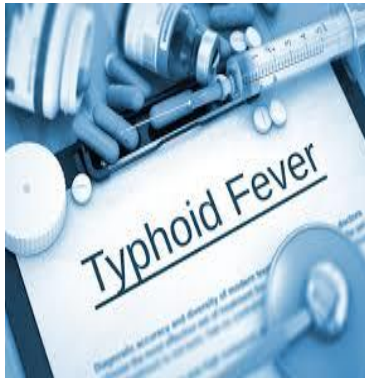


WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Typhoid Fever



Typhoid fever is a life-threatening infection caused by the bacterium *Salmonella Typhi*. It is usually spread through contaminated food or water. Once *Salmonella Typhi* bacteria are ingested, they multiply and spread into the bloodstream.

Symptoms

Salmonella Typhi lives only in humans. Persons with typhoid fever carry the bacteria in their bloodstream and intestinal tract. Symptoms include prolonged high fever, fatigue, headache, nausea, abdominal pain, and constipation or diarrhoea. Some patients may have a rash. Severe cases may lead to serious complications or even death. Typhoid fever can be confirmed through blood testing.

Treatment

Typhoid fever can be treated with antibiotics. Antimicrobial resistance is common with likelihood of more complicated and expensive treatment options required in the most affected regions.

Even when the symptoms go away, people may still be carrying typhoid bacteria, meaning they can spread it to others, through shedding of bacteria in their faeces.

It is important for people being treated for typhoid fever to do the following:

- Take prescribed antibiotics for as long as the doctor has prescribed.
- Wash their hands with soap and water after using the bathroom and avoid preparing or serving food for other people. This will lower the chance of passing the infection on to someone else.
- Have their doctor test to ensure that no *Salmonella Typhi* bacteria remain in their body.

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

EPI WEEK 23



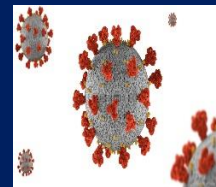
- Syndromic Surveillance
- Accidents
- Violence

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 - 20 to 23 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 | | | | | | | | | | | | |
| 20 | 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 |
| 21 | On Time | On Time | On Time | On Time | On Time | On Time | On Time | On Time | On Time | On Time | On Time | On Time | Late (T) |
| 22 | On Time | On Time | On Time | On Time | On Time | On Time | Late (W) | On Time | On Time | On Time | On Time | On Time | On Time |
| 23 | 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 |

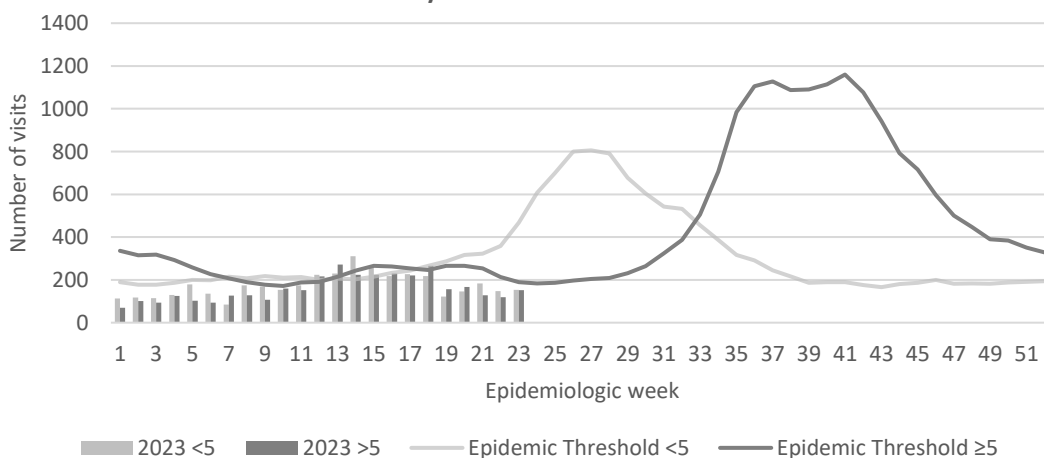
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

Temperature of >38°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 2023



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



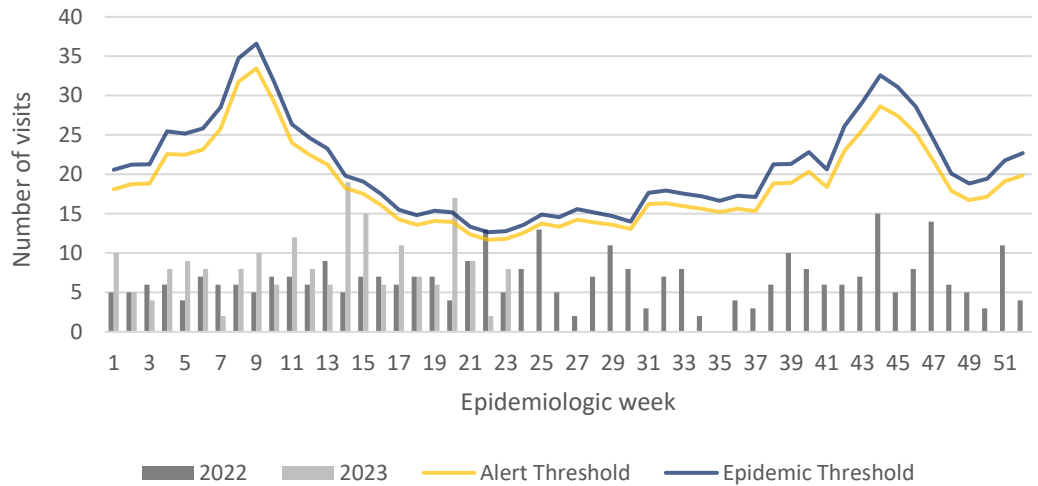
SENTINEL REPORT- 78 sites. Automatic reporting

FEVER AND NEUROLOGICAL

Temperature of $>38^{\circ}\text{C}$ / 100.4°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

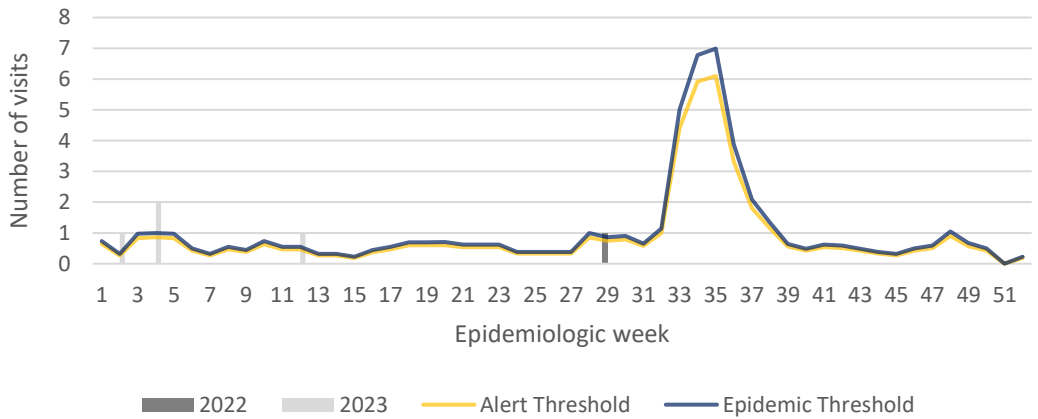


FEVER AND HAEMORRHAGIC

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



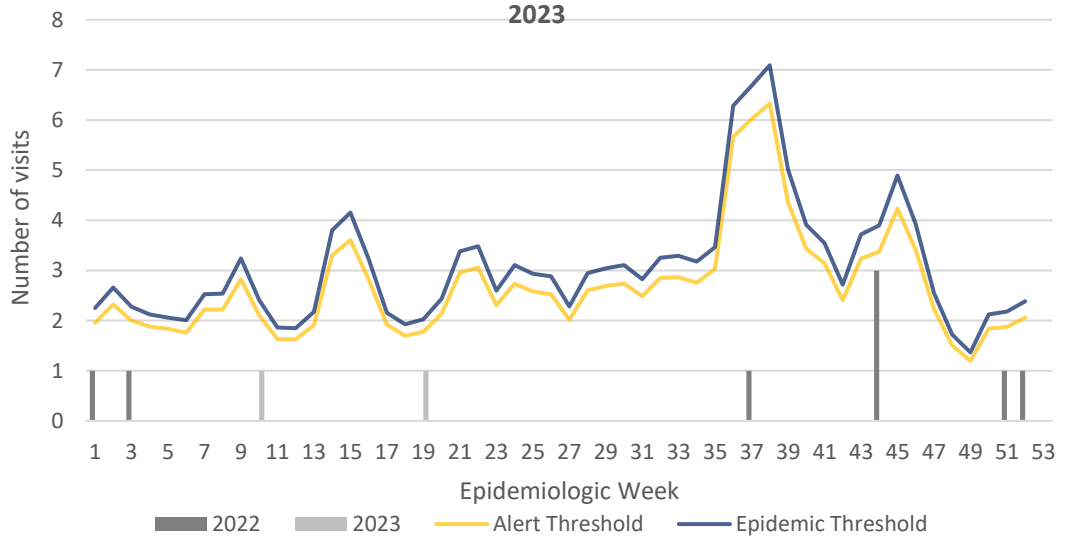
FEVER AND JAUNDICE

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

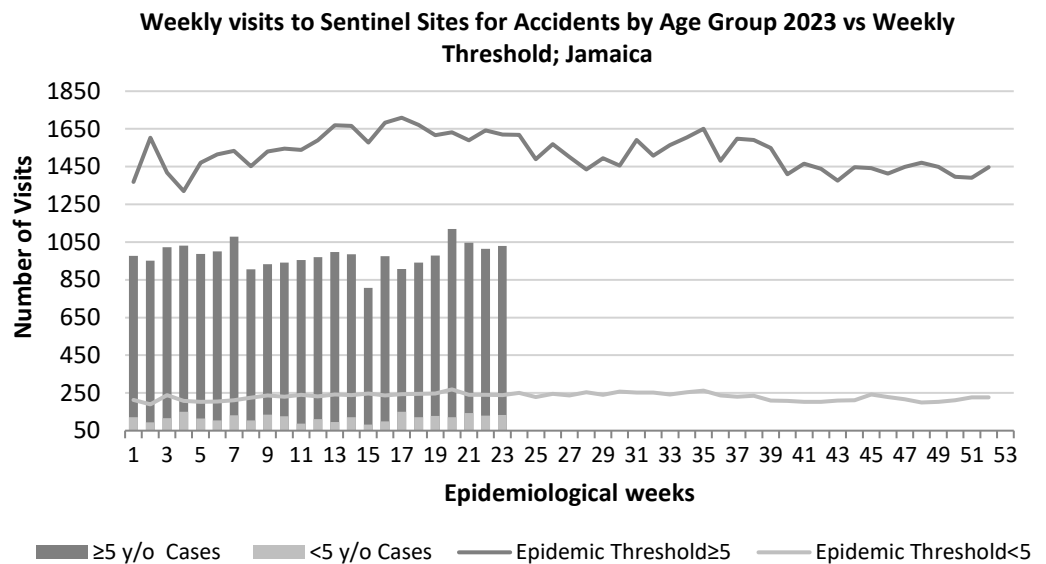


SENTINEL REPORT- 78 sites. Automatic reporting



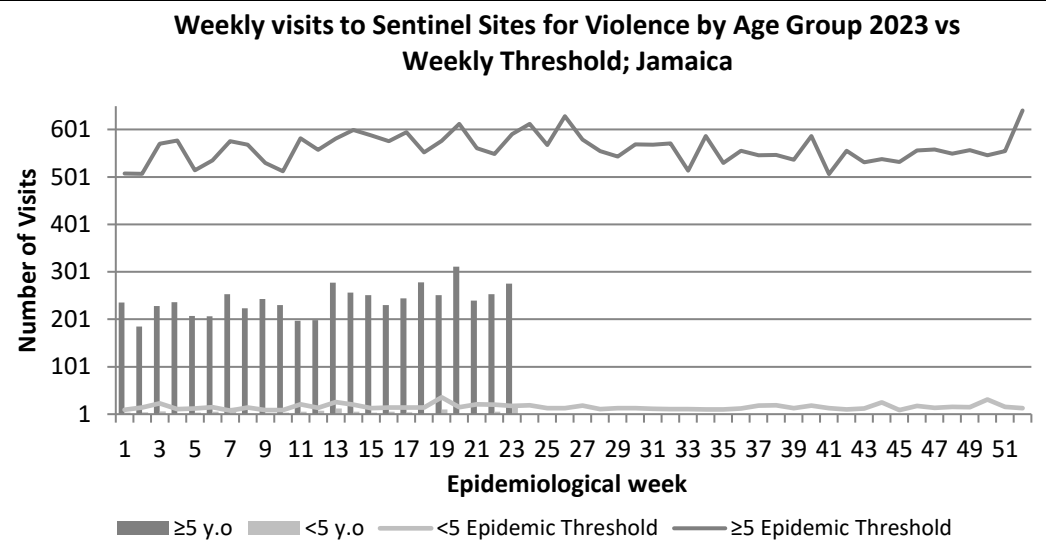
ACCIDENTS

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



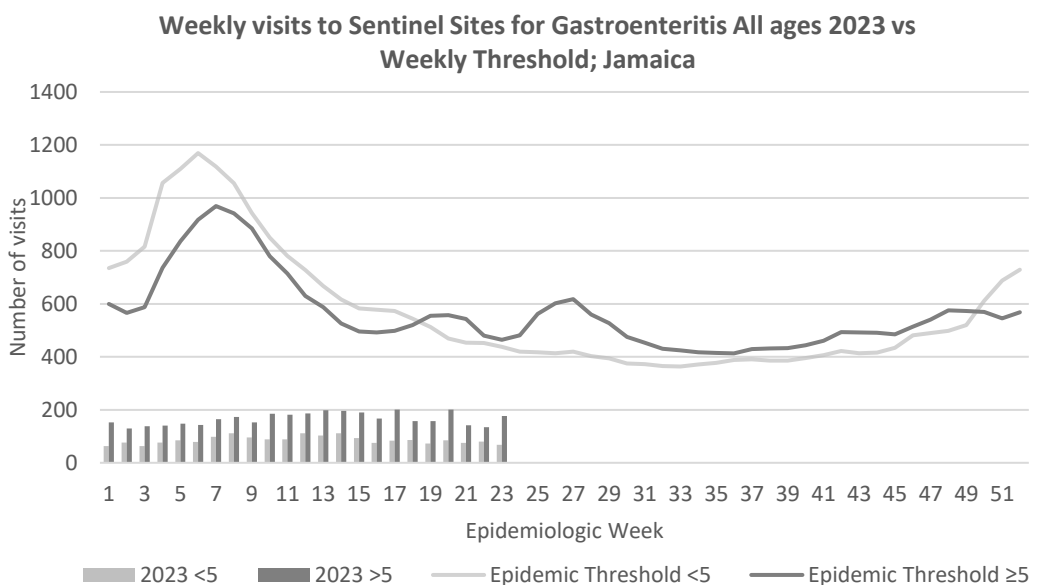
VIOLENCE

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 ^α | | | |
| | | CURRENT YEAR 2023 | PREVIOUS YEAR 2022 | | |
| NATIONAL /INTERNATIONAL INTEREST | Accidental Poisoning | 150 ^β | 111 ^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) | 2299 | 43790 | | |
| | Hansen’s Disease (Leprosy) | 0 | 0 | | |
| | Hepatitis B | 22 | 8 | | |
| | Hepatitis C | 8 | 2 | | |
| | HIV/AIDS | N/A | N/A | | |
| | Malaria (Imported) | 1 | 0 | | |
| | Meningitis (Clinically confirmed) | 13 | 12 | | |
| | Monkeypox | 3 | N/A | | |
| EXOTIC/ UNUSUAL | Plague | 0 | 0 | ^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. | |
| 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 | 23 | 31 | | |
| | Ophthalmia Neonatorum | 61 | 48 | | |
| | Pertussis-like syndrome | 0 | 0 | | |
| | Rheumatic Fever | 0 | 0 | | |
| | Tetanus | 0 | 2 | | |
| | Tuberculosis | 14 | 13 | | |
| | 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



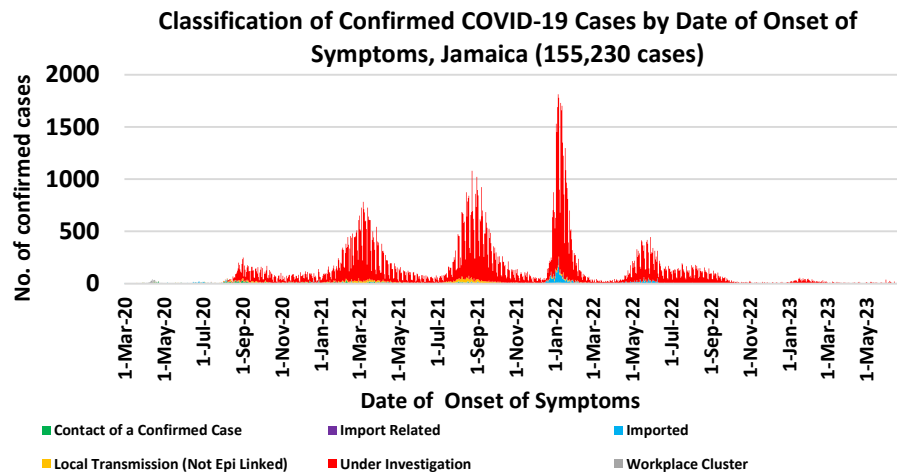
SENTINEL REPORT- 78 sites. Automatic reporting

COVID-19 Surveillance Update

March 10, 2020 – EW 23, 2023

| CASES | EW 23 | Total |
|-----------|--------------------------|--------------------|
| Confirmed | 86 | 155230 |
| Females | 40 | 89521 |
| Males | 46 | 65706 |
| Age Range | 3 months old to 97 years | 1 day to 108 years |

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



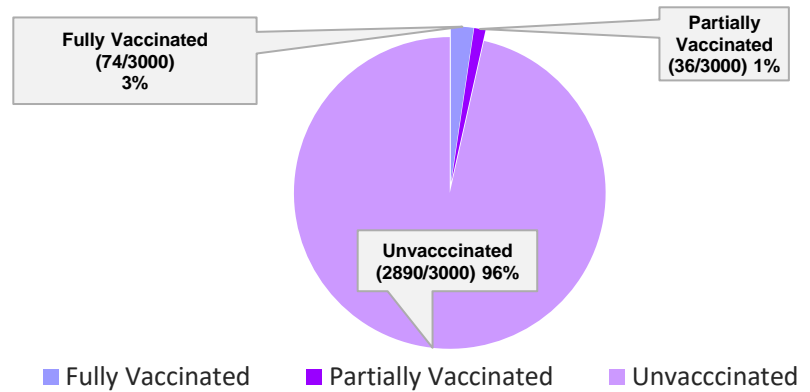
COVID-19 Outcomes

| Outcomes | EW 23 | Total |
|----------------------------|-------|---------------|
| ACTIVE *past 2 weeks* | | 126 |
| DIED – COVID Related | 0 | 3558 |
| Died - NON COVID | 0 | 305 |
| Died - Under Investigation | 0 | 336 |
| Recovered and discharged | 7 | 103001 |
| Repatriated | 0 | 93 |
| Total | | 155230 |

*Vaccination programme March 2021 – YTD

3000 COVID-19 Related Deaths since March 1, 2021 – YTD

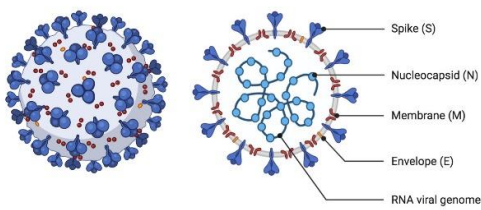
Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

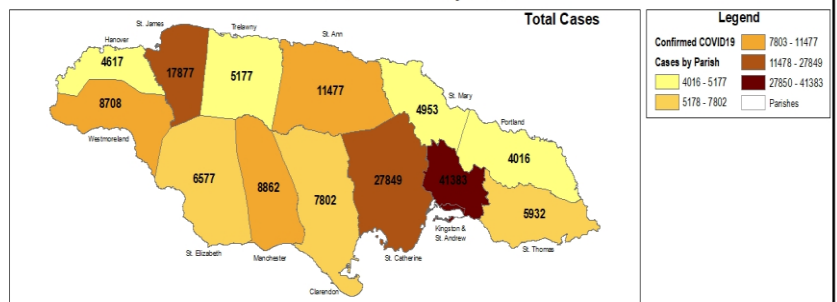
SARS-CoV-2



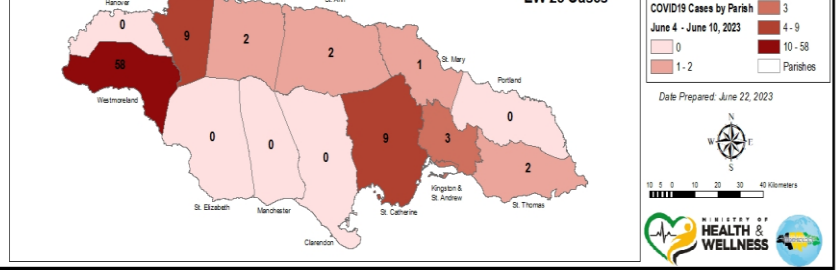
COVID-19 WHO Global Statistics EW20-EW23

| Epi Week | Confirmed Cases | Deaths |
|-----------------------|------------------|--------------|
| 20 | 388,836 | 1911 |
| 21 | 344,898 | 1653 |
| 22 | 307,374 | 2119 |
| 23 | 174,448 | 1212 |
| Total (4weeks) | 1,215,556 | 6,895 |

COVID19 Cases by Parish



EW 23 Cases



Date Prepared: June 22, 2023

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

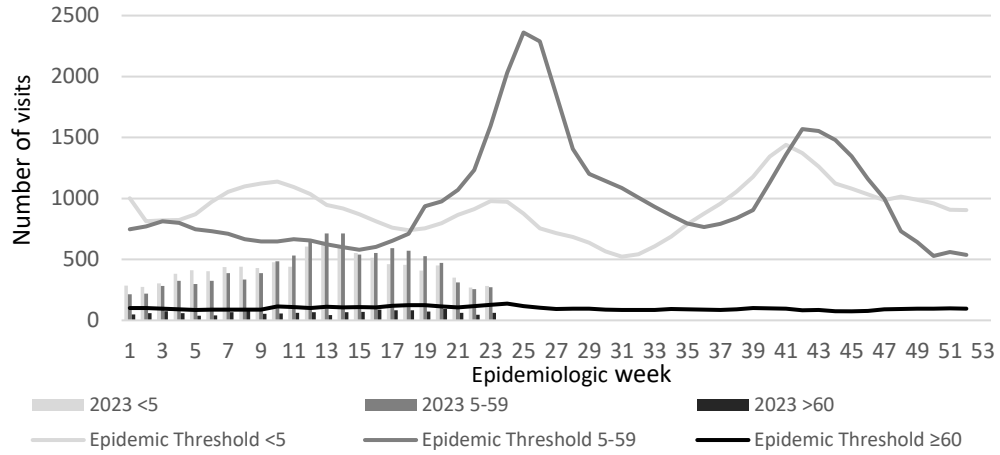
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 23

June 04 – June 10, 2023 Epidemiological Week 23

| | <i>EW 23</i> | <i>YTD</i> |
|----------------------------------|--------------|------------|
| SARI cases | 8 | 375 |
| Total Influenza positive Samples | 1 | 103 |
| Influenza A | 0 | 13 |
| H3N2 | 0 | 1 |
| H1N1pdm09 | 0 | 11 |
| Not subtyped | 0 | 1 |
| Influenza B | 0 | 90 |
| B lineage not determined | 0 | 2 |
| B Victoria | 1 | 88 |
| Parainfluenza | 0 | 1 |
| Adenovirus | 0 | 2 |
| RSV | 0 | 13 |

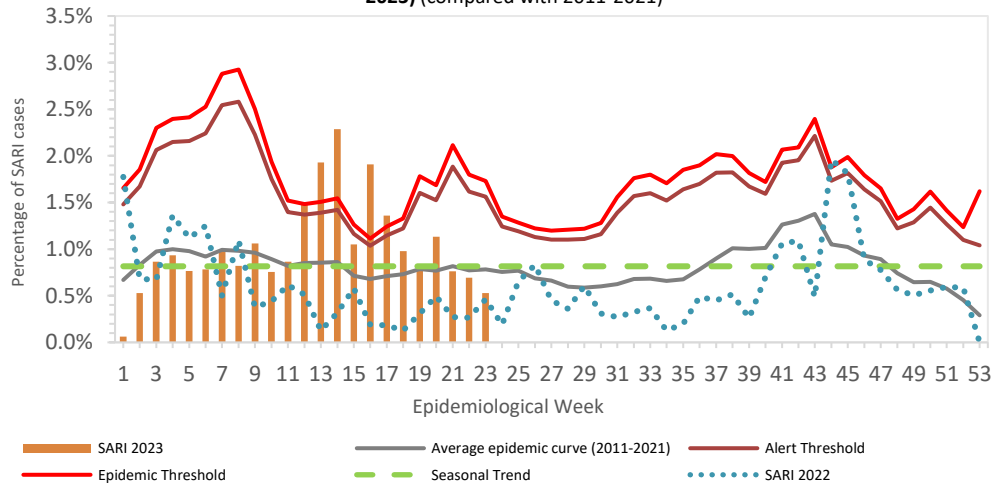
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2023 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 23, eight (8) SARI admissions were reported.

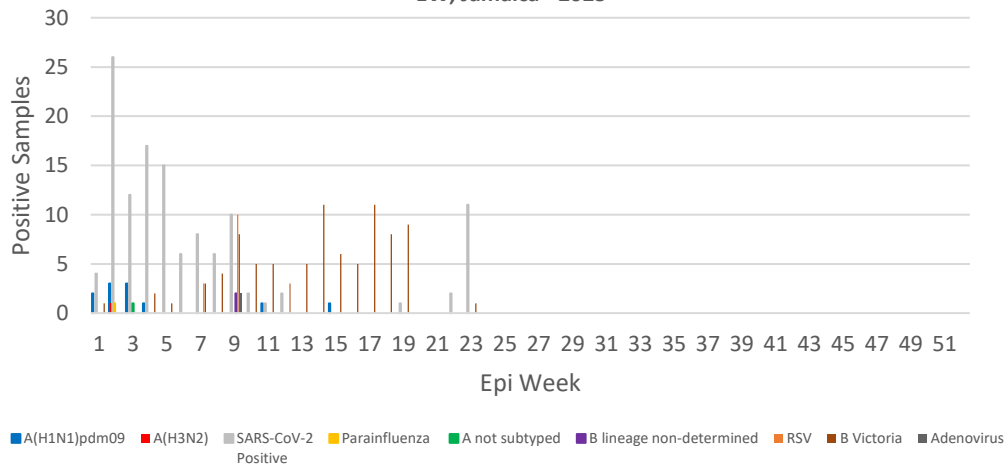
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2023) (compared with 2011-2021)



Caribbean Update EW 23

Caribbean: Influenza activity has shown a decreasing trend. During the last 4 EW, the predominant influenza viruses have been B/Victoria, with less circulation of influenza A (mostly A(H1N1)pdm09). RSV activity has remained low. SARS-CoV-2 activity has shown an increase in the past 4 EWs circulating at moderate levels. SARI and ILI activity has shown a slight increase due to SARS-CoV-2 positive cases.

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

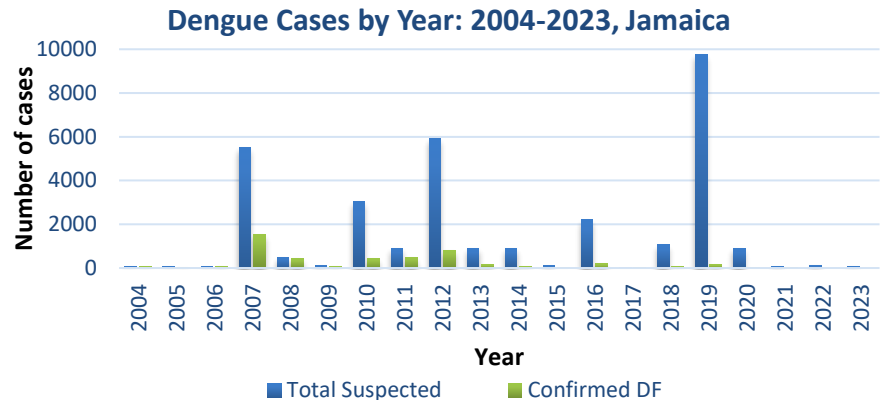


SENTINEL REPORT- 78 sites. Automatic reporting


Dengue Bulletin

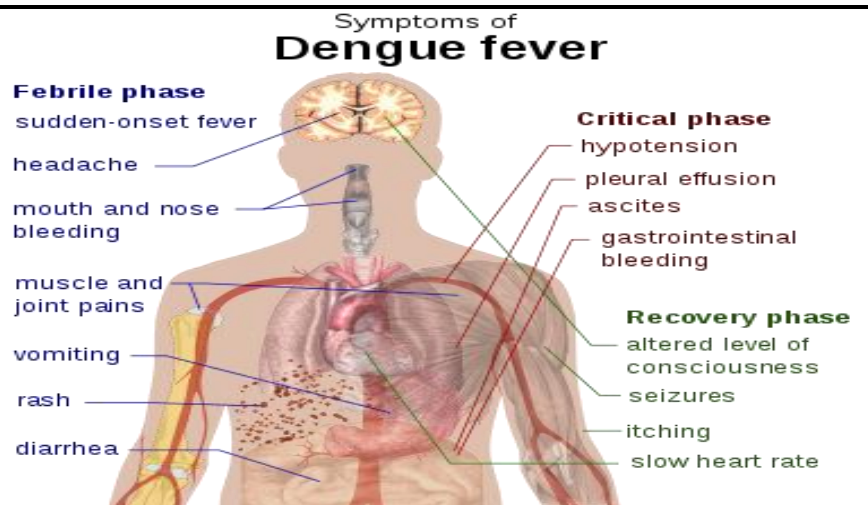
June 04 – June 10, 2023 Epidemiological Week 23

Epidemiological Week 23



Reported suspected and confirmed dengue with symptom onset in week 23 of 2023

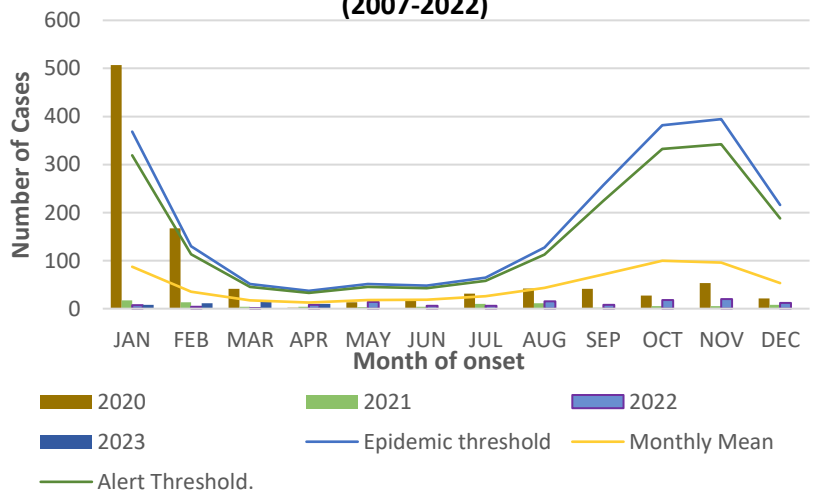
| | 2023* | |
|--|-------|-----|
| | EW 23 | YTD |
|  Total Suspected Dengue Cases | 0 | 67 |
| Lab Confirmed Dengue cases | 0 | 0 |
| CONFIRMED Dengue Related Deaths | 0 | 0 |



Points to note:

- *Figure as at June 10, 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



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

VH Waugh-Brown, GA Wright

The University of the West Indies, Mona, Kingston, Jamaica

Email Address: veronica.waughbrown02@uwimona.edu.jm or veraugh@gmail.com

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.



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