

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Reducing population sodium/salt intake



Excess sodium intake leads to increased blood pressure, and increased blood pressure results in increased risks of cardiovascular diseases. In 2013, Member States

adopted the Global action plan for the prevention and control of non-communicable diseases 2013-2020, to take coordinated action at all levels, to attain nine voluntary global targets, including a 30% relative reduction in mean population intake of sodium by 2025 with a goal of <2000mg/day. Sodium reduction has since been recognized by WHO as one of the “best buys” in global public health, yielding an estimated return on investment of USD\$13-78 for every dollar invested.



While a number of countries are taking action to reduce population sodium/salt intake, additional efforts are needed to reduce the health consequences, particularly in low- and middle-income countries where the risk of death from raised blood pressure is more than double that in high-income countries. The WHO is developing guidelines and technical tools to support the implementation of sodium reduction strategies to further action and commitments towards achieving a 30% reduction in dietary sodium by 2025 and a reduction to 2000 mg/day beyond 2025.

EPI WEEK 30



SYNDROMES

PAGE 2



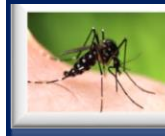
CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



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 - 27 to 30 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												
27	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (W)	On Time
28	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
29	On Time	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)
30	On Time	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	late (w)

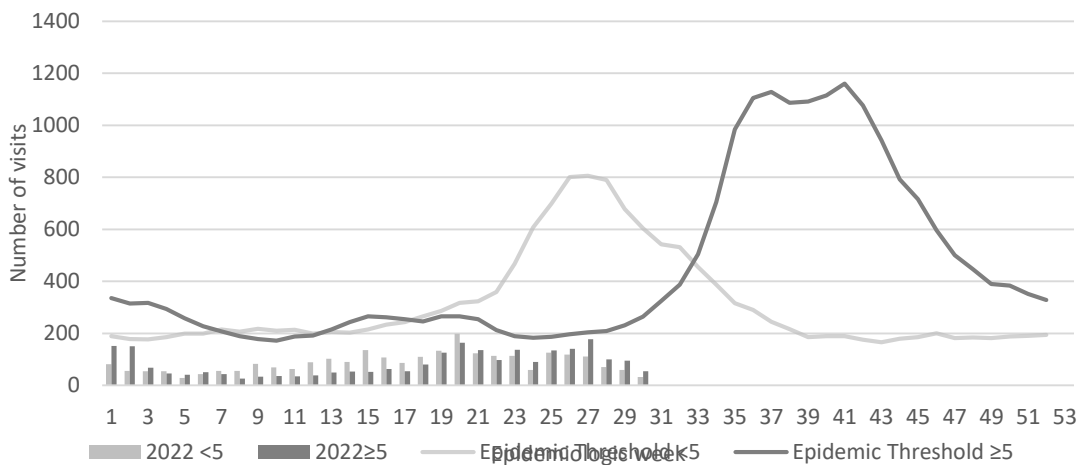
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

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



Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2020



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



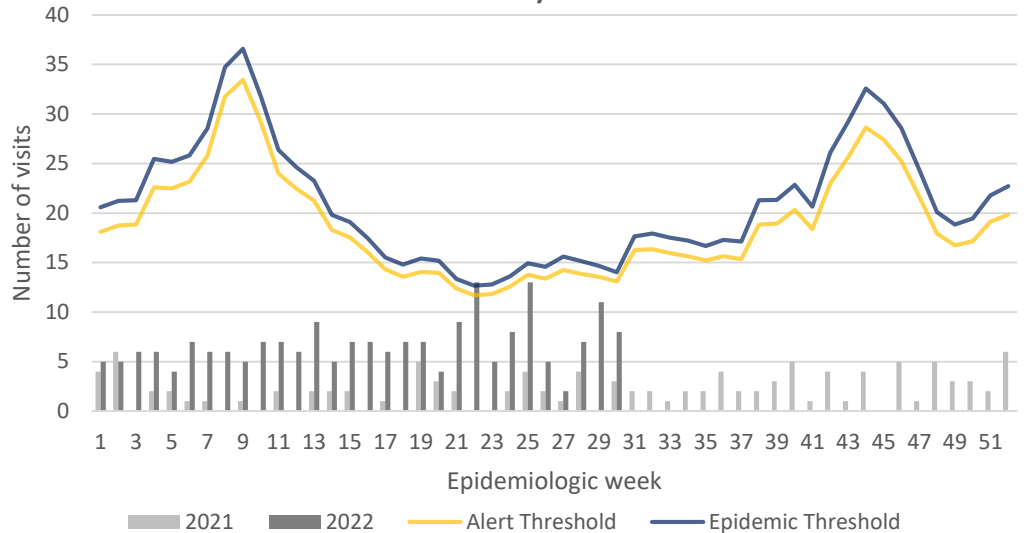
SENTINEL REPORT- 78 sites. Automatic reporting

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

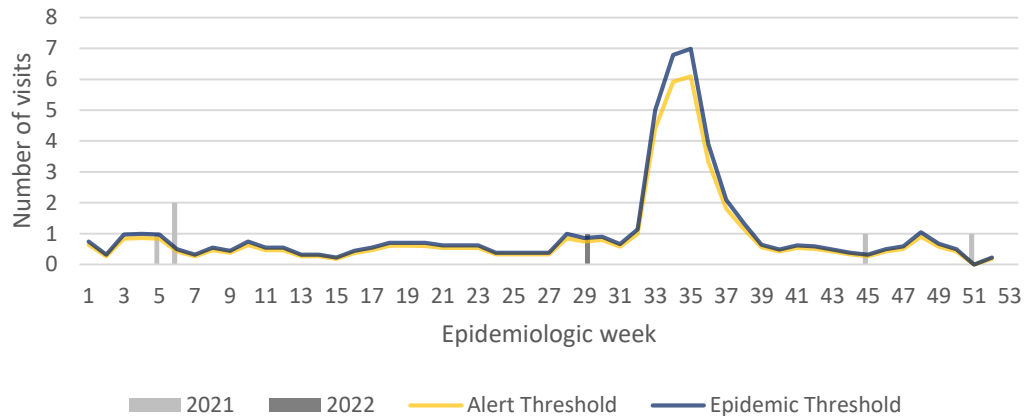


FEVER AND HAEMORRHAGIC

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



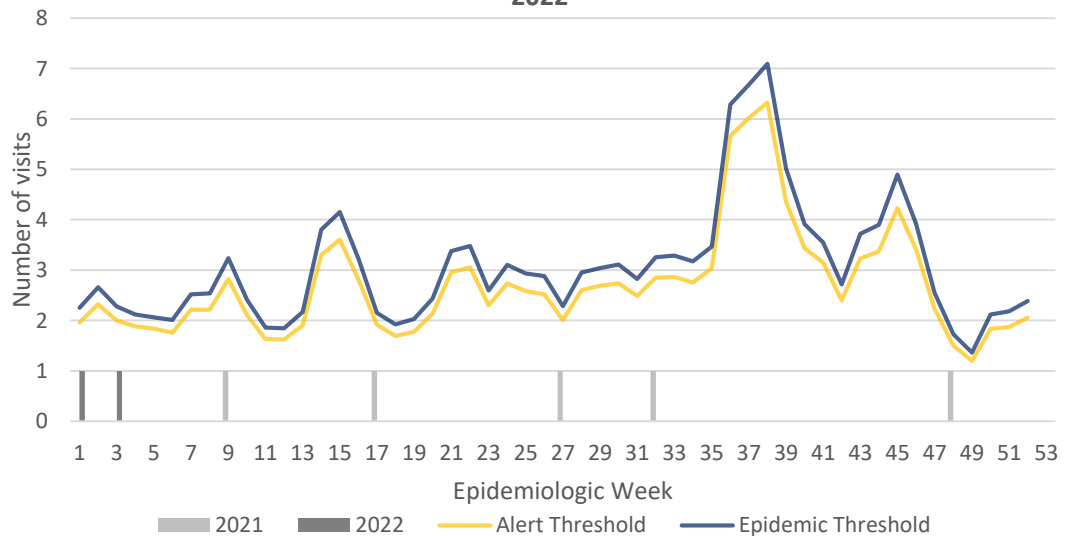
FEVER AND JAUNDICE

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 up for all Class One Events



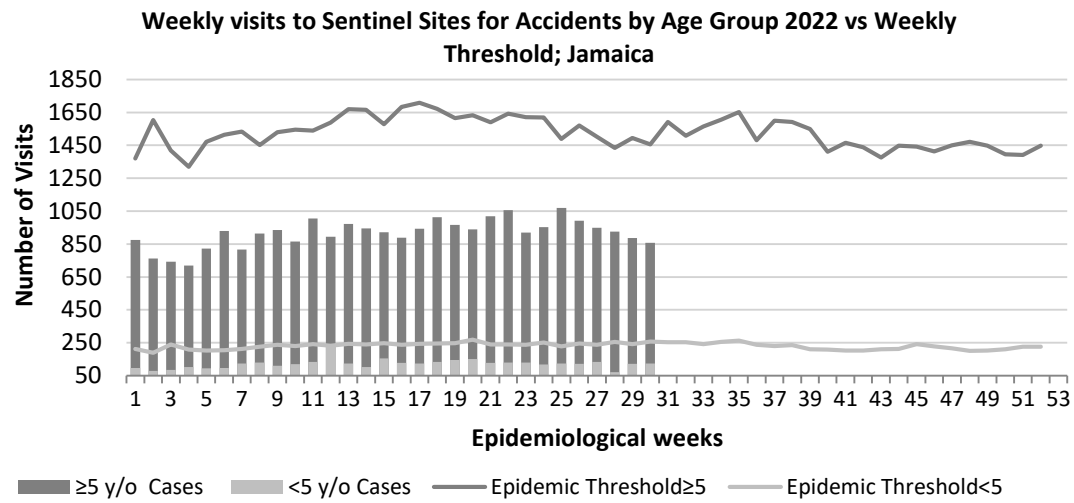
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

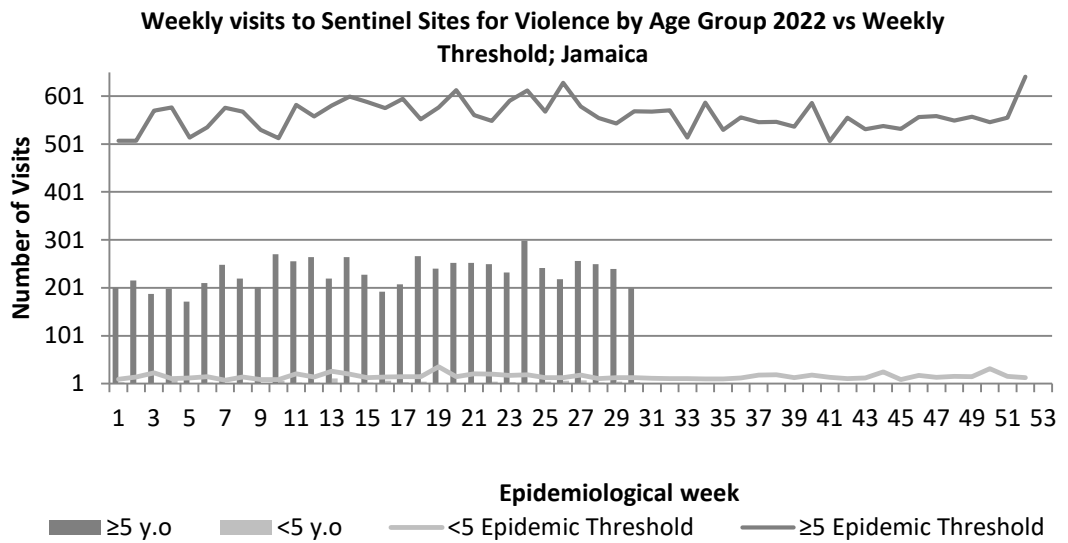
ACCIDENTS

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



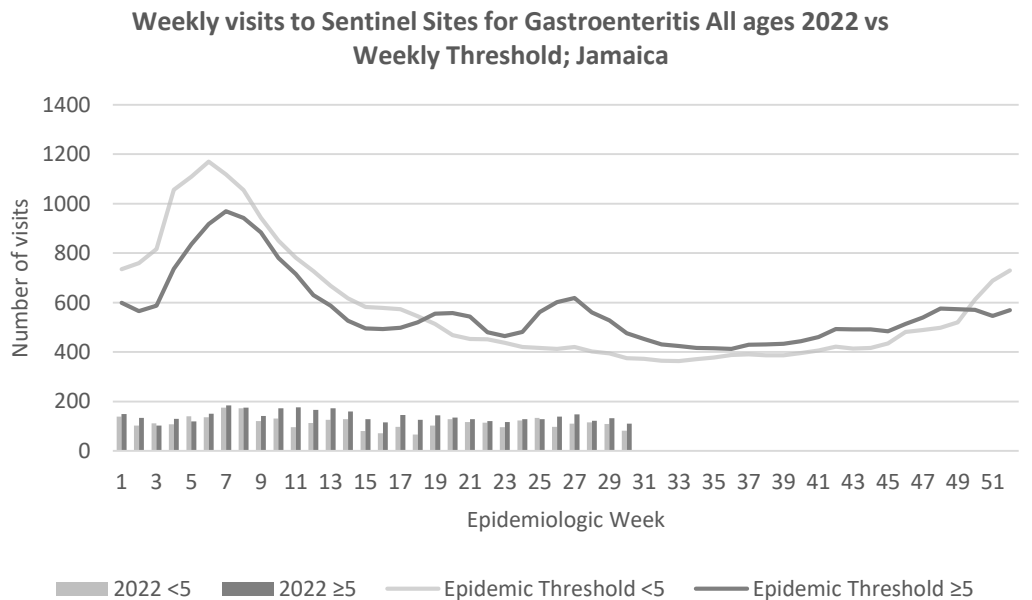
VIOLENCE

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

CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	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.	
		CURRENT YEAR 2022	PREVIOUS YEAR 2021		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	119 ^β	109 ^β	<p>Pertussis-like syndrome and Tetanus are clinically confirmed classifications.</p> <p>^γ Dengue Hemorrhagic Fever data include Dengue related deaths;</p> <p>^δ Figures include all deaths associated with pregnancy reported for the period.</p> <p>^ε CHIKV IgM positive cases</p> <p>^θ Zika PCR positive cases</p> <p>^β Updates made to prior weeks in 2020.</p> <p>^α Figures are cumulative totals for all epidemiological weeks year to date.</p>	
	Cholera	0	0		
	Dengue Hemorrhagic Fever ^γ	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	49500	40360		
	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	21		
EXOTIC/ UNUSUAL	Plague	0	0		
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 ^δ	36	30		
	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			
Zika Virus ^θ	0	0	NA- Not Available		



5 NOTIFICATIONS-
All clinical sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued



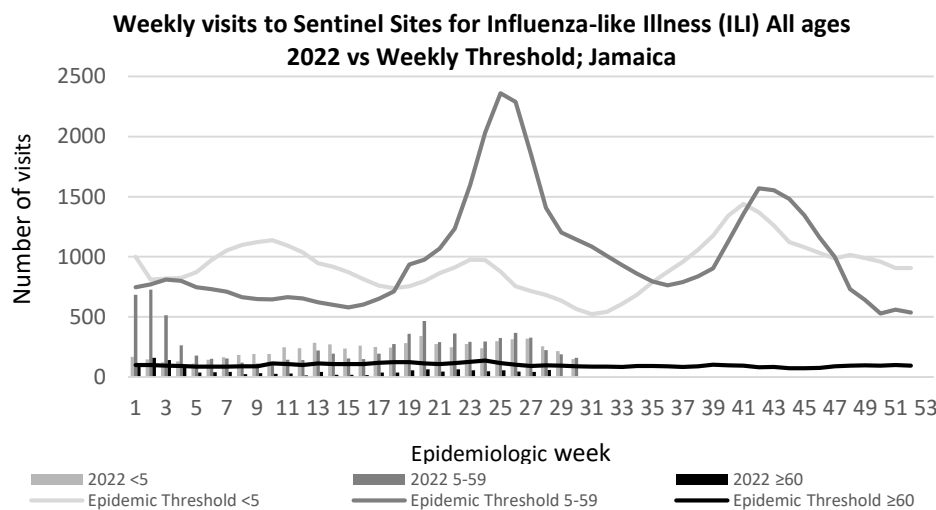
SENTINEL
REPORT- 78 sites.
Automatic reporting

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 30

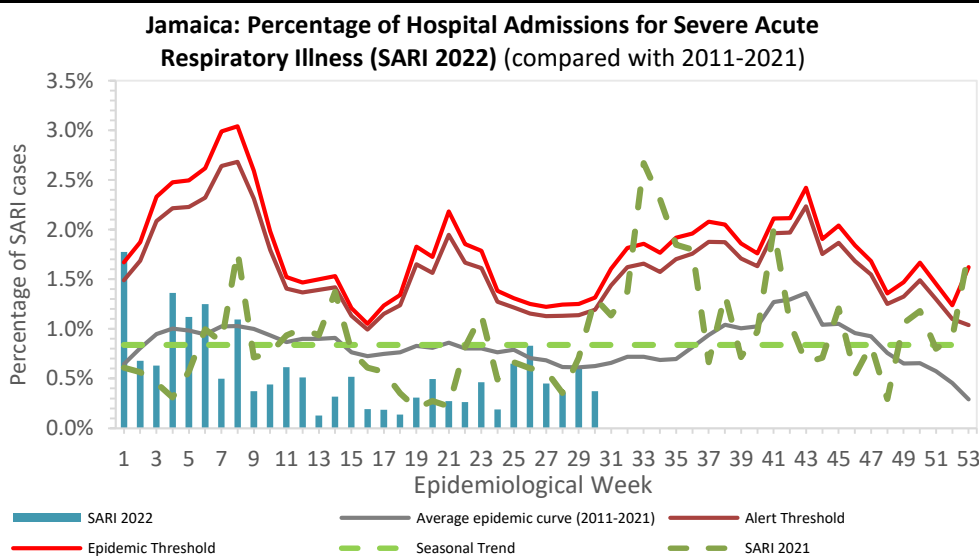
July 24 – July 30, 2022 Epidemiological Week 30

	<i>EW 30</i>	<i>YTD</i>
SARI cases	4	263
Total Influenza positive Samples	0	16
Influenza A	0	16
H3N2	0	16
H1N1pdm09	0	0
Not subtyped	0	1
Influenza B	0	0
Parainfluenza	0	0



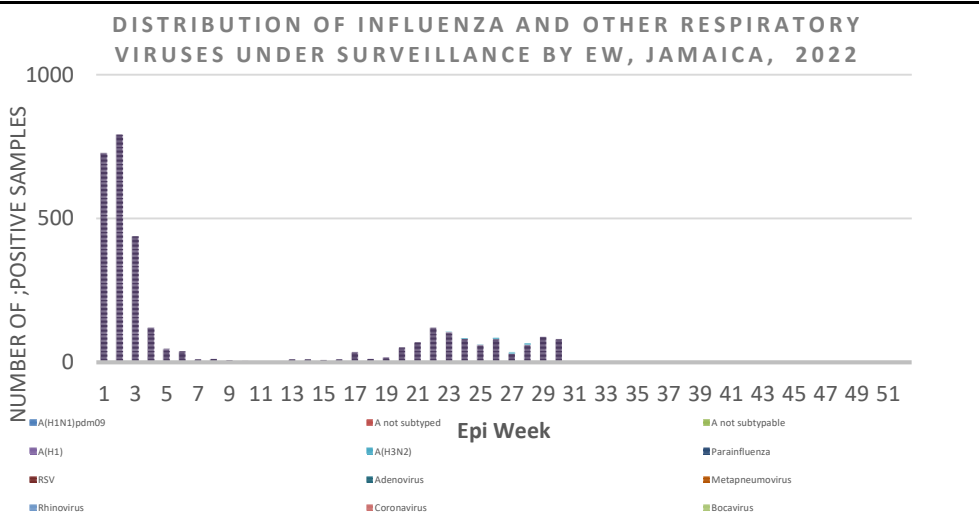
Epi Week Summary

During EW 30, four (4) SARI admissions were reported.



Caribbean Update EW 30

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

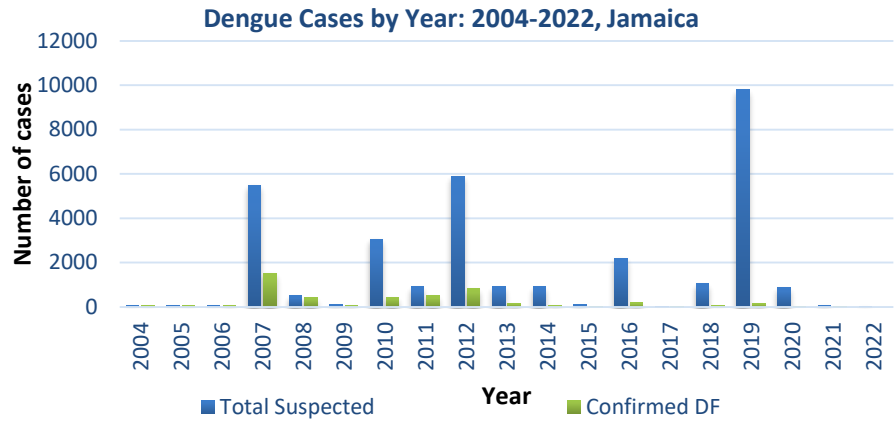


SENTINEL REPORT- 78 sites. Automatic reporting

Dengue Bulletin

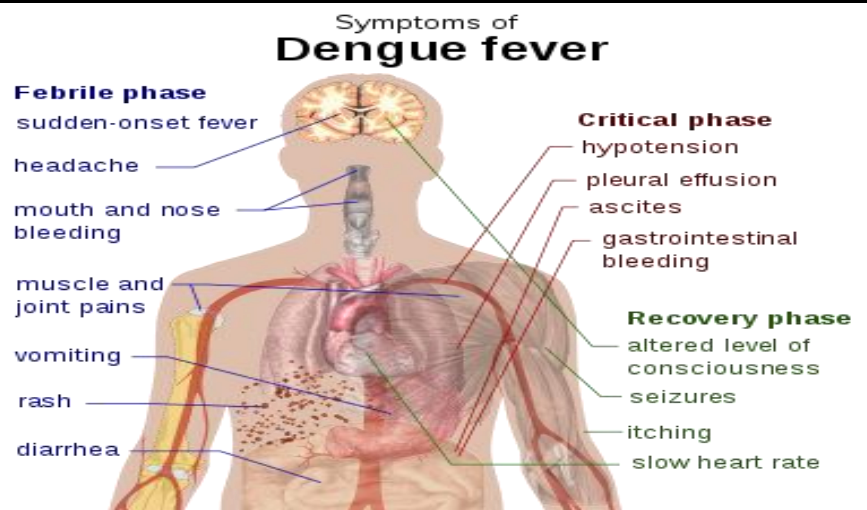
July 24– July 30, 2022 Epidemiological Week 30

Epidemiological Week 30



Reported suspected and confirmed dengue with symptom onset in week 30 of 2022

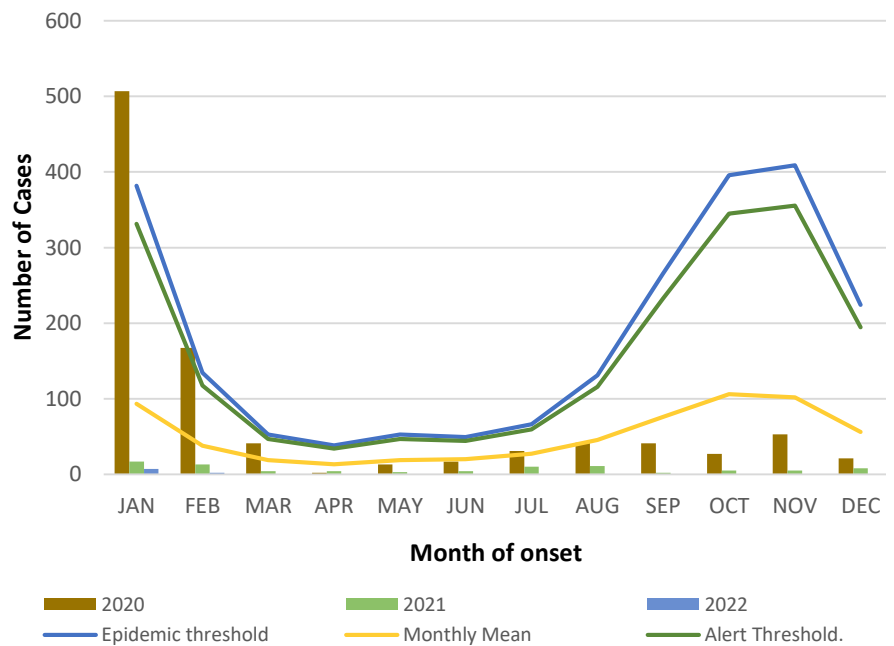
	2022*	
	EW 30	YTD
Total Suspected Dengue Cases	0	40
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- *Figure as at Aug 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-
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

Low Social Connectedness and Attachment Style: Factors that Impact Problematic Internet Us

Marissa Stubbs (MSc. Clinical Psychology)

ABSTRACT

Objective: To identify whether problematic Internet use exists among students at the University of the West Indies, Mona Campus. To identify differences in means of problematic Internet use based on age groups. To explore how psychopathology, social connectedness or attachment style predicts problematic Internet use.

Methodology: A total of 277 participants (ages 18–48 years and 73.6% female) from the University of the West Indies, Mona Campus provided data for the current analysis. They all completed self-reported measures of demographic information, psychopathology (depression, anxiety, and stress symptoms), adult attachment style, and problematic Internet use.

Results: The percentage of problematic Internet use reported was 15.6% and participants who fell within the age range of 18-23 were more likely to report problematic Internet use. The overall multiple regression that explored the strength of depression, anxiety and stress symptoms, attachment anxiety and avoidance, and social connectedness, as predictors of problematic Internet use was significant ($R^2 = .208$, $F[7, 269] = 10.112$, $p < .001$); depressive symptoms, attachment avoidance and social connectedness were found to be strong predictors of problematic Internet use while anxiety, stress and attachment were not.

Conclusion: Findings from the current study, suggest that young adults, particularly those between 18-23 years, with attachment avoidance are vulnerable to developing symptoms of depression given their low level of social connectedness. Additionally, it suggests that in an attempt to improve this negative mood (depressive symptoms) and increase their low social connectedness, they engage in problematic Internet use.



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



8 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