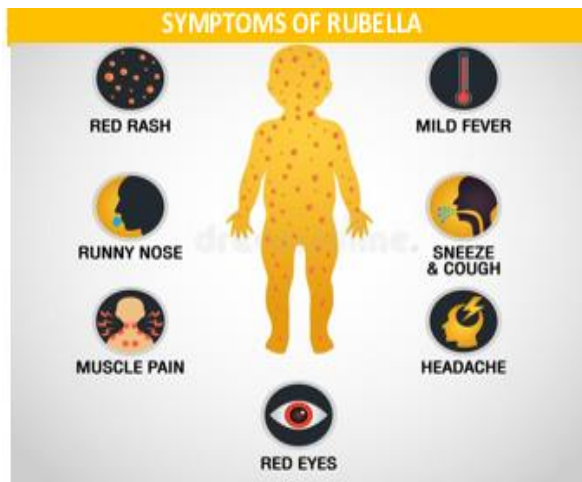


WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Rubella



Key facts

- Rubella is a contagious viral infection that occurs most often in children and young adults.
- Rubella is the leading vaccine-preventable cause of birth defects. Rubella infection in pregnant women may cause fetal death or congenital

defects known as congenital rubella syndrome.

- There is no specific treatment for rubella but the disease is preventable by vaccination.

Rubella is an acute, contagious viral infection. While rubella virus infection usually causes a mild fever and rash in children and adults, infection during pregnancy, especially during the first trimester, can result in miscarriage, fetal death, stillbirth, or infants with congenital malformations, known as congenital rubella syndrome (CRS).

The rubella virus is transmitted by airborne droplets when infected people sneeze or cough. Humans are the only known host.

Symptoms

In children, the disease is usually mild, with symptoms including a rash, low fever ($<39^{\circ}\text{C}$), nausea and mild conjunctivitis. The rash, which occurs in 50–80% of cases, usually starts on the face and neck before progressing down the body, and lasts 1–3 days. Swollen lymph glands behind the ears and in the neck are the most characteristic clinical feature. Infected adults, more commonly women, may develop arthritis and painful joints that usually last from 3–10 days.

Once a person is infected, the virus spreads throughout the body in about 5–7 days. Symptoms usually appear 2 to 3 weeks after exposure. The most infectious period is usually 1–5 days after the appearance of the rash.

When a woman is infected with the rubella virus early in pregnancy, she has a 90% chance of passing the virus on to her fetus. This can cause the death of the fetus, or it may cause CRS. Infants with CRS may excrete the virus for a year or more.

EPI WEEK 8



SYNDROMES

PAGE 2



CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



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 - 5 to 8 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													
5	On Time	Late (T)	On Time	On Time	Late (W)	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time
6	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	Late (T)	On Time	On Time	Late (T)	On Time
7	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time
8	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

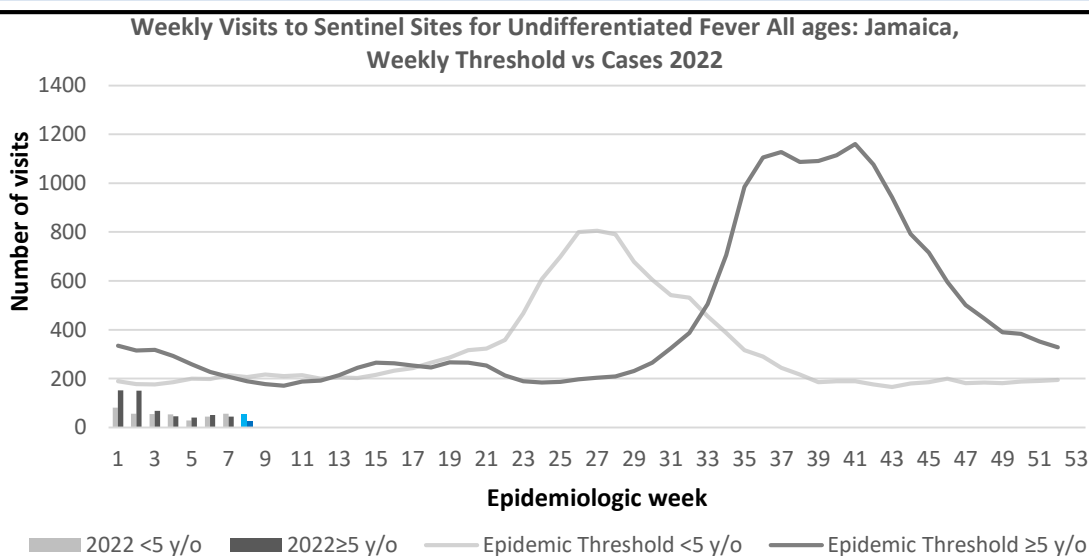
REPORTS FOR SYNDROMIC SURVEILLANCE

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



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



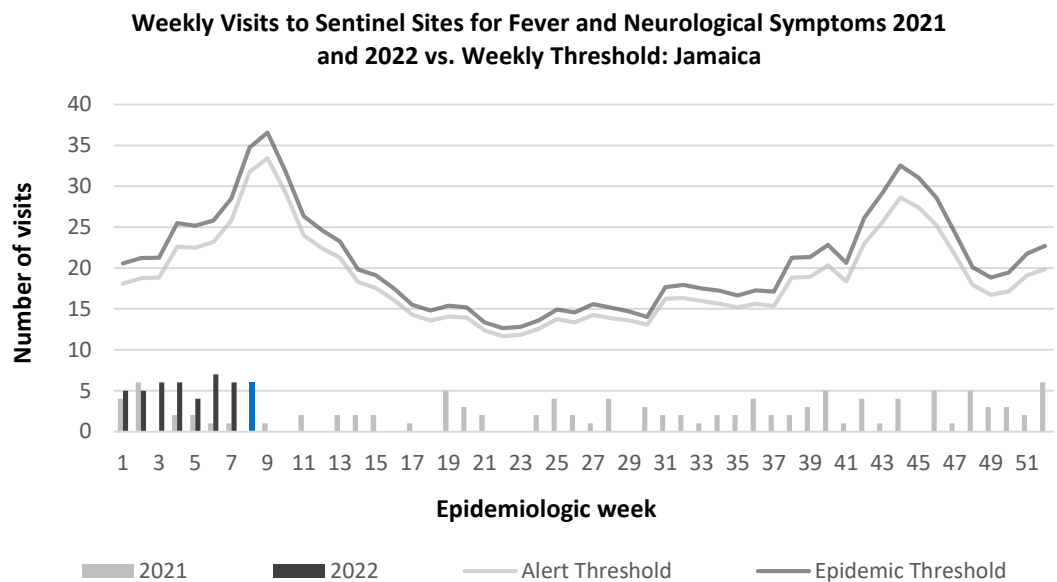
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



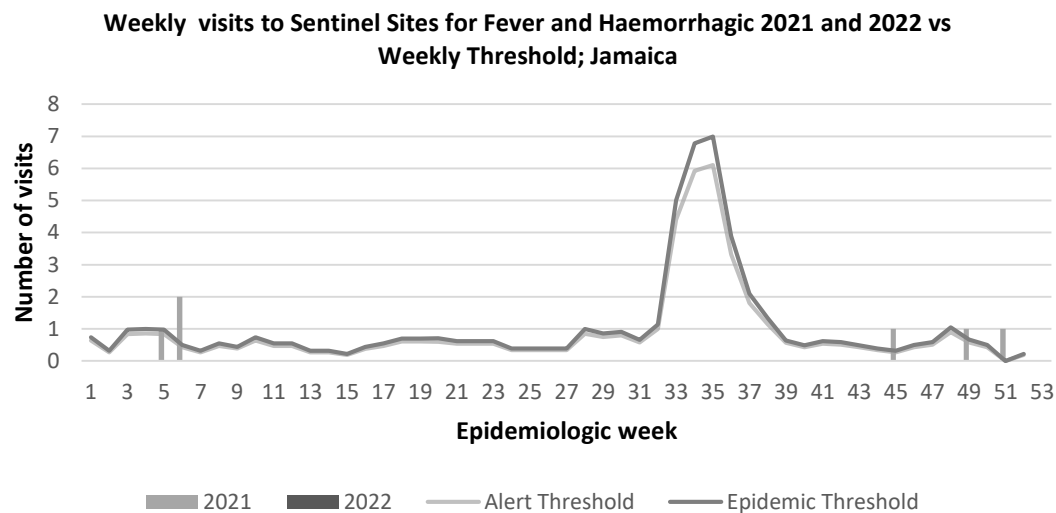
SENTINEL REPORT- 78 sites. Automatic reporting

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).

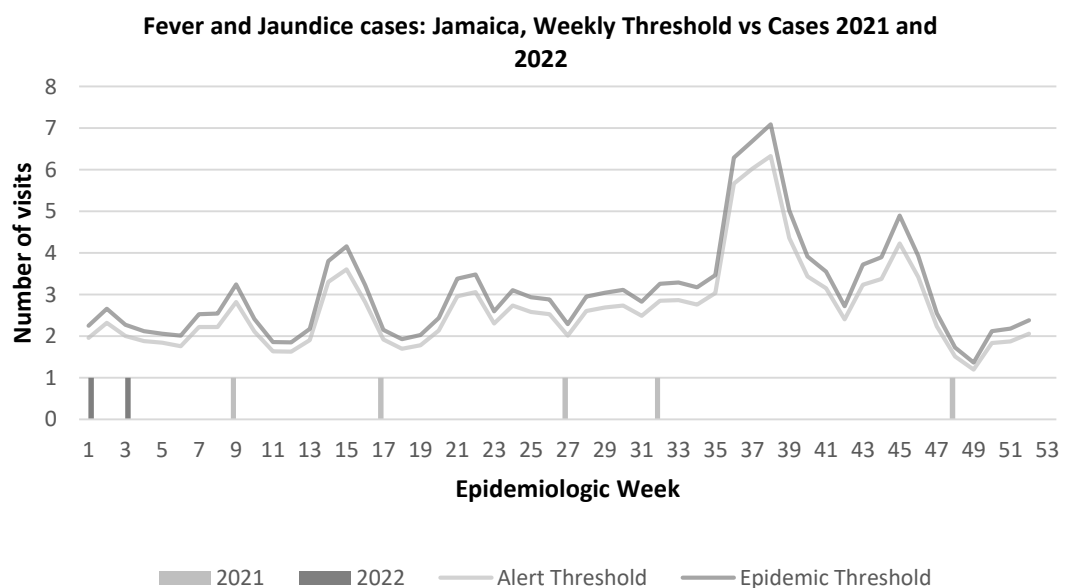
**FEVER AND HAEMORRHAGIC**

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

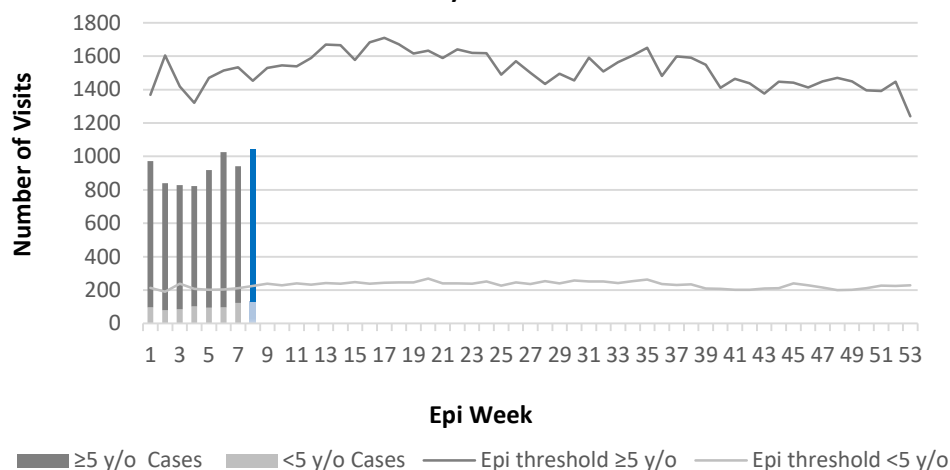
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK



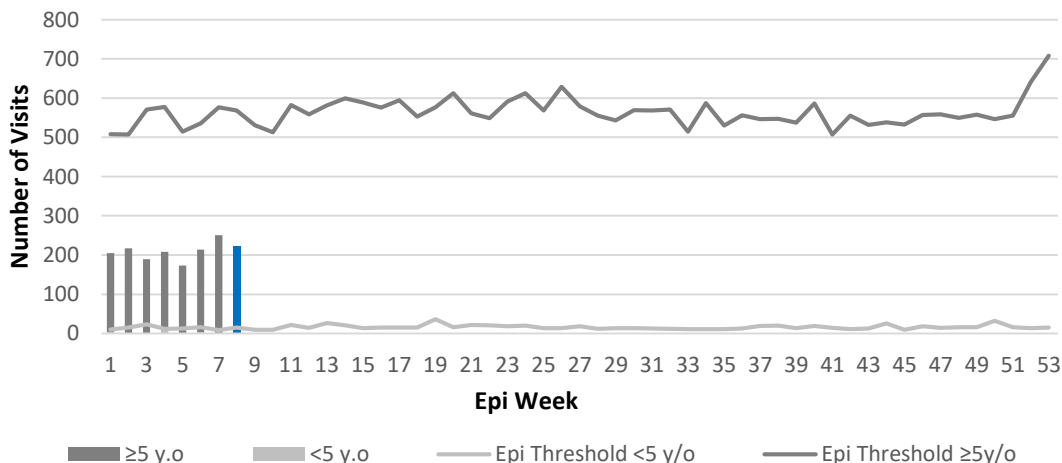
Weekly Visits to Sentinel Sites for Accident by Age Group 2022 vs. Weekly Threshold

**VIOLENCE**

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



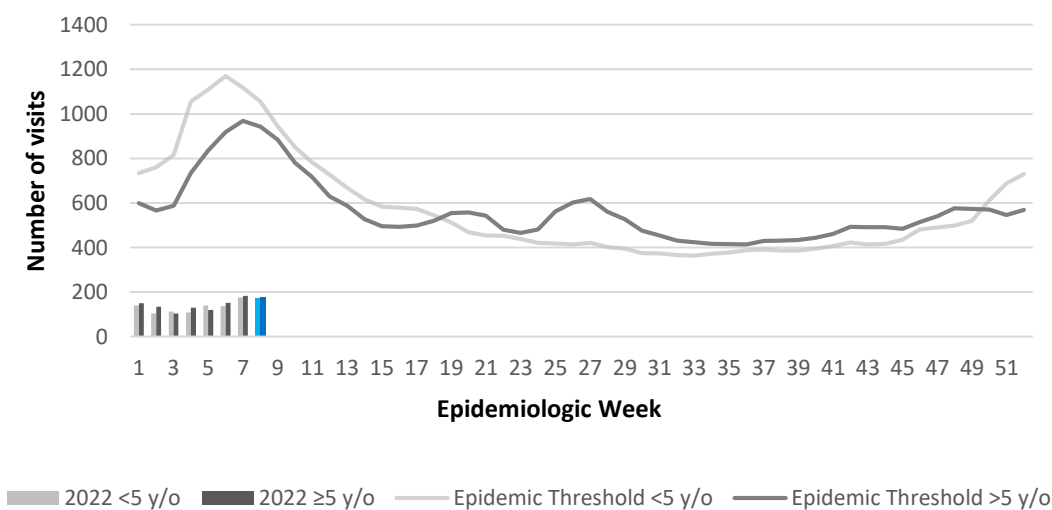
Weekly Visits to Sentinel Sites for Violence by Age Groups 2022 vs. Weekly Threshold

**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 2022 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		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.
	CLASS 1 EVENTS		CURRENT YEAR 2022	PREVIOUS YEAR 2021	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		13	23 ^β	Pertussis-like syndrome and Tetanus are clinically confirmed classifications. ^γ Dengue Hemorrhagic Fever data include Dengue related deaths;
	Cholera		0	0	
	Dengue Hemorrhagic Fever ^γ		See Dengue page below	See Dengue page below	
	COVID-19 (SARS-CoV-2)		30906	12377	
	Hansen’s Disease (Leprosy)		0	0	
	Hepatitis B		0	2	
	Hepatitis C		0	1	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		0	0	
	Meningitis (Clinically confirmed)		0	3	
EXOTIC/ UNUSUAL	Plague		0	0	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis		0	0	^δ Figures include all deaths associated with pregnancy reported for the period.
	Neonatal Tetanus		0	0	
	Typhoid Fever		0	0	
	Meningitis H/Flu		0	0	
SPECIAL PROGRAMMES	AFP/Polio		0	0	^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.
	Congenital Rubella Syndrome		0	0	
	Congenital Syphilis		0	0	
	Fever and Rash	Measles	0	0	
		Rubella	0	0	
	Maternal Deaths ^δ		7	9	
	Ophthalmia Neonatorum		11	14	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		2	8	
	Yellow Fever		0	0	
	Chikungunya ^ε		0	0	
	Zika Virus ^θ		0	0	NA- Not Available



5 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



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30 sites. Actively
pursued



SENTINEL
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Automatic reporting

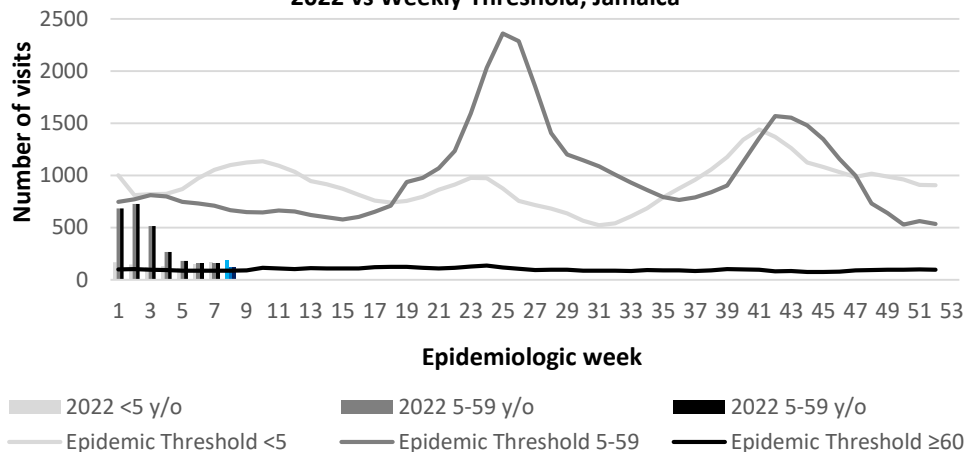
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 8

February 20 - 26, 2022 Epidemiological Week 8

	EW 8	YTD
SARI cases	4	116
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

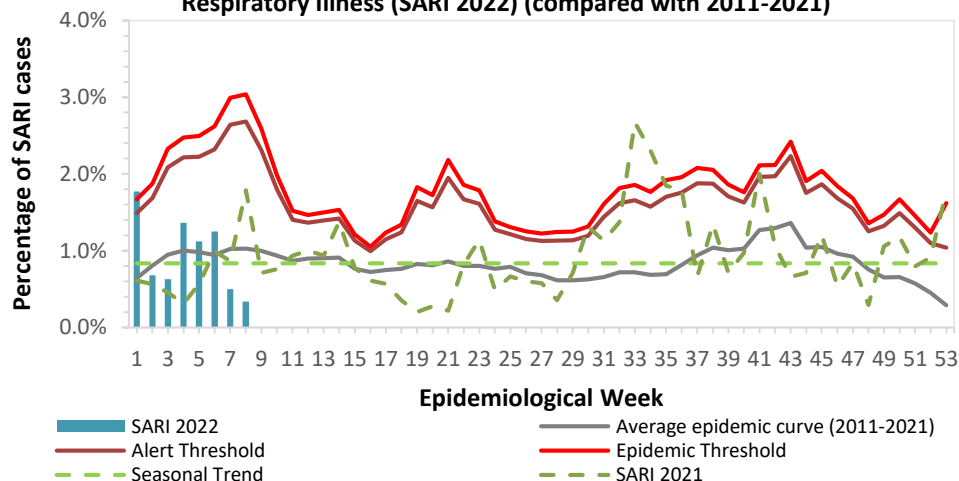
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2022 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 8, four (4) SARI admissions were reported.

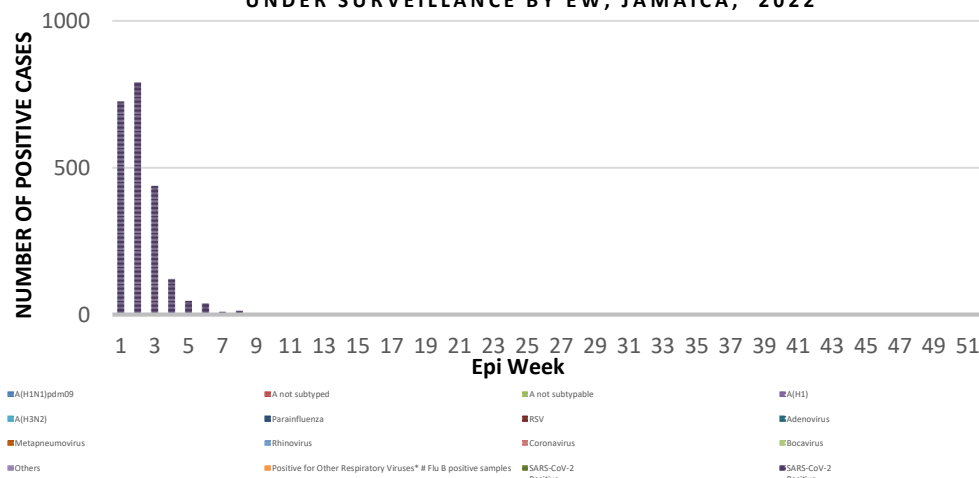
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2022) (compared with 2011-2021)



Caribbean Update EW 8

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, JAMAICA, 2022



6 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
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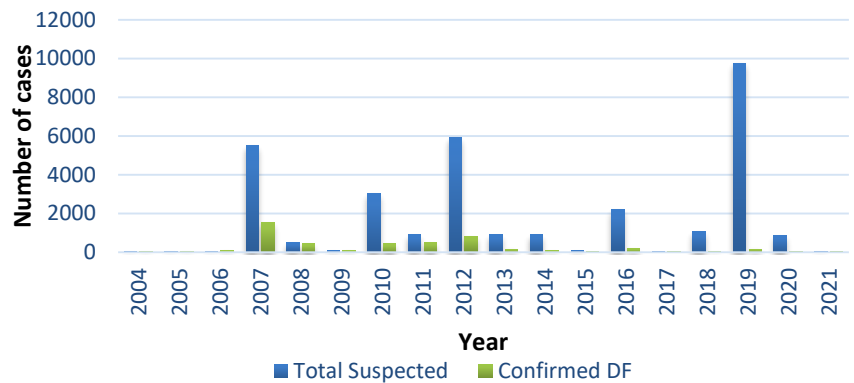
Dengue Bulletin

February 20 - 26, 2022 Epidemiological Week 8

Epidemiological Week 8



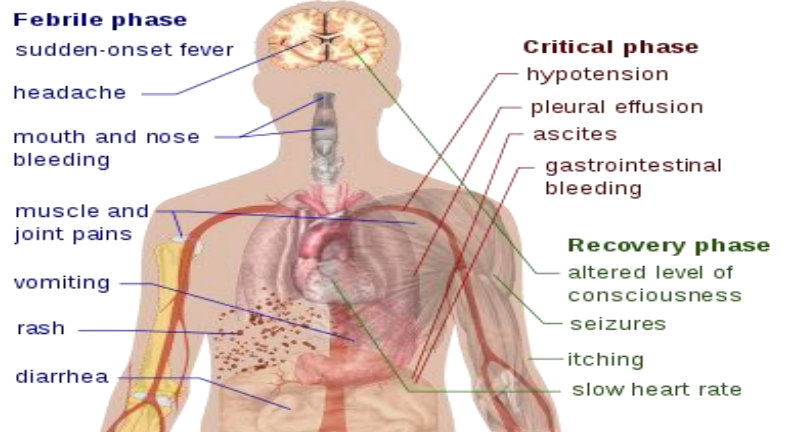
Dengue Cases by Year: 2004-2021, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 8 of 2022

	2022*	
	EW 8	YTD
Total Suspected Dengue Cases	0	2
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0

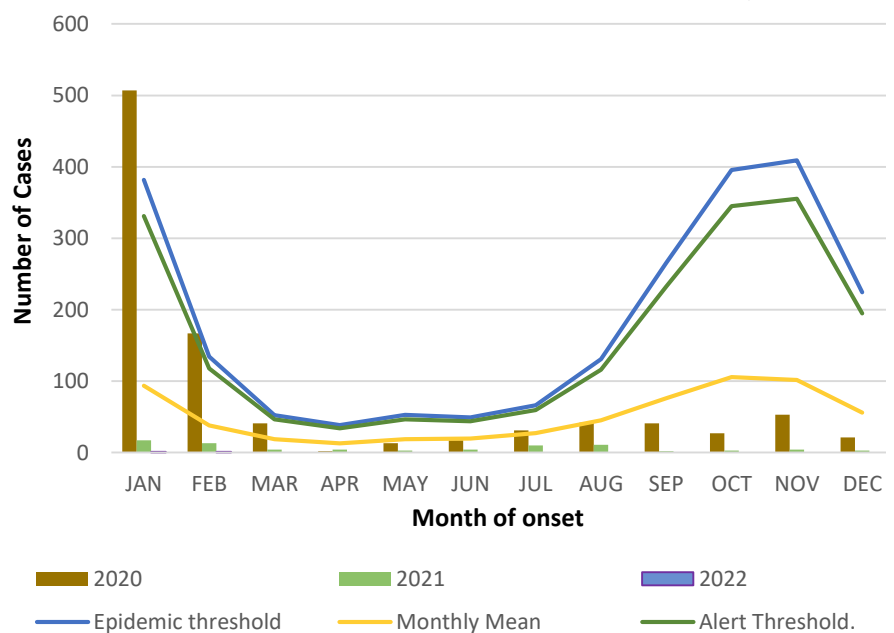
Symptoms of Dengue fever



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.

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



7 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
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RESEARCH PAPER

Abstract

Mental Health Awareness training in courses such as First Aid for Mental Health can act as a means of early intervention, treatment, prevention and help to change societal views, especially amongst youths and professionals who can influence change.

Trudy King¹
ECAF, UK¹

Aim: Stigma and the lack of mental health awareness training shape societal views of mental illness in Jamaica. Many do not know the causes, signs and how to help. As a result, minor mental health conditions escalate into crisis. However, First Aid for Mental Health training can help. It's simple, non-clinical form can be delivered by a qualified instructor and is suitable for all, including the police and youths. Policy change can support this, but the benefits have not been explored. This study aims to explore the benefits of First Aid for Mental Health awareness training, as a means of early intervention, prevention, treatment and destigmatization.

Method: The paper is a review of secondary quantitative and qualitative data, peer-reviewed articles, and recent newspaper articles. The study can be expanded on with primary data.

Results: Fear and danger are the common perceptions of people with mental illness. Awareness training is attached to crisis cases and is carried out by the MOH, through integrated community healthcare, but they are stretched. The police and young people should be trained as they are more likely to be at risk. An enforcing of the Occupational, Health and Safety Act 2017 would make mental health as important as First Aid.

Conclusion: Mental health awareness training is needed to counter perceptions held. Accessing community healthcare training happens only if individuals have experienced a crisis, therefore, enforcing the OHS would include training in workplaces and schools, which is the environment the police and youths would better receive it.



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8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
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9 NOTIFICATIONS-
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