

National communicable diseases digest: epidemiological week 16

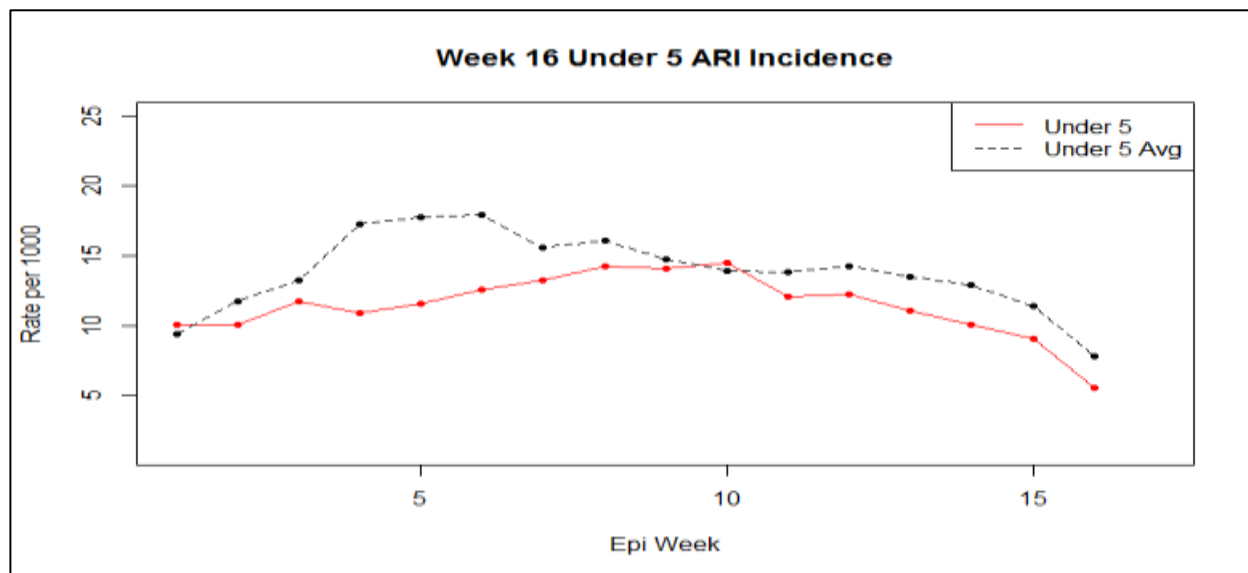
ABSTRACT

This communicable diseases digest offers a summary of incidence rates for the Ministry of Health's epidemiological week 16. It draws on weekly data retrieved through the Belize Health Information System (BHIS) which seeks to improve individual health outcomes and public health performance as well as to optimize resource utilization. Using graphics, national, seasonal and weekly trends are compared for the following: Acute Respiratory Infections (ARIs), a leading cause of death among children under the age of five; Severe Acute Respiratory Infections (SARIs), which have the potential for large scale epidemics; Gastrointestinal Diseases; Vector Borne Diseases; Sexually Transmitted Infections (STIs); and Other Communicable Diseases/Outbreaks/Public Health related incidents.

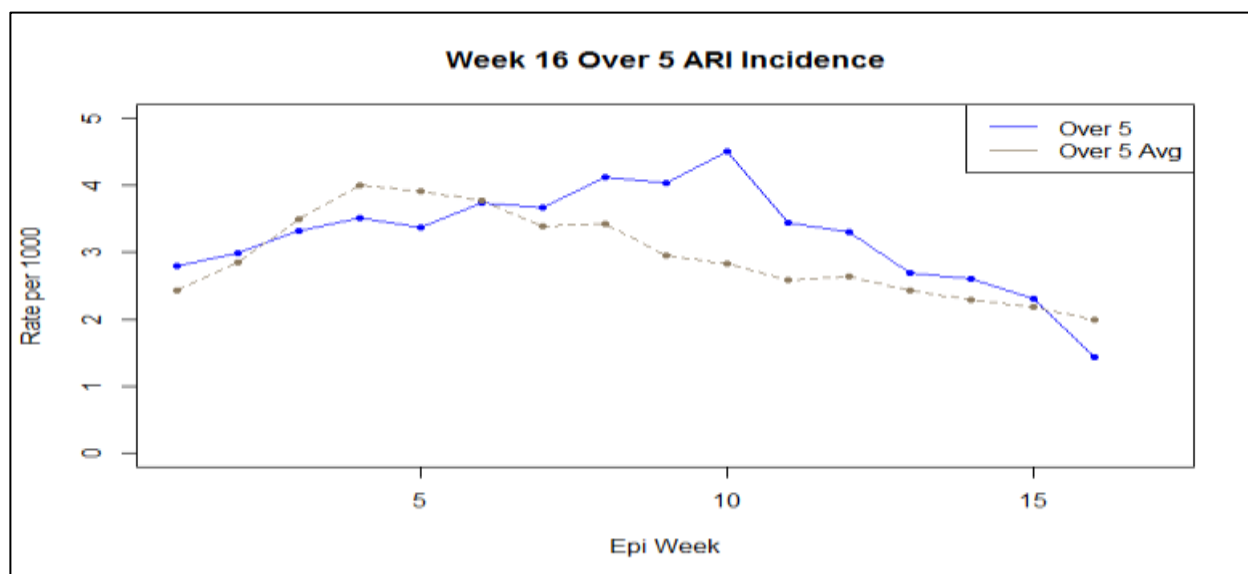


National Communicable Diseases Digest†: Epidemiological Week 16

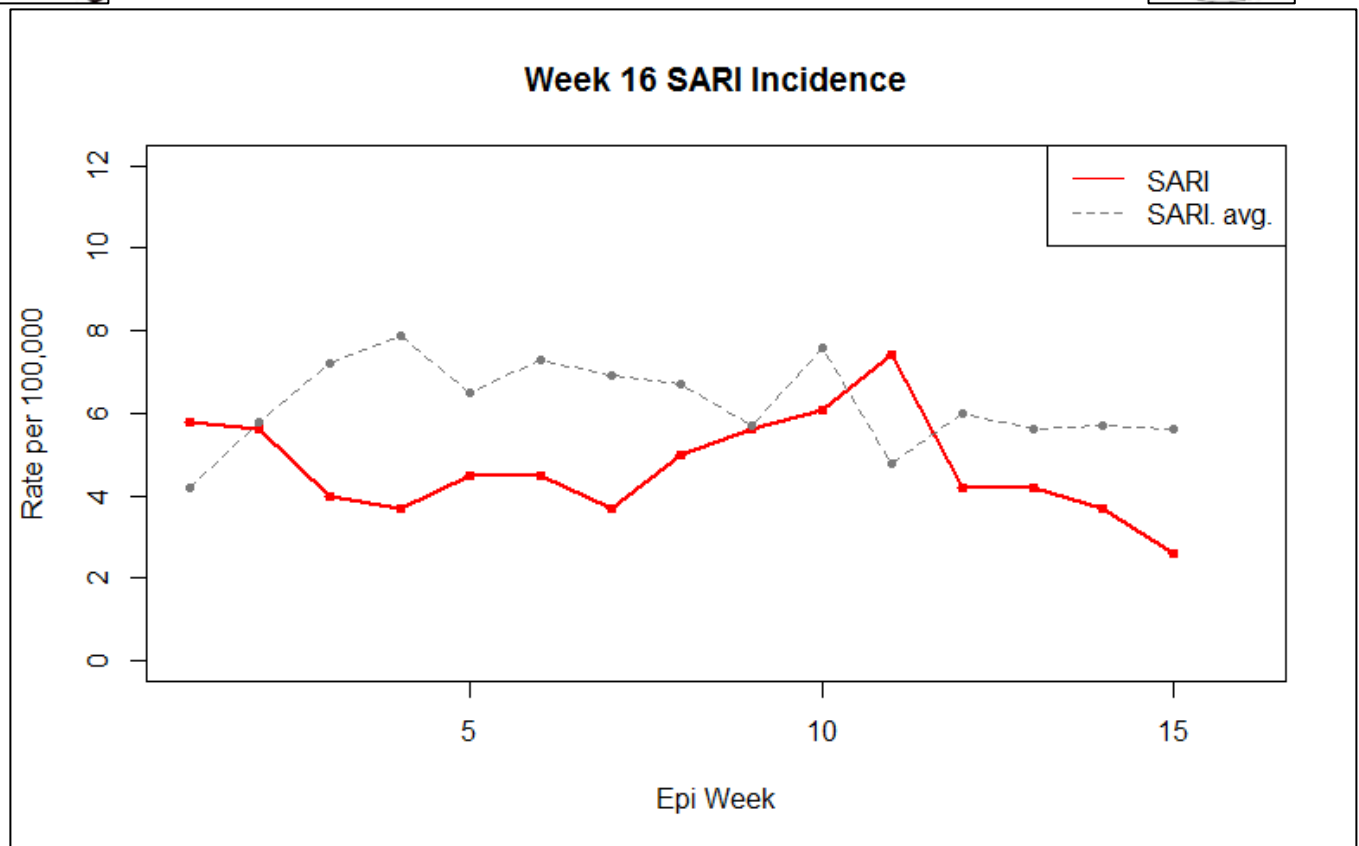
ARIs and SARIs:



- The national under 5 ARI incidence rate for epidemiological **week 16** was **below the average** for the season, and **that of the previous week**. The steep fall in incidence is in line with the trend for this time of year at the national level, but will vary by region and facility.



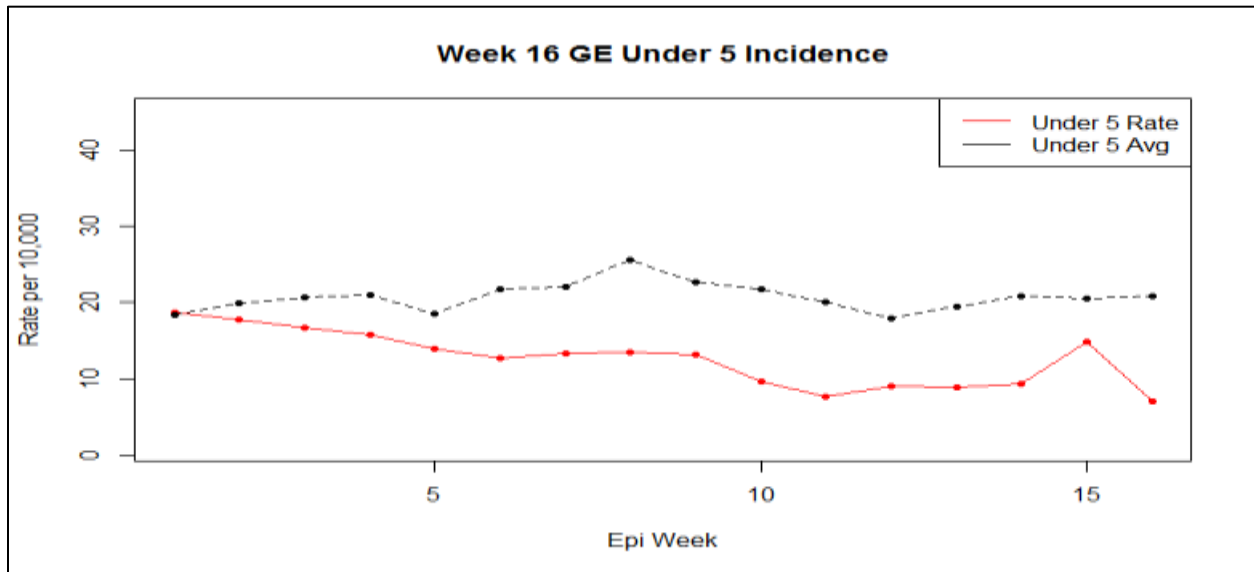
- The national over 5 ARI incidence rate for **week 16** was **below the average** for the season, and **below the previous week**. There was a steep decline of ARI among the over 5 following a peak at week 10 although rates vary at the regional and facility level.



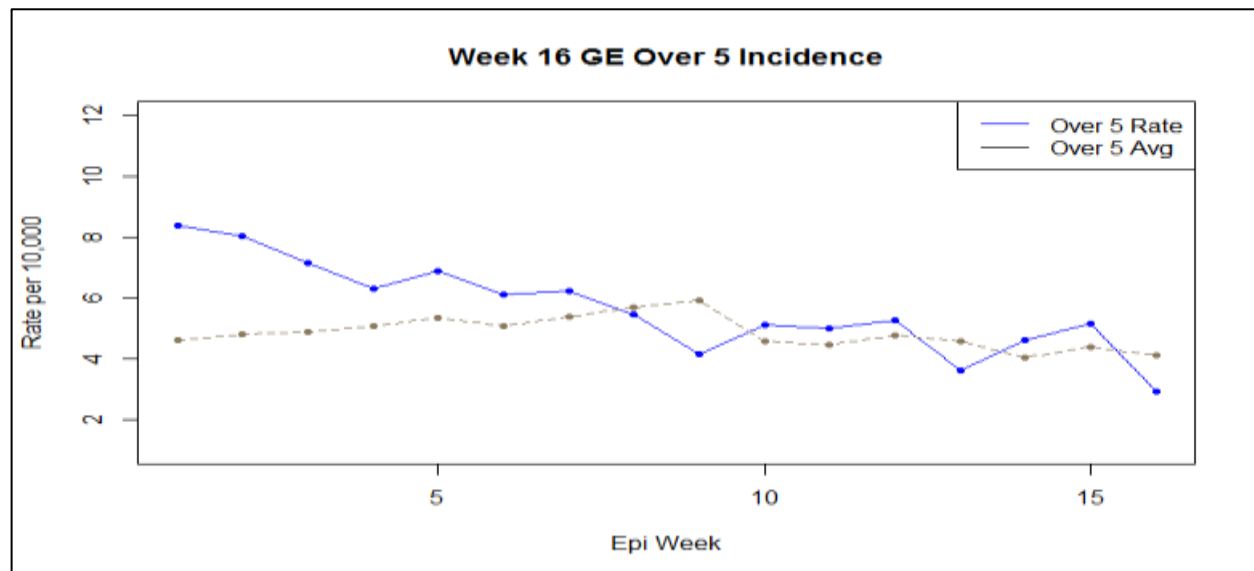
The rate of severe acute respiratory illnesses for **week 16 stood below the seasonal average and below that of the previous week.**



Gastrointestinal Diseases:



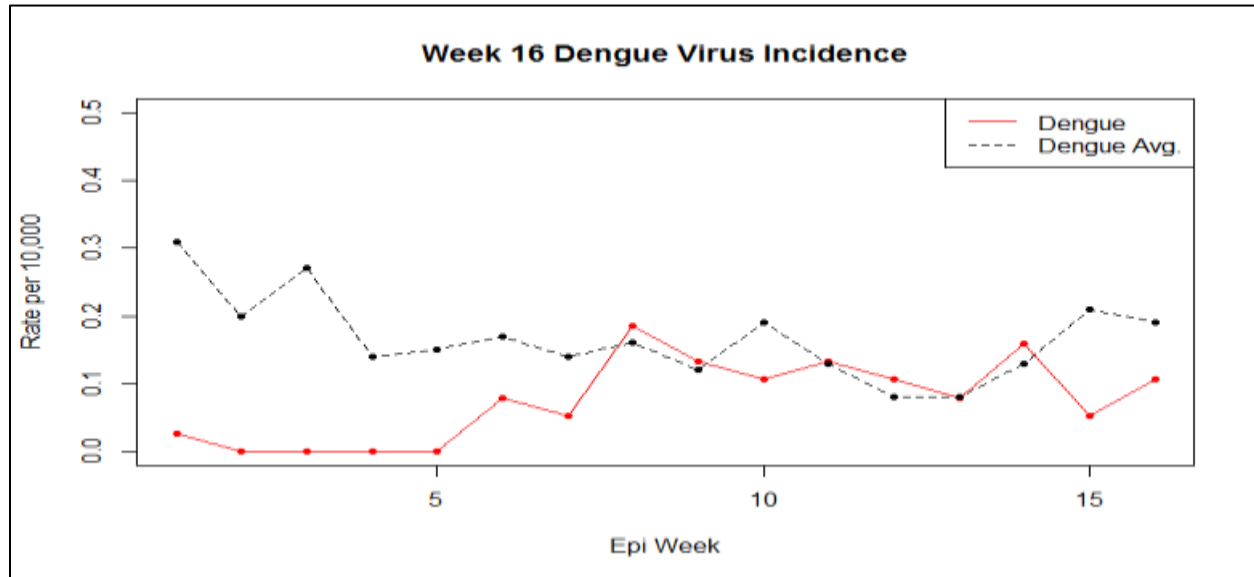
- The national under 5 GE incidence rate for epidemiological week 16 was 66.5% below the seasonal average and 53% below the previous week.



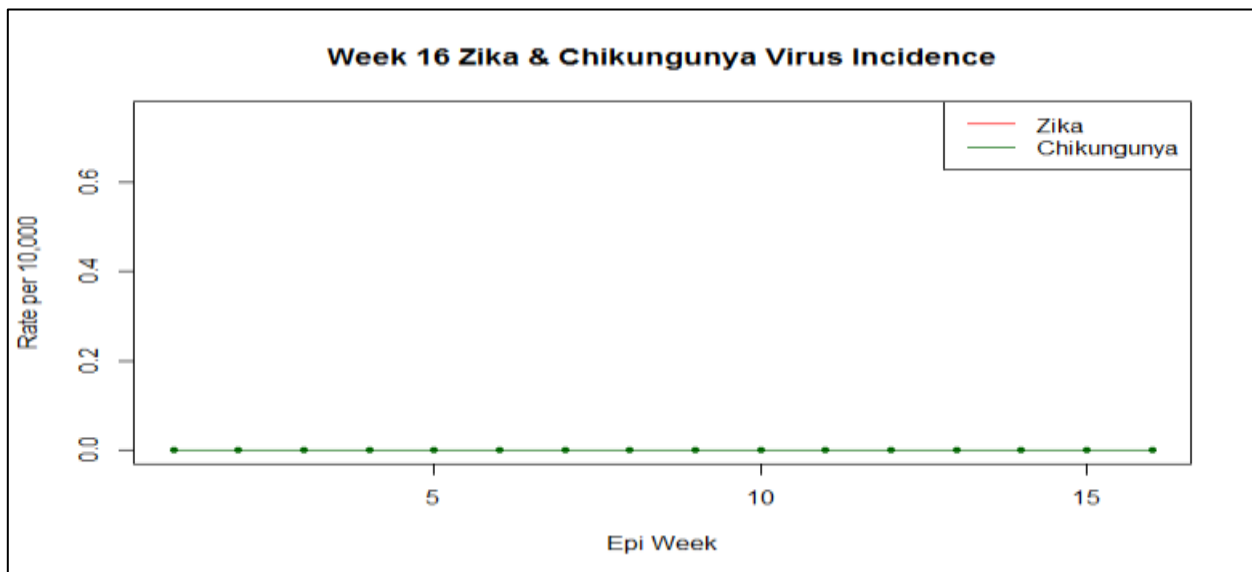
- The national over 5 GE incidence for week 16 was 29.1% below the seasonal average, and 43.6% below the previous week.



Vector Borne Diseases:



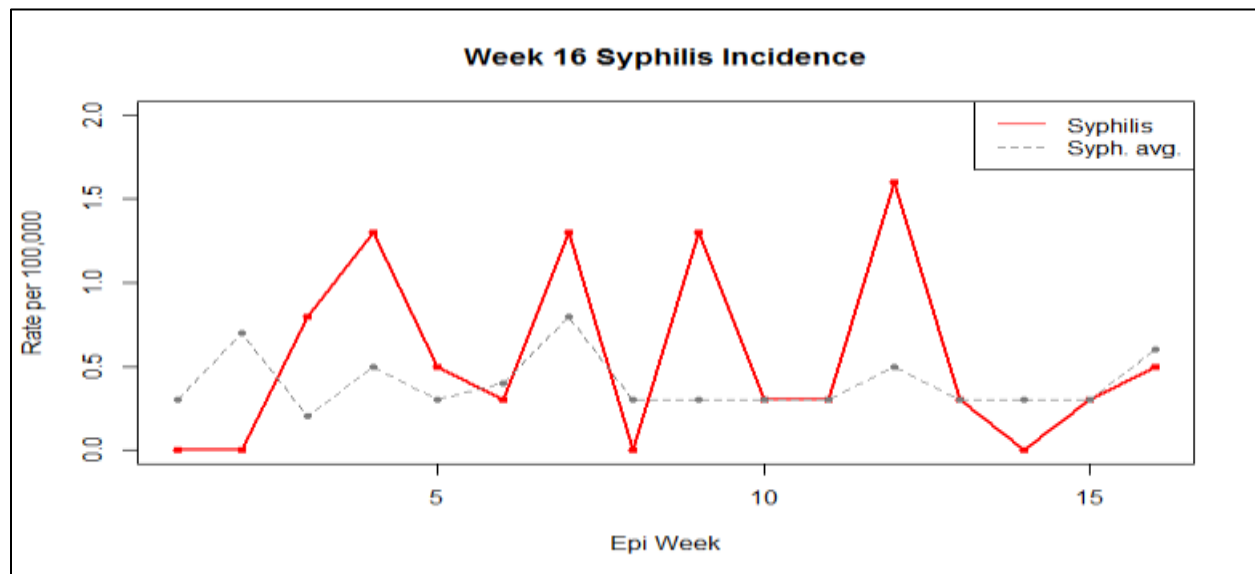
- The national laboratory confirmed dengue incidence rate for epidemiological week 16 was 0.1 or four confirmed cases, and was below the seasonal average, it was also below to the previous week.



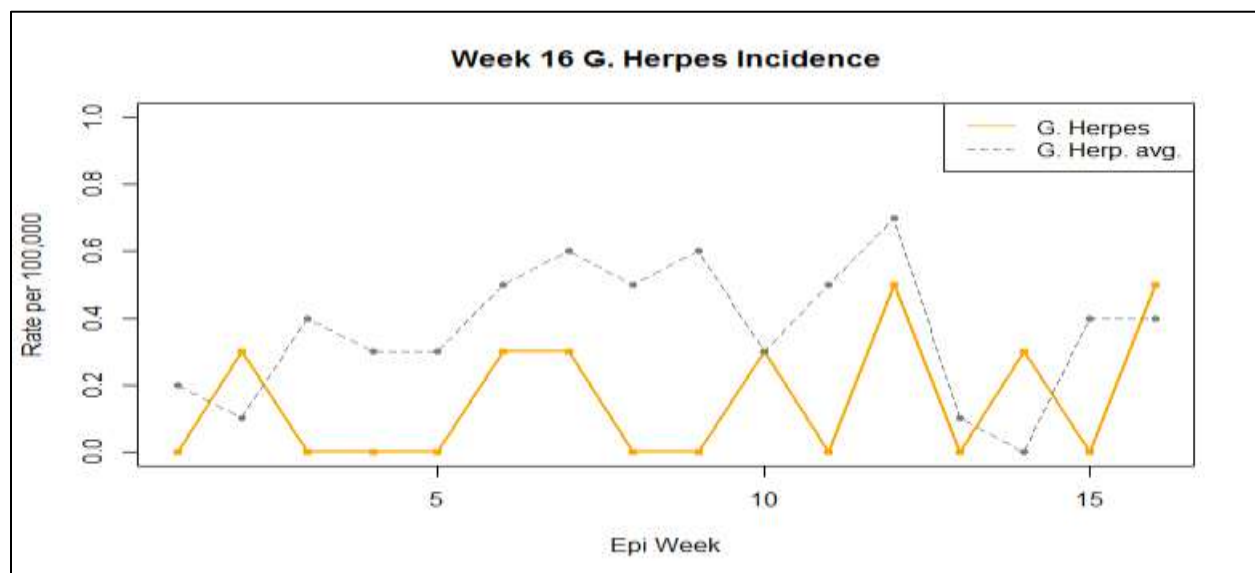
- The national laboratory confirmed zika incidence rate for week 16 is zero.
- The national laboratory confirmed incidence chikungunya rate remains at zero.
- The national laboratory confirmed malaria incidence rate remains at zero.



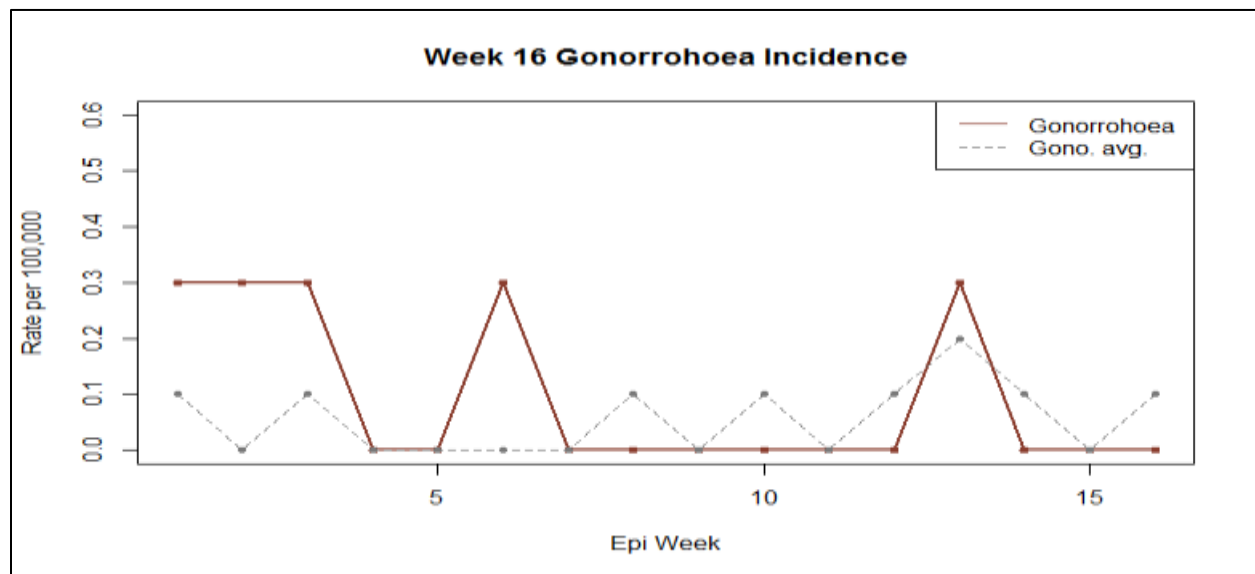
Sexually Transmitted Infections (STIs):



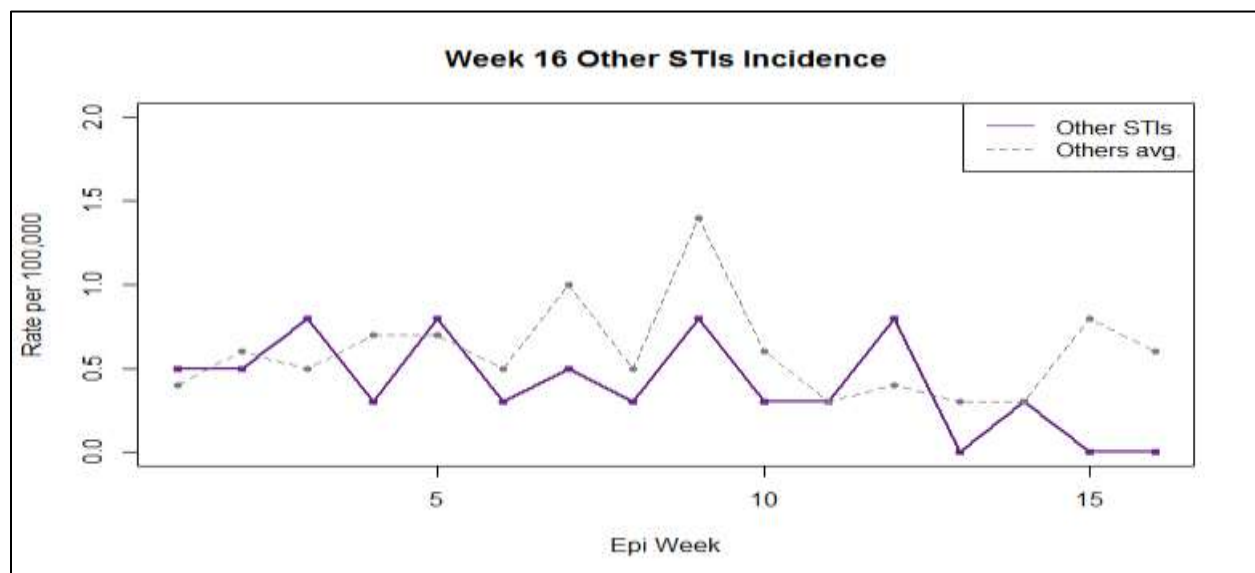
- The national syphilis incidence rate for **week 16** was **0.5 per 100,000** which is **16.7% below the seasonal average** and **66.7% above the previous week**. Rates are based on syndromic surveillance and not lab confirmation.



- The national genital herpes rate for epidemiological **week 16** stands at **0.5 per 100,000** which is **25% above the average** and **100% the previous week**. Rates are based on syndromic surveillance and not lab confirmation.



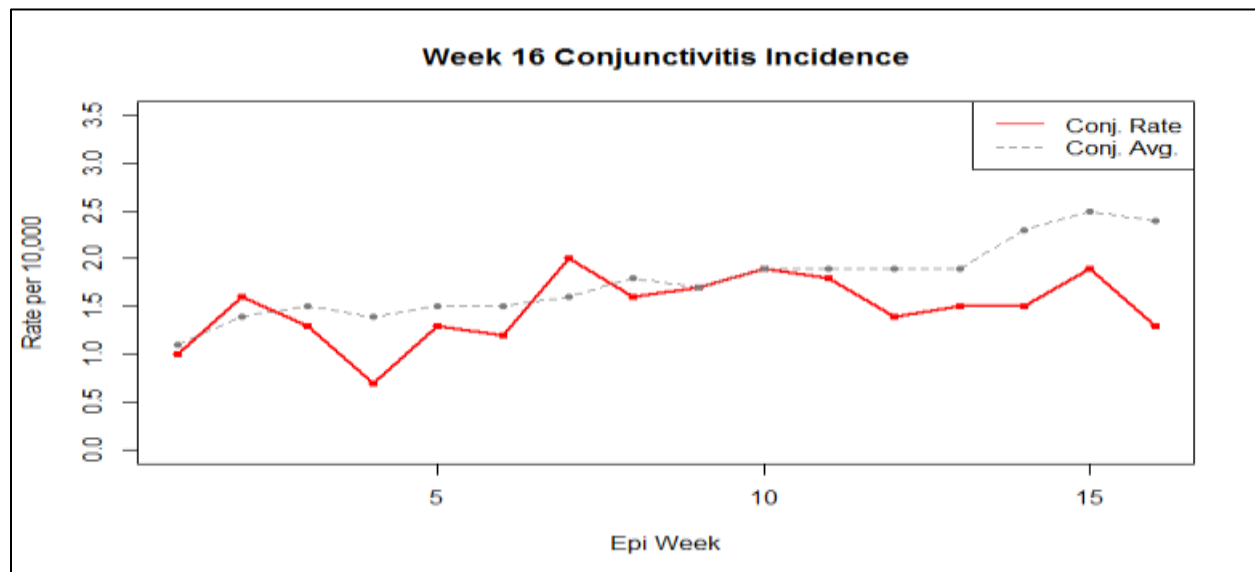
- The national gonorrhoea incidence rate **for week 16 was 0 per 100,000** which is **100% below the seasonal average** and **equal to the preceding week**. Rates are calculated on syndromic surveillance and not lab confirmation.



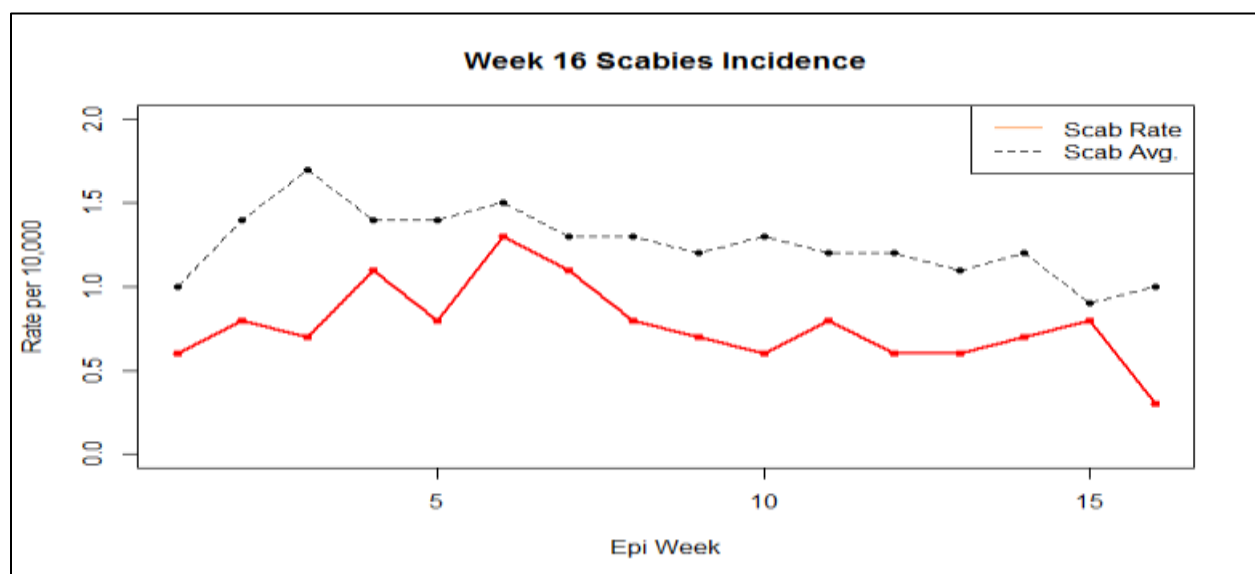
- All other unspecified sexually transmitted infections combined for **week 16 was 0 per 100,000** which is **100% below the average**, and **equal to the previous week**. Rates are calculated on syndromic surveillance and not lab confirmation.



Other Communicable Diseases/Outbreaks/Public Health Related Incidents:



- The national conjunctivitis incidence rate for epidemiological **week 16** was **45.8% below the seasonal average** and **31.6% below the previous week**. Current rates are safely within the normal range.



- The national scabies incidence rate for **week 16** was **70% below the seasonal average**, and **decreased 62.5% from the previous week**.

† It should be noted that all figures stated herein are based on data retrieved through the BHIS. Given that compliance in using the BHIS remains inconsistent among and within health facilities, as well as the fact that not all diseases in the weekly endemic channel are reported by laboratory results this digest should be treated as a summary to be complimented by additional surveillance methods and sources, and not necessarily as a definitive guide.