



International Health
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Department of Health
Bureau of Quarantine
International Health Surveillance Division
Quarantine Services and International Health Surveillance System (QSIHSS)
Health Information Update

Source: WHO, Event Information Site for IHR National Focal
Event Updates: **29 January 2019**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2019-01-29	Jamaica	Infectious	Dengue Fever	<p>On 3 January 2019, the Jamaica IHR National Focal Point notified WHO of an increase of dengue cases in Jamaica. Between 1 January 2019 and 21 January 2019, 339 suspected and confirmed cases including 6 deaths were reported. For the year 2018, there have been a total of 986 suspected and confirmed cases of dengue including 13 deaths. The number of reported dengue cases for 2018 was 4.5 times higher than that reported for 2017 (215 cases including 6 deaths); moreover, the cases reported to date for 2019 exceeds the epidemic threshold. According to historical data, Jamaica reported a major outbreak in 2016: 2,297 cases of dengue infection including 2 deaths. DENV3 and 4 circulations were confirmed. By the end of 2018, the largest number of reported cases were notified by Kingston and Saint Andrew parishes. During 2019, the largest proportion of cases was reported by Saint Catherine parish. Laboratory tests have identified DENV 3 as the dengue serotype currently circulating. Currently and since the beginning of January 2019, some territories and countries in the Caribbean region report an increase of dengue cases like in Guadeloupe, Martinique, and Saint Martin. Of note, in Saint Martin and Guadeloupe, serotype DENV1 is currently circulating.</p> <p>Jamaica has been reporting dengue cases since 1990 and throughout 2018; however, an increase was observed since December 2018 exceeding the seasonal threshold. Similar large increases were reported in 2010 (2,887 cases), 2012 (4,670 cases), and 2016 (2,297 cases). The increase of dengue in the Caribbean islands may result in more severe secondary dengue virus infections and require comprehensive risk communications. Due to the presence of the competent vector and, given that Jamaica is a popular tourist destination, <i>the risk of spread to neighboring islands and countries cannot be ruled out.</i></p> <p>On 21 November 2018, PAHO/WHO alerted Member States about an increase of dengue cases in countries and territories in the Americas and recommended coordinated actions both inside and outside of the health sector, including prioritizing activities to prevent transmission of dengue as well as deaths due to this disease. PAHO/WHO further recommends to follow the key recommendations regarding outbreak preparedness and response, case management, laboratory, and integrated vector management as published in the 21</p>	Public Health Risk (PHR)



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				<p>November 2018 PAHO/WHO Epidemiological Update on Dengue. There is no specific treatment for disease due to dengue; therefore, prevention is the most important step to reduce the risk of dengue infection. WHO recommends proper and timely case management of dengue cases. Surveillance should continue to be strengthened within all affected areas and at the national level. Key public health communication messages should continue to be provided to reduce the risk of transmission of dengue in the population. Additionally, integrated vector management (IVM) activities should be enhanced to remove potential breeding sites, reduce vector populations, and minimize individual exposures. This should include both larval and adult vector control strategies (i.e. environmental management and source reduction, and chemical control measures), as well as strategies to protect individuals and households. Where indoor biting occurs, household insecticide aerosol products, mosquito coils, or other insecticide vaporizers may also reduce biting activity. Household fixtures such as window and door screens and air conditioning can also reduce biting. Since Aedes mosquitoes (the primary vector for transmission) are day-biting mosquitoes, personal protective measures such as use of clothing that minimizes skin exposure during daylight hours is recommended. Repellents may be applied to exposed skin or to clothing. The use of repellents must be in strict accordance with label instructions. Insecticide-treated mosquito nets afford good protection for those who sleep during the day (e.g. infants, the bedridden, and night-shift workers) as well as during the night to prevent mosquito bites.</p> <p>WHO does not recommend any general travel or trade restrictions be applied based on the information available for this event.</p>	
2019-01-29	China	Zoonosis	Influenza due to identified avian or animal influenza virus (A/H9N2)	<p>On 3 January 2019, the National Health Commission of the People’s Republic of China notified WHO of one confirmed case of human infection with avian influenza A(H9N2) virus. A 32 year-old female from Shenzhen city, Guangdong Province, China, had onset of illness on 19 December 2018. The case had mild illness and had no clear history of live poultry exposure. She was hospitalized on 25 December 2018 due to pneumonia. No family cluster was identified for this case. Fourteen close contacts were followed-up and all tested negative for H9. This is the seventh human case of avian influenza A(H9N2) reported by China in 2018. A total of 23 cases of human infection with avian influenza A(H9N2) have been reported from China, through the Event Information System since December 2015.</p>	Public Health Risk (PHR)

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				<p>Most human cases are exposed to the avian influenza A(H9N2) virus through contact with infected poultry or contaminated environments. Human infection tends to result in mild clinical illness. Since the virus continues to be detected in poultry populations, further human cases can be expected. No case clusters have been reported. Currently, available epidemiological and virological evidence suggests that this virus has not acquired the ability of sustained transmission among humans, thus the likelihood of human-to-human spread is low. Should infected individuals from affected areas travel internationally, their infection may be detected in another country during travel or after arrival. If this were to occur, further community level spread is considered unlikely as this virus has not acquired the ability to transmit easily among humans.</p> <p>WHO advises against the application of any travel or trade restrictions on China based on the current information available on this event.</p>
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*A public health risk is something that is (or is likely to be) hazardous to human health or could contribute to a disease or an infectious condition in humans.