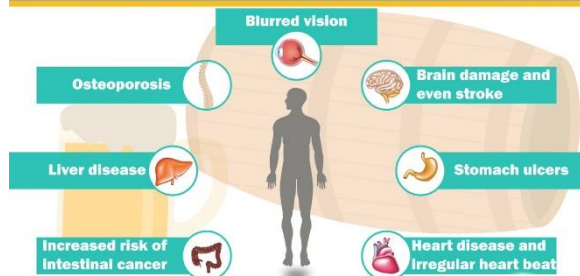


WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Alcohol

Effects of Alcohol on the Body



Key facts

- Worldwide, 3 million deaths every year result from harmful use of alcohol, this represent 5.3 % of all deaths.

- The harmful use of alcohol is a causal factor in more than 200 disease and

injury conditions.

- Overall 5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs).
- Alcohol consumption causes death and disability relatively early in life. In the age group 20–39 years approximately 13.5 % of the total deaths are alcohol-attributable.
- There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other noncommunicable conditions as well as injuries.
- The latest causal relationships have been established between harmful drinking and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS.
- Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large.

Factors affecting alcohol consumption and alcohol-related harm

A variety of factors have been identified at the individual and the societal level, which affect the levels and patterns of alcohol consumption and the magnitude of alcohol-related problems in populations.

Environmental factors include economic development, culture, availability of alcohol, and the comprehensiveness and levels of implementation and enforcement of alcohol policies. For a given level or pattern of drinking, vulnerabilities within a society are likely to have similar differential effects as those between societies. Although there is no single risk factor that is dominant, the more vulnerabilities a person has, the more likely the person is to develop alcohol-related problems as a result of alcohol consumption.

Ways to reduce the burden from harmful use of alcohol

The health, safety and socioeconomic problems attributable to alcohol can be effectively reduced and requires actions on the levels, patterns and contexts of alcohol consumption and the wider social determinants of health.

Countries have a responsibility for formulating, implementing, monitoring and evaluating public policies to reduce the harmful use of alcohol. Substantial scientific knowledge exists for policy-makers on the effectiveness and cost-effectiveness of the following strategies:

- regulating the marketing of alcoholic beverages (in particular to younger people);
- regulating and restricting the availability of alcohol;
- enacting appropriate drink-driving policies;
- reducing demand through taxation and pricing mechanisms;
- raising awareness of public health problems caused by harmful use of alcohol and ensuring support for effective alcohol policies;
- providing accessible and affordable treatment for people with alcohol-use disorders; and
- implementing screening and brief interventions programmes for hazardous and harmful drinking in health services.

For more information on alcohol please visit: <https://www.who.int/news-room/fact-sheets/detail/alcohol>

EPI WEEK 9

SYNDROMES

PAGE 2

CLASS 1 DISEASES

PAGE 4

INFLUENZA

PAGE 5

DENGUE FEVER

PAGE 6

GASTROENTERITIS

PAGE 7

RESEARCH PAPER

PAGE 8

SENTINEL SYNDROMIC **SURVEILLANCE****Sentinel Surveillance in Jamaica**

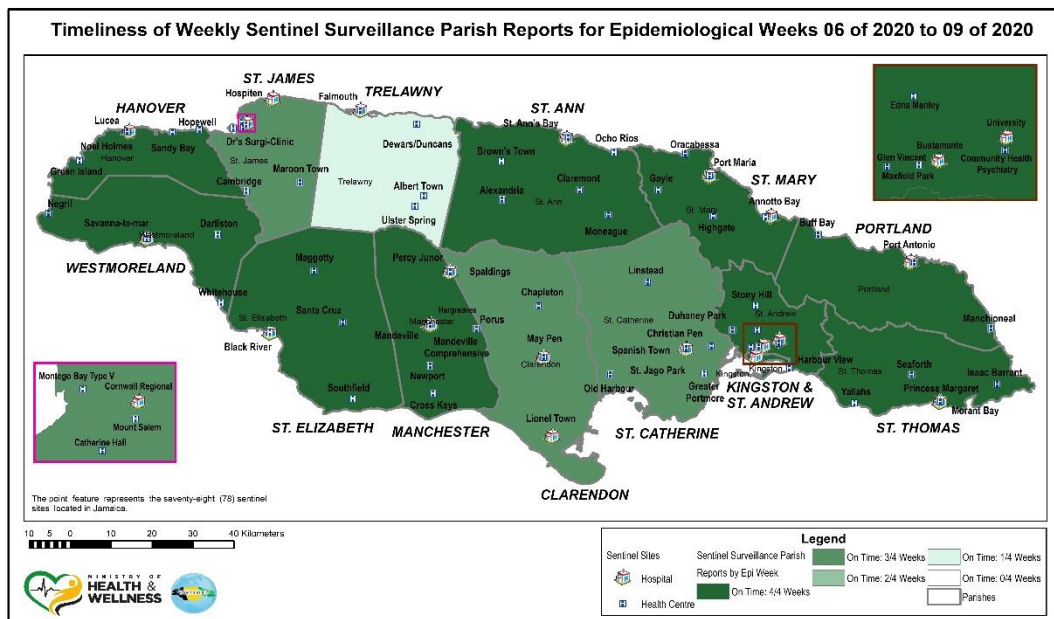
A syndromic surveillance system is good for early detection of and response to public health events.

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 6 to 9 of 2020

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

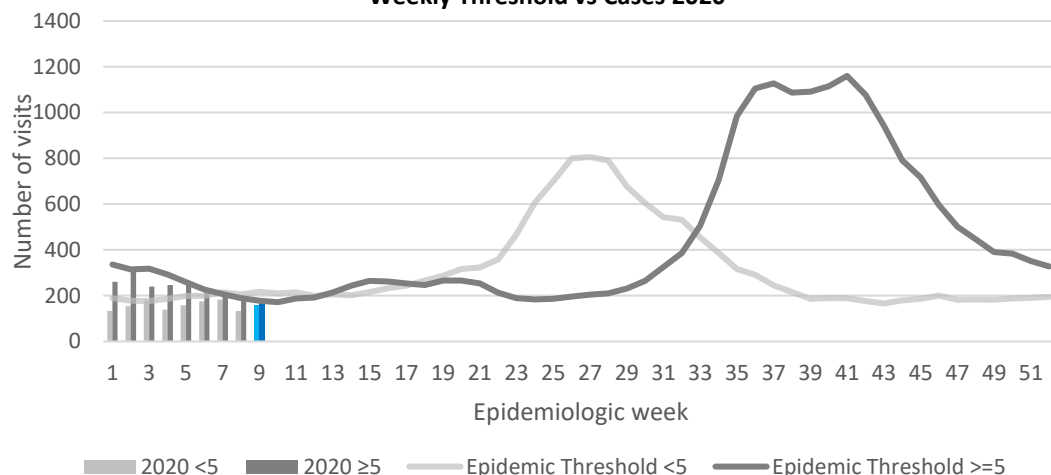
**REPORTS FOR SYNDROMIC SURVEILLANCE****FEVER**

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 2020



2 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



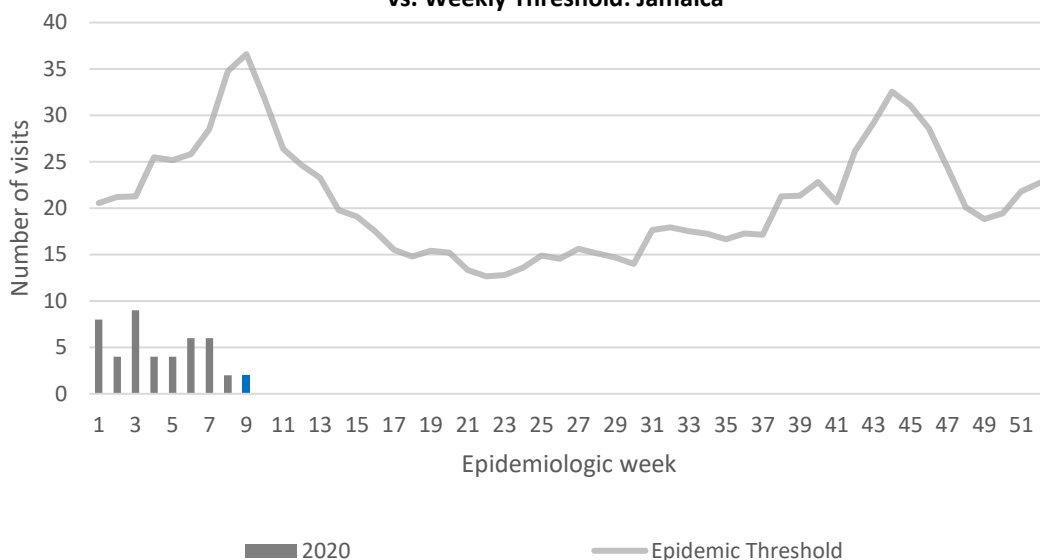
SENTINEL REPORT- 78 sites. Automatic reporting

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).



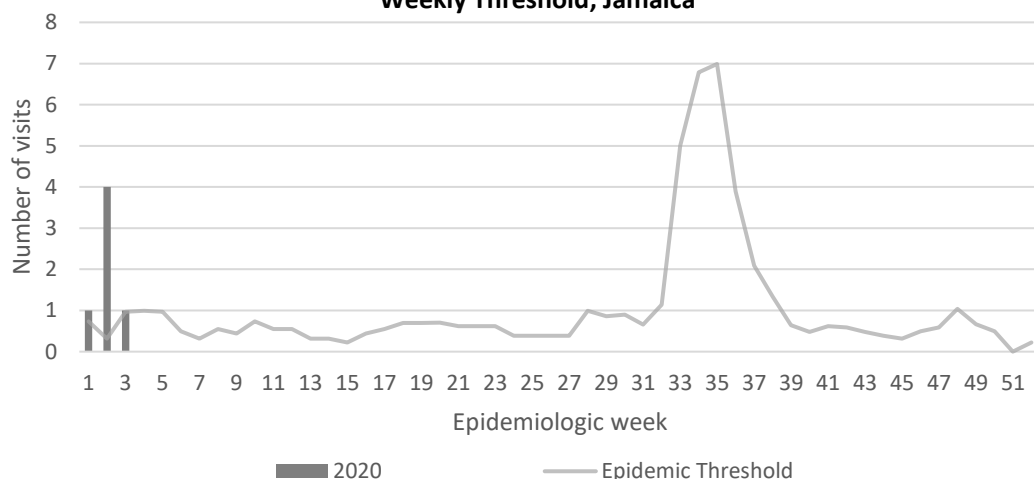
Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2020 vs. Weekly Threshold: Jamaica

**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 2020 vs Weekly Threshold; Jamaica

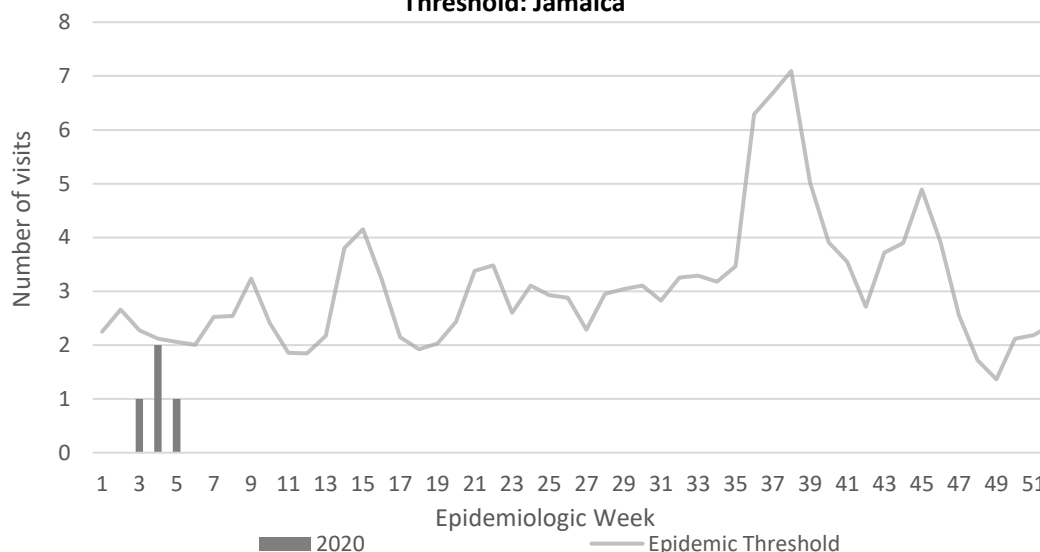
**FEVER AND JAUNDICE**

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.



Weekly visits to Sentinel Sites for Fever and Jaundice 2020 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

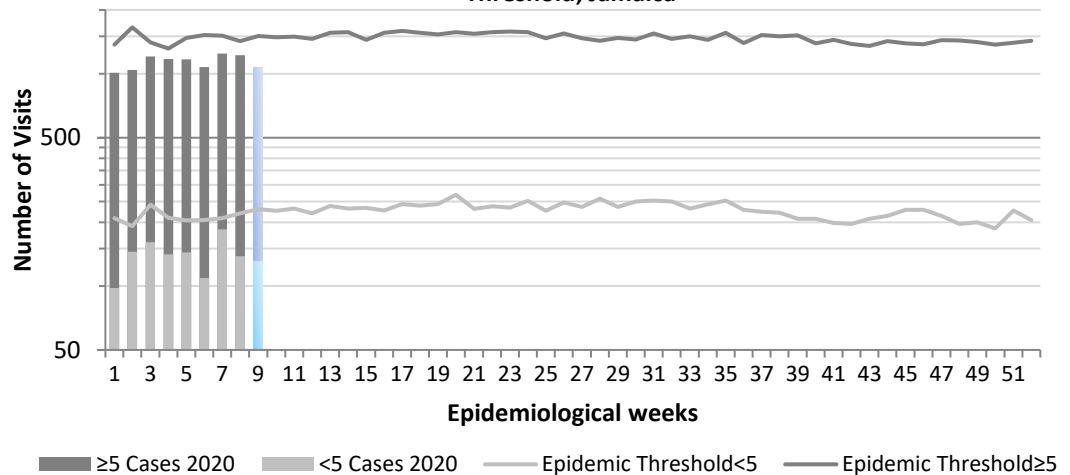
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK



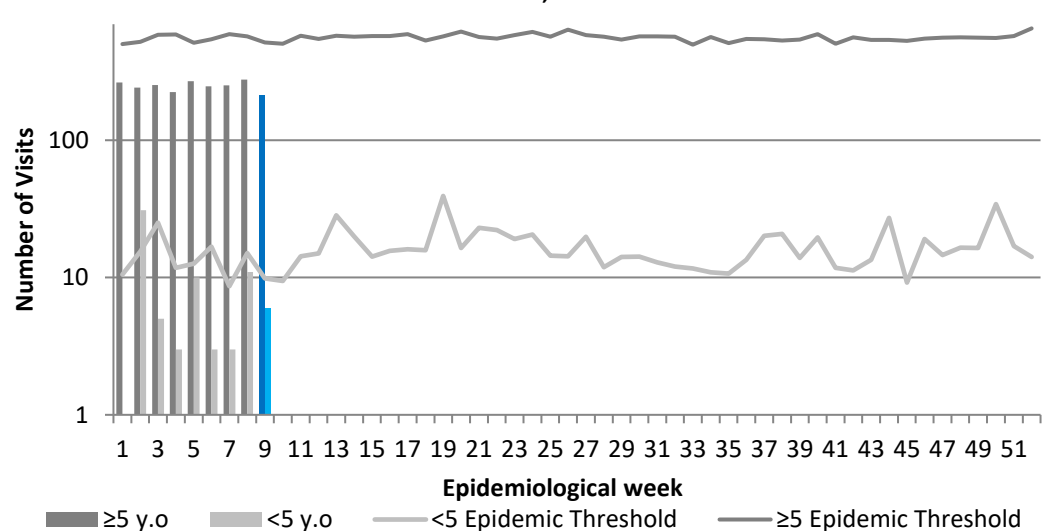
Weekly visits to Sentinel Sites for Accidents by Age Group 2020 vs Weekly Threshold; Jamaica

**VIOLENCE**

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



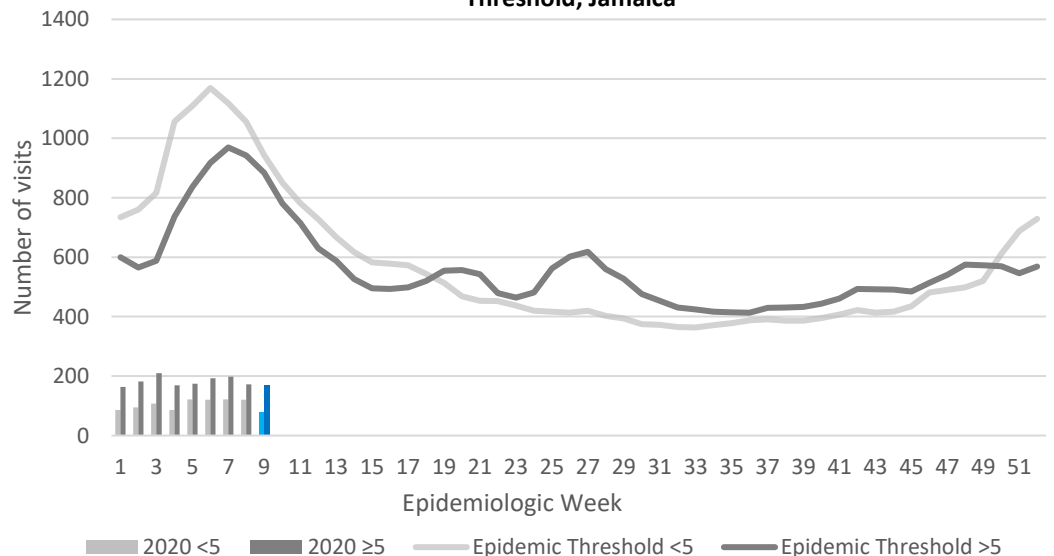
Weekly visits to Sentinel Sites for Violence by Age Group 2020 vs Weekly Threshold; Jamaica

**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 2020 vs Weekly Threshold; Jamaica



4 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					Comments
			Confirmed YTD		
	CLASS 1 EVENTS		CURRENT YEAR 2020	PREVIOUS YEAR 2019	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		5	20	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		0	1	
	Hepatitis C		0	1	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		0	0	
	Meningitis (Clinically confirmed)		1	1	
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. * 2019 YTD figure was updated. *** 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 **		5	9	
	Ophthalmia Neonatorum		12	62	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		0	11	
	Yellow Fever		0	0	
	Chikungunya***		0	0	
	Zika Virus****		0	0	NA- Not Available



5 NOTIFICATIONS-
All clinical sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued



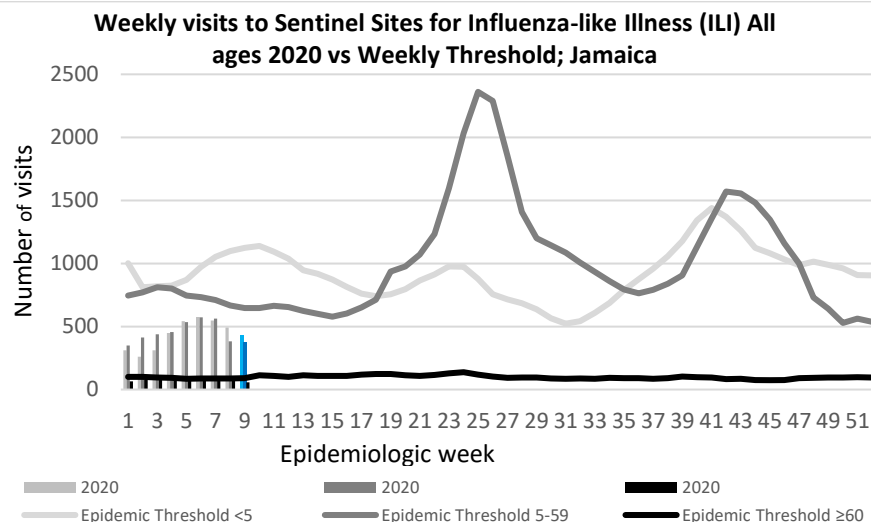
SENTINEL
REPORT- 78 sites.
Automatic reporting

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 09

February 23, 2020– February 29, 2020 Epidemiological Week 09

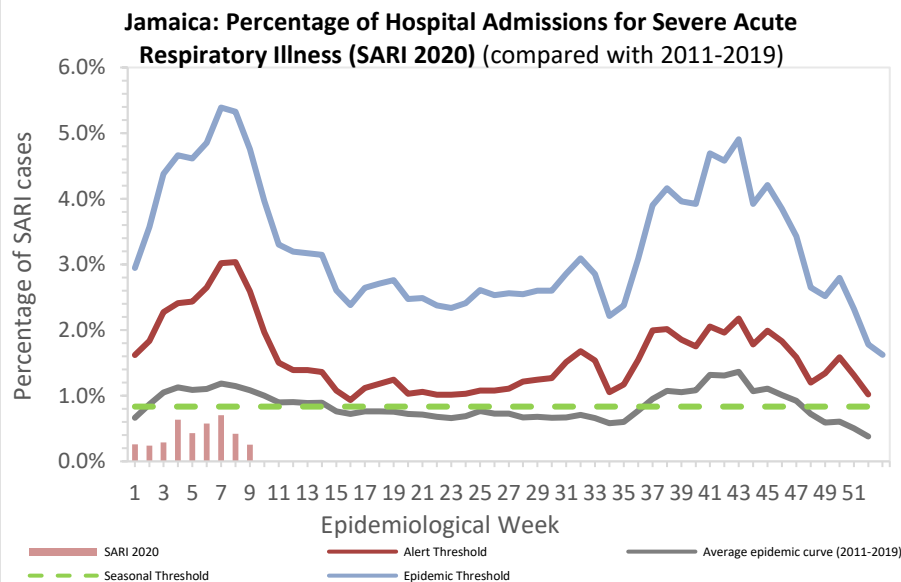
	EW 09	YTD
SARI cases	4	64
Total Influenza positive Samples	5	49
Influenza A	4	31
H3N2	0	2
H1N1pdm09	4	29
Not subtyped	0	0
Influenza B	1	18
Parainfluenza	0	0



Epi Week Summary

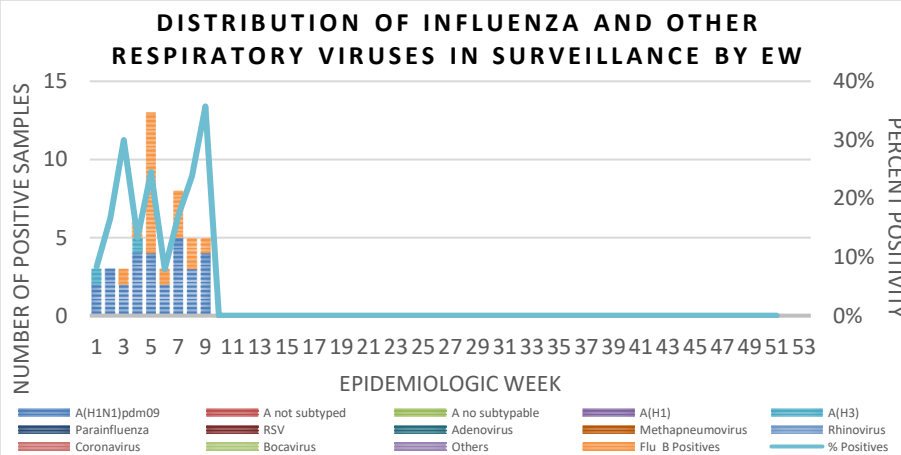
During EW 09, 4 (four) SARI admissions were reported.

35.7% positivity for EW 09



Caribbean Update EW 09

Overall, influenza activity is elevated in the sub-region. In Cuba, influenza activity increased with influenza A and B viruses co-circulating. Influenza activity continued increased in Belize with influenza A(H1N1)pdm09 and influenza B viruses co-circulating. All the French Territories are in the epidemic phase with a continued increase in influenza activity observed in Guadeloupe and Martinique..



6 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

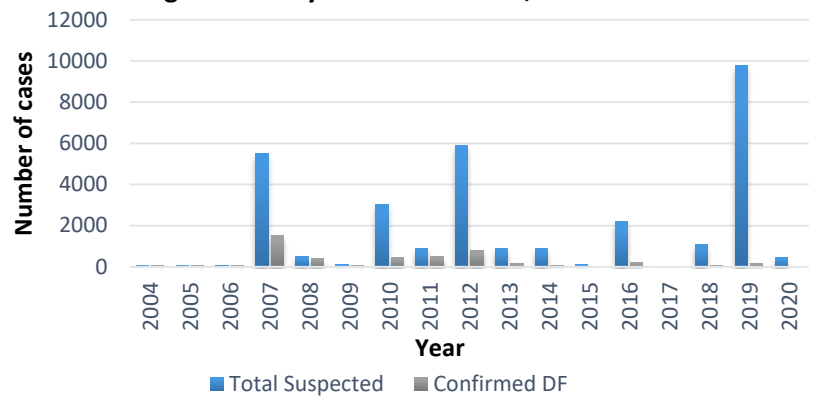
Dengue Bulletin

February 23– February 29, 2020 Epidemiological Week 09

Epidemiological Week 09



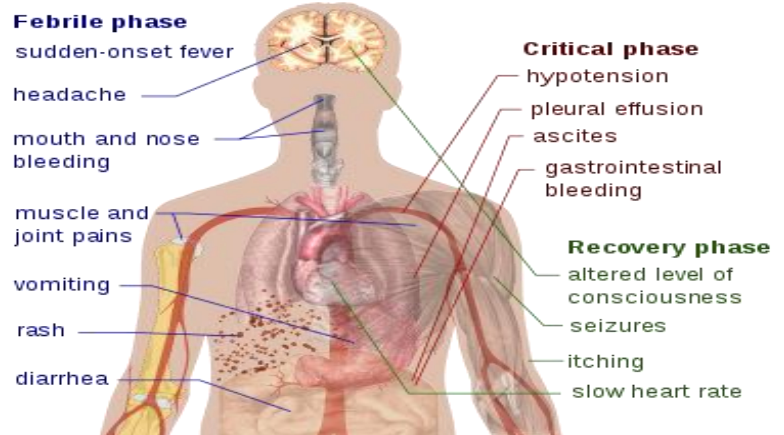
Dengue Cases by Year: 2004-2020, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 9 of 2020

	2020	
	EW 8	YTD
Total Suspected Dengue Cases	4**	521**
Lab Confirmed Dengue cases	0**	1**
CONFIRMED Dengue Related Deaths	0**	1**

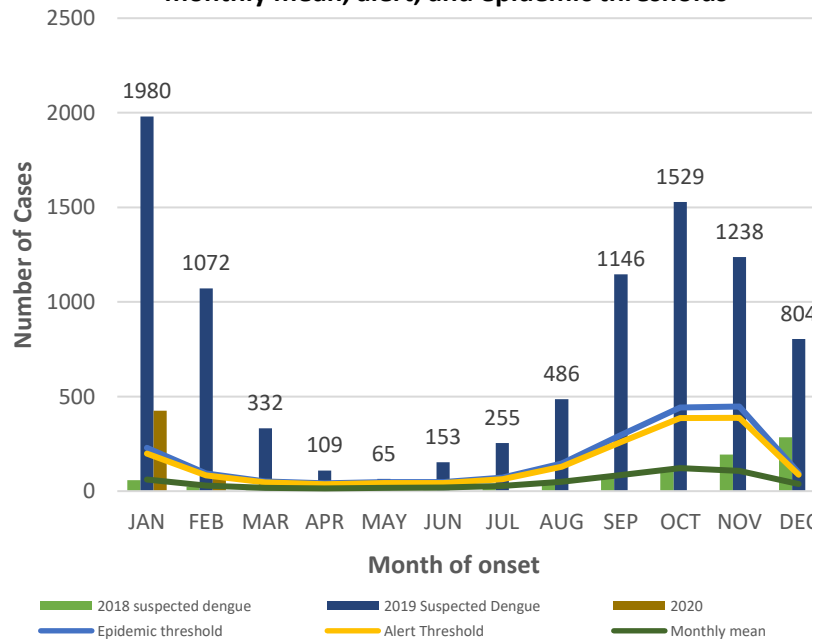
Symptoms of Dengue fever



Points to note:

- ** figure as at March 6, 2020
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected dengue cases for 2019 and 2020 versus monthly mean, alert, and epidemic thresholds



7 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

RESEARCH PAPER

ABSTRACT

Using the Beck Depression Inventory to Identify Depressive Symptoms in Jamaican Youths

Ms. Denise Simpson – Citizen Security and Justice Programme, Ministry of National Security
(dendenson@gmail.com)

Mr. Kenneth Barnes - Citizen Security and Justice Programme, Ministry of National Security

Objectives:

This study examined the prevalence of depressive symptoms in youths and seeks to find the symptoms that tend to occur most frequently within this sample. The assessments were done at a treatment site within the Central Region of the Citizen, Security and Justice Program (CSJP) under the Ministry of National Security (MNS).

Methods:

Participants ages 18 to 30 years completed the Beck Depression Inventory II (BDI-II; Beck, Steer, & Brown, 1996), over the period January 2017 to December 2018. Other measures of socio-demographic background were also collected. Data gathered from the 21 categories of the BDI-II instrument were then entered into SPSS for analysis.

Results:

A wide cross-section of at risk youths from four (4) parishes in rural Jamaica were sampled (n=154; 61% male, 39% females; mean age =22.7. An analysis of the data showed that approximately seven in every ten participant (71.4%) reported some symptoms of depression with 16.9% reporting mild symptoms; 22.7% reporting moderate symptoms and 31.8% reporting severe symptoms of depression. Symptoms that were most prevalent in this sample included sadness (73.9%); punishment feelings (70.7%); and guilty feelings (67.5%)

Results also show that there were significant differences in gender in their prevalence of depressive symptoms. Females were more likely to report depressive symptoms than males ($p=.004$). Additionally, the analysis revealed significant differences in educational levels for depressive symptoms. Participants who reported having primary/all age as the highest level of education were more likely to report depressive symptoms than those who reported having secondary/high school education ($p=.024$).

Conclusion:

The use of the Beck Depression Inventory II (BDI-II) to assess depressive symptoms in youths in Jamaica is an effective way to identify prevalent symptoms that impact mental health for that population. Gender differences in depression scores are consistent with studies in other countries (Lowe, 2005). In comparison to previous studies (Beck 1967) this sample had a higher percentage of youths scoring in the “none to minimal” depressive and severely depressed ranges.

These findings warrant closer examination of the contributing factors of depression among Jamaican youths. This information should be useful for practitioners working with similar populations.



The Ministry of Health and Wellness
24-26 Grenada Crescent
Kingston 5, Jamaica
Tele: (876) 633-7924
Email: surveillance@moh.gov.jm



8 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