

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## EPI WEEK 05

### Integrated Health Services Networks

**Overview:** PAHO considers Integrated health services networks as one of the principal operational expressions of Primary Health Care-based health systems at the health services level, helping to make several of its most essential elements a reality such as universal coverage and access, first contact, comprehensive, integrated and continuing care, appropriate care, optimal organization and management, family and community orientation, and intersectoral action, among others.

**Key facts:** **1.** The purpose of the PAHO Initiative on Integrated Health Service Delivery Networks (IHSDNs) is to contribute to the development of PHC-based health systems, and thus to health services delivery that is more accessible, equitable, efficient, of higher technical quality, and that better fulfills citizens' expectations. **2.** PAHO considers IHSDNs as one of the principal operational expressions of PHC-based health systems at the health services level, helping to make several of its most essential elements a reality such as universal coverage and access, first contact, comprehensive, integrated and continuing care, appropriate care, optimal organization and management, family and community orientation, and intersectoral action, among others.

**List of Essential Attributes of Integrated Health Service Delivery Networks (IHSDNs):**

**Model of Care:** **1.** Clear definition of the populations/territory covered and extensive knowledge of the health needs and preferences of this population, which determines the supply of health services. **2.** An extensive network of health care facilities that offers health promotion, disease prevention, diagnosis treatment, disease-management, rehabilitation and palliative care, and that integrates programs targeting specific diseases, risks and populations, as well as personal and public health services. **3.** A multi-disciplinary first level of care that covers the entire population, serves as a gateway to the system, and integrates and coordinates health care, in addition to meeting most of the population's health needs. **4.** Delivery of specialized services at the most appropriate location, preferably in non-hospital settings. **5.** Existence of mechanisms to coordinate health care throughout the health service continuum. **6.** Care that is person-, family- and community-centered and that takes into account cultural and gender-related characteristics and diversity.

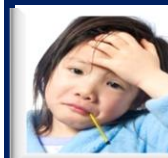
**Governance and Strategy:** **1.** A unified system of governance for the entire network. **2.** Broad social participation. **3.** Intersectoral action that addresses wider determinants of health and equity in health

**Organization and Management:** **1.** Integrated management of clinical, administrative and logistical support systems. **2.** Sufficient, competent and committed human resources for health that are valued by the network. **3.** An integrated information system that links all network members with data disaggregated by sex, age, place of residence, ethnic origin, and other pertinent variables. **4.** Results-based management

**Financial allocation and incentives:** Adequate funding and financial incentives aligned with networks goals.



<https://www.paho.org/en/topics/integrated-health-services-networks>



SYNDROMES

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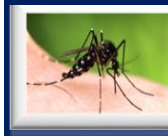
CLASS 1 DISEASES

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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



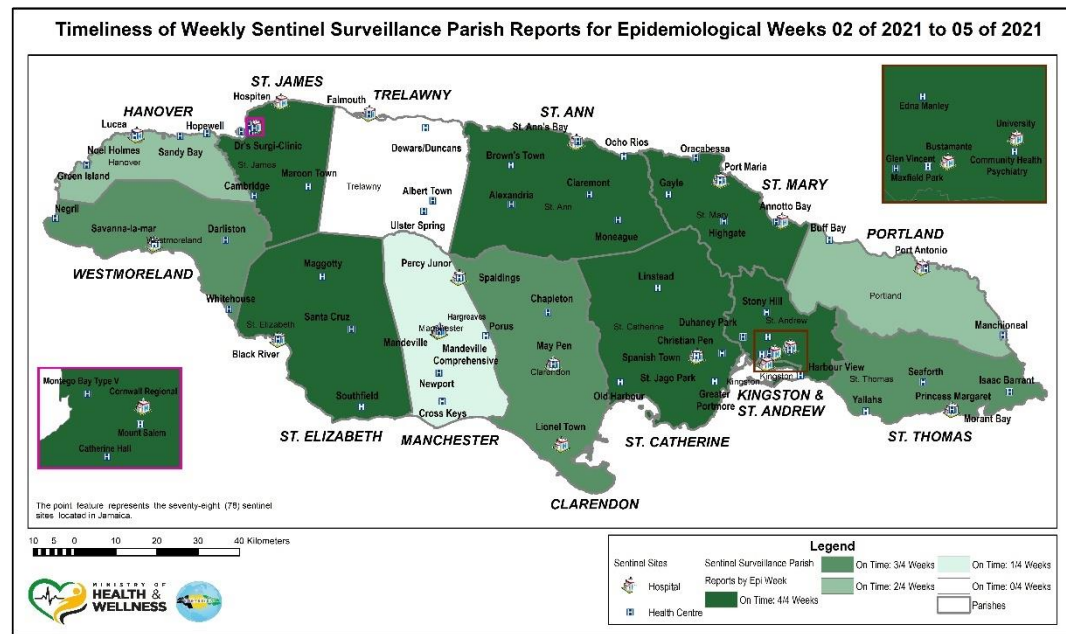
A syndromic surveillance system is good for early detection of and response to public health events.

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 - 2 2021 to 5 of 2021

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

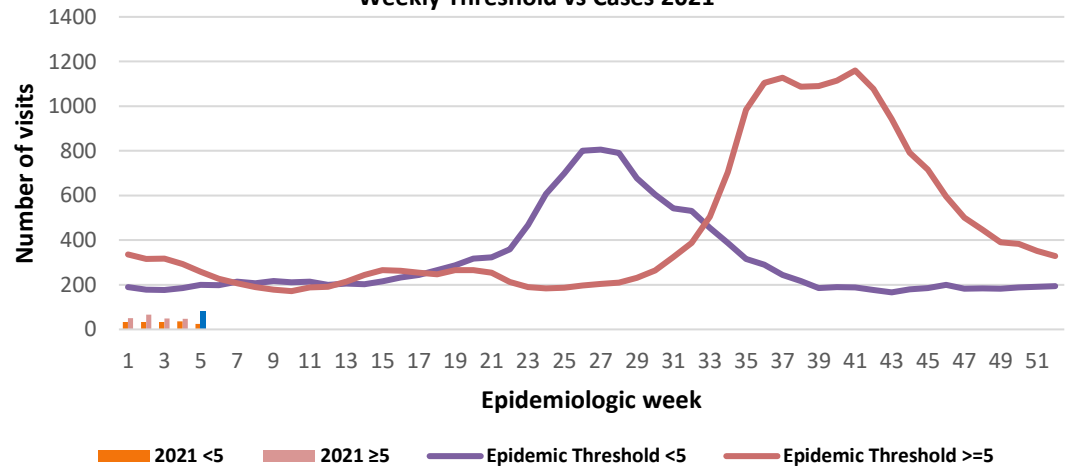
Temperature of  $>38^{\circ}C$  /  $100.4^{\circ}F$  (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK

Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2021



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



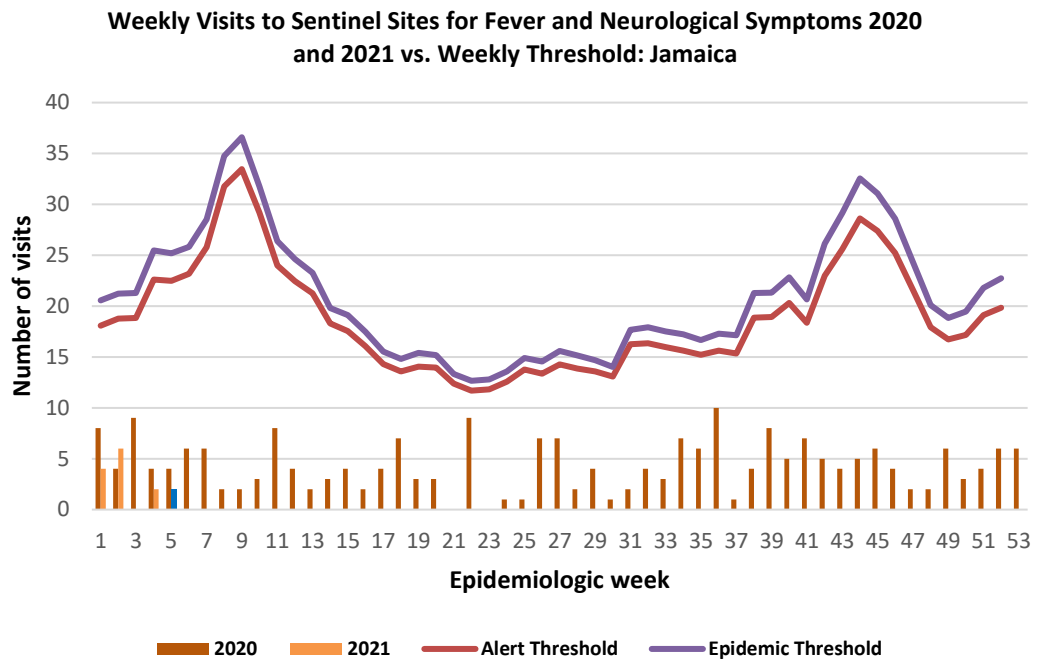
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

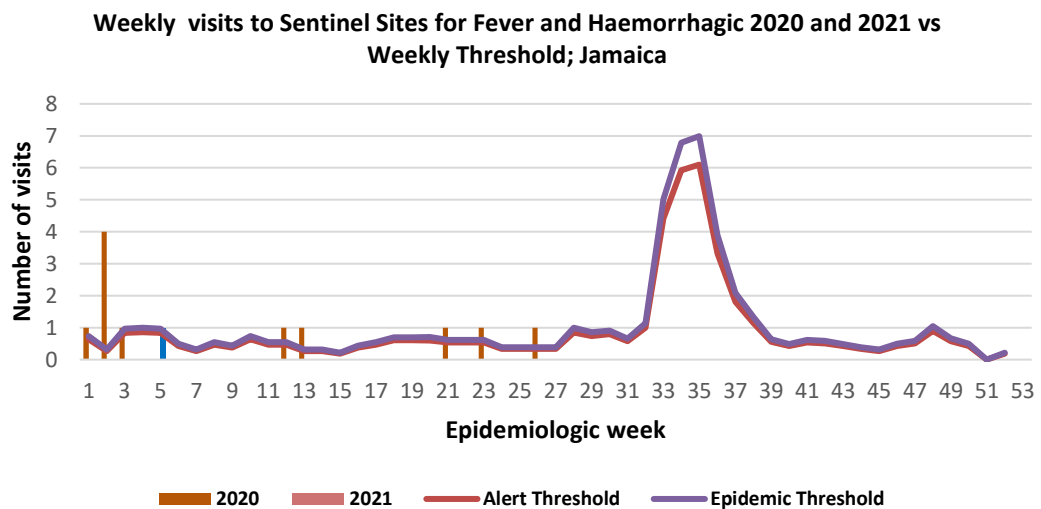
**FEVER AND NEUROLOGICAL**

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).



**FEVER AND HAEMORRHAGIC**

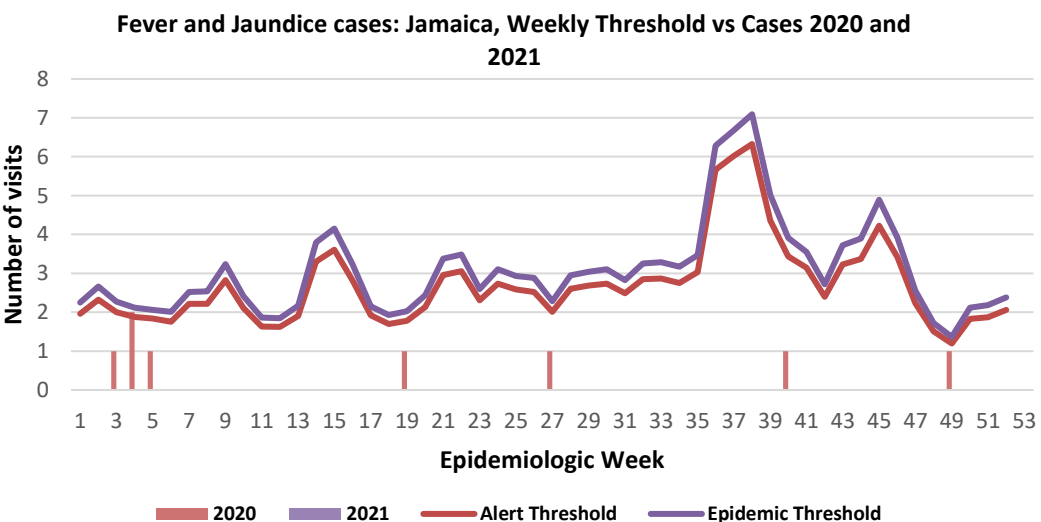
Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



**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.



**3 NOTIFICATIONS-**  
All clinical sites



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



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



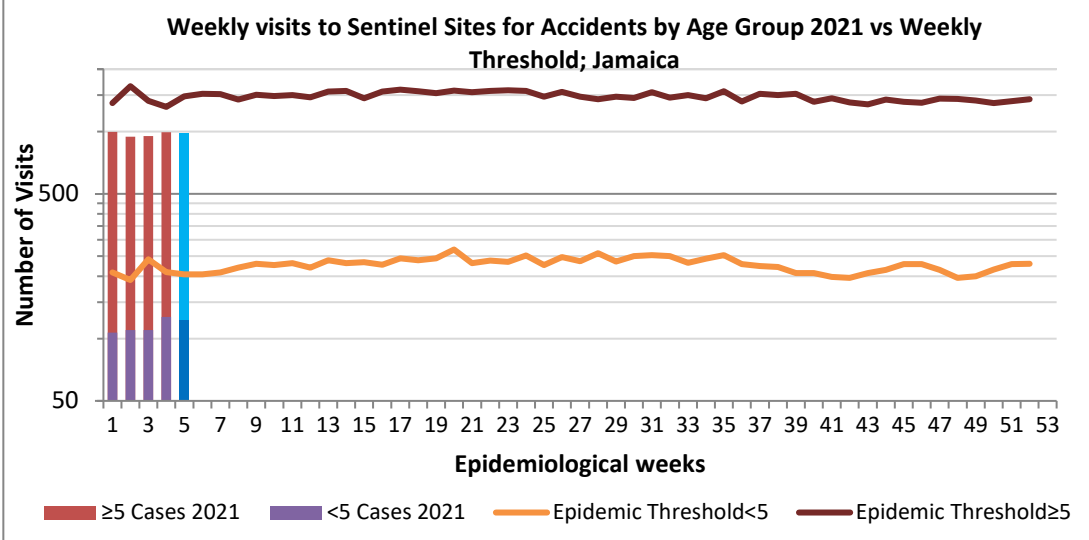
**SENTINEL REPORT-** 78 sites. Automatic reporting

**ACCIDENTS**

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

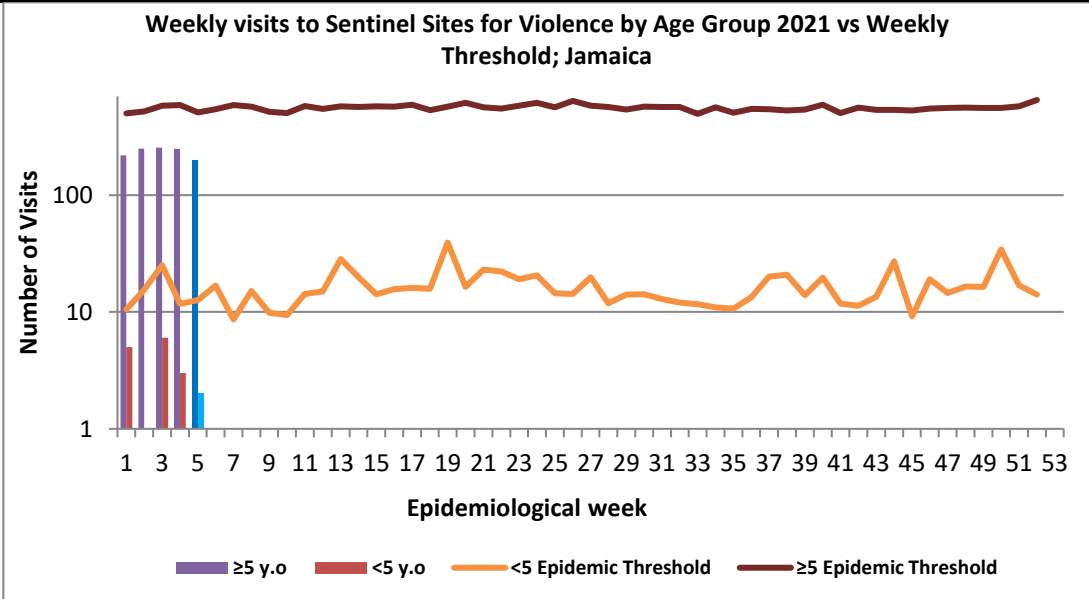
**KEY**

VARIATIONS OF BLUE SHOW CURRENT WEEK



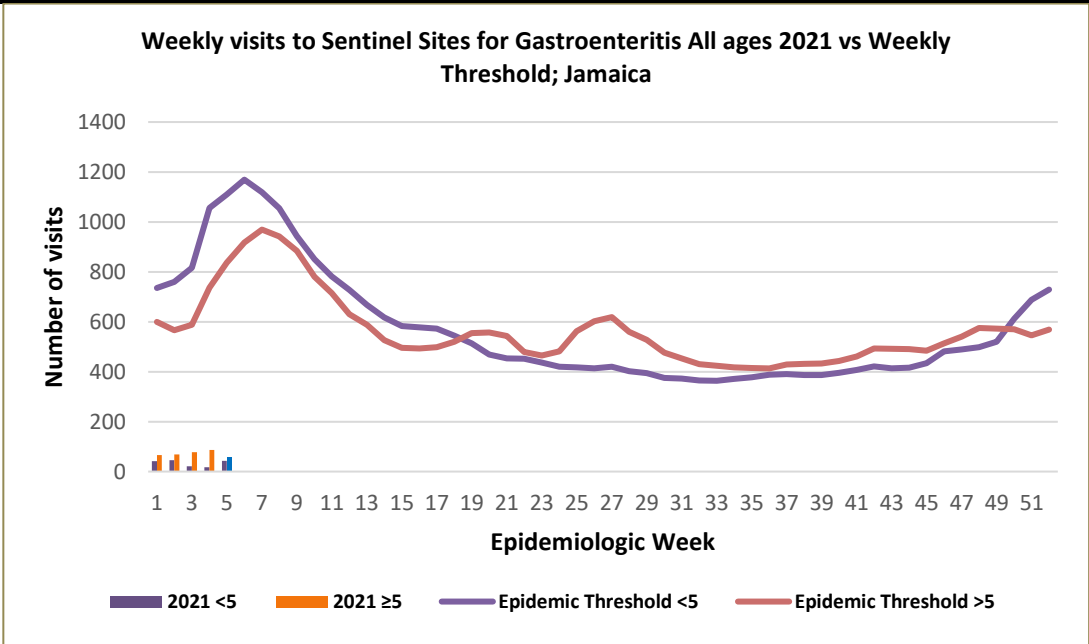
**VIOLENCE**

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 <sup>α</sup>		
		CURRENT YEAR 2021	PREVIOUS YEAR 2020	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	0 <sup>β</sup>	5	
	Cholera	0	0	
	Dengue Hemorrhagic Fever <sup>γ</sup>	See Dengue page below	See Dengue page below	
	Hansen's Disease (Leprosy)	0	0	
	Hepatitis B	0	0	
	Hepatitis C	0	0	
	HIV/AIDS	NA	NA	
	Malaria (Imported)	0	0	
	Meningitis (Clinically confirmed)	0	0	
EXOTIC/ UNUSUAL	Plague	0	0	
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	0
		Rubella	0	0
	Maternal Deaths <sup>δ</sup>	0	2	
	Ophthalmia Neonatorum	0	1	
	Pertussis-like syndrome	0	0	
	Rheumatic Fever	0	0	
	Tetanus	0	0	
	Tuberculosis	0	0	
Yellow Fever	0	0		
Chikungunya <sup>ε</sup>	0	0		
Zika Virus <sup>θ</sup>	0	0		

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.

<sup>γ</sup> Dengue Hemorrhagic Fever data include Dengue related deaths;

<sup>δ</sup> Figures include all deaths associated with pregnancy reported for the period.

<sup>ε</sup> CHIKV IgM positive cases

<sup>θ</sup> Zika PCR positive cases

<sup>β</sup> Updates made to prior weeks in 2020.

<sup>α</sup> Figures are cumulative totals for all epidemiological weeks year to date.

NA- Not Available



5 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



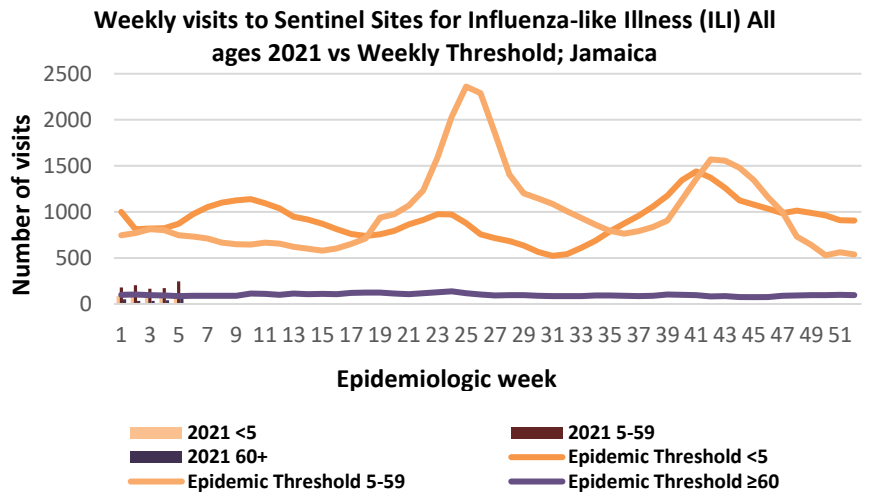
SENTINEL REPORT- 78 sites. Automatic reporting

# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

*EW 5*

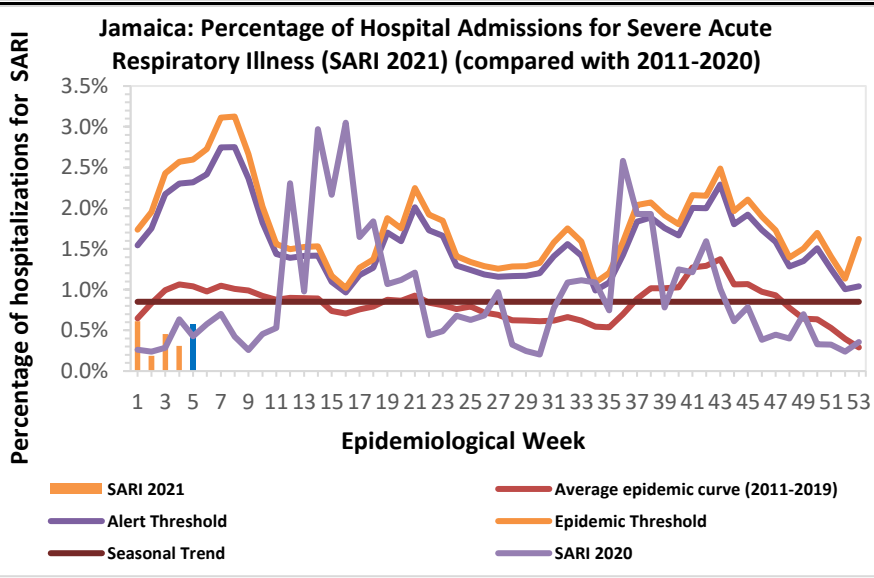
January 31, 2021 – February 06, 2021 Epidemiological Week 05

	<i>EW 05</i>	<i>YTD</i>
SARI cases	9	40
<b>Total Influenza positive Samples</b>	<i>0</i>	<i>0</i>
<b>Influenza A</b>	<i>0</i>	<i>0</i>
H3N2	<i>0</i>	<i>0</i>
H1N1pdm09	<i>0</i>	<i>0</i>
Not subtyped	<i>0</i>	<i>0</i>
<b>Influenza B</b>	<i>0</i>	<i>0</i>
<b>Parainfluenza</b>	<i>0</i>	<i>0</i>



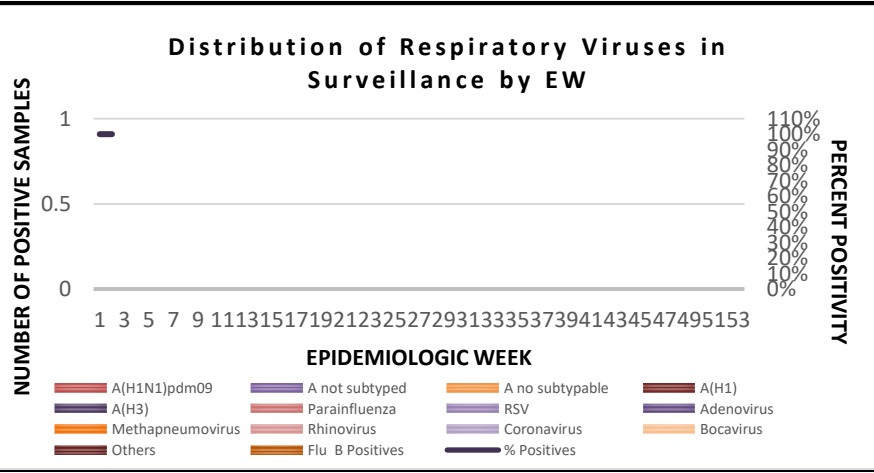
**Epi Week Summary**

During EW 05, 9 (nine) SARI admissions were reported.



**Caribbean Update EW 05**

Caribbean: Influenza and other respiratory virus activity remained low. In Belize, SARS-CoV-2 activity was reported at elevated levels and increasing. In Haiti, SARS-CoV-2 activity continued at moderate levels but increasing. In Jamaica, SARSCoV-2 activity was reported at elevated levels and increasing. In Saint Lucia, ILI activity was above expected levels for this time and SARS-CoV-2 detections and activity continued to increase.



**6 NOTIFICATIONS-**  
All clinical sites



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



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

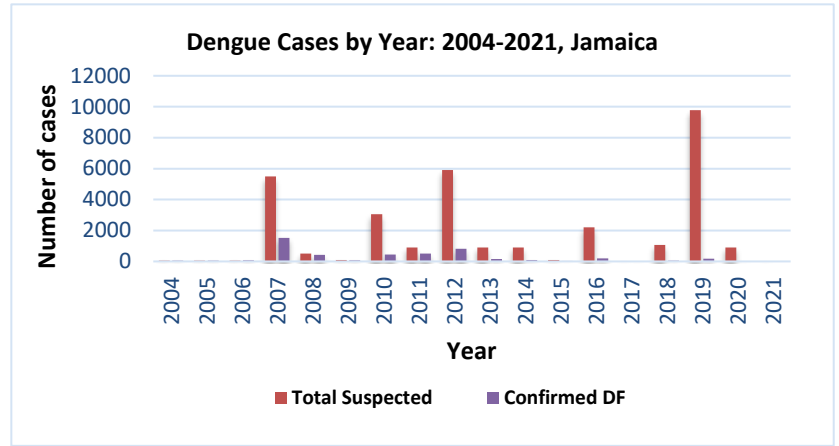


**SENTINEL REPORT-** 78 sites. Automatic reporting

# Dengue Bulletin

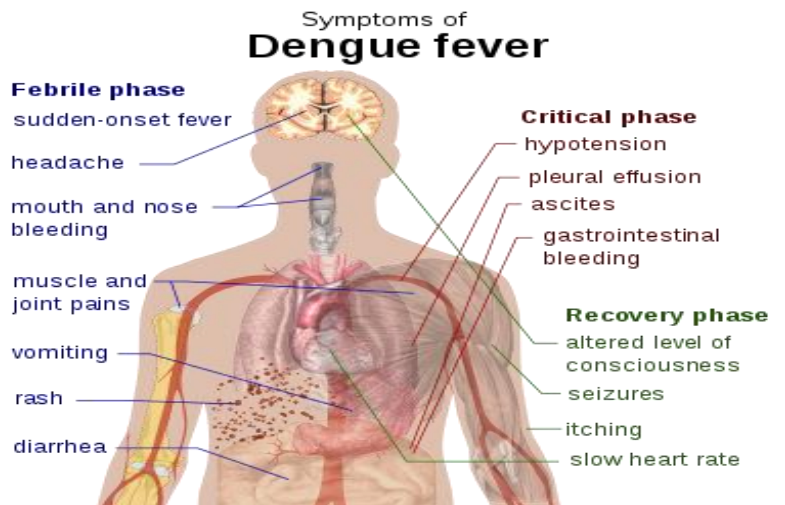
January 31, 2020 – February 06, 2021 Epidemiological Week 05

Epidemiological Week 05



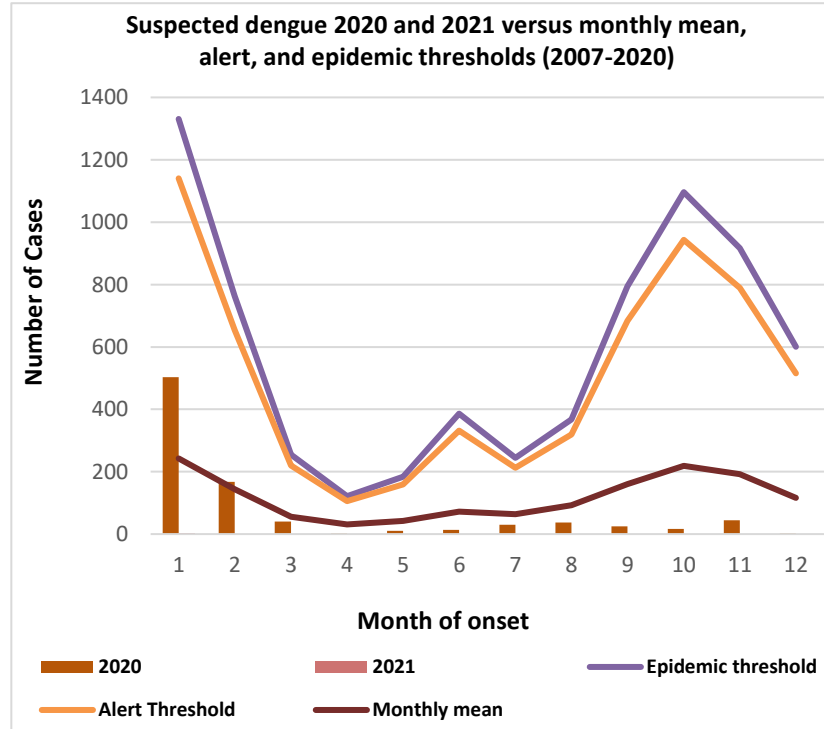
## Reported suspected and confirmed dengue with symptom onset in week 05 of 2021

	2021*	
	EW 05	YTD
Total Suspected Dengue Cases	3	3
Lab Confirmed Dengue cases	0	0
<b>CONFIRMED</b> Dengue Related Deaths	0	0



### Points to note:

- \* figure as at February 12, 2021
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.



**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

### ***Title: Determinants of Health-Seeking Behaviour in Patients with Sexually Transmitted Infections***

**Authors:** Ardene Harris<sup>1</sup>, Lovette Byfield<sup>2</sup>, Desmalee Holder-Nevins<sup>2</sup>, Camelia Thompson<sup>2</sup>

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**Objectives:** Persons with sexually transmitted infections (STIs) often do not seek medical care. In some countries, studies show that patients with STIs feel stigmatized. This study seeks to examine factors that influence the decision by patients with recurrent STIs to seek medical attention, and to determine the role played by stigma or the attitudes of health-care workers.

**Method:** Using a convergent parallel mixed-methods design, quantitative data were collected via a cross-sectional survey, utilizing an interviewer-administered structured questionnaire, while in-depth interviews were used to gather qualitative data. The study population consisted of 201 patients who attended public health centres served by the Kingston and St. Andrew Health Department for STI symptoms.

**Results:** Lack of time and the use of alternative medications were the two main reasons reported for delays in seeking care. Females were three times more likely than males to delay seeking care for STI symptoms (OR = 3.1, CI [1.6–6.1]). The STI patients felt stigmatized with a mean score of  $61 \pm 8.8\%$ . There was an association between STI-related stigma and a willingness to disclose one's STI status to partners ( $p < 0.001$ ). Overall, patients had positive impressions of health-care workers' attitudes towards them (mean patient satisfaction score = 82.2%).

**Conclusion:** STI patients may delay seeking care or disclosing their status to sexual partners owing to STI-related stigma. Health-care workers are viewed favourably by STI patients and can be used as agents of change, through health promotion to reduce stigma and motivate patients to seek medical attention early.

**Key Words:** Sexually transmitted infections; STI; stigma; disclosure; health-care worker



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8 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



HOSPITAL  
ACTIVE  
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