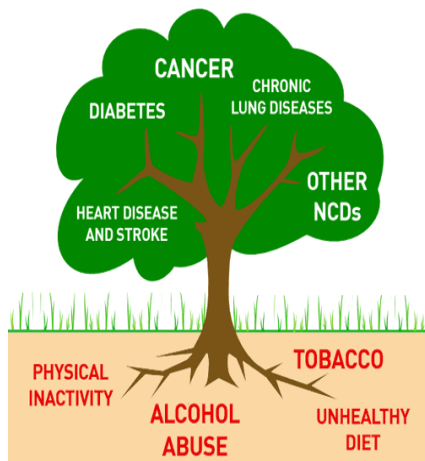


# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Weekly Spotlight

### Noncommunicable Diseases



Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. The main types of NCD are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.

### Risk factors

#### Modifiable behavioural risk factors

Modifiable behaviours, such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, all increase the risk of NCDs.

- Tobacco accounts for over 8 million deaths every year (including from the effects of exposure to second-hand smoke) .
- 1.8 million annual deaths have been attributed to excess salt/sodium intake .
- More than half of the 3 million annual deaths attributable to alcohol use are from NCDs, including cancer.
- 830 000 deaths annually can be attributed to insufficient physical activity .

#### Metabolic risk factors

Metabolic risk factors contribute to four key metabolic changes that increase the risk of NCDs:

- raised blood pressure;
- overweight/obesity;
- hyperglycemia (high blood glucose levels); and
- hyperlipidemia (high levels of fat in the blood).

## EPI WEEK 5



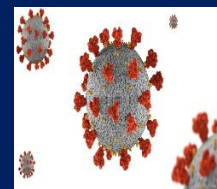
- Syndromic Surveillance  
- Accidents  
- Violence

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Class 1 Notifiable Events

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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 - 2 to 5 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
	2023												
2	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
3	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
4	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
5	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

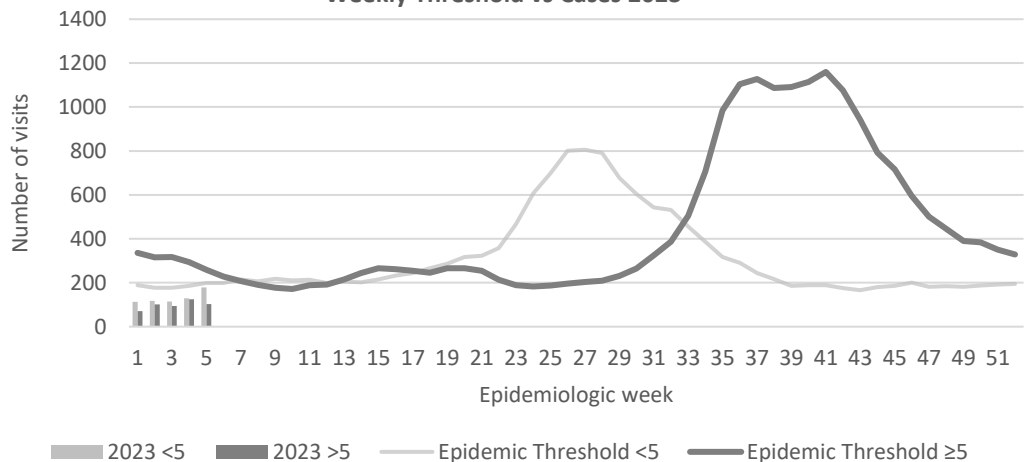
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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 2023



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



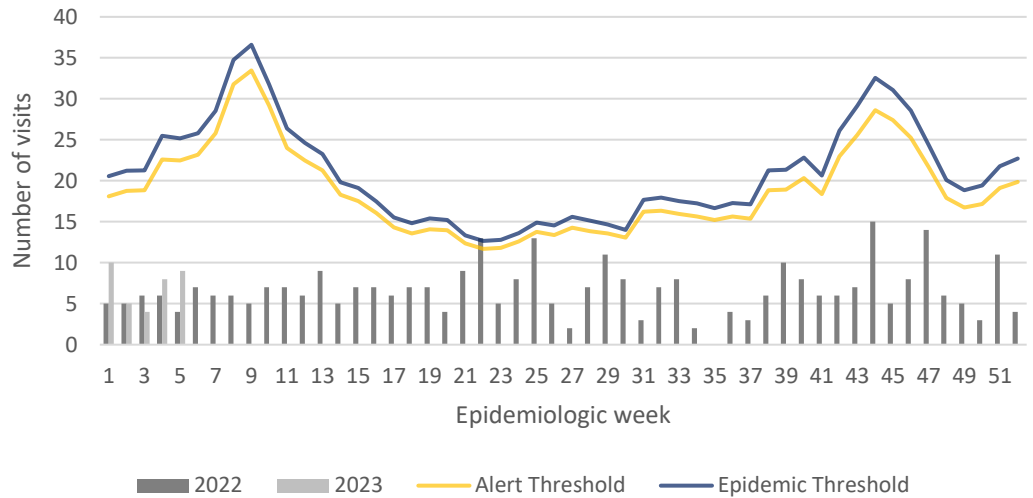
SENTINEL REPORT- 78 sites. Automatic reporting

**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 2022 and 2023 vs. Weekly Threshold: Jamaica**

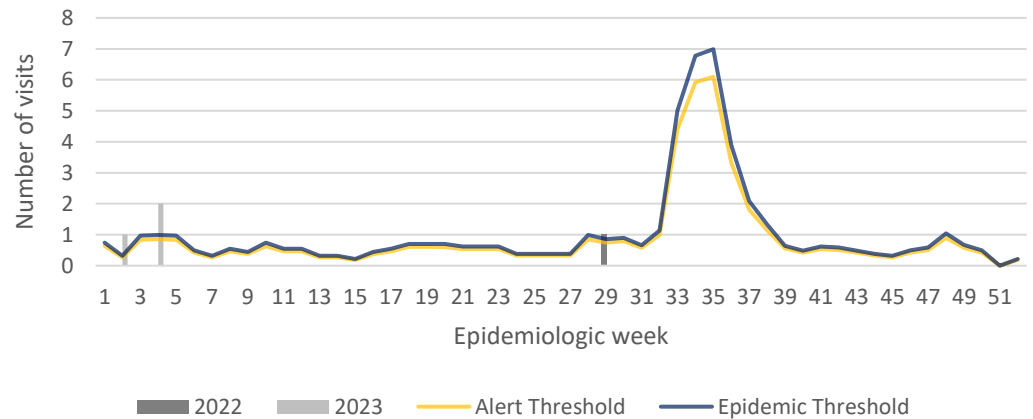


**FEVER AND HAEMORRHAGIC**

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 2022 and 2023 vs Weekly Threshold; Jamaica**



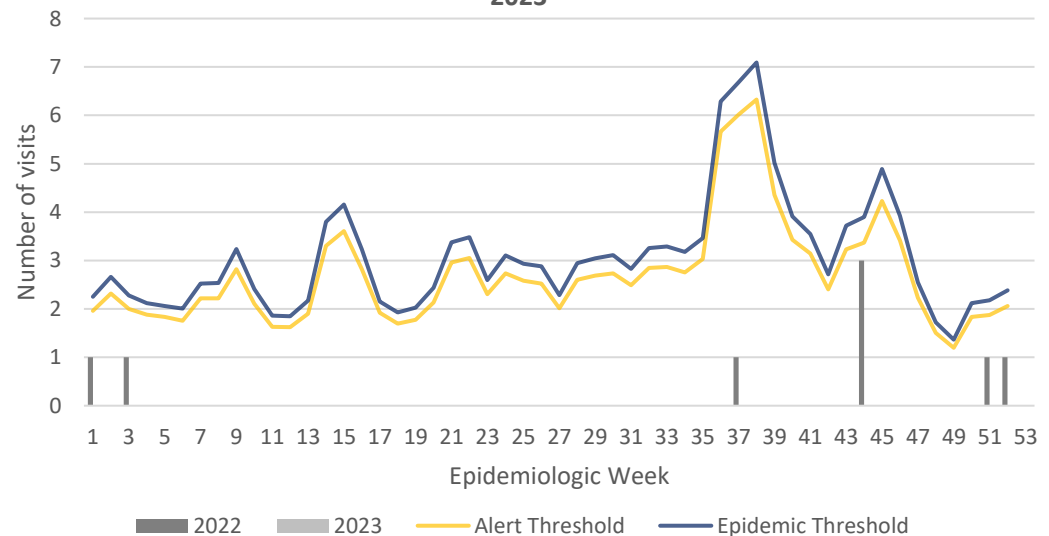
**FEVER AND JAUNDICE**

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 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

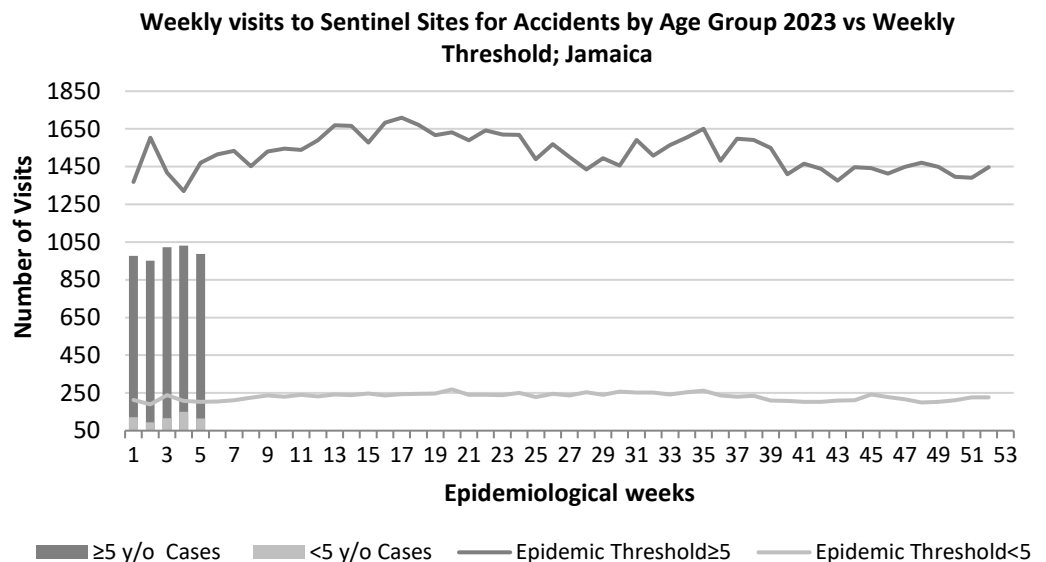


**SENTINEL REPORT-** 78 sites. Automatic reporting



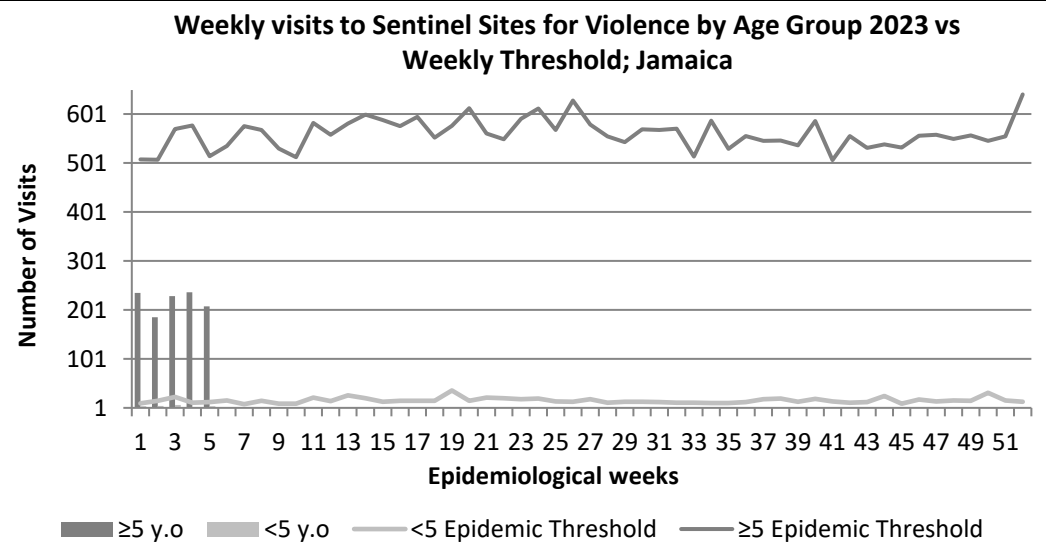
**ACCIDENTS**

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



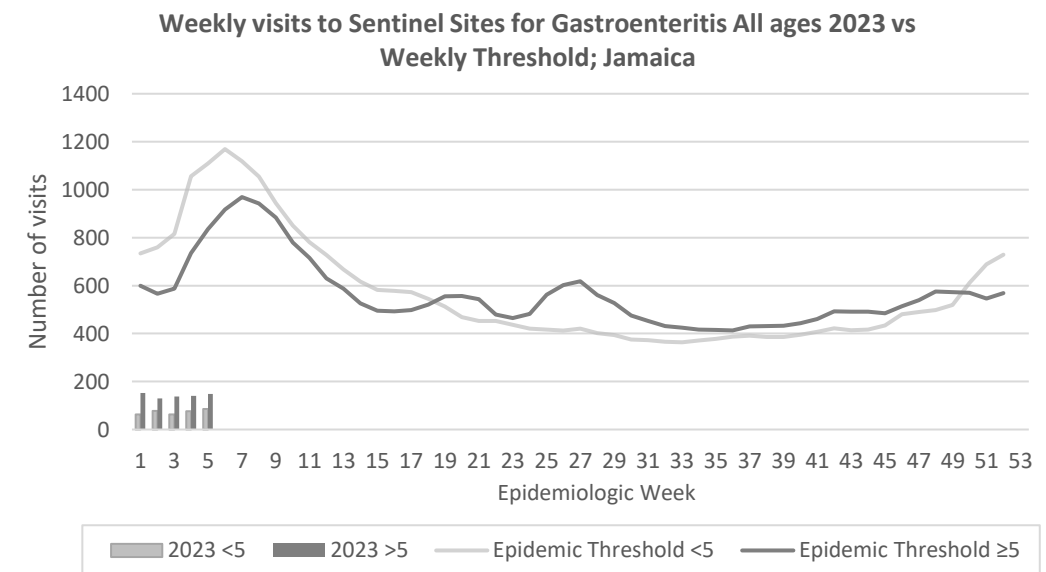
**VIOLENCE**

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.



**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 2023	PREVIOUS YEAR 2022		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	19 <sup>β</sup>	23 <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.	
	Cholera	0	0		
	Dengue Hemorrhagic Fever <sup>γ</sup>	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	1026	29305		
	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)	2	0		
	Monkeypox	0	N/A		
EXOTIC/ UNUSUAL	Plague	0	0	<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.	
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>	2	8		
	Ophthalmia Neonatorum	9	8		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	0	2		
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



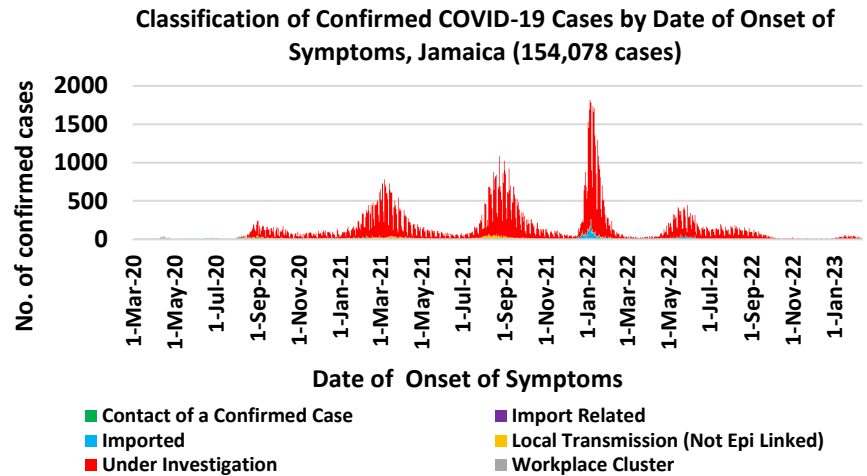
**SENTINEL REPORT-** 78 sites. Automatic reporting

# COVID-19 Surveillance Update

March 10, 2020 – EW 5, 2023

CASES	EW 5	Total
Confirmed	282	154078
Females	177	88907
Males	105	65168
Age Range	1 month old to 98 years	1 day to 108 years

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

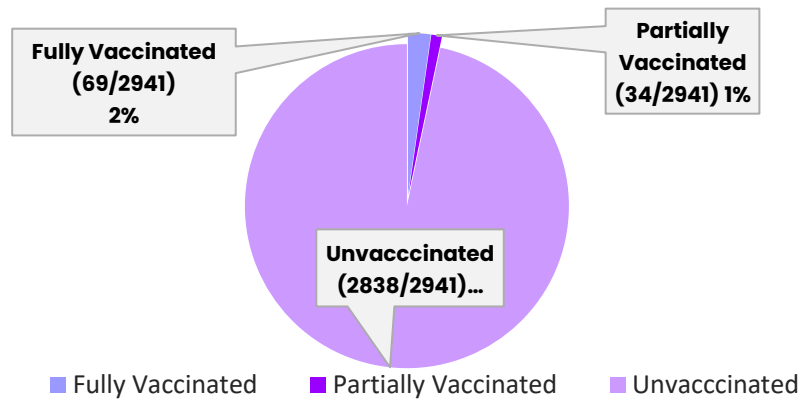


## COVID-19 Outcomes

Outcomes	EW 5	Total
ACTIVE *past 2 weeks*		518
DIED – COVID Related	5	3500
Died - NON COVID	1	299
Died - Under Investigation	1	347
Recovered and discharged	65	102393
Repatriated	0	93
Total		154078

\*Vaccination programme March 2021 – YTD

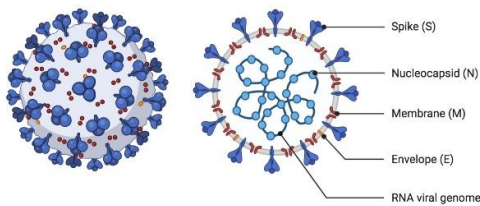
### 2941 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



## COVID-19 Parish Distribution and Global Statistics

### COVID-19 Virus Structure

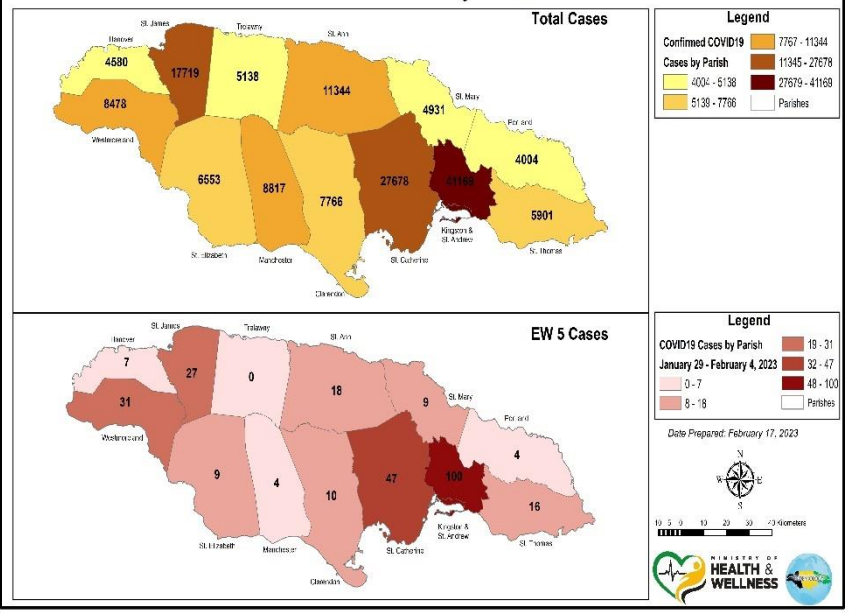
#### SARS-CoV-2



### COVID-19 WHO Global Statistics EW2-EW5

Epi Week	Confirmed Cases	Deaths
2	1,899,573	12,937
3	1,538,715	13,444
4	462,462	2,118
5	412,981	1814
<b>Total (4weeks)</b>	<b>4,313,731</b>	<b>30,313</b>

### 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



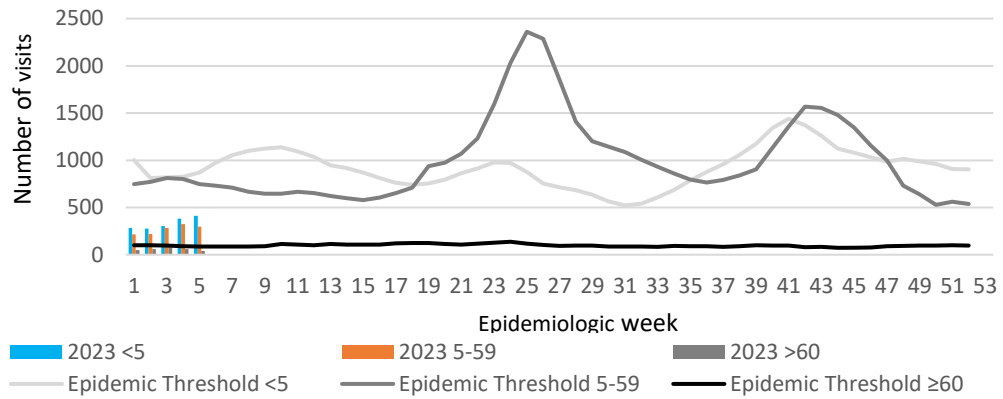
# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

*EW 5*

January 29 – February 4, 2023 Epidemiological Week 5

	<i>EW 5</i>	<i>YTD</i>
SARI cases	13	53
Total Influenza positive Samples	0	10
Influenza A	0	8
H3N2	0	1
H1N1pdm09	0	6
Not subtyped	0	1
Influenza B	0	2
Parainfluenza	0	1

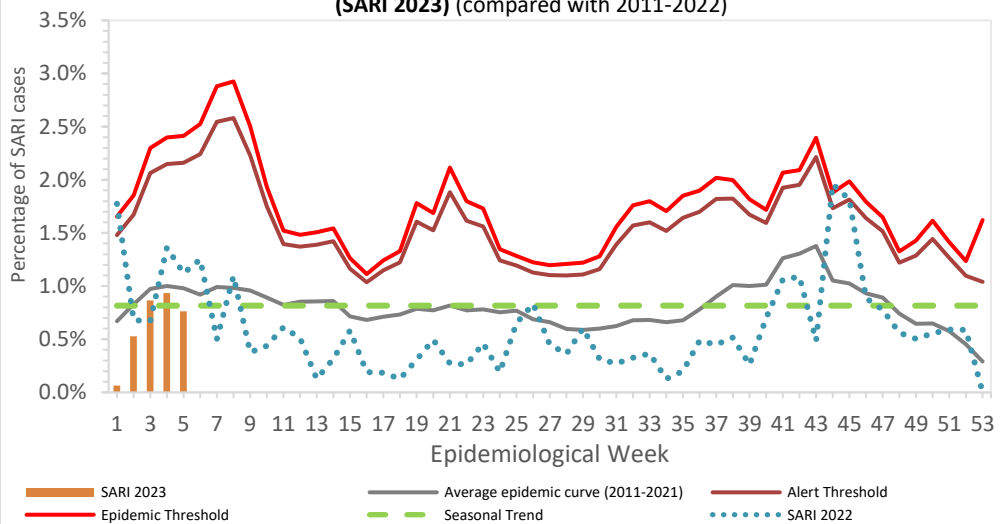
**Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2023 vs Weekly Threshold; Jamaica**



**Epi Week Summary**

During EW5 thirteen(13) SARI admissions were reported.

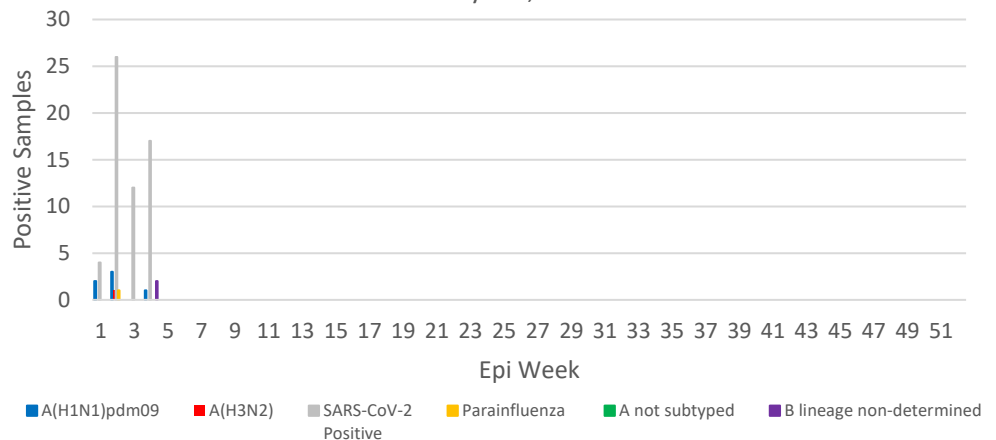
**Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2023) (compared with 2011-2022)**



**Caribbean Update EW 5**

**Caribbean:** Influenza activity increased in the subregion with A(H1N1)pdm09 predominance and B/Victoria co-circulation. In addition, influenza activity was elevated in Belize, French Guiana, and Haiti. The SARS-CoV-2 activity was moderate and increasing, while RSV activity was at baseline levels.

**Distribution of Influenza and Other Respiratory Viruses Under Surveillance by EW, Jamaica 2023**



**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 29- February 4, 2023 Epidemiological Week 5


Epidemiological Week 5



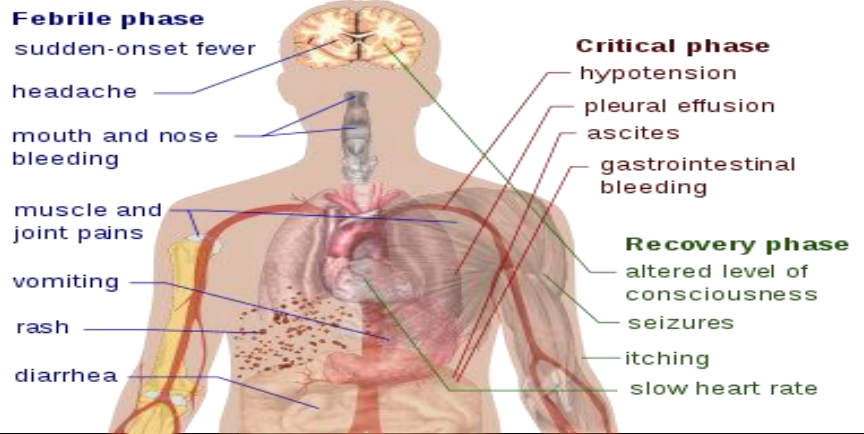
**Dengue Cases by Year: 2004-2023, Jamaica**



**Reported suspected and confirmed dengue with symptom onset in week 5 of 2023**

	2023*	
	EW 5	YTD
 Total Suspected Dengue Cases	0	6
Lab Confirmed Dengue cases	0	0
<b>CONFIRMED</b> Dengue Related Deaths	0	0

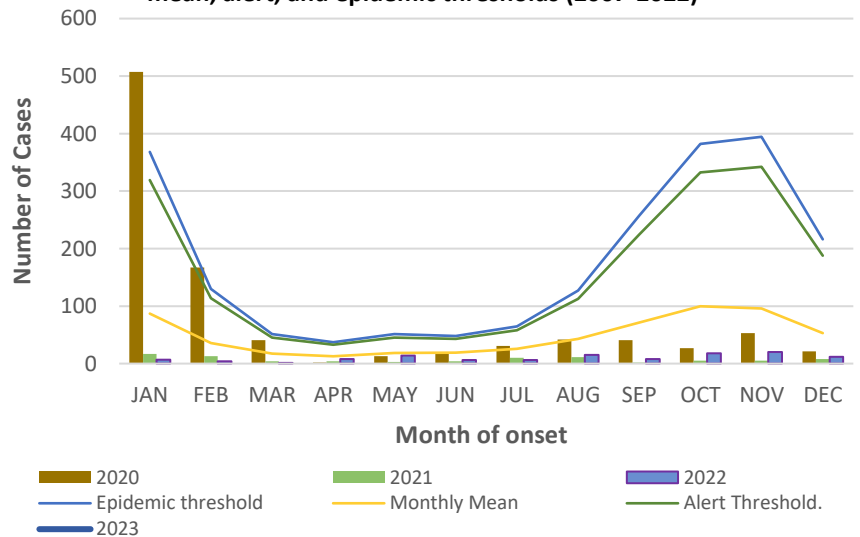
**Symptoms of Dengue fever**



Points to note:

- \*Figure as at Feb 4, 2023
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

**Suspected dengue cases for 2020 - 2023 versus monthly mean, alert, and epidemic thresholds (2007-2022)**



**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*

**Title:** Training Teachers to Help Students to Cope with Post-Traumatic Stress

**Authors:** Dr. Ganesh Shetty  
Kingston & St. Andrew Health Department

Prof. Cynthia Onyefulu  
University of Technology, Jamaica

Dr. Steve Weaver  
University of the West Indies

Dr. Sandra Chambers  
SE Regional Health Authority

Corresponding author:  
Dr. Ganesh Shetty [patient.info.2010@gmail.com](mailto:patient.info.2010@gmail.com)

**Introduction.** Exposure to trauma in children may result in mental health problems such as post-traumatic stress disorders (PTSD), anxiety disorder, depressive symptoms, dissociation, substance abuse, and delinquent and aggressive behaviors. The children who develop PTSD may later result in perpetrating violence on others. This study aimed to train a group of teachers in a primary school in Kingston, Jamaica with knowledge and skills to help students cope better with traumatic experiences. Research questions addressed were: What percentage of teachers know of the manifestations of and coping skills to manage PTSD prior to training? To what extent will there be a difference in the teachers' knowledge of symptoms and skills to cope with PTSD after training?

**Methods.** The mixed methods approach was used. All 20 (5 male & 15 female) teachers voluntarily participated in the study. The teachers were pre-tested to measure their knowledge of and ways of coping with PTSD in March 2019, and attended six training sessions, and were post-tested in June 2019.

**Results.** The results showed that the pre-test scores ( $M = 1.95$ ,  $SD = 2.19$ ) of 35% of the teachers knew some skills in managing PTSD before the training. The post-test scores ( $M = 4.00$ ,  $SD = 1.69$ ) of the 75% of the teachers learnt the skills after the training, while 50% retained their skills three months after the training. A feedback session was also conducted.

**Word count: 250**



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

9 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



HOSPITAL  
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SENTINEL  
REPORT- 78 sites.  
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