

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Patient Safety



The global landscape of health care is changing with health systems operating in increasingly complex environments. While new treatments, technologies and care models can have therapeutic potential, they can also pose new threats to safe care.

Patient safety is a fundamental principle of health care and is now being recognized as a large and growing global public health challenge. Global efforts to reduce the burden of patient harm have not achieved substantial change over the past 15 years, despite pioneering work in some health care settings.



Patient safety is a framework of organized activities that creates cultures, processes, procedures, behaviours, technologies and environments in health care that consistently and sustainably lower risks, reduce the occurrence of avoidable harm, make error less likely and reduce its impact when it does occur.

Every point in the process of care-giving contains a certain degree of inherent unsafety. Clear policies, organizational leadership capacity, data to drive safety improvements, skilled health care professionals and effective involvement of patients and families in the care process, are all needed to ensure sustainable and significant improvements in the safety of health care.

Source: https://www.who.int/health-topics/patient-safety#tab=tab_1

EPI WEEK 35



SYNDROMES

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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 - 32 to 35 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													
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
34	On Time	On Time	Late (T)	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (W)
35	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time

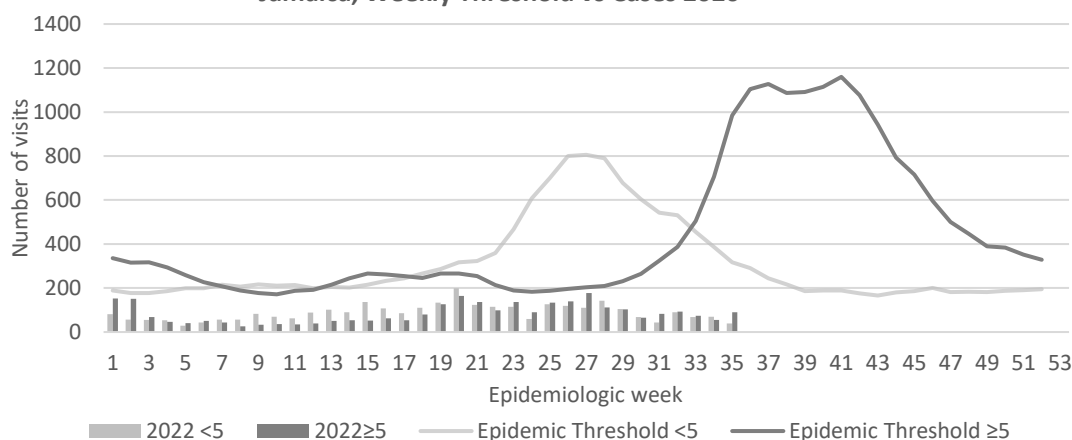
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

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



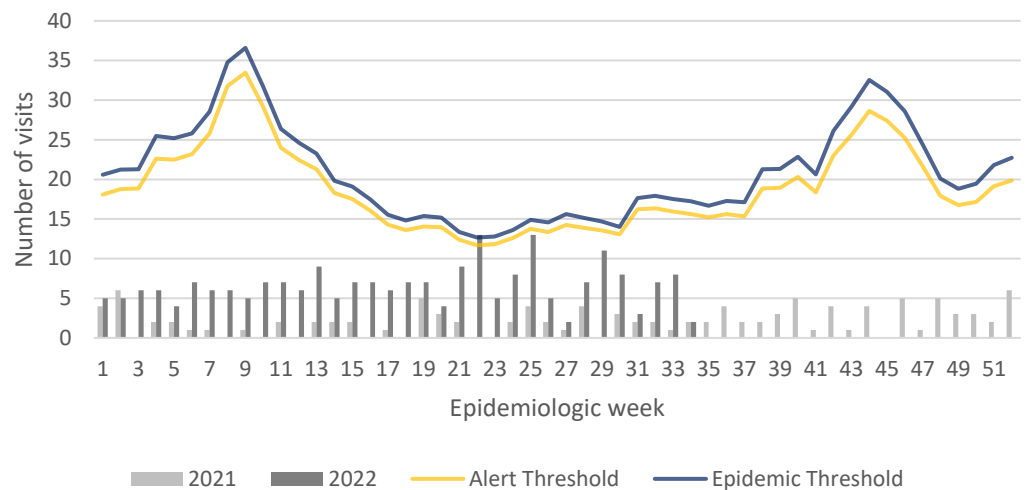
SENTINEL
REPORT- 78 sites.
Automatic reporting

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).



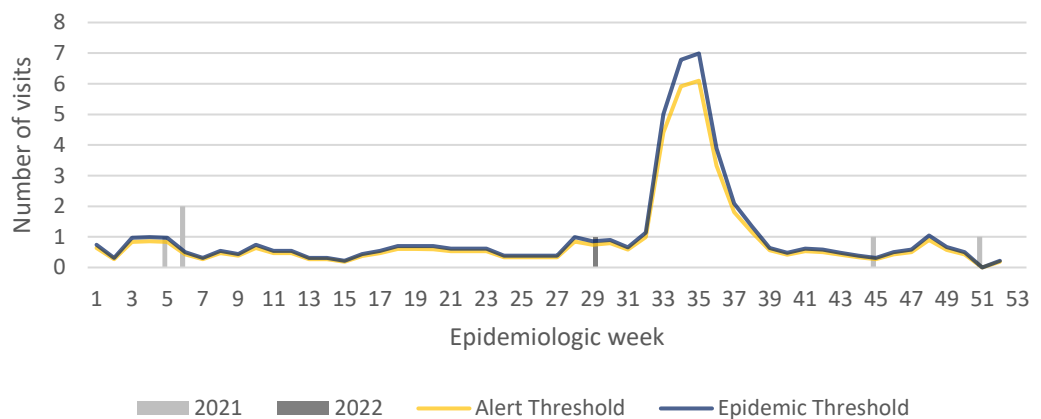
**Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms
2021 and 2022 vs. Weekly Threshold: Jamaica**

**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

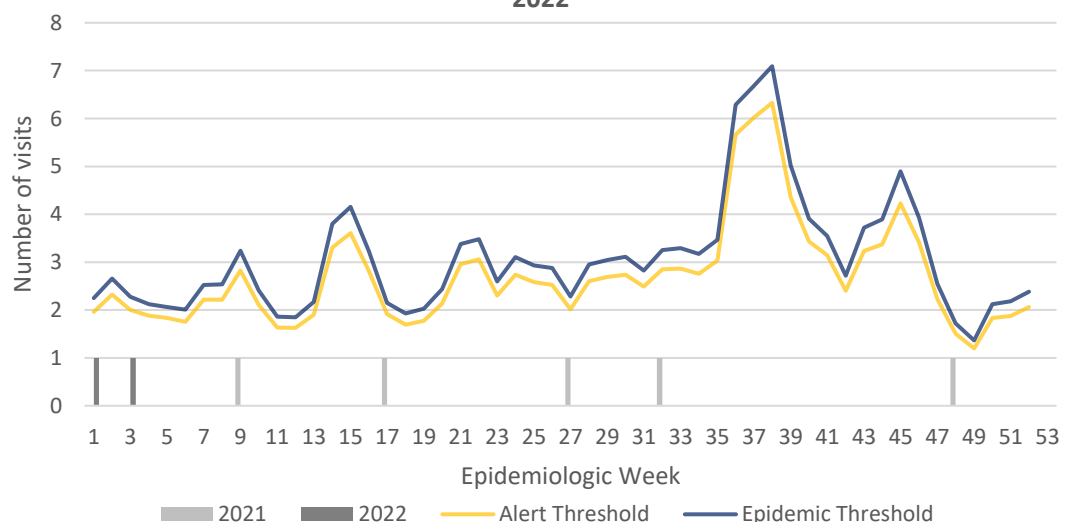
**FEVER AND JAUNDICE**

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 up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



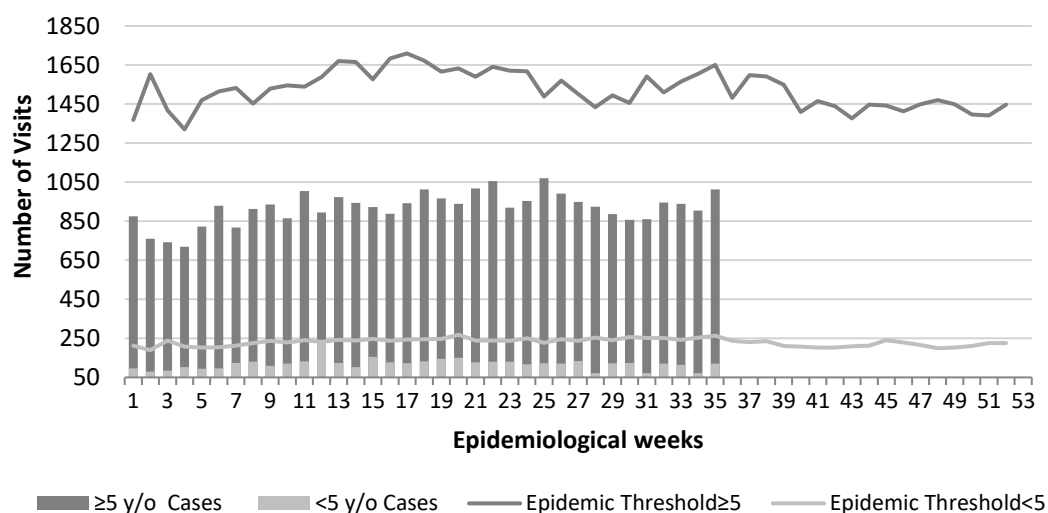
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

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



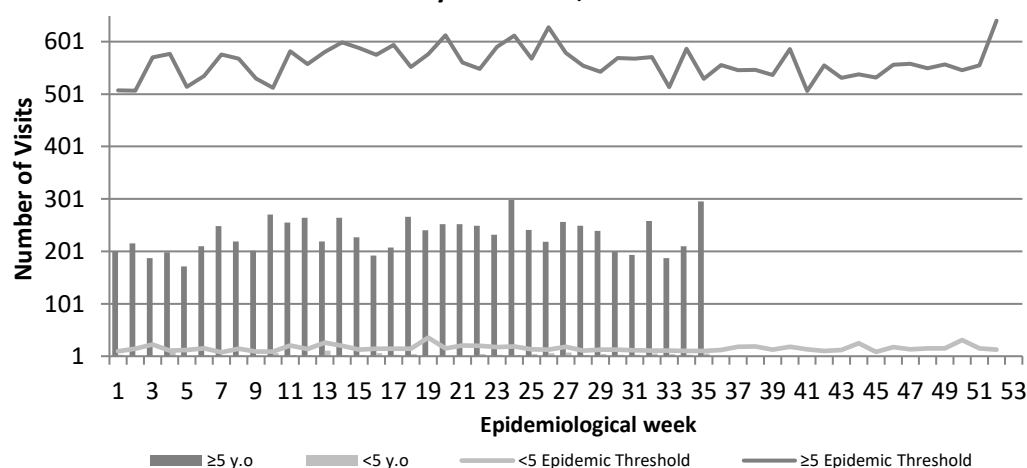
Weekly visits to Sentinel Sites for Accidents by Age Group 2022 vs Weekly Threshold; Jamaica

**VIOLENCE**

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



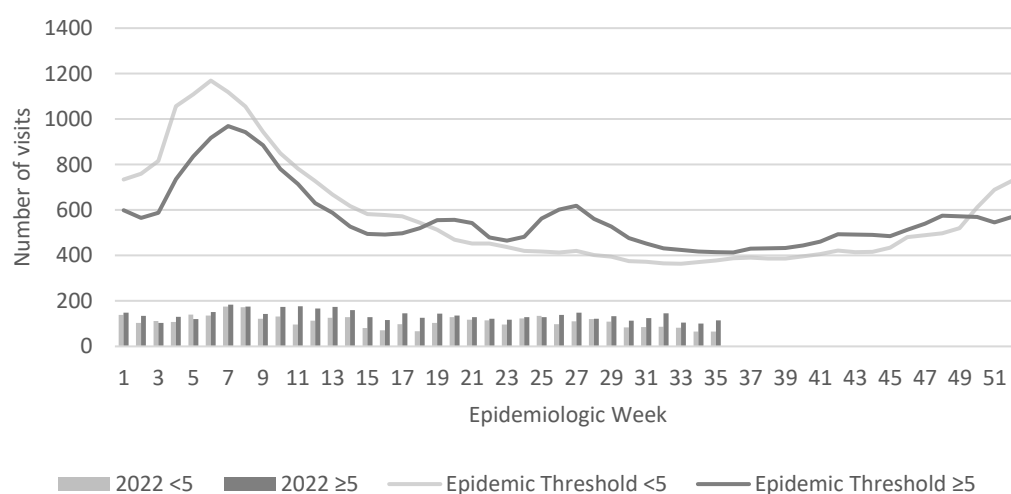
Weekly visits to Sentinel Sites for Violence by Age Group 2022 vs Weekly Threshold; Jamaica

**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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SENTINEL REPORT- 78 sites. Automatic reporting

CLASS ONE NOTIFIABLE EVENTS				Comments
	CLASS 1 EVENTS	Confirmed YTD ^α		
		CURRENT YEAR 2022	PREVIOUS YEAR 2021	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	148 ^β	121 ^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)	53226	60321	
	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)	14	26	
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	47	55	
	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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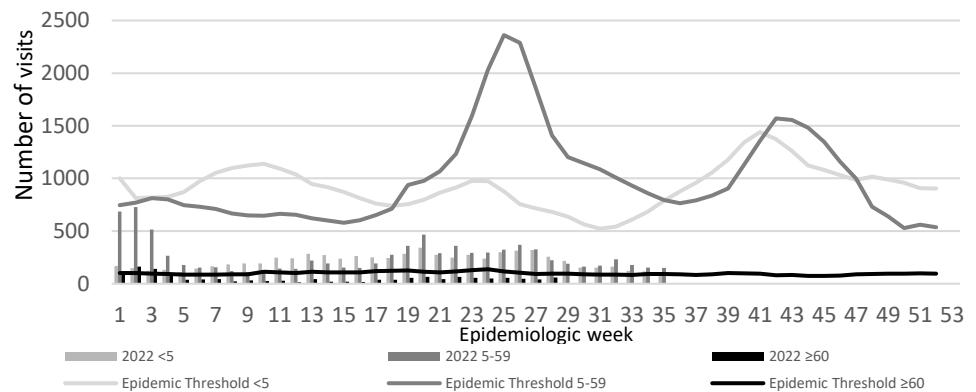
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 35

August 28 – September 3, 2022 Epidemiological Week 35

	EW 35	YTD
SARI cases	3	284
Total Influenza positive Samples	0	17
Influenza A	0	17
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
Influenza B	0	0
Parainfluenza	0	0

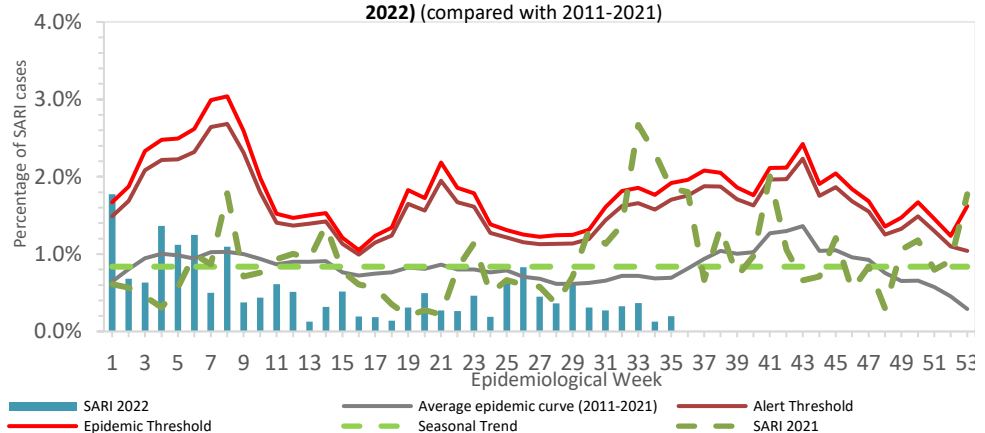
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2022 vs WEekly Threshold; Jamaica



Epi Week Summary

During EW 35, three (3) SARI admissions were reported.

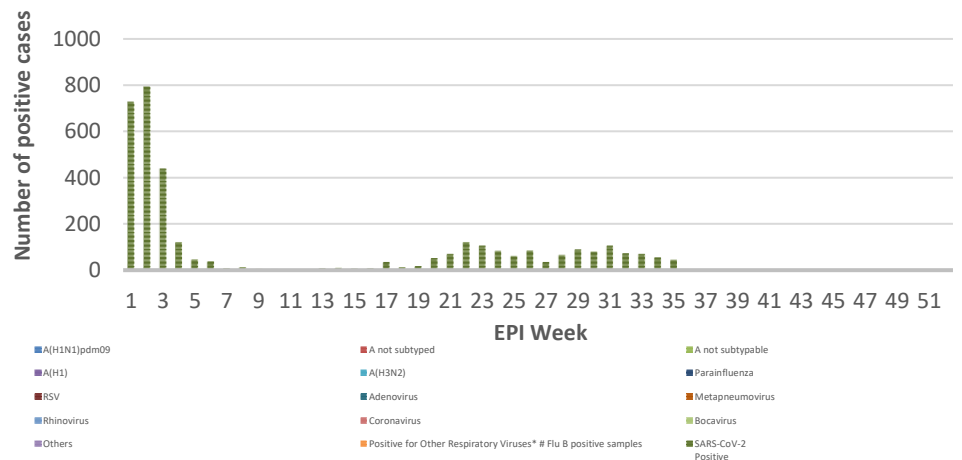
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI)
2022) (compared with 2011-2021)



Caribbean Update EW 35

Caribbean: Overall, influenza activity remained low, with influenza A(H3N2) predominated. In Belize, influenza activity was at moderate-intensity levels, with influenza A(H3N2) circulating. Saint Lucia reported increased SARS-CoV-2 activity. In Haiti, increased SARS-CoV-2 and SARI activity was reported. RSV activity increased in the Dominican Republic.

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



6 NOTIFICATIONS-
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Dengue Bulletin

August 28-September 3, 2022 Epidemiological Week 35

Epidemiological Week 35



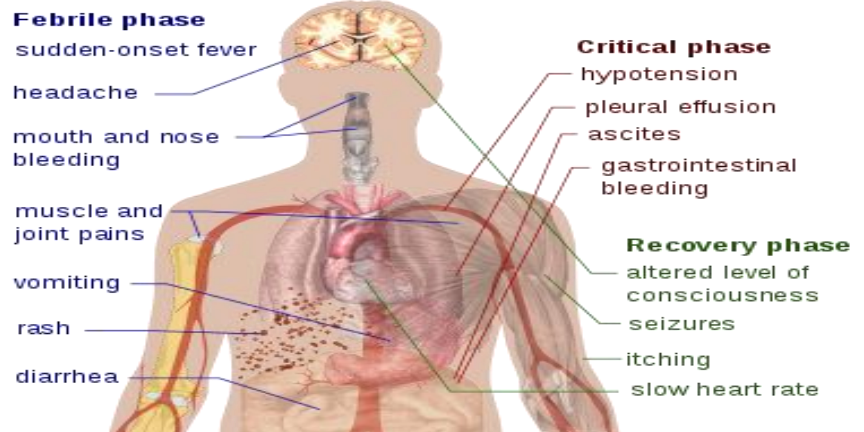
Dengue Cases by Year: 2004-2022, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 35 of 2022

	2022*	
	EW 35	YTD
Total Suspected Dengue Cases	5	53
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0

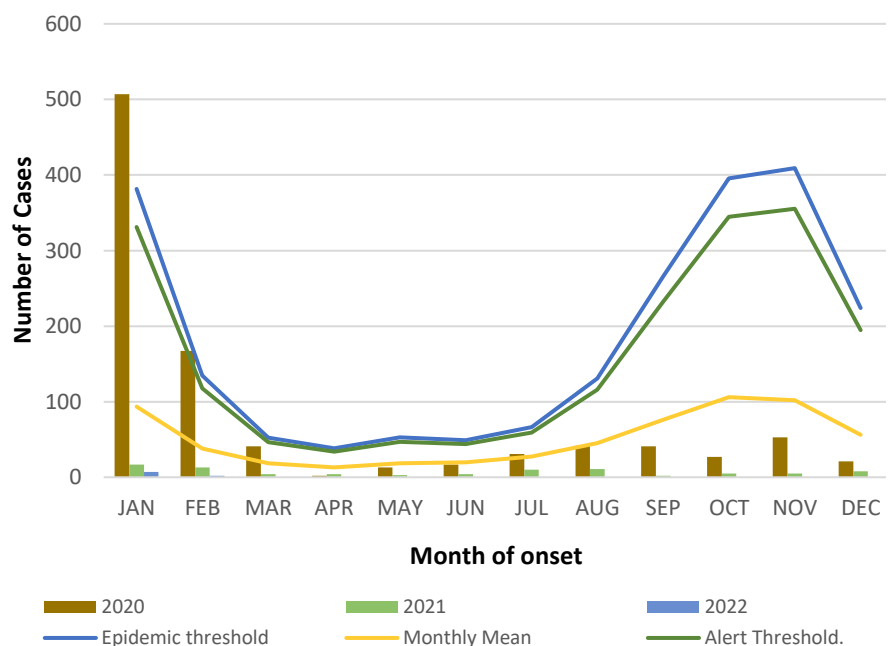
Symptoms of Dengue fever



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

Abstract

Depression and the Impact on Productivity in the Workplace: Findings from a Jamaican Survey on Depression in the Workplace

Margarett Barnett

Objectives: The World Health Organization predicts the rise of the global burden of depression to become the leading cause of disability by 2030. The study aims to 1) address a gap in the literature in terms of baseline data for assessing the burden and impact of depression in the Jamaican workplace, and 2) quantify the links between depression, cognitive dysfunction, absenteeism and presenteeism by means of the The Work Limitation Questionnaire (WLQ) was developed by Lerner et al., to measure the degree to which health problems interfere with specific aspects of job performance and the productivity impact of these work limitations.

Methods: 300 employed adults in a Jamaican Quasi-government institution have been recruited for the survey. Self-reported answers will be recorded for various demographic variables, diagnosis of depression, number of days taken off for depression (absenteeism), and work performance ratings and behaviours while working with depression (presenteeism). The responses pertaining to absenteeism and presenteeism will be analysed according to the presence or absence of cognitive dysfunction.

Conclusion: Absenteeism causes increased workload for other employees, reduced output, and lost income from hiring temporary workers. In addition, reduced productivity at work, or 'presenteeism', is a major but less acknowledged concern for employers, and may be even more costly than absenteeism. It is hoped that this research will bring to the fore that there is a vital need to improve employees' access to quality treatment preferably through programs based on integrated care models.



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8 NOTIFICATIONS-
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