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

Drinking-water

The need for clean water

 Contaminated water and poor sanitation are linked to transmission of diseases.

Absent, inadequate, or inappropriately managed water and sanitation services expose individuals to preventable health risks.

Key facts

In 2017, 71% of the global population (5.3 billion people) used a safely managed drinking-water service that is, one located on premises, available when needed, and free from contamination.

90% of the global

population (6.8 billion people) used at least a basic service. A basic service is an improved drinking-water source within a round trip of 30 minutes to collect water.

- 785 million people lack even a basic drinking-water service, including 144 million people who are dependent on surface water.
- Globally, at least 2 billion people use a drinking water source • contaminated with faeces.
- Contaminated water can transmit diseases such diarrhoea, cholera, dysentery, typhoid, and polio. Contaminated drinking water is estimated to cause 485 000 diarrhoeal deaths each year.
- By 2025, half of the world's population will be living in water-stressed • areas.
- In least developed countries, 22% of health care facilities have no water service, 21% no sanitation service, and 22% no waste management service.

Economic and social effects

When water comes from improved and more accessible sources, people spend less time and effort physically collecting it, meaning they can be productive in other ways. This can also result in greater personal safety by reducing the need to make long or risky journeys to collect water. Better water sources also mean less expenditure on health, as people are less likely to fall ill and incur medical costs, and are better able to remain economically productive.

Challenges

Climate change, increasing water scarcity, population growth, demographic changes and urbanization already pose challenges for water supply systems. By 2025, half of the world's population will be living in water-stressed areas. Re-use of wastewater, to recover water, nutrients, or energy, is becoming an important strategy. Increasingly countries are using wastewater for irrigation - in developing countries this represents 7% of irrigated land. While this practice if done inappropriately poses health risks, safe management of wastewater can yield multiple benefits, including increased food production.



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SENTINEL SYNDROMIC SURVEILLANCE Sentinel Surveillance in



Table showcasing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks – 4 to 7 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 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 502	Trelawny	Saint James	Hanover	Westmoreland	Saint Elizabeth	Manchester	Clarendon
4													
	On	On	On	On	On	On	On	On	On	On	On	On	On
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
5	On	Late	On	On	Late	On	Late	On	On	On	On	On	On
	Time	(T)	Time	Time	(W)	Time	(W)	Time	Time	Time	Time	Time	Time
6					()		()						
	On	On	On	On	On	On	Late	On	Late	On	On	Late	On
	Time	Time	Time	Time	Time	Time	(T)	Time	(T)	Time	Time	(T)	Time
7													
	On	On	On	On	On	On	Late	On	On	On	On	On	On
	Time	Time	Time	Time	Time	Time	(T)	Time	Time	Time	Time	Time	Time

REPORTS FOR SYNDROMIC SURVEILLANCE



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FEVER AND NEUROLOGICAL

Temperature of >38°C /100.4^oF (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°C /100.4^o*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.





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



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NATIONAL /INTERNATIONAL INTEREST

EXOTIC/ UNUSUAL

> MORTALITY MORBIDITY/ H IGH

> > SPECIAL PROGRAMMES

ISSN 0799-3927

Comments

CLASS ONE NOTIFIABLE EVENTS

		Confirm	ned YTD^{α}	AFP Field Guides from		
CLASS 1 EV	VENTS	CURRENT YEAR 2022	PREVIOUS YEAR 2021	WHO indicate that for an effective surveillance system		
Accidental Po	bisoning	9	17 ^β	detection rates for AFP		
Cholera		0	0	should be 1/100,000		
Dengue Hemo	orrhagic Fever ⁹	See Dengue page below	See Dengue page below	years old (6 to 7) cases		
COVID-19 (S	ARS-CoV-2)	30589	9541			
Hansen's Dise	ease (Leprosy)	0	0	Pertussis-like		
Hepatitis B		0	1	syndrome and Tetanus		
Hepatitis C		0	1	are clinically <u>confirmed</u>		
HIV/AIDS		NA	NA	classifications.		
Malaria (Imp	Malaria (Imported)		0	⁷ Dangua Hemorrhagic		
Meningitis (C	linically confirmed)	0	3	Fever data include		
Plague	Plague		0	Dengue related deaths;		
Meningococc	al Meningitis	0	0	$^{\delta}$ Figures include all		
Neonatal Teta	inus	0	0	deaths associated with		
Typhoid Feve	er	0	0	the period.		
Meningitis H/	Flu	0	0	£ 0111111 M		
AFP/Polio	AFP/Polio		0	CHIKV IgM positive		
Congenital Rubella Syndrome		0	0	$^{\theta}$ Zika PCR positive		
Congenital Sy	Congenital Syphilis		0	cases		
Fever and	Measles	0	0	$^{\beta}$ Updates made to		
Rash	Rubella	0	0	prior weeks in 2020. α Figures are		
Maternal Deaths ^{δ}		7	8	cumulative totals for		
Ophthalmia Neonatorum		10	12	all epidemiological		
Pertussis-like syndrome		0	0	weeks year to date.		
Rheumatic Fe	ever	0	0			
Tetanus		0	0			
Tuberculosis		2	6			
Yellow Fever		0	0			
Chikungunya ^ɛ	Chikungunya ^ɛ		0			
Zika Virus ^θ		0	0	NA- Not Available		



5

NOTIFICATIONS-All clinical sites



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NATIONAL SURVEILLANCE UNIT INFLUENZA <u>REPORT</u>_____

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EW 7

February 13 - 19, 2022 Epidemiological Week 7



5 NOTIFICATIONS-All clinical sites



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Dengue Bulletin

February 13 - 19, 2022 Epidemiological Week 7







Suspected dengue cases for 2020, 2021 and 2022 versus monthly mean, alert, and epidemic thresholds (2007-2021)

Points to note:

- *Figure as at February 22, 2022
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.





7 NOTIFICATIO All clinical sites

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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.



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3 NOTIFICATIONS All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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