

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Self-care interventions for health



What is self-care?

WHO's definition of self-care is the ability of individuals, families and communities to promote their own health,

prevent disease, maintain health, and to cope with illness and disability with or without the support of a health worker. It recognizes 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. It does not replace the health care system, but instead provides additional choices and options for healthcare.

What are self-care health interventions and who uses them?

Self-care interventions are tools which support self-care. Self-care interventions include evidence-based, quality drugs, devices, diagnostics and/or digital products which can be provided fully or partially outside of formal health services and can be used with or without health worker. Examples of quality, cost-effective self-care interventions include: over-the-counter availability of some contraceptive products, pregnancy tests, condoms and lubricants, HPV and STI self-sampling and HIV self-tests, and self-monitoring of blood pressure and blood glucose.

The users of self-care interventions are individuals and caregivers who might choose these interventions for positive reasons, which may include convenience, cost, empowerment, a better fit with values or daily lifestyles, or the intervention may provide the desired options and choice. However, they might also opt for self-care interventions to avoid the health system due, for example, to lack of quality health service or lack of access to health facilities. Self-care interventions fulfil a particularly important role in these situations, as the alternative might be that people don't access health services at all.

<https://www.who.int/news-room/fact-sheets/detail/self-care-health-interventions>

EPI WEEK 1



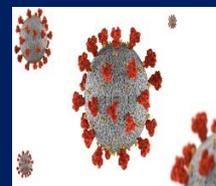
- Syndromic Surveillance
- Accidents
- Violence

Pages 2-4



Class 1 Notifiable Events

Page 5



COVID-19

Page 6



Influenza

Page 7



Dengue Fever

Page 8



Research Paper

Page 9

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 - 50, 2022 to 1 of 2023

Parish health departments submit reports weekly by 3 p.m. on Tuesdays. Reports submitted after 3 p.m. are considered late.

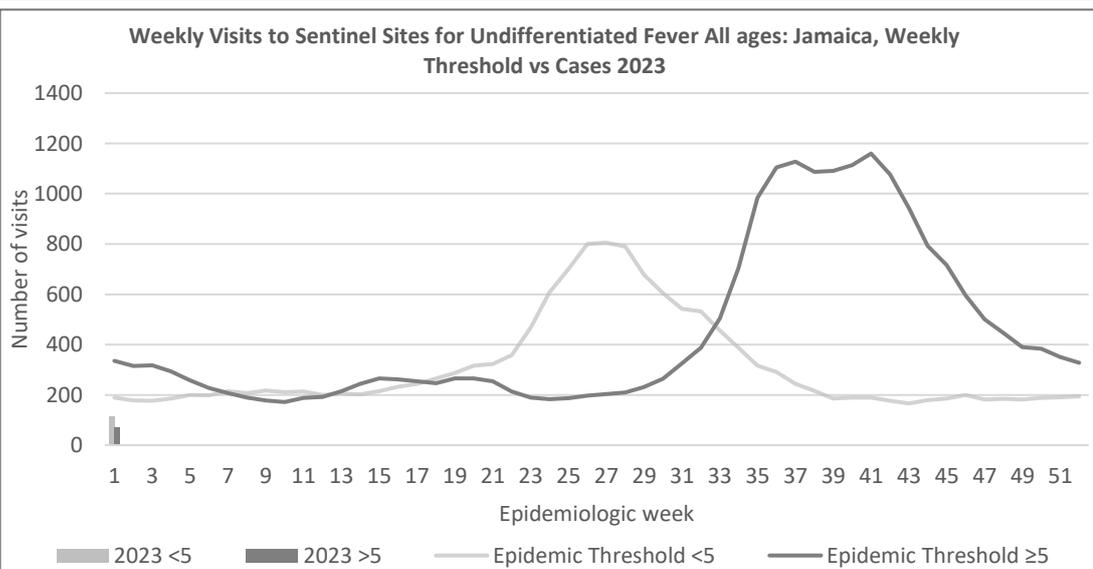
KEY:
Yellow - late submission on Tuesday
Red - late submission after Tuesday

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 -2023												
50	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
51	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
52	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
1	On Time	On Time	Late (T)	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 $>38^{\circ}C$ / $100.4^{\circ}F$ (or recent history of fever) with or without an obvious diagnosis or focus of infection.



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

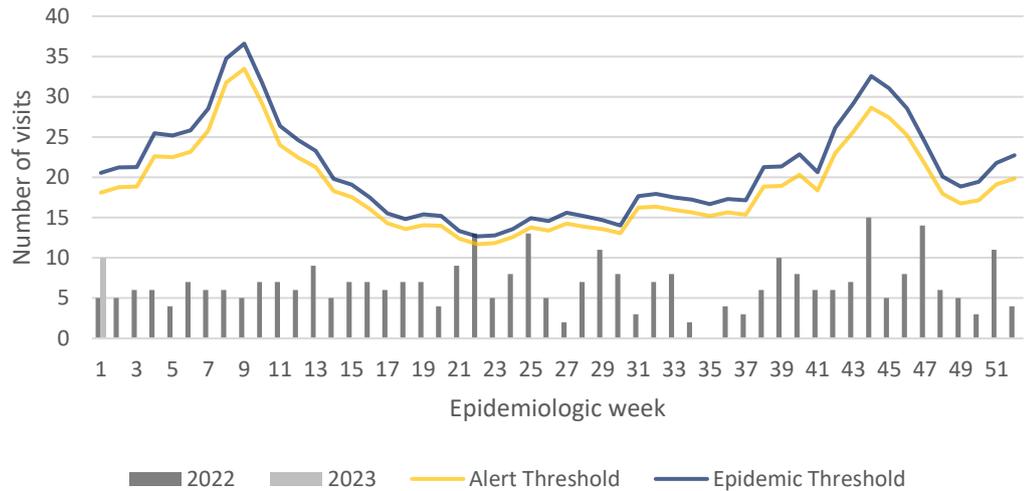


FEVER AND NEUROLOGICAL

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 2022 and 2023 vs. Weekly Threshold: Jamaica

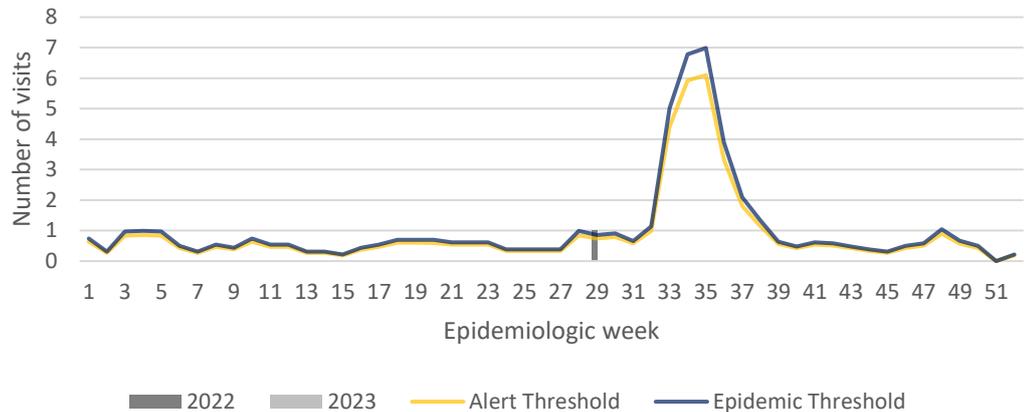


FEVER AND HAEMORRHAGIC

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 2022 and 2023 vs Weekly Threshold; Jamaica



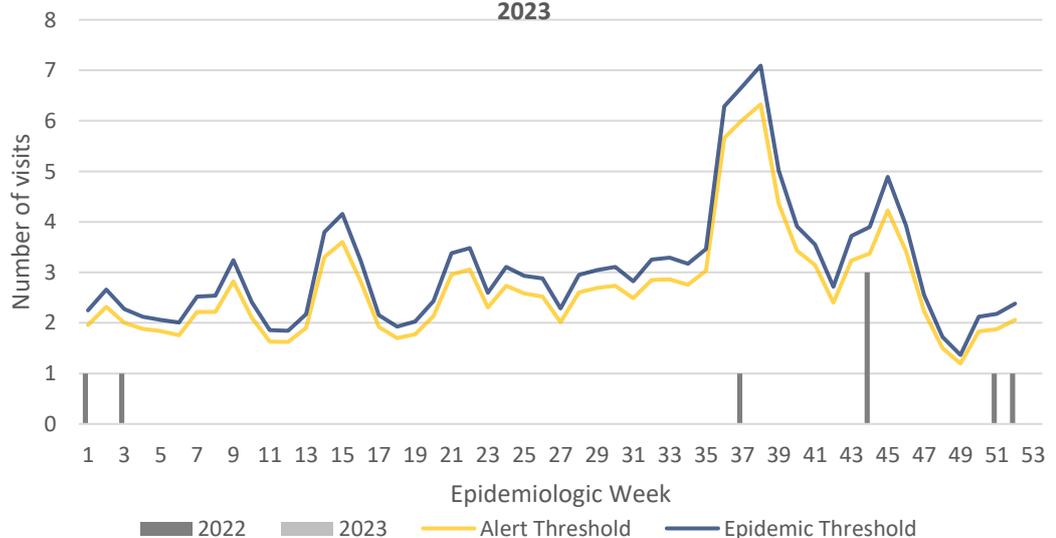
FEVER AND JAUNDICE

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 2022 and 2023



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

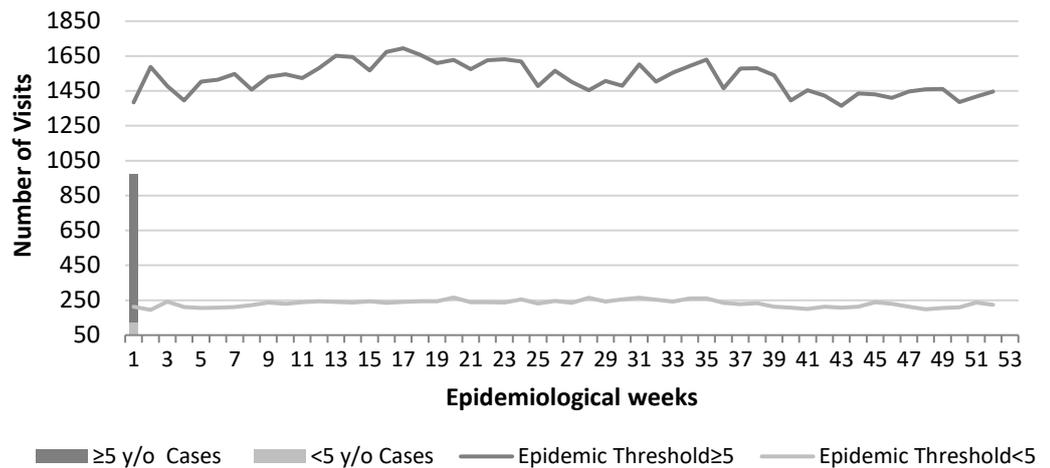


ACCIDENTS

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 2023 vs Weekly Threshold; Jamaica

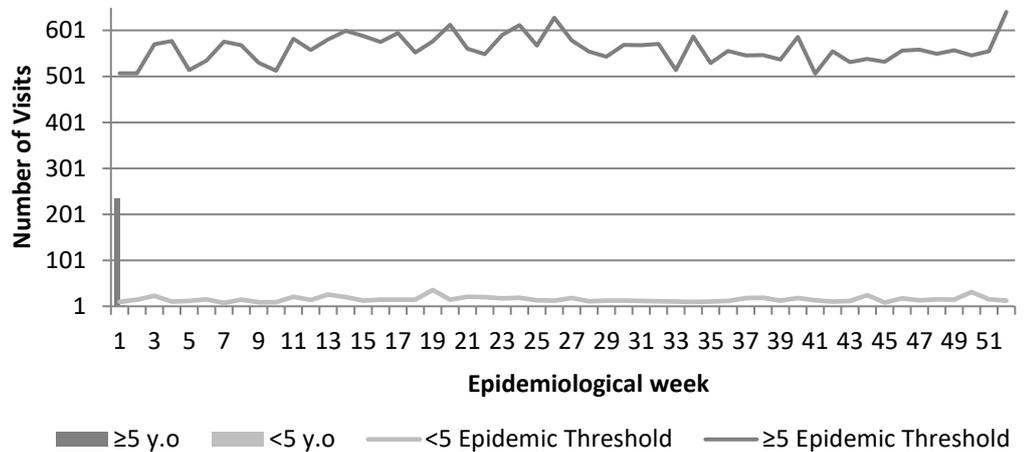


VIOLENCE

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 2023 vs Weekly Threshold; Jamaica

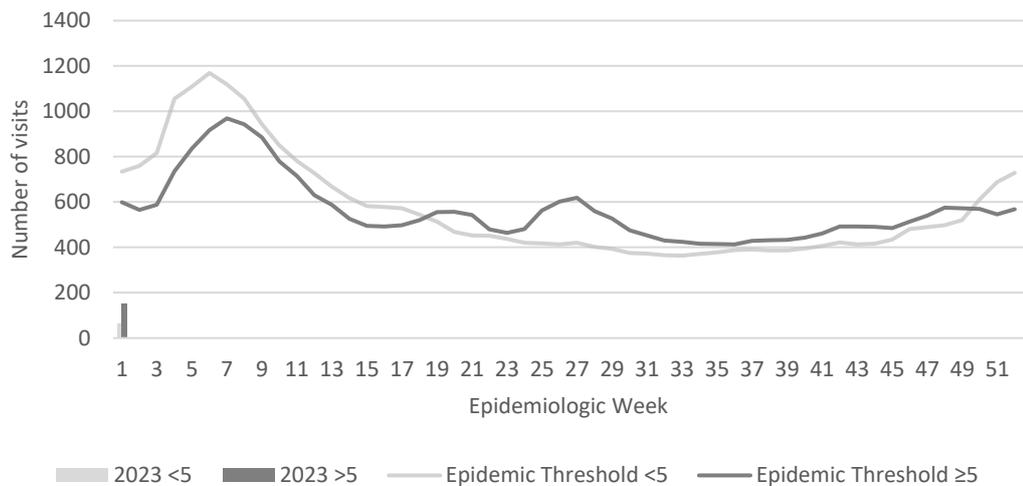


GASTROENTERITIS

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 2023 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 ^α			
		CURRENT YEAR 2023	PREVIOUS YEAR 2022		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	4 ^β	2 ^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; ^δ Figures include all deaths associated with pregnancy reported for the period.	
	Cholera	0	0		
	Dengue Hemorrhagic Fever ^γ	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	96	9801		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	0	0		
	Hepatitis C	0	0		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis (Clinically confirmed)	0	0		
	Monkeypox	0	N/A		
EXOTIC/ UNUSUAL	Plague	0	0	^ε CHIKV IgM positive cases ^θ Zika PCR positive cases ^β Updates made to prior weeks in. ^α Figures are cumulative totals for all epidemiological weeks year to date.	
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 ^δ	0	2		
	Ophthalmia Neonatorum	0	0		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	0	0		
Yellow Fever	0	0			
Chikungunya ^ε	0	0			
Zika Virus ^θ	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



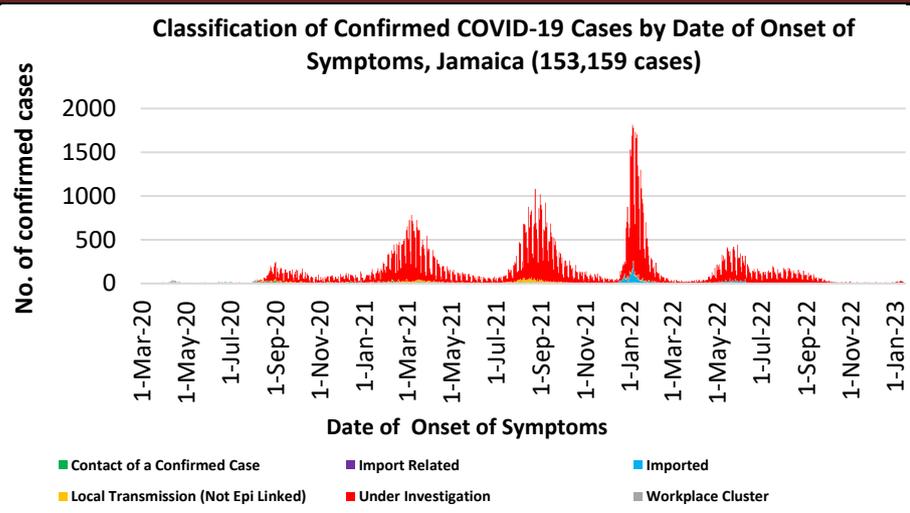
SENTINEL REPORT- 78 sites. Automatic reporting

COVID-19 Surveillance Update

March 10, 2020 – EW 1, 2023

CASES	EW 1	Total
Confirmed	98	153159
Females	64	88362
Males	34	64794
Age Range	1 day old to 96 years	1 day to 108 years

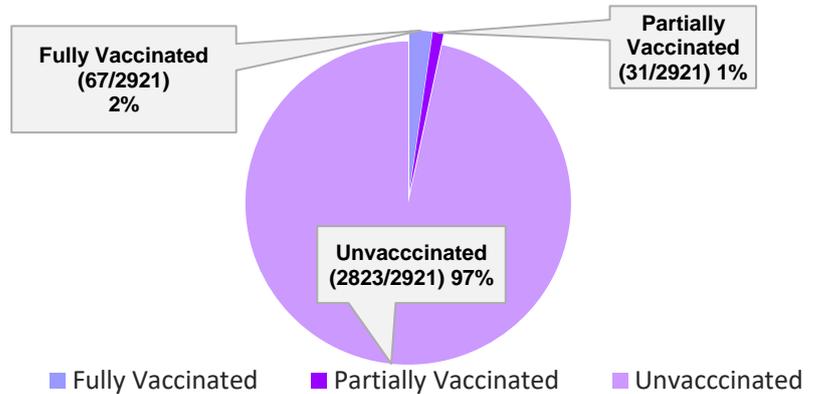
* 3 positive cases had no gender specification
* PCR or Antigen tests are used to confirm cases



COVID-19 Outcomes

Outcomes	EW 1	Total
ACTIVE *past 2 weeks*		154
DIED – COVID Related	1	3476
Died - NON COVID	1	298
Died - Under Investigation	0	345
Recovered and discharged	0	102161
Repatriated	0	93
Total		153159

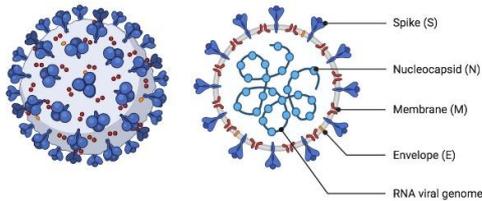
2021 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

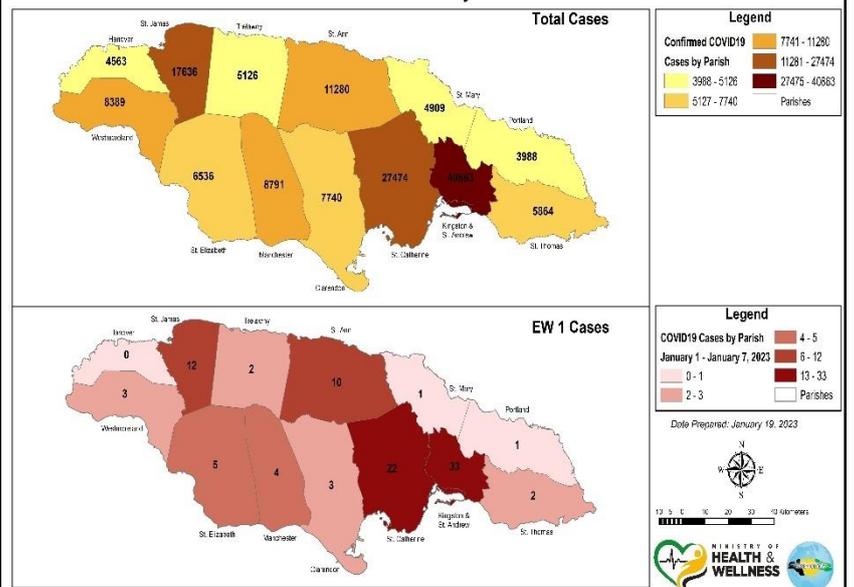
SARS-CoV-2



COVID-19 WHO Global Statistics EW50-EW1

Epi Week	Confirmed Cases	Deaths
50	2,518,720	7918
51	2,240,797	8576
52	2,968,938	11,444
1	2,640,014	12,537
Total (4weeks)	10,368,469	40,475

COVID19 Cases by Parish



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

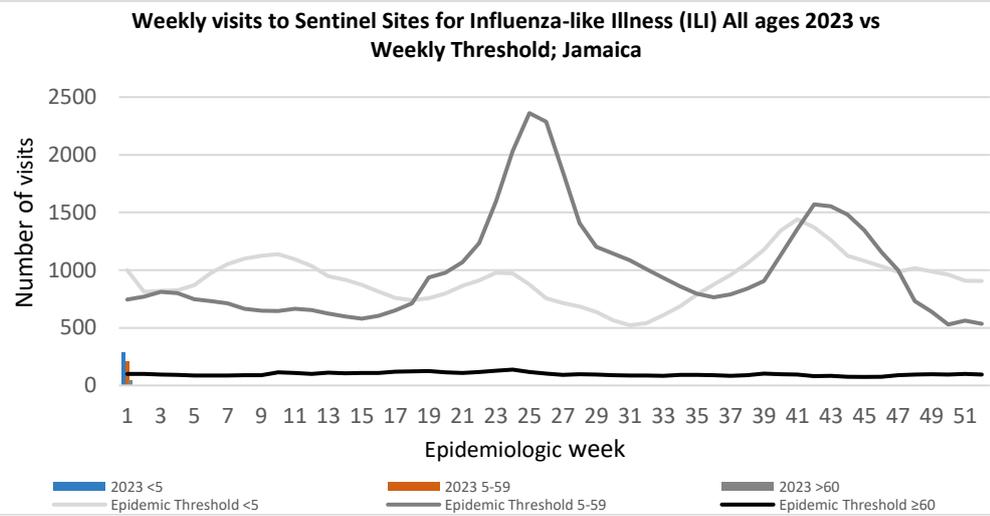


NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 1

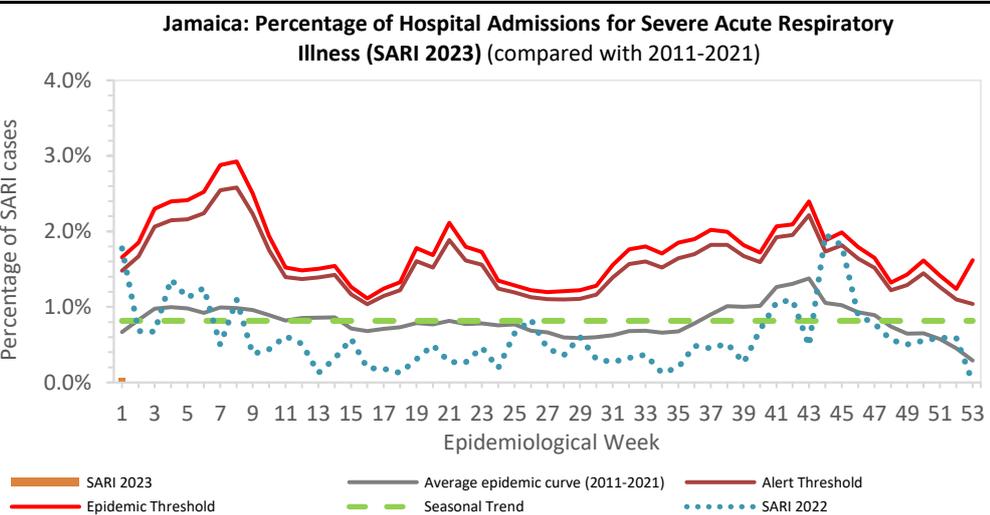
January 1– January 7, 2023 Epidemiological Week 1

	EW 1	YTD
SARI cases	1	1
Total Influenza positive Samples	0	1
Influenza A	0	1
H3N2	0	0
H1N1pdm09	0	1
Not subtyped	0	0
Influenza B	0	0
Parainfluenza	0	0



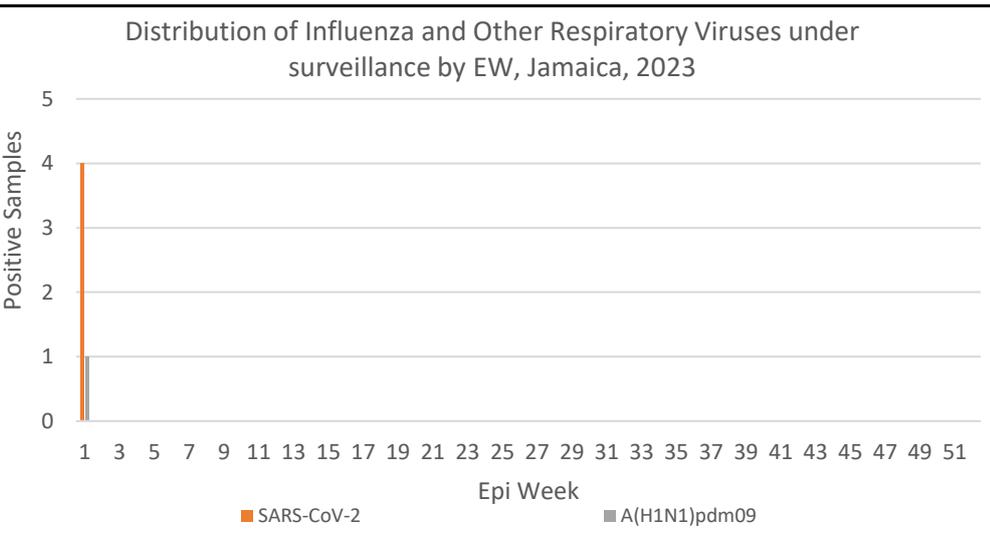
Epi Week Summary

During EW 1, one (1) SARI admissions were reported.



Caribbean Update EW 1

Caribbean: Influenza activity was moderate in the subregion with A(H3N2) virus predominance and A(H1N1)pdm09 co-circulation. The Dominican Republic reported increased influenza activity with influenza A(H3N2) circulation. SARS-CoV-2 activity remained low overall; however, Haiti and Dominica have shown increased COVID-19 activity, while Jamaica registered increased RSV activity



7 NOTIFICATIONS-
All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

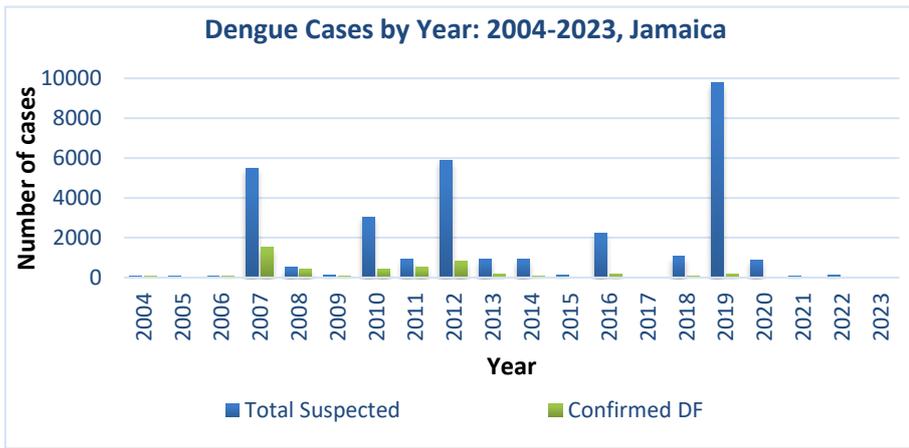
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

Dengue Bulletin

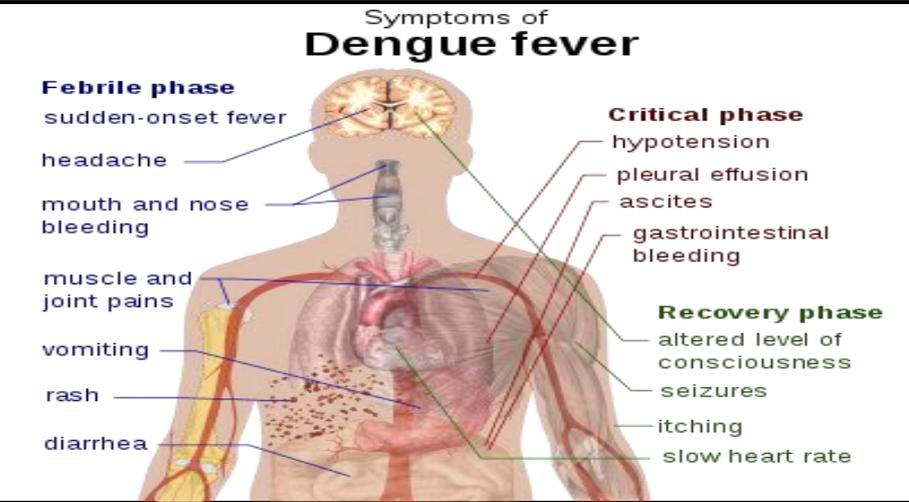
January 1- January 7, 2023 Epidemiological Week 1

Epidemiological Week 1



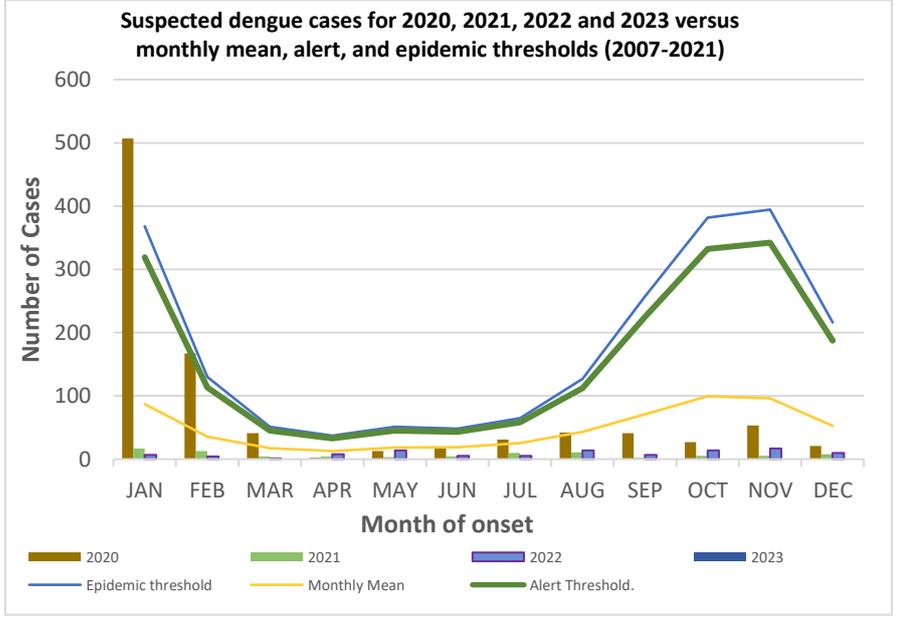
Reported suspected and confirmed dengue with symptom onset in week 1 of 2023

	2023*	
	EW 1	YTD
Total Suspected Dengue Cases	0	0
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- *Figure as at Jan 7, 2023
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.



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

RESEARCH PAPER

Abstract

Mental Health Awareness training in courses such as First Aid for Mental Health can act as a means of early intervention, treatment, prevention and help to change societal views, especially amongst youths and professionals who can influence change.

Trudy King¹
ECAAF, UK¹

Aim: Stigma and the lack of mental health awareness training shape societal views of mental illness in Jamaica. Many do not know the causes, signs and how to help. As a result, minor mental health conditions escalate into crisis. However, First Aid for Mental Health training can help. It's simple, non-clinical form can be delivered by a qualified instructor and is suitable for all, including the police and youths. Policy change can support this, but the benefits have not been explored. This study aims to explore the benefits of First Aid for Mental Health awareness training, as a means of early intervention, prevention, treatment and destigmatization.

Method: The paper is a review of secondary quantitative and qualitative data, peer-reviewed articles, and recent newspaper articles. The study can be expanded on with primary data.

Results: Fear and danger are the common perceptions of people with mental illness. Awareness training is attached to crisis cases and is carried out by the MOH, through integrated community healthcare, but they are stretched. The police and young people should be trained as they are more likely to be at risk. An enforcing of the Occupational, Health and Safety Act 2017 would make mental health as important as First Aid.

Conclusion: Mental health awareness training is needed to counter perceptions held. Accessing community healthcare training happens only if individuals have experienced a crisis, therefore, enforcing the OHS would include training in workplaces and schools, which is the environment the police and youths would better receive it.

Keywords: *mental health, fear, community healthcare*



The Ministry of Health and Wellness
24-26 Grenada Crescent
Kingston 5, Jamaica
Tele: (876) 633-7924
Email: surveillance@moh.gov.jm

9 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