

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Violence prevention



Each year, 1.4 million people worldwide lose their lives to violence. For every person who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems. Violence places a massive burden on national economies, costing countries billions of US dollars each year in

health care, law enforcement and lost productivity.

WHO works with partners to prevent violence through scientifically credible strategies.

Violence is a serious problem in the United States (U.S.). It affects people in all stages of life—from infants to the elderly—and has profound impact on lifelong health, opportunity, and well-being. In 2018, nearly 19,000 people were victims of homicide and more than 1.5 million were treated in hospital emergency departments for an assault-related injury. The number of violent deaths and injuries is just part of the story. Many people survive violence and have permanent physical and emotional scars. Violence also erodes communities by reducing productivity, decreasing property values, and disrupting social services.



Source: <https://www.cdc.gov/violenceprevention/about/index.html> : <https://www.who.int/news-room/facts-in-pictures/detail/violence-prevention>

EPI WEEK 36



SYNDROMES

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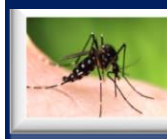
CLASS 1 DISEASES

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INFLUENZA

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DENGUE FEVER

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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 - 32 2021 to 36 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													
32	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
33	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)
34	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)
35	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)
36	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	Late (W)	Late (W)

REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

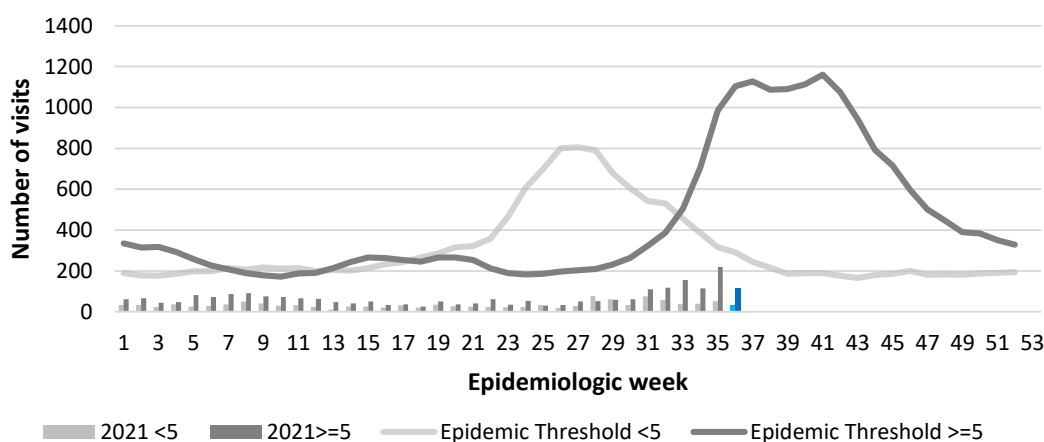
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



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



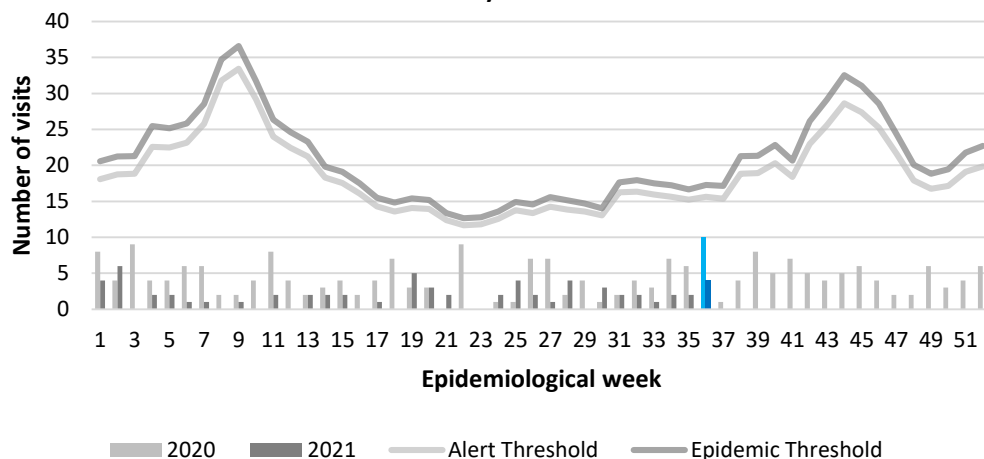
SENTINEL REPORT- 78 sites. Automatic reporting

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).



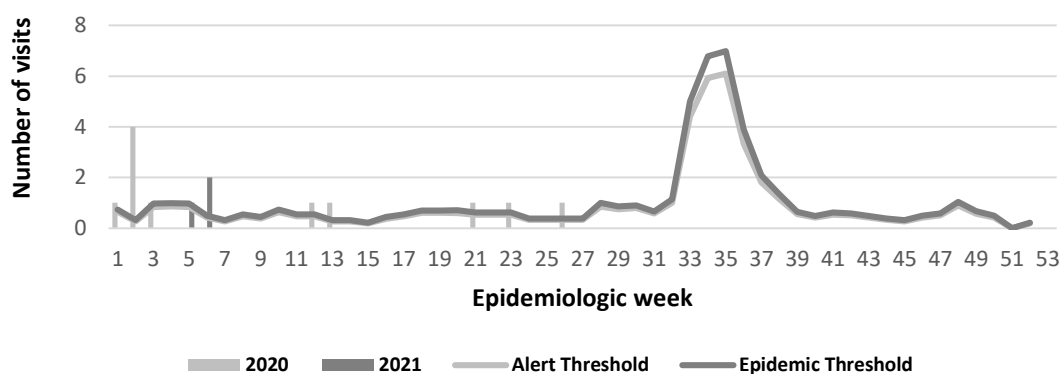
Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2020 and 2021 vs. Weekly Threshold: Jamaica

**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.



Weekly visits to Sentinel Sites for Fever and Haemorrhagic 2020 and 2021 vs Weekly Threshold; Jamaica

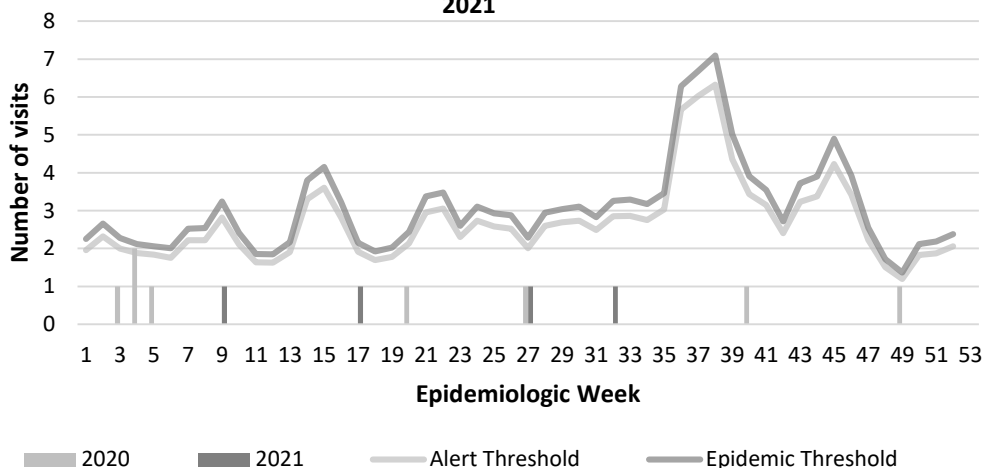
**FEVER AND JAUNDICE**

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.



Fever and Jaundice cases: Jamaica, Weekly Threshold vs Cases 2020 and 2021



3 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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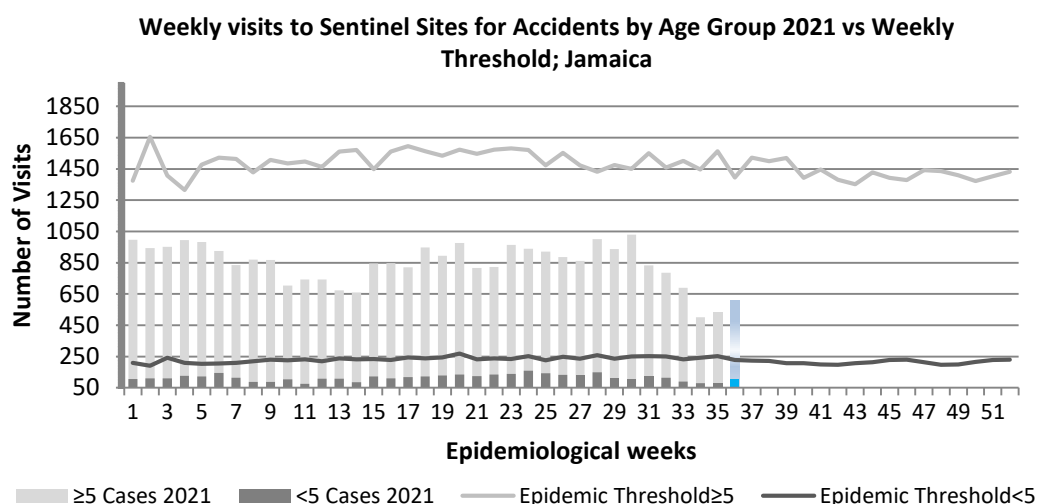
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

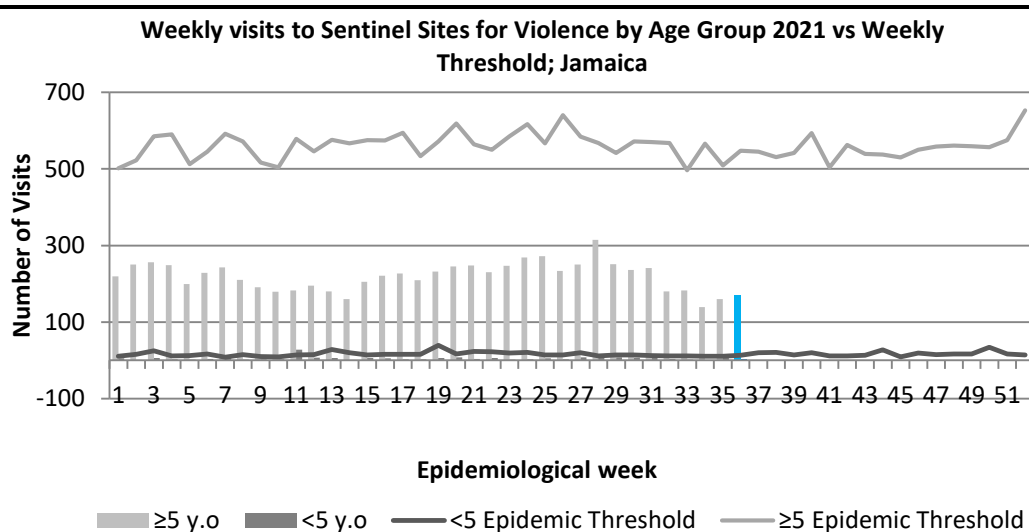
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

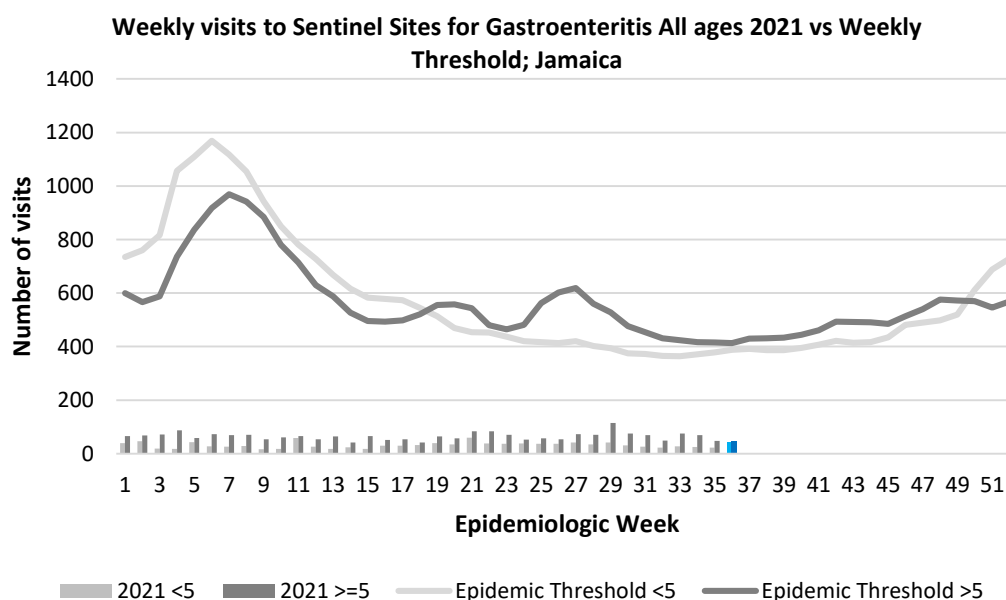
VARIATIONS OF BLUE SHOW CURRENT WEEK

**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
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HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
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SENTINEL
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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	82
	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



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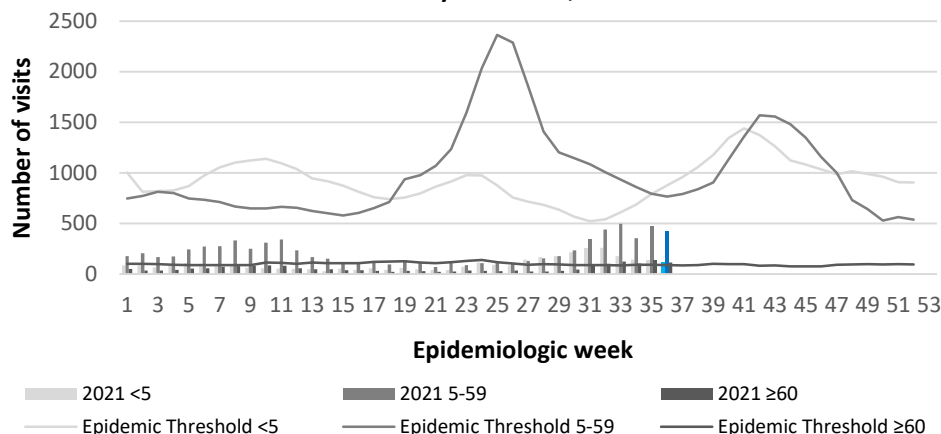
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 36

September 5 - 11, 2021 Epidemiological Week 36

	EW 36	YTD
SARI cases	28	473
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

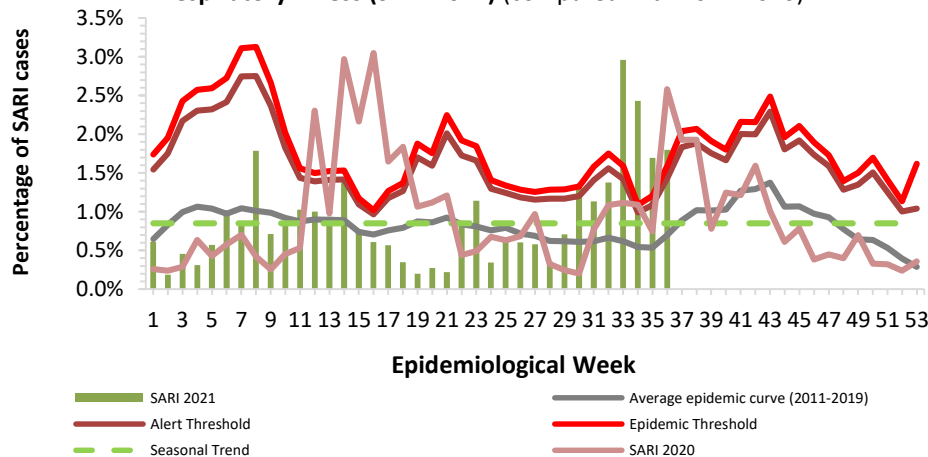
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2021 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 36, 28 (twenty-eight) SARI admissions were reported.

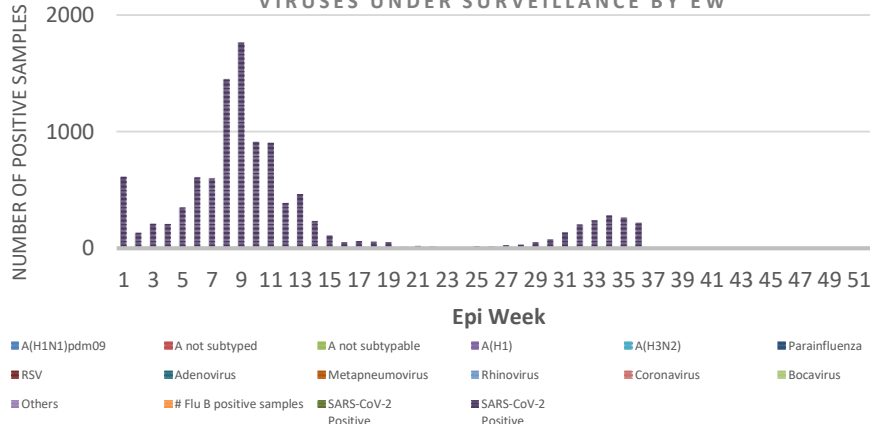
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2021) (compared with 2011-2020)



Caribbean Update EW 36

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
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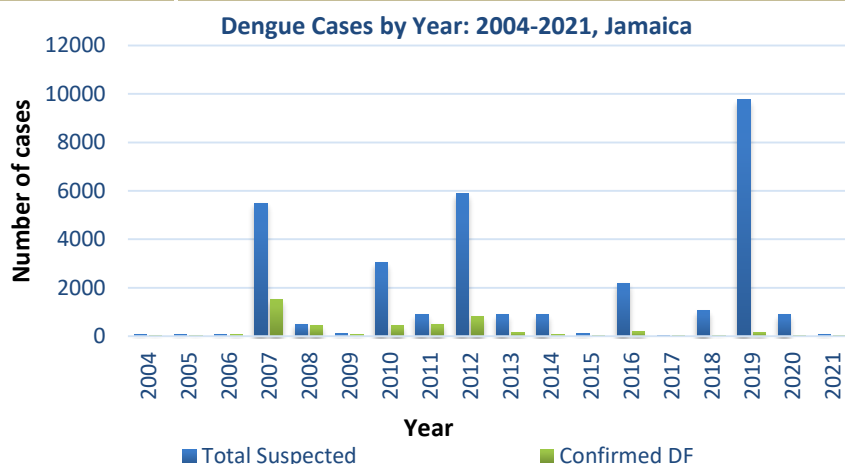


SENTINEL
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Dengue Bulletin

September 5 - 11, 2021 Epidemiological Week 36

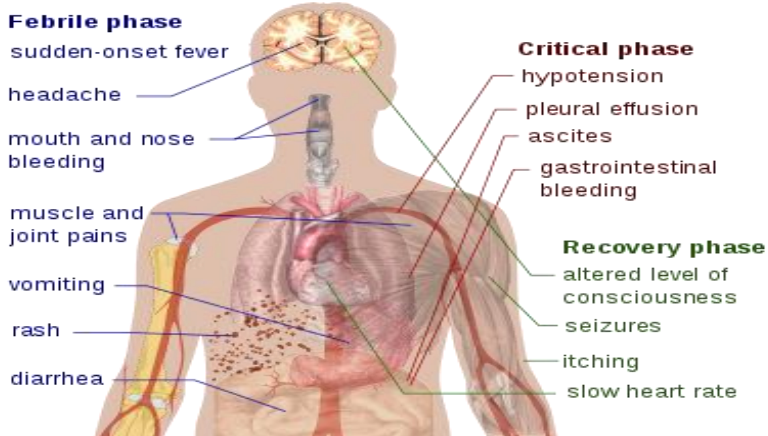
Epidemiological Week 36



Reported suspected and confirmed dengue with symptom onset in week 36 of 2021

	2021*	
	EW 36	YTD
Total Suspected Dengue Cases	0	53
Lab Confirmed Dengue cases	0	5
CONFIRMED Dengue Related Deaths	0	0

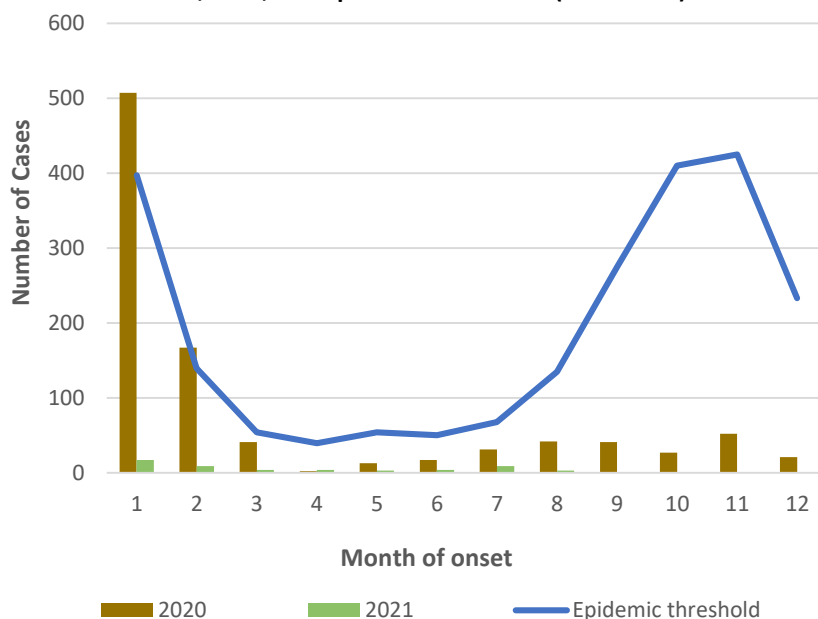
Symptoms of Dengue fever



Points to note:

- *Figure as at September 7, 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



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SENTINEL REPORT- 78 sites. Automatic reporting

RESEARCH PAPER

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
REPORTS- Detailed Follow
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