

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Self-care interventions for health



Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker.

Currently 3.6 billion people – half of the world – lack access to essential health services. WHO recommends self-care interventions for every country and economic setting, as a critical path to reach universal health coverage, promote health, keep the world safe, and serve the vulnerable.



Self-care recognises individuals as active agents in managing their own health care, in areas including health promotion; disease prevention and control; self-medication; providing care to dependent persons, and rehabilitation, including palliative care.

Self-care interventions are evidence-based, quality tools that support self-care. They include medicines, counselling, diagnostics and/or digital technologies which can be accessed fully or partially outside of formal health services. Depending on the intervention, they can be used with or without the direct supervision of health workers.

Self-care interventions can:

- empower individuals and communities to manage their health and well-being
- strengthen national institutions with efficient use of domestic resources for health
- improve primary healthcare (PHC) and contribute to achieving UHC (universal health coverage).

Source: https://www.who.int/health-topics/self-care#tab=tab_1

EPI WEEK 33



SYNDROMES

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GASTROENTERITIS

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RESEARCH PAPER

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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 - 30 to 33 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													
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)
31	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
32	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
33	On Time	Late (T)	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time

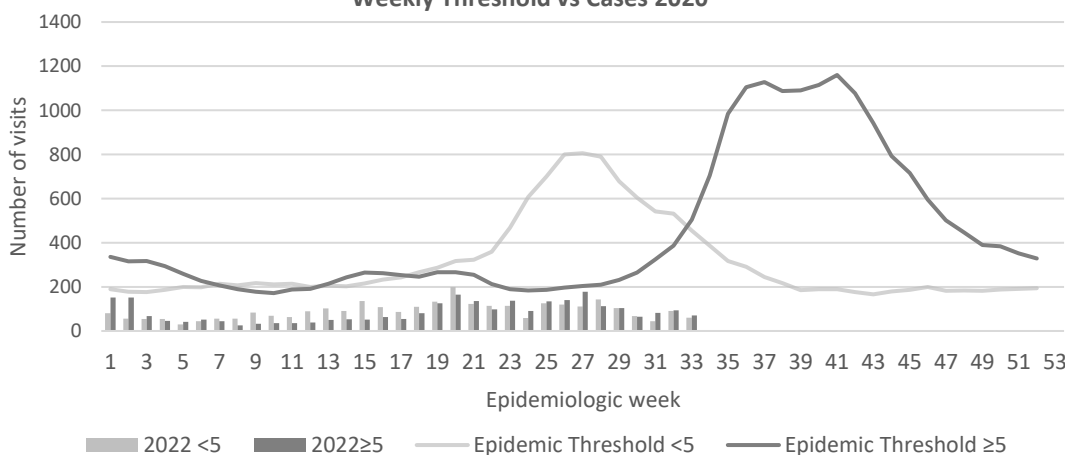
REPORTS FOR SYNDROMIC SURVEILLANCE

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 2020



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



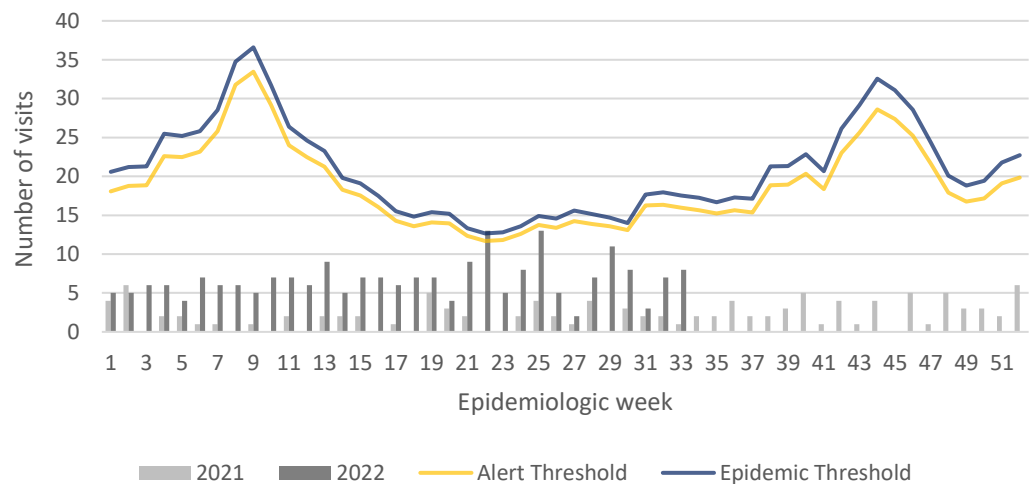
SENTINEL REPORT- 78 sites. Automatic reporting

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).



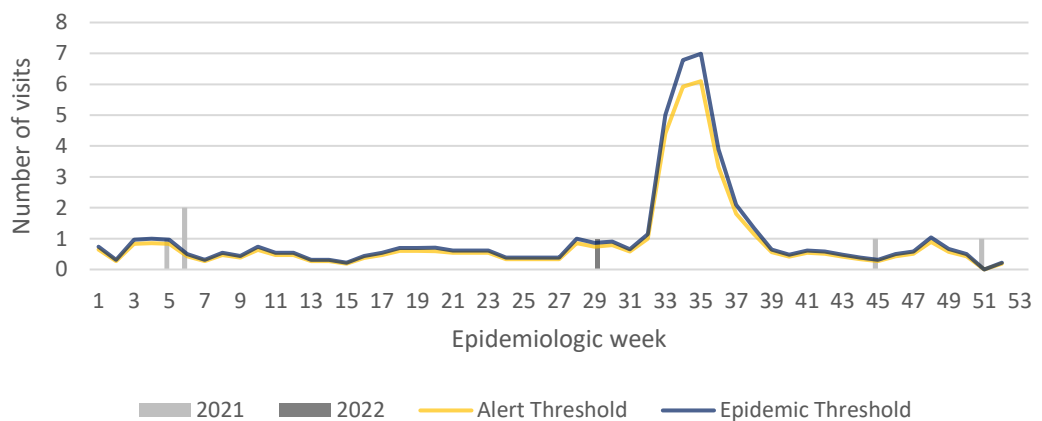
**Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms
2021 and 2022 vs. Weekly Threshold: Jamaica**

**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

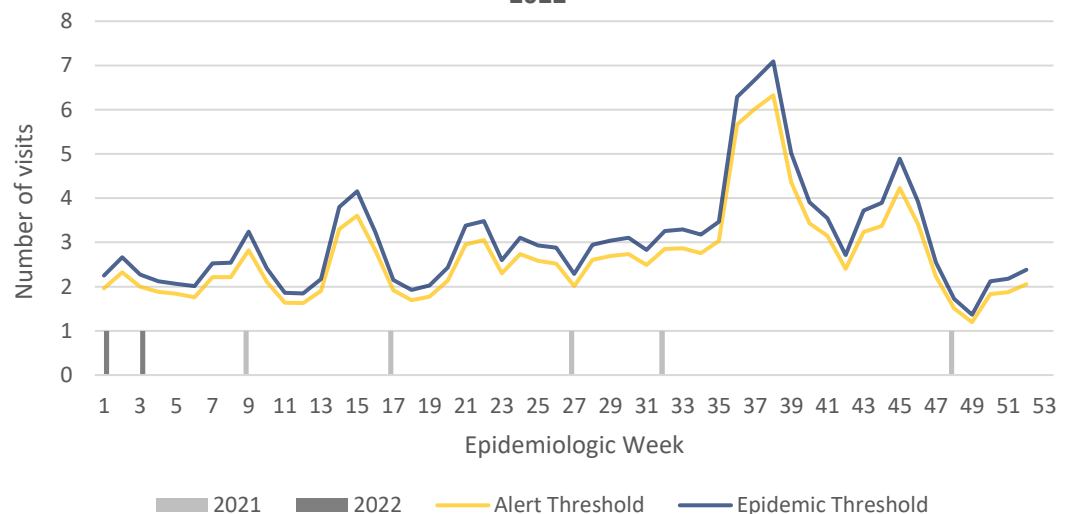
**FEVER AND JAUNDICE**

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
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**HOSPITAL
ACTIVE
SURVEILLANCE-**
30 sites. Actively
pursued



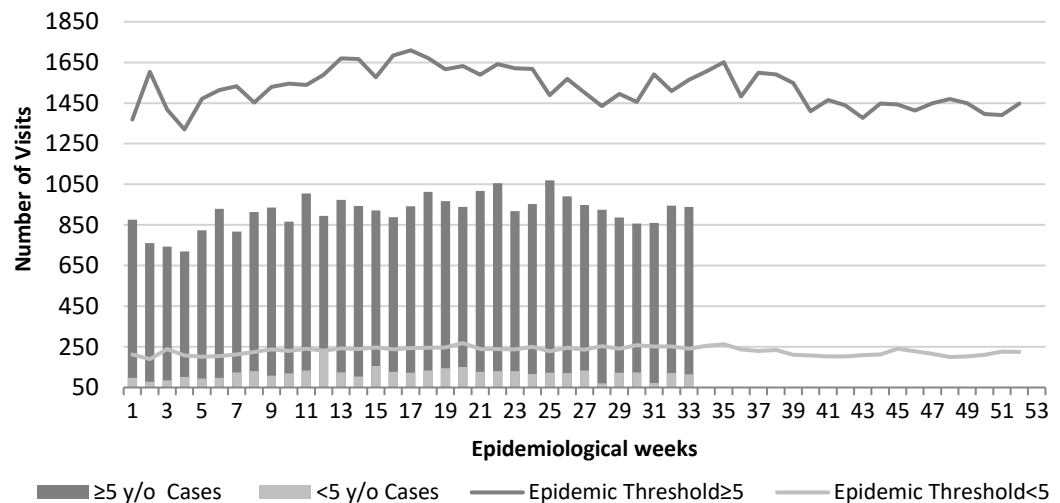
**SENTINEL
REPORT-** 78 sites.
Automatic reporting

ACCIDENTS

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



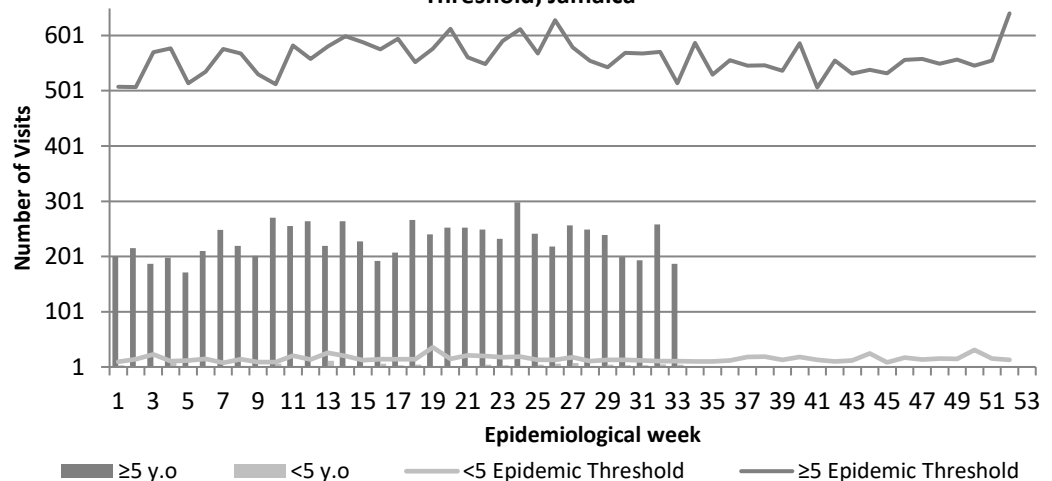
Weekly visits to Sentinel Sites for Accidents by Age Group 2022 vs Weekly Threshold; Jamaica

**VIOLENCE**

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



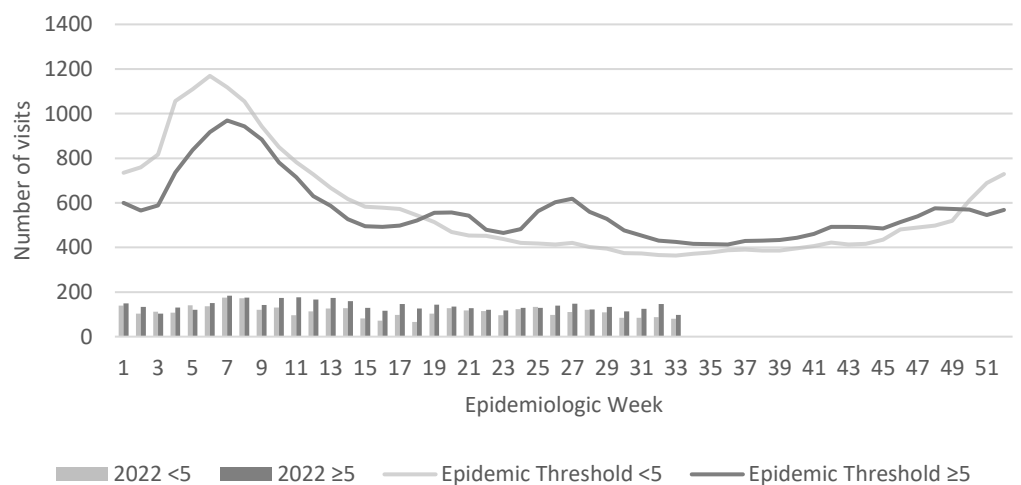
Weekly visits to Sentinel Sites for Violence by Age Group 2022 vs Weekly Threshold; Jamaica

**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
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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	137 ^β	120 ^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. ^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)	51792	50759	
	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)	12	24	
EXOTIC/ UNUSUAL	Plague	0	0	^δ Figures include all deaths associated with pregnancy reported for the period.
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis	0	0	
	Neonatal Tetanus	0	0	
	Typhoid Fever	0	0	
SPECIAL PROGRAMMES	Meningitis H/Flu	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.
	AFP/Polio	0	0	
	Congenital Rubella Syndrome	0	0	
	Congenital Syphilis	0	0	
	Fever and Rash	Measles	0	
		Rubella	0	
	Maternal Deaths ^δ	40	42	
	Ophthalmia Neonatorum	48	40	
	Pertussis-like syndrome	0	0	
	Rheumatic Fever	0	0	
	Tetanus	0	0	
	Tuberculosis	19	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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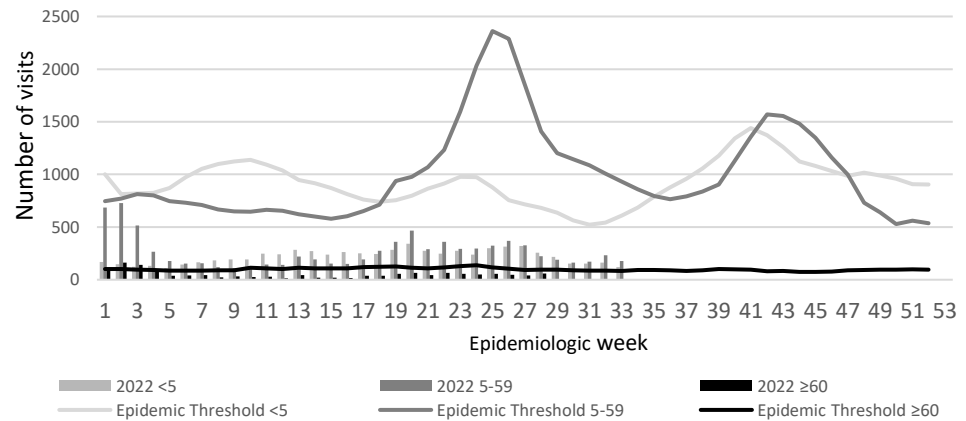
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 33

August 14 – August 20, 2022 Epidemiological Week 33

	EW 33	YTD
SARI cases	6	279
Total Influenza positive Samples	0	16
Influenza A	0	16
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
Influenza B	0	0
Parainfluenza	0	0

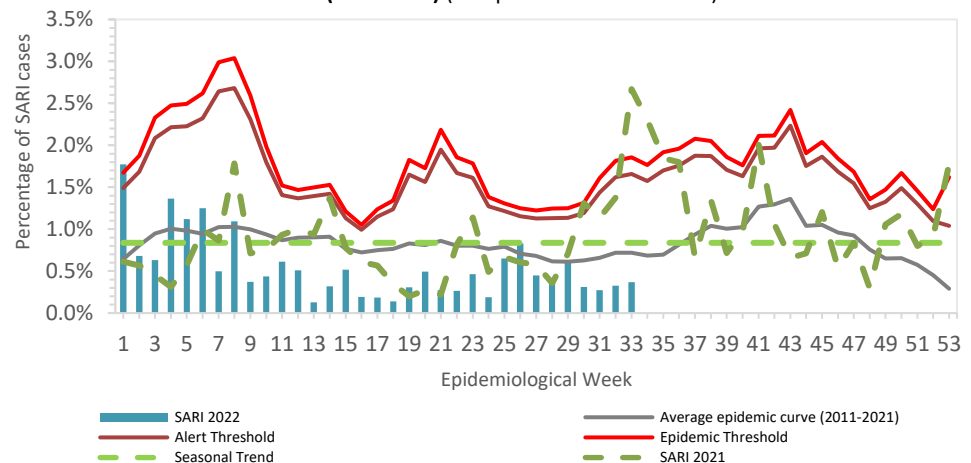
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2022 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 33, six (6) SARI admissions were reported.

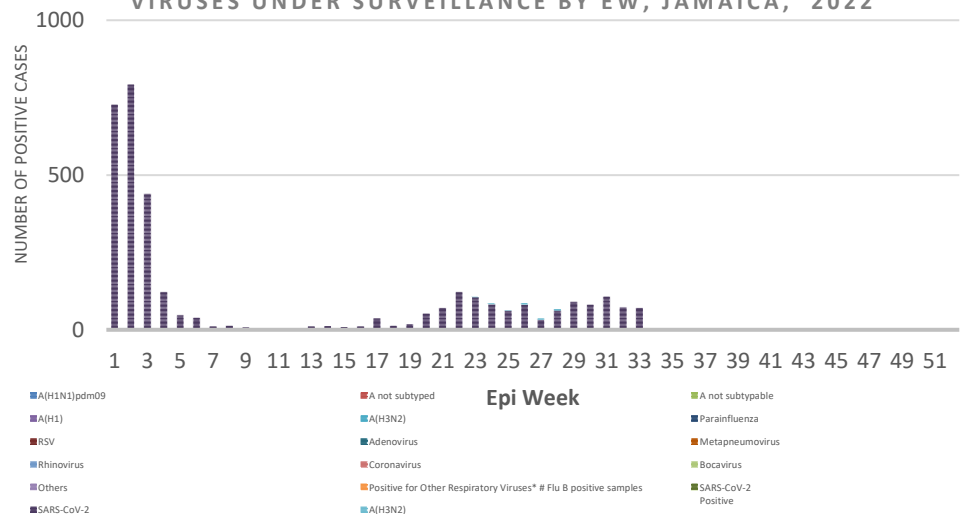
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2022) (compared with 2011-2021)



Caribbean Update EW 33

Caribbean: Overall, influenza activity remained low, with the predominance of influenza A(H3N2). The Dominican Republic and Haiti reported increased SARS-CoV-2 activity, with increased SARI activity in Haiti, with levels above average for this time of year.

DISTRIBUTION OF INFLUENZA AND OTHER RESPIRATORY VIRUSES UNDER SURVEILLANCE BY EW, JAMAICA, 2022



6 NOTIFICATIONS-
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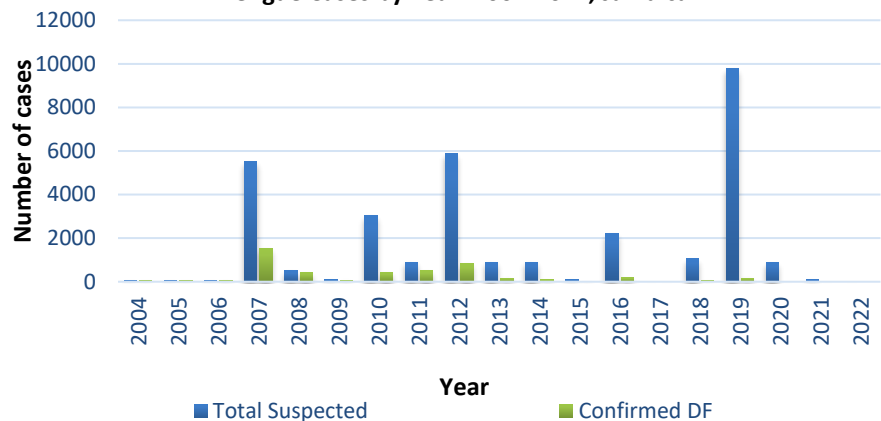
Dengue Bulletin

August 14-August 20, 2022 Epidemiological Week 33

Epidemiological Week 33



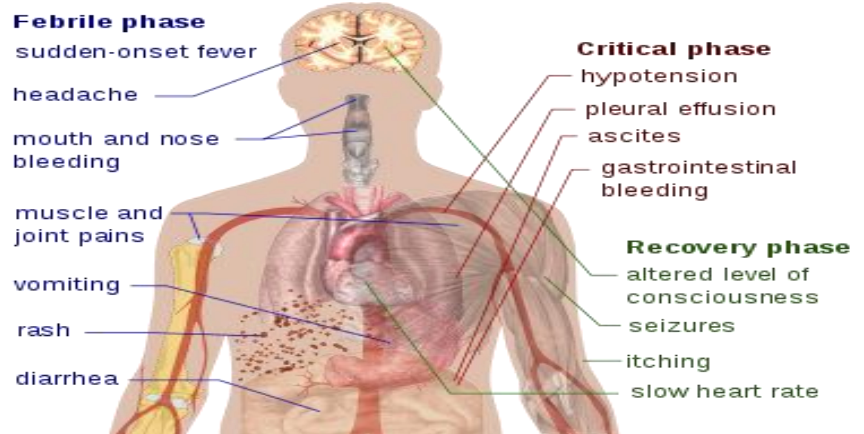
Dengue Cases by Year: 2004-2022, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 33 of 2022

	2022*	
	EW 33	YTD
Total Suspected Dengue Cases	2	48
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0

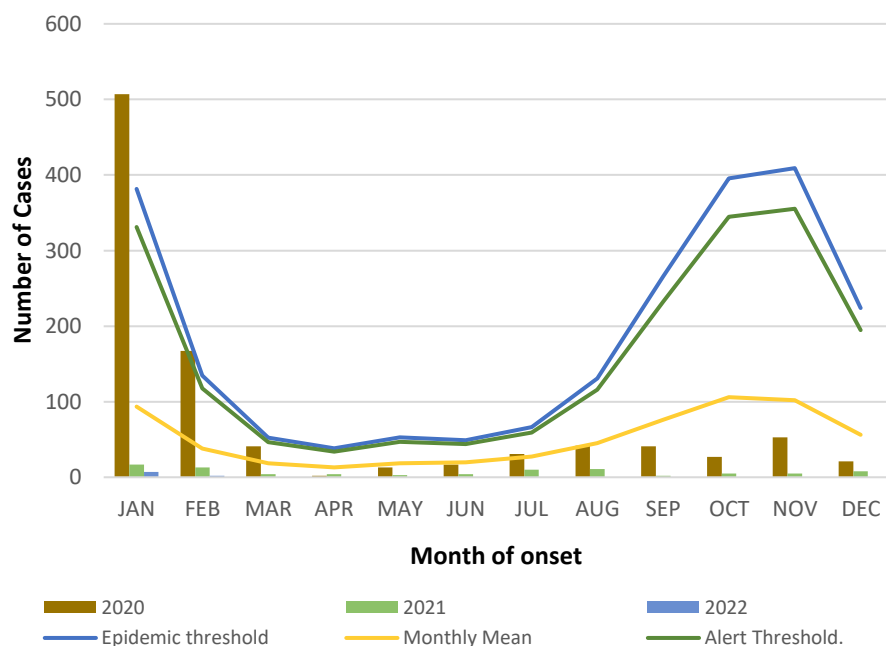
Symptoms of Dengue fever



Points to note:

- *Figure as at Aug 26, 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

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.



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8 NOTIFICATIONS-
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