

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

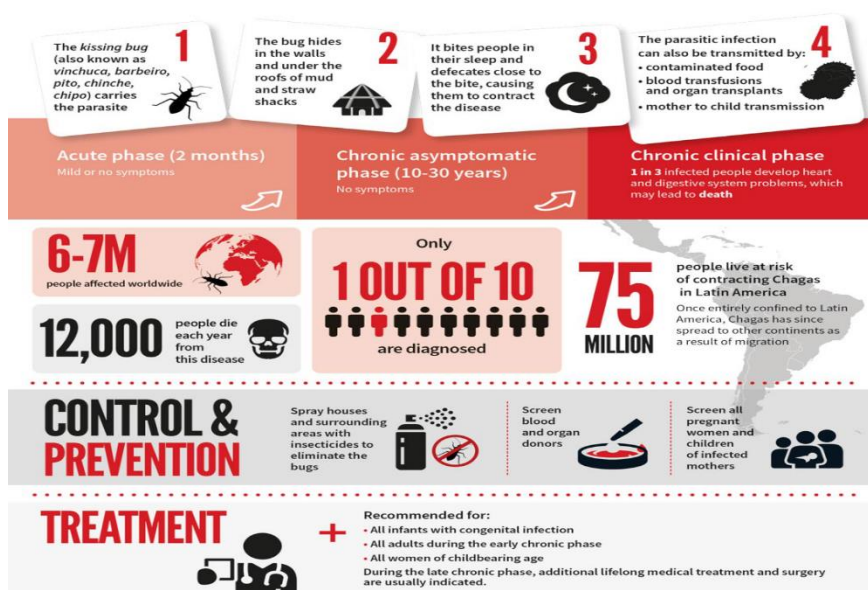
Chagas Disease

Chagas disease is a parasitic, systemic, and chronic disease caused by the protozoan *Trypanosoma cruzi*, with risk factors strongly link to low socioeconomic factors. Chagas disease is considered a neglected tropical disease. It is endemic in 21 countries in the Americas, although the migration of infected people can transport the disease to non-endemic countries of America and the world.

T. cruzi parasites are mainly transmitted to human by the infected feces of blood-sucking triatomine bugs, known as the "kissing bug". *T. cruzi* can infect several species of the triatomine bug, the majority of which are found in the Americas. A person becomes exposed when the infected insect deposit its feces in the person's skin when he or she is sleeping during the night. The person will scratch the infected area, unintentionally introducing the insect's feces in the wounds of the skin, the eyes, or the mouth. Other modes of transmission are through blood transfusion, congenital, and organ transplants. With an annual incidence of 30,000 cases in the region of the Americas, Chagas disease affects approximately 6 million people and causes on average, about 12,000 deaths per year. Although mortality has significantly declined, the disease can cause irreversible and chronic consequences on the heart, digestive system, and nervous system. An estimated 65 million people in the Americas live in areas of exposure and are at risk of contracting this disease.

Key facts

- Chagas disease can be treated with Benznidazole and also Nifurtimox. Both medicines are almost 100% effective in curing the disease if given soon after infection at the onset of the acute phase.
- Chagas disease is endemic in 21 countries in the Americas, and affects approximately 6 million people.
- In the Americas, Chagas disease show an annual incidence of 30,000 new cases average, 12,000 deaths per year, and 8,000 newborns become infected during gestation.
- It is estimated that around 70 million people in the Americas live in areas of exposure and are at risk of contracting this disease.



EPI WEEK 25



SYNDROMES

PAGE 2



CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



GASTROENTERITIS

PAGE 7



RESEARCH PAPER

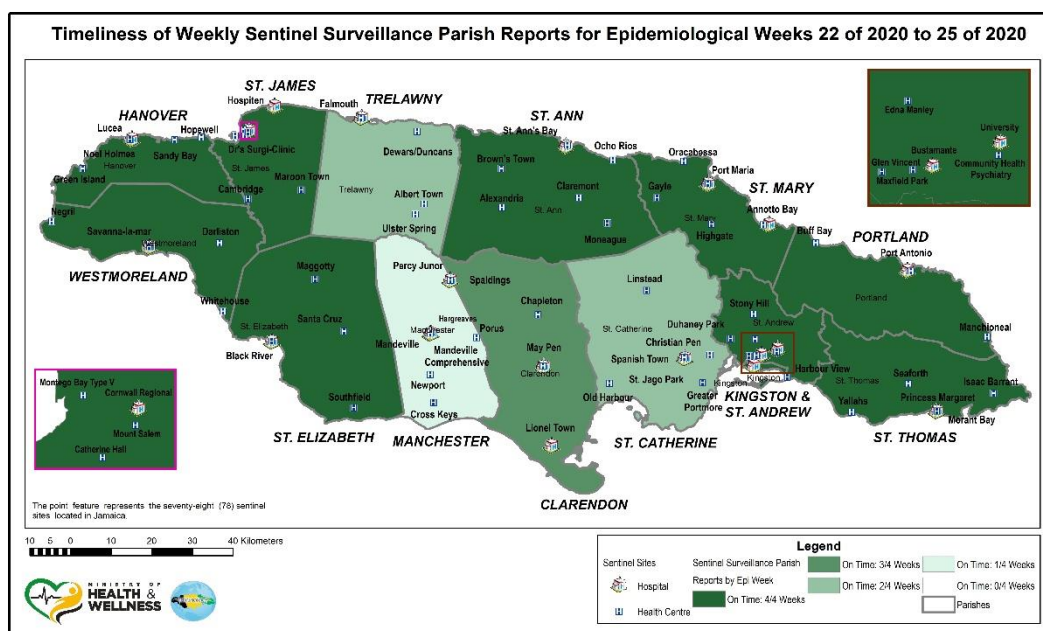
PAGE 8

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 -
22 to 25 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

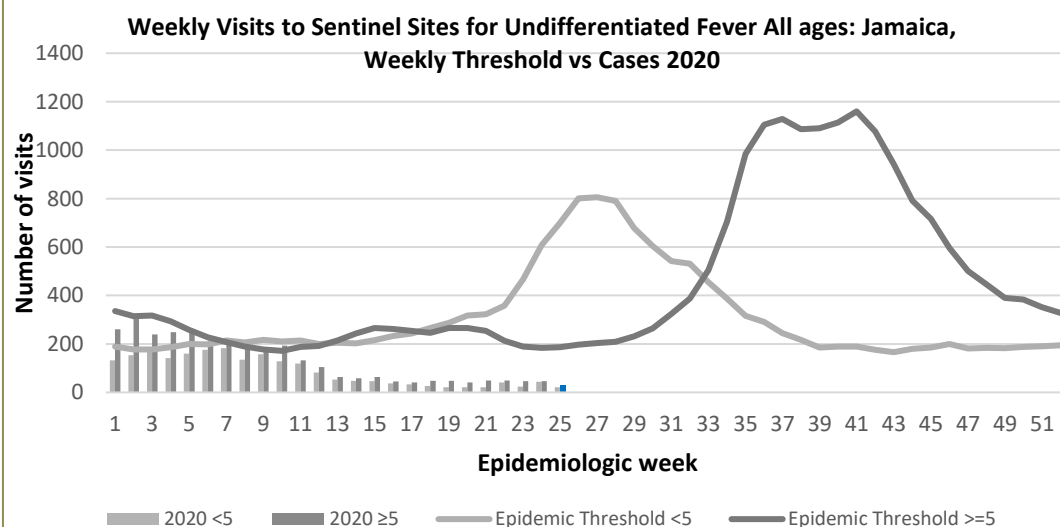
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



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



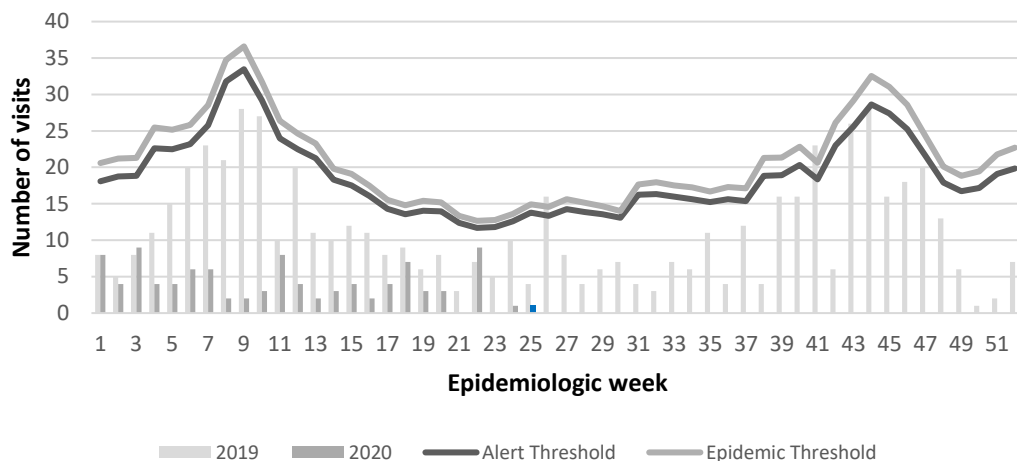
SENTINEL
REPORT- 78 sites.
Automatic reporting

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).



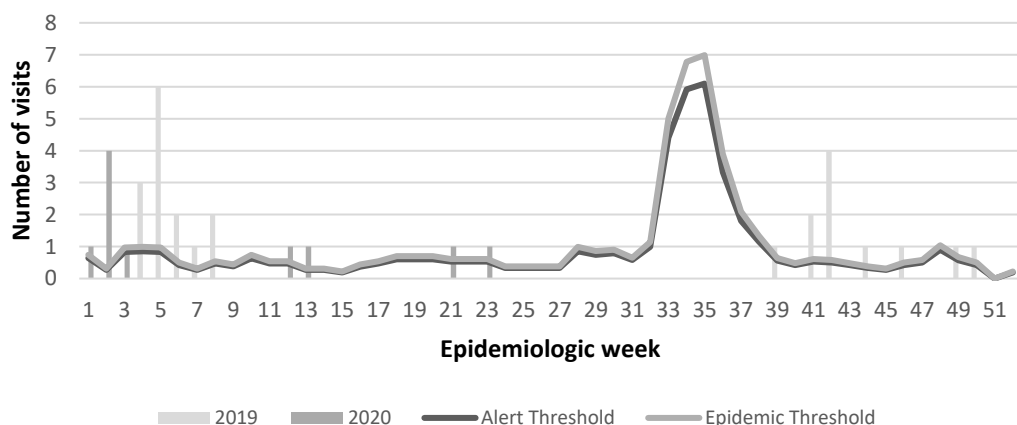
Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2019 and 2020 vs. Weekly Threshold: Jamaica

**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 2019 and 2020 vs Weekly Threshold; Jamaica

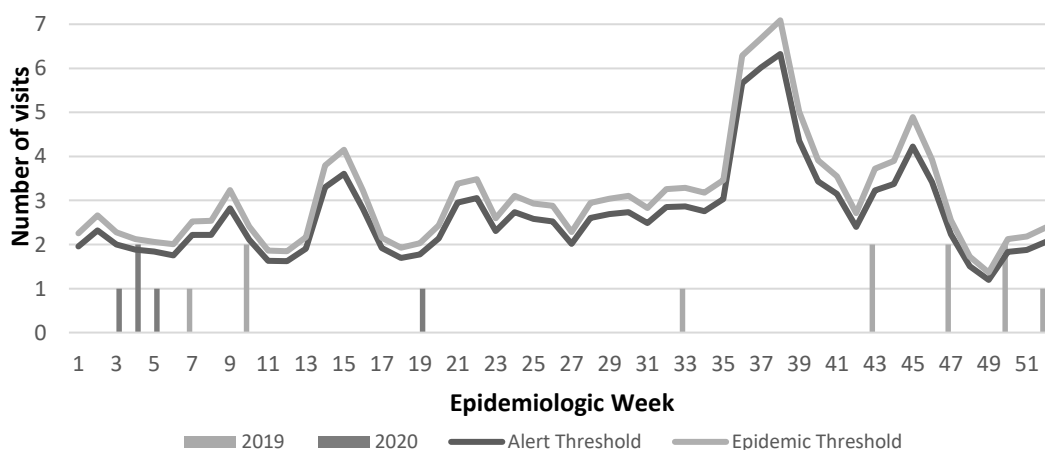
**FEVER AND JAUNDICE**

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.



Fever and Jaundice cases: Jamaica, Weekly Threshold vs Cases 2019 and 2020



3 NOTIFICATIONS-
All clinical sites



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



HOSPITAL ACTIVE SURVEILLANCE-
30 sites. Actively pursued



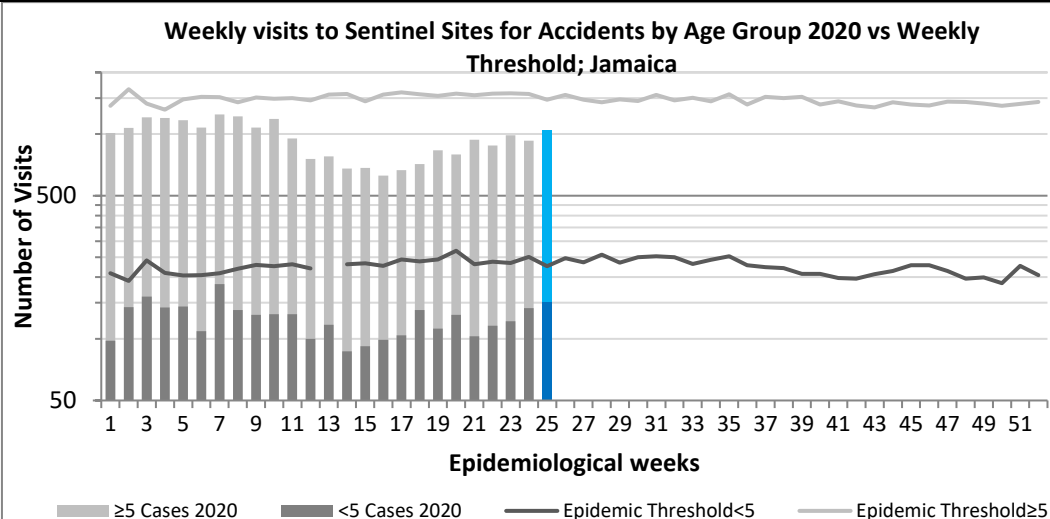
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

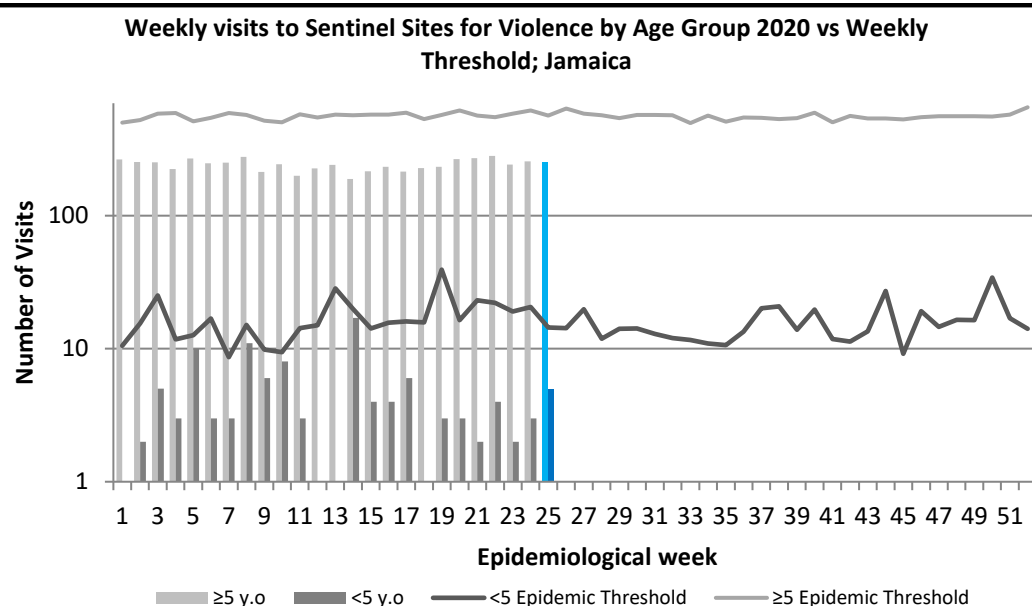
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

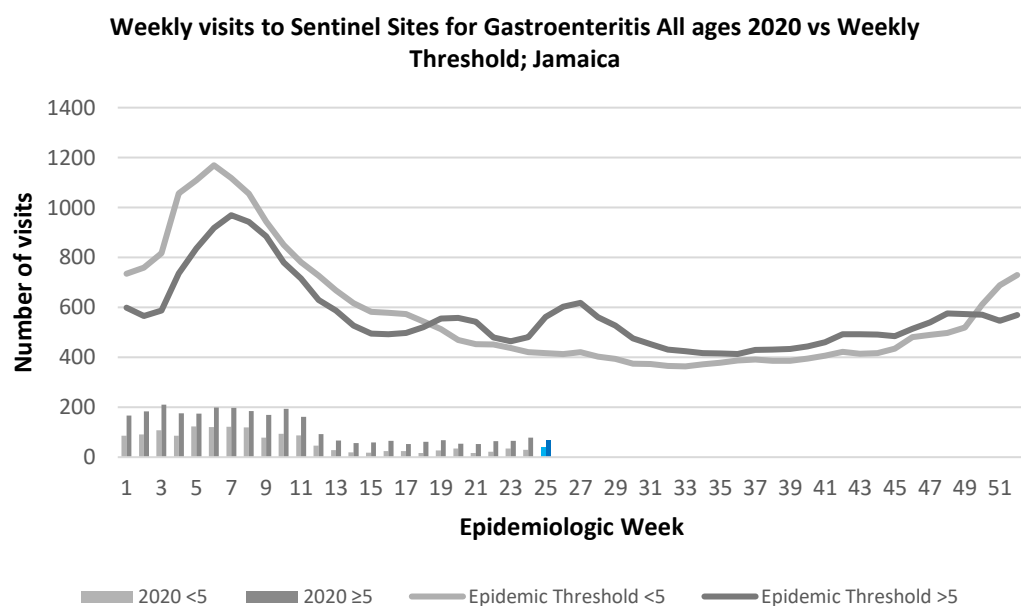
VARIATIONS OF BLUE
SHOW CURRENT WEEK

**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



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

- CLASS ONE NOTIFIABLE EVENTS				Comments
	CLASS 1 EVENTS	Confirmed YTD		
		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. Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Cholera	0	0	
	Dengue Hemorrhagic Fever*	NA	NA	
	Hansen's Disease (Leprosy)	0	0	
	Hepatitis B	0	11	
	Hepatitis C	0	2	
	HIV/AIDS	NA	NA	
	Malaria (Imported)	0	0	
	Meningitis (Clinically confirmed)	1	7	
EXOTIC/ UNUSUAL	Plague	0	0	* 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
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	
		Rubella	0	
	Maternal Deaths**	16	28	
	Ophthalmia Neonatorum	23	105	
	Pertussis-like syndrome	0	0	
	Rheumatic Fever	0	0	
	Tetanus	0	0	
	Tuberculosis	0	11	
	Yellow Fever	0	0	
	Chikungunya***	0	0	NA- Not Available
	Zika Virus****	0	0	



5 NOTIFICATIONS-
All clinical sites



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 25

June 14, 2020-June 20, 2020 Epidemiological Week 25

	EW 25	YTD
SARI cases	9	311
Total Influenza positive Samples	0	69
Influenza A	0	45
H3N2	0	4
H1N1pdm09	0	38
Not subtyped	0	3
Influenza B	0	24
Parainfluenza	0	0

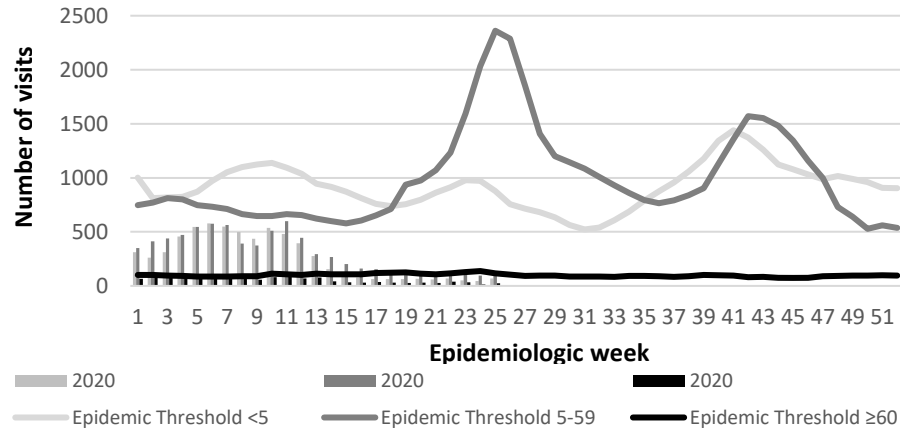
Epi Week Summary

During EW 25, 9 (nine) SARI admissions were reported.

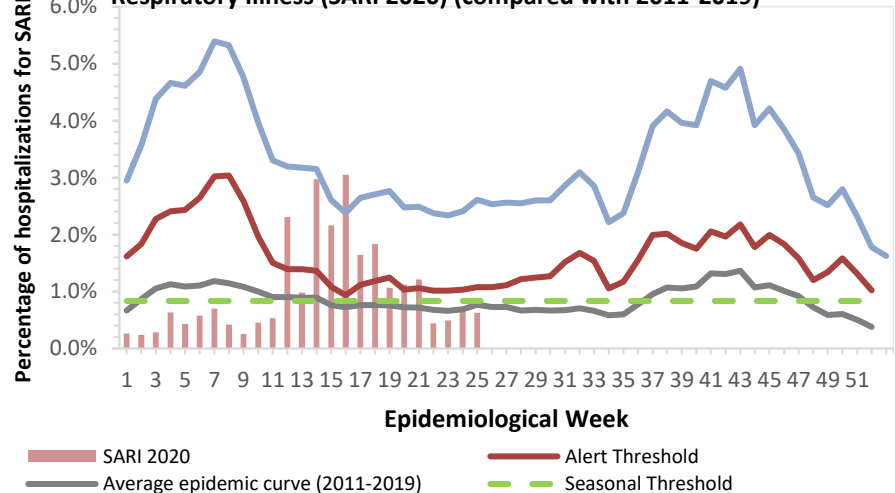
Caribbean Update EW 25

Caribbean: Influenza and other respiratory virus activity remained low in the subregion. In Haiti and Suriname, detections of SARS-CoV-2 continue elevated and increasing..

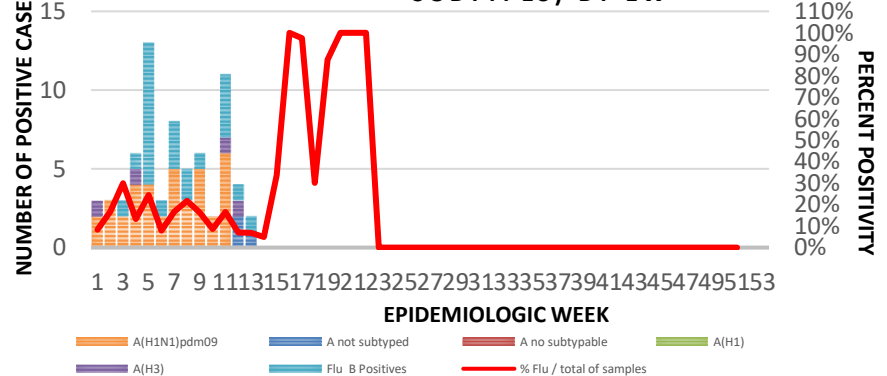
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2020 vs Weekly Threshold; Jamaica



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



DISTRIBUTION OF INFLUENZA VIRUSES (TYPES & SUBTYPES) BY EW



6 NOTIFICATIONS-
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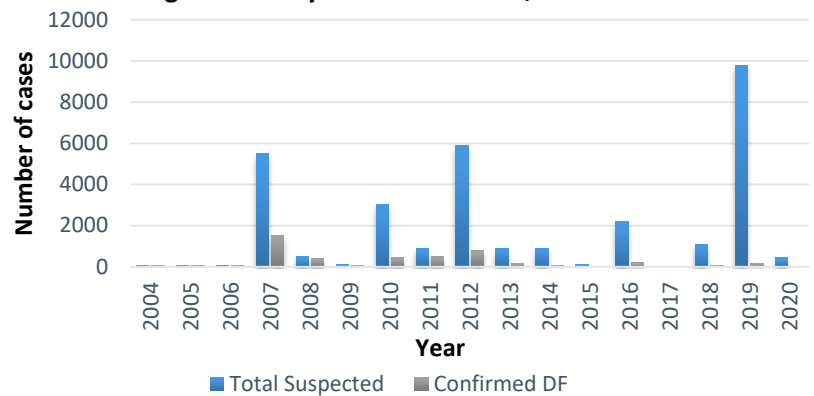
Dengue Bulletin

June 07, 2020-June 13, 2020 Epidemiological Week 24


Epidemiological Week 24



Dengue Cases by Year: 2004-2020, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 25 of 2020

	2020	
	EW 25	YTD
Total Suspected Dengue Cases	0**	697**
Lab Confirmed Dengue cases	0**	1**
CONFIRMED Dengue Related Deaths	0**	1**

Symptoms of Dengue fever

Febrile phase

sudden-onset fever

headache

mouth and nose bleeding

muscle and joint pains

vomiting

rash

diarrhea

Critical phase

hypotension

pleural effusion

ascites

gastrointestinal bleeding

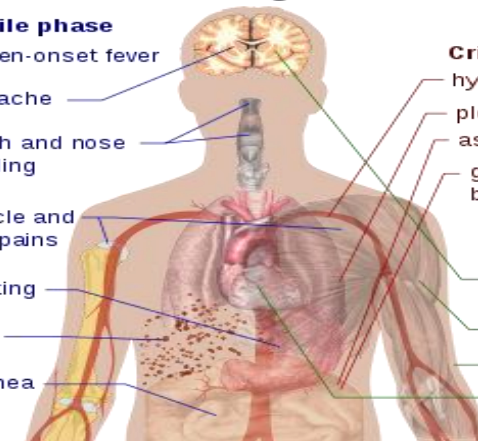
Recovery phase

altered level of consciousness

seizures

itching

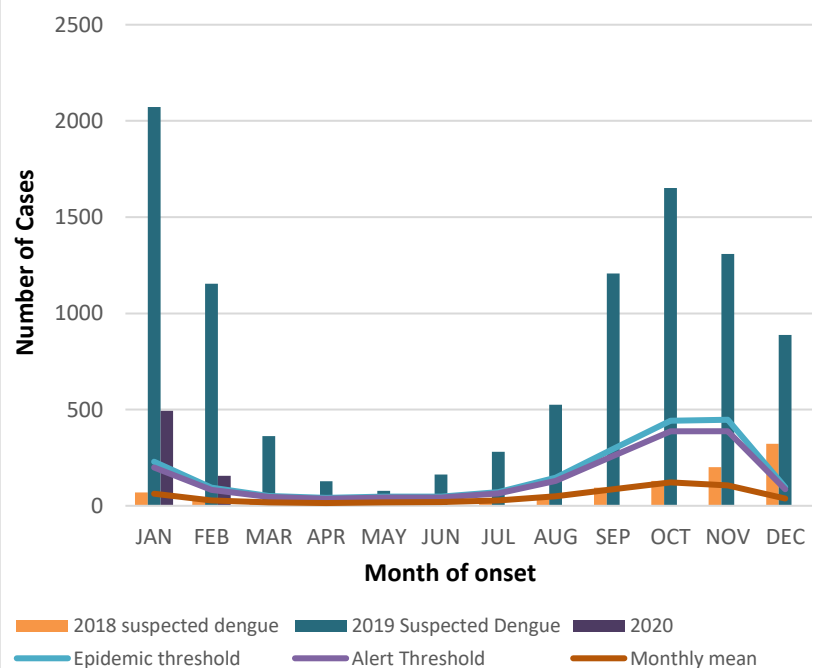
slow heart rate



Points to note:

- ** figure as at June 26 , 2020
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected dengue cases for 2018, 2019 and 2020 versus monthly mean, alert, and epidemic thresholds



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RESEARCH PAPER

ABSTRACT

Title: Healthy Lifestyle Choices Driven by Taxation

Authors: Fabian B. Lewis, PhD; Georgia Mullings and Sabrina Gordon (Ministry of Finance and Public Service)

Consumption of sweetened drinks has risen globally and has proven to be one of the main contributors to obesity and non-communicable diseases. Despite this growing public health concern, there is no excise tax on sweetened drinks in Jamaica as part of an effective health policy strategy to reduce consumption and the resulting ailments associated with it. Furthermore, to our knowledge, no detailed research identifying how taxes on sweetened drinks could be implemented in Jamaica's current tax system exists. Hence, this paper fills a major gap by presenting possible recommendations for a sweetened drinks tax. Various tax options include a tiered Specific SCT regime and a single Specific SCT rate regime. However, we recommended that the Jamaican Government implement a tiered-rate system using a specific tax (in the form of a SCT) on non-alcoholic beverages. Sweetened drinks with up to 5 grams of sugar per 100ml (12g per 237ml) will attract a tax rate of \$0.01 while those greater will attract a rate of \$0.02 per ml. This regime would arguably be ideal for Jamaica as it would allow for products with greater sugar content to be taxed at a higher rate thus encouraging consumers to shift to healthier substitutes.

Keywords: sweetened drinks, non-communicable diseases, tiered rate structure, non-alcoholic beverages, excise tax



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8 NOTIFICATIONS-
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