

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Weekly Spotlight

### Cardiovascular Diseases



Cardiovascular diseases (CVDs) are the leading cause of death globally, taking an estimated 17.9 million lives each year. CVDs are a group of disorders of the heart and blood vessels and include coronary heart disease, cerebrovascular disease, rheumatic

heart disease and other conditions. More than four out of five CVD deaths are due to heart attacks and strokes, and one third of these deaths occur prematurely in people under 70 years of age.

The most important behavioural risk factors of heart disease and stroke are unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. The effects of behavioural risk factors may show up in individuals as raised blood pressure, raised blood glucose, raised blood lipids, and overweight and obesity. These “intermediate risks factors” can be measured in primary care facilities and indicate an increased risk of heart attack, stroke, heart failure and other complications.

Cessation of tobacco use, reduction of salt in the diet, eating more fruit and vegetables, regular physical activity and avoiding harmful use of alcohol have been shown to reduce the risk of cardiovascular disease. Health policies that create conducive environments for making healthy choices affordable and available are essential for motivating people to adopt and sustain healthy behaviours.

Identifying those at highest risk of CVDs and ensuring they receive appropriate treatment can prevent premature deaths. Access to noncommunicable disease medicines and basic health technologies in all primary health care facilities is essential to ensure that those in need receive treatment and counselling.

## EPI WEEK 37



SYNDROMES

PAGE 2



CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



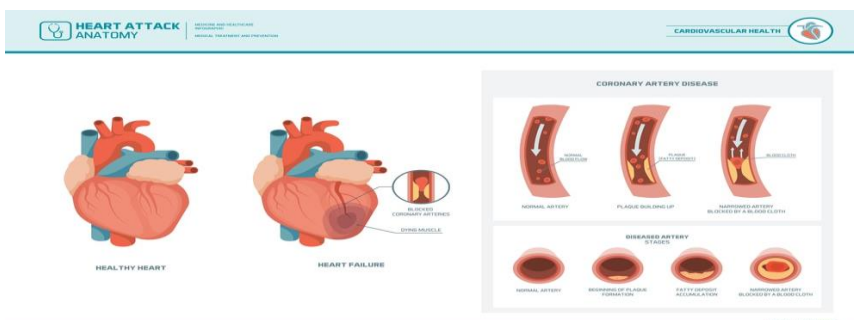
GASTROENTERITIS

PAGE 7



RESEARCH PAPER

PAGE 8



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 -34 to 37 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												
34	On Time	On Time	Late (T)	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (W)
35	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
36	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
37	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time

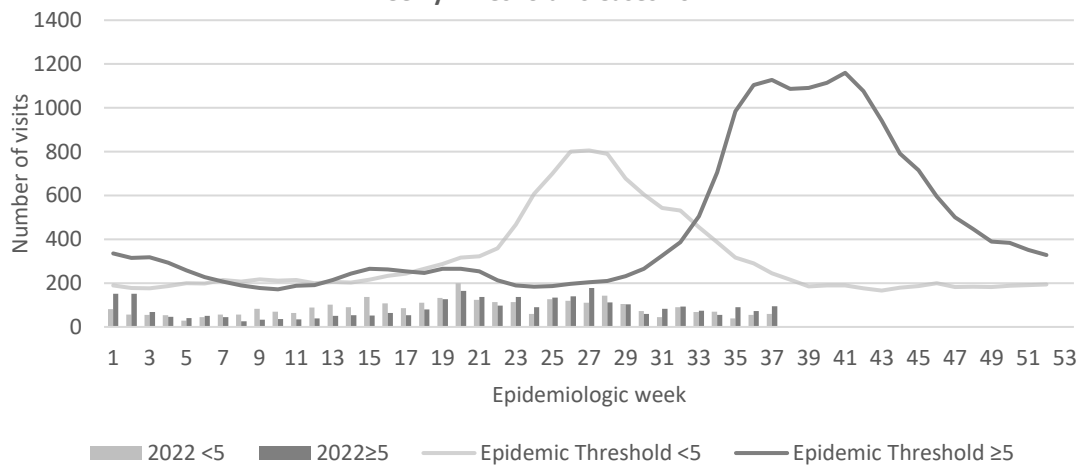
REPORTS FOR SYNDROMIC SURVEILLANCE


UNDIFFERENTIATED FEVER

Temperature of  $>38^{\circ}C$  /  $100.4^{\circ}F$  (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 2022



 2 NOTIFICATIONS- All clinical sites

 INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

 HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

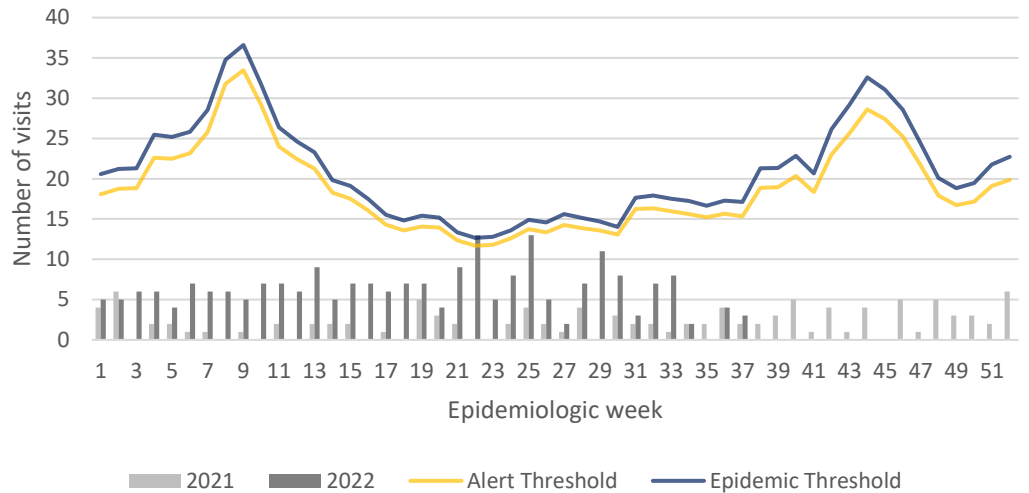
 SENTINEL REPORT- 78 sites. Automatic reporting

**FEVER AND NEUROLOGICAL**

Temperature of  $>38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$  (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

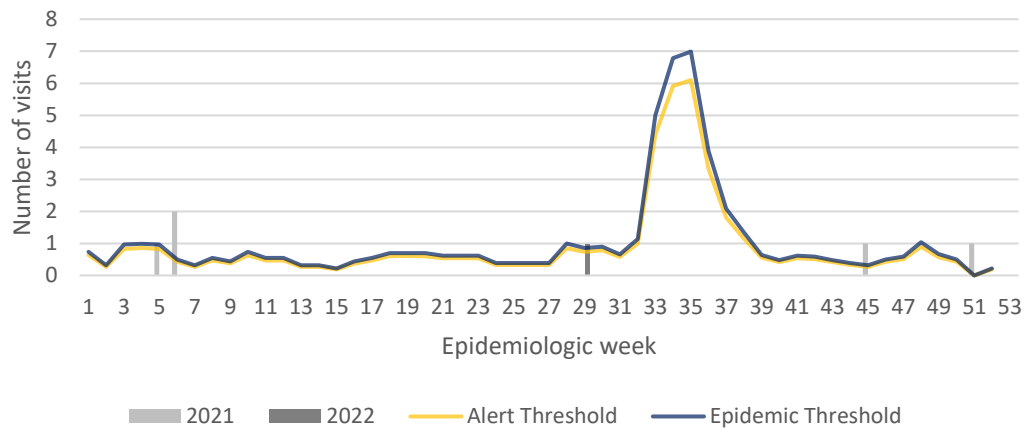


**FEVER AND HAEMORRHAGIC**

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



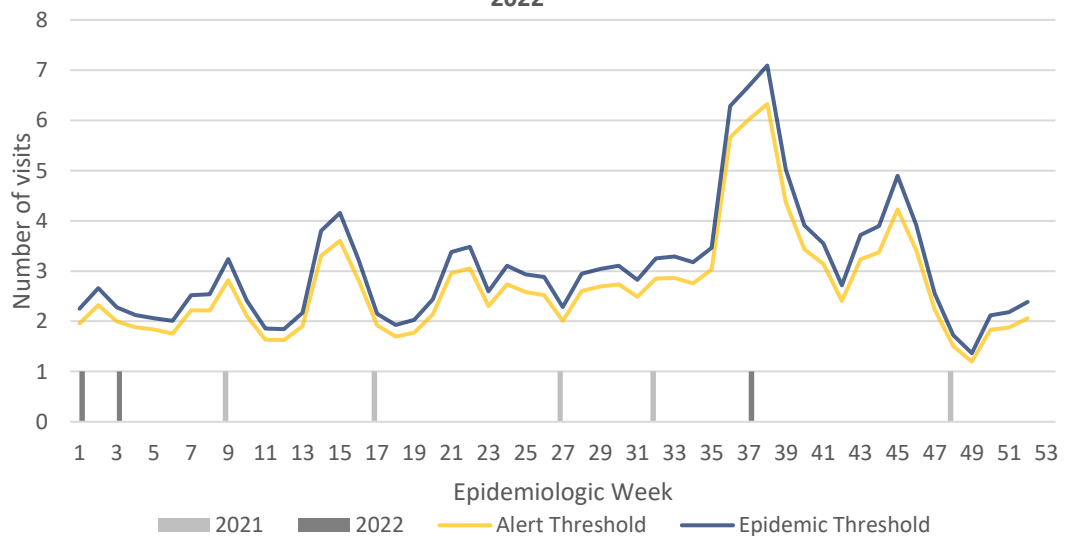
**FEVER AND JAUNDICE**

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



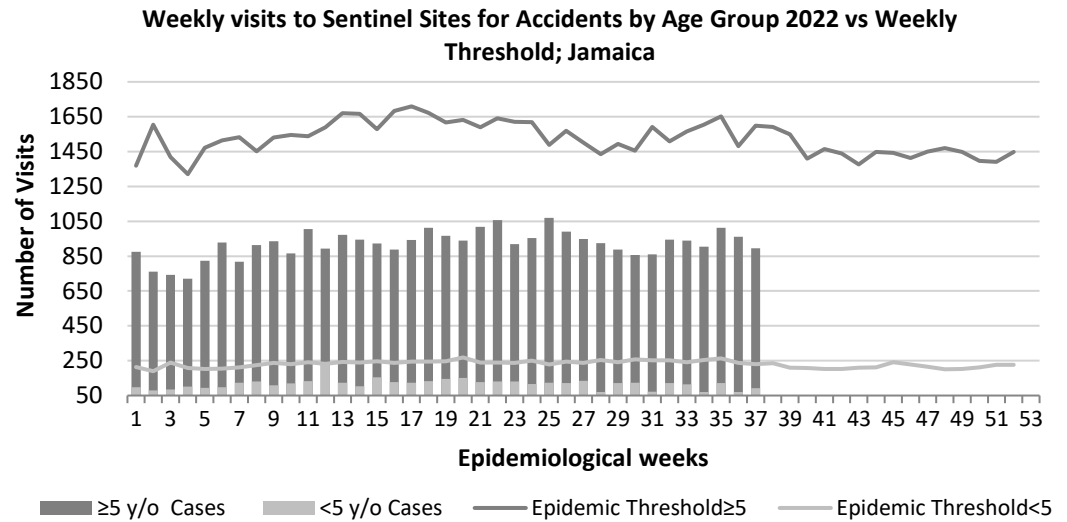
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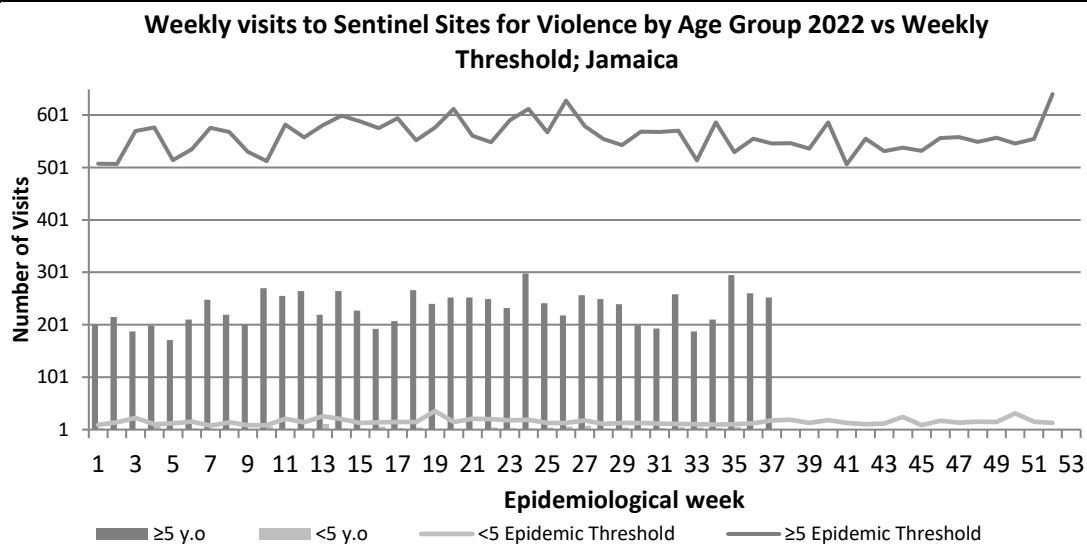
**ACCIDENTS**

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



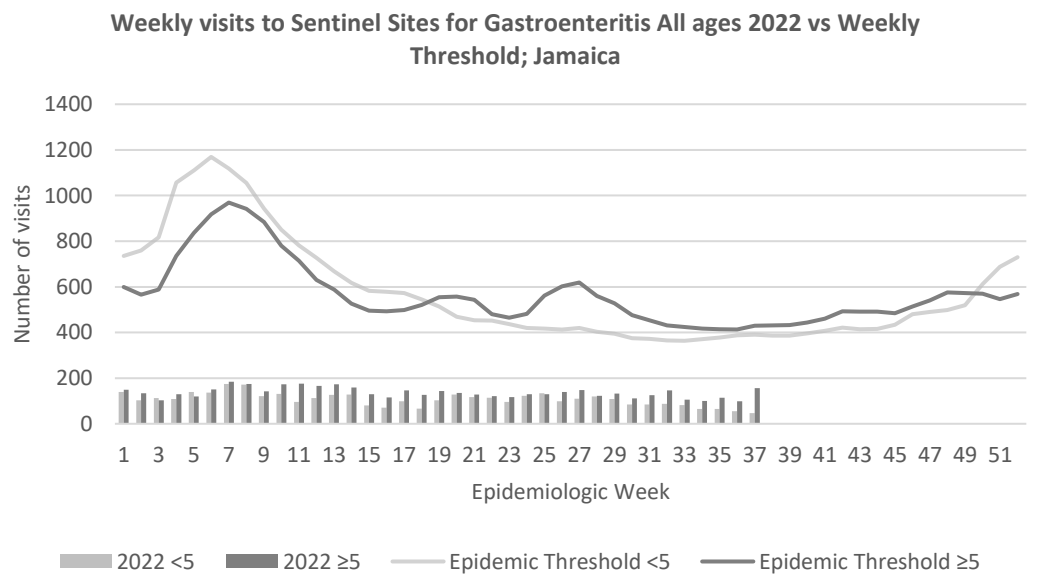
**VIOLENCE**

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 <sup>α</sup>			
		CURRENT YEAR 2022	PREVIOUS YEAR 2021		
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	154 <sup>β</sup>	125 <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)	54307	67748		
	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)	14	31		
	Monkeypox	13	0		
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>	52	62		
	Ophthalmia Neonatorum	48	40		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
Tuberculosis	19	19			
Yellow Fever	0	0			
	Chikungunya <sup>ε</sup>	0	0		
	Zika Virus <sup>θ</sup>	0	0	NA- Not Available	



5 NOTIFICATIONS-  
All clinical sites



INVESTIGATION  
REPORTS- Detailed Follow  
up for all Class One Events



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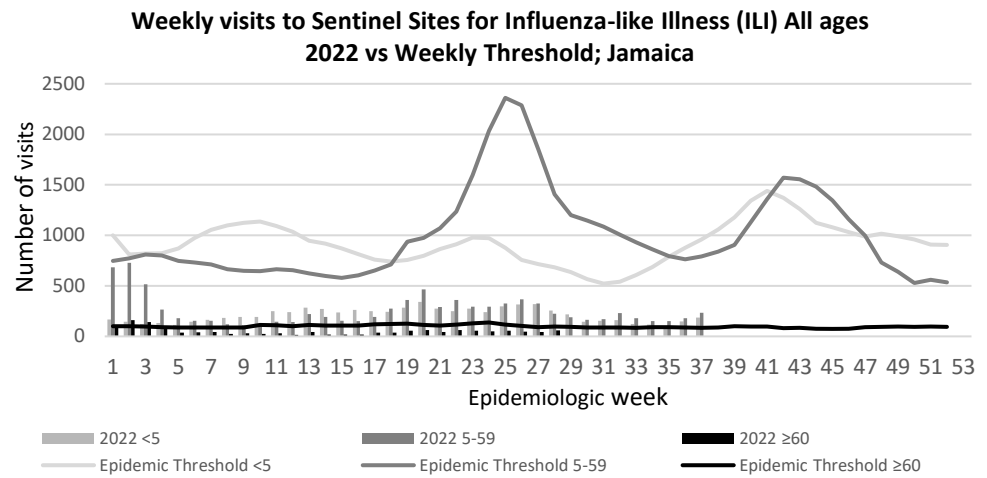
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# NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

*EW 37*

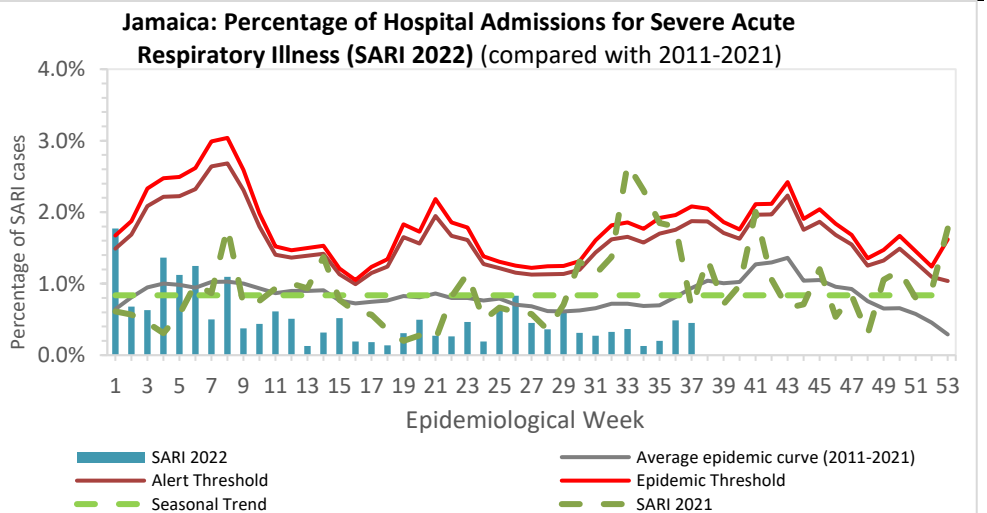
September 11 – September 17, 2022 Epidemiological Week 37

	<i>EW 37</i>	<i>YTD</i>
SARI cases	8	300
Total Influenza positive Samples	0	19
Influenza A	0	19
H3N2	0	18
H1N1pdm09	0	1
Not subtyped	0	0
Influenza B	0	0
Parainfluenza	0	0



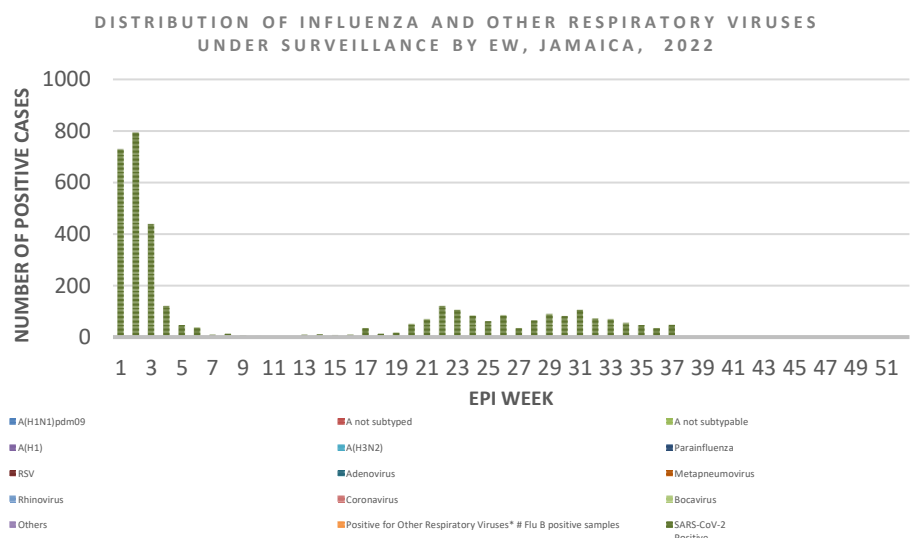
### Epi Week Summary

During EW 37, eight (8) SARI admissions were reported.



### Caribbean Update EW 37

Caribbean: Overall, influenza activity remained low, and influenza A(H3N2) predominated. Haiti and Saint Lucia reported increased SARS-CoV-2 activity, while RSV activity continued elevated in the Dominican Republic.



**6 NOTIFICATIONS-**  
All clinical sites

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

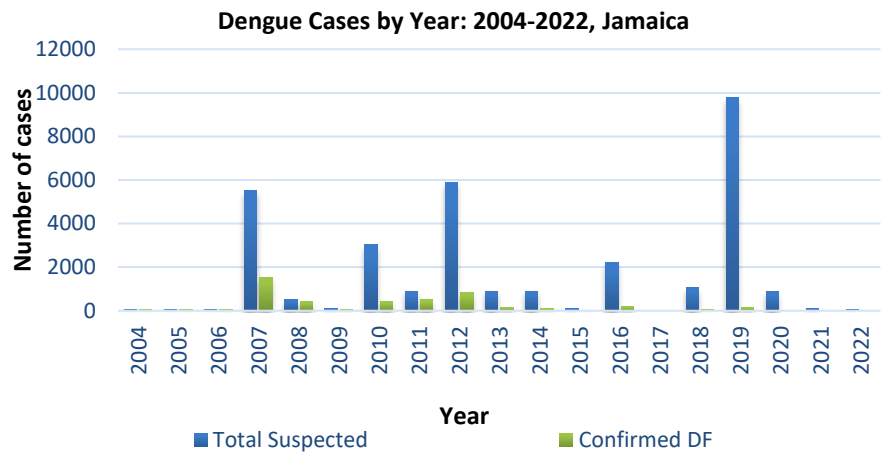
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# Dengue Bulletin

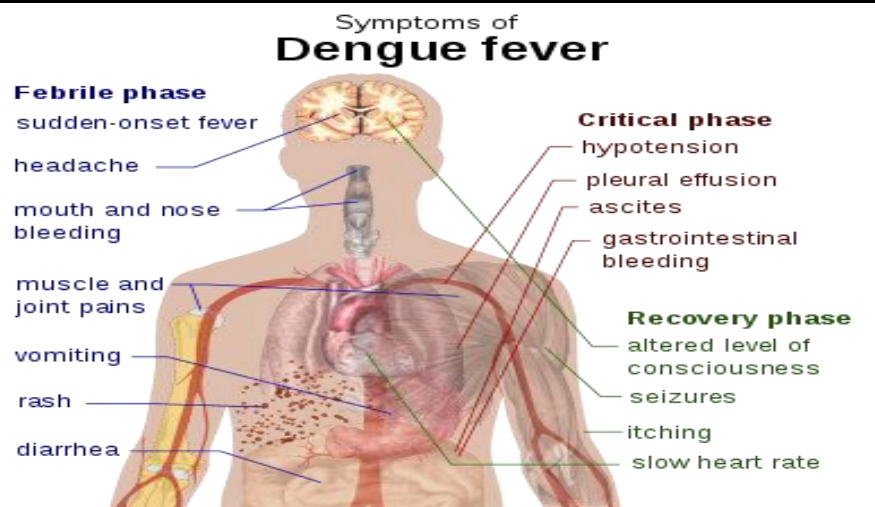
September 11- September 17, 2022 Epidemiological Week 37

Epidemiological Week 37



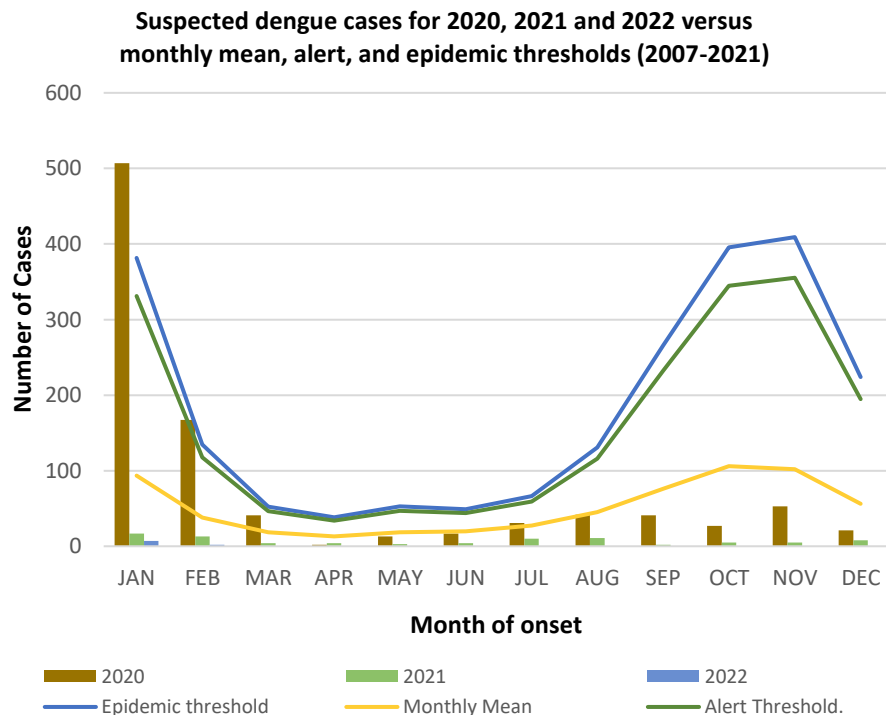
## Reported suspected and confirmed dengue with symptom onset in week 37 of 2022

	2022*	
	EW 37	YTD
Total Suspected Dengue Cases	0	58
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



### Points to note:

- \*Figure as at Sep 17, 2022
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.



**7 NOTIFICATIONS-** All clinical sites

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# RESEARCH PAPER

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## The Health Club: A Pilot Study of Opportunities and Challenges of a Faith-Based Health Promotion Initiative

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### Objectives

With chronic non-communicable diseases being the leading causes of death in Jamaica, health promotion experts grapple with ways to encourage the population to adopt healthier lifestyles. Faith-based institutions present unique opportunities for health promotion due to their widespread reach, especially among rural populations, which tend to see higher prevalence of lifestyle disease. The present study investigates the opportunities and challenges of The Health Club, a faith-based health promotion initiative.

### Method

The Club was piloted in a rural church in Jamaica, with the aim of encouraging members to take incremental steps towards lifestyle change in a supportive environment. Seventeen initial members were given a schedule of healthful activities and practices and asked to commit to them for three months. Activities included drinking more water, regular exercise, getting more rest, a focus on mental and spiritual health, along with other practices aligned with normative medical recommendations. To facilitate Club communication, a social media group using WhatsApp, an instant messaging and audio-visual based platform, was formed. A qualitative content analysis of posts to the WhatsApp group was done.

### Results

Results revealed that the Health Club facilitated members' desire to begin wholistic healthful practices. Additionally, members reported that the Health Club increased their health literacy and provided necessary social support on the path to lifestyle change. Challenges include lack of financial resources and unsupportive family members.

### Conclusion

Faith-based health initiatives offer numerous benefits and opportunities for health promotion towards lifestyle change. These should be further exploited in Jamaica despite the challenges.



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8 NOTIFICATIONS-  
All clinical  
sites



INVESTIGATION  
REPORTS- Detailed Follow  
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