

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Endometriosis



Endometriosis is a disease in which tissue similar to the lining of the uterus grows outside the uterus. It can cause severe pain in the pelvis and make it harder to get pregnant. Endometriosis can start at a person's first menstrual period and last until menopause.

With endometriosis, tissue similar to the lining of the uterus grows outside the uterus. This leads to inflammation and scar tissue forming in the pelvic region and (rarely) elsewhere in the body. The cause of endometriosis is unknown. There is no known way to prevent endometriosis. There is no cure, but its symptoms can be treated with medicines or, in some cases, surgery. It causes a chronic inflammatory reaction that may result in the formation of scar tissue (adhesions, fibrosis) within the pelvis and other parts of the body.

Several lesion types have been described:

- superficial endometriosis found mainly on the pelvic peritoneum
- cystic ovarian endometriosis (endometrioma) found in the ovaries
- deep endometriosis found in the recto-vaginal septum, bladder, and bowel
- in rare cases, endometriosis has also been found outside the pelvis.

Symptoms

Endometriosis often causes severe pain in the pelvis, especially during menstrual periods. Some people also have pain during sex or when using the bathroom. Some people have trouble getting pregnant. Some people with endometriosis don't have any symptoms. For those who do, a common symptom is pain in the lower part of the belly (pelvis). Pain may be most noticeable:

- during a period
- during or after sex
- when urinating or defecating.
- chronic pelvic pain
- heavy bleeding during periods or between periods
- trouble getting pregnant
- bloating or nausea
- fatigue
- depression or anxiety.

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

EPI WEEK 44



Syndromic Surveillance

Accidents

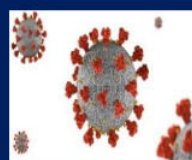
Violence

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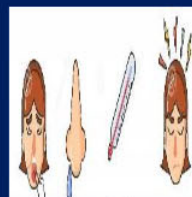
Class 1 Notifiable Events

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Research Paper

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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 – 41 to 44 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													
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
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

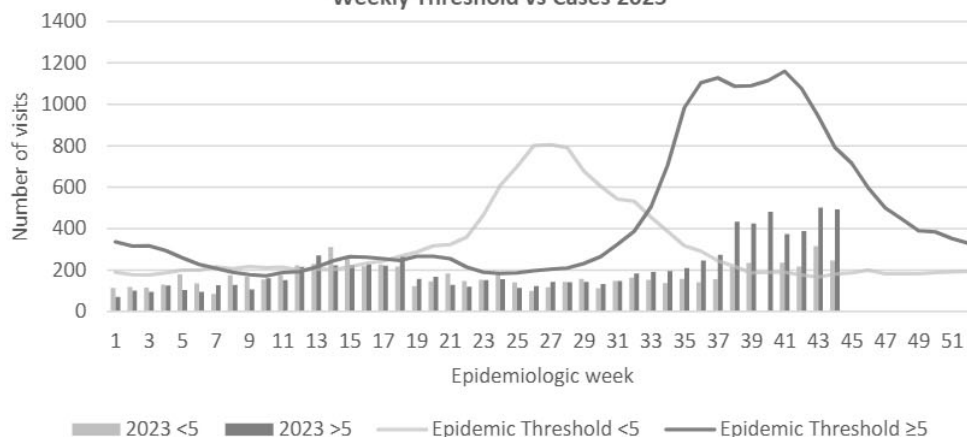
REPORTS FOR SYNDROMIC SURVEILLANCE

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



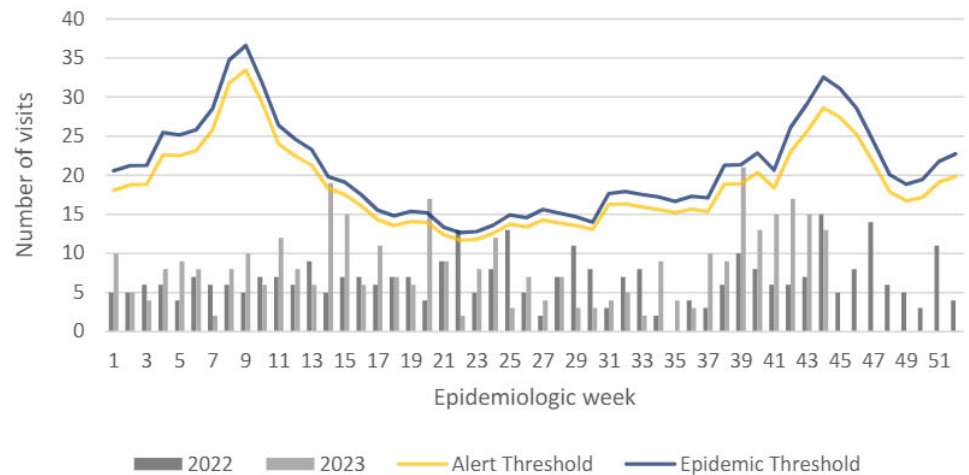
SENTINEL REPORT- 78 sites. Automatic reporting

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).



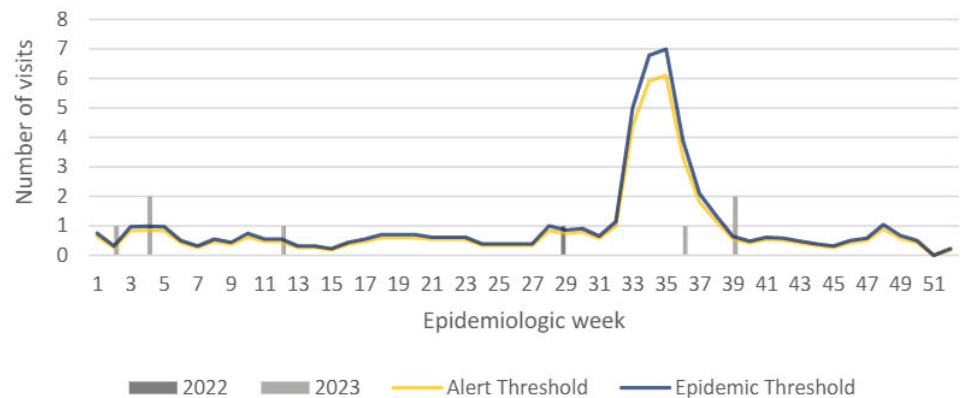
Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms
2022 and 2023 vs. Weekly Threshold: Jamaica

**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

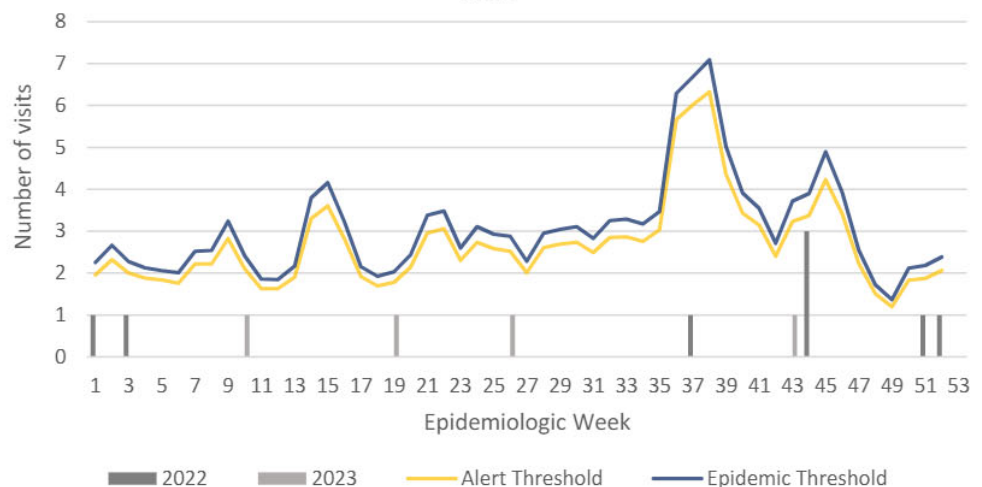
**FEVER AND JAUNDICE**

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
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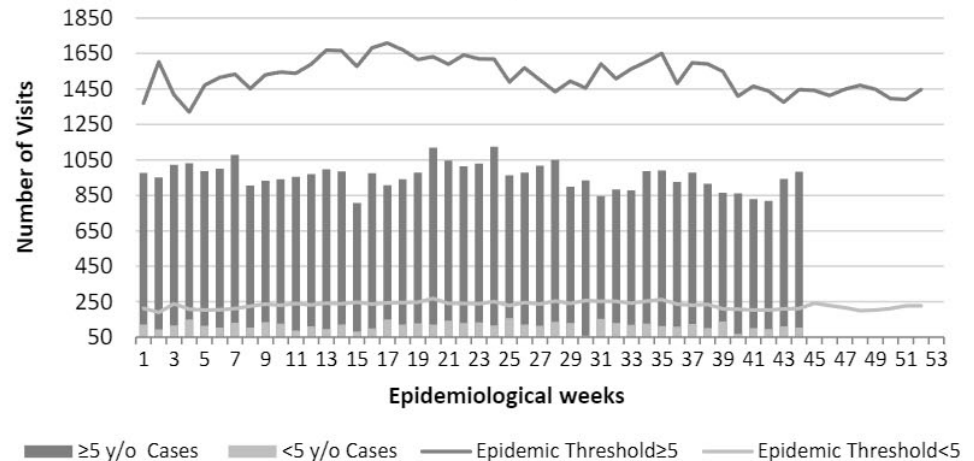
SENTINEL
REPORT- 78 sites.
Automatic reporting

ACCIDENTS

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



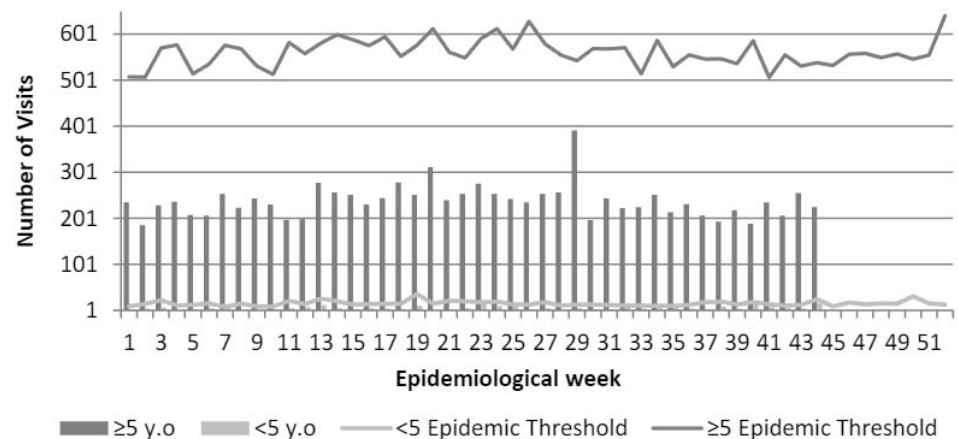
Weekly visits to Sentinel Sites for Accidents by Age Group 2023 vs Weekly Threshold; Jamaica

**VIOLENCE**

Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.



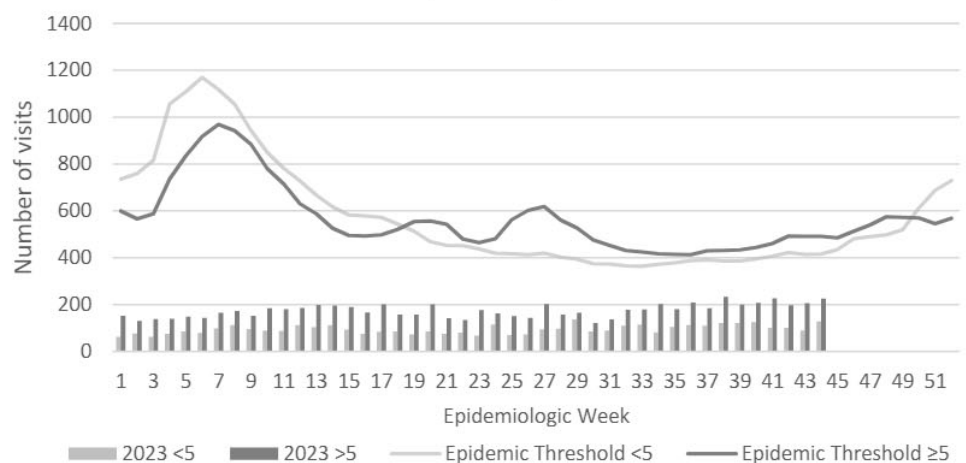
Weekly visits to Sentinel Sites for Violence by Age Group 2023 vs Weekly Threshold; Jamaica

**GASTROENTERITIS**

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.



Weekly visits to Sentinel Sites for Gastroenteritis All ages 2023 vs Weekly Threshold; Jamaica



4 NOTIFICATIONS-
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CLASS ONE NOTIFIABLE EVENTS				Comments
	CLASS 1 EVENTS	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.
		CURRENT YEAR 2023	PREVIOUS YEAR 2022	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	269 ^β	186 ^β	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Cholera	0	0	
	Dengue Hemorrhagic Fever ^γ	See Dengue page below	See Dengue page below	
	COVID-19 (SARS-CoV-2)	3774	55317	^γ Dengue Hemorrhagic Fever data include Dengue related deaths;
	Hansen's Disease (Leprosy)	0	0	
	Hepatitis B	51	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	
	Meningitis	25	18	^ε CHIKV IgM positive cases
	Monkeypox	3	17	
EXOTIC/ UNUSUAL	Plague	0	0	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis	0	0	^θ Zika PCR positive cases
	Neonatal Tetanus	0	0	
	Typhoid Fever	0	0	
	Meningitis H/Flu	0	0	^β Updates made to prior weeks.
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	
		Rubella	0	
	Maternal Deaths ^δ	42	60	
	Ophthalmia Neonatorum	117	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	NA- Not Available

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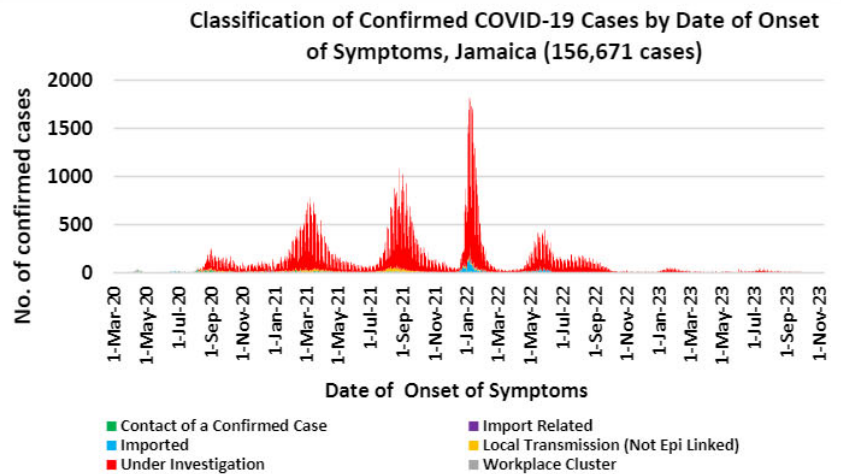


SENTINEL
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COVID-19 Surveillance Update

March 10, 2020 – EW 44, 2023

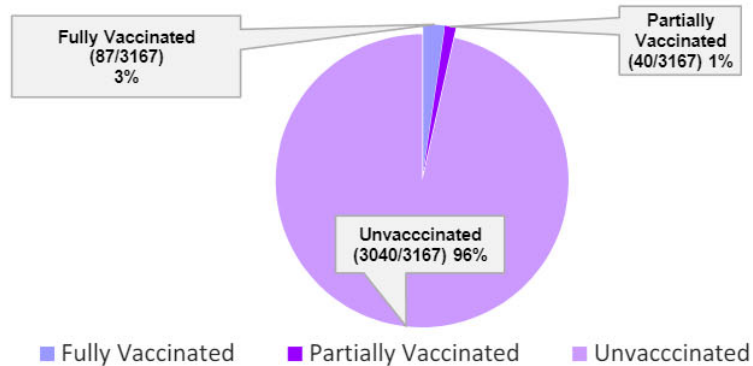
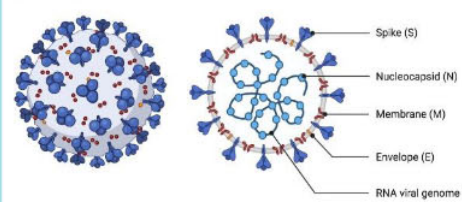
CASES	EW 44	Total
Confirmed	7	156671
Females	3	90295
Males	4	66373
Age Range	4 years to 83 years	1 day to 108 years
* 3 positive cases had no gender specification * PCR or Antigen tests are used to confirm cases		

**COVID-19 Outcomes**

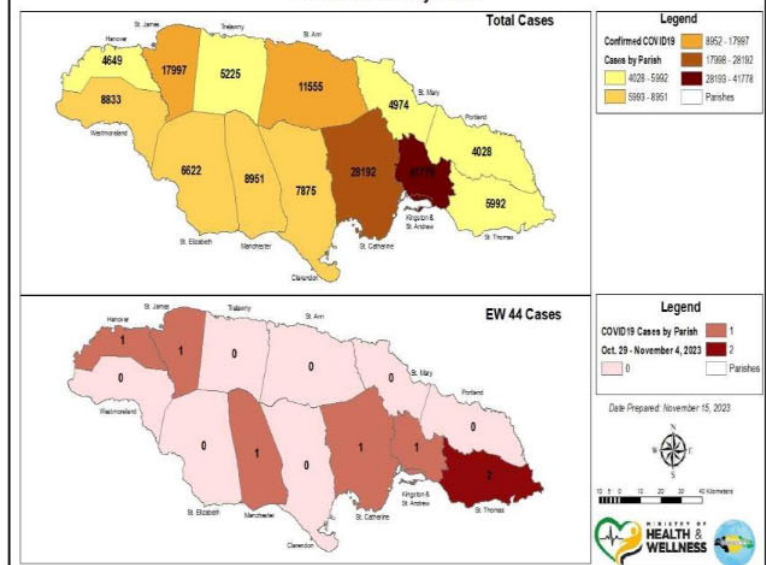
Outcomes	EW 44	Total
ACTIVE *2 weeks*		14
DIED – COVID Related	0	3729
Died - NON COVID	0	349
Died - Under Investigation	0	255
Recovered and discharged	0	103219
Repatriated	0	93
Total		156671

*Vaccination programme March 2021 – YTD

* Total as at current Epi week

3167 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 EW41-EW44**

Epi Week	Confirmed Cases	Deaths
41	113,677	1,863
42	114,830	500
43	77,151	520
44	0	0
Total (4weeks)	305,658	2,883

COVID19 Cases by Parish

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 All clinical sites

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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 44

October 29 – November 4, 2023 Epidemiological Week 44

	EW 44	YTD
SARI cases	9	488
Total Influenza positive Samples	0	188
Influenza A	0	24
H3N2	0	1
H1N1pdm09	0	22
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	18

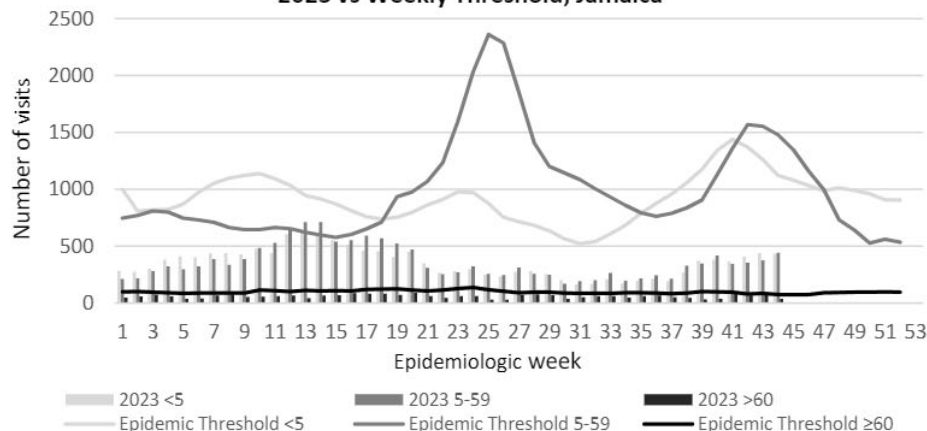
Epi Week Summary

During EW 44, nine (9) SARI admissions were reported.

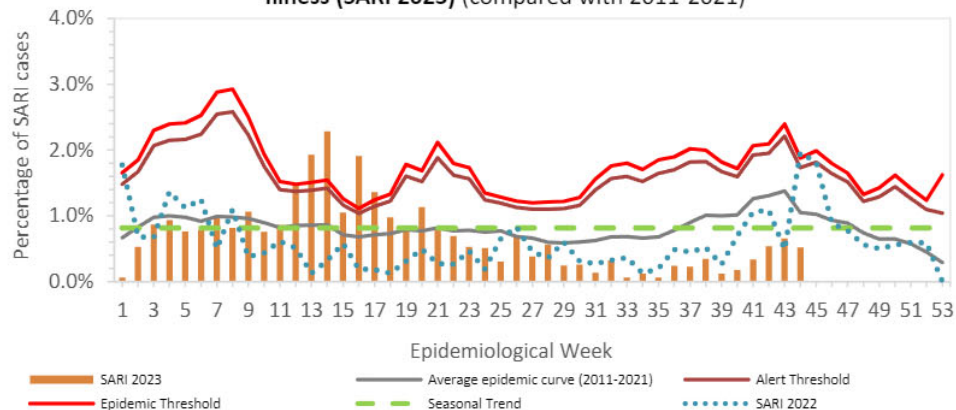
Caribbean Update EW 44

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, followed by influenza A(H3N2). RSV activity has remained low, showing a slight increase. SARS-CoV-2 activity has remained at intermediate levels, with a decreasing trend in the last four EWs. Cases of ILI and SARI have shown a decreasing trend in the last four EWs. Barbados, Guyana, Jamaica, and Saint Lucia have maintained high levels of SARS-CoV-2 circulation.

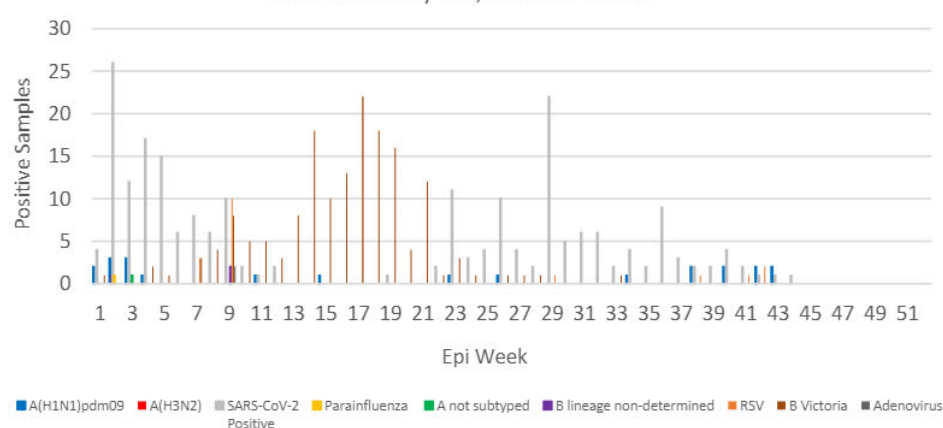
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2023 vs Weekly Threshold; Jamaica



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



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



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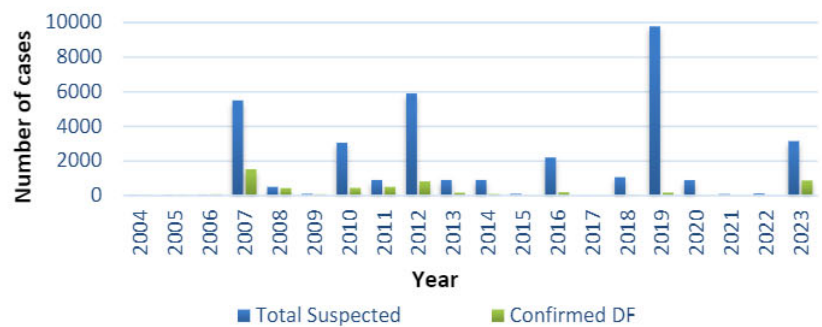
Dengue Bulletin

October 29– November 4, 2023 Epidemiological Week 44


Epidemiological Week 44



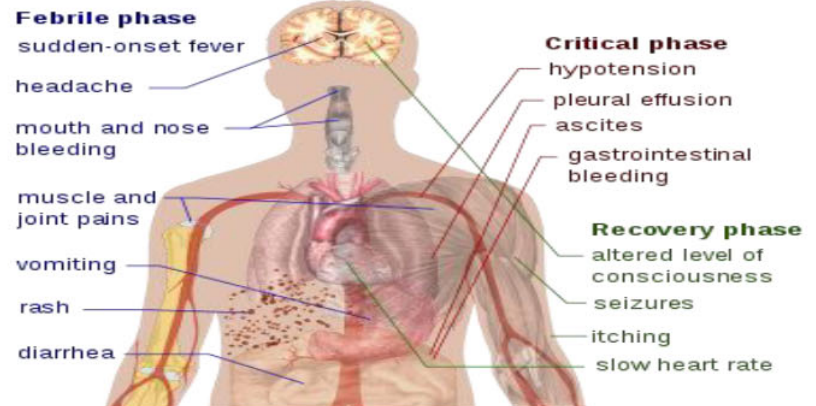
Dengue Cases by Year: 2004-2023, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 44 of 2023

	2023*	
	EW 44	YTD
 Total Suspected & Confirmed Dengue Cases	6	3147
Lab Confirmed Dengue cases	3	870
CONFIRMED Dengue Related Deaths	0	2

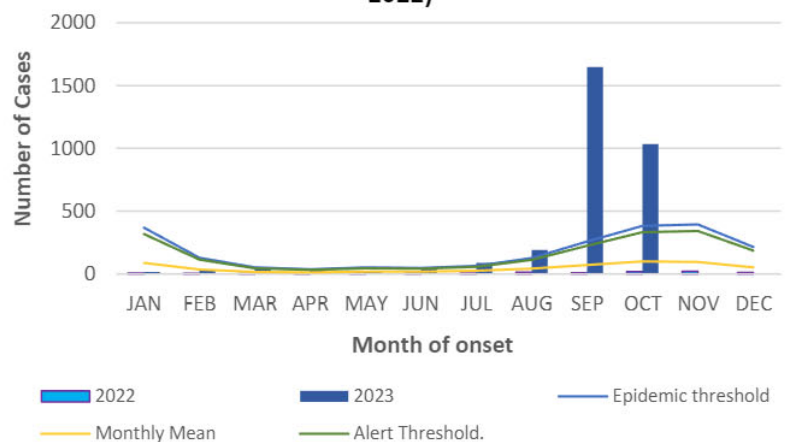
Symptoms of Dengue fever



Points to note:

- *Figure as at November 4, 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)



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RESEARCH PAPER

Abstract

NHRC_22_O10

A five-year review of maternal and fetal outcomes for women with Hypertensive disorders of Pregnancy (HDP) at public hospitals in the South East Regional Health Authority (SERHA) Jamaica

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¹Ministry of Health & Wellness, Jamaica, ²University of the West Indies, Jamaica, ³Pan American Health Organization, Trinidad and Tobago, ⁴Victoria Jubilee Hospital & Kingston & St. Andrew Health Department, Jamaica

Objective: To describe maternal and fetal outcomes in women with HDP who delivered at public hospitals in SERHA, 2015–2019.

Methods: A retrospective review was conducted to determine the frequency of HDP among women treated at public hospitals within SERHA between 2015 and 2019.

A sample of 917 hospital records was reviewed including 194 records of patients with eclampsia (100%), 443 with pre-eclampsia (1 in 4 records), 129 gestational hypertension (1 in 10) and 151 normotensives. Logistic regression was used to determine factors associated with HDP using normotensive women as comparison. Analysis was done using SPSS 21 and STATA 16 software.

Results: Of 76,668 deliveries, 2,814 (3.7%) were to mothers with HDP. A high proportion of the babies with low birth weight was born to women with eclampsia (46%) and pre-eclampsia (47%) compared to 9.9 % among normotensive women. Antepartum stillbirths were more common among women with eclampsia (38.9%) than among those with pre-eclampsia (17.9%) $p = 0.027$. Women 20 years and younger were at greatest risk of eclampsia (OR 1.9, 95% CI, 1.2–3.2) than women 20–34 years and women with eclampsia were 19 times more likely to have a Caesarean Section (OR 19.0, 95%CI, 10.1–36.2). Women 35 years and older were three times more likely to have gestational hypertension (OR 3.4, 95%CI, 1.7–6.9) than women aged 20–34.

Conclusion: HDP complications are associated with adverse maternal and perinatal outcomes. Improved antenatal monitoring and response to HDP are necessary for better outcomes especially among the youngest and oldest mothers.



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9 NOTIFICATIONS-
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