

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## EPI WEEK 34

### Health promotion

Health promotion is the process of enabling people to increase control over, and to improve their health.” Health Promotion Glossary, 1998

**A brief history of Health Promotion:** The first International Conference on Health Promotion was held in Ottawa in 1986, and was primarily a response to growing expectations for a new public health movement around the world. It launched a series of actions among international organizations, national governments and local communities to achieve the goal of "Health For All" by the year 2000 and beyond. The basic strategies for health promotion identified in the Ottawa Charter were: advocate (to boost the factors which encourage health), enable (allowing all people to achieve health equity) and mediate (through collaboration across all sectors).

Since then, the WHO Global Health Promotion Conferences have established and developed the global principles and action areas for health promotion. Most recently, the 9th global conference (Shanghai 2016), titled ‘Promoting health in the Sustainable Development Goals: Health for all and all for health’, highlighted the critical links between promoting health and the 2030 Agenda for Sustainable Development. Whilst calling for bold political interventions to accelerate country action on the SDGs, the Shanghai Declaration provides a framework through which governments can utilize the transformational potential of health promotion.

#### Strategy: Promoting Healthier Populations

The Sustainable Development Goals (SDGs) provides a bold and ambitious agenda for the future. WHO is committed to helping the world meet the SDGs by championing health across all the goals. WHO’s core mission is to promote health, alongside keeping the world safe and serving the vulnerable. Beyond fighting disease, we will work to ensure healthy lives and promote well-being for all at all ages, leaving no-one behind. Our target is 1 billion more people enjoying better health and well-being by 2023.



[https://www.who.int/health-topics/health-promotion#tab=tab\\_1](https://www.who.int/health-topics/health-promotion#tab=tab_1)



SYNDROMES

PAGE 2



CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



GASTROENTERITIS

PAGE 7



RESEARCH PAPER

PAGE 8

SENTINEL SYNDROMIC SURVEILLANCE

Sentinel Surveillance in Jamaica



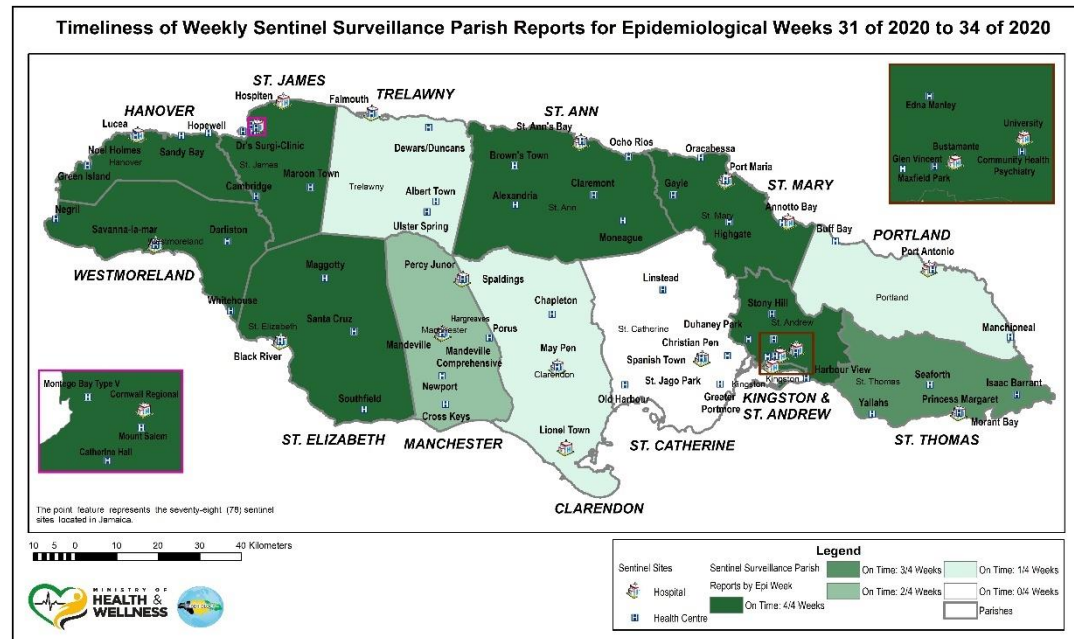
A syndromic surveillance system is good for early detection of and response to public health events.

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.

Map representing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks - 31 to 34 of 2020

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



REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

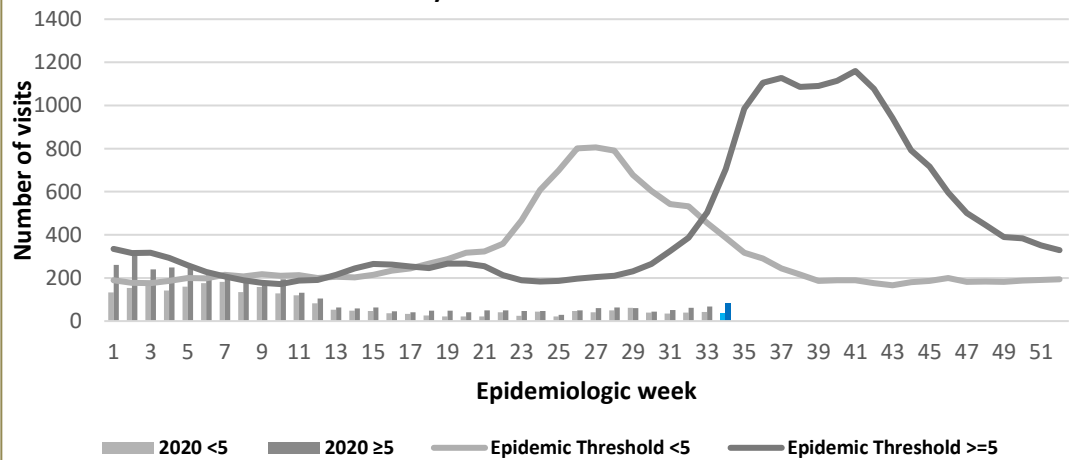
Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK

Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2020



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



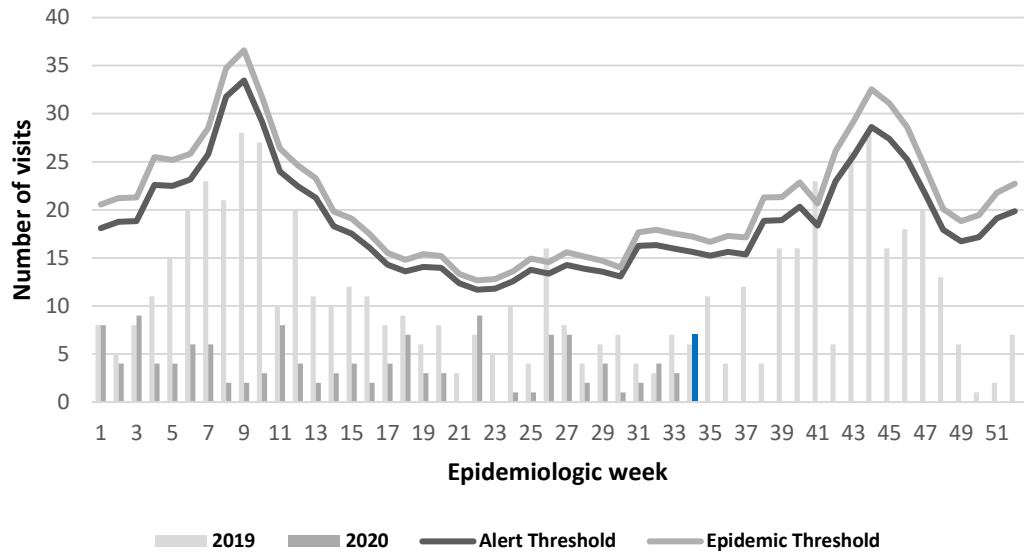
SENTINEL REPORT- 78 sites. Automatic reporting

**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 2019 and 2020 vs. Weekly Threshold: Jamaica**

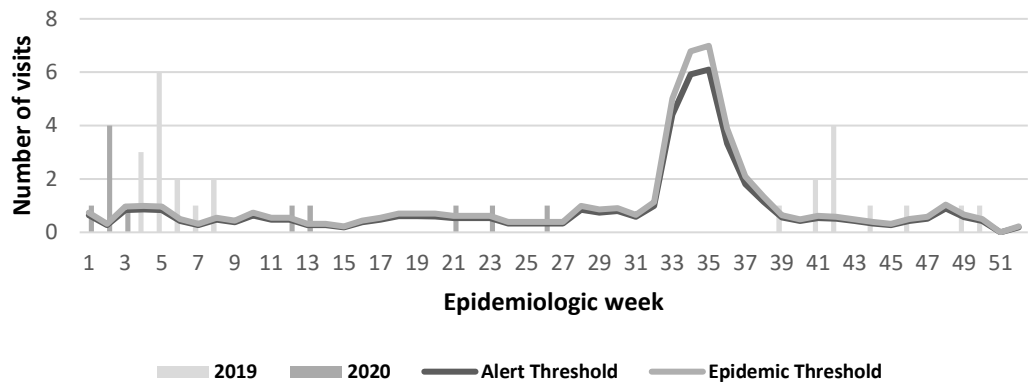


**FEVER AND HAEMORRHAGIC**

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 2019 and 2020 vs Weekly Threshold; Jamaica**



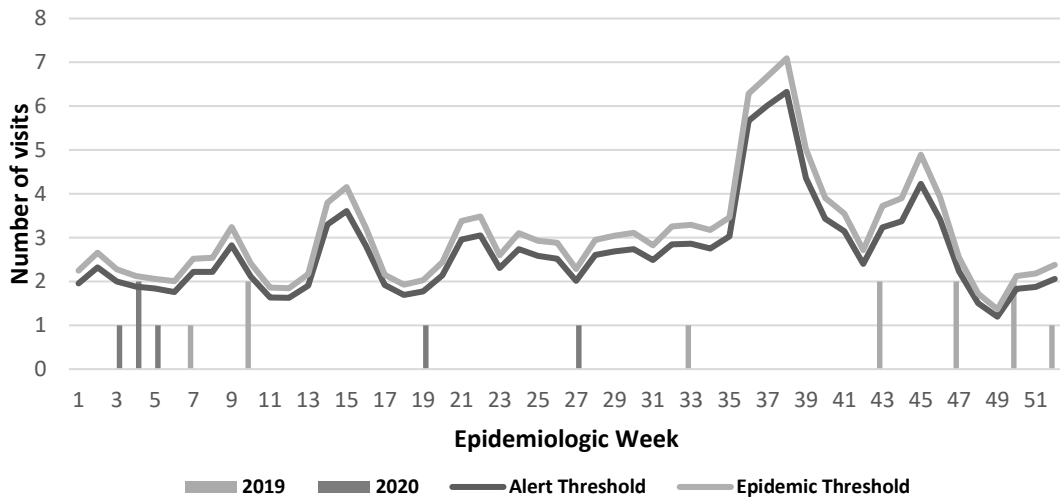
**FEVER AND JAUNDICE**

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 2019 and 2020**



**3 NOTIFICATIONS-**  
All clinical sites



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



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



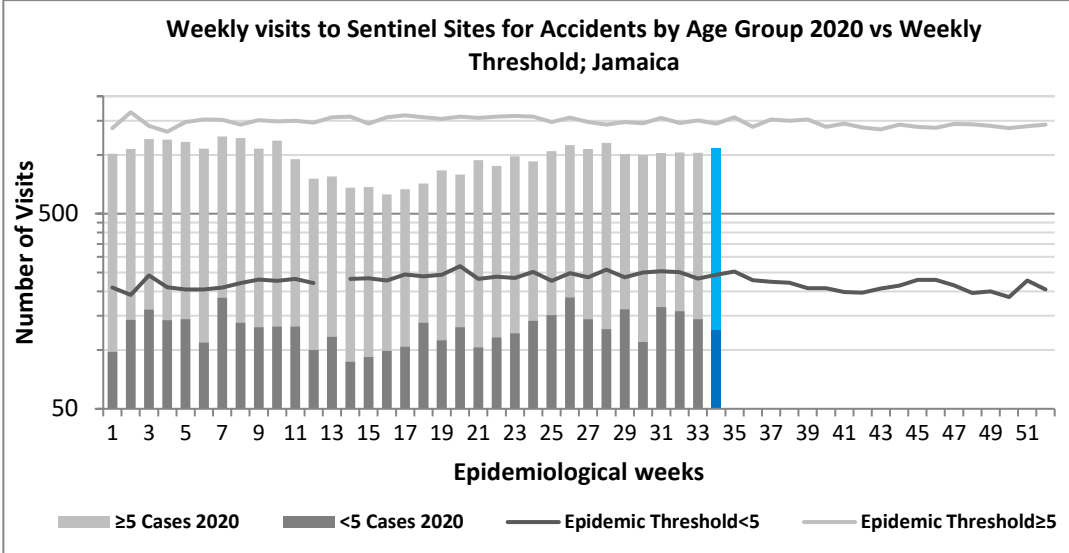
**SENTINEL REPORT-** 78 sites. Automatic reporting

**ACCIDENTS**

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

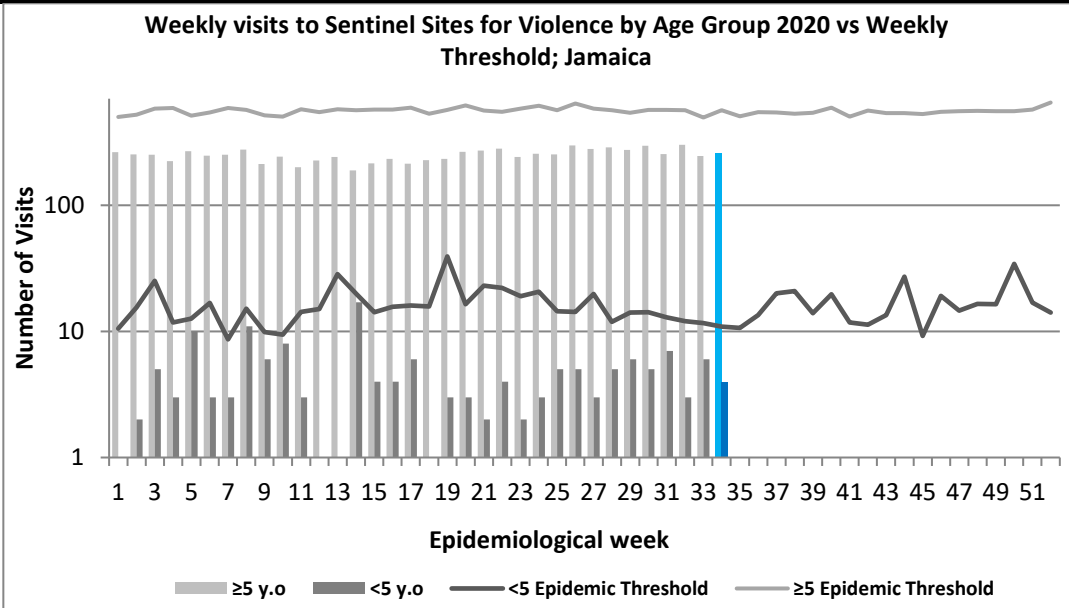
**KEY**

VARIATIONS OF BLUE SHOW CURRENT WEEK



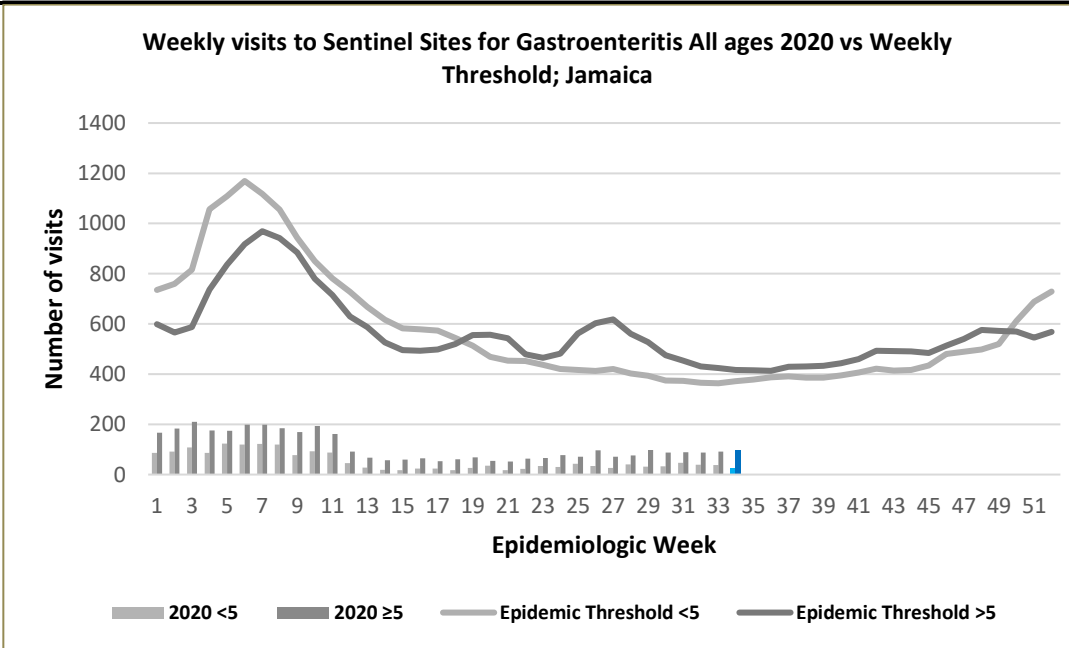
**VIOLENCE**

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		
		CURRENT YEAR 2020	PREVIOUS YEAR 2019	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	5	40	
	Cholera	0	0	
	Dengue Hemorrhagic Fever*	NA	NA	
	Hansen's Disease (Leprosy)	0	0	
	Hepatitis B	0	11	
	Hepatitis C	0	2	
	HIV/AIDS	NA	NA	
	Malaria (Imported)	0	0	
	Meningitis (Clinically confirmed)	1	15	
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**	29	42	
	Ophthalmia Neonatorum	23	161	
	Pertussis-like syndrome	0	0	
	Rheumatic Fever	0	0	
	Tetanus	0	0	
	Tuberculosis	6	33	
Yellow Fever	0	0		
Chikungunya***	1	0		
Zika Virus****	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.

\* Dengue Hemorrhagic Fever data include Dengue related deaths;


\*\* Figures include all deaths associated with pregnancy reported for the period. \* 2019 YTD figure was updated.

\*\*\* CHIKV IgM positive cases




\*\*\*\* Zika PCR positive cases

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

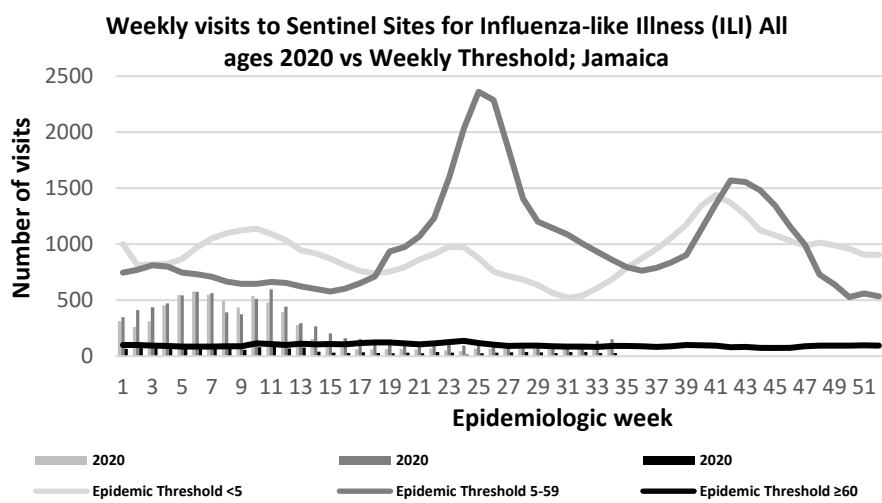
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# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

## EW 34

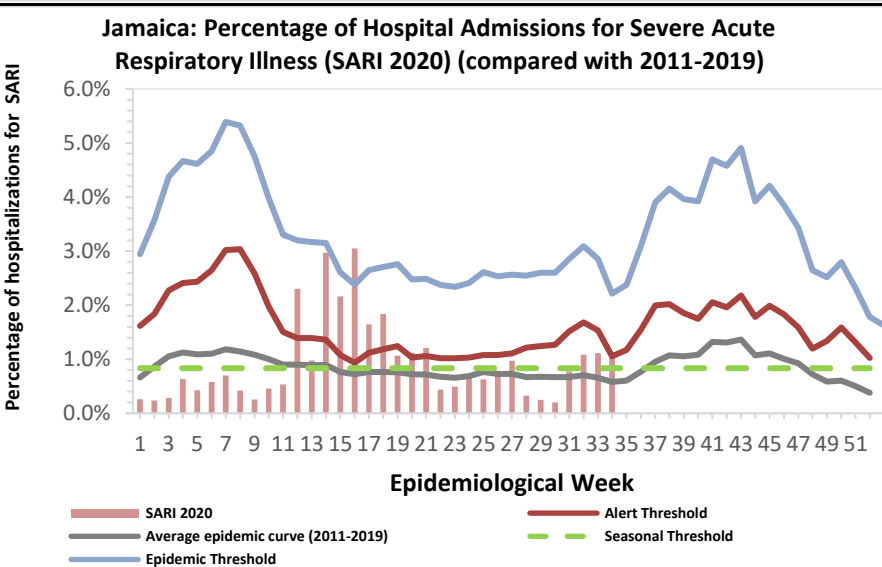
August 16, 2020 - August 22, 2020 Epidemiological Week 34

	EW 34	YTD
SARI cases	17	410
<b>Total Influenza positive Samples</b>	<b>0</b>	<b>69</b>
<b>Influenza A</b>	<b>0</b>	<b>45</b>
H3N2	0	4
H1N1pdm09	0	38
Not subtyped	0	3
<b>Influenza B</b>	<b>0</b>	<b>24</b>
<b>Parainfluenza</b>	<b>0</b>	<b>0</b>



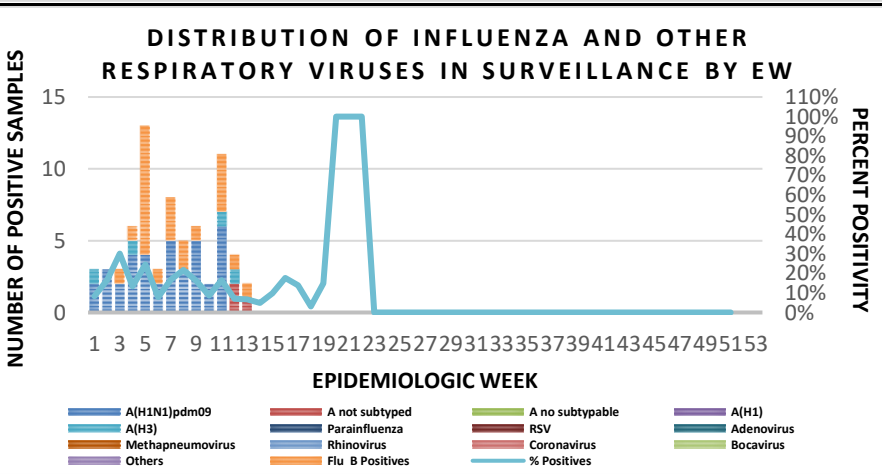
### Epi Week Summary

During EW 34, 17 (seventeen) SARI admissions were reported.



### Caribbean Update EW 34

Caribbean: Influenza and other respiratory virus activity remained low in the subregion. In Haiti and Suriname, detections of SARS-CoV-2 continue elevated and increasing..



**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

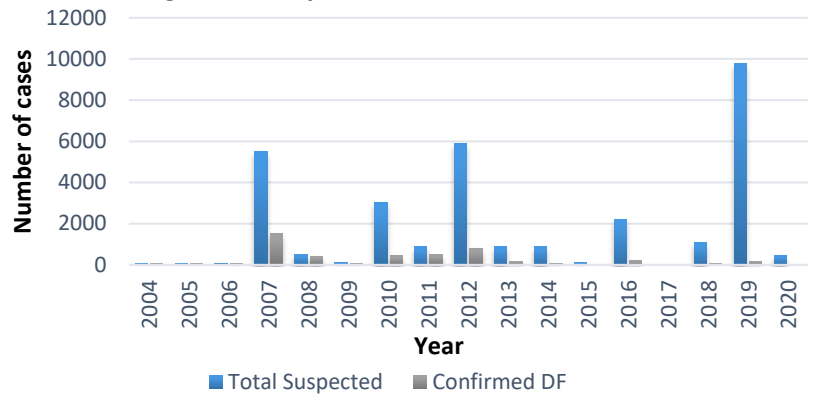
# Dengue Bulletin

August 16, 2020 - August 22, 2020 Epidemiological Week 34

Epidemiological Week 34



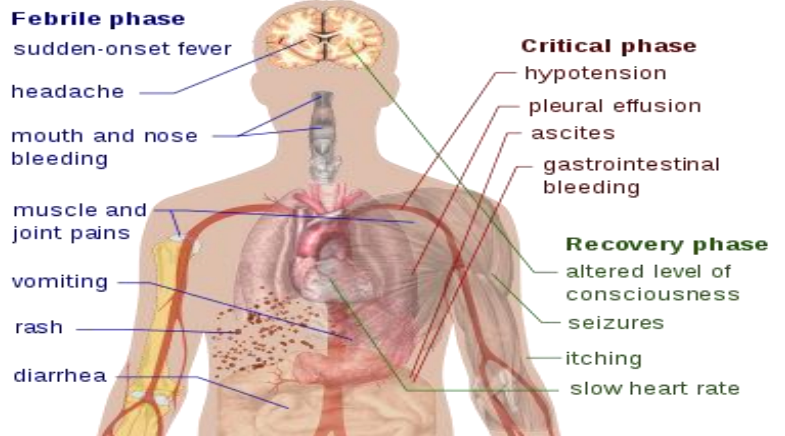
Dengue Cases by Year: 2004-2020, Jamaica



## Reported suspected and confirmed dengue with symptom onset in week 34 of 2020

	2020	
	EW 34	YTD
Total Suspected Dengue Cases	0**	747**
Lab Confirmed Dengue cases	0**	1**
CONFIRMED Dengue Related Deaths	0**	1**

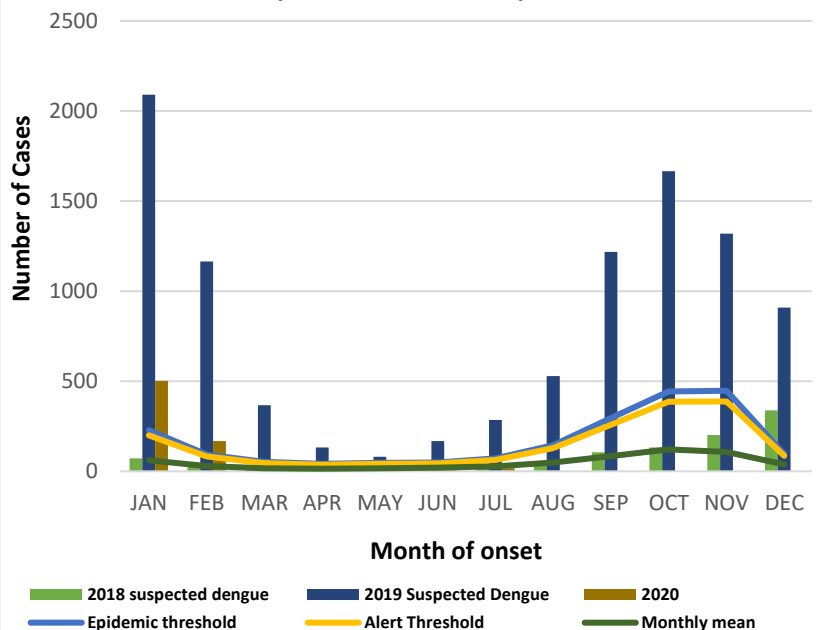
## Symptoms of Dengue fever



### Points to note:

- \*\* figure as at August 31 , 2020
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected dengue cases for 2018, 2019 and 2020 versus monthly mean, alert, and epidemic thresholds



**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

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# RESEARCH PAPER

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## Abstract

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

*Authors: Kenisha Nelson 1,2; Karyl Powell-Booth 1,2; Roxanne Harvey 1,2; Christine Fray 1,2;. 1 None in Three Research Centre Jamaica; 2 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.



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8 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



HOSPITAL  
ACTIVE  
SURVEILLANCE-  
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SENTINEL  
REPORT- 78 sites.  
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