

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Caribbean Wellness Day 2019

The CARICOM Heads of Summit on Chronic Diseases in Port of Spain, Trinidad and Tobago, established Caribbean Wellness Day. Caribbean Wellness Day (CWD) is observed every year on the second Saturday of September. CWD is an annual event which provides an opportunity to increase the awareness of the non-communicable diseases (NCDs) burden in the Caribbean; mobilise and strengthen public, private, and civil society partnerships for NCDs; promote multi country, multisectoral activities in support of wellness; and showcase national and community level activities to promote healthy living and encourage residents to develop good health practices.

For the period 2016–2019 CWD has been aligned with the Port of Spain Declaration - NCDs Agenda, as part of the Caribbean Cooperation in Health (CCH). The overall theme is Love That Body within the lifecycle approach.

Caribbean Wellness Day focuses on adults and bears the theme, **Healthy Communities: Preserving the Workforce** and urges individuals to **Be healthy, stay healthy...it's your job!** In keeping with the basic human right to health at work, CARPHA appeals to private sector, governments, civil society, communities and individuals to do all that you can to make the healthy choice, the easy choice for all, especially at our places of work.



Downloaded from: <http://carpha.org/Media-Centre/Caribbean-Wellness-Day-2018>

EPI WEEK 34



SYNDROMES

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SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica



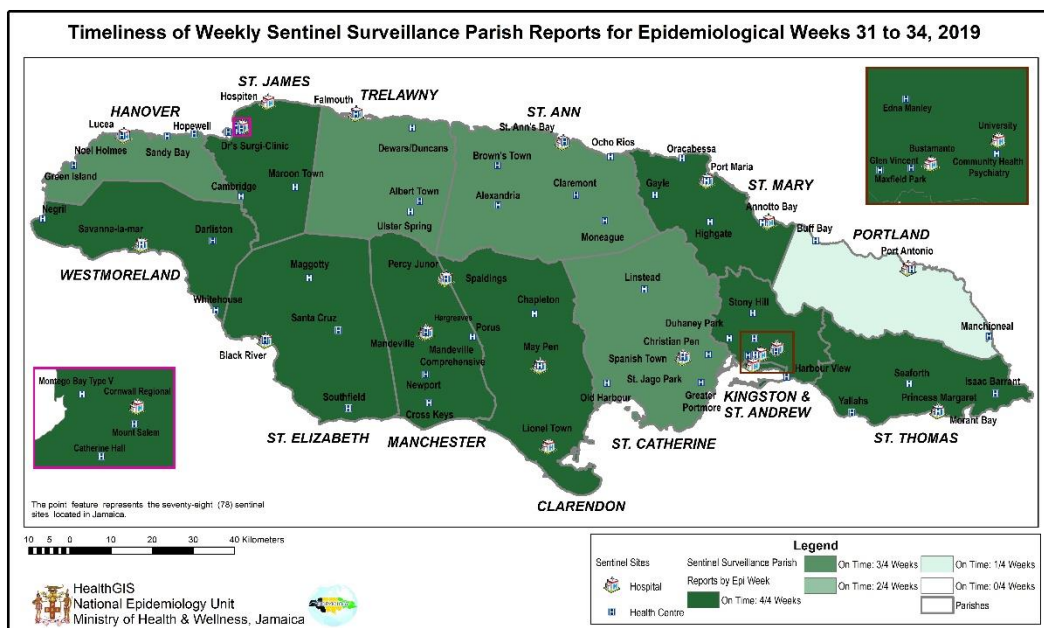
A syndromic surveillance system is good for early detection of and response to public health events.

Sentinel surveillance occurs when selected health facilities (sentinel sites) form a network that reports on certain health conditions on a regular basis, for example, weekly. Reporting is mandatory whether or not there are cases to report.

Jamaica's sentinel surveillance system concentrates on visits to sentinel sites for health events and syndromes of national importance which are reported weekly (see pages 2 -4). There are seventy-eight (78) reporting sentinel sites (hospitals and health centres) across Jamaica.

Map representing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks - Weeks 31 to 34

Parish health departments submit reports weekly by 3 p.m. on Tuesdays. Reports submitted after 3 p.m. are considered late.



REPORTS FOR SYNDROMIC SURVEILLANCE

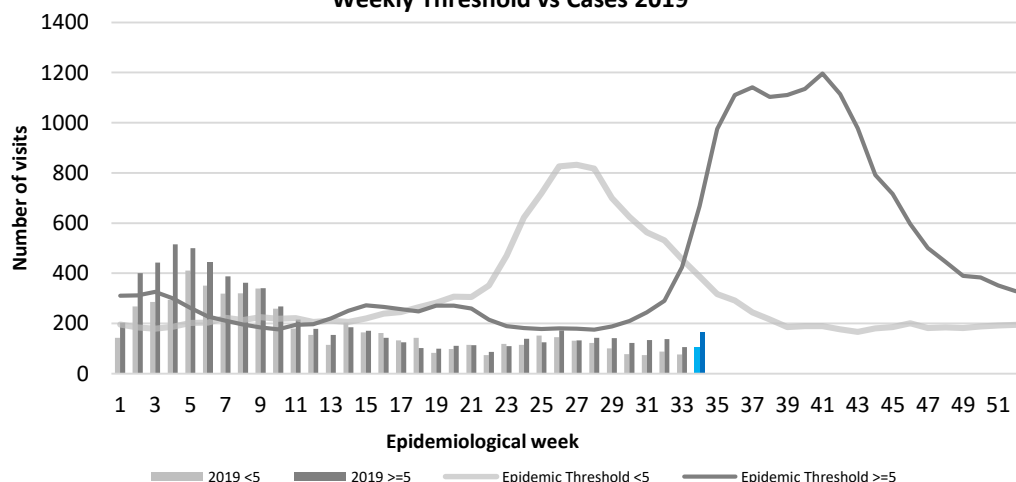
FEVER

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 BLUE
SHOW CURRENT WEEK

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



2 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued



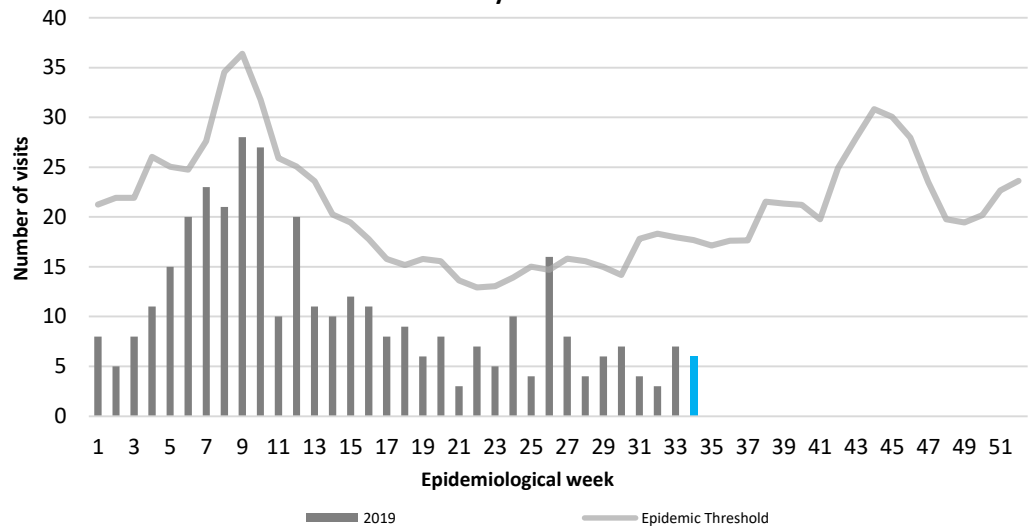
SENTINEL
REPORT- 78 sites.
Automatic reporting

FEVER AND 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).



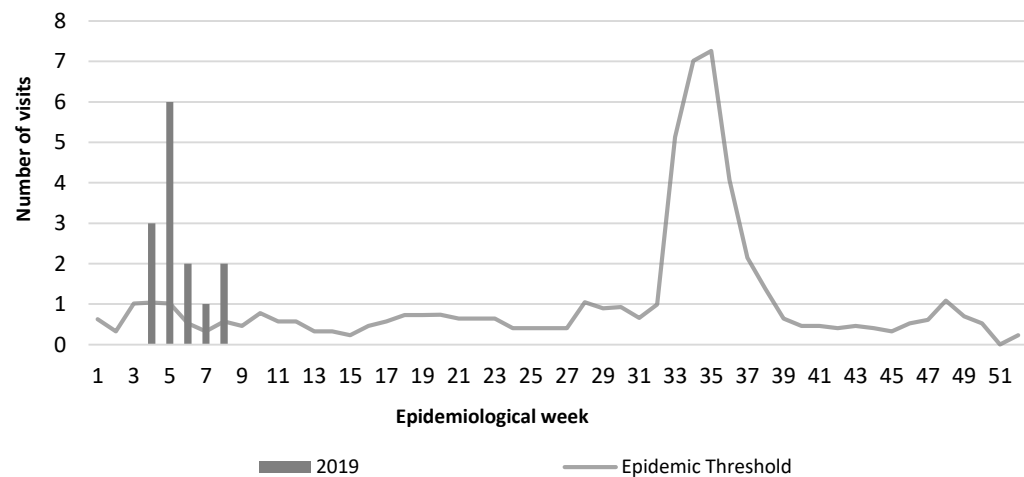
**Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2019
VS. Weekly Threshold: Jamaica**

**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. Visits for Fever and Haemorrhagic symptoms were reported in weeks 4 to 8 only, year to date.



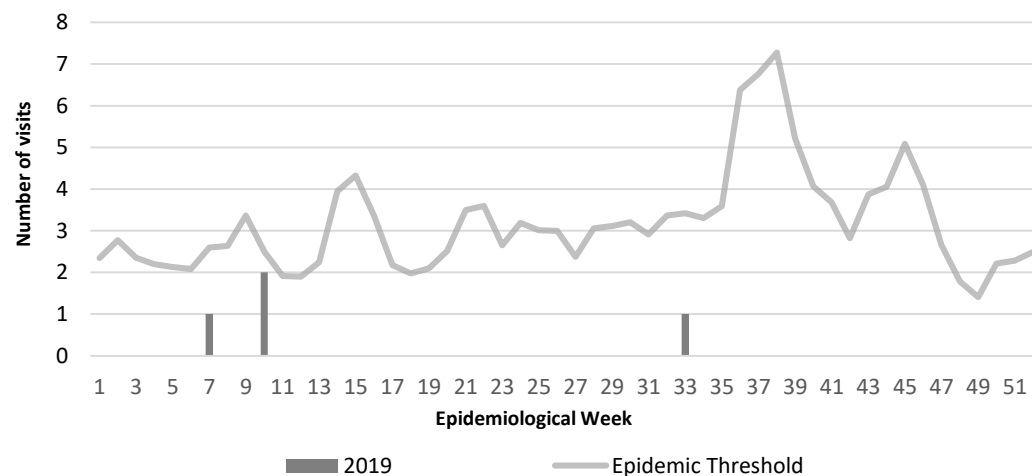
**Weekly visits to Sentinel Sites for Fever and Haemorrhagic Symptoms
2019 vs Weekly Threshold; Jamaica**

**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. Visits to sentinel sites for Fever and Jaundice were reported in weeks 7 and 10 only, year to date.

Weekly Visits to Sentinel Sites for Fever and Jaundice 2019 vs. Weekly Threshold



3 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



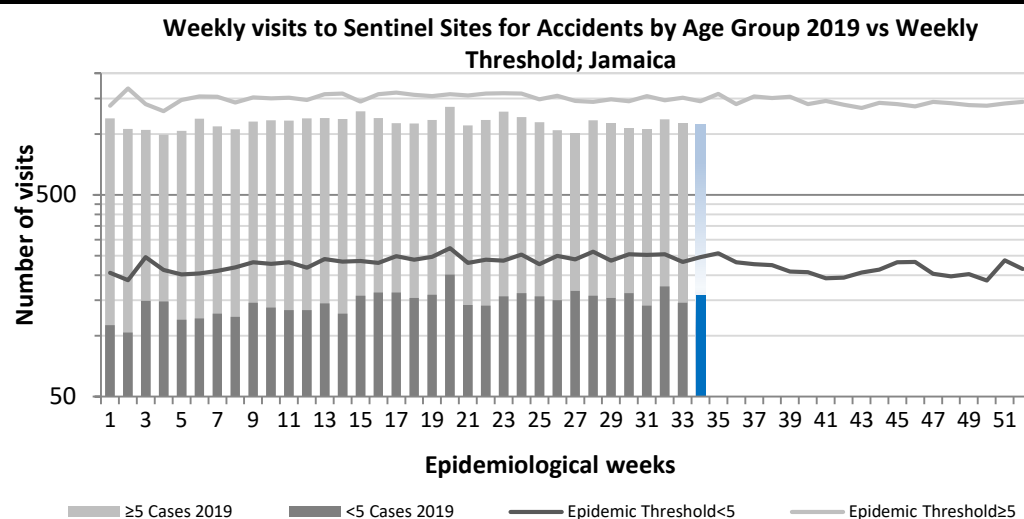
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

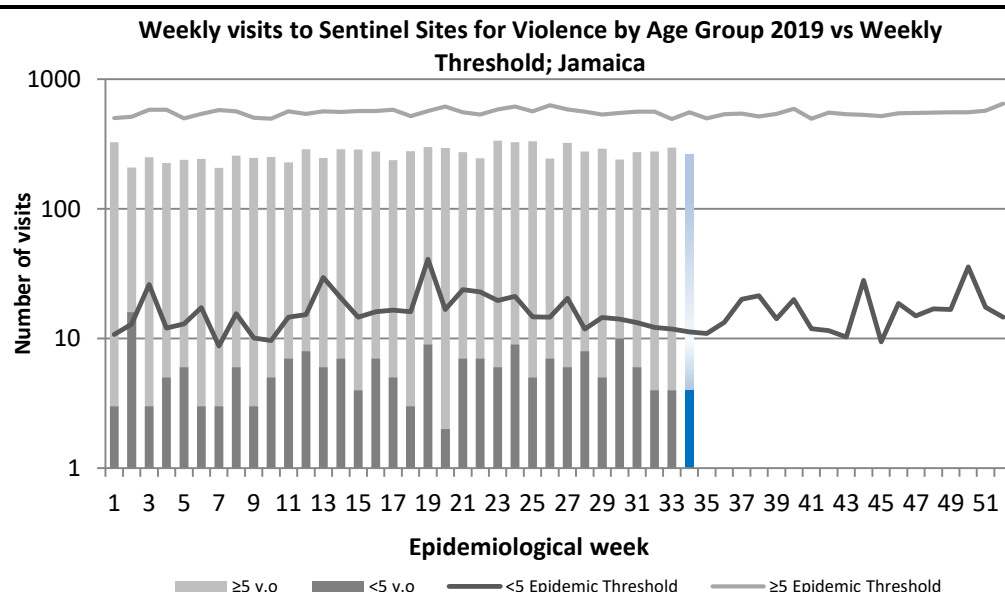
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

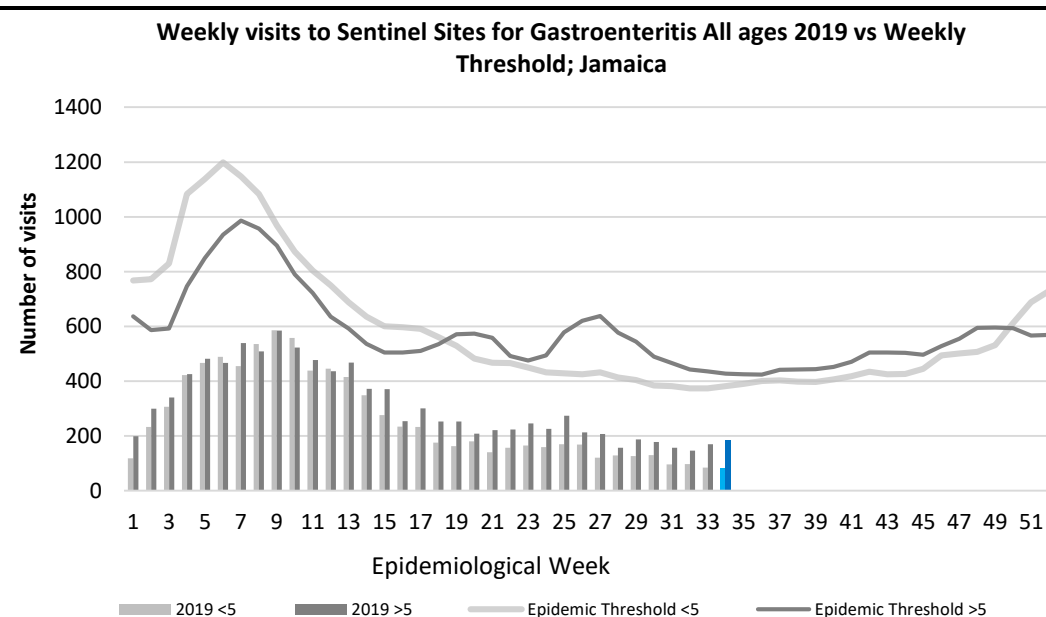
VARIATIONS OF **BLUE** SHOW CURRENT WEEK

**VIOLENCE**

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

**GASTROENTERITIS**

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.



4 NOTIFICATIONS-
All clinical sites




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- CLASS ONE NOTIFIABLE EVENTS					Comments
			Confirmed YTD		
	CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		40	143	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*		NA	NA	
	Hansen’s Disease (Leprosy)		0	0	
	Hepatitis B		11	26	
	Hepatitis C		2	2	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		0	2	
	Meningitis (Clinically confirmed)		15	37	
EXOTIC/ UNUSUAL	Plague		0	0	* Dengue Hemorrhagic Fever data include Dengue related deaths;
HIGH MORBIDIT/ MORTALITY	Meningococcal Meningitis		0	0	
	Neonatal Tetanus		0	0	
	Typhoid Fever		0	0	
	Meningitis H/Flu		0	0	
SPECIAL PROGRAMMES	AFP/Polio		0	0	** Figures include all deaths associated with pregnancy reported for the period. *** CHIKV IgM positive cases  **** Zika PCR positive cases
	Congenital Rubella Syndrome		0	0	
	Congenital Syphilis		0	0	
	Fever and Rash	Measles	0	0	
		Rubella	0	0	
	Maternal Deaths**		41	47	
	Ophthalmia Neonatorum		161	201	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		33	45	
	Yellow Fever		0	0	
	Chikungunya***		1	0	
	Zika Virus****		0	0	NA- Not Available



5 NOTIFICATIONS-
All clinical sites



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 34

August 18– August 24, 2019 Epidemiological Week 34

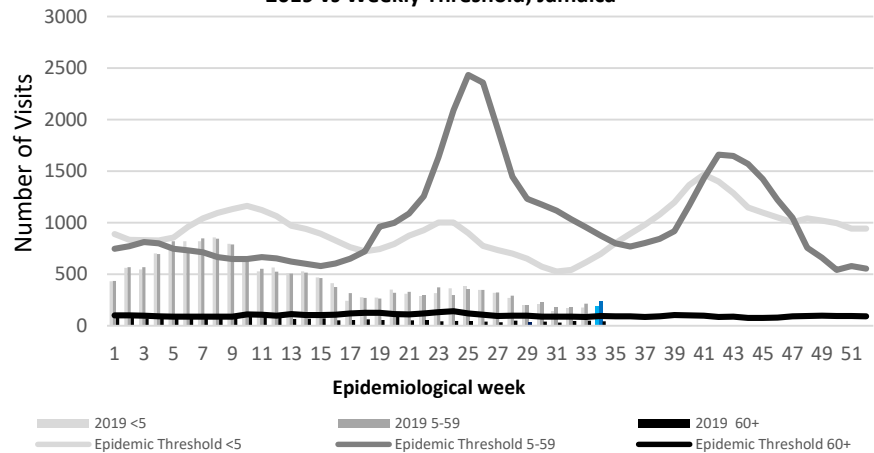
	EW 34	YTD
SARI cases	3	356
Total Influenza positive Samples	1	367
Influenza A	1	325
H3N2	1	91
H1N1pdm09	0	226
Not subtyped	0	5
Influenza B	0	42
Parainfluenza	0	5

Epi Week Summary

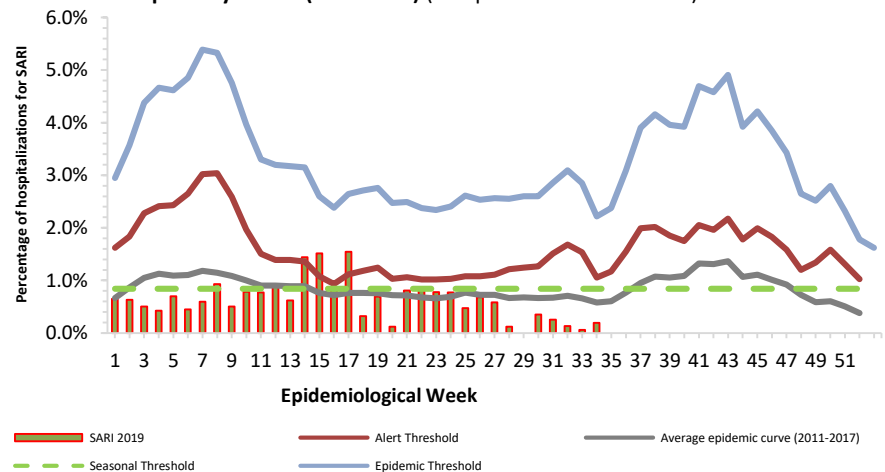
During EW 34, 1 case of influenza was detected. Percent positivity remained low.

During EW 34, 3 (three) SARI admissions were reported.

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



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



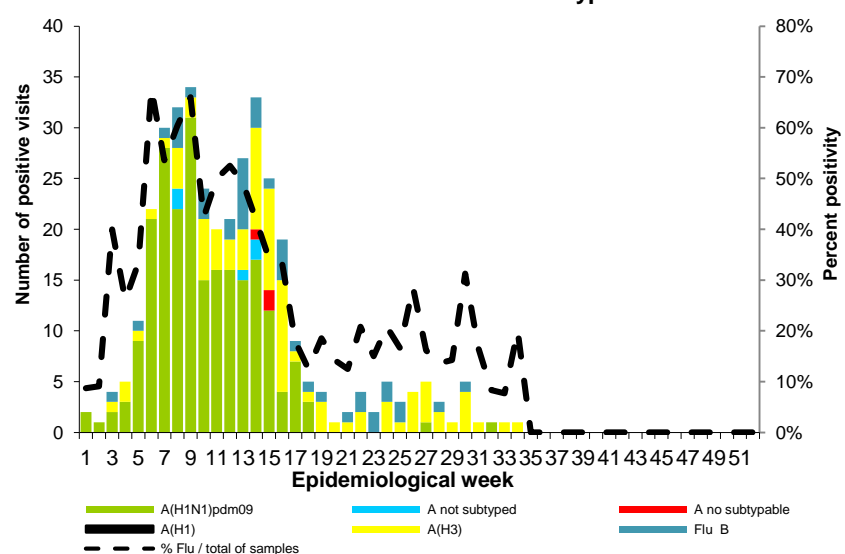
Global Update EW 34

Worldwide, seasonal influenza A viruses accounted for most detections.

Caribbean

Influenza and SARI activity were low and continue to decrease in the sub-region. RSV activity continued to increase in Cuba and the Dominican Republic

Distribution of influenza and subtype



6 NOTIFICATIONS-
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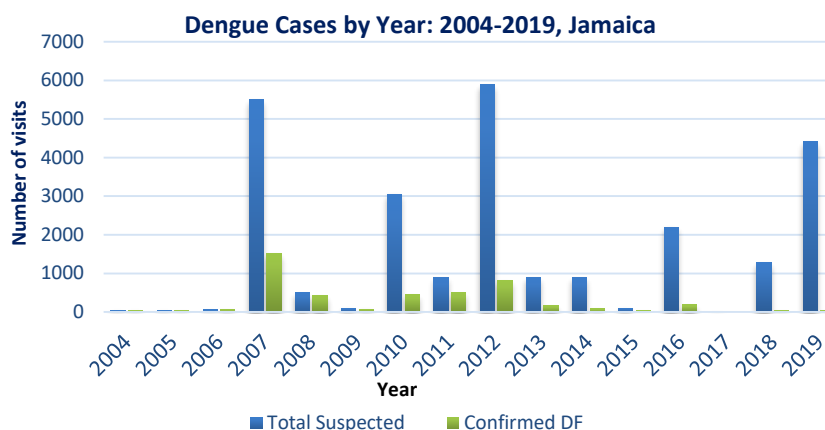
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Dengue Bulletin

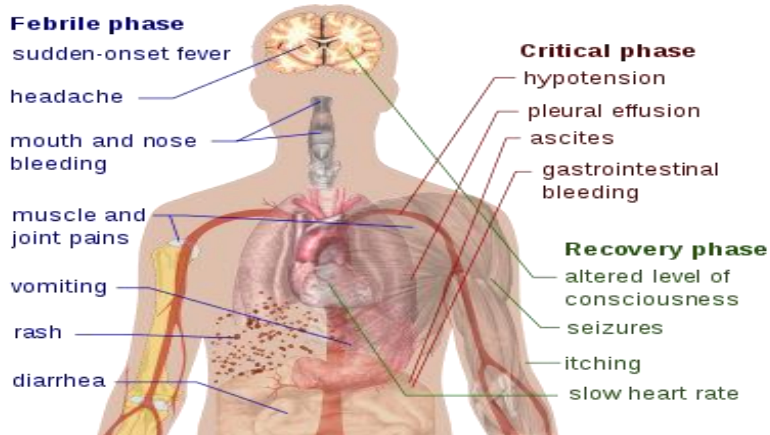
August 18– August 24, 2019 Epidemiological Week 34 Epidemiological Week 34



Reported suspected and confirmed dengue with symptom onset in weeks 1-34, 2019

		2019		2018 YTD
		EW 34	YTD	
Total Suspected Dengue Cases		4	4365	200
Lab Confirmed Dengue cases		0	34	1
CONFIRMED	Dengue Related Deaths	0	6	0

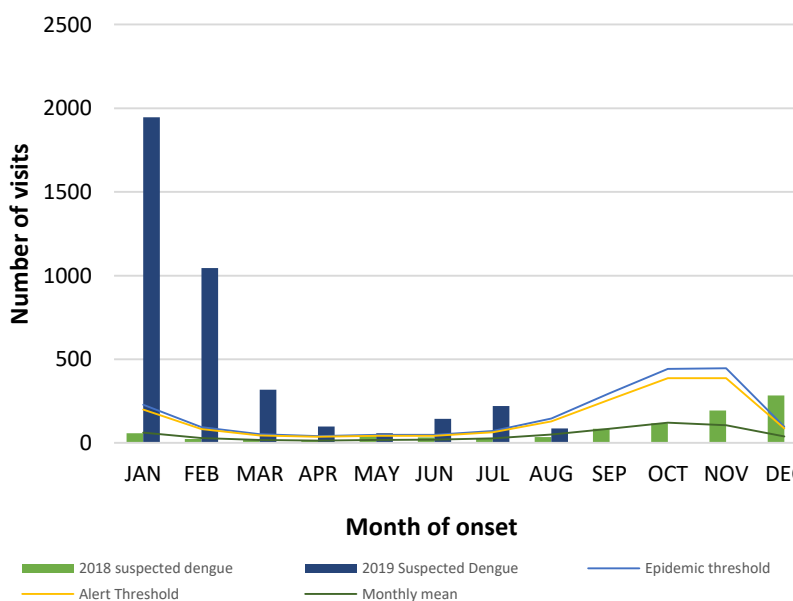
Symptoms of Dengue fever



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



7 NOTIFICATIONS-
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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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