

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Schizophrenia



Key facts

- Schizophrenia is a chronic and severe mental disorder affecting more than 21 million people worldwide.
- Schizophrenia is characterized by distortions in thinking, perception, emotions,

language, sense of self and behaviour. Common experiences include hallucinations - hearing voices or seeing things that are not there and delusions – fixed, false beliefs.

- Worldwide, schizophrenia is associated with considerable disability and may affect educational and occupational performance.
- People with schizophrenia are 2-3 times more likely to die early than the general population. This is often due to preventable physical diseases, such as cardiovascular disease, metabolic disease and infections.
- Stigma, discrimination and violation of human rights of people with schizophrenia is common.
- Schizophrenia is treatable. Treatment with medicines and psychosocial support is effective.
- Facilitation of assisted living, supported housing and supported employment are

effective management strategies for people with schizophrenia.

Symptoms

Schizophrenia is a psychosis, a type of mental illness characterized by distortions in thinking, perception, emotions, language, sense of self and behaviour. Common experiences include:

- Hallucination: hearing, seeing or feeling things that are not there.
- Delusion: fixed false beliefs or suspicions not shared by others in the person's culture and that are firmly held even when there is evidence to the contrary.
- Abnormal Behaviour: disorganised behavior such as wandering aimlessly, mumbling or laughing to self, strange appearance, self-neglect or appearing unkempt
- Disorganised speech; incoherent or irrelevant speech
- Disturbances of emotions: marked apathy or disconnect between reported emotion and what is observed such as facial expression or body language

Causes of schizophrenia

Research has not identified one single factor. It is thought that an interaction between genes and a range of environmental factors may cause schizophrenia.

Psychosocial factors may also contribute to schizophrenia.

Services

More than 50% of people with schizophrenia are not receiving appropriate care. Ninety per cent of people with untreated schizophrenia live in low- and middle- income countries. Lack of access to mental health services is an important issue. Furthermore, people with schizophrenia are less likely to seek care than the general population.

Downloaded from: <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>

EPI WEEK 45



SYNDROMES

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CLASS 1 DISEASES

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RESEARCH PAPER

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SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica



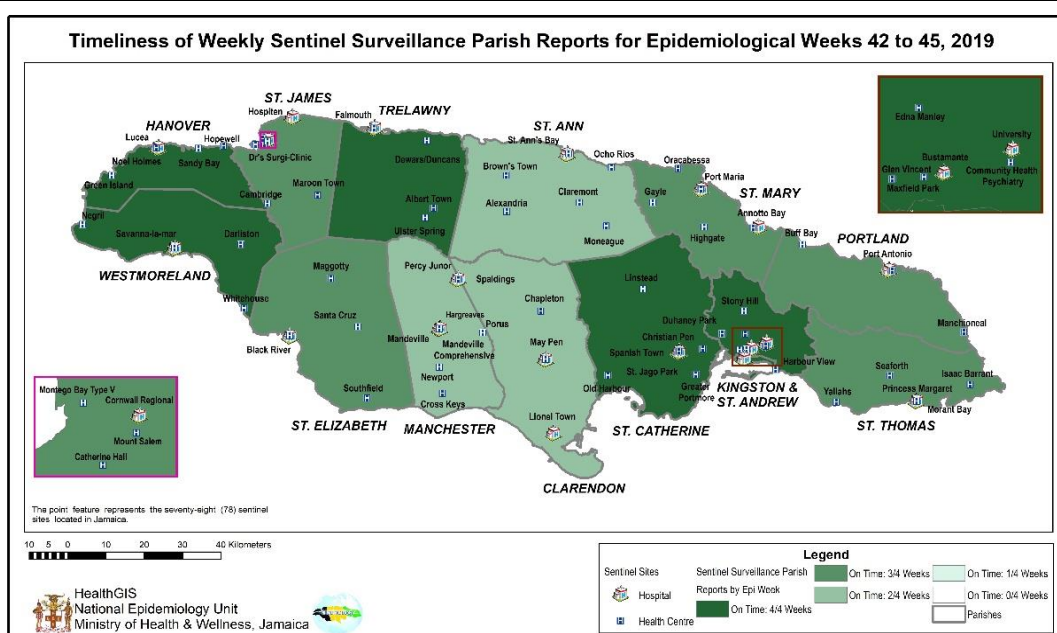
A syndromic surveillance system is good for early detection of and response to public health events.

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 42 to 45

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

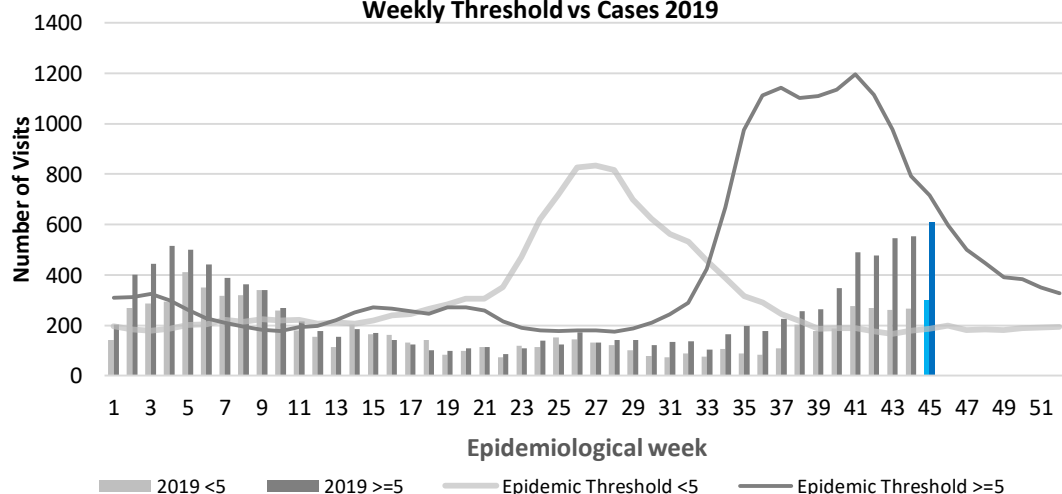
FEVER

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



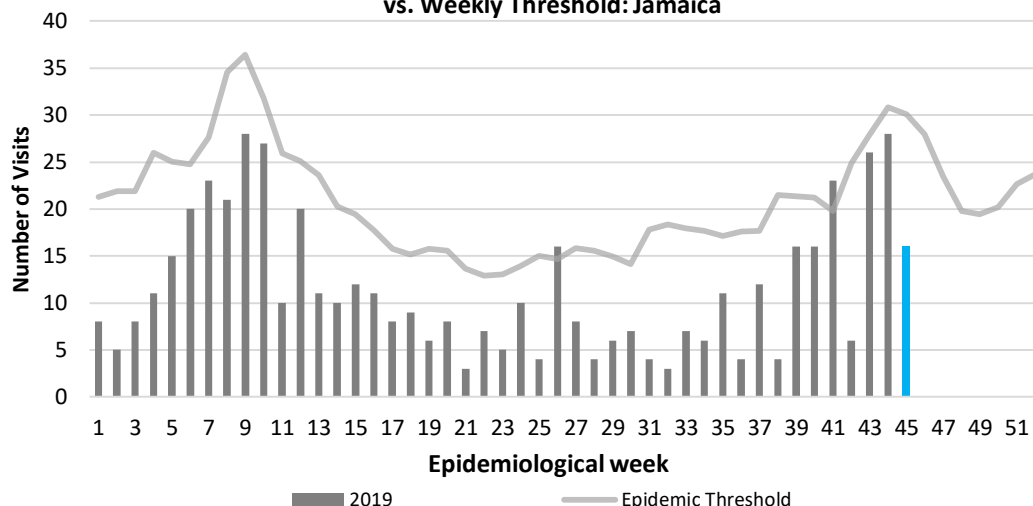
SENTINEL
REPORT- 78 sites.
Automatic reporting

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).



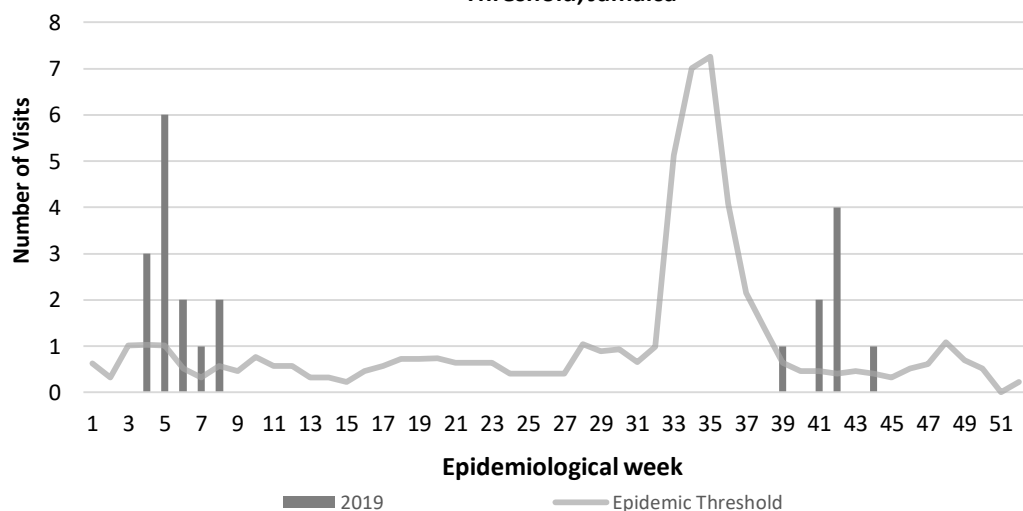
Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2019 vs. Weekly Threshold: Jamaica

**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, 39, 41, 42, and 44, year to date.



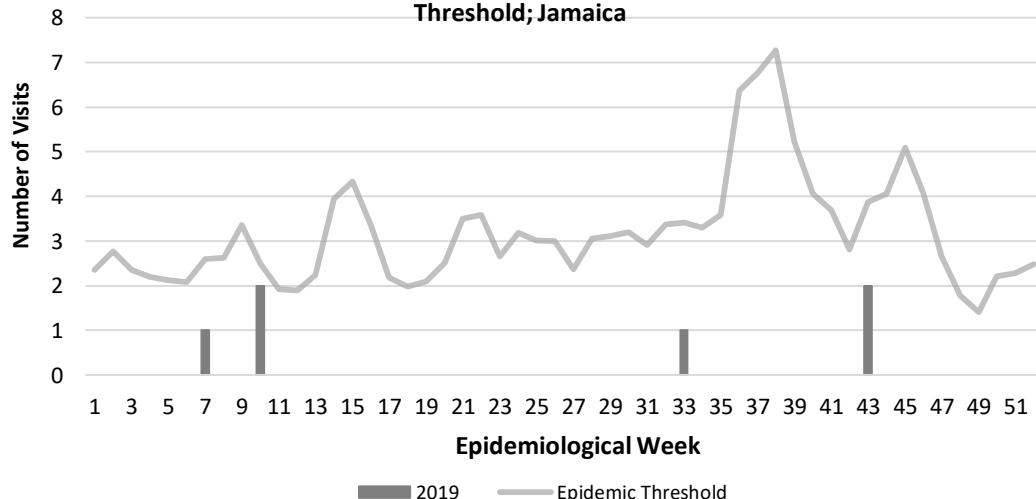
Weekly Visits to Sentinel Sites for Fever and Haemorrhagic 2019 vs Weekly Threshold; Jamaica

**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, 10, 33 and 43 only, year to date.

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



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

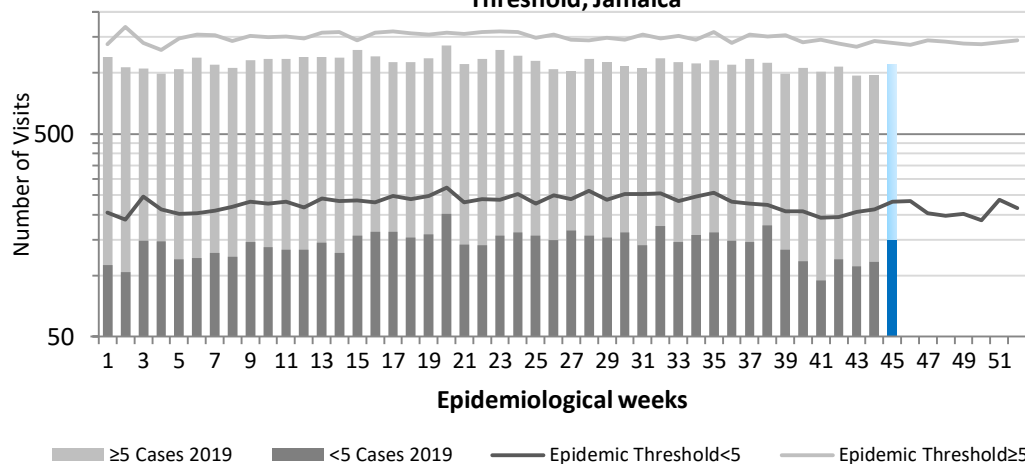
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

VARIATIONS OF **BLUE** SHOW CURRENT WEEK



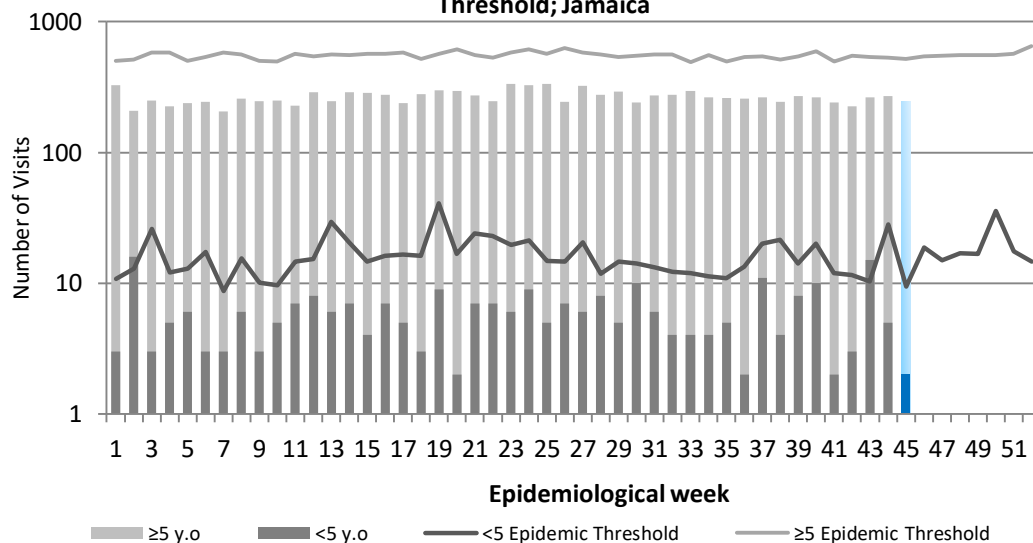
Weekly Visits to Sentinel Sites for Accidents by Age Group 2019 vs Weekly Threshold; Jamaica

**VIOLENCE**

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



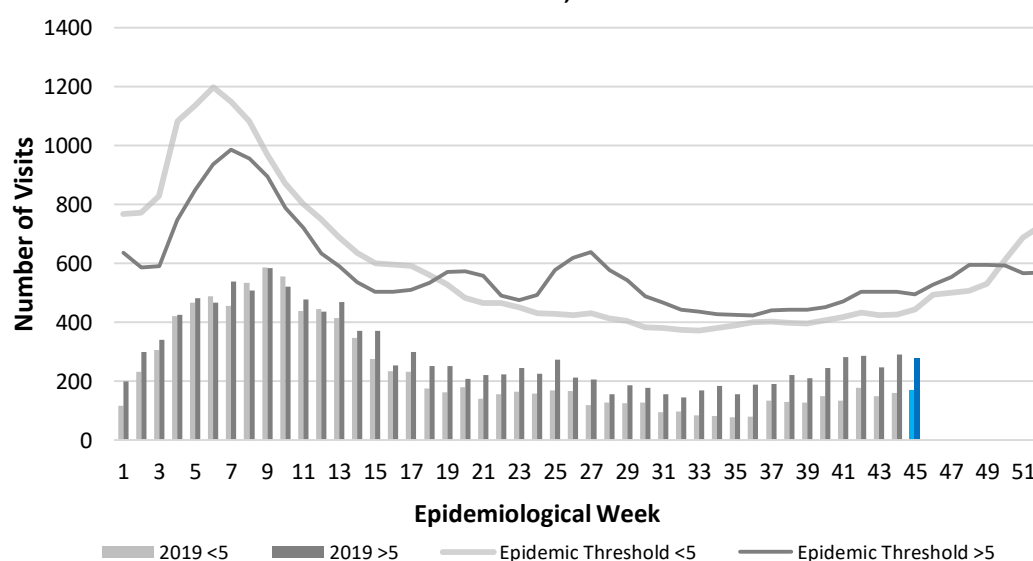
Weekly Visits to Sentinel Sites for Violence by Age Group 2019 vs Weekly Threshold; Jamaica

**GASTROENTERITIS**

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



Weekly Visits to Sentinel Sites for Gastroenteritis All ages 2019 vs Weekly Threshold; Jamaica



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		64	172	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		23	85		
	Hepatitis C		2	7		
	HIV/AIDS		NA	NA		
	Malaria (Imported)		0	5		
	Meningitis (Clinically confirmed)		20	37		
EXOTIC/ UNUSUAL	Plague		0	0	* 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	** 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**		53	56		
	Ophthalmia Neonatorum		201	269		
	Pertussis-like syndrome		0	0		
	Rheumatic Fever		0	0		
	Tetanus		0	0		
	Tuberculosis		51	69		
	Yellow Fever		0	0		
		Chikungunya***		7		10
		Zika Virus****		0		1



5 NOTIFICATIONS-
All clinical sites



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 45

November 3 – November 9, 2019 Epidemiological Week 45

	EW 45	YTD
SARI cases	10	463
Total Influenza positive Samples	9	435
Influenza A	9	392
H3N2	4	153
H1N1pdm09	0	226
Not subtyped	5	10
Influenza B	0	43
Parainfluenza	0	7

Epi Week Summary

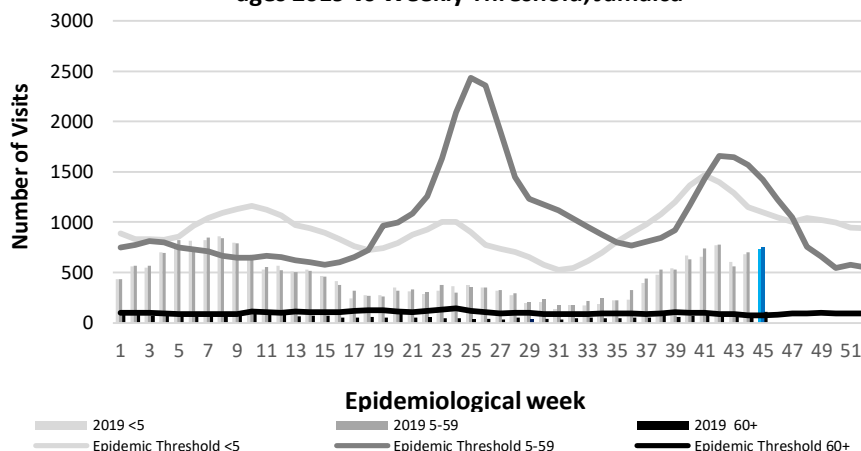
During EW 45, 9 cases of influenza were detected. Percent positivity is 22.5 %.

During EW 45, 10 (ten) SARI admissions were reported.

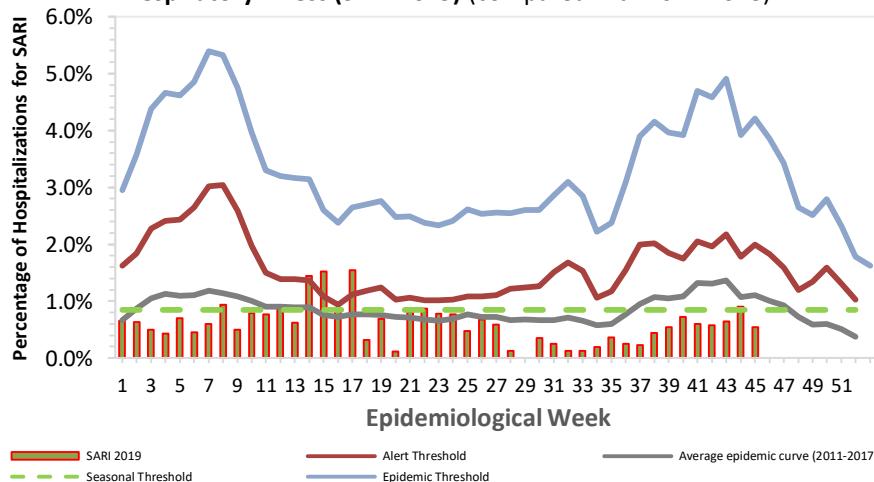
Caribbean Update EW 45

Influenza and SARI activity continued at inter-seasonal levels with influenza A(H3N2), A(H1N1)pdm09, and influenza B viruses co-circulating in the subregion. In Jamaica, influenza activity continued decreased with influenza A(H3N2) virus predominance and SARI cases remained at interseasonal levels.

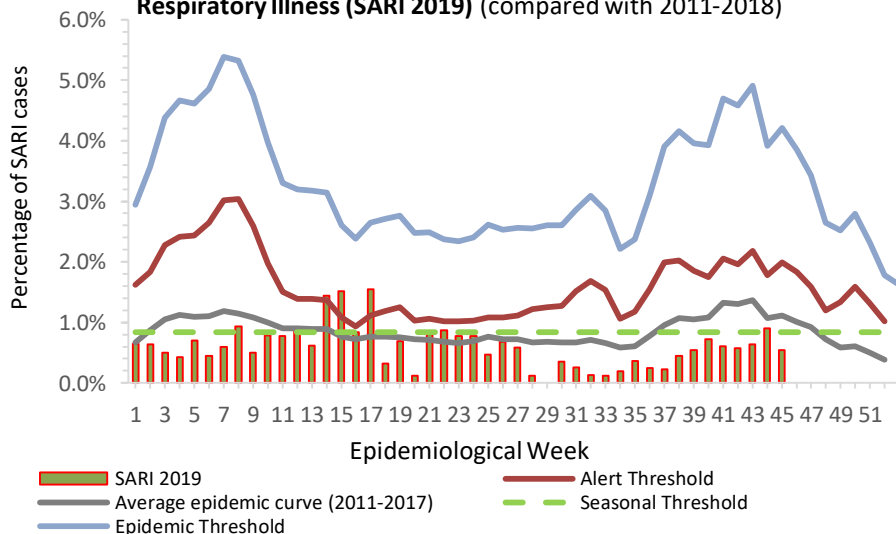
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2019 vs Weekly Threshold; Jamaica



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



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



6 NOTIFICATIONS-
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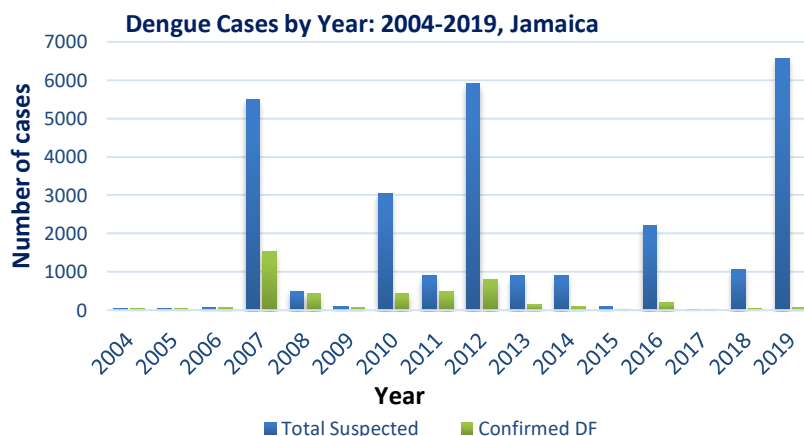


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Dengue Bulletin

November 3 – November 9, 2019 Epidemiological Week 45

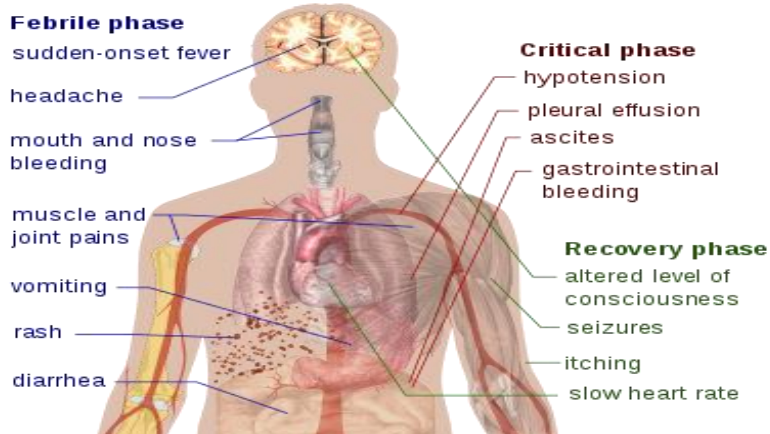
Epidemiological Week 45



Reported suspected and confirmed dengue with symptom onset in weeks 1-45 2019

	2019		2018 YTD
	EW 45	YTD	
Total Suspected Dengue Cases	8	6567	377
Lab Confirmed Dengue cases	0	52	7
CONFIRMED Dengue Related Deaths	0	15	1

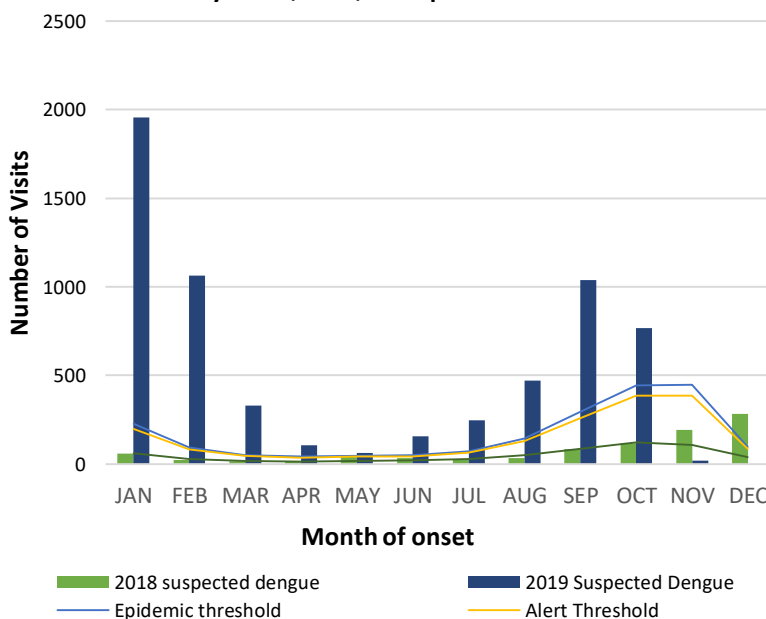
Symptoms of Dengue fever



Points to note:

- ****figure as at November 14, 2019**
- 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-
All clinical sites



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RESEARCH PAPER

ABSTRACT

Title: “ Anthropometry and food frequency in chronic non-communicable disease: associations in a clinic population”

Authors: *S. Robinson, S. Dawson*

Objective: To investigate the relation of body mass index (BMI) and waist circumference (WC) to frequency of consumption of commonly consumed foods, in patients enrolled at a Type V Health Centre in Kingston.

Method: Twenty –four adult patients (22 females) attending the CNCD Clinic were conveniently selected for the study, with a cross-sectional analysis being conducted on these patients. Participants were selected if they were diagnosed with at least one CNCD. Their weights, heights, and waist circumferences were measured and data on the frequency of consumption of selected foods acquired utilizing an administered questionnaire. The main outcome measure was a correlation between anthropometry and food frequency.

Results: Of the 24 subjects, 23 had a BMI >25.0 with 22 having a waist circumference exceeding therecommended limit (Females= 89 cm and Males =101 cm). Mean BMI was 34.3 ± 7.4 with mean WC being 104.9 ± 17.7 cm. Neither BMI nor WC was significantly associated with frequency of consumption of any food item fromthe different Food Groups, but positive correlations were identified between BMI and age ($p<0.0001$), and BMI and WC ($p=0.00051$).

Conclusion: No statistically significant associations were found between BMI, Waist Circumference and food frequency in this population. A follow-up study (larger sample size, other food intake measures) is recommended to demystify whatever link may exist between anthropometry and food intake. Alongside BMI measurements, WC could be used routinely in the nutritional assessment of CNCD patients at Health facilities.



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8 NOTIFICATIONS-
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