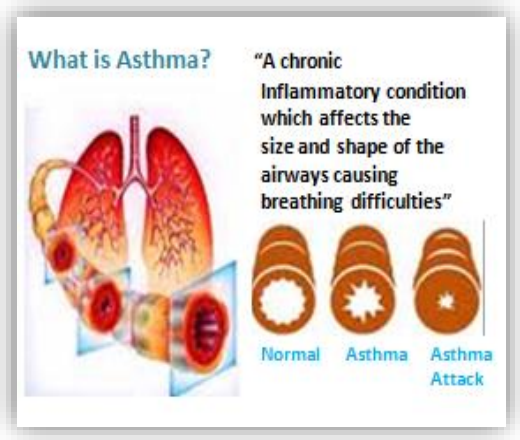
WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Asthma

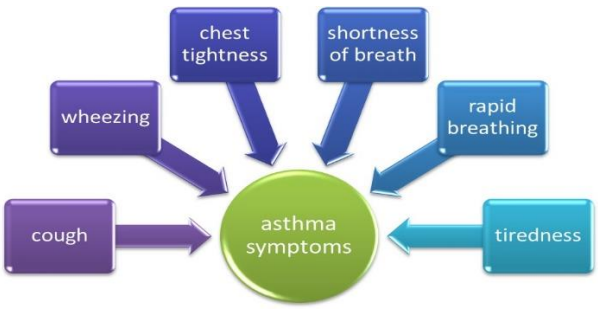


Key facts

- Asthma is a major noncommunicable disease (NCD), affecting both children and adults.
- Inflammation and narrowing of the small airways in the lungs cause asthma symptoms, which can be any combination of cough, wheeze, shortness of breath and chest tightness.
- Asthma affected an estimated 262 million people in 2019 and caused 461000 deaths (1).
- Asthma is the most common chronic disease among children.
- Inhaled medication can control asthma symptoms and allow people with asthma to lead a normal, active life.
- Avoiding asthma triggers can also help to reduce asthma symptoms.
- Most asthma-related deaths occur in low- and lower-middle income countries, where under-diagnosis and under-treatment is a challenge.
- WHO is committed to improving the diagnosis, treatment, and monitoring of asthma, to reduce the global burden of NCDs and make progress towards universal health coverage.

What is asthma?

Asthma is a long-term condition affecting children and adults. The air passages in the lungs become narrow due to inflammation and tightening of the muscles around the small airways. This causes asthma symptoms: cough, wheeze, shortness of breath and chest tightness. These symptoms are intermittent and are often worse at night or during exercise. Other common "triggers" can make asthma symptoms worse. Triggers vary from person to person, but can include viral infections (colds), dust, smoke, fumes, changes in the weather, grass and tree pollen, animal fur and feathers, strong soaps, and perfume.



Source: https://www.who.int/news-room/fact-sheets/detail/asthma

EPI WEEK 3

Released March 18, 2022 ISSN 0799-3927

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 – 52, 2021 to 3 of 2022

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

KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday

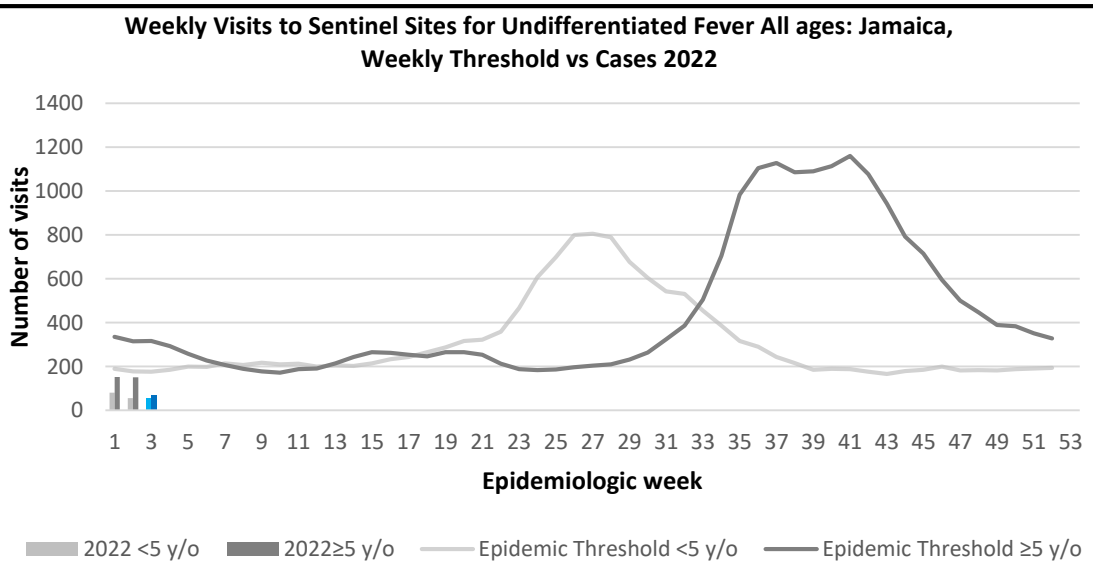
Epi week	Kingston and Saint Andrew	Saint Thomas	Saint Catherine	Portland	Saint Mary	Saint Ann	Trelawny	Saint James	Hanover	Westmoreland	Saint Elizabeth	Manchester	Clarendon
2022													
52	On Time	On Time	On Time	On Time	On Time	Late (T)	Late (T)	Late (T)	On Time	On Time	On Time	On Time	On Time
1	On Time	Late (T)	Late (T)	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time
2	On Time	On Time	On Time	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time
3	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time

REPORTS FOR SYNDROMIC SURVEILLANCE

Temperature of >38^0C /100.4^0F (or recent history of fever) with or without an obvious diagnosis or focus of infection.

KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK



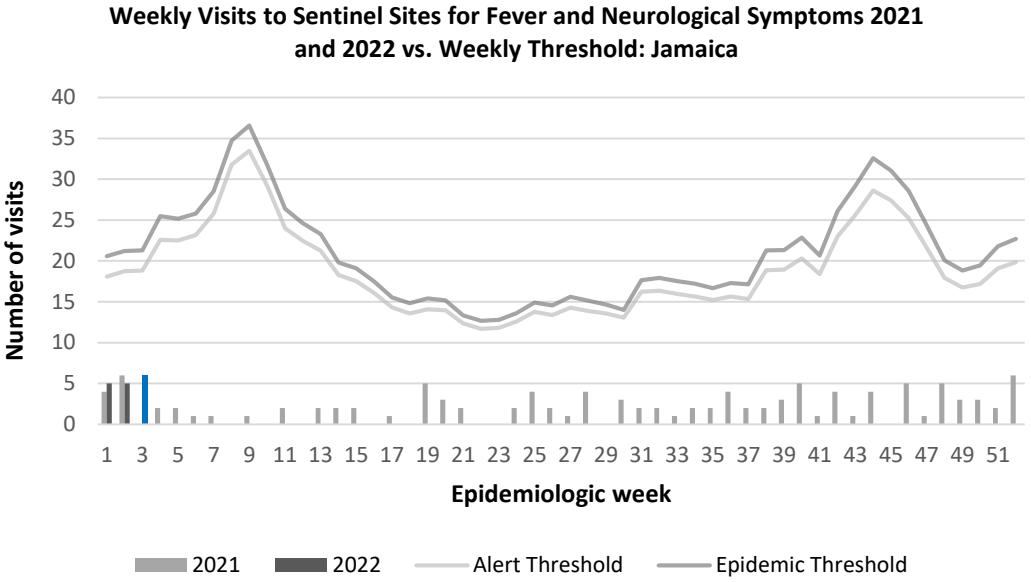
NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

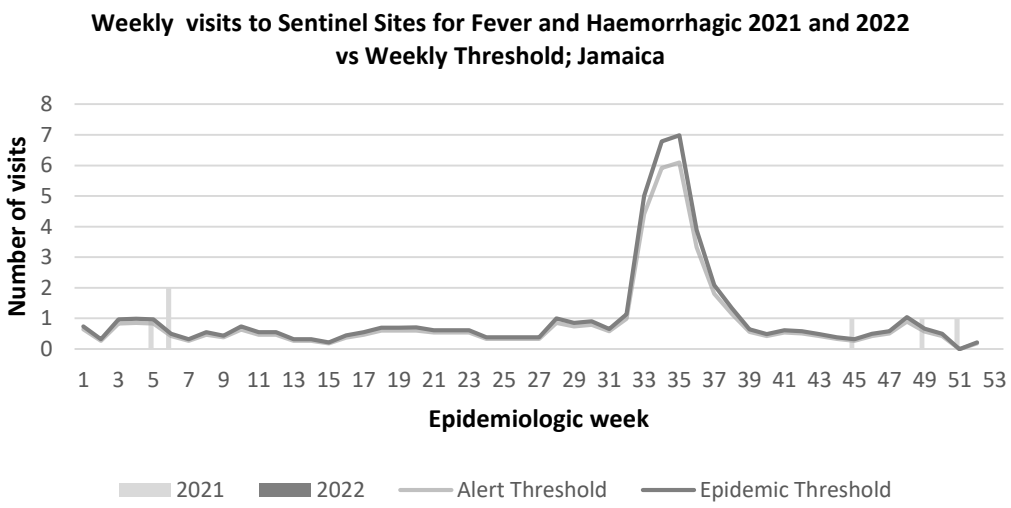
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

FEVER AND NEUROLOGICAL
Temperature of >38^{0}C /100.4^{0}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).

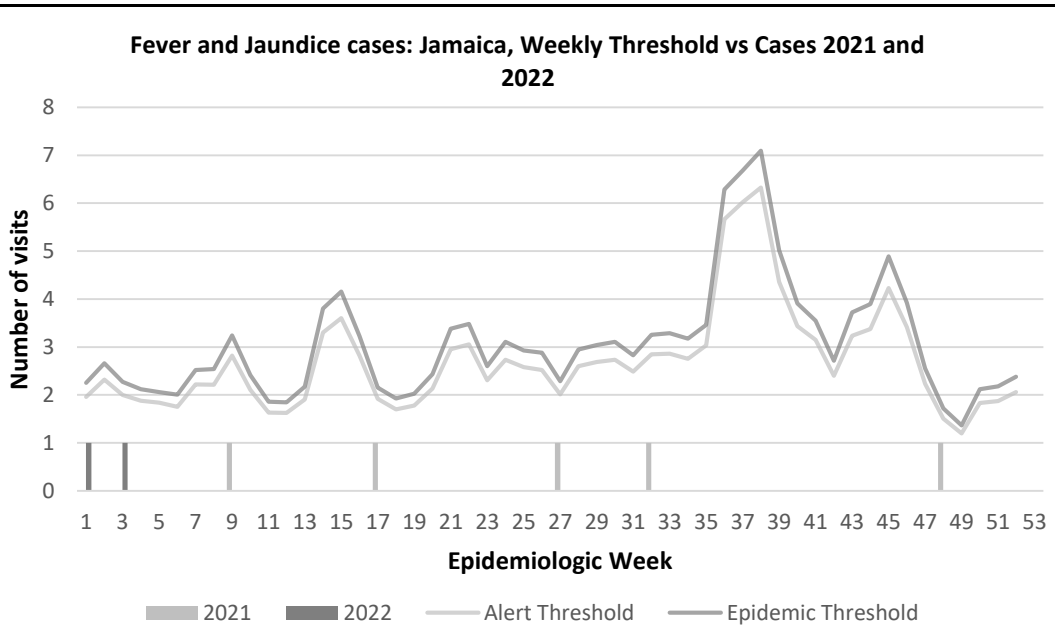


FEVER AND HAEMORRHAGIC
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



FEVER AND JAUNDICE
Temperature of >38^0C /100.4^0F (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

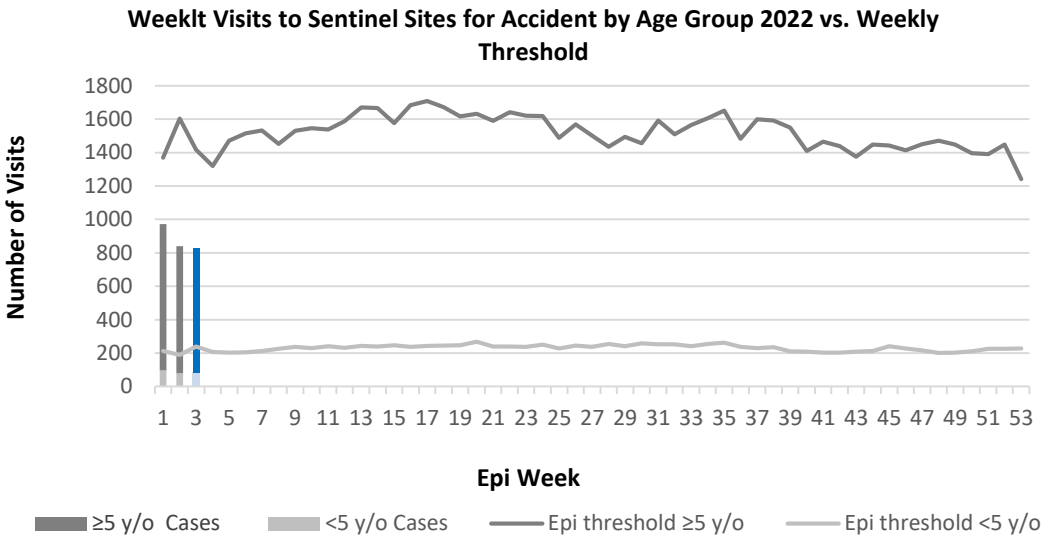
Released March 18, 2022 ISSN 0799-3927

ACCIDENTS

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

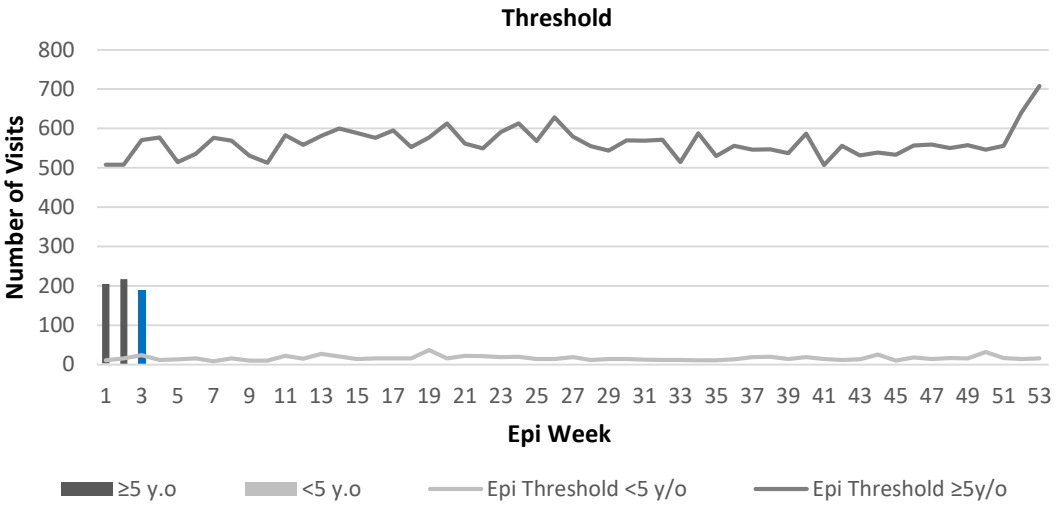
KEY

VARIATIONS Of BLUE SHOW CURRENT WEEK



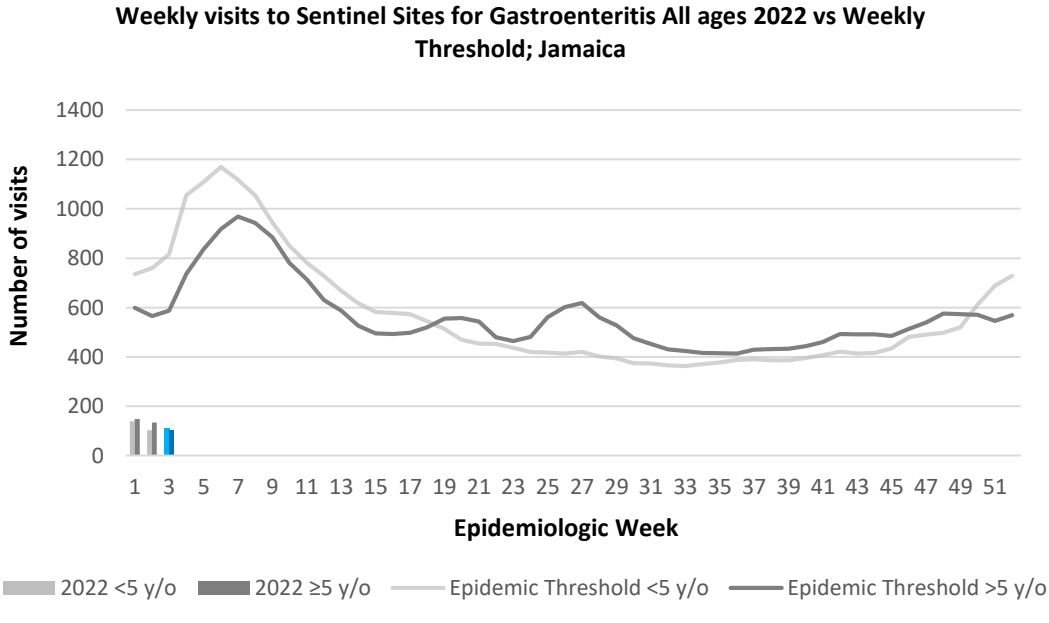
VIOLENCE

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

Released March 18, 2022 ISSN 0799-3927

CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS		Confirmed YTD[α] CURRENT YEAR 2022	PREVIOUS YEAR 2021
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		0	8[β]
	Cholera		0	0
	Dengue Hemorrhagic Fever[γ]		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		24861	2164
	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	2
EXOTIC/ UNUSUAL	Plague		0	0
H IGH 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]		5	2
	Ophthalmia Neonatorum		4	5
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		0	3
	Yellow Fever		0	0
	Chikungunya[ε]		0	0
	Zika Virus[θ]		0	0

Comments

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

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

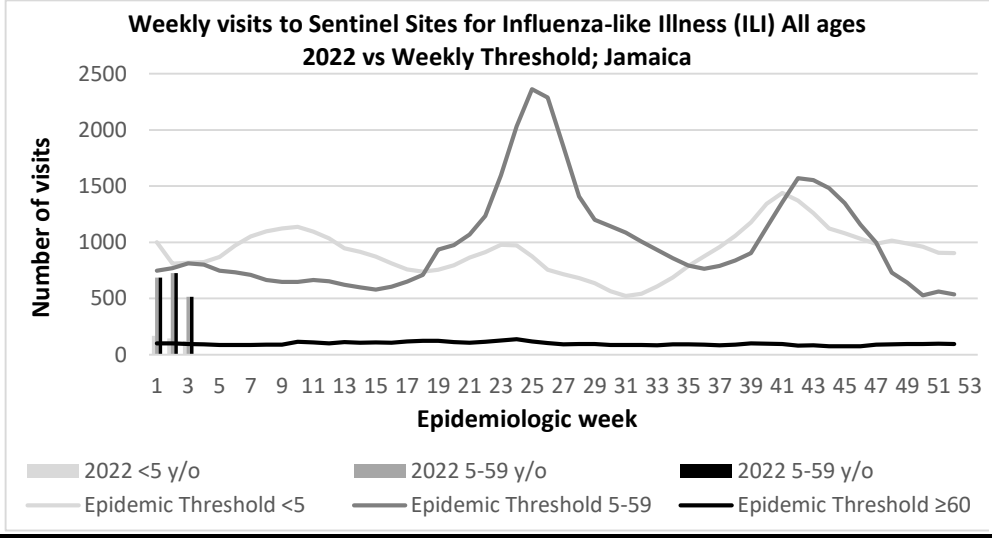
Released March 18, 2022 ISSN 0799-3927

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 3

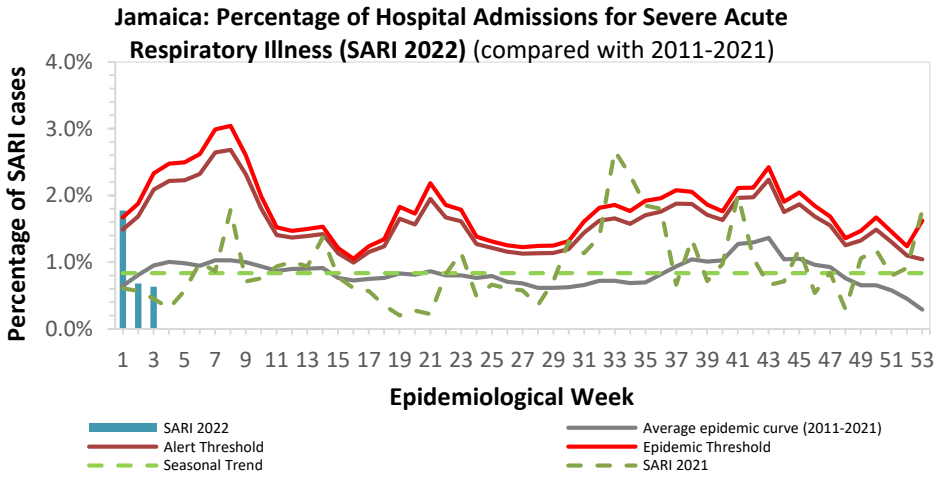
January 16– 22, 2022 Epidemiological Week 3

	EW 3	*YTD*
SARI cases	*10*	*50*
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*



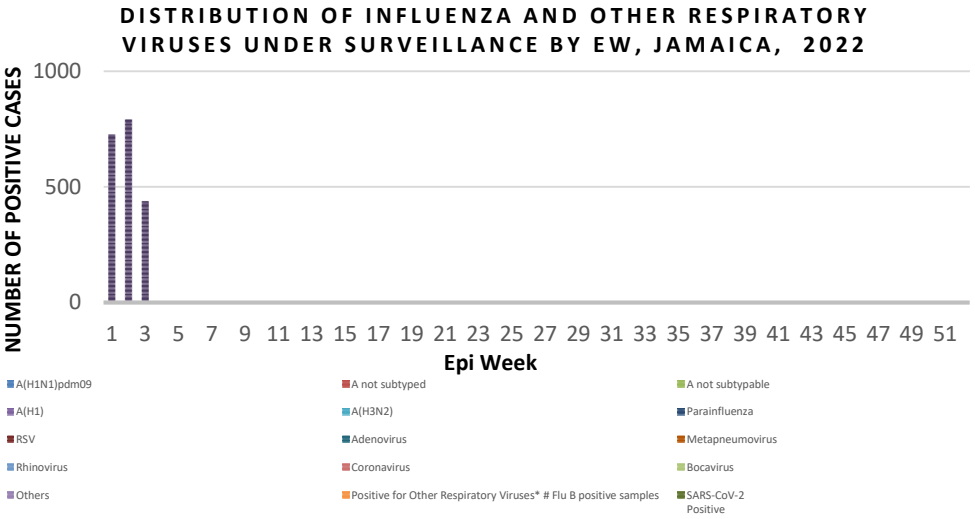
Epi Week Summary

During EW 3, ten(10) SARI admissions were reported.



Caribbean Update EW 3

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.



6 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

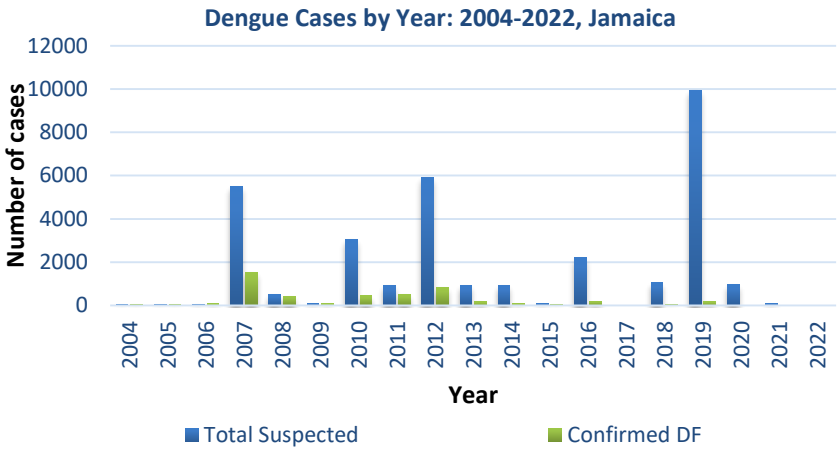
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

Released March 18, 2022 ISSN 0799-3927

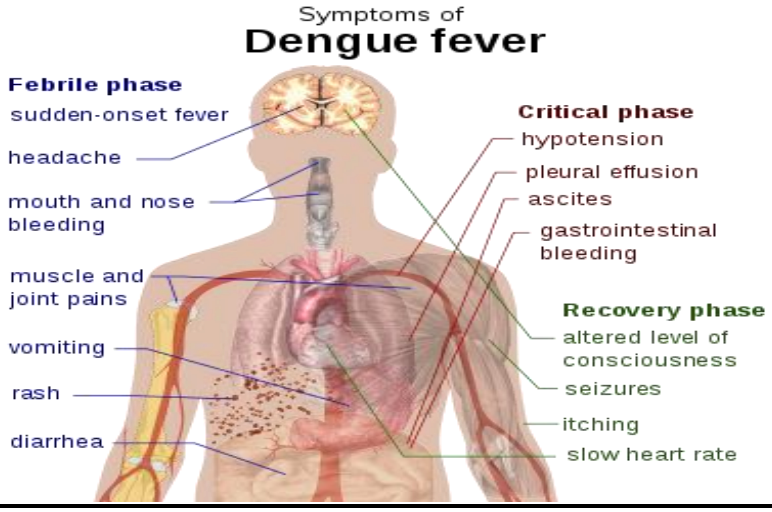
Dengue Bulletin

January 16- 22, 2022 Epidemiological Week 3 | Epidemiological Week 3



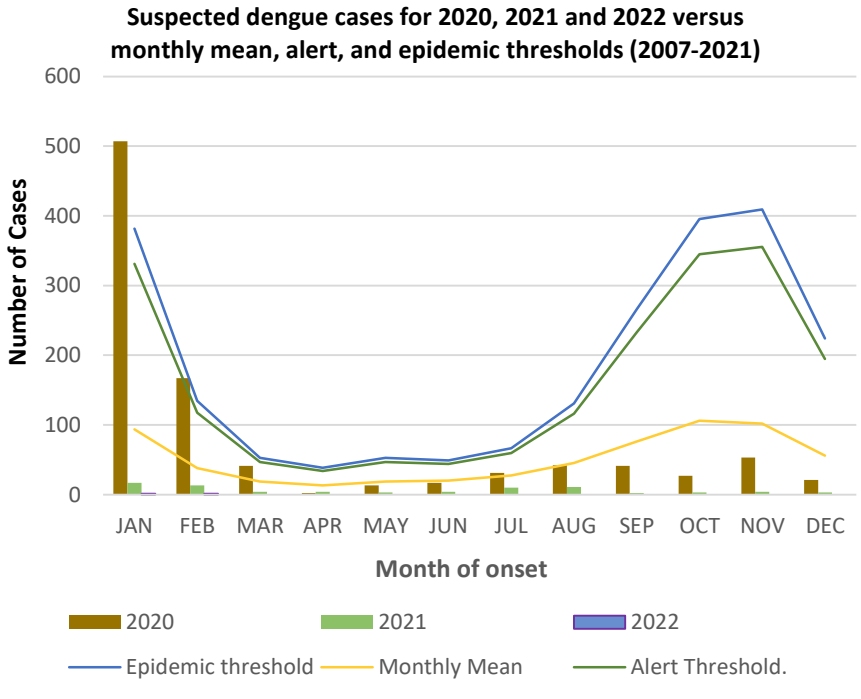
Reported suspected and confirmed dengue with symptom onset in week 3 of 2022

	2022*	
	EW 3	YTD
Total Suspected Dengue Cases	0	0
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- *Figure as at January 13, 2022
- 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

RESEARCH PAPER

Abstract

Title: Healthy Lifestyle Choices Driven by Taxation

Authors: Fabian B. Lewis, PhD; Georgia Mullings and Sabrina Gordon (Ministry of Finance and Public Service)

Abstract

Consumption of sweetened drinks has risen globally and has proven to be one of the main contributors to obesity and non-communicable diseases. Despite this growing public health concern, there is no excise tax on sweetened drinks in Jamaica as part of an effective health policy strategy to reduce consumption and the resulting ailments associated with it. Furthermore, to our knowledge, no detailed research identifying how taxes on sweetened drinks could be implemented in Jamaica's current tax system exists. Hence, this paper fills a major gap by presenting possible recommendations for a sweetened drinks tax. Various tax options include a tiered Specific SCT regime and a single Specific SCT rate regime. However, we recommended that the Jamaican Government implement a tiered-rate system using a specific tax (in the form of a SCT) on non-alcoholic beverages. Sweetened drinks with up to 5 grams of sugar per 100ml (12g per 237ml) will attract a tax rate of $0.01 while those greater will attract a rate of $0.02 per ml. This regime would arguably be ideal for Jamaica as it would allow for products with greater sugar content to be taxed at a higher rate thus encouraging consumers to shift to healthier substitutes.

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