A storm is a rotating, organized system of clouds and thunderstorms that originates over tropical or subtropical waters and has a closed low-level circulation that rotate counterclockwise in the Northern Hemisphere and its classify in 4 different categories:

1. Tropical depression is defined as a tropical cyclone with maximum sustained winds of 38 mph.
2. Tropical Storm is a tropical cyclone with maximum sustained winds of 39 to 73 mph.
3. Hurricane is a tropical cyclone with maximum sustained winds of 74 mph.
4. Major Hurricane is a tropical cyclone with maximum sustained winds of 111 mph or higher, corresponding to a Category 3, 4, or 5 on the Saffir-Simpson Hurricane Wind Scale.

The number of people affected by destructive winds and heavy rains from hurricanes is growing. Hurricanes cause the destruction and collapse of infrastructure, with adverse effects on health in the form of injury, trauma, and drowning. House damages generates loss of critical services (water, power) and population displacement to shelter can be prolonged for a long period of time. They also have an impact in the mental health of the affected population, and a huge effect on health services, causing an increased risk of vector and water-borne diseases.

Due to the vulnerability of the exposed populations, some extreme phenomena such as prolonged rains, can trigger secondary events and generate damages and losses, and affect communities.
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.

FEVER
Temperature of >38°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

REPORTS FOR SYNDROMIC SURVEILLANCE

*Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2019*
FEVER AND NEUROLOGICAL
Temperature of $>38\,^\circ C$ /$100.4\,^\circ F$ (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).

FEVER AND HAEMORRHAGIC
Temperature of $>38\,^\circ C$ /$100.4\,^\circ F$ (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.

FEVER AND JAUNDICE
Temperature of $>38\,^\circ C$ /$100.4\,^\circ F$ (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.

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

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

**Weekly Visits to Sentinel Sites for Fever and Jaundice 2019 vs. Weekly Threshold**
ACCIDENTS
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

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.

KEY VARIATIONS OF BLUE SHOW CURRENT WEEK

ACCIDENTS

VIOLENCE

GASTROENTERITIS

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
### CLASS ONE NOTIFIABLE EVENTS

<table>
<thead>
<tr>
<th>CLASS 1 EVENTS</th>
<th>Confirmed YTD</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CURRENT YEAR</td>
<td>PREVIOUS YEAR</td>
</tr>
<tr>
<td><strong>NATIONAL/INTERNATIONAL INTEREST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accidental Poisoning</td>
<td>48</td>
<td>152</td>
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<tr>
<td>Cholera</td>
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<td>0</td>
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<tr>
<td>Dengue Hemorrhagic Fever*</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Hansen’s Disease (Leprosy)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>11</td>
<td>33</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Malaria (Imported)</td>
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<td>2</td>
</tr>
<tr>
<td>Meningitis (Clinically confirmed)</td>
<td>17</td>
<td>37</td>
</tr>
<tr>
<td><strong>EXOTIC/UNUSUAL</strong></td>
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<td></td>
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<tr>
<td>Plague</td>
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<td>0</td>
</tr>
<tr>
<td>Meningococcal Meningitis</td>
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<td>0</td>
</tr>
<tr>
<td>Neonatal Tetanus</td>
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</tr>
<tr>
<td>Typhoid Fever</td>
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<td>0</td>
</tr>
<tr>
<td>Meningitis H/Flu</td>
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<td>0</td>
</tr>
<tr>
<td>AFP/Polio</td>
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<td>0</td>
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<tr>
<td>Congenital Rubella Syndrome</td>
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</tr>
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<td>Congenital Syphilis</td>
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<td>0</td>
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<tr>
<td>Fever and Rash</td>
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<tr>
<td>Measles</td>
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<td>0</td>
</tr>
<tr>
<td>Rubella</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Maternal Deaths**</td>
<td>42</td>
<td>48</td>
</tr>
<tr>
<td>Ophthalmia Neonatorum</td>
<td>161</td>
<td>201</td>
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<td>Pertussis-like syndrome</td>
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<td>Rheumatic Fever</td>
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</tr>
<tr>
<td>Tetanus</td>
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<td>0</td>
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<tr>
<td>Tuberculosis</td>
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<td>45</td>
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<tr>
<td>Yellow Fever</td>
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<td>0</td>
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<tr>
<td>Chikungunya***</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Zika Virus ****</td>
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<td>0</td>
</tr>
</tbody>
</table>

** 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.**

**Pertussis-like syndrome and Tetanus are clinically confirmed classifications.**

**Dengue Hemorrhagic Fever data include Dengue related deaths;**

**Figures include all deaths associated with pregnancy reported for the period.**

***CHIKV IgM positive cases***

****Zika PCR positive cases

NA- Not Available
**NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT**

August 25– August 31, 2019  
Epidemiological Week 35

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**SARI cases**

<table>
<thead>
<tr>
<th></th>
<th><strong>EW 35</strong></th>
<th><strong>YTD</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>6</td>
<td>362</td>
</tr>
<tr>
<td>Influenza positive Samples</td>
<td>0</td>
<td>367</td>
</tr>
<tr>
<td>Influenza A</td>
<td>0</td>
<td>325</td>
</tr>
<tr>
<td>H3N2</td>
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<td>91</td>
</tr>
<tr>
<td>H1N1pdm09</td>
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<td>226</td>
</tr>
<tr>
<td>Not subtyped</td>
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<td>5</td>
</tr>
<tr>
<td>Influenza B</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>Parainfluenza</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

---

**Epi Week Summary**

During EW 35, 0 cases of influenza were detected. Percent positivity remained low.

During EW 35, 6 (six) SARI admissions were reported.

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**Caribbean Update EW 35**

Influenza and SARI activity were low and continue to decrease in the sub-region. In Cuba, influenza activity increased with the circulation of influenza A, although was at a low level of intensity. RSV activity decreased in Cuba and the Dominican Republic.

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**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)**

**Distribution of influenza and subtype**
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

Dengue Bulletin

Epidemiological Week 35

August 25–August 31, 2019

Reported suspected and confirmed dengue cases for 2018 and 2019 versus monthly mean, alert, and epidemic thresholds

Points to note:

- **figure as at September 10, 2019

- Only PCR positive dengue cases are reported as confirmed.

- IgM positive cases are classified as presumed dengue.

**Figure as at September 10, 2019**

- Only PCR positive dengue cases are reported as confirmed.

- IgM positive cases are classified as presumed dengue.

Dengue Cases by Year: 2004-2019, Jamaica

- 2019
- **4514**
- 211

Lab Confirmed Dengue cases

- 1
- 37
- 1

CONFIRMED Dengue Related Deaths

- 0
- 6
- 0

Symptoms of Dengue fever

- Fibrile phase
  - sudden-onset fever
  - headache
  - mouth and nose bleeding
  - muscle and joint pain

- Critical phase
  - hypotension
  - pleural effusion
  - ascites
  - gastrointestinal bleeding

- Recovery phase
  - altered level of consciousness
  - seizures
  - itching
  - slow heart rate

Suspected dengue cases for 2018 and 2019 versus monthly mean, alert, and epidemic thresholds

- 2018 suspected dengue
- 2019 Suspected Dengue
- Epidemic threshold
- Monthly mean
Reduction in Default of Second HIV DNA-PCR Screening of HIV Exposed Infants through Improved Patient Tracking and Information Systems

M Hamilton1, C Brown1, K Guerra2, C Williams, D Smith-Wint1, J Thame1, L Richards1
National Public Health Laboratory, Ministry of Health, Jamaica
Clinton Health Access Initiative

Objectives: To develop a low cost tracking tool for the monitoring of infant HIV-DNA screens and to deter-mine its effect on the reduction of second test defaults of HIV-exposed infants.

Methods: Data from all infants screened since the introduction of DNA-PCR testing was collated and entered on an Excel based platform. The database created utilized four critical elements for sample identification, mother’s full name and patient’s full name, date of birth, and gender. It provided the following outputs: total testing levels and results; patient testing history; sample result turnaround time analysis; and second test de-fault reports. There optional tracking by health regions and sub-regions, and testing sites. Data for two six month periods, one each before and after the introduction of the database, were compared.

Results: Within the first six months of implementation of the database, second DNA-PCR test defaults reduced by approximately 16%.

Conclusions: Utilization of low cost measures such as the EID Database & Tracking Tool can improve the tracking and management of HIV exposed infants. This system is a low cost solution which does not require major IT infrastructure overhauls, can be developed in a relatively short time, and is not labor intensive.

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