WEEKLY EPIDEMIOLOGY BULLETIN NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Facts on Tuberculosis



About one quarter of the world's population is infected with tuberculosis (TB) bacteria. Only a small proportion of those infected will become sick with TB.

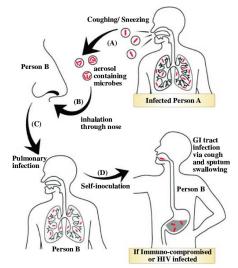
People with weakened immune systems have a much greater risk of falling ill from TB. A person living with HIV is about 20 times more likely to develop active TB.

In 2020, an estimated 10 million people fell ill with tuberculosis(TB) worldwide. 5.6 million men, 3.3 million women and 1.1 million children. TB is present in all countries and age groups. But TB is curable and preventable.

TB is the leading killer of people with HIV. In 2020, there were 375 962 people who had TB and HIV were notified, of whom 88% were on antiretroviral therapy. Most of the gaps in detection and treatment were in the WHO African Region, where the burden of HIV associated TB is highest.

Multidrug-resistant TB (MDR-TB) remains a public health crisis and a health security threat. Only about one in three people with drug resistant TB accessed treatment in 2020. In some cases an even more severe form of multi-drug resistant TB may develop with bad treatment. Pre-extensively drug-resistant TB (pre-XDR-TB) and (XDR-TB) are forms of TB that responds to even fewer available medicines

TB treatment saved about 66 million lives globally between 2000 and 2020, but important diagnostic and treatment gaps persist. The treatment success rate for people with TB was 86% in 2019.



Source: https://www.who.int/news-room/facts-in-pictures/detail/tuberculosis

WEEK 34 SYNDROMES PAGE 2 **CLASS 1 DISEASES** PAGE 4 INFLUENZA PAGE 5 **DENGUE FEVER** PAGE 6 GASTROENTERITIS PAGE 7 **RESEARCH PAPER** PAGE 8

Released October 29, 2021

SENTINEL SYNDROMIC SURVEILLANCE Sentinel Surveillance in



Table showcasing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks – 30 2021 to 34 of 2021

Parish health departments submit reports weekly by 3 p.m. on Tuesdays. Reports submitted after 3 p.m. are considered late. 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.

Epi week	Kingston and Saint Andrew	Saint Thomas	Saint Catherine	Portland	Saint Mary	Saint Ann	Trelawny	Saint James	Hanover	Westmoreland	Saint Elizabeth	Manchester	Clarendon
2021													
30	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	Late (T)	On Time	Late (T)	On Time
31	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	Late (T)
32	Late (W)	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (W)	Late (T)
33	Late (W)	On Time	On Time	Late (W)	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	Late (W)	Late (W)
34	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	Late (W)	Late (W)

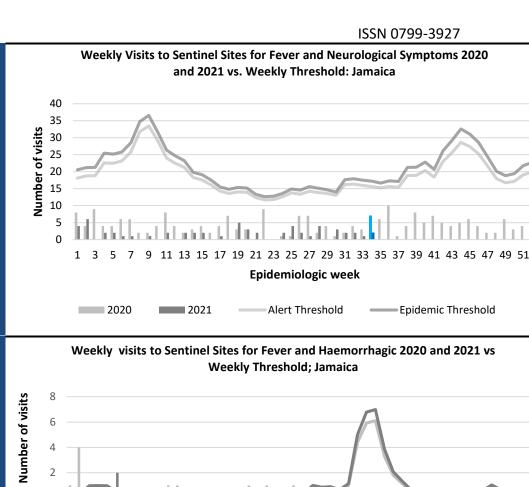
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER Weekly Visits to Sentinel Sites for Undefrentiated Fever All ages: Jamaica, Temperature of >38°C Weekly Threshold vs Cases 2021 1400 /100.4°F (or recent history of fever) with or without an 1200 **Number of visits** obvious diagnosis or focus of 1000 infection. 800 600 400 200 and the second sec KEY ٥ 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 3 VARIATIONS OF **BLUE Epidemiological week** SHOW CURRENT WEEK 2021 <5 2021>=5 2 NOTIFICATIONS-**INVESTIGATION** HOSPITAL SENTINEL All clinical **REPORTS-** Detailed Follow ACTIVE REPORT- 78 sites. up for all Class One Events SURVEILLANCE-Automatic reporting sites 30 sites. Actively pursued

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FEVER AND NEUROLOGICAL

Temperature of >38°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 $>38^{\circ}C$ /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.

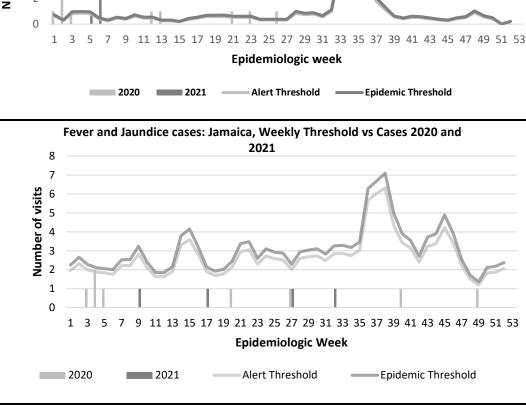


FEVER AND JAUNDICE

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







NOTIFICATIONS-All clinical sites

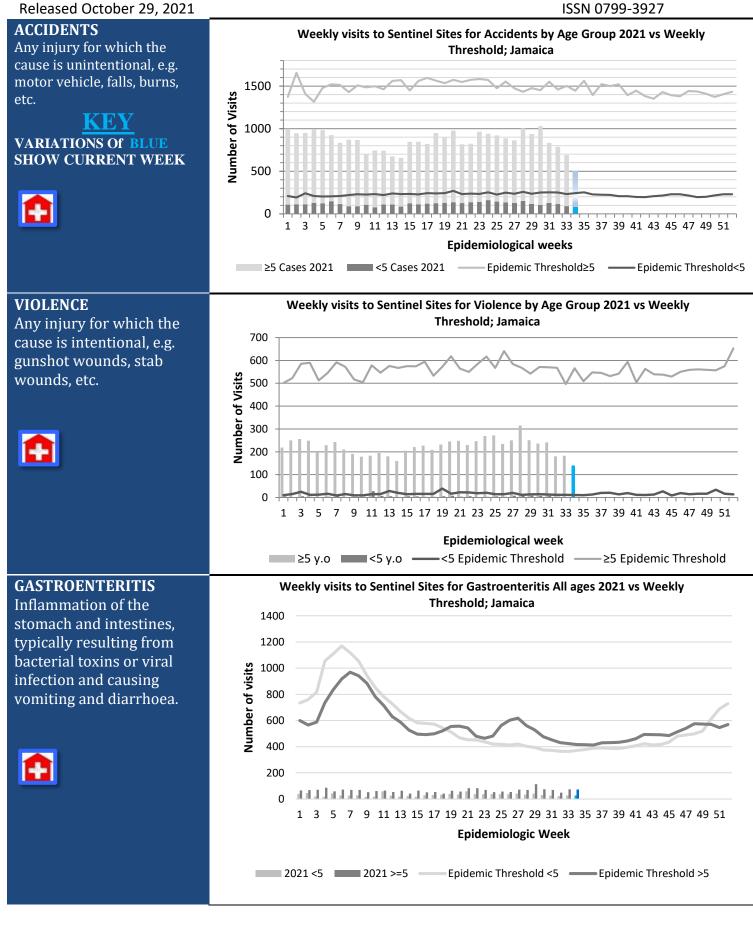


INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued





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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

- CLASS O	NE NOTIFI	ABLE EVENTS			Comments		
			Confirm	ned YTD^{α}	AFP Field Guides		
	CLASS 1 EV	/ENTS	CURRENT YEAR 2021	PREVIOUS YEAR 2020	from WHO indicate that for an effective surveillance system,		
	Accidental P	oisoning	22 ^β	79	detection rates for		
VAL	Cholera		0	0	AFP should be 1/100,000 population		
VATION I	Dengue Herr	orrhagic Fever ^γ	See Dengue page below	See Dengue page below	under 15 years old (6 to 7) cases annually.		
ATERN	Hansen's Dis	sease (Leprosy)	0	0	Pertussis-like		
UIN /IN	Hepatitis B		2	3	syndrome and Tetanus		
NAL	Hepatitis C		0 0		are clinically confirmed		
III	HIV/AIDS		NA	NA	confirmed classifications.		
NOLLYN HALL Dengue Hemorrhagi Hansen's Disease (L Hepatitis B Hepatitis C HIV/AIDS Malaria (Imported) Meningitis (Clinically of EXOTIC/ UNUSUAL Plague Meningococcal Men Neonatal Tetanus Typhoid Fever Meningitis H/Flu AFP/Polio Congenital Rubella S Congenital Syphilis Fever and Meash Rash Rubell Maternal Deaths [®] Ophthalmia Neonatal Pertussis-like syndro Rheumatic Fever Tuberculosis Yellow Fever Chikungunya [®] Stika Virus [®] NOTIF/CATIONS- NUTIONS-	ported)	0	0				
	Meningitis (0	Clinically confirmed)	4	1	^γ Dengue Hemorrhagic Fever		
	Plague		0	0	data include Dengue related deaths;		
YT YT	Meningococ	cal Meningitis	0	0	δ		
H IGH DRBIDIT DRTALIT	Neonatal Tet	anus	0	0	$^{\delta}$ Figures include all deaths associated with		
	Typhoid Fev	er	0	0	pregnancy reported		
Χ̈́́́́́	Meningitis H	I/Flu	0	0	for the period.		
	AFP/Polio		0	0	^ε CHIKV IgM		
	Congenital R	ubella Syndrome	0	0	positive cases		
	Congenital S	yphilis	0	0	$^{\theta}$ Zika PCR positive cases		
AES		Measles	0	0	β Updates made to		
RAMN	Rash	Rubella	0	0	prior weeks in 2020.		
SOG	Maternal De	aths ^δ	23	22	$^{\alpha}$ Figures are cumulative totals for		
L PR	Ophthalmia 1	Neonatorum	0	38	all epidemiological weeks year to date.		
CIA	Pertussis-like	e syndrome	0	0			
SPE	Rheumatic F	ever	0	0			
	Tetanus		0	0			
	Tuberculosis		19	29			
	Yellow Feve	r	0	0			
	Chikungunya	a ^ɛ	0	0			
	Zika Virus $^{\theta}$		0	0	NA- Not Available		
All clin		INVESTIGATION REPORTS- Detailed up for all Class One E	Follow ACT vents SUR	VEILLANCE- ces. Actively	SENTINEL REPORT- 78 sites. Automatic reporting		

pursued

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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

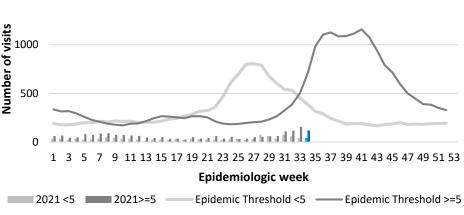
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August 22 - 28, 2021 Epidemiological Week 34

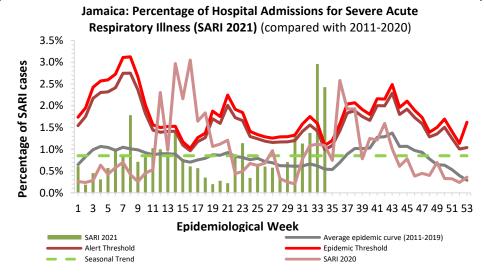
<i>EW 34</i>	YTD	
29	424	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
	29 0 0 0 0 0 0	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$

Weekly Visits to Sentinel Sites for Undefrentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2021 1500



Epi Week Summary

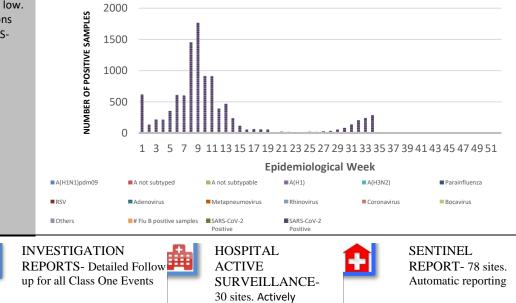
During EW 34, 24 (twentyfour) SARI admissions were reported.



Caribbean Update EW 34

Caribbean: Influenza activity remained low. In Belize, SARS-CoV-2 and RSV detections continued to increase and in Haiti, SARS-CoV-2 activity continued elevated and increasing.

DISTRIBUTION OF INFLUENZA AND OTHER RESPIRATORY VIRUSES UNDER SURVEILLANCE BY EW



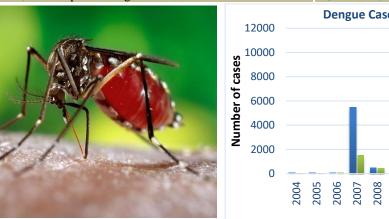
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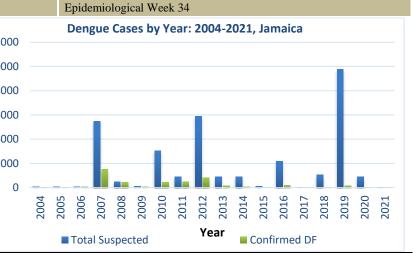


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NOTIFICATIONS-All clinical sites Dengue Bulletin

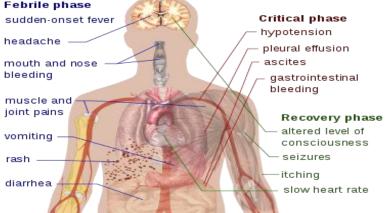
August 22 - 28, 2021 Epidemiological Week 34



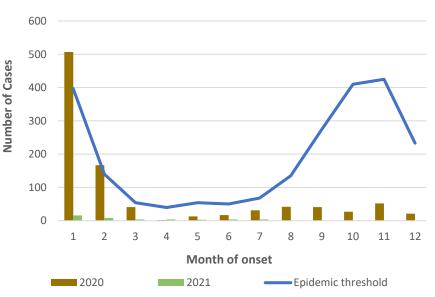


Reported suspected and confirmed dengue with symptom onset in week 33 of 2021 Febrile phase 2021* headache EW 33 YTD bleeding muscle and **Total Suspected Dengue** 0 37 joint pains Cases vomiting Lab Confirmed Dengue 0 5 cases rash CONFIRMED diarrhea 0 0 **Dengue Related Deaths**

Symptoms of Dengue fever



Suspected dengue cases for 2020 and 2021 versus monthly mean, alert, and epidemic thresholds (2007-2020)



Points to note:

- *Figure as at Ausgust 5, 2021
- **Only PCR positive dengue cases** are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

7

All clinical

sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



RESEARCH PAPER

ABSTRACT

Training Teachers to Help Students to Cope with Post-Traumatic Stress

Dr. Ganesh Shetty, Kingston & St. Andrew Health Department; Prof. Cynthia Onyefulu, University of Technology, Jamaica; Dr. Steve Weaver, University of the West Indies; Dr. Sandra Chambers SE Regional Health Authority

Introduction. Exposure to trauma in children may result in mental health problems such as post-traumatic stress disorders (PTSD), anxiety disorder, depressive symptoms, dissociation, substance abuse, and delinquent and aggressive behaviors. The children who develop PTSD may later result in perpetrating violence on others. This study aimed to train a group of teachers in a primary school in Kingston, Jamaica with knowledge and skills to help students cope better with traumatic experiences. Research questions addressed were: What percentage of teachers know of the manifestations of and coping skills to manage PTSD prior to training? To what extent will there be a difference in the teachers' knowledge of symptoms and skills to cope with PTSD after training?

Methods. The mixed methods approach was used. All 20 (5 male & 15 female) teachers voluntarily participated in the study. The teachers were pre-tested to measure their knowledge of and ways of coping with PTSD in March 2019, and attended six training sessions, and were post-tested in June 2019.

Results. The results showed that the pre-test scores (M = 1.95, SD = 2.19) of 35% of the teachers knew some skills in managing PTSD before the training. The post-test scores (M = 4.00, SD = 1.69) of the 75% of the teachers learnt the skills after the training, while 50% retained their skills three months after the training. A feedback session was also conducted.



The Ministry of Health and Wellness 24-26 Grenada Crescent Kingston 5, Jamaica Tele: (876) 633-7924 Email: surveillance@moh.gov.jm



NOTIFICATIONS All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

