

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Mental health at work

Risks to mental health at work



At work, risks to mental health, also called psychosocial risks, may be related to job content or work schedule, specific characteristics of the workplace or opportunities for

career development among other things.

Risks to mental health at work can include:

- under-use of skills or being under-skilled for work;
- excessive workloads or work pace, understaffing;
- long, unsocial or inflexible hours;
- lack of control over job design or workload;
- unsafe or poor physical working conditions;
- organizational culture that enables negative behaviours;
- limited support from colleagues or authoritarian supervision;
- violence, harassment or bullying;
- discrimination and exclusion;
- unclear job role;
- under- or over-promotion;
- job insecurity, inadequate pay, or poor investment in career development; and
- conflicting home/work demands.

More than half the global workforce works in the informal economy, where there is no regulatory protection for health and safety. These workers often operate in unsafe working environments, work long hours, have little or no access to social or financial protections and face discrimination, all of which can undermine mental health. Although psychosocial risks can be found in all sectors, some workers are more likely to be exposed to them than others, because of what they do or where and how they work. Health, humanitarian or emergency workers often have jobs that carry an elevated risk of exposure to adverse events, which can negatively impact mental health.

<https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work>

EPI WEEK 21



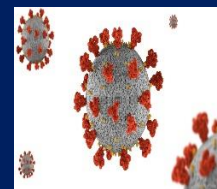
- Syndromic Surveillance
- Accidents
- Violence

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Class 1 Notifiable Events

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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 - 18 to 21 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												
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
19	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
20	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
21	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)

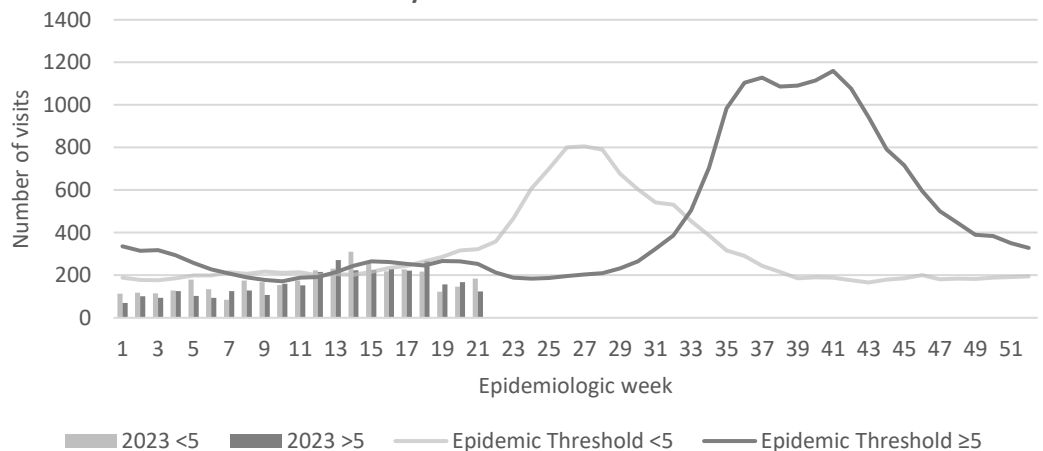
REPORTS FOR SYNDROMIC SURVEILLANCE

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 2023



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



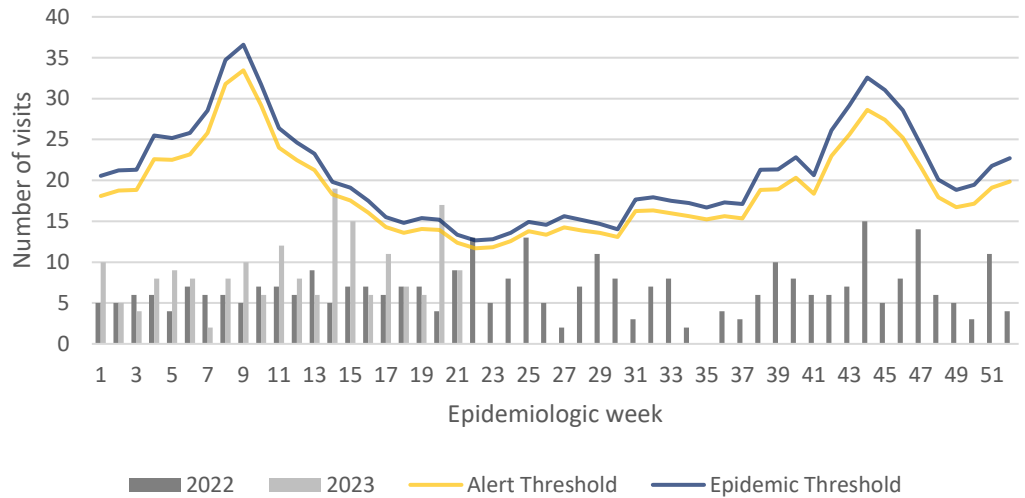
SENTINEL REPORT- 78 sites. Automatic reporting

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 2022 and 2023 vs. Weekly Threshold: Jamaica

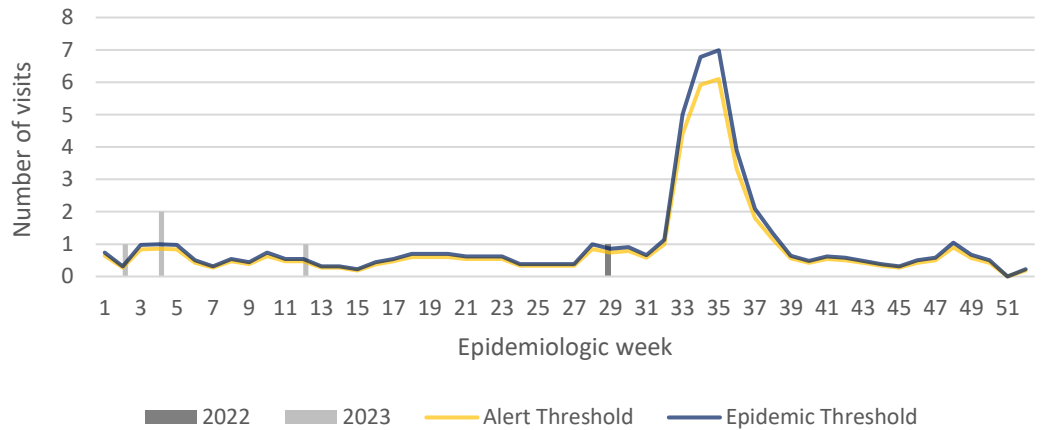


FEVER AND HAEMORRHAGIC

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 2022 and 2023 vs Weekly Threshold; Jamaica



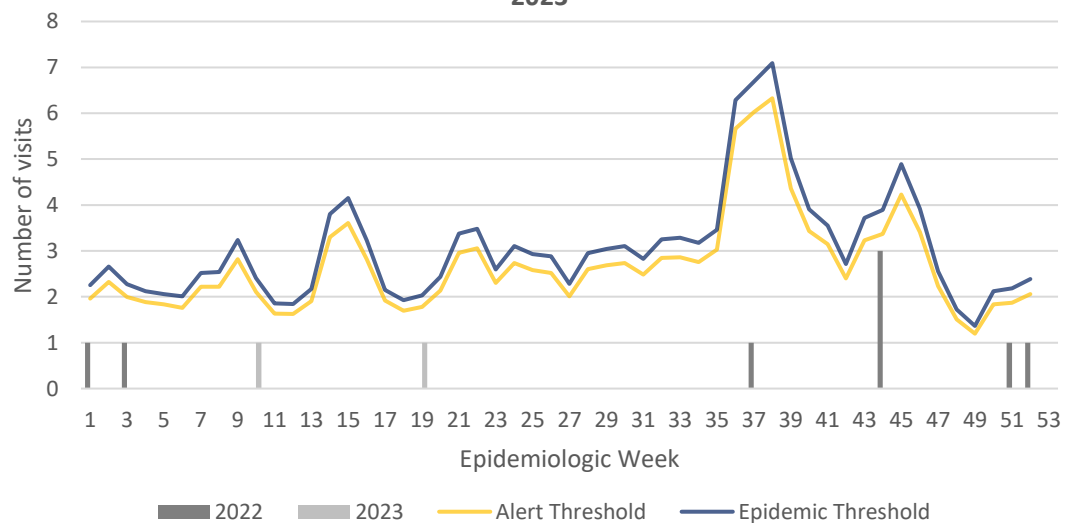
FEVER AND JAUNDICE

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 2022 and 2023



3 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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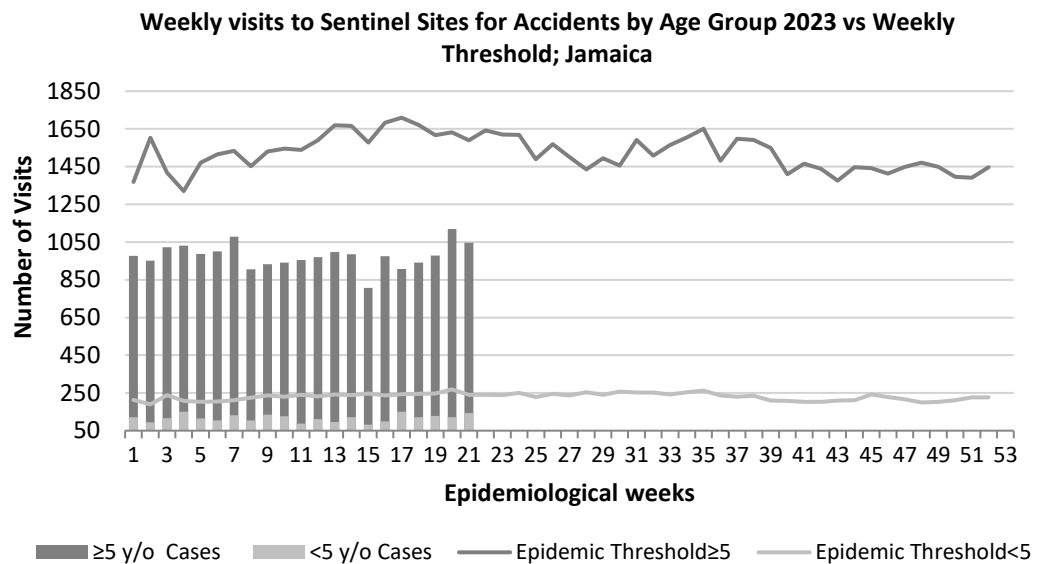


SENTINEL REPORT- 78 sites. Automatic reporting



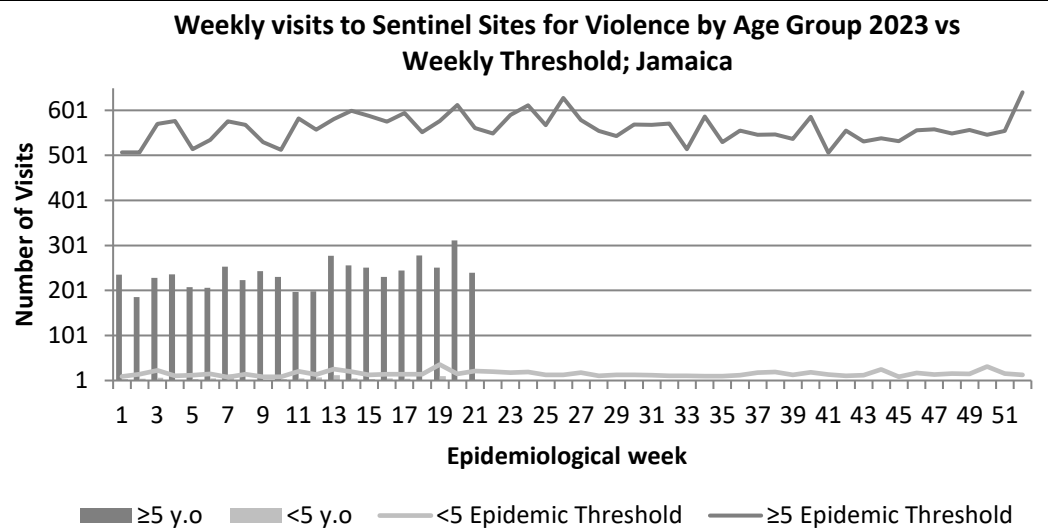
ACCIDENTS

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



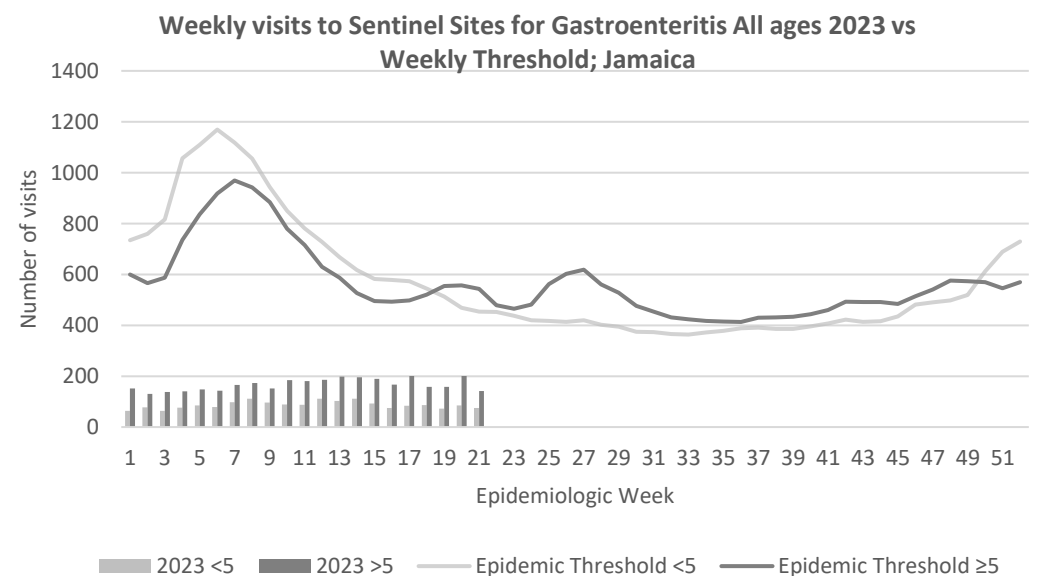
VIOLENCE

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






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CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD ^α			
		CURRENT YEAR 2023	PREVIOUS YEAR 2022		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	133 ^β	105 ^β	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. ^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)	2153	40281		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	22	8		
	Hepatitis C	8	2		
	HIV/AIDS	N/A	N/A		
	Malaria (Imported)	1	0		
	Meningitis (Clinically confirmed)	13	11		
	Monkeypox	3	N/A		
EXOTIC/ UNUSUAL	Plague	0	0	^ε CHIKV IgM positive cases ^θ Zika PCR positive cases ^β Updates made to prior weeks in 2020. ^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	21	28		
	Ophthalmia Neonatorum	49	48		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	2		
	Tuberculosis	10	13		
Yellow Fever	0	0			
Chikungunya ^ε	0	0			
Zika Virus ^θ	0	0	NA- Not Available		

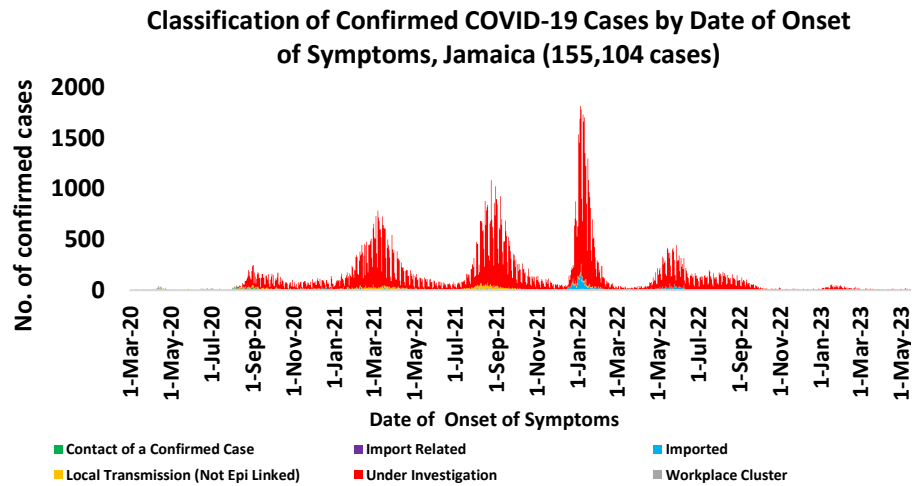
 <p>5 NOTIFICATIONS- All clinical sites</p>	 <p>INVESTIGATION REPORTS- Detailed Follow up for all Class One Events</p>	 <p>HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued</p>	 <p>SENTINEL REPORT- 78 sites. Automatic reporting</p>
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COVID-19 Surveillance Update

March 10, 2020 – EW 21, 2023

CASES	EW 21	Total
Confirmed	36	155104
Females	19	89446
Males	17	65654
Age Range	6 months to 93 years	1 day to 108 years

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



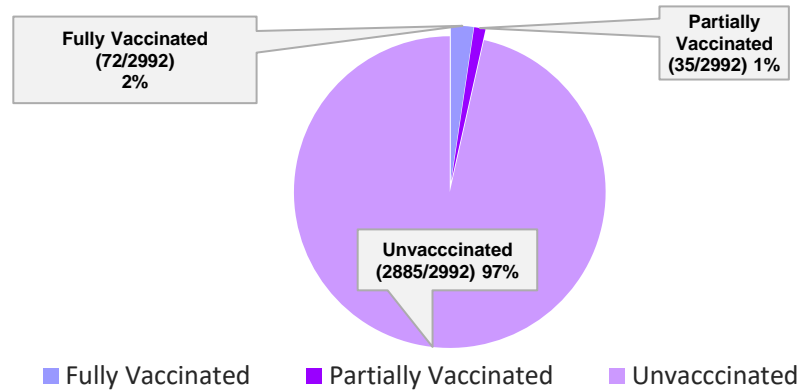
COVID-19 Outcomes

Outcomes	EW 21	Total
ACTIVE *past 2 weeks*		90
DIED – COVID Related	0	3550
Died - NON COVID	0	301
Died - Under Investigation	0	345
Recovered and discharged	5	102987
Repatriated	0	93
Total		155104

*Vaccination programme March 2021 – YTD

2992 COVID-19 Related Deaths since March 1, 2021 – YTD

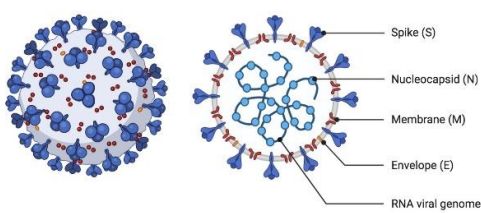
Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

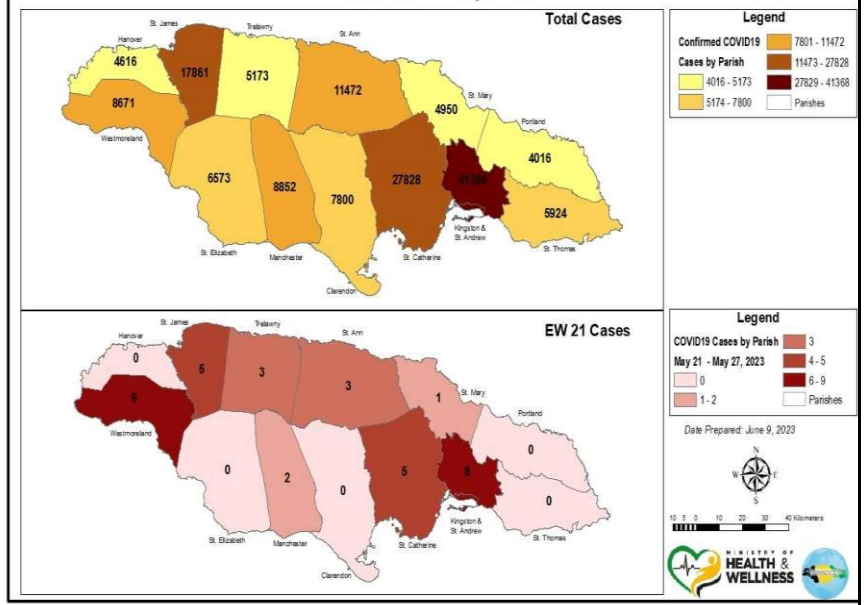
SARS-CoV-2



COVID-19 WHO Global Statistics EW18-EW21

Epi Week	Confirmed Cases	Deaths
18	566,783	4698
19	444,121	2347
20	386,143	1863
21	323,309	1555
Total (4weeks)	1,720,356	10,463

COVID-19 Cases by Parish



6 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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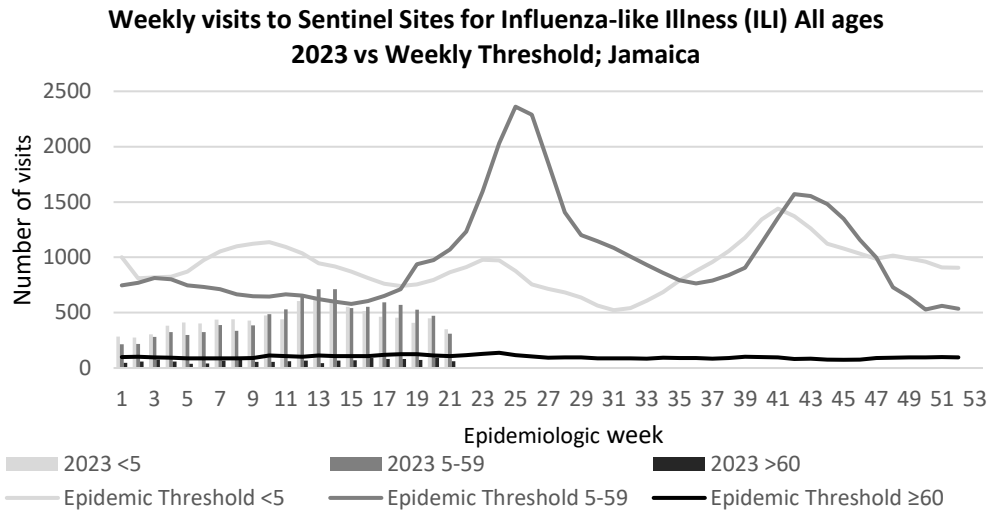


NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 21

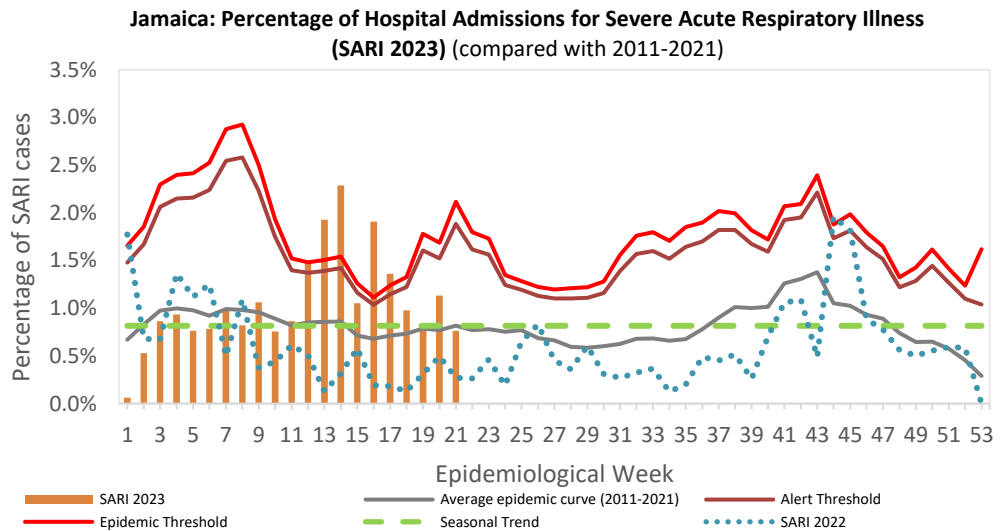
May 21 – May 27, 2023 Epidemiological Week 21

	<i>EW 21</i>	<i>YTD</i>
SARI cases	11	356
Total Influenza positive Samples	0	92
Influenza A	0	13
H3N2	0	1
H1N1pdm09	0	11
Not subtyped	0	1
Influenza B	0	79
B lineage not determined	0	2
B Victoria	0	77
Parainfluenza	0	1
Adenovirus	0	2
RSV	0	13



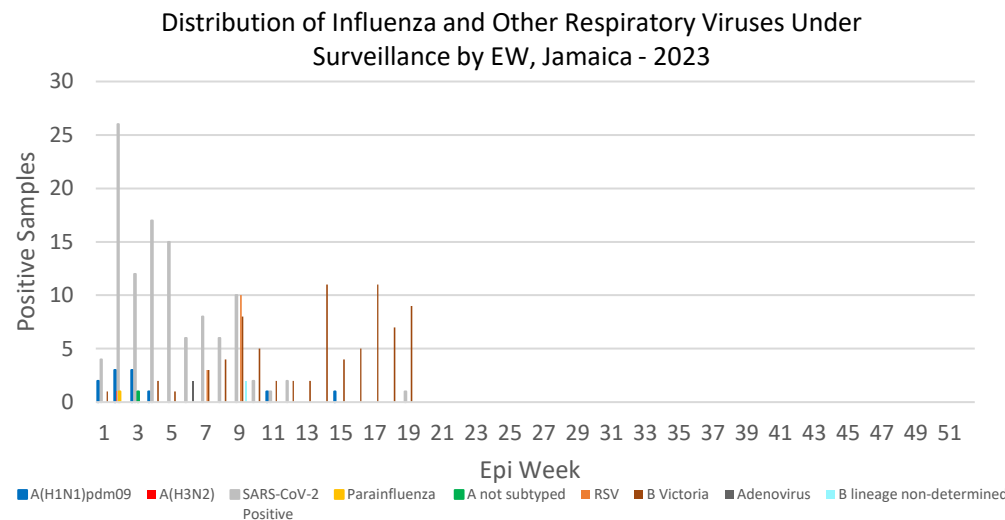
Epi Week Summary

During EW 21, eleven (11) SARI admissions were reported.



Caribbean Update EW 21

Caribbean: Influenza activity has shown a decreasing trend. During the last 4 EW, the predominant influenza viruses have been B/Victoria, with less circulation of influenza A (mostly A(H1N1)pdm09). RSV activity has remained low. SARS-CoV-2 activity has shown an increase in the past 4 EWs circulating at moderate levels. SARI activity has shown a decreasing trend, with most cases related to influenza and ILI activity has remained at low levels.



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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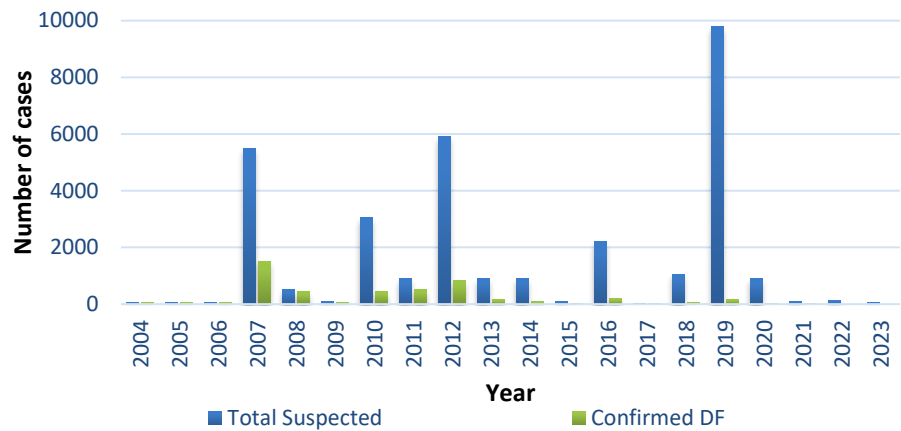
Dengue Bulletin

May 21 – May 27, 2023 Epidemiological Week 21


Epidemiological Week 21



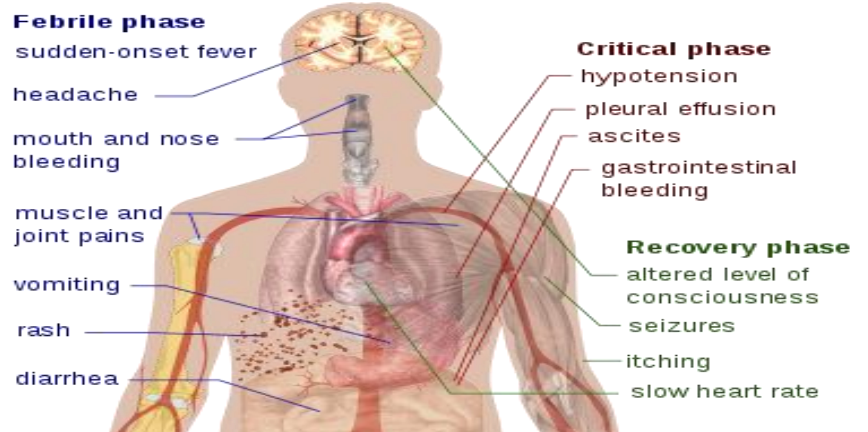
Dengue Cases by Year: 2004-2023, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 21 of 2023

	2023*	
	EW 21	YTD
 Total Suspected Dengue Cases	0	52
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0

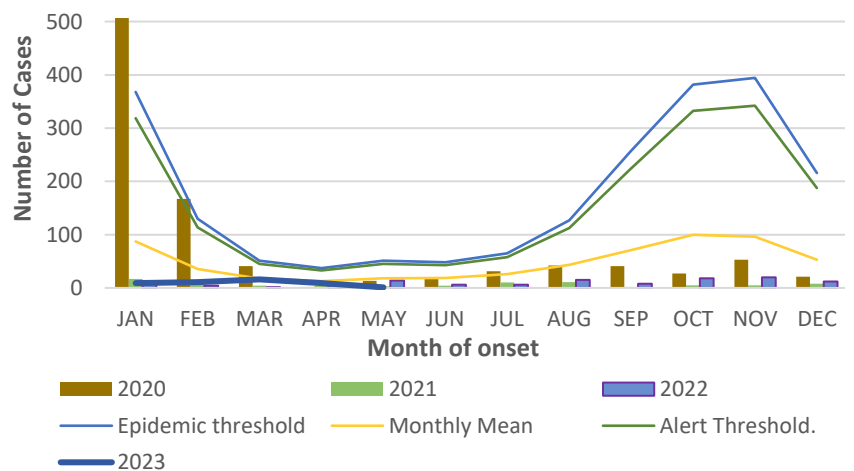
Symptoms of Dengue fever



Points to note:

- *Figure as at May 27, 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



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RESEARCH PAPER

Abstract

NHRC-21-02

Pilot study on pregnant adolescents' and adults' reproductive concerns and mental health during the COVID-19 pandemic

Boyne, A, Pottinger, A.M.

1. The University of the West Indies, Mona, Jamaica

Objectives: Women have reported increased concerns about their pregnancy and mental health during the COVID-19 pandemic. With schools closing, adolescent pregnancy has increased, but minimal information exists on their maternal and mental health. We conducted a pilot study and compared concerns of pregnant Jamaican adolescents and adults amid the pandemic.

Methods: Qualitative study based on data extracted from two databases: adolescents (14 – 18 years) recruited from a national programme for pregnant adolescents (n=15), and pregnant women (23 – 40 years) from offices of Obstetricians/Gynaecologists (n=21). Individual interviews which were conducted between July 2020 and March 2021 included open-ended questions exploring the effect of the pandemic on pregnancy and mental health, and adolescents' feelings about their pregnancy. Open coding was applied to extract themes, which were analysed.

Results: Common themes about pandemic pregnancy included restricted movements and celebrations, birthing anxiety, and discomfort with COVID protocols. Gestational period for adults was related to anxiety and pandemic concerns. Most adolescents reported wanting the pregnancy with 80% indicating it changed their lives for better. Comparatively fewer adolescents reported negative experiences: zero compared to 52% adults described maternal anxiety. Both groups used different vocabulary to describe mental health concerns, with adolescents verbalising feeling “depressed” and “sad” and adults “stressed” and “on edge”.

Conclusion: Adolescents had positive attitudes toward pregnancy and were not as concerned as adults about the impact of the pandemic; a finding that needs to be further investigated. More attention needs to be directed to maternal mental health during a global health crisis.



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9 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
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