

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Anxiety Disorders



Everyone can feel anxious sometimes, but people with anxiety disorders often experience fear and worry that is both intense and excessive. These feelings are typically accompanied by physical tension and other behavioural and cognitive symptoms. They are difficult to control, cause significant distress and can last a long time if untreated. Anxiety disorders interfere with daily activities and can impair a person’s family, social and school or working life.

Symptoms and patterns

People with an anxiety disorder may experience excessive fear or worry about a specific situation (for example, a panic attack or social situation) or, in the case of generalized anxiety disorder, about a broad range of everyday situations. They typically experience these symptoms over an extended period – at least several months. Usually they avoid the situations that make them anxious. Other symptoms of anxiety disorders may include:

- trouble concentrating or making decisions
- feeling irritable, tense or restless
- experiencing nausea or abdominal distress
- having heart palpitations
- sweating, trembling or shaking
- trouble sleeping
- having a sense of impending danger, panic or doom.

Anxiety disorders increase the risk for depression and substance use disorders as well as the risk of suicidal thoughts and behaviours. There are several different kinds of anxiety disorders, including:

- generalized anxiety disorder (persistent and excessive worry about daily activities or events);
- panic disorder (panic attacks and fear of continued panic attacks);
- social anxiety disorder (high levels of fear and worry about social situations that might make the person feel humiliated, embarrassed or rejected);
- agoraphobia (excessive fear, worry and avoidance of situations that might cause a person to panic or feel trapped, helpless or embarrassed);
- separation anxiety

Taken from WHO website on 02/ May /2024

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

EPI WEEK 16



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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 – 13 to 16 of 2024

Parish health departments submit reports weekly by 3 p.m. on Tuesdays. Reports submitted after 3 p.m. are considered late.

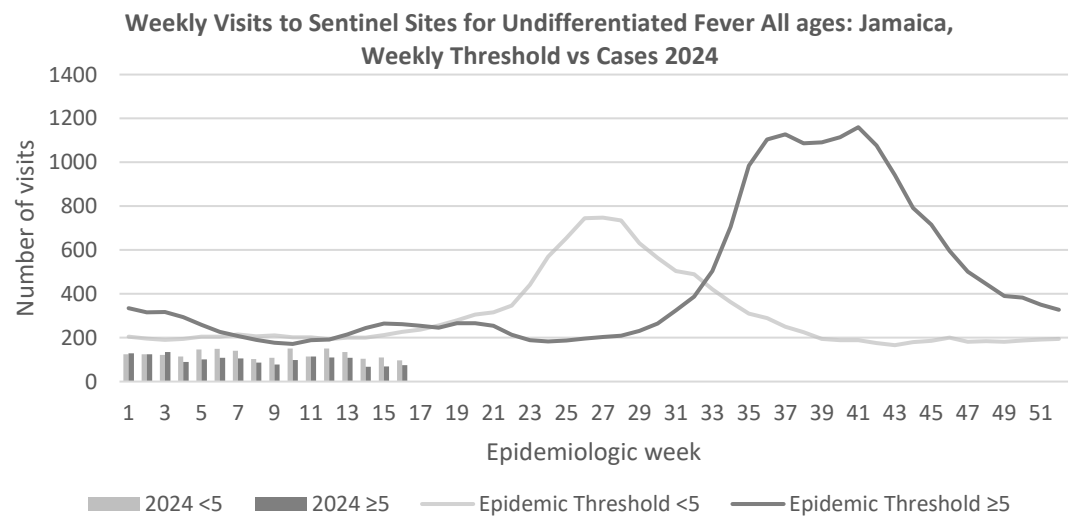
KEY:
Yellow - late submission on Tuesday
Red - late submission after Tuesday

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													
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
15	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
16	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°C /100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



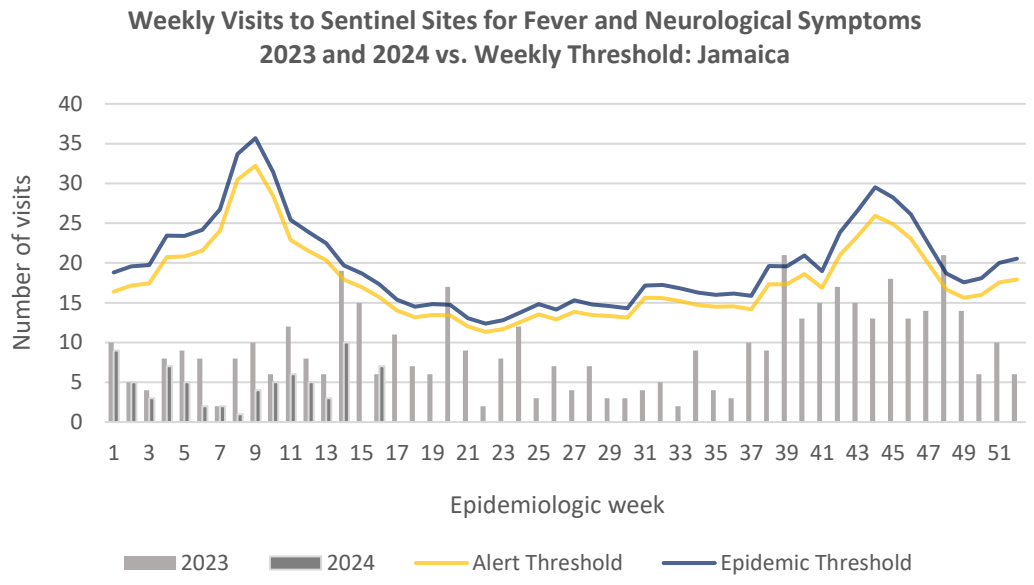
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

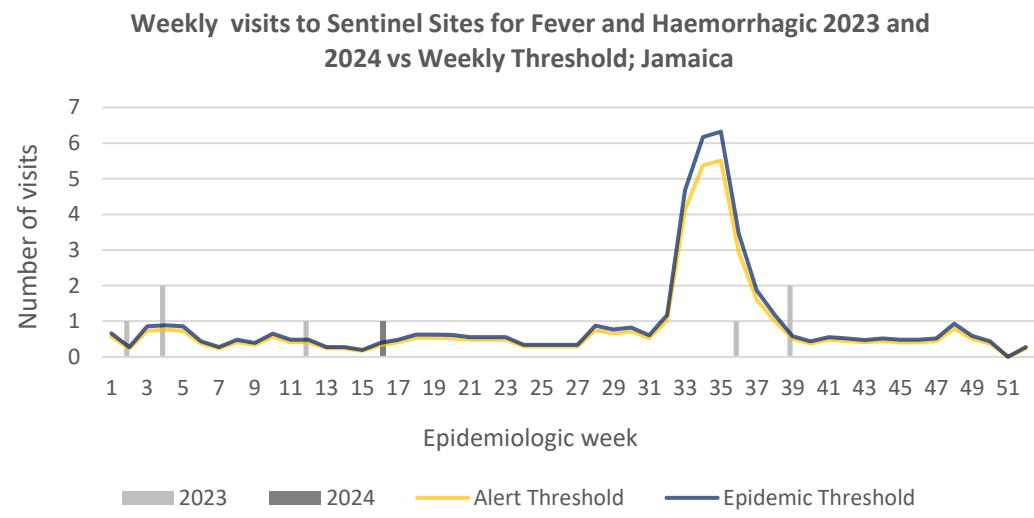
FEVER AND NEUROLOGICAL

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).



FEVER AND HAEMORRHAGIC

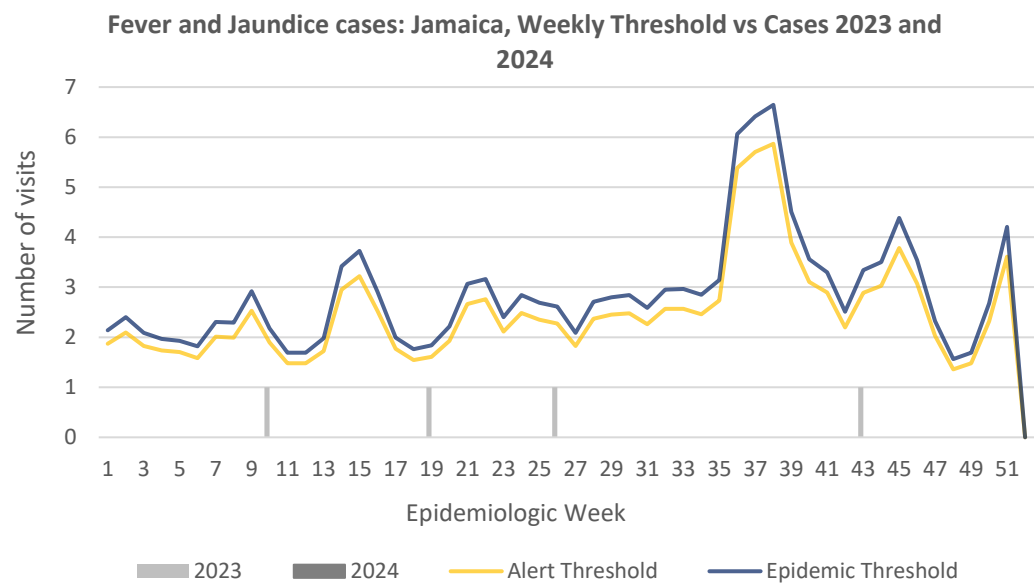
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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.



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

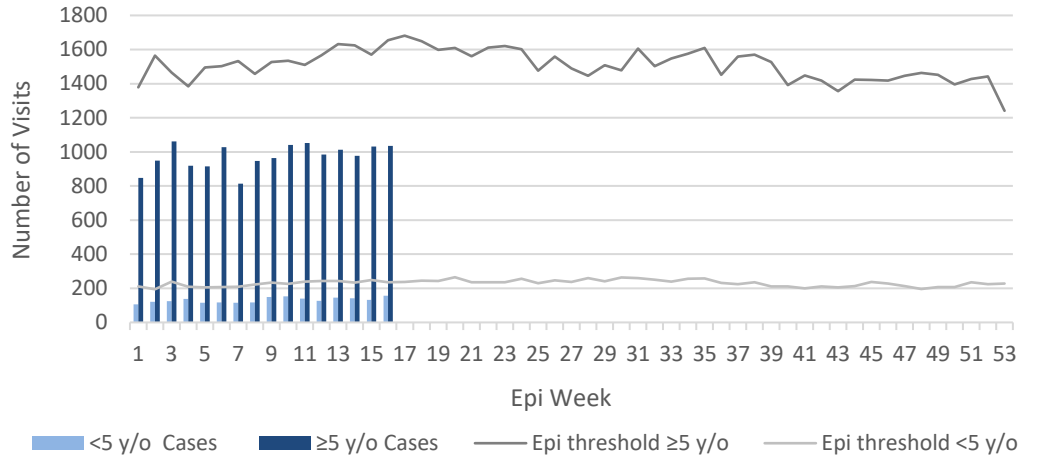


ACCIDENTS

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

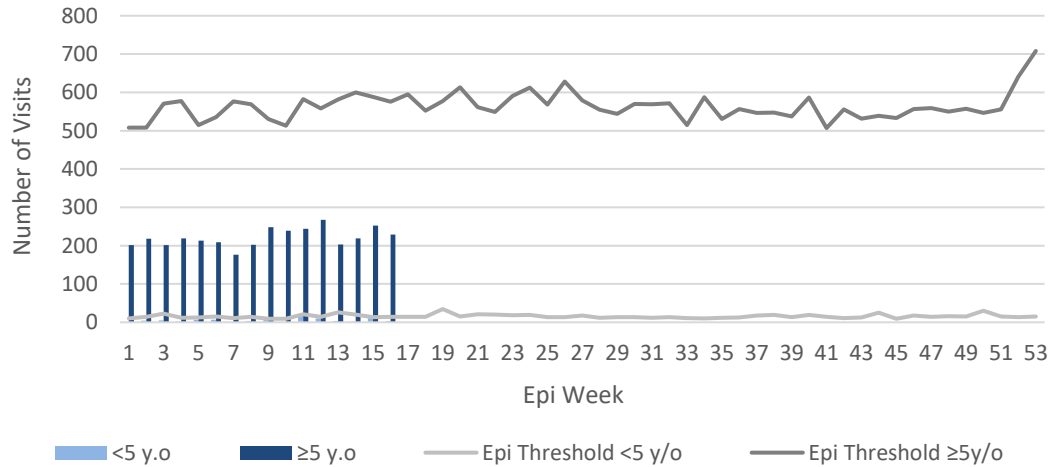


VIOLENCE

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

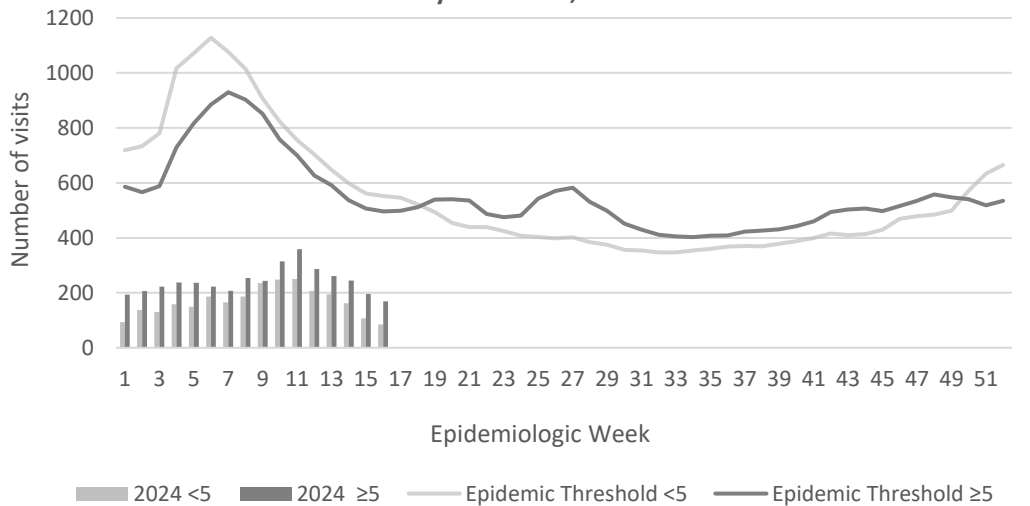


GASTROENTERITIS

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



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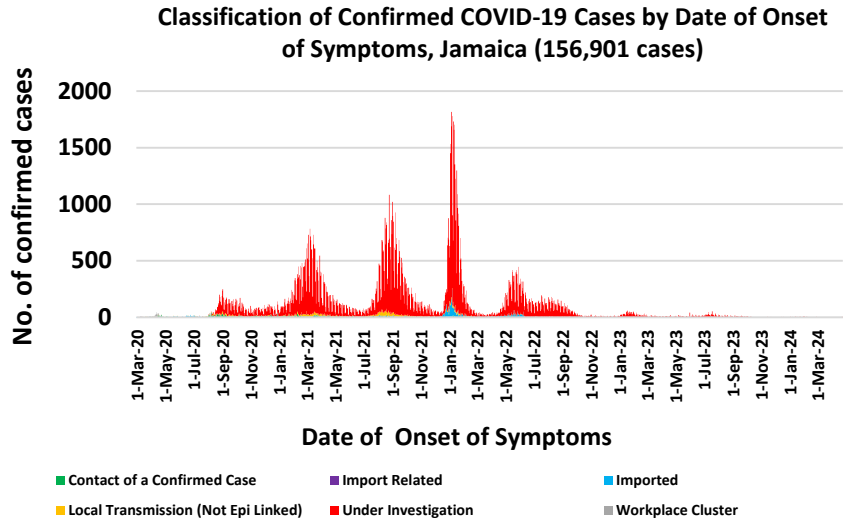
CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD ^α		AFP Field Guides from WHO indicate that for an effective surveillance system, detection rates for AFP should be 1/100,000 population under 15 years old (6 to 7) cases annually.	
		CURRENT YEAR 2024	PREVIOUS YEAR 2023		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	123 ^β	108 ^β	Pertussis-like syndrome and Tetanus are clinically confirmed classifications. ^γ Dengue Hemorrhagic Fever data include Dengue related deaths; ^δ Figures include all deaths associated with pregnancy reported for the period.	
	Cholera	0	0		
	Dengue Hemorrhagic Fever ^γ	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	167	1920		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	4	33		
	Hepatitis C	1	11		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis	8	16		
	Monkeypox	0	3		
EXOTIC/ UNUSUAL	Plague	0	0	^ε CHIKV IgM positive cases ^θ Zika PCR positive cases ^β Updates made to prior weeks. ^α Figures are cumulative totals for all epidemiological weeks year to date.	
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 ^δ	18	16		
	Ophthalmia Neonatorum	47	39		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	4	25		
	Yellow Fever	0	0		
Chikungunya ^ε	0	0			
Zika Virus ^θ	0	0	NA- Not Available		

 <p>5 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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COVID-19 Surveillance Update

CASES	EW 16	Total
Confirmed	1	156901
Females	0	90418
Males	1	66480
Age Range	1 year old	1 day to 108 years

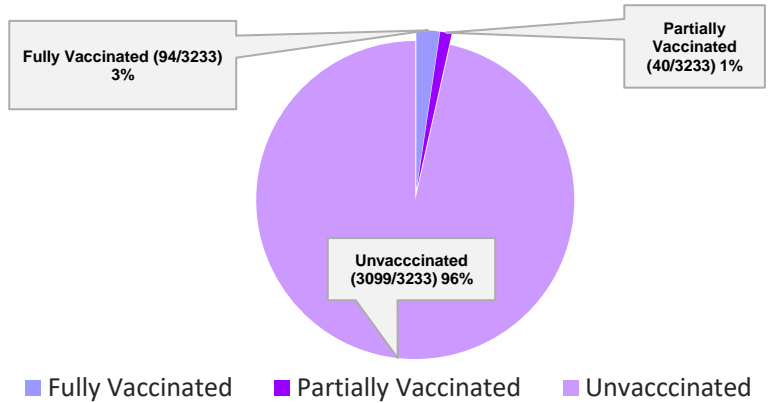
* 3 positive cases had no gender specification
 * PCR or Antigen tests are used to confirm cases
 * Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



COVID-19 Outcomes

Outcomes	EW 16	Total
ACTIVE *2 weeks*		4
DIED – COVID Related	0	3795
Died - NON COVID	0	370
Died - Under Investigation	0	201
Recovered and discharged	0	103226
Repatriated	0	93
Total		156901

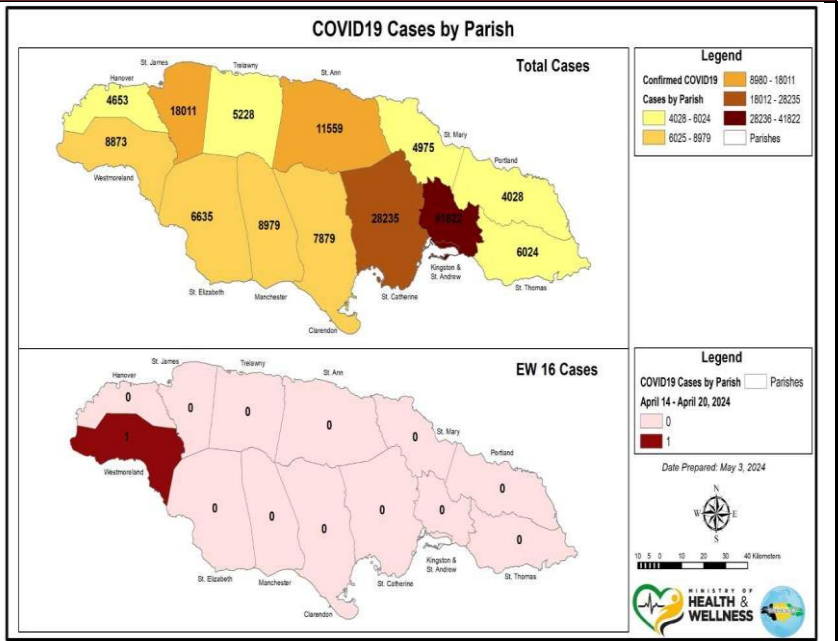
3233 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

SARS-CoV-2



COVID-19 WHO Global Statistics EW 13-16, 2024

Epi Week	Confirmed Cases	Deaths
13	49,600	1,100
14	113,000	893
15	39,700	765
16	40,500	609
Total (4weeks)	242, 800	3, 367

6 NOTIFICATIONS-
All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

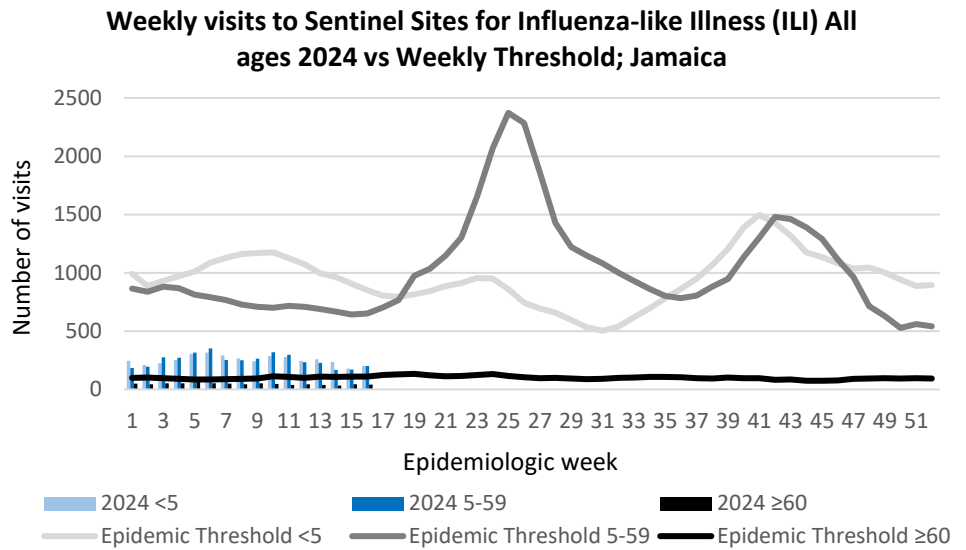
SENTINEL REPORT- 78 sites. Automatic reporting

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 16

April 14, 2024 – April 20, 2024 Epidemiological Week 16

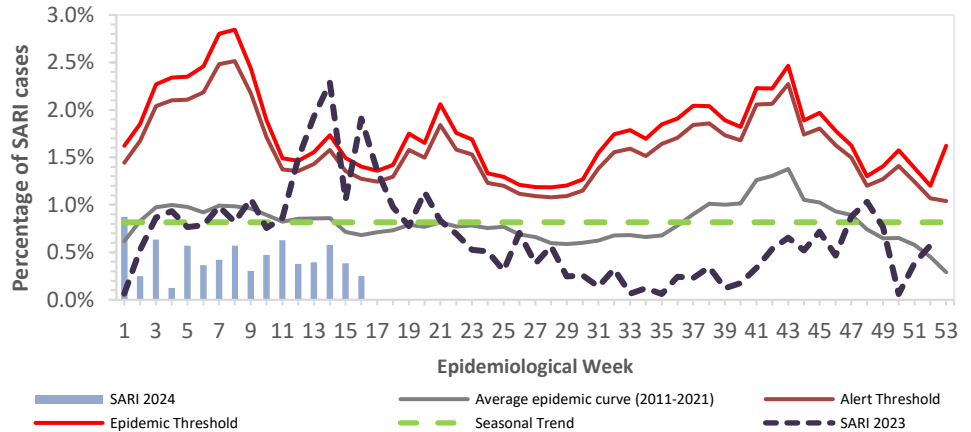
	EW 16	YTD
SARI cases	4	115
Total Influenza positive Samples	0	54
Influenza A	0	53
H3N2	0	15
H1N1pdm09	0	38
Not subtyped	0	0
Influenza B	0	1
B lineage not determined	0	0
B Victoria	0	1
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	20



Epi Week Summary

During EW 16, four (4) SARI admissions were reported.

Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2024) (compared with 2011-2023)



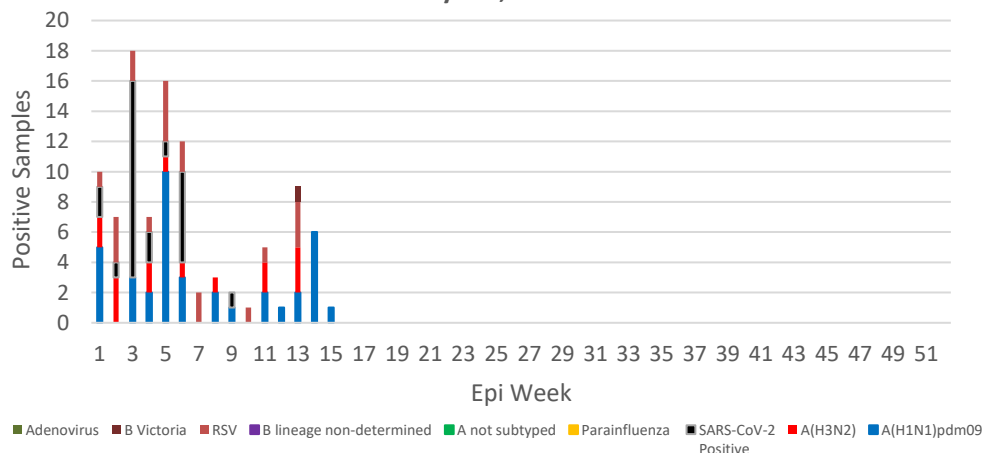
Caribbean Update EW 16

Caribbean: Both ILI and SARI cases have continued to decline over the last four weeks, predominately involving positive cases and, to a lesser extent, SARS-CoV-2. Influenza activity has shown low-level fluctuations during this period. The predominant viruses have been type A(H1N1)pdm09, with concurrent circulation of influenza A(H3N2) and, to a lesser extent, B/Victoria. Both RSV and SARS-CoV-2 activities have remained low.

By country: Influenza activity was observed in Belize, Jamaica, and the Cayman Islands over the last four EWs. SARS-CoV-2 activity was noted in Barbados, Guyana, and Trinidad and Tobago.

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

Distribution of Influenza and Other Respiratory Viruses Under Surveillance by EW, Jamaica - 2024



7 NOTIFICATIONS-
All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

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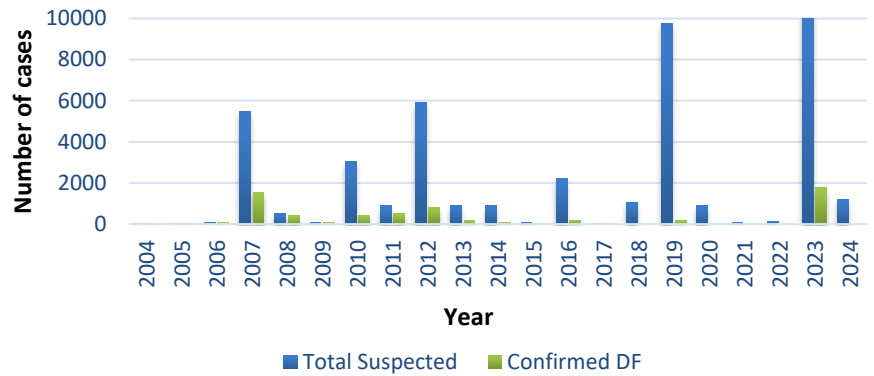
Dengue Bulletin

April 14, 2024 – April 20, 2024 Epidemiological Week 16


Epidemiological Week 16



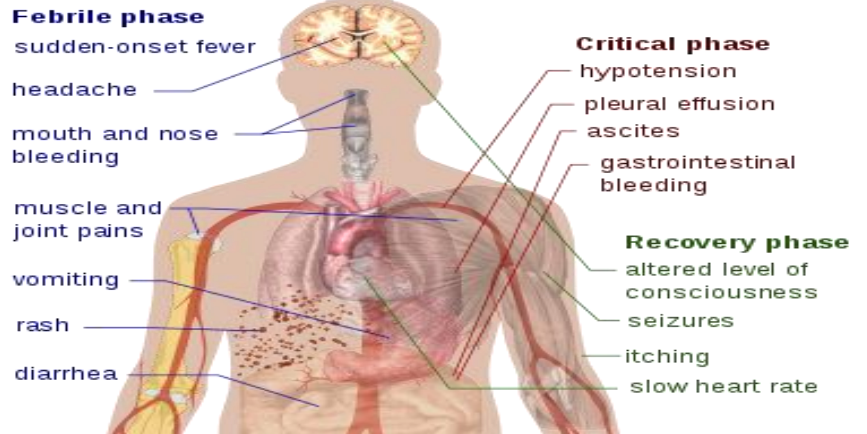
Dengue Cases by Year: 2004-2024, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 16 of 2024

	2024*	
	EW 16	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	1	1173
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0

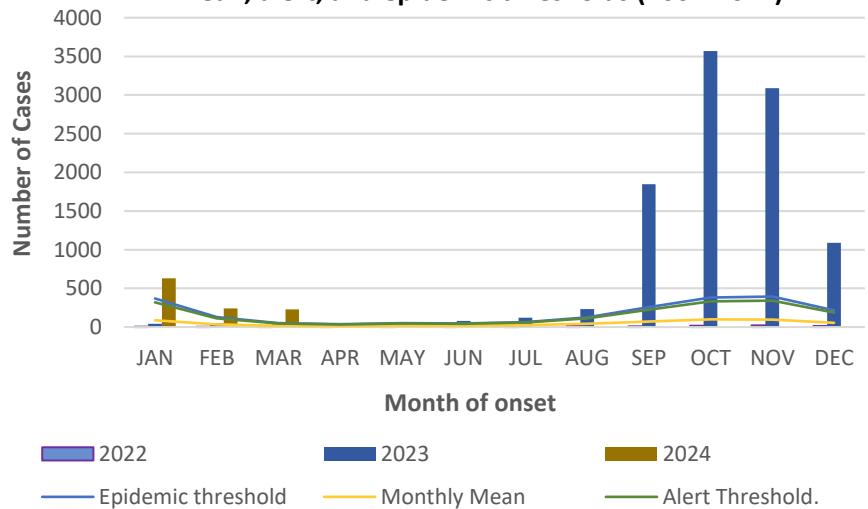
Symptoms of **Dengue fever**



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at May 03, 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



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RESEARCH PAPER

Abstract

Title: Training Teachers to Help Students to Cope with Post-Traumatic Stress

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Introduction. Exposure to trauma in children may result in mental health problems such as post-traumatic stress disorders (PTSD), anxiety disorder, depressive symptoms, dissociation, substance abuse, and delinquent and aggressive behaviors. The children who develop PTSD may later result in perpetrating violence on others. This study aimed to train a group of teachers in a primary school in Kingston, Jamaica with knowledge and skills to help students cope better with traumatic experiences. Research questions addressed were: What percentage of teachers know of the manifestations of and coping skills to manage PTSD prior to training? To what extent will there be a difference in the teachers' knowledge of symptoms and skills to cope with PTSD after training?

Methods. The mixed methods approach was used. All 20 (5 male & 15 female) teachers voluntarily participated in the study. The teachers were pre-tested to measure their knowledge of and ways of coping with PTSD in March 2019, and attended six training sessions, and were post-tested in June 2019.

Results. The results showed that the pre-test scores ($M = 1.95$, $SD = 2.19$) of 35% of the teachers knew some skills in managing PTSD before the training. The post-test scores ($M = 4.00$, $SD = 1.69$) of the 75% of the teachers learnt the skills after the training, while 50% retained their skills three months after the training. A feedback session was also conducted.

Word count: 250

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9 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
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