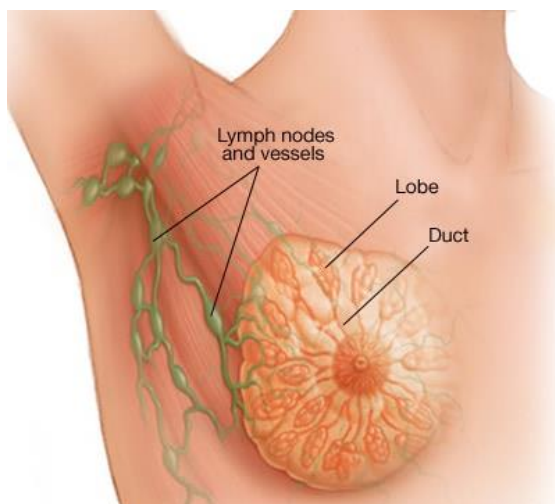


WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

BREAST CANCER



Breast cancer most commonly presents as a painless lump or thickening in the breast.

It is important that women finding an abnormal lump in the breast consult a health practitioner without a delay of more than 1-2 months even when there is no pain associated with it. Seeking medical attention at the first sign of a potential symptom allows for more successful treatment.

Generally, symptoms of breast cancer include:
a breast lump or thickening;

alteration in size, shape or appearance of a breast;
dimpling, redness, pitting or other alteration in the skin;
change in nipple appearance or alteration in the skin surrounding the nipple (areola);
and/or
abnormal nipple discharge.

There are many reasons for lumps to develop in the breast, most of which are not cancer. As many as 90% of breast masses are not cancerous. Non-cancerous breast abnormalities include benign masses like fibroadenomas and cysts as well as infections.

Over time, cancerous cells may spread to other organs including the lungs, liver, brain and bones. Once they reach these sites, new cancer-related symptoms such as bone pain or headaches may appear.

Rapid diagnosis needs to be linked to effective cancer treatment that in many settings requires some level of specialized cancer care. By establishing centralized services in a cancer facility or hospital, using breast cancer as a model, treatment for breast cancer may be optimized while improving management of other cancers.



5 STEPS TO DETECTING BREAST CANCER EARLY:

1. Practice routine self-exams
2. Know your risks and family history
3. Visit your doctor regularly
4. Know when to get a mammogram
5. Follow-up after a screening or test

EPI WEEK 35



SYNDROMES

PAGE 2



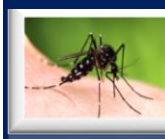
CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



GASTROENTERITIS

PAGE 7



RESEARCH PAPER

PAGE 8

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.

Table showcasing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks – 31 2021 to 35 of 2021

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

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													
31	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
32	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)
33	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)
34	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)
35	On Time	On Time	Late (T)	On Time	Late (T)	On Time	Late (T)	On Time	On Time	On Time	On Time	Late (W)	On Time

REPORTS FOR SYNDROMIC SURVEILLANCE

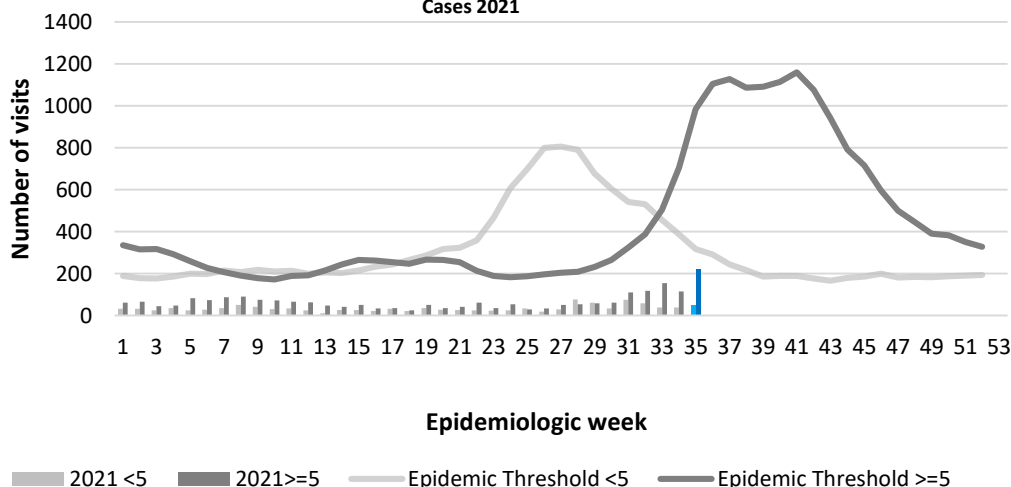
FEVER

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 2021



2 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



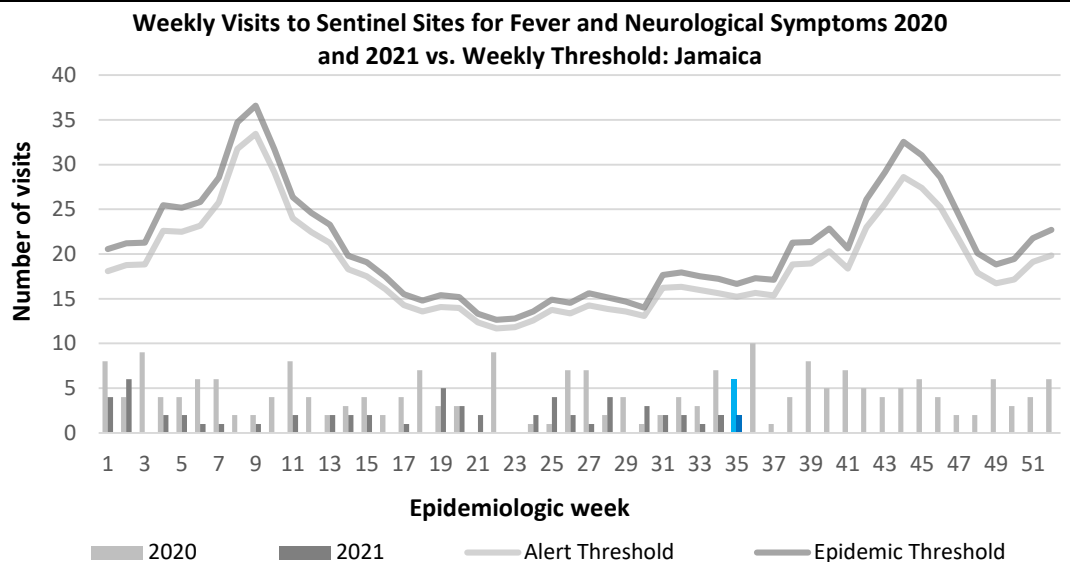
HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued



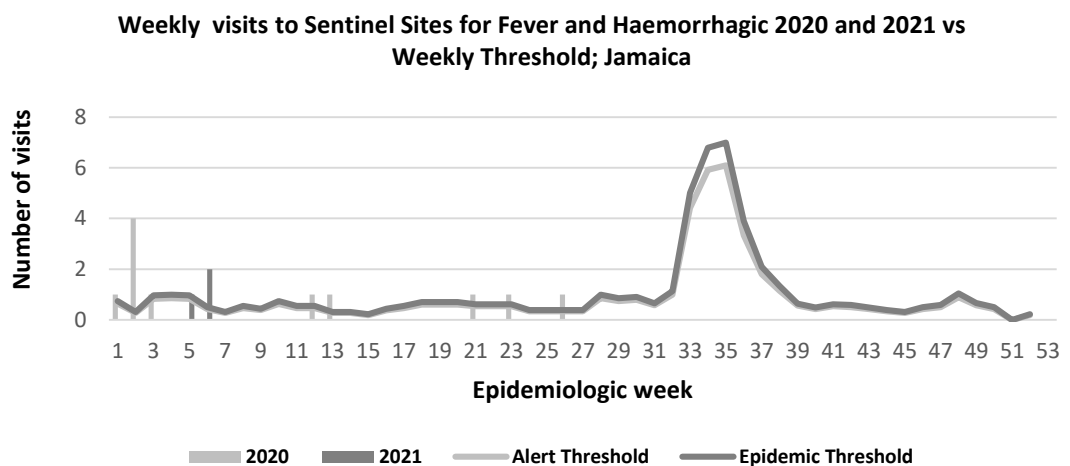
SENTINEL
REPORT- 78 sites.
Automatic reporting

FEVER AND NEUROLOGICAL

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

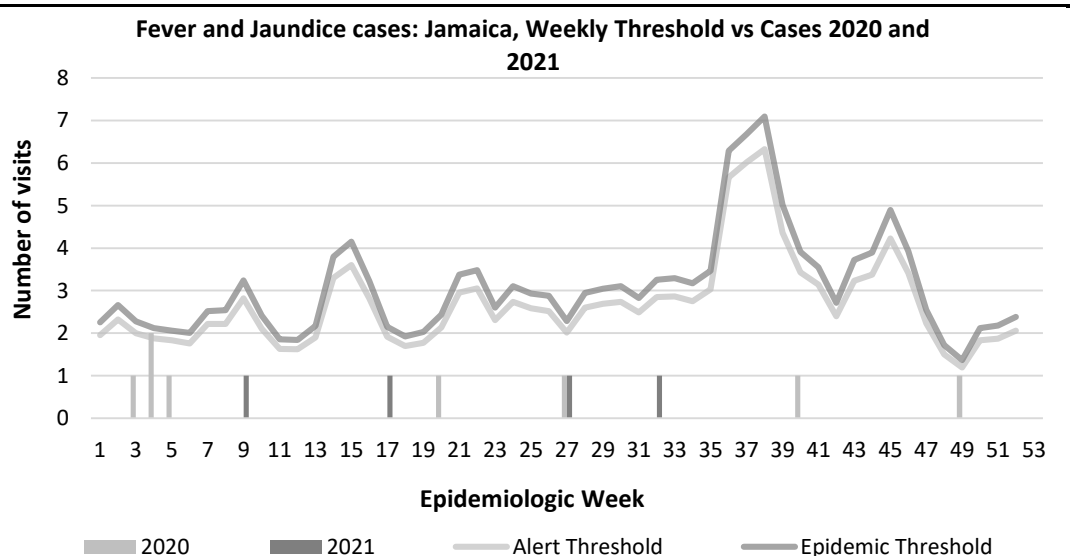
**FEVER AND HAEMORRHAGIC**

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



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

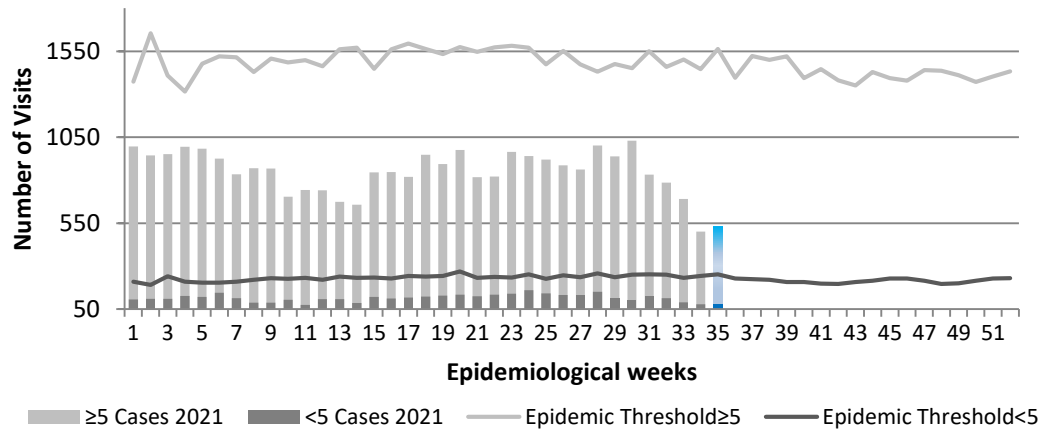
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

VARIATIONS OF **BLUE** SHOW CURRENT WEEK



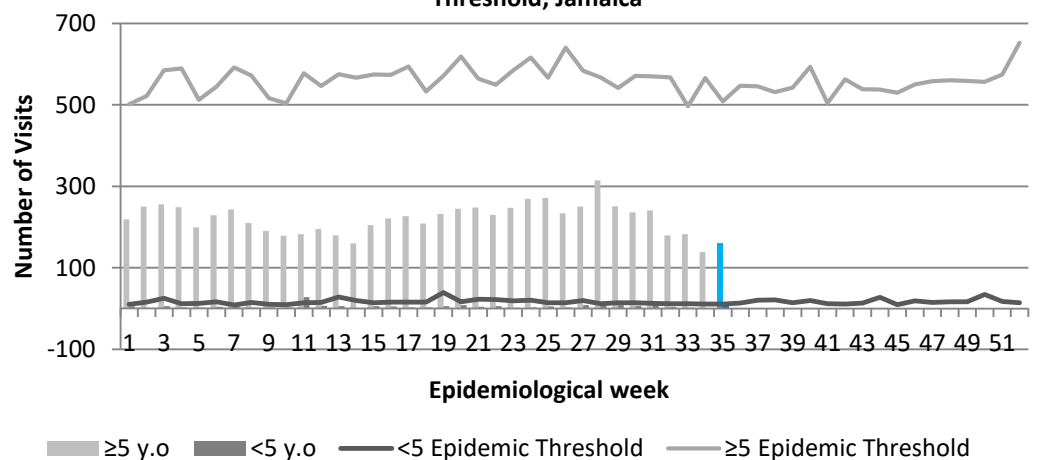
Weekly visits to Sentinel Sites for Accidents by Age Group 2021 vs Weekly Threshold; Jamaica

**VIOLENCE**

Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.



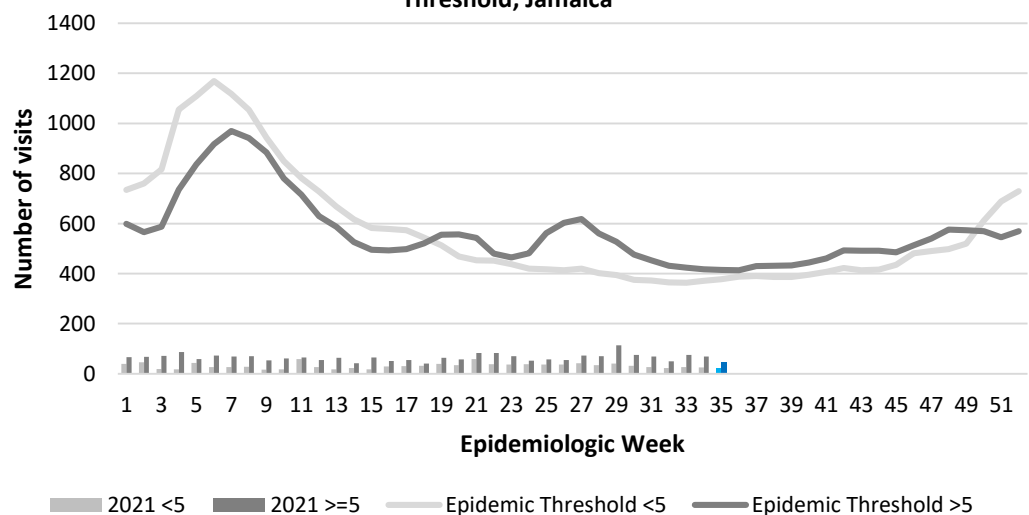
Weekly visits to Sentinel Sites for Violence by Age Group 2021 vs Weekly Threshold; Jamaica

**GASTROENTERITIS**

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.



Weekly visits to Sentinel Sites for Gastroenteritis All ages 2021 vs Weekly Threshold; Jamaica



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 ^α	
	CLASS 1 EVENTS		CURRENT YEAR 2021	PREVIOUS YEAR 2020
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		22 ^β	80
	Cholera		0	0
	Dengue Hemorrhagic Fever ^γ		See Dengue page below	See Dengue page below
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		2	3
	Hepatitis C		0	0
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	0
	Meningitis (Clinically confirmed)		4	1
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 ^δ		23	22
	Ophthalmia Neonatorum		0	38
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		19	29
	Yellow Fever		0	0
	Chikungunya ^ε		0	0
	Zika Virus ^θ		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.

^γ Dengue Hemorrhagic Fever data include Dengue related deaths;

^δ Figures include all deaths associated with pregnancy reported for the period.

^ε CHIKV IgM positive cases

^θ Zika PCR positive cases

^β Updates made to prior weeks in 2020.

^α 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

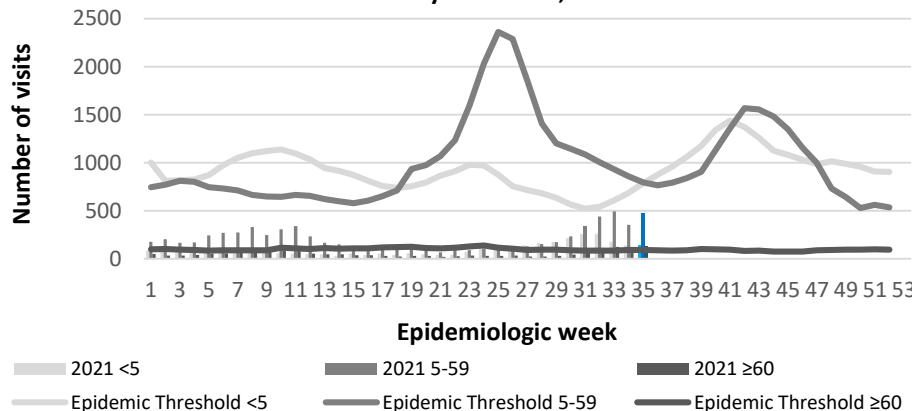
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 35

August 29 to September 4, 2021 Epidemiological Week 35

	EW 35	YTD
SARI cases	21	445
Total Influenza positive Samples	0	0
Influenza A	0	0
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
Influenza B	0	0
Parainfluenza	0	0

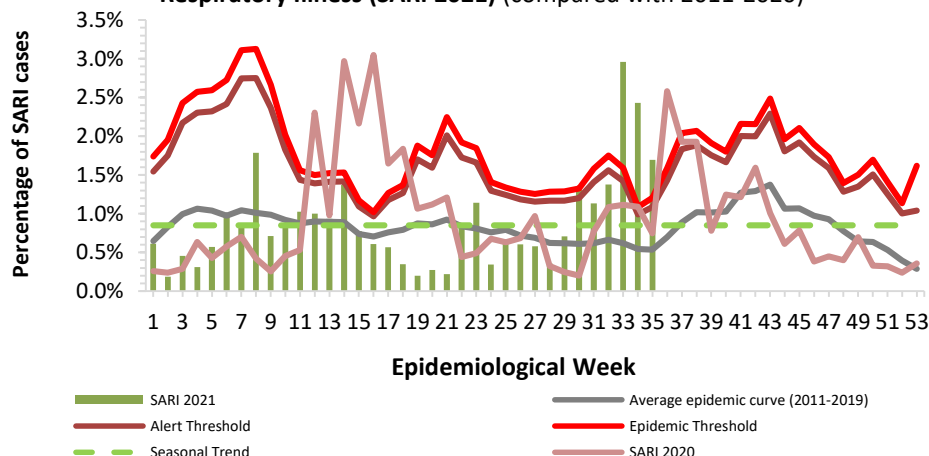
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2021 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 35, 21 (twentyone) SARI admissions were reported.

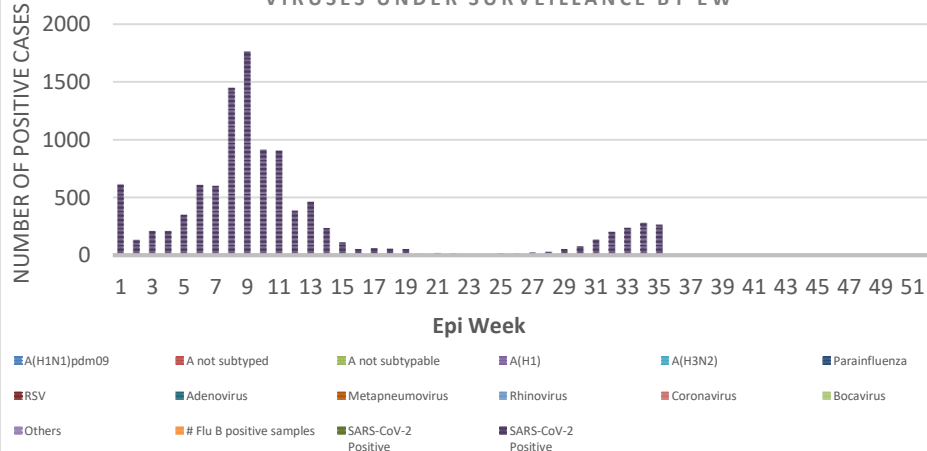
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2021) (compared with 2011-2020)



Caribbean Update EW 35

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



6 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
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SURVEILLANCE-
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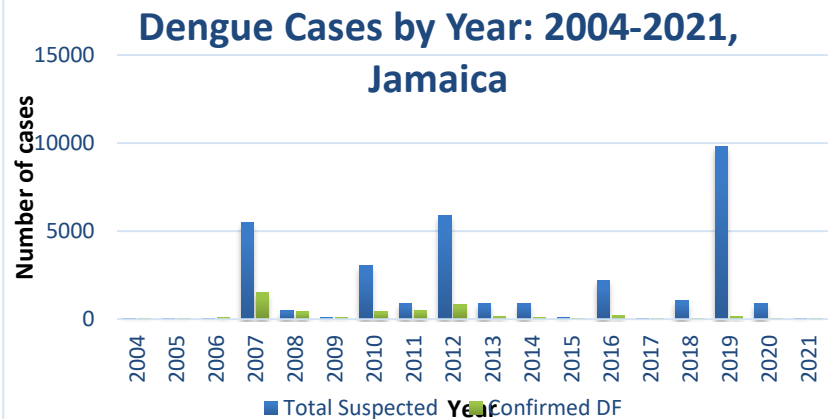


SENTINEL
REPORT- 78 sites.
Automatic reporting

Dengue Bulletin

August 29, to September 4, 2021 Epidemiological Week 35

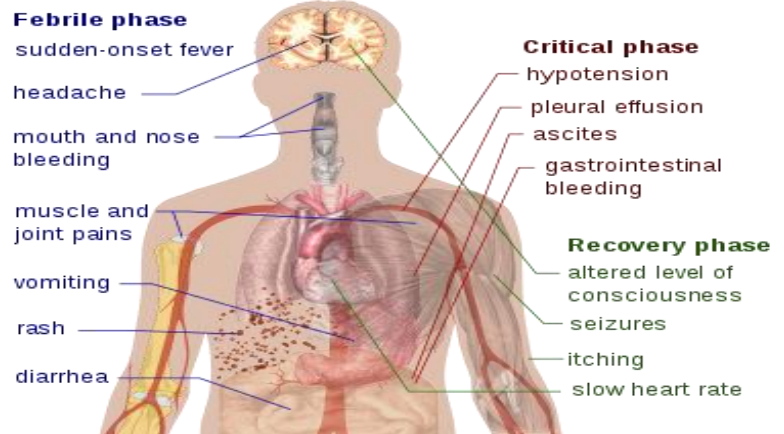
Epidemiological Week 35



Reported suspected and confirmed dengue with symptom onset in week 35 of 2021

	2021*	
	EW 35	YTD
Total Suspected Dengue Cases	0	37
Lab Confirmed Dengue cases	0	5
CONFIRMED Dengue Related Deaths	0	0

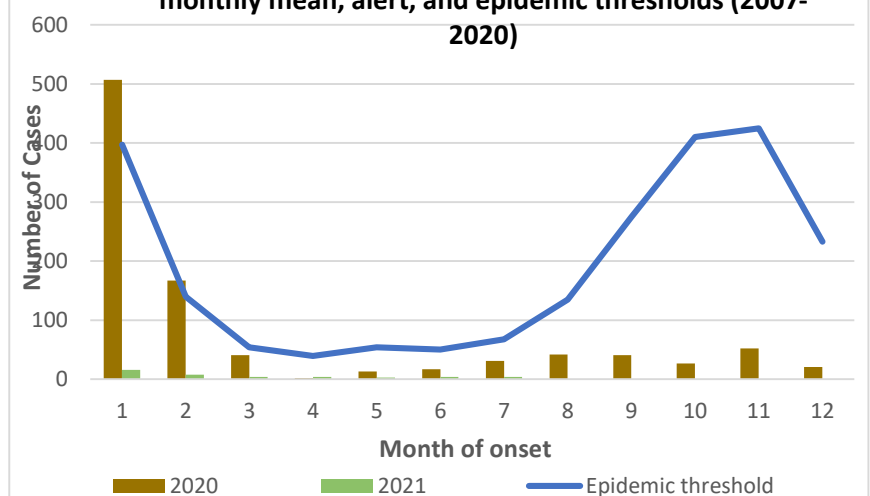
Symptoms of Dengue fever



Points to note:

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

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



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

RESEARCH PAPER

Abstract

Knowledge and Practice Related to Lifestyle Among Adults with Diabetes and Hypertension

Colleen Campbell¹, Delani Campbell¹, Khadijah Estick¹, Mario McCallum¹, Martin McIntosh¹, Jourdain Masters¹, Alliyah Mentor¹, Yakeev Morris¹, Ta'Mal Phillip¹, Gabriella Ranjit¹, Orlando Smith¹, Gayan White,¹ Norman Waldron²

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Aim: To determine the level of knowledge and assess the lifestyle practices of adult patients with Diabetes and/or Hypertension attending the primary health care clinics in Jamaica.

Background: Diabetes and Hypertension are among the leading causes of preventable morbidity and related disability worldwide. The shift in disease burden from infectious diseases to non-communicable diseases has been attributed to dietary and physical activity changes.

Method: In this cross-sectional study using 150 randomly selected adults from primary health care centres in seven parishes of Jamaica. A 69-item interviewer-administered questionnaire was used. The questions measured knowledge and lifestyle practices related to diet, smoking, exercise and alcohol consumption.

Results: The majority (%) of the sample was female (76%) and most persons were within the age group of 56 years or over (68.6%). The mean knowledge score of exercise was 4.7 (SD 1.2) with a score range of 1 to 6. No statistical differences presented in mean knowledge of exercise by socioeconomic and demographic characteristics. Nine of the ten questions assessing knowledge of diet were answered correctly by the majority (50.7% - 93.3%).

The mean knowledge score for alcohol consumption and smoking was 5.5 (SD 0.9) and 2.9 (SD 0.3), respectively. Just over a half (52.3%) of the sample reported exercising (52.3%) and consuming sugar-sweetened beverages (53%). Very little reported drinking alcohol in the last three months (10.7%) and a minority (4.7%) of the sample reported that they are currently smoking.

Conclusion: Mean knowledge scores for exercise, alcohol consumption and smoking were relatively high, while lifestyle practices among participants was relatively low. We recommend further research to assess the facilitators and barriers to adopting lifestyle changes among Jamaican adults.

Keywords: Knowledge, Lifestyle, Practice, Diabetes, Hypertension



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8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
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30 sites. Actively
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SENTINEL
REPORT- 78 sites.
Automatic reporting