

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Weekly Spotlight

### Measles



Measles is caused by a virus in the paramyxovirus family and it is normally passed through direct contact and through the air. The virus infects the respiratory tract,

then spreads throughout the body. Measles is a human disease and is not known to occur in animals.

### Signs and symptoms

The first sign of measles is usually a high fever, which begins about 10 to 12 days after exposure to the virus, and lasts 4 to 7 days. A runny nose, a cough, red and watery eyes, and small white spots inside the cheeks can develop in the initial stage. After several days, a rash erupts, usually on the face and upper neck. Over about 3 days, the rash spreads, eventually reaching the hands and feet. The rash lasts for 5 to 6 days, and then fades. On average, the rash occurs 14 days after exposure to the virus (within a range of 7 to 18 days).

Most measles-related deaths are caused by complications associated with the disease. Serious complications are more common in children under the age of 5, or adults over the age of 30. The most serious complications include blindness, encephalitis (an infection that causes brain swelling), severe diarrhoea and related dehydration, ear infections, or severe respiratory infections such as pneumonia. Severe measles is more likely among poorly nourished young children, especially those with insufficient vitamin A, or whose immune systems have been weakened by HIV/AIDS or other diseases.

### Who is at risk?

Unvaccinated young children are at highest risk of measles and its complications, including death. Unvaccinated pregnant women are also at risk. Any non-immune person (who has not been vaccinated or was vaccinated but did not develop immunity) can become infected.

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

## EPI WEEK 11



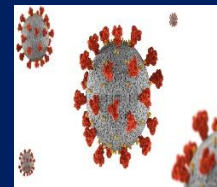
- Syndromic Surveillance  
- Accidents  
- Violence

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Class 1 Notifiable Events

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COVID-19

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Influenza

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Dengue Fever

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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 - 8 to 11 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												
8	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
9	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
10	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
11	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

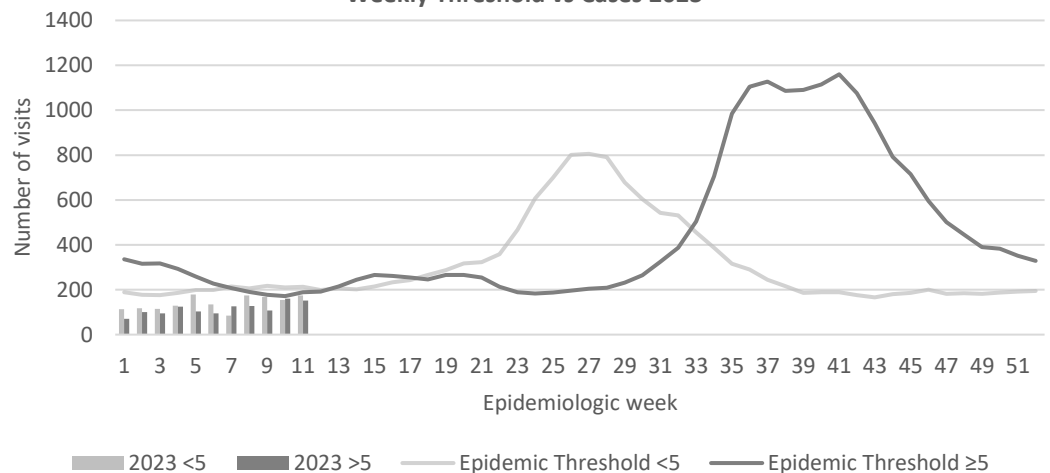
REPORTS FOR SYNDROMIC SURVEILLANCE

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

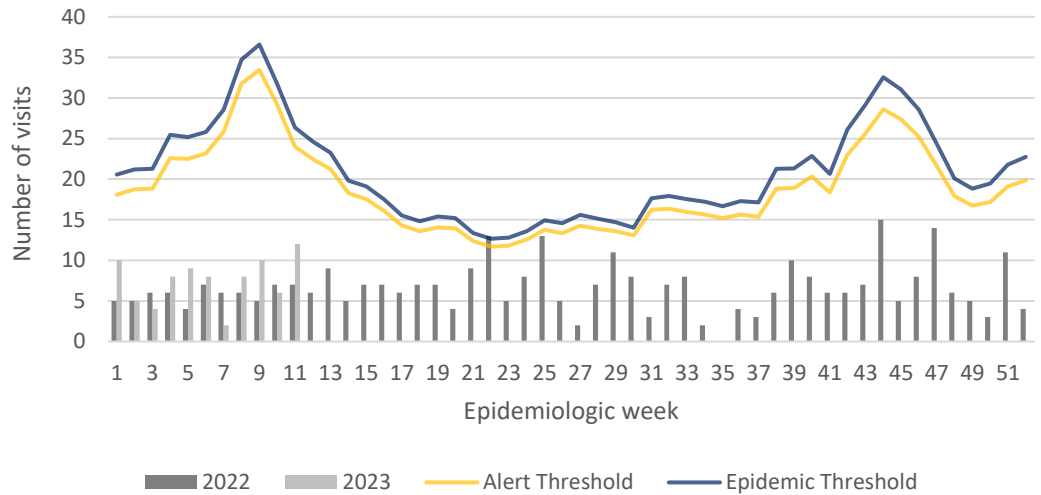


**FEVER AND NEUROLOGICAL**

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**

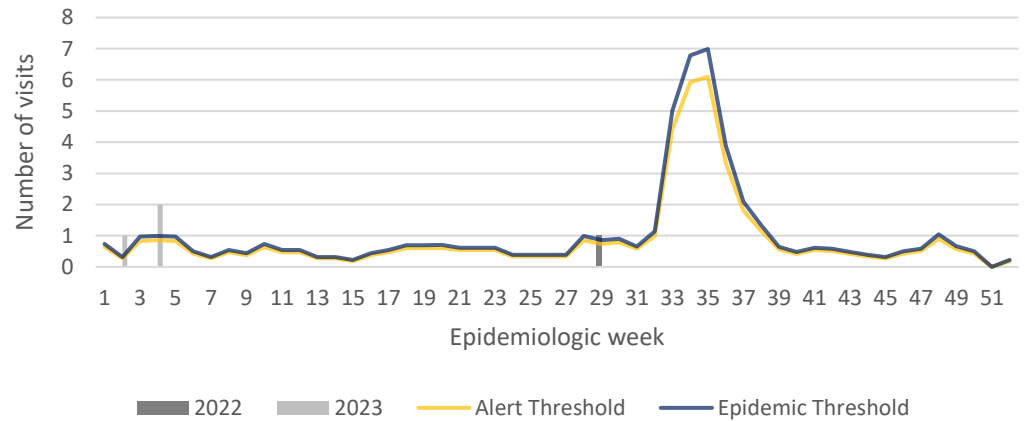


**FEVER AND HAEMORRHAGIC**

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**



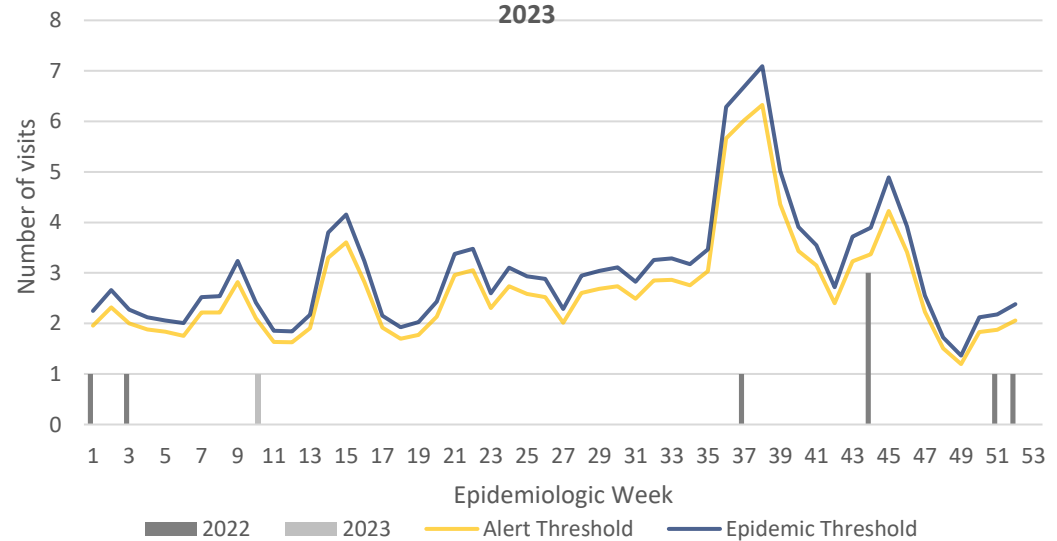
**FEVER AND JAUNDICE**

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

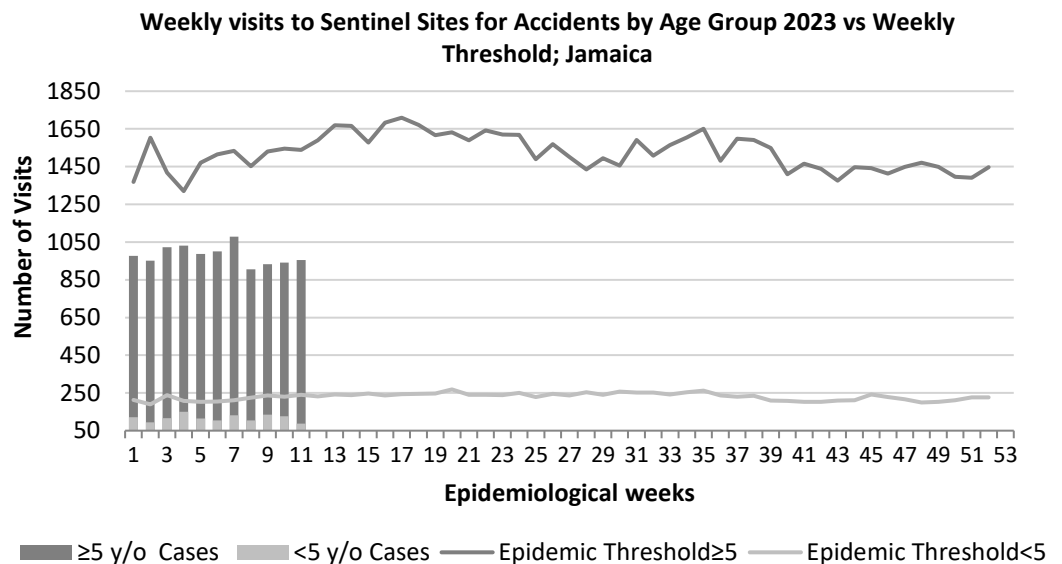


**SENTINEL REPORT-** 78 sites. Automatic reporting



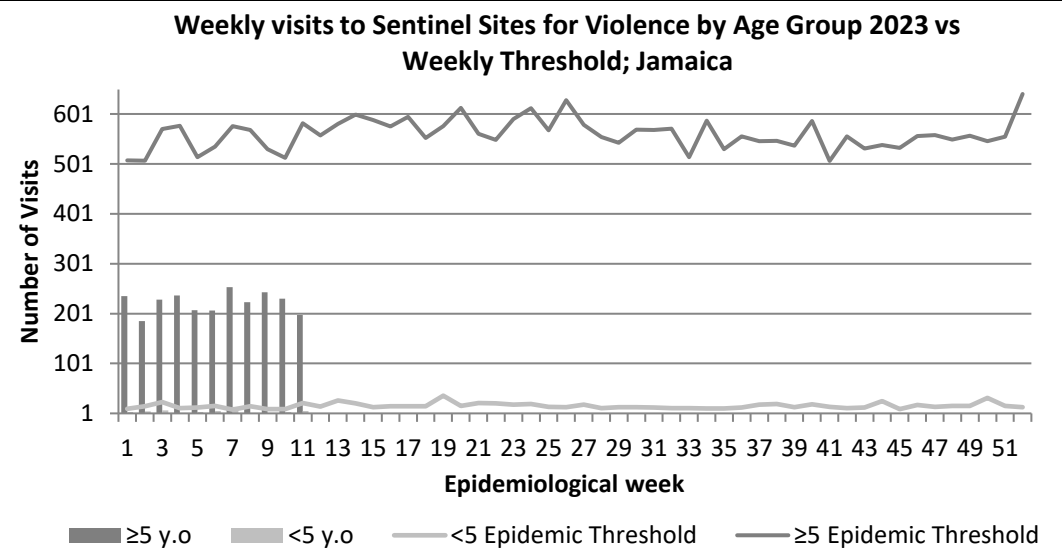
**ACCIDENTS**

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



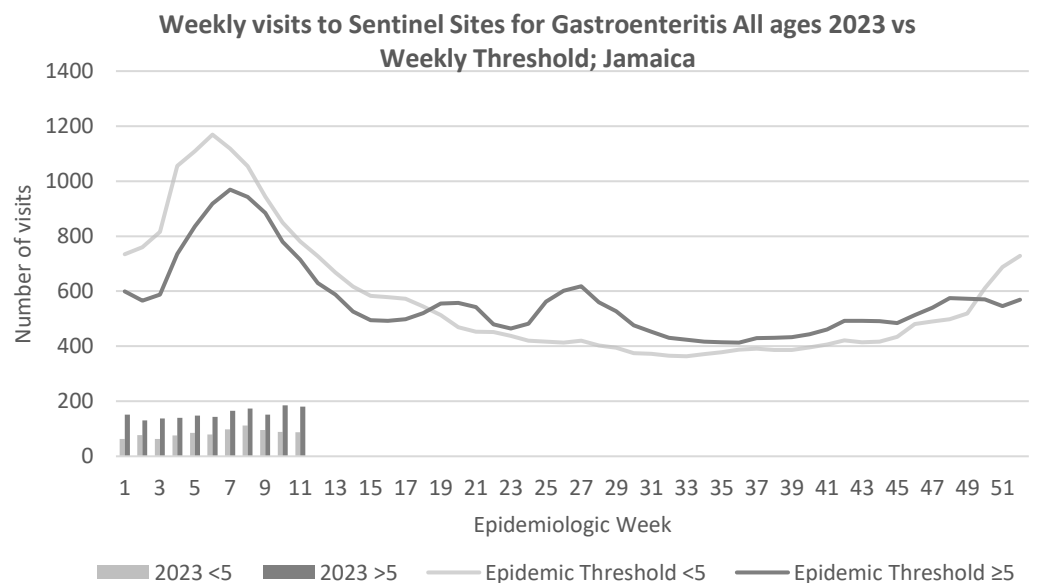
**VIOLENCE**

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



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**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	61 <sup>β</sup>	53 <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)	1655	31444		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	2	3		
	Hepatitis C	0	0		
	HIV/AIDS	N/A	N/A		
	Malaria (Imported)	0	0		
	Meningitis (Clinically confirmed)	8	6		
	Monkeypox	2	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>	7	14		
	Ophthalmia Neonatorum	26	18		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	4	3		
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



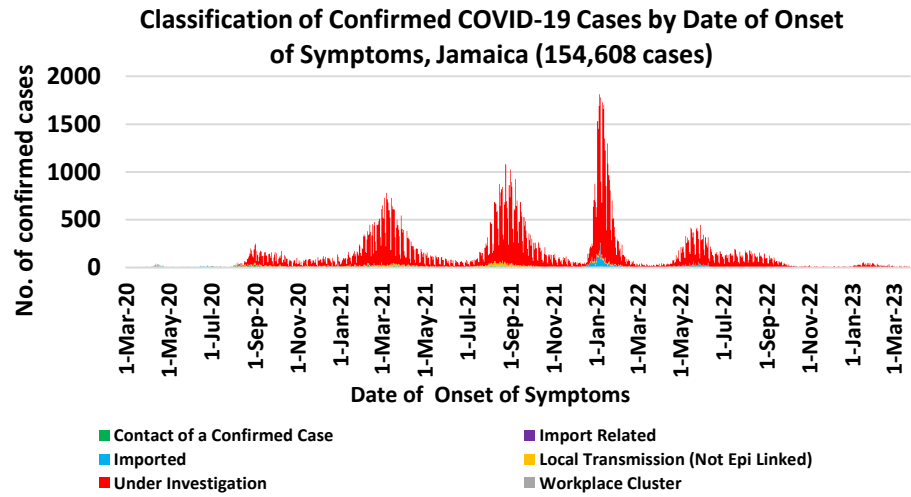
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# COVID-19 Surveillance Update

March 10, 2020 – EW 10, 2023

CASES	EW 11	Total
Confirmed	62	154608
Females	33	89188
Males	29	65417
Age Range	86 days old to 99 years	1 day to 108 years

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

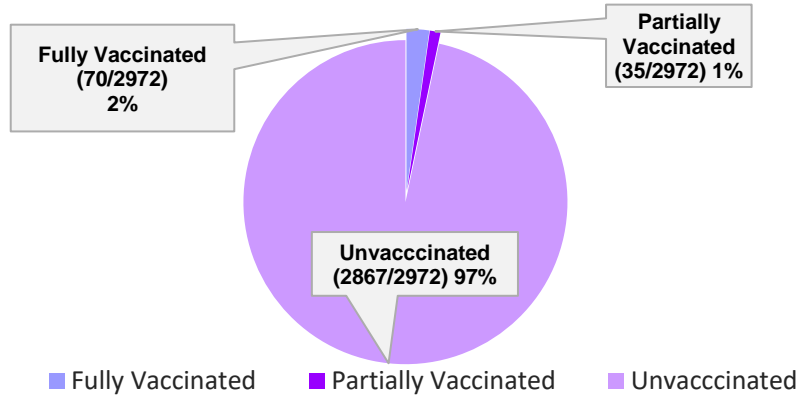


## COVID-19 Outcomes

Outcomes	EW 11	Total
ACTIVE *past 2 weeks*		117
DIED – COVID Related	0	3529
Died - NON COVID	0	300
Died - Under Investigation	0	350
Recovered and discharged	11	102634
Repatriated	0	93
Total		154608

\*Vaccination programme March 2021 – YTD

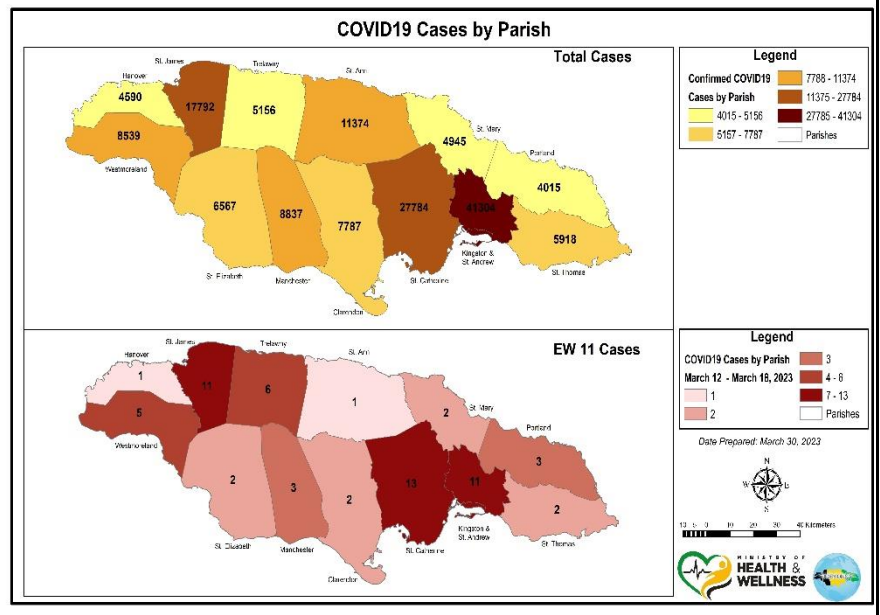
### 2972 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



## COVID-19 Parish Distribution and Global Statistics

### COVID-19 Virus Structure

**SARS-CoV-2**



### COVID-19 WHO Global Statistics EW8-EW11

Epi Week	Confirmed Cases	Deaths
8	1,058,904	7,152
9	878,545	6,214
10	875,756	6,249
11	763,791	5,542
<b>Total (4weeks)</b>	<b>3,576,996</b>	<b>25,157</b>

**6 NOTIFICATIONS-**  
All clinical sites

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

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

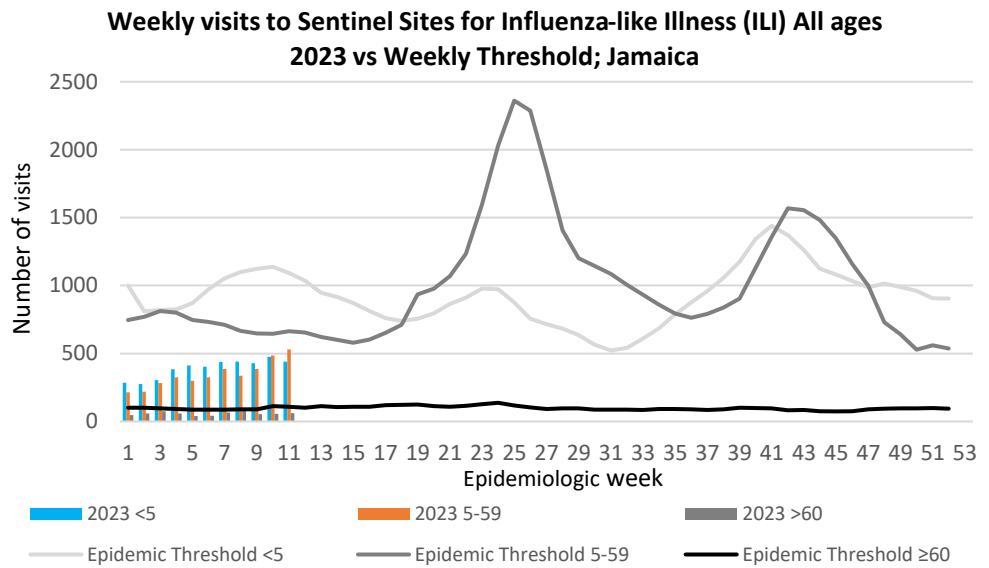
**SENTINEL REPORT-** 78 sites. Automatic reporting

# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

*EW 11*

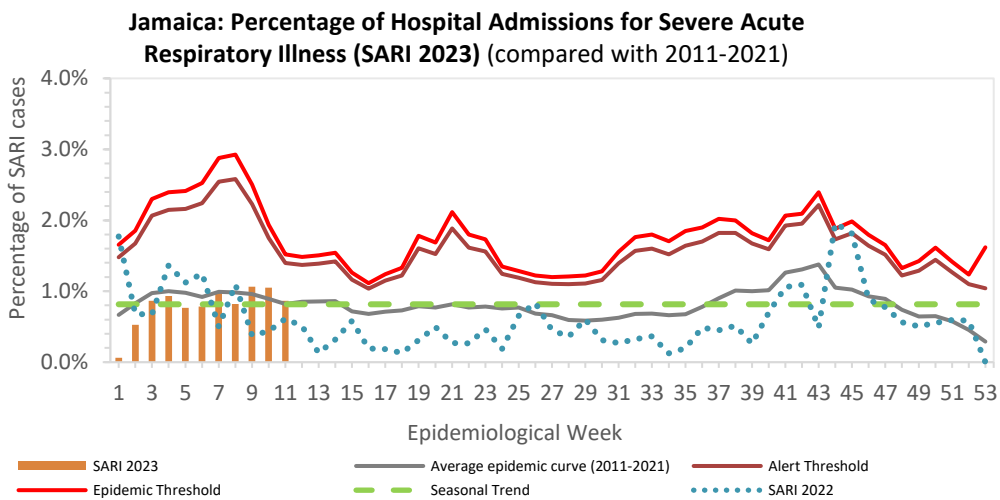
March 12 – March 18, 2023 Epidemiological Week 11

	<i>EW 11</i>	<i>YTD</i>
SARI cases	14	140
Total Influenza positive Samples	0	26
<b>Influenza A</b>	<b>0</b>	<b>11</b>
H3N2	0	1
H1N1pdm09	0	9
Not subtyped	0	1
<b>Influenza B</b>	<b>2</b>	<b>29</b>
B lineage not determined	1	22
B Victoria	1	7
<b>Parainfluenza</b>	<b>0</b>	<b>1</b>
<b>Adenovirus</b>	<b>0</b>	<b>2</b>
<b>RSV</b>	<b>0</b>	<b>13</b>



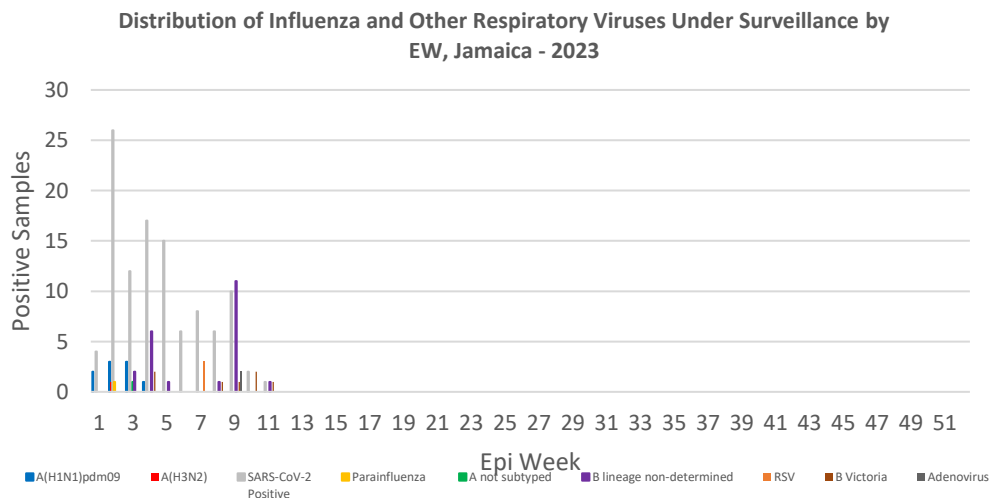
**Epi Week Summary**

During EW 11 fourteen (14) SARI admissions were reported.



**Caribbean Update EW 11**

**Caribbean:** Influenza activity decreased, with influenza A and B viruses equally detected. Influenza A(H1N1)pdm09 and B/Victoria co-circulated. Belize reported increased influenza activity. Overall, SARS-CoV-2 activity was low in the subregion, except in Dominica and Jamaica, where it was moderate. RSV was moderate in Jamaica; elsewhere in the subregion, RSV activity was low.



**7 NOTIFICATIONS-**  
All clinical sites

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

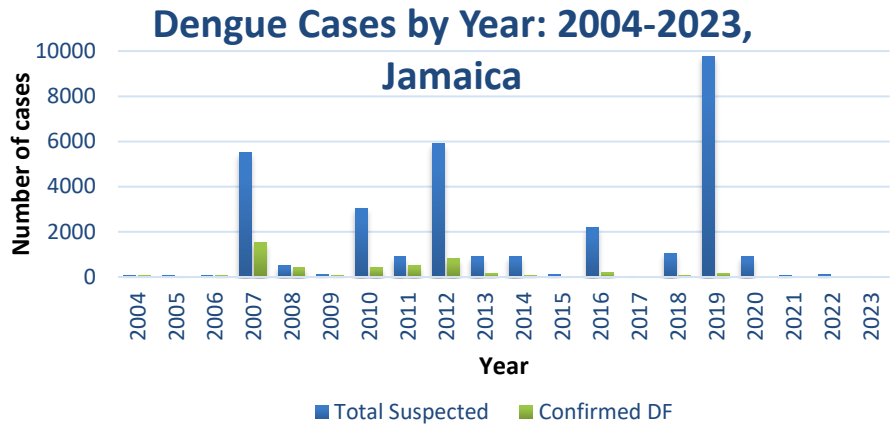
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# Dengue Bulletin

March 12 - March 18, 2023 Epidemiological Week 11

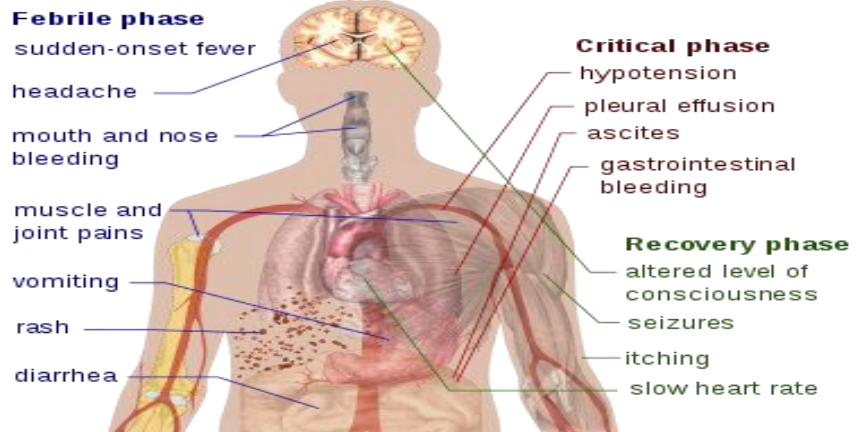
Epidemiological Week 11



## Reported suspected and confirmed dengue with symptom onset in week 11 of 2023

	2023*	
	EW 11	YTD
		
Total Suspected Dengue Cases	2	20
Lab Confirmed Dengue cases	0	0
<b>CONFIRMED</b> Dengue Related Deaths	0	0

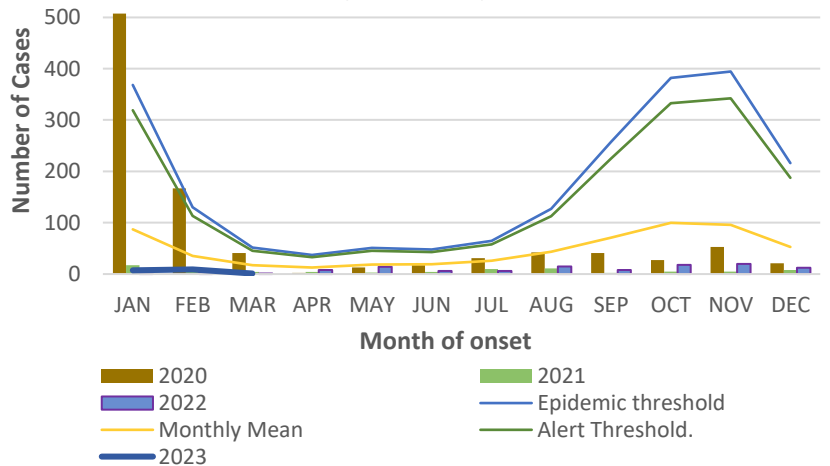
## Symptoms of Dengue fever




### Points to note:

- \*Figure as at March 18, 2023
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

## Suspected dengue cases for 2020, 2021, 2022 and 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



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





# RESEARCH PAPER

## 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  
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