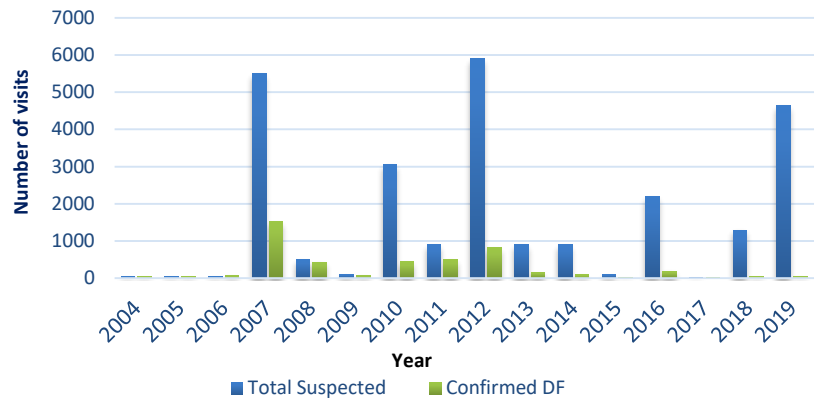
Dengue Bulletin

September 1– September 7, 2019 Epidemiological Week 36

Epidemiological Week 36



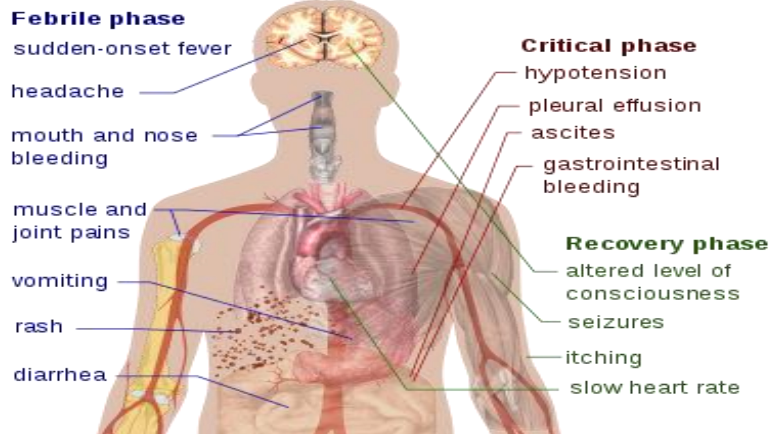
Dengue Cases by Year: 2004-2019, Jamaica



Reported suspected and confirmed dengue with symptom onset in weeks 1-36, 2019

| | | 2019 | | 2018 YTD |
|------------------------------|-----------------------|-------|--------|----------|
| | | EW 36 | YTD | |
| Total Suspected Dengue Cases | | 24 | **4629 | 217 |
| Lab Confirmed Dengue cases | | 0 | 37 | 1 |
| CONFIRMED | Dengue Related Deaths | 0 | 6 | 0 |

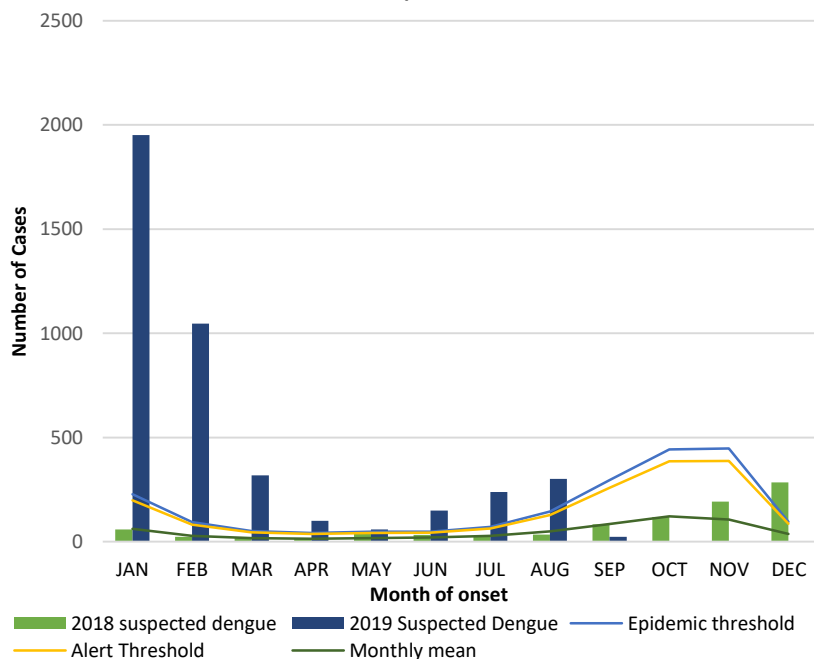
Symptoms of Dengue fever



Points to note:

- **figure as at September 16, 2019
- 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



7 NOTIFICATIONS-
All clinical sites



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RESEARCH PAPER

Reduction in Default of Second HIV DNA-PCR Screening of HIV Exposed Infants through Improved Patient Tracking and Information Systems

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National Public Health Laboratory, Ministry of Health, Jamaica

Clinton Health Access Initiative

Objectives: To develop a low cost tracking tool for the monitoring of infant HIV-DNA screens and to determine its effect on the reduction of second test defaults of HIV-exposed infants.

Methods: Data from all infants screened since the introduction of DNA-PCR testing was collated and entered on an Excel based platform. The database created utilized four critical elements for sample identification, mother's full name and patient's full name, date of birth, and gender. It provided the following outputs: total testing levels and results; patient testing history; sample result turnaround time analysis; and second test de-default reports. There optional tracking by health regions and sub-regions, and testing sites. Data for two six month periods, one each before and after the introduction of the database, were compared.

Results: Within the first six months of implementation of the database, second DNA-PCR test defaults reduced by approximately 16%.

Conclusions: Utilization of low cost measures such as the EID Database & Tracking Tool can improve the tracking and management of HIV exposed infants. This system is a low cost solution which does not require major IT infrastructure overhauls, can be developed in a relatively short time, and is not labor intensive.



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8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
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