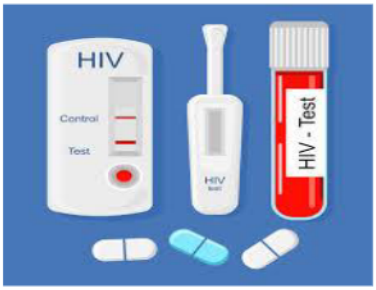
WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

HIV and AIDS



Diagnosis

HIV can be diagnosed through rapid diagnostic tests that provide same-day results. This greatly facilitates early diagnosis and linkage with treatment and prevention. People can also use HIV self-tests to test themselves. However, no single test can provide a full HIV positive diagnosis; confirmatory testing is required, conducted by a qualified and trained health or community worker at a community centre or clinic.

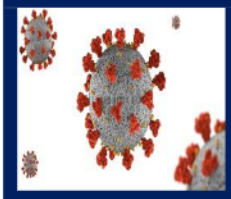
Most widely used HIV diagnostic tests detect antibodies produced by the person as part of their immune response to fight HIV. In most cases, people develop antibodies to HIV within 28 days of infection. During this time, people are in the so-called window period when they have low levels of antibodies which cannot be detected by many rapid tests, but may transmit HIV to others. People who have had a recent high-risk exposure and test negative can have a further test after 28 days.Following a positive diagnosis, people should be retested before they are enrolled in treatment and care to rule out any potential testing or reporting error. While testing for adolescents and adults has been made simple and efficient, this is not the case for babies born to HIV-positive mothers. For children less than 18 months of age, rapid antibody testing is not sufficient to identify HIV infection – virological testing must be provided as early as birth or at 6 weeks of age.

Treatment

Current antiretroviral therapy (ART) does not cure HIV infection but allows a person's immune system to get stronger. This helps them to fight other infections.Currently, ART must be taken every day for the rest of a person's life.ART lowers the amount of the virus in a person's body. This stops symptoms and allows people to live a full and healthy life. People living with HIV who are taking ART and who have no evidence of virus in the blood will not spread the virus to their sexual partners.Pregnant women with HIV should have access to and take ART as soon as possible. This protects the health of the mother and will help prevent HIV from passing to the fetus before birth, or to the baby through breast milk.Antiretroviral drugs given to people without HIV can prevent the disease.

https://www.who.int/news-room/fact-sheets/detail/hiv-aids

EPI WEEK 32



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 – 29 to 32 of 2023

Parish health departments submit reports weekly by 3 p.m. on Tuesdays. Reports submitted after 3 p.m. are considered late.

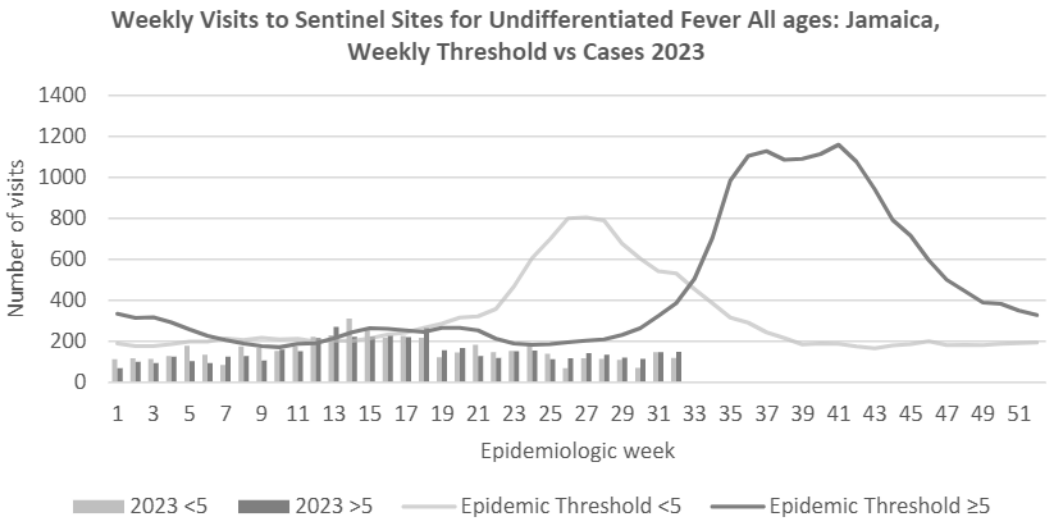
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday

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													
29	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
30	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
31	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
32	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 >38⁰C /100.4⁰F (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

SENTINEL REPORT- 78 sites. Automatic reporting

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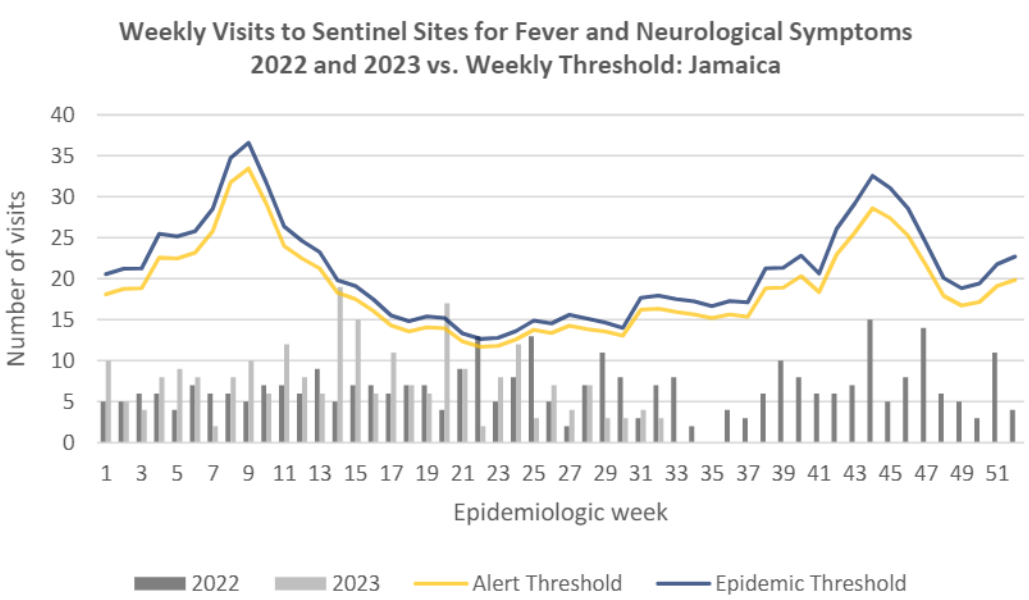
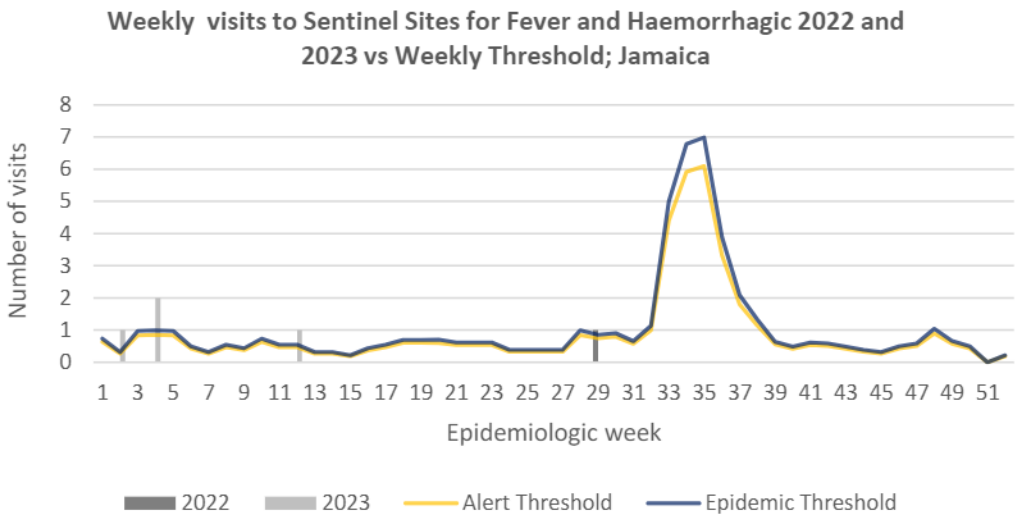
FEVER AND NEUROLOGICAL

Temperature of >38⁰C /100.4⁰F (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

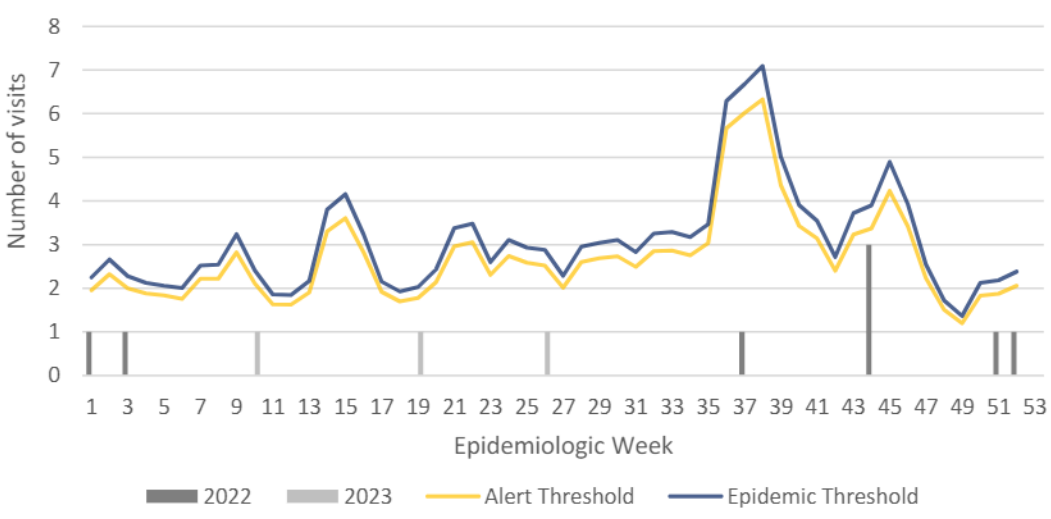
Temperature of >38⁰*C* /100.4⁰*F* (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



FEVER AND JAUNDICE

Temperature of >38⁰*C* /100.4⁰*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.



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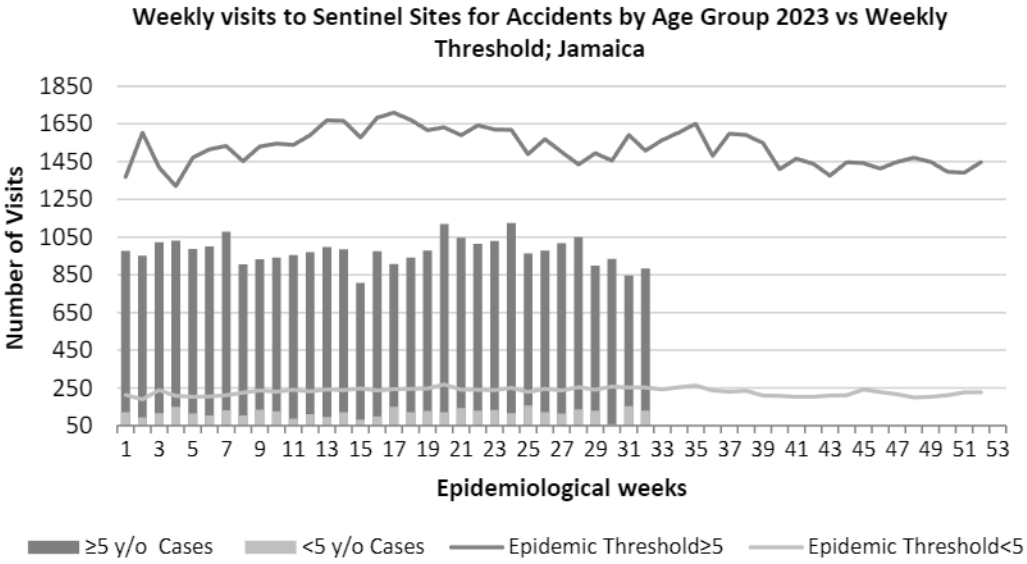
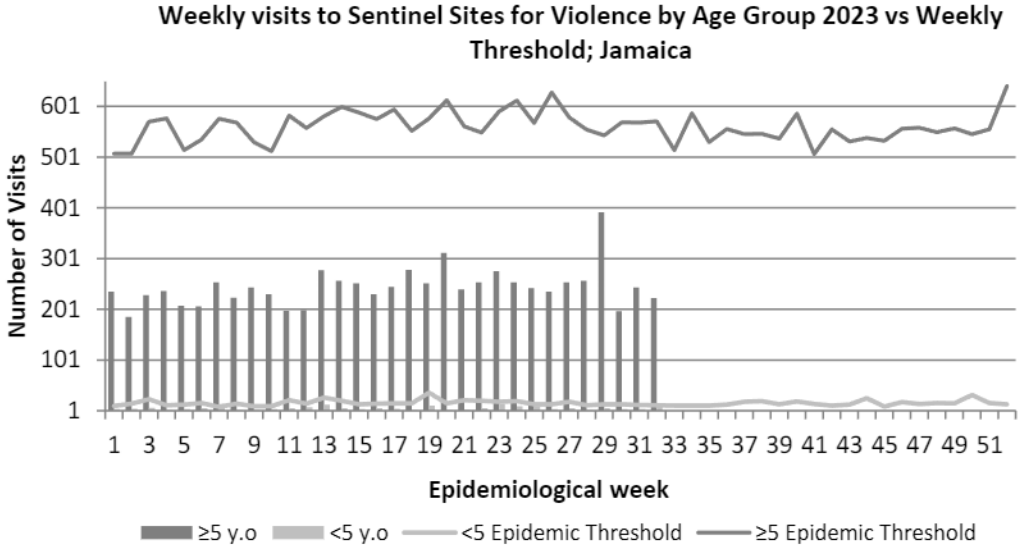
ACCIDENTS

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



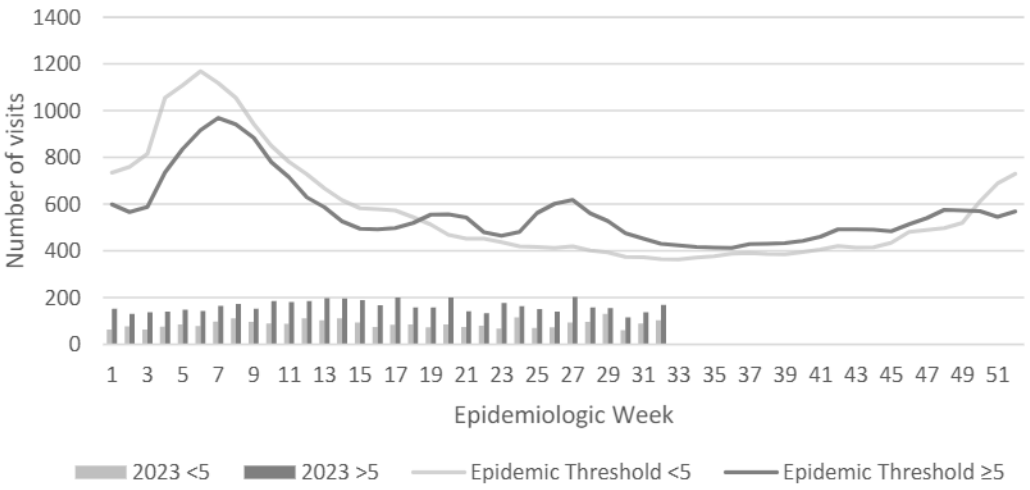
VIOLENCE

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.



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS	Confirmed YTD[α] CURRENT YEAR 2023	Confirmed YTD[α] PREVIOUS YEAR 2022
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	213[β]	144[β]
	Cholera	0	0
	Dengue Hemorrhagic Fever[γ]	See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)	3266	51211
	Hansen's Disease (Leprosy)	0	0
	Hepatitis B	40	8
	Hepatitis C	20	2
	HIV/AIDS	N/A	N/A
	Malaria (Imported)	3	2
	Meningitis (Clinically confirmed)	21	14
	Monkeypox	3	4
EXOTIC/ UNUSUAL	Plague	0	0
H IGH 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
	Fever and Rash – Rubella	0	0
	Maternal Deaths[δ]	32	46
	Ophthalmia Neonatorum	80	48
	Pertussis-like syndrome	0	0
	Rheumatic Fever	0	0
	Tetanus	0	2
	Tuberculosis	25	13
	Yellow Fever	0	0
	Chikungunya[ε]	0	0
	Zika Virus[θ]	0	0

Comments

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.

NA- Not Available

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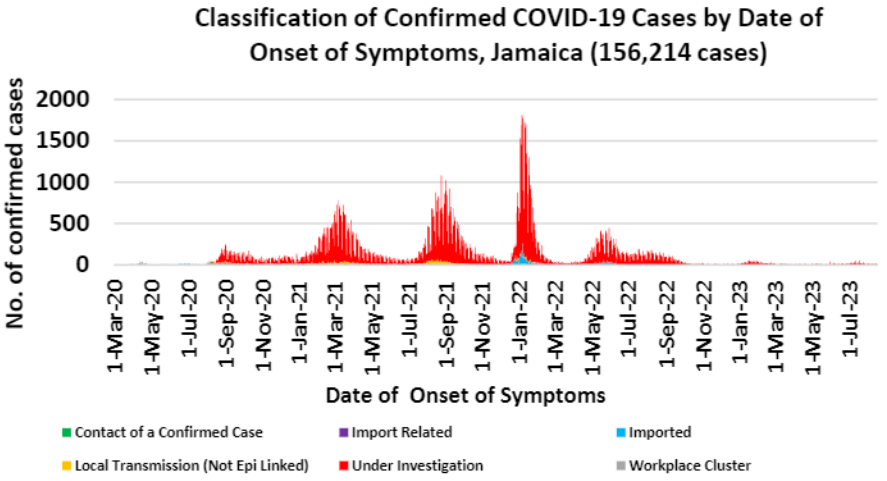
COVID-19 Surveillance Update

March 10, 2020 – EW 32, 2023

CASES	EW 32	Total
Confirmed	59	156214
Females	29	90057
Males	30	66154
Age Range	30 days old to 98 years	1 day to 108 years

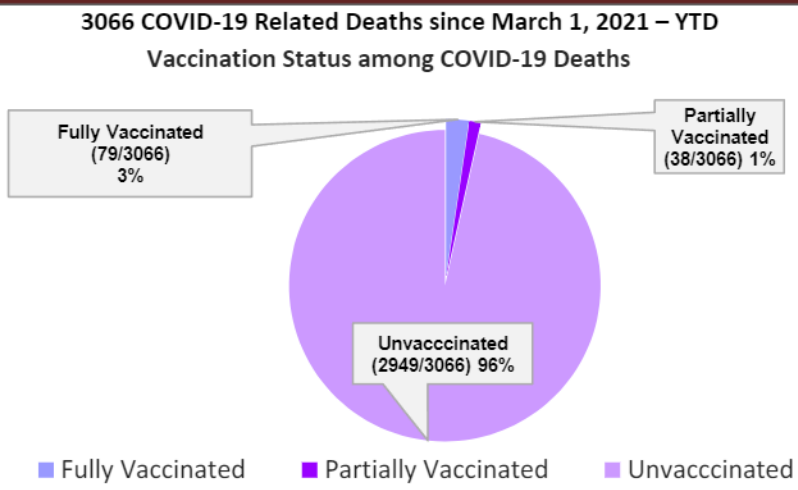
* 3 positive cases had no gender specification
* PCR or Antigen tests are used to confirm cases



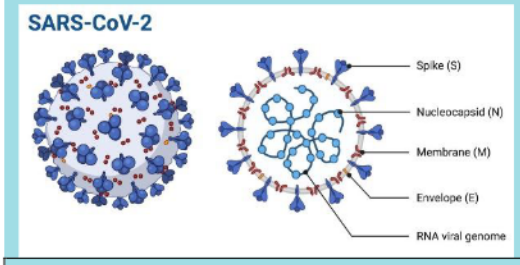
COVID-19 Outcomes

Outcomes	EW 32	Total
ACTIVE *2 weeks*		133
DIED – COVID Related	1	3631
Died - NON COVID	0	320
Died - Under Investigation	0	286
Recovered and discharged	12	103164
Repatriated	0	93
Total		156214

*Vaccination programme March 2021 – YTD
* Total as at current Epi week

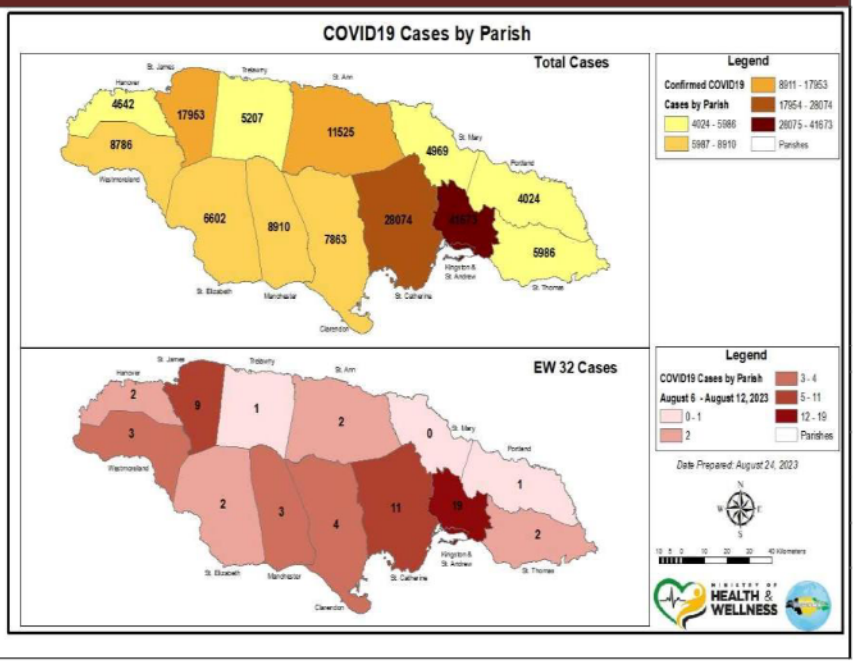


COVID-19 Parish Distribution and Global Statistics



COVID-19 WHO Global Statistics EW29-EW32

Epi Week	Confirmed Cases	Deaths
29	335,294	751
30	700,254	732
31	120,628	284
32	314,025	292
Total (4weeks)	**1,470,201**	**2,059**



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August 25, 2023 ISSN 0799-3927

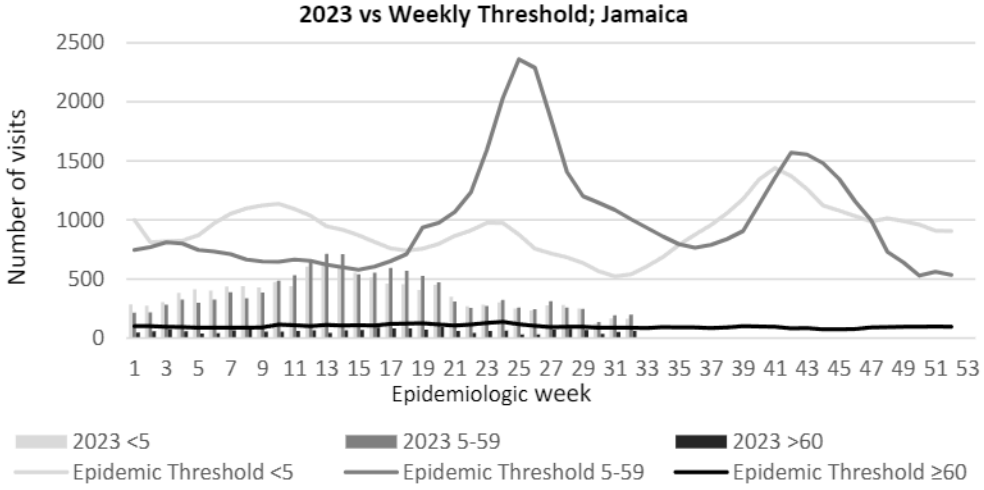
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 32

August 06 – August 12, 2023 Epidemiological Week 32

	EW 32	*YTD*
SARI cases	**5**	**429**
Total Influenza positive Samples	**0**	**176**
Influenza A	**0**	**15**
H3N2	0	1
H1N1pdm09	0	13
Not subtyped	0	1
Influenza B	**0**	**161**
B lineage not determined	**0**	**2**
B Victoria	**0**	**159**
Parainfluenza	**0**	**1**
Adenovirus	**0**	**2**
RSV	**0**	**13**

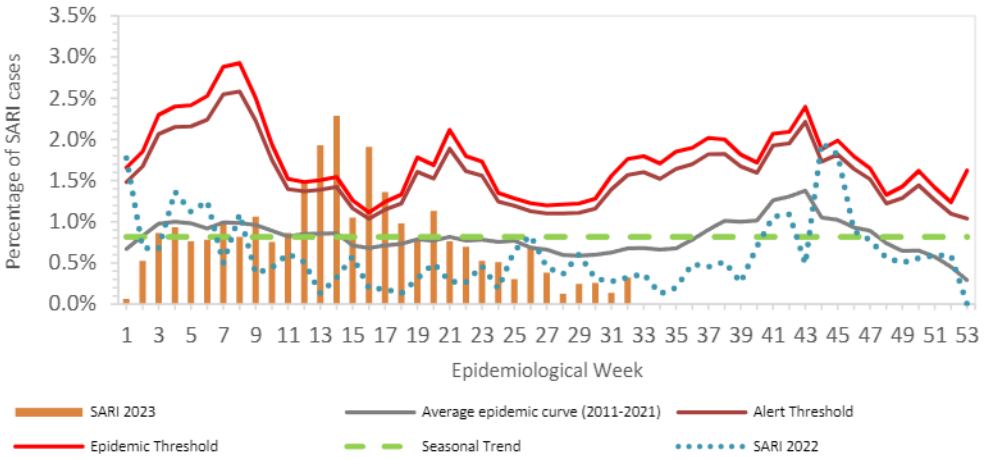
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2023 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 32, five (5) SARI admissions were reported.

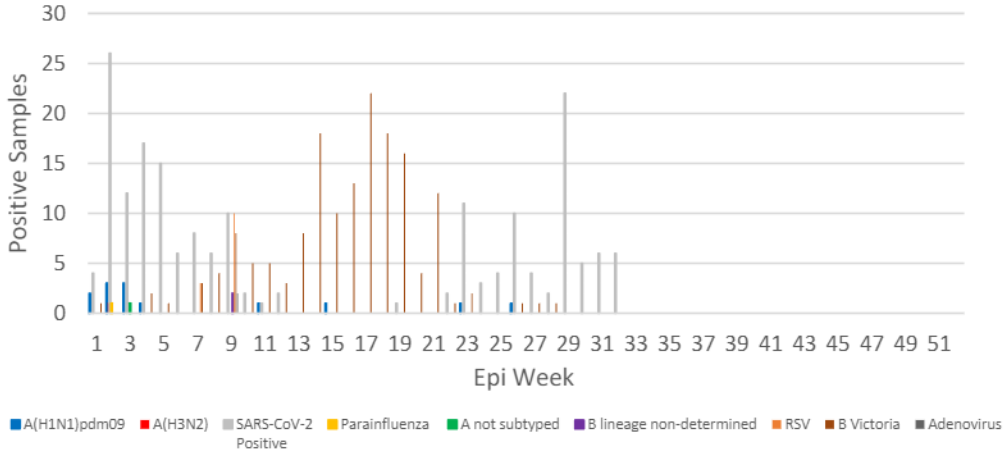
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2023) (compared with 2011-2021)



Caribbean Update EW 32

Caribbean: After an increase in previous weeks, influenza activity has shown a decreasing trend in the last 4 EWs. During the last 4 EWs, the predominant influenza viruses have been B/Victoria, with lesser circulation of influenza A, mainly A(H1N1)pdm09. RSV activity has remained low. After showing an increase, the activity of SARS-CoV-2 has exhibited a decreasing trend over the past 4 epidemiological weeks and is currently at intermediate levels of circulation. Cases of ILI and SARI, after an increase due to positive cases of influenza and SARS-CoV-2 in previous EWs, have shown a decreasing trend in the last 4 EWs.

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



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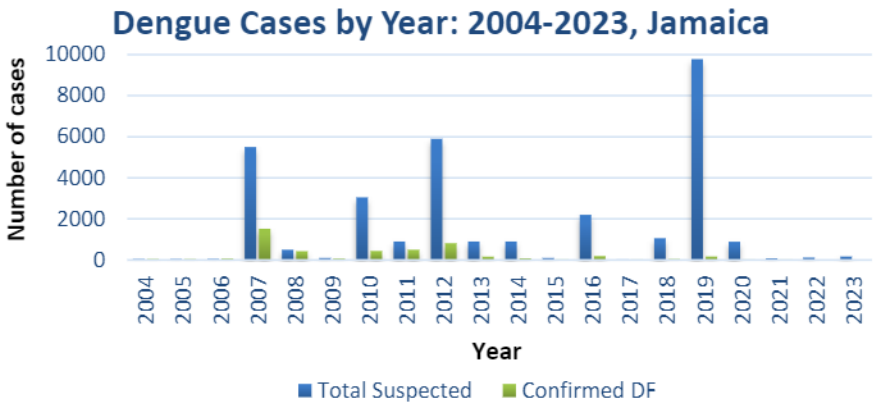
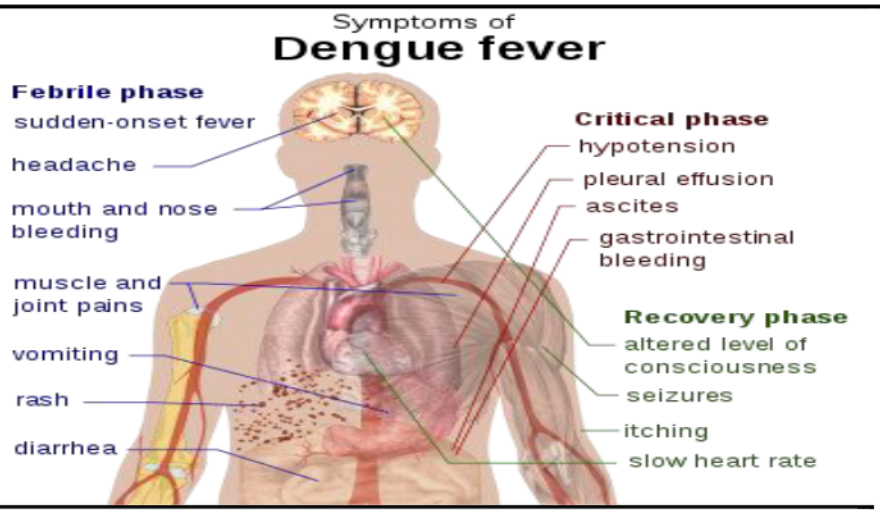
Dengue Bulletin

August 06 – August 12, 2023 Epidemiological Week 32 | Epidemiological Week 32



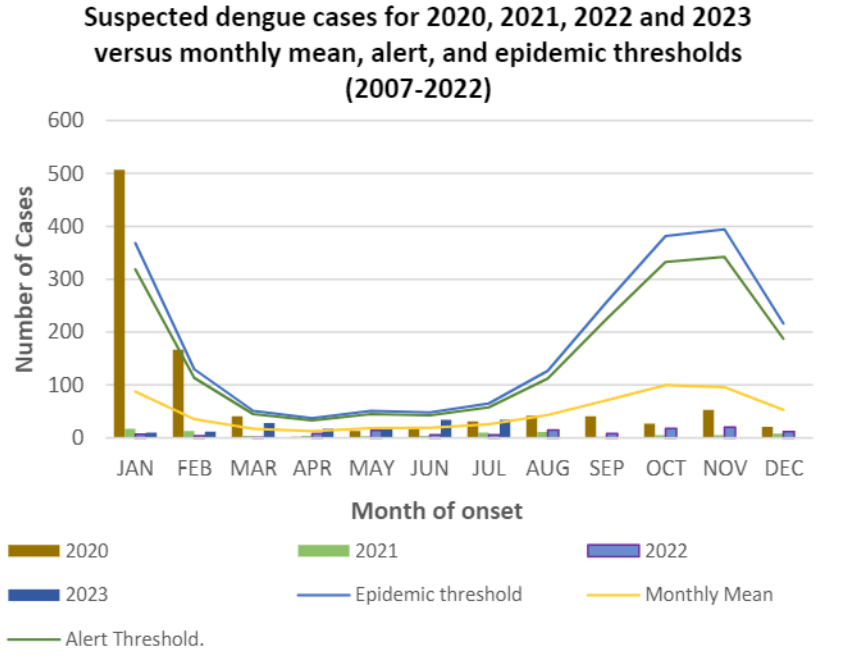
Reported suspected and confirmed dengue with symptom onset in week 32 of 2023

	2023*	
	EW 32	YTD
Total Suspected Dengue Cases	8	170
Lab Confirmed Dengue cases	0	9
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- ***Figure as at August 12, 2023**
- **Only PCR positive dengue cases are reported as confirmed.**
- **IgM positive cases are classified as presumed dengue.**



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RESEARCH PAPER

Abstract

Knowledge of Prostate Cancer Screening among Males Age 40 Years and Over Attending Health Centres in Selected Parishes in Jamaica

Akela Clarke[1], Kristoff Dwyer[1], Deros Frank[1], Mikaela Martin[1], Rono Martin[1], Felisha McDonald[1], Abigail Minott[1], Christien-Estel Mourillon[1], Stephanie Myrie[1], Jazzmine Robinson[1], Rajay Samuels[1], Laurel Williams[1], Norman Waldron[2]

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Aim: To determine the level of knowledge of prostate cancer and prostate cancer screening tests among males 40 years and older attending health centres in St. Ann, St. Catherine, St. Mary, Trelawny and Westmoreland.

Objectives:
To describe the prevalence of prostate cancer and determine the level of knowledge of prostate cancer risk factors, signs and symptoms and knowledge of prostate cancer screening

Method: In this cross-sectional study (n=150), participants were randomly selected from the registered males 40 years and older attending health centres across the five (5) selected parishes in Jamaica. Information was obtained through an 85-item interviewer-administered questionnaire. The questions used measured the knowledge of prostate cancer across several concepts were summed to form a composite score and the mean score and standard deviation calculated. Data analysis was aided by use of the program PSPP. A p value of $< .05$ was considered statistically significant.

Results: The sample of 150 participants had a 10.7% prevalence of prostate cancer. There was no significant difference in the mean knowledge scores of risk factors ($p = .885$), signs and symptoms ($p=.262$) and knowledge of screening test and procedures ($p= .262$) regarding prostate cancer, among men across all age groups.

Conclusion: The study revealed no statistically significant difference in mean scores for knowledge of prostate cancer and screening practices among men in the various age groups. This was far from the expected view of age being a determinant of knowledge for prostate cancer.

Keyword: prostate cancer, knowledge, prostate cancer risk factors, Jamaica

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