

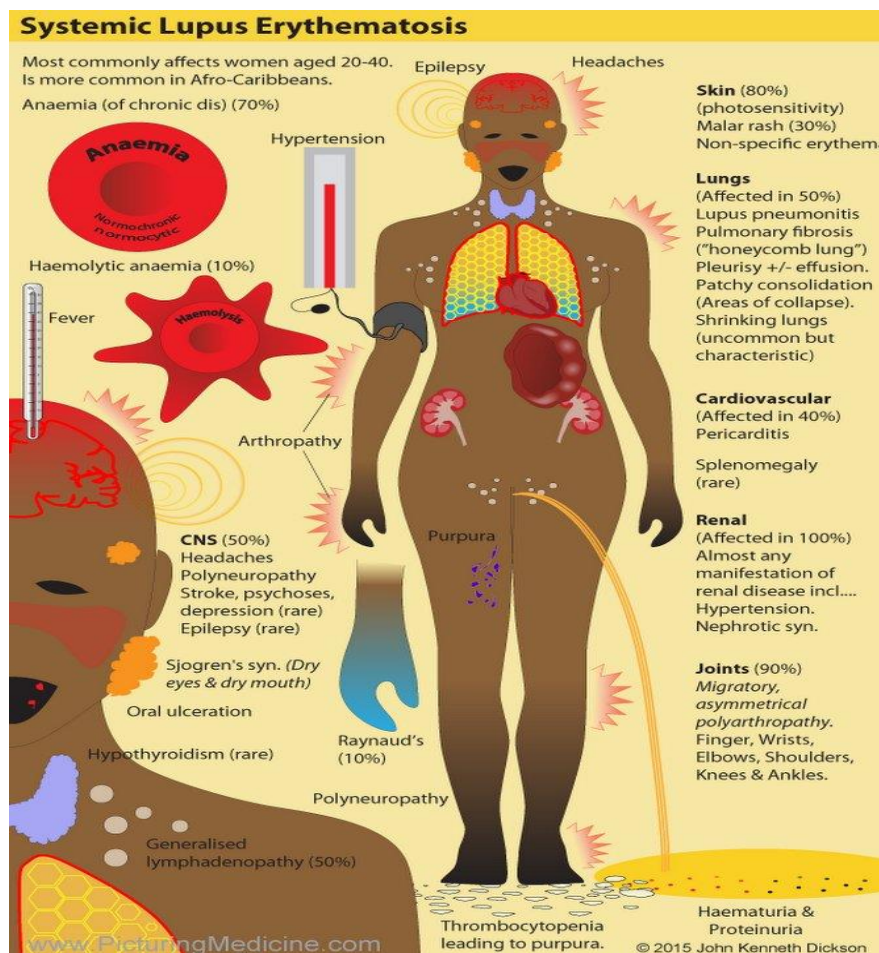
# WEEKLY EPIDEMIOLOGY BULLETIN

## NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

### Lupus Awareness

Lupus is a disease that can affect people of all ages, races, and ethnicities. The signs and symptoms mimic those of other diseases, making it hard to diagnose. Learn more.

**What Is Lupus?:** Lupus is a chronic, autoimmune disease that affects many different parts of the body. An autoimmune disease occurs when the body's immune system attacks itself because it cannot tell the difference between healthy tissue and foreign invaders, such as bacteria and viruses. Lupus symptoms can show up in many different ways and are often mistaken for symptoms of other diseases. This is why it can be hard to diagnose and is often called "the great imitator." Lupus symptoms can range from mild to life threatening, so early diagnosis and treatment by a rheumatologist are important. A rheumatologist is a doctor who has additional training and experience in the diagnosis and treatment of arthritis, lupus, and other diseases of the joints, muscles, and bones.



<https://www.cdc.gov/lupus/features/lupus-awareness/index.htm>

## EPI WEEK 38

### SYNDROMES

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## SENTINEL SYNDROMIC SURVEILLANCE

## Sentinel Surveillance in Jamaica



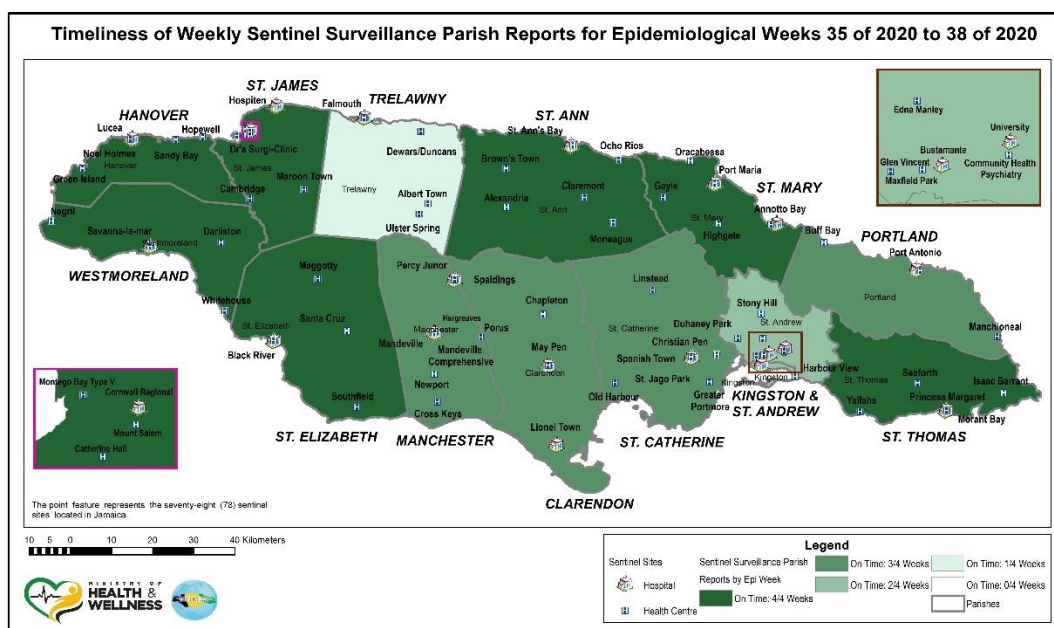
A syndromic surveillance system is good for early detection of and response to public health events.

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 - 35 to 38 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

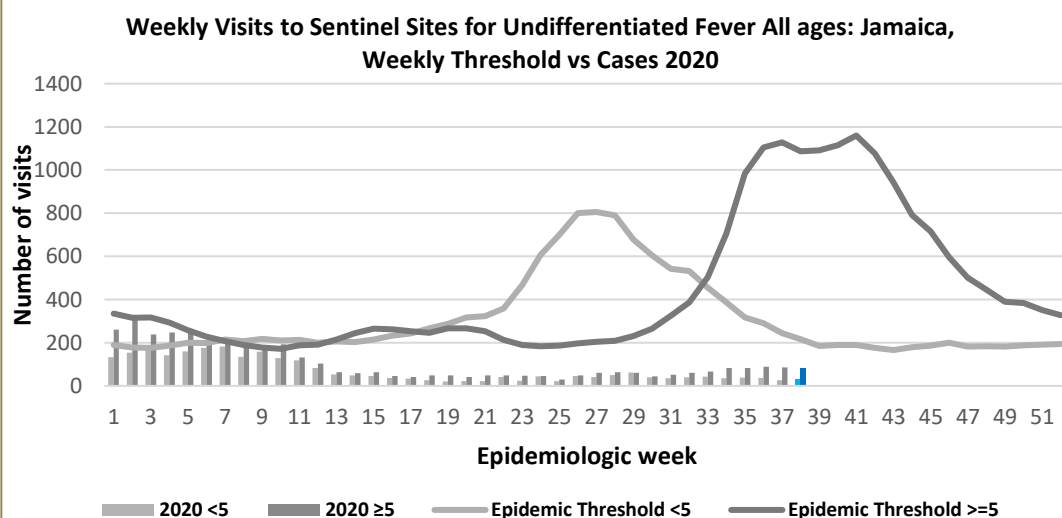
### FEVER

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



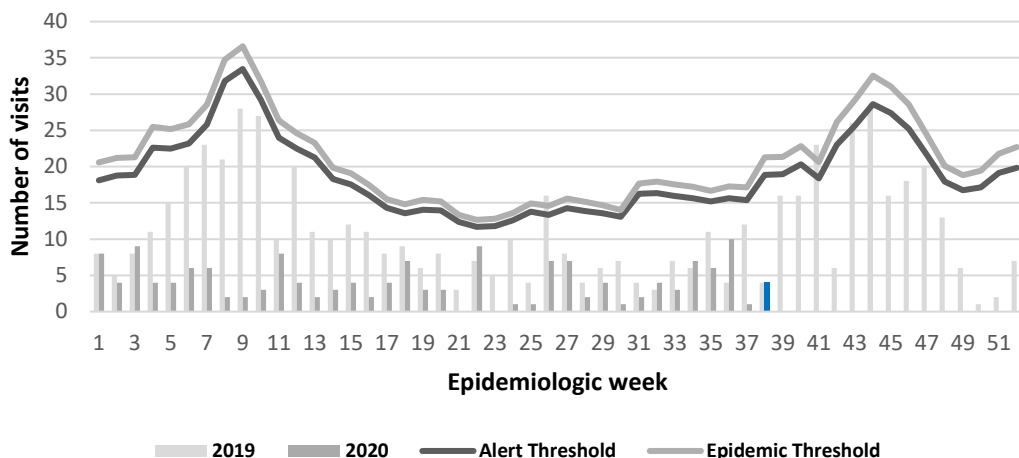
SENTINEL REPORT- 78 sites. Automatic reporting

**FEVER AND NEUROLOGICAL**

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



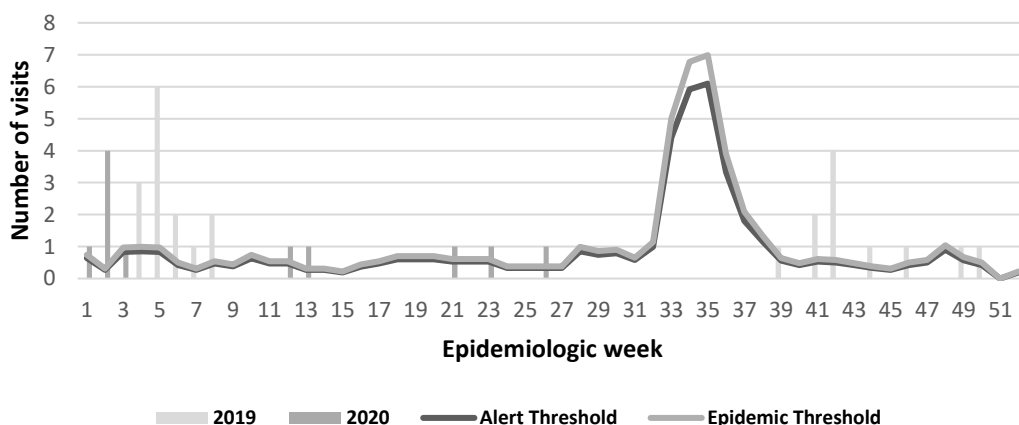
**Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2019 and 2020 vs. Weekly Threshold: Jamaica**

**FEVER AND HAEMORRHAGIC**

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

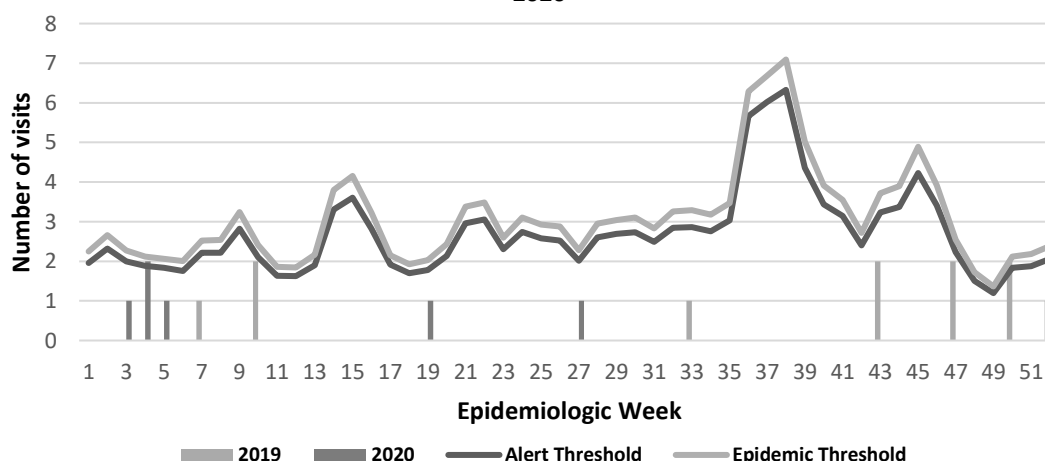
**FEVER AND JAUNDICE**

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



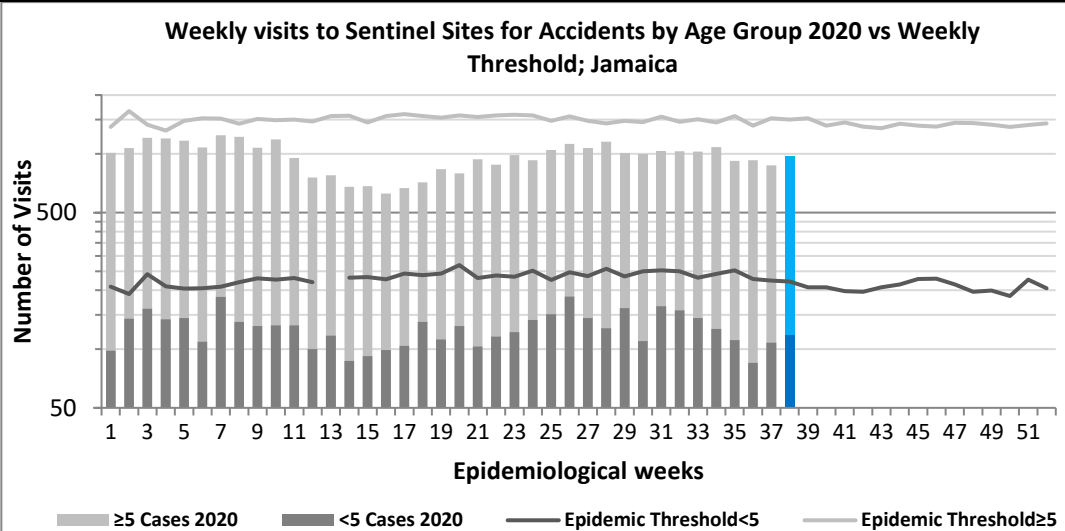
**SENTINEL REPORT-** 78 sites. Automatic reporting

**ACCIDENTS**

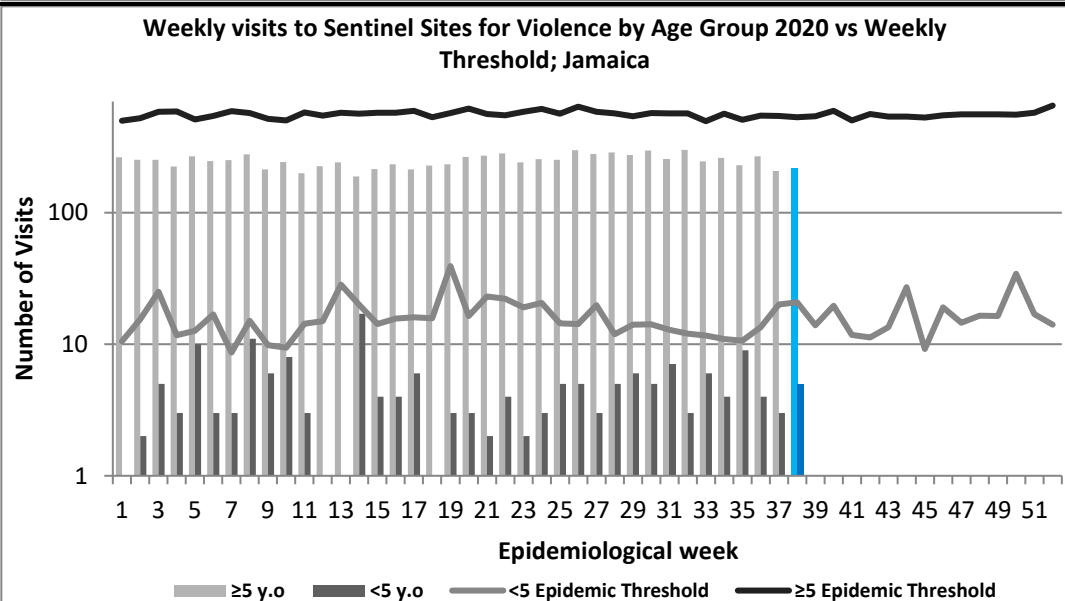
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

**KEY**

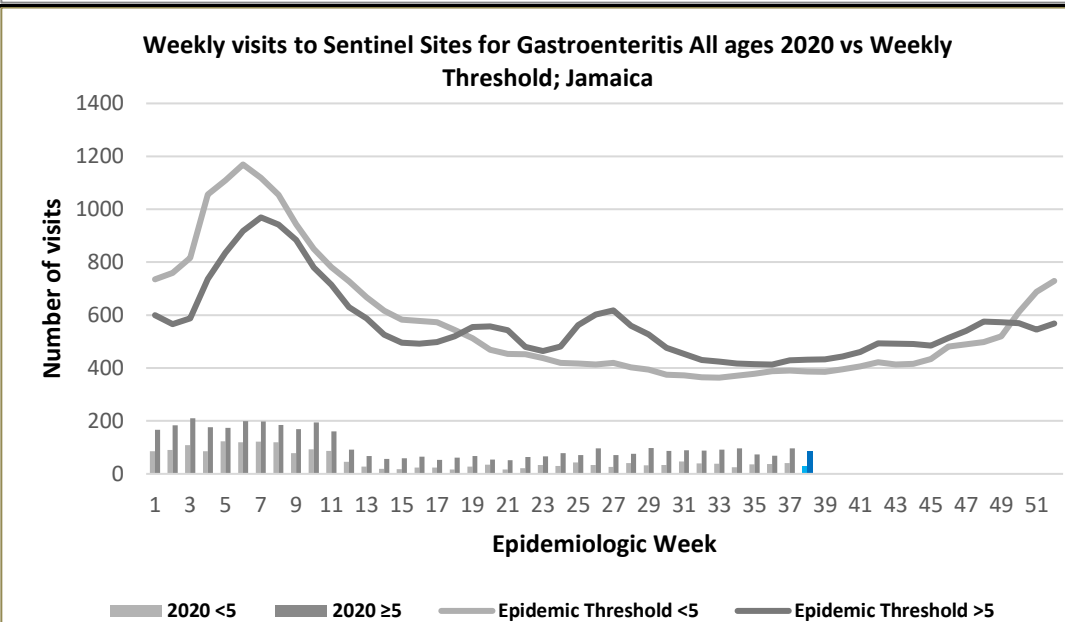
**VARIATIONS OF BLUE SHOW CURRENT WEEK**

**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
			Confirmed YTD		
	CLASS 1 EVENTS		CURRENT YEAR 2020	PREVIOUS YEAR 2019	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		18	57	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	18	
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 MORBIDIT/ 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**		30	49	
	Ophthalmia Neonatorum		23	161	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		6	44	
	Yellow Fever		0	0	
	Chikungunya***		0	1	
	Zika Virus****		0	0	NA- Not Available



5 NOTIFICATIONS-  
All clinical sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



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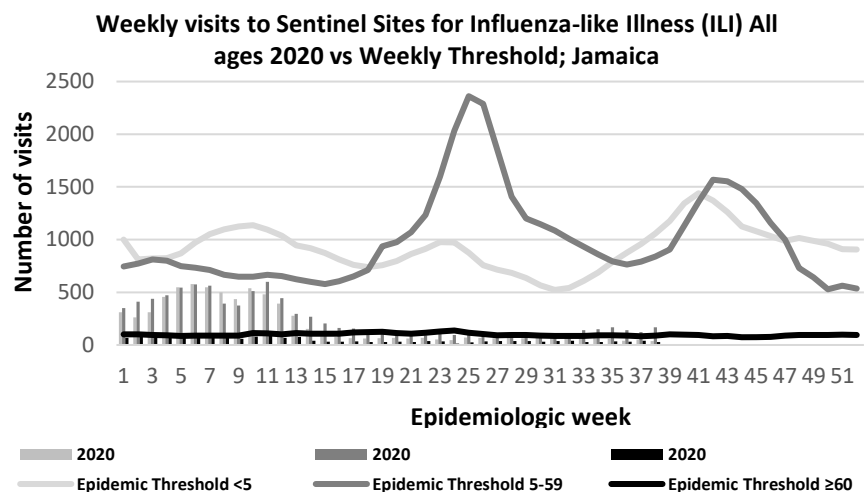


# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

## EW 38

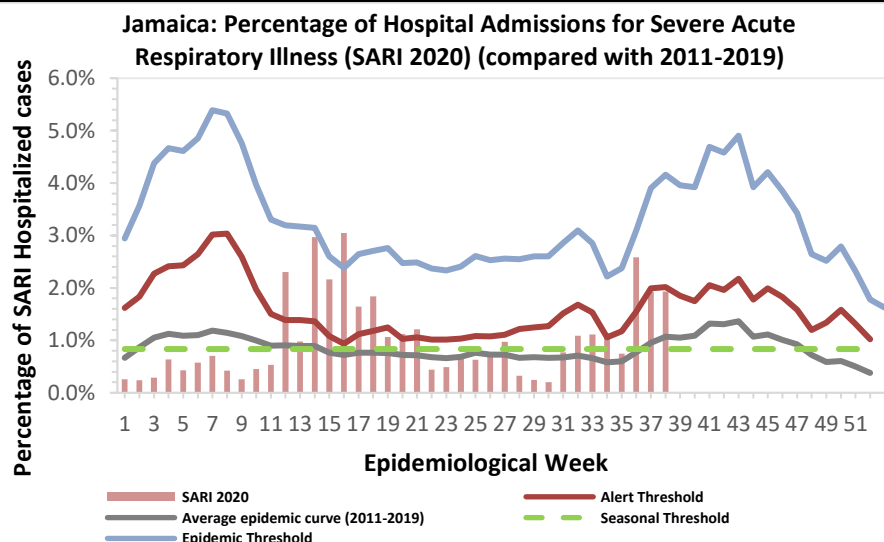
September 13, 2020 -September 19, 2020 Epidemiological Week 38

	EW 38	YTD
SARI cases	31	513
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



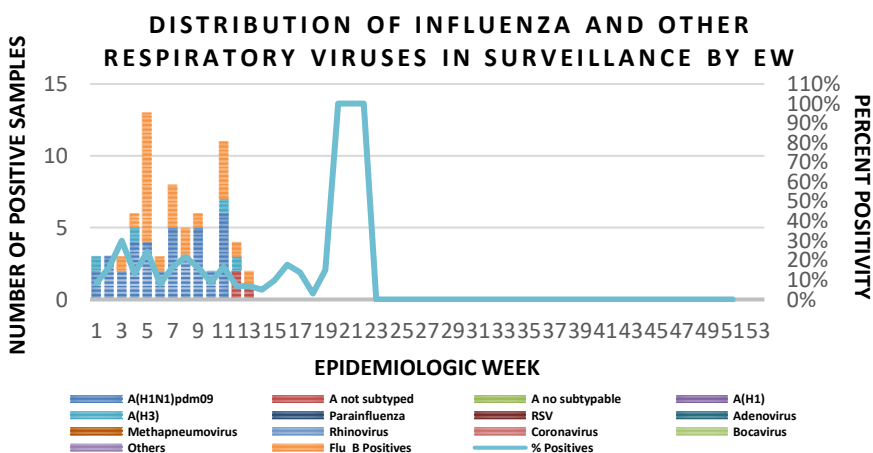
### Epi Week Summary

During EW 38, 31 (thirty-one) SARI admissions were reported.



### Caribbean Update EW 38

Caribbean: Influenza and other respiratory virus activity remained low in the subregion. In Haiti and Jamaica SARI activity continue at epidemic levels.



6 NOTIFICATIONS-  
All clinical  
sites



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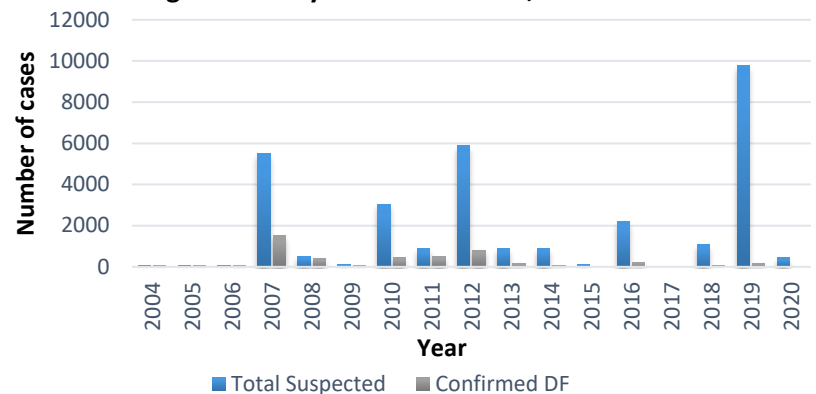
# Dengue Bulletin

September 13, 2020 – September 19, 2020 Epidemiological Week 38

Epidemiological Week 38



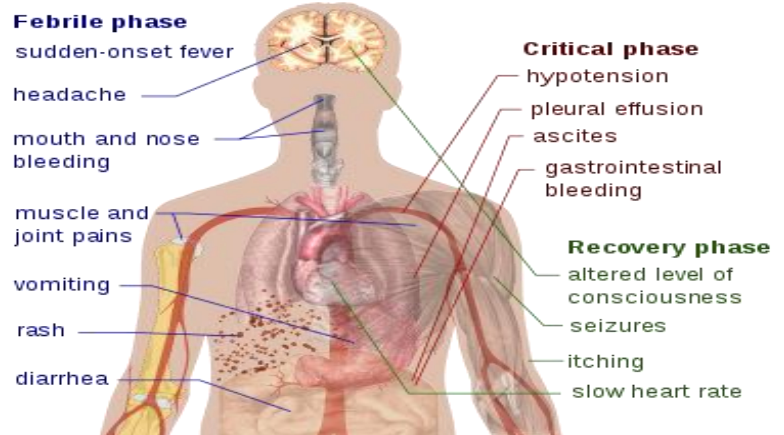
### Dengue Cases by Year: 2004-2020, Jamaica



## Reported suspected and confirmed dengue with symptom onset in week 38 of 2020

	2020	
	EW 38	YTD
Total Suspected Dengue Cases	0**	748**
Lab Confirmed Dengue cases	0**	1**
CONFIRMED Dengue Related Deaths	0**	1**

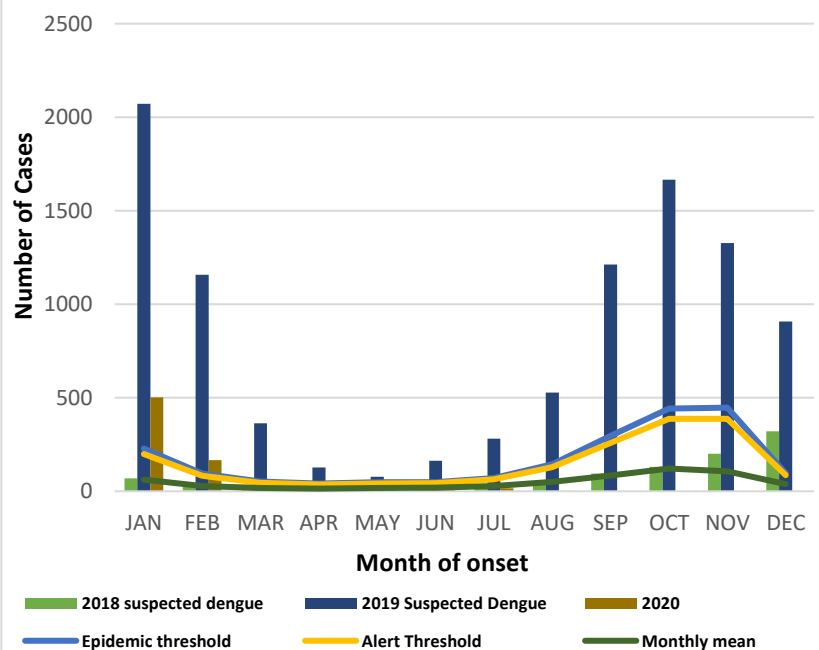
### Symptoms of Dengue fever



### Points to note:

- \*\* figure as at September 30, 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



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



**HOSPITAL ACTIVE SURVEILLANCE-** 30 sites. Actively pursued



**SENTINEL REPORT-** 78 sites. Automatic reporting

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# RESEARCH PAPER

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## Abstract

### The occurrence of chronic sorrow and coping strategies employed by adult oncology patients in western Jamaica

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**Objective:** To explore the occurrence of chronic sorrow and describe the coping strategies used by patients diagnosed with cancer.

**Method:** A phenomenological study was conducted among adult patients attending oncology clinic in western Jamaica. Purposive sampling was used to select eight participants who met the criteria for a Focus Group Discussion. Informed consent and demographic data were obtained. A Focus Group Discussion Guide aided the exploration of participants' feelings and coping mechanisms. The discussion was audiotaped. Data were transcribed verbatim and checked for accuracy. Common themes were connected, inter-relationships identified and narrative constructed.

**Results:** Eight persons diagnosed with cancer and receiving treatment at the Oncology Clinic participated in the focus group discussion. The chronicity of the illness, negative shift in the equilibrium of life and financial challenges caused major stress which contributed to chronic sorrow. Strong spiritual belief was the major common element expressed that helped persons to cope. Keeping physically active and volunteerism were other coping mechanisms that emerged. Participants with greater family and financial supports expressed greater ability to cope with the illness than those with poor family or financial support. Psychological / emotional therapy from a professional source was lacking.

**Conclusion:** Persons diagnosed with cancer experience chronic sorrow resulting from emotional strain and stress. Spiritual and psychological support forms the bed-rock of their mental well-being and coping ability. The magnitude of the impact of chronic sorrow experienced by cancer patients can be reduced by integrating these critical components in the patient's medical management plan.



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8 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
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