

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Weekly Spotlight

### Autism



Autism spectrum disorders (ASD) are a diverse group of conditions. They are characterized by some degree of difficulty with social interaction and communication. Other characteristics are atypical patterns of activities and behaviours, such as difficulty with transition from one activity to another, a focus on details and unusual reactions to sensations. About 1 in 100 children has autism. Characteristics may be detected in early childhood, but autism is often not diagnosed until much later.

The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support. Evidence-based psychosocial interventions can improve communication and social skills, with a positive impact on the well-being and quality of life of both autistic people and their caregivers. Care for people with autism needs to be accompanied by actions at community and societal levels for greater accessibility, inclusivity and support.

Characteristics of autism may be detected in early childhood, but autism is often not diagnosed until much later. People with autism often have co-occurring conditions, including epilepsy, depression, anxiety and attention deficit hyperactivity disorder as well as challenging behaviours such as difficulty sleeping and self-injury. The level of intellectual functioning among autistic people varies widely, extending from profound impairment to superior levels.

### Assessment and care

A broad range of interventions, from early childhood and across the life span, can optimize the development, health, well-being and quality of life of autistic people. Timely access to early evidence-based psychosocial interventions can improve the ability of autistic children to communicate effectively and interact socially. The monitoring of child development as part of routine maternal and child health care is recommended. It is important that, once autism has been diagnosed, children, adolescents and adults with autism and their carers are offered relevant information, services, referrals, and practical support, in accordance with their individual and evolving needs and preferences.

Taken from WHO website on 19/ Apr/2024

<https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>

## EPI WEEK 14



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 – 11 to 14 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
	2024												
11	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
12	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
13	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
14	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time

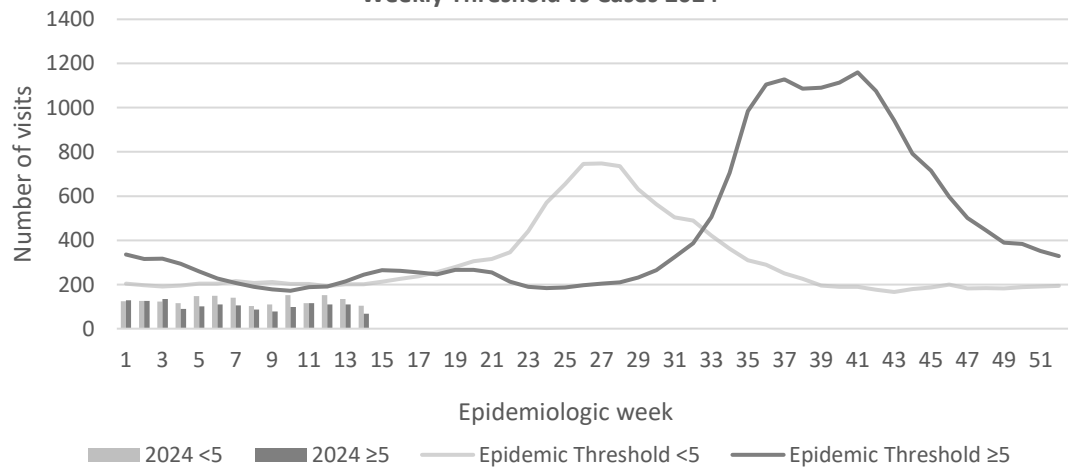
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

Temperature of >38°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



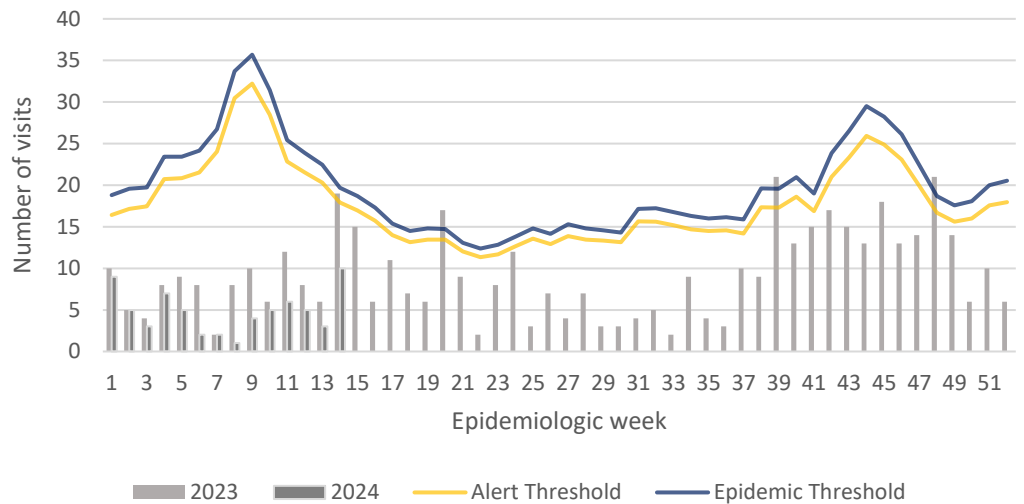
SENTINEL REPORT- 78 sites. Automatic reporting

**FEVER AND NEUROLOGICAL**

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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**

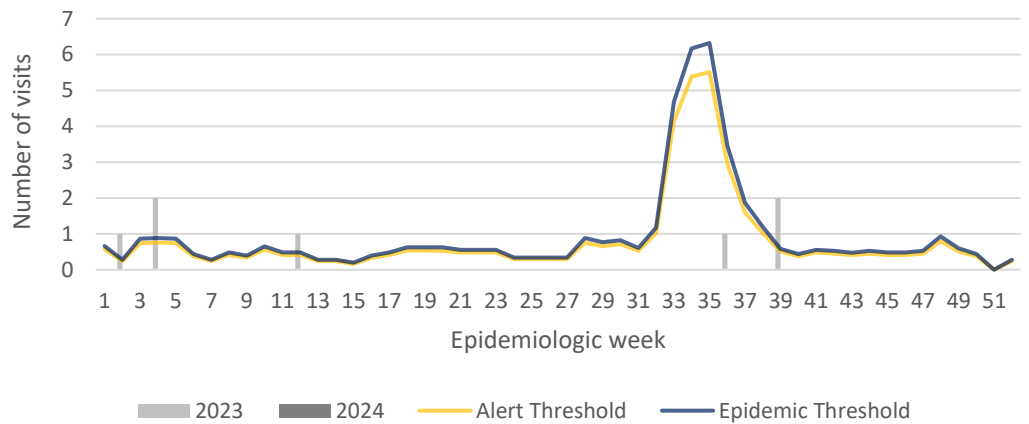


**FEVER AND HAEMORRHAGIC**

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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**



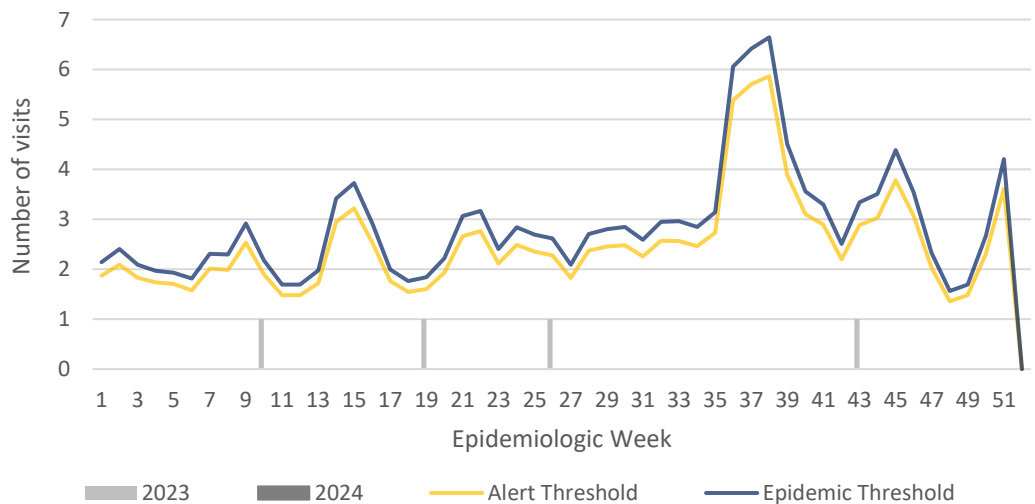
**FEVER AND JAUNDICE**

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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

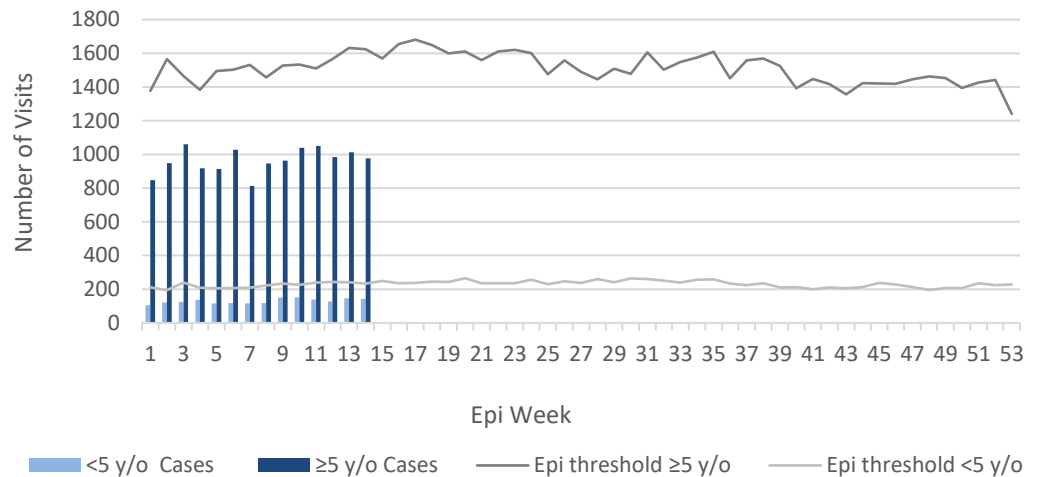


**ACCIDENTS**

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

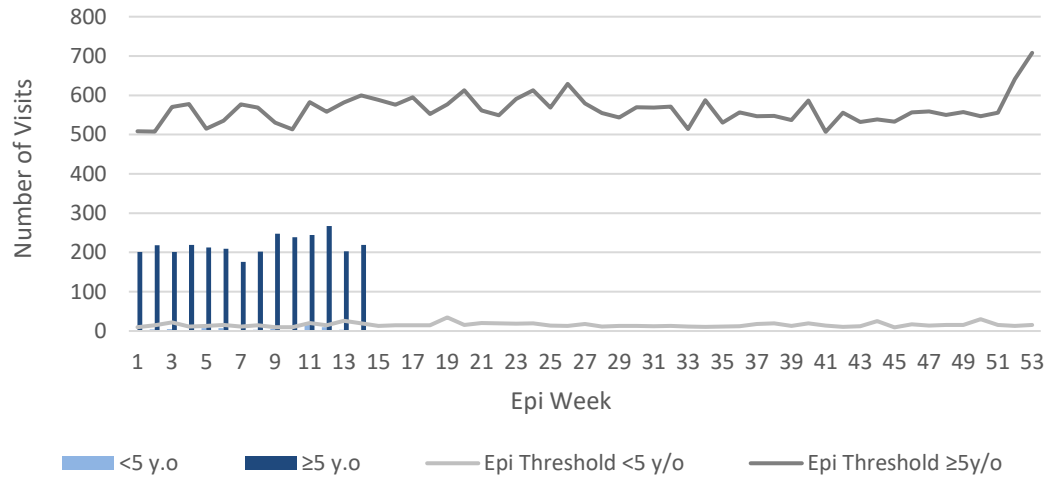


**VIOLENCE**

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

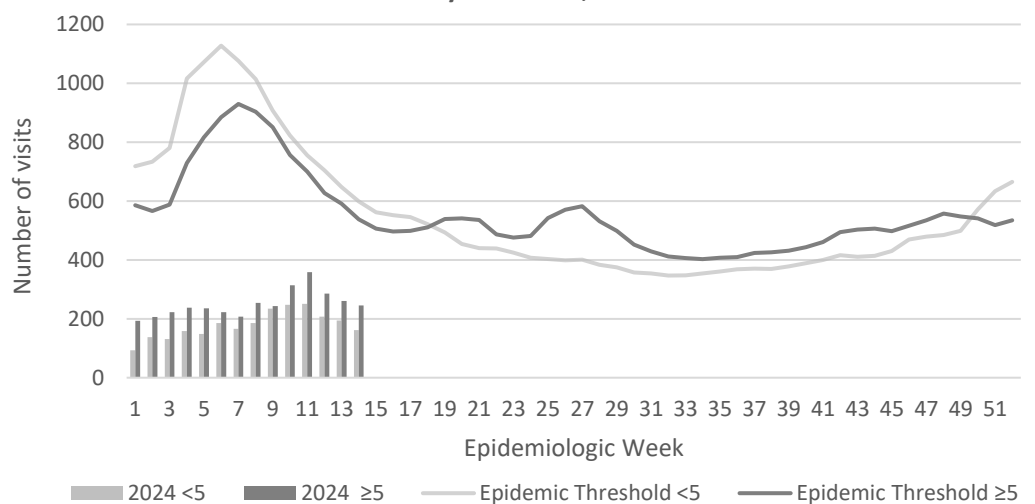


**GASTROENTERITIS**

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 <sup>α</sup>	
	CLASS 1 EVENTS		CURRENT YEAR 2024	PREVIOUS YEAR 2023
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		107 <sup>β</sup>	88 <sup>β</sup>
	Cholera		0	0
	Dengue Hemorrhagic Fever <sup>γ</sup>		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		162	1813
	Hansen’s Disease (Leprosy)		0	0
	Hepatitis B		2	24
	Hepatitis C		1	7
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	0
	Meningitis		7	15
	Monkeypox		0	3
EXOTIC/ UNUSUAL	Plague		0	0
HIGH 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 <sup>δ</sup>		15	14
	Ophthalmia Neonatorum		38	37
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		4	19
Yellow Fever		0	0	
Chikungunya <sup>ε</sup>		0	0	
Zika Virus <sup>θ</sup>		0	0	

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.

<sup>γ</sup> Dengue Hemorrhagic Fever data include Dengue related deaths;

<sup>δ</sup> Figures include all deaths associated with pregnancy reported for the period.


<sup>ε</sup> CHIKV IgM positive cases

<sup>θ</sup> Zika PCR positive cases

<sup>β</sup> Updates made to prior weeks.

<sup>α</sup> Figures are cumulative totals for all epidemiological weeks year to date.

NA- Not Available



**5 NOTIFICATIONS-**  
All clinical sites



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



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

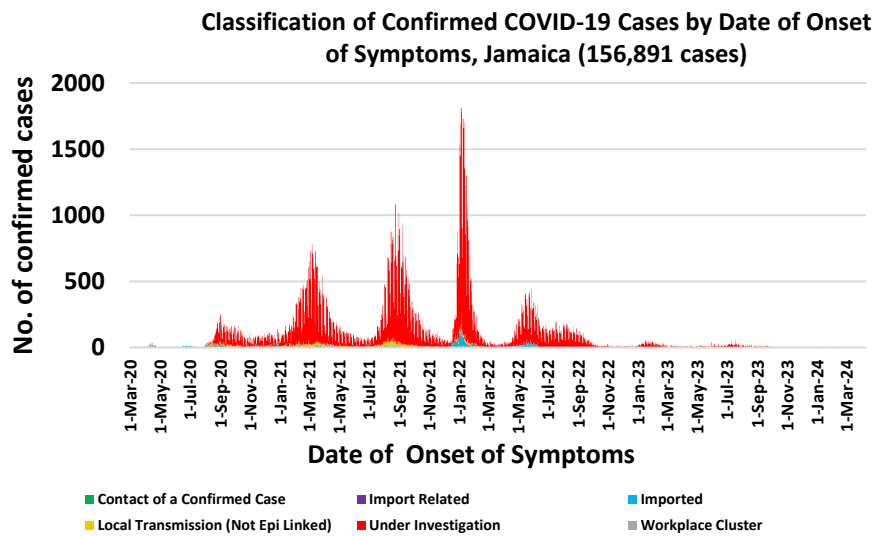


**SENTINEL REPORT-** 78 sites. Automatic reporting

# COVID-19 Surveillance Update

CASES	EW 14	Total
Confirmed	3	156891
Females	3	90416
Males	0	66472
Age Range	21 years to 64 years	1 day to 108 years

\* 3 positive cases had no gender specification  
 \* PCR or Antigen tests are used to confirm cases  
 \* Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.

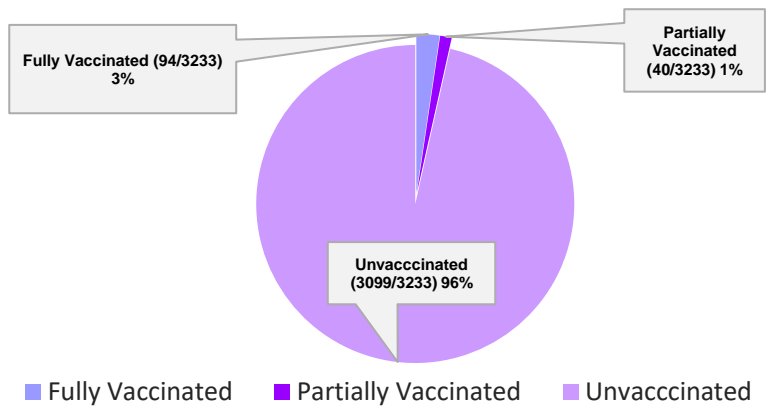


## COVID-19 Outcomes

Outcomes	EW 14	Total
ACTIVE *2 weeks*		7
DIED – COVID Related	0	3795
Died - NON COVID	0	370
Died - Under Investigation	0	201
Recovered and discharged	0	103226
Repatriated	0	93
<b>Total</b>		<b>156891</b>

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

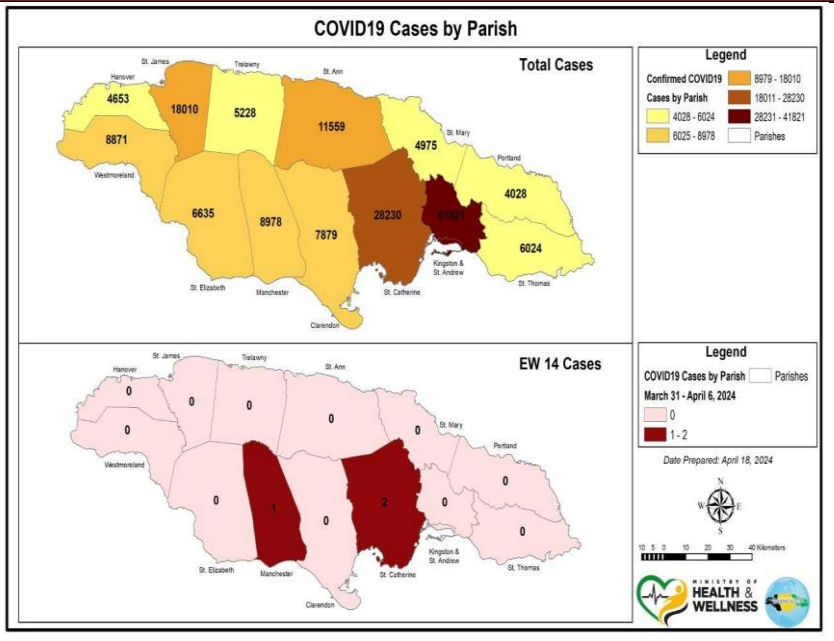
### 3233 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



## COVID-19 Parish Distribution and Global Statistics

### COVID-19 Virus Structure

**SARS-CoV-2**



### COVID-19 WHO Global Statistics EW 11-14, 2024

Epi Week	Confirmed Cases	Deaths
11	59,300	1,300
12	55,600	1,200
13	48,900	1,000
14	111,800	661
<b>Total (4weeks)</b>	<b>275, 600</b>	<b>4, 161</b>

**6 NOTIFICATIONS-**  
All clinical sites

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

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

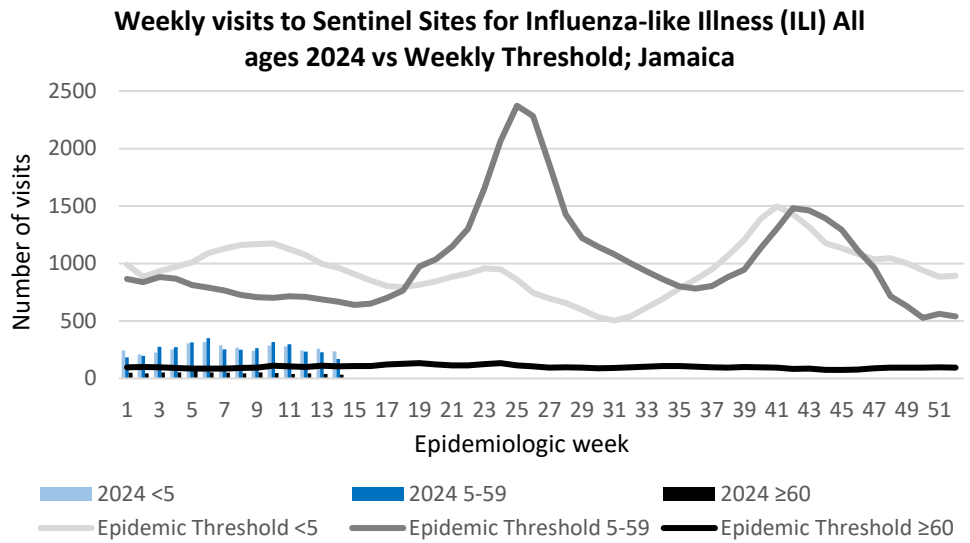
**SENTINEL REPORT-** 78 sites. Automatic reporting

# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

## EW 14

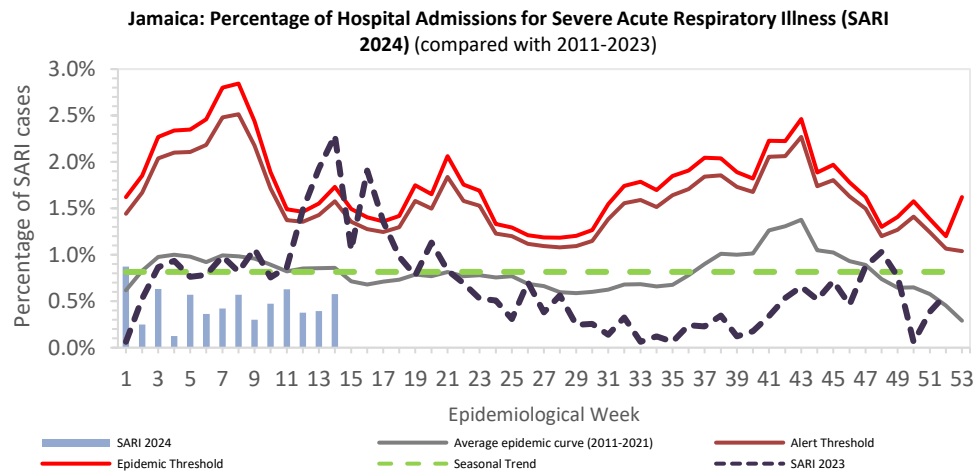
March 31, 2024 – April 06, 2024 Epidemiological Week 14

	EW 14	YTD
SARI cases	9	105
<b>Total Influenza positive Samples</b>	<b>0</b>	<b>41</b>
<b>Influenza A</b>	<b>0</b>	<b>41</b>
H3N2	0	12
H1N1pdm09	0	29
Not subtyped	0	0
<b>Influenza B</b>	<b>0</b>	<b>0</b>
B lineage not determined	0	0
B Victoria	0	0
<b>Parainfluenza</b>	<b>0</b>	<b>0</b>
<b>Adenovirus</b>	<b>0</b>	<b>0</b>
<b>RSV</b>	<b>0</b>	<b>17</b>



### Epi Week Summary

During EW 14, nine (9) SARI admissions were reported.

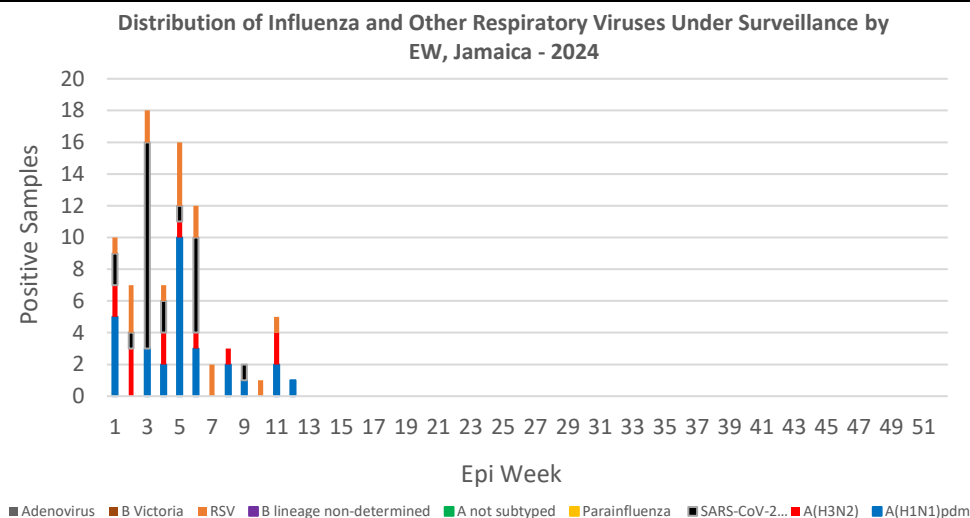


### Caribbean Update EW 14

**Caribbean:** Following an increase observed in previous EWs, ILI cases have shown a decline in the last four weeks. SARI cases have remained on a downward trend, with the majority of positive cases attributable to influenza. Influenza activity has remained fluctuating at low levels over the last four EWs. During this period, predominant viruses have been the A(H1N1)pdm09 type, with concurrent circulation of influenza A(H3N2) and B/Victoria to a lesser extent. RSV activity has remained at low levels. SARS-CoV-2 activity has remained at low levels.

By country: In the last four EWs, influenza activity has been observed in Belize and the Cayman Islands. SARS-CoV-2 activity have been observed in Barbados, Guyana, and St. Vincent and the Grenadines.

(taken from PAHO Respiratory viruses weekly report) <https://www.paho.org/en/influenza-situation-report>



**7 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

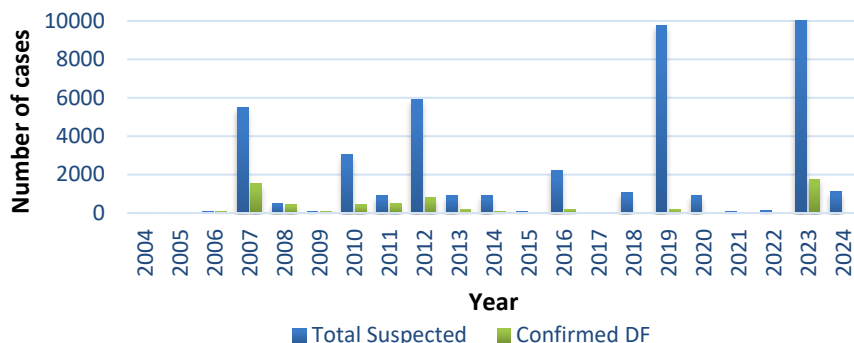
# Dengue Bulletin

March 31, 2024 – April 06, 2024 Epidemiological Week 14


Epidemiological Week 14



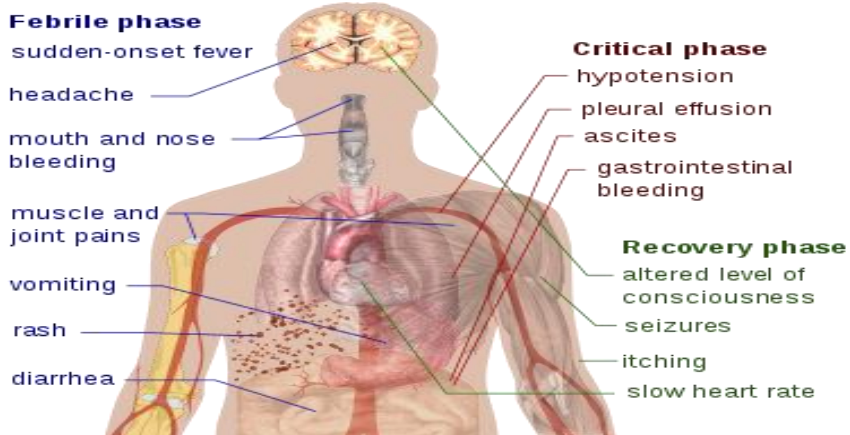
Dengue Cases by Year: 2004-2024, Jamaica



**Reported suspected, probable and confirmed dengue with symptom onset in week 14 of 2024**

	2024*	
	EW 14	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	27	1098
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0

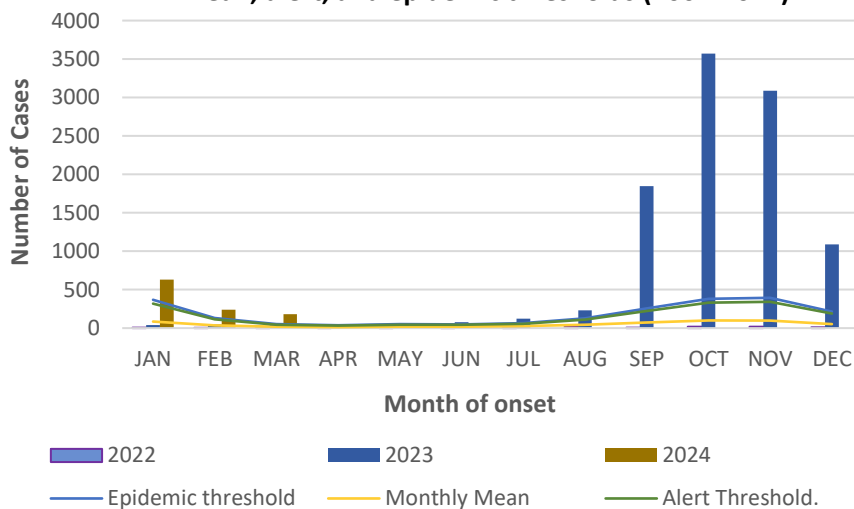
Symptoms of **Dengue fever**



**Points to note:**

- Dengue deaths are reported based on date of death.
- \*Figure as at April 19, 2024
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected dengue cases for 2022 - 2024 versus monthly mean, alert, and epidemic thresholds (2007-2022)



**8 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





# RESEARCH PAPER

## Abstract

### The occurrence of chronic sorrow and coping strategies employed by adult oncology patients in western Jamaica

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**Objective:** To explore the occurrence of chronic sorrow and describe the coping strategies used by patients diagnosed with cancer.


**Method:** A phenomenological study was conducted among adult patients attending oncology clinic in western Jamaica. Purposive sampling was used to select eight participants who met the criteria for a Focus Group Discussion. Informed consent and demographic data were obtained. A Focus Group Discussion Guide aided the exploration of participants’ feelings and coping mechanisms. The discussion was audiotaped. Data were transcribed verbatim and checked for accuracy. Common themes were connected, inter-relationships identified and narrative constructed.

**Results:** Eight persons diagnosed with cancer and receiving treatment at the Oncology Clinic participated in the focus group discussion. The chronicity of the illness, negative shift in the equilibrium of life and financial challenges caused major stress which contributed to chronic sorrow. Strong spiritual belief was the major common element expressed that helped persons to cope. Keeping physically active and volunteerism were other coping mechanisms that emerged. Participants with greater family and financial supports expressed greater ability to cope with the illness than those with poor family or financial support. Psychological / emotional therapy from a professional source was lacking.

**Conclusion:** Persons diagnosed with cancer experience chronic sorrow resulting from emotional strain and stress. Spiritual and psychological support forms the bed-rock of their mental well-being and coping ability. The magnitude of the impact of chronic sorrow experienced by cancer patients can be reduced by integrating these critical components in the patient’s medical management plan.



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 <p>9 NOTIFICATIONS- All clinical sites</p>	 <p>INVESTIGATION REPORTS- Detailed Follow up for all Class One Events</p>	 <p>HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued</p>	 <p>SENTINEL REPORT- 78 sites. Automatic reporting</p>
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