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
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.

### 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.

#### 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

<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>
</table>
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.

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

#### CURRENT YEAR 2022 | PREVIOUS YEAR 2021
---|---
Accidental Poisoning | 157<sup>β</sup> | 139<sup>β</sup>
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

#### NATIONAL/INTERNATIONAL INTEREST

- **Accidental Poisoning**: 157<sup>β</sup> cases in 2022, 139<sup>β</sup> cases in 2021.
- **Cholera**: 0 cases in 2022, 0 cases in 2021.
- **Dengue Hemorrhagic Fever**: Not mentioned.
- **COVID-19**: 54,978 reported in 2022, 73,261 in 2021.
- **Hansen’s Disease (Leprosy)**: 0 cases in 2022, 0 cases in 2021.
- **Hepatitis B**: 8 cases in 2022, 6 cases in 2021.
- **Hepatitis C**: 2 cases in 2022, 4 cases in 2021.
- **HIV/AIDS**: Not applicable (NA).
- **Malaria (Imported)**: 0 cases in 2022, 0 cases in 2021.
- **Meningitis ( Clinically confirmed)**: 17 cases in 2022, 32 cases in 2021.
- **Monkeypox**: 14 cases in 2022, NA in 2021.

#### EXOTIC/UNUSUAL

- **Plague**: 0 cases in 2022, 0 cases in 2021.
- **Meningococcal Meningitis**: 0 cases in 2022, 0 cases in 2021.
- **Neonatal Tetanus**: 0 cases in 2022, 0 cases in 2021.
- **Typhoid Fever**: 0 cases in 2022, 0 cases in 2021.
- **Meningitis H/Flu**: 0 cases in 2022, 0 cases in 2021.

#### HIGH MORBIDITY/MORTALITY

- **AFP/Polio**: 0 cases in 2022, 0 cases in 2021.
- **Congenital Rubella Syndrome**: 0 cases in 2022, 0 cases in 2021.
- **Congenital Syphilis**: 0 cases in 2022, 0 cases in 2021.
- **Fever and Rash**: Measles 0 cases in 2022, 0 cases in 2021; Rubella 0 cases in 2022, 0 cases in 2021.
- **Maternal Deaths**: 54 cases in 2022, 72 cases in 2021.
- **Ophthalmia Neonatorum**: 48 cases in 2022, 40 cases in 2021.
- **Pertussis-like syndrome**: 0 cases in 2022, 0 cases in 2021.
- **Rheumatic Fever**: 0 cases in 2022, 0 cases in 2021.
- **Tetanus**: 0 cases in 2022, 0 cases in 2021.
- **Tuberculosis**: 19 cases in 2022, 19 cases in 2021.
- **Yellow Fever**: 0 cases in 2022, 0 cases in 2021.
- **Chikungunya**: 0 cases in 2022, 0 cases in 2021.
- **Zika Virus**: 0 cases in 2022, 0 cases in 2021.

#### SPECIAL PROGRAMMES

- **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.

**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

TABLE 1: CASES

<table>
<thead>
<tr>
<th>CASES</th>
<th>EW 40</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed</td>
<td>143</td>
<td>152236</td>
</tr>
<tr>
<td>Females</td>
<td>71</td>
<td>87854</td>
</tr>
<tr>
<td>Males</td>
<td>72</td>
<td>64379</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>EW 40</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVE <em>past 2 weeks</em></td>
<td></td>
<td>371</td>
</tr>
<tr>
<td>DIED – COVID Related</td>
<td>4</td>
<td>3349</td>
</tr>
<tr>
<td>Died - NON COVID</td>
<td>0</td>
<td>286</td>
</tr>
<tr>
<td>Died - Under Investigation</td>
<td>1</td>
<td>263</td>
</tr>
<tr>
<td>Recovered and discharged</td>
<td>53</td>
<td>100587</td>
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<tr>
<td>Repatriated</td>
<td>0</td>
<td>93</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>152236</td>
</tr>
</tbody>
</table>

*Vaccination programme March 2021 – YTD

COVID-19 Parish Distribution and Global Statistics

COVID-19 WHO Global Statistics EW37-EW40

<table>
<thead>
<tr>
<th>Epi Week</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>3,195,487</td>
<td>10,527</td>
</tr>
<tr>
<td>38</td>
<td>3,268,578</td>
<td>10,332</td>
</tr>
<tr>
<td>39</td>
<td>3,168,282</td>
<td>10,944</td>
</tr>
<tr>
<td>40</td>
<td>3,201,622</td>
<td>9,962</td>
</tr>
<tr>
<td>Total (4week)</td>
<td>12,833,969</td>
<td>41,765</td>
</tr>
</tbody>
</table>

COVID-19 Virus Structure

SARS-CoV-2

Epi week (E)
Nucleocapsid (N)
Membrane (M)
Envelope (E)
RNA viral genome

COVID-19 Cases by Parish

Legend
- Confirmed COVID-19 Cases
- Active Surveillance - 30 sites. Actively pursued
- Investigation Reports - Detailed follow-up for all Class One Events
- Sentinel Report - 78 sites. Automatic reporting

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

VACCINATION STATUS AMONG COVID-19 DEATHS

- Partially Vaccinated 1% (31/2797)
- Fully Vaccinated 2% (64/2797)
- Unvaccinated 97% (2702/2797)

COVID-19 Parish Distribution and Global Statistics

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
Total (4week) 12,833,969 41,765
**EW 40**

**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**

October 2 – October 8, 2022  Epidemiological Week 40

<table>
<thead>
<tr>
<th>SARI cases</th>
<th>EW 40</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>positive</td>
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<td></td>
</tr>
<tr>
<td>Samples</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Influenza A</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>H3N2</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>H1N1pdm09</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Not subtyped</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Influenza B</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Parainfluenza</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Epi Week Summary**

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

**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.
Dengue Bulletin

October 2- October 8, 2022 Epidemiological Week 40

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

<table>
<thead>
<tr>
<th></th>
<th>2022*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EW 40</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>

**Symptoms of Dengue fever**

- **Febrile phase**
  - sudden-onset fever
  - headache
  - mouth and nose bleeding
  - muscle and joint pains
- **Critical phase**
  - hypotension
  - pleural effusion
  - ascites
  - gastrointestinal bleeding
  - altered level of consciousness
  - seizures
  - itching
- **Recovery phase**
  - slow heart rate

**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.

**Graphs:**

- **Dengue Cases by Year: 2004-2022, Jamaica**
- **Suspected dengue cases for 2020, 2021 and 2022 versus monthly mean, alert, and epidemic thresholds (2007-2021)**
RESEARCH PAPER

Abstract

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

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The University of the West Indies, Mona, Kingston, 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.