

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Close to 3 million people access hepatitis C cure

Hosted by the Government of Brazil, the World Hepatitis Summit 2017 is being co-organized by WHO and the World Hepatitis Alliance. The Summit aims to encourage more countries to take decisive action to tackle hepatitis, which still causes more than 1.3 million deaths every year and affects more than 325 million people.

Many countries are demonstrating strong political leadership, facilitating dramatic price reductions in hepatitis medicines, including through the use of generic medicines—which allow better access for more people within a short time.



In 2016, 1.76 million people were newly treated for hepatitis C, a significant increase on the 1.1 million people who were treated in 2015. The 2.8 million additional people starting lifelong treatment for hepatitis B in 2016 was a marked increase from the 1.7 million people starting it in 2015. But these milestones represent only initial steps – access to treatment must be increased globally if the 80% treatment target is to be reached by 2030.

However, funding remains a major constraint: most countries lack adequate financial resources to fund key hepatitis services.

Source: [//www.who.int/mediacentre/news/releases/2017/hepatitis-c-cure/en/](http://www.who.int/mediacentre/news/releases/2017/hepatitis-c-cure/en/)

EPI WEEK 26



SYNDROMES

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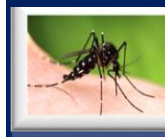
CLASS 1 DISEASES

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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 - 23 to 26 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													
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
24	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
25	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
26	Late (T)	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time

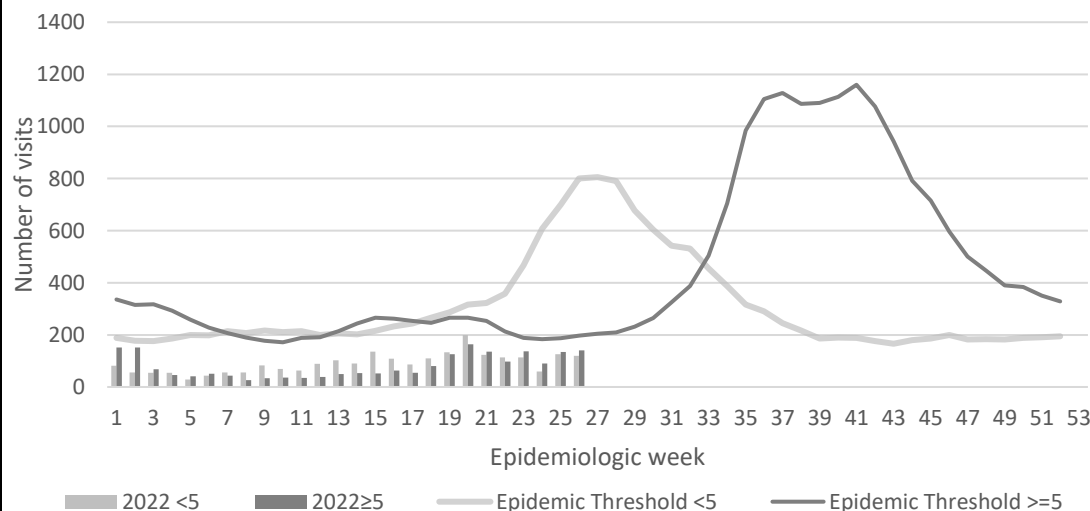
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

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



Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2022



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



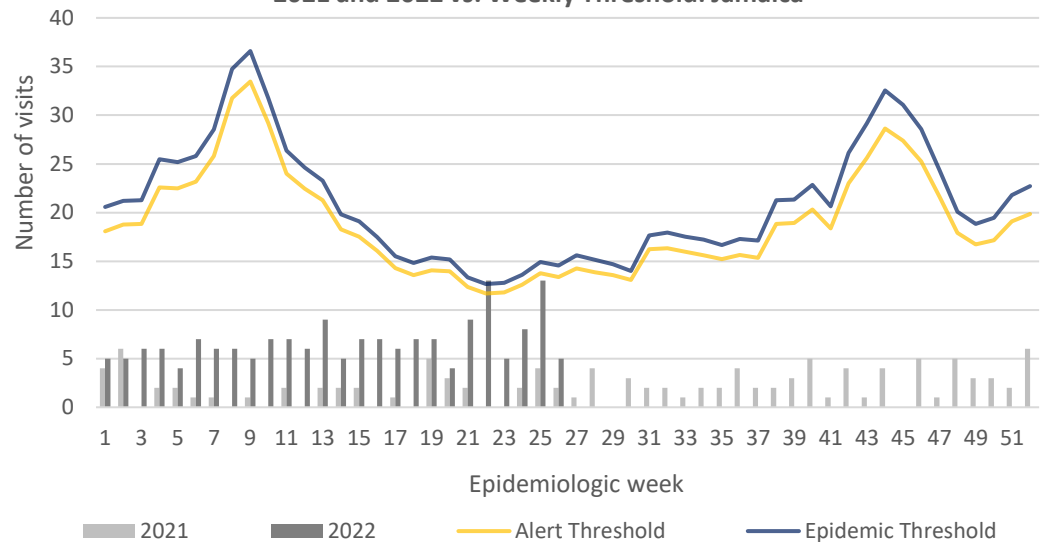
SENTINEL REPORT- 78 sites. Automatic reporting

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).



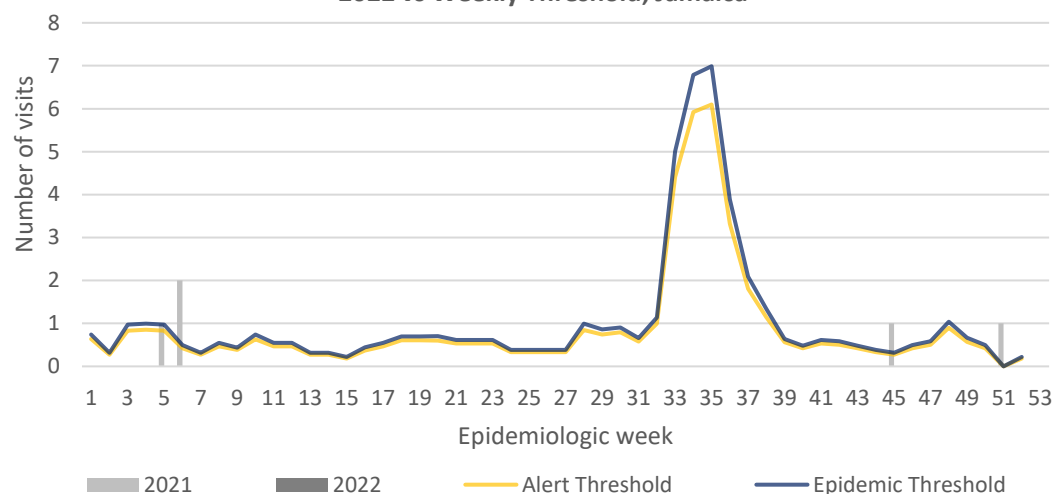
**Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms
2021 and 2022 vs. Weekly Threshold: Jamaica**

**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 2021 and 2022 vs Weekly Threshold; Jamaica

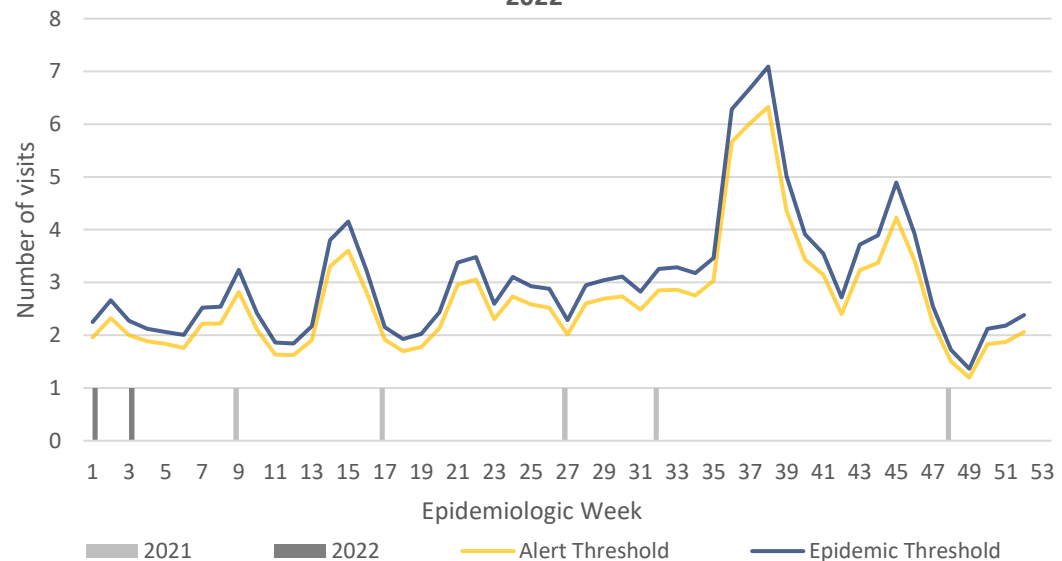
**FEVER AND JAUNDICE**

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 2021 and 2022



3 NOTIFICATIONS-
All clinical
sites



**INVESTIGATION
REPORTS-** Detailed Follow
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**HOSPITAL
ACTIVE
SURVEILLANCE-**
30 sites. Actively
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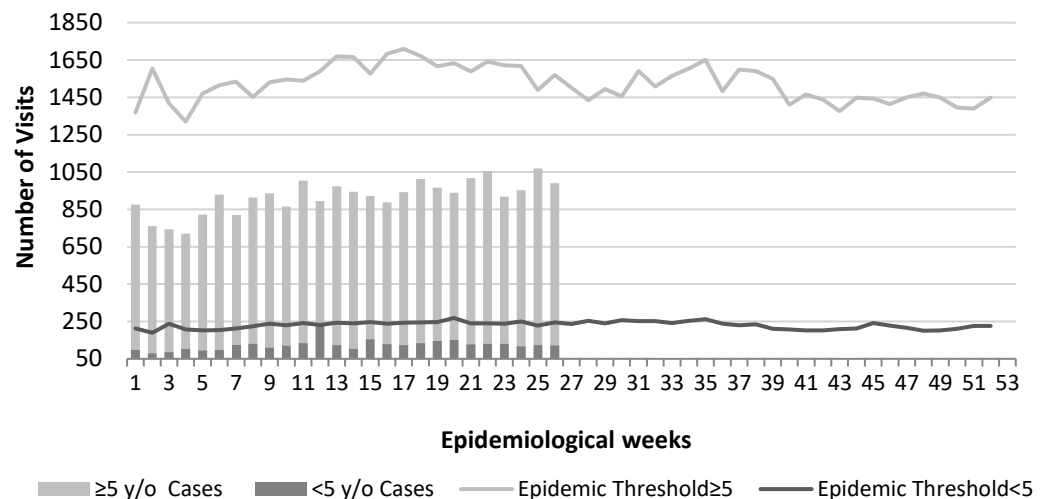
**SENTINEL
REPORT-** 78 sites.
Automatic reporting

ACCIDENTS

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



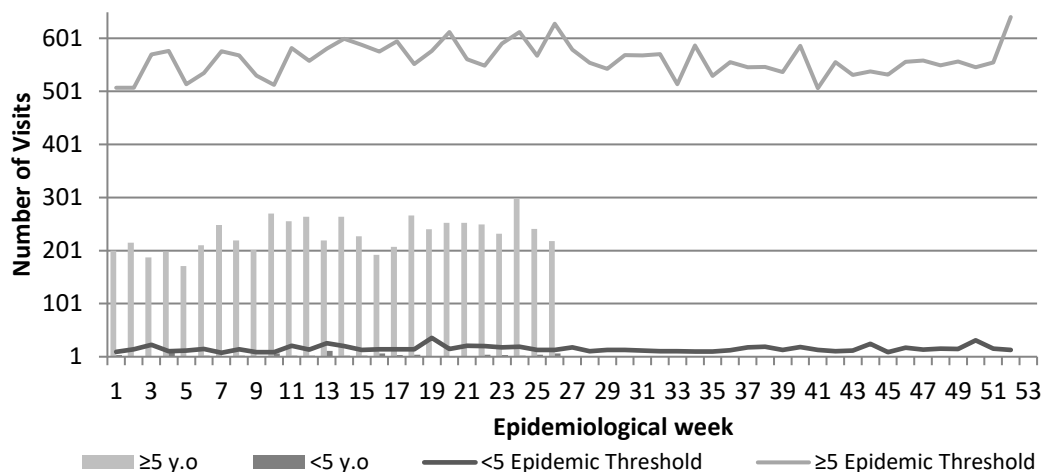
Weekly visits to Sentinel Sites for Accidents by Age Group 2022 vs Weekly Threshold; Jamaica

**VIOLENCE**

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



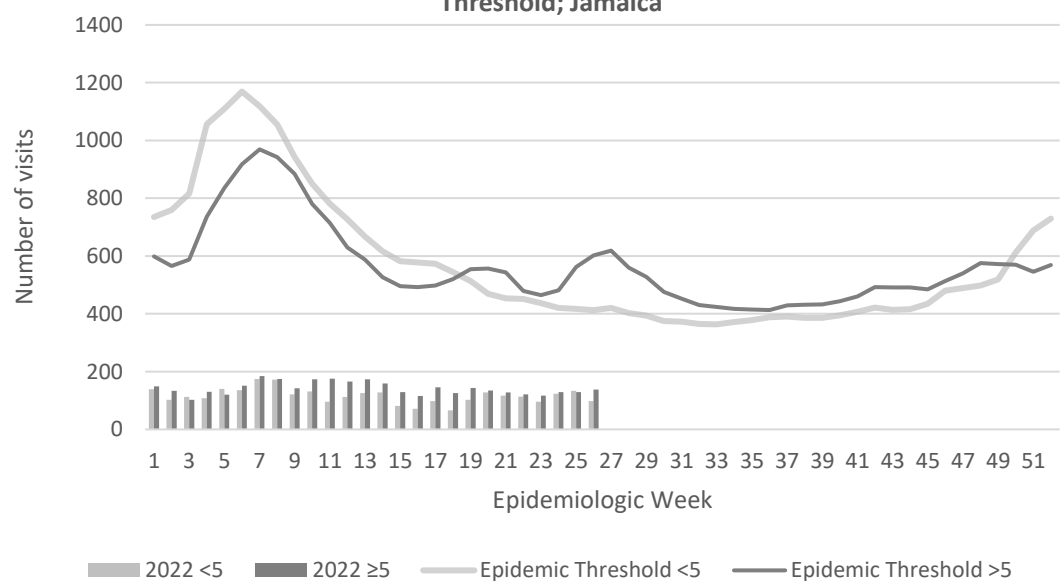
Weekly visits to Sentinel Sites for Violence by Age Group 2022 vs Weekly Threshold; Jamaica

**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 ^α		
		CURRENT YEAR 2022	PREVIOUS YEAR 2021	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	108 ^β	86 ^β	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.
	Cholera	0	0	
	Dengue Hemorrhagic Fever ^γ	See Dengue page below	See Dengue page below	
	COVID-19 (SARS-CoV-2)	46362	37149	
	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)	10	14	
EXOTIC/ UNUSUAL	Plague	0	0	^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.
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	
		Rubella	0	
	Maternal Deaths ^δ	30	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 ^ε	0	0	NA- Not Available
	Zika Virus ^θ	0	0	



5 NOTIFICATIONS-
All clinical sites



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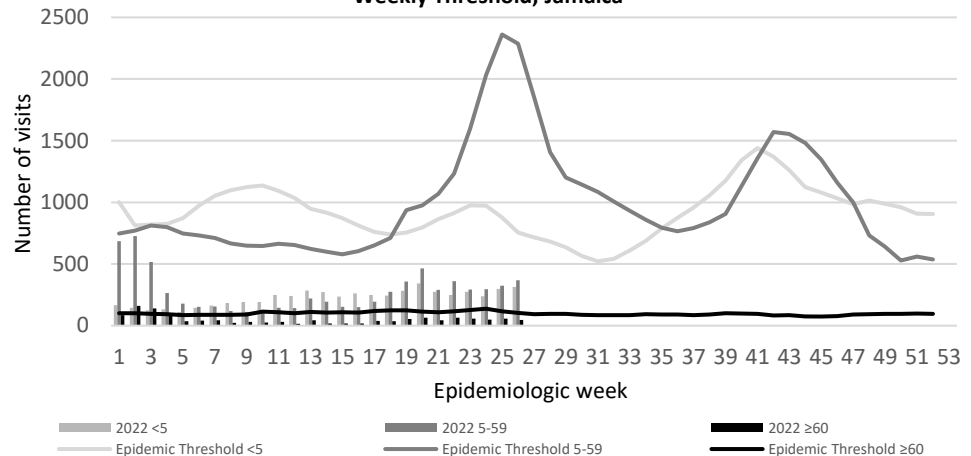
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 26

June 26 – July 7, 2022 Epidemiological Week 26

	EW 26	YTD
SARI cases	13	237
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

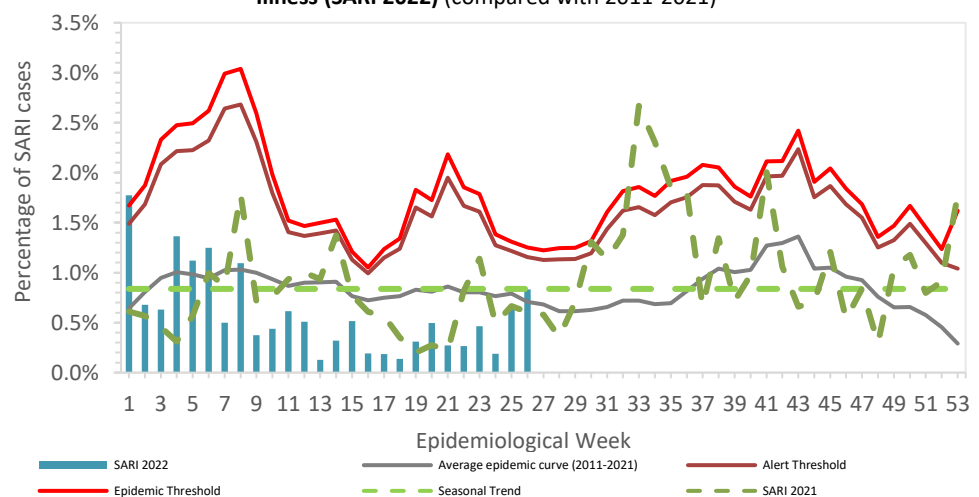
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2022 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 26, thirteen (13) SARI admissions were reported.

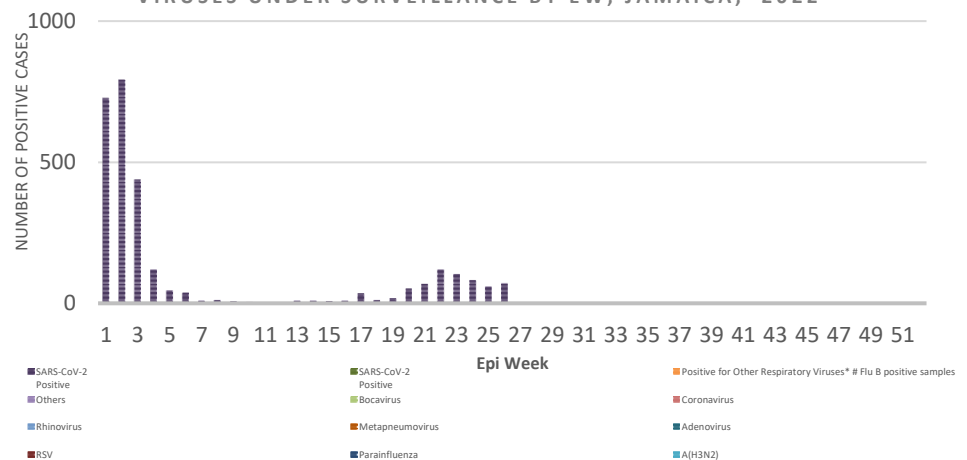
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2022) (compared with 2011-2021)



Caribbean Update EW 26

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-
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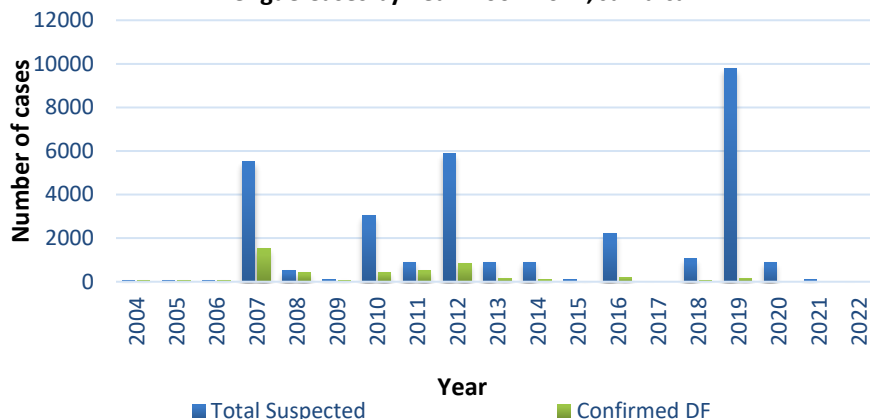
Dengue Bulletin

June 26 – July 7, 2022 Epidemiological Week 26

Epidemiological Week 26



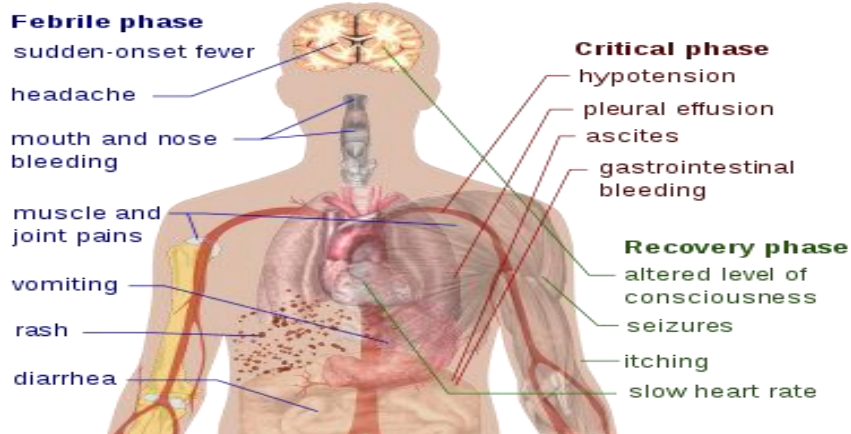
Dengue Cases by Year: 2004-2022, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 26 of 2022

	2022*	
	EW 26	YTD
Total Suspected Dengue Cases	4	36
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0

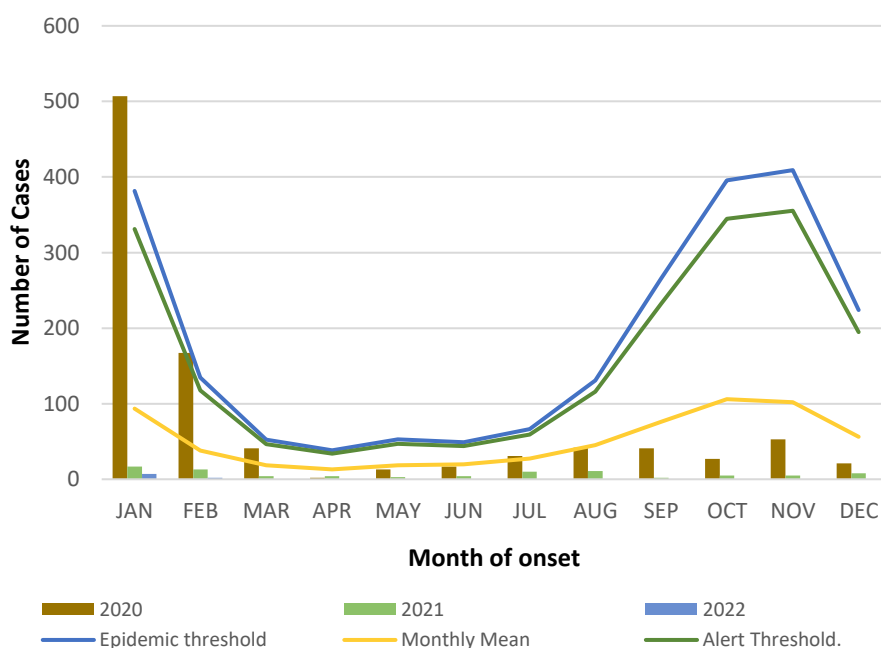
Symptoms of Dengue fever



Points to note:

- *Figure as at July 5, 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-
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RESEARCH PAPER

Strengthening Health Care Systems for HIV and AIDS in Jamaica: A Programme of Research and Capacity Building 2007-2012

N Edwards¹, E Kahwa², D Kaseje³, J Mill⁴, J Webbers⁵, S Roelofs⁶, M Walusimbi⁷, H Kloppers⁸, J Harrowing⁸

¹University of Ottawa, Canada

²The UWI School of Nursing, Mona, University of the West Indies, Jamaica

³Great Lakes University of Kisumu, Kenya,

⁴University of Alberta, Canada

⁵Canadian Nurses' Association, Canada,

⁶Mulago Hospital, Uganda

⁷University of Western Cape, South Africa,

⁸University of Lethbridge, Canada

Objectives: To contribute to health systems strengthening for HIV and AIDS care in Jamaica by fostering dynamic and sustained engagement of nurses in the process of change through capacity building in research and policy.

Methods: This work was done as part of an international program of research which was implemented in Jamaica and three African countries (Kenya, Uganda and South Africa). Using mixed methods and participatory action research, we tested the "leadership hub model" to invigorate nurses' involvement in policy and research and improve nursing care. Data collection included cross sectional surveys of nurses on clinical practice, quality assurance and stigma; an institutional assessment of workplace policies and the impact of the HIV epidemic on the nursing workforce. Capacity building included training in the policy development process, training in research skills including opportunities for collaborating on research projects, research grants for junior investigators, and research internships for nurses.

Results: Three research projects were completed in Jamaica. Sixteen (16) Jamaican nurses participated in the international research internship to build capacity for research. Frontline nurses, nurse researchers, and decision makers improved capacity in using and leading research to influence policy. Three (3) research proposals by junior nurse researchers and three (3) HIV policy evaluation proposals by leadership hubs were funded and successfully completed.

Conclusions: This program of research built research and policy capacity among nurses for leadership roles in improving equity, quality and efficiency of health systems for HIV and AIDS care. Findings from the three interrelated research projects will be presented.



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



8 NOTIFICATIONS-
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