

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Coronaviruses

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). [Coronavirus disease \(COVID-19\)](#) is a new strain that was discovered in 2019 and has not been previously identified in humans. Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans. Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. Standard recommendations to prevent infection spread include regular hand washing, covering mouth and nose when coughing and sneezing, thoroughly cooking meat and eggs. Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.

EPI WEEK 10



SYNDROMES

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CLASS 1 DISEASES

PAGE 4



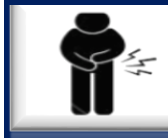
INFLUENZA

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DENGUE FEVER

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GASTROENTERITIS

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RESEARCH PAPER

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SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica



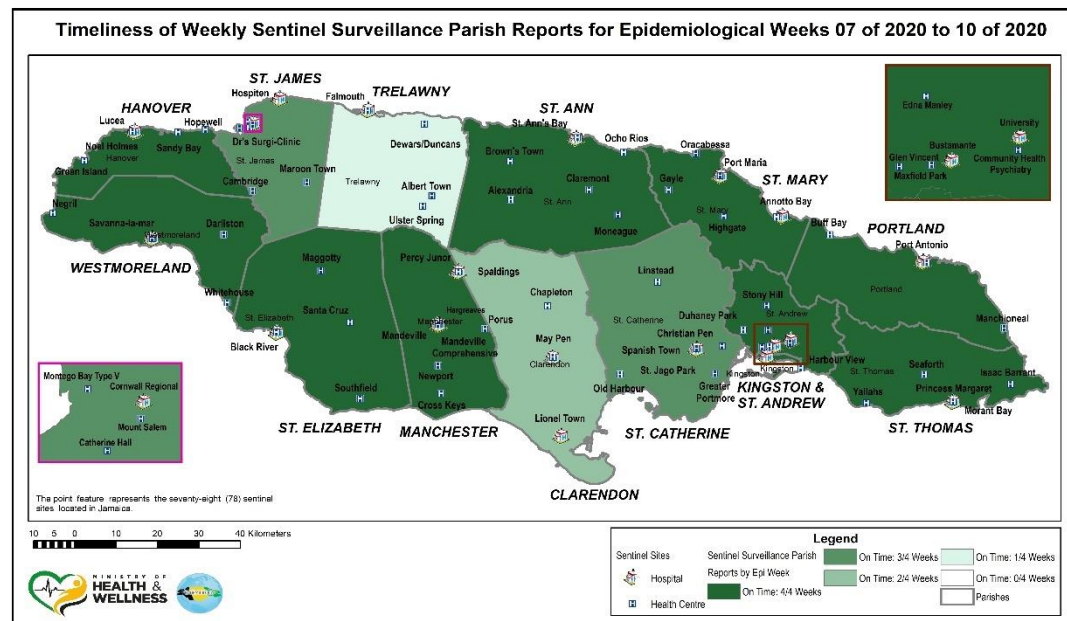
A syndromic surveillance system is good for early detection of and response to public health events.

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 7 to 10 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

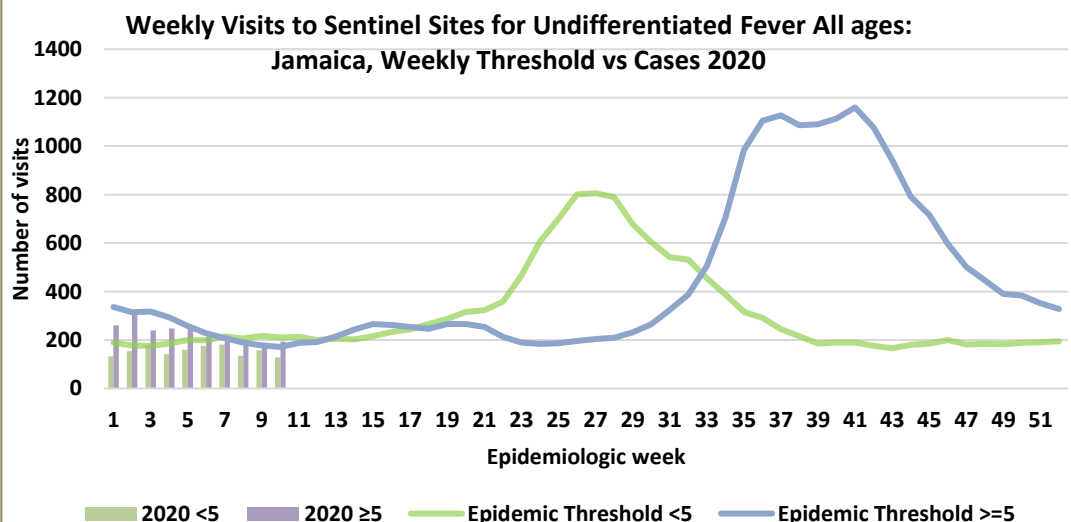
FEVER

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



2 NOTIFICATIONS-
All clinical sites

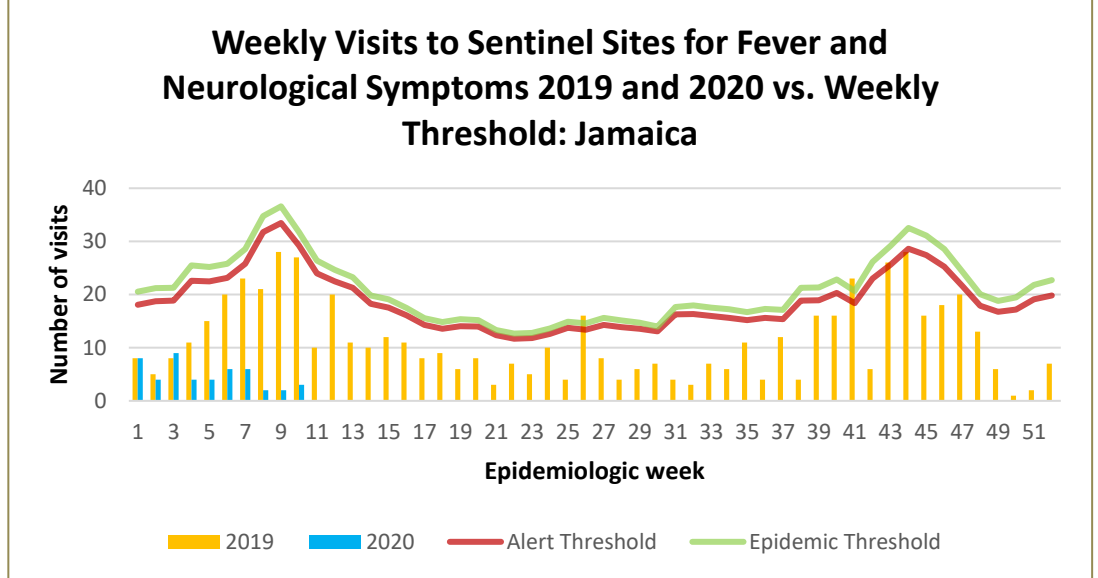
INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

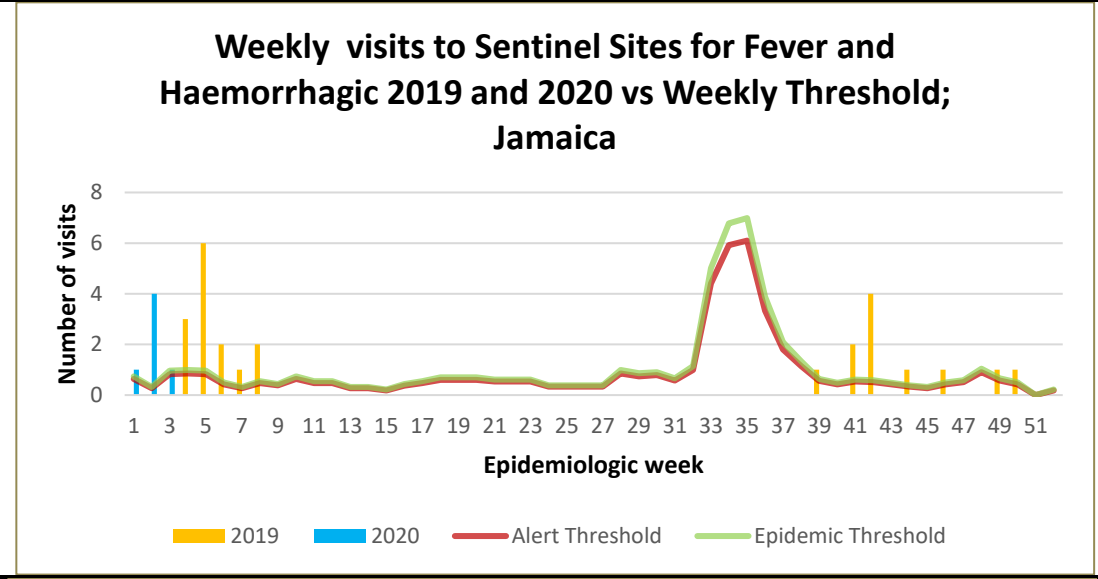
FEVER AND NEUROLOGICAL

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).



FEVER AND HAEMORRHAGIC

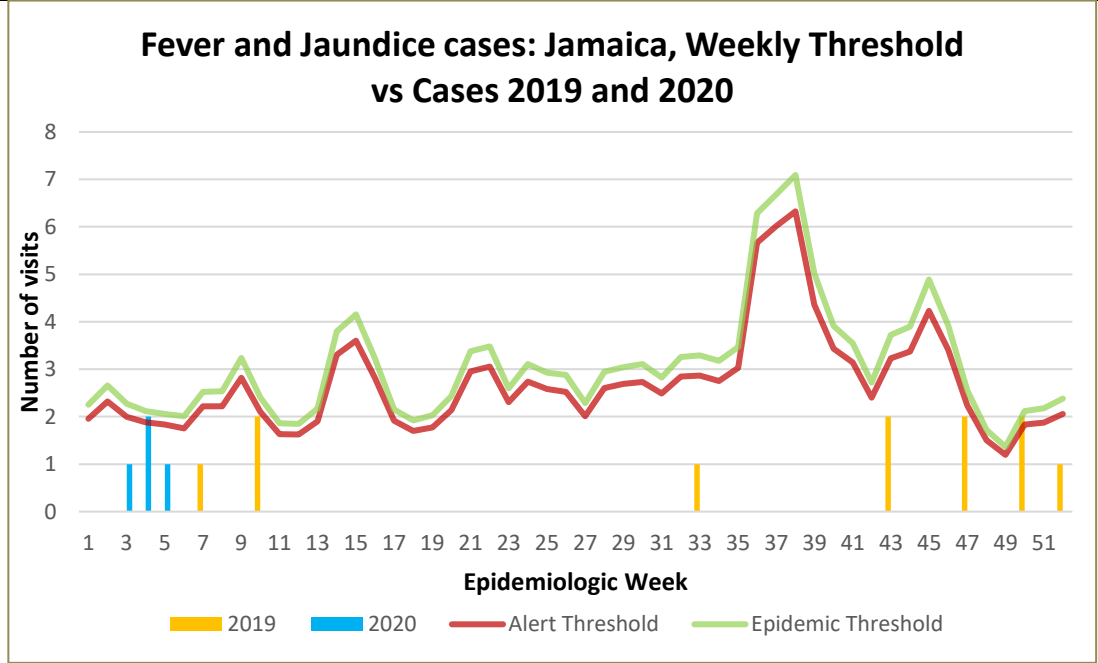
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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.



3 NOTIFICATIONS-
All clinical sites

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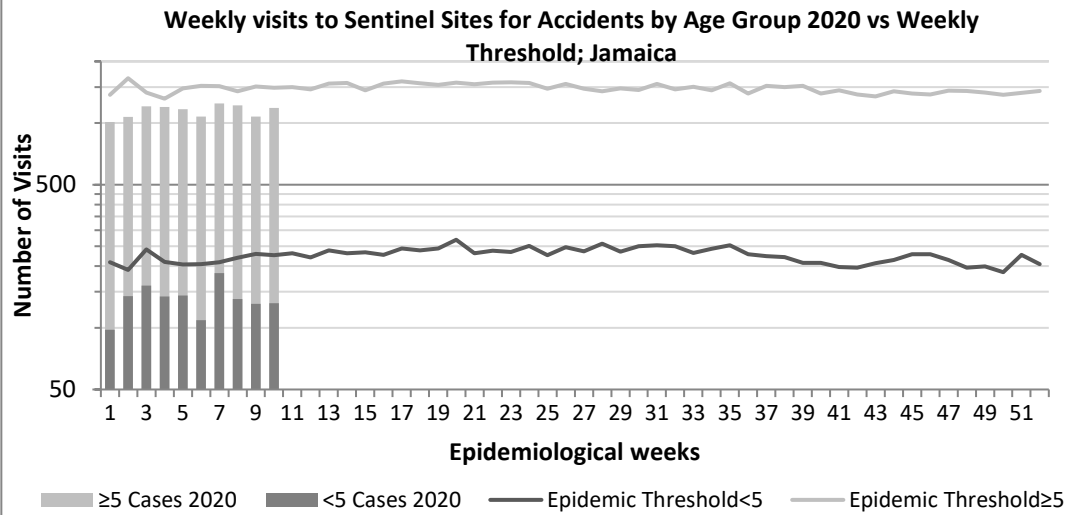
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ACCIDENTS

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

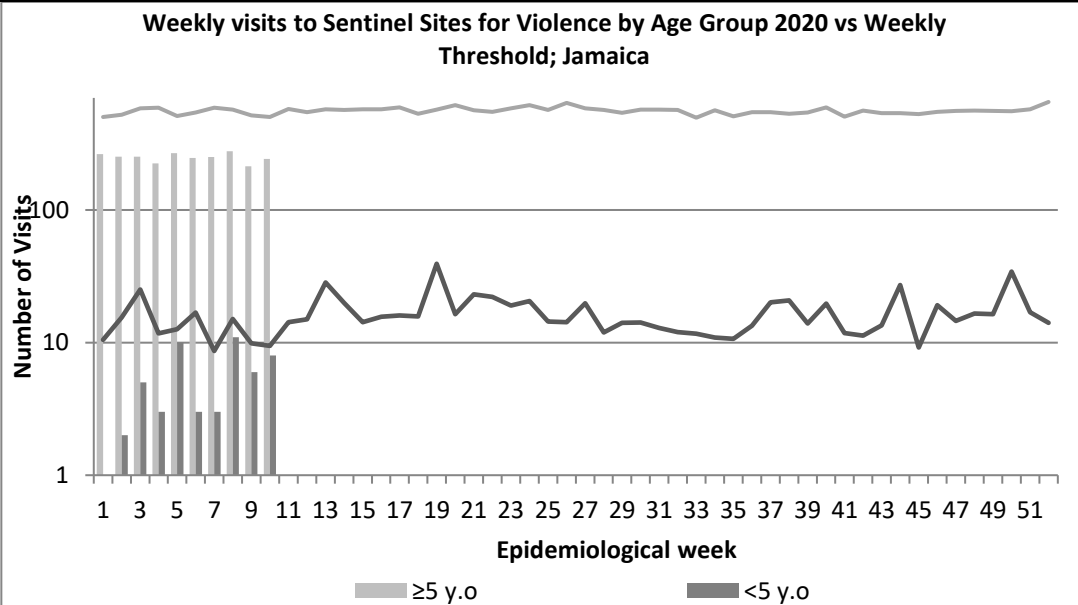
KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK



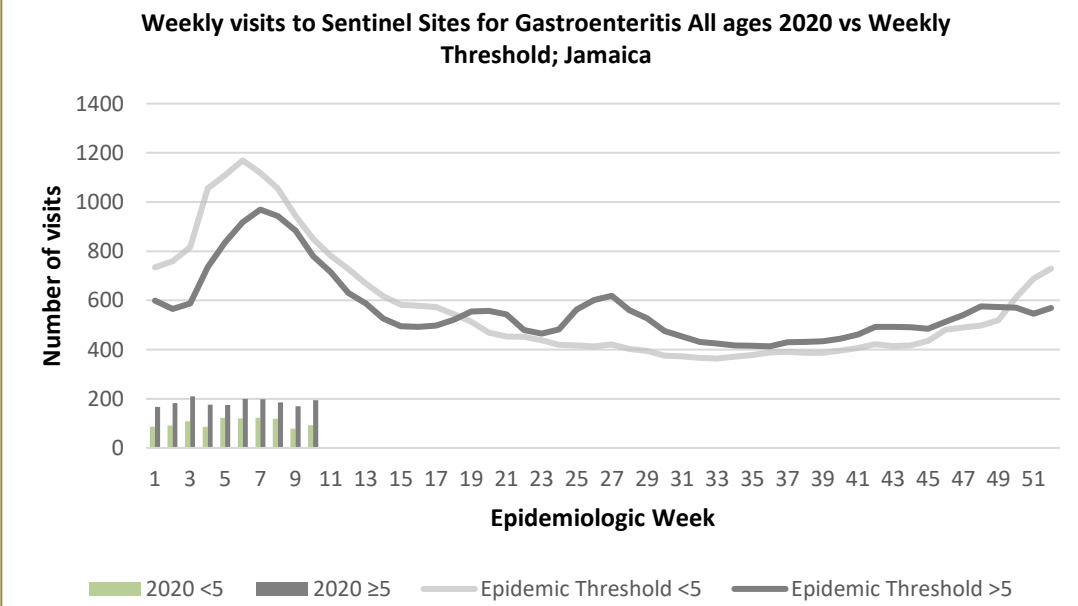
VIOLENCE

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



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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- CLASS ONE NOTIFIABLE EVENTS		Comments		
	CLASS 1 EVENTS	Confirmed YTD		
		CURRENT YEAR 2020	PREVIOUS YEAR 2019	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	5	5	
	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	
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	
	Congenital Rubella Syndrome	0	0	
	Congenital Syphilis	0	0	
	Fever and Rash	Measles	0	0
		Rubella	0	0
	Maternal Deaths**	10	10	
	Ophthalmia Neonatorum	12	53	
	Pertussis-like syndrome	0	0	
	Rheumatic Fever	0	0	
	Tetanus	0	0	
	Tuberculosis	0	5	
Yellow Fever	0	0		
Chikungunya***	0	0		
Zika Virus****	0	0		

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. * 2019 YTD figure was updated.

*** CHIKV IgM positive cases




**** Zika PCR positive cases

NA- Not Available

 5 NOTIFICATIONS- All clinical sites

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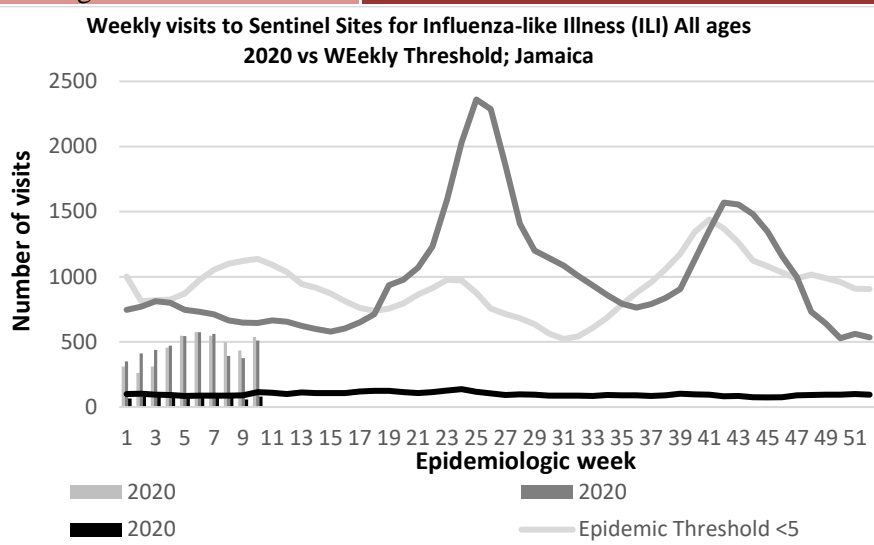
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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 10

March 01, 2020–March 07, 2020 Epidemiological Week 10

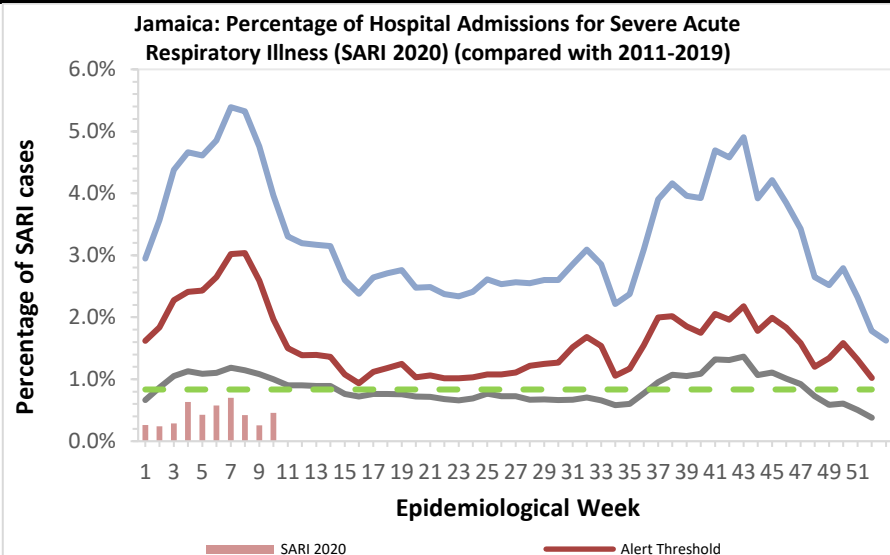
	<i>EW 10</i>	<i>YTD</i>
SARI cases	6	70
Total Influenza positive Samples	2	52
Influenza A	2	34
H3N2	0	1
H1N1pdm09	2	32
Not subtyped	0	0
Influenza B	0	18
Parainfluenza	0	0



Epi Week Summary

During EW 10, 6 (six) SARI admissions were reported.

11.1% positivity for EW 10



Caribbean Update EW 10

Overall, influenza activity was elevated in the sub-region. In Cuba, influenza activity increased with influenza A and B viruses co-circulating. Influenza activity decreased 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. In Saint-Barthélemy influenza activity was stable. In the Dominican Republic, influenza activity slightly decreased with influenza A(H1N1)pdm09 predominance and influenza B/Yamagata co-circulating. In Saint Lucia, influenza-like illness was above the epidemic threshold with influenza A(H1N1)pdm09 virus circulating in recent weeks.



6 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



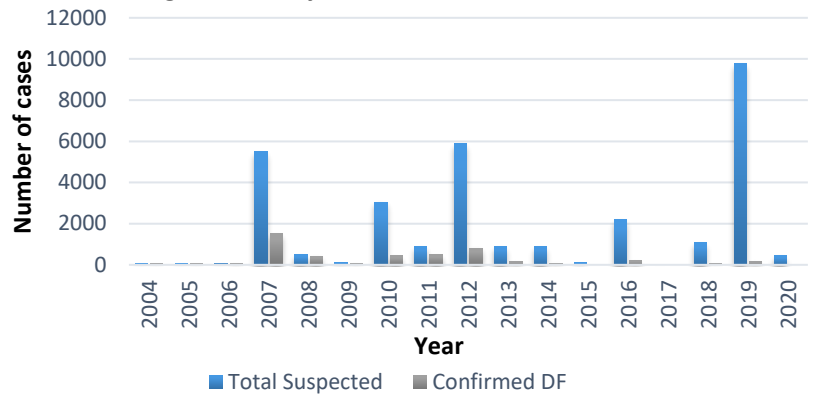
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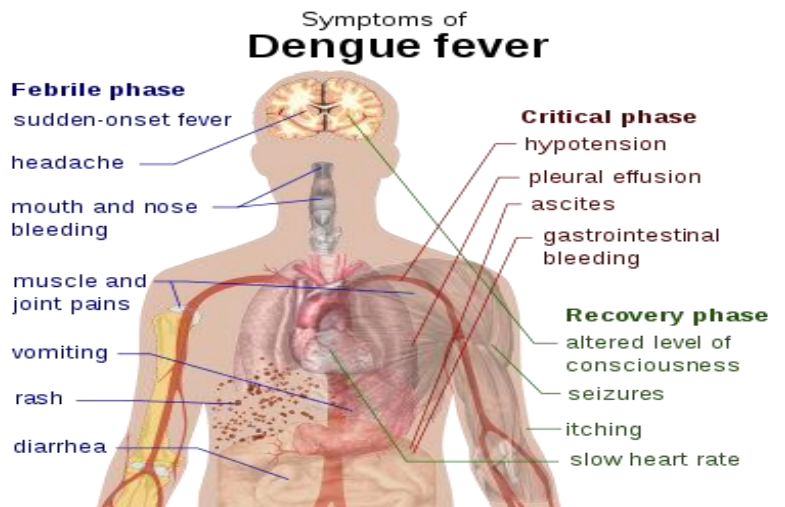


Dengue Cases by Year: 2004-2020, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 10 of 2020

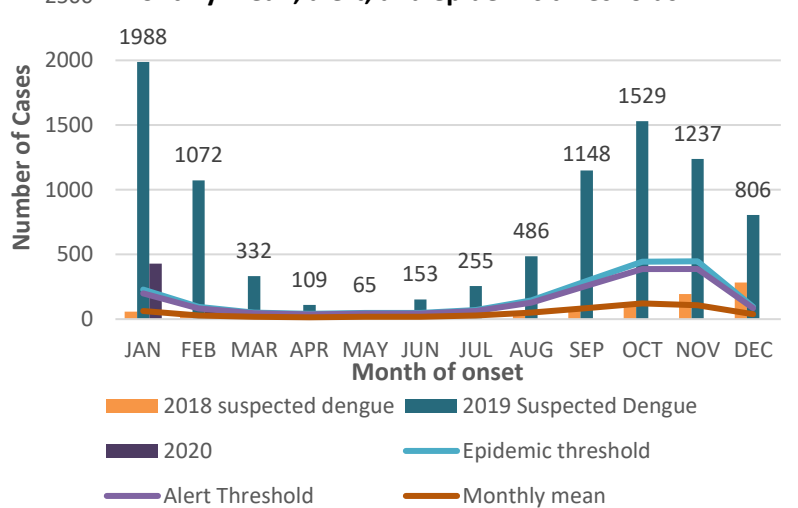
	2020	
	EW 10	YTD
Total Suspected Dengue Cases	4**	530**
Lab Confirmed Dengue cases	0**	1**
CONFIRMED Dengue Related Deaths	0**	1**



Points to note:

- ** figure as at March 13 , 2020
- 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

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



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ACTIVE
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