

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Mental Health Awareness



Young people and Mental Health in a changing world

Adolescence and the early years of adulthood are a time of life when many changes occur, for example changing schools, leaving home, and starting university or a new job. For many, these are exciting times. They can also be times of stress and apprehension however. In some cases, if not recognized and managed, these feelings can lead to mental illness. The expanding use of online technologies, while undoubtedly bringing many benefits, can also

bring additional pressures, as connectivity to virtual networks at any time of the day and night grows. Many adolescents are also living in areas affected by humanitarian emergencies such as conflicts, natural disasters and epidemics. Young people living in situations such as these are particularly vulnerable to mental distress and illness. According to the World Health Organization, breast cancer is the most common cancer among women worldwide, claiming the lives of hundreds of thousands of women each year and affecting countries at all levels of modernization.

Half of all mental illness begins by the age of 14

Half of all mental illness begins by the age of 14, but most cases go undetected and untreated. In terms of the burden of the disease among adolescents, depression is the third leading cause. Suicide is the second leading cause of death among 15-29-year-olds. Harmful use of alcohol and illicit drugs among adolescents is a major issue in many countries and can lead to risky behaviours such as unsafe sex or dangerous driving. Eating disorders are also of concern.

Prevention begins with better understanding

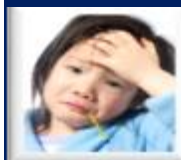
Much can be done to help build mental resilience from an early age to help prevent mental distress and illness among adolescents and young adults, and to manage and recover from mental illness. Prevention begins with being aware of and understanding the early warning signs and symptoms of mental illness.

Parents and teachers can help build life skills of children and adolescents to help them cope with everyday challenges at home and at school. Psychosocial support can be provided in schools and other community settings and of course training for health workers to enable them to detect and manage mental health disorders can be put in place, improved or expanded.

Investment by governments and the involvement of the social, health and education sectors in comprehensive, integrated, evidence-based programmes for the mental health of young people is essential. This investment should be linked to programmes to raise awareness among adolescents and young adults of ways to look after their mental health and to help peers, parents and teachers know how to support their friends, children and students. This is the focus for this year's World Mental Health Day.



EPI WEEK 39



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REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER

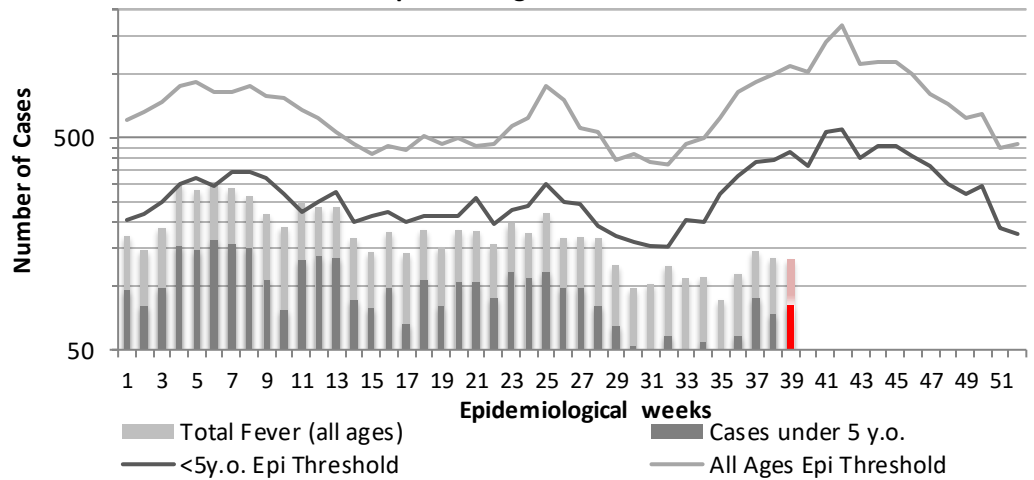
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



KEY

RED CURRENT WEEK

Fever in under 5y.o. and Total Fever vs epidemic Thresholds, Jamaica
Epidemiological week 39, 2018

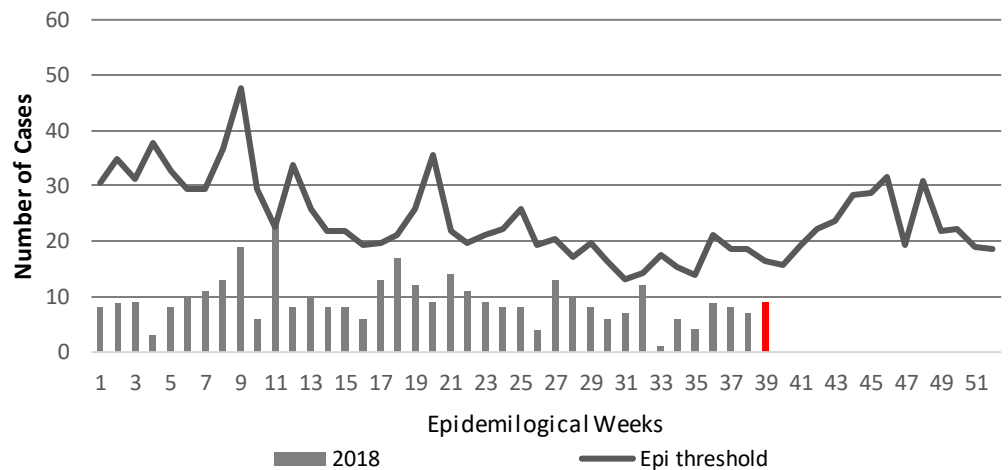


FEVER AND NEUROLOGICAL

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).



Total Fever and Neurological Symptoms vs epidemic threshold Jamaica: Week 39, 2018

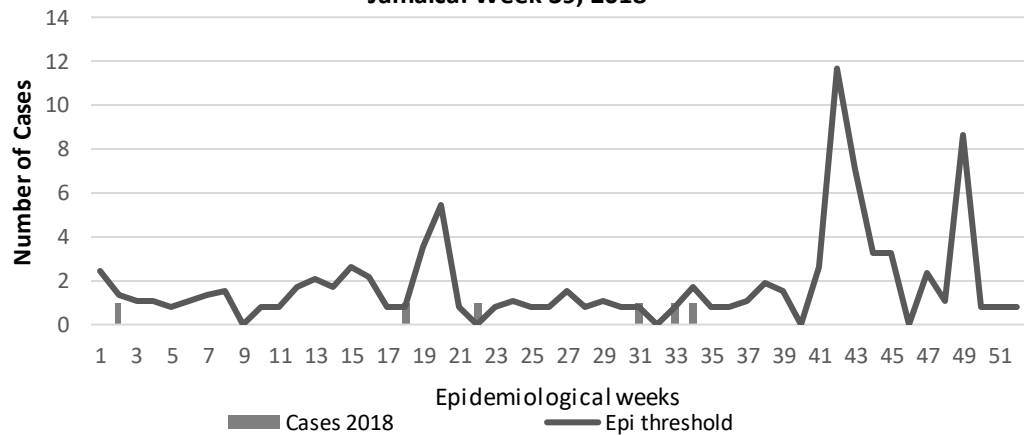


FEVER AND HAEMORRHAGIC

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.



Total Fever and Haemorrhagic Symptoms vs epidemic threshold Jamaica: Week 39, 2018



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 79 sites. Automatic reporting

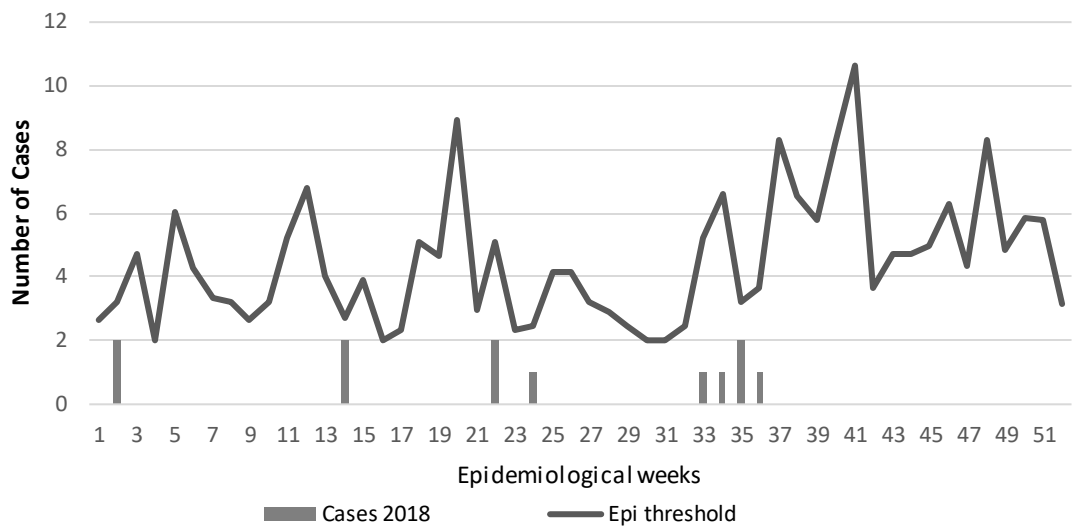
FEVER AND JAUNDICE

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.



Total Fever and Jaundice vs epidemic threshold, Jamaica: Week 39, 2018



ACCIDENTS

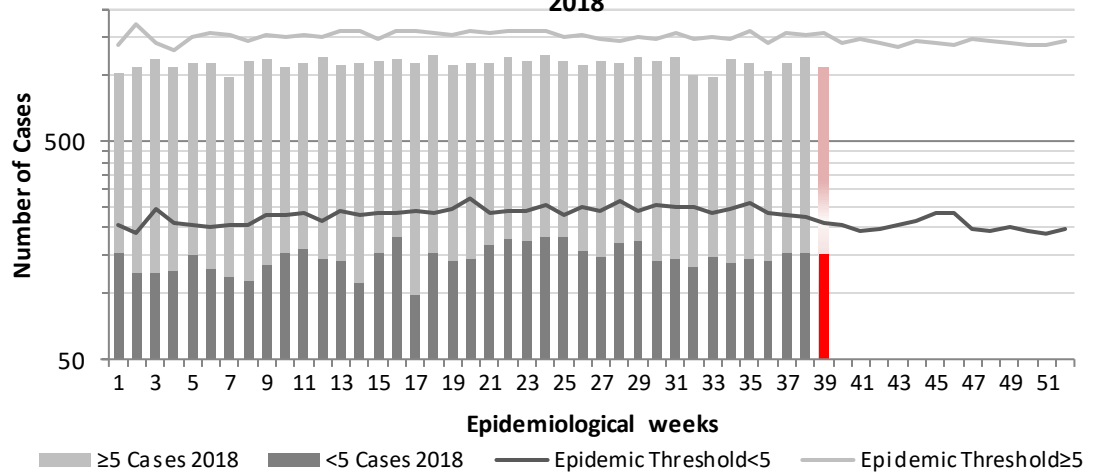
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

RED CURRENT WEEK



Accidents by age group versus epidemic thresholds, Jamaica: Week ..., 2018

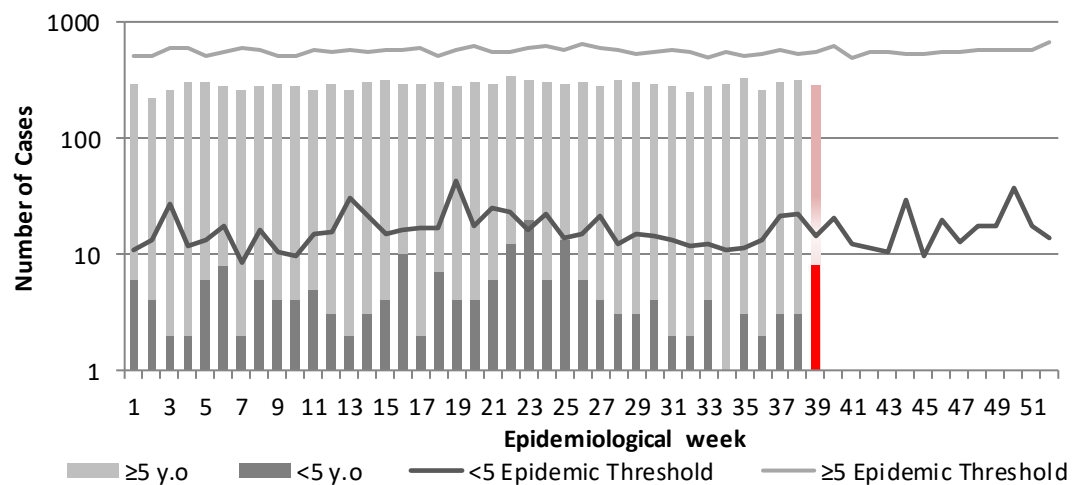


VIOLENCE

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



Violence by age group versus epidemic thresholds, Jamaica: Week ..., 2018



3 NOTIFICATIONS-
All clinical sites



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CLASS ONE NOTIFIABLE EVENTS				Comments	
			CONFIRMED YTD		
	CLASS 1 EVENTS		CURRENT YEAR	PREVIOUS YEAR	
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning ¹		(364) 118	(392) 154	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.
	Cholera		0	0	
	Dengue Hemorrhagic Fever ²		0	3	
	Hansen's Disease (Leprosy)		0	2	
	Hepatitis B		34	35	
	Hepatitis C		6	9	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		2	0	
	Meningitis (Clinically confirmed)		34	78	
EXOTIC/ UNUSUAL	Plague		0	0	¹ Numbers in brackets indicate combined suspected and confirmed Accidental Poisoning cases ² Dengue Hemorrhagic Fever data include Dengue related deaths; ³ Figures include all deaths associated with pregnancy reported for the period. ⁴ CHIKV IgM positive cases
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 ³		48	37	
	Ophthalmia Neonatorum		239	241	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		32	80	
Yellow Fever		0	0		
Chikungunya ⁴		10	0		
Zika Virus		0	0	NA- Not Available	



4 NOTIFICATIONS- All clinical sites



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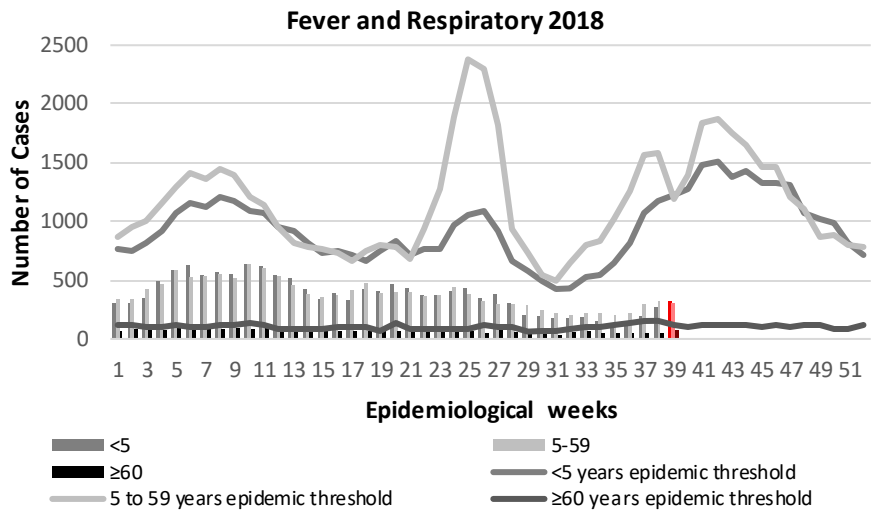
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 39

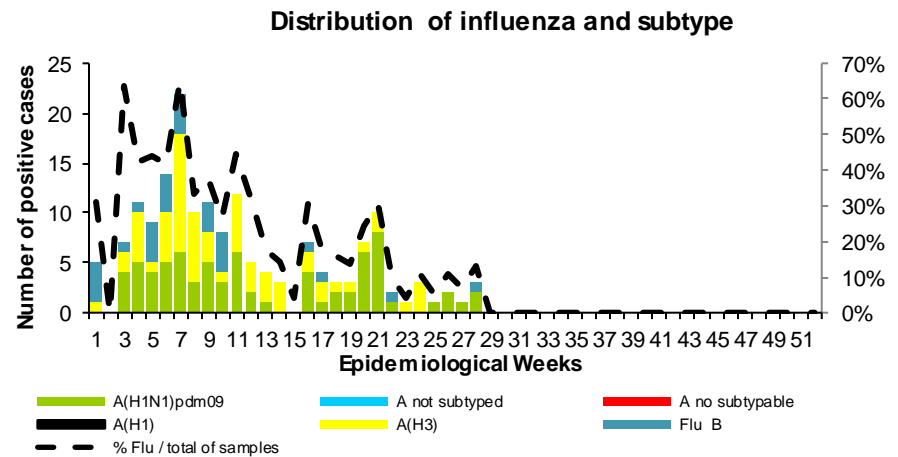
September 23-29, 2018

Epidemiological Week 39

September 2018		
	EW 39	YTD
SARI cases	2	242
Total Influenza positive Samples	0	168
Influenza A	0	139
H3N2	0	65
H1N1pdm09	0	74
Not subtyped	0	1
Influenza B	0	29
Parainfluenza	0	7



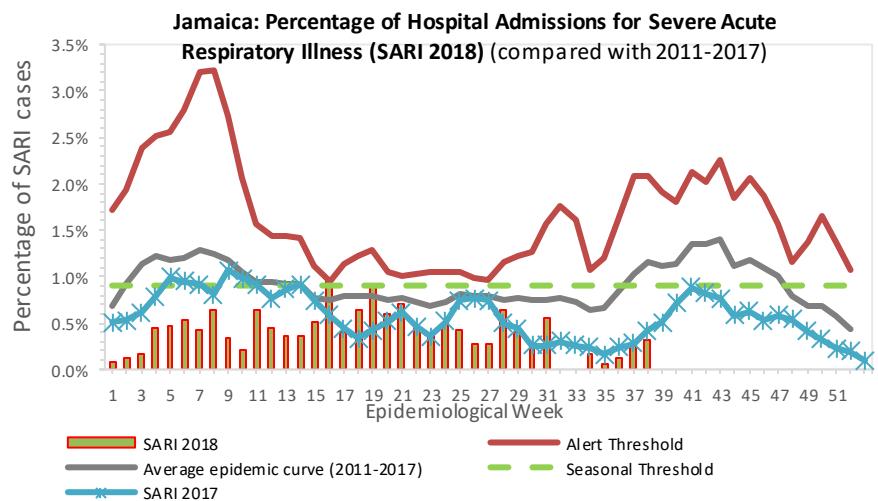
Comments:
 During EW 39, SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Decreased influenza activity was reported; with influenza A(H1N1)pdm09 pre dominating in previous weeks



GLOBAL AND REGIONAL UPDATES

Worldwide: Seasonal influenza subtype A accounted for the majority of influenza detections.

Caribbean: Influenza virus activity slightly increased, and low RSV activity was reported throughout most of the sub-region. In Jamaica, influenza activity decreased, with influenza A(H1N1)pdm09 and A(H3N2) co-circulating.



5 NOTIFICATIONS-
 All clinical sites



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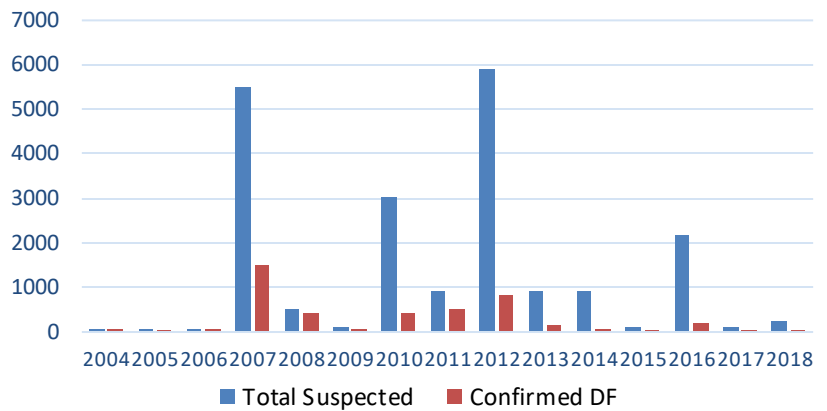
Dengue Bulletin

September 23-29, 2018

Epidemiological Week 39



Dengue Cases by Year: 2007-2018, Jamaica



Weekly Breakdown of suspected and confirmed cases of DF, DHF, DSS

	2018		2017 YTD
	EW 39	YTD	
Total Suspected Dengue Cases	7	282	102
Lab Confirmed Dengue cases	0	3	1
CONFIRMED	*DHF/DSS	2	2
	Dengue Related Deaths	0	0

DENGUE FEVER

- Symptoms**
 - High Fever
 - Headache
 - Nausea
 - Stomach Ache
 - Vomiting
 - Muscle Pain
 - Rashes
 - Diarrhea
 - Mild Bleeding gums
- Diagnoses**
 - Antibody detection
 - Antigen detection
 - RNA detection
 - Viral isolation
- Prevention**
 - Cover containers
 - Use mosquito nets, sprays.
 - Wear full sleeves
 - Fumigation
- Treatment**
 - There is no specific treatment for dengue or dengue hemorrhagic fever. Only symptomatic treatment is given.

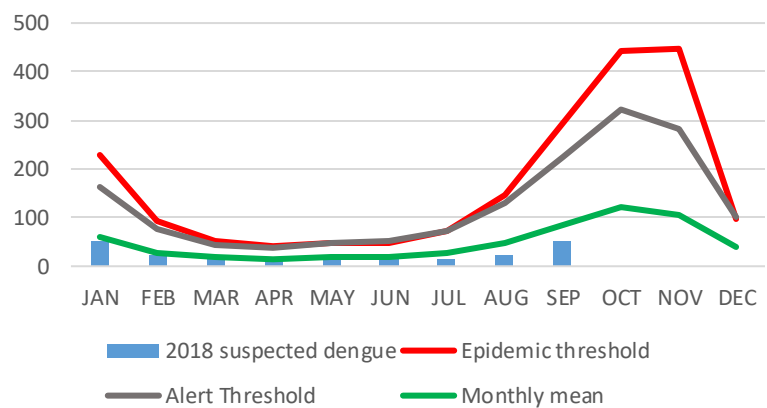


*DHF/DSS: Dengue Haemorrhagic Fever/ Dengue Shock Syndrome

Points to note:

- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

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



6 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 79 sites. Automatic reporting

Gastroenteritis Bulletin

EW
39

September 23-29, 2018

Epidemiological Week 39

Weekly Breakdown of Gastroenteritis cases

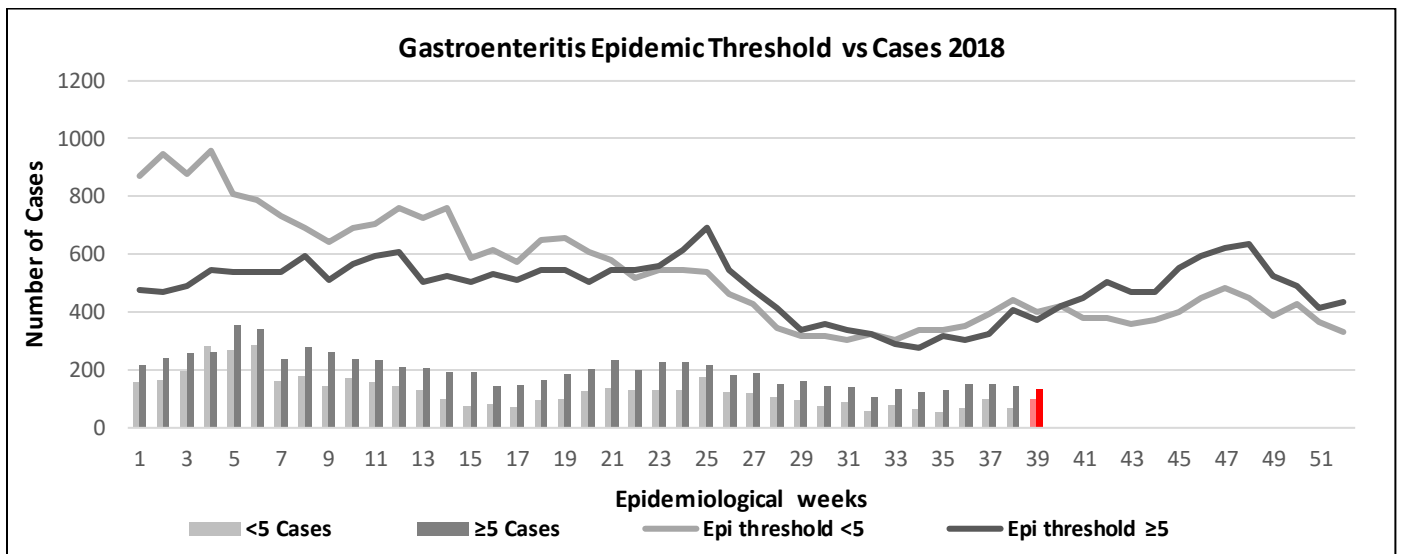
Year	EW 39			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	97	133	230	5,015	7,747	12,762
2017	86	135	221	6,423	8,075	14,498

Gastroenteritis:

In epidemiological week 39, 2018, the total number of reported GE cases showed a 4% increase compared to EW 39 of the previous year. The year to date figures showed a 12% decrease in cases for the period.



Figure 1: Total Gastroenteritis Cases Reported 2017-2018



Total number of GE cases per parish for Week 39, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	1668	129	88	326	517	298	323	209	212	178	461	320	286
≥5	1312	270	143	597	1010	501	708	303	415	313	824	661	690



7 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 79 sites. Automatic reporting

RESEARCH PAPER

Title: Determinants of Health-Seeking Behaviour in Patients with Sexually Transmitted Infections

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ABSTRACT

Objectives: Persons with sexually transmitted infections (STIs) often do not seek medical care. In some countries, studies show that patients with STIs feel stigmatized. This study seeks to examine factors that influence the decision by patients with recurrent STIs to seek medical attention, and to determine the role played by stigma or the attitudes of health-care workers.

Method: Using a convergent parallel mixed-methods design, quantitative data were collected via a cross-sectional survey, utilizing an interviewer-administered structured questionnaire, while in-depth interviews were used to gather qualitative data. The study population consisted of 201 patients who attended public health centres served by the Kingston and St. Andrew Health Department for STI symptoms.

Results: Lack of time and the use of alternative medications were the two main reasons reported for delays in seeking care. Females were three times more likely than males to delay seeking care for STI symptoms (OR = 3.1, CI [1.6–6.1]). The STI patients felt stigmatized with a mean score of $61 \pm 8.8\%$. There was an association between STI-related stigma and a willingness to disclose one's STI status to partners ($p < 0.001$). Overall, patients had positive impressions of health-care workers' attitudes towards them (mean patient satisfaction score = 82.2%).

Conclusion: STI patients may delay seeking care or disclosing their status to sexual partners owing to STI-related stigma. Health-care workers are viewed favourably by STI patients and can be used as agents of change, through health promotion to reduce stigma and motivate patients to seek medical attention early.

Key Words: Sexually transmitted infections; STI; stigma; disclosure; health-care worker



8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
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30 sites. Actively
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SENTINEL
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Automatic reporting