

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Speed management key to saving lives, making cities more liveable



Managing speed, a new report from WHO, suggests that excessive or inappropriate speed contributes to 1 in 3 road traffic fatalities worldwide. Measures to address speed prevent road traffic deaths and injuries, make populations healthier, and cities more sustainable.

Around 1.25 million people die every year on the world's roads. Studies indicate that typically 40–50% of drivers go over posted speed limits. Drivers who are male, young and under the influence of alcohol are more likely to be involved in speed-related crashes. Road traffic crashes remain the number one cause of death among young people aged 15–29 years. They are estimated to cost countries from 3–5% of GDP and push many families into poverty.



Yet only 47 countries of the world follow good practice on one of the main speed management measures, namely implementing an urban speed limit of 50 km/h or less and allowing local authorities to reduce these limits further on roads around schools, residences and businesses.

"Speed is at the core of the global road traffic injury problem," notes WHO Director-General Dr Margaret Chan. "If countries were to address just this key risk, they would soon reap the rewards of safer roads, both in terms of lives saved and increases in walking and cycling, with profound and lasting effects on health."

Speed management measures include:

- building or modifying roads to include features that calm traffic, such as roundabouts and speed bumps;
- establishing speed limits appropriate to the function of each road;
- enforcing speed limits through the use of manual and automated controls;
- installing in-vehicle technologies in new cars, such as intelligent speed assistance and autonomous emergency braking;
- raising awareness about the dangers of speed.

<https://www.who.int/news/item/05-05-2017-speed-management-key-to-saving-lives-making-cities-more-liveable>

EPI WEEK 50



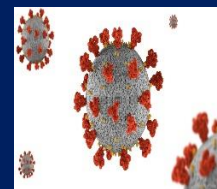
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- Violence

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SENTINEL SYNDROMIC SURVEILLANCE

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 - 47 to 50 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

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												
47	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
48	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
49	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
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

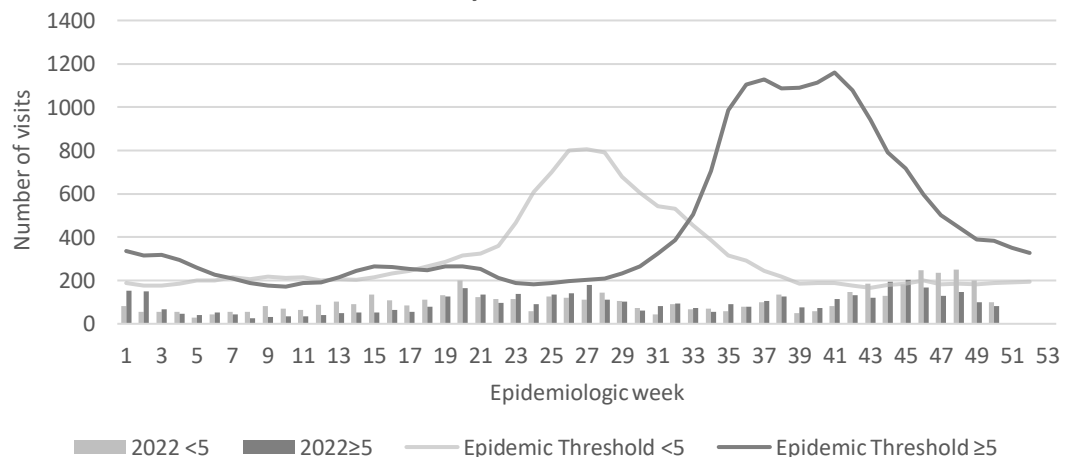
REPORTS FOR SYNDROMIC SURVEILLANCE


UNDIFFERENTIATED FEVER

Temperature of >38°C /100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.




Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2022



 2 NOTIFICATIONS- All clinical sites

 INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

 HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

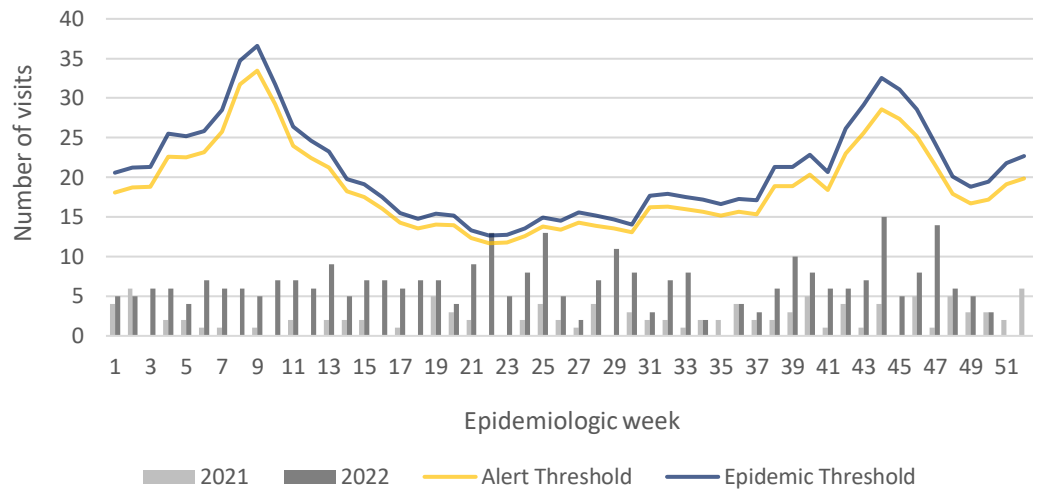
 SENTINEL REPORT- 78 sites. Automatic reporting

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 2021 and 2022 vs. Weekly Threshold: Jamaica

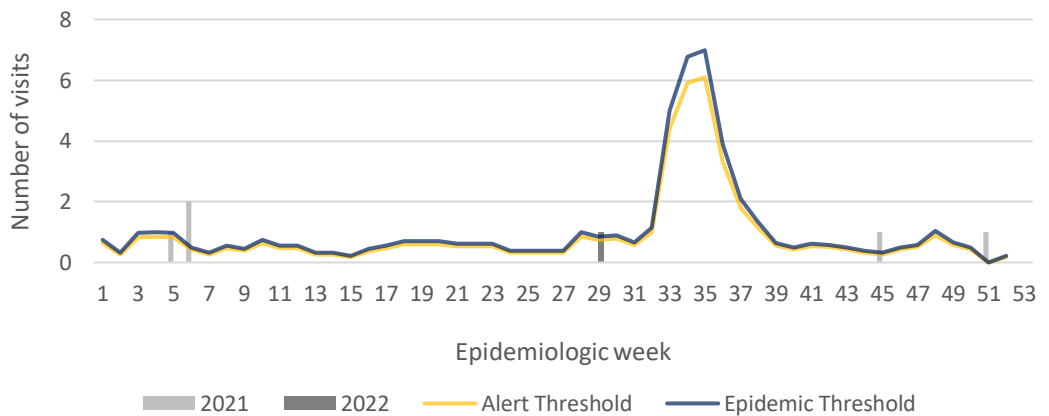


FEVER AND HAEMORRHAGIC

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 2021 and 2022 vs Weekly Threshold; Jamaica



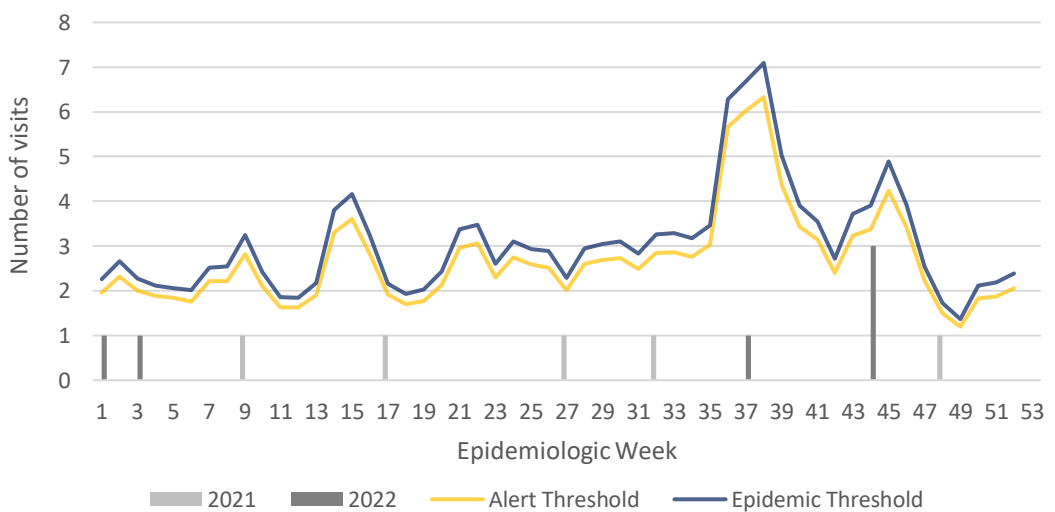
FEVER AND JAUNDICE

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 2021 and 2022



3 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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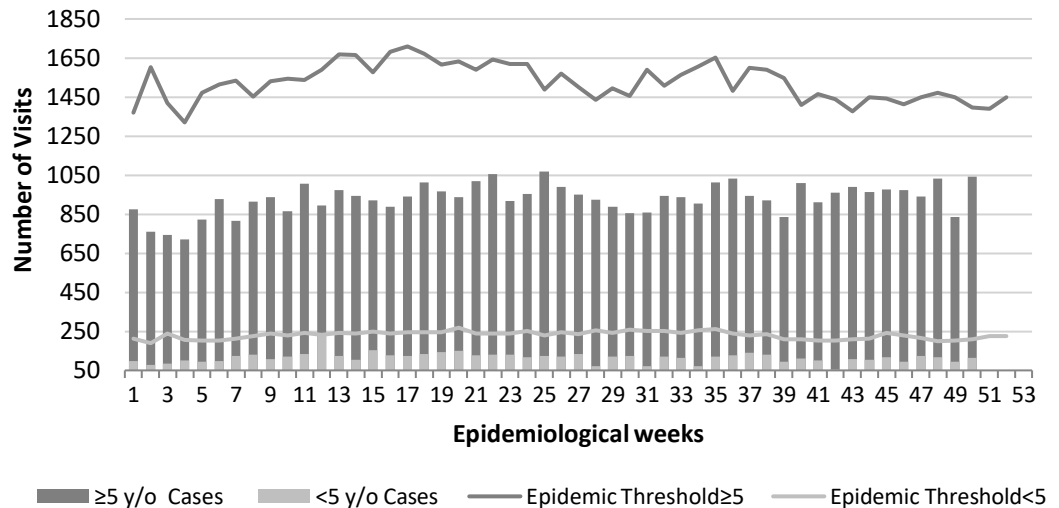
SENTINEL REPORT- 78 sites. Automatic reporting

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 2022 vs Weekly Threshold; Jamaica

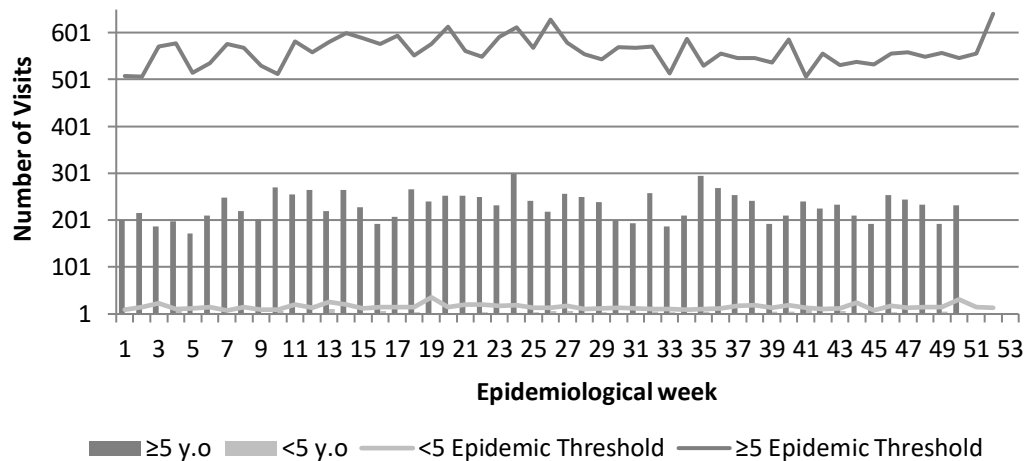


VIOLENCE

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 2022 vs Weekly Threshold; Jamaica

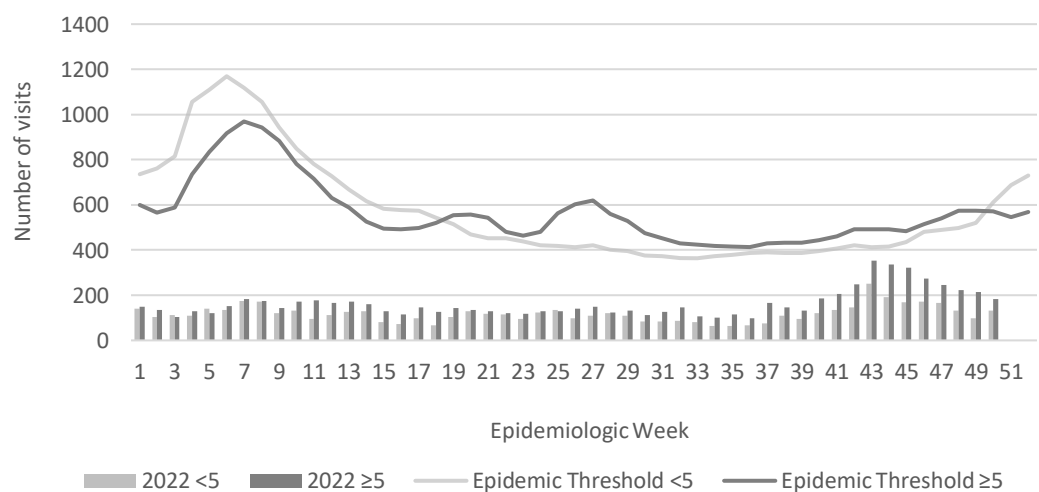


GASTROENTERITIS

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 2022 vs Weekly Threshold; Jamaica



4 NOTIFICATIONS-
All clinical sites



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SENTINEL REPORT- 78 sites. Automatic reporting

CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD ^α			
		CURRENT YEAR 2022	PREVIOUS YEAR 2021		
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	196 ^β	175 ^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. ^ε CHIKV IgM positive cases ^θ Zika PCR positive cases ^β Updates made to prior weeks in 2020. ^α Figures are cumulative totals for all epidemiological weeks year to date.	
	Cholera	0	0		
	Dengue Hemorrhagic Fever ^γ	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	55605	78829		
	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)	18	39		
	Monkeypox	18	NA		
EXOTIC/ UNUSUAL	Plague	0	0		
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	59	82		
	Ophthalmia Neonatorum	48	40		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	2	0		
	Tuberculosis	46	38		
Yellow Fever	0	0			
Chikungunya ^ε	0	0			
Zika Virus ^θ	0	0	NA- Not Available		

 5 NOTIFICATIONS- All clinical sites

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 HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

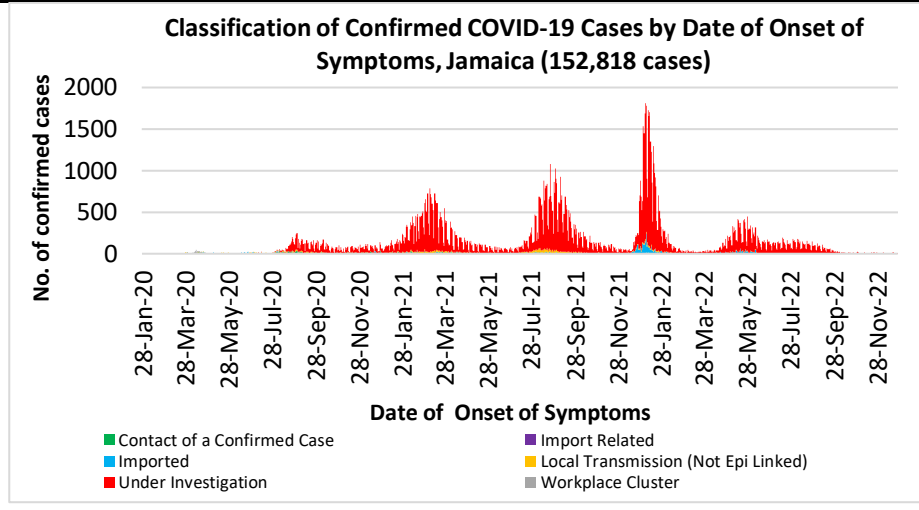
 SENTINEL REPORT- 78 sites. Automatic reporting

COVID-19 Surveillance Update

March 10, 2020 – EW 50, 2022

CASES	EW 50	Total
Confirmed	49	152818
Females	31	88170
Males	18	64645
Age Range	8 days old – 91 years	1 day to 108 years

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

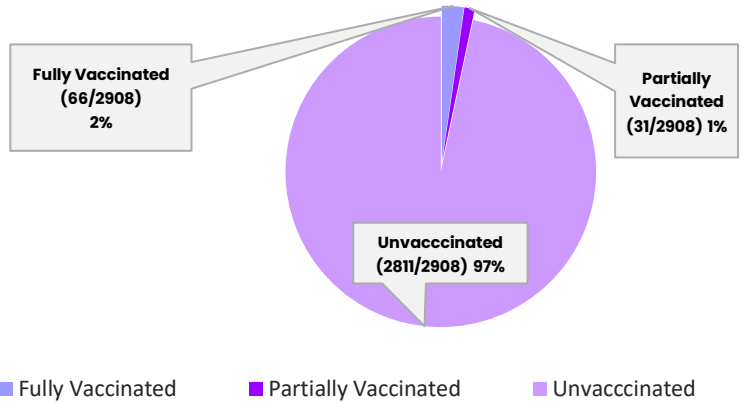


COVID-19 Outcomes

Outcomes	EW 50	Total
ACTIVE *past 2 weeks*		95
DIED – COVID Related	0	3464
Died - NON COVID	0	295
Died - Under Investigation	0	353
Recovered and discharged	6	102034
Repatriated	0	93
Total		152818

*Vaccination programme March 2021 – YTD

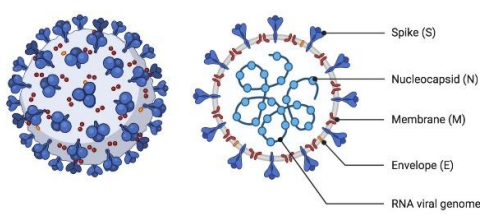
2908 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

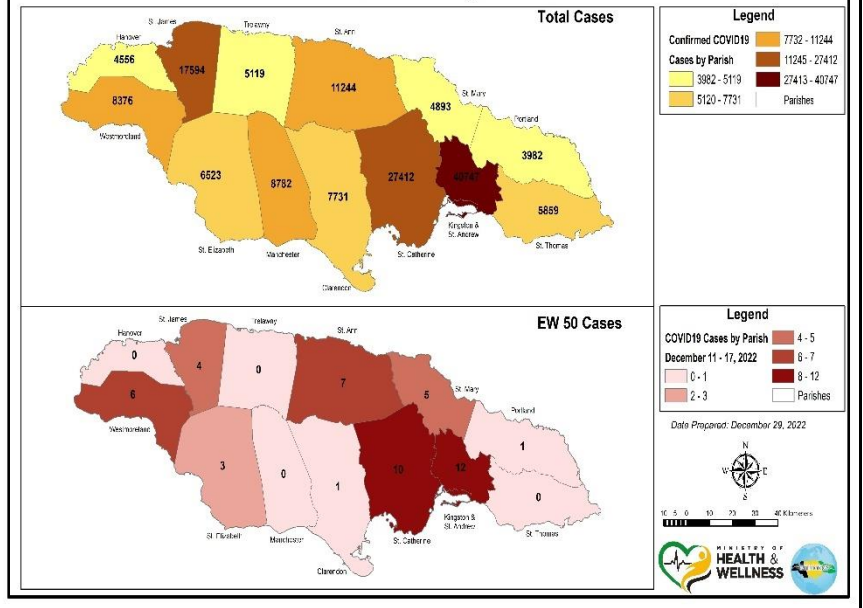
SARS-CoV-2



COVID-19 WHO Global Statistics EW47-EW50

Epi Week	Confirmed Cases	Deaths
47	3,010,501	7981
48	3,455,814	10,077
49	3,853,338	10,891
50	2,518,720	7918
Total (4weeks)	12,838,373	36,867

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

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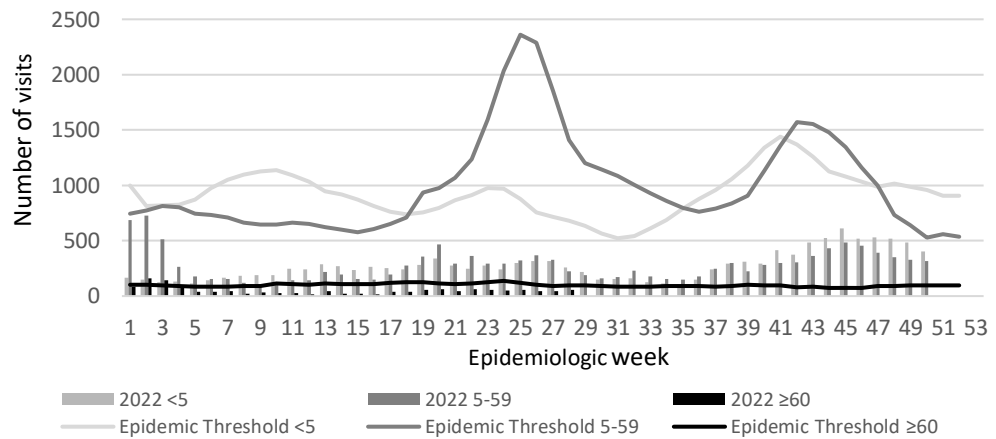
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 50

December 11– December 17, 2022 Epidemiological Week 50

	<i>EW 50</i>	<i>YTD</i>
SARI cases	8	497
Total Influenza positive Samples	0	64
Influenza A	0	63
H3N2	0	54
H1N1pdm09	0	9
Not subtyped	0	0
Influenza B	0	0
Parainfluenza	1	1

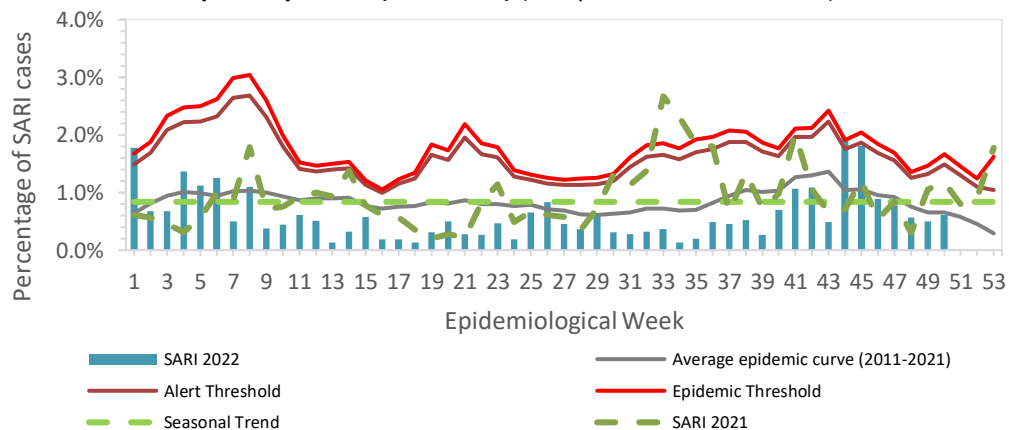
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2022 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 50 eight (8) SARI admissions were reported.

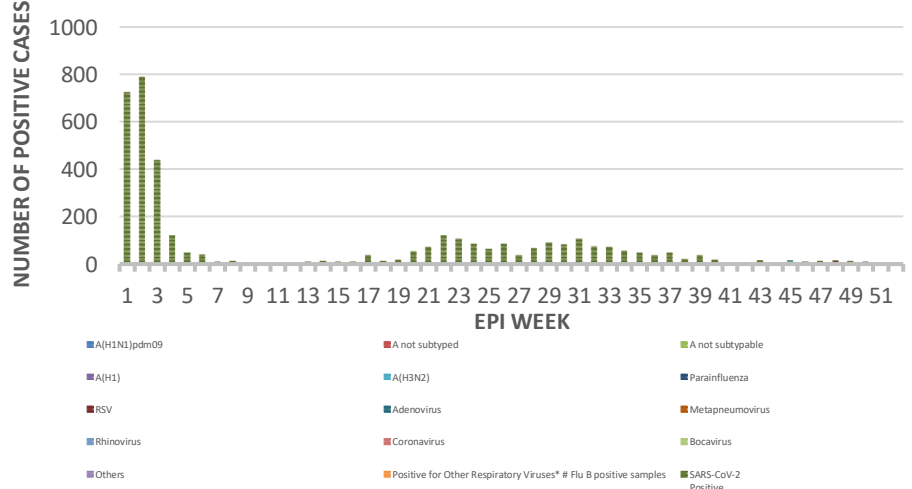
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2022) (compared with 2011-2021)



Caribbean Update EW 50

Caribbean: Influenza activity was moderate across the subregion with A(H3N2) virus predominance and A(H1N1)pdm09 co-circulation. SARS-CoV-2 activity remained low overall. Haiti and Puerto Rico have shown increased influenza activity, at low-intensity levels. Jamaica reported increased activity levels.

DISTRIBUTION OF INFLUENZA AND OTHER RESPIRATORY VIRUSES UNDER SURVEILLANCE BY EW, JAMAICA, 2022



7 NOTIFICATIONS-
All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

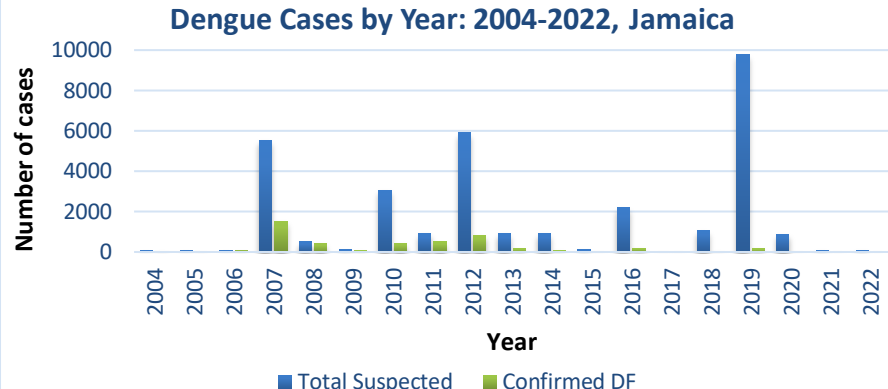
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

Dengue Bulletin

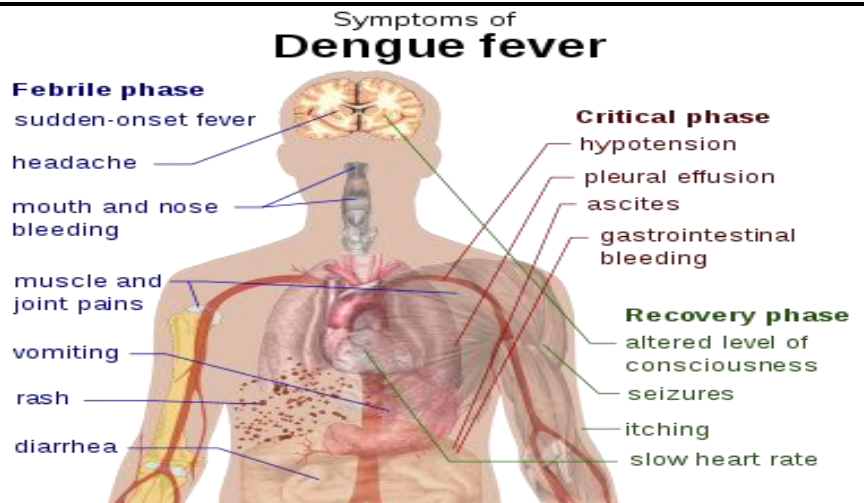
December 11- December 17, 2022 Epidemiological Week 50

Epidemiological Week 50



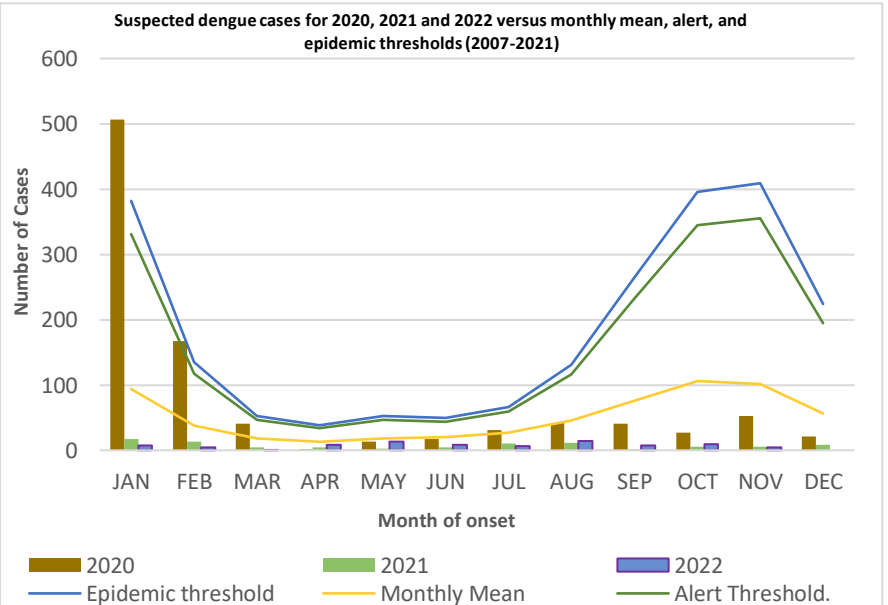
Reported suspected and confirmed dengue with symptom onset in week 50 of 2022

	2022*	
	EW 50	YTD
Total Suspected Dengue Cases	0	98
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- *Figure as at Dec 17, 2022
- 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

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