Be Ready for Hurricane Season

Learn Tips to Help Keep You Safe During Hurricane Season

Hurricanes are dangerous and destructive weather events that can cause catastrophic damage to coastlines and several hundred miles inland. Hurricanes can produce winds exceeding 155 miles per hour as well as tornadoes. According to the Federal Emergency Management AgencyExternal, a hurricane is a type of tropical cyclone or severe tropical storm that forms in the southern Atlantic Ocean, Caribbean Sea, Gulf of Mexico, and in the Pacific Ocean.

All Atlantic and Gulf of Mexico coastal areas are subject to hurricanes. Parts of the Southwest United States and the Pacific Coast also experience heavy rains and floods each year from hurricanes spawned off Mexico. The Atlantic hurricane season lasts from June to November, with the peak season from mid-August to late October. The Eastern Pacific hurricane season begins May 15 and ends November 30. Hawaii is part of the Central Pacific, and is subject to a tropical cyclone season of June 1 to November 30.

Important hurricane readiness tips from CDC:

- **Avoid flooded areas**: Take precautions before, during, and after a flood.
- **After a hurricane**: Learn how to avoid injuries and make sure your food and water are safe.
- **Prepare for a hurricane**: Take basic steps now to ensure your safety should a storm hit.
- **Get emergency supplies**: Stock your home and your car with supplies.
- **Make a plan**: Create a family disaster plan.
- **Prepare to Evacuate**: Never ignore an evacuation order.
- **Don’t evacuate, if you are ordered NOT to**: Get through the storm in the safest possible manner.
- **Protect older adults**: Understand older adult health and medical concerns.
- **Protect your pets**: Ensure your pet’s safety before, during, and after an emergency.
- **Prevent carbon monoxide (CO) poisoning**: Place generators outside at least 20 feet away.

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**SIX DOMAINS OF PREPAREDNESS**

The Public Health Emergency Preparedness program works to advance six main areas of preparedness so state and local public health systems are better prepared for emergencies that impact the public’s health.

- **Community Resilience**: Preparing for and recovering from emergencies
- **Incident management**: Coordinating an effective response
- **Information Management**: Making sure people have information to take action
- **Countermasures and Mitigation**: Getting medicines and supplies where they are needed
- **Surge Management**: Expanding medical services to handle large events
- **Biosurveillance**: Investigating and identifying health threats

www.cdc.gov/phpr/readiness

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Visit the CDC website for more information: [https://www.cdc.gov/nceh/toolkits/hurricanes/default.html](https://www.cdc.gov/nceh/toolkits/hurricanes/default.html)
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 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.

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.

Fever and Jaundice cases: Jamaica, Weekly Threshold vs Cases 2019 and 2020
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>
</thead>
<tbody>
<tr>
<td><strong>CLASS 1 EVENTS</strong></td>
<td><strong>CURRENT YEAR 2020</strong></td>
<td><strong>PREVIOUS YEAR 2019</strong></td>
</tr>
<tr>
<td>Accidental Poisoning</td>
<td>5</td>
<td>6</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>
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<tr>
<td>Hansen’s Disease (Leprosy)</td>
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</tr>
<tr>
<td>Hepatitis B</td>
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<td>8</td>
</tr>
<tr>
<td>Hepatitis C</td>
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<td>2</td>
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<tr>
<td>HIV/AIDS</td>
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</tr>
<tr>
<td>Malaria (Imported)</td>
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<td>0</td>
</tr>
<tr>
<td>Meningitis (Clinically confirmed)</td>
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<td>5</td>
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<tr>
<td><strong>NATIONAL/INTERNATIONAL INTEREST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plague</td>
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</tr>
<tr>
<td>Meningococcal Meningitis</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neonatal Tetanus</td>
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<td>0</td>
</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><strong>HIGH MORBIDITY/MORTALITY</strong></td>
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</tr>
<tr>
<td>AFP/Polio</td>
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<tr>
<td>Congenital Rubella Syndrome</td>
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<td>0</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
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<td>0</td>
</tr>
<tr>
<td>Fever and Rash</td>
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</tr>
<tr>
<td>Measles</td>
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<td>0</td>
</tr>
<tr>
<td>Rubella</td>
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<td>0</td>
</tr>
<tr>
<td>Maternal Deaths**</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>Ophthalmia Neonatorum</td>
<td>23</td>
<td>74</td>
</tr>
<tr>
<td>Pertussis-like syndrome</td>
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</tr>
<tr>
<td>Rheumatic Fever</td>
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<td>0</td>
</tr>
<tr>
<td>Tetanus</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chikungunya***</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Zika Virus ****</td>
<td>0</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. 
* 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
EW 19

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

May 03, 2020-May 09, 2020  Epidemiological Week 19

**Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2020 vs Weekly Threshold; Jamaica**

**Caribbean Update EW 19**

Caribbean: 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-Barthélémy 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.

**Epi Week Summary**

During EW 19, 12 (twelve) SARI admissions were reported.

**EW 19 YTD**

<table>
<thead>
<tr>
<th></th>
<th>EW 19</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARI cases</td>
<td>12</td>
<td>250</td>
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<tr>
<td>Total</td>
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</tr>
<tr>
<td>Influenza A</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>H3N2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>H1N1pdm09</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>Not subtyped</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Influenza B</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>Parainfluenza</td>
<td>0</td>
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</tr>
</tbody>
</table>

**SARI cases**

** EW 19 YTD**

- Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2020 vs Weekly Threshold; Jamaica

- Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2020) (compared with 2011-2019)

- Distribution of Influenza and other Respiratory Viruses in Surveillance by EW

**EW 19**

**YTD**

**SARI cases**

**EW 19**

**YTD**

**Total**

**Influenza positive Samples**

**Influenza A**

**H3N2**

**H1N1pdm09**

**Not subtyped**

**Influenza B**

**Parainfluenza**

**EW 19 YTD**

**Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2020 vs Weekly Threshold; Jamaica**

**Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2020) (compared with 2011-2019)**

**DISTRIBUTION OF INFLUENZA AND OTHER RESPIRATORY VIRUSES IN SURVEILLANCE BY EW**

**EPIDEMIOLOGIC WEEK**

**PERCENT POSITIVITY**

**NUMBER OF POSITIVE SAMPLES**

**110% 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%**

**ADENOVIRUS**

**RSV**

**Parainfluenza**

**Influenza B**

**H1N1pdm09**

**H3N2**

**Methapneumovirus**

**Rhinovirus**

**Coronavirus**

**Bocavirus**

**EW 19**

**YTD**

**SARI cases**

**EW 19**

**YTD**

**Total**

**Influenza positive Samples**

**Influenza A**

**H3N2**

**H1N1pdm09**

**Not subtyped**

**Influenza B**

**Parainfluenza**
Reported suspected and confirmed dengue with symptom onset in week 19 of 2020

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
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</thead>
<tbody>
<tr>
<td><strong>EW 19</strong></td>
<td></td>
</tr>
<tr>
<td><strong>YTD</strong></td>
<td></td>
</tr>
<tr>
<td>Total Suspected Dengue Cases</td>
<td>0**</td>
</tr>
<tr>
<td>Lab Confirmed Dengue cases</td>
<td>0**</td>
</tr>
<tr>
<td>CONFIRMED Dengue Related Deaths</td>
<td>0**</td>
</tr>
</tbody>
</table>

Points to note:

- ** figure as at May 16, 2020
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.
Key Points

- Jamaica has reported 529 confirmed cases of COVID-19
  - 50 imported
  - 26 local transmissions (not epidemiologically linked)
  - 206 contacts of a confirmed case
  - 234 related to a work place cluster
  - 13 under investigation
- 19.3 per 100,000 cumulative incidence
- 13/14 parishes have reported cases
- 56% of cases were reported from St. Catherine
- 317 (60%) cases were female and 212 (40%) were male
- 9 (1.7%) confirmed cases have died
- 56% of all deaths were in person 60 years and older and 67% of deaths were male
- 171 (32%) cases have Recovered
- 11 (2.1%) cases have been Critically Ill
- 10 (1.9%) cases have been Moderately Ill
- 46 (8.7%) cases had at least one underlying illness while 100% of deaths had at least one underlying illness

Distribution by Community with Confirmed Cases ≥ 10

<table>
<thead>
<tr>
<th>Case Count</th>
<th>Community</th>
<th>Parish</th>
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</thead>
<tbody>
<tr>
<td>35</td>
<td>Linstead</td>
<td>St. Catherine</td>
</tr>
<tr>
<td>34</td>
<td>Old Harbour</td>
<td>St. Catherine</td>
</tr>
<tr>
<td>22</td>
<td>Greater Portmore</td>
<td>St. Catherine</td>
</tr>
<tr>
<td>19</td>
<td>Waterford</td>
<td>St. Catherine</td>
</tr>
<tr>
<td>17</td>
<td>Ensom</td>
<td>St. Catherine</td>
</tr>
<tr>
<td>16</td>
<td>Ewarton</td>
<td>St. Catherine</td>
</tr>
<tr>
<td>11</td>
<td>Constant Spring</td>
<td>St. Andrew</td>
</tr>
<tr>
<td>11</td>
<td>Bog Walk</td>
<td>St. Catherine</td>
</tr>
<tr>
<td>10</td>
<td>Greendale</td>
<td>St. Catherine</td>
</tr>
<tr>
<td>10</td>
<td>Gregory Park</td>
<td>St. Catherine</td>
</tr>
</tbody>
</table>

Most cases have been identified through Contact Tracing

Laboratory Testing for COVID-19

- 9021 Tests
- 6% of samples tested were positive
- Positive 6%
- Pending 1%
- Negative 93%
The St. Mary Health Department identified two (2) confirmed cases through Respiratory Surveillance in the communities of Enfield and Dover. Contact tracing identified 35 named contacts of which 14 additional COVID-19 cases were confirmed.

Additionally, Community Surveillance activities were conducted between May 3rd and 17th, 2020 in the three quarantine communities in St. Mary - Dover, Enfield and Annotto Bay:

- 2277 households visited with most households being visited twice
- 3440 persons assessed
- No Additional Cases Identified
Abstract

Low Glycemic Index Jamaican Foods Preserve Activity Levels of Antioxidant Enzymes and Histology of the Pancreas and Liver in Diabetic Rats

Francis R D1,2,3, Gardner M T3, Wheatley A O2 and Asemota H N2,3

1Scientific Research Council, 2The Biotechnology Centre and 3Department of Basic Medical Sciences, University of the West Indies, Mona, Kingston, Jamaica.

Objectives: To investigate the effects of the consumption of low (boiled banana and sweet potato), medium (boiled yellow yam and ripe plantain) and high (boiled sweet yam and dasheen) GI Jamaican foods on biochemical variables and histology of the pancreas and liver in high-fat diet-fed and streptozotocin-induced diabetic rats (HFD-STZ).

Method: The effects of the foods on antioxidant enzymes activity, liver, pancreas histology and blood glucose levels were determined and compared in adult HFD-STZ (35 mg/kg, i.p.) and normal rats (control), divided into eight groups (8 rats each) for twelve weeks. Serum and tissue biochemical factors were measured and organ histoarchitecture examined at the end of the study.

Results: Our findings suggest that it may be possible to improve glycemic control, antioxidant defense system and histoarchitecture of the pancreas and liver via consumption of low and medium GI foods in rats.

Conclusion: Incorporating boiled banana, sweet potato, yellow yam and ripe plantain in the diabetic menu may aid in better management of Diabetes mellitus.