

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Mental Health



Mental Health Promotion and Prevention

Promotion and prevention interventions work by identifying the individual, social and structural determinants of mental health, and then intervening to reduce risks, build resilience and establish supportive environments for mental health.

Interventions can be designed for individuals, specific groups or whole populations. Reshaping the determinants of mental health often requires action beyond the health sector and so promotion and prevention programmes should involve the education, labour, justice, transport, environment, housing, and welfare sectors. The health sector can contribute significantly by embedding promotion and prevention efforts within health services; and by advocating, initiating and, where appropriate, facilitating multisectoral collaboration and coordination.

Suicide prevention is a global priority and included in the Sustainable Development Goals. Much progress can be achieved by limiting access to means, responsible media reporting, social and emotional learning for adolescents and early intervention. Banning highly hazardous pesticides is a particularly inexpensive and cost-effective intervention for reducing suicide rates.

Promoting child and adolescent mental health is another priority and can be achieved by policies and laws that promote and protect mental health, supporting caregivers to provide nurturing care, implementing school-based programmes and improving the quality of community and online environments. School-based social and emotional learning programmes are among the most effective promotion strategies for countries at all income levels. Promoting and protecting mental health at work is a growing area of interest and can be supported through legislation and regulation, organizational strategies, manager training and interventions for workers.

Mental health care and treatment

In the context of national efforts to strengthen mental health, it is vital to not only protect and promote the mental well-being of all, but also to address the needs of people with mental health conditions. This should be done through community-based mental health care, which is more accessible and acceptable than institutional care, helps prevent human rights violations and delivers better recovery outcomes for people with mental health conditions. Community-based mental health care should be provided through a network of interrelated services that comprise:

- mental health services that are integrated in general health care, typically in general hospitals and through task-sharing with non-specialist care providers in primary health care;
- community mental health services that may involve community mental health centers and teams, psychosocial rehabilitation, peer support services and supported living services; and
- services that deliver mental health care in social services and non-health settings, such as child protection, school health services, and prisons.

EPI WEEK 02



Syndromic Surveillance

Accidents

Violence

Pages 2-4



Class 1 Notifiable Events

Page 5



COVID-19

Page 6



Influenza

Page 7



Dengue Fever

Page 8



Research Paper

Page 9

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 - 51, 2023 to 2 of 2024

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 - 2024													
51	On Time	On Time	On Time	Late (W)	On Time	Late (W)	Late (W)	Late (W)	Late (W)	On Time	Late (W)	Late (W)	Late (W)
52	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time
1	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
2	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

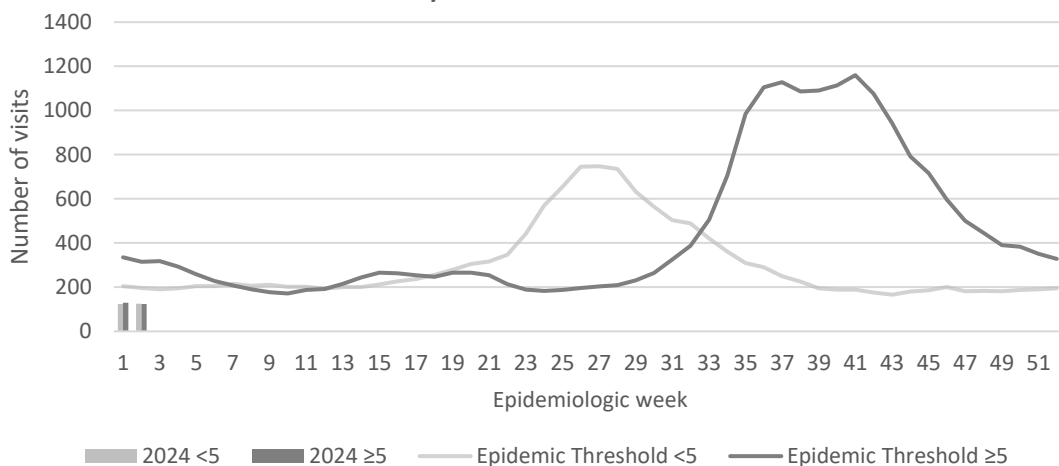
REPORTS FOR SYNDROMIC SURVEILLANCE

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 2024



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



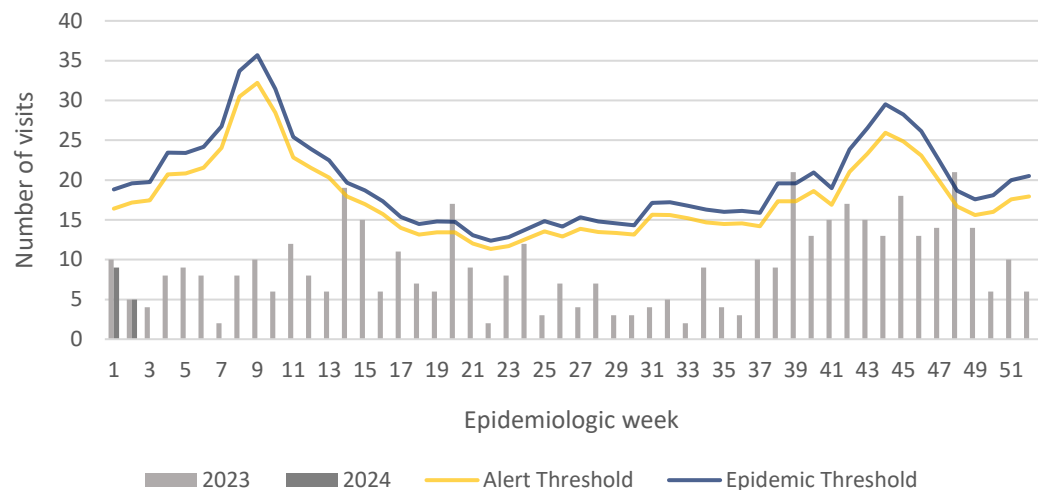
SENTINEL REPORT- 78 sites. Automatic reporting

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).



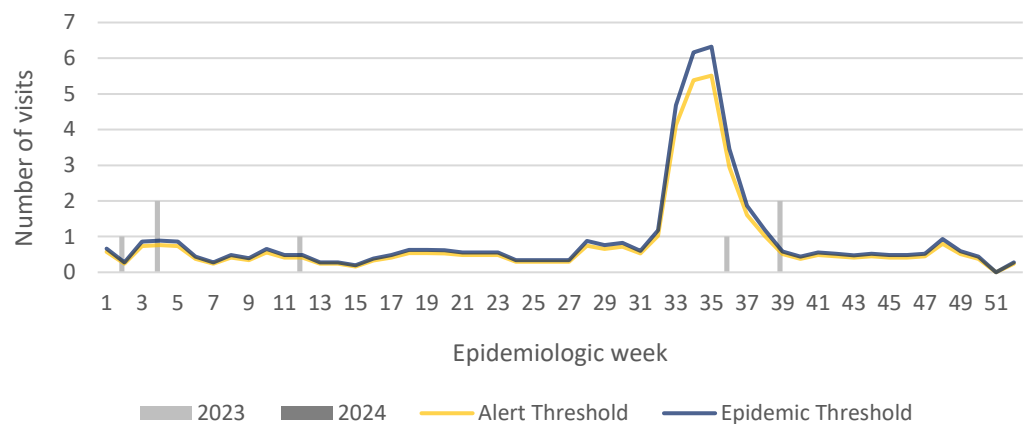
**Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms
2023 and 2024 vs. Weekly Threshold: Jamaica**

**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 2023 and 2024 vs Weekly Threshold; Jamaica

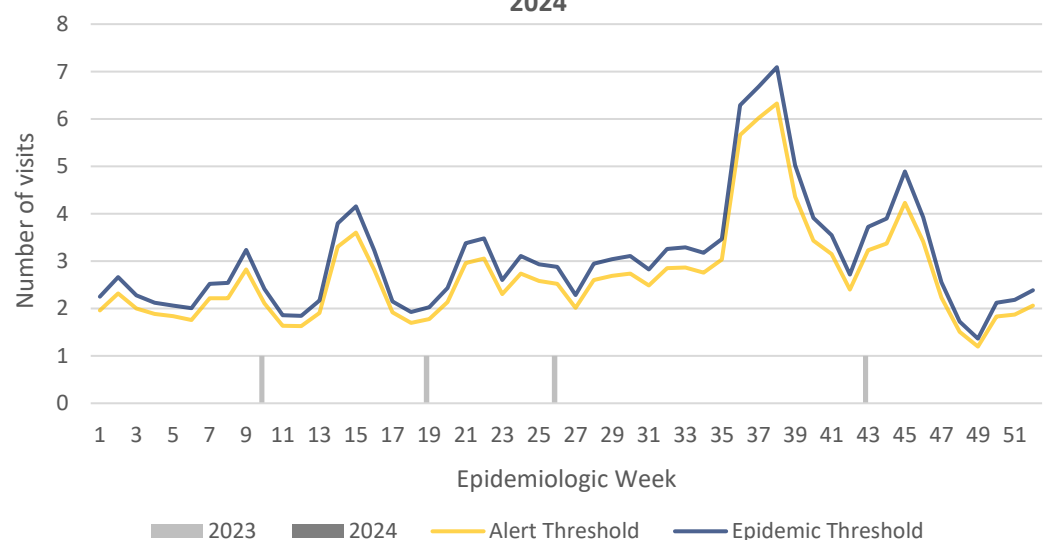
**FEVER AND JAUNDICE**

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 2023 and 2024



3 NOTIFICATIONS-
All clinical
sites



**INVESTIGATION
REPORTS-** Detailed Follow
up for all Class One Events



**HOSPITAL
ACTIVE
SURVEILLANCE-**
30 sites. Actively
pursued



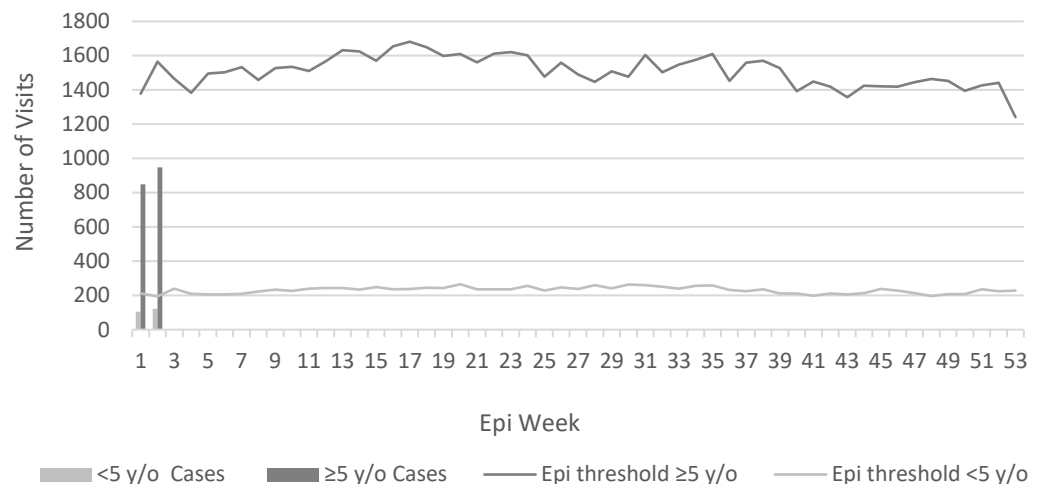
**SENTINEL
REPORT-** 78 sites.
Automatic reporting

ACCIDENTS

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



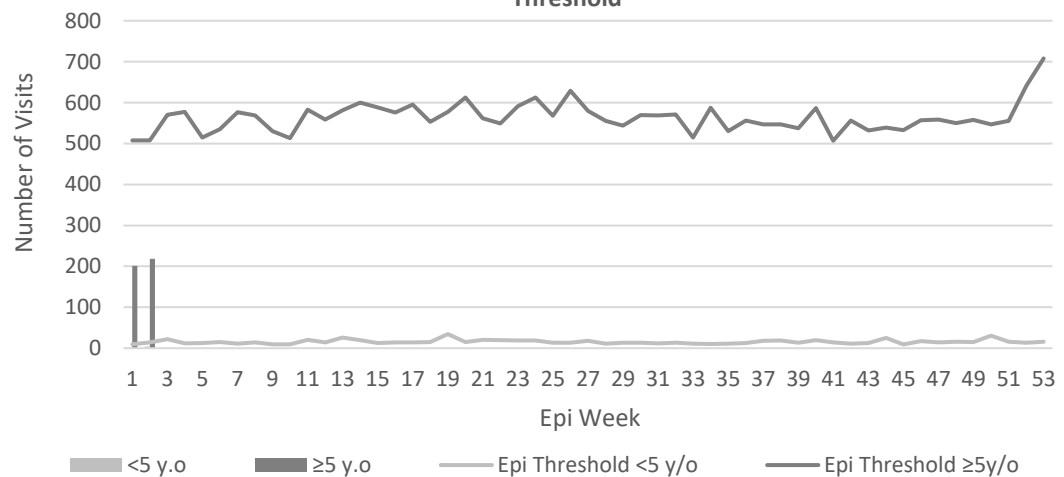
Weekly Visits to Sentinel Sites for Accident by Age Group 2024 vs. Weekly Threshold

**VIOLENCE**

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



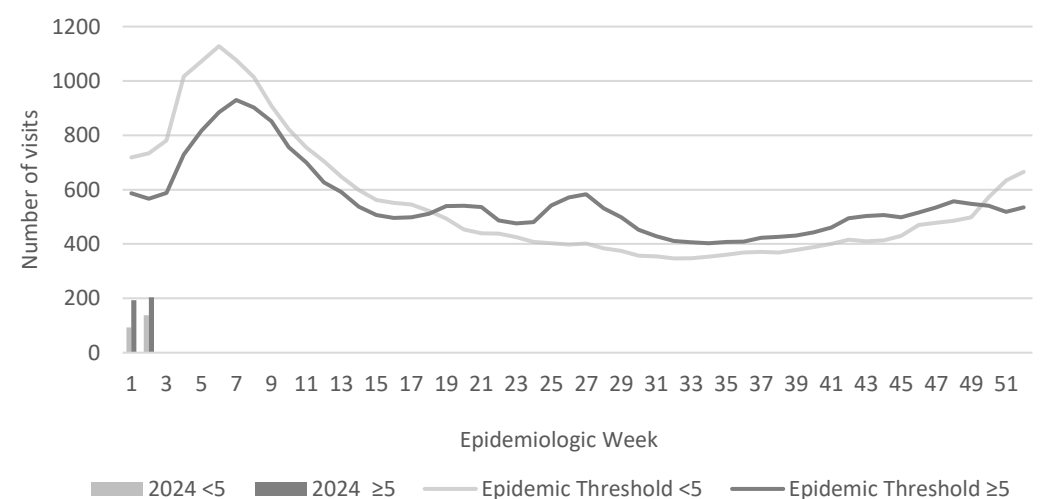
Weekly Visits to Sentinel Sites for Violence by Age Groups 2024 vs. Weekly Threshold

**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 2024 vs Weekly Threshold; Jamaica



4 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

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 2024	PREVIOUS YEAR 2023	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		4	13 ^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)		26	300	
	Hansen’s Disease (Leprosy)		0	0	^δ Figures include all deaths associated with pregnancy reported for the period.
	Hepatitis B		0	0	
	Hepatitis C		0	0	^ε CHIKV IgM positive cases
	HIV/AIDS		NA	NA	
	Malaria (Imported)		0	0	^θ Zika PCR positive cases
	Meningitis		0	2	
	Monkeypox		0	0	^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		3	1	
	Ophthalmia Neonatorum		3	0	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		0	0	
	Yellow Fever		0	0	
Chikungunya ^ε		0	0		
Zika Virus ^θ		0	0		



5 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued

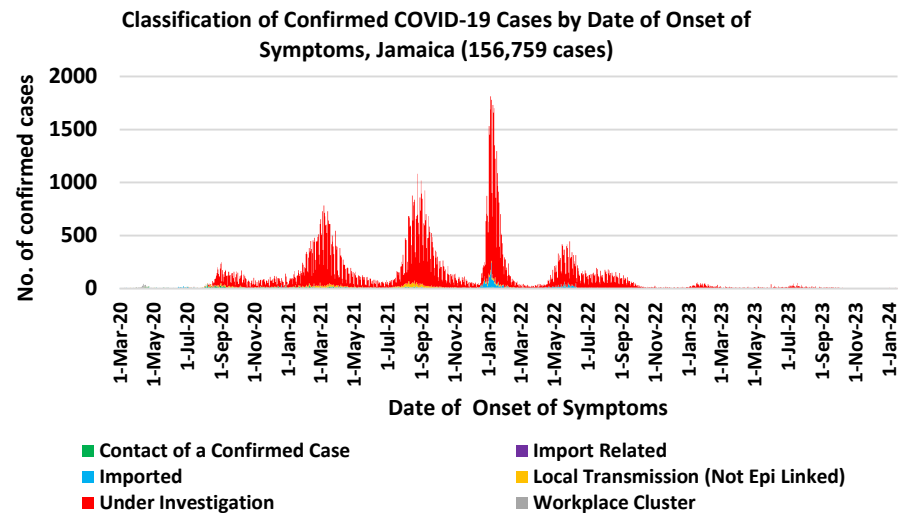


SENTINEL
REPORT- 78 sites.
Automatic reporting

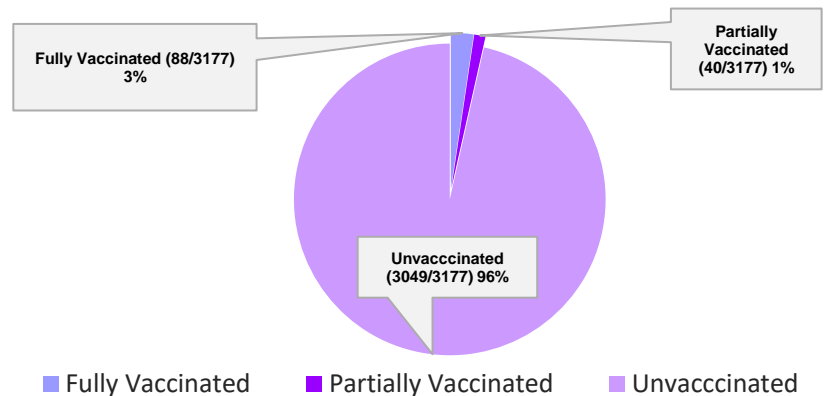
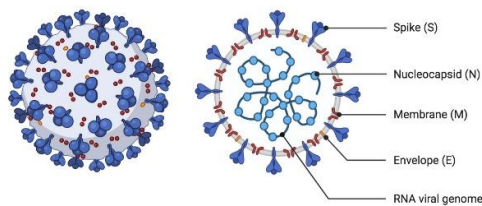
COVID-19 Surveillance Update

March 10, 2020 – EW 02, 2024

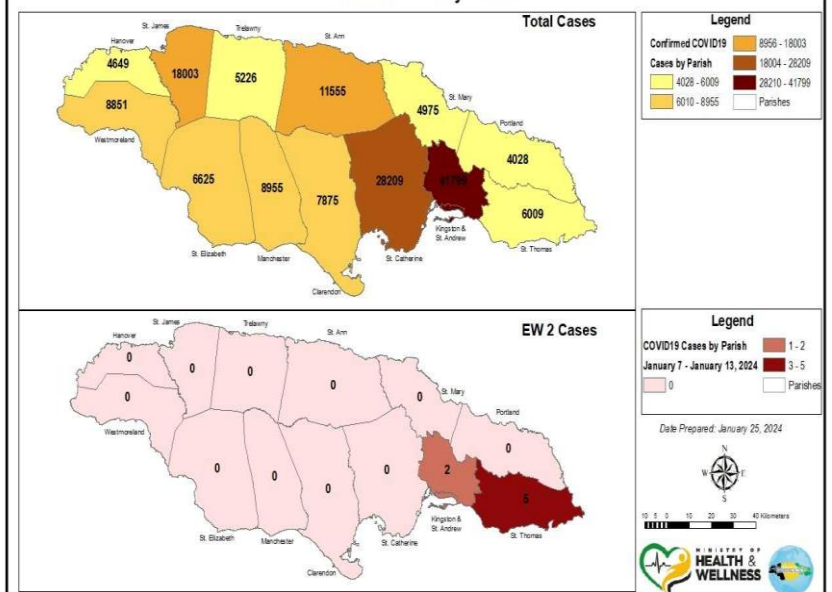
CASES	EW 02	Total
Confirmed	7	156759
Females	4	90345
Males	3	66411
Age Range	54 days old to 41 years	1 day to 108 years
* 3 positive cases had no gender specification * PCR or Antigen tests are used to confirm cases		

**COVID-19 Outcomes**

Outcomes	EW 02	Total
ACTIVE *2 weeks*		17
DIED – COVID Related	0	3739
Died - NON COVID	0	349
Died - Under Investigation	0	259
Recovered and discharged	0	103226
Repatriated	0	93
Total		156759
*Vaccination programme March 2021 – YTD * Total as at current Epi week		

**3177 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 EW 51, 2023-EW 2, 2024**

Epi Week	Confirmed Cases	Deaths
51	352,800	3700
52	252,400	2000
1	126,900	828
2	Pending	Pending
Total (4weeks)	732,100	6,528

COVID19 Cases by Parish

6

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



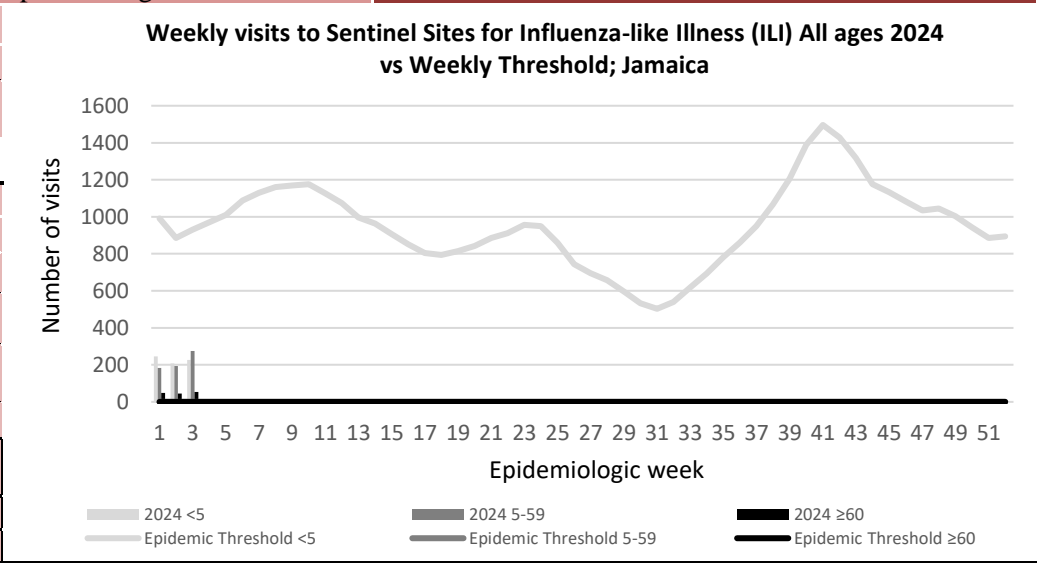
NATIONAL SURVEILLANCE UNIT

INFLUENZA REPORT

January 7, 2023 – January 13, 2024 Epidemiological Week 02

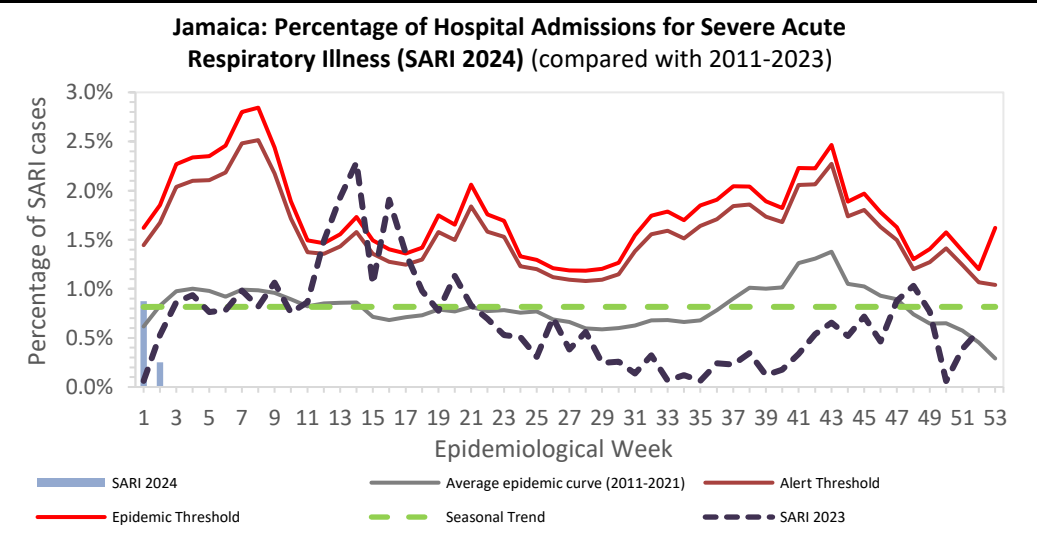
EW 2

	EW 02	YTD
SARI cases	4	17
Total Influenza positive Samples	2	8
Influenza A	2	8
H3N2	2	4
H1N1pdm09	0	4
Not subtyped	0	0
Influenza B	0	0
B lineage not determined	0	0
B Victoria	0	0
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	0



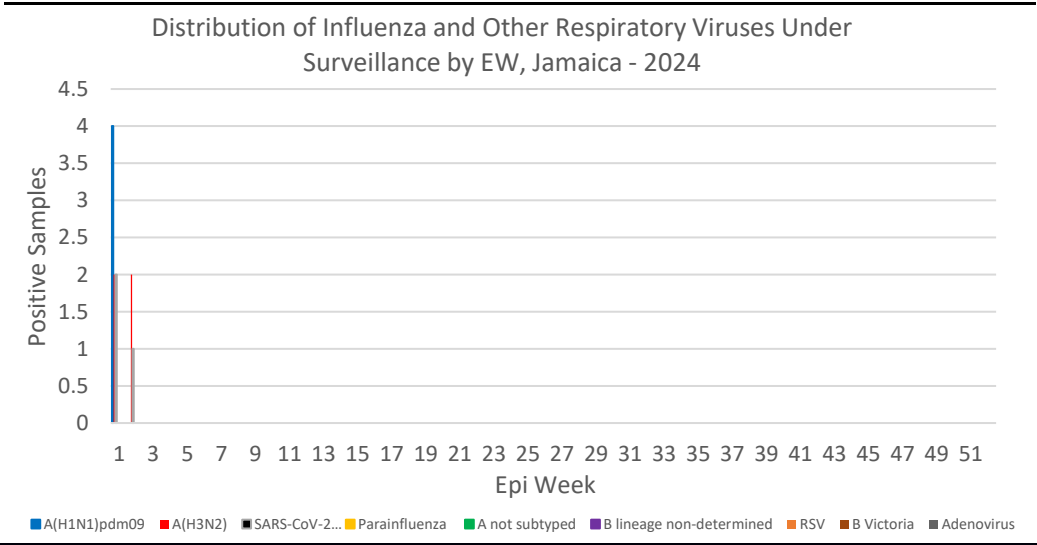
Epi Week Summary

During EW 02, four (4) SARI admissions were reported.



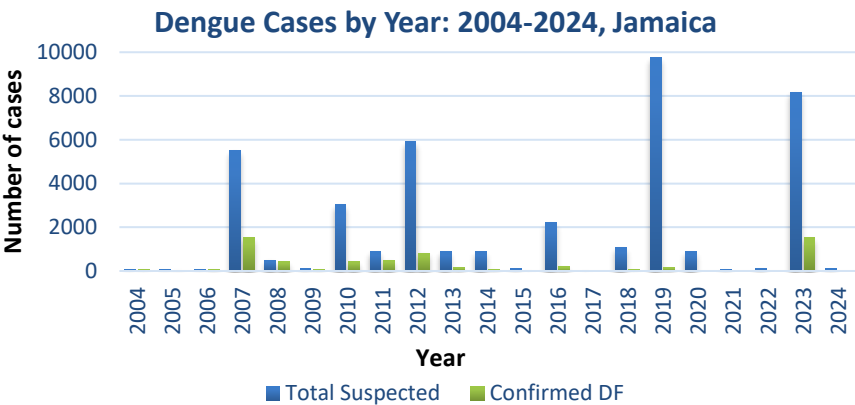
Caribbean Update EW 2

Caribbean: Influenza activity has shown a pronounced increase over the last four EWs, reaching elevated circulation levels. During this period, the predominant viruses have been type A(H1N1)pdm09, followed by influenza A(H3N2) and, to a lesser extent, B/Victoria. RSV activity has remained in decline to low levels over the last four EWs. SARS-CoV-2 activity has increased in the last four EWs, reaching elevated levels. ILI and SARI cases have remained in decline over the last four EWs with a higher proportion of ILI and SARI cases associated with influenza. Elevated influenza activity has been observed in Belize, the Dominican Republic, Barbados, the Cayman Islands and Saint Vincent and the Grenadines. Elevated SARS-CoV-2 activity has been observed in Jamaica, Saint Lucia, Barbados, the Cayman Islands, Guyana and Saint Vincent and the Grenadines. (adopted from PAHO Respiratory viruses weekly report)

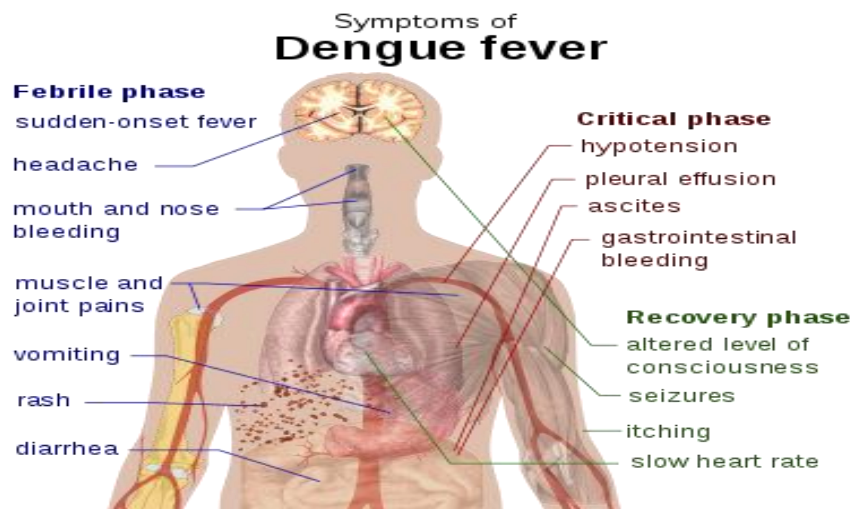


Dengue Bulletin

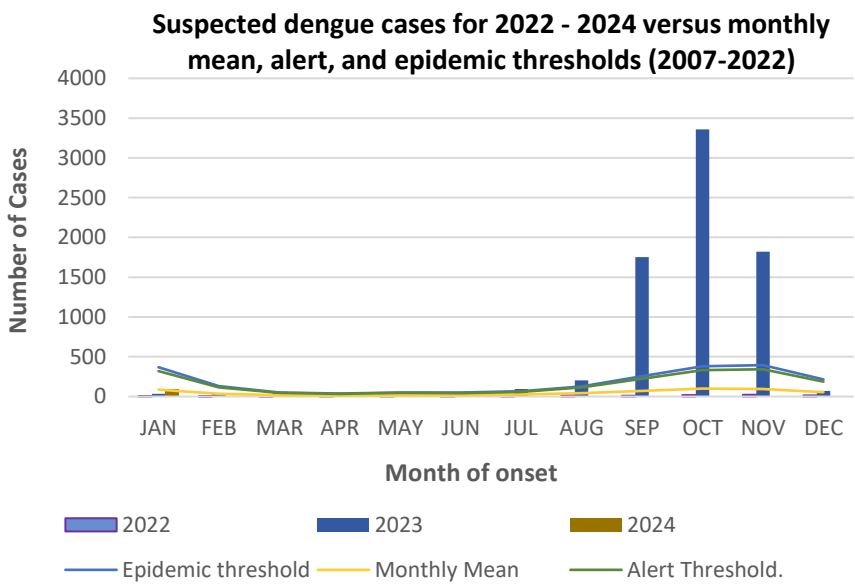
January 7, 2023 – January 13, 2024 Epidemiological Week 02



Reported suspected and confirmed dengue with symptom onset in week 02 of 2024		
	2024*	
	EW 02	YTD
Total Suspected & Confirmed Dengue Cases	22	92
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



- Points to note:**
- *Figure as at January 26, 2024
 - Only PCR positive dengue cases are reported as confirmed.
 - IgM positive cases are classified as presumed dengue.



RESEARCH PAPER

Abstract

Mental Health Awareness training in courses such as First Aid for Mental Health can act as a means of early intervention, treatment, prevention and help to change societal views, especially amongst youths and professionals who can influence change.

Trudy King¹
ECAF, UK¹

Aim: Stigma and the lack of mental health awareness training shape societal views of mental illness in Jamaica. Many do not know the causes, signs and how to help. As a result, minor mental health conditions escalate into crisis. However, First Aid for Mental Health training can help. It's simple, non-clinical form can be delivered by a qualified instructor and is suitable for all, including the police and youths. Policy change can support this, but the benefits have not been explored. This study aims to explore the benefits of First Aid for Mental Health awareness training, as a means of early intervention, prevention, treatment and destigmatization.

Method: The paper is a review of secondary quantitative and qualitative data, peer-reviewed articles, and recent newspaper articles. The study can be expanded on with primary data.

Results: Fear and danger are the common perceptions of people with mental illness. Awareness training is attached to crisis cases and is carried out by the MOH, through integrated community healthcare, but they are stretched. The police and young people should be trained as they are more likely to be at risk. An enforcing of the Occupational, Health and Safety Act 2017 would make mental health as important as First Aid.

Conclusion: Mental health awareness training is needed to counter perceptions held. Accessing community healthcare training happens only if individuals have experienced a crisis, therefore, enforcing the OHS would include training in workplaces and schools, which is the environment the police and youths would better receive it.

Keywords: *mental health, fear, community healthcare*



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
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued



SENTINEL
REPORT- 78 sites.
Automatic reporting