



Caribbean Public Health Agency

Monthly Syndromic Surveillance Summary

December 25, 2016 (Epi Week 52, 2016) to January 21, 2017 (Epi week 3, 2017)

Report #1 of 12

This report summarises the results of syndromic surveillance data received during the months of December, 2016 and January, 2017 for the Caribbean Public Health Agency (CARPHA) Member States [CMS].

Gastroenteritis was the most flagged syndrome during this period. CMS are encouraged to send samples to the CARPHA laboratory so that the aetiological agents can be determined.

1. *Fever and respiratory (Acute Respiratory Infection [ARI])*

A total of 5,748 cases were reported (refer to table 1). The number of cases increased from 1,222 in Epi Week 52, 2016 to a peak value of 1,598 in Epi Week 2, 2017 before declining to 1,471 in Epi Week 3, 2017. Of the cases reported, 39.8% were in the <5 years age group and 60.2% were in the ≥5 years age group. An unusual increase in the number of cases of ARI was reported by Grenada, Cayman Islands, Montserrat and Bermuda (refer to table 3).

2. *Gastroenteritis*

There were 3,019 cases reported (refer to table 1). Cases increased from 691 in Epi Week 52, 2016 to a peak value of 805 in Epi Week 2, 2017 and later decreased to 726 in Epi Week 3, 2017. Of the cases reported, 38.6% were in the <5 years age group and 61.4% were in the ≥ 5 years age group. Grenada, Bonaire, Cayman Islands, Curacao, Montserrat and St. Maarten reported unexpected increases in the number of cases of gastroenteritis observed (refer to table 3).

3. *Fever with Neurological Symptoms and Fever with Haemorrhagic Symptoms*

A total of 17 cases of fever with neurological symptoms were reported during this period, with the

highest number of cases (6) being reported in Epi Week 3, 2017 (refer to table 1). There were no reported cases of fever with haemorrhagic symptoms. The number of cases of fever with neurological symptoms reported were within the expected range for that period.

4. *Undifferentiated fever*

A total of 838 cases were reported. Of the cases reported, 40.6% were in the <5 years age group and 59.4% in the ≥5 years age group. The number of cases increased from 210 in Epi Week 52, 2016 to a peak value of 259 cases in Epi Week 1, 2017 and steadily decreased to 164 cases in Epi Week 3, 2017. An unexpected increase in cases was reported by Cayman Islands during Epi Week 1 (refer to table 3).

Syndrome	Number of Cases per Epi Week				
	52	1	2	3	Total
Fever and Respiratory	1222	1457	1598	1471	5,748
Gastroenteritis	691	797	805	726	3,019
Fever and neurological symptoms	5	5	1	6	17
Fever and haemorrhagic symptoms	0	0	0	0	0
Undifferentiated fever	210	259	205	164	838

Table 1: Total number of cases for each syndrome, Epi Week 52, 2016 to Epi Week 3, 2017

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Syndrome	Number of cases (Epi Week 52)	Number of cases (Epi Week 1)	Number of cases (Epi Week 2)	Number of cases (Epi Week 3)
Fever and respiratory <5	538	570	570	609
Fever and respiratory >5	684	887	1028	862
Gastroenteritis <5	256	267	308	333
Gastroenteritis >5	435	530	497	393
Undifferentiated fever <5	87	105	79	69
Undifferentiated fever >5	123	154	126	95
Fever and haemorrhagic symptoms	0	0	0	0
Fever and neurological symptoms	5	5	1	6

Table 2: Number of reported cases for each syndrome, Epi Week 52, 2016 to Epi Week 3, 2017

Syndrome	Country	Epi Week	Notes
Fever and respiratory <5	Grenada	3	N/A
Fever and respiratory >5	Cayman Islands, Montserrat	1	N/A
	Bermuda, Montserrat, St. Maarten	2	
	Montserrat	3	
Gastroenteritis <5	NIL	N/A	N/A
Gastroenteritis >5	Bonaire, Cayman Islands, Curacao	52	Samples have been collected. No aetiological agent has yet been determined
	Montserrat	1	
	Bermuda, St. Maarten, Grenada	2	
	St. Maarten, Grenada	3	
Undifferentiated fever <5	Cayman Islands	1	5 samples were received on 6 th January, 2017 for Respiratory Illness testing. 5 Influenza – Neg. results were reported on 11 th January, 2017
Undifferentiated fever >5	NIL	N/A	N/A
Fever and haemorrhagic symptoms	NIL	N/A	N/A
Fever and neurological symptoms	NIL	N/A	N/A

Table 3: Flags noted for Epi Week 52, 2016 to Epi Week 3, 2017

(Flags are identified when the observed number of cases substantially exceeds the number of expected cases for the syndrome under investigation during a specific time frame)

