

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Breast Cancer



Breast cancer is a disease in which abnormal breast cells grow out of control and form tumours. If left unchecked, the tumours can spread throughout the body and become fatal. Breast cancer cells begin inside the milk ducts and/or the milk-producing lobules of the breast. The earliest form (in situ) is not life-threatening. Cancer cells can spread into nearby breast tissue (invasion). This creates tumours that cause lumps or thickening. Invasive cancers can spread to nearby lymph nodes or other organs (metastasize). Metastasis can be fatal. Treatment is based on the person, the type of cancer and its spread. Treatment combines surgery, radiation therapy and medications.

Who is at risk?

Female gender is the strongest breast cancer risk factor. Approximately 0.5–1% of breast cancers occur in men. The treatment of breast cancer in men follows the same principles of management as for women. Certain factors increase the risk of breast cancer including increasing age, obesity, harmful use of alcohol, family history of breast cancer, history of radiation exposure, reproductive history (such as age that menstrual periods began and age at first pregnancy), tobacco use and postmenopausal hormone therapy. Approximately half of breast cancers develop in women who have no identifiable breast cancer risk factor other than gender (female) and age (over 40 years).

Family history of breast cancer increases the risk of breast cancer, but most women diagnosed with breast cancer do not have a known family history of the disease. Lack of a known family history does not necessarily mean that a woman is at reduced risk. Certain inherited high penetrance gene mutations greatly increase breast cancer risk, the most dominant being mutations in the genes BRCA1, BRCA2 and PALB-2. Women found to have mutations in these major genes may consider risk reduction strategies such as surgical removal of both breasts.

Signs and symptoms

Breast cancer can have combinations of symptoms, especially when it is more advanced. Most people will not experience any symptoms when the cancer is still early. Symptoms of breast cancer can include:

- a breast lump or thickening, often without pain
- change in size, shape or appearance of the breast
- dimpling, redness, pitting or other changes in the skin
- change in nipple appearance or the skin surrounding the nipple (areola)
- abnormal or bloody fluid from the nipple.

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

EPI WEEK 38



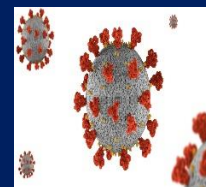
- Syndromic Surveillance
- Accidents
- Violence

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Class 1 Notifiable Events

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COVID-19

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Influenza

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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 - 35 to 38 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													
35	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
36	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)
37	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time
38	On Time	On Time	Late (W)	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time

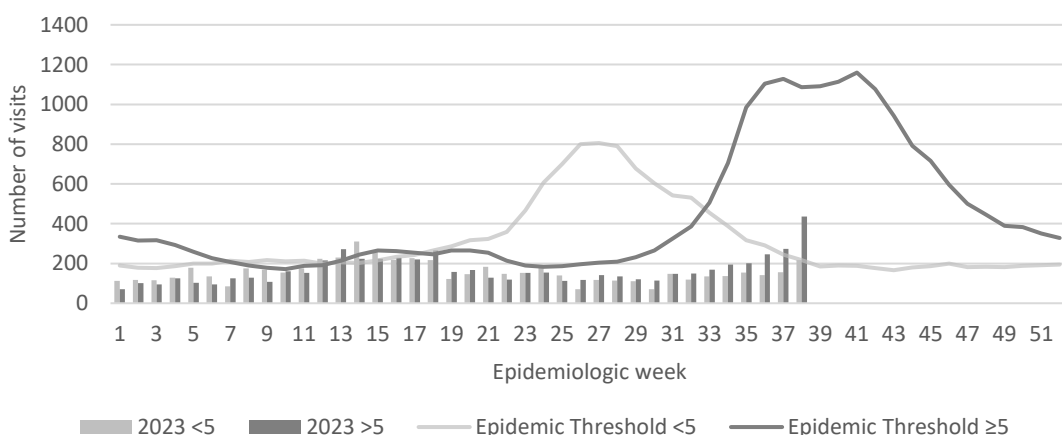
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

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



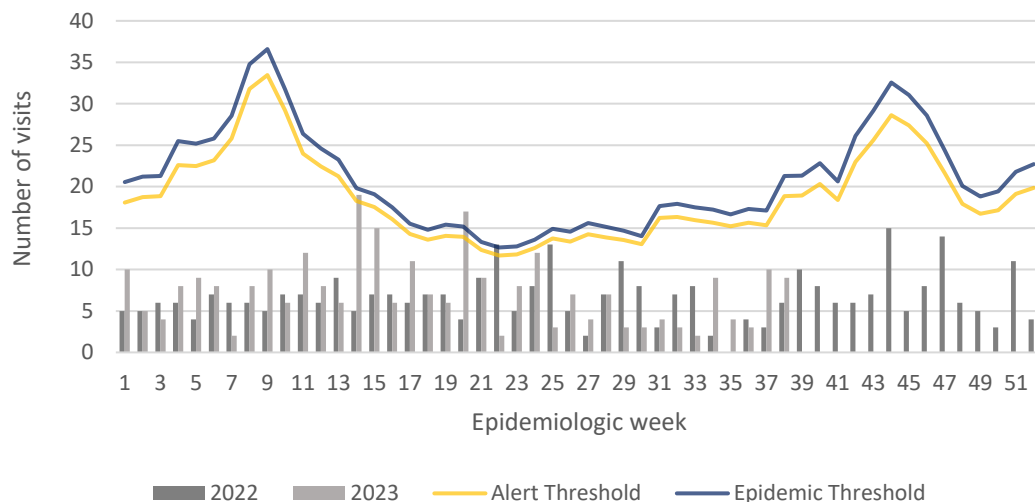
SENTINEL REPORT- 78 sites. Automatic reporting

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).



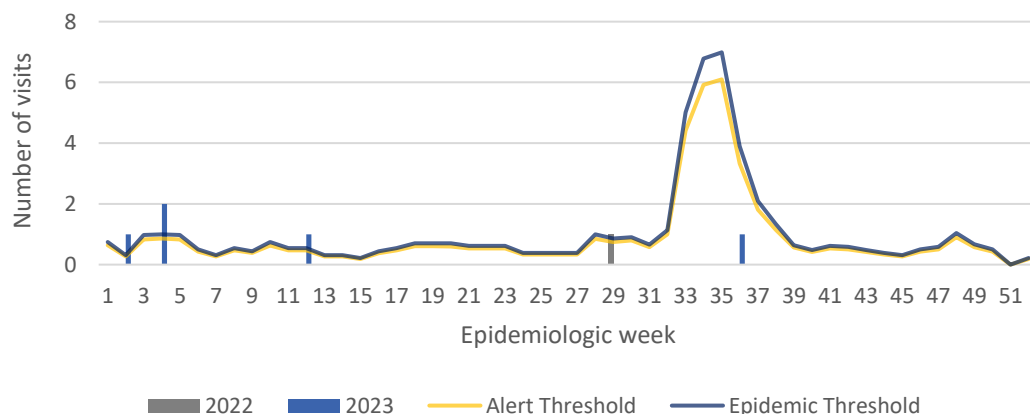
**Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms
2022 and 2023 vs. Weekly Threshold: Jamaica**

**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

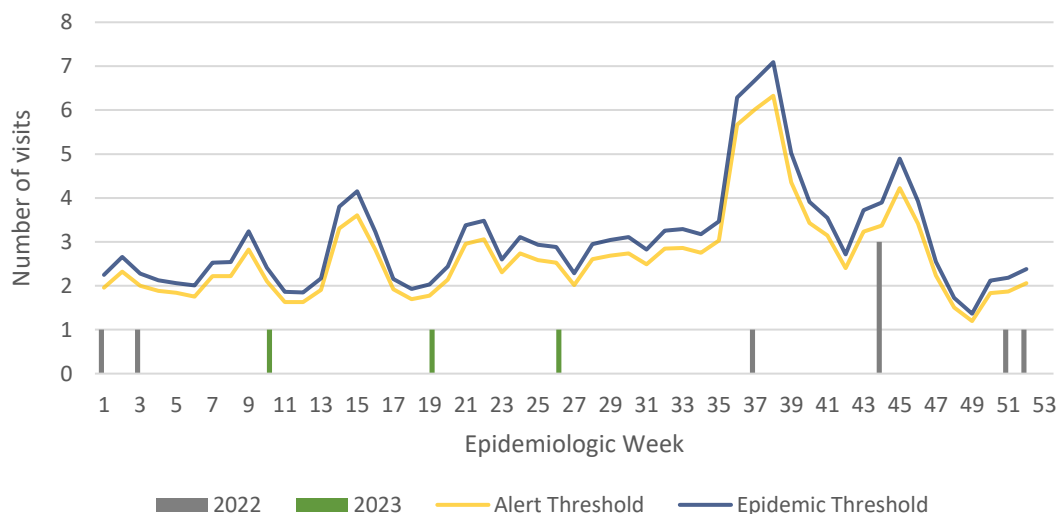
**FEVER AND JAUNDICE**

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



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All clinical
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**INVESTIGATION
REPORTS-** Detailed Follow
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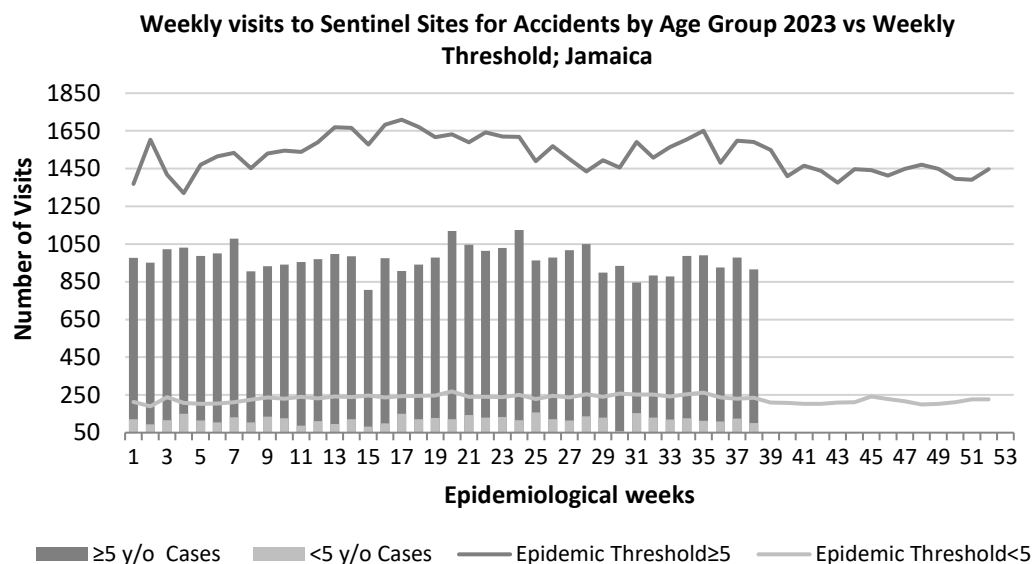
**HOSPITAL
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SURVEILLANCE-**
30 sites. Actively
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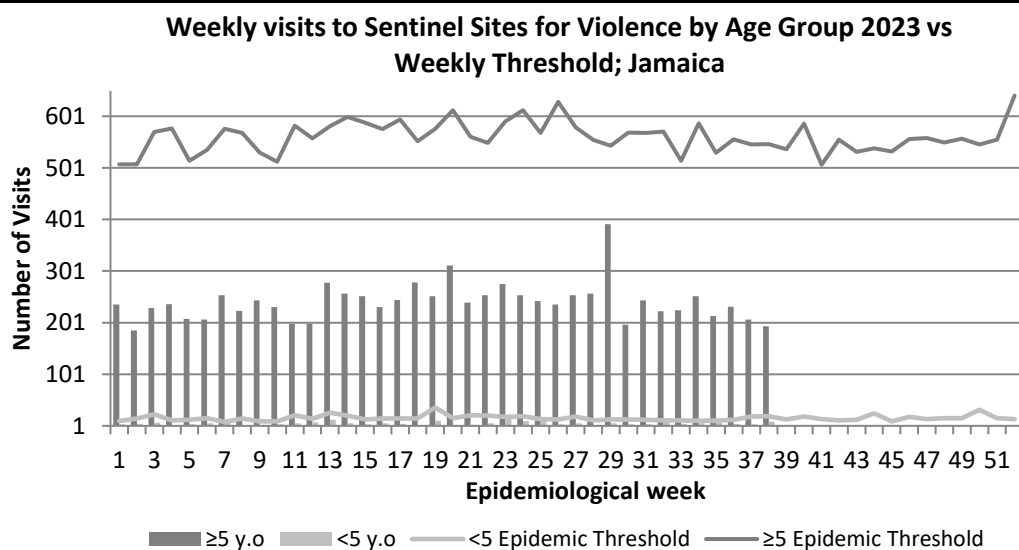
**SENTINEL
REPORT-** 78 sites.
Automatic reporting

ACCIDENTS

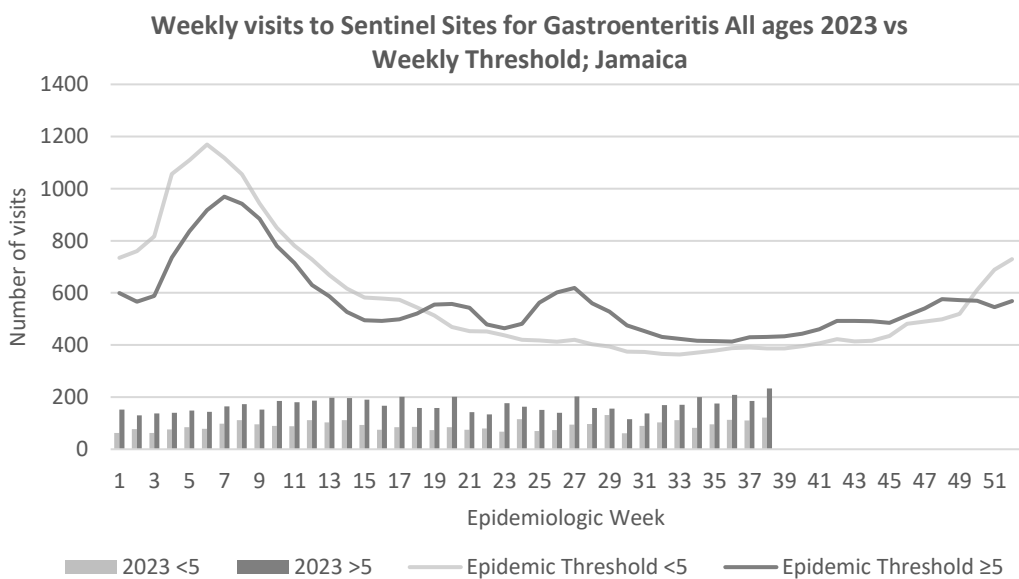
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

**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					Comments
			Confirmed YTD ^α		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. ^α Figures are cumulative totals for all epidemiological weeks year to date.
	CLASS 1 EVENTS		CURRENT YEAR 2023	PREVIOUS YEAR 2022	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		249 ^β	163 ^β	
	Cholera		0	0	
	Dengue Hemorrhagic Fever ^γ		See Dengue page below	See Dengue page below	
	COVID-19 (SARS-CoV-2)		3648	54653	
	Hansen’s Disease (Leprosy)		0	0	
	Hepatitis B		46	26	
	Hepatitis C		24	2	
	HIV/AIDS		N/A	N/A	
	Malaria (Imported)		3	2	
	Meningitis		24	15	
	Monkeypox		3	14	
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		36	57	
	Ophthalmia Neonatorum		98	48	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	2	
	Tuberculosis		30	25	
	Yellow Fever		0	0	
	Chikungunya ^ε		0	0	
	Zika Virus ^θ		0	0	NA- Not Available



5 NOTIFICATIONS-
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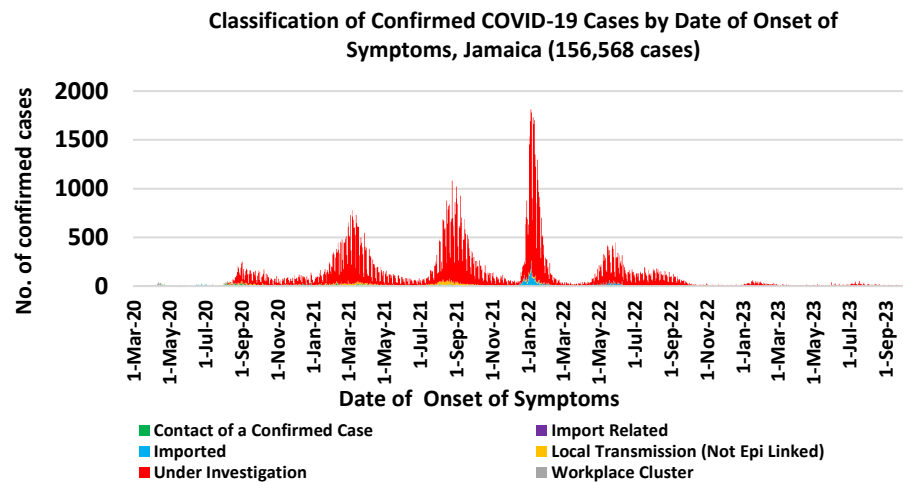


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COVID-19 Surveillance Update

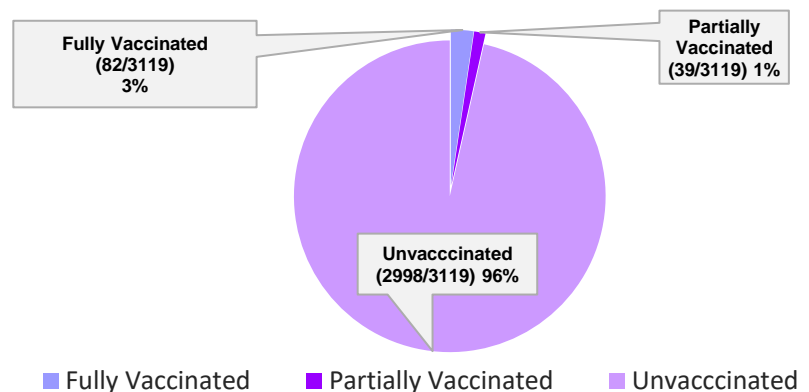
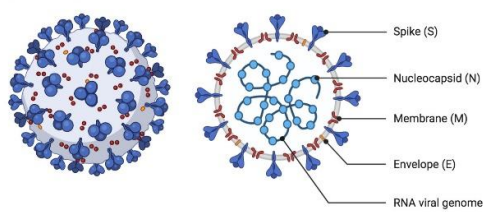
March 10, 2020 – EW 38, 2023

CASES	EW 38	Total
Confirmed	42	156568
Females	20	90247
Males	22	66318
Age Range	3 months old to 90 years	1 day to 108 years
* 3 positive cases had no gender specification * PCR or Antigen tests are used to confirm cases		

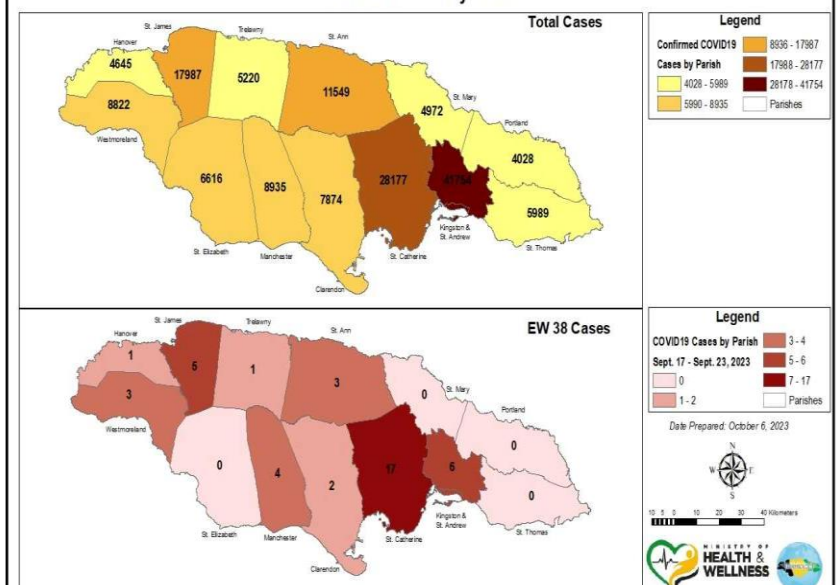
**COVID-19 Outcomes**

Outcomes	EW 38	Total
ACTIVE *2 weeks*		94
DIED – COVID Related	0	3681
Died - NON COVID	0	341
Died - Under Investigation	0	267
Recovered and discharged	3	103207
Repatriated	0	93
Total		156568

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

3119 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 EW35-EW38**

Epi Week	Confirmed Cases	Deaths
35	245,614	612
36	128,207	497
37	136,776	521
38	88,864	355
Total (4weeks)	599,461	1,985

COVID19 Cases by Parish

6 NOTIFICATIONS-
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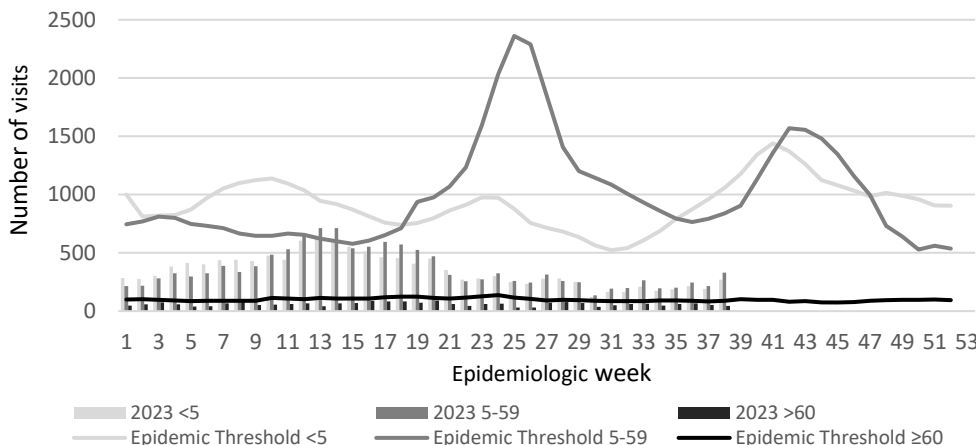
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 38

September 17 – September 23, 2023 Epidemiological Week 38

	EW 38	YTD
SARI cases	6	448
Total Influenza positive Samples	0	181
Influenza A	0	17
H3N2	0	1
H1N1pdm09	0	15
Not subtyped	0	1
Influenza B	0	164
B lineage not determined	0	2
B Victoria	0	162
Parainfluenza	0	1
Adenovirus	0	2
RSV	0	14

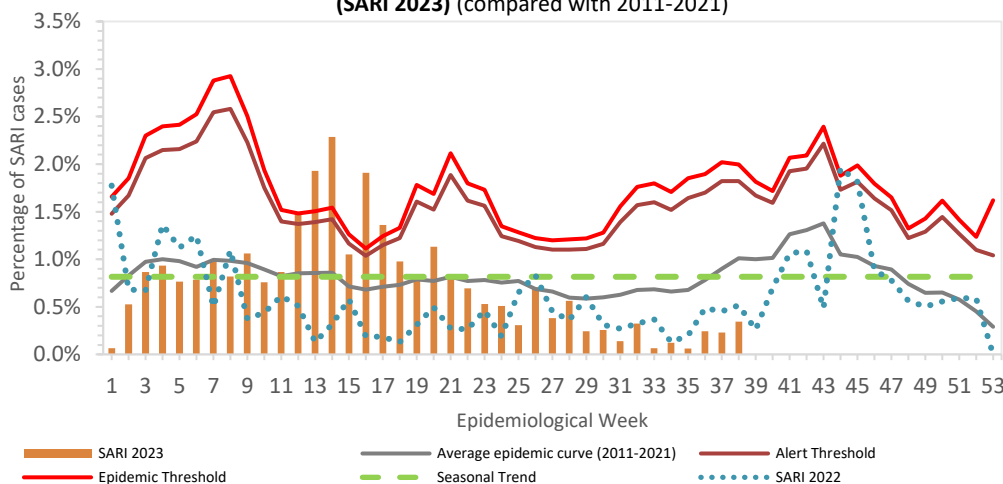
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2023 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 38, six(6) SARI admissions were reported.

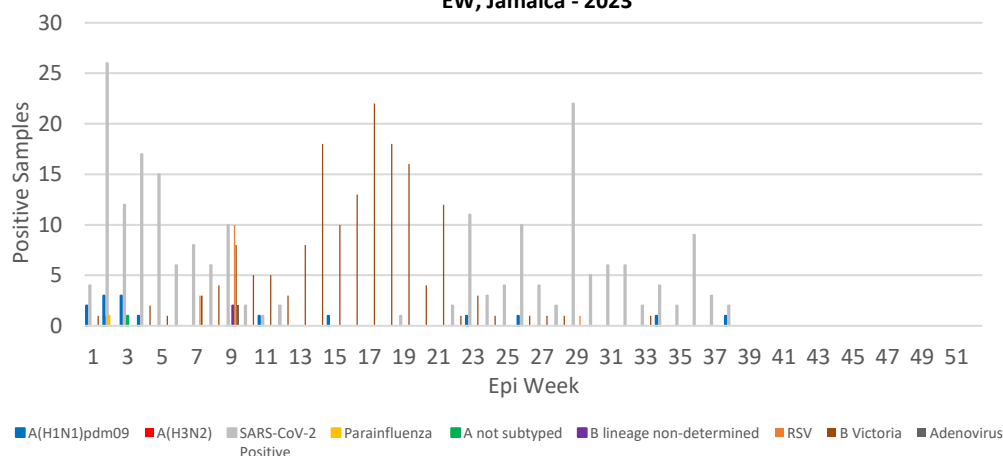
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2023) (compared with 2011-2021)



Caribbean Update EW 38

Caribbean: Influenza activity continues to exhibit a declining trend over the past 4 EWs. During this period, the predominant influenza viruses have been B/Victoria, with lesser circulation of influenza A, primarily A(H1N1)pdm09. RSV activity has remained low. SARS-CoV-2 activity shows an increasing trend with intermediate to high levels of circulation. ILI and SARI cases have demonstrated a declining trend over the past 4 EWs.

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



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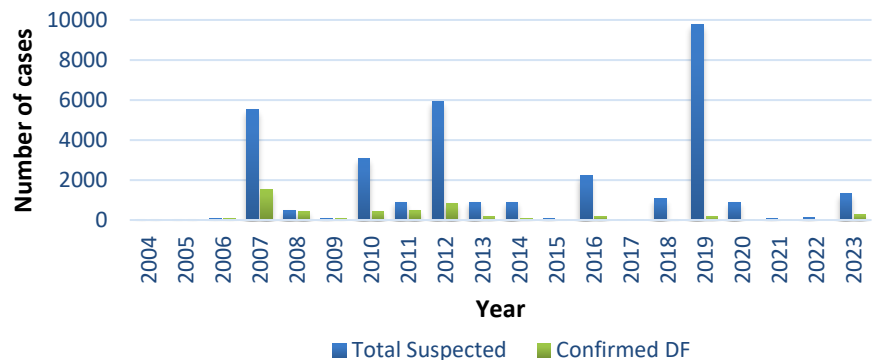
Dengue Bulletin

September 17– September 23, 2023 Epidemiological Week 38

Epidemiological Week 38



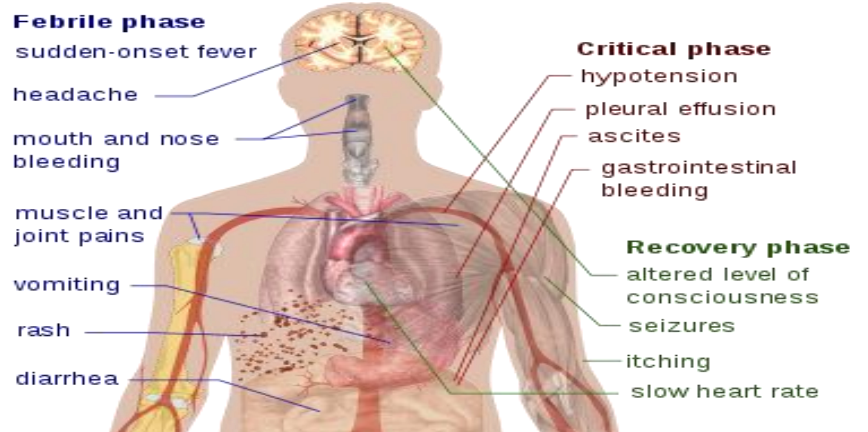
Dengue Cases by Year: 2004-2023, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 38 of 2023

	2023*	
	EW 38	YTD
Total Suspected Dengue Cases	412	1334
Lab Confirmed Dengue cases	92	291
CONFIRMED Dengue Related Deaths	0	0

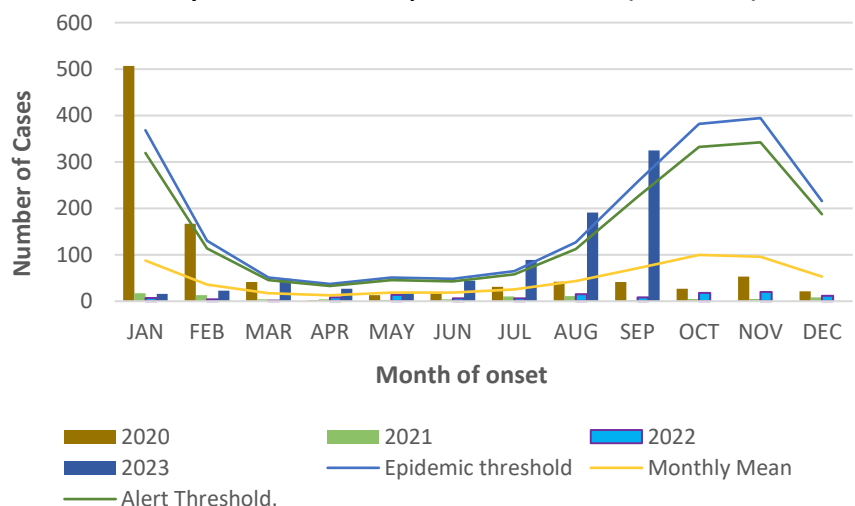
Symptoms of Dengue fever



Points to note:

- *Figure as at September 23, 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)



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RESEARCH PAPER

Abstract

NHRC_22_P5

Smoking prevalence among people living with HIV and HIV- care providers Knowledge, Attitudes, and Perceptions of smoking and smoking cessation in Western Jamaica

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⁴University of Texas Health Science Center, Houston, TX, USA

Objectives: The aims of this study are to determine the prevalence of smoking among people living with HIV (PLWH) and to assess the knowledge, attitudes, and perceptions (KAP) regarding smoking and smoking cessation among HIV-care providers (HCPs) in Western Jamaica.

Methods: A cross-sectional study was conducted among PLWH ≥ 18 years receiving care at treatment sites under the Western Regional Health Authority (WRHA). HCPs were asked to complete another survey addressing the KAP of smoking and smoking cessation.

Results: Of the 397 PLWH interviewed, 31.74% (n=126) reported that they smoke cigarettes. Of those, 9.09% (n=6) have low motivation (<4) for quitting smoking; 24.24% (n=16) have moderate motivation (4-6) to quit; and 66.67% (n=44) have high motivation (>7) to quit. About 93.69% (n=371) also reported that they did not use other tobacco products (cigars, pipe, etc). Most HCPs reported that they 'Always' ask PLWH about tobacco use and that they 'Rarely' or 'Never' ask patients about e-cigarettes use. They also indicated that the top barrier was lack of training, resources, and/or experience in offering and providing smoking cessation services to PLWH.

Conclusion: About 2 out of 4 PLWH smoke cigarettes, of those who smoke cigarettes about 66.67% (n=44) have high motivation (>7) to quit smoking. HIV-care providers ask PLWH about their tobacco usage, but rarely ask about their e-cigarettes use. In addition, HCPs also indicated the importance of having more training and information about smoking cessation and smoking cessation services.



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9 NOTIFICATIONS-
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