



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 - 20 to 23 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												
20	On Time	On Time	On Time	Late (T)	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time
21	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
22	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time
23	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time

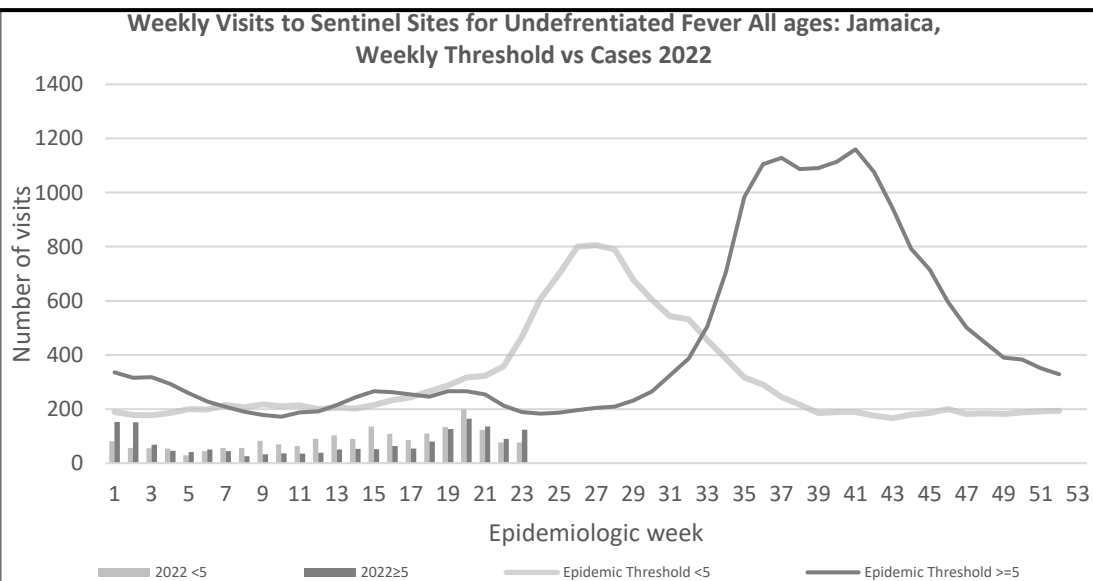
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

Temperature of >38°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

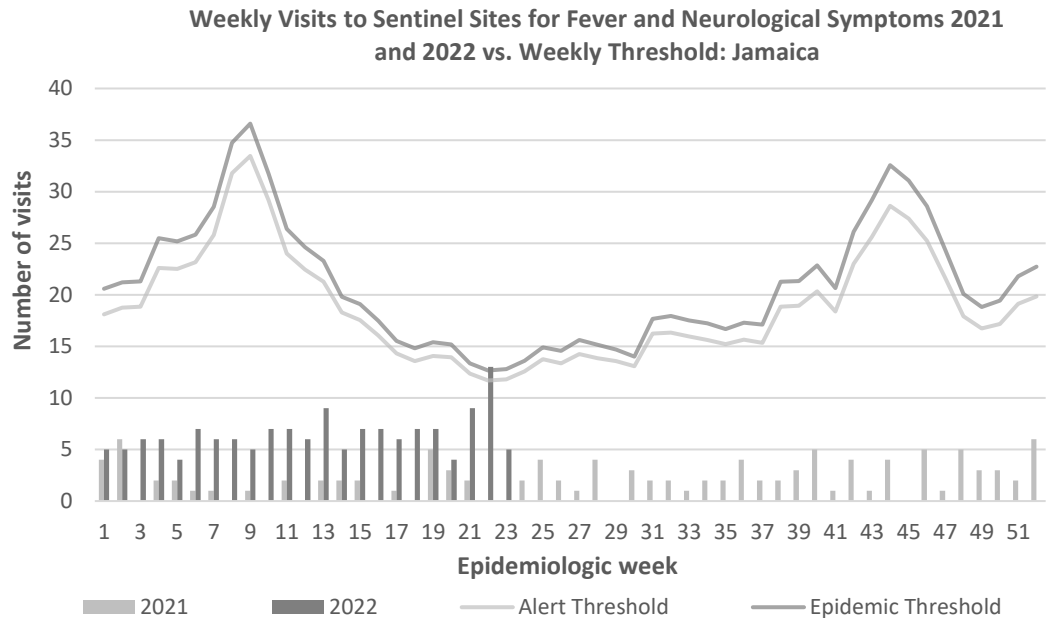
INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

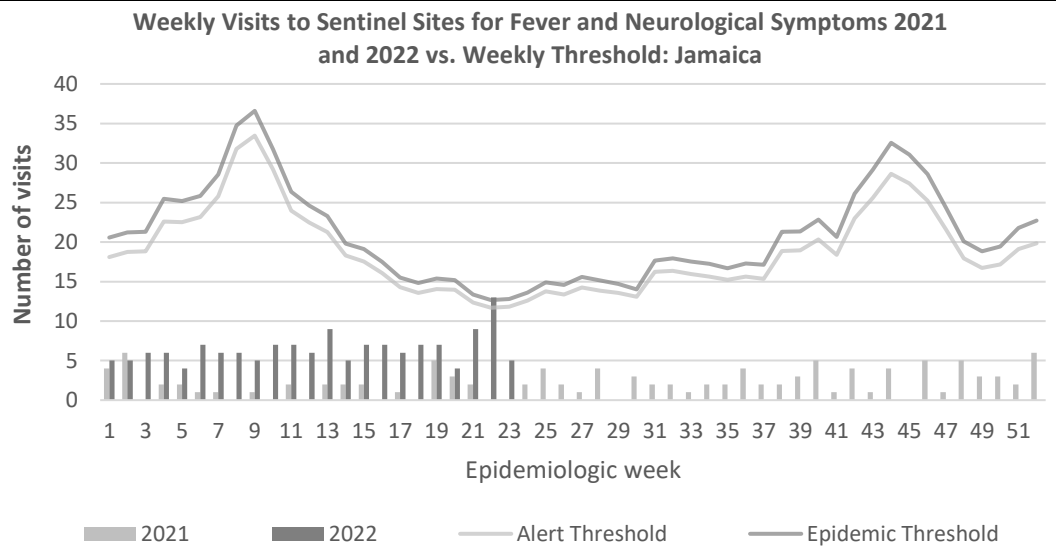
**FEVER AND NEUROLOGICAL**

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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**

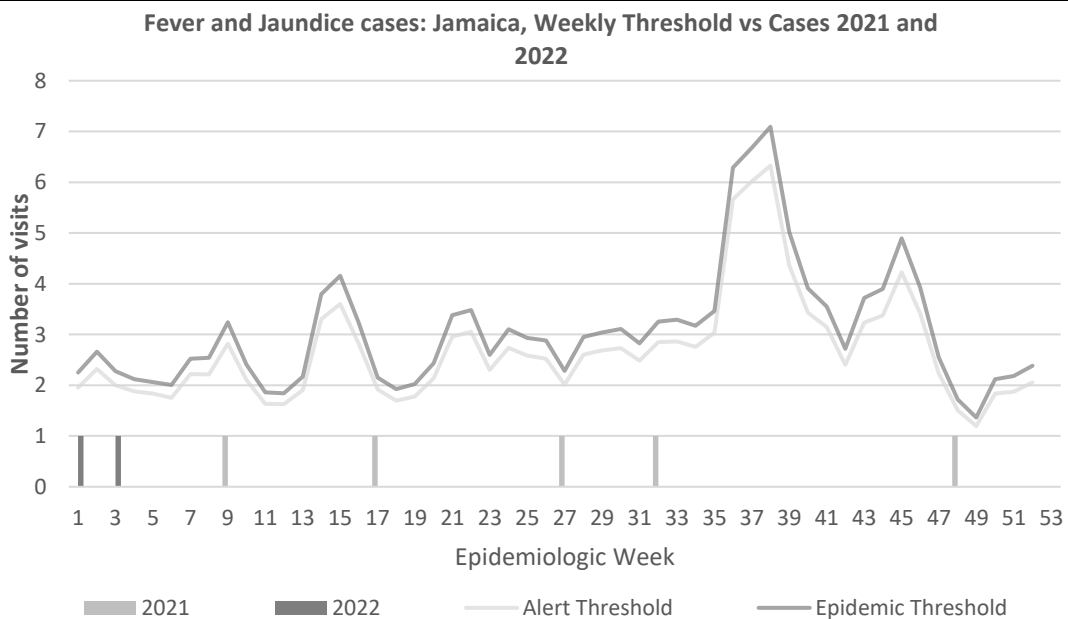
Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



**FEVER AND JAUNDICE**

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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



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**ACCIDENTS**

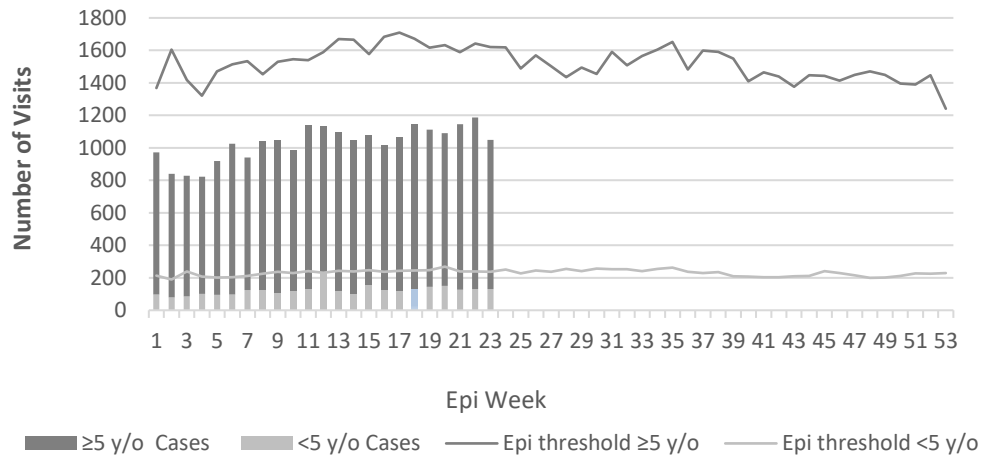
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

**KEY**

VARIATIONS OF BLUE SHOW CURRENT WEEK



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

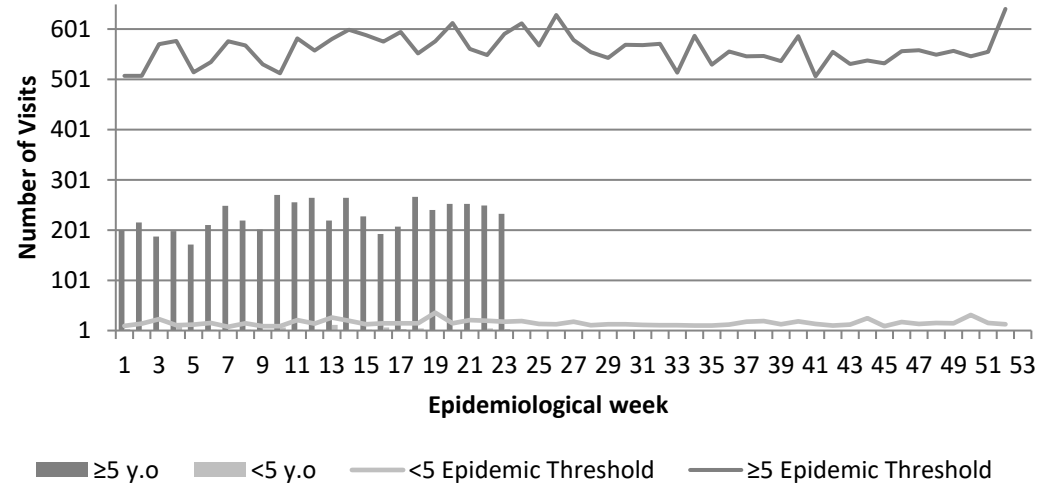


**VIOLENCE**

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



Weekly visits to Sentinel Sites for Violence by Age Group 2022 vs Weekly Threshold; Jamaica

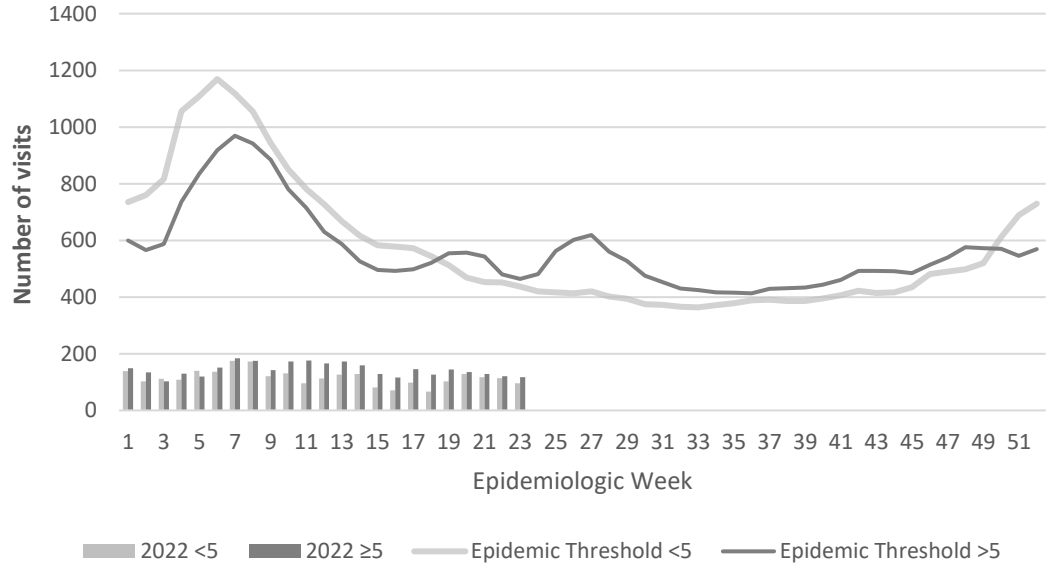


**GASTROENTERITIS**

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 2022 vs Weekly Threshold; Jamaica



4 NOTIFICATIONS- All clinical sites



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CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD <sup>α</sup>			
		CURRENT YEAR 2022	PREVIOUS YEAR 2021		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	97 <sup>β</sup>	69 <sup>β</sup>	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.  <sup>γ</sup> Dengue Hemorrhagic Fever data include Dengue related deaths;	
	Cholera	0	0		
	Dengue Hemorrhagic Fever <sup>γ</sup>	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	43761	36126		
	Hansen's Disease (Leprosy)	0	0		
	Hepatitis B	8	6		
	Hepatitis C	2	4		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis (Clinically confirmed)	8	11		
EXOTIC/ UNUSUAL	Plague	0	0	<sup>δ</sup> Figures include all deaths associated with pregnancy reported for the period.  <sup>ε</sup> CHIKV IgM positive cases <sup>θ</sup> Zika PCR positive cases  <sup>β</sup> Updates made to prior weeks in 2020.  <sup>α</sup> Figures are cumulative totals for all epidemiological weeks year to date.	
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 <sup>δ</sup>	23	28		
	Ophthalmia Neonatorum	48	40		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
Tuberculosis	13	19			
Yellow Fever	0	0			
Chikungunya <sup>ε</sup>	0	0	NA- Not Available		
Zika Virus <sup>θ</sup>	0	0			



5 NOTIFICATIONS-  
All clinical sites



INVESTIGATION  
REPORTS- Detailed Follow  
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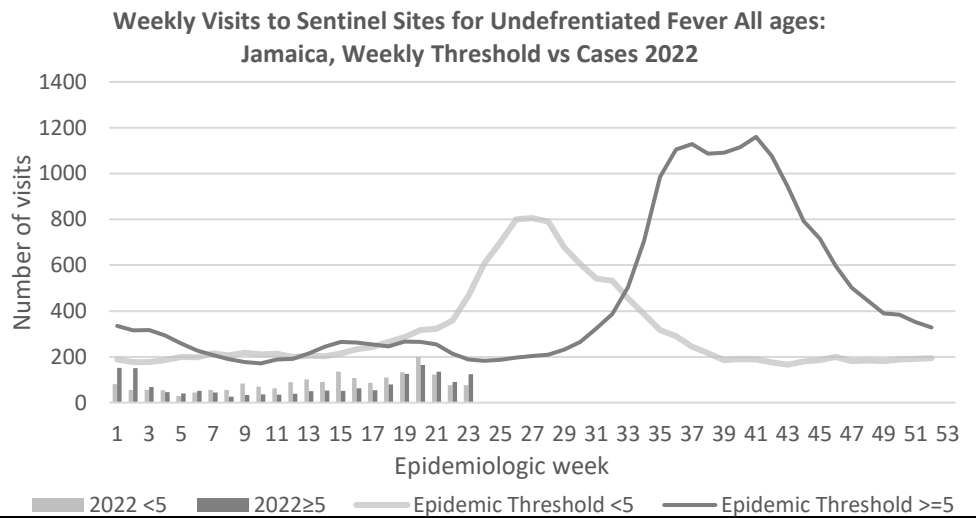
SENTINEL  
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# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

*EW 23*

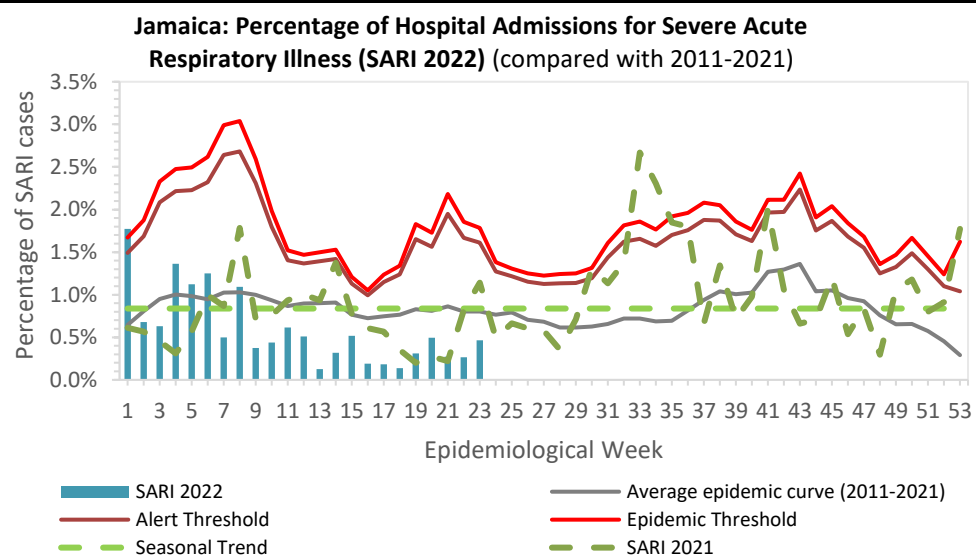
June 5 – June 11, 2022 Epidemiological Week 23

	<i>EW 23</i>	<i>YTD</i>
SARI cases	7	211
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



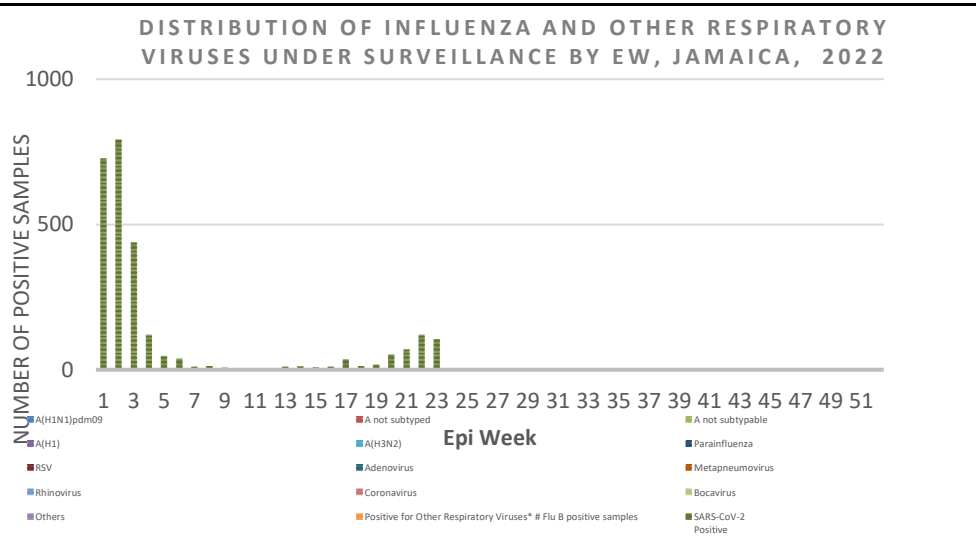
**Epi Week Summary**

During EW 23, seven (7) SARI admissions were reported.



**Caribbean Update EW 23**

**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-**  
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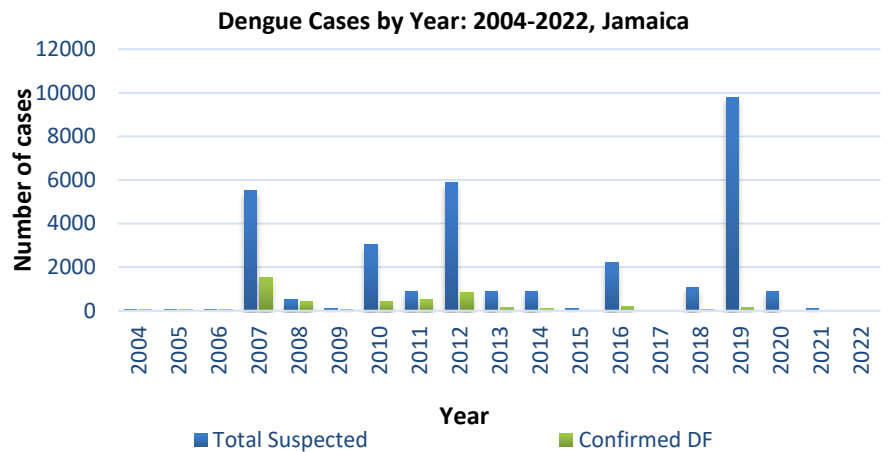
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# Dengue Bulletin

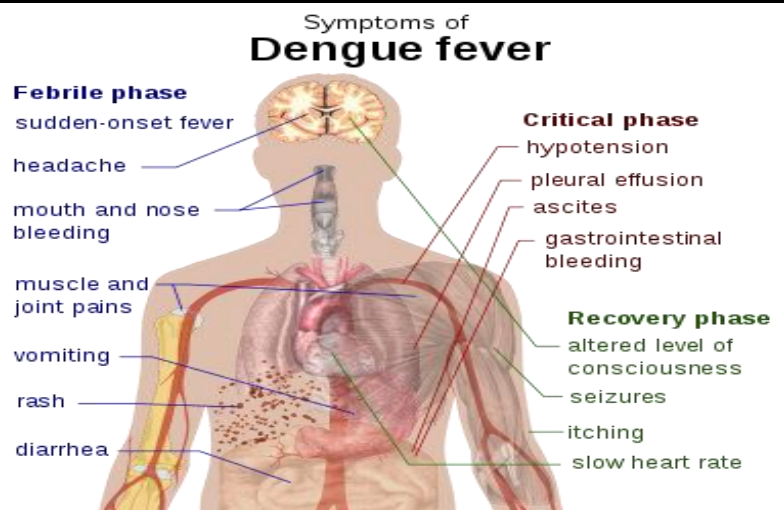
Jun 5 – June 11, 2022 Epidemiological Week 23

Epidemiological Week 23



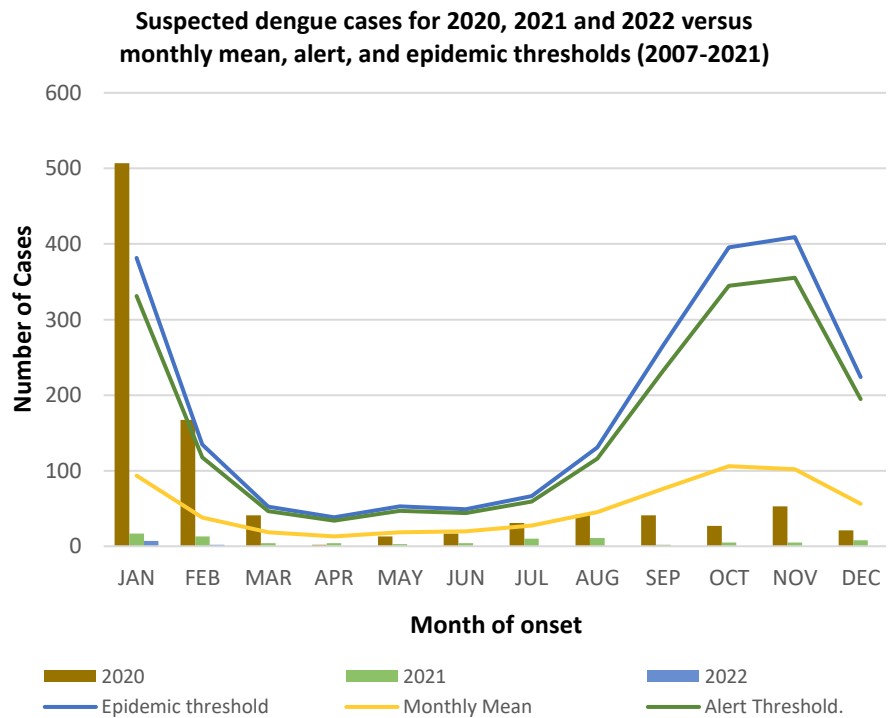
## Reported suspected and confirmed dengue with symptom onset in week 23 of 2022

	2022*	
	EW 23	YTD
Total Suspected Dengue Cases	0	31
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



### Points to note:

- \*Figure as at June 11, 2022
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.



**7 NOTIFICATIONS-** All clinical sites

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# RESEARCH PAPER

## ***Title: Determinants of Health-Seeking Behaviour in Patients with Sexually Transmitted Infections***

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### ABSTRACT

**Objectives:** Persons with sexually transmitted infections (STIs) often do not seek medical care. In some countries, studies show that patients with STIs feel stigmatized. This study seeks to examine factors that influence the decision by patients with recurrent STIs to seek medical attention, and to determine the role played by stigma or the attitudes of health-care workers.

**Method:** Using a convergent parallel mixed-methods design, quantitative data were collected via a cross-sectional survey, utilizing an interviewer-administered structured questionnaire, while in-depth interviews were used to gather qualitative data. The study population consisted of 201 patients who attended public health centres served by the Kingston and St. Andrew Health Department for STI symptoms.

**Results:** Lack of time and the use of alternative medications were the two main reasons reported for delays in seeking care. Females were three times more likely than males to delay seeking care for STI symptoms (OR = 3.1, CI [1.6–6.1]). The STI patients felt stigmatized with a mean score of  $61 \pm 8.8\%$ . There was an association between STI-related stigma and a willingness to disclose one's STI status to partners ( $p < 0.001$ ). Overall, patients had positive impressions of health-care workers' attitudes towards them (mean patient satisfaction score = 82.2%).

**Conclusion:** STI patients may delay seeking care or disclosing their status to sexual partners owing to STI-related stigma. Health-care workers are viewed favourably by STI patients and can be used as agents of change, through health promotion to reduce stigma and motivate patients to seek medical attention early.

**Key Words:** Sexually transmitted infections; STI; stigma; disclosure; health-care worker



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8 NOTIFICATIONS-  
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