WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Disability

Disability is part of being human and is integral to the human experience. It results from the interaction between health conditions such as dementia, blindness or spinal cord injury, and a range of environmental and personal factors. Persons with disabilities are a diverse group, and factors such as sex, age, gender identity, sexual orientation, religion, race, ethnicity and their economic situation affect their experiences in life and their health needs. Persons with disabilities die earlier, have poorer health, and experience more limitations in everyday functioning than others.

Factors contributing to health inequities

Health inequities arise from unfair conditions faced by persons with disabilities.

Structural factors: Persons with disabilities experience ableism, stigma and discrimination in all facets of life, which affects their physical and mental health. Laws and policies may deny them the right to make their own decisions and allow a range of harmful practices in the health sector, such as forced sterilization, involuntary admission and treatment, and even institutionalization.

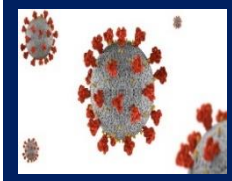
Social determinants of health: Poverty, exclusion from education and employment, and poor living conditions all add to the risk of poor health and unmet health care needs among persons with disabilities. Gaps in formal social support mechanisms mean that persons with disabilities are reliant on support from family members to engage in health and community activities, which not only disadvantages them but also their caregivers (who are mostly women and girls).

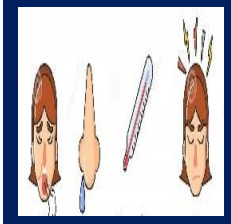
Risk factors: Persons with disabilities are more likely to have risk factors for non-communicable diseases, such as smoking, poor diet, alcohol consumption and a lack of physical activity. A key reason for this is that they are often left out of public health interventions.

Health system: Persons with disabilities face barriers in all aspects of the health system. For example, a lack of knowledge, negative attitudes and discriminatory practices among healthcare workers; inaccessible health facilities and information; and lack of information or data collection and analysis on disability, all contribute to health inequities faced by this group.

https://www.who.int/news-room/fact-sheets/detail/disability-and-health

EPI WEEK 45





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 – 42 to 45 of 2023

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

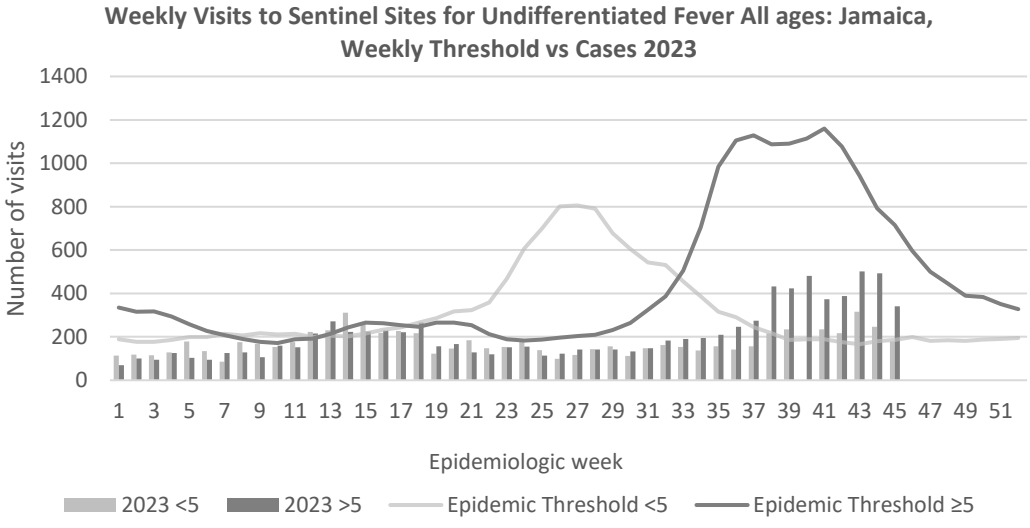
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday

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													
42	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
43	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
44	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time
45	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 >38^0C /100.4^0F (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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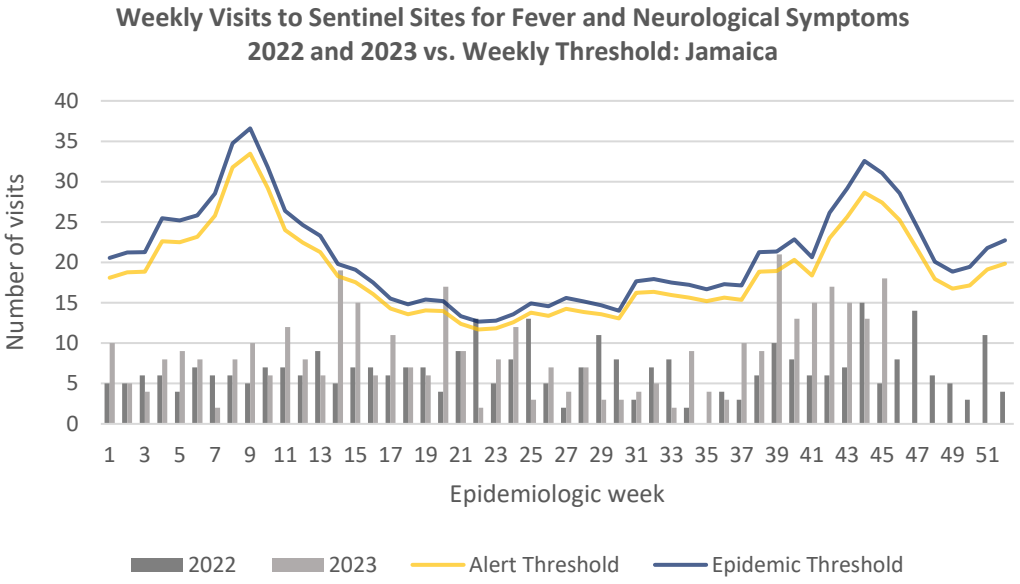
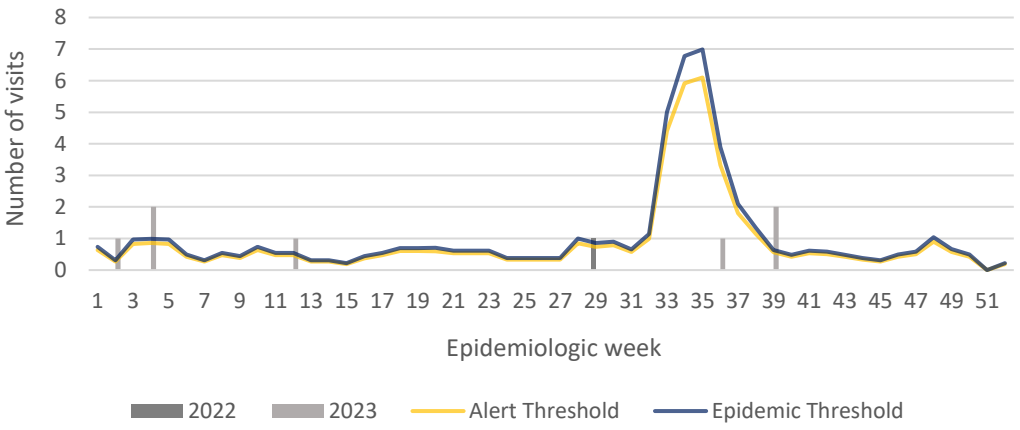
FEVER AND NEUROLOGICAL

Temperature of >38^{0}C /100.4^{0}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

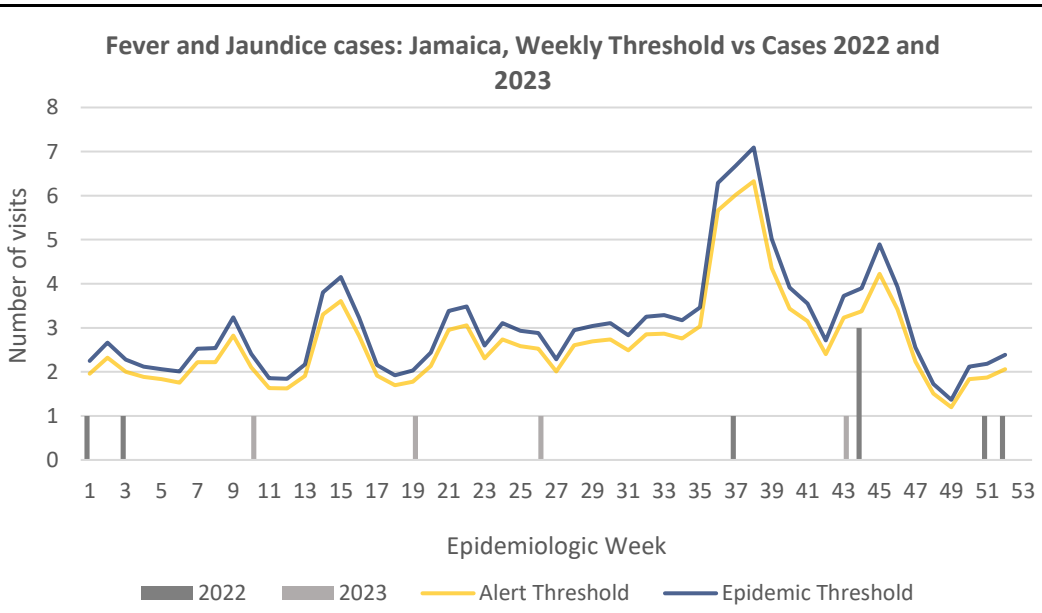
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



FEVER AND JAUNDICE

Temperature of >38^0C /100.4^0F (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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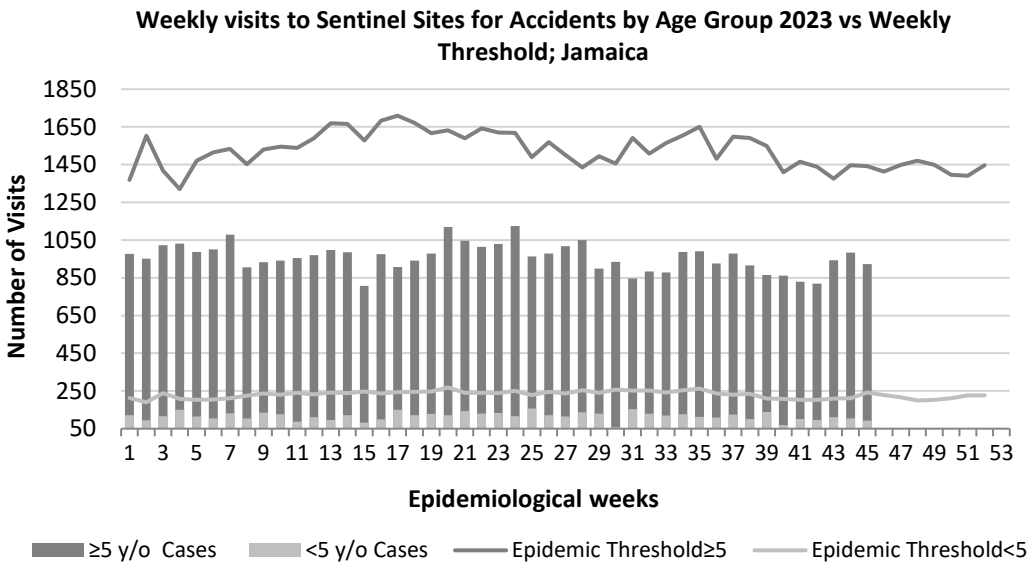
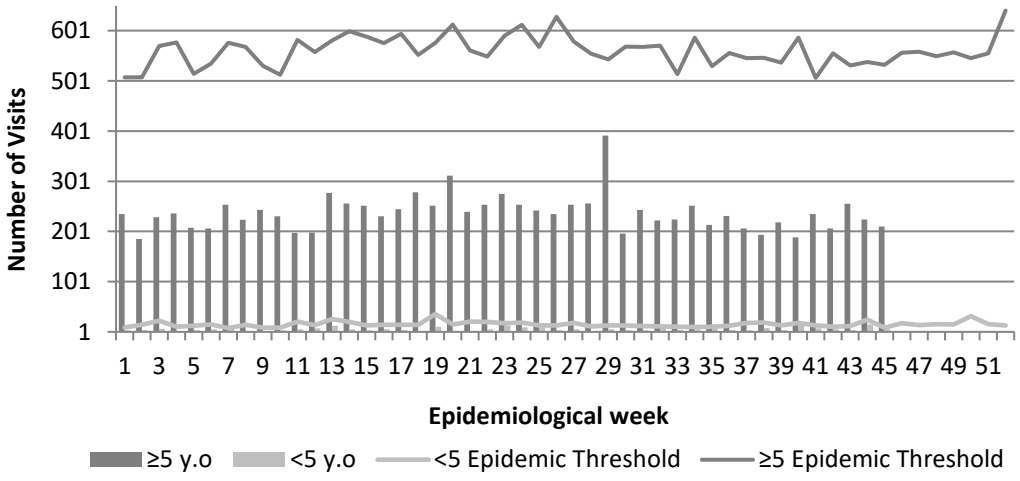
ACCIDENTS

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



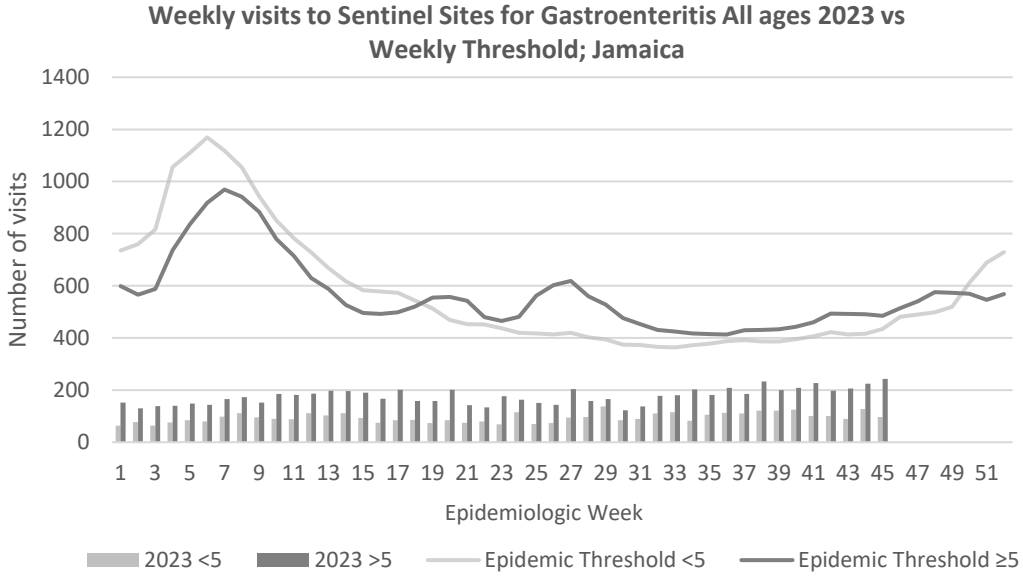
VIOLENCE

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		271[β]	186[β]
	Cholera		0	0
	Dengue Hemorrhagic Fever[γ]		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		3784	55369
	Hansen's Disease (Leprosy)		0	1
	Hepatitis B		52	26
	Hepatitis C		24	2
	HIV/AIDS		N/A	N/A
	Malaria (Imported)		3	2
	Meningitis		25	18
	Monkeypox		3	18
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
		Rubella	0	0
	Maternal Deaths[δ]		43	60
	Ophthalmia Neonatorum		119	125
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	2
	Tuberculosis		39	33
	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.

[α] Figures are cumulative totals for all epidemiological weeks year to date.

NA- Not Available

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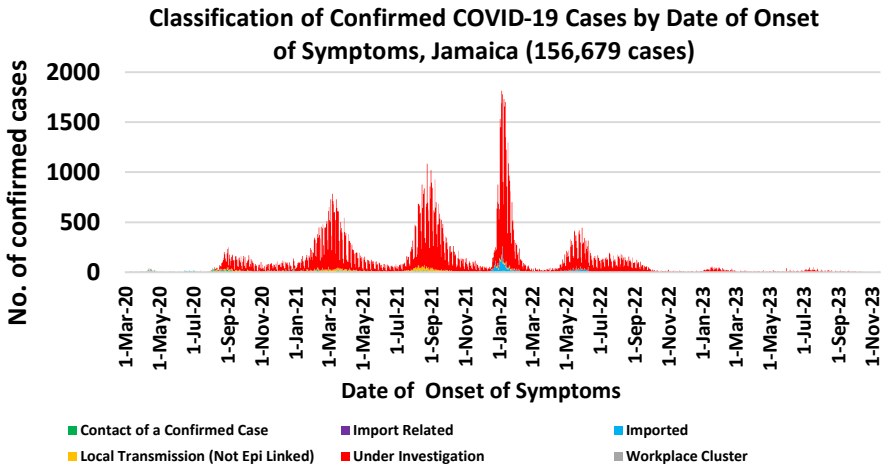
COVID-19 Surveillance Update

March 10, 2020 – EW 45, 2023

CASES	EW 45	Total
Confirmed	11	156679
Females	5	90301
Males	6	66375
Age Range	3 months to 85 years	1 day to 108 years

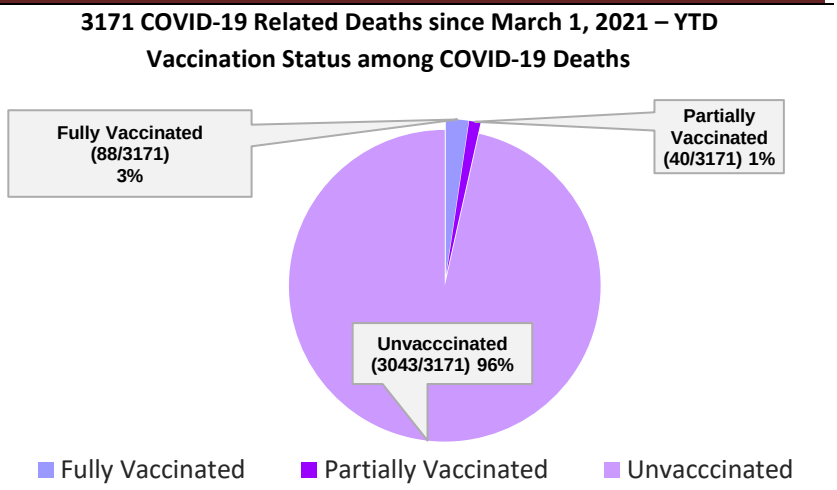
* 3 positive cases had no gender specification
* PCR or Antigen tests are used to confirm cases



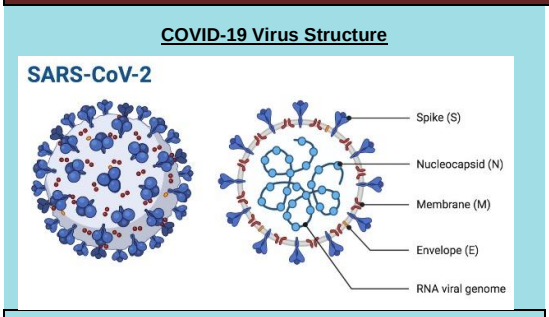
COVID-19 Outcomes

Outcomes	EW 45	Total
ACTIVE *2 weeks*		18
DIED – COVID Related	0	3733
Died - NON COVID	0	349
Died - Under Investigation	0	254
Recovered and discharged	1	103221
Repatriated	0	93
Total		156679

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

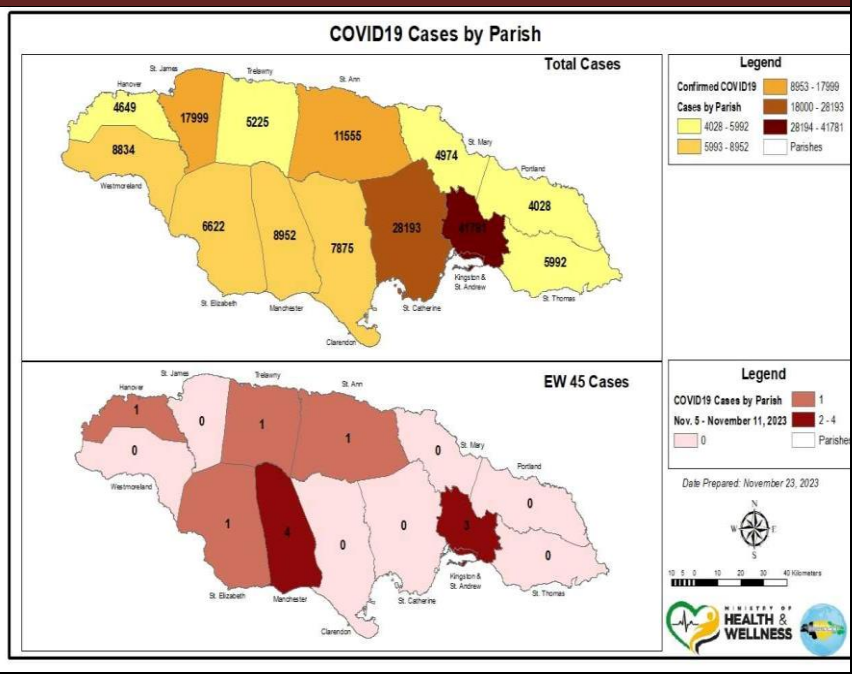


COVID-19 Parish Distribution and Global Statistics



COVID-19 WHO Global Statistics EW42-EW45

Epi Week	Confirmed Cases	Deaths
42	134,771	756
43	120,656	636
44	135,890	584
45	128,082	480
Total (4weeks)	**519,399**	**2,456**



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November 29 , 2023 ISSN 0799-3927

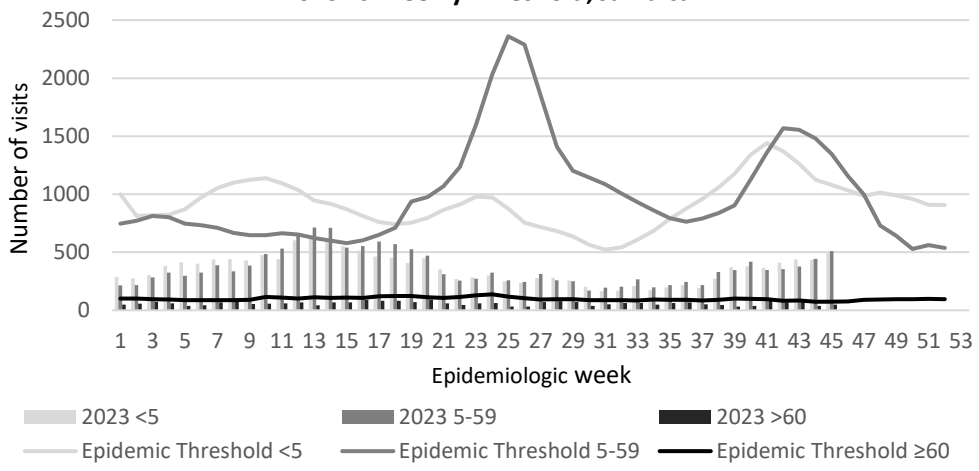
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 45

November 05 – November 11, 2023 Epidemiological Week 45

	EW 45	*YTD*
SARI cases	13	501
Total Influenza positive Samples	**0**	**191**
Influenza A	**0**	**27**
H3N2	0	1
H1N1pdm09	0	25
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	1	19

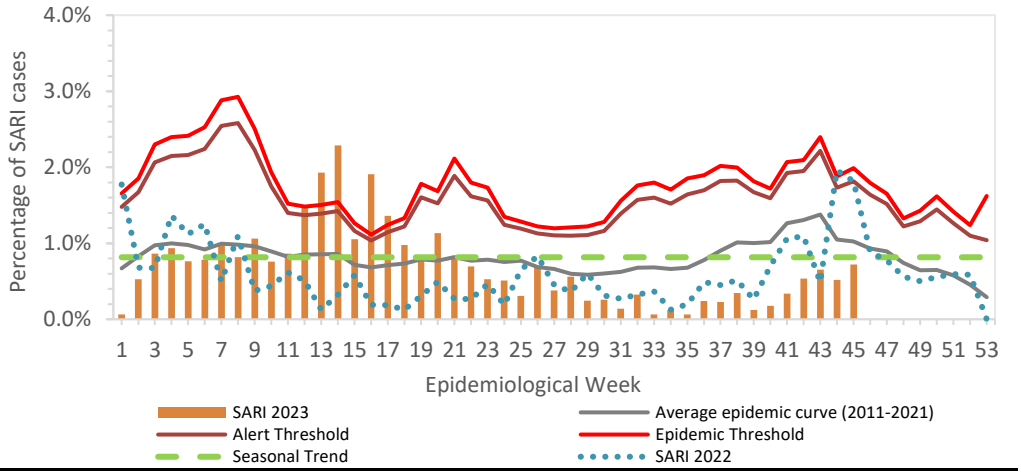
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2023 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 45, thirteen (13) SARI admissions were reported.

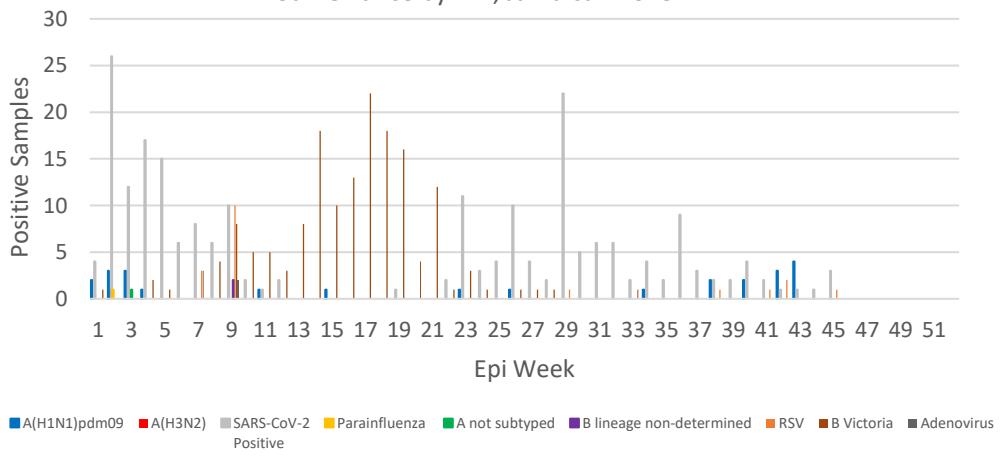
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2023) (compared with 2011-2021)



Caribbean Update EW 45

Caribbean: Influenza activity has increased in the last two EWs to moderate levels. During this period, the predominant viruses have been influenza A(H1N1)pdm09, followed by influenza A(H3N2) and influenza B/Victoria. RSV activity has also increased to moderate levels. SARS-CoV-2 activity, although continuing to decline, remains at moderate levels. Cases of ILI and SARI have remained stable in the last four EWs, with a higher proportion of SARI cases associated with SARS-CoV-2. In Jamaica, SARS-CoV-2 activity continues to decline with low levels of circulation, while RSV and influenza continue to rise in the last two EWs, with pneumonia levels at the threshold of moderate activity.

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



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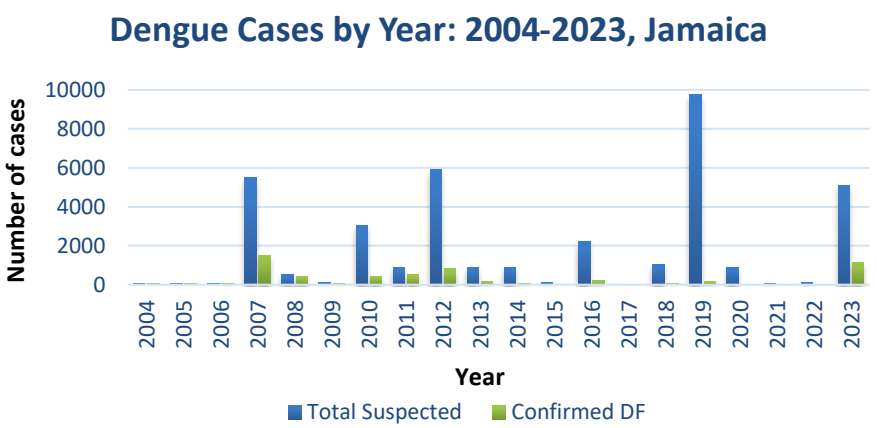
November 29 , 2023 ISSN 0799-3927

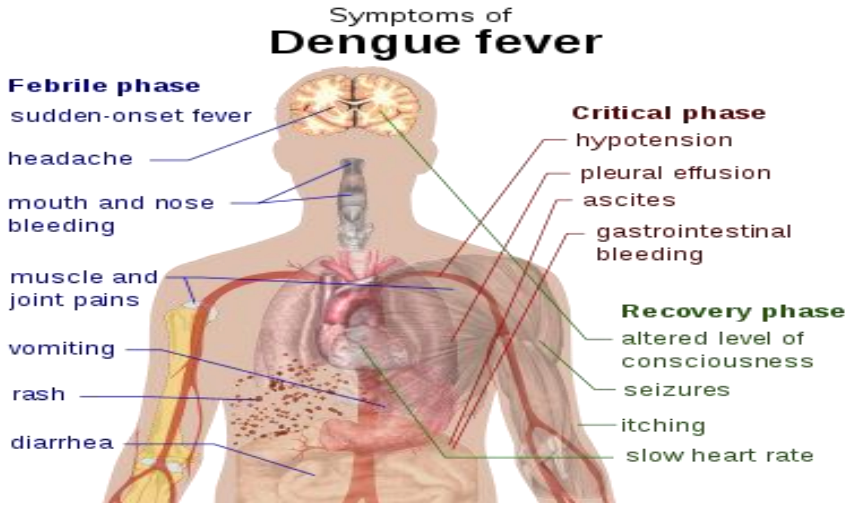
Dengue Bulletin

November 05– November 11, 2023 Epidemiological Week 45 | Epidemiological Week 45



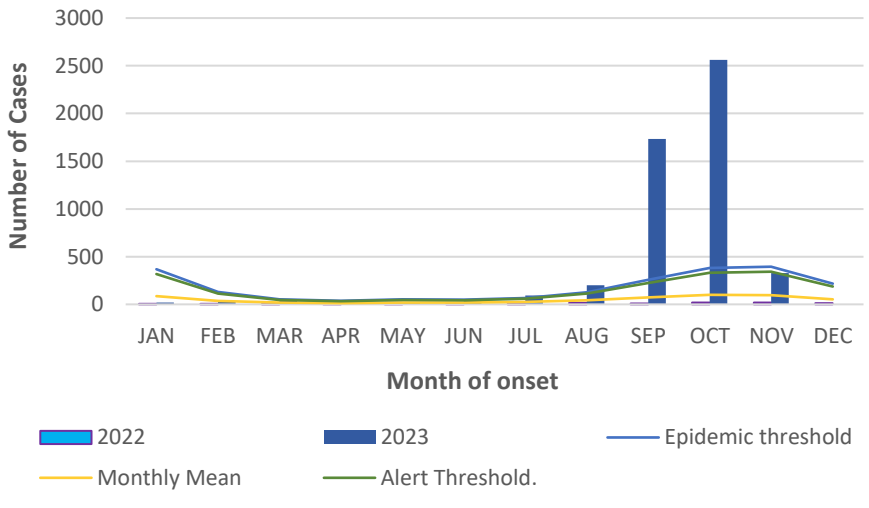
Reported suspected and confirmed dengue with symptom onset in week 45 of 2023

	2023*	
	EW 45	YTD
Total Suspected & Confirmed Dengue Cases	150	5110
Lab Confirmed Dengue cases	4	1154
CONFIRMED Dengue Related Deaths	0	2



Points to note:

- *Figure as at November 23 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

NHRC_22_P15

Surgical procedures in the elderly at the University Hospital of the West Indies between 2016 and 2021

Toppin P[1], Reid S[1], Roberts P[1], Tennant I[1], Eldemire-Shearer D[2]

[1]Department of Surgery, Radiology, Anaesthesia and Intensive Care, University of the West Indies, Mona, [2]Department of Community Health and Psychiatry, University of the West Indies, Mona

Objectives: To evaluate changes in the pattern of elderly patients undergoing surgery at the UHWI between 2016 and 2021, emphasising the effect of the SARS-COV-2 pandemic.

Methods: Data were extracted from the database in the main operating theatre of the UHWI. Cases done between January 1, 2016, and December 31, 2021, were included. The post-pandemic period was defined as after February 2020. Patients over 64 years were classified as elderly, and those older than 79 as very elderly. Categorical data were compared using the Chi-squared test and continuous data using the Wilcoxon rank sum test.

Results: 21,972 cases were included, 16,872 in the pre-pandemic period and 5,913 in the post-pandemic. Elderly and very elderly patients made up 23% and 5.4 % of the patients, respectively. There was a fall in the number of cases done post-pandemic. However, the proportion of elderly and very elderly patients did not change ($p = 0.14$, $p = 0.15$ respectively). The percentage of elderly patients undergoing emergency surgery increased (33% to 43%, $p < 0.01$) post-pandemic. The percentage of elderly female patients also increased post-pandemic (53% to 56%, $p = 0.03$). The number of hernia repairs done post-pandemic fell significantly, amputations, colectomies and hip replacements remained common especially in patients over 79.

Conclusion: The elderly and very elderly form a disproportionately large subset of surgical patients at the UHWI, and the SARS-COV-2 pandemic significantly impacted this group. The overall number, sex and procedure distribution changed post-pandemic.

The Ministry of Health and Wellness
24-26 Grenada Crescent
Kingston 5, Jamaica
Tele: (876) 633-7924
Email: surveillance@moh.gov.jm