**Series : Animal bites 1 of 3**

**Snake bites**

**Scope of the problem**

Worldwide, up to five million people are bitten by snakes every year. Of these, poisonous (envenoming) snakes cause considerable morbidity and mortality. There are an estimated 2.4 million envenomations (poisonings from snake bites) and 94,000–125,000 deaths annually, with an additional 400,000 amputations and other severe health consequences, such as infection, tetanus, scarring, contractures, and psychological sequelae. Poor access to health care and scarcity of antivenom increases the severity of the injuries and their outcomes.

**Key facts**

- Animal bites are a significant cause of morbidity and mortality worldwide.
- Worldwide, up to five million people are bitten by snakes every year; the majority in Africa and South-East Asia.
- Prompt medical treatment with appropriate antivenom is required for poisonous snake bites.
- Dog bites account for tens of millions of injuries annually; the highest risk is among children.
- Rabies is a significant health concern following dog bites, cat bites and monkey bites.

**Treatment**

Approximately 600 species of snake are venomous and approximately 50-70% of bites by these cause envenomation. At the time of a bite, the cornerstone of care is complete immobilization of the affected body part and prompt transfer to a medical facility. Tourniquets and cutting wounds can worsen the effects of the venom and should not be used as first aid.

Frequently, victims of snake bites will require treatment with antivenom. It is important that the antivenom is appropriate for snakes endemic to the region. Additional measures include wound cleansing to decrease infection risk, supportive therapy such as airway support, and administration of tetanus vaccine upon discharge if the person has been inadequately vaccinated against tetanus.

**Who is most at risk?**

The majority of snake bites occur in Africa and South-East Asia. Snake bites are most common among people living in rural, resource-poor settings, who subsist on low-cost, non-mechanical farming and other field occupations. Agricultural workers, women and children are the groups most frequently bitten by snakes. Adding to the burden of these injuries is their socioeconomic impact on families and communities. Adult victims are often the wage earners or care providers of the family unit; and child victims can suffer lifelong disability intensifying demands on families and communities.

**Prevention of snake bites and their serious health consequences**

Prevention of snake bites involves informing communities about snake bite risks and prevention techniques, such as to:

- Avoid tall grassy areas;
- Wear protective shoes/boots;
- Keep storage areas clear of rodents;
- Remove rubbish, woodpiles and low brush from around the home;
- Store food in rodent-proof containers, raise beds above floor level and tuck mosquito nets securely under sleeping mats within the home.

To prevent or limit the serious health consequences of snake bites, healthcare providers should be educated on snake-bite management, including the proper use and administration of antivenom. Public health authorities and policy-makers should ensure appropriate supplies of safe and effective antivenoms to communities, countries and regions where they are most needed, and prioritize research initiatives that will further determine the burden of these injuries.

**Source:** [https://www.who.int/news-room/fact-sheets/detail/animal-bites](https://www.who.int/news-room/fact-sheets/detail/animal-bites)
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 37 to 40

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

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

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FEVER AND NEUROLOGICAL
Temperature of >38 °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).

FEVER AND HAEMORRHAGIC
Temperature of >38 °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.

FEVER AND JAUNDICE
Temperature of >38 °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.
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.

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>
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<tbody>
<tr>
<td><strong>NATIONAL / INTERNATIONAL INTEREST</strong></td>
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<tr>
<td>Accidental Poisoning</td>
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<tr>
<td>Cholera</td>
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<tr>
<td>Dengue Hemorrhagic Fever*</td>
<td>NA</td>
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<td>Hansen’s Disease (Leprosy)</td>
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<tr>
<td>Hepatitis B</td>
<td>11</td>
<td></td>
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<tr>
<td>Hepatitis C</td>
<td>2</td>
<td></td>
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<tr>
<td>HIV/AIDS</td>
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<td></td>
</tr>
<tr>
<td>Malaria (Imported)</td>
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<tr>
<td>Meningitis (Clinically confirmed)</td>
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<tr>
<td><strong>EXOTIC/UNUSUAL</strong></td>
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<tr>
<td>Plague</td>
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<td><strong>HIGH MORBIDITY/MORTALITY</strong></td>
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<td>Meningococcal Meningitis</td>
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<tr>
<td>Neonatal Tetanus</td>
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<tr>
<td>Typhoid Fever</td>
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<tr>
<td>Meningitis H/Flu</td>
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<td><strong>SPECIAL PROGRAMMES</strong></td>
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<tr>
<td>AFP/Polio</td>
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<td>Congenital Rubella Syndrome</td>
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<td>Congenital Syphilis</td>
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<tr>
<td>Fever and Rash</td>
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<td>Measles</td>
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</tr>
<tr>
<td>Rubella</td>
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<tr>
<td>Maternal Deaths**</td>
<td>49</td>
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</tr>
<tr>
<td>Ophthalmia Neonatorum</td>
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<tr>
<td>Pertussis-like syndrome</td>
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<tr>
<td>Rheumatic Fever</td>
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<td>Chikungunya ***</td>
<td>2</td>
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<tr>
<td>Zika Virus ****</td>
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</tr>
<tr>
<td><strong>Comments</strong></td>
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</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

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**NOTIFICATIONS** - All clinical sites

**INVESTIGATION REPORTS** - Detailed Follow up for all Class One Events

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Epi Week Summary

During EW 40, 3 cases of influenza were detected. Percent positivity remains low at 9.7%.

During EW 40, 14 (fourteen) SARI admissions were reported.

Caribbean Update EW 40
Influenza and SARI activity were low and continue at inter-seasonal levels.

Global Update EW 40:
In the temperate zones of the southern hemisphere, influenza activity was low in most countries.
In the temperate zone of the northern hemisphere, influenza activity remained at inter-seasonal levels in most countries.
The influenza season appears to have started within the countries of the Arabian Peninsula.

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT
September 29 – October 5, 2019  Epidemiological Week 40

SARI cases

<table>
<thead>
<tr>
<th>EW 40</th>
<th>YTD</th>
</tr>
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<tbody>
<tr>
<td>14</td>
<td>402</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Influenza positive Samples</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>376</td>
</tr>
<tr>
<td>Influenza A</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>334</td>
</tr>
<tr>
<td>H3N2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>H1N1pdm09</td>
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<tr>
<td>0</td>
<td>226</td>
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<tr>
<td>Not subtyped</td>
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<tr>
<td>0</td>
<td>5</td>
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<tr>
<td>Influenza B</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>42</td>
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<tr>
<td>Parainfluenza</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>7</td>
</tr>
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</table>

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

Global Update EW 40:
In the temperate zones of the southern hemisphere, influenza activity was low in most countries.
In the temperate zone of the northern hemisphere, influenza activity remained at inter-seasonal levels in most countries.
The influenza season appears to have started within the countries of the Arabian Peninsula.

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

Epi Week Summary

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During EW 40, 14 (fourteen) SARI admissions were reported.

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September 29 – October 5, 2019  
Epidemiological Week 40

Reported suspected and confirmed dengue with symptom onset in weeks 1-40 2019

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Suspected Dengue Cases</td>
<td>7</td>
<td><strong>5023</strong></td>
</tr>
<tr>
<td>Lab Confirmed Dengue cases</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>CONFIRMED Dengue Related Deaths</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

Points to note:

- **figure as at October 14, 2019**
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.
Title:
Psychiatric Relapse and Hospital Readmissions:
A Qualitative Study to Explore the Perspectives of Persons Living with Serious Mental Illness in Western Jamaica

Author: Debra Roof, Department of Psychiatry, Cornwall Regional Hospital, Western Region Mental Health Services

Email: debbiroof@yahoo.co.uk

Theme: Chronic Non-communicable diseases (mental health)

Abstract:

Objectives: To conduct a qualitative study that explores patients’ perspectives of the barriers and facilitators to recovery by:

- Exploring accounts of what is helpful or unhelpful for persons in staying well and out of hospital through a set of face-to-face semi-structured interviews with a sample of outpatients frequently hospitalised.
- Examining the overarching themes and shared experiences between patients by conducting a thematic analysis across the interview data.

Methods: A qualitative research methodology was used to investigate the perspectives of nine outpatients with a diagnosis of serious mental illness and frequent hospitalisation. Data collection was through face-to-face semi-structured interviews which explored the lived experience of staying well and out of hospital. Interviews were transcribed verbatim, data was manually coded and analysed using thematic analysis.

Findings: Six overarching themes: unmet basic needs, stopping medication, stress, marijuana use, influences of other people and physical effects were identified for the barriers to recovery. Five overarching themes: obtaining basic needs, taking medication, occupation, faith and the therapeutic aspect of the ward were the facilitators to recovery.

Conclusions: For this psychiatric setting there needs to be more concerted efforts to develop outpatient follow-up with psychosocial programmes that enhance rehabilitation and integrated care continuum for persons with mental illness. The importance of this study is that it provides a platform for patients living in Western Jamaica and gives insights into the lived experience. This has implications for therapists by building local knowledge and links to evidence-based practices that can improve patients’ treatment and recovery outcomes.