

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Alcohol



and cardiovascular diseases.

A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including those due to road traffic crashes, violence, and suicide. Fatal alcohol-related injuries tend to occur in relatively younger age groups. A causal relationship has been established between harmful drinking and incidence or outcomes of infectious diseases such as tuberculosis and HIV.

Alcohol consumption by an expectant mother may cause fetal alcohol syndrome (FAS) and pre-term birth complications.

Health, safety and socioeconomic problems attributable to alcohol can be reduced when governments formulate and implement appropriate policies.

Reducing the burden from harmful use of alcohol

Policy-makers are encouraged to take action on strategies that have shown to be effective and cost-effective. These include:

- regulating the marketing of alcoholic beverages (in particular to younger people);
- regulating and restricting the availability of alcohol;
- enacting appropriate drink-driving policies;
- reducing demand through taxation and pricing mechanisms;
- raising awareness of the health and social problems for individuals and society at large caused by the harmful use of alcohol;
- ensuring support for effective alcohol policies;
- providing accessible and affordable treatment for people with alcohol-use disorders; and
- implementing screening and brief intervention programmes in health services for hazardous and harmful drinking.

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

EPI WEEK 49



Syndromic Surveillance

Accidents

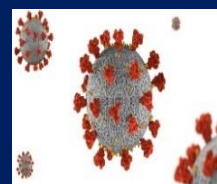
Violence

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Class 1 Notifiable Events

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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 - 46 to 49 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													
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
47	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
48	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
49	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

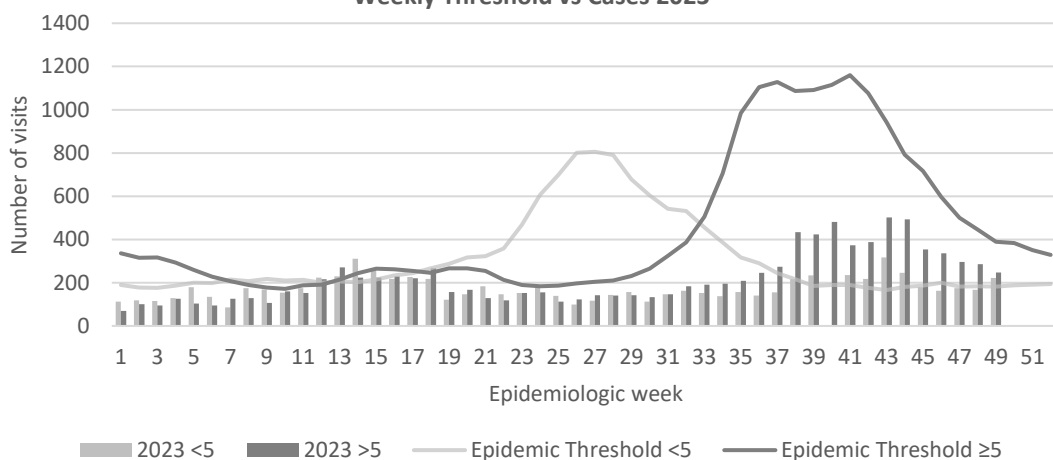
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

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



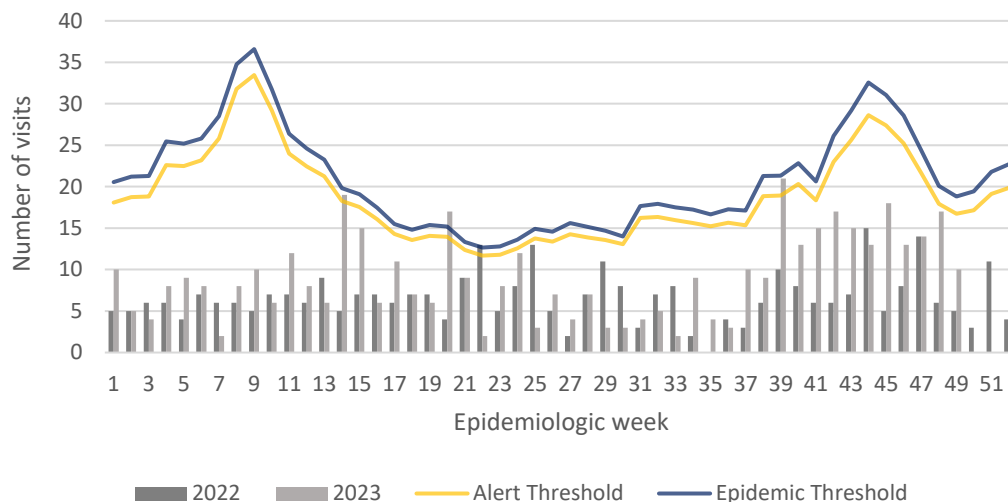
SENTINEL REPORT- 78 sites. Automatic reporting

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).



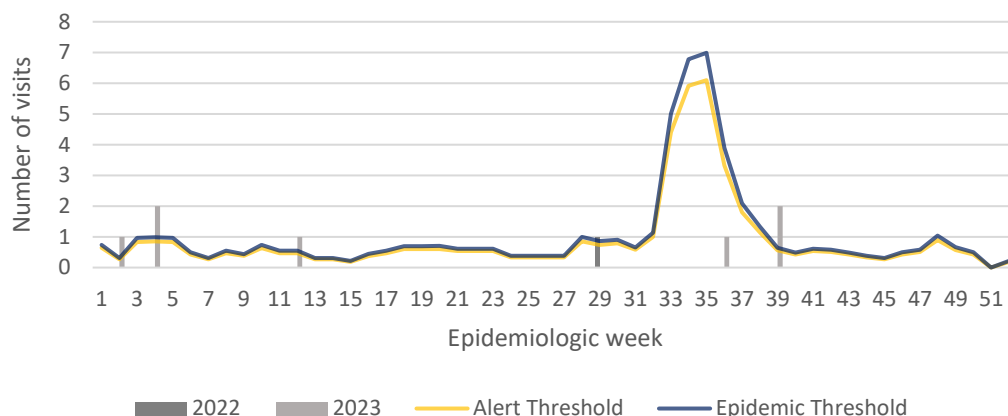
Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2022 and 2023 vs. Weekly Threshold: Jamaica

**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

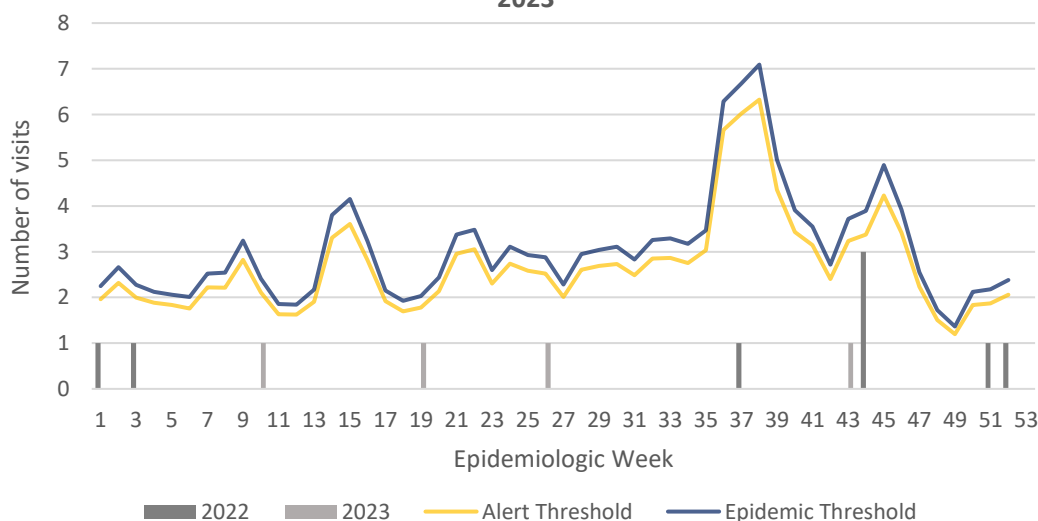
**FEVER AND JAUNDICE**

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 sites



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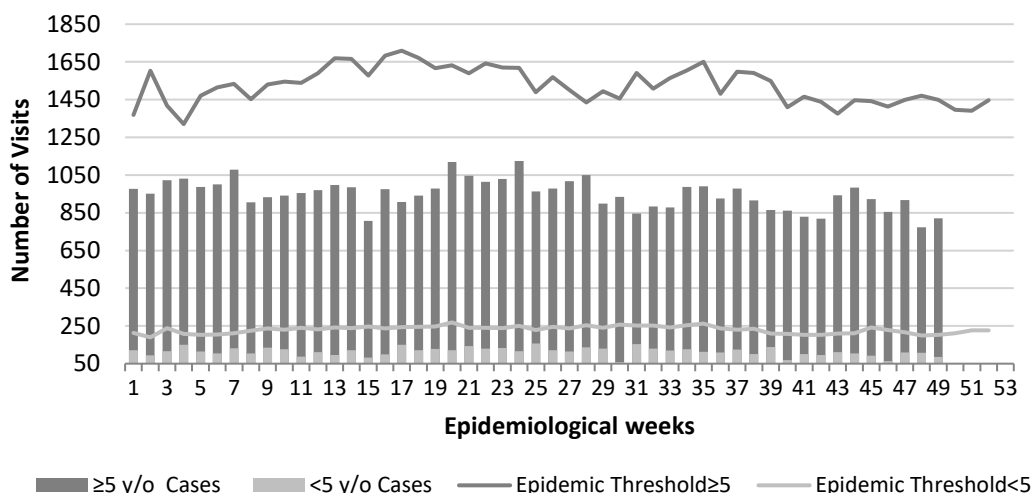
SENTINEL REPORT- 78 sites. Automatic reporting

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

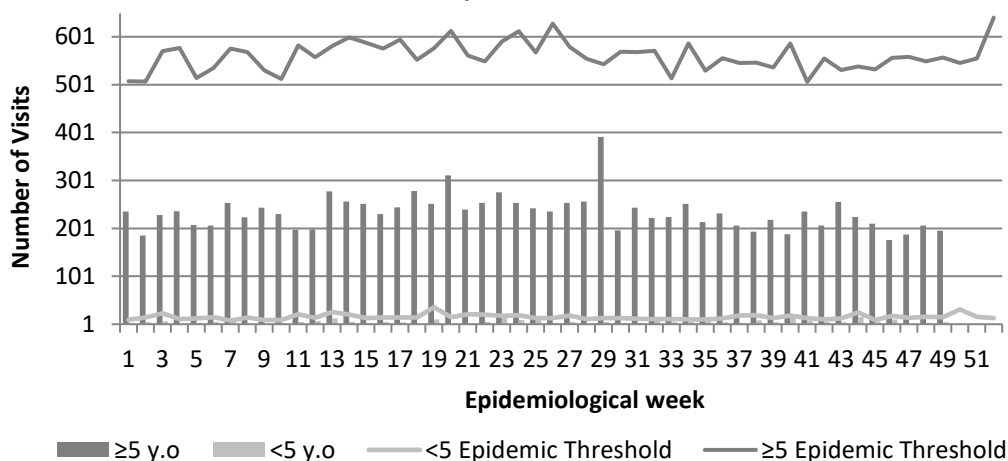


VIOLENCE

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

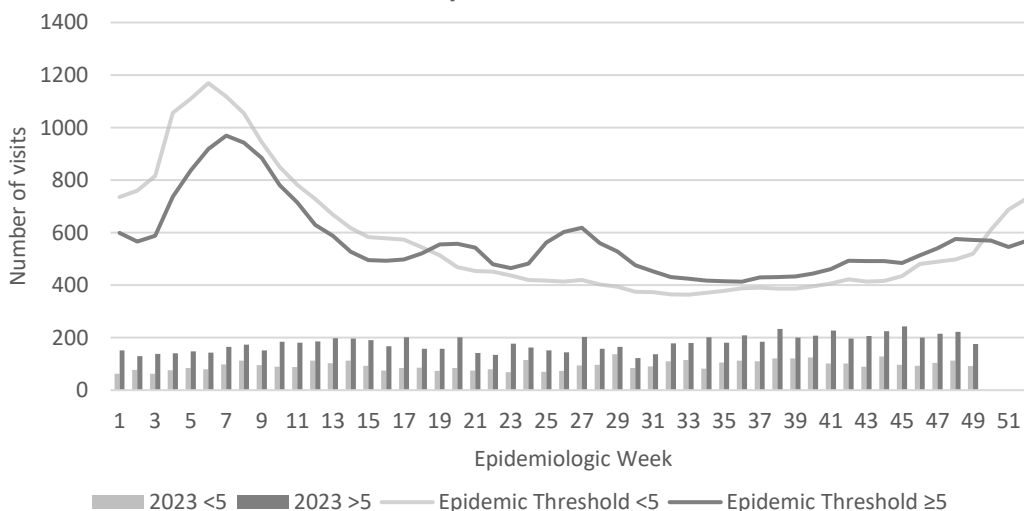


GASTROENTERITIS

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
sites



INVESTIGATION
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SENTINEL
REPORT- 78 sites.
Automatic reporting

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.
	CLASS 1 EVENTS		CURRENT YEAR 2023	PREVIOUS YEAR 2022	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		351 ^β	190 ^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	^γ Dengue Hemorrhagic Fever data include Dengue related deaths;
	COVID-19 (SARS-CoV-2)		3809	55561	
	Hansen’s Disease (Leprosy)		0	1	^δ Figures include all deaths associated with pregnancy reported for the period.
	Hepatitis B		53	31	
	Hepatitis C		25	2	^ε CHIKV IgM positive cases
	HIV/AIDS		N/A	N/A	
	Malaria (Imported)		3	2	^θ Zika PCR positive cases
	Meningitis		29	18	
	Monkeypox		3	18	^β Updates made to prior weeks.
EXOTIC/ UNUSUAL	Plague		0	0	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis		0	0	^α Figures are cumulative totals for all epidemiological weeks year to date.
	Neonatal Tetanus		0	0	
	Typhoid Fever		0	0	NA- Not Available
	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		53	63	
	Ophthalmia Neonatorum		119	125	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	2	
	Tuberculosis		53	46	
	Yellow Fever		0	0	
Chikungunya ^ε		0	0		
Zika Virus ^θ		0	0		



5 NOTIFICATIONS-
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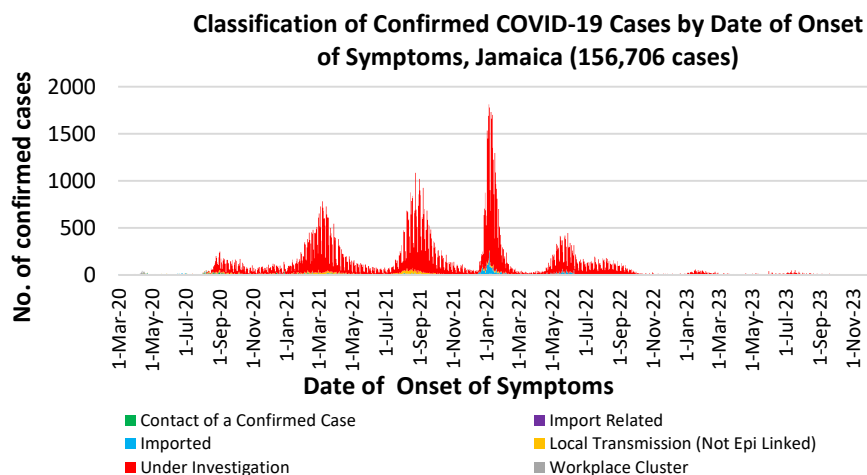


SENTINEL
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COVID-19 Surveillance Update

March 10, 2020 – EW 49, 2023

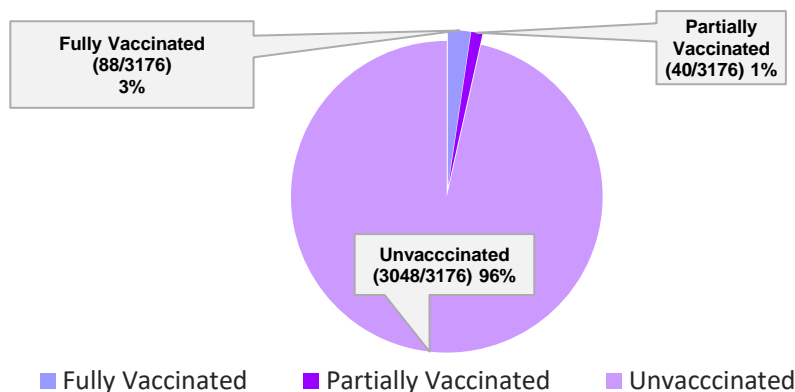
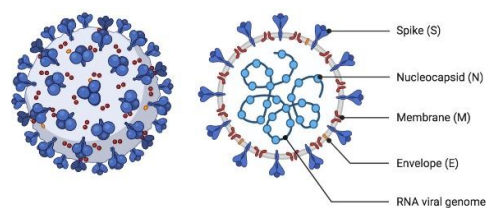
CASES	EW 49	Total
Confirmed	8	156706
Females	3	90312
Males	5	66391
Age Range	4 months to 95 years	1 day to 108 years
* 3 positive cases had no gender specification * PCR or Antigen tests are used to confirm cases		

**COVID-19 Outcomes**

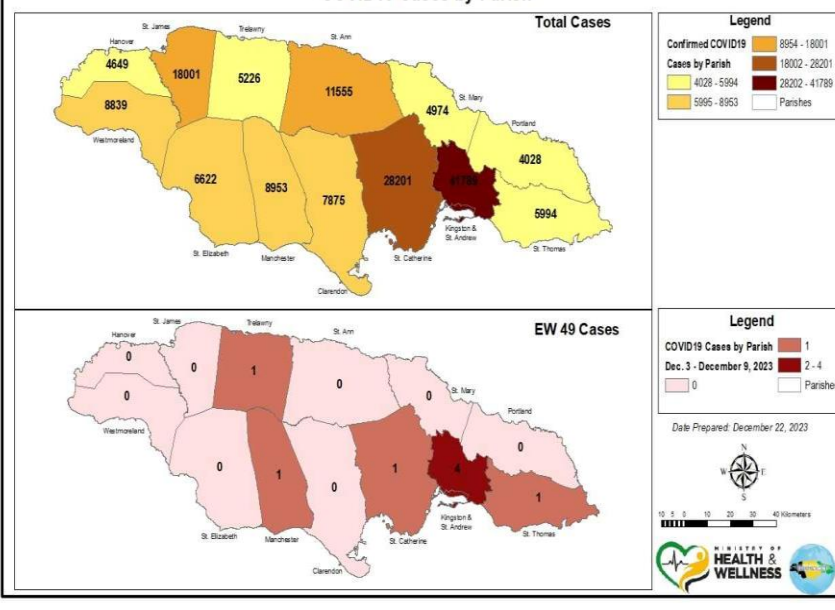
Outcomes	EW 49	Total
ACTIVE *2 weeks*		11
DIED – COVID Related	0	3738
Died - NON COVID	0	349
Died - Under Investigation	1	259
Recovered and discharged	0	103226
Repatriated	0	93
Total		156706

*Vaccination programme March 2021 – YTD

* Total as at current Epi week

**3176 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 EW46-EW49**

Epi Week	Confirmed Cases	Deaths
46	117,619	423
47	61,620	250
48	245,168	1021
49	430,266	1311
Total (4weeks)	854,673	3,005

COVID19 Cases by Parish

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All clinical sites



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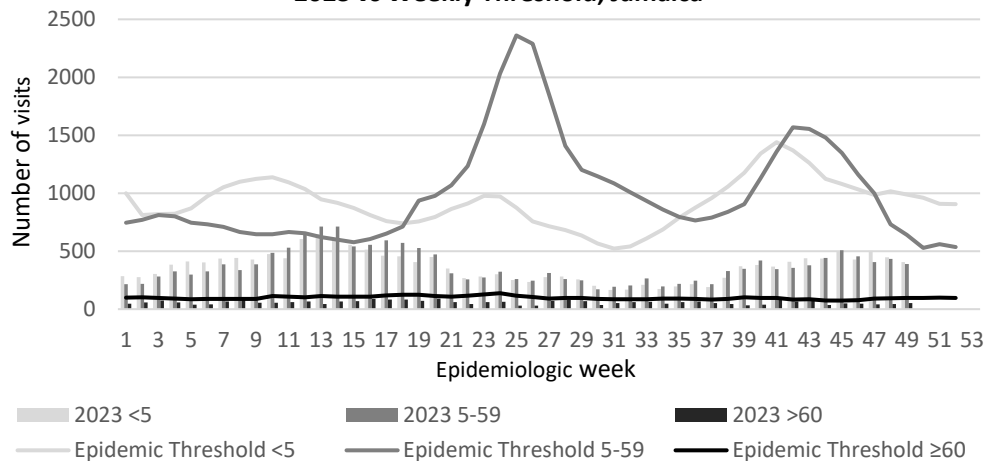
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 49

December 03 – December 09, 2023 Epidemiological Week 49

	EW 49	YTD
SARI cases	13	555
Total Influenza positive Samples	0	213
Influenza A	0	49
H3N2	0	1
H1N1pdm09	0	47
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	23

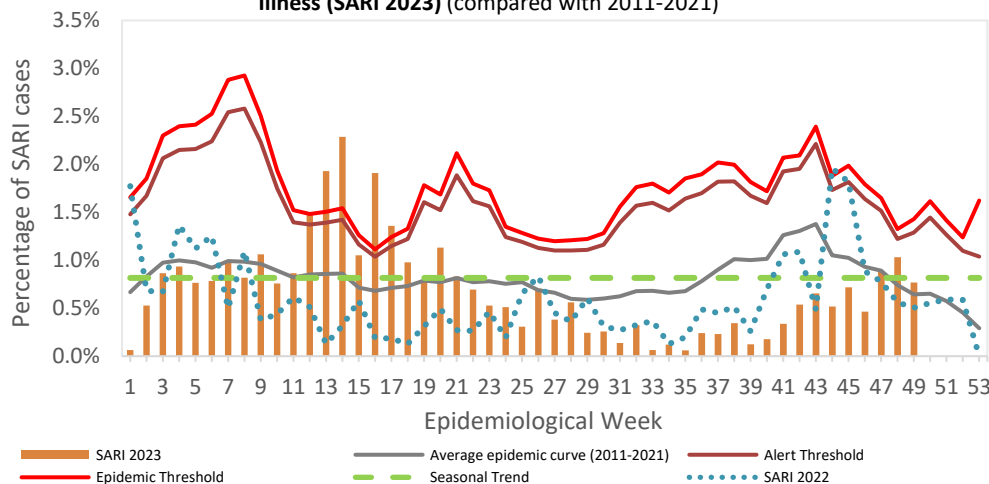
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2023 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 49, thirteen (13) SARI admissions were reported.

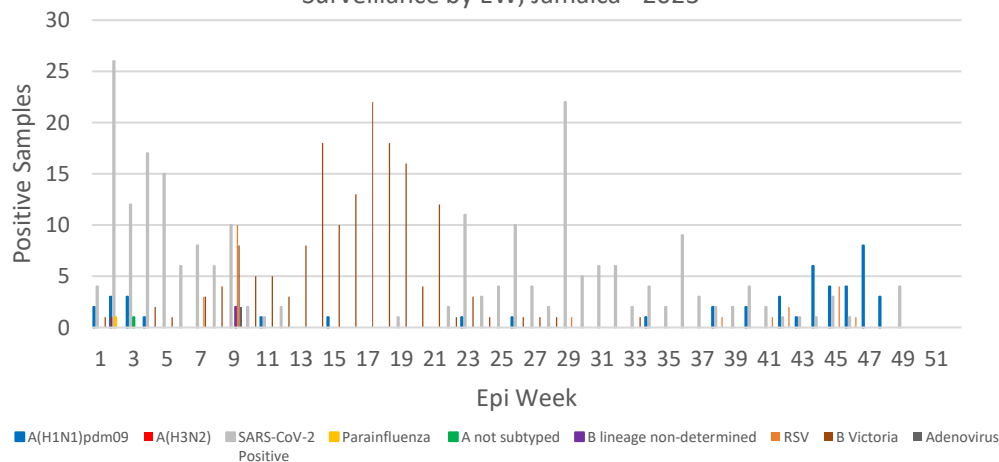
Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2023) (compared with 2011-2021)



Caribbean Update EW 49

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.

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



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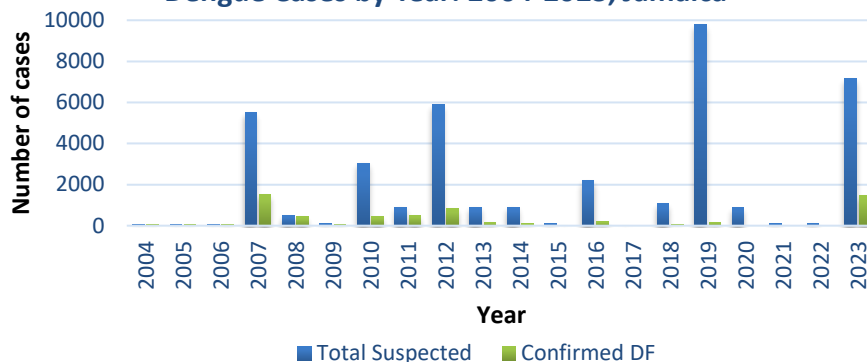
Dengue Bulletin

December 03– December 09, 2023 Epidemiological Week 49

Epidemiological Week 49



Dengue Cases by Year: 2004-2023, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 49 of 2023

	2023*	
	EW 49	YTD
Total Suspected & Confirmed Dengue Cases	38	7156
Lab Confirmed Dengue cases	1	1473
CONFIRMED Dengue Related Deaths	0	5

Symptoms of Dengue fever

Febrile phase

sudden-onset fever

headache

mouth and nose bleeding

muscle and joint pains

vomiting

rash

diarrhea

Critical phase

hypotension

pleural effusion

ascites

gastrointestinal bleeding

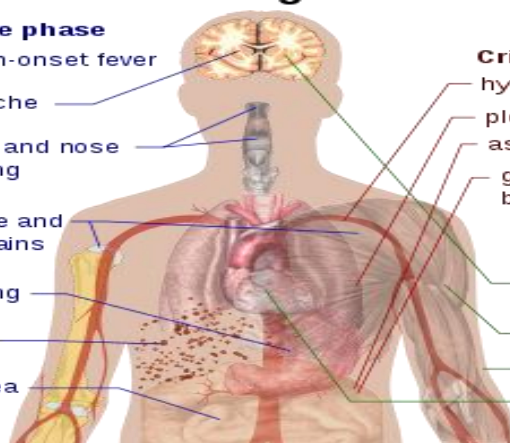
Recovery phase

altered level of consciousness

seizures

itching

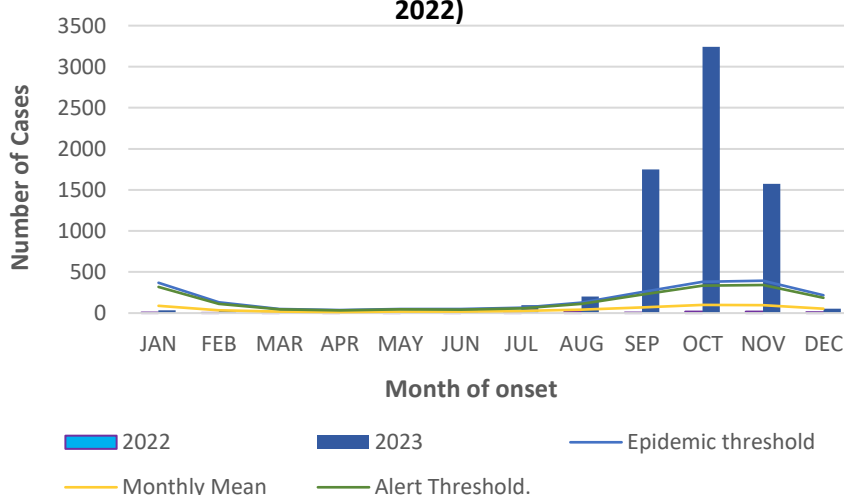
slow heart rate



Points to note:

- *Figure as at December 21, 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_P16

The Knowledge of Nutrition Facts on Food Labels and Their Impact on Food Choices for Consumers in St. Elizabeth and Manchester

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¹Department of Nutrition Dietetics and Food Science, ²Department of Dental Hygiene, Northern Caribbean University, Mandeville, Manchester, Jamaica, WI

Objectives: The aim of this study was to find out the consumers' knowledge of nutrition facts on food labels and whether this knowledge guides their decisions when making purchasing choices with regard to food.

Methods: The research was conducted using descriptive research design. Data gathering occurred among one hundred consumers mainly from St Elizabeth and Manchester using non probability convenience sampling procedure to reach out participants who were readily available for the study. Online google form platform was used to send the questionnaires while zoom platform was used for the interviews. Observation methods was used to get the first 10 persons who entered in the supermarket with shopping trolley.

Results: Sixty-two of the one hundred sampled respondents that accepted to do the knowledge test of food label, majority did not identify the total calories of the entire package (72.2%), did not indicate total calorie from fat in the package (69.4%) did not know the recommended dietary intake of sodium daily (78.7%) and could not define RDA (50.8%). Out of one hundred respondents, majority were aware of the food label (84%), however, majority (65%) did not read food labels before making a purchase and the few who read (35%) did so, to stay within budget and to ensure all items are purchased. Majority indicated price (95%) and expiration date (58%) as key factors that guides their food purchasing choices.

Conclusion: These findings indicate that awareness of food labels does not reflect the knowledge and understanding of the information presented neither does it impact on food choices. Hence, there should be emphasis in the promotion of reading and understanding food labels through media and schools.



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9 NOTIFICATIONS-
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