Oral Health

Oral health is a key indicator of overall health, well-being and quality of life. It encompasses a range of diseases and conditions that include dental caries, periodontal (gum) disease, tooth loss, oral cancer, orodental trauma, noma and birth defects such as cleft lip and palate. The Global Burden of Disease Study 2019 estimated that oral diseases affect close to 3.5 billion people worldwide. According to the International Agency for Research on Cancer, cancers of the lip and oral cavity are among the top 20 most common cancers worldwide, with nearly 180 000 deaths each year.

Most oral diseases and conditions share modifiable risk factors with the leading noncommunicable diseases (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes). These risk factors include tobacco use, alcohol consumption and unhealthy diets high in free sugars, all of which are increasing at the global level.

There is a proven relationship between oral and general health. It is reported, for example, that diabetes is linked with the development and progression of periodontitis. Moreover, there is a causal link between high consumption of sugars and diabetes, obesity and dental caries.

https://www.who.int/health-topics/oral-health#tab=tab_1
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 Parish Reports for the Four Most Recent Epidemiological Weeks – 28 to 31 of 2022

<table>
<thead>
<tr>
<th>Epi week</th>
<th>Kingston and Saint Andrew</th>
<th>Saint Thomas</th>
<th>Saint Catherine</th>
<th>Portland</th>
<th>Saint Mary</th>
<th>Saint Ann</th>
<th>Trelawny</th>
<th>Saint James</th>
<th>Hanover</th>
<th>Westmoreland</th>
<th>Saint Elizabeth</th>
<th>Manchester</th>
<th>Clarendon</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>Late (W)</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>Late (T)</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>Late (W)</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>On Time</td>
<td>Late (w)</td>
<td>On Time</td>
<td></td>
</tr>
</tbody>
</table>

### 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.
Released August 19, 2022

**FEVER AND NEUROLOGICAL**

Temperature of >38°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°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°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.
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.
### CLASS ONE NOTIFIABLE EVENTS

<table>
<thead>
<tr>
<th>CLASS 1 EVENTS</th>
<th>CURRENT YEAR 2022</th>
<th>PREVIOUS YEAR 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Poisoning</td>
<td>122&lt;sup&gt;β&lt;/sup&gt;</td>
<td>114&lt;sup&gt;β&lt;/sup&gt;</td>
</tr>
<tr>
<td>Cholera</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dengue Hemorrhagic Fever &lt;sup&gt;γ&lt;/sup&gt;</td>
<td>See Dengue page below</td>
<td>See Dengue page below</td>
</tr>
<tr>
<td>COVID-19 (SARS-CoV-2)</td>
<td>50224</td>
<td>42436</td>
</tr>
<tr>
<td>Hansen’s Disease (Leprosy)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Malaria (Imported)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Meningitis (Clinically confirmed)</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td><strong>EXOTIC/UNUSUAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plague</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>HIGH MORBIDITY/MORTALITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal Meningitis</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neonatal Tetanus</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Typhoid Fever</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Meningitis H/Flu</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>SPECIAL PROGRAMMES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFP/Polio</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Congenital Rubella Syndrome</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fever and Rash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rubella</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maternal Deaths&lt;sup&gt;δ&lt;/sup&gt;</td>
<td>36</td>
<td>40</td>
</tr>
<tr>
<td>Ophthalmia Neonatorum</td>
<td>48</td>
<td>40</td>
</tr>
<tr>
<td>Pertussis-like syndrome</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tetanus</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chikungunya&lt;sup&gt;ε&lt;/sup&gt;</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Zika Virus&lt;sup&gt;θ&lt;/sup&gt;</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Comments**

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.

Dengue Hemorrhagic Fever data include Dengue related deaths;

Figures include all deaths associated with pregnancy reported for the period.

CHIKV IgM positive cases

Zika PCR positive cases

Updates made to prior weeks in 2020.

Figures are cumulative totals for all epidemiological weeks year to date.

<sup>α</sup> Figures are cumulative totals for all epidemiological weeks year to date.

<sup>β</sup> Updates made to prior weeks in 2020.

<sup>γ</sup> Dengue Hemorrhagic Fever data include Dengue related deaths;

<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>NA</sup> Not Available
NATIONAL SURVEILLANCE UNIT
INFLUENZA REPORT

July 31–August 6, 2022  Epidemiological Week 31

EW 31  YTD
SARI cases  4  268
Total Influenza positive Samples  0  16
Influenza A  0  16
H3N2  0  16
H1N1pdm09  0  0
Not subtyped  0  0
Influenza B  0  0
Parainfluenza  0  0

Epi Week Summary

During EW 31, four (4) SARI admissions were reported.

Caribbean Update EW 31

Caribbean: Influenza activity remained low, with the influenza A(H3N2) virus predominance in the sub-region. The Dominican Republic reported increased SARS-CoV-2 activity with SARI hospitalizations below the epidemic thresholds, while in Haiti, elevated SARS-CoV-2 and SARI activity were reported.

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

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

Distribution of Influenza and Other Respiratory Viruses Under Surveillance by EW, Jamaica, 2022
**Dengue Bulletin**

**July 31 – August 6, 2022  Epidemiological Week 31**

**Epidemiological Week 31**

---

**Reported suspected and confirmed dengue with symptom onset in week 31 of 2022**

<table>
<thead>
<tr>
<th></th>
<th>2022*</th>
</tr>
</thead>
<tbody>
<tr>
<td>EW 31</td>
<td>YTD</td>
</tr>
<tr>
<td>Total Suspected Dengue Cases</td>
<td>0</td>
</tr>
<tr>
<td>Lab Confirmed Dengue cases</td>
<td>0</td>
</tr>
<tr>
<td>CONFIRMED Dengue Related Deaths</td>
<td>0</td>
</tr>
</tbody>
</table>

**Points to note:**

- *Figure as at Aug 12, 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)**

**Dengue Cases by Year: 2004-2022, Jamaica**

**Symptoms of Dengue fever**

- Febrile phase
  - sudden-onset fever
  - headache
- Critical phase
  - hypotension
  - pleural effusion
  - ascites
  - gastrointestinal bleeding
- Recovery phase
  - altered level of consciousness
  - seizures
  - itching
  - slow heart rate

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**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

Title: Training Teachers to Help Students to Cope with Post-Traumatic Stress

Authors:
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University of Technology, Jamaica
Dr. Steve Weaver
University of the West Indies
Dr. Sandra Chambers
SE Regional Health Authority

Abstract

Introduction. Exposure to trauma in children may result in mental health problems such as post-traumatic stress disorders (PTSD), anxiety disorder, depressive symptoms, dissociation, substance abuse, and delinquent and aggressive behaviors. The children who develop PTSD may later result in perpetrating violence on others. This study aimed to train a group of teachers in a primary school in Kingston, Jamaica with knowledge and skills to help students cope better with traumatic experiences. Research questions addressed were: What percentage of teachers know of the manifestations of and coping skills to manage PTSD prior to training? To what extent will there be a difference in the teachers’ knowledge of symptoms and skills to cope with PTSD after training?

Methods. The mixed methods approach was used. All 20 (5 male & 15 female) teachers voluntarily participated in the study. The teachers were pre-tested to measure their knowledge of and ways of coping with PTSD in March 2019, and attended six training sessions, and were post-tested in June 2019.

Results. The results showed that the pre-test scores ($M = 1.95, SD = 2.19$) of 35% of the teachers knew some skills in managing PTSD before the training. The post-test scores ($M = 4.00, SD = 1.69$) of the 75% of the teachers learnt the skills after the training, while 50% retained their skills three months after the training. A feedback session was also conducted.

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