

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Dealing with the heat

14 Tips on How to Keep Cool in the Summer



1. Alter your pattern of outdoor exercise to take advantage of cooler times (early morning or late evening). If you can't change the time of your workout, scale it down by doing fewer minutes, walking instead of running, or decreasing your level of exertion.
2. Wear loose-fitting clothing, preferably of a light colour.
3. Cotton clothing will keep you cooler than many synthetics.
4. Fill a spray bottle with water and keep it in the refrigerator for a quick refreshing spray to your face after being outdoors.
5. Fans can help circulate air and make you feel cooler even in an air-conditioned house.
6. Try storing lotions or cosmetic toners in the refrigerator to use on hot, overtired feet.
7. Keep plastic bottles of water in the freezer; grab one when you're ready to go outside. As the ice melts, you'll have a supply of cold water with you.
8. Take frequent baths or showers with cool or tepid water.
9. Combat dehydration by drinking plenty of water along with sports drinks or other sources of electrolytes.
10. Some people swear by small, portable, battery-powered fans.
11. Avoid caffeine and alcohol as these will promote dehydration.
12. Instead of hot foods, try lighter summer fare including frequent small meals or snacks containing cold fruit or low fat dairy products.
13. If you don't have air-conditioning, arrange to spend at least parts of the day in a shopping mall, public library, movie theatre, or other public space that is cool.
14. Finally, use common sense. If the heat is intolerable, stay indoors when you can and avoid activities in direct sunlight or on hot asphalt surfaces. Pay special attention to the elderly, infants, and anyone with a chronic illness, as they may dehydrate easily and be more susceptible to heat-related illnesses. Don't forget that pets also need protection from dehydration and heat-related illnesses too.

Downloaded from: <https://jis.gov.jm/information/tips/14-tips-on-how-to-keep-cool-in-the-summer/>

EPI WEEK 25

SYNDROMES

PAGE 2



CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



GASTROENTERITIS

PAGE 7



RESEARCH PAPER

PAGE 8



REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

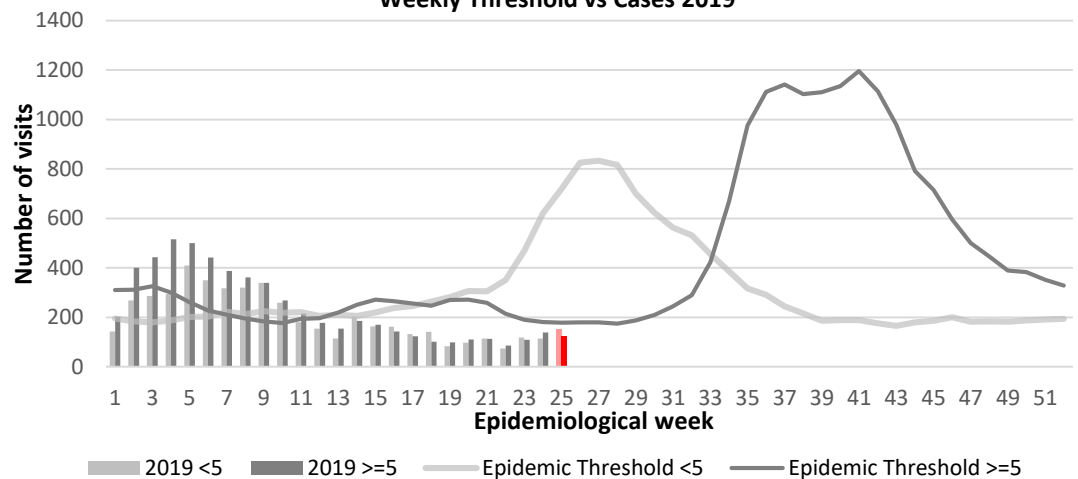
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

VARIATIONS OF RED and PINK CURRENT WEEK

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

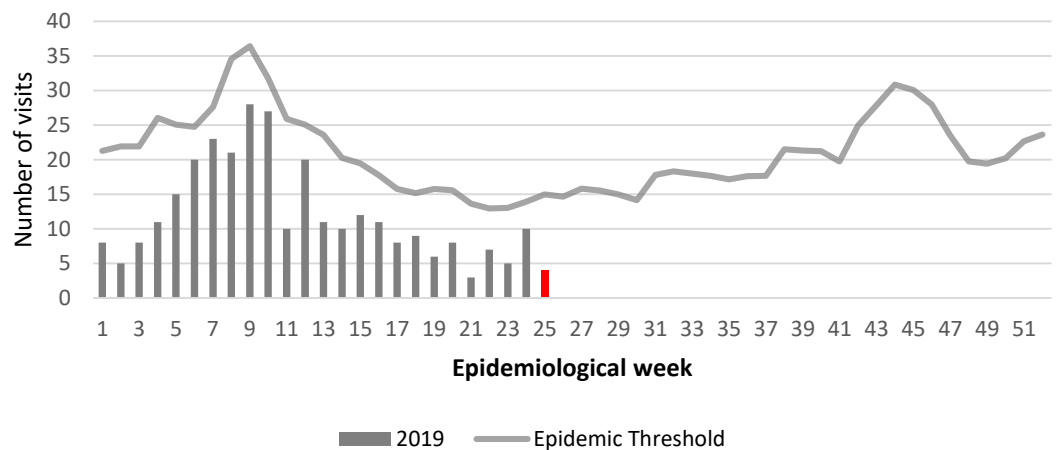


FEVER AND NEUROLOGICAL

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 2019 vs Weekly Threshold; Jamaica

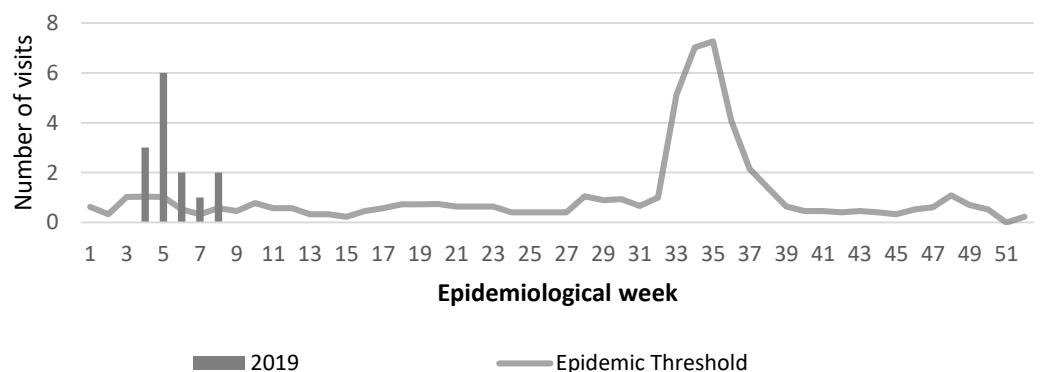


FEVER AND HAEMORRHAGIC

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.



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



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

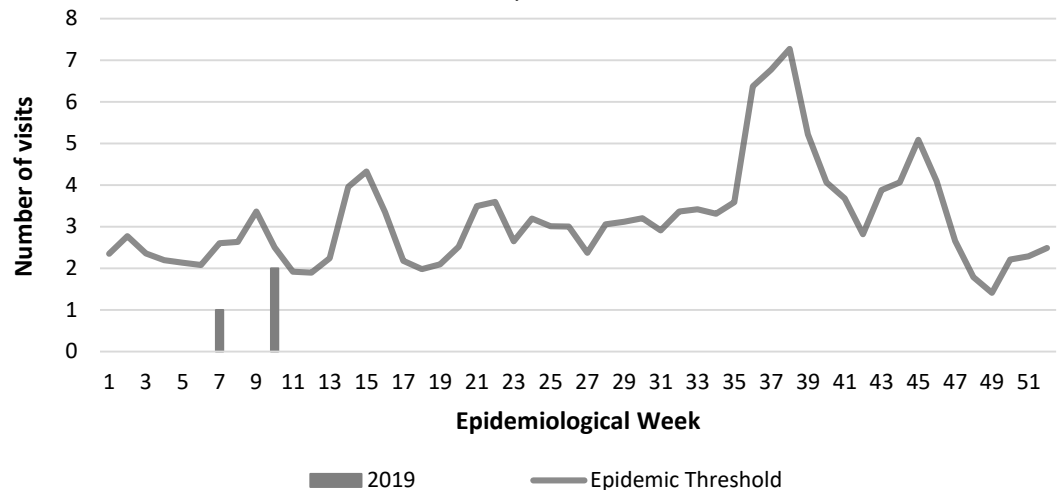
FEVER AND JAUNDICE

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.



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

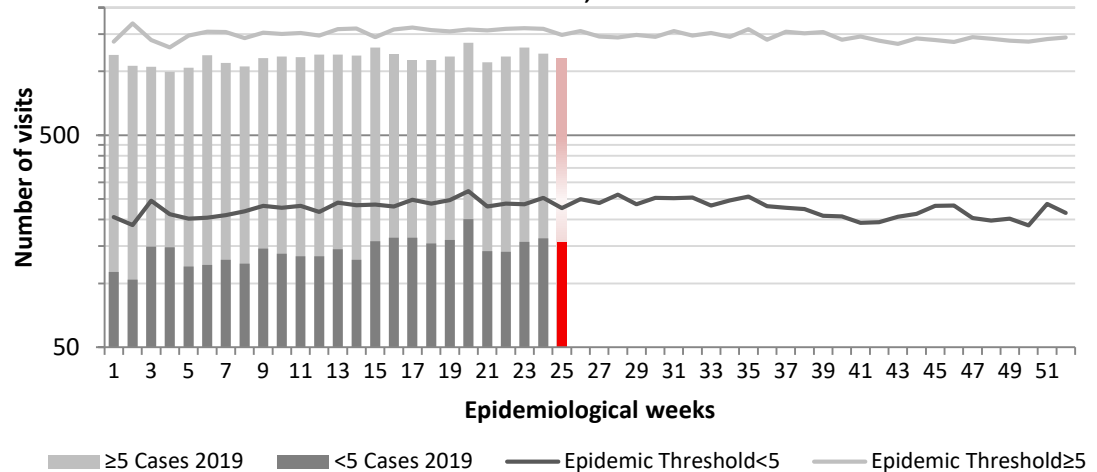
**ACCIDENTS**

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

KEY
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and PINK CURRENT
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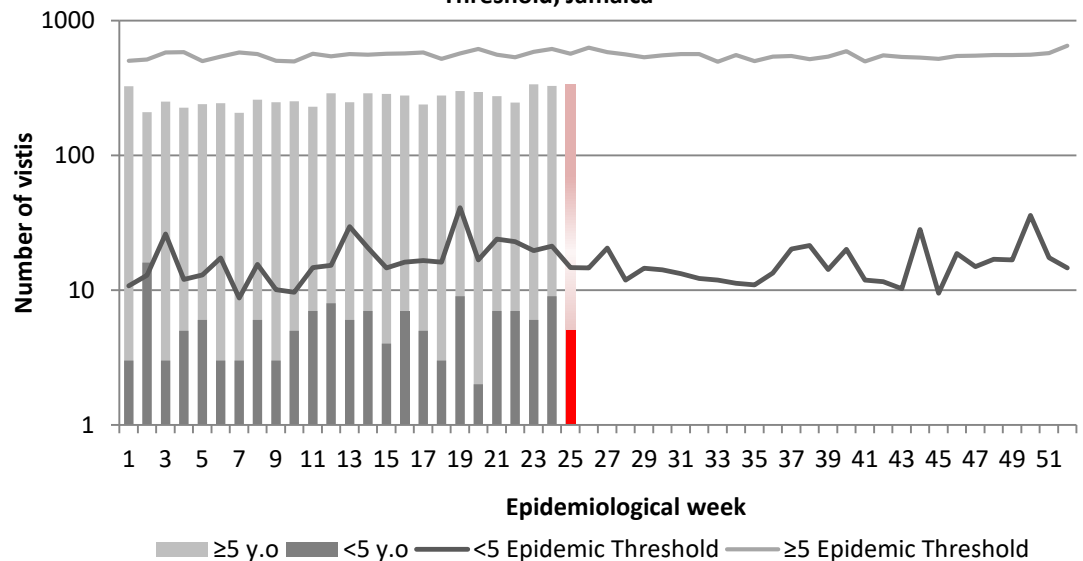
Weekly visits to Sentinel Sites for Accidents by Age Group 2019 vs Weekly Threshold; Jamaica

**VIOLENCE**

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



Weekly visits to Sentinel Sites for Violence by Age Group 2019 vs Weekly Threshold; Jamaica



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		20	104	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	0	
	Hansen's Disease (Leprosy)		0	0	
	Hepatitis B		11	14	
	Hepatitis C		2	1	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		0	2	
	Meningitis (Clinically confirmed)		7	31	
EXOTIC/ UNUSUAL	Plague		0	0	1 Dengue Hemorrhagic Fever data include Dengue related deaths;
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	2 Figures include all deaths associated with pregnancy reported for the period. 3 CHIKV IgM positive cases 4 Zika PCR positive cases
	Congenital Rubella Syndrome		0	0	
	Congenital Syphilis		0	0	
	Fever and Rash	Measles	0	0	
		Rubella	0	0	
	Maternal Deaths ²		27	37	
	Ophthalmia Neonatorum		98	145	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		7	30	
	Yellow Fever		0	0	
	Chikungunya ³		0	0	NA- Not Available
	Zika Virus ⁴		0	0	



4 NOTIFICATIONS- All clinical sites



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

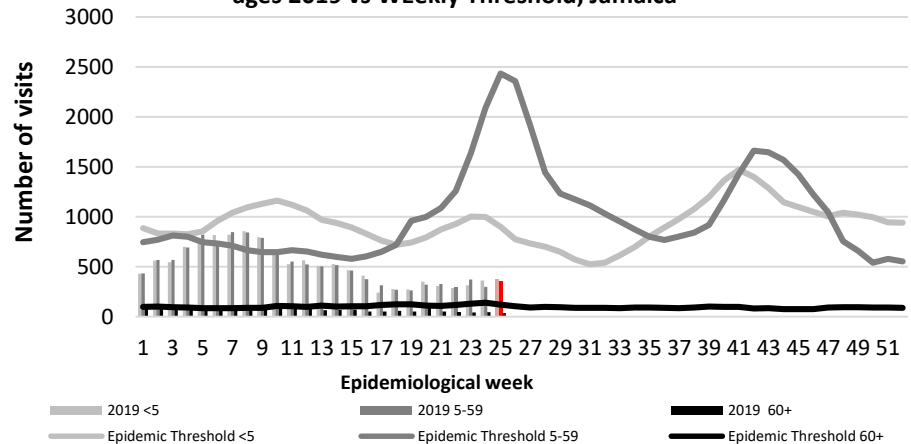
EW 25

June 16 - June 22, 2019 Epidemiological Week 25

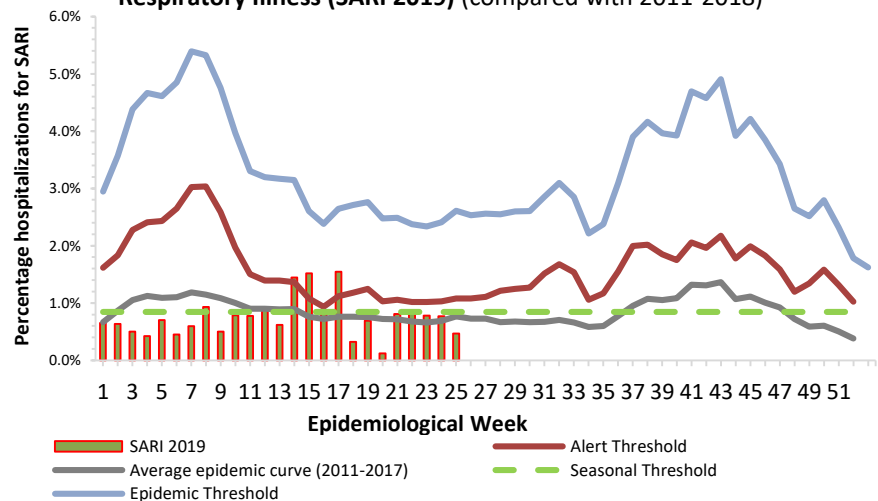
June 2019		
	EW 25	YTD
SARI cases	8	316
Total Influenza positive Samples	0	341
Influenza A	0	303
H3N2	0	69
H1N1pdm09	0	224
Not subtyped	0	7
Influenza B	0	38
Parainfluenza	0	4

During EW 25 no influenza A detections were reported. The number of SARI cases decreased compared to the previous week.

Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2019 vs WWeekly Threshold; Jamaica



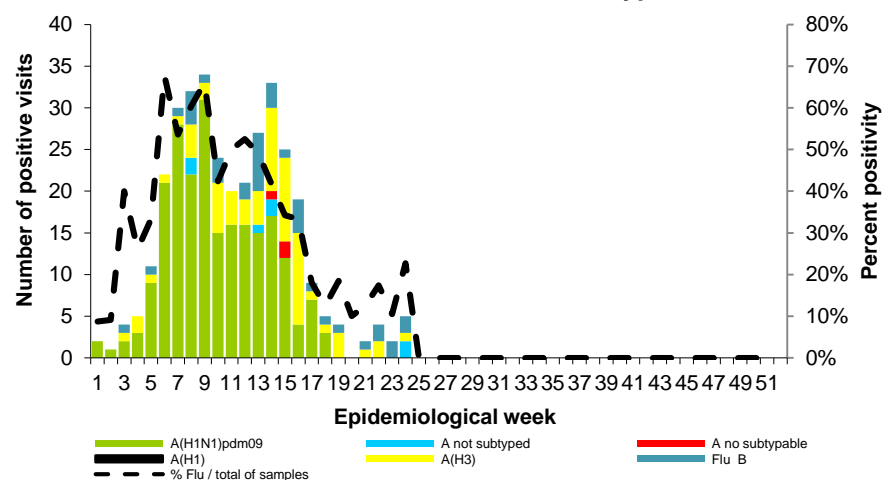
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2019) (compared with 2011-2018)



GLOBAL AND REGIONAL UPDATES

Caribbean: During: EW 25, Influenza and SARI activity were low and continue to decrease; influenza A(H3N2) predominated in recent weeks.

Distribution of influenza and subtype



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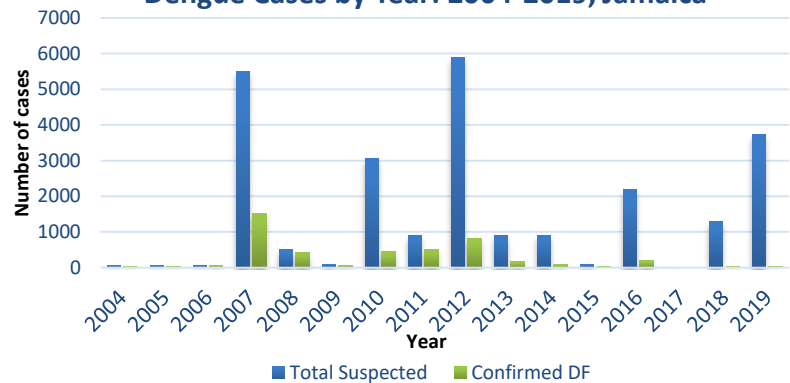
Dengue Bulletin

June 16 - June 22, 2019 Epidemiological Week 25

Epidemiological Week 25



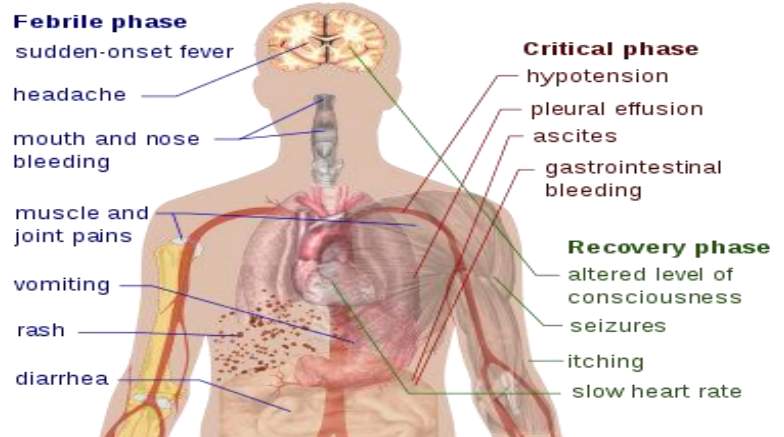
Dengue Cases by Year: 2004-2019, Jamaica



Reported suspected and confirmed dengue with symptom onset in weeks 1-25, 2019

		2019		2018 YTD
		EW 25	YTD	
Total Suspected Dengue Cases		0	3741	141
Lab Confirmed Dengue cases		0	26	0
CONFIRMED	*DHF/DSS	0	0	2
	Dengue Related Deaths	1	5	0

Symptoms of Dengue fever

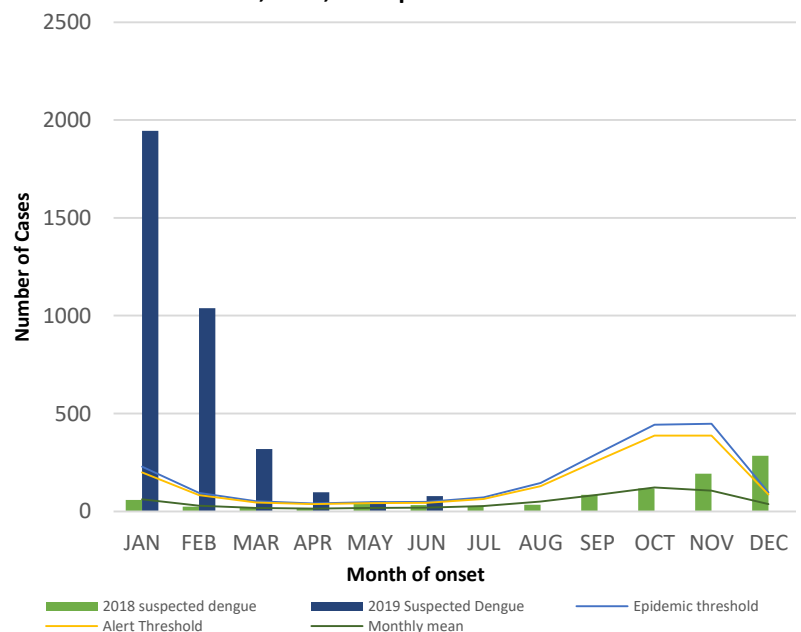


*DHF/DSS: Dengue Haemorrhagic Fever/ Dengue Shock Syndrome

Points to note:

- 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



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Gastroenteritis Bulletin

EW 25

June 16- June 22, 2019 Epidemiological Week 25

Epidemiological Week 25

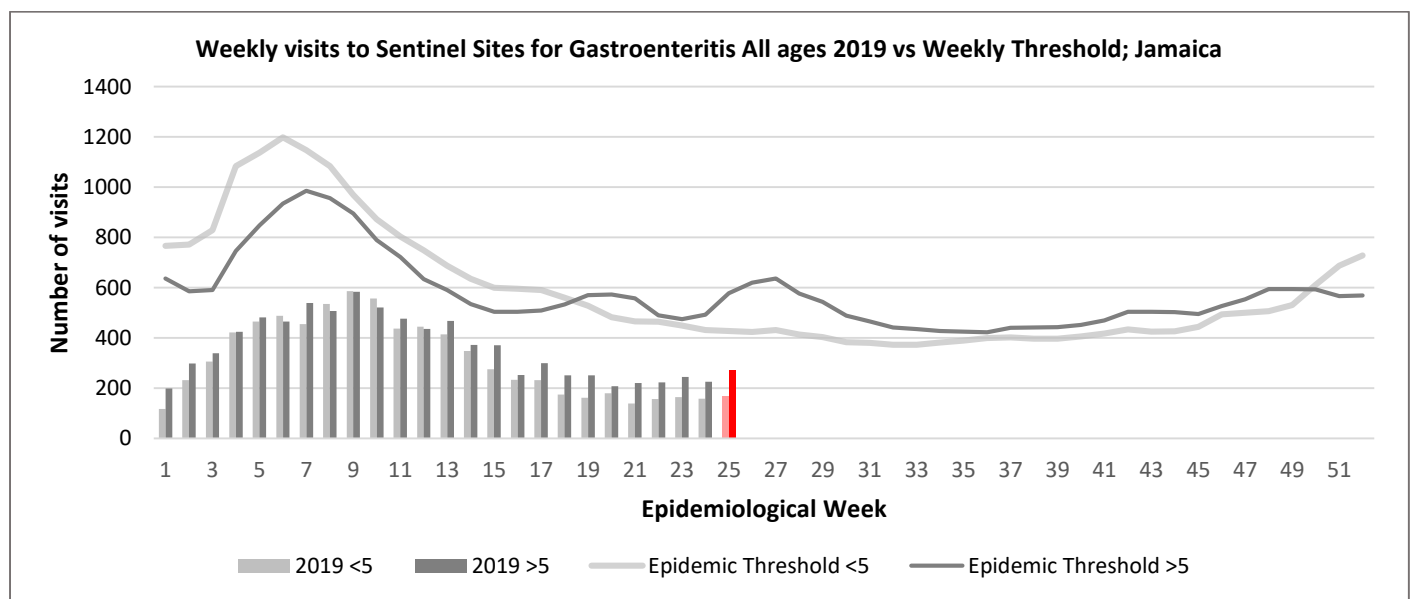
Weekly Breakdown of Gastroenteritis visits

Year	EW 25			YTD		
	<5	≥5	Total	<5	≥5	Total
2019	169	273	442	7,854	8,916	16,770
2018	174	216	390	3,828	5,694	9,522

Gastroenteritis:

In epidemiological week 25, 2019, the total number of reported GE cases showed a 13% increase compared to EW 25 of the previous year. The year to date figures showed a 76% increase in cases compared to the same period in 2018.

Total Gastroenteritis Cases Reported 2019



Total number of GE cases per parish up to Week 25, 2019

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	2747	260	102	453	831	415	583	195	408	274	733	403	450
≥5	1963	406	163	694	1129	490	698	274	461	371	979	711	577



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RESEARCH PAPER

A Need for Capacity Building in Faith-Based Response to HIV/AIDS in Jamaica

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Objective: To identify initiatives being conducted by faith-based organizations (FBOs) and explore their most urgent needs in addressing the HIV/AIDS epidemic.

Design and Methods: Focus group discussions (FGD) and in-depth interviews were conducted with members of FBOs, members of HIV/AIDS support groups and persons living with HIV/AIDS (PLWHA) over a 6 month period in three parishes. Twelve (12) FGD and 30 in-depth interviews were conducted. Data were analysed by descriptive and interpretive techniques following the completion of transcriptions of the interviews and focus groups.

Results: One hundred (100) persons participated in the study, 18 of which were PLWHA. Approximately 60% of FBOs who participated had initiatives to address stigma and discrimination, which included education and counselling sessions with their congregants (60%) as well as providing psychological support to PLWHA (50%). One FBO also had media publication. More than 50% of the FBO leaders interviewed expressed their most urgent need to be strengthening of the leadership to address stigma and discrimination and treatment of PLWHA among their congregants.

Conclusions: Programs to address stigma and discrimination were the most common initiatives in the FBOs that participated in the study. Strengthening the capacity of FBO leaders to identify and address stigma and discrimination among their congregants and the wider community was identified as their most urgent need followed by the capacity to provide psychological support for PLWHA.



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8 NOTIFICATIONS-
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