WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Nursing and midwifery



Nurses and midwives central to Primary Health Care and are often the first and sometimes the only health professional that people see and the quality of their initial assessment, care and treatment is vital. They are also part of local community

sharing its culture, strengths and vulnerabilities – and can shape and deliver effective interventions to meet the needs of patients, families and communities.

Nurses play a critical role in health promotion, disease prevention and delivering primary and community care. They provide care in emergency settings and will be key to the achievement of universal health coverage. Achieving health for all will depend on there being sufficient numbers of well-trained and educated, regulated and well supported nurses and midwives, who receive pay and recognition commensurate with the services and quality of care that they provide.

Approximately 27 million men and women make up the global nursing and midwifery workforce. This accounts for nearly 50% of the global health workforce. There is a global shortage of health workers, in particular nurses and midwives, who represent more than 50% of the current shortage in health workers.

The largest needs-based shortages of nurses and midwives are in South East Asia and Africa. For all countries to reach Sustainable Development Goal 3 on health and well-being, WHO estimates that the world will need an additional 9 million nurses and midwives by the year 2030.

WEEK 17



- Syndromic Surveillance
- Accidents
- Violence

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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 –
14 to 17 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

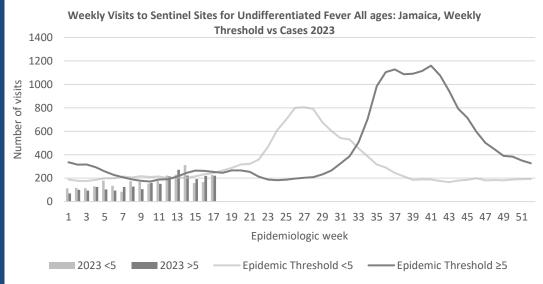
Epi week	Kingston and Saint Andrew	Saint Thomas	Saint Catherine	Portland	Saint Mary	Saint Ann	Trelawny	Saint James	Hanover	Westmoreland	Saint Elizabeth	Manchester	Clarendon
2023													
14	On	On	late	On	On	On	On	On	On	On	On	On	On
	Time	Time	(w)	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
15	On	On	late	On	On	On	On	On	On	On	On	On	On
	Time	Time	(t)	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
16	On	On	On	On	On	On	On	On	On	On	On	On	On
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
17	On	On	On	On	On	On	On	On	On	On	On	On	On
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time

REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

Temperature of $>38^{\circ}C$ /100.4°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



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 $>38^{\circ}C$ /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.



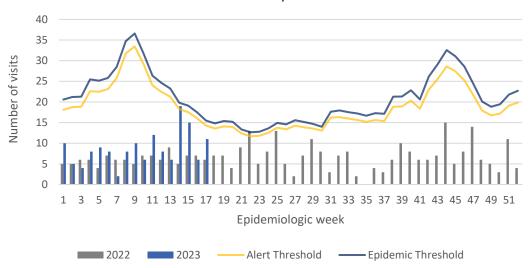
FEVER AND JAUNDICE

Temperature of $>38^{\circ}C/100.4^{\circ}F$ (or recent history of fever) in a previously healthy person presenting with jaundice.

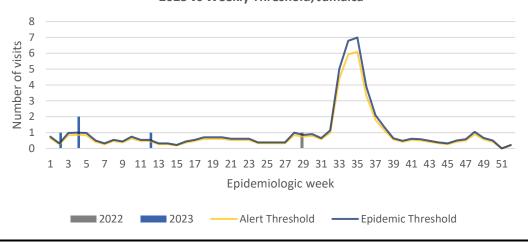
The epidemic threshold is used to confirm the emergence of an epidemic in order to implement control measures. It is calculated using the mean reported cases per week plus 2 standard deviations.



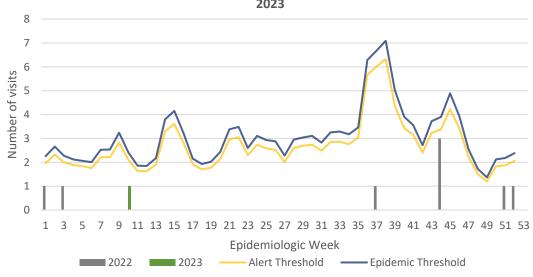
Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2022 and 2023 vs. Weekly Threshold: Jamaica



Weekly visits to Sentinel Sites for Fever and Haemorrhagic 2022 and 2023 vs Weekly Threshold; Jamaica











INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

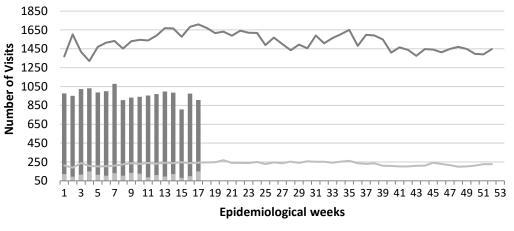


ACCIDENTS

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



≥5 y/o Cases

<5 y/o Cases —</pre>

— Epidemic Threshold≥5

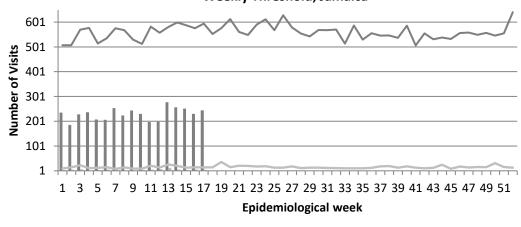
Epidemic Threshold<5

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



≥5 y.o <5 y.o —

—<5 Epidemic Threshold —</p>

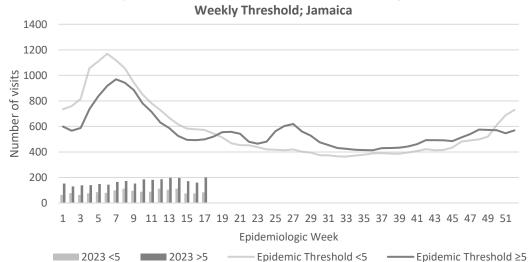
—≥5 Epidemic Threshold

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





NOTIFICATIONS-All clinical sites



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



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued





May 12, 2023 ISSN 0799-3927

CLASS ONE NOTIFIABLE EVENTS

Comments

021100 01					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
			Confirm	ned YTD ^α	AFP Field Guides from		
	CLASS 1 EVENTS		CURRENT YEAR 2023	PREVIOUS YEAR 2022	WHO indicate that for an effective surveillance system, detection rates for		
	Accidental Po	oisoning	107^{β}	84β	AFP should be 1/100,000		
ij	Cholera		0	0	population under 15 years old (6 to 7) cases annually.		
√NO	Dengue Hem	orrhagic Fever ^γ	See Dengue page below	See Dengue page below	old (0 to 7) cases annually.		
ATI	COVID-19 (S	SARS-CoV-2)	1943	33282	Pertussis-like syndrome		
NATIONAL /INTERNATIONAL INTEREST	Hansen's Dis	ease (Leprosy)	0	0	and Tetanus are clinically		
L /INTERN INTEREST	Hepatitis B		15	4	confirmed classifications.		
A. I.	Hepatitis C		4	2	—————————————————————————————————————		
NO NO	HIV/AIDS		N/A	N/A	Fever data include Dengue		
ATI	Malaria (Imp	oorted)	1	0	related deaths;		
Z	Meningitis (C	Clinically confirmed)	11	9	δ Figures include all deaths		
	Monkeypox		3	N/A	associated with pregnancy reported for the period.		
EXOTIC/ UNUSUAL	Plague		0	0			
.X.	Meningococc	al Meningitis	0	0	^ε CHIKV IgM positive		
H IGH RBIDIT	Neonatal Teta	anus	0	0	cases θ Zika PCR positive cases		
H IGH MORBIDITY/ MORTALITY	Typhoid Feve	er	0	0	β Updates made to prior		
W W	Meningitis H	/Flu	0	0	weeks in 2020.		
	AFP/Polio		0	0	^α Figures are cumulative		
	Congenital R	ubella Syndrome	0	0	totals for all		
70	Congenital S	yphilis	0	0	epidemiological weeks year to date.		
MES	Fever and	Measles	0	0			
SPECIAL PROGRAMM	Rash	Rubella	0	0			
SOG	Maternal Dea	ths ^δ	17	24			
	Ophthalmia N	Veonatorum	39	37			
CIA	Pertussis-like	syndrome	0	0			
SPE	Rheumatic Fe	ever	0	0			
	Tetanus		0	2			
	Tuberculosis		9	12			
	Yellow Fever		0	0			
	Chikungunya	ε	0	0			
	Zika Virus ^θ		0	0	NA- Not Available		





INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



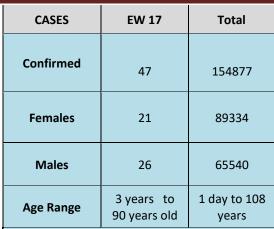
HOSPITAL ACTIVE SURVEILLANCE- $30\ sites.$ Actively pursued

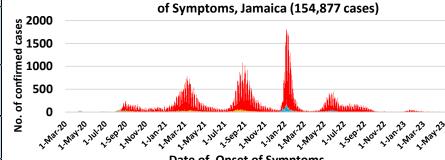


May 12, 2023 ISSN 0799-3927

COVID-19 Surveillance Update

March 10, 2020 - EW 17, 2023





Classification of Confirmed COVID-19 Cases by Date of Onset

Date of Onset of Symptoms

■ Contact of a Confirmed Case Imported

■ Under Investigation

Local Transmission (Not Epi Linked)

■ Workplace Cluster

■ Import Related

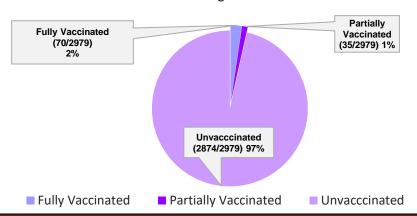
* 3 positive cases had no gender specification

COVID-19 Outcomes

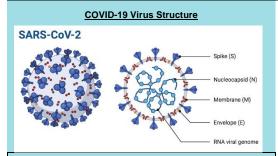
Outcomes	EW 17	Total	
ACTIVE *past 2 weeks*		82	
DIED – COVID Related	0	3536	
Died - NON COVID	0	300	
Died - Under Investigation	2	353	
Recovered and discharged	0	102899	
Repatriated	0	93	
Total		154877	

^{*}Vaccination programme March 2021 – YTD

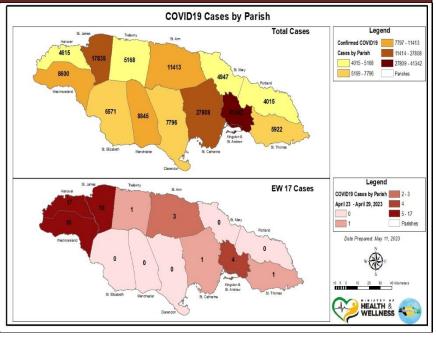
2979 COVID-19 Related Deaths since March 1, 2021 - YTD **Vaccination Status among COVID-19 Deaths**



COVID-19 Parish Distribution and Global Statistics



COVID-19 WHO Global Statisticts EW14-EW17					
Epi Week	Confirmed Cases	Deaths			
14	704,773	4,609			
15	742,464	4592			
16	686,810	4158			
17	595,281	3753			
Total (4weeks)	2,729,328	17,112			



NOTIFICATIONS-All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



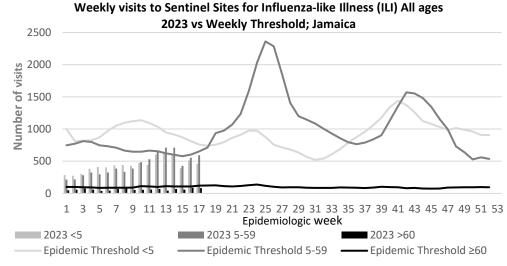
^{*} PCR or Antigen tests are used to confirm cases

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 17

April 23 - April 29, 2023 Epidemiological Week 17

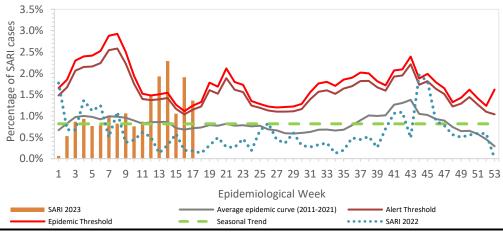
	EW 17	YTD
SARI cases	19	297
Total Influenza positive Samples	4	62
Influenza A	0	13
H3N2	0	1
H1N1pdm09	0	11
Not subtyped	0	1
Influenza B	4	49
B lineage not determined	0	2
B Victoria	4	47
Parainfluenza	0	1
Adenovirus	0	2
RSV	0	13



Epi Week Summary

During EW 17, nineteen (19) SARI admissions were reported.

Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2023) (compared with 2011-2021)



Caribbean Update EW 17

Caribbean: An increase in influenza activity has been detected. Influenza B Victoria lineage has predominantly circulated. The countries where increases in activity have been detected are Belize and Jamaica. RSV and SARS-CoV-2 activity has remained low.

Distribution of Influenza and Other Respiratory Viruses Under Surveillance by EW, Jamaica - 2023 25 20 15 10 5 0 1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 Epi Week A(H1N1)pdm09 A(H3N2) SARS-CoV-2 Parainfluenza A not subtyped RSV B Victoria Adenovirus B lineage non-determined Positive





INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

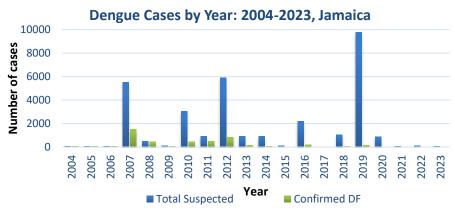


Dengue Bulletin

April 23 – April 29, 2023 Epidemiological Week 17

Epidemiological Week 17





Reported suspected and confirmed dengue with symptom onset in week 17 of 2023

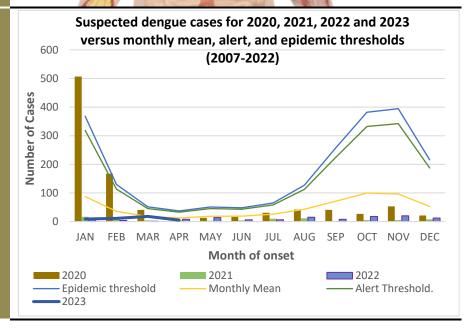
	2023*				
	EW 17	YTD			
Total Suspected Dengue Cases	1	43			
Lab Confirmed Dengue cases	0	0			
CONFIRMED Dengue Related Deaths	0	0			

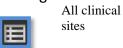
Dengue fever Febrile phase Critical phase sudden-onset fever hypotension headache pleural effusion mouth and nose ascites bleeding gastrointestinal bleeding muscle and joint pains Recovery phase altered level of vomiting consciousness rash itching diarrhea slow heart rate

Symptoms of

Points to note:

- *Figure as at April 29, 2023
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.







INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



May 12, 2023 ISSN 0799-3927

RESEARCH PAPER

Abstract

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

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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



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NOTIFICATIONS-

All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

