

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

HIV/AIDS



Human immunodeficiency virus (HIV) is an infection that attacks the body's immune system. Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of the disease. HIV can be treated and prevented with antiretroviral therapy (ART). Untreated HIV can progress to AIDS, often after many years. WHO now defines

Advanced HIV Disease (AHD) as CD4 cell count less than 200 cells/mm³ or WHO stage 3 or 4 in adults and adolescents. All children with HIV younger than 5 years of age are considered to have advanced HIV disease.

Transmission

HIV can be transmitted via the exchange of a variety of body fluids from people living with HIV, such as blood, breast milk, semen and vaginal secretions. HIV can also be transmitted during pregnancy and delivery to the child. People cannot become infected through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water. It is important to note that people with HIV who are taking ART and have an undetectable viral load do not transmit HIV to their sexual partners. Early access to ART and support to remain on treatment is therefore critical not only to improve the health of people with HIV but also to prevent HIV transmission.

Treatment

There is no cure for HIV infection. It is treated with antiretroviral drugs, which stop the virus from replicating in the body. Current antiretroviral therapy (ART) does not cure HIV infection but allows a person's immune system to get stronger. This helps them to fight other infections. Currently, ART must be taken every day for the rest of a person's life. ART lowers the amount of the virus in a person's body. This stops symptoms and allows people to live a full and healthy life. People living with HIV who are taking ART and who have no evidence of virus in the blood will not spread the virus to their sexual partners. Pregnant women with HIV should have access to and take ART as soon as possible. This protects the health of the mother and will help prevent HIV from passing to the fetus before birth, or to the baby through breast milk.

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

EPI WEEK 46



Syndromic Surveillance

Accidents

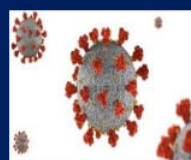
Violence

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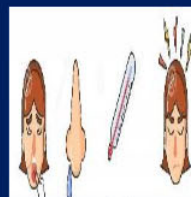
Class 1 Notifiable Events

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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 – 43 to 46 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													
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
46	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

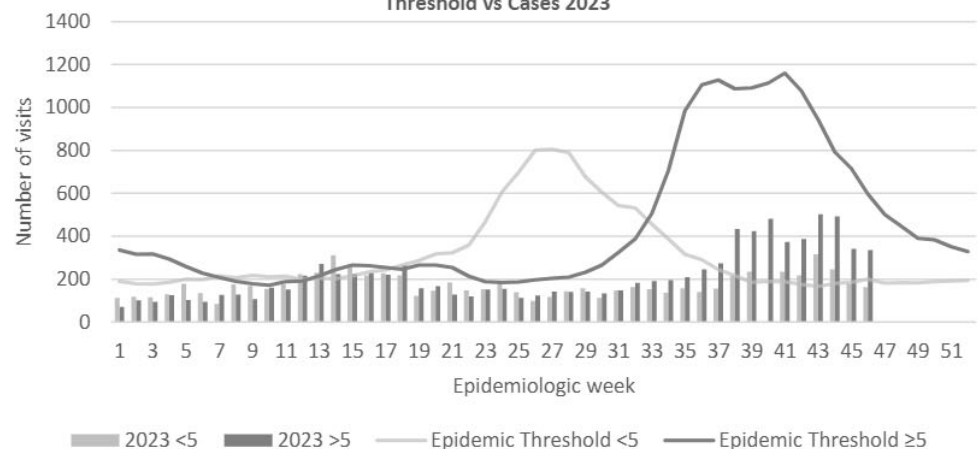
REPORTS FOR SYNDROMIC SURVEILLANCE

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



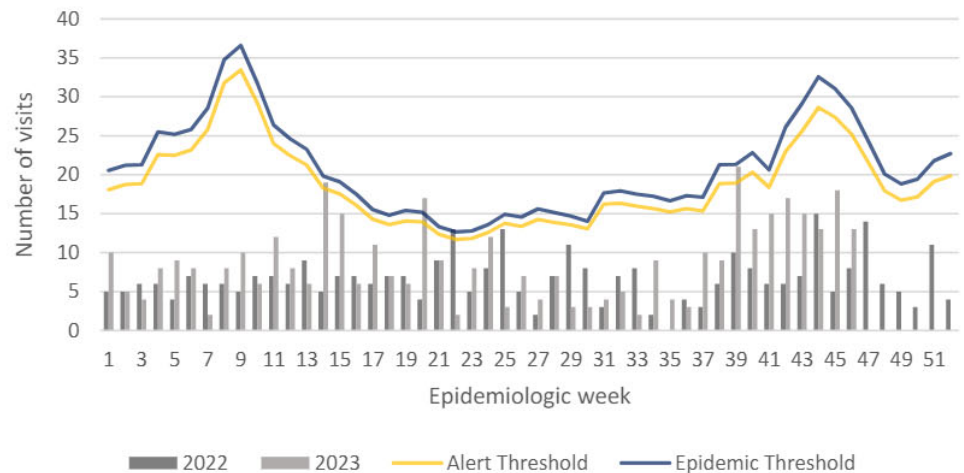
SENTINEL REPORT- 78 sites. Automatic reporting

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).



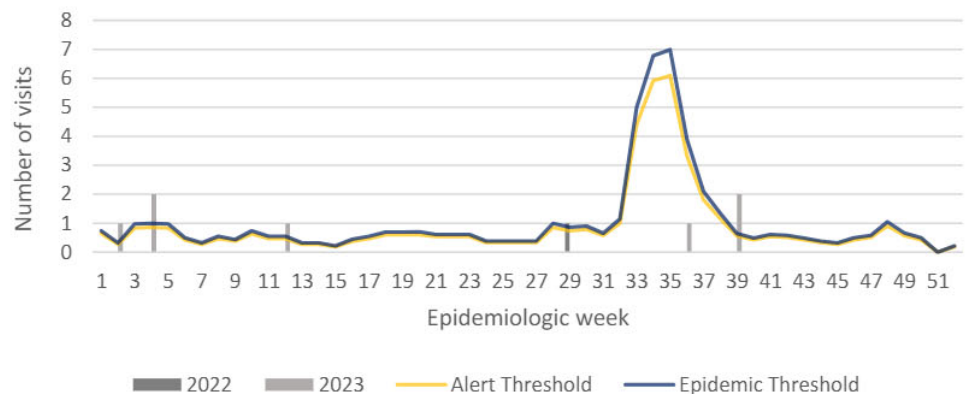
Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms
2022 and 2023 vs. Weekly Threshold: Jamaica

**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

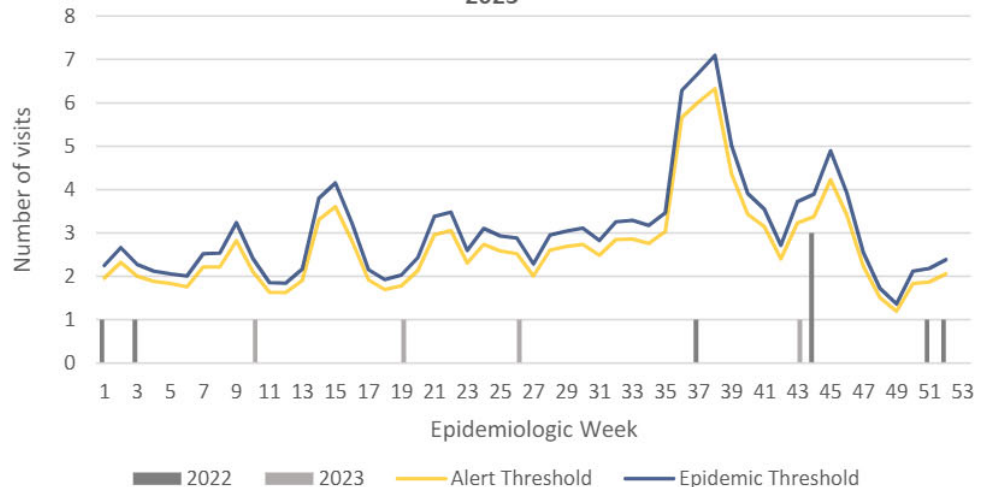
**FEVER AND JAUNDICE**

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
REPORTS- Detailed Follow
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ACTIVE
SURVEILLANCE-
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SENTINEL
REPORT- 78 sites.
Automatic reporting

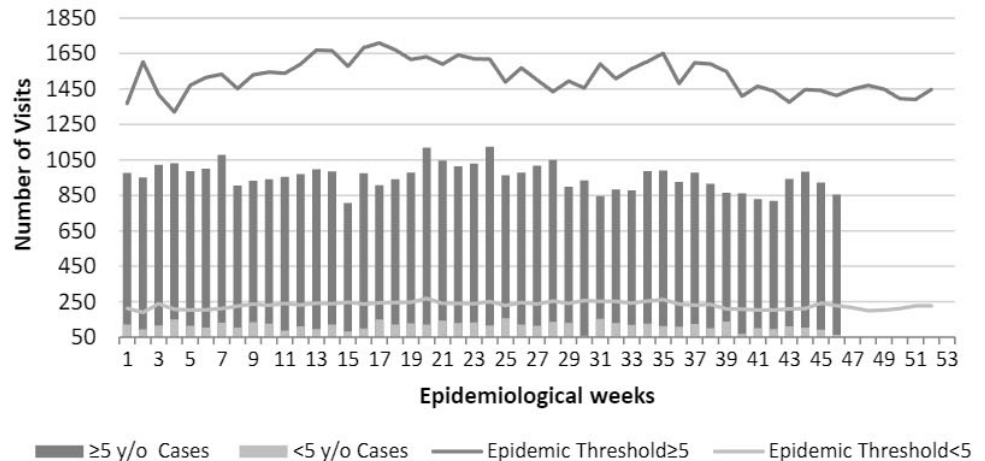


ACCIDENTS

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



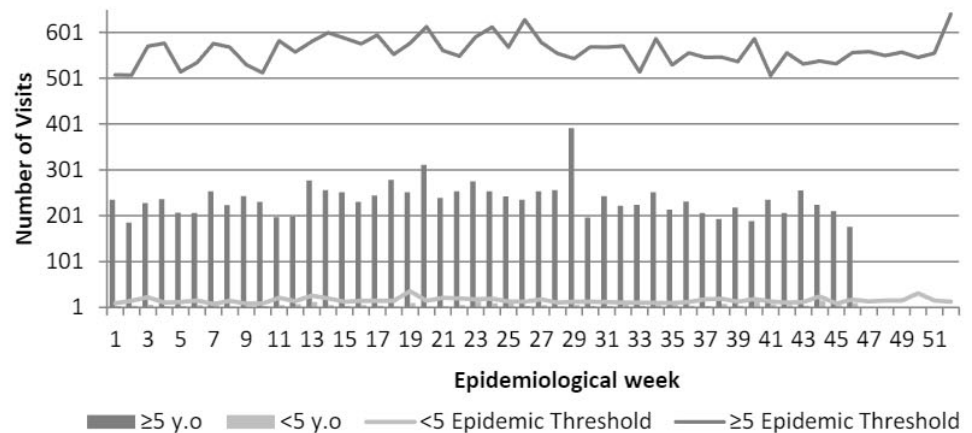
Weekly visits to Sentinel Sites for Accidents by Age Group 2023 vs Weekly Threshold; Jamaica

**VIOLENCE**

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



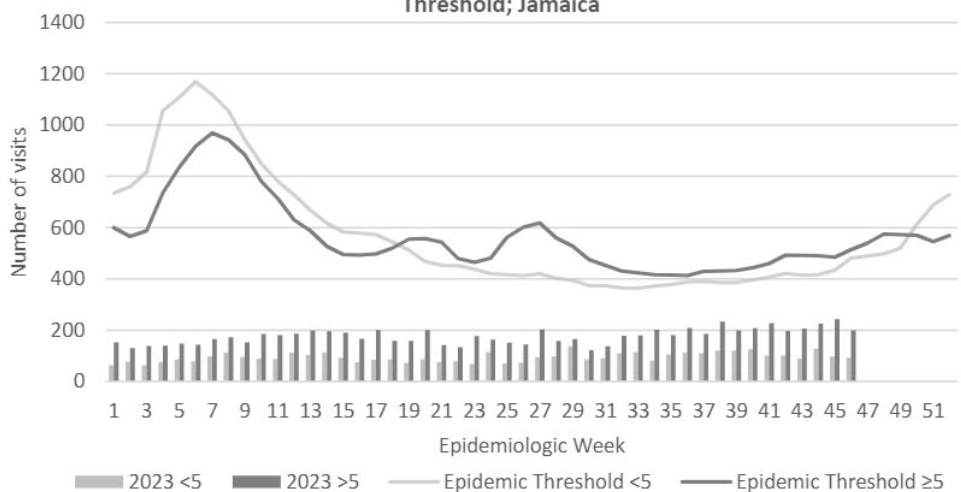
Weekly visits to Sentinel Sites for Violence by Age Group 2023 vs Weekly Threshold; Jamaica

**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-
All clinical
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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	271 ^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)	3792	55413	^γ Dengue Hemorrhagic Fever data include Dengue related deaths;
	Hansen's Disease (Leprosy)	0	1	
	Hepatitis B	53	31	
	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	27	18	^ε CHIKV IgM positive cases
	Monkeypox	3	18	
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	46	61	
	Ophthalmia Neonatorum	119	125	
	Pertussis-like syndrome	0	0	
	Rheumatic Fever	0	0	
	Tetanus	0	2	
	Tuberculosis	43	33	
	Yellow Fever	0	0	
	Chikungunya ^ε	0	0	
	Zika Virus ^θ	0	0	NA- Not Available

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NOTIFICATIONS-
All clinical
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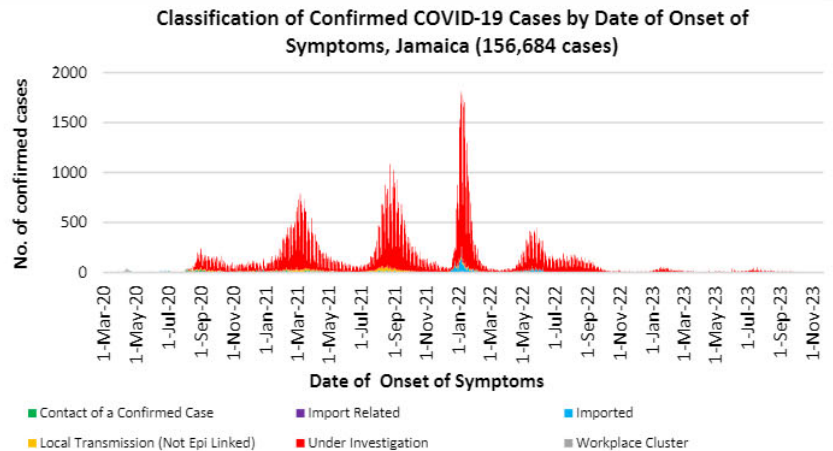


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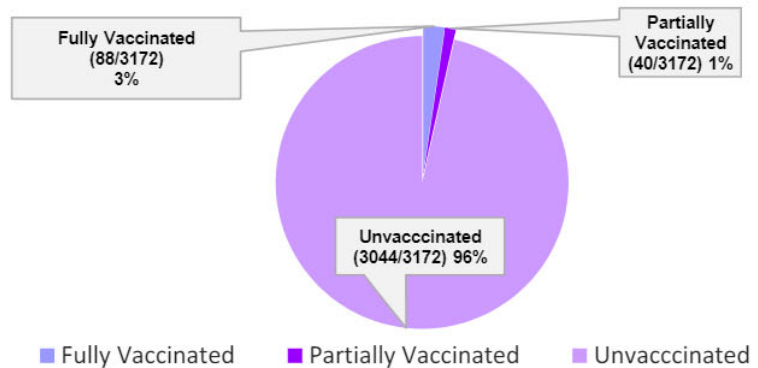
COVID-19 Surveillance Update

March 10, 2020 – EW 46, 2023

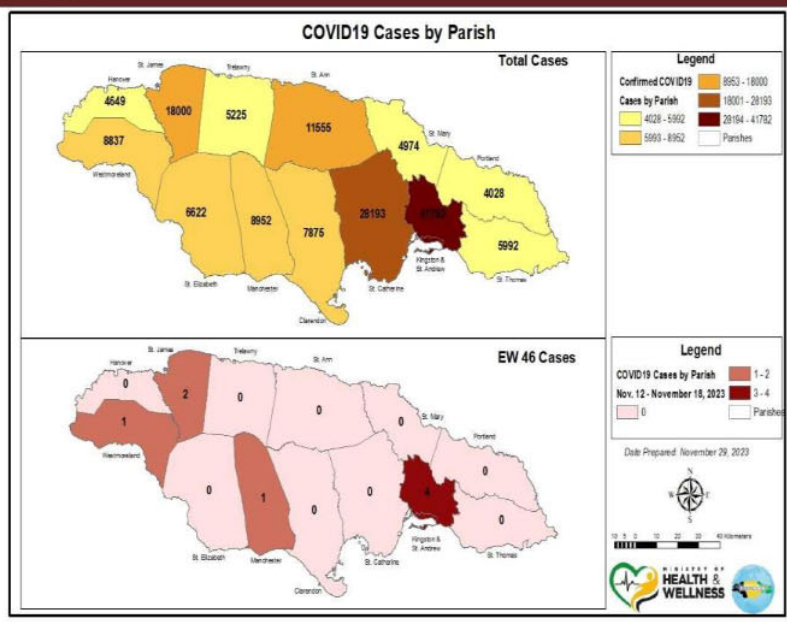
CASES	EW 46	Total
Confirmed	8	156684
Females	6	90303
Males	2	66378
Age Range	10 months to 93 years	1 day to 108 years
* 3 positive cases had no gender specification * PCR or Antigen tests are used to confirm cases		

**COVID-19 Outcomes**

Outcomes	EW 46	Total
ACTIVE *2 weeks*		19
DIED – COVID Related	0	3734
Died - NON COVID	0	349
Died - Under Investigation	0	255
Recovered and discharged	4	103224
Repatriated	0	93
Total		156684
*Vaccination programme March 2021 – YTD * Total as at current Epi week		

**3172 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		
COVID-19 WHO Global Statistics EW43-EW46		
Epi Week	Confirmed Cases	Deaths
43	125,511	754
44	130,409	620
45	144,351	687
46	99,914	216
Total (4weeks)	500,185	2,277



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All clinical sites



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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 46

November 12 – November 18, 2023 Epidemiological Week 46

	EW 46	YTD
SARI cases	8	509
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	0	20

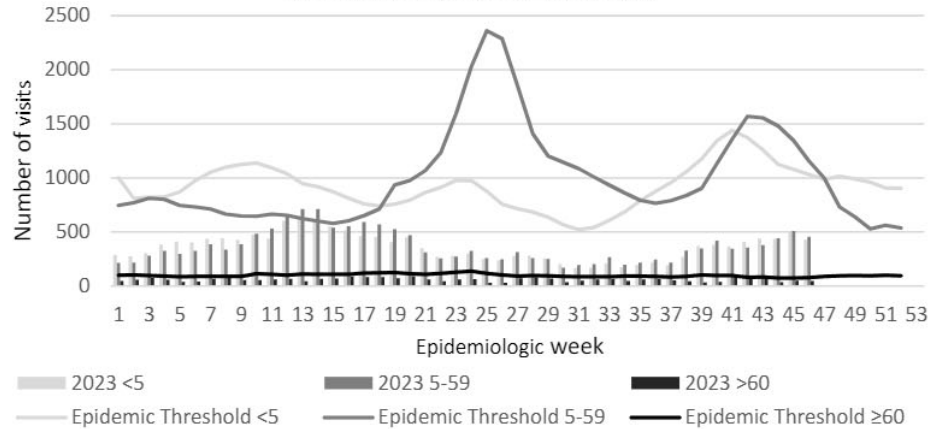
Epi Week Summary

During EW 46, eight (8) SARI admissions were reported.

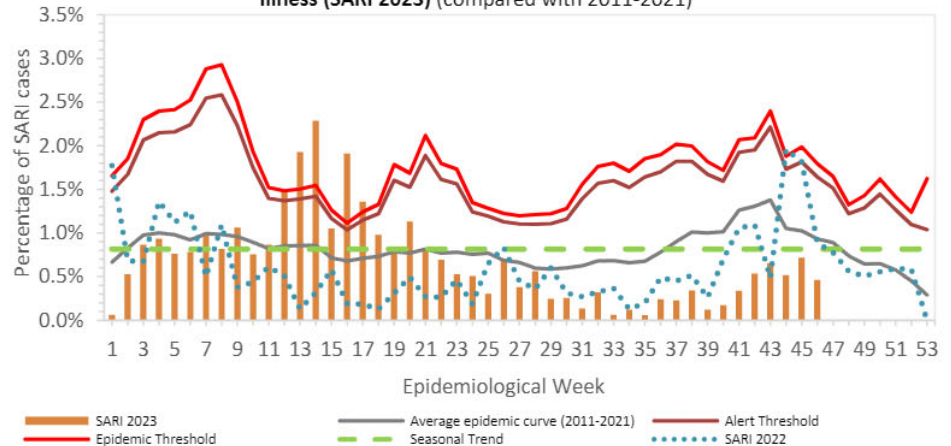
Caribbean Update EW 46

Caribbean: Influenza activity has fluctuated at moderate levels over the last four EWs. During this period, the predominant viruses have been influenza A(H1N1)pdm09, followed by influenza A(H3N2) and, to a lesser extent, influenza B/Victoria. RSV activity, after an increase in previous weeks, has experienced a decline in the last three EWs. SARS-CoV-2 activity continues to decrease, reaching low levels in the last EW. Cases of ILI and SARI have been declining in the last four EWs, with a higher proportion of SARI cases associated with influenza. The Dominican Republic continues to have elevated RSV activity, although decreasing in the last four EWs. In Jamaica, SARS-CoV-2 activity has slightly increased, accompanied by a pronounced rise in RSV activity in the last four EWs, with epidemic levels of pneumonia and acute respiratory infection.

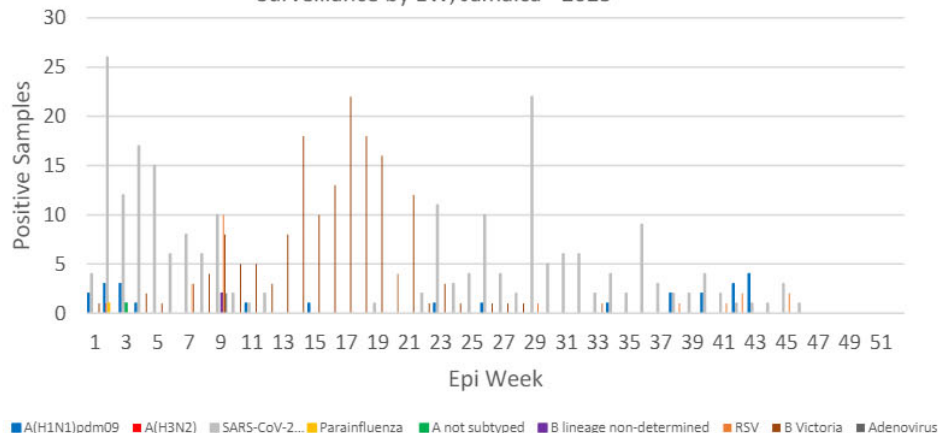
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2023 vs Weekly Threshold; Jamaica



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



7 NOTIFICATIONS-
All clinical
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Dengue Bulletin

November 12– November 18, 2023 Epidemiological Week 46

Epidemiological Week 46



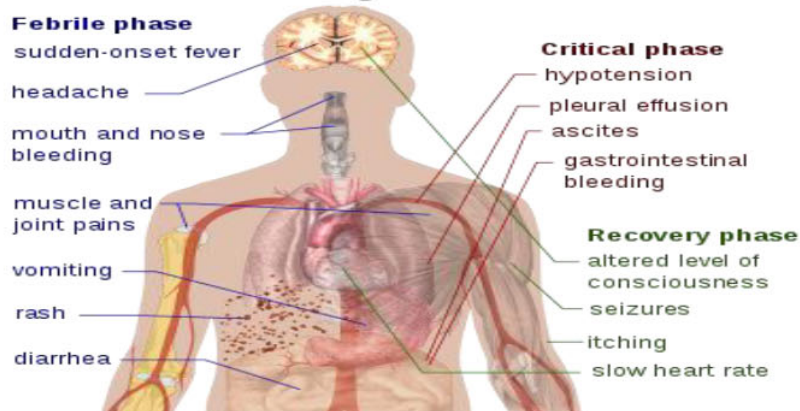
Dengue Cases by Year: 2004-2023, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 46 of 2023

	2023*	
	EW 46	YTD
Total Suspected & Confirmed Dengue Cases	86	5493
Lab Confirmed Dengue cases	1	1301
CONFIRMED Dengue Related Deaths	0	5

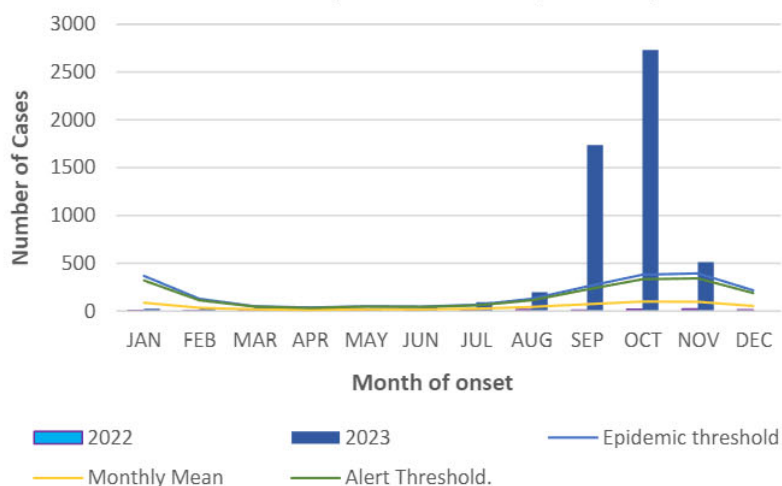
Symptoms of Dengue fever



Points to note:

- ***Figure as at November 30, 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_O12

Private physicians' adherence to administrative and clinical guidelines: results from pilot phase of the Public Private Partnership for Non-communicable Diseases Project

Rowe-Porter J¹, Skyers N¹, Thompson C²

¹The Ministry of Health and Wellness, Jamaica ² The University of the West Indies, Mona

Objective: To determine private physicians' adherence to clinical (Hypertension and Type 2 Diabetes Mellitus) and administrative guidelines in the provision of care to patients enrolled in the Private Partnership for Non-communicable Diseases programme (PPP4NCDs).

Methods: An audit was done of 51 patients medical records (41% of total) enrolled in the PPP4NCDs programme, among four private physicians participating in the PPP4NCDs pilot project (July 2021 to March 2022). Information relating to select variables were extracted from the records and compared with clinical and administrative guidelines established by the Ministry of Health and Wellness (MOHW). The medications prescribed for Hypertension and Diabetes Mellitus were matched against the MOHW's List of Vital Essential and Necessary (VEN) Drugs and Medical Sundries for Public Health Institutions, January 2020.

Results: Documentation of body mass index (BMI) was seen in 45% of the records reviewed, diet recommendation in 39%, medication history in 96% and compliance to medication in 45%. None of the medical records had documentation of waist circumference, foot inspection findings, or periodontal examination. Approximately 86% of records had the patient referral form from the health centre. Eighty seven percent and 71% of the drugs prescribed for Hypertension and Type 2 Diabetes Mellitus respectively appeared on the MOHW's VEN list.

Conclusion: There was limited adherence to clinical guidelines for the management of Hypertension and Type 2 Diabetes Mellitus. Ongoing training of private physicians in the clinical management of these conditions, and implementation of standardized documentation tool(s) may help to improve the quality of care of provided to patients.



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9 NOTIFICATIONS-
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