

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Breast Cancer- Planning Comprehensive Breast Cancer Programs

Breast cancer care is most successful when prevention, early detection, diagnosis, treatment and palliation are integrated and synchronously developed. Early detection does not benefit a woman unless she has timely access to appropriate treatment. A patient-centered treatment plan cannot be generated without an accurate pathologic diagnosis, and a patient's preferences and barriers to treatment adherence are identified and addressed. Comprehensive breast cancer care requires an effective health system with trained community health personnel, nurses, psychologists, therapists and other professionals.

Prioritizing breast cancer programs in the health system

Health systems are faced with balancing four competing principles: scope of services, equity in access to services, quality of care and cost containment.

Using a scope of service approach requires health systems to assess and coordinate available public and private services. Equity in access to services requires health systems to ensure that women in rural settings and of lower socioeconomic status have access to breast services.



Quality of care requires routine evaluations for safety, effectiveness, patient-centeredness, timeliness, efficiency and equity. It also requires an ongoing evaluation of the burden of disease (e.g., increase incidence or change in late stage versus early stage presentation) and the potential for dramatic improvement in patient care such as the introduction of new targeted therapies or psychosocial services.

Each country, and each region within a country, will have a different set of health priorities. Breast cancer programs should be implemented based on available resources, and the projected benefit (e.g., reduction in late stage disease presentation, improved access to care), using a resource-stratified pathway that will allow programs to advance in a coordinated and stepwise fashion across the continuum of care. Process metrics should be built into all project plans to identify and measure program strengths and weakness. Framing programs using these four competing principles can help prioritize interventions.

EPI WEEK 41



Syndromic Surveillance

Accidents

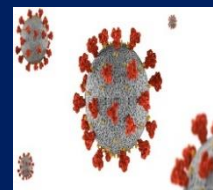
Violence

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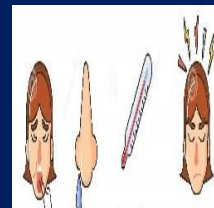
Class 1 Notifiable Events

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COVID-19

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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 - 38 to 41 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													
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
39	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
40	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
41	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time

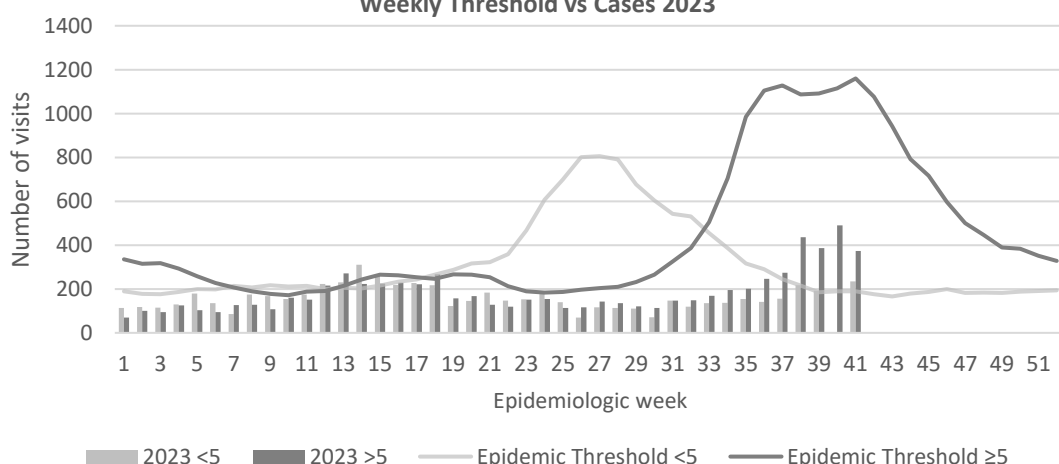
REPORTS FOR SYNDROMIC SURVEILLANCE

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



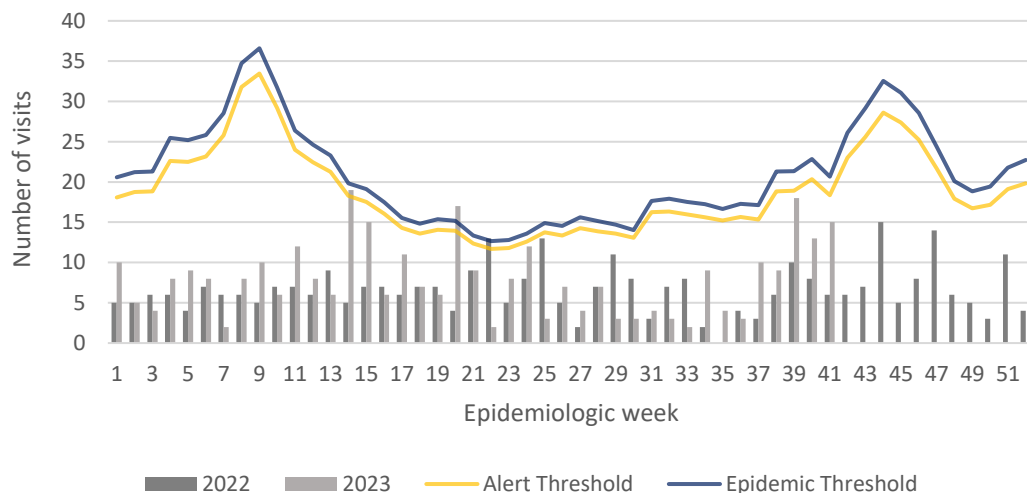
SENTINEL REPORT- 78 sites. Automatic reporting

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).



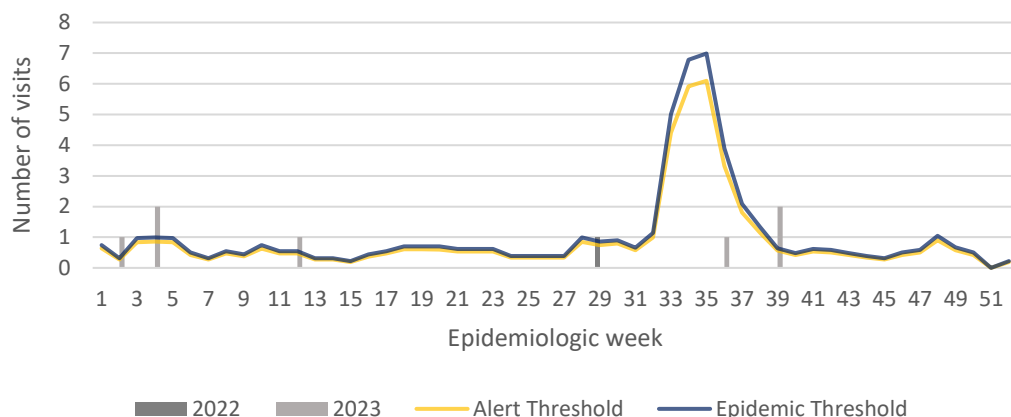
**Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms
2022 and 2023 vs. Weekly Threshold: Jamaica**

**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

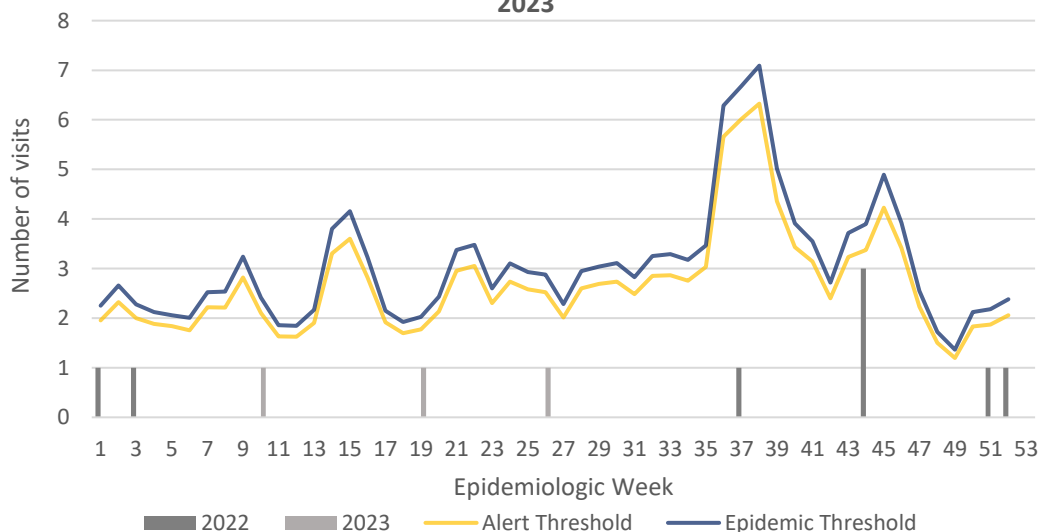
**FEVER AND JAUNDICE**

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



3 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



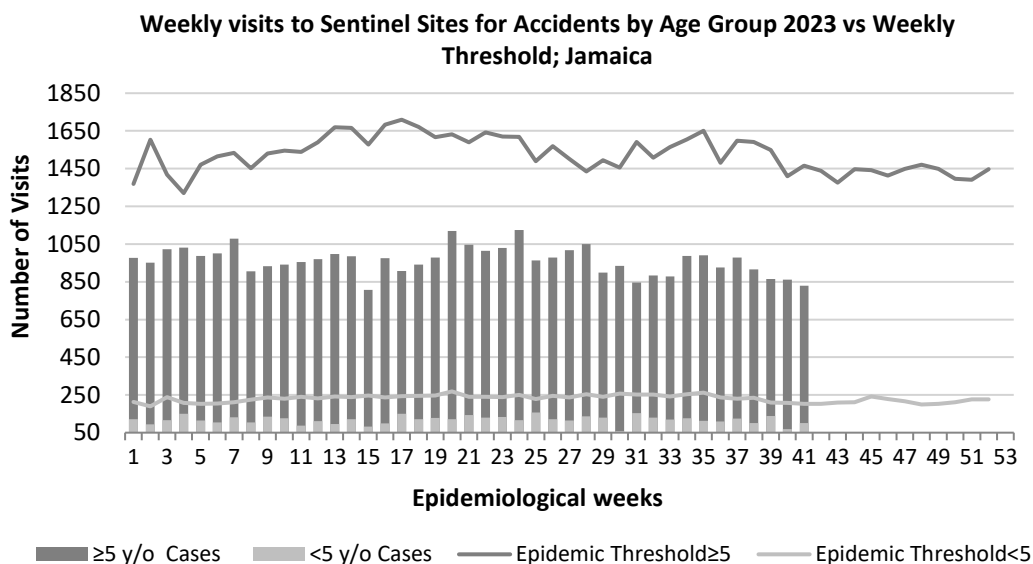
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



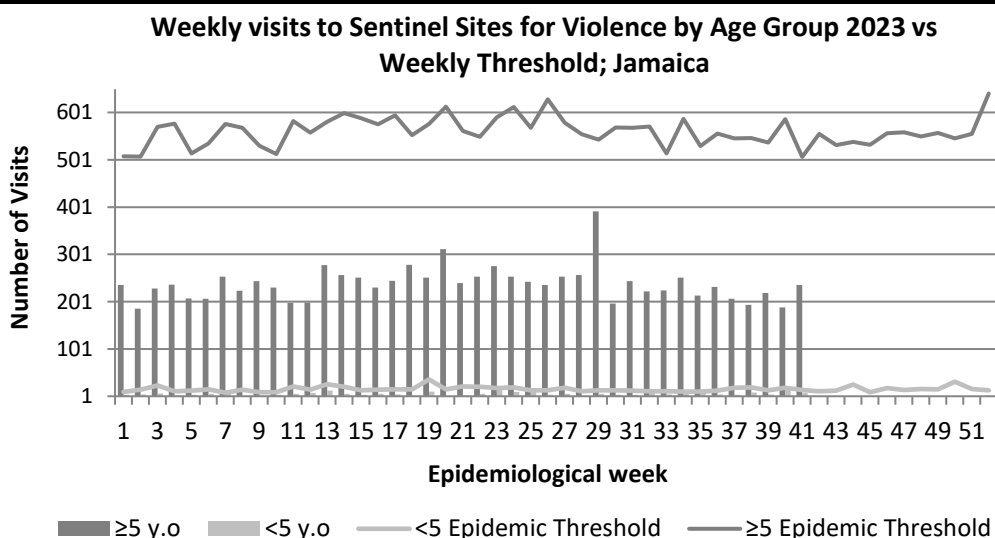
SENTINEL REPORT- 78 sites. Automatic reporting

ACCIDENTS

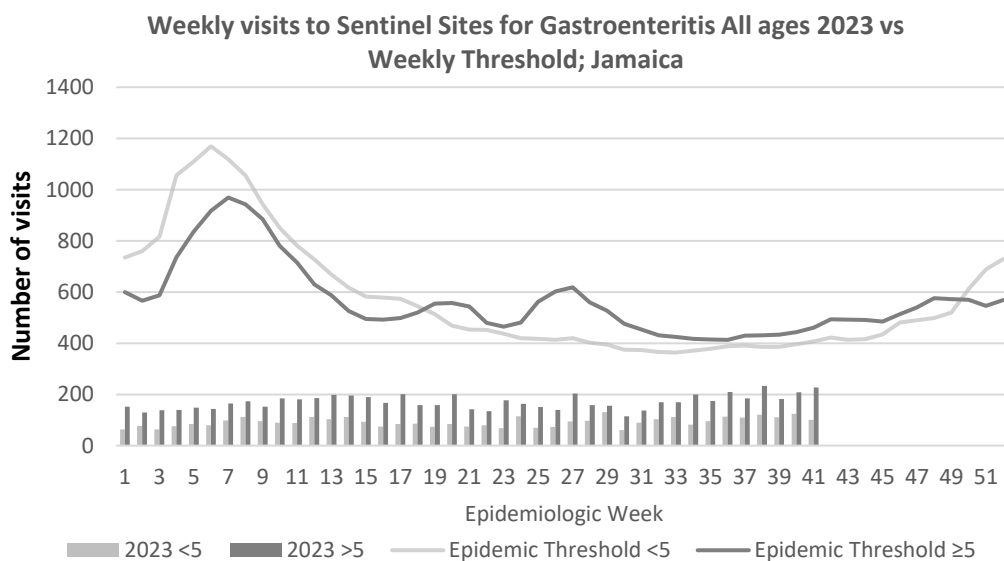
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

**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.



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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	269 ^β	180 ^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.
	Cholera	0	0	
	Dengue Hemorrhagic Fever ^γ	See Dengue page below	See Dengue page below	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	COVID-19 (SARS-CoV-2)	3749	55097	
	Hansen's Disease (Leprosy)	0	0	^γ Dengue Hemorrhagic Fever data include Dengue related deaths;
	Hepatitis B	49	26	
	Hepatitis C	24	2	^δ Figures include all deaths associated with pregnancy reported for the period.
	HIV/AIDS	N/A	N/A	
	Malaria (Imported)	3	2	^ε CHIKV IgM positive cases
	Meningitis	25	18	
	Monkeypox	3	15	^θ Zika PCR positive cases
EXOTIC/ UNUSUAL	Plague	0	0	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis	0	0	^β Updates made to prior weeks.
	Neonatal Tetanus	0	0	
	Typhoid Fever	0	0	^α Figures are cumulative totals for all epidemiological weeks year to date.
	Meningitis H/Flu	0	0	
SPECIAL PROGRAMMES	AFP/Polio	0	0	NA- Not Available
	Congenital Rubella Syndrome	0	0	
	Congenital Syphilis	0	0	
	Fever and Rash	Measles	0	
		Rubella	0	
	Maternal Deaths ^δ	40	58	
	Ophthalmia Neonatorum	106	125	
	Pertussis-like syndrome	0	0	
	Rheumatic Fever	0	0	
	Tetanus	0	2	
	Tuberculosis	34	33	
	Yellow Fever	0	0	
	Chikungunya ^ε	0	0	
	Zika Virus ^θ	0	0	



5 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
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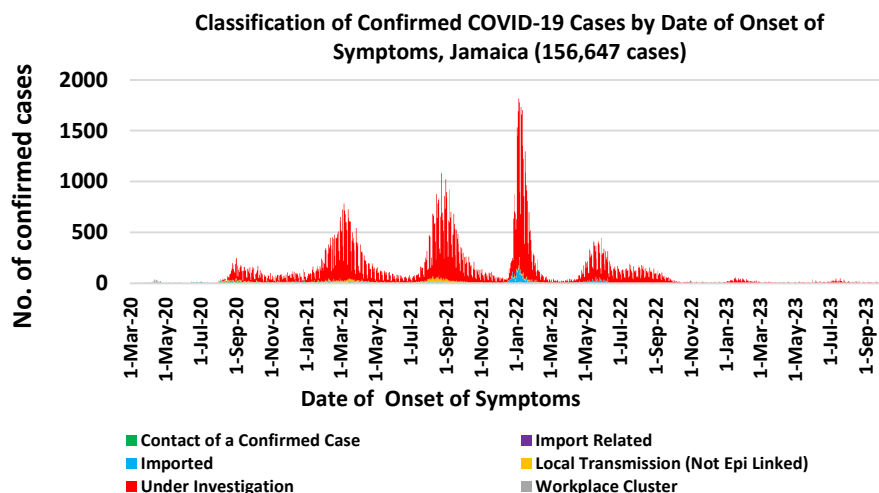


SENTINEL
REPORT- 78 sites.
Automatic reporting

COVID-19 Surveillance Update

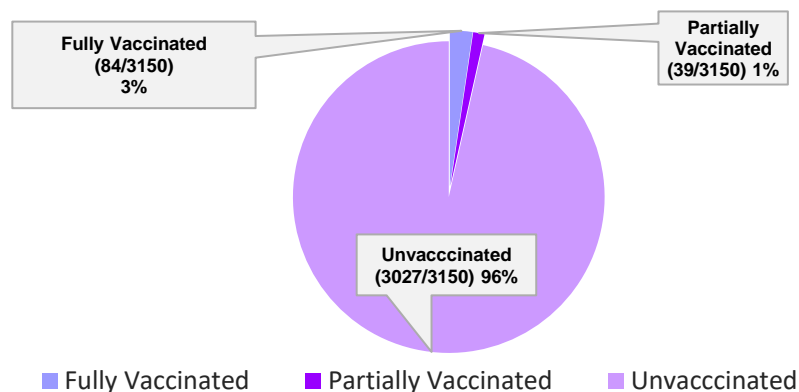
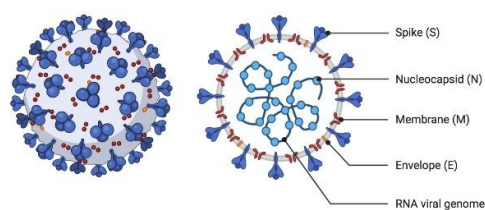
March 10, 2020 – EW 41, 2023

CASES	EW 41	Total
Confirmed	19	156647
Females	8	90283
Males	11	66361
Age Range	29 days old to 82 years	1 day to 108 years
* 3 positive cases had no gender specification * PCR or Antigen tests are used to confirm cases		

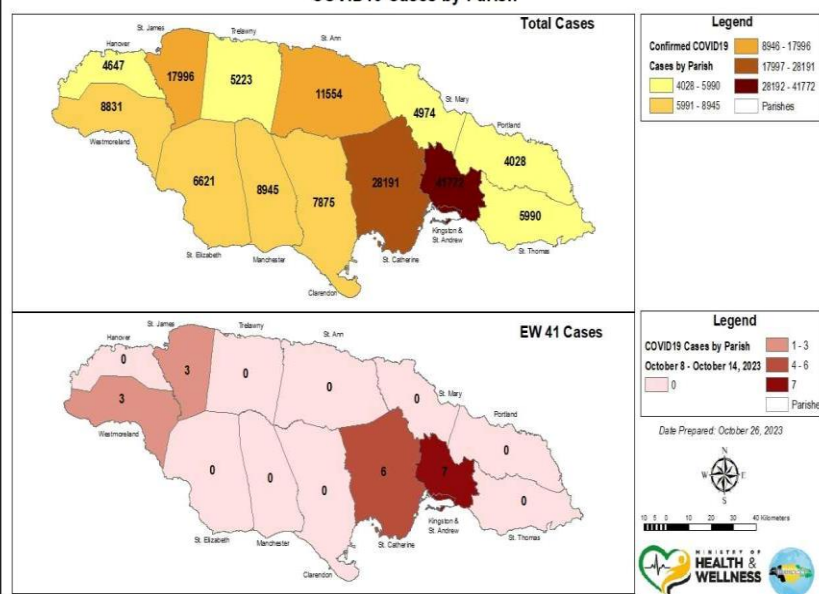
**COVID-19 Outcomes**

Outcomes	EW 41	Total
ACTIVE *2 weeks*		55
DIED – COVID Related	0	3712
Died - NON COVID	0	345
Died - Under Investigation	0	263
Recovered and discharged	9	103215
Repatriated	0	93
Total		156647

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

3150 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 EW38-EW41**

Epi Week	Confirmed Cases	Deaths
38	137,772	1,590
39	139,444	1,011
40	121,462	485
41	103,556	1,653
Total (4weeks)	502,234	4,739

COVID19 Cases by Parish

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All clinical sites



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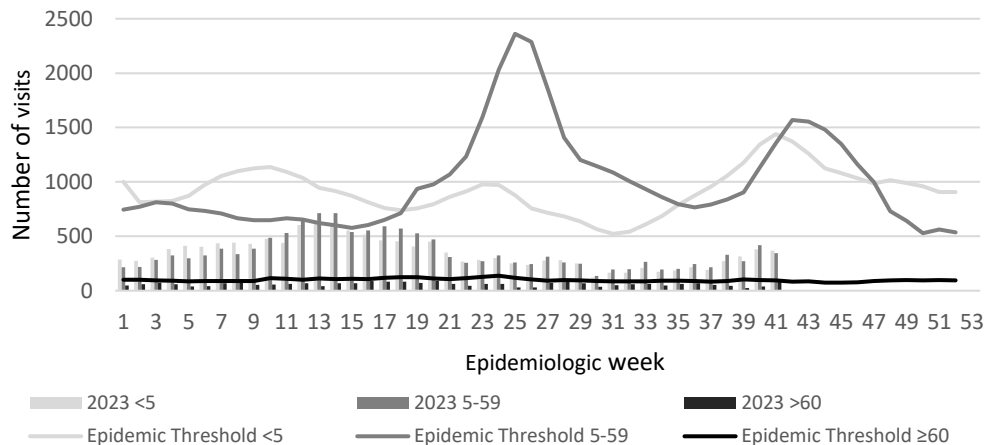
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 41

October 8 – October 14, 2023 Epidemiological Week 41

	EW 41	YTD
SARI cases	6	459
Total Influenza positive Samples	0	183
Influenza A	0	19
H3N2	0	1
H1N1pdm09	0	17
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

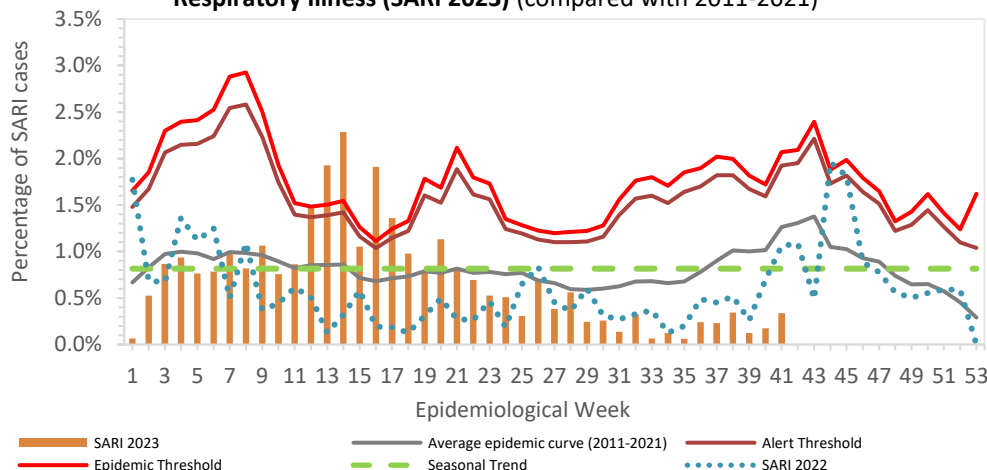
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2023 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 41, six (6) SARI admissions were reported.

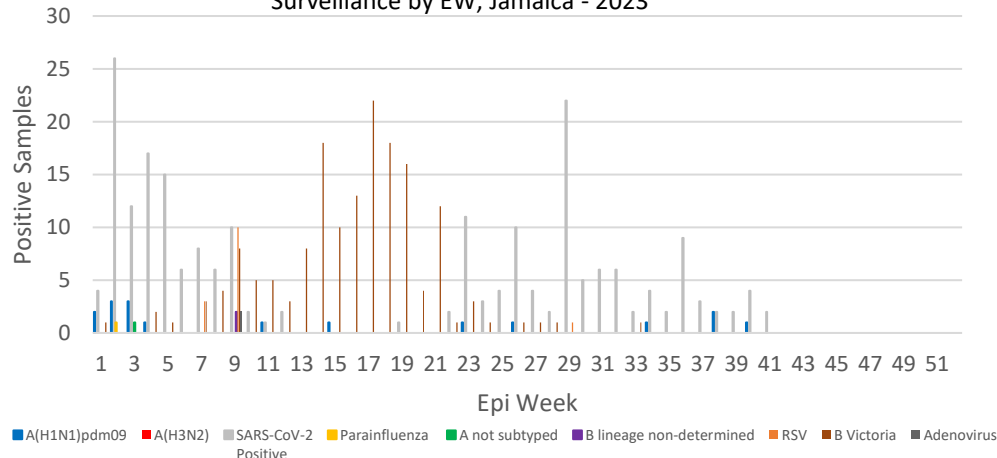
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2023) (compared with 2011-2021)



Caribbean Update EW 41

Caribbean: Influenza activity continues to show a decreasing trend in the last four EWs. During this period, the predominant viruses have been influenza B/Victoria, with lesser circulation of influenza A, mainly A(H1N1)pdm09. RSV activity has remained low. SARS-CoV-2 activity has been at intermediate levels of circulation. Cases of ILI and SARI have shown a decreasing trend in the last four EWs. Barbados, Guyana, Jamaica, and Saint Lucia have maintained elevated levels of SARSCoV-2 circulation.

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



7 NOTIFICATIONS-
All clinical
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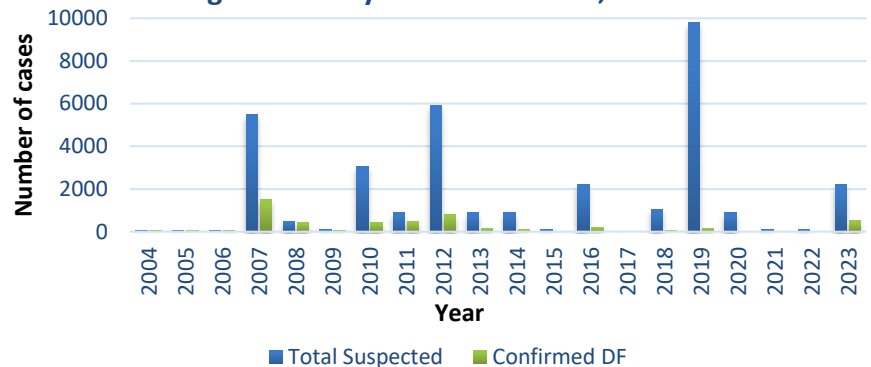
Dengue Bulletin

October 8– October 14, 2023 Epidemiological Week 41

Epidemiological Week 41



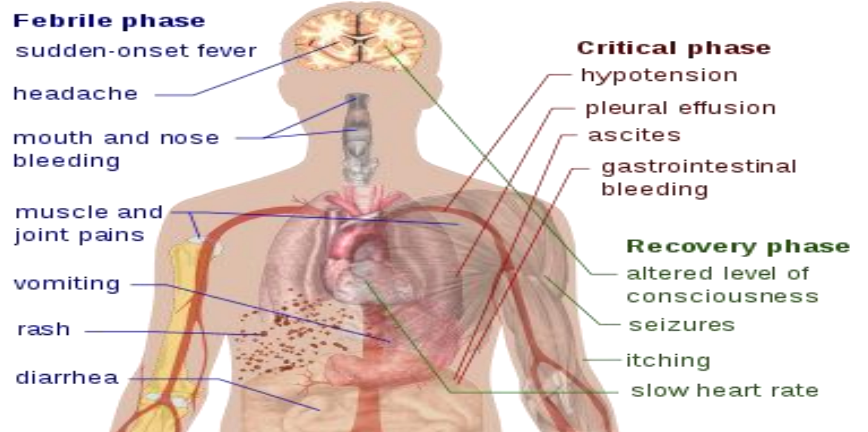
Dengue Cases by Year: 2004-2023, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 41 of 2023

	2023*	
	EW 41	YTD
Total Suspected & Confirmed Dengue Cases	28	2200
Lab Confirmed Dengue cases	0	507
CONFIRMED Dengue Related Deaths	0	2

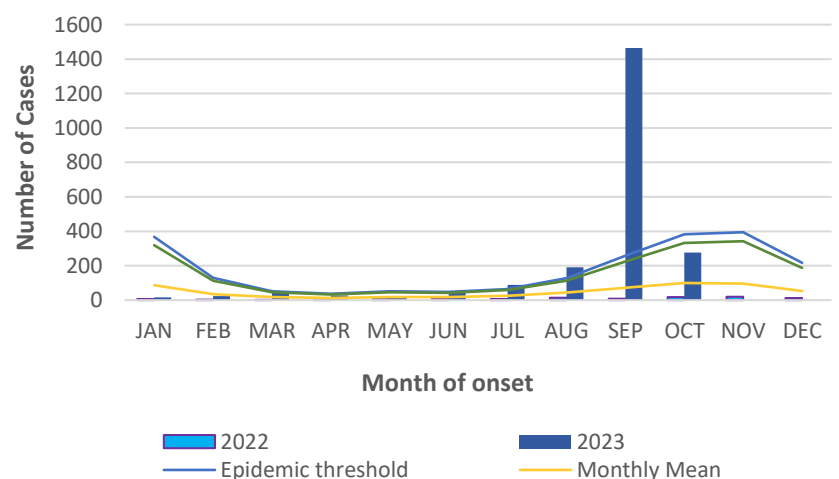
Symptoms of Dengue fever



Points to note:

- *Figure as at October 14, 2023
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected dengue cases for 2022 and 2023 versus monthly mean, alert, and epidemic thresholds (2007-2022)



8 NOTIFICATIONS-
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RESEARCH PAPER

Abstract

NHRC_22_O6

The Impact of Screen Time Activities on Physical Activity Levels in Jamaican Adolescents aged 13-17 Years Old.

Facey K¹, Tulloch-Reid M.K¹, Guthrie-Dixon N¹, Wilson L¹, Christie S¹, Smith J.A¹

¹ Caribbean Institute for Health Research, the University of the West Indies, Mona, Jamaica

Objectives: To examine the relationship of screen time (ST) with recreational and extra-curricular moderate-to-vigorous physical activity (MVPA) in a sample of 13-17-year-old Jamaican urban high school students.

Methods: A cross-sectional study of 216 students was conducted in 5 high schools in Kingston. After obtaining parental consent and student assent, a self-administered questionnaire was used to evaluate ST, recreational and, private extra-curricular MVPA. Daily hours of ST were determined and categorized as passive (TV watching), social (use of social media) and, interactive (video games). ST association with the primary outcome, daily minutes of MVPA was examined using multivariable logistic regression.

Results: The 216 adolescents (73% girls; mean age 14±0.8years) were recruited from co-educational (40%), all-boys (20%), and all-girls (40%) schools. Almost half (46%) reported participating in private extra-curricular PA, (boys-median[IQR]=39[26-77]min/day; girls=42[17-85]min/day; $P=0.61$) while 60% reported recreational PA (boys-median[IQR]=38[17-64]min/day; girls=12.5[6-26]min/day; $P < 0.001$). While there were no sex differences in average daily hours of passive ST (median[IQR]=4.0[1.5-8.0]hrs/day) and social ST (median[IQR]=8.0[5.0-10.0]hrs/day), boys reported more interactive ST (median[IQR]=4.5[1.3-7.5]hrs/day) compared to girls (median[IQR]=0.5[0-2]hrs/day; $p < 0.001$). In logistic regression models interactive ST was associated with increased odds of meeting recreational (OR[95%CI]=1.13[1.01-1.26]) and private extracurricular (OR[95%CI]=1.13[1.00-1.28]) MVPA targets after adjusting for age, sex, BMI and SES. No significant associations were found between passive and social ST and MVPA targets.

Conclusion: Improved understanding of why interactive ST may increase the odds of meeting MVPA targets could guide physical activity interventions in adolescents.



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
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