

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Heat and Health

What actions should the public take?

Keep out of the heat

- Move to the coolest room in the home, especially at night.
- If it is not possible to keep your home cool, spend 2–3 hours of the day in a cool place (such as an airconditioned public building).
- Avoid going outside during the hottest time of the day.
- Avoid strenuous physical activity if you can. If you must do strenuous activity, do it during the coolest part of the day, which is usually in the morning between 4:00 and 7:00.
- Stay in the shade.
- Do not leave children or animals in parked vehicles.

Keep the body cool and hydrated



- Take cool showers or baths. Alternatives include cold packs and wraps, towels, sponging, foot baths, etc.
- Wear light, loose-fitting clothes of natural materials. If you go outside, wear a wide-brimmed hat or cap and sunglasses.
- Use light bed linen and sheets, and no cushions, to avoid heat accumulation.
- Drink regularly, but avoid alcohol and too much caffeine and sugar.

If you have health problems

- Keep medicines below 25 °C or in the refrigerator (read the storage instructions on the packaging).
- Seek medical advice if you are suffering from a chronic medical condition or taking multiple medications.

Keep your home cool

- Aim to keep your living space cool. Check the room temperature between 08:00 and 10:00, at 13:00 and at night after 22:00. Ideally, the room temperature should be kept below 32 °C during the day and 24 °C during the night. This is especially important for infants or people who are over 60 years of age or have chronic health conditions.

Taken from WHO website on 16/ May /2024

<https://www.who.int/news-room/fact-sheets/detail/climate-change-heat-and-health>

EPI WEEK 18



Syndromic Surveillance

Accidents

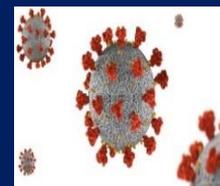
Violence

Pages 2-4



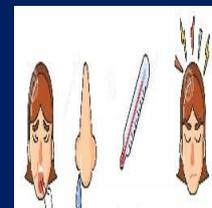
Class 1 Notifiable Events

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COVID-19

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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 – 15 to 18 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													
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
17	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
18	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

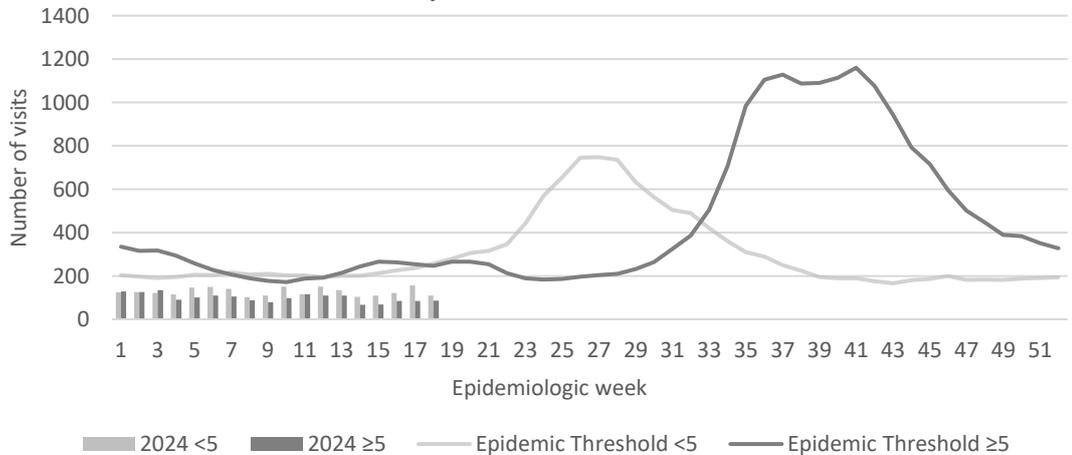
REPORTS FOR SYNDROMIC SURVEILLANCE

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



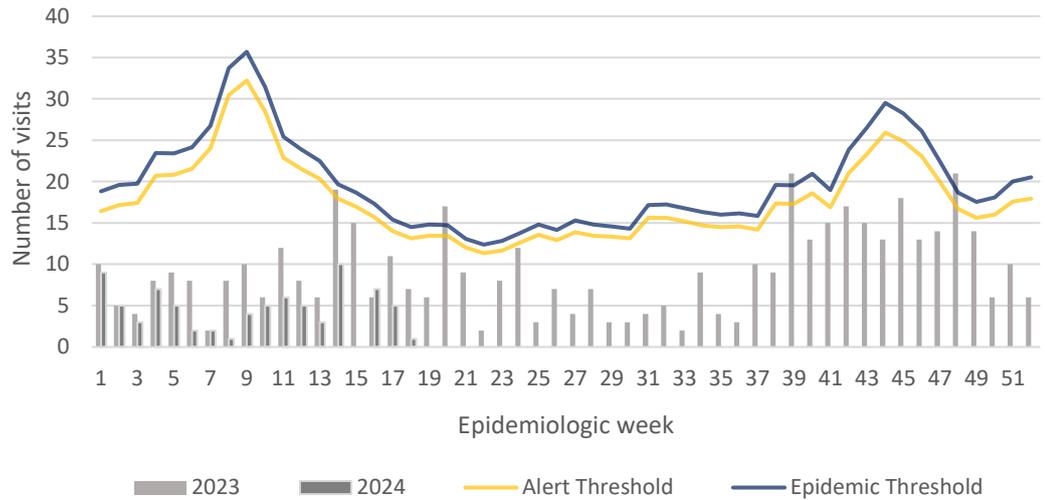
SENTINEL REPORT- 78 sites. Automatic reporting

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

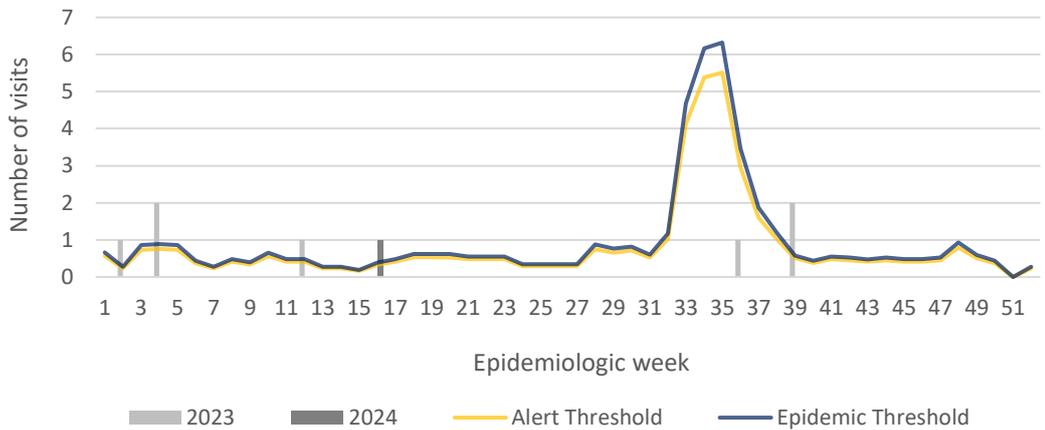


FEVER AND HAEMORRHAGIC

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



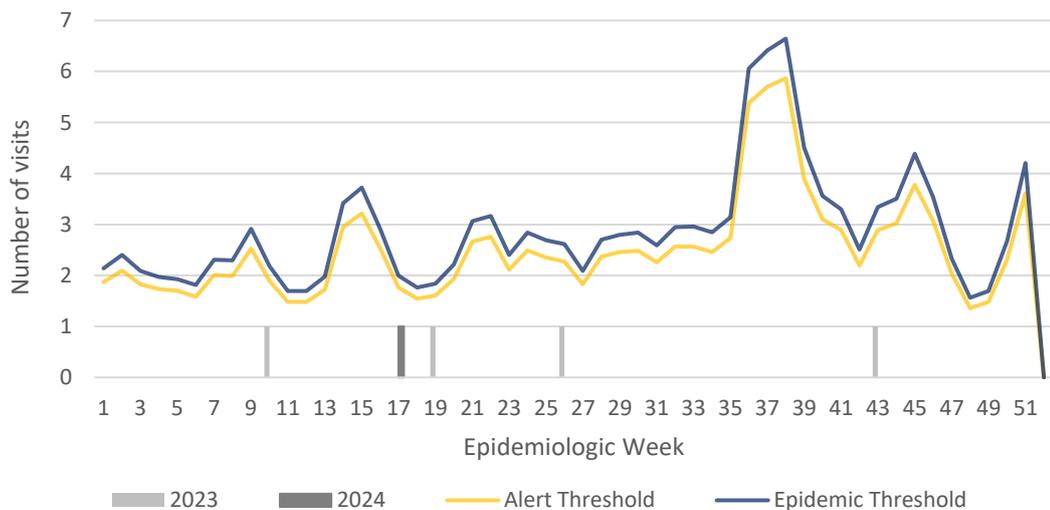
FEVER AND JAUNDICE

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



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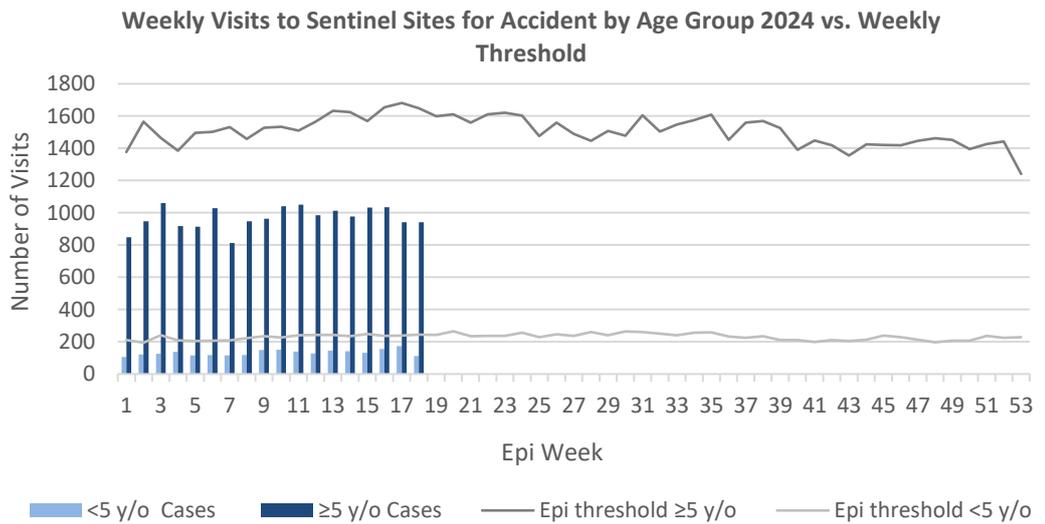


SENTINEL REPORT- 78 sites. Automatic reporting



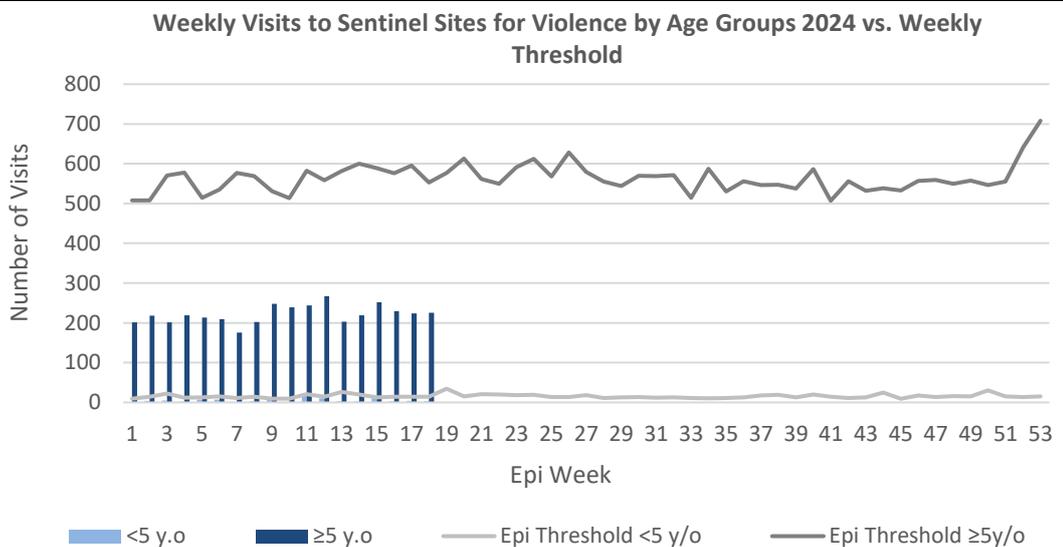
ACCIDENTS

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



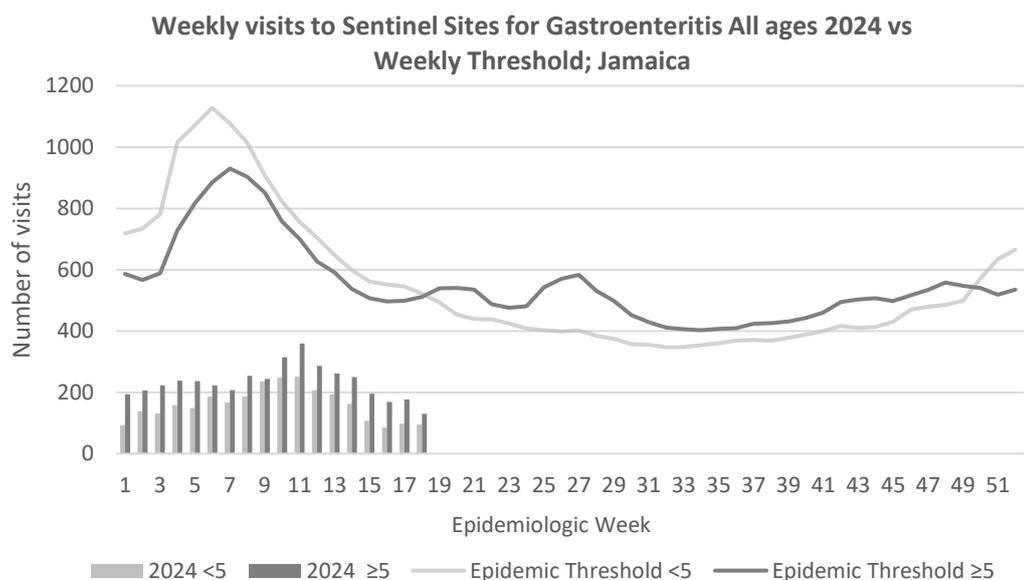
VIOLENCE

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



GASTROENTERITIS

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.



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	
	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	135 ^β	121 ^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)	178	1997		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	4	33		
	Hepatitis C	1	11		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis	8	17		
	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	19	17		
	Ophthalmia Neonatorum	49	48		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	5	26		
	Yellow Fever	0	0		
Chikungunya ^ε	0	0			
Zika Virus ^θ	0	0	NA- Not Available		



5 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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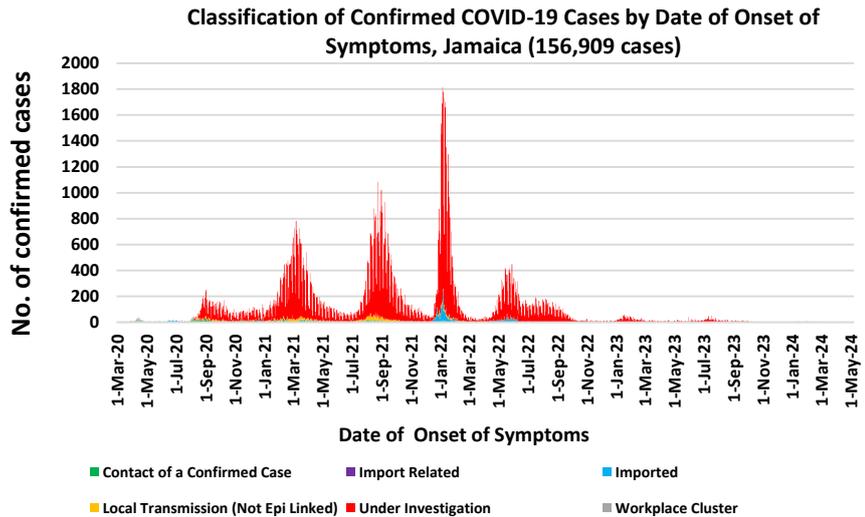


SENTINEL REPORT- 78 sites. Automatic reporting

COVID-19 Surveillance Update

CASES	EW 18	Total
Confirmed	3	156909
Females	1	90421
Males	2	66485
Age Range	36 years to 63 years 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.

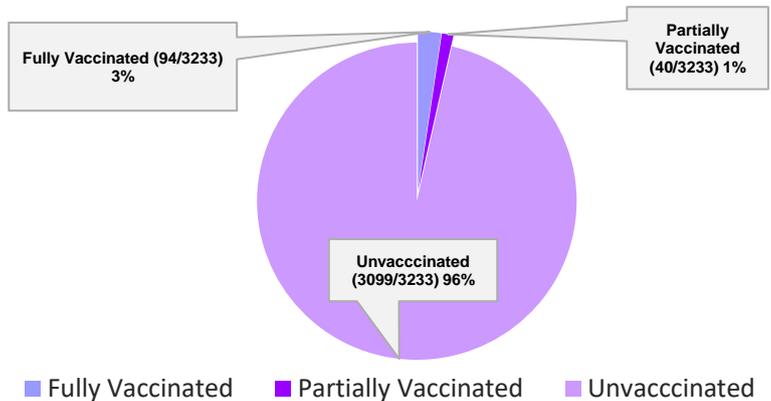


COVID-19 Outcomes

Outcomes	EW 18	Total
ACTIVE *2 weeks*		11
DIED – COVID Related	0	3795
Died - NON COVID	0	370
Died - Under Investigation	0	201
Recovered and discharged	0	103226
Repatriated	0	93
Total		156909

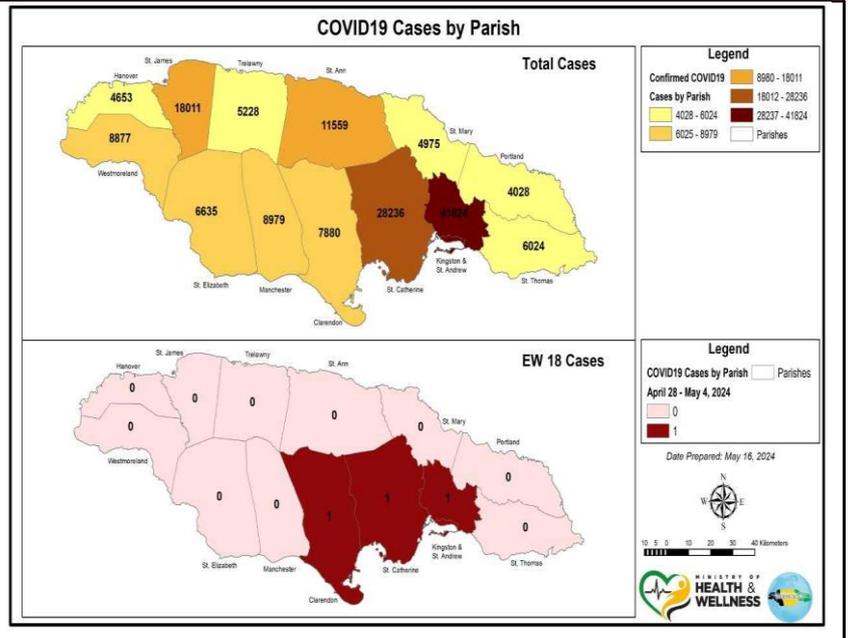
*Vaccination programme March 2021 – YTD
 * Total as at current Epi week

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



COVID-19 WHO Global Statistics EW 15-18, 2024

Epi Week	Confirmed Cases	Deaths
15	39,700	825
16	40,700	743
17	30,400	1100
18	14,400	382
Total (4weeks)	125,200	3050

6 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

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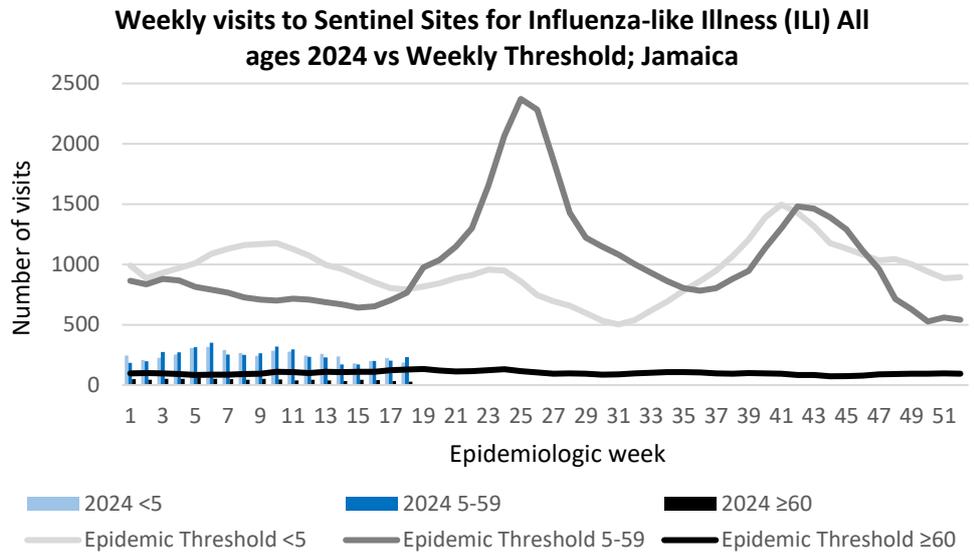
SENTINEL REPORT- 78 sites. Automatic reporting

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 18

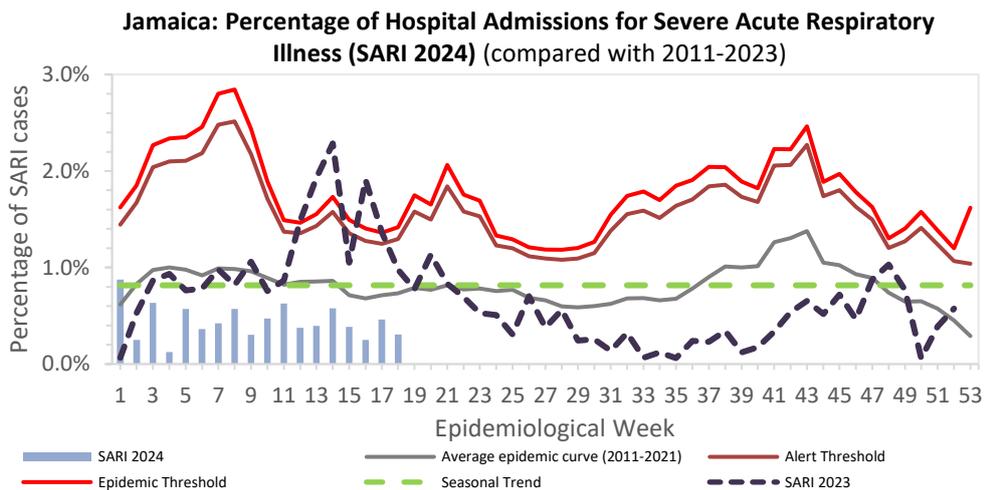
April 28, 2024 – May 04, 2024 Epidemiological Week 18

	EW 18	YTD
SARI cases	5	127
Total Influenza positive Samples	0	57
Influenza A	0	55
H3N2	0	15
H1N1pdm09	0	40
Not subtyped	0	0
Influenza B	0	2
B lineage not determined	0	0
B Victoria	0	2
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	22



Epi Week Summary

During EW 18, five (5) SARI admissions were reported.

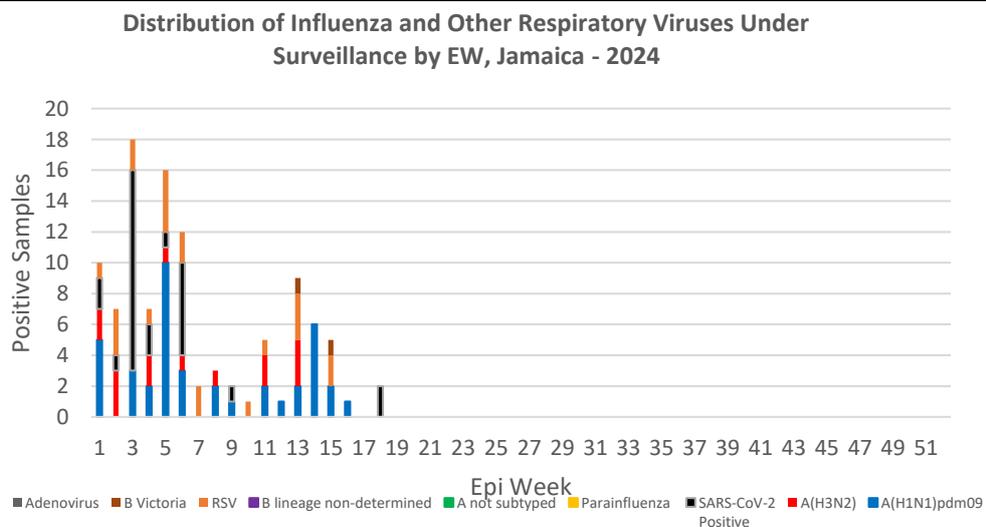


Caribbean Update EW 18

Caribbean :ILI and SARI cases have maintained downward trend over the last four weeks, primarily involving influenza and, to a lesser extent, SARS-CoV-2. Influenza activity has been low but fluctuating during the last four EWs. The predominant viruses have been type A(H3N2), with concurrent circulation of influenza A(H1N1)pdm09 and to a lesser extent, B/Victoria. Both RSV and SARS-CoV-2 activities have remained low.

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

(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

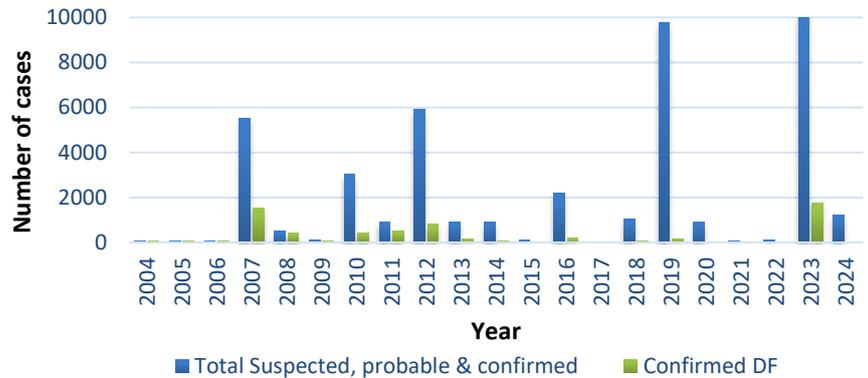
Dengue Bulletin

April 28, 2024 – May 04, 2024 Epidemiological Week 18

Epidemiological Week 18



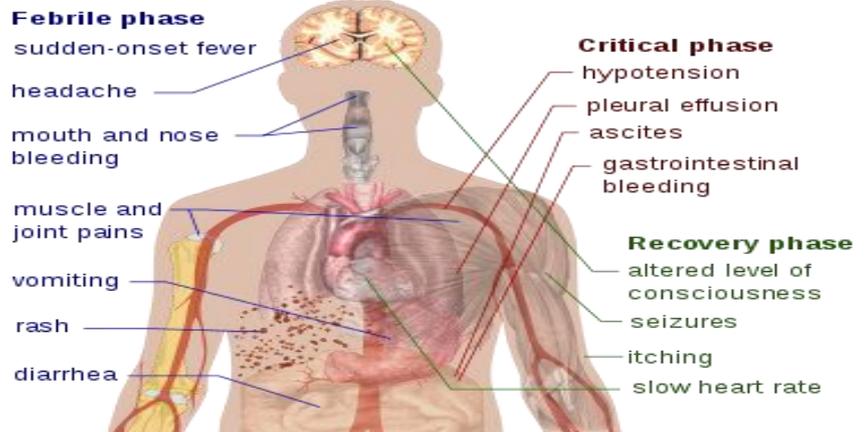
Dengue Cases by Year: 2004-2024, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 18 of 2024

	2024*	
	EW 18	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	0	1234
Lab Confirmed Dengue cases	0	5
CONFIRMED Dengue Related Deaths	0	0

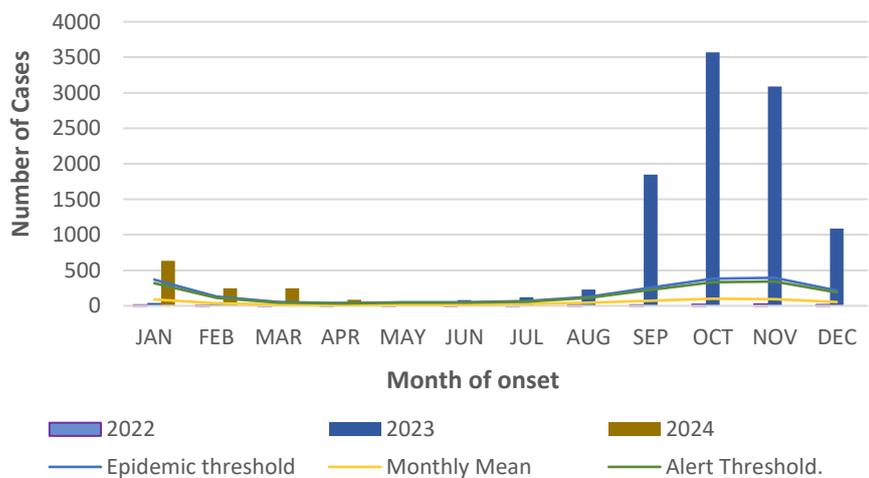
Symptoms of Dengue fever



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at May 16, 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

NHRC_22_O4

The Prevalence of Anaemia in Jamaicans 15 Years and Older

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Background: Iron deficiency is a common cause of anaemia and is associated with increased maternal and perinatal morbidity, cognitive impairment and decreased economic productivity. However, there are limited data on anaemia in the Jamaican population.

Objective: To estimate the prevalence of anaemia in Jamaicans aged ≥ 15 years.

Methods: The Jamaica Health and Lifestyle Survey (JHLS III) was a cross-sectional nationally representative survey conducted in 2016/17 involving 2,807 participants. WHO criteria were used to define anaemia (< 13 g/dl-males; < 12 g/dl-females) and classify severity as mild (11-12.9 g/dl-males; 11-11.9 g/dl-females), moderate (8-10.9 g/dl-both sexes) and severe (< 8 g/dl-both sexes). Iron deficiency was defined as serum ferritin < 15 μ g/ml. Statistical analysis yielded weighted prevalence estimates, accounting for survey design.

Results: Anaemia prevalence % (95% CI) was: 17.6% (14.0, 21.7) overall, 9.5% (6.5, 13.8) in males, and 25.0% (20.4, 30.2) in females. For males, anaemia prevalence was highest in elderly men, while for women it was highest in women of reproductive age. Anaemia severity in the population was: 11.5% (8.5, 15.3) mild, 5.3% (4.0, 6.9) moderate and 0.8% (0.4, 1.7) severe. Iron deficiency was present in 9.9% (8.4, 11.7), and was higher in women 17.8% (14.8, 21.3) vs. men 1.9% (8.4, 11.7), ($p < 0.01$).

Conclusion: Anaemia affects approximately one fifth of the population and may be higher among women of reproductive age and older individuals. The negative impact on birth and other outcomes makes this a public health concern. Data from the JHLS III provides baseline information for tracking global targets to be attained by 2025.



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9 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



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