

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Burns



### Key facts

- An estimated 180 000 deaths every year are caused by burns – the vast majority occur in low- and middle-income countries.
- Non-fatal burn injuries are a leading cause of morbidity.

- Burns occur mainly in the home and workplace.
- Burns are preventable

A burn is an injury to the skin or other organic tissue primarily caused by heat or due to radiation, radioactivity, electricity, friction or contact with chemicals.

Thermal (heat) burns occur when some or all of the cells in the skin or other tissues are destroyed by:

- hot liquids (scalds)
- hot solids (contact burns), or
- flames (flame burns)

## First aid

Basic guidance on first aid for burns is provided below.

### What to do

- Stop the burning process by removing clothing and irrigating the burns.
- Extinguish flames by allowing the patient to roll on the ground, or by applying a blanket, or by using water or other fire-extinguishing liquids.
- Use cool running water to reduce the temperature of the burn.
- In chemical burns, remove or dilute the chemical agent by irrigating with large volumes of water.
- Wrap the patient in a clean cloth or sheet and transport to the nearest appropriate facility for medical care.

Source: <https://www.who.int/news-room/fact-sheets/detail/burns>

## EPI WEEK 17



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.

Table showcasing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks - 14 to 17 of 2022

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
	2022												
14	On Time	On Time	On Time	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time
15	On Time	On Time	Late (W)	On Time	Late (W)	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	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time
17	On Time	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (W)

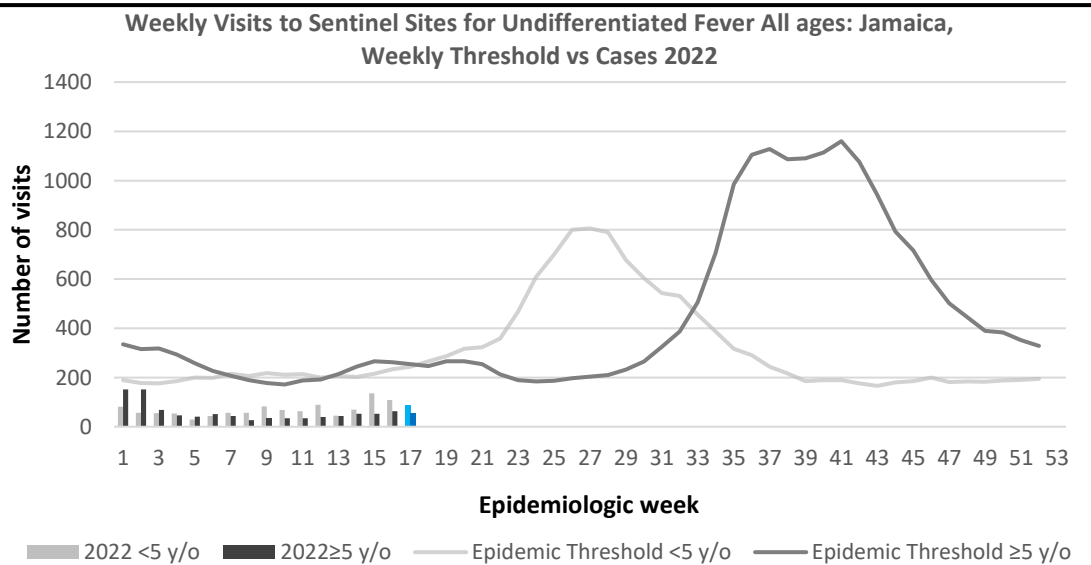
REPORTS FOR SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

Temperature of >38°C /100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



**KEY**  
 VARIATIONS OF BLUE SHOW CURRENT WEEK



**2 NOTIFICATIONS**- All clinical sites

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

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

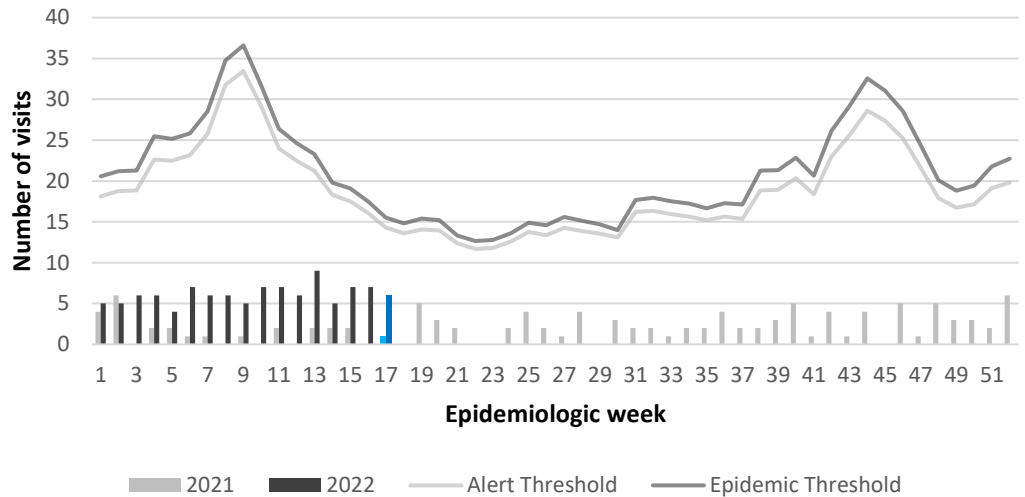
**SENTINEL REPORT**- 78 sites. Automatic reporting

**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 2021 and 2022 vs. Weekly Threshold: Jamaica**

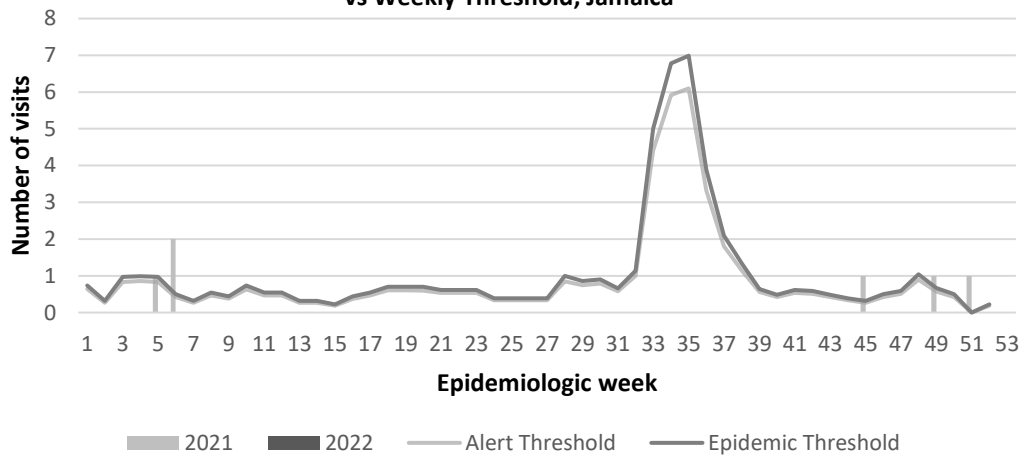


**FEVER AND HAEMORRHAGIC**

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 2021 and 2022 vs Weekly Threshold; Jamaica**



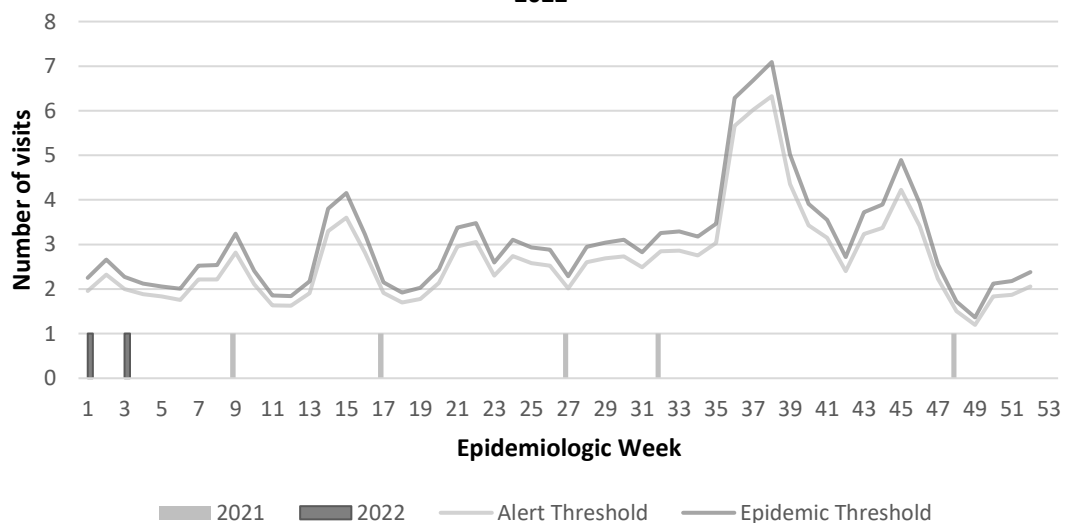
**FEVER AND JAUNDICE**

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 2021 and 2022**



**3 NOTIFICATIONS-**  
All clinical sites



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



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



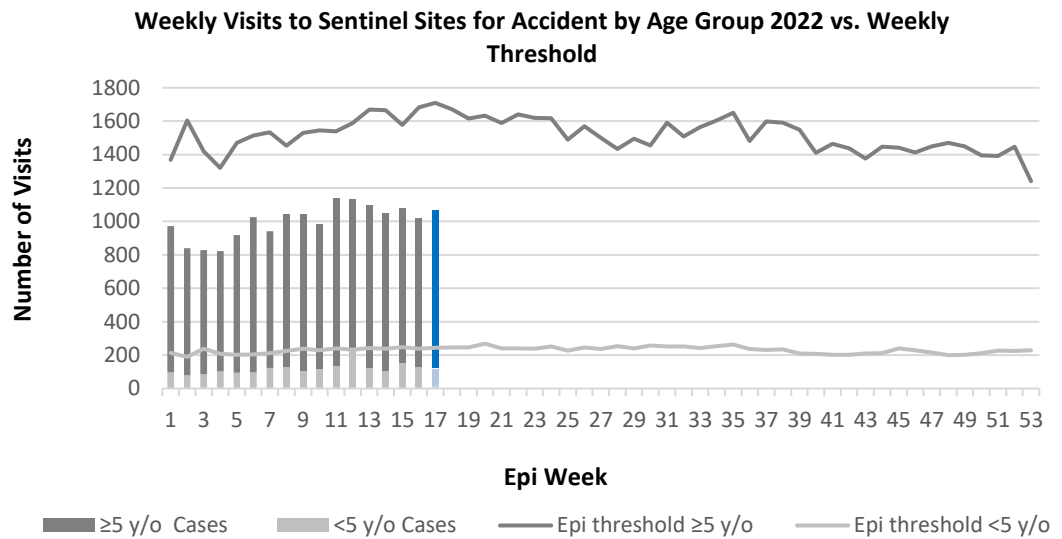
**SENTINEL REPORT-** 78 sites. Automatic reporting

**ACCIDENTS**

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

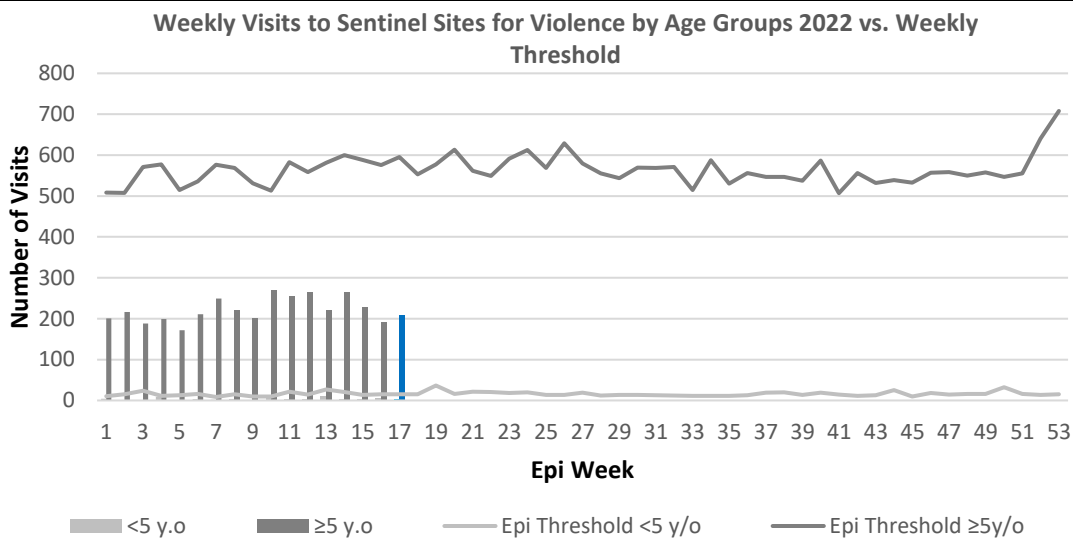
**KEY**

VARIATIONS OF BLUE SHOW CURRENT WEEK



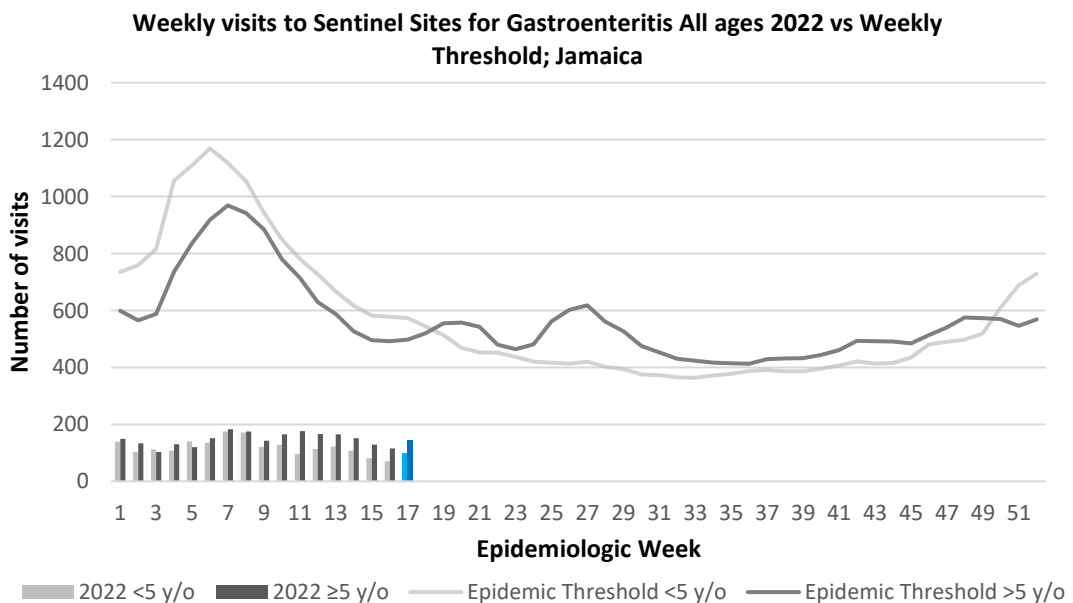
**VIOLENCE**

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



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

CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD <sup>α</sup>			
		CURRENT YEAR 2022	PREVIOUS YEAR 2021		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	43 <sup>β</sup>	45 <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;	
	Cholera	0	0		
	Dengue Hemorrhagic Fever <sup>γ</sup>	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	33257	32923		
	Hansen's Disease (Leprosy)	0	0		
	Hepatitis B	4	5		
	Hepatitis C	2	3		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis (Clinically confirmed)	6	4		
EXOTIC/ UNUSUAL	Plague	0	0	<sup>δ</sup> Figures include all deaths associated with pregnancy reported for the period.  <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>	16	15		
	Ophthalmia Neonatorum	37	31		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
Tuberculosis	12	17			
Yellow Fever	0	0			
	Chikungunya <sup>ε</sup>	0	0	NA- Not Available	
	Zika Virus <sup>θ</sup>	0	0		



5 NOTIFICATIONS-  
All clinical sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



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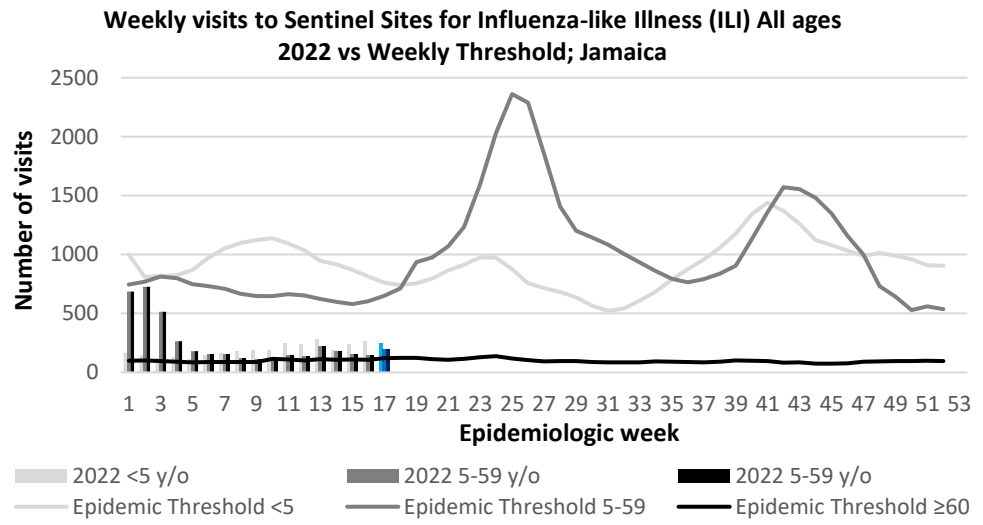
SENTINEL  
REPORT- 78 sites.  
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# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

## EW 17

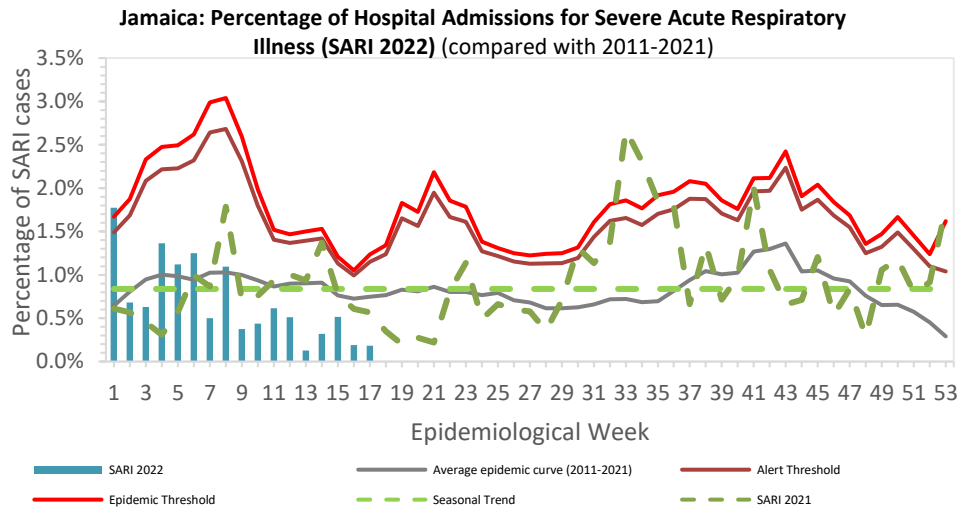
April 24– 30, 2022 Epidemiological Week 17

	EW 17	YTD
SARI cases	3	181
<b>Total Influenza positive Samples</b>	<b>0</b>	<b>0</b>
<b>Influenza A</b>	<b>0</b>	<b>0</b>
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
<b>Influenza B</b>	<b>0</b>	<b>0</b>
<b>Parainfluenza</b>	<b>0</b>	<b>0</b>



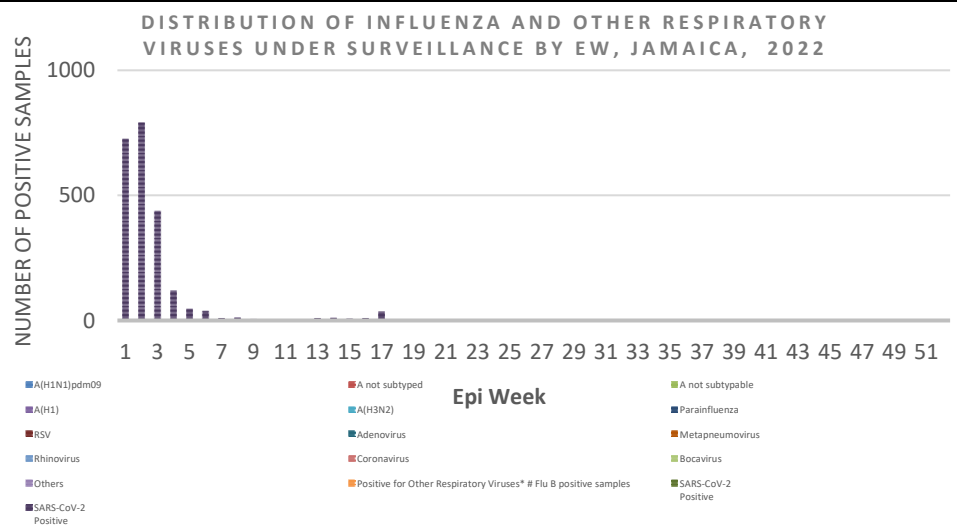
### Epi Week Summary

During EW 17, three (3) SARI admissions were reported.



### Caribbean Update EW 17

**Caribbean:** Influenza activity remained low. In Belize, SARS-CoV-2 and RSV detections continued to increase and in Haiti, SARS-CoV-2 activity continued 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



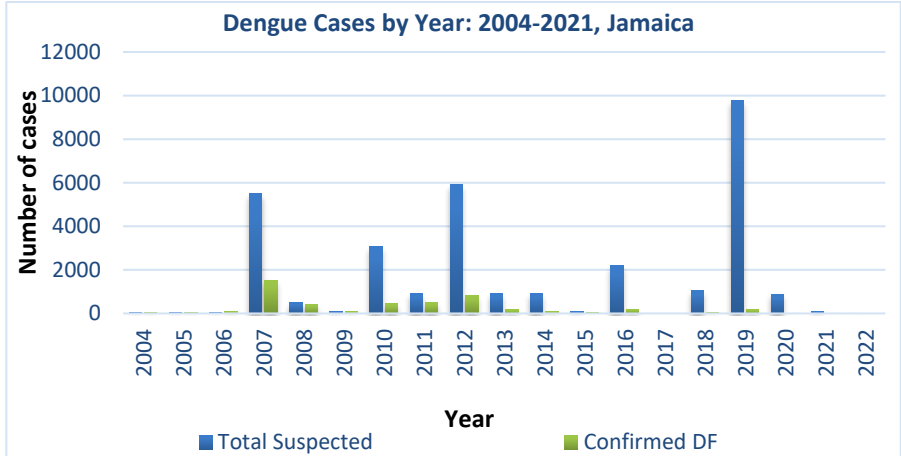
**SENTINEL REPORT-** 78 sites. Automatic reporting



# Dengue Bulletin

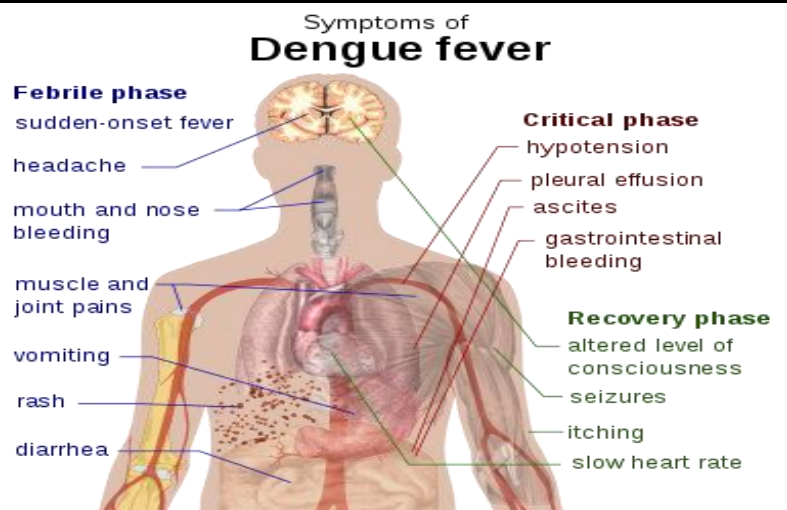
April 24 – 30, 2022 Epidemiological Week 17

Epidemiological Week 17



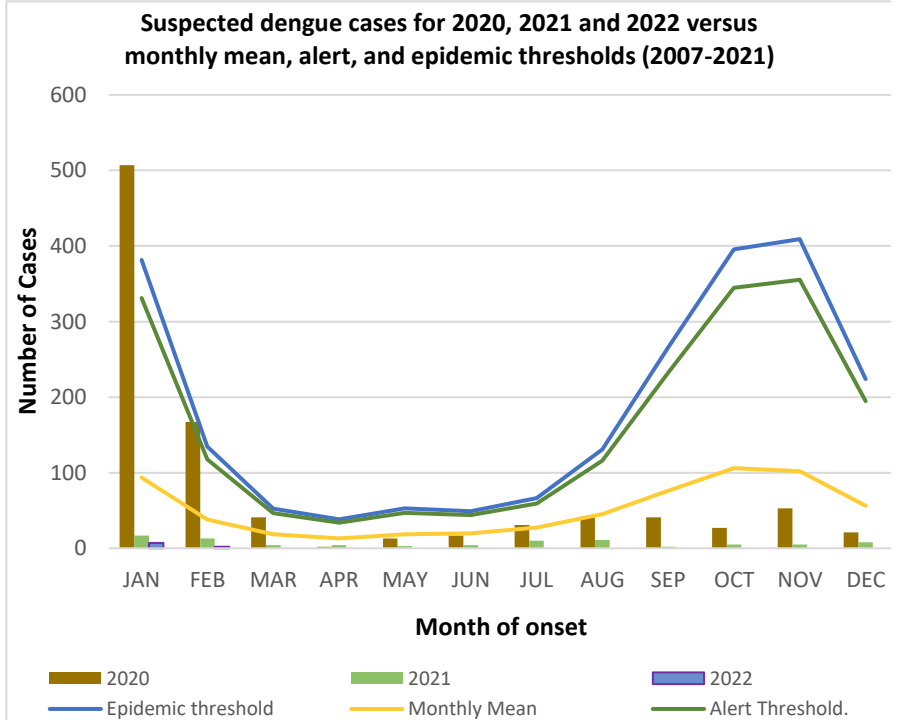
## Reported suspected and confirmed dengue with symptom onset in week 17 of 2022

	2022*	
	EW 17	YTD
Total Suspected Dengue Cases	0	9
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



### Points to note:

- \*Figure as at April 25, 2022
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.



**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

### *Entada gigas: Underutilized Plant for Food and Nutrition from an Indigenous Community in Jamaica*

Foster S R, Randle M M, Bozra D, Riley C K, Watson C T  
Scientific Research Council, Kingston, Jamaica

**Background:** *Entada gigas* (cacao) is a leguminous plant used by the Accompong maroons from St. Elizabeth, Jamaica, for medicinal and nutritional purposes. The plant seeds contain high protein levels, but are underutilized due to the anti-nutrients present.

**Objectives:** The effects of three processing methods (soaking, cooking and autoclaving) on proximate composition, anti-nutritional compounds and mineral content of *E. gigas* seeds collected were investigated.

**Methods:** Qualitative and quantitative evaluations of active phytochemical constituents, proximate and mineral analyses were performed on differentially processed *E. gigas* seed extracts using standard assays.

**Results:** Nutritional composition of mature *E. gigas* seeds corresponds with most edible legumes containing per 100 g edible portion: carbohydrate 50-55 g, protein 21-26 g, fat 15-20 g, crude fibre 5.3 g, and moisture 4.4 -5.9 g. Essential minerals including calcium (84.87 mg/L), iron (3.24 mg/L), potassium (793 mg/L), magnesium (112 mg/L), manganese (0.94 mg/L), sodium (7.24 mg/L) and zinc (1.49 mg/L) were also detected. Flavonoids, glycosides, steroids, terpenoids, saponins, tannins and phenols were among the phytochemicals present. Anti-nutritional substances present in the raw seeds, were effectively diminished after soaking for 21 days without significantly affecting the nutritionally beneficial compounds.

**Conclusion:** *Entada gigas* has nutritive values, comparable to other plant protein sources. Hence, its utilization is encouraged provided that an appropriate processing method is used to reduce the anti-nutrient content.

*(Funded by Scientific Research Council)*



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8 NOTIFICATIONS-  
All clinical  
sites



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