

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

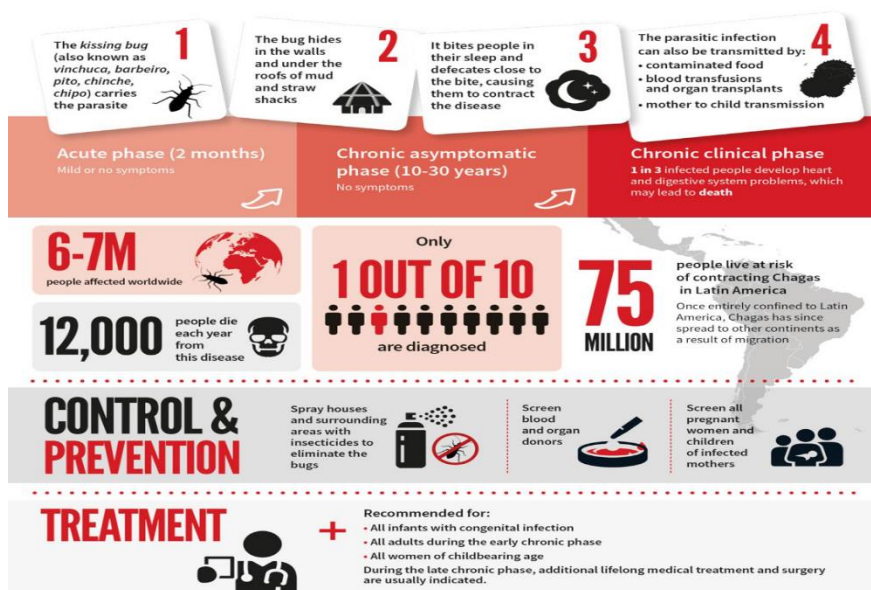
Chagas Disease

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 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.

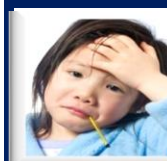
Key facts

- 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.



<https://www.paho.org/en/topics/chagas-disease>
<https://www.world-heart-federation.org/resources/infographic-chagas-disease/>

EPI WEEK 25



SYNDROMES

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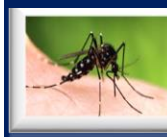
CLASS 1 DISEASES

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INFLUENZA

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RESEARCH PAPER

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SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica

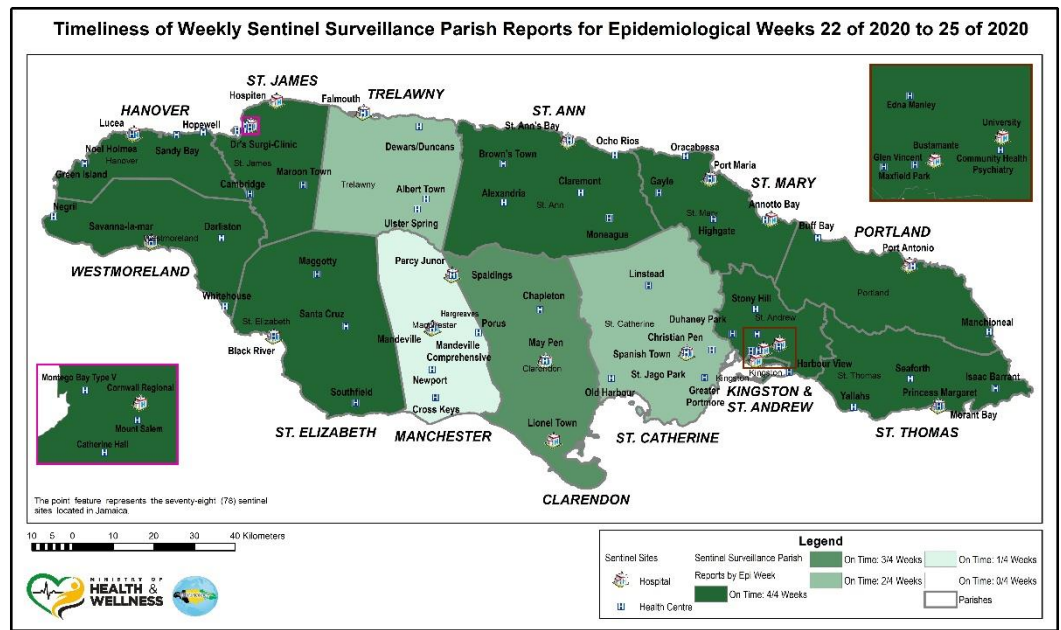
A syndromic surveillance system is good for early detection of and response to public health events.

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 - 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

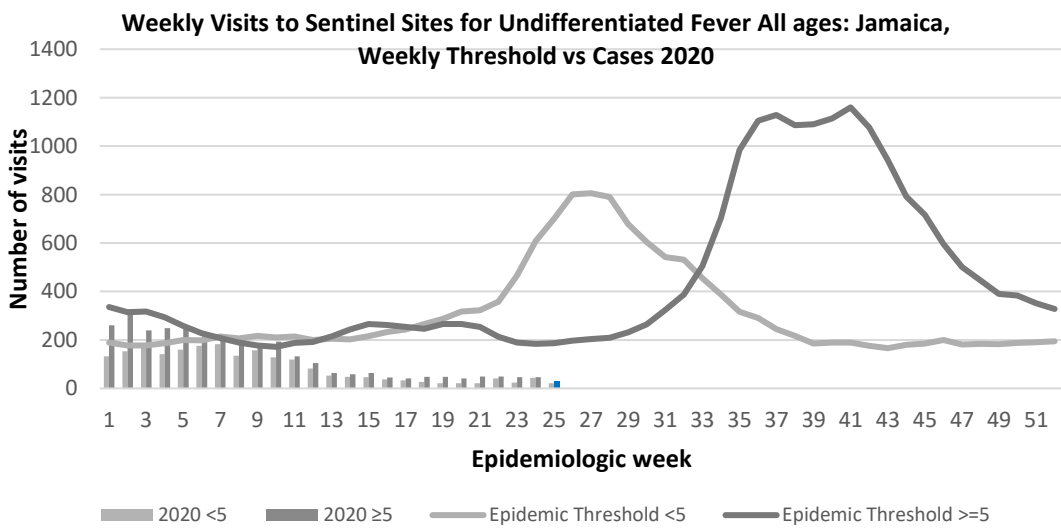
FEVER

Temperature of $>38^{\circ}C$ / $100.4^{\circ}F$ (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



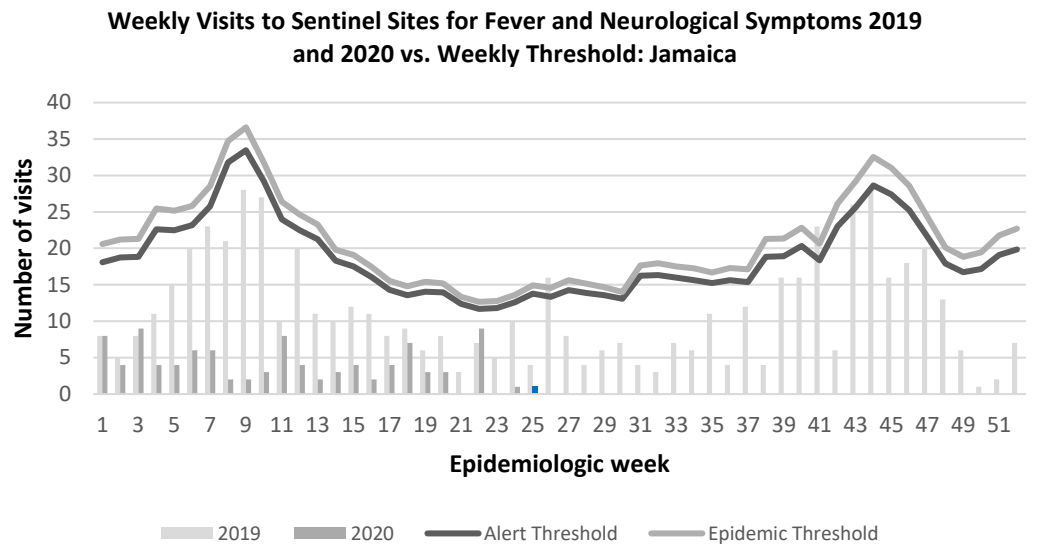
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

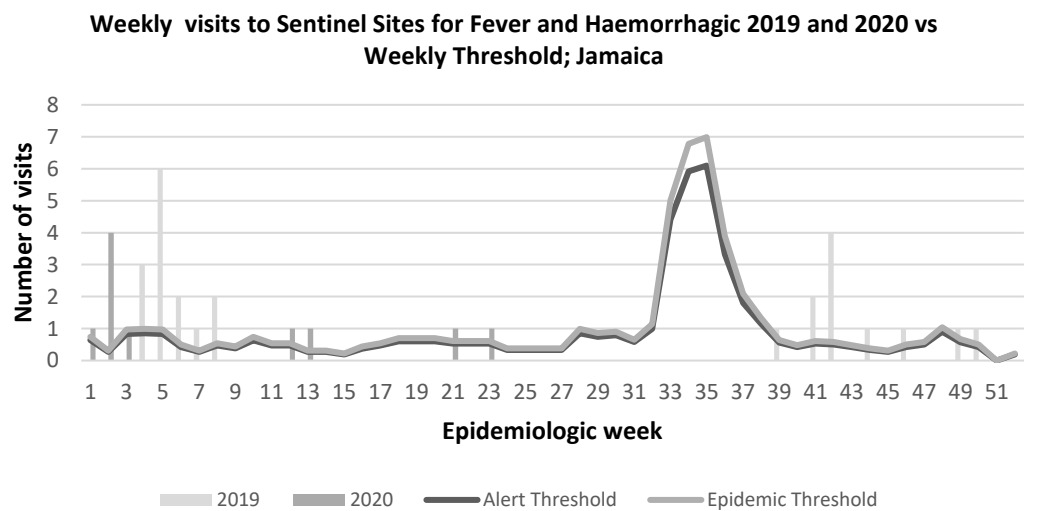
FEVER AND NEUROLOGICAL

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

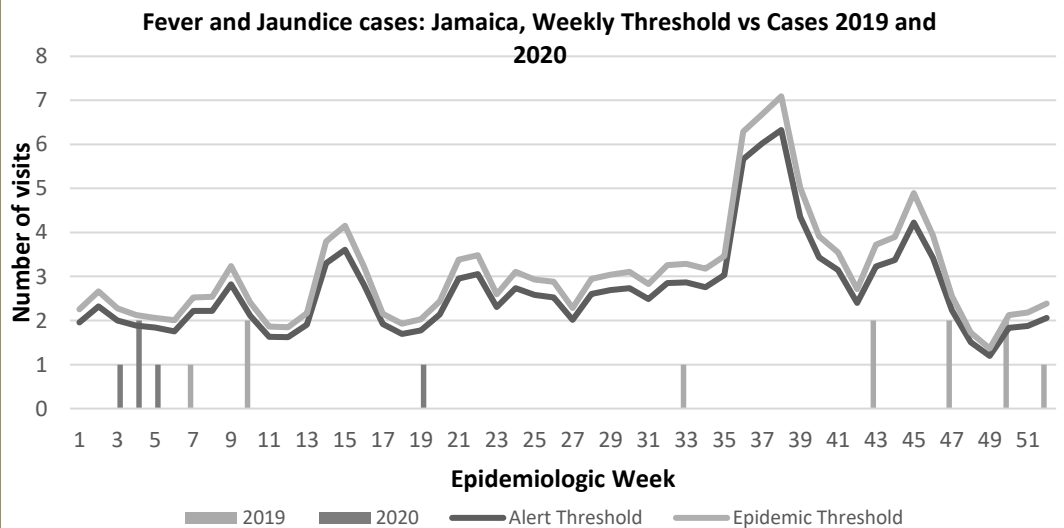
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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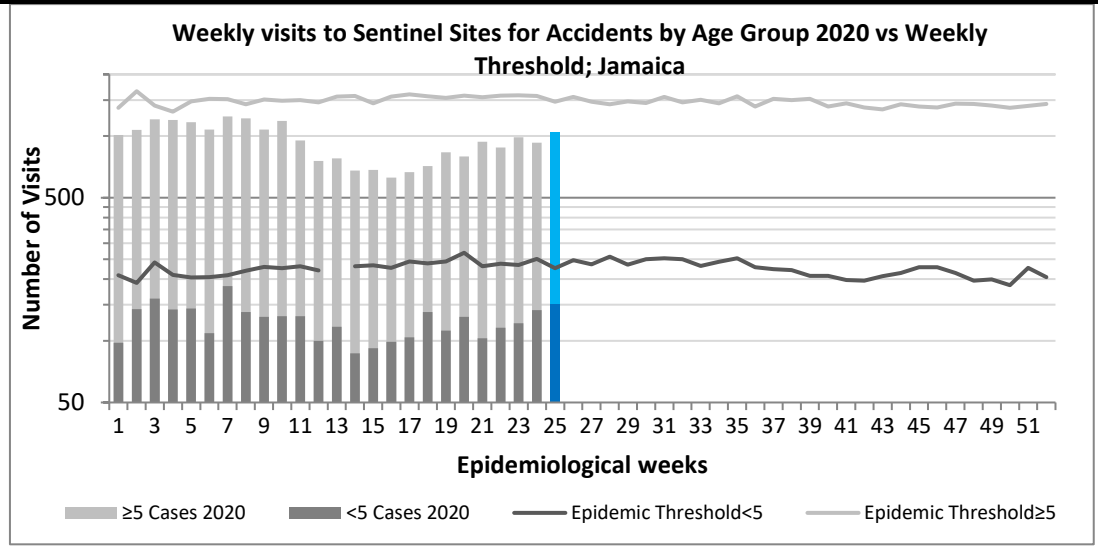
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

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

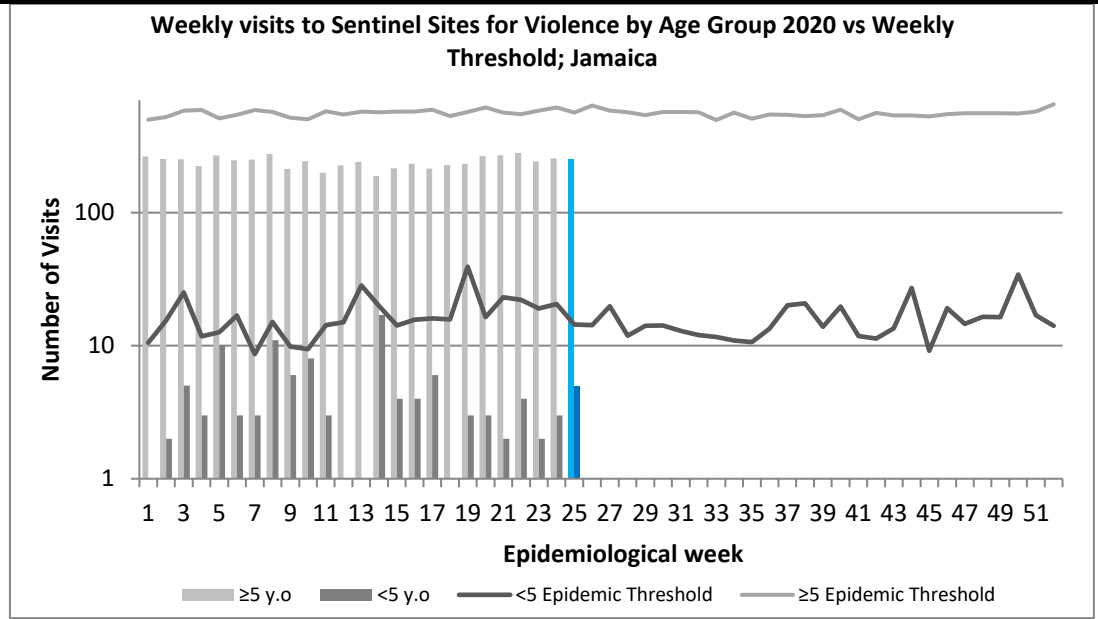
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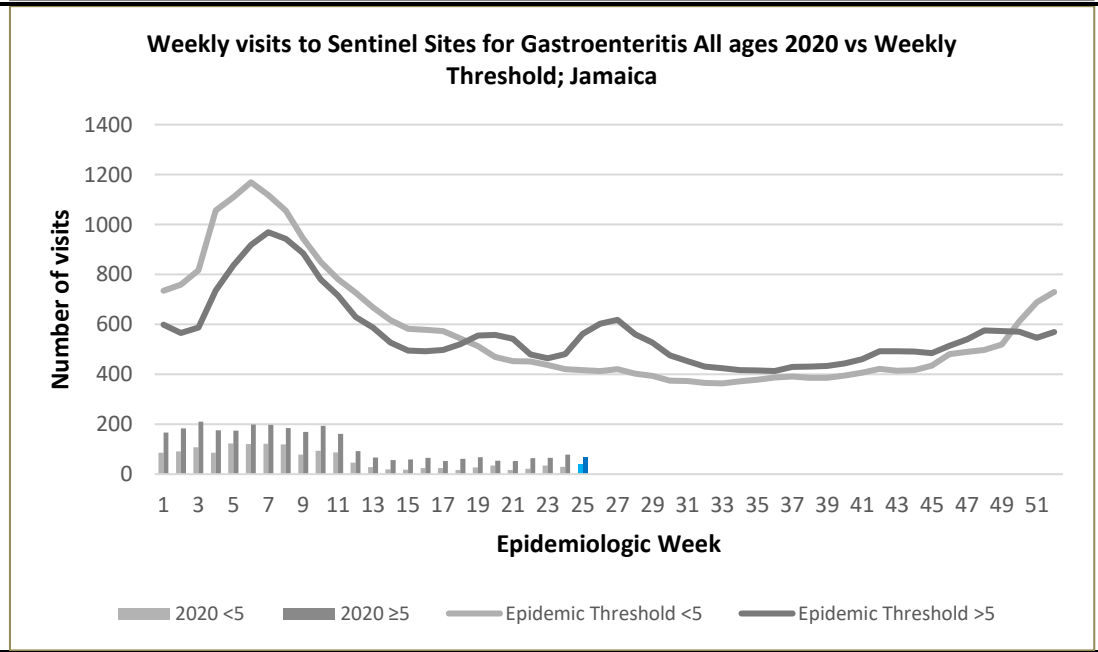
VIOLENCE

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




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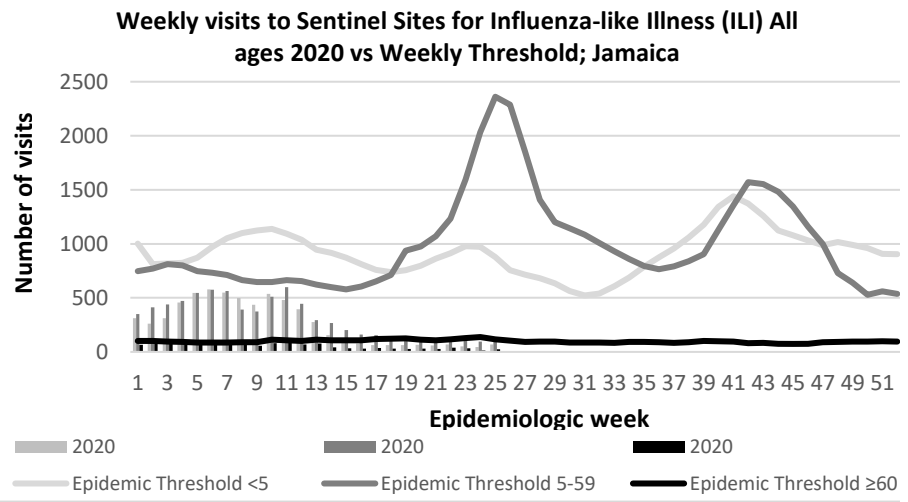
CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD			
		CURRENT YEAR 2020	PREVIOUS YEAR 2019		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	5	20	AFP Field Guides from WHO indicate that for an effective surveillance system, detection rates for AFP should be 1/100,000 population 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;	
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**	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		
	Zika Virus****	0	0	NA- Not Available	

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 25

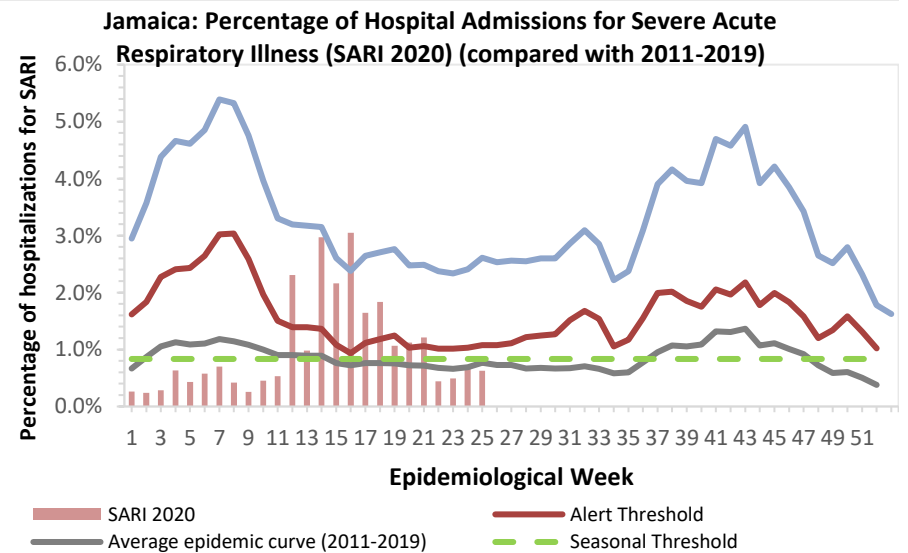
June 14, 2020-June 20, 2020 Epidemiological Week 25

	<i>EW 25</i>	<i>YTD</i>
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



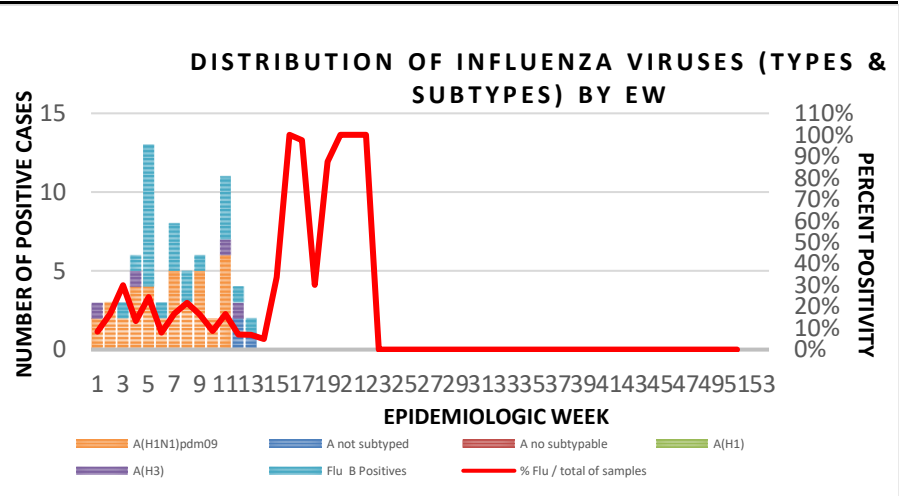
Epi Week Summary

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..



6 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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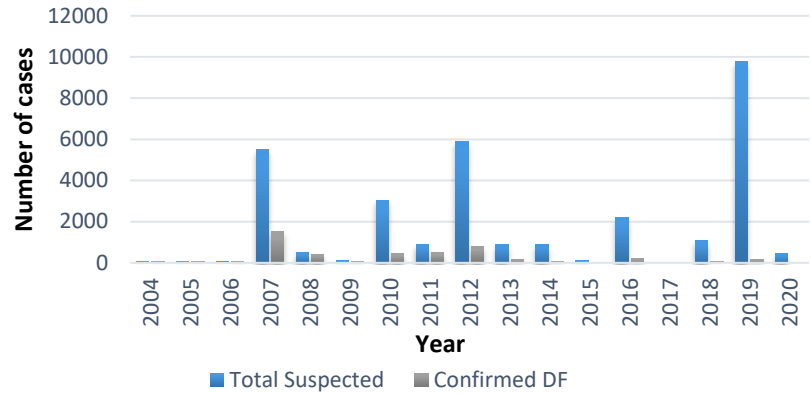
Dengue Bulletin

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


Epidemiological Week 24



Dengue Cases by Year: 2004-2020, Jamaica



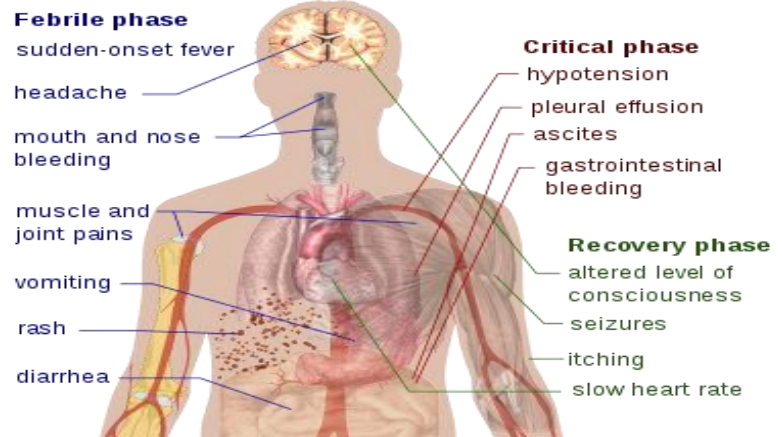
Reported suspected and confirmed dengue with symptom onset in week 25 of 2020

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

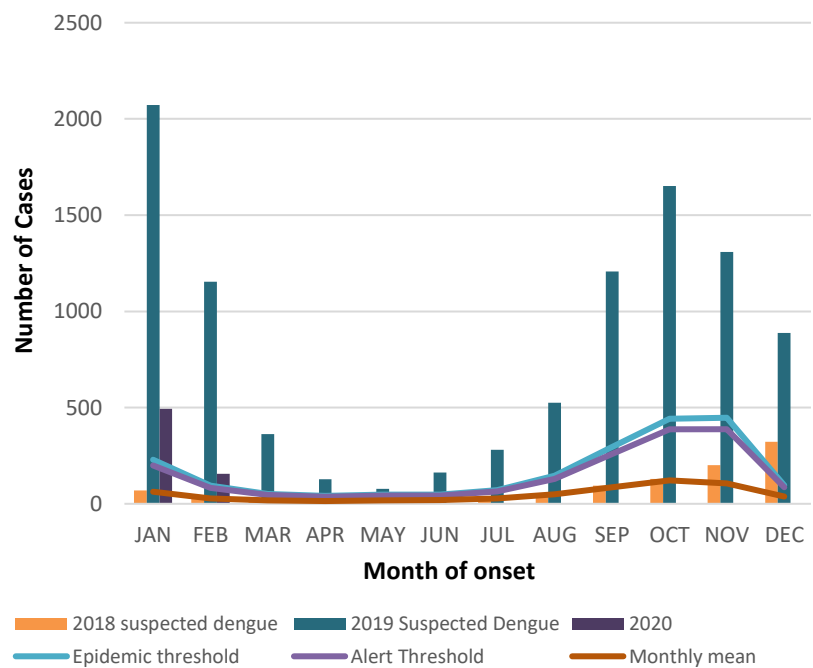
Points to note:

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

Symptoms of Dengue fever



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



7 NOTIFICATIONS-
All clinical sites



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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-
All clinical
sites



INVESTIGATION
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