## WEEKLY EPIDEMIOLOGY BULLETIN NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Weekly Spotlight

## Prostate cancer in the Caribbean is taking down our men: access to care and changes in attitude are required



Dear Editor, The high rate of mortality from prostate cancer in the Caribbean poses a huge public health challenge for the area. As we know, non-communicable diseases (NCDs) are a growing challenge globally, as well as in the Caribbean (1). In fact, the Caribbean has the highest burden of NCDs in the

Region of the Americas (2). Among these chronic diseases, several types of cancers have occupied the top causes of death. In a recent study, researchers from the Caribbean Public Health Agency and the United States Centers for Disease Control and Prevention found that the rates of death from cervical, breast, prostate, and colon cancer are 2 - 9 times higher in the Caribbean than in the United States (3).

The study also reported that prostate cancer accounted for 18% - 47% of cancer deaths. These figures are alarming considering that prostate cancer can be prevented through lifestyle changes and early detection and treatment. Clearly, prostate cancer is a serious public health problem in the Caribbean, where its high incidence and mortality rates affect a predominantly Black population with an ancestral, genetic predisposition to the disease (4). But there are also many cultural and social norms that are proving to be obstacles to prevention and control among Caribbean men. Caribbean men either do not adequately access health care or only access health care after signs and symptoms become severe (5). Many suffer in silence.

Caribbean men generally have a love/hate relationship with health care. If they are not "sick," they do not access care; therefore, access to preventative services is decreased. If they are "sick," then they want care; that is, when signs and symptoms are obvious. This delayed access to care means prostate cancers are less likely to be detected in the early stages. Partially to blame is the "macho" culture that influences Caribbean men to suppress awareness of their bodies and not to show emotions or vulnerabilities. They often avoid seeking care until it becomes urgent. This leads to late detection. Linked to this macho culture are a fear and avoidance of the digital rectal exam screening. Caribbean men continue to turn a blind eye towards getting tested. The 2007/8 Jamaica Health and Lifestyle Survey (6) showed that as many as 79% of men have never had a physical exam for prostate cancer, and only 13% reported having had one in the past 2 years.

https://iris.paho.org/handle/10665.2/49162



#### Sentinel Surveillance in Iamaica



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

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.

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													

33	On	Late	On	On	Late	On							
	Time	(T)	Time	Time	(W)	Time							
34	On Time	On Time	Late (T)	On Time	Late (T)	On Time	Late (W)						
35	On	Late	On	On	On	On	On	On	On	On	On	On	On
	Time	(W)	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
36	On	On	On	On	On	On	On	On	On	On	On	On	On
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time

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

## **REPORTS FOR SYNDROMIC SURVEILLANCE**

#### UNDIFFERENTIATED FEVER

Temperature of >38°C  $/100.4^{\circ}F$  (or recent history of fever) with obvious dia infection.



or without an gnosis or focus of	1200 1000 800 600 400 200 0 1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53	
	1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 Epidemiologic week	3
	2022 <5 202225 Epidemic Inreshold <5 Epidemic Inreshold 25	
TIFICATIONS-	INVESTIGATION HOSPITAL SENTINEL	

2 NO All clinical sites

REPORTS- Detailed Follow up for all Class One Events

1400

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SURVEILLANCE-
30 sites. Actively
pursued
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REPORT - 78 sites. Automatic reporting

### Released September 23, 2022

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### 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).



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

Weekly visits to Sentinel Sites for Fever and Haemorrhagic 2021 and 2022 vs Weekly Threshold; Jamaica







3 NOTIFICATIONS-All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued
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SENTINEL REPORT- 78 sites. Automatic reporting



**FEVER AND** 

HAEMORRHAGIC

Temperature of >38°C

/100.4<sup>o</sup>*F* (or recent history of

fever) in a previously healthy

(bleeding) manifestation with

person presenting with at

least one haemorrhagic

or without jaundice.

#### FEVER AND JAUNDICE

Temperature of  $>38^{\circ}C/100.4^{\circ}F$ (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.



#### ISSN 0799-3927

Comments

## CLASS ONE NOTIFIABLE EVENTS

			Confirm	ned $\text{YTD}^{\alpha}$	AFP Field Guides from WHO indicate that for an effective		
	CLASS 1 EV	/ENTS	CURRENT PREVIOUS YEAR 2022 YEAR 2021				
	Accidental Po	isoning	149 <sup>β</sup>	121 <sup>β</sup>	detection rates for AFP		
IAL	Cholera		0	0	should be 1/100,000		
NOIT	Dengue Hemo	orrhagic Fever <sup>7</sup>	See Dengue page below	See Dengue page below	years old (6 to 7) cases		
8NA ST	COVID-19 (S	ARS-CoV-2)	53713	64449	annually.		
ATER	Hansen's Dise	ease (Leprosy)	0	0	 Pertussis-like		
	Hepatitis B		8	6	syndrome and Tetanus		
	Hepatitis C		2	4	are clinically		
TIC	HIV/AIDS		NA	NA	classifications.		
NA	Malaria (Imp	orted)	0	0			
	Meningitis (C	linically confirmed)	14	26	<sup>7</sup> Dengue Hemorrhagic Fever data include		
EXOTIC/ UNUSUAL	Plague		0	0	Dengue related deaths;		
TY/	Meningococca	al Meningitis	0	0	$^{\delta}$ Figures include all		
GH IDIJ ALI	Neonatal Teta	nus	0	0	deaths associated with		
H I DRB DRT	Typhoid Feve	r	0	0	pregnancy reported for the period.		
MG	Meningitis H/	Flu	0	0	X		
	AFP/Polio		0	0	<sup>ε</sup> CHIKV IgM positive		
	Congenital Ru	ıbella Syndrome	0	0	$\theta$ Zilto DCD positivo		
r <b>A</b>	Congenital Sy	philis	0	0	cases		
ME	Fever and	Measles	0	0	$^{\beta}$ Updates made to		
RAM	Rash	Rubella	0	0	prior weeks in 2020.		
SOG	Maternal Deat	ths <sup>δ</sup>	48	58	$^{\alpha}$ Figures are		
L PF	Ophthalmia N	eonatorum	48	40	all epidemiological		
CIA	Pertussis-like	syndrome	0	0	weeks year to date.		
SPE	Rheumatic Fe	ver	0	0			
	Tetanus		0	0			
	Tuberculosis		19	19			
	Yellow Fever		0	0			
	Chikungunya <sup>ɛ</sup>		0	0			
	Zika Virus <sup>θ</sup>		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

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## NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

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EW 36

#### September 4 – September 10, 2022 Epidemiological Week 36

	EW 36	YTD
SARI cases	3	287
Total Influenza positive Samples	0	19
Influenza A	0	19
H3N2	0	18
H1N1pdm09	1	1
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 2500 2000 Number of visits 1500 1000 500 0 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 3 5 7 1 Epidemiologic week 2022 <5 2022 5-59 2022 ≥60 Epidemic Threshold <5 Epidemic Threshold 5-59 Epidemic Threshold ≥60

#### **Epi Week Summary**

During EW 36, three (3) SARI admissions were reported.



#### Caribbean Update EW 36

Caribbean: Overall, influenza activity remained low, and influenza A(H3N2) predominated. Dominica, the Dominican Republic, Haiti, and Saint Lucia reported increased SARS-CoV-2 activity. RSV activity continued to increase in the Dominican Republic.





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

September 4-September 10, 2022 Epidemiological Week 36

#### Epidemiological Week 36





**Reported suspected and confirmed dengue** Symptoms of Dengue fever with symptom onset in week 36 of 2022 Febrile phase sudden-onset feve Critical phase 2022\* hypotension headache pleural effusion ascites mouth and nose EW 36 YTD bleeding gastrointestinal bleeding muscle and **Total Suspected Dengue** 0 56 joint pains Cases Recovery phase altered level of vomiting Lab Confirmed Dengue consciousness 0 0 seizures cases rash itching CONFIRMED diarrhea 0 0 slow heart rate **Dengue Related Deaths** 

## Suspected dengue cases for 2020, 2021 and 2022 versus monthly mean, alert, and epidemic thresholds (2007-2021)



# **RESEARCH PAPER**

#### Knowledge of Prostate Cancer Screening among Males Age 40 Years and Over Attending Health **Centres in Selected Parishes in Jamaica**

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Aim: To determine the level of knowledge of prostate cancer and prostate cancer screening tests among males 40 years and older attending health centres in St. Ann, St. Catherine, St. Mary, Trelawny and Westmoreland.

#### **Objectives:**

To describe the prevalence of prostate cancer and determine the level of knowledge of prostate cancer risk factors, signs and symptoms and knowledge of prostate cancer screening

**Method:** In this cross-sectional study (n=150), participants were randomly selected from the registered males 40 years and older attending health centres across the five (5) selected parishes in Jamaica. Information was obtained through an 85-item interviewer-administered questionnaire. The questions used measured the knowledge of prostate cancer across several concepts were summed to form a composite score and the mean score and standard deviation calculated. Data analysis was aided by use of the program PSPP. A p value of < .05 was considered statistically significant.

Results: The sample of 150 participants had a 10.7% prevalence of prostate cancer. There was no significant difference in the mean knowledge scores of risk factors (p = .885), signs and symptoms (p = .262) and knowledge of screening test and procedures (p = .262) regarding prostate cancer, among men across all age groups.

**Conclusion:** The study revealed no statistically significant difference in mean scores for knowledge of prostate cancer and screening practices among men in the various age groups. This was far from the expected view of age being a determinant of knowledge for prostate cancer.

**Keyword**: prostate cancer, knowledge, prostate cancer risk factors, Jamaica



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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