

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Measles



Measles is a highly contagious disease caused by a virus. It spreads easily when an infected person breathes, coughs or sneezes. It can cause severe disease, complications, and even death. Measles can affect anyone but is most common in children. Measles infects the respiratory tract and then spreads throughout the body. Symptoms include a high fever, cough, runny nose and a rash all over the body. Being vaccinated is the best way to prevent getting sick with measles or spreading it to other people. The vaccine is safe and helps your body fight off the virus. Before the introduction of measles vaccine in 1963 and widespread vaccination, major epidemics occurred approximately every two to three years and caused an estimated 2.6 million deaths each year.

Who is at risk?

Any non-immune person (not vaccinated or vaccinated but did not develop immunity) can become infected. Unvaccinated young children and pregnant persons are at highest risk of severe measles complications. Measles is still common, particularly in parts of Africa, the Middle East and Asia. The overwhelming majority of measles deaths occur in countries with low per capita incomes or weak health infrastructures that struggle to reach all children with immunization. Damaged health infrastructure and health services in countries experiencing or recovering from a natural disaster or conflict interrupt routine immunization and overcrowding in residential camps increases the risk of infection. Children with malnutrition or other causes of a weak immune system are at highest risk of death from measles.

Transmission

Measles is one of the world's most contagious diseases, spread by contact with infected nasal or throat secretions (coughing or sneezing) or breathing the air that was breathed by someone with measles. The virus remains active and contagious in the air or on infected surfaces for up to two hours. For this reason, it is very infectious, and one person infected by measles can infect nine out of 10 of their unvaccinated close contacts. It can be transmitted by an infected person from four days prior to the onset of the rash to four days after the rash erupts.

EPI WEEK 34



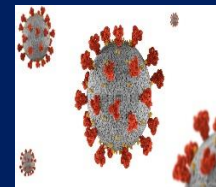
- Syndromic Surveillance
- Accidents
- Violence

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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 - 31 to 34 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												
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
33	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
34	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 (W)

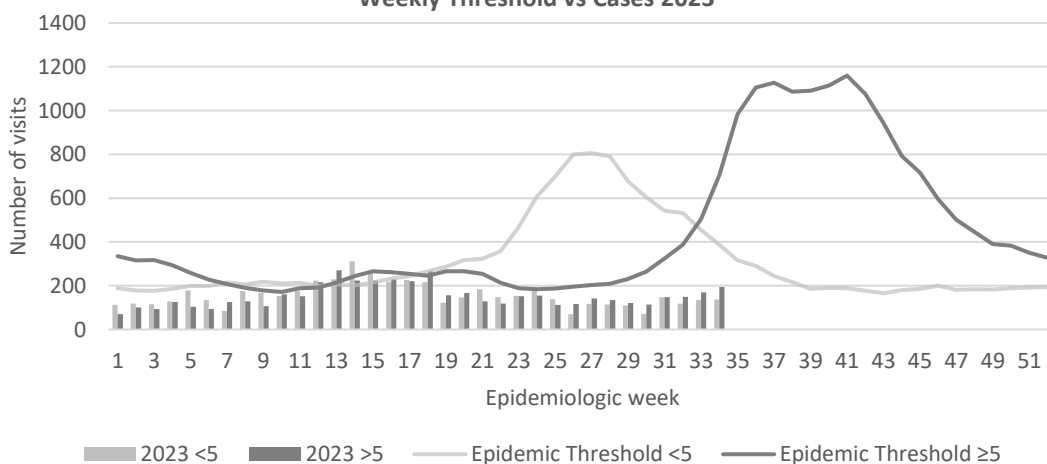
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

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



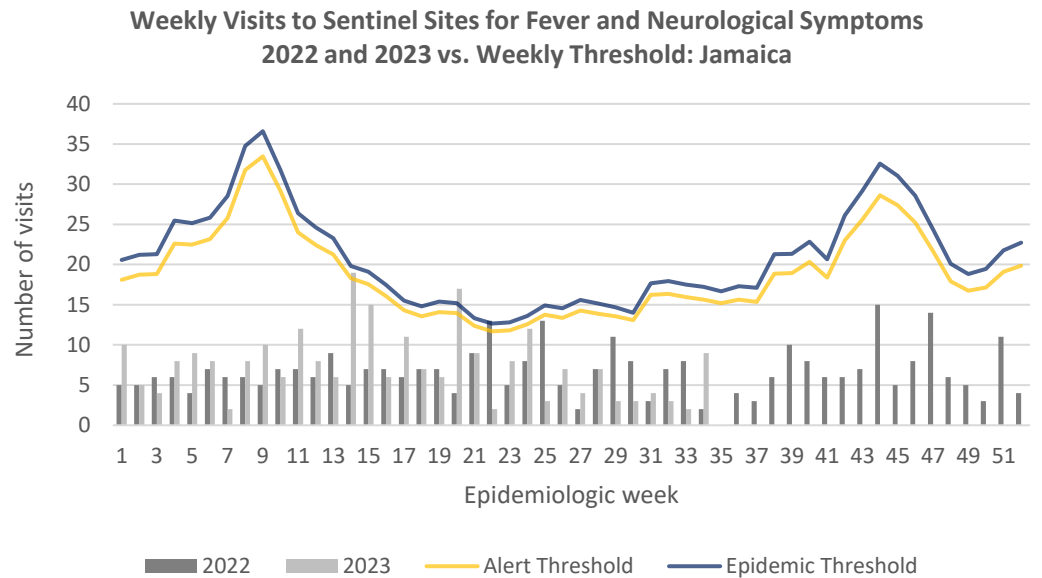
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

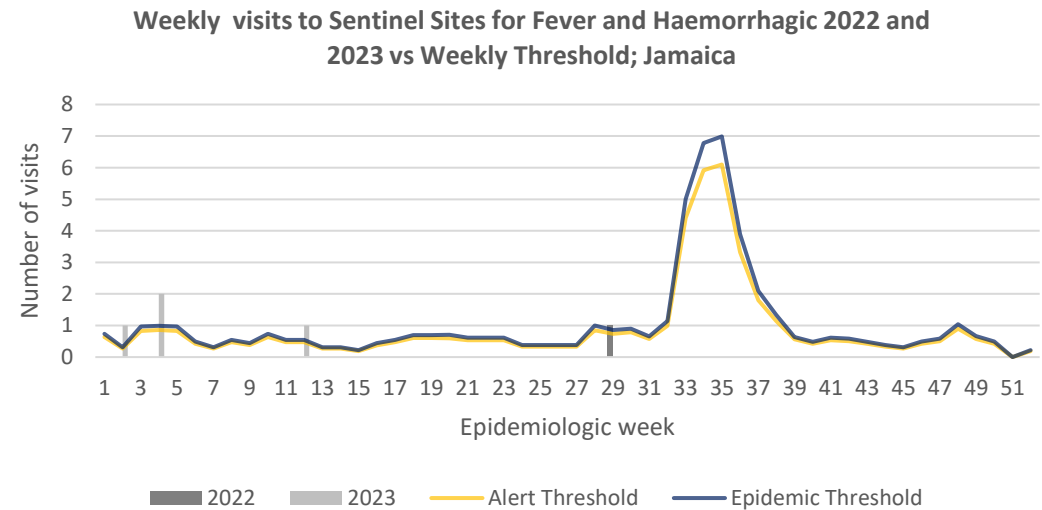
FEVER AND NEUROLOGICAL

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).



FEVER AND HAEMORRHAGIC

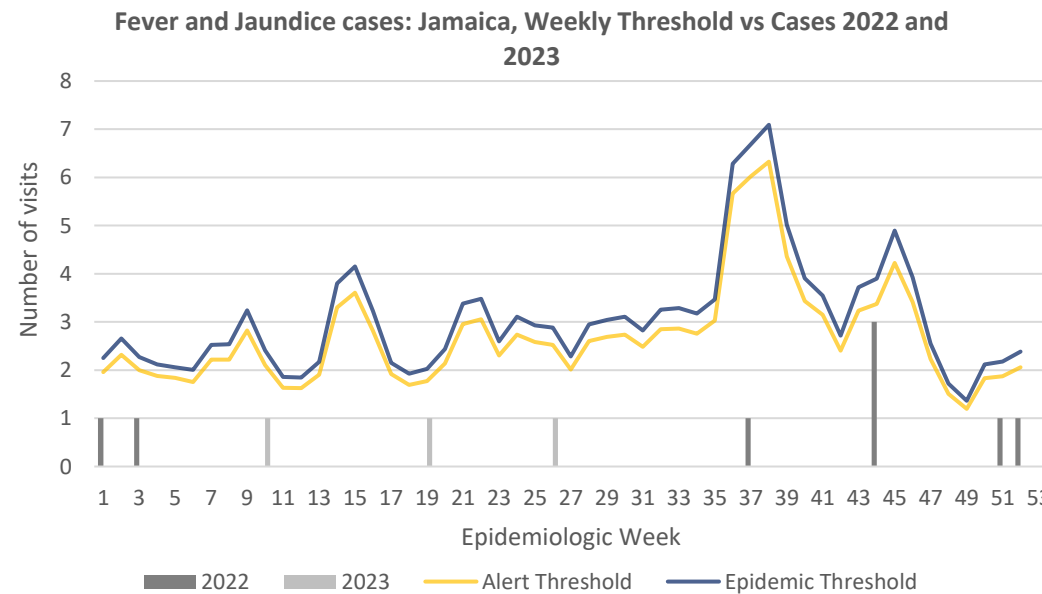
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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.



3 NOTIFICATIONS-
All clinical sites

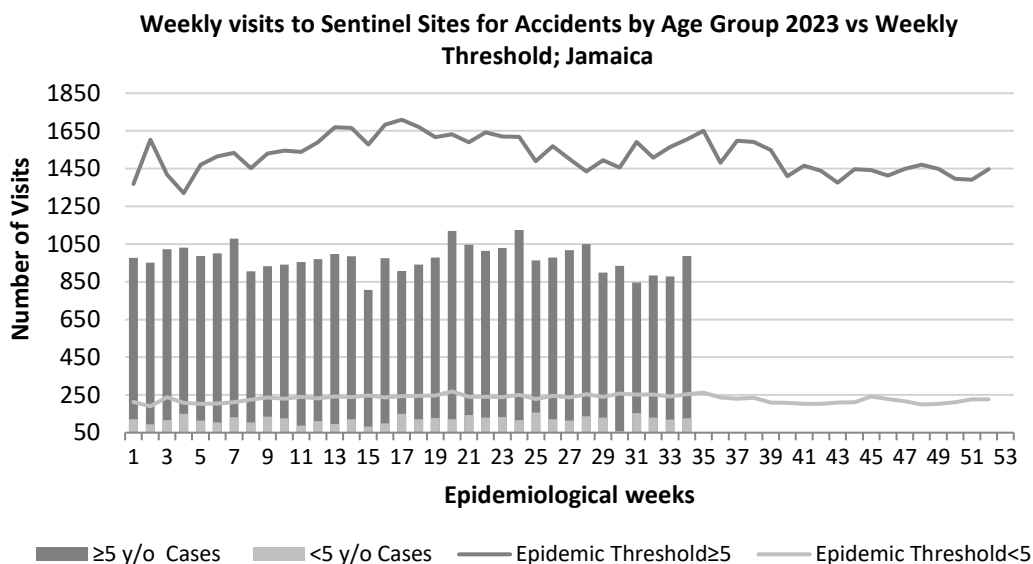
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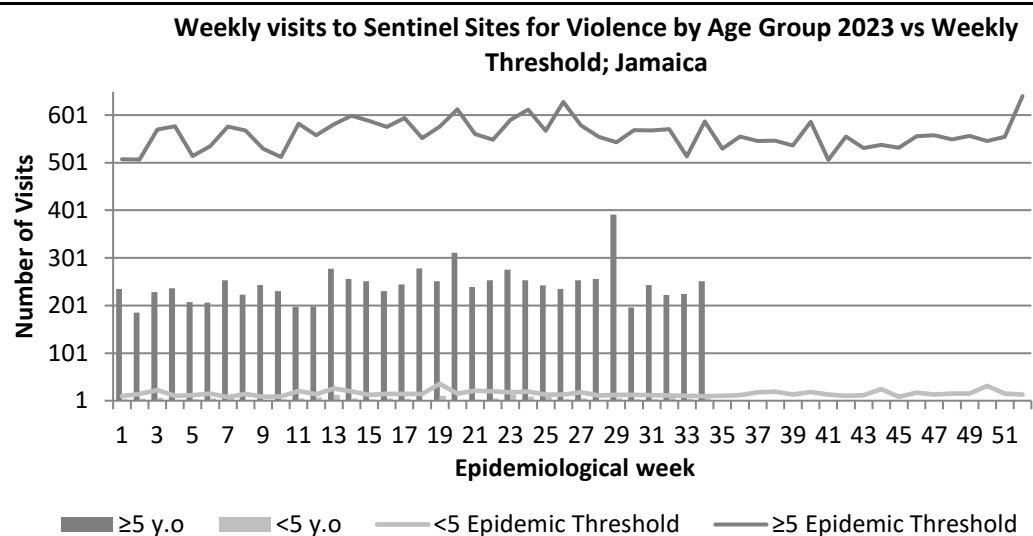
ACCIDENTS

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



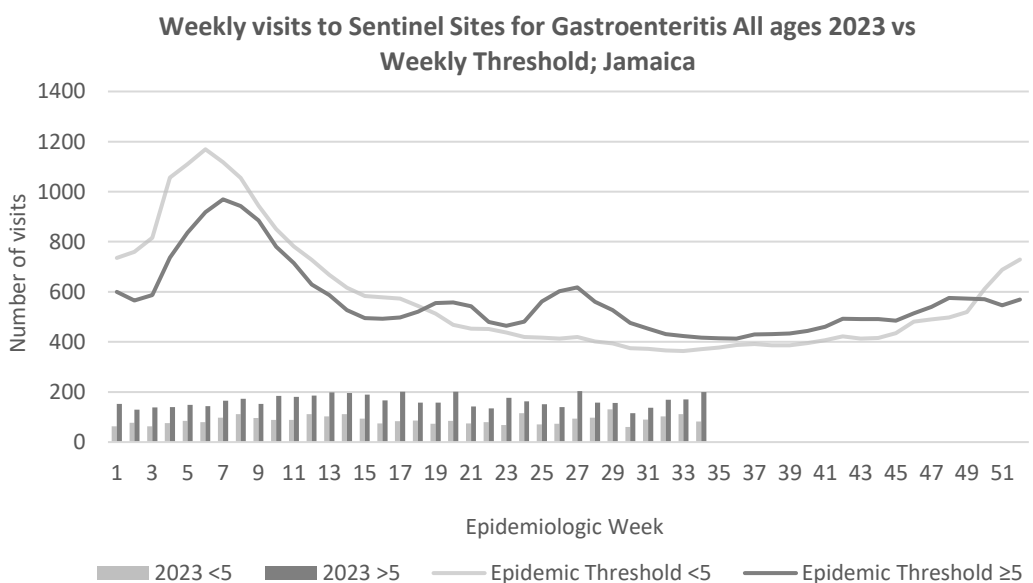
VIOLENCE

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.



4 NOTIFICATIONS- All clinical sites



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CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD ^α			
		CURRENT YEAR 2023	PREVIOUS YEAR 2022		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	215 ^β	144 ^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)	3433	52663		
	Hansen's Disease (Leprosy)	0	0		
	Hepatitis B	40	12		
	Hepatitis C	21	2		
	HIV/AIDS	N/A	N/A		
	Malaria (Imported)	3	2		
	Meningitis (Clinically confirmed)	21	14		
	Monkeypox	3	7		
EXOTIC/ UNUSUAL	Plague	0	0	^ε CHIKV IgM positive cases ^θ Zika PCR positive cases ^β Updates made to prior weeks.	
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	^α Figures are cumulative totals for all epidemiological weeks year to date.	
	Congenital Rubella Syndrome	0	0		
	Congenital Syphilis	0	0		
	Fever and Rash	Measles	0		0
		Rubella	0		0
	Maternal Deaths ^δ	35	51		
	Ophthalmia Neonatorum	83	48		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	2		
	Tuberculosis	25	19		
	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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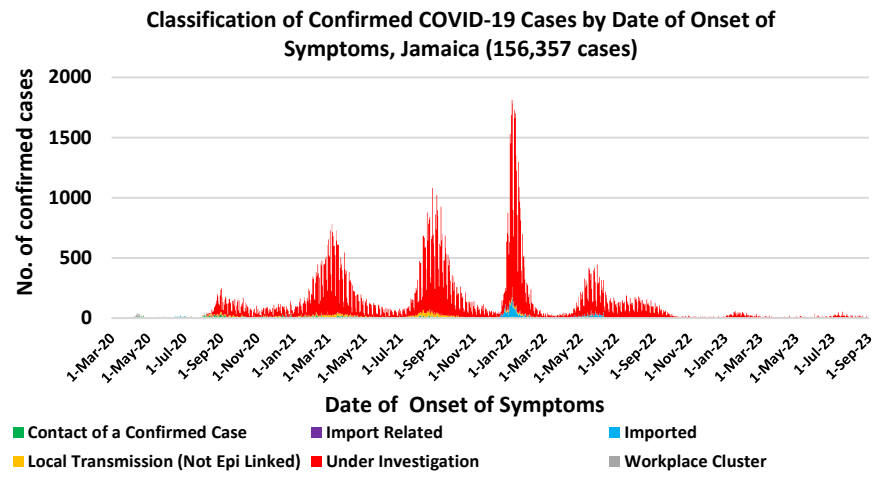
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COVID-19 Surveillance Update

March 10, 2020 – EW 34, 2023

CASES	EW 34	Total
Confirmed	64	156357
Females	32	90137
Males	32	66217
Age Range	81 days old to 95 years	1 day to 108 years

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

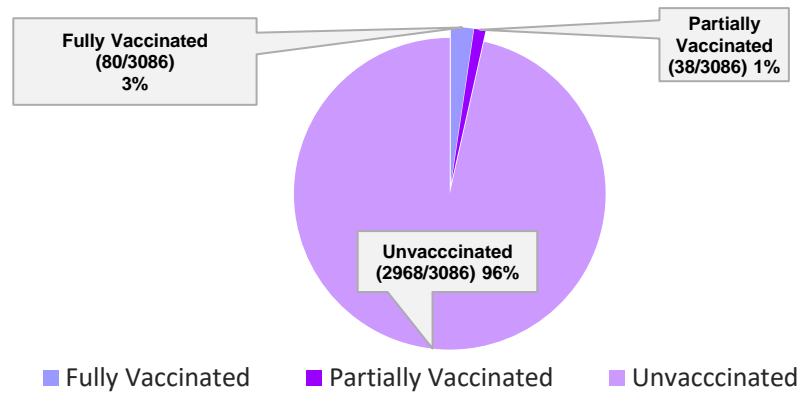


COVID-19 Outcomes

Outcomes	EW 34	Total
ACTIVE *2 weeks*		134
DIED – COVID Related	0	3648
Died - NON COVID	0	324
Died - Under Investigation	0	275
Recovered and discharged	11	103180
Repatriated	0	93
Total		156357

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

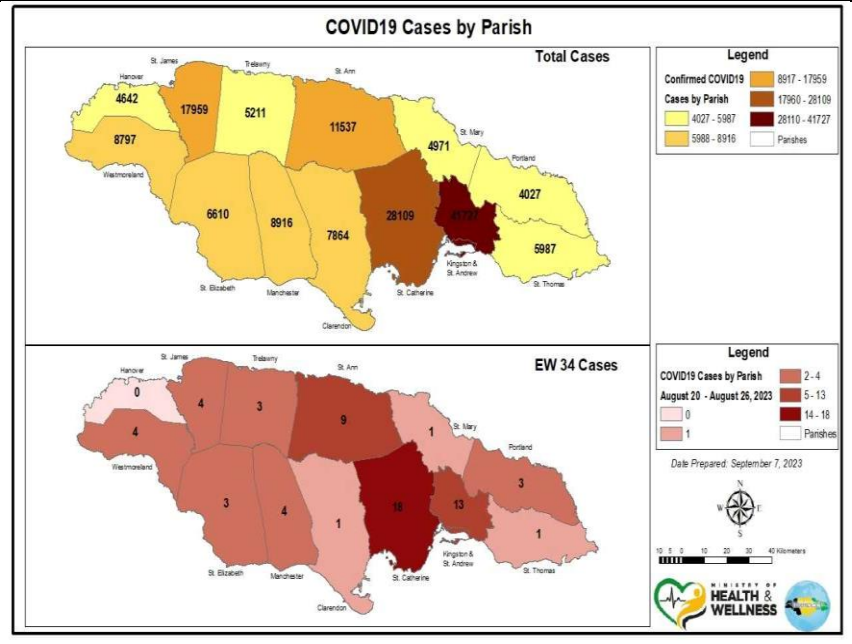
3086 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

SARS-CoV-2



COVID-19 WHO Global Statistics EW31-EW34

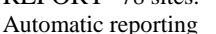
Epi Week	Confirmed Cases	Deaths
31	130,200	368
32	340,906	479
33	351,831	597
34	306,579	277
Total (4weeks)	1,129,516	1721

6 NOTIFICATIONS-
All clinical sites

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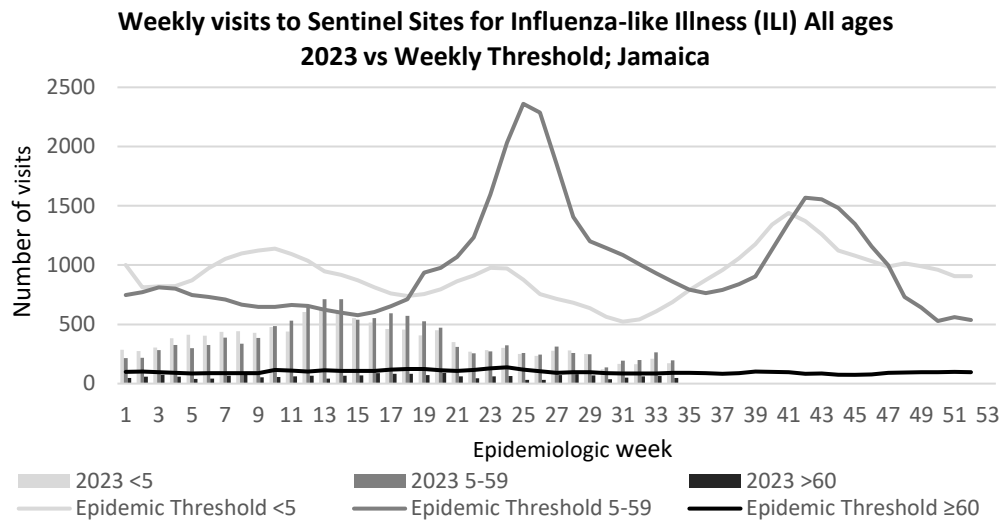


NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 34

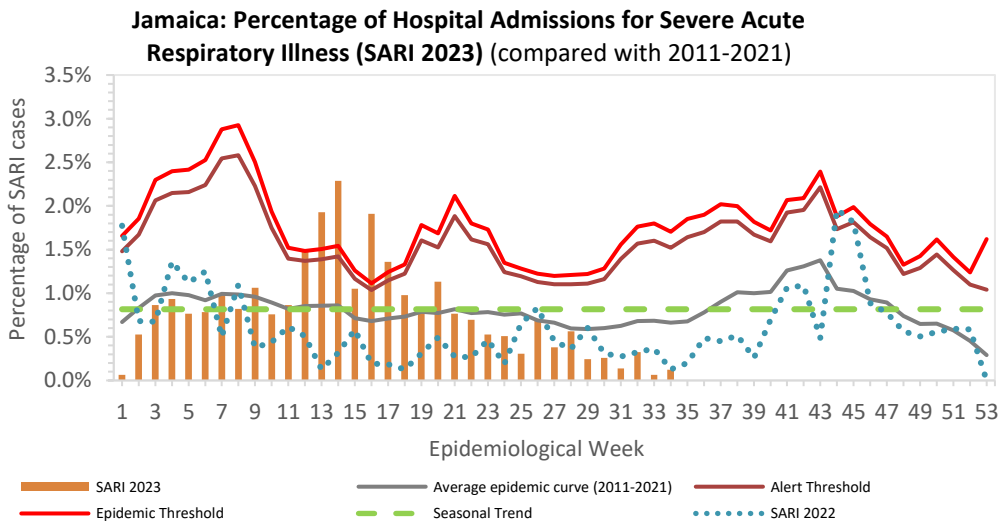
August 20 – August 26, 2023 Epidemiological Week 34

	<i>EW 34</i>	<i>YTD</i>
SARI cases	2	432
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	14



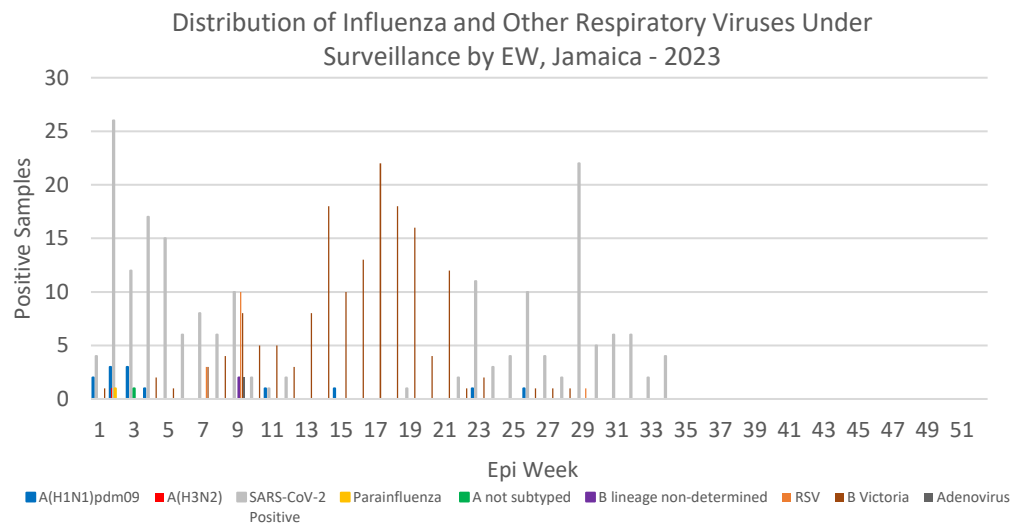
Epi Week Summary

During EW 34, two(2) SARI admissions were reported.



Caribbean Update EW 34

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.



7 NOTIFICATIONS-
All clinical sites

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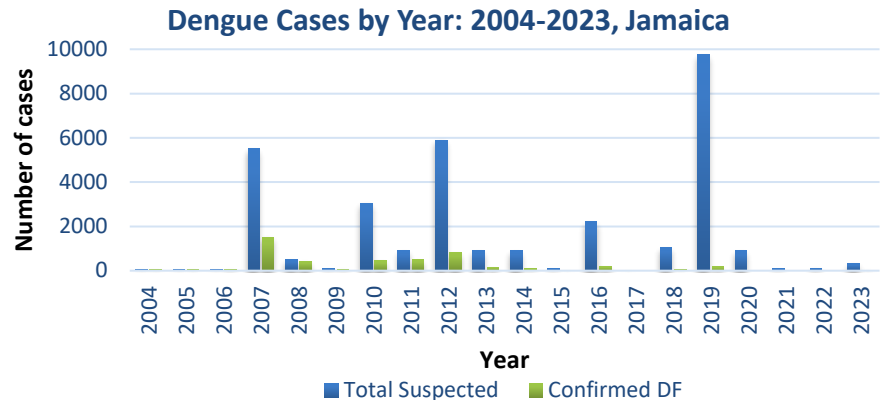
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Dengue Bulletin

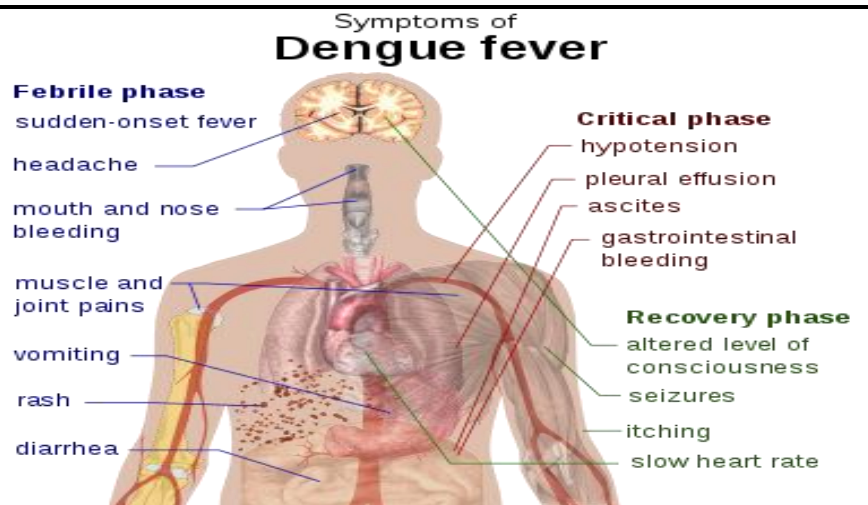
August 20 – August 26, 2023 Epidemiological Week 34

Epidemiological Week 34



Reported suspected and confirmed dengue with symptom onset in week 34 of 2023

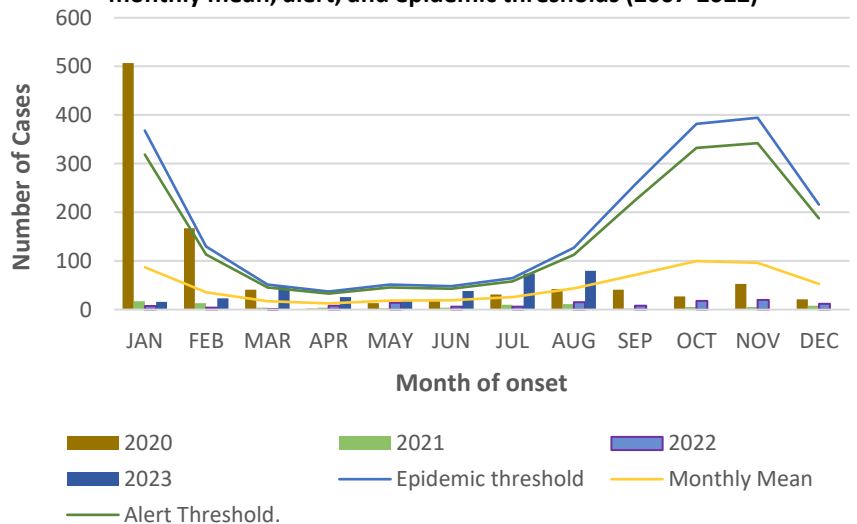
	2023*	
	EW 34	YTD
 Total Suspected Dengue Cases	10	322
Lab Confirmed Dengue cases	0	28
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- *Figure as at August 26, 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



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RESEARCH PAPER

Abstract

Mental Health Awareness training in courses such as First Aid for Mental Health can act as a means of early intervention, treatment, prevention and help to change societal views, especially amongst youths and professionals who can influence change.

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Aim: Stigma and the lack of mental health awareness training shape societal views of mental illness in Jamaica. Many do not know the causes, signs and how to help. As a result, minor mental health conditions escalate into crisis. However, First Aid for Mental Health training can help. It's simple, non-clinical form can be delivered by a qualified instructor and is suitable for all, including the police and youths. Policy change can support this, but the benefits have not been explored. This study aims to explore the benefits of First Aid for Mental Health awareness training, as a means of early intervention, prevention, treatment and destigmatization.

Method: The paper is a review of secondary quantitative and qualitative data, peer-reviewed articles, and recent newspaper articles. The study can be expanded on with primary data.

Results: Fear and danger are the common perceptions of people with mental illness. Awareness training is attached to crisis cases and is carried out by the MOH, through integrated community healthcare, but they are stretched. The police and young people should be trained as they are more likely to be at risk. An enforcing of the Occupational, Health and Safety Act 2017 would make mental health as important as First Aid.

Conclusion: Mental health awareness training is needed to counter perceptions held. Accessing community healthcare training happens only if individuals have experienced a crisis, therefore, enforcing the OHS would include training in workplaces and schools, which is the environment the police and youths would better receive it.

Keywords: *mental health, fear, community healthcare*



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9 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
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