

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Weekly Spotlight

### Assistive Technology



Assistive technology enables people to live healthy, productive, independent, and dignified lives, and to participate in education, the labour market and civic life. Assistive technology reduces the need for formal health and

support services, long-term care and the work of caregivers. Without assistive technology, people are often excluded, isolated, and locked into poverty, thereby increasing the impact of disease and disability on a person, their family, and society.

#### Who can benefit from assistive technology?

People who most need assistive technology include:

- people with disabilities
- older people
- people with noncommunicable diseases such as diabetes and stroke
- people with mental health conditions including dementia and autism
- people with gradual functional decline.

#### Health, well-being and socioeconomic benefits

Assistive technology can have a positive impact on the health and well-being of a person and their family, as well as broader socioeconomic benefits. For example:

- Proper use of hearing aids by young children leads to improved language skills, without which a person with hearing loss has severely limited opportunities for education and employment .
- Manual wheelchairs increase access to education and employment while reducing healthcare costs due to a reduction in the risk of pressure sores and contractures.
- Assistive technology can enable older people to continue to live at home and delay or prevent the need for long-term care .
- Therapeutic footwear for diabetes reduces the incidence of foot ulcers, preventing lower limb amputations and the associated burden on health systems.

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

## EPI WEEK 8



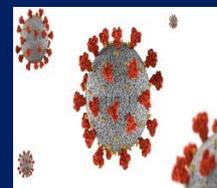
- Syndromic Surveillance  
- Accidents  
- Violence

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 - 5 to 8 of 2023

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

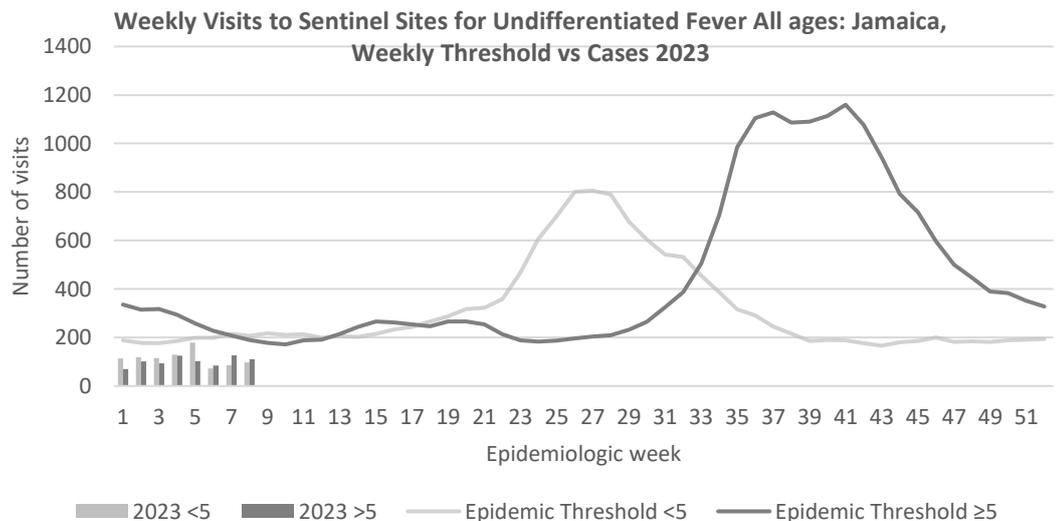
**KEY:**  
**Yellow** - late submission on Tuesday  
**Red** - late submission after Tuesday

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												
5	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
6	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
7	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
8	Late (T)	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



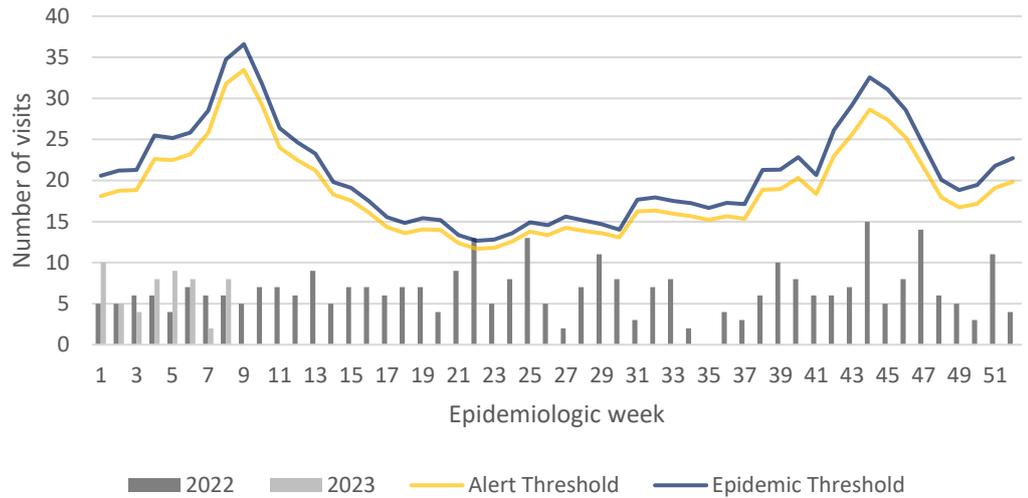
SENTINEL REPORT- 78 sites. Automatic reporting

**FEVER AND NEUROLOGICAL**

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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 2022 and 2023 vs. Weekly Threshold: Jamaica**

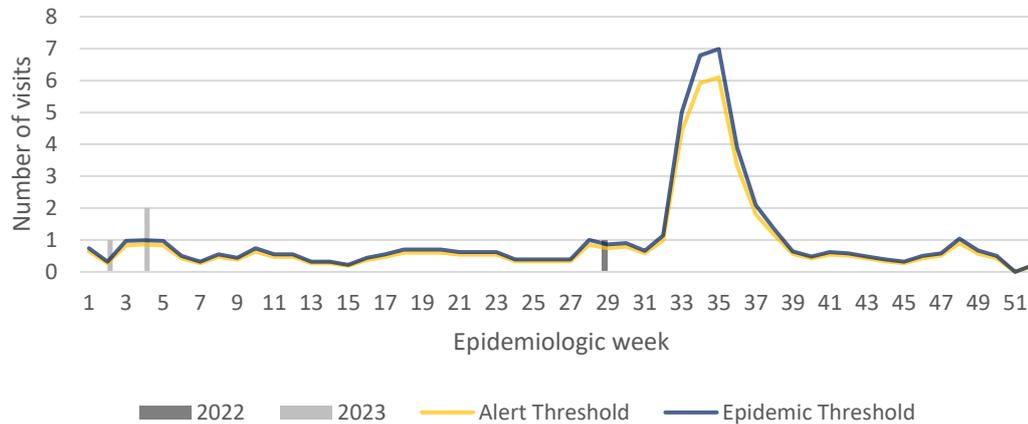


**FEVER AND HAEMORRHAGIC**

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 2022 and 2023 vs Weekly Threshold; Jamaica**



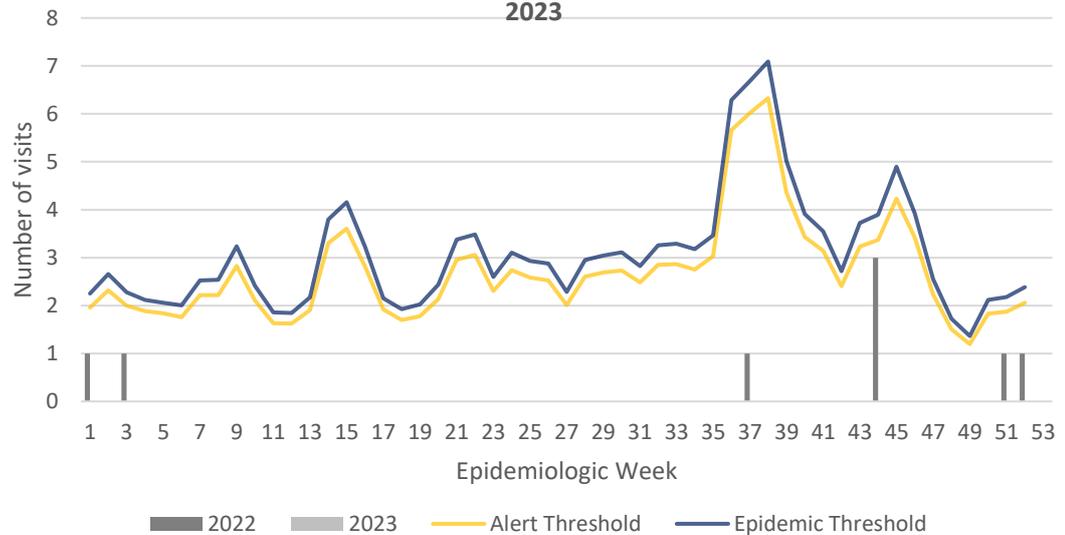
**FEVER AND JAUNDICE**

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 2022 and 2023**



**3 NOTIFICATIONS-**  
All clinical sites



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



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

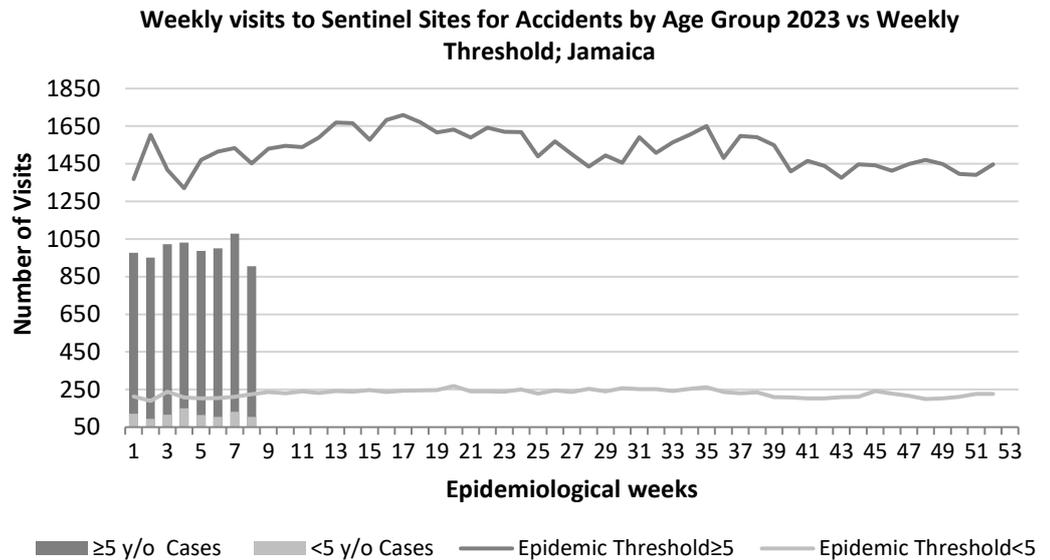


**SENTINEL REPORT-** 78 sites. Automatic reporting



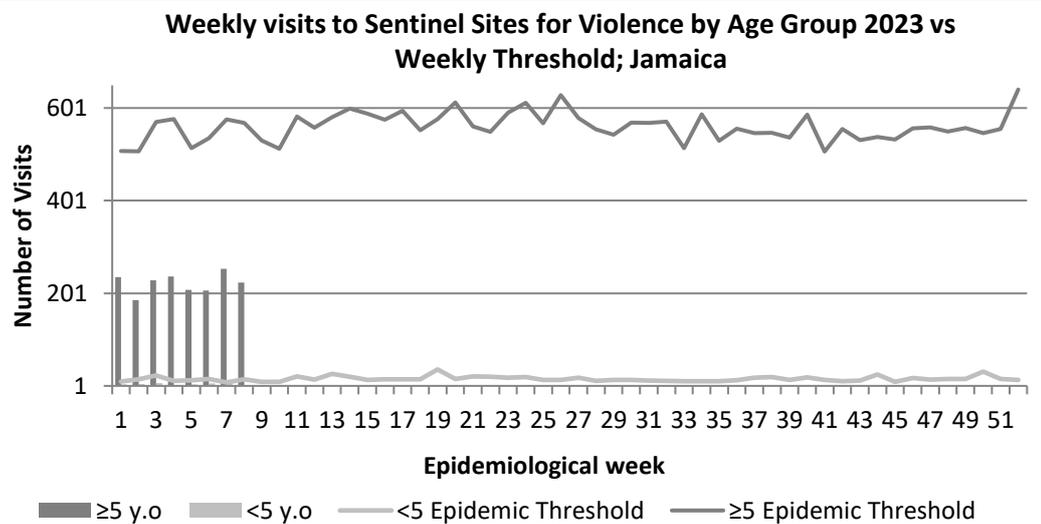
**ACCIDENTS**

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



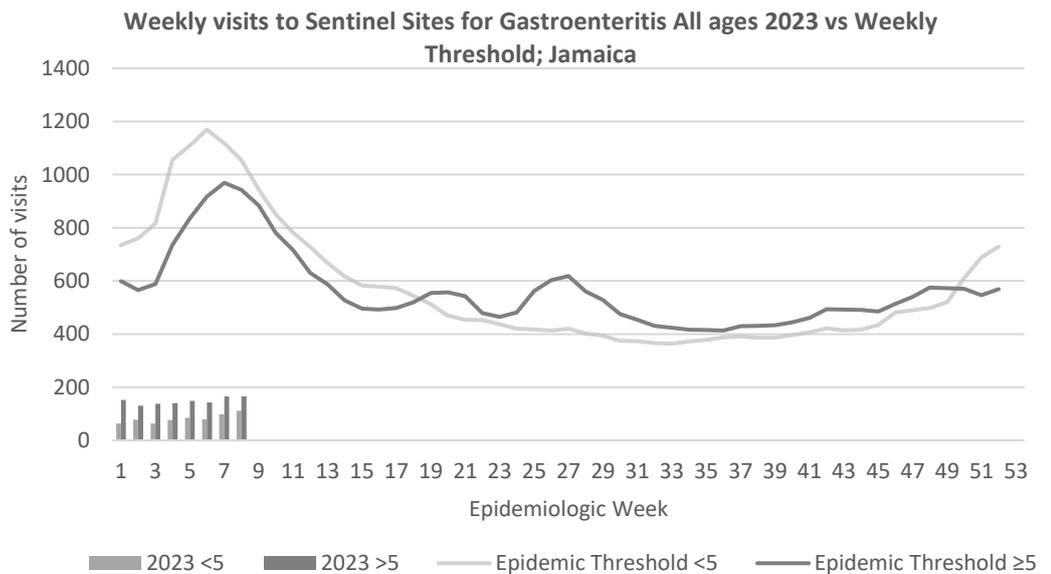
**VIOLENCE**

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 <sup>α</sup>			
		CURRENT YEAR 2023	PREVIOUS YEAR 2022		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	39 <sup>β</sup>	37 <sup>β</sup>	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.	
	Cholera	0	0		
	Dengue Hemorrhagic Fever <sup>γ</sup>	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	1439	30928		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	1	0		
	Hepatitis C	0	0		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis (Clinically confirmed)	6	6		
	Monkeypox	0	N/A		
EXOTIC/ UNUSUAL	Plague	0	0	<sup>ε</sup> CHIKV IgM positive cases  <sup>θ</sup> Zika PCR positive cases  <sup>β</sup> Updates made to prior weeks in 2020.  <sup>α</sup> 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 <sup>δ</sup>	4	9		
	Ophthalmia Neonatorum	17	11		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	0	2		
Yellow Fever	0	0			
Chikungunya <sup>ε</sup>	0	0			
Zika Virus <sup>θ</sup>	0	0	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



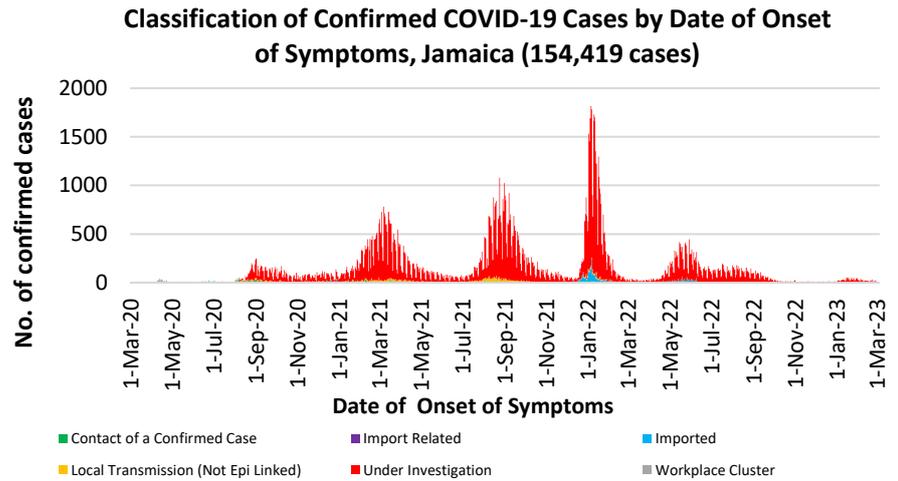
**SENTINEL REPORT-** 78 sites. Automatic reporting

# COVID-19 Surveillance Update

March 10, 2020 – EW 8, 2023

CASES	EW 8	Total
Confirmed	117	154419
Females	54	89085
Males	63	65331
Age Range	30 days old to 96 years	1 day to 108 years

\* 3 positive cases had no gender specification  
\* PCR or Antigen tests are used to confirm cases

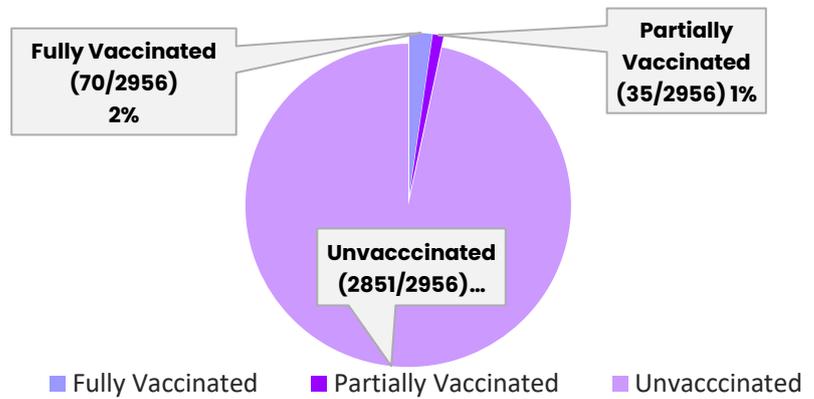


## COVID-19 Outcomes

Outcomes	EW 8	Total
ACTIVE *past 2 weeks*		251
DIED – COVID Related	1	3516
Died - NON COVID	0	299
Died - Under Investigation	1	348
Recovered and discharged	37	102529
Repatriated	0	93
Total		154419

\*Vaccination programme March 2021 – YTD

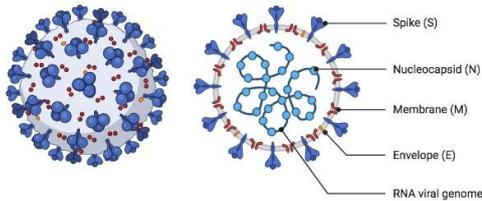
## 2956 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



## COVID-19 Parish Distribution and Global Statistics

### COVID-19 Virus Structure

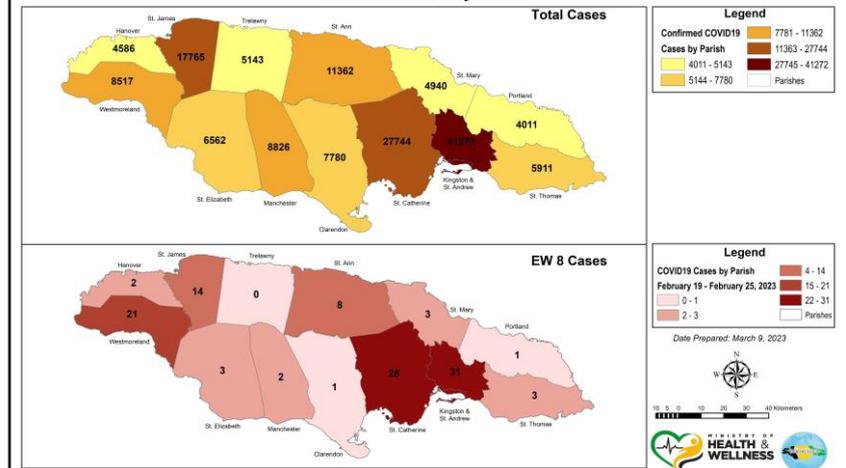
#### SARS-CoV-2



### COVID-19 WHO Global Statistics EW5-EW8

Epi Week	Confirmed Cases	Deaths
5	412,981	1814
6	153,365	910
7	164,069	694
8	118,891	534
<b>Total (4weeks)</b>	<b>849,306</b>	<b>3,952</b>

### COVID19 Cases by Parish



6 NOTIFICATIONS- All clinical sites



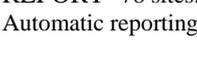
INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

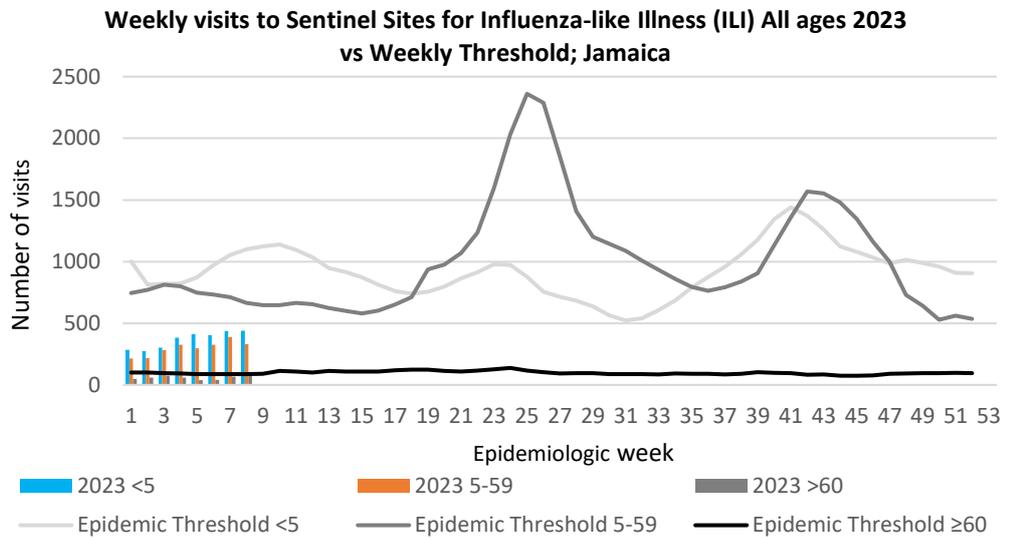


# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

## EW 8

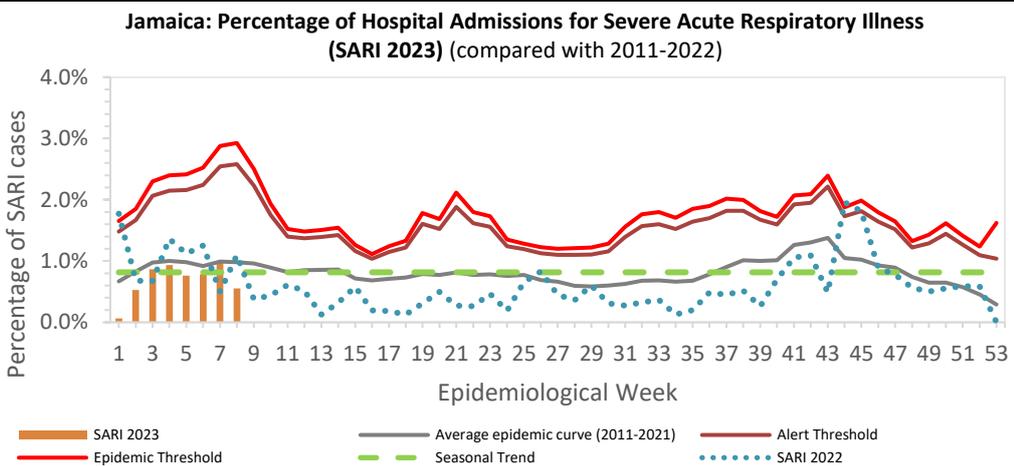
February 19 – February 25, 2023 Epidemiological Week 8

	EW 8	YTD
SARI cases	11	88
Total Influenza positive Samples	0	15
Influenza A	0	11
H3N2	0	1
H1N1pdm09	0	9
Not subtyped	0	1
Influenza B	0	4
Parainfluenza	0	1
RSV	0	3



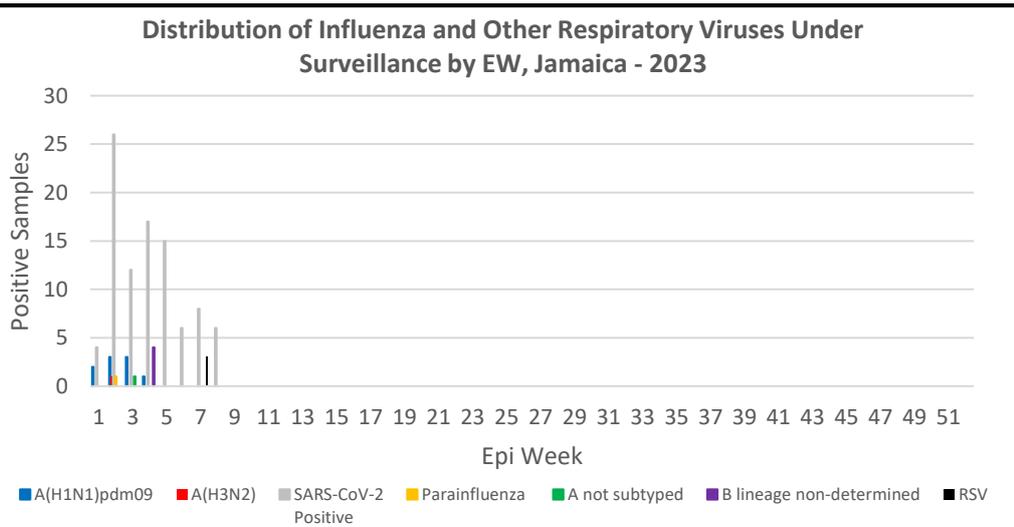
### Epi Week Summary

During EW 8 eleven (11) SARI admissions were reported.



### Caribbean Update EW 8

**Caribbean:** Influenza activity was elevated with a decreasing trend. Influenza A and B viruses were equally detected. Influenza A(H1N1)pdm09, A(H3N2) and influenza B/Victoria co-circulated. In French Guyana, influenza activity was elevated but decreasing. SARS-CoV-2 activity was low in the subregion, with RSV activity at baseline levels except in Jamaica, where RSV activity was increased.



**7 NOTIFICATIONS-**  
All clinical sites

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

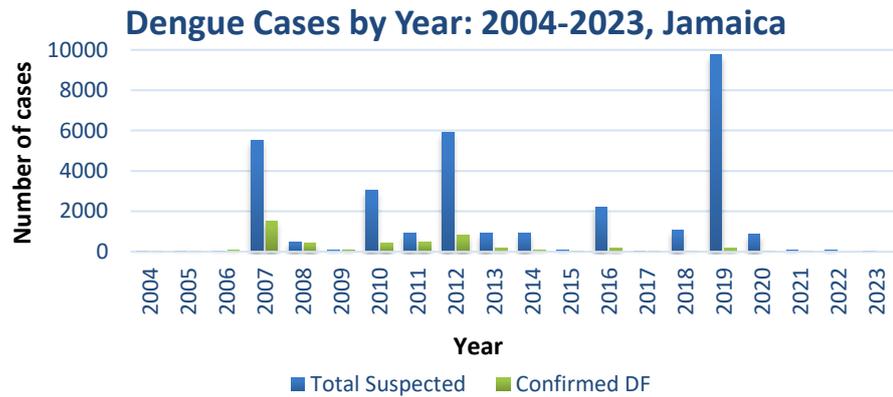
**HOSPITAL ACTIVE SURVEILLANCE-** 30 sites. Actively pursued

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

# Dengue Bulletin

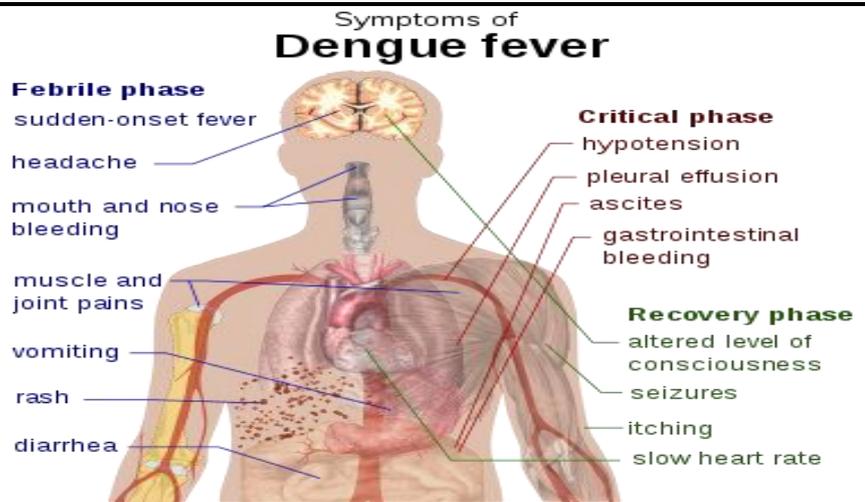
February 19- February 25, 2023 Epidemiological Week 8

Epidemiological Week 8



## Reported suspected and confirmed dengue with symptom onset in week 8 of 2023

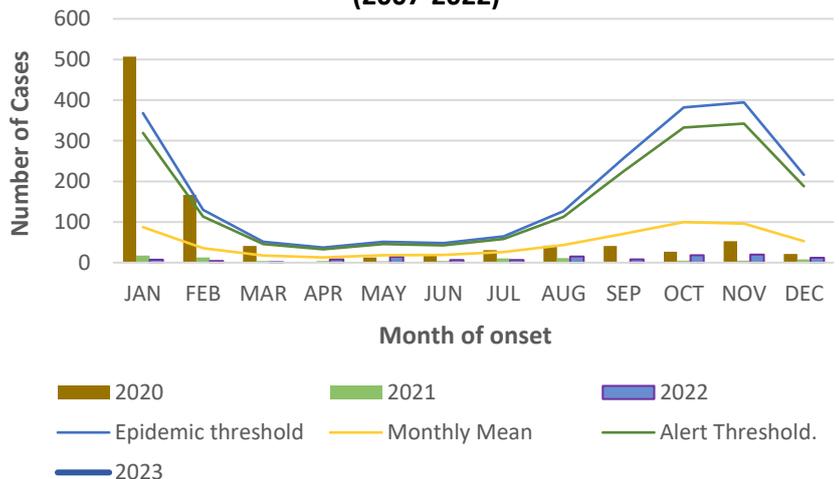
	2023*	
	EW 8	YTD
 Total Suspected Dengue Cases	0	16
Lab Confirmed Dengue cases	0	0
<b>CONFIRMED</b> Dengue Related Deaths	0	0



### Points to note:

- \*Figure as at Feb 25, 2023
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

### Suspected dengue cases for 2020, 2021, 2022 and 2023 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

### Our women are hurting: Chronic Psycho-social Effects of Child Sexual Abuse among Jamaican Women

**Authors:** Kenisha Nelson <sup>1,2</sup>; Karyl Powell-Booth <sup>1,2</sup>; Roxanne Harvey <sup>1,2</sup>; Christine Fray <sup>1,2</sup>;

<sup>1</sup> None in Three Research Centre Jamaica; <sup>2</sup> University of Technology, Jamaica.

**Introduction:** Globally, one in three females experience gender-based violence (GBV). Child sexual abuse (CSA), a form of GBV, is a prevalent and significant problem in Jamaica, yet there are few empirical studies documenting survivors' experiences of child abuse and its impact on well-being. The None-in-Three Research Centre Jamaica's focus is to investigate female survivors' experience of CSA.

**Aim:** The aim of this paper is to understand the psycho-social effects of CSA among adult female survivors in Jamaica.

**Method:** Fifteen in-depth interviews were conducted among female survivors of CSA. All respondents were either self-referred or contacted through relevant agencies or institutions. Participants were 18 years and older. A thematic analysis was conducted to identify and develop emerging themes.

**Results:** The average age when abuse occurred was 9 years old, and abuse occurred between ages 4-15 years. Major themes emerging from the interviews included experiences of feelings of guilt, confusion, memory loss, dissociation, shame, low self-esteem, and self-blame. Some respondents experienced depressive symptoms following the abuse and also reported suicidal behaviours as well as interpersonal relationship problems throughout their lives.

**Conclusion:** Childhood sexual abuse is a significant problem in Jamaica, which has long term adverse psychosocial effects on survivors. Implications of the findings will be discussed.



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