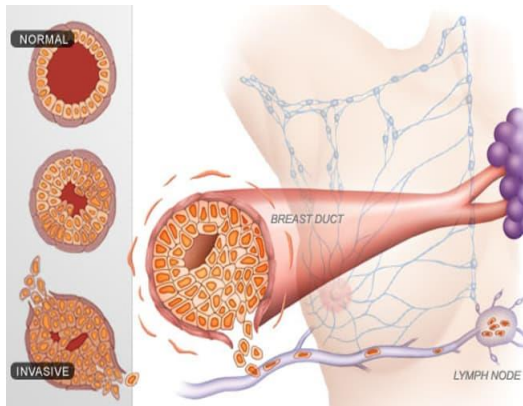


# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Weekly Spotlight

### Breast Cancer



In 2020, there were 2.3 million women diagnosed with breast cancer and 685 000 deaths globally. As of the end of 2020, there were 7.8 million women alive who were diagnosed with breast cancer in the past 5 years, making it the world's most prevalent cancer.

There are more lost disability-adjusted life years (DALYs) by women to breast cancer globally than any other type of cancer. Breast cancer occurs in every country of the world in women at any age after puberty but with increasing rates in later life. Breast cancer mortality changed little from the 1930s through to the 1970s. Improvements in survival began in the 1980s in countries with early detection programmes combined with different modes of treatment to eradicate invasive disease.

Approximately half of breast cancers develop in women who have no identifiable breast cancer risk factor other than gender (female) and age (over 40 years). Certain factors increase the risk of breast cancer including increasing age, obesity, harmful use of alcohol, family history of breast cancer, history of radiation exposure, reproductive history (such as age that menstrual periods began and age at first pregnancy), tobacco use and postmenopausal hormone therapy.

Behavioural choices and related interventions that reduce the risk of breast cancer include:

- prolonged breastfeeding;
- regular physical activity;
- weight control;
- avoidance of harmful use of alcohol;
- avoidance of exposure to tobacco smoke;
- avoidance of prolonged use of hormones; and
- avoidance of excessive radiation exposure.

Unfortunately, even if all of the potentially modifiable risk factors could be controlled, this would only reduce the risk of developing breast cancer by at most 30%. Female gender is the strongest breast cancer risk factor. Approximately 0.5-1% of breast cancers occur in men. The treatment of breast cancer in men follows the same principles of management as for women.

<https://www.who.int/news-room/fact-sheets/detail/breast-cancer>

## EPI WEEK 40



SYNDROMES

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CLASS 1 DISEASES

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INFLUENZA

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DENGUE FEVER

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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 -37 to 40 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												
37	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
38	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	late (w)
39	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
40	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

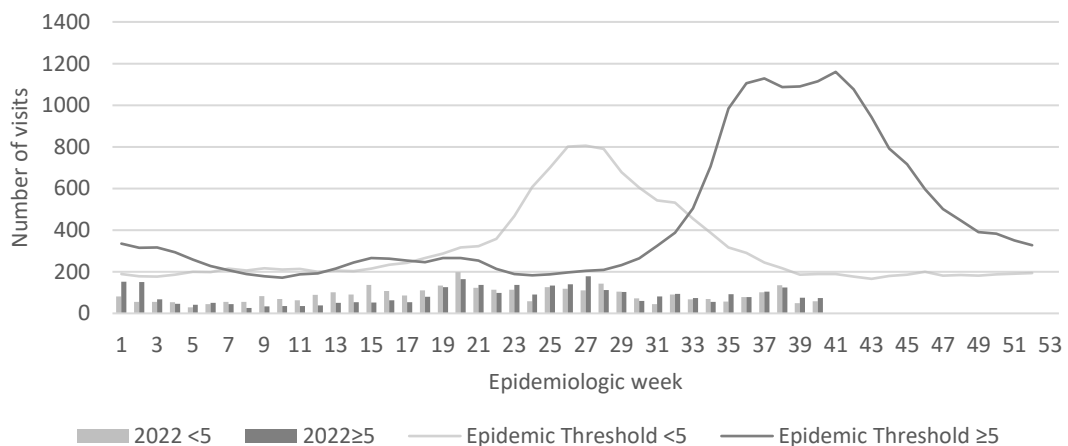
REPORTS FOR SYNDROMIC SURVEILLANCE


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 2022



 2 NOTIFICATIONS- All clinical sites

 INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

 HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

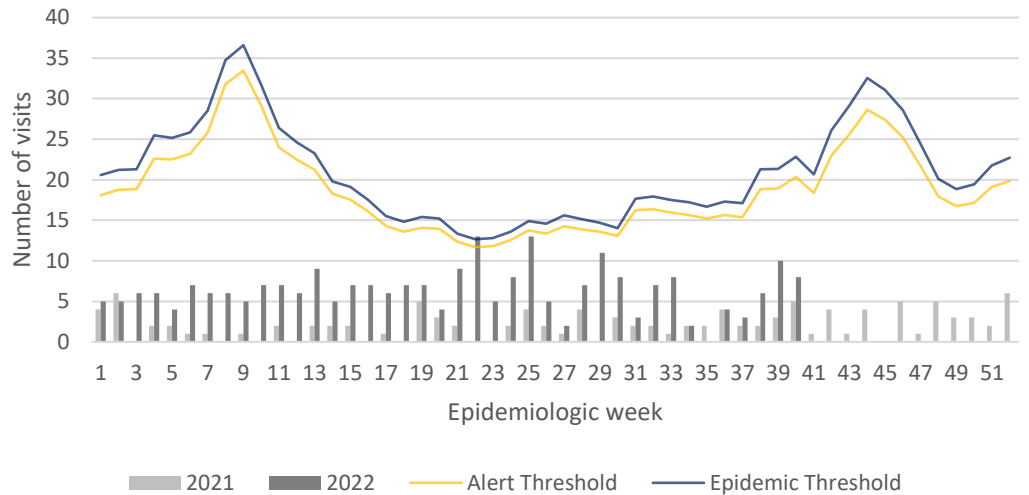
 SENTINEL REPORT- 78 sites. Automatic reporting

**FEVER AND NEUROLOGICAL**

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

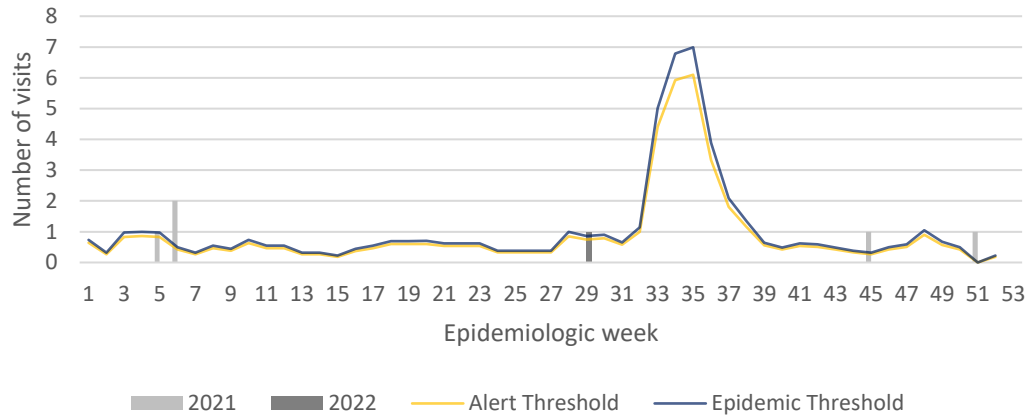


**FEVER AND HAEMORRHAGIC**

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



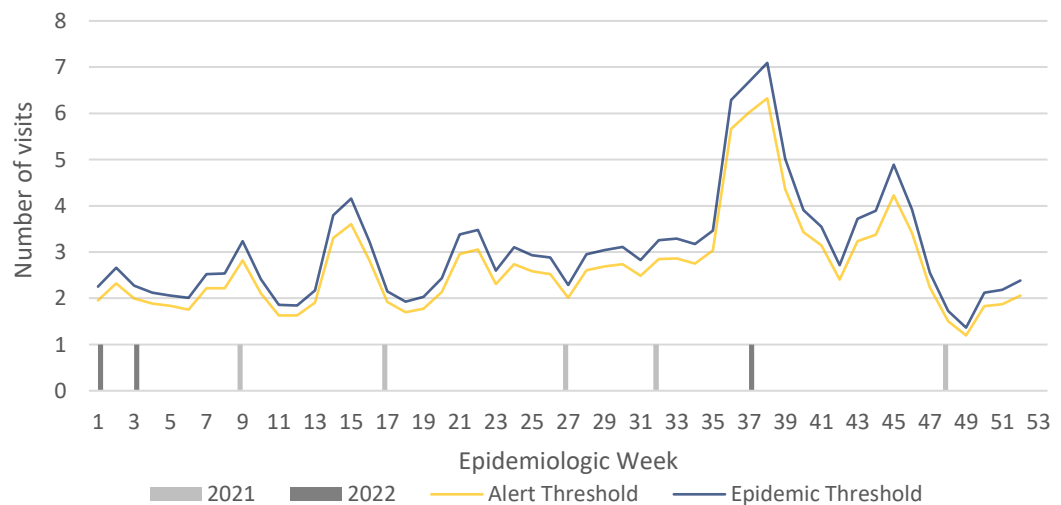
**FEVER AND JAUNDICE**

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



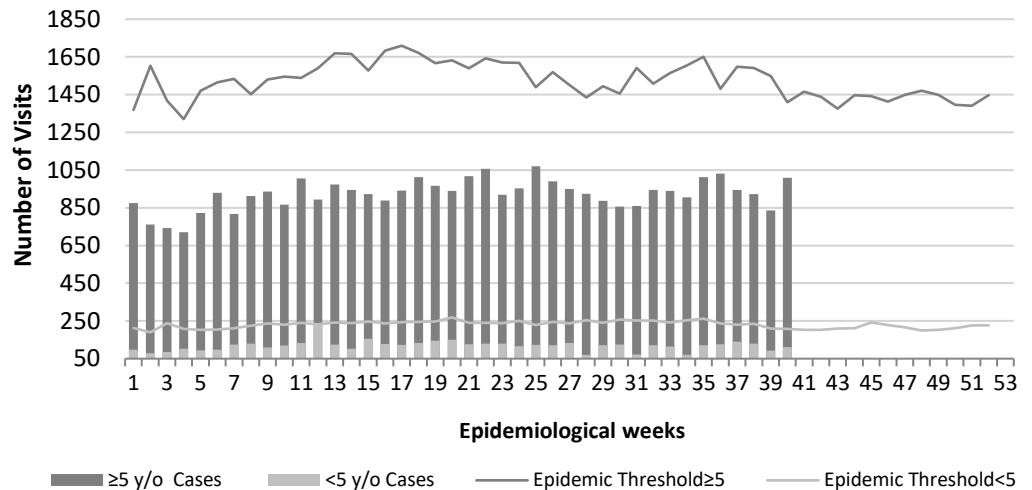
**SENTINEL REPORT-** 78 sites. Automatic reporting

**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**

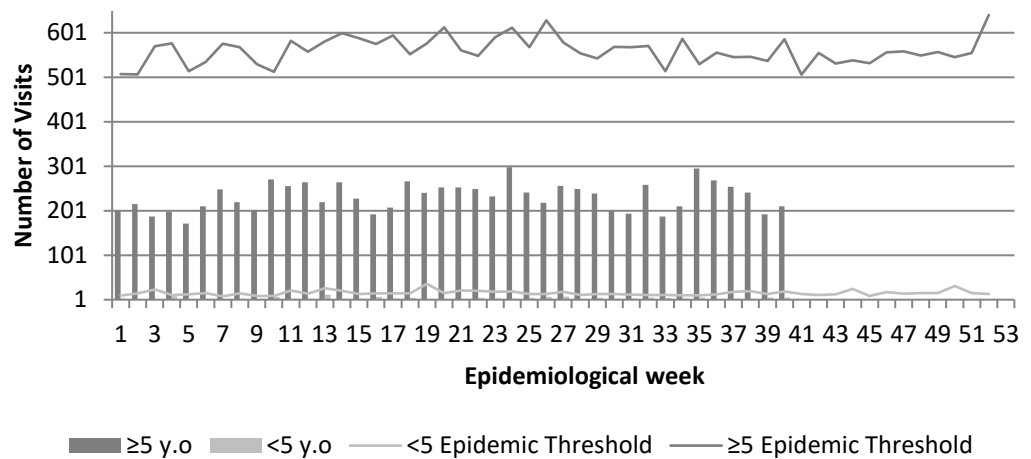


**VIOLENCE**

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**

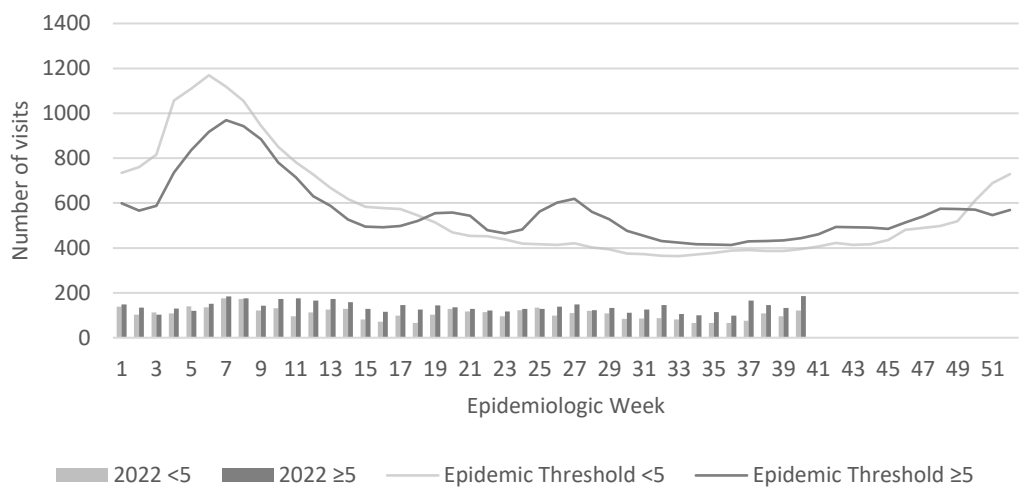


**GASTROENTERITIS**

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



**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 <sup>α</sup>			
		CURRENT YEAR 2022	PREVIOUS YEAR 2021		
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	157 <sup>β</sup>	139 <sup>β</sup>	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.  <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>β</sup> Updates made to prior weeks in 2020.  <sup>α</sup> Figures are cumulative totals for all epidemiological weeks year to date.	
	Cholera	0	0		
	Dengue Hemorrhagic Fever <sup>γ</sup>	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	54978	73261		
	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)	17	32		
	Monkeypox	14	NA		
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 <sup>δ</sup>	54	72		
	Ophthalmia Neonatorum	48	40		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	19	19		
Yellow Fever	0	0			
Chikungunya <sup>ε</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

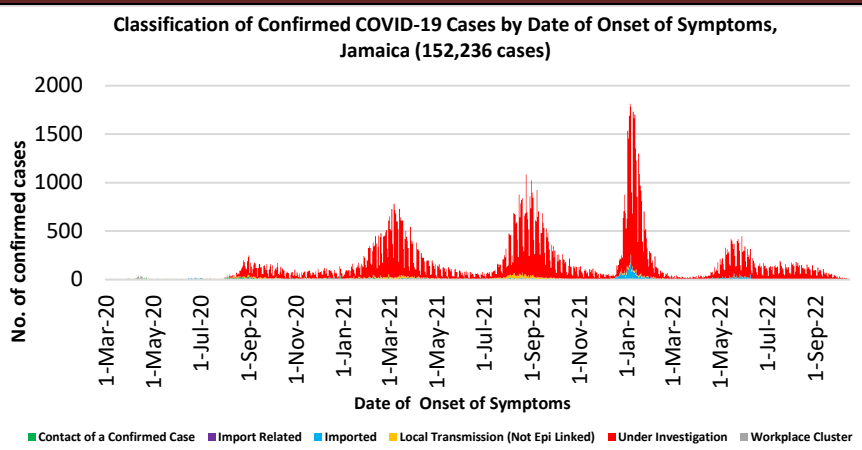
 SENTINEL REPORT- 78 sites. Automatic reporting

# COVID-19 Surveillance Update

## March 10, 2020 – EW 40 2022

CASES	EW 40	Total
Confirmed	143	152236
Females	71	87854
Males	72	64379
Age Range	19 days – 102 years	1 day to 108 years

\* 3 positive cases had no gender specification  
\* PCR or Antigen tests are used to confirm cases

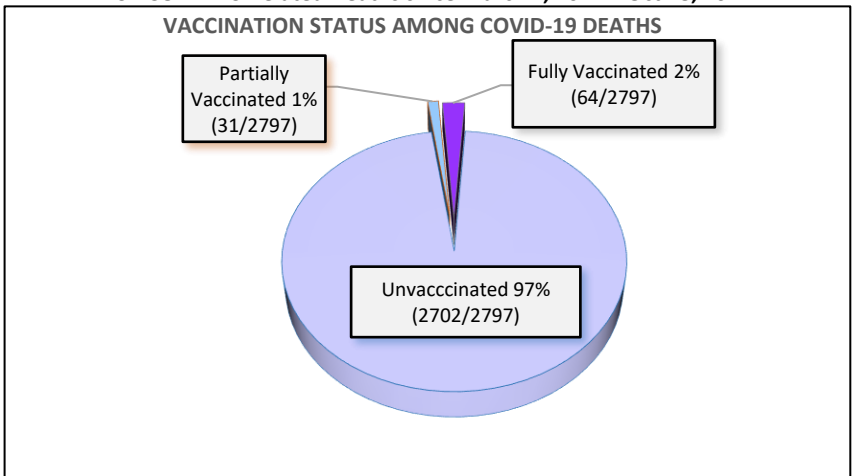


### COVID-19 Outcomes

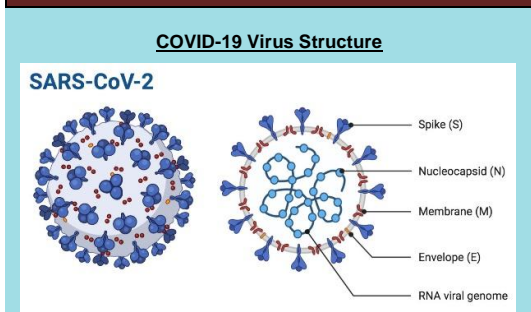
Outcomes	EW 40	Total
ACTIVE *past 2 weeks*		371
DIED – COVID Related	4	3349
Died - NON COVID	0	286
Died - Under Investigation	1	263
Recovered and discharged	53	100587
Repatriated	0	93
Total		152236

\*Vaccination programme March 2021 – YTD

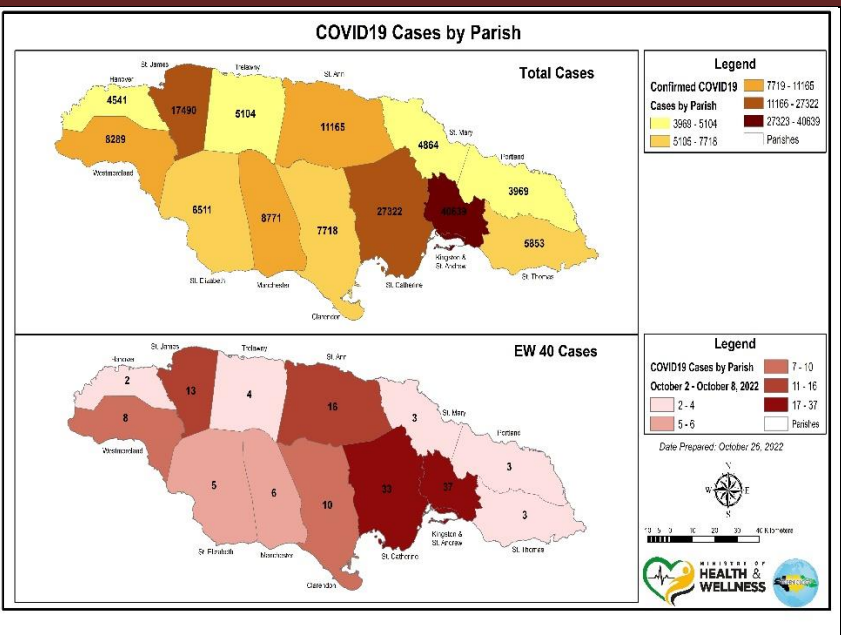
### 2797 COVID-19 Related Deaths since March 1, 2021 – Oct 18, 2022



### COVID-19 Parish Distribution and Global Statistics



COVID-19 WHO Global Statistics EW37-EW40		
Epi Week	Confirmed Cases	Deaths
37	3,195,487	10,527
38	3,268,578	10,332
39	3,168,282	10,944
40	3,201,622	9,962
<b>Total (4week)</b>	<b>12,833,969</b>	<b>41,765</b>



**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

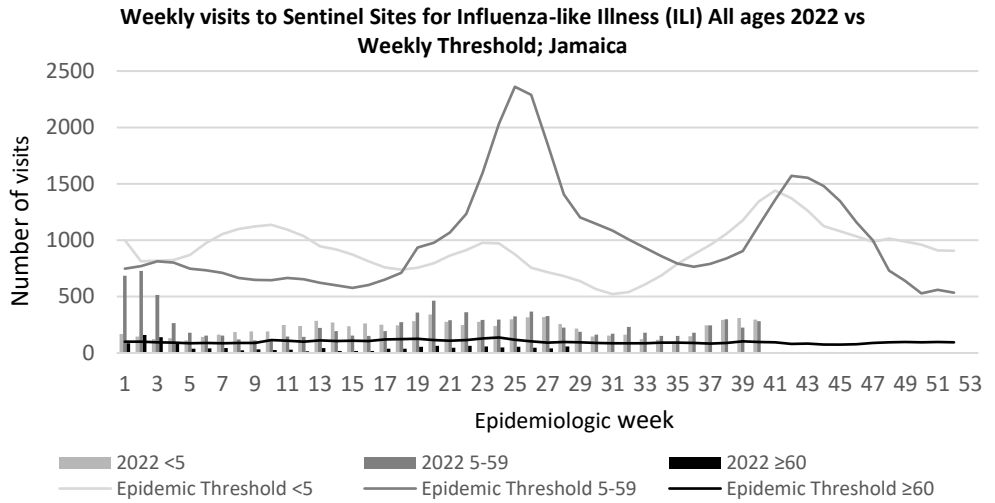


# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

*EW 40*

October 2 – October 8, 2022 Epidemiological Week 40

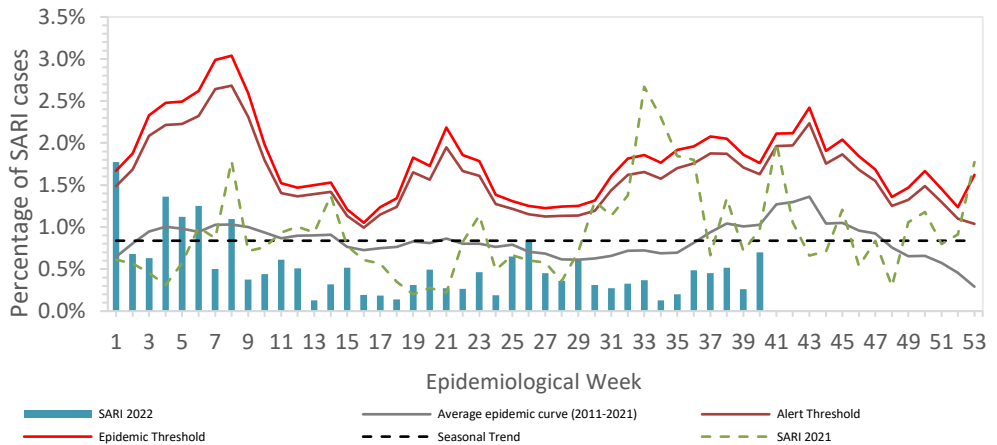
	<i>EW 40</i>	<i>YTD</i>
SARI cases	<i>12</i>	<i>325</i>
Total Influenza positive Samples	<i>0</i>	<i>19</i>
Influenza A	<i>0</i>	<i>19</i>
H3N2	<i>0</i>	<i>18</i>
H1N1pdm09	<i>0</i>	<i>1</i>
Not subtyped	<i>0</i>	<i>0</i>
Influenza B	<i>0</i>	<i>0</i>
Parainfluenza	<i>0</i>	<i>0</i>



## Epi Week Summary

During EW 40, twelve (12) SARI admissions were reported.

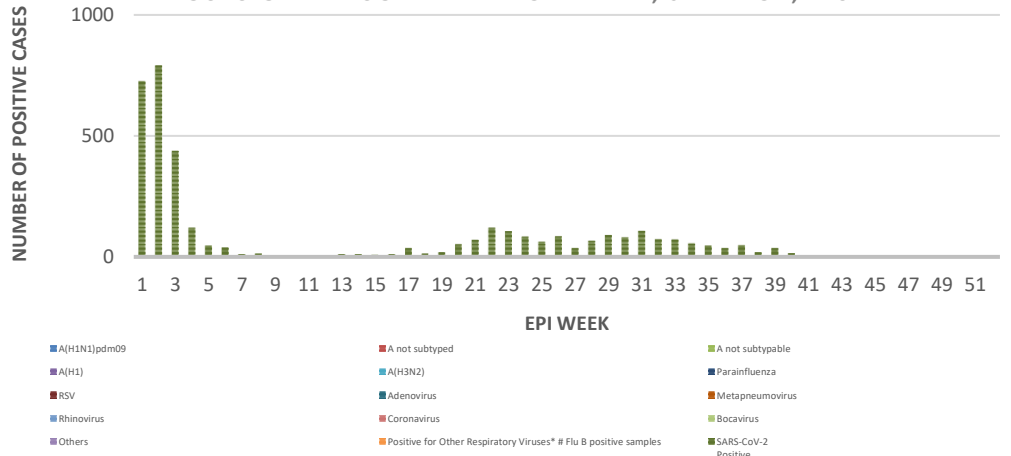
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2022) (compared with 2011-2021)



## Caribbean Update EW 40

Caribbean: Influenza activity remained at baseline levels, with the predominance of the influenza A(H3N2) virus. In Saint Lucia, SARS-CoV-2 activity continues increased, while Jamaica reported increased pneumonia activity.

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



**7 NOTIFICATIONS-**  
All clinical sites

**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events

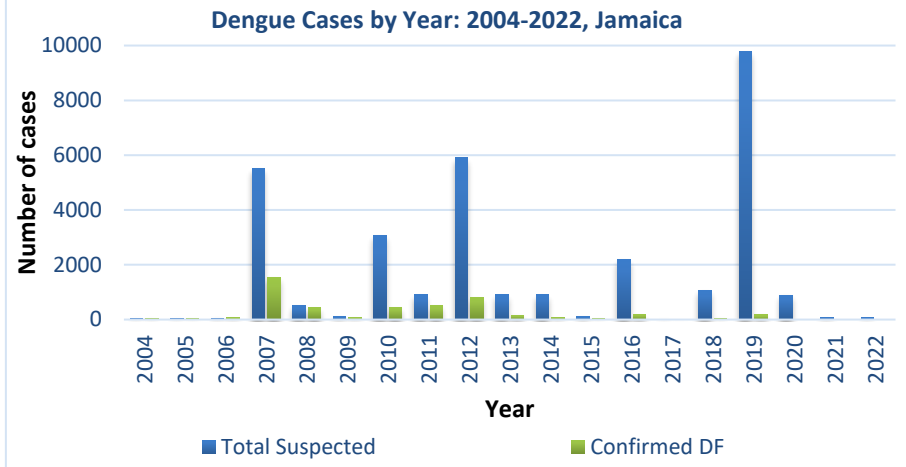
**HOSPITAL ACTIVE SURVEILLANCE-** 30 sites. Actively pursued

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

# Dengue Bulletin

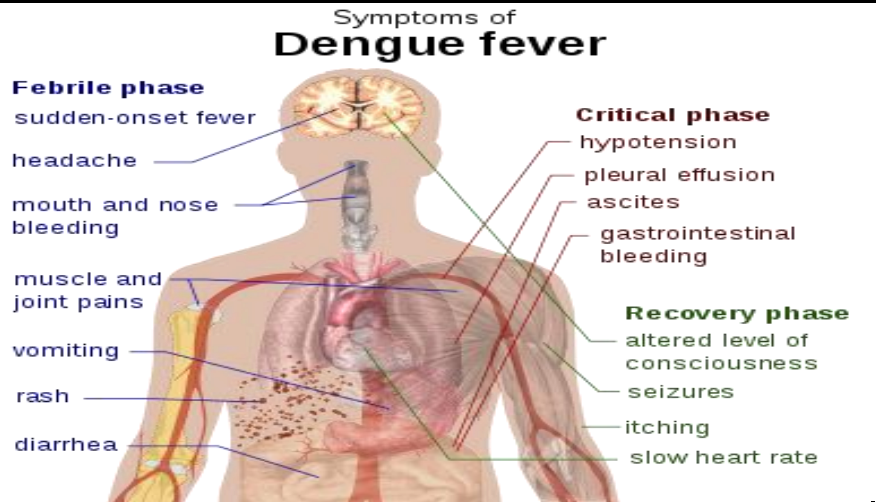
October 2- October 8, 2022 Epidemiological Week 40

Epidemiological Week 40



## Reported suspected and confirmed dengue with symptom onset in week 40 of 2022

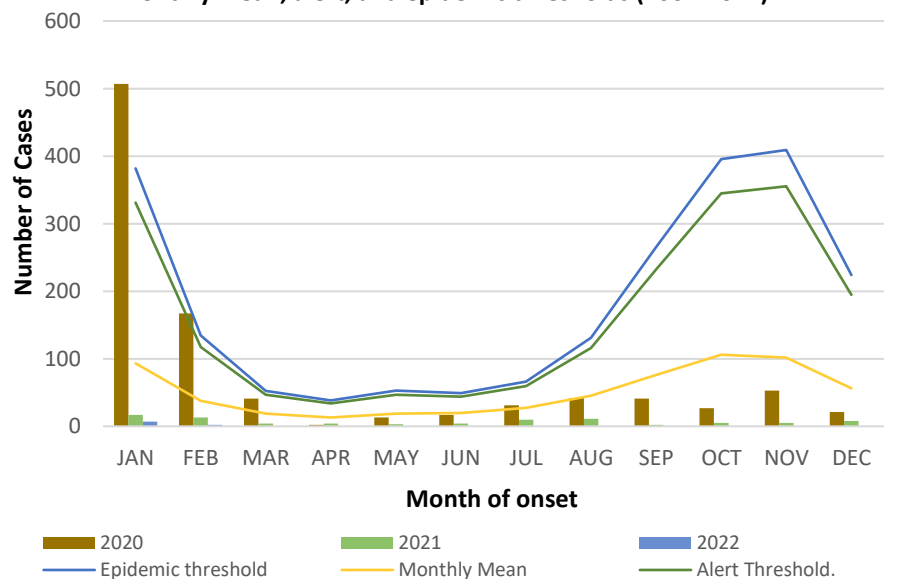
	2022*	
	EW 40	YTD
Total Suspected Dengue Cases	0	60
Lab Confirmed Dengue cases	0	0
<b>CONFIRMED</b> Dengue Related Deaths	0	0



### Points to note:

- \*Figure as at Oct 8, 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)



**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



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# RESEARCH PAPER

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## Abstract

The occurrence of chronic sorrow and coping strategies employed by adult oncology patients in western Jamaica

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**Objective:** To explore the occurrence of chronic sorrow and describe the coping strategies used by patients diagnosed with cancer.

**Method:** A phenomenological study was conducted among adult patients attending oncology clinic in western Jamaica. Purposive sampling was used to select eight participants who met the criteria for a Focus Group Discussion. Informed consent and demographic data were obtained. A Focus Group Discussion Guide aided the exploration of participants' feelings and coping mechanisms. The discussion was audiotaped. Data were transcribed verbatim and checked for accuracy. Common themes were connected, inter-relationships identified and narrative constructed.

**Results:** Eight persons diagnosed with cancer and receiving treatment at the Oncology Clinic participated in the focus group discussion. The chronicity of the illness, negative shift in the equilibrium of life and financial challenges caused major stress which contributed to chronic sorrow. Strong spiritual belief was the major common element expressed that helped persons to cope. Keeping physically active and volunteerism were other coping mechanisms that emerged. Participants with greater family and financial supports expressed greater ability to cope with the illness than those with poor family or financial support. Psychological / emotional therapy from a professional source was lacking.

**Conclusion:** Persons diagnosed with cancer experience chronic sorrow resulting from emotional strain and stress. Spiritual and psychological support forms the bed-rock of their mental well-being and coping ability. The magnitude of the impact of chronic sorrow experienced by cancer patients can be reduced by integrating these critical components in the patient's medical management plan.



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9 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



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