

WEEKLY EPIDEMIOLOGY BULLETIN

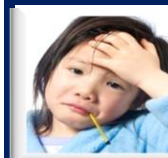
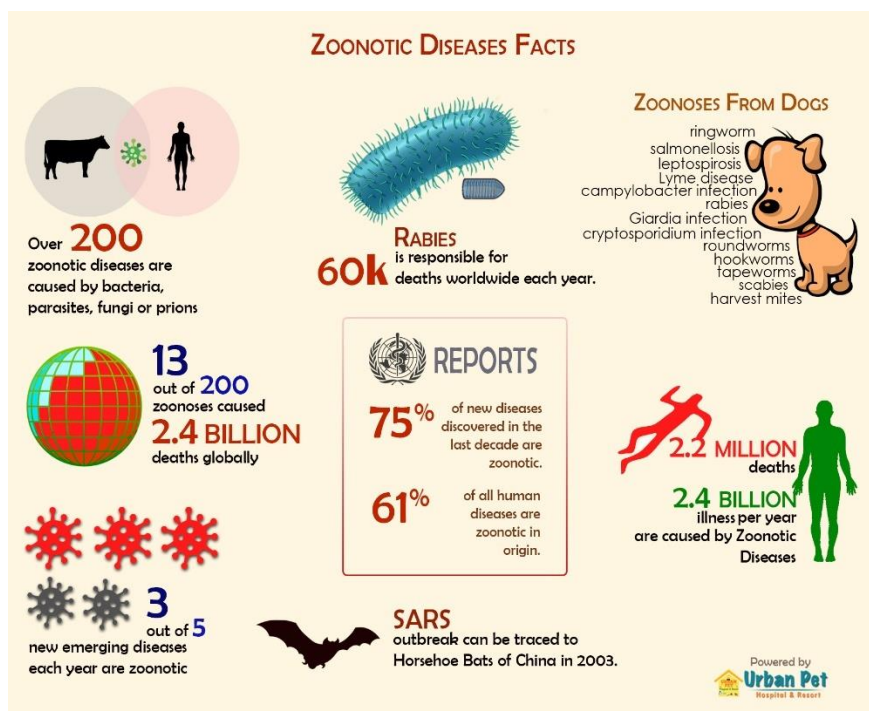
NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

EPI WEEK 41

Series: Zoonotic Diseases

Overview: Animals provide many benefits to people. Many people interact with animals in their daily lives, both at home and away from home. Animals provide food, fiber, livelihoods, travel, sport, companionship, and education for people across the globe. Millions of households in the United States have one or more pets. We might come into contact with animals in either urban or rural settings, during travel, while visiting animal exhibits, or while enjoying outdoor activities. However, animals can sometimes carry harmful germs that can spread to people and cause illness – these are known as zoonotic diseases or zoonoses. Zoonotic diseases are caused by harmful germs like viruses, bacterial, parasites, and fungi. These germs can cause many different types of illnesses in people and animals, ranging from mild to serious illness and even death. Animals can sometimes appear healthy even when they are carrying germs that can make people sick, depending on the zoonotic disease. Zoonotic diseases are very common, both in the United States and around the world. Scientists estimate that more than 6 out of every 10 known infectious diseases in people can be spread from animals, and 3 out of every 4 new or emerging infectious diseases in people come from animals.

How do germs spread between animals and people? Because of the close connection between people and animals, it's important to be aware of the common ways people can get infected with germs that can cause zoonotic diseases. These can include: **Direct contact:** Coming into contact with the saliva, blood, urine, mucous, feces, or other body fluids of an infected animal. Examples include petting or touching animals, and bites or scratches. **Indirect contact:** Coming into contact with areas where animals live and roam, or objects or surfaces that have been contaminated with germs. Examples include aquarium tank water, pet habitats, chicken coops, barns, plants, and soil, as well as pet food and water dishes. **Vector-borne:** Being bitten by a tick, or an insect like a mosquito or a flea. **Foodborne:** Each year, 1 in 6 Americans get sick from eating contaminated food. Eating or drinking something unsafe, such as unpasteurized (raw) milk, undercooked meat or eggs, or raw fruits and vegetables that are contaminated with feces from an infected animal. Contaminated food can cause illness in people and animals, including pets. **Waterborne:** Drinking or coming in contact with water that has been contaminated with feces from an infected animal.



SYNDROMES

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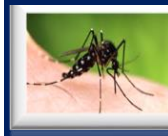
CLASS 1 DISEASES

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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



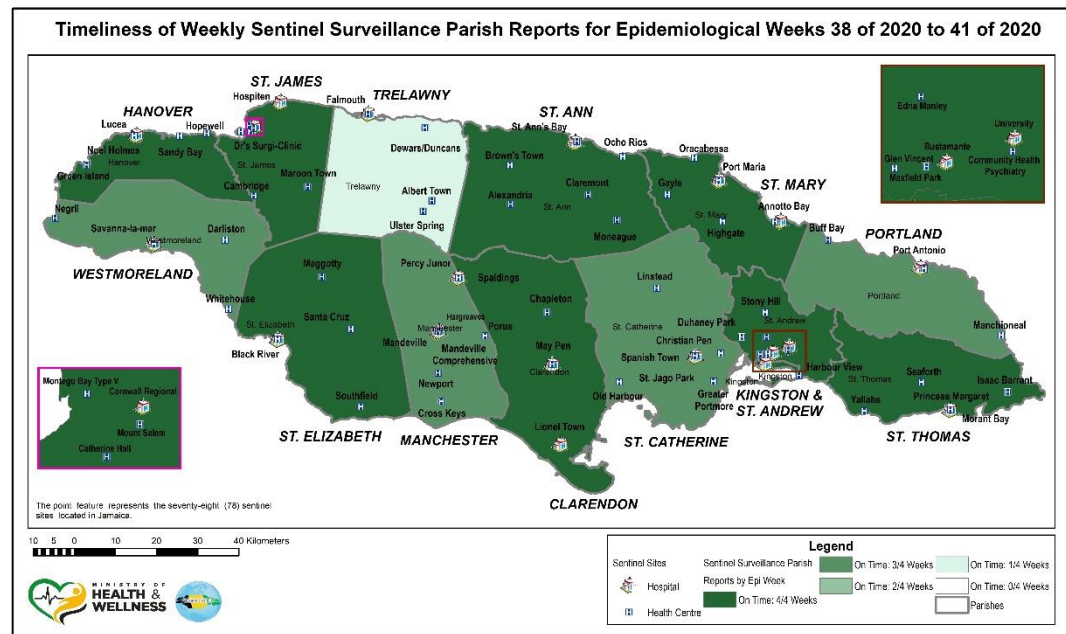
A syndromic surveillance system is good for early detection of and response to public health events.

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 - 38 to 41 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

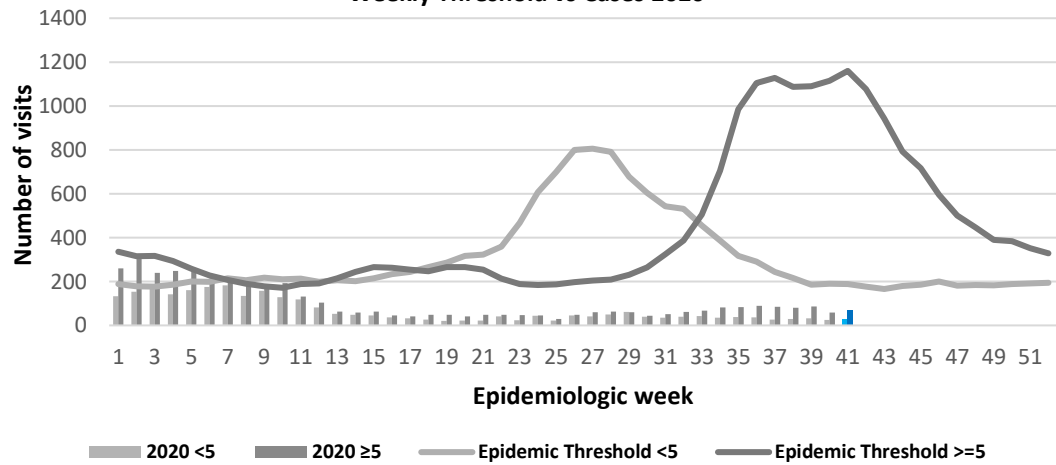
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK

Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2020



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



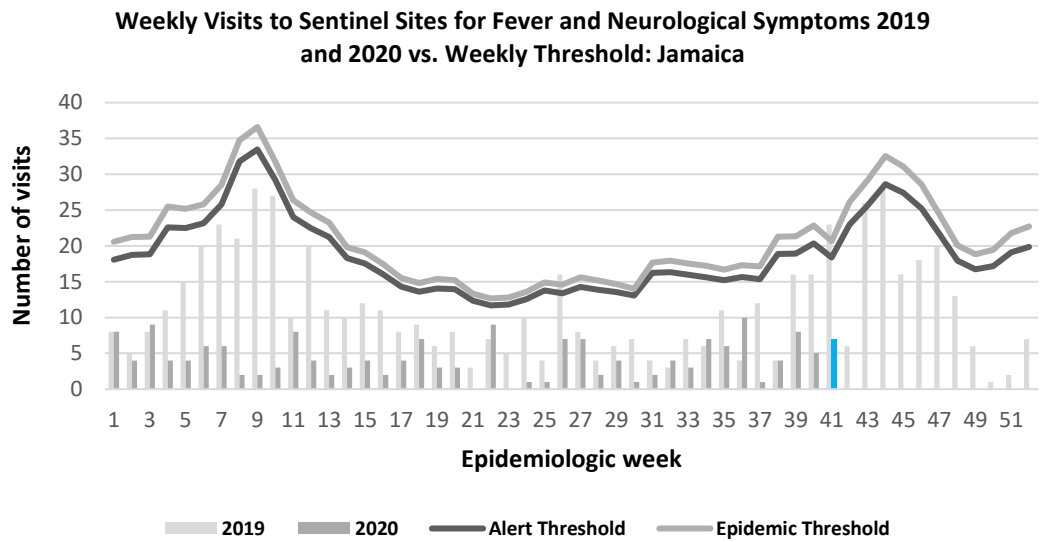
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

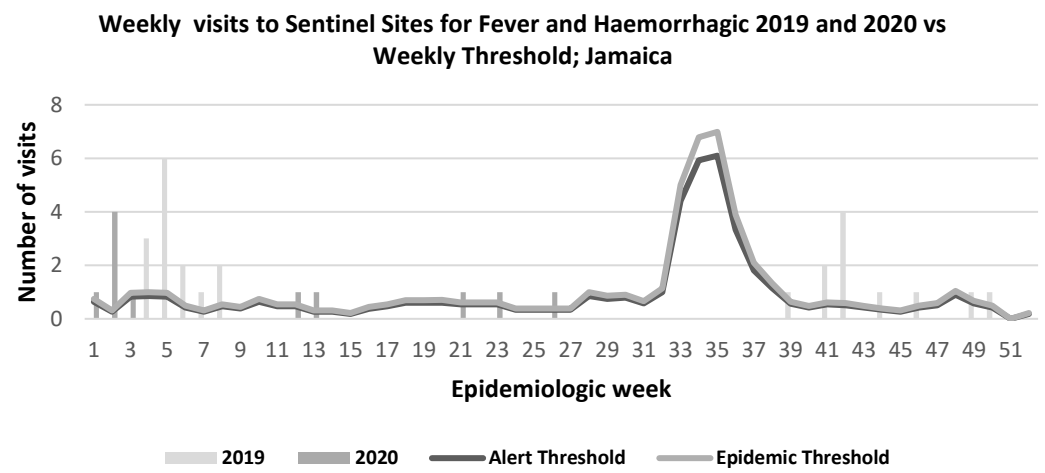
FEVER AND NEUROLOGICAL

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

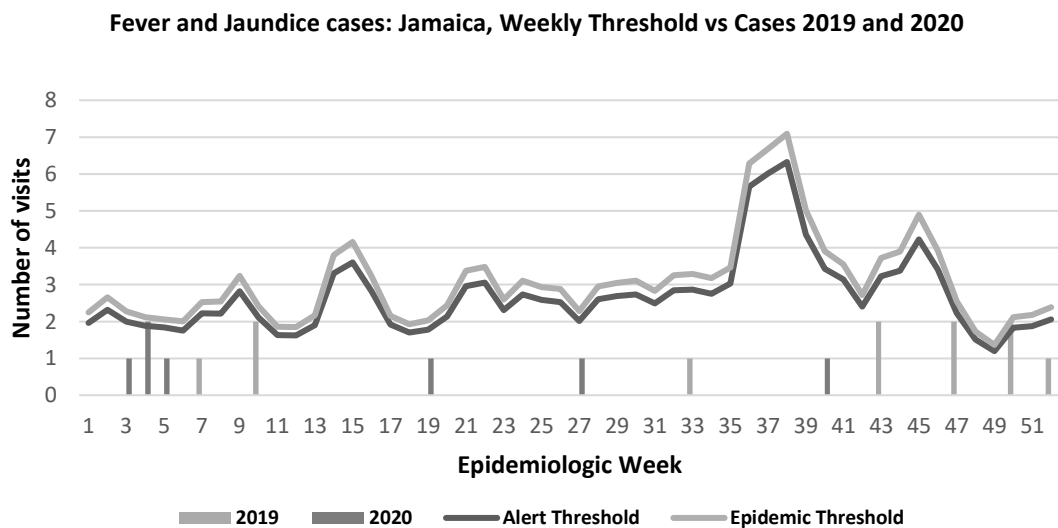
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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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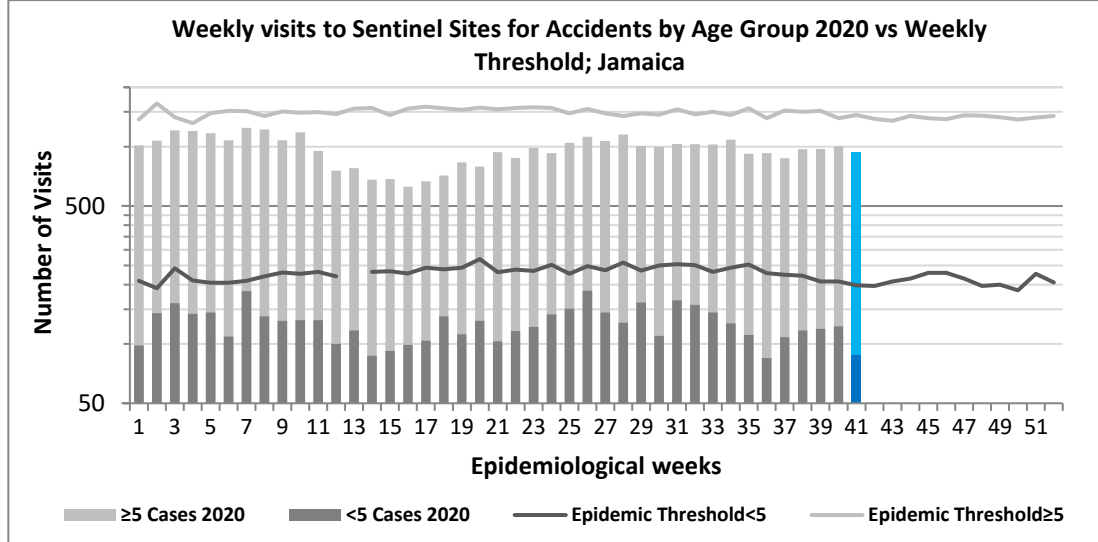
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

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

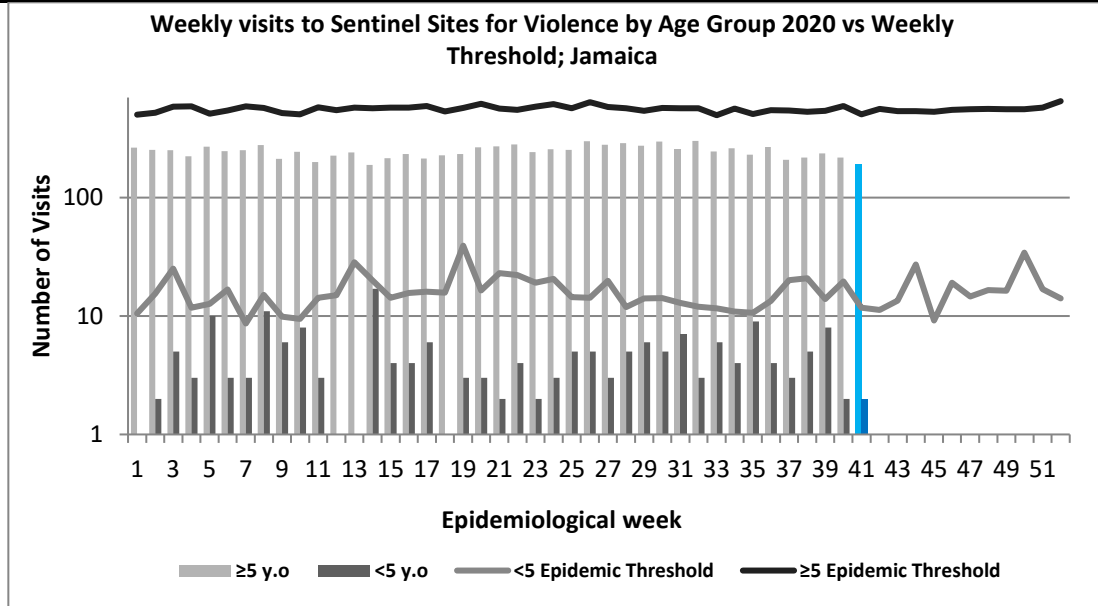
KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK



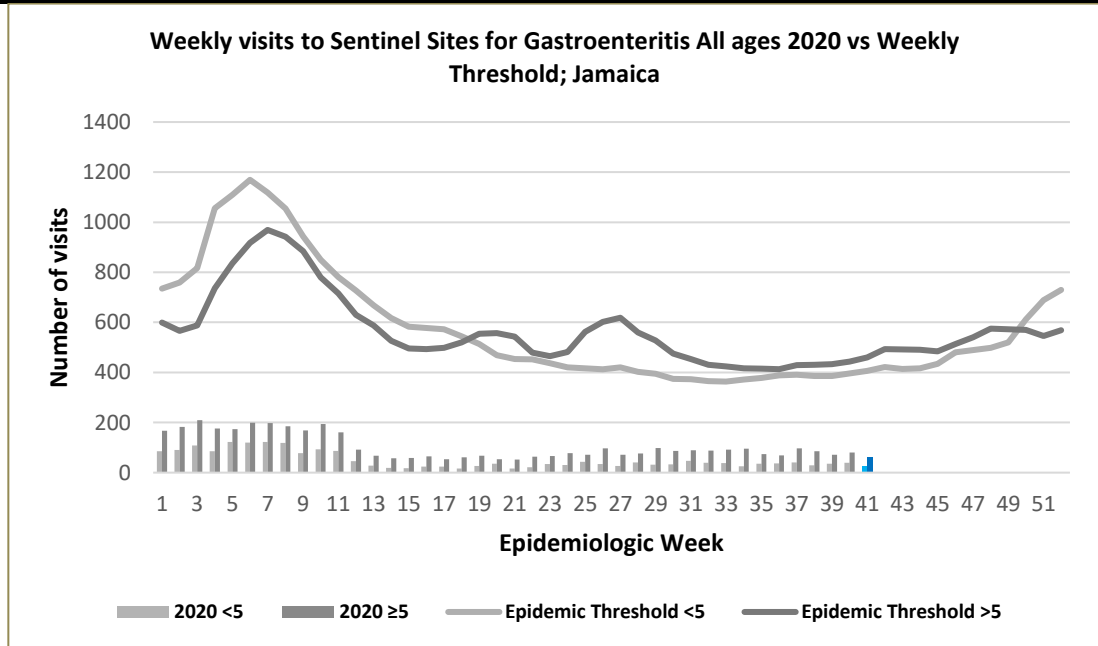
VIOLENCE

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



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CLASS ONE NOTIFIABLE EVENTS		Confirmed YTD		Comments	
	CLASS 1 EVENTS	CURRENT YEAR 2020	PREVIOUS YEAR 2019		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	22	59	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	3	16		
	Hepatitis C	0	2		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis (Clinically confirmed)	1	20		
EXOTIC/ UNUSUAL	Plague	0	0	* Dengue Hemorrhagic Fever data include Dengue related deaths;	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis	0	0	** Figures include all deaths associated with pregnancy reported for the period. * 2019 YTD figure was updated.	
	Neonatal Tetanus	0	0		
	Typhoid Fever	0	0		
	Meningitis H/Flu	0	0		
SPECIAL PROGRAMMES	AFP/Polio	0	0	*** 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**	30	52		
	Ophthalmia Neonatorum	23	161		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	26	48		
Yellow Fever	0	0			
	Chikungunya***	0	2		
	Zika Virus****	0	0	NA- Not Available	

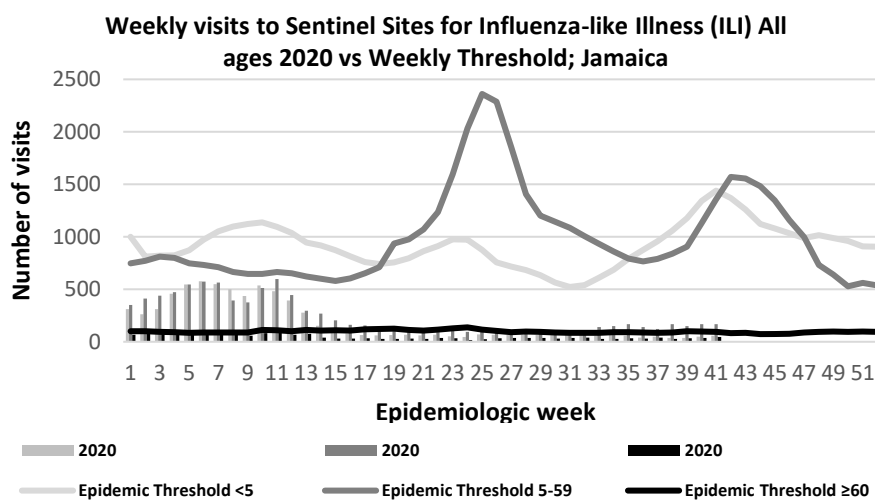
 <p>5 NOTIFICATIONS- All clinical sites</p>	 <p>INVESTIGATION REPORTS- Detailed Follow up for all Class One Events</p>	 <p>HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued</p>	 <p>SENTINEL REPORT- 78 sites. Automatic reporting</p>
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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 41

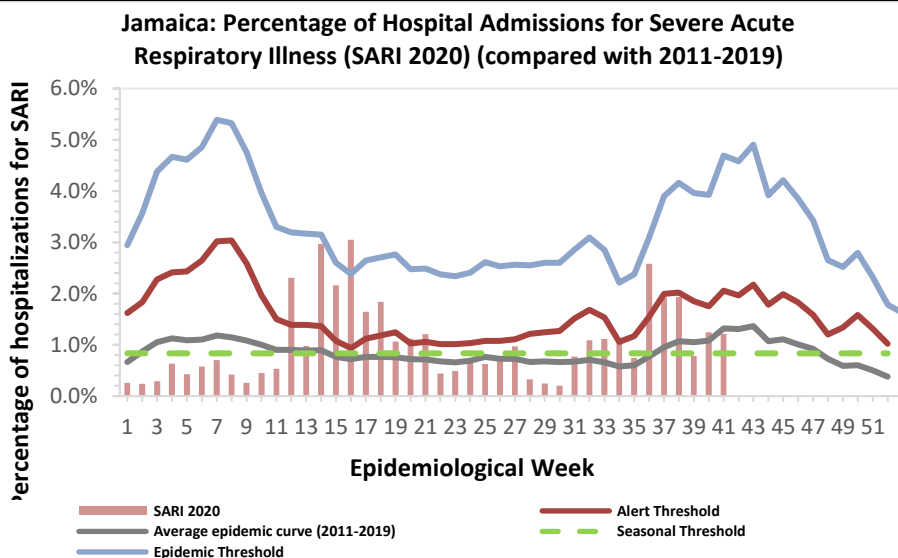
October 04, 2020 -October 10, 2020 Epidemiological Week 41

	EW 41	YTD
SARI cases	17	557
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



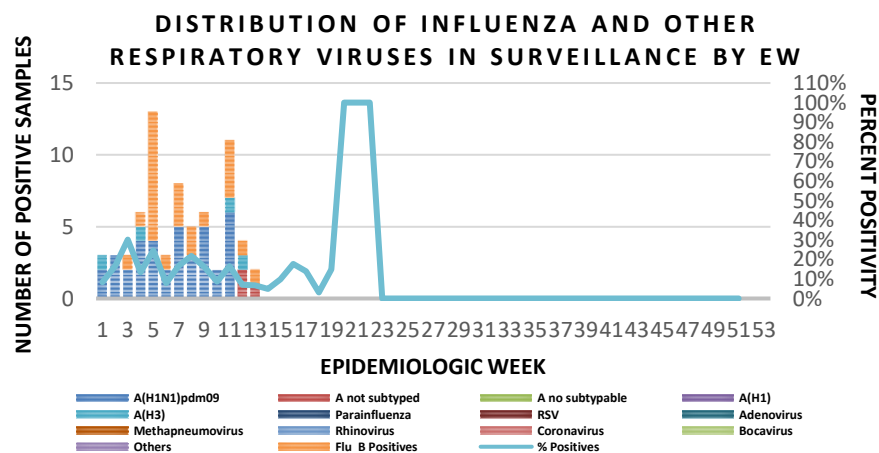
Epi Week Summary

During EW 41, 17 (seventeen) SARI admissions were reported.



Caribbean Update EW 41

Caribbean: Influenza and other respiratory virus activity remained low in the subregion. In Haiti, SARI activity increased above epidemic levels. In Dominican Republic and Jamaica SARI activity decreased to epidemic levels.



6 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



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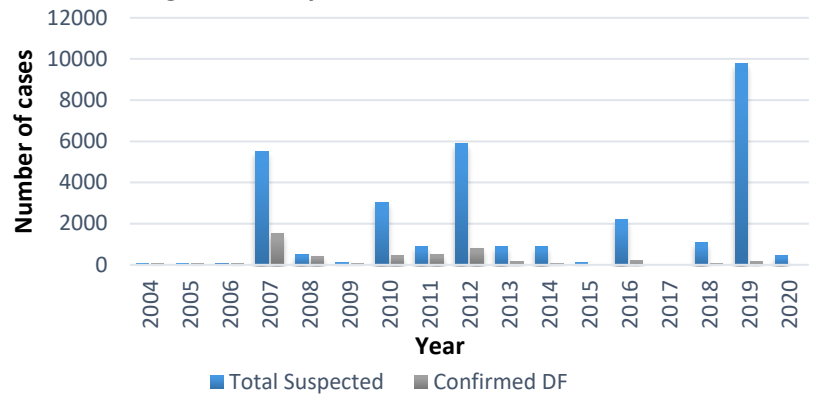
Dengue Bulletin

October 04, 2020 – October 10, 2020 Epidemiological Week 41

Epidemiological Week 41



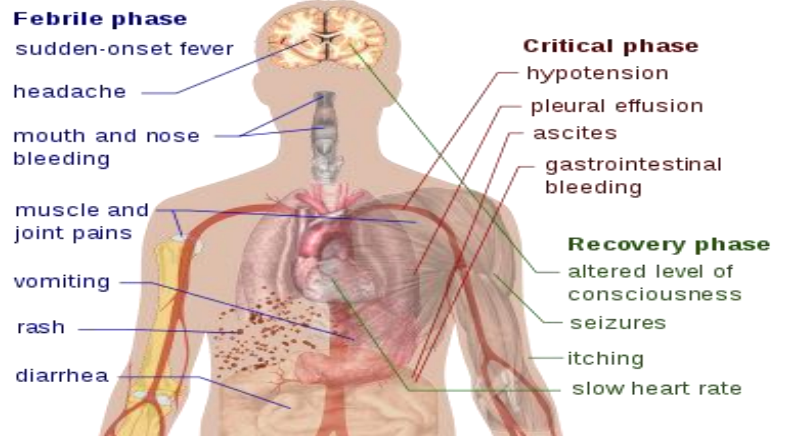
Dengue Cases by Year: 2004-2020, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 41 of 2020

	2020	
	EW 41	YTD
Total Suspected Dengue Cases	0**	749**
Lab Confirmed Dengue cases	0**	1**
CONFIRMED Dengue Related Deaths	0**	1**

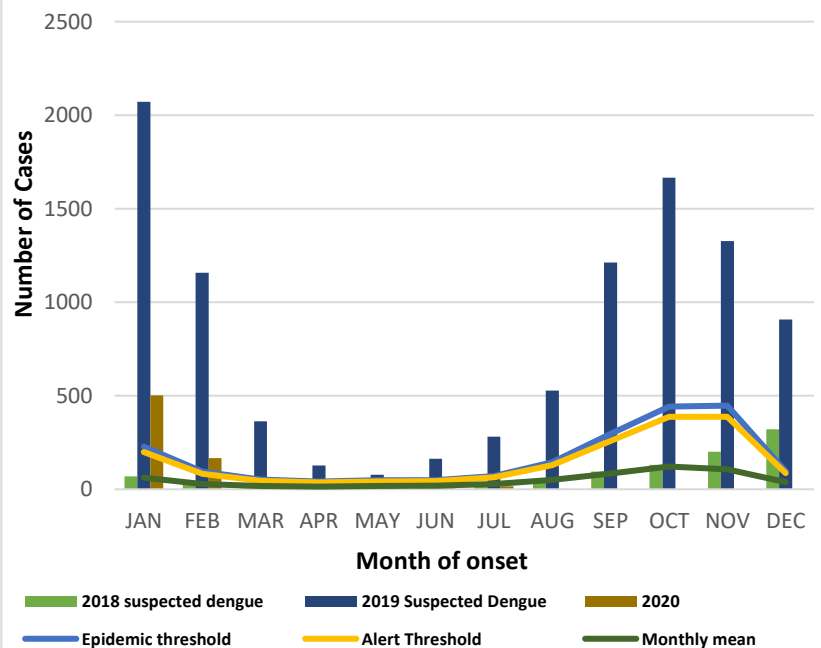
Symptoms of Dengue fever



Points to note:

- ** figure as at October 20, 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



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SENTINEL REPORT- 78 sites. Automatic reporting

RESEARCH PAPER

ABSTRACT

Knowledge of Prostate Cancer Screening among Males Age 40 Years and Over Attending Health Centres in Selected Parishes in Jamaica

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Aim: To determine the level of knowledge of prostate cancer and prostate cancer screening tests among males 40 years and older attending health centres in St. Ann, St. Catherine, St. Mary, Trelawny and Westmoreland.

Objectives:

To describe the prevalence of prostate cancer and determine the level of knowledge of prostate cancer risk factors, signs and symptoms and knowledge of prostate cancer screening

Method: In this cross-sectional study (n=150), participants were randomly selected from the registered males 40 years and older attending health centres across the five (5) selected parishes in Jamaica. Information was obtained through an 85-item interviewer-administered questionnaire. The questions used measured the knowledge of prostate cancer across several concepts were summed to form a composite score and the mean score and standard deviation calculated. Data analysis was aided by use of the program PSPP. A p value of < .05 was considered statistically significant.

Results: The sample of 150 participants had a 10.7% prevalence of prostate cancer. There was no significant difference in the mean knowledge scores of risk factors ($p = .885$), signs and symptoms ($p=.262$) and knowledge of screening test and procedures ($p=.262$) regarding prostate cancer, among men across all age groups.

Conclusion: The study revealed no statistically significant difference in mean scores for knowledge of prostate cancer and screening practices among men in the various age groups. This was far from the expected view of age being a determinant of knowledge for prostate cancer.

Keyword: prostate cancer, knowledge, prostate cancer risk factors, Jamaica



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8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
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