

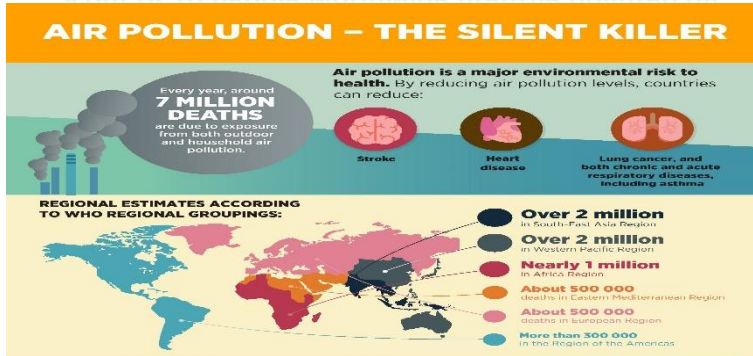
WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Weekly Spotlight

Air pollution

9 out of 10 people worldwide breathe polluted air



Air pollution levels remain dangerously high in many parts of the world. New data from WHO shows that 9 out of 10 people breathe air containing high levels of pollutants. Updated estimations reveal an alarming death toll of 7 million people every year caused by ambient (outdoor) and household air pollution.

WHO estimates that around 90% of people worldwide breathe polluted air. Over the past 6 years, ambient air pollution levels have remained high and approximatively stable, with declining concentrations in some part of Europe and in the Americas.

The highest ambient air pollution levels are in the Eastern Mediterranean Region and in South-East Asia, with annual mean levels often exceeding more than 5 times WHO limits, followed by low and middle-income cities in Africa and the Western Pacific.

Africa and some of the Western Pacific have a serious lack of air pollution data. For Africa, the database now contains PM measurements for more than twice as many cities as previous versions, however data was identified for only 8 of 47 countries in the region.

Europe has the highest number of places reporting data.

In general, ambient air pollution levels are lowest in high-income countries, particularly in Europe, the Americas and the Western Pacific. In cities of high-income countries in Europe, air pollution has been shown to lower average life expectancy by anywhere between 2 and 24 months, depending on pollution levels.

More than 4300 cities in 108 countries are now included in WHO's ambient air quality database, making this the world's most comprehensive database on ambient air pollution. Since 2016, more than 1000 additional cities have been added to WHO's database which shows that more countries are measuring and taking action to reduce air pollution than ever before.

This year WHO will convene the first Global Conference on Air Pollution and Health (30 October – 1 November 2018) to bring governments and partners together in a global effort to improve air quality and combat climate change.

Source: <http://www.who.int/news-room/detail/02-05-2018-9-out-of-10-people-worldwide-breathe-polluted-air-but-more-countries-are-taking-action>

EPI WEEK 16

SYNDROMES

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CLASS 1 DISEASES

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INFLUENZA

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DENGUE FEVER

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GASTROENTERITIS

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RESEARCH PAPER

PAGE 8



1 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites*. Actively pursued



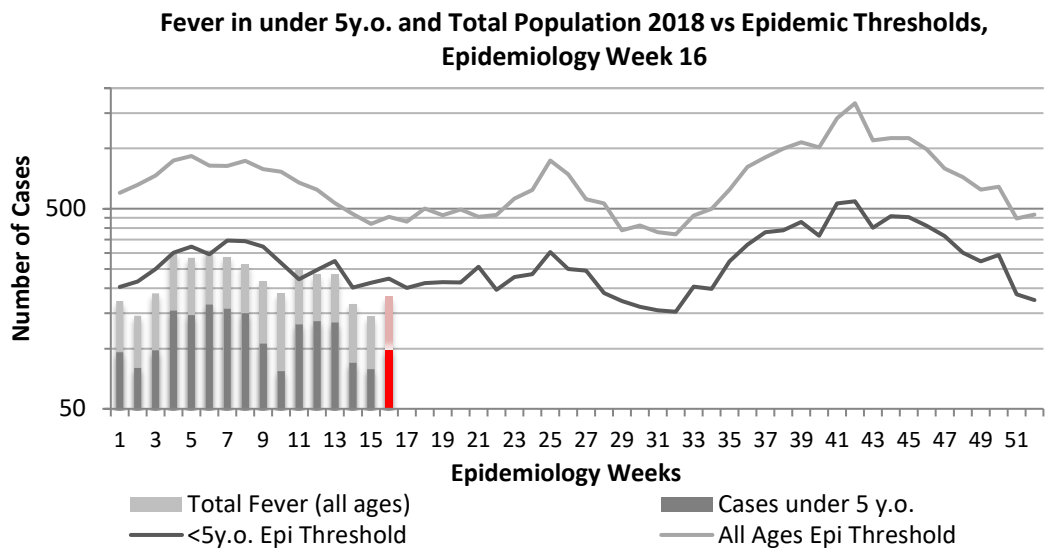
SENTINEL REPORT- 79 sites*. Automatic reporting

*Incidence/Prevalence cannot be calculated

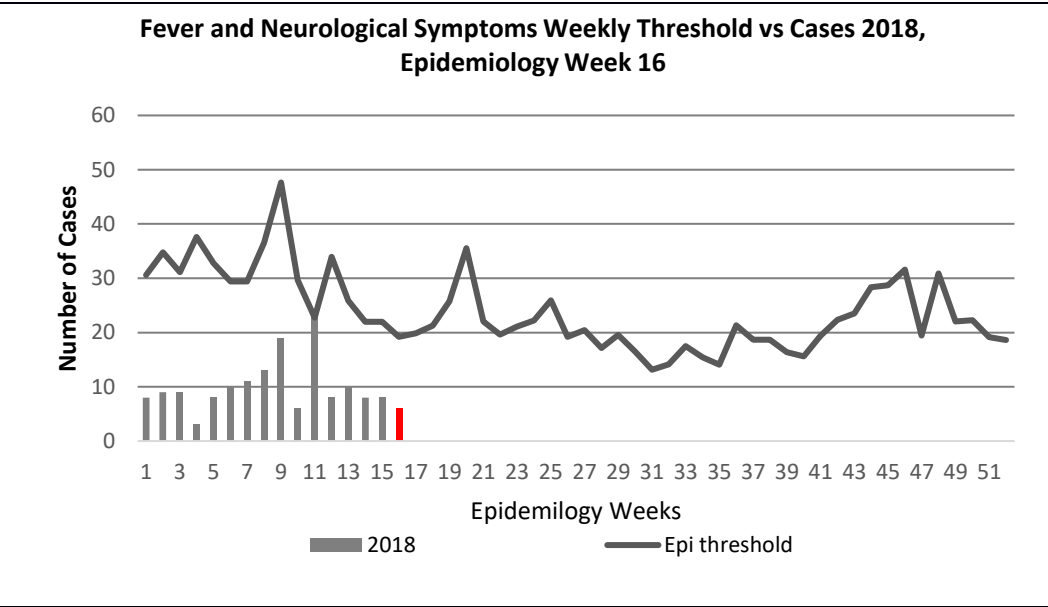
REPORTS FOR SYNDROMIC SURVEILLANCE

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.

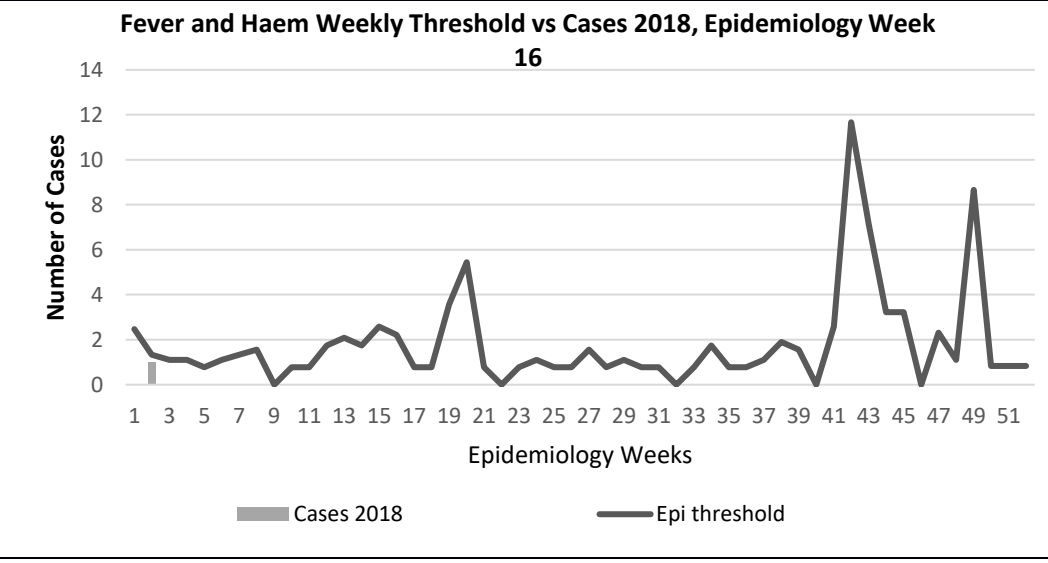
KEY
RED CURRENT WEEK



FEVER 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 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.



2 NOTIFICATIONS- All clinical sites

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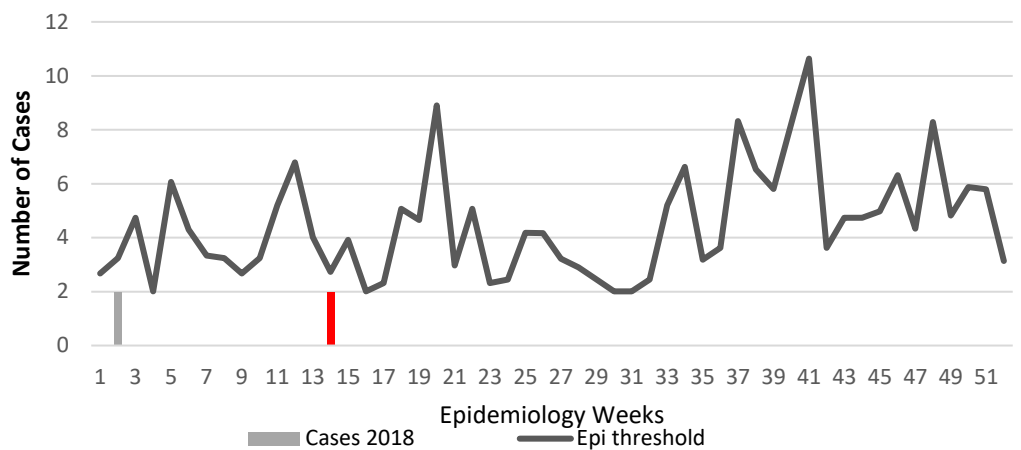
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FEVER AND JAUNDICE

Temperature of $>38^{\circ}C$ / $100.4^{\circ}F$ (or recent history of fever) in a previously healthy person presenting with jaundice.



Fever and Jaundice Weekly Threshold vs Cases 2018, Epidemiology Week 16

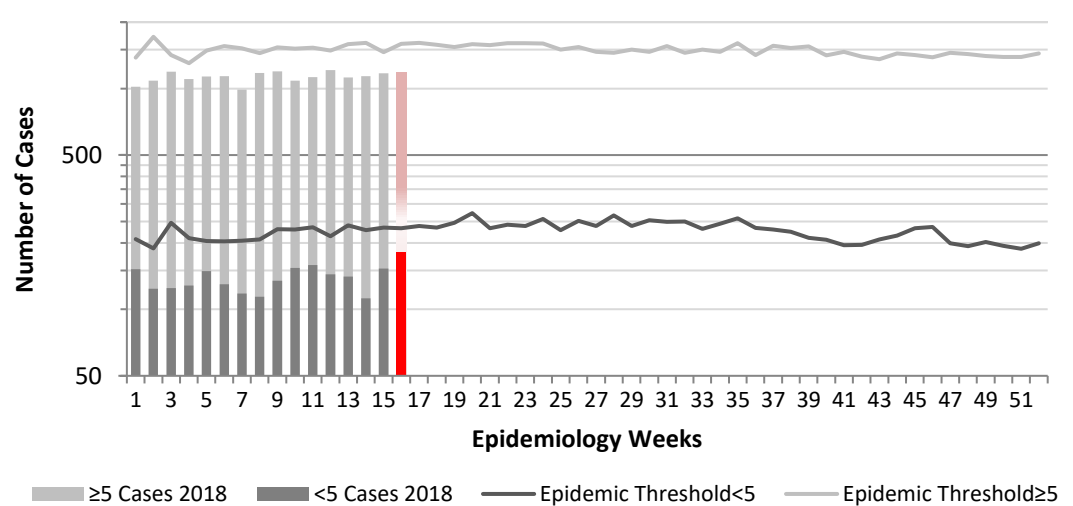


ACCIDENTS

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



Accidents Weekly Threshold vs Cases 2018



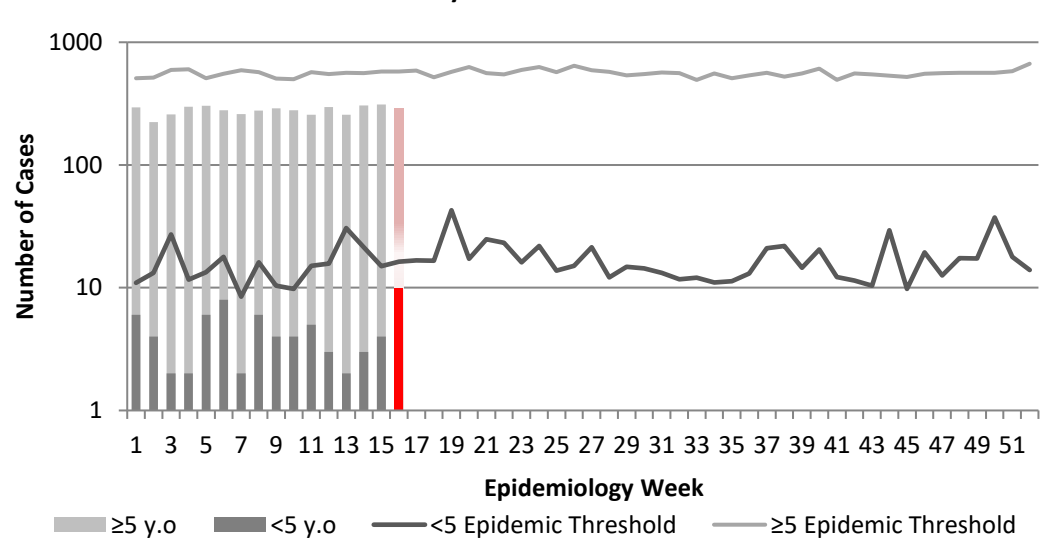
VIOLENCE

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

The epidemic threshold is used to confirm the emergence of an epidemic so as to step-up appropriate control measures.



Violence Weekly Threshold vs Cases 2018



3 NOTIFICATIONS-
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CLASS ONE NOTIFIABLE EVENTS

Comments

	CONFIRMED YTD			
	CLASS 1 EVENTS	CURRENT YEAR		PREVIOUS YEAR
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	5	67	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	3	
	Hansen's Disease (Leprosy)	0	2	
	Hepatitis B	8	3	
	Hepatitis C	1	1	
	HIV/AIDS	NA	NA	
	Malaria (Imported)	2	0	
	Meningitis (Clinically confirmed)	12	28	
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 pregnancy related deaths reported for the period.
	Fever and Rash	Measles	0	
		Rubella	0	0
	Maternal Deaths ²	22	17	Hep B increase due to results received from NBTS/NPHL
	Ophthalmia Neonatorum	99	66	
	Pertussis-like syndrome	0	0	 
	Rheumatic Fever	0	0	
	Tetanus	0	0	
	Tuberculosis	7	12	
Yellow Fever	0	0		
	Chikungunya	4	0	
	Zika Virus	0	0	NA- Not Available

 **4 NOTIFICATIONS-**
All clinical sites

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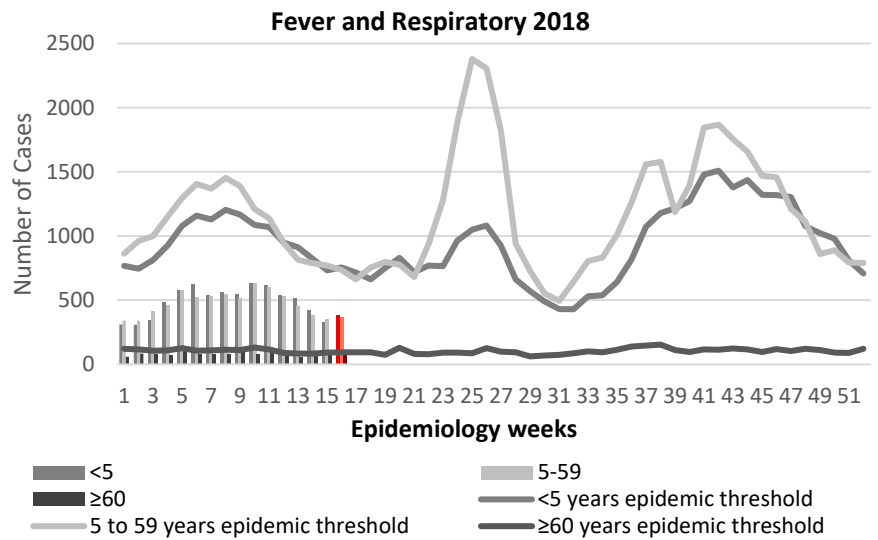
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 16

April 15-21, 2018

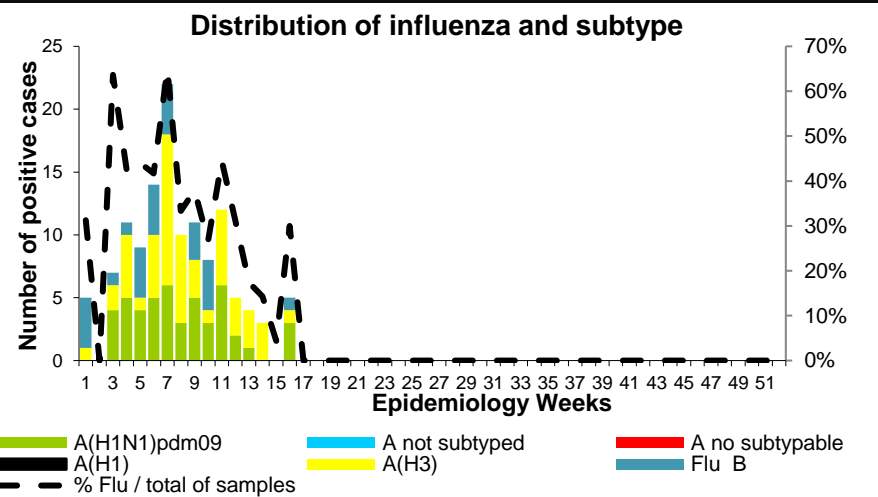
Epidemiology Week 16

April 2018		
	EW 16	YTD
SARI cases	14	115
Total Influenza positive Samples		
Influenza A	0	0
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
Influenza B		
Other	0	0



Comments:

During EW 14, the proportion of SARI hospitalizations among all hospitalizations decreased from the previous weeks and remained low as compared to the previous seasons 2011-2017 for the same period. During EW 16, SARI and pneumonia activity increased from the previous weeks and remained low as compared to the previous seasons 2011-2017 for the same period. During EW 16, decreased influenza detections were reported, influenza A(H1N1)pdm09, A(H3N2) and B co-circulated in recent weeks.



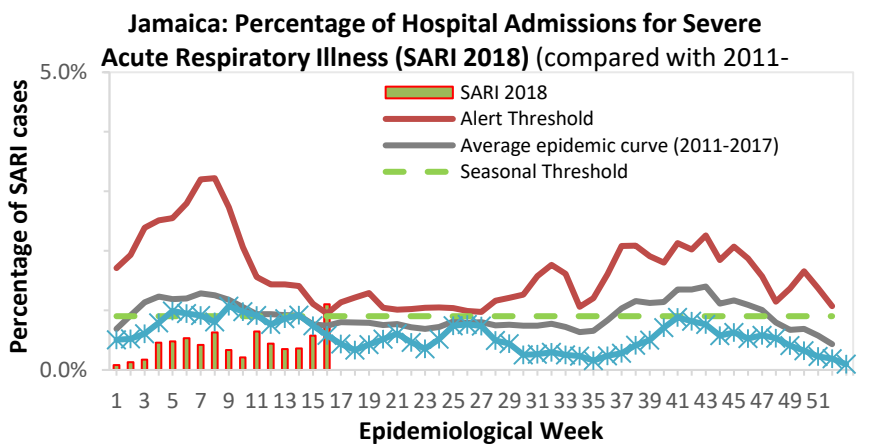
INDICATORS

Burden
Year to date, respiratory syndromes account for 0% of visits to health facilities.

Incidence
Cannot be calculated, as data sources do not collect all cases of Respiratory illness.



Prevalence
Not applicable to acute respiratory conditions.



5 NOTIFICATIONS-
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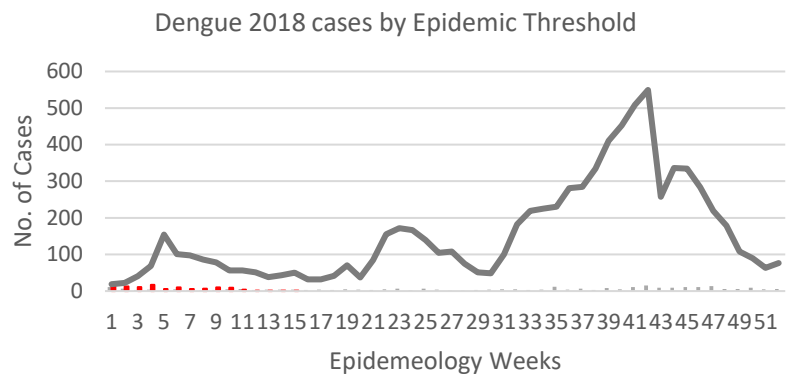


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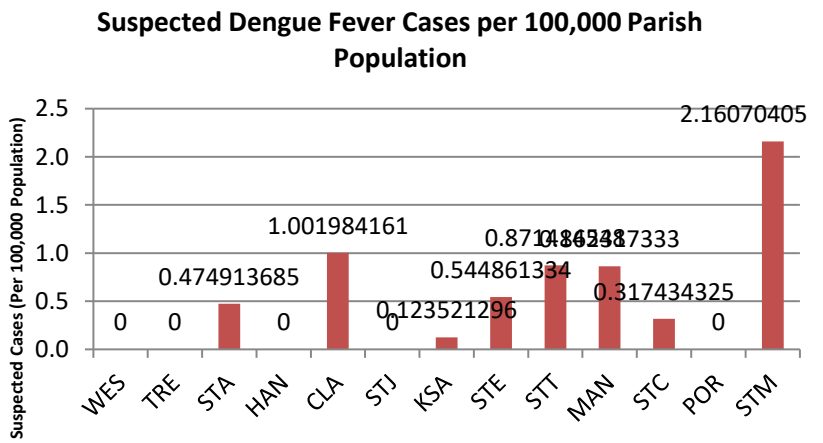
Dengue Bulletin


April 15-21, 2018

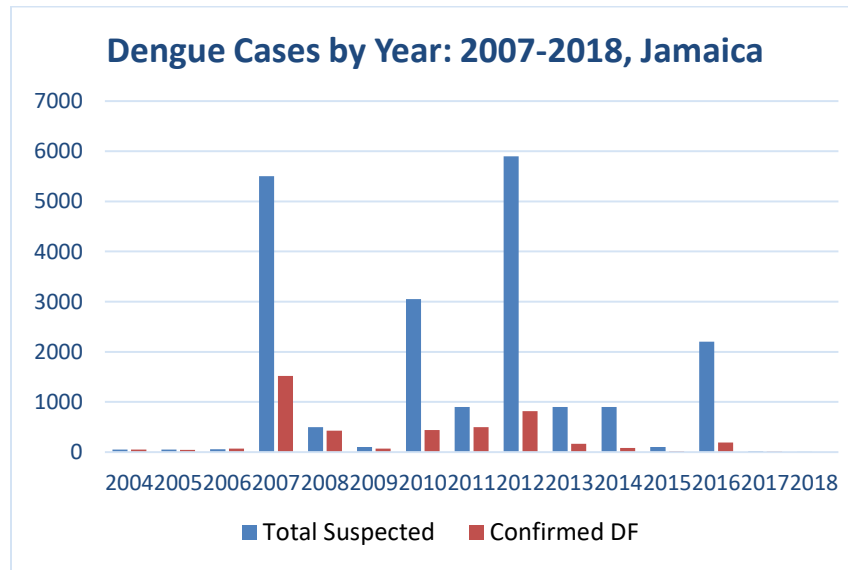
Epidemiology Week 16




DISTRIBUTION					
Year-to-Date Suspected Dengue Fever					
	M	F	Un-known	Total	%
<1	0	3	0	3	2.7
1-4	6	7	0	13	11.8
5-14	13	12	0	25	22.7
15-24	12	5	0	17	15.5
25-44	13	18	0	31	28.2
45-64	9	4	0	13	11.8
≥65	4	1	0	5	4.6
Unknown	2	1	0	3	2.7
TOTAL	59	51	0	110	100




Weekly Breakdown of suspected and confirmed cases of DF,DHF,DSS,DRD			
	2018		2017 YTD
	EW 16	YTD	
 Total Suspected Dengue Cases	1	110	62
Lab Confirmed Dengue cases	0	0	0
CONFIRMED	DHF/DSS	2	2
	Dengue Related Deaths	0	0



 **6 NOTIFICATIONS-** All clinical sites

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Gastroenteritis Bulletin

EW
15

April 15-21, 2018

Epidemiology Week 16

Weekly Breakdown of Gastroenteritis cases

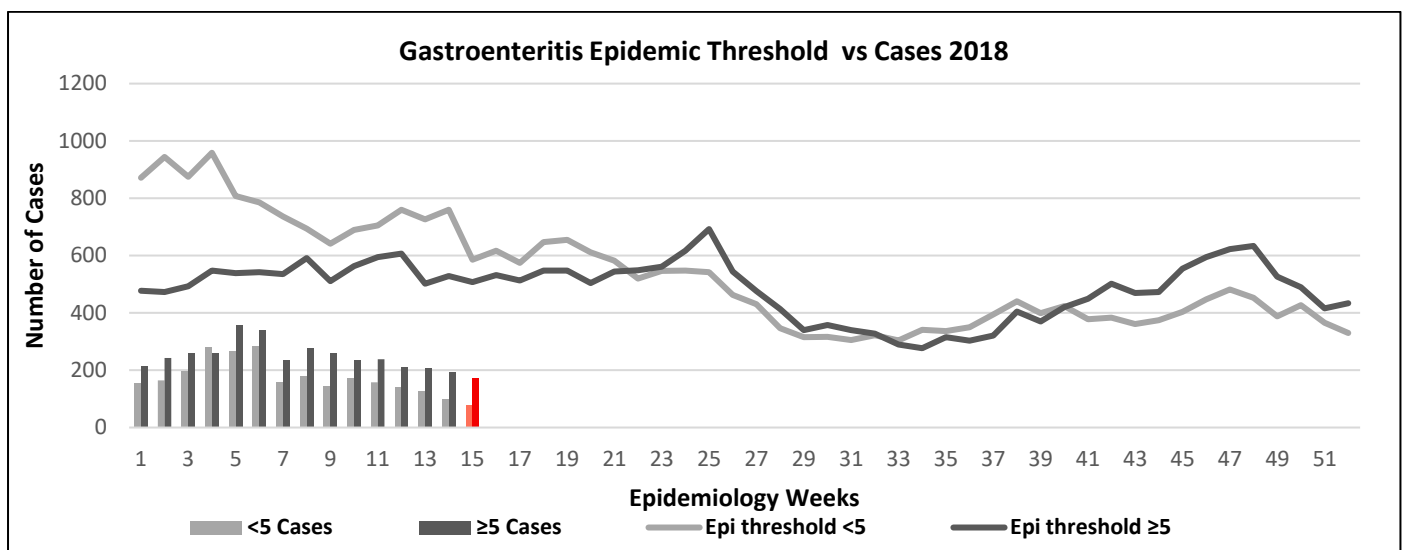
Year	EW 16			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	83	143	226	2,776	4,015	6,791
2017	156	197	353	4,208	4,376	8,584

Gastroenteritis:

In Epidemiology Week 16, 2017, the total number of reported GE cases showed a 27% decrease compared to EW 16 of the previous year. The year to date figure showed an 21% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2016-2017



Total number of GE cases per parish for Week 16 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	827	71	59	212	271	173	175	100	107	113	269	178	151
≥5	680	148	84	350	505	240	294	138	166	161	383	358	360



7 NOTIFICATIONS-
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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.

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8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
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30 sites*. Actively
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SENTINEL
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