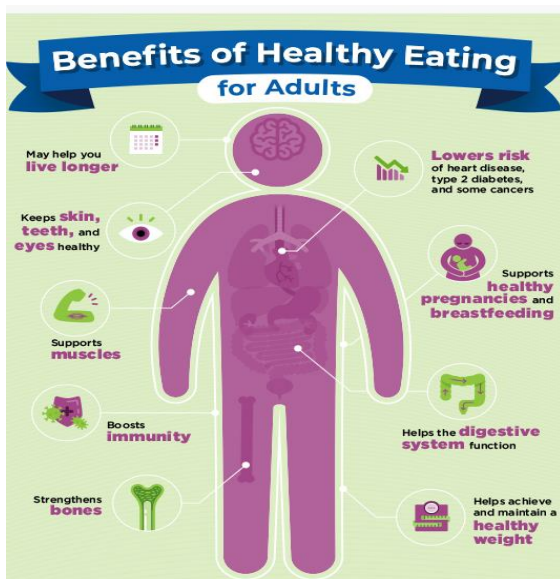


WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

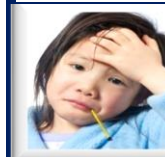
Healthy Diet



Key facts

- A healthy diet helps to protect against malnutrition in all its forms, as well as noncommunicable diseases (NCDs), including such as diabetes, heart disease, stroke and cancer.
- Unhealthy diet and lack of physical activity are leading global risks to health.
- Healthy dietary practices start early in life – breastfeeding fosters healthy growth and improves cognitive development, and may have longer term health benefits such as reducing the risk of becoming overweight or obese and developing NCDs later in life.
- Energy intake (calories) should be in balance with energy expenditure. To avoid unhealthy weight gain, total fat should not exceed 30% of total energy intake (1, 2, 3). Intake of saturated fats should be less than 10% of total energy intake, and intake of trans-fats less than 1% of total energy intake, with a shift in fat consumption away from saturated fats and trans-fats to unsaturated fats (3), and towards the goal of eliminating industrially-produced trans-fats.
- Limiting intake of free sugars to less than 10% of total energy intake is part of a healthy diet. A further reduction to less than 5% of total energy intake is suggested for additional health benefit.
- Keeping salt intake to less than 5 g per day (equivalent to sodium intake of less than 2 g per day) helps to prevent hypertension, and reduces the risk of heart disease and stroke in the adult population.
- WHO Member States have agreed to reduce the global population’s intake of salt by 30% by 2025; they have also agreed to halt the rise in diabetes and obesity in adults and adolescents as well as in childhood overweight by 2025

EPI WEEK 19



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 - 16 to 19 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												
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 (T)
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	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	Late (T)	Late (W)

REPORTS FOR SYNDROMIC SURVEILLANCE

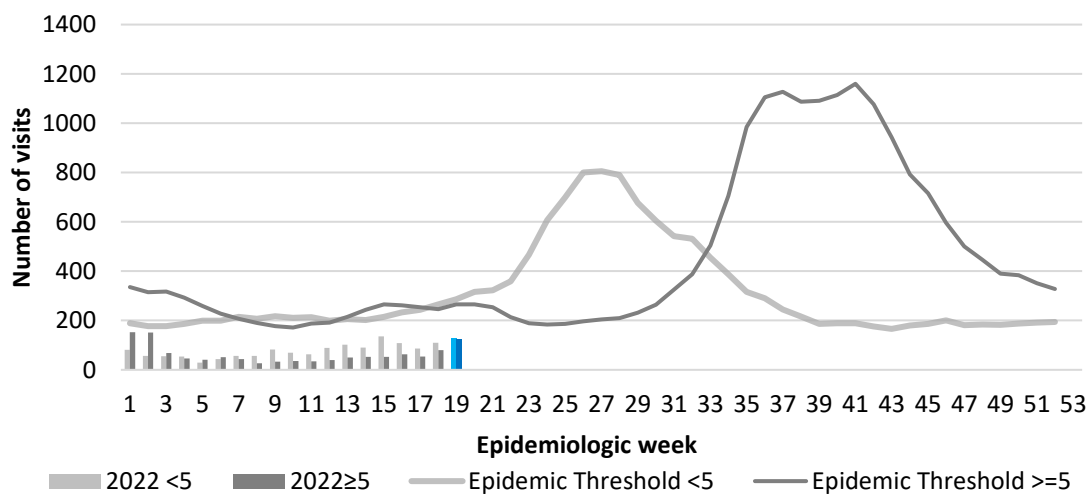
UNDIFFERENTIATED FEVER

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

Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2022



2 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

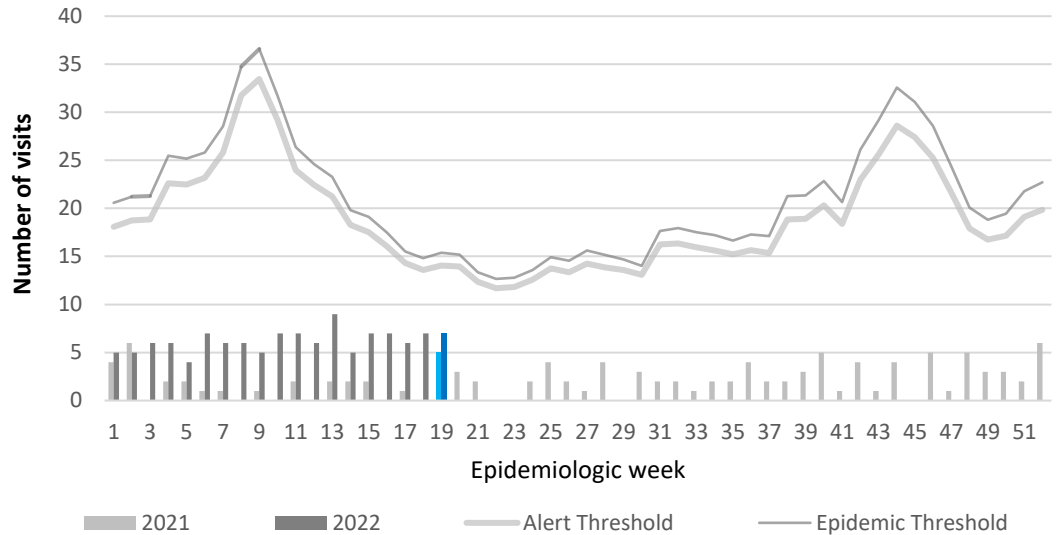
SENTINEL REPORT- 78 sites. Automatic reporting

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 2021 and 2022 vs. Weekly Threshold: Jamaica

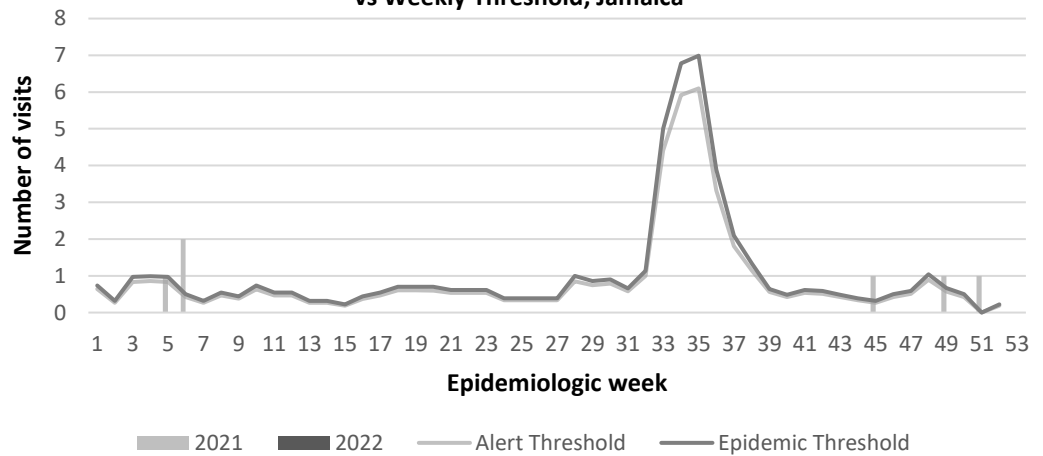


FEVER AND HAEMORRHAGIC

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 2021 and 2022 vs Weekly Threshold; Jamaica



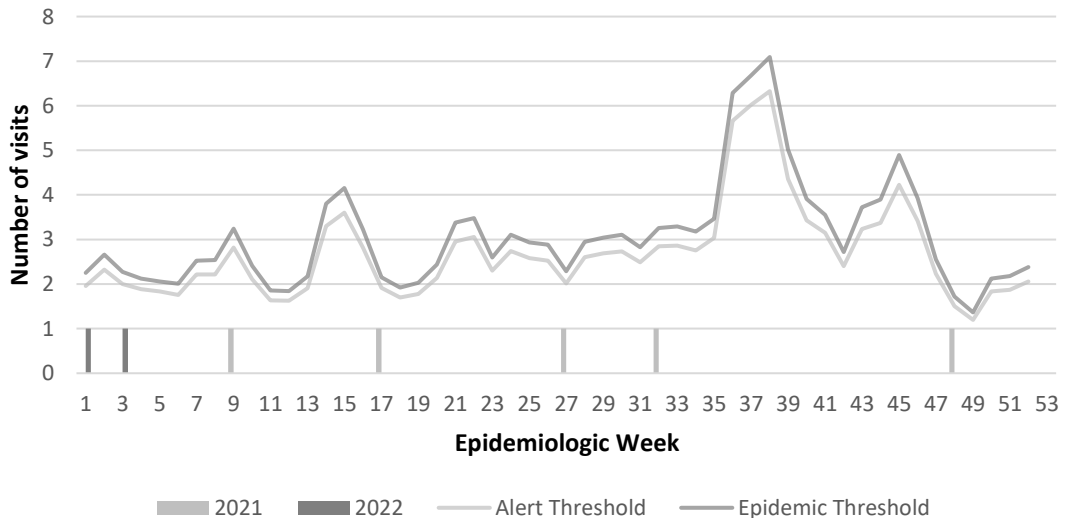
FEVER AND JAUNDICE

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 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

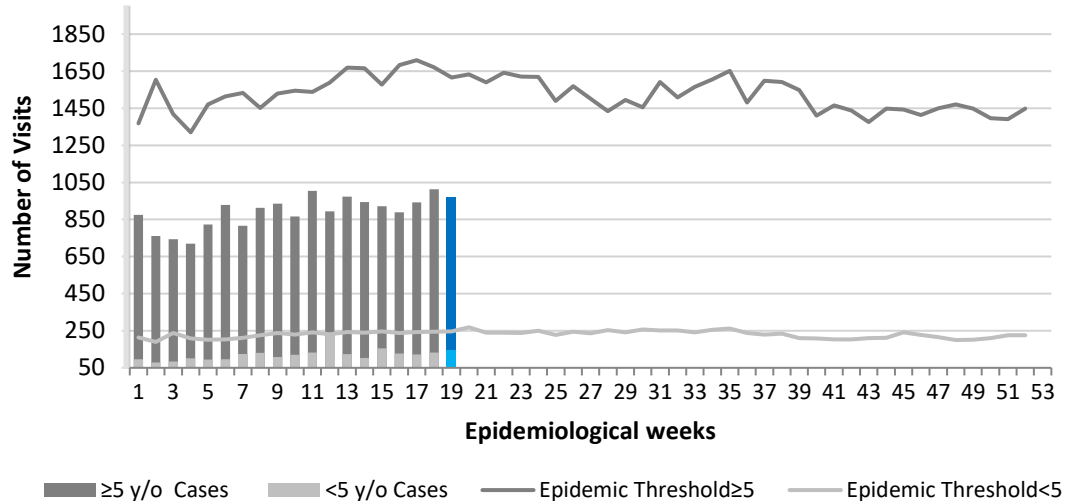
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

KEY

VARIATIONS OF BLUE SHOW CURRENT WEEK



Weekly visits to Sentinel Sites for Accidents by Age Group 2022 vs Weekly Threshold; Jamaica

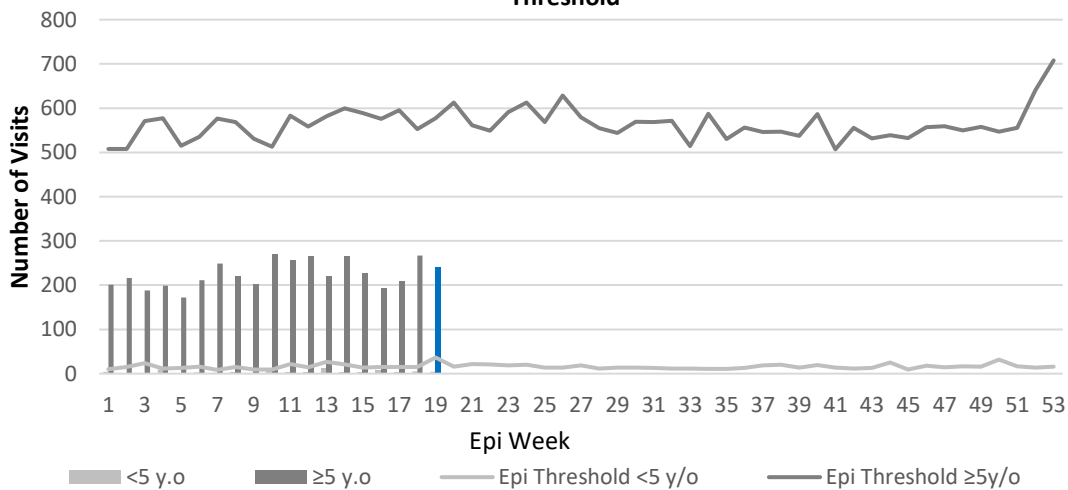


VIOLENCE

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



Weekly Visits to Sentinel Sites for Violence by Age Groups 2022 vs. Weekly Threshold

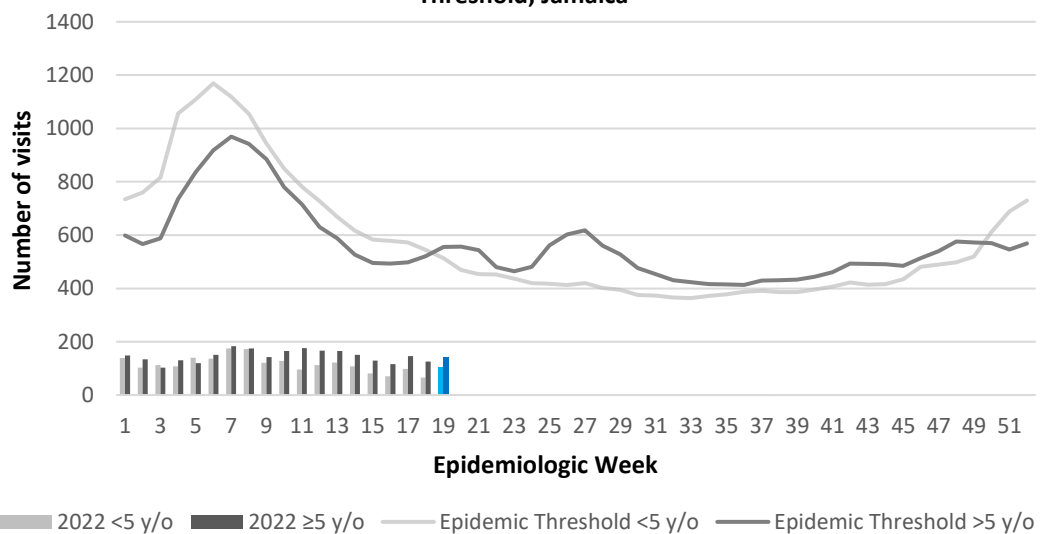


GASTROENTERITIS

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.



Weekly visits to Sentinel Sites for Gastroenteritis All ages 2022 vs Weekly Threshold; Jamaica



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 ^α			
		CURRENT YEAR 2022	PREVIOUS YEAR 2021		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	76 ^β	53 ^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;	
	Cholera	0	0		
	Dengue Hemorrhagic Fever ^γ	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	35930	35241		
	Hansen's Disease (Leprosy)	0	0		
	Hepatitis B	6	5		
	Hepatitis C	2	4		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis (Clinically confirmed)	8	8		
EXOTIC/ UNUSUAL	Plague	0	0	^δ Figures include all deaths associated with pregnancy reported for the period. ^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	18	17		
	Ophthalmia Neonatorum	47	38		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
Tuberculosis	13	19			
Yellow Fever	0	0			
	Chikungunya ^ε	0	0	NA- Not Available	
	Zika Virus ^θ	0	0		



5 NOTIFICATIONS-
All clinical sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
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SURVEILLANCE-
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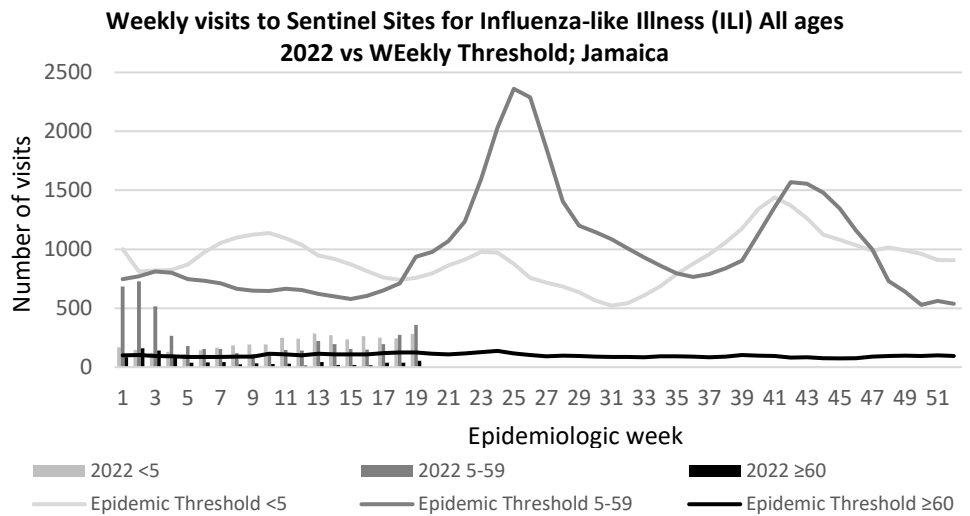
SENTINEL
REPORT- 78 sites.
Automatic reporting

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 19

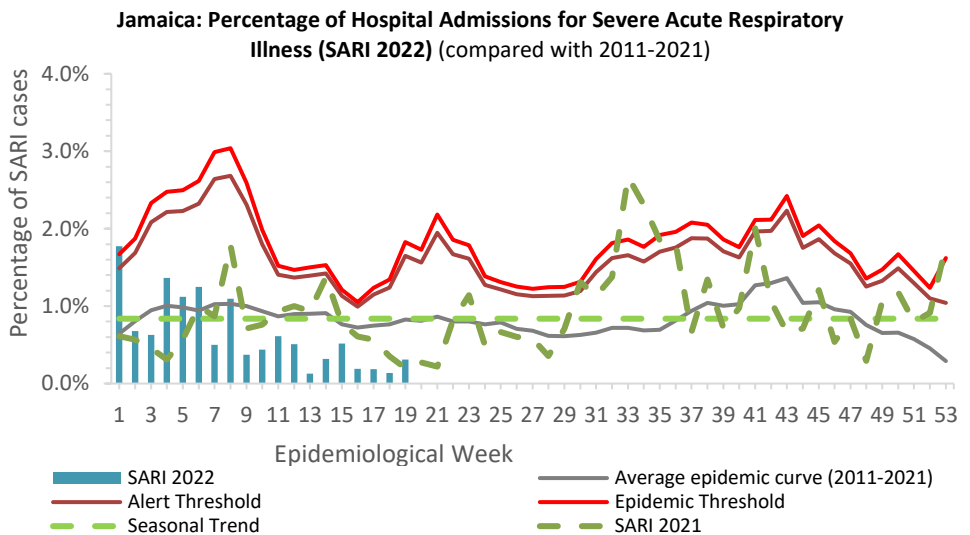
May 8 - 14, 2022 Epidemiological Week 19

	<i>EW 19</i>	<i>YTD</i>
SARI cases	5	188
Total Influenza positive Samples	0	0
Influenza A	0	0
H3N2	0	0
H1N1pdm09	0	0
Not subtyped	0	0
Influenza B	0	0
Parainfluenza	0	0



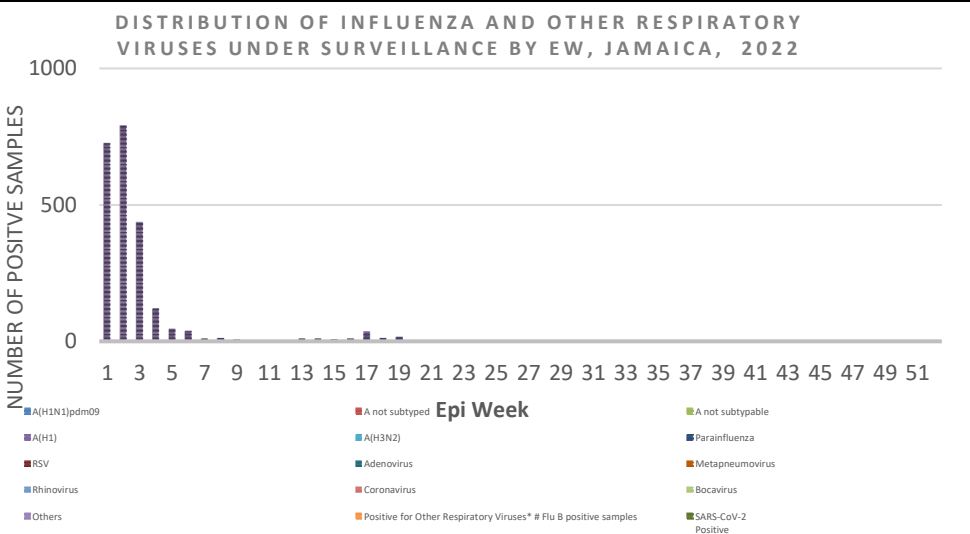
Epi Week Summary

During EW 19, five (5) SARI admissions were reported.



Caribbean Update EW 19

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

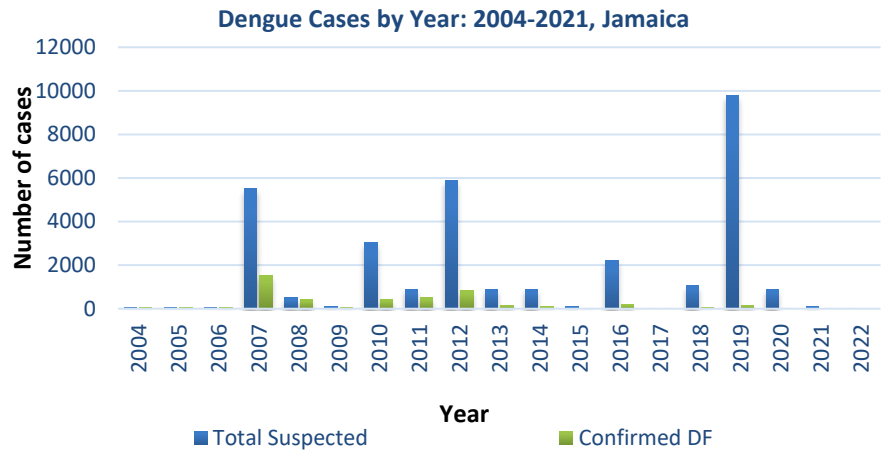


SENTINEL REPORT- 78 sites. Automatic reporting

Dengue Bulletin

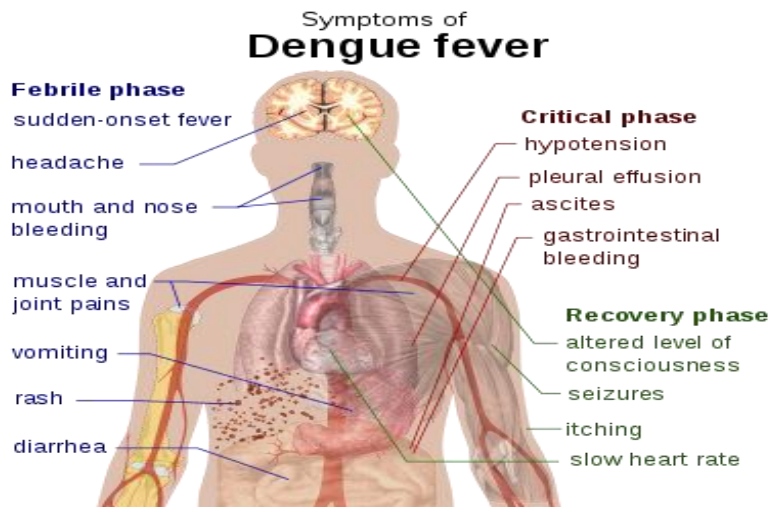
May 8 - 14, 2022 Epidemiological Week 19

Epidemiological Week 19



Reported suspected and confirmed dengue with symptom onset in week 19 of 2022

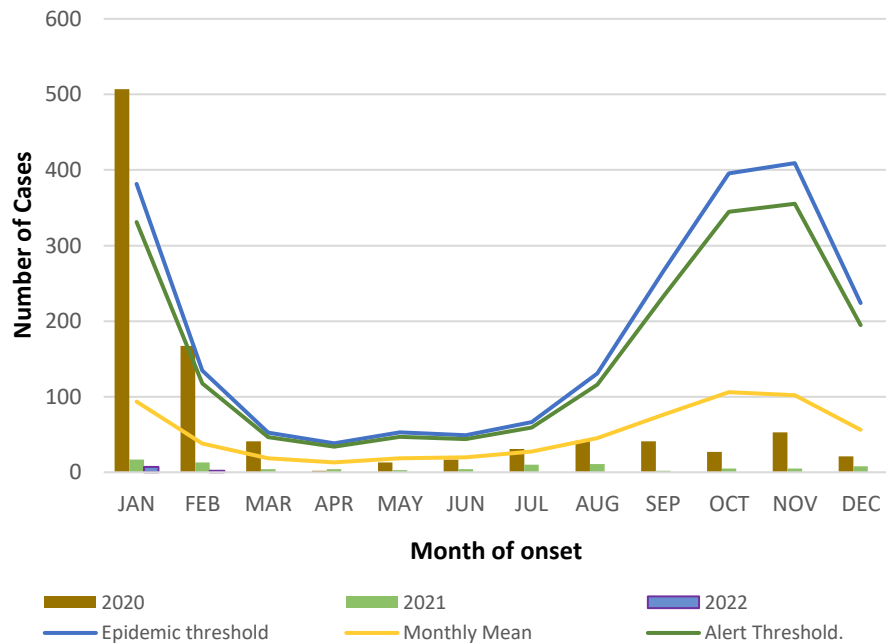
	2022*	
	EW 19	YTD
Total Suspected Dengue Cases	0	9
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- *Figure as at May 10, 2022
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected dengue cases for 2020, 2021 and 2022 versus monthly mean, alert, and epidemic thresholds (2007-2021)



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

RESEARCH PAPER

Mental Health Awareness training in courses such as First Aid for Mental Health can act as a means of early intervention, treatment, prevention and help to change societal views, especially amongst youths and professionals who can influence change.

*Trudy King¹
ECAAF, UK¹*

Aim: Stigma and the lack of mental health awareness training shape societal views of mental illness in Jamaica. Many do not know the causes, signs and how to help. As a result, minor mental health conditions escalate into crisis. However, First Aid for Mental Health training can help. It's simple, non-clinical form can be delivered by a qualified instructor and is suitable for all, including the police and youths. Policy change can support this, but the benefits have not been explored. This study aims to explore the benefits of First Aid for Mental Health awareness training, as a means of early intervention, prevention, treatment and destigmatization.

Method: The paper is a review of secondary quantitative and qualitative data, peer-reviewed articles, and recent newspaper articles. The study can be expanded on with primary data.

Results: Fear and danger are the common perceptions of people with mental illness. Awareness training is attached to crisis cases and is carried out by the MOH, through integrated community healthcare, but they are stretched. The police and young people should be trained as they are more likely to be at risk. An enforcing of the Occupational, Health and Safety Act 2017 would make mental health as important as First Aid.

Conclusion: Mental health awareness training is needed to counter perceptions held. Accessing community healthcare training happens only if individuals have experienced a crisis, therefore, enforcing the OHS would include training in workplaces and schools, which is the environment the police and youths would better receive it.

Keywords: *mental health, fear, community healthcare*



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8 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
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SENTINEL
REPORT- 78 sites.
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