

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

*Why mental health is a priority for action on climate change*



The mental health impacts of climate change are unequally distributed with certain groups disproportionately affected depending on factors such as socioeconomic status, gender and age. However, it is clear that climate change affects many of the social determinants that are already leading to massive mental health burdens globally. A 2021 [WHO survey](#) of 95 countries found that only 9 have thus far included mental health and psychosocial support in their national health and climate change plans.

“The impact of climate change is compounding the already extremely challenging situation for mental health and mental health services globally. There are nearly 1 billion people living with mental health conditions, yet in low- and middle-income countries, 3 out of 4 do not have access to needed services,” said Dévora Kestel, Director of the Department of Mental Health and Substance Abuse at WHO. “By ramping up mental health and psychosocial support within disaster risk reduction and climate action, countries can do more to help protect those most at risk.”

The new WHO policy brief recommends 5 important approaches for governments to address the mental health impacts of climate change:

- integrate climate considerations with mental health programmes;
- integrate mental health support with climate action;
- build upon global commitments;
- develop community-based approaches to reduce vulnerabilities; and
- close the large funding gap that exists for mental health and psychosocial support.



Source: <https://www.who.int/news/item/03-06-2022-why-mental-health-is-a-priority-for-action-on-climate-change>

## EPI WEEK 20



SYNDROMES

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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 - 17 to 20 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												
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)
20	On Time	On Time	On Time	Late (T)	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time

REPORTS FOR SYNDROMIC SURVEILLANCE

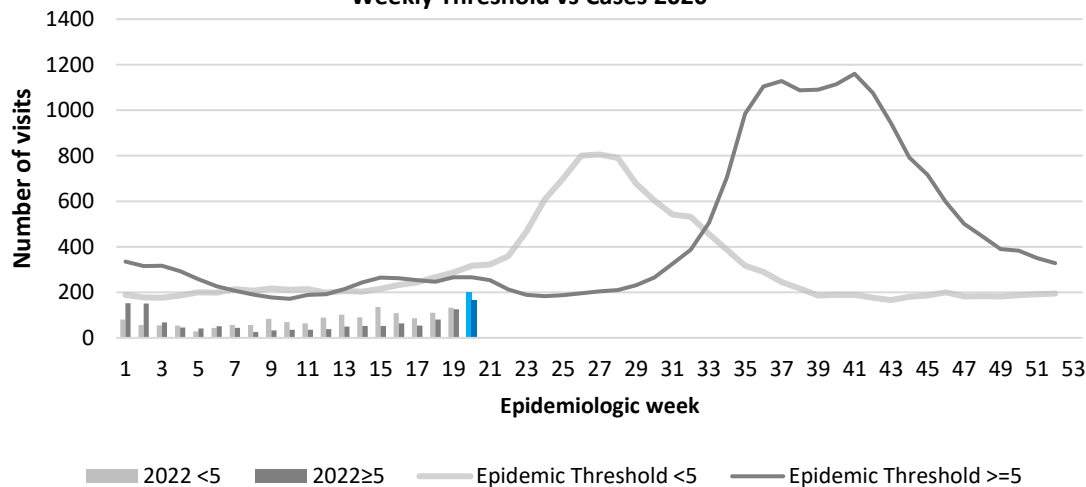
UNDIFFERENTIATED FEVER

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 2020



2 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

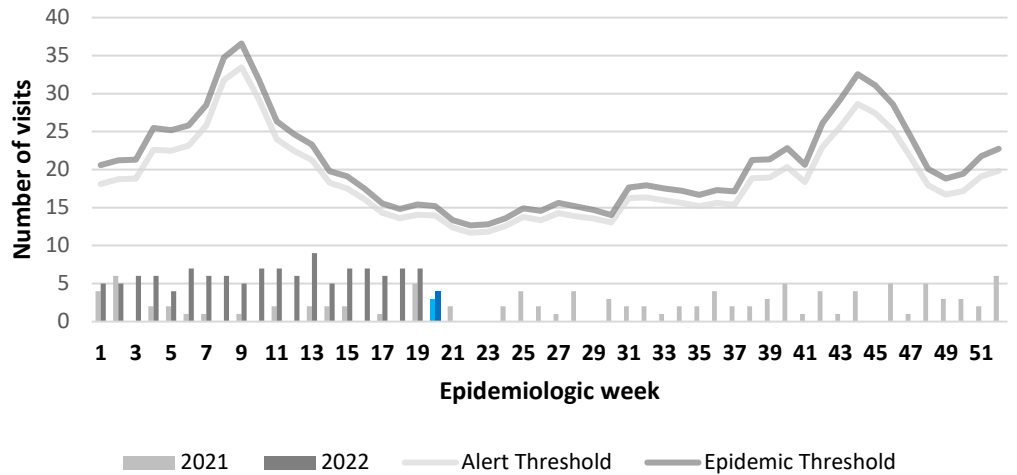
SENTINEL REPORT- 78 sites. Automatic reporting

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

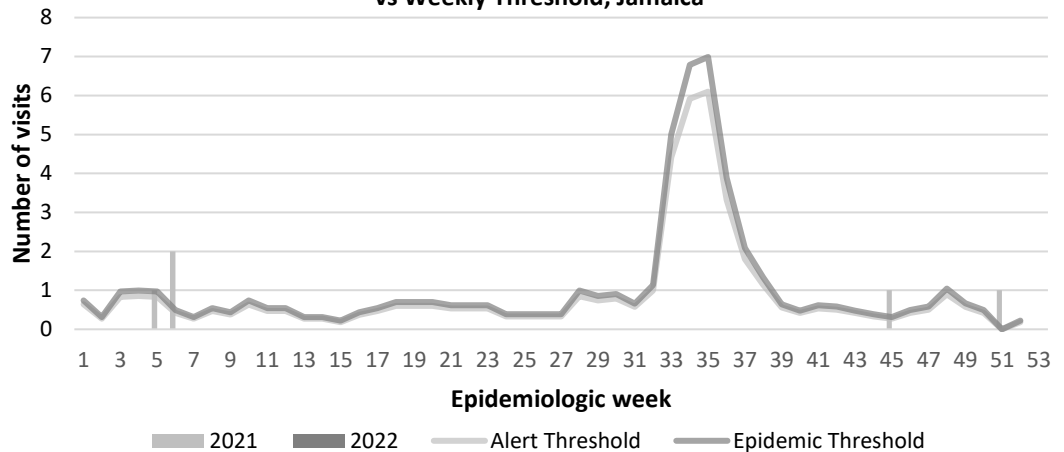


**FEVER AND HAEMORRHAGIC**

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**



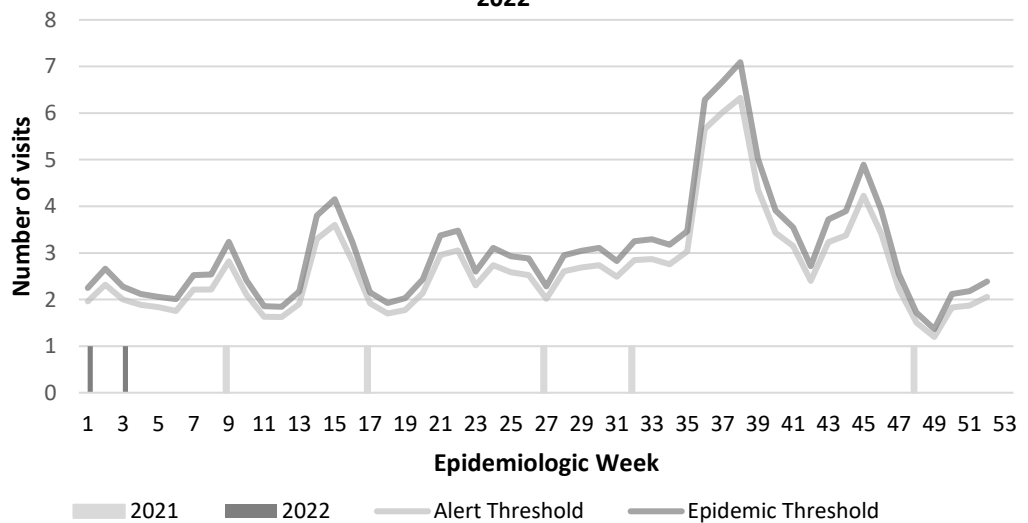
**FEVER AND JAUNDICE**

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**

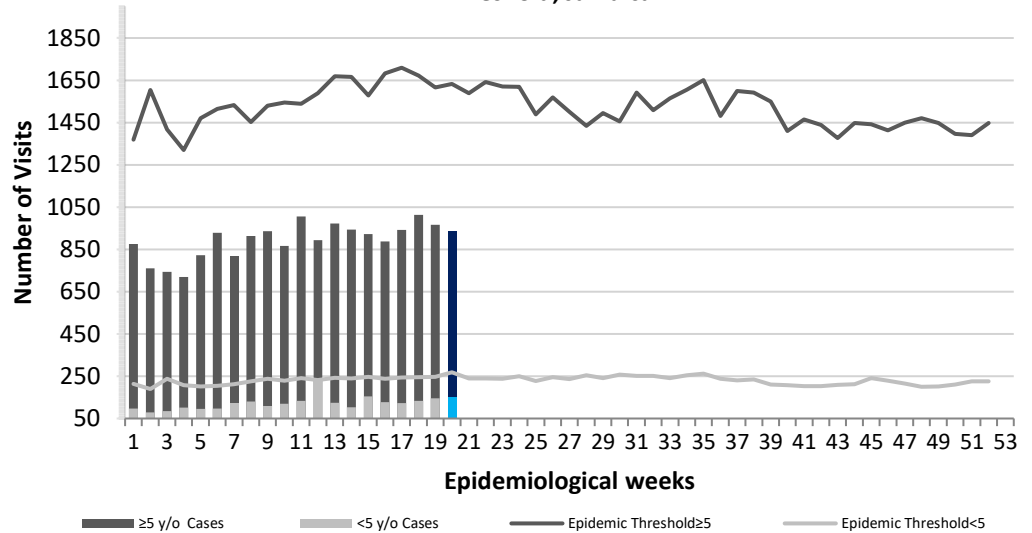
Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

**KEY**

VARIATIONS OF BLUE SHOW CURRENT WEEK



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

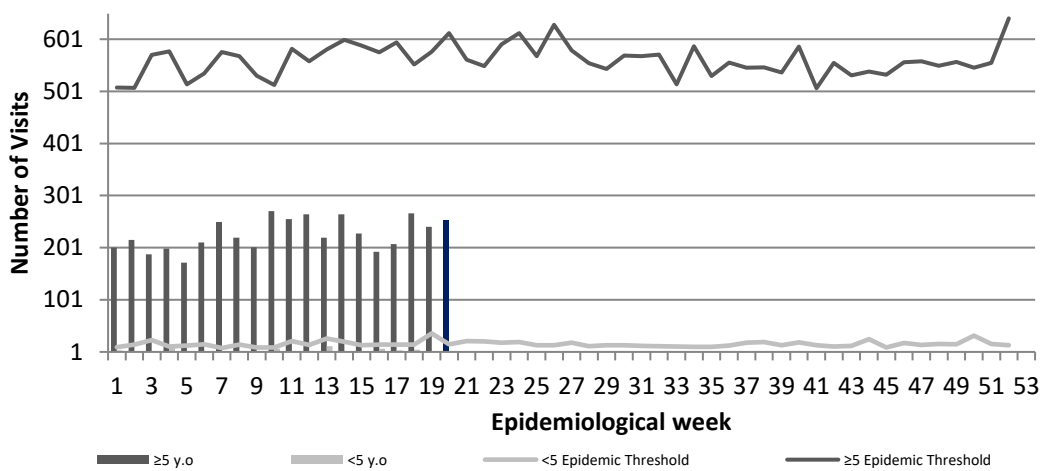


**VIOLENCE**

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



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

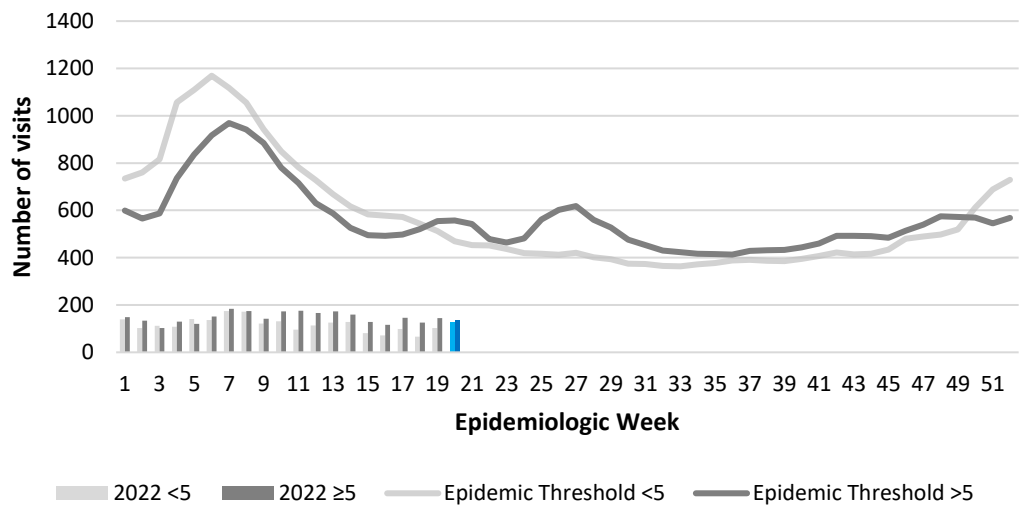


**GASTROENTERITIS**

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 <sup>α</sup>			
		CURRENT YEAR 2022	PREVIOUS YEAR 2021		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	78 <sup>β</sup>	56 <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)	40187	35303		
	Hansen's Disease (Leprosy)	0	0		
	Hepatitis B	8	6		
	Hepatitis C	2	4		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis (Clinically confirmed)	8	8		
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>	18	17		
	Ophthalmia Neonatorum	48	40		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
Tuberculosis	13	19			
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



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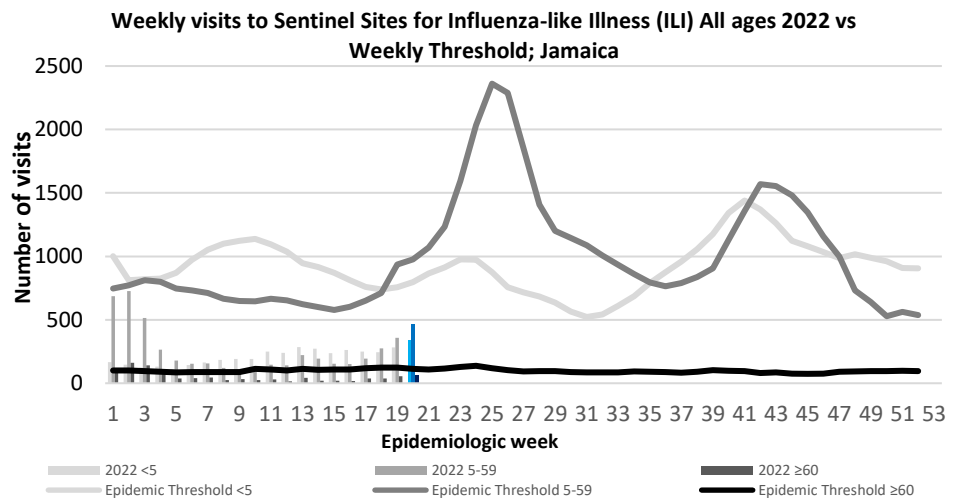
SENTINEL  
REPORT- 78 sites.  
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# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

*EW 20*

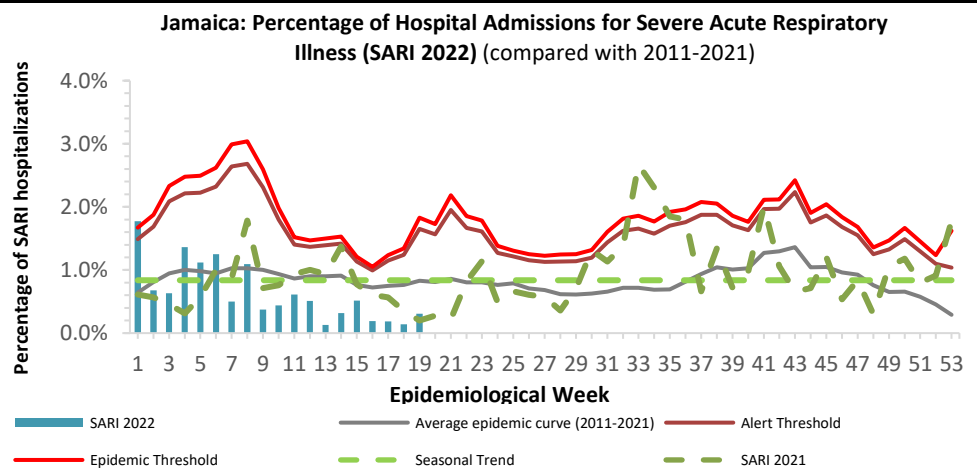
May 15 - 21, 2022 Epidemiological Week 20

	<i>EW 20</i>	<i>YTD</i>
SARI cases	8	196
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



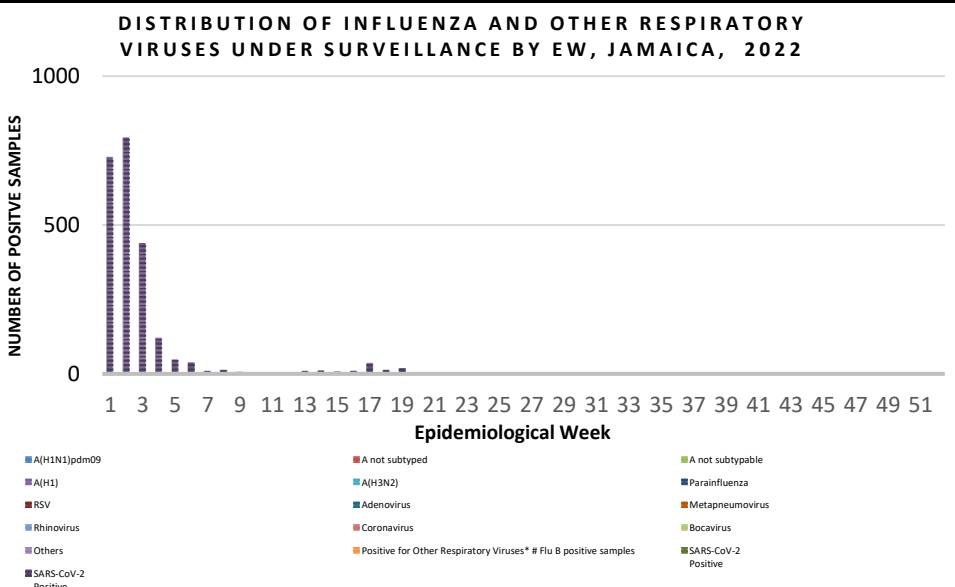
### Epi Week Summary

During EW 20, eight (8) SARI admissions were reported.



### Caribbean Update EW 20

**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

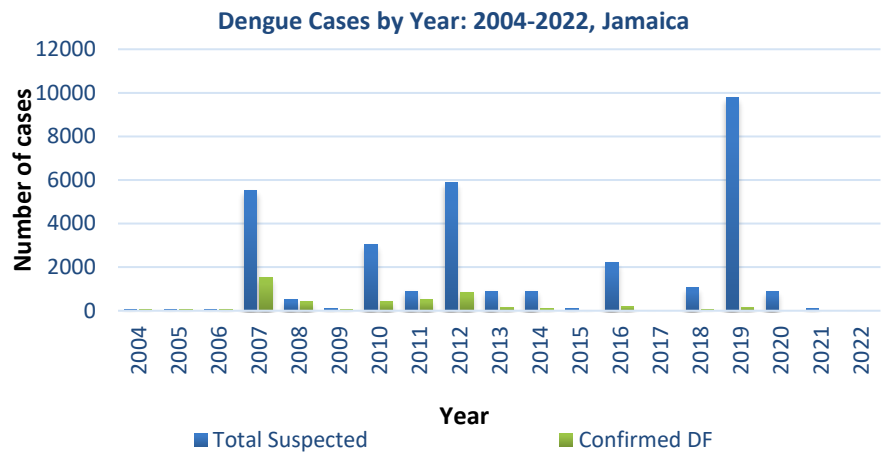
**SENTINEL REPORT-** 78 sites. Automatic reporting



# Dengue Bulletin

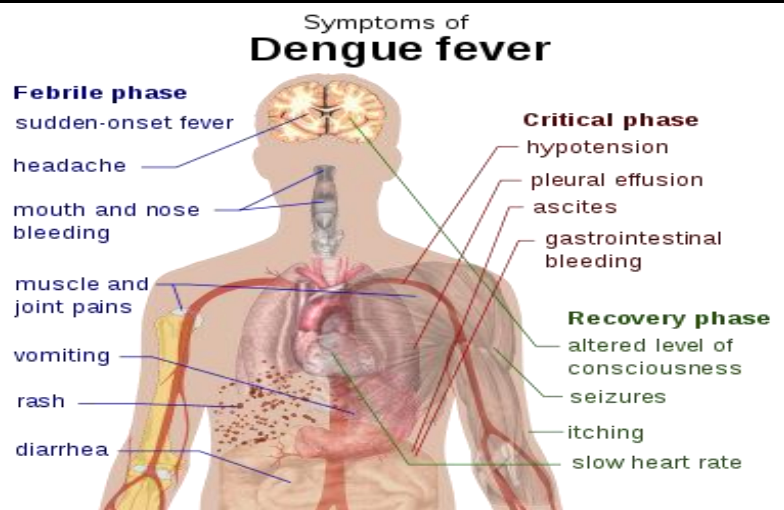
May 15 - 21, 2022 Epidemiological Week 20

Epidemiological Week 20



## Reported suspected and confirmed dengue with symptom onset in week 20 of 2022

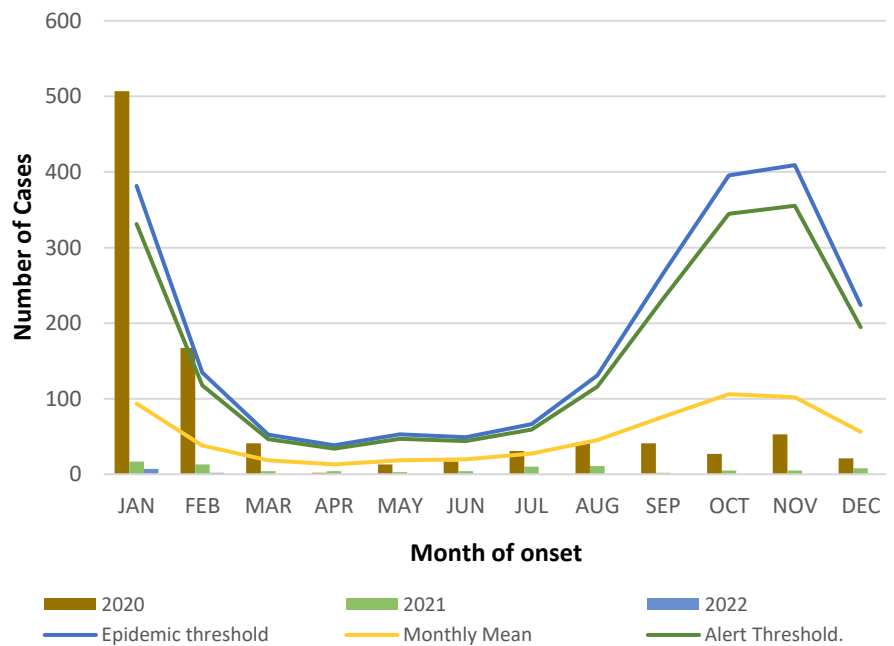
	2022*	
	EW 20	YTD
Total Suspected Dengue Cases	0	9
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



### Points to note:

- \*Figure as at May 24, 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

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# RESEARCH PAPER

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## Barriers to Adherence of Nurses and Patient Care Assistants to Hand Hygiene Practices and Equipment Decontamination Policy at an Urban Hospital in Jamaica

*Feron Brown Hamilton<sup>1</sup>, Antoinette Barton-Gooden<sup>2</sup>*

**Aim:** To determine the barriers to adherence of Nurses and Patient Care Assistants to hand hygiene practices and Equipment Decontamination Policy.

**Methods:** Cross-sectional study design was utilized among 109 Registered Nurses and 26 Patient Care Assistants (PCAs) who were conveniently sampled from the Medical and Surgical Departments. A 54 item self-administered Behaviours and Levers to hand hygiene instrument and the Infection Control Policy Audit Tool. Data was analyzed using Statistical Package for the Social Sciences (SPSS) version 20. Descriptive statistics included ANOVA and chi-squared test.

**Results:** Response rate was 68% with nurses (109/135) and PCAs (26/37). Most of the respondents were female (97%), age range 20-30 years (54.4%) and had 0-4 years' experience (63%). Self-reported adherence to appropriate hand hygiene practices were high: 84% reported 81-100% adherence. Barriers identified were: Social influences ( $\bar{x}$  3.24,  $\pm 1.67$ ), knowledge of decontamination of equipment policy ( $\bar{x}$  4.18,  $\pm 2.01$ ), environment context and resources ( $\bar{x}$  4.64  $\pm 1.48$ ) and action planning ( $\bar{x}$  4.96  $\pm 1.59$ ). There were no statistical significant relationship between socio-demographic characteristics: age ( $\chi^2$  4.684;  $p > .05$ ); job title ( $\chi^2$  1.709;  $p > .05$ ); years of service ( $\chi^2$  1.237,  $p > .05$ ); unit assigned ( $\chi^2$  4.684;  $p > 0.05$ ) and adherence. While participants who were 31 years and older were more knowledge of equipment decontamination policy ( $\bar{x}$  5.71  $\pm 2.01$ ;  $p < 0.05$ ). PCAs had greater knowledge of the equipment decontamination policy ( $\bar{x}$  5.41,  $\pm 1.75$ ;  $p < 0.05$ ) when compared to Enrolled Assistant Nurses ( $\bar{x}$  4.09  $\pm 1.90$ ) and Registered Nurses ( $\bar{x}$  3.85  $\pm 1.58$ ).

**Conclusion:** Nurse and PCAs reported high hand hygiene adherence. Barriers were knowledge of the equipment decontamination policy, environment context and resources.

*Key words: Nurses, Patient Care Assistants, Hand Hygiene and Decontamination Policy*



The Ministry of Health and Wellness  
24-26 Grenada Crescent  
Kingston 5, Jamaica  
Tele: (876) 633-7924  
Email: surveillance@moh.gov.jm



8 NOTIFICATIONS-  
All clinical  
sites



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